

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>II. Recognitions and Introductions (Cont.) - Dr. Burrow</p> <p>III. Approval of Consent Items - Dr. Burrow</p> <ul style="list-style-type: none"> - Approval of Excused Absences - Approval of CMHCC Meeting Minutes – March 18, 2019 - Approval of TDCJ Health Services Monitoring Report - University Medical Directors Reports <ul style="list-style-type: none"> - TTUHSC - UTMB - Summaries of CMHCC Joint Committee / Work Groups Activities 	<p>Dr. Linthicum introduced Chris Black-Edwards, RN, BSN who has been promoted to the Health Services Division, Deputy Director position. Ms. Black-Edwards formerly held the position of the Health Services Division, Director of Nursing Administration.</p> <p>Dr. Burrow thanked Dr. Jumper and Dr. Linthicum and asked if there was anyone present who would like to introduce themselves.</p> <p>Dr. Burrow then moved on to agenda item III approval of consent items.</p> <p>Dr. Burrow 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 March 18, 2019 meeting –There were no absences.</p> <p>The second consent item was the approval of the CMHCC meeting minutes from the March 18, 2019 meeting. Dr. Burrow asked if there were any corrections, deletions or comments. Hearing none, Dr. Burrow moved on to 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> <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. Burrow then called for a motion to approve the consent items.</p>		

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<p>III. Approval of Consent Items (Cont.) - Dr. Burrow</p> <p>IV. Update on Financial Reports - Ron Steffa</p>	<p>Dr. Burrow next called on Mr. Ron Steffa to present the financial report.</p> <p>Mr. Steffa reported on statistics for the Second Quarter of Fiscal Year (FY) 2019, as submitted to the Legislative Budget Board (LBB). The report was submitted in accordance with the General Appropriations Act, Article V, Rider 46.</p> <p>Mr. Steffa reported that the overall offender service population has decreased 0.4% from FY 2018. The offender population age 55 and over had a 4.3% increase with an average daily census of 18,600 through the Second Quarter of FY 2018 compared to 19,394 through the Second Quarter of FY 2019. This population represents about 13.1% of the total population, but accounts for 49.6% of the hospitalization costs.</p> <p>Mr. Steffa reported that unit and psychiatric care expenses represent the majority of health care cost at \$194.5 million or 52.8% of total expenses. Hospital and clinical care accounted for \$138.9 million or 37.7%. Pharmacy services were at \$35.3 million or 9.6% of the total expenses.</p> <p>Mr. Steffa answered that they are seeing an increase in Hepatitis C drug utilization and expenditures.</p> <p>Mr. Steffa reported that the cost per day per offender had a 5.3% increase from FY 2018 to FY 2019. The cost per offender per day through the Second Quarter FY 2019 was \$13.78 compared to \$13.08 through the Second Quarter FY 2018.</p>	<p>Mr. Johnson asked if there were any anomalies that occurred in the first half of the year.</p>	<p>Dr. Raimer made a motion to approve all consent items, and Mr. Johnson seconded the motion which prevailed by unanimous vote.</p>

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<p>IV. Update on Financial Reports (Cont.) - Mr. Steffa</p>	<p>Mr. Steffa reported unit and psychiatric care revenues of \$186 million and expenditures of \$194.5 million, which for the Second Quarter of FY 2019 resulted in an \$8.5 million shortfall in this strategy. Mr. Steffa reported on hospital and clinical care revenues of \$95.5 million and expenditures of \$138.9 million leaving a shortfall of \$43.4 million in this strategy. Mr. Steffa reported on managed health care pharmacy revenues of \$31.5 million and expenditures of \$35.3 million leaving a shortfall of \$3.8 million in this strategy.</p> <p>Mr. Steffa reported that the combined total for FY 2019 with projections leaves a total shortfall of 213.3 million. This total reflects the spend forward of 79.5 million that was requested to cover the FY 2018 shortfall, revenues of \$633.4 million and expenditures of \$761.3. Mr. Steffa explained that through the legislative process a supplemental appropriation request was made to cover this biennial shortfall. The original request was for \$160 and later revised upward. Ultimately, \$190 million was approved to cover the shortfall. However, this will not cover the entire projected shortfall and will leave approximately \$20 million that will carry forward into the next biennium as a shortfall.</p> <p>Mr. Steffa answered that we have been carrying forward each biennium; however, this is the highest that he can recall.</p> <p>Mr. Steffa answered that yes, these expenses are broken out in the Unit & Psychiatric Care strategy and agency staff to cover vacancies are included in those numbers.</p>	<p>Dr. Burrow asked if, in the past, we have been carrying forward more than that or about the same.</p> <p>Mr. Johnson asked about the increase in contractor expenses and if some of this is due to staffing shortages.</p> <p>Dr. Linthicum stated that there were also some additional expenses, including unit mission changes related to litigation. They increased staff at some units to accommodate the cool bed moves.</p>	

