

**CORRECTIONAL MANAGED HEALTH CARE COMMITTEE**

**March 20, 2017**

**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., Ben Raimer, M.D., Elizabeth Anne Linder, Ed. D., Tamela Griffin

**CMHCC Members Absent:** Mary Annette Gary, Ph.D.

**Partner Agency Staff Present:** Oscar Mendoza, Lorie Davis, Ron Steffa, Myra Walker, RN, Marsha Brumley, Natasha Mills, Texas Department of Criminal Justice; Kelly Coates, Olugbenga Ojo, M.D., Marjorie, Kovacevich, Ryan Micks, Susan Morris, M.D., Stephanie Zepeda, PharmD, Jessica Khan, M.D., Ed Owens, University of Texas Medical Branch (UTMB); Will Rodriguez, Texas Tech University Health Sciences Center (TTUHSC)

**Others Present:** Frances Vaughn, Offender Family Member

**Location:** TDCJ Administrative Offices, Price Daniel Building, 209 W 14<sup>th</sup> St, Suite 500, 5<sup>th</sup> Floor Conference Room Austin, Texas 78701

Agenda Topic / Presenter	Presentation	Discussion	Action
<b>I. Call to Order</b> - Margarita de la Garza-Graham	Dr. Margarita de la Garza-Graham called the Correctional Managed Health Care Committee (CMHCC) meeting to order at 1:00 p.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>	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. Frances Vaughn signed up to provide public comment.		
<b>III. Approval of Consent Items</b> - Margarita de la Garza-Graham	Dr. de la Garza-Graham thanked and welcomed everyone for being in attendance.		
- Approval of Excused Absences	Dr. de la Garza-Graham requested approval for the excused absences from the December 7, 2016 meeting of Mary Annette Gary, Ph. D., Elizabeth Anne Linder, Ed. D., and Tamela Griffin due to a scheduling conflict.		

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<p><b>III. Approval of Consent Items (Cont.)</b></p> <ul style="list-style-type: none"> <li>- Approval of CMHCC Meeting Minutes – December 7, 2016</li> <li>- Approval of TDCJ Health Services Monitoring Report</li> <li>- University Medical Director's Reports <ul style="list-style-type: none"> <li>- TTUHSC</li> <li>- UTMB</li> </ul> </li> <li>- Summary of CMHCC Joint Committee/ Work Group Activities</li> </ul>	<p>Dr. de la Garza-Graham stated that the next item on the agenda was the approval of the minutes from the meeting held on December 7, 2016.</p> <p>Dr. de la Garza-Graham noted that the next item on the agenda was the approval of the TDCJ Health Services Monitoring Reports.</p> <p>Dr. de la Garza-Graham stated the next item on the agenda was the approval of the TTUHSC and UTMB Medical Director's Reports.</p> <p>Dr. de la Garza-Graham noted the next items on the agenda was the approval of the Summary of CMHCC Joint Committee/Work Group Activities.</p>		
<p><b>IV. Update on Financial Reports</b></p> <ul style="list-style-type: none"> <li>- Ron Steffa</li> </ul>	<p>Dr. de la Garza-Graham called on Ron Steffa to present the financial report.</p> <p>Mr. Steffa reported on statistics for the First Quarter of Fiscal Year (FY) 2017, as submitted to the Legislative Budget Board (LBB). The report was submitted in accordance with the General Appropriations Act, Article V, Rider 47.</p> <p>The CMHC total method of finance revenue for the First Quarter was \$158.3 million. The total expenses through the First Quarter was \$164 million, leaving a shortfall of \$5.7 million.</p> <p>The report also shows expenditures broken down by strategies.</p>		<p>Dr. Raimer made motion to approve and Dr. Berenzweig seconded the motion which prevailed by unanimous vote.</p>

