

**CORRECTIONAL MANAGED HEALTH CARE COMMITTEE**

**March 20, 2018**

**Acting Chairperson:** Harold Berenzweig, M.D

**CMHCC Members Present:** Lannette Linthicum, M.D., CCHP-A, FACP, Ben Raimer, M.D., F. Parker Hudson III, M.D., John Mills, D.O.,

**CMHCC Members Absent:** Margarita de la Garza-Graham, M.D., Cynthia Jumper, M.D., Elizabeth Anne Linder, Ed.D., Mary Annette Gary, Ph.D., Tamela Griffin

**Partner Agency Staff Present:** Derrellynn Perryman, Texas Board of Criminal Justice; Oscar Mendoza, Beckie Berner, Natasha Mills, Toni Moore, Renee Warren, Ron Steffa, Lorie Davis, Eva Villarreal, Texas Department of Criminal Justice; Denise DeShields, M.D., Will Rodriguez, Lindsey Tubbs, Texas Tech University Health Sciences Center; Olugbenga Ojo, M.D., Marjorie Kovacevich, Ryan Micks, Owen Murray, D.O., Joseph Penn, M.D., Anthony Williams, Kelly Coates, Billy Horton, D.D.S., Pamela Myers, University of Texas Medical Branch

**Others Present:**

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

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| <p><b>I. Call to Order</b><br/>- Dr. Harold Berenzweig</p> | <p>Dr. Harold Berenzweig 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. Berenzweig acknowledged that all wishing to offer public comment must be registered and would be allowed a three minute time limit to express comments. There was no public comment.</p> <p>Dr. Berenzweig thanked and welcomed everyone for being in attendance. He then moved onto recognitions and introductions.</p> |            |        |
| <p><b>II. Recognitions and Introductions</b></p>           | <p>Dr. Berenzweig recognized and welcomed Derrellynn Perryman from the Texas Board of Criminal Justice.</p> <p>Dr. Berenzweig then called on Dr. Owen Murray to recognize the retirement of Pamela Myers, RDH, Dental Hygiene Program Manager, University of Texas Medical Branch-Correctional Managed Care on March 31, 2018.</p>   |            |        |

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| <p><b>II. Recognitions and Introductions (Cont.)</b><br/> - Dr. Harold Berenzweig</p> <ul style="list-style-type: none"> <li>- Dr. Owen Murray</li> <li>- Dr. Billy Horton</li> </ul> | <p>Dr. Berenzweig asked if Ms. Myers was the inaugural person in this position and Dr. Murray confirmed that, yes, she was and that was 32 years ago.</p> <p>Dr. Murray then introduced Dr. Billy Horton, Dental Director for UTMB. Dr. Murray stated that Dr. Horton has worked with Ms. Myers throughout his entire career as Dental Director and can best summarize her career achievements.</p> <p>Dr. Horton stated that he holds great admiration for Pam and not just for her excellent knowledge of dentistry and correctional health care, but also for her morals, ethics and ideals. Pam is the kind of person you want as a co-worker in your organization and as a leader in your organization. If you give Pam a project to do, it's going to be done on time and the right way. She is very adamant about doing things the correct way. In addition, she has been married 49 years and a dental hygienist 48 years, 32 of those years were spent in correctional dentistry. She has 2 children and 2 grandchildren. Her daughter also works as a unit nurse. So, in addition to being a good co-worker she is also the kind of friend and neighbor you would want to have. She has been on several committees with her church, she is very strong in her faith and active in the vacation bible school. They have shared a lot of tragic issues and times throughout the years and leaned on each other a lot and prayed for each other. Dr. Horton stated that he appreciates her and presented Ms. Myers with a plaque. The plaque reads: "To Pam Myers in Grateful Recognition of Your Compassionate Service to Your Fellowmen, Benevolent Attitude Toward Your Colleagues and Loyalty to the Profession of Dentistry and in Recognition of Your 32 Years of Dedicated Services to the Texas Department of Criminal Justice and the University of Texas Medical Branch-Correctional Managed Care Dental Division as a Dental Hygienist and Manager of the Dental Hygiene Program." We thank you very much.</p> <p>Dr. Horton next called on Dr. Linthicum to recognize the retirement of Pamela Myers.</p> |            |        |



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| <p><b>II. Recognitions and Introductions</b><br/>(Cont.)</p> <ul style="list-style-type: none"> <li>- Dr. Owen Murray</li> </ul>   | <p>WHEREAS, Ms. Myers retired with commitment and dedication in March 2018; the correctional health care program has greatly benefited from her demonstrated leadership throughout her tenure, and the success of the dental hygiene program has been built through a spirit of active partnership between the agencies involved; since retiring, Ms. Myers continued to work with UTMB CMC in a part-time capacity; and,<br/> WHEREAS, Ms. Myers earned the admiration and respect of her peers for her steadfast guidance and professionalism during her tenure; and,<br/> WHEREAS, the Correctional Managed Health Care Committee and the partner agencies wish to gratefully acknowledge the contributions and steady leadership provided by Pamela Myers; and,<br/> THEREFORE BE IT RESOLVED, that the Correctional Managed Health Care Committee present this resolution as an expression of our sincere appreciation for Pamela Myers' professionalism, dedication and outstanding service to the State of Texas and the Correctional Managed Health Care Program.”</p> |            |        |
| <p><b>III. Approval of Consent Items</b></p> <p>Dr. Harold Berenzweig</p> <ul style="list-style-type: none"> <li>- Approval of Excused Absences</li> <li>- Approval of CMHCC Meeting Minutes – December 5, 2017</li> <li>- Approval of TDCJ Health Services Monitoring Report</li> </ul> | <p>Dr. Berenzweig then moved onto agenda item III approval of consent items.</p> <p>Dr. Berenzweig stated that the following five consent items would be voted on as a single action:</p> <p>The first consent item was the approval of excused absences- from the December 5, 2017 meeting, which include; Elizabeth Anne Linder, Mary Annette Gary and Harold Berenzweig.</p> <p>The second consent item was the approval of the CMHCC meeting minutes from the December 5, 2017 meeting. Dr. Berenzweig asked if there were any corrections, deletions or comments-hearing none; Dr. Berenzweig moved onto the third consent item.</p> <p>The third consent item was the approval of TDCJ Health Services Monitoring Report and there were no comments or discussion of these reports.</p>  |            |        |