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<p>V. Summaries of Critical Correctional Health Care Personnel Vacancies</p> <ul style="list-style-type: none"> - Dr. Lannette Linthicum - Dr. Cynthia Jumper - Dr. Monte Smith 	<p>Dr. Burrow thanked Mr. Steffa and 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 Physician IV - Deputy Division Director position is currently on hold.</p> <p>The Director II position in the Office of Public Health is on hold. The position duties are being covered by current staff.</p> <p>Dr. Linthicum reported interviews will be held next week for the Director III – Director, Nursing Administration position.</p> <p>Dr. Linthicum reported that there are two Investigator II vacancies in the Patient Liaison Program. The interviews have been completed, two applicants were selected and they are in the clearance process.</p> <p>Dr. Jumper reported that they do not have any vacancies that are considered critical. However, they have filled several key positions including a new Medical Director who started June 13, 2019 and another provider who will begin July 15, 2019. Also, there are two vacant psychiatrist positions at the Montford Unit, which are key positions.</p> <p>Dr. Smith reported that UTMB has 9 Physician I-II, 12 Mid-Level Practitioners (PA and FNP) and 8 Psychiatrist position vacancies. Dr. Smith shared that they do have some pending new hires including two physicians and several mid-level providers.</p>		
<p>VI. Medical Director's Updates</p> <ul style="list-style-type: none"> - TDCJ – Health Services Division FY 2019 Second Quarter Report -Dr. Linthicum 	<p>Dr. Burrow thanked Dr. Smith and then called on Dr. Linthicum to present the TDCJ Medical Director's Report for the Second Quarter FY 2019.</p> <p>Dr. Linthicum began by explaining that the Managed Health Care statute 501.150 requires TDCJ to do four things statutorily; ensure access to care, conduct periodic operational reviews or compliance audits, monitor the quality of care and investigate health care complaints. The Medical Director's Report is a summary of those activities.</p>		

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<p>VI. Medical Director's Updates (Cont.)</p> <ul style="list-style-type: none"> - Dr. Linthicum - Grievances and Patient Liaison Correspondence - Quality Improvement (QI) Access to Care Audit - Office of Public Health 	<p>Dr. Linthicum explained that action Requests are generated to address quality of care issues, i.e., clinical decisions, complaints about medical personnel and staff practice issues. Action requests are also generated to address access to care, policy and documentation issues.</p> <p>Dr. Linthicum explained that in the contract there are performance measures related to medical grievances. The overall combined percentage of sustained Step II Medical grievances was 8%. Performance measure expectation is 6% or less. Individually, UTMB was 7% and TTUHSC was 2%.</p> <p>Dr. Linthicum reported that there were 21 Sick Call Request Verification Audits conducted on 19 facilities. The difference in the number of request versus the number of facilities is that some facilities have an extended cell block (ECB) on site and those ECB's are audited separately. A total of 189 indicators were reviewed and 4 of the indicators fell below 80% compliance threshold representing 2%. Corrective actions were requested.</p> <p>Dr. Linthicum reported that the Office of Public Health conducts surveillance for infectious and communicable diseases within TDCJ as well as reporting to the Department of State Health Services (DSHS). This office conducts surveillance on 11 infectious conditions that are reported into DSHS. Testing is classified into one of four categories: intake, provider requested, offender requested or pre-release. There is mandatory state law which requires intake and pre-release HIV testing. During the Second Quarter, there were 13,476 intake HIV tests performed. Of those tested, 110 offenders were newly identified as having HIV infection. During the same time period, there were 9,590 pre-release tests performed with 0 found to be HIV positive. For this quarter, 13 new AIDS cases were identified.</p> <p>There were 802 cases of Hepatitis C identified for the Second Quarter FY 2019. This number may not represent an actual new diagnosis, but rather the first time it was identified in TDCJ.</p>		

