

CORRECTIONAL MANAGED HEALTH CARE COMMITTEE

June 24, 2014

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

CMHCC Members Present: Lannette Linthicum, M.D., CCHP-A, FACP; Ben Raimer, M.D., Edward John Sherwood, M.D., Steffanie Risinger Campbell, M.D., Elizabeth Anne Linder, Ed.D.

CMHCC Members Absent: Cynthia Jumper, M.D., Mary Annette Gary, Ph.D., Harold Berenzweig, M.D., Patricia Vojack, JD, MSN

Partner Agency Staff Present: Bryan Collier, Ron Steffa, William Stephens, Oscar Mendoza, Charlene Maresh, Robert Williams, M.D., Marsha Brumley, Natasha Martin, George Crippen, Paula Reed, Jerry McGinty, Myra Walker, Manuel Hirsch, Texas Department of Criminal Justice; Owen Murray, DO, John Pulvino, Justin Robison, Olugbenga Ojo, M.D., Joseph Penn, M.D., Billy Horton, DDS, Anthony Williams, Stephen Smock, Kelly Coates, Steve Alderman, Dr. Bryan Schnieder, Pamela Myers, UTMB; Brian Tucker, DDS, TTUHSC

Others Present: Karen Damico, Linda Pugh, JoAnn Scott, Inmate Assistance League; Cathy Corey, Wes Matthias, Abbott-Institutional Managing

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

Agenda Topic / Presenter	Presentation	Discussion	Action
I. Call to Order - Margarita de la Garza-Graham	Dr. de la Garza-Graham called the Correctional Managed Health Care Committee (CMHCC) meeting to order at 10:00 a.m. then noted that a quorum was present and the meeting would be conducted in accordance with Chapter 551 of the Texas Government Code, the Open Meetings Act.		
II. Recognitions and Introductions - Margarita de la Garza-Graham	Dr. de la Garza-Graham acknowledged that all wishing to offer public comment must be registered and will be allowed a three minute time limit to express comment. Dr. de la Garza-Graham thanked and welcomed everyone for being in attendance.		
III. Approval of Consent Items - Margarita de la Garza-Graham <ul style="list-style-type: none"> o Approval of Excused Absences o Approval of CMHCC Meeting Minutes – March 18, 2014 	Dr. de la Garza-Graham noted approval of excused absence for Dr. Cynthia Jumper. Dr. de la Garza-Graham stated the next item on the agenda was the approval of the Minutes from the meeting held on March 18, 2014.		Dr. Lannette Linthicum made a motion to approve the minutes and Dr. Edward

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<p>III. Approval of Consent Items (Cont.)</p> <ul style="list-style-type: none"> ○ Approval of TDCJ Health Services Monitoring Reports ○ University Medical Director's Reports <ul style="list-style-type: none"> - UTMB - TTUHSC ○ Summary of CMHCC Joint Committee/ Work Group Activities 	<p>Dr. de la Garza-Graham stated the next item on the agenda was the approval of the TDCJ Health Services Monitoring Reports.</p> <p>Dr. de la Garza-Graham stated the next item on the agenda was the approval of the UTMB and TTUHSC Medical Director's Reports.</p> <p>Dr. de la Garza-Graham stated the next item on the agenda was the approval of the Summary of CMHCC Joint Committee/Work Group Activities.</p>		<p>John Sherwood seconded the motion which prevailed by unanimous vote.</p> <p>Dr. Raimer made a motion to approve the TDCJ Health Services Monitoring Reports and Dr. Sherwood seconded the motion which prevailed by unanimous vote.</p> <p>Dr. Raimer made a motion to approve the University Directors Reports and Dr. Elizabeth Linder seconded the motion which prevailed by unanimous vote.</p> <p>Dr. Raimer made a motion to approve the Summary of CMHCC Joint Committee/ Work Group Activities and Dr. Sherwood seconded the motion which prevailed by unanimous vote.</p> <p>Seeing no amendments or objections to the proposed consent items, Dr. de la Garza-Graham advised that all consent items will stand approved.</p>
<p>IV. Update on Financial Reports</p> <ul style="list-style-type: none"> - Charlene Maresh 	<p>Dr. de la Garza-Graham called on Charlene Maresh to present the financial report.</p> <p>Ms. Maresh reported on statistics for the Second Quarter of Fiscal Year (FY) 2014, as submitted to the Legislative Budget Board (LBB). The report was submitted in accordance with the General Appropriations Act, Article V, Rider 50.</p>		