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| <ul style="list-style-type: none"> <li>- University Medical Directors Reports               <ul style="list-style-type: none"> <li>- TTUHSC</li> <li>- UTMB</li> </ul> </li> <li>- Summaries of CMHCC Joint Committee/ Work Groups Activities</li> </ul> <p><b>IV. Update on Financial Reports</b></p> <ul style="list-style-type: none"> <li>- Ron Steffa</li> </ul> | <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 were no comments or discussion of these reports.</p> <p>Dr. Berenzweig then called for a motion to approve the consent items.</p> <p>Dr. Berenzweig next called on Mr. Ron Steffa to present the financial report.</p> <p>Mr. Steffa reported on statistics for the First Quarter of Fiscal Year (FY) 2018, 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. Steffa reported that the overall offender service population has increased 1.8% from FY 2017. This is largely due to the addition of the East Texas Treatment Facility. The offender population age 55 and over had a 6.9% increase with an average daily census of 17,316 through the First Quarter of FY 2017 compared to 18,512 through the First Quarter of FY 2018.</p> <p>Unit and psychiatric care expenses represent the majority of health care cost at \$90 million or 52.4 percent of total expenses. Hospital and clinical care accounted for \$63.4 million or 37 percent. Pharmacy services were at \$18.1 million or 10.6 percent of the total expenses.</p> <p>Mr. Steffa reported on unit and psychiatric care revenues of \$89.9 million and expenditures of \$89.9 million, which for the First Quarter of FY 2018 resulted in a surplus of \$7 thousand in this strategy.</p> |            | <p>Dr. Raimer made a motion to approve all consent items, and Dr. Linthicum seconded the motion which prevailed by unanimous vote.</p> |

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| <p><b>IV. Update on Financial Reports (Cont.)</b><br/>- Ron Steffa</p> | <p>Mr. Steffa reported on hospital and clinical care revenues of \$47.7 million and expenditures of \$63.4 million leaving a shortfall of \$15.6 million in this strategy.</p> <p>Managed health care pharmacy revenues of \$15.7 million and expenditures of \$18 million leaving a shortfall of \$2.3 million in this strategy.</p> <p>Mr. Steffa next reported on the First Quarter FY 2018 combined summary for both universities. The combined total reflects a shortfall of \$18 million for First Quarter FY 2018. The Annual Projection reflects an estimated \$72.7 million shortfall.</p> | <p>Dr. Raimer asked Mr. Steffa if there is anything out of line; a trend that we need to adjust right now. Any places that we need to make corrective action on our financial trends, which you would recommend that we look at.</p> <p>Mr. Steffa answered that we need to continue efforts on our cost containment initiatives. Both universities are constantly looking for ways to reduce costs and we need to continue those efforts.</p> <p>Dr. Linthicum noted that our appropriations were not funded at 100%.</p> <p>Mr. Steffa concurred. He stated that legislative appropriations to maintain the current level of service and to meet the FY 2016/2017 deficit and projected increases were unfunded and therefore we had a structural deficit going into the current biennium that contributes to the projected shortfall.</p> <p>Dr. Berenzweig asked about the high cost of pharmaceuticals and the ongoing concern over 340B pricing and if there are any plans in place if the funding collapses?</p> |        |

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| <p><b>IV. Update on Financial Reports (Cont.)</b><br/>- Ron Steffa</p> |              | <p>Dr. Murray stated that he knows that this issue is on the radar at the university and there are ongoing discussions. Dr. Raimer has made trips to Washington with Lauren Sheer to discuss and can speak to this further.</p> <p>Dr. Raimer stated that this continues to be a very tense issue. It was not addressed in the budget reconciliation that congress has just gone through. We have had some very good support in the Texas Congressional Delegation, both democrats and republicans, who have worked very hard to keep the issue off the table and delay it. We had hoped for at least a two year delay, but pharma has pushed that ahead again with senate testimony on it last week. We were told this week by America's Essential Hospitals and the American Association of Medical Colleges that they believe there will be a delay in taking any permanent action. The way things are working in Washington right now that can change overnight. There is a huge amount of money being spent by large pharma to get rid of this and there is no doubt that there has been some bad actors. There have been some hospitals that see less than 10% Medicaid and underserved people who have claimed exemptions for 340B, received the drugs and then sold them for profit. So, at best they are going to ask everyone who utilizes the program to start reporting multiple times per year on how they use the savings from 340B. Ms. Sollenberger at UTMB, our EVP &amp; CEO Health System, is on the board of America's Essential Hospitals and has been taking a very active part in providing testimony on that. We are doing all we can and it is very important to let the Governor's Office know how important this is.</p> |        |