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<p>VI. Medical Director's Updates (Cont.)</p> <ul style="list-style-type: none"> - Dr. Linthicum - Office of Public Health 	<p>Dr. Linthicum reported 208 cases of suspected Syphilis. 125 cases required treatment or retreatment. Syphilis testing is done at intake. Syphilis can take months to identify. These figures represent an overestimation of actual number of cases. Some of the suspected cases will later be reclassified as resolved prior infections.</p> <p>Dr. Linthicum reported that 313 Methicillin-Resistant Staphylococcus Aureus (MRSA) cases were reported and 103 Methicillin-Sensitive Staphylococcus Aureus (MSSA) were reported for the Second Quarter FY 2019.</p> <p>Dr. Linthicum reported that there was an average of 22 Tuberculosis (TB) cases (pulmonary and extra-pulmonary) under management for the Second Quarter FY 2019.</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 position also audits the documentation and services provided by medical personnel for each sexual assault reported. During the Second Quarter FY 2019, there were 151 chart reviews of alleged sexual assaults. Dr. Linthicum reported that there were 40 deficiencies found this quarter and corrective actions have been requested. 43 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 Second Quarter FY 2019, 3 units received a 3-day training which included the Wall Talk Training and a 2-day training that included the Somebody Cares Training in the Peer Education Program. As of the close of the Second Quarter of FY 2019, 100 of the 104 facilities housing Correctional Institutions Division (CID) offenders had active peer education programs. During this quarter, 124 offenders were trained to become peer educators and 18,973 offenders attended the classes presented by peer educators.</p>		

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<p>VI. Medical Director's Updates (Cont.)</p> <ul style="list-style-type: none"> - Dr. Linthicum - Mortality and Morbidity - Office of Mental Health Monitoring & Liaison 	<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. 126 deaths were reviewed during the months of December 2018, January and February 2019. Of those 126 deaths, none were referred to peer review committees.</p> <p>Dr. Linthicum next provided a summary of the activities performed by the Office of Mental Health Monitoring & Liaison (OMHM&L) during the Second Quarter of FY 2019.</p> <p>Dr. Linthicum reported that Restrictive Housing audits were conducted on 16 facilities. 1,723 offenders were observed, 1,555 were interviewed, and 42 offenders were referred to the university providers for further evaluation. In addition to monitoring the mental health status of restrictive housing offenders, the OMHM&L auditors also assess access to care (ATC) for mental health and availability of the 911 tool. Access to Care (ATC) for mental health indicators four, five and six were met at 100% at 16 of the 16 facilities audited.</p> <p>Dr. Linthicum reported that the OMHM&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 Second Quarter FY 2019, 84 instances of compelled psychoactive medication administration occurred. There were 19 instances at Montford, 46 at Skyview, 18 at Jester IV, and 1 at the Bill Clements unit. All units were 100% compliant.</p> <p>The Intake Mental Health Evaluation audit conducted by OMHM&L is designed to provide reasonable assurance that offenders coming in at intake are identified as having a potential mental health need and receive a Mental Health Evaluation within 14 days of identification.</p>		