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<p>IV. Update on Financial Reports (Cont.)</p>	<p>Funding received by the universities is \$263.6 million and the total expenditures were \$271.2 million, resulting in a shortfall of \$7.6 million dollars.</p> <p>The report also shows the expenditures broken down by strategies.</p> <p>Unit and psychiatric care makes up the majority of the costs at 56.2 percent, for a total of \$152.5 million.</p> <p>Hospital and clinical care accounts for 33.9% of total expenditures at a cost of \$91.8 million. This strategy experienced a shortfall within the second quarter of 8.3 million dollars.</p> <p>Pharmacy services makes up 9.9 % of total health care expenditures at a cost of \$26.8 million. This strategy experienced a surplus of \$3.1 million.</p> <p>The average service population is 150,222 which is a slight increase from FY 2013.</p> <p>The offender population age 55 and over continues to grow with an increase of 7.9% from FY 2013. The average daily census is 15,123 making up 10% of total service population and accounts for 40.4 percent of total hospital costs.</p> <p>The average mental health inpatient census is 1,913, which is 1.3 percent of the total service population. The average mental health outpatient census is 18,795, which is 12.5 percent of the total service population.</p> <p>The average health care cost is \$9.97 per offender, per day, which is a 5.5 percent increase from FY 2013 which was \$9.45, and a 12 percent increase from FY 2012 which was \$8.90.</p>	<p>Dr. de la Garza-Graham asked if the increase from FY 2012 accounted for inflation seeing that there was a significant increase in offender dollars per day spent.</p> <p>Ms. Maresh responded that the total appropriation was increased after FY 2012 and</p>	

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<p>V. Summary of Critical Correctional Health Care Personnel Vacancies (Cont.)</p> <p>-Dr. Owen Murray</p>	<p>Mentally Ill Offender (PAMIO) Medical Director position at the Clements Unit is still vacant. Dr. DeShields was in the process of interviewing two possible candidates for the position; however neither held Texas Licenses.</p> <p>Dr. Linthicum further reported that, there were currently some Psychiatry position vacancies at the Montford Unit which are being supplemented at this time with the use of telepsychiatry.</p> <p>Dr. de la Garza-Graham then called upon Dr. Murray to report on UTMB's critical vacancies.</p> <p>Dr. Murray requested to reserve comments on the UTMB vacancy report until he presented the UTMB Medical Director's Report.</p>		
<p>VI. Medical Director's Updates</p> <ul style="list-style-type: none"> • TDCJ – Health Services Division FY 2014 Second Quarter Report - Lannette Linthicum, MD <ul style="list-style-type: none"> ○ Operational Review Audit ○ Capital Assets Monitoring ○ Dental Quality Review Audit 	<p>Dr. de la Garza-Graham then called upon Dr. Linthicum to begin presentation of the Medical Director's Report.</p> <p>Dr. Linthicum began by explaining that the deficiencies reported during operational reviews have been addressed with the units and each unit is working on corrective action plans to gain compliance. During the Second Quarter of FY 2014, (December, January, February), Operational Review Audits (ORAs) were conducted on seven facilities: Bridgeport, Crain, Ellis, Hughes, Gib Lewis, Sanchez State Jail, and Telford. There were also ORA's closed during this quarter for seven facilities: Allred, Boyd, Clemens, Darrington, Powledge, Scott, and Terrell. Dr. Linthicum referred to the 10 items found to be most frequently below 80 percent compliance.</p> <p>Dr. Linthicum next reported that the same seven units listed above were audited and determined to be in compliance range for capital assets.</p> <p>Dr. Linthicum explained that Dental Quality Review audits were conducted at the following thirteen facilities: Baten Intermediate Sanction Facility (ISF), Clements, Dalhart, Eastham, Ellis, Hamilton, Jordan, Middleton, Robertson, South Texas ISF, Wallace, Ware, and Young.</p>		