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| <p><b>IV. Update on Financial Reports (Cont.)</b><br/>- Ron Steffa</p> <p><b>V. Summaries of Critical Correctional Health Care Personnel Vacancies</b></p> <p>- Dr. Lannette Linthicum</p> | <p>Dr. Berenzweig 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 Deputy Division Director position continues to be vacant and posted. The decision was made to take the posting down and the job description is being reworked. Consideration is being given to posting the position for a physician, as it is right now, or a physician extender, advance practice nurse, a physician's assistant or a health services administrator. We will look at all of those credential types and see what is received in the applicant pool. This position has been vacant for over a year now.</p> <p>The Director II position in the Office of Public Health is a Registered Nurse position. This position is currently on hold, however, Ms. Black-Edwards is currently serving in this capacity.</p> <p>Dr. Linthicum reported that there is a vacant Health Specialist V position in the Office of Mental Health Monitoring and Liaison. This position posting has closed and the applications are being reviewed.</p> <p>Dr. Linthicum reported that there is an Investigator II position vacancy in the Patient Liaison Program at the Hilltop Unit. The interviews for this position were held February 27, 2018 and the selected candidate is in the clearance phase.</p> <p>There is also an Investigator II position vacancy in the Patient Liaison Program at the Stiles Unit. This position will be reposted due to the lack of applicants. Dr. Linthicum noted that there are 10 of these positions that are unit assigned. They are responsible for responding to complaints about health care from third parties, interviewing offenders, reviewing medical records and drafting responses.</p> | <p>It is about 200 million dollars over a biennium. This is a lot of money that will have to come out of Texas taxes if we're not able to continue with this program.</p> |        |



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| <p><b>V. Summaries of Critical Correctional Health Care Personnel Vacancies (Cont.)</b><br/> - Dr. Owen Murray</p>                                     |   | <p>Dr. Raimer noted that it may be helpful that the Area Health Education Centers (AHEC), mission has totally changed from the federal level. What they now have to do is place students in underserved areas. It may be good to explore this option both at the Texas Tech areas and at UTMB.</p> <p>Dr. Linthicum stated that John Pulvino should have a list of underserved areas that we could look at. She also noted that there is an existing provision allowing for loan repayment, but it had a rider attached to it that prohibits us from offering that incentive. That is an area, going into the next session, which we can revisit.</p> <p>Dr. Hudson asked what market analysis numbers does UTMB follow for those recruiting positions.</p> <p>Dr. Murray stated that they are different from the main campus due to the fact that where they have a market presence CMC often does not. In some of the locations it is difficult to find comparative salary data and hospitals are not always willing to share this information because of the proprietary nature of it. They do receive good feedback from candidates who do not choose to come on board.</p> |        |
| <p><b>VI. Medical Director's Updates</b></p> <p>- <b>TDCJ – Health Services Division FY 2018 First Quarter Report</b><br/> -Dr. Lannette Linthicum</p> | <p>Dr. Berenzweig then called on 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 First Quarter of Fiscal Year (FY) 2018 (September, October and November). During this quarter, Operational Review Audits (ORAs) were conducted at the following 9 facilities: Beto, Cleveland, Coffield, Daniel, Dominguez State Jail, Ney State Jail, San Saba, Smith and Torres. Dr. Linthicum referenced the 7 items found to be most frequently below the 80 percent compliance, and noted that corrective actions have been requested on all of these items.</p> |   |        |

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| <p><b>VL Medical Director's Updates (Cont.)</b></p> <ul style="list-style-type: none"> <li>- Dr. Lannette Linthicum</li> <li>- Capital Assets Monitoring</li> <br/> <li>- Dental Quality Review Audit</li> <br/> <li>- Grievances and Patient Liaison Correspondence</li> <br/> <li>- Quality Improvement (QI) Access to Care Audit</li> </ul> | <p>Dr. Linthicum reported that the Fixed Assets Contract Monitoring officer audited the same 9 facilities listed above for ORA's during the First Quarter of FY 2018 and all 9 facilities were within the required compliance range. The Capital Assets Monitoring Program continues to experience strong compliance.</p> <p>Dr. Linthicum reported that the Dental Quality Review Audits conducted by Dr. Hirsch were done at 10 facilities. Item 2 and Item 21 were the items found to be the most frequently below the 80 percent threshold. Item 2 assesses if charts of incoming (chain-in) intra-system offender transfers are reviewed by the facility dental department within seven (7) days of arrival. Item 21 assesses if the radiographs utilized in the formation of the Comprehensive Treatment Plan (CTP) were of diagnostic quality necessary for assessment and treatment planning. Corrective actions were requested to address these items. There are issues that have been discussed in the quarterly outpatient services meetings regarding comprehensive treatment plans. An action plan is being developed to address those areas of concern.</p> <p>Dr. Linthicum reported that during the First Quarter of FY 2018, the Patient Liaison Program (PLP) and Step II Medical Grievance Program received 4,385 correspondences. The PLP received 2,855 correspondences and Step II Grievance received 1,530. There were 141 Action Requests generated. The overall combined percentage of sustained Step II Medical grievances was 3.5%. Performance measure expectation is 6% or less and both universities are below this threshold. Individually, UTMB was 4.29% and 1.05% for TTUHSC.</p> <p>There were 16 Sick Call Request Verification Audits conducted on 15 facilities. A total of 123 indicators were reviewed and 37 of the indicators fell below 80 percent compliance. Corrective actions were requested.</p> <p>For the benefit of the new members, Dr. Linthicum explained that offenders access care by submitting sick call requests.</p> |            |        |