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<p><b>IV. Update on Financial Reports (Cont.)</b></p>	<p>Unit and psychiatric care had total financing of \$89.4 million. The expenses for this strategy make up the majority of health care costs for a total of \$ 85.7 million. This strategy shows a surplus of \$3.7 million through the First Quarter.</p> <p>Hospital and clinical care had total financing of \$53.1 million and the total expenditures were \$ 61.5 million. This strategy showed a shortfall of \$8.4 million through the First Quarter.</p> <p>Pharmacy services had total funding of \$15.7 million and total expenditures were \$16.9 million leaving a shortfall of \$1.1 million.</p> <p>As of the First Quarter of FY 2017, the average service population was 146,282.</p> <p>The offender population age 55 and over had a slight increase with an average daily census through the First Quarter of 17,316. This population makes up about 11.8 % of the overall population and accounts for 43 % of the total hospital cost.</p> <p>The average health care cost is \$12.32 per offender, per day, which is an increase from \$11.94 for FY 2016.</p> <p>The average mental health inpatient census is 1, 893 of the total service population. The average mental health outpatient census is 24,132 of the total service population.</p> <p>Mr. Steffa concluded the financial report but wanted to discuss an item that was requested at the last meeting on expenditures relating to agency contracted staff. Mr. Steffa explained that both universities combined, reported that for the First Quarter of FY 2017, expenditures totaled \$2.9 million. Mr. Steffa further explained that generally, those staffing costs run 50% to 100% or more than the costs of a regular university employee.</p>	<p>Dr. de la Garza-Graham asked if the \$2.9 million could be used to increase the salaries of a couple positions. Dr. de la Garza-Graham further stated that there is money to pay them, so it would make sense to apply that money towards more equitable</p>	

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<p><b>IV. Update on Financial Reports (Cont.)</b></p>		<p>salaries to try to entice more people to apply for those positions.</p> <p>Dr. Raimer inquired as to why the number was so large regarding hospital and clinical care, and stated that \$8 million is a fairly large amount uptick for one quarter that includes both hospital Galveston and free world. Dr. Raimer asked if there were any comments as to why that was running over.</p> <p>Mr. Steffa explained that the hospital strategy has had an increase in utilization and also an increase in the costs per day. The acuity of the patients and the procedures that they are having are more costly on average as well.</p> <p>Dr. Ojo further explained that the clinical acuity of the patients has gone up due to the growing offender population age 55 and older, who are major users of the healthcare resources.</p> <p>Dr. Jumper included that it has been closely analyzed and that occasionally there will be a patient with healthcare cost of \$1 million. However, that is not what is driving the cost up. Instead, it is the smaller amount patients that continues to climb.</p> <p>Dr. Linthicum explained that it is really related to changes in the criminal code years ago, the three strikes you're out. Dr. Linthicum further explained that over time, there is an increase in the aging or the greying offender population due to long sentences.</p>	

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<p><b>V. Summary of Critical Correctional Health Care Personnel Vacancies</b></p> <p>- Dr. Lannette Linthicum</p>	<p>Dr. de la Garza-Graham then called on Dr. Linthicum to begin the presentation of the TDCJ's Critical Personnel Vacancies.</p> <p>Dr. Linthicum explained that there is currently a hiring freeze for all Texas State agencies throughout the remainder of the fiscal year by the Governor's office.</p> <p>Dr. Linthicum further informed the CMHCC that Bryan Collier, TDCJ Executive Director, has requested a waiver from the Governor's office for key healthcare positions that are unit based and that are involved in providing direct patient care.</p> <p>Dr. Linthicum reported that there were two masters level Health Specialist V positions vacant within the Office of Mental Health Monitoring and Liaison. These positions have continually been posted without success and now it is part of the hiring freeze.</p> <p>Dr. Linthicum next reported that the vacant Director II position in the Office of Public Health is a registered nurse position and is also part of the hiring freeze. This is an administrative position that oversees the Office of Public Health.</p>	<p>Dr. de la Garza-Graham asked if Mr. Collier feels the Governor may grant the waiver.</p> <p>Dr. Linthicum responded that she is unable to speak on Mr. Collier's behalf at this time. However; a compelling argument was made in that the unit based staff that provide direct patient services are key to maintain access to care and treatment services.</p>	

