

**CORRECTIONAL MANAGED HEALTH CARE COMMITTEE**

**September 18, 2014**

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

**CMHCC Members Present:** Lannette Linthicum, M.D., CCHP-A, FACP; Harold Berenzweig, M.D., Edward John Sherwood, M.D., Cynthia Jumper, M.D., Patricia Vojack, JD, MSN.

**CMHCC Members Absent:** Mary Annette Gary, Ph.D., Elizabeth Anne Linder, Ed.D., Steffanie Risinger Campbell, M.D., Ben Raimer, M.D.

**Partner Agency Staff Present:** Bryan Collier, Ron Steffa, Marsha Brumley, Beckie Berner, Natasha Martin, Myra Walker, Charlene Maresh, Robert Williams, M.D., Linda Knight, PhD, Paula Reed, Texas Department of Criminal Justice; Steve Alderman, Susan Morris, M.D., Glenda Adams, M.D., MPH, CCHP, Gary Eubank, Joseph Penn, M.D., Anthony Williams, Stephen Smock, Lauren Sheer, Charles “Danny” Adams, M.D., MPH, Monte Smith, DO, UTMB; Denise DeShields, M.D., TTUHSC

**Others Present:**

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

Agenda Topic / Presenter	Presentation	Discussion	Action
<b>I. Call to Order</b> - 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.		
<b>II. Recognitions and Introductions</b> - 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 recognized Dr. Charles D. “Danny” Adams, Senior Medical Director, Outpatient Services, UTMB CMC, and Dr. Glenda M. Adams, Senior Medical Director, Inpatient Services, UTMB CMC, who both retired from UTMB in May 2014 for their dedicated service to the correctional managed health care program.		
<b>III. Approval of Consent Items</b> - Margarita de la Garza-Graham o Approval of Excused Absences	Dr. de la Garza-Graham thanked and welcomed everyone for being in attendance.  Dr. de la Garza-Graham noted approval of excused absence for Dr. Cynthia Jumper, Dr. Mary Annette Gary, Dr. Harold Berenzweig, and Patricia Vojack.		Dr. Lannette Linthicum made a motion to approve the excused absences and

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<b>III. Approval of Consent Items (Cont.)</b>			<p>Dr. Cynthia Jumper seconded the motion which prevailed by unanimous vote.</p>
<ul style="list-style-type: none"> <li>○ Approval of CMHCC Meeting Minutes – June 24, 2014</li> </ul>	<p>Dr. de la Garza-Graham stated the next item on the agenda was the approval of the Minutes from the meeting held on June 24, 2014.</p>		<p>Dr. Cynthia Jumper made a motion to approve the minutes and Dr. Lannette Linthicum seconded the motion which prevailed by unanimous vote.</p>
<ul style="list-style-type: none"> <li>○ Approval of TDCJ Health Services Monitoring Reports</li> </ul>	<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. Harold Berenzweig made a motion to approve the TDCJ Health Services Monitoring Reports and Dr. Cynthia Jumper seconded the motion which prevailed by unanimous vote.</p>
<ul style="list-style-type: none"> <li>○ University Medical Director's Reports <ul style="list-style-type: none"> <li>- UTMB</li> <li>- TTUHSC</li> </ul> </li> </ul>	<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. Edward John Sherwood made a motion to approve the University Directors Reports and Dr. Jumper seconded the motion which prevailed by unanimous vote.</p>
<ul style="list-style-type: none"> <li>○ Summary of CMHCC Joint Committee/ Work Group Activities</li> </ul>	<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>Dr. Berenzweig made a motion to approve the Summary of CMHCC Joint Committee/ Work Group Activities and Dr. Jumper seconded the motion which prevailed by unanimous vote.</p>