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<p>VI. Medical Director's Updates (Cont.)</p> <ul style="list-style-type: none"> ○ Grievance and Patient Liaison Correspondence ○ Quality Improvement (QI) Access to Care Audit ○ Office of Public Health 	<p>Dr. Linthicum referred to the items found to be most frequently below 80 percent compliance.</p> <p>Dr. Linthicum then noted that the Office of Professional Standards has the Family Hotline, Patient Liaison Program, Step II Medical Grievance Program, and Sick Call Request Verification Audit process. During the Second Quarter of FY 2014, the Patient Liaison Program (PLP) and the Step II Medical Grievance Program received 2,923 correspondences. The PLP received 1,382 correspondences and Step II Medical Grievance received 1,541. There were 334 Action Requests generated. The percentages of sustained Step II Medical Grievances from UTMB were eight percent and four percent for TTUHSC.</p> <p>Dr. Linthicum added that the Quality Improvement Access to Care Audit addressed quality of care issues. There were 30 Sick Call Request Verification Audits conducted on 28 facilities. A total of 243 indicators were reviewed and 20 of the indicators fell below 80 percent compliance.</p> <p>Dr. Linthicum explained that the Public Health Program monitors cases of infectious diseases within the TDCJ population. There were 814 cases of Hepatitis C identified for the Second Quarter FY 2014. There were 19,142 intake tests and 129 were newly identified as having Human Immunodeficiency Virus (HIV) infections. During the</p>	<p>Dr. Raimer asked for clarification that out of 243 indicators 20 of them fell below compliance, not 20 of the units.</p> <p>Dr. Linthicum confirmed this was correct.</p> <p>Dr. Raimer inquired that once staff have been advised about being below 80% compliance, are they required to submit a corrective action plan.</p> <p>Dr. Linthicum responded yes; a detailed corrective action plan must be submitted to senior staff of the Health Services Division for approval or disapproval. If disapproved, it goes back to the facility for a revised corrective action.</p>	

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<p>VI. Medical Director's Updates (Cont.)</p>	<p>First Quarter FY 2014, 19,375 offenders had intake test and 139 were HIV positive. Only 4 new Acquired Immunodeficiency Syndrome (AIDS) cases were identified in the Second Quarter FY 2014 and 15 new AIDS cases identified during the First Quarter FY 2014.</p> <p>258 cases of suspected Syphilis were reported in the Second Quarter FY 2014. 19 of those required treatment or retreatment.</p> <p>240 Methicillin-Resistant Staphylococcus Aureus (MRSA)</p>	<p>Dr. de la Garza-Graham asked if the number of offenders identified in the Second Quarter to have HIV was 129 plus 130 or if they number just went up by 10.</p> <p>Dr. Linthicum explained that numbers had actually gone down by 10 in the Second Quarter. From the First Quarter out of the 19,375 offenders tested 139 were identified to be HIV positive. In the Second Quarter 129 offenders were identified HIV positive out of the 19, 142 tested.</p> <p>Dr. de la Garza-Graham asked if offenders who have been diagnosed as HIV positive that have been released are now responsible, to proceed with their own treatment as well as report their condition.</p> <p>Dr. Linthicum responded that the offenders' release information is reported to the Department of State Health Services (DSHS) who does department notification to the Reentry & Integration Division. Within the Reentry & Integration Division, the Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMI) prepares a special discharge plan for special needs offenders ensuring they are enrolled into the AIDS Service Organization and the Ryan White Program to make certain they receive their needed medications and supplies.</p>	

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<p>VI. Medical Director's Updates (Cont.)</p> <p>○ Mortality and Morbidity</p>	<p>cases were reported for the Second Quarter FY 2014. Dr. Linthicum advised that there was an average of 17 Tuberculosis (TB) cases under active management for the Second Quarter FY 2014.</p> <p>Dr. Linthicum next reported the activities of the Sexual Assault Nurse Examiner (SANE) Coordinator which collaborates with the Safe Prisons Program and is trained and certified by the Texas Attorney General's Office. This person provides in-service training to facility staff in the performance of medical examinations, evidence collection and documentation and use of the sexual assault kits. During the Second Quarter FY 2014, 39 training sessions were held and 458 medical and mental health staff received training. This position also audits the documentation and services provided by medical personnel for each sexual assault reported. There were 297 chart reviews of alleged sexual assaults. There were no deficiencies found this quarter. 51 blood-borne exposure baseline labs were drawn on exposed offenders. To date, three offenders have tested positive for HIV in baseline labs routinely obtained after the report of sexual assault.</p> <p>Dr. Linthicum noted that four of the six Twelfth Annual Peer Education Health Conferences were held in the month of February 2014. These conferences are held to allow offenders to gain more knowledge about infectious diseases that are reported in TDCJ and in the communities from which they come. Within the TDCJ, 99 of the 109 facilities have active peer education programs. 89 offenders trained to become new peer educators. This is a decrease from the 139 offenders trained in the First Quarter FY 2014. However, 18,672 offenders attended classes presented by educators, which is an increase from the First Quarter FY 2014 of 16,684.</p> <p>Dr. Linthicum reported that there were 108 deaths reviewed by the Mortality and Morbidity Committee during the Second Quarter of FY 2014. Of those 108 deaths, 5 were referred to peer review committees for further review.</p>		