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<p>VI. Medical Director's Updates (Cont.)</p> <ul style="list-style-type: none"> - Dr. Linthicum - Office of the Mental Health Services Liaison - Accreditation - Biomedical Research Projects - Texas Tech University Health Sciences Center - Dr. Jumper - University of Texas Medical Branch - Dr. Smith 	<p>Dr. Linthicum reported that in the Second Quarter of FY 2019, the MHSL conducted 209 hospital and 32 infirmary discharge audits. Each audit determines if vital signs were recorded on the day the offender left the hospital or infirmary; if the receiving facility had medical services sufficient to meet the offender's current needs; if the medical record was reviewed by a nursing staff member and referred, if applicable, to an appropriate provider as required by policy; if the offender required unscheduled medical care related to the admitting diagnosis within the first seven days after discharge and if discharge information was available in the offender's EHR within 24 hours of the offender arriving at the unit.</p> <p>Dr. Linthicum reported that the ACA 149th Congress of Corrections will be held in Boston, Massachusetts on August 1-6, 2019. During this conference, the following facilities will be represented: Ellis, Stevenson, Hutchins, Lynaugh, Ft. Stockton, Clemens, Scott, Duncan, Wallace, Dalhart, Garza East, Garza West, Jester IV, Huntsville, Goree and Crain.</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 18 active and 11 pending biomedical research projects. The Health Services Division has 9 active and 2 pending biomedical research projects.</p> <p>Dr. Burrow thanked Dr. Linthicum and then called on Dr. Jumper to present the report for TTUHSC.</p> <p>Dr. Jumper stated that she had nothing further to report.</p> <p>Dr. Burrow thanked Dr. Jumper and then called on Dr. Smith to present the report for UTMB.</p> <p>Dr. Smith reported that Dr. Owen Murray and other members of the UTMB senior staff had recently completed a Town Hall Rounding following the conclusion of the legislative session. Dr. Smith also shared that the UTMB Prosthodontic Clinic is now seeing patients and producing dentures.</p>		

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<p>VI. Medical Director's Updates (Cont.) - Dr. Smith</p>	<p>Dr. Smith shared that Dr. John Mills, former CMHCC member is now working as a part time physician for UTMB.</p>	<p>Dr. Linthicum shared that she was given a pair of sample dentures, which she passed around. She stated that this is cutting edge technology. We are the only correctional system in the nation using this technology.</p> <p>Dr. Burrow asked what the cost per pair is.</p> <p>Dr. Linthicum stated that she believes that the cost per pair is about \$60-\$70, but she will verify that. She reported that the equipment was quite expensive.</p> <p>Dr. Burrow asked what it would cost for free world dentures.</p> <p>Dr. Linthicum shared that if we sent them out it would be \$300+.</p> <p>Dr. Linthicum reported that the population of TDCJ is about one third Caucasian, one third Hispanic and one third African American, so the clinic is utilizing two colors for the gums. Dr. Linthicum stated that a kudos should go out to Lorie Davis, Correctional Institution Division and the transportation department. She shared that there is only one prosthodontic clinic, so all the offender patients must be transported to that unit and housed there temporarily.</p>	
<p>VII. Overview of Inpatient Services - Dr. Benjamin Leeah</p>	<p>Dr. Burrow thanked Dr. Smith and then called on Dr. Benjamin Leeah to present an Overview of Inpatient Services for TTUHSC Correctional Managed Care (CMC).</p> <p>Dr. Leeah began by introducing himself and sharing that he is the Northern Regional Medical Director for TTUHSC CMC. He has been in his current position for ten and a half years and prior to this was in private practice.</p>		

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<p>VII. Overview of Inpatient Services (Cont.) - Dr. Leeah</p>	<p>Dr. Leeah stated that the correctional managed health care partnership with TTUHSC was established by the Texas Legislature in 1993. The primary mission was and is to improve access to quality health care for TDCJ offenders while containing cost by maximizing the use of the state's medical schools, securing efficiencies through improved intergovernmental collaboration and utilizing managed health care tools.</p> <p>Dr. Leeah reported that the TTUHSC manages 21 facilities in 17 geographical sites providing services to approximately 30,000 offenders. The TTUHSC sector provides housing in state prisons, jails and intermediate sanction facilities (ISFs). One of those facilities is the Montford Unit which houses a 98-bed medical / surgical unit in Lubbock. There are 1,000+ inpatient psychiatric beds in the sector and three 17 bed infirmaries.</p> <p>Dr. Leeah thanked Dr. Linthicum and stated that the ISF offenders can present issues when someone comes in who is chronically ill or acutely ill, because they are not institutional division offenders. They are parole violators who had a technical violation of their parole and rather than being revoked they received a sanction to go serve time at one of these facilities. However, this does not change the standard of care that they receive.</p> <p>Dr. Leeah answered no, the ISF appears as an actual prison would. There are still fences and barbed wire and they wear the same uniforms and they are subject to count times, etc.</p>	<p>Dr. Linthicum explained that an intermediate sanction facility or ISF is not really a prison or jail. It is an in-custody treatment alternative for offenders who are facing parole or probation revocation.</p> <p>Mr. Johnson asked if an ISF functions as a half-way house in reverse.</p> <p>Mr. Steffa noted that they are secure facilities.</p> <p>Dr. Jumper stated that at times their acuity is higher since they don't come to us from the counties as institutional division offenders do. They come in right off the street.</p>	