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<p>III. Approval of Consent Items (Cont.)</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> <p>- Charlene Maresh</p>	<p>Dr. de la Garza-Graham called on Charlene Maresh to present the financial report.</p> <p>Ms. Maresh reported on statistics for the Third 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> <p>Funding received by the universities is \$397.5 million and the total expenditures were \$413.7 million, resulting in a shortfall of \$16.2 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 55.5 percent, for a total of \$229.6 million, resulting in a shortfall of \$3.2 million dollars.</p> <p>Hospital and clinical care accounts for 34.7% of total expenditures at a cost of \$143.5 million. This strategy experienced a shortfall within the third quarter of \$17.5 million dollars.</p> <p>Pharmacy services makes up 9.8 % of total health care expenditures at a cost of \$40.6 million. This strategy experienced a surplus of \$4.5 million.</p> <p>The average service population is 150,085 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 15,228 making up 10.1% of total service</p>		

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<p><b>IV. Update on Financial Reports (Cont.)</b></p>	<p>population and accounts for 41.2 percent of total hospital costs.</p> <p>The average mental health inpatient census is 1,915, which is 1.3 percent of the total service population. The average mental health outpatient census is 19,146 which is 12.8 percent of the total service population.</p> <p>The average health care cost is \$10.10 per offender, per day, which is a 6.9 percent increase from FY 2013 which was \$9.45, and a 13.5 percent increase from FY 2012 which was \$8.90.</p> <p>Annual projections submitted by the university providers showed the combined CMHC total projecting a shortfall of \$26.9 million at the end of the year with the majority of the shortfall being recognized in hospital and clinical care.</p>	<p>Dr. de la Garza-Graham asked where additional funding comes from when shortfall is experienced.</p> <p>Ms. Maresh explained TDCJ evaluates internally for additional funding that may be available to help cover the shortfall. Request may also be sent to the Legislative Budget Board (LBB) for consent to spend forward into the upcoming fiscal year to cover the shortfall.</p> <p>Dr. Berenzweig inquired if most of the shortfall comes from free world hospital cost or UTMB Hospital cost.</p> <p>Ms. Maresh responded that the greatest part of the shortfall was UTMB Hospital cost.</p> <p>Dr. Linthicum advised that the hospital cost includes 90 provider hospital network plus the prison hospital in Galveston so it is uncertain which portion is Hospital Galveston and which portion is of that 90 plus community hospitals.</p>	



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<p data-bbox="65 175 436 264"><b>V. Summary of Critical Correctional Health Care Personnel Vacancies (Cont.)</b></p> <p data-bbox="121 946 422 1003">-Dr. Monte Smith on behalf of Dr. Owen Murray</p>	<p data-bbox="470 175 1115 293">Provisional acceptance has been made for the Montford Staff Psychiatry position and is currently being filled by locum tenens. The selected applicant is projected to begin January 1, 2015.</p> <p data-bbox="470 329 1115 480">Dr. DeShields further reported that the Medical Directors position at the Dalhart Unit had been filled, however positions are still vacant at both the Clements and Smith Units. TTUHSC will continue to recruit to fill these vacant positions.</p> <p data-bbox="470 821 1115 911">Dr. de la Garza-Graham then called upon Dr. Monte Smith to report on UTMB's critical vacancies on behalf of Dr. Owen Murray.</p> <p data-bbox="470 946 1115 1219">Dr. Smith reported that both Senior Medical positions had been filled. Dr. Smith advised that he was selected as the Senior Medical Director, Inpatient Services, UTMB Correctional Managed Care (CMC) having 19 to 20 years with UTMB CMC. Dr. Susan Morris was selected for the position of Senior Medical Director, Outpatient Services, UTMB CMC also having worked within UTMB Correctional Managed Health Care 20 years and holding dual board certification in emergency and family medicine.</p> <p data-bbox="470 1255 1115 1458">Dr. Smith further reported that UTMB had four physician positions, and 13 mid-level practitioner, physician assistants, nurse practitioner, and dental positions vacant. These positions are being advertised both local and nationally. UTMB is also participating in conferences to recruit applicants and using the assistance of agency contacts to fill the positions.</p>	<p data-bbox="1138 451 1661 570">Dr. de la Garza-Graham inquired on what propelled applicants to apply for these positions after so many years of them being vacant, was it increase in salary.</p> <p data-bbox="1138 605 1423 630">Dr. DeShields replied, yes.</p> <p data-bbox="1138 670 1661 789">Dr. Linthicum responded that salary increase for the position was an exceptional item that was granted in the last legislative session to augment the psychiatry position.</p>	