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| <p><b>VI. Medical Director's Updates (Cont.)</b></p> <ul style="list-style-type: none"> <li>- Dr. Lannette Linthicum</li> <br/> <li>- Office of Public Health</li> </ul> | <p>They write out their health care complaint and then they are scheduled through the appropriate discipline depending on the nature of the complaint. We audit those sick call requests by going out to ensure that there is appropriate access to care, which we are statutorily required to do.</p> <p>Dr. Linthicum explained that the Office of Public Health is a department within the Division of Health Services and not contracted out to the universities. 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 First Quarter, there were 17,805 intake HIV tests performed. Of those tested, 104 offenders were newly identified as having HIV infection. During the same time period, there were 9,526 pre-release tests performed with none found to be HIV positive. For this quarter, 12 new AIDS cases were identified.</p> <p>There were 481 cases of Hepatitis C identified for the First Quarter FY 2018.</p> <p>152 cases of suspected Syphilis were reported. 89 cases required treatment or retreatment.</p> <p>249 Methicillin-Resistant Staphylococcus Aureus (MRSA) cases were reported for the First Quarter FY 2018.</p> <p>Dr. Linthicum reported that there was an average of 18 Tuberculosis (TB) cases under active management for the First Quarter FY 2018.</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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| <p><b>VI. Medical Director's Updates (Cont.)</b></p> <ul style="list-style-type: none"> <li>- Dr. Lannette Linthicum</li> <li>- Office of Public Health</li> </ul> | <p>This position also audits the documentation and services provided by medical unit personnel for each sexual assault reported. During the First Quarter FY 2018, there were 220 chart reviews of alleged sexual assaults. There were 70 deficiencies found this quarter and corrective actions have been requested. 72 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 reported that during the First Quarter FY 2018, 3 units received a 3 day training which included the Wall Talk Training and the Somebody Cares Training in the Peer Education Program and 3 units received a 2 day training which included the Somebody Cares Training. As of the close of the First Quarter of FY 2018, 99 of the 105 facilities housing Correctional Institutions Division (CID) offenders had active peer education programs. During this quarter, 104 offenders were trained to become peer educators, and 22,379 offenders attended the classes presented by peer educators. Dr. Linthicum stated that this peer education program is outstanding. Around the country other departments of corrections and the American Correctional Association are trying to get ahold of our curriculum and emulate what we are doing here in Texas. The offenders really embrace this program and we are positively promoting change in the offenders.</p> | <p>Dr. Berenzweig asked if we know what the recidivism rate is for the peer educators.</p> <p>Ms. Davis said that she will check into obtaining those numbers. She stated that it is truly a great program and they certainly benefit from the collaborative efforts of the Health Services Division and the universities and the non-profits that come in and partner with us to be able to train those offenders to become peer educators.</p> |        |

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| <p><b>VI. Medical Director's Updates (Cont.)</b></p> <ul style="list-style-type: none"> <li>- Dr. Lannette Linthicum</li> <br/> <li>- Mortality and Morbidity</li> <br/> <li>- Office of Mental Health Monitoring &amp; Liaison</li> </ul> | <p>Dr. Linthicum reported that the Morbidity and Mortality committee is a joint committee consisting of the three partners: UTMB, Texas Tech and TDCJ. Dr. Ojo and Dr. Millington are the co-chairs. 106 deaths were reviewed during the months of September, October and November of 2017. Of those 106 deaths, 4 were referred to peer review committees. 2 cases were referred to provider peer review and 2 cases were referred to nursing peer review.</p> <p>Dr. Linthicum next provided a summary of the activities performed by the Office of Mental Health Monitoring &amp; Liaison (OMHM&amp;L) during the First Quarter of FY 2018. Restrictive Housing (formerly Administrative Segregation) audits were conducted on 17 facilities. 2,332 offenders were observed, 1,976 were interviewed, and two offenders were referred to the university providers for further evaluation. Access to Care (ATC) for mental health indicators four and five were met at 100 percent at 16 of the 17 facilities. ATC indicator six was met at 100 percent by 17 of the 17 units.</p> <p>The OMHM&amp;L also monitors all instances of administration of compelled psychoactive medication to offenders to ensure that all instances are appropriately documented. Compelled psychoactive medication is only done on inpatient facilities and there is a strict protocol in place. For the First Quarter FY 2018, 94 instances of compelled psychoactive medication administration occurred. There were 17 instances at Montford, 60 at Skyview, 12 at Jester IV, and 5 at the Bill Clements unit. All units were 100 percent compliant.</p> | <p>Ms. Perryman stated that she had the opportunity to observe some of the trainings and was impressed. Not only with the training, but also with the lift that it gave the inmates who were participating. They were very proud to be a part of it and very excited and enthusiastic about it.</p> |        |