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<p>VII. Overview of Inpatient Services (Cont.) - Dr. Leeah</p>	<p>Dr. Leeah reported that the three 17 bed infirmaries are located at the Robertson Unit in Abilene, the Clements Unit in Amarillo and the Allred Unit in Wichita Falls. They can be thought of, comparatively, as skilled nursing facilities. They can provide IV antibiotics, IV fluids, perhaps even IV diuresis and long term wound care. The bulk of what they do is pre-operative and post-operative care. Dr. Leeah reported that the fiscal year 2019 budget for TTUHSC CMC is \$107 million, there are 966 employees and 37% of the workforce has more than 10 years of service, including himself.</p> <p>Dr. Leeah reported on the TTUHSC CMC contract network which includes 8 onsite and 20 offsite correctional hospital contracts, 95 offsite provider contracts, 79 onsite / miscellaneous contracts and 21 temporary contracts for a total of 223 vendor contracts.</p> <p>Dr. Leeah stated that the subcontractors are guided by the same policies and procedures as Texas Tech employees.</p>	<p>Dr. Linthicum explained that the model in Texas Tech is quite different. Those 8 onsite hospital contracts are providing staff for the units. Some of the staff on those particular units are actually hospital staff not Texas Tech staff. Texas Tech provides the providers and physicians and physician assistants. The legislature put that model in place to stabilize these rural area hospitals by providing a revenue stream. It benefited TDCJ and was also beneficial to the community because their hospital didn't shut down.</p> <p>Mr. Johnson asked if these were privately run facilities.</p> <p>Dr. Linthicum answered no, the oversight is provided by Texas Tech, the medical care is provided by subcontractors.</p>	

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<p>VII. Overview of Inpatient Services (Cont.) - Dr. Leeah</p>	<p>Dr. Leeah reported that the TTUHSC sector provided 256,034 medical, 43,687 dental, 138,763 mental health, 1,435,146 nursing limited services and 18,911 telehealth encounters in 2018.</p> <p>Dr. Leeah reported on the special medical programs offered in the sector. The Montford Regional Medical Facility (RMF) has 2 surgical suites, onsite dialysis, 50 ward beds, 44 long term beds, 4 step down skilled care unit (SCU) beds, 30 holding beds, CT, Ultrasound and MRI diagnostics and physical, occupational and respiratory therapy. Dr. Leeah reported that at the three 17 bed infirmaries, outside of short stay admissions, the average length of stay is 17 days.</p> <p>Dr. Leeah reported that among the challenges that they face in the TTUHSC sector are the mental health needs of offenders with comorbidities, 39.6% of offenders meet the criteria for a mental health diagnosis. Other challenges include the rising cost of pharmaceuticals, recruitment issues and healthcare professional shortages, the rural locations of units, an aging workforce and an aging offender population. Dr. Leeah explained that the physiological age of an offender is about 10 to 15 years older than their chronological age. There are limited infirmary and long-term beds available and offenders age 55 and over are 12% of the population and 80% are not eligible for release.</p> <p>Dr. Leeah next reported the cost saving initiatives in the TTUHSC sector. In the pharmacy they use a Managed Care Formulary, they have a drug reclamation program and they work with UTMB collaboratively for patient reassignment. Utilization of telehealth reduces offender transport and enhances provider availability. They also limit the use of agency staff and professional recruiters.</p>	<p>Dr. Jumper stated that recognition needs to go out to TDCJ and the warden at the Montford Unit. It is a very complex facility, basically a hospital in a prison, and they work very closely with the warden and collaborate daily.</p> <p>Dr. Linthicum shared that the Montford Facility provides the highest level of care in the system.</p>	