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<p><b>VI. Medical Director's Updates</b></p> <ul style="list-style-type: none"> <li>• <b>TDCJ – Health Services Division FY 2014 Third Quarter Report</b></li> <li>- Lannette Linthicum, MD</li> <li>○ Operational Review Audit</li> <li>○ Capital Assets Monitoring</li> <li>○ Dental Quality Review Audit</li> <li>○ Grievance and Patient Liaison Correspondence</li> </ul>	<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 had been addressed with the units and each unit is working on corrective action plans to gain compliance. During the Third Quarter of FY 2014, (March, April, May), Operational Review Audits (ORAs) were conducted on 12 facilities: Connally, Garza East, Garza West, Glossbrenner, Hamilton, Lopez, McConnell, Murray, Pack, Segovia, Stevenson, and Willacy. There were also ORA's closed during this quarter for nine facilities: Bridgeport, Crain, Ellis, Hughes, Lewis, Lopez, Sanchez, Segovia, and Telford. Dr. Linthicum referred to the 11 items found to be most frequently below 80 percent compliance.</p> <p>Dr. Linthicum next reported that the same 12 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 15 facilities: Bridgeport, Bridgeport Pre-Parole Transfer Facility (PPT), Choice Moore, Cole, Diboll, Dominguez, Duncan, Fort Stockton, Goree, Kyle, Lewis, Lindsey, Lockhart, Lynaugh, and Sanchez. 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 Third Quarter of FY 2014, the Patient Liaison Program (PLP) and the Step II Medical Grievance Program received 3,359 correspondences. The PLP received 1,746 correspondences and Step II Medical Grievance received 1,613. There were 504 Action Requests generated. The percentages of sustained Step II Medical Grievances from UTMB were eight percent and six percent for TTUHSC.</p>		

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<p><b>VI. Medical Director's Updates (Cont.)</b></p> <ul style="list-style-type: none"> <li>○ Quality Improvement (QI) Access to Care Audit</li> <li>○ Office of Public Health</li> </ul>	<p>Dr. Linthicum added that the Quality Improvement Access to Care Audit addressed quality of care issues. There were 48 Sick Call Request Verification Audits conducted on 47 facilities. A total of 408 indicators were reviewed and 19 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 784 cases of Hepatitis C identified for the Third Quarter FY 2014. There were 20,444 intake tests and 119 were newly identified as having Human Immunodeficiency Virus (HIV) infections. During the Second Quarter FY 2014, 19,142 offenders had intake test and 129 were HIV positive. 23 new Acquired Immunodeficiency Syndrome (AIDS) cases were identified in the Third Quarter FY 2014 compared to four new AIDS cases identified during the Second Quarter FY 2014.</p> <p>257 cases of suspected Syphilis were reported in the Third Quarter FY 2014. 23 of those required treatment or retreatment.</p> <p>218 Methicillin-Resistant Staphylococcus Aureus (MRSA) cases were reported for the Third Quarter FY 2014. Dr. Linthicum advised that there was an average of 11 Tuberculosis (TB) cases under active management for the Third 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. The SANE Coordinator position was vacant from March 31, 2014 until June 1, 2014. Inservices resumed in July 2014 and will be reported in the next report. This position also audits the documentation and services provided by medical personnel for each sexual assault reported. In addition, the new SANE Coordinator will perform audits of the</p>		