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| <p><b>VI. Medical Director's Updates (Cont.)</b></p> <ul style="list-style-type: none"> <li>- Dr. Lannette Linthicum</li> <br/> <li>- Office of the Health Services Liaison</li> <br/> <li>- Accreditation</li> <br/> <li>- Biomedical Research Projects</li> </ul> | <p>The Intake Mental Health Evaluation audit conducted by OMHM&amp;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. On average TDCJ has approximately 70,000 new intakes each year. Audits were conducted at 25 intake facilities and 24 facilities identified incoming offenders in need of Mental Health Evaluations. 21 of the 25 facilities met or exceeded the 80 percent compliance for completing Mental Health Evaluations within 14 days of identified need and corrective action has been requested for those who did not.</p> <p>Dr. Linthicum reported that the Office of Health Services Liaison (HSL) coordinates entry into TDCJ facilities. During the First Quarter of FY 2018, the Office of Health Services Liaison conducted 172 hospital and 58 infirmary discharge audits. UTMB had 46 deficiencies identified and TTUHSC had 13 deficiencies identified for the hospital discharge audits. UTMB had 8 deficiencies identified and TTUHSC had 7 deficiencies identified for the infirmary discharge audits. Corrective action has been requested to address deficiencies.</p> <p>Dr. Linthicum reported that the ACA Winter Congress of Corrections was held in Orlando Florida on January 4-9, 2018. During this conference, the following facilities were represented: Polunsky, Briscoe, Cotulla, Cole, Moore, Gist, LeBlanc, Goodman, Woodman, Stiles, Beto, Torres/Ney, Jordan/Baten, Lopez/Segovia, Luther and Holliday. Ms. Davis did an outstanding job presenting all of the units, along with the senior wardens. The Commission on Accreditation for Corrections commented on Ms. Davis personally for her preparedness before the panel.</p> <p>Dr. Linthicum reported on the summary of active and pending biomedical research projects as reported by the TDCJ Executive Services. The CID has 27 active and 5 pending biomedical research projects. The Health Services Division has 9 active and 4 pending biomedical research projects.</p> | <p>Dr. Mills asked if he could receive suicide statistics by unit for the past five years.</p> |        |

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| <p><b>VI. Medical Director's Updates (Cont.)</b><br/> - Dr. Lannette Linthicum</p> |              | <p>Dr. Linthicum replied that she will forward him the information.</p> <p>Dr. Mills next asked about the Intake Mental Health Evaluation audits that were conducted that produced such low scores at Gurney and Kegans and what that is attributed to.</p> <p>Dr. Linthicum explained that Kegans had been an intermediate sanction facility (ISF) and the mission of the facility changed to that of a transfer facility. When it was an ISF it housed parolees and probationers. The parole board could put an ISF parolee or probationer in the facility without fully immersing them into prison. Now as a transfer facility they are actually receiving prisoners. As an ISF there was no mental health caseload. As a transfer facility they do now have a mental health caseload.</p> <p>Dr. Penn explained that the facility is in downtown Houston right next to Harris County Jail and that it flooded during Hurricane Harvey. The population has doubled or tripled. It is a very challenging physical plant. The physical plant does not lend itself well to clinical care. There has been a meeting with the warden and he is committed to do whatever it takes to ensure that medical, dental and mental health services are available.</p> <p>Dr. Linthicum stated that due to the physical plant issues, some offenders are moved to a sister unit for evaluations. All of these things contribute to the low number and work is in progress to address these issues. They will be required to submit a detailed written corrective action plan and it will be reviewed by the OMHM&amp;L.</p> |        |

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| <p>VI. Medical Director's Updates<br/>(Cont.)</p> <ul style="list-style-type: none"> <li>- Dr. Lannette Linthicum</li> </ul> |              | <p>After review by OMHM&amp;L, senior staff will come together to review it before it is signed.</p> <p>Dr. Penn noted that as of December, there are mental health staff physically on the facility, in addition to tele-psychiatry.</p> <p>Dr. Raimer suggested that Ms. Davis can further explain about the facility as it works closely with the parole division in its mission.</p> <p>Ms. Davis explained that Kegans has undergone a re-designation of the utilization of the facility recently. They are working with the Parole Division and the Parole Board as part of the overall agency diversion program to keep offenders out of jail and provide the resources that they need to have a greater impact on the community. It is a 612 bed facility in a high-rise in downtown Houston. The population changes about every 90 days. It is a 90 to about 145 day program depending on how well they do. They specialize in substance abuse treatment at that facility. In the conversion of that facility we have had to work through some challenges with staffing and how to process intake and complete the medical appointments and the medical screens, however, it continues to get better. Our commitment is to make sure that we follow through with those plans to get everybody on board. Having the additional staff and medical staff on board and targeting those areas has helped with compliance greatly. We flipped that facility last summer, so it has not been a full year yet. We are on our way and you will see those numbers continue to rise.</p> |        |

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| <p><b>VI. Medical Director's Updates (Cont.)</b></p> <ul style="list-style-type: none"> <li>- Dr. Lannette Linthicum</li> <li>- Texas Tech University Health Sciences Center</li> <li>- Dr. Dr. Denise DeShields</li> <li>- University of Texas Medical Branch</li> <li>- Dr. Owen Murray</li> </ul> | <p>Dr. Berenzweig thanked Dr. Linthicum and then called on Dr. DeShields to present the report for TTUHSC.</p> <p>Dr. DeShields reported that there were no further updates.</p> <p>Dr. Berenzweig thanked Dr. DeShields and then called on Dr. Murray to present the report for UTMB.</p> <p>Dr. Murray reported that there were no further updates.</p> <p>Dr. Berenzweig thanked Dr. Murray and then called on Dr. Linthicum to present An Overview of the Texas Correctional Managed Health Care Program.</p>   |            |        |
| <p><b>VII. An Overview of the Texas Correctional Managed Health Care Program</b></p> <ul style="list-style-type: none"> <li>- Dr. Lannette Linthicum</li> </ul>  | <p>Dr. Linthicum began by saying that they wanted to present this information for the new members to give an overview and also to give an update on the Correctional Managed Health Care Program.</p> <p>Dr. Linthicum gave a brief history of how the Correctional Managed Health Care Program came into place. The Ruiz litigation was the longest class action lawsuit in the history of corrections. It went from 1972 to 2002 when we vacated the final judgement. We were under the auspices of Federal Judge William Wayne Justice from the Eastern District of Tyler. One of the reasons that the lawsuit went on for so long related to the conditions of confinement. The conditions of confinement in the Texas Department of Corrections (TDC), as it was called back then, was found to be unconstitutional; including the health care. The majority of it was based on overcrowding. In order to address the unconstitutionality, TDC underwent a massive building campaign. There was an offender population of about 60,000 and that quickly doubled. The cost for both the prison and health care side continued to increase. Our state leaders began to look at this, particularly John Sharp the State Comptroller who was conducting a series of performance reviews;</p> |            |        |