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<p>VII. Overview of Inpatient Services (Cont.) - Dr. Leeah</p>	<p>Dr. Leeah stated that they provide efficient clinical care including preventative care, chronic care management and evidence-based medicine. They utilize the RMF and have expanded the hours of operation on some units which reduces offsite care utilization.</p> <p>Dr. Leeah answered; exactly. If they have a unit staffed for 12 hours, they will have staff that come in and leave early and another group that will come later and stay later.</p> <p>Dr. Leeah reported that all care after hours is available via telemedicine or a call to the on-call physician.</p>	<p>Mr. Johnson asked if that is a shift schedule arrangement as opposed to overtime.</p> <p>Dr. Linthicum noted that they were provided with additional funding last session to expand the hours of operation at some units.</p> <p>Dr. Linthicum stated that she would like to recognize Will Rodriguez, TTUHSC CMC Executive Administrator, who is largely responsible for the expansion of telemedicine in the TTUHSC sector. They are using new technologies and he has been a great addition to the team.</p> <p>Dr. Burrow stated that he is a pharmacist as well as a physician and works in a rural area at a small rural hospital. He stated that the ideas presented are wonderful. Using the whole team in terms of cost containment and access to care is a wonderful idea.</p>	
<p>VII. Overview of Inpatient Services - Dr. Monte Smith</p>	<p>Dr. Burrow thanked Dr. Leeah and then called on Dr. Smith to present an Overview of Inpatient Services for UTMB CMC.</p> <p>Dr. Smith began by introducing himself and sharing that he will be going over the inpatient services offered at UTMB CMC and that he will focus primarily on the care that occurs within the facilities and the care provided at the infirmary units.</p>		

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<p>VII. Overview of Inpatient Services (Cont.) - Dr. Smith</p>	<p>Dr. Smith recognized the leadership team and listed the units that are designated as inpatient facilities. The leadership team consists of himself, Chief Medical Officer; Marjorie Kovacevich, Associate Vice President of Inpatient Services; Dr. Joseph Penn, Director of Mental Health Services; Chief Nursing Officers, Kirk Abbott and Justin Robison; Gigi Jameson, Director of Utilization and Dr. Dave Khurana, Dialysis Medical Director. The inpatient facilities are Estelle, Carole Young, Skyview, Hodge, Jester IV, Duncan and Diboll.</p> <p>Dr. Smith reported that the inpatient psychiatric facilities are Skyview, Jester IV and Mt. View. Skyview is in Rusk and has 562 beds and can accommodate both male and female offenders. Jester IV is in Sugarland and has 550 beds and can accommodate male and female offenders. Mt. View is in Gatesville and has 20 crisis management beds for female offenders.</p> <p>Dr. Smith reported that the Department of Utilization Review (UR) manages 507 infirmary beds at 15 facilities, they handle precertification of emergency room visits, manage acute care admissions and hospital to hospital transfers, coordinate direct admissions, coordinate urgent referrals for specialty care consultations and provide case management.</p> <p>Dr. Smith next explained the process of placement of a patient into an infirmary bed. A provider in a free world hospital, Hospital Galveston, the unit or the county submits an Infirmary Placement Request form to UR. This form contains general identification for the patient, vital signs, any special needs that they may have including specialty care needs and the primary diagnosis. UR then uses a matrix that determines which infirmary the patient should be housed at. On occasion, they will receive patients into an infirmary from the county jail, but that is rare. On average 200 referrals for infirmary placement are processed by UR each month.</p>		