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<b>VI. Medical Director's Updates (Cont.)</b>	<p>documentation and services provided by medical personnel for each sexual assault reported during the time that the position was vacant and will report those with the next report.</p>		
<ul style="list-style-type: none"> <li>○ Mortality and Morbidity</li> </ul>	<p>Dr. Linthicum noted the Peer Education Program which is a nationally recognized program in which many offenders participate. 19,629 offenders attended classes presented by educators in the Third Quarter, which is an increase from the Second Quarter FY 2014 of 18,672. Within the TDCJ, 100 of the 109 facilities have active peer education programs. 107 offenders trained to become peer educators. This is an increase from the 89 offenders trained in the Second Quarter FY 2014.</p> <p>Dr. Linthicum reported that there were 128 deaths reviewed by the Mortality and Morbidity Committee during the Third Quarter of FY 2014. Of those 128 deaths, 17 were referred to peer review committees for further review.</p>	<p>Dr. de la Garza-Graham inquired out of the 128 deaths only 17 were referred to peer review, what criteria is used to determine whether a death is referred to peer review.</p> <p>Dr. Linthicum responded there is Joint Morbidity and Mortality Committee that consists of both physicians, and nurses from TTUHSC, UTMB, and the TDCJ Health Services Division. A physician from the TDCJ and UTMB chair the committee, and the Correctional Managed Health Care Program has devised a mortality worksheet. Based upon the results, the committee collectively decides if reasonable care that is expected was given to the offender patient by the provider.</p> <p>If the care provided did not meet an acceptable standard as outlined through disease management guidelines or federal guidelines, it is referred to the peer review committee.</p>	
<ul style="list-style-type: none"> <li>○ Office of Mental Health Monitoring &amp; Liaison</li> </ul>	<p>Dr. Linthicum provided a summary of the activities performed by the Office of Mental Health Monitoring &amp;</p>		

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<p data-bbox="65 175 327 233"><b>VI. Medical Director's Updates (Cont.)</b></p> <p data-bbox="86 1159 432 1214">o Office of Health Services &amp; Liaison</p>	<p data-bbox="470 175 1104 201">Liaison (OMHM&amp;L) during the Third Quarter of FY 2014.</p> <p data-bbox="470 237 1115 480">Administrative Segregation (Ad Seg) audits were conducted on 19 facilities. 3,788 offenders were observed 2,902 were interviewed and 6 offenders were referred to the university providers for further evaluation. Two of the 19 facilities fell below 100 percent compliance while the remaining 17 were found to be 100 percent compliant. Access to Care (ATC) 4 was met at 100 percent on 17 facilities. Two facilities fell below 100 percent compliance.</p> <p data-bbox="470 516 1115 789">Three inpatient mental health facilities were audited with respect to compelled medications. 68 instances of compelled psychoactive medication administration occurred. Skyview and Jester IV were 100 percent for logging all incidents of compelled psychoactive medication and documenting the required criteria in the medical record. The Montford Unit briefly fell below compliance, but quickly resolved all issues bringing all three units to 100 percent compliance.</p> <p data-bbox="470 824 1115 938">There were 24 intake facilities audited with respect to mental health evaluation within 14 days of identification. There were 19 facilities that met or exceeded 80 percent compliance.</p> <p data-bbox="470 974 1115 1127">Dr. Linthicum added the OMHM&amp;L also reviews the mental health records of all pregnant offenders being considered for the Baby and Mother Bonding Initiative (BAMBI) Program. 11 offenders were reviewed and all 11 were allowed to participate.</p> <p data-bbox="470 1162 1115 1399">The Office of Health Services Liaison (HSL) conducted 159 hospital and 52 infirmary discharge audits. UTMB had 10 deficiencies identified and TTUHSC had two deficiencies identified for the hospital discharge audits. UTMB had 28 deficiencies identified and TTUHSC had 24 deficiencies for the infirmary discharge audits. There were seven deficiencies identified from UTMB and zero for TTUHSC.</p>		