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<p>VI. Medical Director's Updates (Cont.)</p> <ul style="list-style-type: none"> ○ Office of Mental Health Monitoring & Liaison 	<p>Dr. Linthicum provided a summary of the activities performed by the Office of Mental Health Monitoring & Liaison (OMHM&L) during the Second Quarter of FY 2014.</p> <p>Administrative Segregation (Ad Seg) audits were conducted on 18 facilities. 3,976 offenders were observed, 2,896 were interviewed and 4 offenders were referred to the university providers for further evaluation. Two of the 18 facilities fell below 100 percent compliance while the remaining 16 were found to be 100 percent compliant.</p> <p>Access to Care (ATC) 4 was met at 100 percent on 16 facilities. Two facilities fell below 100 percent compliance.</p> <p>Three inpatient mental health facilities were audited with respect to compelled medications. 35 instances of compelled psychoactive medication administration occurred. All three facilities were 100 percent compliant for logging all incidents of compelled psychoactive medication and for documenting the required criteria in the medical record.</p>	<p>Dr. de la Garza-Graham asked if a nurse conducts the Administrative Segregation Audits.</p> <p>Dr. Linthicum responded no, the position is a master's level psychologist position.</p> <p>Dr. Raimer asked if staffing was an issue at the units that fell below compliance.</p> <p>Dr. Linthicum responded yes; it is usually related to staffing. However, TDCJ Health Services Division monitors these units that fall below compliance monthly to ensure that the trend begins to move upward. If changes are not seen in an upward trend, the facility is put on a special monitoring plan where additional reporting on their ATC is required to be reported to senior staff in the Health Services Division.</p>	

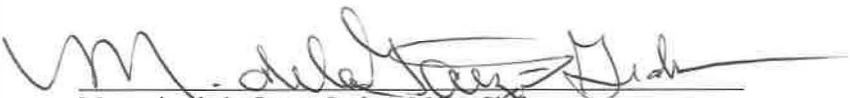
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<p>VI. Medical Director's Updates (Cont.)</p> <ul style="list-style-type: none"> ○ Office of Health Services & Liaison ○ Accreditation ○ Biomedical Research Projects ● Texas Tech University Health Sciences Center <ul style="list-style-type: none"> - Denise DeShields, MD ● University of Texas Medical Branch <ul style="list-style-type: none"> - Owen Murray, DO 	<p>There were 24 intake facilities audited with respect to mental health evaluation within 14 days of identification. There were 16 facilities that met or exceeded 80 percent compliance.</p> <p>Dr. Linthicum added the OMHM&L also reviews the mental health records of all pregnant offenders being considered for the Baby and Mother Bonding Initiative (BAMBI) Program. Eight offenders were reviewed and all eight were allowed to participate.</p> <p>The Office of Health Services Liaison (HSL) conducted 143 hospital and 48 infirmary discharge audits. UTMB had no deficiencies identified and TTUHSC had two deficiencies identified for the hospital discharge audits. UTMB had 22 deficiencies identified and TTUHSC had 26 deficiencies for the infirmary discharge audits. There were no deficiencies identified from UTMB or for TTUHSC.</p> <p>Dr. Linthicum reported that there were 11 units reaccredited by the American Correctional Association (ACA).</p> <p>Dr. Linthicum referenced the research projects as reported by the Texas Department of Criminal Justice (TDCJ) Executive Services.</p> <p>Dr. de la Garza-Graham thanked Dr. Linthicum and announced that Dr. DeShields' report on TTUHSC would be deferred at this time.</p> <p>Deferred during the absence of Dr. DeShields.</p> <p>Dr. de la Garza-Graham then called on Dr. Murray to present the report for UTMB.</p> <p>Dr. Murray announced the departure of Dr. Charles Adams, UTMB Outpatient Medical Director and Dr. Glenda Adams, UTMB Inpatient Medical Director. Dr. Murray reported that both positions had been filled. Dr. Monte Smith who holds 20 years with UTMB accepted the position of UTMB Inpatient Medical Director.</p>		