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<p><b>V. Summary of Critical Correctional Health Care Personnel Vacancies (Cont.)</b></p> <ul style="list-style-type: none"> <li>- Dr. Cynthia Jumper on behalf of Dr. Denise DeShields</li> <li>- Dr. Olugbenga Ojo on behalf of Dr. Owen Murray</li> </ul> <p><b>VI. Medical Director's Updates</b></p> <ul style="list-style-type: none"> <li>- Dr. Lannette Linthicum <ul style="list-style-type: none"> <li>- <b>TDCJ – Health Services Division FY 2017 First Quarter Report</b></li> <li>- Capital Assets Monitoring</li> </ul> </li> </ul>	<p>There are two Investigator II positions vacant at the Jester IV unit which are part of the Office of Professional Standards, specifically, the Patient Liaison Program.</p> <p>There are also two vacant Investigator II positions at the Hilltop unit and are also part of the hiring freeze.</p> <p>Dr. Linthicum further reported that there is a Registered Nurse IV position that works in the Utilization Review Department, which is also part of the hiring freeze.</p> <p>Dr. Linthicum noted that a Public Health and Prevention Specialist I position within the Office of Public Health was recently vacated and also subject to the hiring freeze.</p> <p>Dr. Jumper noted that TTUHSC had no critical vacancies to report.</p> <p>Dr. Ojo referred to the hiring freeze and discussed the vacancy rates for the first 3 months of the year. Dr. Ojo explained that the clinical care vacant positions were about 26 percent compared to 20.3 percent in FY 2016.</p> <p>Dr. de la Garza-Graham then called upon Dr. Linthicum to present TDCJ Medical Director's Report.</p> <p>Dr. Linthicum began by explaining 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 First Quarter FY 2017 (September, October, and November, 2016), Operational Review Audits (ORAs) were conducted at the following eight facilities: Allred, Boyd, Clemens, Darrington, Powledge, Roach, Scott, and Terrell. Dr. Linthicum referred to the 10 items found to be most frequently below 80 percent compliance.</p> <p>Dr. Linthicum reported that the same eight units listed above were audited and determined to be in compliance range for capital assets.</p>		

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<p><b>VI. Medical Director's Updates (Cont.)</b></p> <ul style="list-style-type: none"> <li>- Dental Quality Review Audit</li> <li>- Grievance and Patient Liaison Correspondence</li> <li>- Office of Public Health</li> </ul>	<p>Dr. Linthicum explained that Dental Quality Review Audits were conducted at the following 18 facilities: B. Moore, Bartlett, Bradshaw, Bridgeport, Bridgeport PPT, Daniel, Halbert, Havins, Hobby, Hodge, Johnston, Marlin, San Saba, Skyview, Smith GP, Smith HS, Telford, and Travis County.</p> <p>Dr. Linthicum then noted that the Office of Professional Standards has the Family Hotline, Patient Liaison Program (PLP), Step II Medical Grievance Program, and Sick Call Request Verification Audit process. During the First Quarter, the PLP and the Step II Medical Grievance received 4,590 correspondences. The PLP received 3,059 correspondences and Step II Grievance received 1,531. There were 294 Action Requests generated. The percentages of sustained Step II Medical Grievances from UTMB was seven percent and five percent for TTUHSC.</p> <p>Dr. Linthicum added that the Quality Improvement Access to Care Audit addresses the quality of care issues. There were 34 Sick Call Request Verification Audits conducted on 33 facilities. A total of 264 indicators were reviewed and 23 of the indicators fell below 80 percent compliance.</p> <p>Dr. Linthicum continued by explaining that the Office of Public Health monitors cases of all infectious and communicable diseases within TDCJ. There were 782 cases of Hepatitis C identified for the First Quarter FY 2017. There were 15,446 intakes tests and 105 were newly identified as having Human Immunodeficiency Virus (HIV) infections. During the First Quarter FY 2017, 10,662 pre-release tests were performed and zero tested HIV positive. 15 new Acquired Immunodeficiency Syndrome (AIDS) cases were identified in the First Quarter FY 2017.</p> <p>170 cases of suspected Syphilis were reported in the First Quarter FY 2017. 15 of those required treatment of retreatment.</p> <p>187 Methicillin-Resistant Staphylococcus Aureus (MRSA) cases were reported for the First Quarter FY 2017.</p>		