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<p><b>VI. Medical Director's Updates (Cont.)</b></p> <ul style="list-style-type: none"> <li>○ Accreditation</li> <li>○ Biomedical Research Projects</li> <li>● <b>Texas Tech University Health Sciences Center</b> <ul style="list-style-type: none"> <li>- Denise DeShields, MD</li> </ul> </li> <li>● <b>University of Texas Medical Branch</b> <ul style="list-style-type: none"> <li>- Monte Smith, DO on behalf of Owen Murray, DO</li> </ul> </li> </ul>	<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 then called on Dr. DeShields to present the report for TTUHSC.</p> <p>Dr. DeShields announced to the committee that TTUHSC's primary report focused on the Critical Vacancies that were previously addressed during the meeting, and that there was no further information to report on behalf of TTUHSC for the Second or Third Quarters.</p> <p>Dr. de la Garza-Graham thanked Dr. DeShields and then called on Dr. Monte Smith to present the report for UTMB on behalf of Dr. Owen Murray.</p> <p>Dr. Smith announced that a Chief Medical Information Officer had been hired and both vacant Medical Directors positions for Regions I and III had been filled.</p> <p>Dr. Smith reported that the UTMB Correctional Managed Health Care Conference had recently been held, and recognized Dr. Lannette Linthicum for her participation in the conference. Dr. Smith also shared that participation was great at the American Correctional Association Conference (ACA) and made mention that all facilities that went before the panel were reaccredited.</p> <p>Dr. Smith gave a brief update on telemedicine, an ongoing project within Inpatient Services. Telemedicine to infirmary is being used to see patients via telemedicine; Dr. Cynthia Ho is heading up the project. The length of stay for those who truly do not need the infirmary will be reduced by the use of telemedicine.</p>	<p>Dr. de la Garza-Graham asked how many units have access to telemedicine.</p>	

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<p><b>VI. Medical Director's Updates (Cont.)</b></p>		<p>Dr. Monte Smith responded that access is available at all infirmaries, and the current project has been expanded to three of the more distant satellite infirmaries Telford, Stiles, and Polunsky. The expansion of telemedicine will also be made available to the Pack, and Terrell Units in October.</p>	
<p><b>VII. CMHCC Joint Mental Health Working Group Update</b></p> <p>- Dr. Joseph Penn, MD</p>	<p>Dr. de la Garza-Graham then introduced Dr. Joseph Penn, Director Mental Health Services, UTMB and Chair, Joint Mental Health Working Group.</p> <p>Dr. Penn began by acknowledging the partnership shown between the TDCJ, UTMB, and TTUHSC and gave a brief summary of his role as Chair of the Joint Mental Health Working Group.</p> <p>Dr. Penn explained that the shift of mentally ill offenders is being seen more within prisons and state jails due to economic pressures and lack of funding available to mental health centers.</p> <p>Dr. Penn reported that the UTMB provides mental health services to the eastern region of the State of Texas at 80 percent and the remaining western region of 20 percent is covered by TTUHSC. Dr. Penn made mention that even though the UTMB and TTUHSC are able to provide telepsychiatry through telemedicine, mental health staff are still also on-site providing treatment to offender patients.</p> <p>Dr. Penn expressed challenges being seen such as shortage of sheltered housing, inpatient and psychiatric beds, growth of the female mental health population, and cost issues associated with offender patients coming in to the prison systems on psychotropic medications that may not be consistent with the UTMB formulary. Restrictions must also be placed on some medications due to high abuse issues and street value that they hold behind bars. Challenges seen from an operational standpoint have been shortages of staff, transportation, shift changes, countdowns, boundary issues, and comfortable temperature control of facilities.</p>		