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| <p><b>VII. An Overview of the Texas Correctional Managed Health Care Program (Cont.)</b><br/>- Dr. Lannette Linthicum</p> | <p>The Texas Performance Reviews of 1993. They looked at the health care system of TDCJ and they concluded that “a managed health care system should be established for the inmates of TDCJ and that the system should be governed by a board comprised of officials from TDCJ, UTMB and TTUHSC.” This is how the Correctional Managed Health Care Committee was birthed. The state auditor followed with an audit later in 1993 and concluded that “the state is developing and implementing a comprehensive managed health care plan with the hope that spiraling inmate health costs can be more effectively controlled.”</p> <p>Dr. Linthicum continued by explaining Correction Managed Health Care. It is a strategic partnership between the Texas Department of Criminal Justice, the University of Texas Medical Branch and Texas Tech University Health Sciences Center with a shared mission to develop a statewide health care network that provides TDCJ offenders with timely access to a constitutional level of health care while also controlling costs. The enabling legislation is found in Subchapter E, Chapter 501, Texas Government Code. It has undergone a number of sunset reviews. When it originally started it was truly TDCJ, UTMB and Texas Tech. There were two members from each entity to form a six member committee. Now it is a ten person committee with a clinical majority, six members are physicians. Of the ten member positions, six members are appointed by the Governor and four members are appointed by the partner agencies. The UTMB position must be a physician, the TTUHSC position must be a physician, the TDCJ position does not have to be a physician and the state Medicaid Director appoints one position who is an ex officio non-voting member. The law charges the committee with establishing a statewide network to provide health care services to TDCJ offenders and maximize the use of the state medical schools to the extent possible.</p> <p>Organizationally, there is the Governor and Legislature, next the Correctional Managed Health Care Committee and then the three partner agencies; TDCJ, UTMB CMC and TTUHSC CMC. Within TDCJ there are two divisions that are held responsible for this program, which are the Health Services Division and the Business and Finance Division.</p> |            |        |



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| <p><b>VII. Texas Tech University Health Sciences Center Correctional Managed Health Care (Cont.)</b><br/>- Dr. Denise DeShields</p> | <p>There are three 17 bed infirmaries in west Texas and a 98 bed medical/surgical unit located in Lubbock at the Montford Regional Medical Facility (RMF). There are 1,000 plus inpatients psychiatric beds split between Amarillo and Lubbock. There is an operating budget of \$103M for Fiscal Year 2018. There are 960 employees and 37% of these employees have greater than 10 years of service.</p> <p>In contrast to UTMB, Texas Tech does not have a Hospital Galveston equivalent. They rely heavily on an extensive contract network to manage offender patients in both an on-site and off-site capacity. There are currently 223 hospital and professional services contracts to make sure these offenders receive quality, cost efficient health care in a timely manner. As far as services we provide full spectrum, comprehensive services on site. Medical, dental, mental health and nursing encounters totaled approximately 1.8 million encounters for Fiscal Year 2017. There were 10,860 telehealth encounters and the majority were telepsychology and telepsychiatry. All Texas Tech facilities do have telehealth capability.</p> <p>Dr. DeShields highlighted the special medical programs at the Montford Regional Medical Facility. This facility was established in 1995 and it is the most complex TDCJ medical unit in the state. There are two full service surgical sites that are capable of performing most surgeries, except total joint and cardiothoracic surgeries, onsite dialysis with the capability of dialyzing 48 patients and there are 128 beds on the RMF side of the facility including 50 wards beds, 44 long term care beds, 4 step down beds and 30 holding beds. There is also computed tomography (CT), ultrasound and magnetic resonance imaging (MRI) diagnostics and physical, occupational and respiratory therapy available on site. There are also three special psychiatric programs. The Montford Inpatient Psychiatric Unit, which is co-located with the RMF, has 550 inpatient beds. They offer inpatient psychiatry, psychology and social work services. There are also 2 other programs located in Amarillo. The Program for Aggressive Mentally Ill Offenders (PAMIO) is a nationally recognized behavior program that provides structured behavioral services for aggressive and assaultive behavior.</p> |            |        |