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<p><b>VI. Medical Director's Report (Cont.)</b></p> <p>- Mortality and Morbidity</p> <p>- Office of Mental Health Monitoring &amp; Liaison</p>	<p>Dr. Linthicum advised that there was an average of 17 Tuberculosis (TB) cases under active management for the First Quarter FY 2017.</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.</p> <p>This position also audits the documentation and services provided by medical personnel for each sexual assault reported. During the First Quarter FY 2017, there were 196 chart reviews of alleged sexual assaults. There were 9 deficiencies found this quarter. Corrective Actions have been requested. 62 blood-borne exposure baseline labs were drawn on exposed offenders. To date, no offenders have tested positive for HIV in baseline labs routinely obtained after the report of sexual assault.</p> <p>Dr. Linthicum noted that the Peer Education Program is a nationally recognized program in which many offenders participate. 19,027 offenders attended classes presented by educators. Within TDCJ, 100 of the 108 facilities have active peer education programs. 153 offenders trained to become peer educators during the First Quarter of FY 2017.</p> <p>Dr. Linthicum reported that there were 95 deaths reviewed by the Mortality and Morbidity Committee during the First Quarter of FY 2017. Of those 95 deaths, 1 was referred to the peer review committee for further 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 2017. Administrative Segregation (Ad Seg) audits were conducted on 20 facilities. 2,726 offenders were observed, 2,201 were interviewed, and three offenders were referred to the university providers for further evaluation. Access to care</p>		

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<p><b>VI. Medical Director's Report (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></li> <li>- Dr. Cynthia Jumper on behalf of Dr. Denise DeShields</li> </ul>	<p>(ATC) for mental health ATC 4 was met at 100 percent on 19 of 20 facilities audited, ATC 5 was met at 100 percent on 20 of the 20 facilities and ATC 6 was met at 100 percent on 19 of the 20 facilities.</p> <p>Four inpatient mental health facilities were audited with respect to compelled medications. 52 instances of compelled psychoactive medication administration. Jester IV, Montford and Skyview were 100 percent compliant with required criteria for implementation and documentation of compelled psychoactive medication.</p> <p>There were 27 intake facilities audited with respect to mental health evaluation within 14 days of identification. There were 20 facilities that met or exceeded 80 percent compliance.</p> <p>The Office of Health Services Liaison (HSL) conducted 164 hospital and 44 infirmary discharge audits. UTMB had 145 deficiencies identified and TTUHSC had 19 deficiencies identified for the hospital discharge audits. UTMB had 21 deficiencies identified and TTUHSC had 1 for the infirmary discharge audits.</p> <p>Dr. Linthicum reported that there were 16 units reaccredited during the American Correctional Association Conference in San Antonio, Texas on January 20-25, 2017.</p> <p>Dr. Linthicum referenced biomedical research projects.</p> <p>Dr. de la Garza-Graham thanked Dr. Linthicum then called on Dr. Jumper to present the report for TTUHSC.</p> <p>Dr. Jumper advised that the TTUHSC CMC turnover rate was 15 percent and the vacancy rate was 15.5 percent. Dr. Jumper noted that TTUHSC would be proactive when dealing with a potential unit closure in their sector.</p>	<p>Dr. Linthicum responded that Lorie Davis, TDCJ CID Director, was present and has pledged that</p>	

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<p><b>VI. Medical Director's Report (Cont.)</b></p> <p>- <b>University of Texas Medical Branch</b></p> <p>- Dr. Olugbenga Ojo on behalf of Dr. Owen Murray</p> <p><b>VII. Hepatitis C Policy and Hepatitis C Disease Management Guideline Update</b></p> <p>-Stephanie Zepeda, Pharm D</p>	<p>Dr. de la Garza-Graham then called on Dr. Ojo to present the report for UTMB.</p> <p>The UTMB Medical Director's Report was provided.</p> <p>Dr. de la Garza-Graham thanked Dr. Ojo then called on Stephanie Zepeda to present the Hepatitis C Policy and the Hepatitis C Disease Management Guideline Update.</p> <p>Dr. Zepeda provided a summary of the Joint Hepatitis C Workgroup. New drug therapy recommendations for the treatment of Hepatitis C were discussed. Dr. Zepeda outlined the proposed changes to CMHC Policy, B-14.13.3 "Hepatitis C Policy" and also discussed patient management and drug costs.</p> <p>Dr. de la Garza-Graham asked for approval of the Hepatitis C Policy change recommendations as there were no further comments or questions.</p>	<p>all key administrative staff would be involved as decisions are made relating to coordinating unit closures.</p> <p>Lorie Davis stated that at that time, there was no final decision from the Legislature regarding unit closures. Ms. Davis advised that TDCJ will give as much notice as possible.</p> <p>Dr. Raimer asked Ms. Davis as to whether or not employees will be allowed to relocate to other facilities.</p> <p>Ms. Davis responded that those staff will be given priority placement to other facilities.</p>	