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<p>VII. Overview of Inpatient Services (Cont.) - Dr. Smith</p>	<p>Dr. Smith reported that Carole Young and Estelle Regional Medical facilities offer the following patient services: dialysis, physical, respiratory, and occupational therapy, assistive disability services, physical medicine and rehabilitation, wound care, total parenteral nutrition, inpatient clinical pharmacist support, speech therapy and hyperbaric treatment at Carol Young and phototherapy at Estelle. Carol Young also has hospice services available, primarily for female patients. Dr. Smith explained that there are 13 other satellite infirmaries located throughout the state. Those facilities primarily care for assisted living patients.</p> <p>Dr. Smith reported that the infirmaries, if you wanted to compare to a free world facility, would be like a nursing home that offers a full range of services. Dr. Smith next explained that long term patients are those whose physical or mental condition or disease process make it unlikely that they will ever be able to function for a significant length of time in the general population. Short term patients are those whose physical or mental condition or disease process is expected to improve to the point that they will likely, at some future time, be able to function independently in the general population.</p> <p>Dr. Smith explained the difference in infirmary levels of care, which are skilled nursing, convalescent, assisted living and hospice. Skilled nursing is provided by or directed by RN level staff and is generally up to 14 days in length. Convalescent requires a significant amount of care and is generally up to 14 days and occurs after surgery or to learn self-care. Assisted living requires that the offender is stable and can self-transfer but does provide some ADLs. Hospice care provides comfort care and support and is coordinated by a multi-disciplinary team.</p> <p>Dr. Smith reported in terms of capacity, the majority of the patients are long term patients. This leaves the remaining short term patient beds that they have to work with for new admissions. Dr. Smith stated that only about 15% of the infirmary patients are under 50.</p>	<p>Dr. Linthicum noted that activities of daily living or ADLs include toileting, bathing, grooming and eating.</p>	

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<p>VII. Overview of Inpatient Services (Cont.) - Dr. Smith</p>	<p>Dr. Smith reported the overall offender average age has increased steadily, from 37.2 in fiscal year 2009 to 39.4 in fiscal year 2018. There are also patients with numerous and often multiple chronic diseases.</p> <p>Dr. Smith reported that the number of patients with end stage liver disease has increased dramatically, from 160 in 2009 to almost 1,200 in 2018. UTMB CMC dialysis services are provided at Carol Young and Estelle Regional Medical Facilities. Dialysis services are managed by Dr. Dave Khurana, UTMB CMC's full-time board-certified nephrologist. The end stage renal disease team includes highly trained nurses, dialysis technicians, social workers and dieticians. Chronic kidney disease and pre-dialysis services are also offered.</p> <p>Dr. Smith reported that there are ongoing efforts to reduce short term infirmary length of stay. These efforts include weekly multidisciplinary rounds at satellite facilities and bi-weekly multidisciplinary rounds at regional medical facilities. Dr. Smith reported that there is also a monthly infirmary provider committee meeting. Agenda items for this meeting include reviews of recent long-term patient approvals, all short-term patients with length of stay >7 days, infirmary re-admissions, previous long-term patients discharged to unit of assignment and available wheelchair dorm beds. The result has been a slight reduction in the length of stay, from 25.05 in fiscal year 2013 to 20.54 in fiscal year 2019.</p> <p>Dr. Smith reported on the sheltered housing and infirmary expansion projects for fiscal years 2018 and 2019. He reported that in October 2017, 95 sheltered beds opened at Telford, 54 opened at Jester III and 14 opened at Carol Young. The Jester III and the Stiles Units expanded their level of care to include convalescent care.</p>	<p>Dr. Linthicum stated that end-stage liver disease is the third leading cause of death in the system. There are 1,200 in queue with chronic kidney disease stage three and 117 are stage four and ready to start dialysis. Expansion of these services is needed.</p>	

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<p>VII. Overview of Inpatient Services (Cont.) - Dr. Smith</p>	<p>Dr. Smith reported on future sheltered housing and infirmary expansion projects. He reported that legislature approved funding for up to 200 beds at the Stiles Unit. These beds will house male offenders. At the Crain Unit 13 female assisted living infirmary beds will be added. Dr. Smith reported that at the Duncan Unit they are pending modifications to allow for additional geriatric patients requiring wheelchair housing.</p>	<p>Dr. Linthicum reported that at Duncan that will bring the number up to 82. Dr. Linthicum shared that at the Crain Unit there was a problem with the roof and the project may have to go back out for bid.</p> <p>Mr. Cory Shank asked about the end stage data. The numbers certainly outpace the population growth rate. Has mortality or the extended life span of these patients been considered in the results. What impact do the patients that are living longer have on the data related to the availability of infirmary beds? Today we are extending the life span of these patients more so than 10 years ago.</p> <p>Dr. Linthicum explained that one of the ways they are trying to mitigate the growth and graying of the prison population is that they are looking at the physical plant to find areas where they can renovate. This was done at the shelter housing units at Jester III, Carol Young and Telford. This biennium they received funding from the legislature to modify an old garment building at the Stiles Unit to add 200 beds. They will be requesting additional funding next biennium for an addition 200 beds, bringing the total up to 400 beds which is the capacity. Dr. Linthicum stated policy makers don't seem to be interested in building new prisons or new facilities. This forces TDCJ to look within and identify space that can be modified for these populations.</p>	