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| <p><b>VII. Texas Tech University Health Sciences Center Correctional Managed Health Care (Cont.)</b><br/>- Dr. Denise DeShields</p> | <p>It has a 208 bed capacity. Co-located with the PAMIO program is the Chronically Mentally Ill (CMI) Program. This program has 2 tracks, a therapeutic program and a sheltered housing program. It has a 260 bed capacity and it was originally designed to decompress acute inpatient beds across the state, but these offenders now also receive programmatic activity while they are there. There are also 14 crisis management beds.</p> <p>Dr. DeShields shared some of the challenges that TTUHSC CMC experiences, that are not unique to west Texas, such as the aging offender population. Primarily due to the chronic care and infectious disease burden that these patients present and an increased demand for infirmary and long term care beds. These offenders are physiologically 10-15 years older than their chronological age and even since this presentation was complete, the numbers have increased. There is a program called Medically Recommended Intensive Supervision (MRIS) wherein we can release terminally ill offenders. The problem is that the vast majority of these offenders are not eligible for release due to their offense. One of the other escalating challenges is mental health needs. TDCJ is quickly becoming the state repository for mental health patients. Nearly 40% of offenders meet criteria for a mental health diagnosis. The rising cost of pharmaceuticals is another increasing challenge, particularly the biologics and the specialized targeted medication for oncology which is becoming increasingly more difficult to manage. Another challenge is in recruiting and retaining health care professionals. It is difficult to recruit into the prison system and especially in west Texas in these rural locations.</p> | <p>Dr. Mills asked who accredits the Montford Facility and if it requires Joint Commission on Accreditation of Healthcare Organizations (JCAHO) accreditation.</p> <p>Dr. DeShields answered that the Montford facility is accredited by American Correctional Association (ACA). The Montford facility is not a hospital and does not require JCAHO accreditation.</p> |        |

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| <p><b>VII. Texas Tech University Health Sciences Center Correctional Managed Health Care (Cont.)</b><br/>- Dr. Denise DeShields</p> |              | <p>Dr. Linthicum explained that there are three RMFs. The Estelle RMF in Huntsville, the Carol Young RMF in Texas City and Montford RMF in Lubbock. They mainly provide intermediate care, mainly step down from our hospital network. UTMB has about 140 hospitals in their network. As offenders are discharged out of tertiary care and cannot go back to their cells or they need a period of convalescence, then they step down into these infirmary beds. Due to the offender population aging we have had to change the mission of some of our infirmary beds. Now we are providing assistive living care. Approximately one third of the infirmary beds in UTMB have offenders permanently assigned to those beds and are receiving an assisted level of care as they are unable to function in general population. The only JCAHO accredited facility we have is the TDCJ Hospital in Galveston on the UTMB campus. All of the other facilities would be considered infirmary level care.</p> <p>Dr. Linthicum gave further clarification stating that originally the missions for east Texas and west Texas were different. The state leadership saw that the rural hospitals were failing and in trouble. They envisioned the model in west Texas would be to utilize some of the rural hospitals to provide care on some of the TDCJ units. It was a way of infusing a solid financial base into the hospitals to keep them open. For example, there is the Robertson unit, the Havins unit and the Middleton unit in Abilene. Hendricks Medical Center, which is the hospital in Abilene, staffs those units through a sub-contract with Texas Tech.</p> |        |

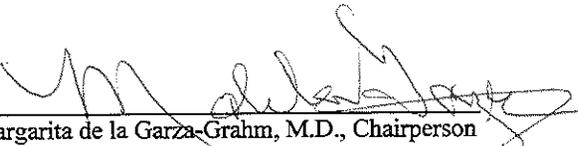
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| <p><b>VII. Texas Tech University Health Sciences Center Correctional Managed Health Care (Cont.)</b></p> <ul style="list-style-type: none"> <li>- Dr. Denise DeShields</li> </ul> |              | <p>Dr. DeShields stated that approximately one third of their 960 employees are from sub-contracted hospitals.</p> <p>Dr. Hudson asked for clarification from the medical director's reports regarding the differences between UTMB and Texas Tech inpatient admissions and length of stay. What would drive three times the admission rate and 30% longer length of stay?</p> <p>Dr. DeShields answered that for the length of stay, the Texas Tech data does include a long term care facility.</p> <p>Dr. Linthicum added that Hospital Galveston data is not included in the UTMB totals.</p> <p>Dr. Ojo relayed that the length of stay for Hospital Galveston is in the 7 point range. Admission runs around 11.5. They are meeting goals length of stay wise. Hospital Galveston is a unique place, there is none like it in the nation. The addition of infirmary beds has reduced the length of stay at the hospital by about 20% in one year.</p> <p>Dr. Linthicum explained that the reimbursement rate for Hospital Galveston was reduced. As a result, TDCJ asked the legislature for additional funds for sheltered housing beds to offset the length of stay and provide a place to move these patients out of the hospital. The length of stay prior to this was much higher. In addition, the UTMB sector has the most acute patients. UTMB has all the females offenders, they have 3-4 times the dialysis numbers, all the HIV and Hep C patient care, all of the solid organ transplants and all of the hemophiliac patients.</p> |        |

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| <p><b>VII. Texas Tech University Health Sciences Center Correctional Managed Health Care (Cont.)</b><br/> - Dr. Denise DeShields</p> <p><b>VII. Overview of UTMB Correctional Managed Health Care Services</b><br/> - Dr. Owen Murray</p> | <p>Dr. DeShields next discussed the Texas Tech cost saving initiatives. These cost savings initiatives are not unique to Texas Tech. In the area of pharmacy they utilize a managed care formulary to mitigate costs and they have a very fiscally prudent drug reclamation program, through a sister agency, where if the drugs are not in the offenders hands, they can be reclaimed and refunded. They have a collaborative patient reassignment program, for example HIV and Hep C are reassigned to the UTMB sector. Despite the staffing shortages they try to limit the use of agency staff and professional recruiters as it can increase the cost of care by 2-3 times. They continue to utilize telemedicine. Not only does it promote public safety, but it reduces offender transport and enhances the availability of the providers. They offer efficient clinical care through preventative and maintenance care, a very robust chronic care management system and evidence based medicine. Utilization of the RMF facility has diverted many offsite evaluation and procedures and we estimate that the offsite care cost avoidance is approximately 1 million dollars. Lastly, they have expanded some hours of operation at some of the peripheral units to reduce some ER and offsite care utilization.</p> <p>Dr. Berenzweig thanked Dr. DeShields and then called on Dr. Murray to present an overview of University of Texas Medical Branch Correctional Managed Health Care.</p> <p>Dr. Murray stated that he would try not be too duplicative, since UTMB and Texas Tech do not differ that dramatically. The UTMB sector provides healthcare for about 114,000 patients and provides all services onsite.</p> | <p>If there is a need for specialized care that cannot be done in west Texas, these patients are moved to the UTMB sector. The acuity in the UTMB sector is much higher.</p> <p>Dr. Murray stated that a fairer comparison would be to use the UTMB infirmary care numbers only, which would more closely match the numbers presented from the Texas Tech sector.</p> |        |