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<p><b>VII. CMHCC Joint Mental Health Working Group Update (Cont.)</b></p>	<p>Dr. Penn reported that each offender's mental health is based on Beta IQ testing among a battery of other testing's used to determine an offenders mental state. Those determined to be mentally retarded or disabled are placed in sheltered housing to protect them from other offenders as they would be targeted and preyed upon if they were placed in normal general population prison setting.</p> <p>Dr. Penn provided information on programs that have been developed to help with the treatment of the mentally ill offender population, one of them being the Program for the Aggressive Mentally Ill Offender (PAMIO) which is designed for those offenders who are not only mentally ill but also aggressive and violent. One of the newest programs introduced is the Treatment and Relapse Prevention Program (TARPP). This program acts as a case management program where offenders receive outreach and tracking while incarcerated. The Administrative Therapeutic Segregation Diversion Program has also been</p>	<p>Dr. Cynthia Jumper asked what the IQ cut off was to determine if an offender is mentally ill.</p> <p>Dr. Penn gave a detailed explanation of all test that are given and functions that are monitored and reviewed to confirm that an offender is mentally retarded.</p> <p>Dr. de la Garza-Graham asked if the individuals being confirmed as mentally retarded or disabled have been in some type of criminal activity.</p> <p>Dr. Penn responded yes, they are convicted felons.</p> <p>Dr. Berenzweig inquired if offenders were primarily moved into shelter housing for protection.</p> <p>Dr. Penn answered it is a combination of both keeping them safe from being victimized, but also providing them with appropriate services and treatments that are geared more toward their intellectual level.</p>	

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<p><b>VII. CMHCC Joint Mental Health Working Group Update (Cont.)</b></p>	<p>implemented with the goal of providing offenders with counseling and therapy to help them control their anger and aggression and train them to communicate effectively with others. It also gives offenders the opportunity to be removed from administrative segregation so upon release back into the free world they are released from general population.</p> <p>Dr. Penn explained that many times county jails send individuals to the TDCJ with only two to three month sentences expecting psychiatrist and staff to provide a quick solution to their mental health needs causing a tremendous burden on staff. To eliminate mentally ill offenders from being released from the TDCJ who are still psychotic, delusional and at risk, a civil commitment can be completed through a judicial hearing to ensure that they remain within the system to continue receiving the treatment they need, rather than being released back into the community where they may pose threat to themselves or others. With many of the facilities being spread out over the State of Texas, executive staff has continued to meet with county officials to request their assistance in providing civil commitments throughout the State of Texas when they are needed.</p> <p>Dr. Penn reported that agency staff must ensure that Federal Standards Access to Care are being met at all times to ensure the TDCJ, UTMB, and TTUHSC are not subjected to be sued in federal court. He also reported that a fivefold increase of offenders with serious mental illness has continued to be seen being at 30,000 in 1984 and now showing a significant rise of 154,000 without a lot of additional staff being made available to agencies.</p> <p>Dr. Penn reported on the amazing job that is provided by the TDCJ, UTMB, and TTUHSC staff. The Texas Correctional Office on Offenders with Medical or Mental</p>	<p>Dr. DeShields asked on average, how long can a civil commitment last.</p> <p>Dr. Linthicum elaborated on the entire process of civil commitments, and explained that the average length of time on civil commitments can vary.</p>	

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<b>VII. CMHCC Joint Mental Health Working Group Update (Cont.)</b>	<p>Impairments (TCOOMMI) which falls under the Reentry and Integration Division ensures that offenders with special needs are placed into proper settings such as community mental health and medical settings upon their release into the free world. He also made mention of the nursing staff who are on call 24 hours 7 days a week along with psychiatrists and mid-level staff processing 30 to 50 calls nightly to ensure mentally ill offenders threatening to harm themselves are being properly monitored. This is all made possible through the partnership shown by medical, nursing, and mental health staff.</p>		
<b>IX. Public Comments</b>	<p>Dr. de la Garza-Graham thanked Dr. Penn, 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 the opportunity to express comments. No one signed up to express public comment.</p>		
<b>X. Adjourn</b>	<p>Dr. de la Garza-Graham thanked everyone for attendance and adjourned the meeting at 11:45 a.m.</p>		



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

Date: 12-9-14