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<p>VII. Overview of Inpatient Services (Cont.) - Dr. Smith</p>		<p>Dr. Linthicum reported that there are diversion efforts that are geared primarily toward the mentally ill to try to divert some of them out of the prison system. There are new drug courts that attempt the same. The Texas Correctional Office on Offenders with Medical or Mental Impairments (TCCOMMI) receives funding to enter into contracts with local mental health authorities around the state to ensure continuity of care for parolees and offer some pre-trial diversion to prevent them from coming into the institutional division.</p> <p>Dr. Linthicum stated that in terms of correctional health care on a national basis, TDCJ reports into the Bureau of Justice Statistics and end stage liver disease is the third leading cause of death in the TDCJ system and nationwide. The direct link, of course, is to Hepatitis C. Dr. Linthicum stated that one big concern right now is that population and those who are not eligible for special parole; the medically recommended intensive supervision (MRIS) program. There is a provision in statute for those who are terminally ill to be considered for a medical parole or medical release. There are certain custody issues and certain criminogenic factors that cannot be present. For example, sex offenders not in a vegetative state are not eligible. MRIS is utilized where possible and in certain cases a petition for executive clemency will be made which goes up to the full parole board and then to the Governor. The real challenges are the graying of the offender population, the large number of mentally ill offenders and the rise of the numbers of offenders with end stage liver disease directly related to Hepatitis C infection.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>VII. Overview of Inpatient Services (Cont.) - Dr. Smith</p>		<p>Mr. McGinty stated that he has an update regarding the Stiles Unit. They are having to put in air conditioning and ventilation, so it is a much larger project than Telford was. It is currently in the design phase and they anticipate making an award for construction in early fall and likely making those bids available in the spring. That is their goal and it will be a priority.</p> <p>Dr. Jumper reported that they also have some room on the west side for some of these facilities.</p> <p>Dr. Linthicum shared that there is a free-standing prison hospital in Galveston on the UTMB campus that was built in 1983, Hospital Galveston (HG). It is Joint Commission accredited licensed hospital. At HG they complete approximately 66,000 specialty visits each year and the average daily census is 100 plus. The problem faced there is getting them out for step down care. Dr. Linthicum shared that everyday life in prison is unique and different than it is for us in the free world. For instance, if you have been in the hospital and you get discharged in the free world, you can go home and rest and convalesce in your own bed at your own pace. In prison there is a building schedule and the offenders must be able to keep up with that schedule. They only have a certain amount of time to shower and to turn out to eat. So, if you can't get down the run to the chow hall and finish your meal in the allotted time you are out of luck. As people age, they can't keep up with that building schedule.</p> <p>Dr. Olugbenga Ojo shared that in the UTMB sector all elective specialty and sub-specialty care is done at HG. He also noted that Hospital Galveston has a Vizient five-star rating and they are very proud of that.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>VIII. Public Comments - Dr. Burrow</p> <p>IX. Adjourn</p>	<p>Dr. Burrow thanked Dr. Smith and then noted that in accordance with the CMHCC policy, during each meeting the public is given the opportunity to express comments. He stated that no one had signed up to speak.</p> <p>Dr. Burrow next called for a motion to adjourn the meeting.</p> <p>Dr. Burrow thanked everyone for their attendance and adjourned the meeting. Dr. Burrow announced that the next CMHCC meeting is scheduled for September 18, 2019 in Dallas, Texas.</p> <p>The meeting was adjourned at 11:46 a.m.</p>	<p>Dr. Linthicum announced that Beckie Berner, TDCJ Health Services Administrator will be retiring June 30, 2019. She has been with TDCJ for 27 years and has done a phenomenal job and will be missed.</p>	<p>Dr. Jumper made a motion to adjourn the meeting, and Dr. Raimer seconded the motion which prevailed by unanimous vote.</p>


 Rodney D. Burrow, M.D., Chairperson
 Correctional Managed Health Care Committee

9-18-19
 Date