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<p><b>VII. Hepatitis C Policy &amp; Hepatitis C Disease Management Guideline Update (Cont.)</b></p>	<p>Dr. de la Garza-Graham announced the approval of the revised CMHC Infection Control Policy B-14.13.3 "Hepatitis C Policy".</p> <p>Dr. de la Garza-Graham thanked Dr. Zepeda.</p>		<p>Dr. Linthicum made a motion to approve the Hepatitis C Policy and Dr. Berenzweig seconded the motion which prevailed unanimously.</p>
<p><b>VIII. Public Comments</b></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 and then proceeded with public comments from Ms. Frances Vaughn.</p>	<p>Ms. Vaughn asked the CMHCC for assistance to encourage TDCJ to close a loop hole in one of their policies.</p> <p>Ms. Vaughn reported that recently her husband was transferred to the Wynne Unit in Huntsville and was told by the senior warden that in order to own two pairs of tennis shoes, specifically, those purchased from the commissary, it would require a doctor's note. The senior warden does not allow two pairs of tennis shoes, and policy was cited. "An offender may possess two pair of shoes at a time. If the offender chooses to purchase both pairs from the commissary, one pair should be appropriate for work and both shall be registered."</p> <p>Ms. Vaughn stated that the senior warden's interpretation of that was that also in the commissary, "Rhino" work boots are sold. They are rubber sole boots, and are not steel toed that meets safety requirements.</p> <p>Ms. Vaughn further stated that if the offender had a job that required such footwear, then TDCJ would be required to provide the footwear. Ms.</p>	

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<p><b>VIII. Public Comments (Cont.)</b></p>		<p>Vaughn continued stating that she had specific reasons for her husband to have two pairs of tennis shoes at a time. Ms. Vaughn noted that it would be beneficial to prevent foot diseases, if alternate tennis shoes were allowed to be worn instead of having to wear the same pair every day.</p> <p>Ms. Vaughn stated that the CMHCC talks about the aging population in every meeting and the cost. Those offenders are working on concrete floors all day with no support. Ms. Vaughn stated that if they are able to purchase alternate foot wear, then in the long run, it will be better for them health wise and prevent them from later needing orthotic footwear that will be more cost to the state.</p> <p>Ms. Vaughn concluded that she wanted to bring this matter to the CMHCC's attention and was hoping for support on closing the loop hole for that interpretation in the policy.</p> <p>Dr. de la Garza-Grahm asked Ms. Vaughn to clarify what she was asking from the CMHCC.</p> <p>Ms. Vaughn responded that she is requesting that the administrative directive be modified by TDCJ to specify that offenders can possess two pairs of tennis shoes of their choice.</p> <p>Dr. Linthicum explained that medical only gets involved in the shoe business for medically necessary reasons. Dr. Linthicum further explained that there is a brace and limb clinic that offenders are sent to for evaluation to determine if there is a medical reason for special orthotics shoes or if diabetics need soft shoes.</p>	

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VIII. Public Comments (Cont.)		<p>Dr. Linthicum asked Ms. Vaughn who has she worked with on this request and where her husband is currently housed.</p> <p>Ms. Vaughn noted that her husband is now at the Connally Unit.</p> <p>Dr. Linthicum advised that she and Ms. Davis would meet to discuss this matter.</p> <p>Dr. Sherwood commented that it may not be a medical issue at all, but that this policy may be enforced in different ways on different units. Dr. Sherwood noted that this is an issue even though it may not be for the CMHCC to address, the policy should make sense everywhere.</p> <p>Ms. Vaughn explained that she did point out to the warden at the Wynne Unit that AD-3.72 states "offenders transferring from another unit should be allowed to retain any items previously purchased through commissary at any other unit."</p> <p>Ms. Vaughn stated that had she not read the policy to the warden, the warden would have made her husband get rid of the shoes.</p> <p>Dr. Linthicum reiterated that the matter would be addressed.</p>	
IX. Adjourn	Dr. de la Garza-Graham thanked everyone for their attendance and adjourned the meeting at 1:55 p.m.		

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

  
Date: \_\_\_\_\_