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| <p><b>VII. Overview of UTMB Correctional Managed Health Care Services (Cont.)</b><br/>- Dr. Owen Murray</p> | <p>This includes dental, mental health, dialysis services, infirmary level care, HIV care, radiology and lab services and telehealth.</p> <p>Dr. Murray stated that 30% of the patient population have at least one chronic condition. That presents a huge clinical burden. If the population remained the same 114,000 patients we could probably work these costs down, but we get 50% new patients each year and those workups have to begin again.</p> <p>Dr. Murray discussed some of the innovative programs that UTMB operates, including the CMC Dialysis Centers. Dialysis services were originally contracted out, but they now have a nephrologist, Dr. Khurana. They are the largest outpatient dialysis center in the state of Texas. The problem they face is space due to patient growth being more than anticipated. The pharmacy's 340B pricing is about a 100 million dollar benefit annually. Telehealth is provided at all UTMB CMC facilities. They provide primary care, mental health, urgent care, tele-nephrology, infectious disease, wound care and clinical pharmacology. There were over 120,000 telehealth encounters in Fiscal Year 2017 which make this the largest non-military program in the US. They have an aggressive utilization review program. The electronic medical record (EMR) came in approximately 15 years ago and has expanded to all CMC facilities. The CMC Dashboard outlines clinical goals for all of correctional managed care, including Texas Tech and shows clinical goals related to Healthcare Effectiveness Data and Information Set (HEDIS) measurements. The dashboard is real time and that provides a very nice management tool. Dr. Murray stated that more information regarding the dashboard will be provided at a future meeting. Telehealth utilization has been instrumental in providing another method to provide access to care and ensure that patients are being seen as required by policy. Telehealth providers are much easier to hire. There are offices north and south of Houston and in Austin.</p> | <p>Dr. Hudson asked how many of the HIV patients are on antiretroviral.</p> <p>Dr. Murray answered that the percentage is high and he will provide Dr. Hudson the numbers.</p> |        |

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| <p><b>VII. Overview of UTMB Correctional Managed Health Care Services (Cont.)</b><br/>- Dr. Owen Murray</p> | <p>Vacant telehealth positions bring in a good applicant pool and they can pay the salary without the premium, however; there are some limitations with telehealth.</p> <p>Dr. Murray explained the reimbursement rate change at Hospital Galveston. In the year 2016 we had 40,000 bed days at Hospital Galveston and 10,000 of those bed days were taken up by patients who did not need to be in the hospital. This was the driving force for the state saying that we do not want to pay hospital rates for basically 25% of your bed days. We need to find a way to get those patients to a level of care that is consistent with what they need but also puts us in a place where we are paying less per day.</p> <p>Dr. Murray next gave an overview of Hospital Galveston. It opened in 1983 and it is accredited by the Joint Commission for Accreditation of Health Care Organizations. Hospital Galveston is both a tertiary hospital and also an academic training center. Short of bone marrow transplants there is not much that cannot be done at Hospital Galveston. Case mix index and discharges continue to increase. Hospital Galveston has a dedicated security staff as opposed to a free world hospital which has a positive impact to the state budget. Dr. Murray asked Ms. Davis what the cost is for security if offenders are taken to free world hospitals.</p> | <p>Ms. Davis stated that while she would have to defer the cost question to finance, she could say that the current number of offenders offsite is 95 across the state and that requires a minimum of two staff members per offender. Some offenders require three staff members to accompany them due to their custody level. 95 is average. A decrease has been seen in the average which used to be 150-160 each day. The number of security staff off site each day is equivalent to the number of staff it would take to run a medium size facility in a 24 hour day.</p> |        |

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| <b>VII. Overview of UTMB Correctional Managed Health Care Services (Cont.)</b><br>- Dr. Owen Murray |  | Mr. Steffa stated that they are not budgeted separately. Staff is taken from the unit to go offsite and the cost is built into unit staffing. |  |
| <b>VIII. Public Comments</b><br>- Dr. Harold Berenzweig   | Dr. Berenzweig thanked Dr. Murray and then noted that in accordance with the CMHCC policy, during each meeting the public is given the opportunity to express comments-hearing none; he then moved to adjourn the meeting. | Ms. Davis added that the cost is incurred when they then have to fill the position on the unit for the staff member who is offsite.           |  |
| <b>IX. Adjourn</b>  | Dr. Berenzweig then called for a motion to adjourn the meeting.  |   | Dr. Linthicum made a motion to adjourn the meeting, and Dr. Mills seconded the motion which prevailed by unanimous vote. |
|   | Dr. Berenzweig thanked everyone for their attendance and adjourned the meeting. Dr. Berenzweig announced that the next CMHCC meeting is scheduled for June 20, 2018 in Conroe, Texas.                                      |   |  |
|   | The meeting was adjourned at 11:44 a.m.  |   |  |

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

Date 6-20-18