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VI. Medical Director's Updates (Cont.)	<p>Dr. Murray announced Dr. Susan Morris accepted the position of UTMB Outpatient Medical Director. Dr. Morris holds 20 years with UTMB and also serves as Chair of the Pharmacy & Therapeutics Committee.</p> <p>Dr. Murray reported that infirmary capacity is an issue, but options are being explored to provide ways to expand capacity, especially in the event of an evacuation occurring where offenders would need to be relocated.</p> <p>TDCJ Correctional Institutions Director, William Stephens has been working with TDCJ and UTMB staff in helping to find space at other facilities that will be able to provide safe housing for offenders in the event an evacuation occurs.</p>		
VII. Correctional Dentistry Update Presentation - Brian Tucker, D.D.S.	<p>Dr. de la Garza-Graham thanked Dr. Murray for his report, then introduced Dr. Brian Tucker, TTUHSC to begin his presentation.</p> <p>Dr. Tucker began by explaining the Joint Dental Working Group which is comprised of staff from TDCJ, UTMB, and TTUHSC. This committee works together to develop dental policies, procedures, and ensures community standards of dental care are being met as well as offered to all offender patients.</p> <p>Dr. Tucker made mention that contract monitoring is performed by himself, and he is currently the presiding Chair of the Joint Dental Work Group along with the TDCJ, and UTMB Dental Directors. With each being of a different organization and culture, together they are able to provide combined experience to better serve the committee.</p> <p>One main goal of the Joint Dental Working Group is to provide timely appropriate dental care at a reasonable cost. With use of the American Dental Association's (ADA's) approved materials and the Dental Department Procedure Manual, individualized treatment plans are developed to prevent "awful" outcomes, maintain balance and provide offender patients with the finest care possible.</p> <p>Dr. Tucker reported on recent developments. Reduction in</p>		

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VII. Correctional Dentistry Update Presentation (Cont.)	<p>position vacancies has been seen which is a benefit to the Dental Working Group. Transition over to Digital Radiology is showing to be successful as it allows reports to be accessed more quickly permitting ATC to be monitored daily and issues to be addressed right away. Digital imaging also gives advantage to dentist by allowing them to view images together and consult 6,000 miles apart. It is an incredible convenience, especially with helping make referrals because they are immediately available for viewing. This allows serious issues to be identified immediately so treatment can be provided. This method also lowers the radiation exposure to patients.</p> <p>Dr. Tucker made mention of Dr. William Walton, Correctional Facility Dentist, TTUHSC who was featured in the February 2014 Texas Dental Journal telling his story and thoughts about correctional dentistry before becoming a dentist in corrections and his thoughts now that he has a career as a Correctional Facility Dentist.</p> <p>Dr. Tucker reported that since the posting of the article, vacancy rates have decreased for Doctor of Dental Surgery (DDS) and Registered Dental Assistant (RDA). He believes that the posting of Dr. Walton's story lead to the decrease in vacant positions.</p> <p>Dr. Tucker focused attention towards vendor neutral software when referencing dental priorities. This has been an active issue between Information Technology (IT) and the Medical Directors. By developing such software, it will save original and derived images, maintain DICOM quality, and preserve the capturing of image tools to any user at any access point. This will allow the TDCJ, UTMB, and TTUHSC to work together with stability providing ongoing dynamic balance, and efforts.</p> <p>Dr. de la Garza-Graham thanked Dr. Tucker, and with no further questions, proceeded with the announcement of the acceptance of registered public comments.</p> <p>Dr. de la Garza-Graham noted in accordance of the CMHCC's policy, during each meeting the public is given</p>		
IX. Public Comments			

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IX. Public Comments (Cont.)	<p>the opportunity to express comments. Ms. Damico signed up to express public comments and was given the opportunity to do so.</p>	<p>Karen Damico thanked Dr. de la Garza-Graham for the opportunity to address the CMHCC and introduced herself as a member of the Inmate Assistance League Advocacy Group. She feels that until a problem is recognized there can be no solution. Unethical and neglectful treatment will not change until there are consequences for actions.</p> <p>Ms. Damico expressed concern about medical records having similar issues of those of the Veterans Administration and gave an example of an offender who is married but was marked as an unmarried status on a medical record. She believes there is no excuse for this type of error, and wants to remind all of her advocacies motto, "All inmates are not liars and all liars are not inmates".</p> <p>Dr. Linthicum responded that initiative has been taken to meet with the Inmate Assistance League on regular and recurring basis to address the concerns of the Inmate Assistance League. An upcoming meeting will take place to address any complaints, issues, and concerns of the Inmate Assistance League.</p> <p>Numerous cases that have been sent in by the Inmate Assistance League have been referred to the Office of Professional Standards, Patient Liaison Program, where they are investigated and written response are provided.</p> <p>All three medical directors have extended an olive branch and hand to the Inmate Assistance League working with them to resolve any concerns, questions, or issues. The health care providers are licensed to practice medicine, so the final analysis must rest with the medical provider.</p>	

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<p>X. Adjourn</p>	<p>Dr. de la Garza-Graham thanked everyone for attendance and adjourned the meeting at 11:27 a.m.</p>	<p>Dr. Raimer added that at times, health care providers are put in difficult situations because without a signed medical release for an offender, patient providers cannot share medical information, not even with family. In some cases, a different story is given from the patient or family which is not exactly what has been agreed upon by the offender patient and health care provider.</p>	


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

9-18-14
 Date: _____