



Agenda Topic / Presenter	Presentation	Discussion	Action
<p><b>Recognitions and Introductions (cont.)</b> - Dr. Greenberg</p> <p><b>III. Approval of Consent Items</b> - Dr. Greenberg</p> <ul style="list-style-type: none"> <li>- Approval of Excused Absences</li> <li>- Approval of CMHCC Meeting Minutes – March 22, 2021</li> <li>- Approval of TDCJ Health Services Monitoring Report</li> </ul>	<p>Ms. Holt shared that she has a private practice in Bonham. She is on several boards and is honored to be serving on the CMHCC.</p> <p>Dr. Greenberg thanked Ms. Holt and called on Dr. De la Mora.</p> <p>Dr. De la Mora shared he is a physician, and his training is in internal medicine. He attended medical school in Dallas and completed his residency at Parkland Hospital. He then returned to El Paso to join the faculty at TTUHSC. He stated he is honored to be a part of the committee.</p> <p>Dr. Greenberg thanked Dr. De la Mora and then shared that on Friday, June 25, 2021 he will be presenting an overview of the CMHCC to the Texas Board of Criminal Justice (TBCJ). This presentation will be available to view on the Texas Department of Criminal Justice (TDCJ) YouTube channel.</p> <p>Dr. Greenberg next moved on to agenda item III Approval of Consent Items.</p> <p>Dr. Greenberg 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 22, 2021 meeting – None were absent</p> <p>The second consent item was the approval of the CMHCC meeting minutes from the March 22, 2021 meeting. Dr. Greenberg asked if there were any corrections, deletions or comments. Hearing none, Dr. Greenberg moved on to the third consent item.</p> <p>The third consent item was the approval of the Fiscal Year (FY) 2021 Second Quarter TDCJ Health Services Monitoring Report.</p>	<p>Dr. Greenberg asked Dr. Lannette Linthicum about the scores under 80% compliance for the Coordinator of Infections Disease on the Rate of Compliance with Standards by Operational Categories in the TDCJ Health Services Monitoring Report.</p>	



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<p><b>IV. Update on Financial Reports</b> - Rebecca Waltz</p> <p><b>V. Medical Director's Updates -TDCJ – Health Services Division FY 2021 Second Quarter Report</b> - Dr. Lannette Linthicum</p>	<p>Dr. Greenberg next called on Ms. Rebecca Waltz to present the financial report.</p> <p>Ms. Waltz presented the Financial Report on Correctional Managed Health Care (CMHC) for the Second Quarter of FY 2021, as submitted to the Legislative Budget Board (LBB). The report was submitted in accordance with the General Appropriations Act, Article V, Rider 43. Details of Ms. Waltz report may be found in Tab B of the CMHCC agenda book and are also posted on the CMHCC website.</p> <p>Ms. Waltz answered the 2021 supplement request was approved and will cover the shortfall for the current biennium. They received 60 million per year to maintain operations through 2023. The legislature knows that with this allocation, there will be a supplemental request made.</p> <p>Dr. Greenberg thanked Ms. Waltz and then called on Dr. Linthicum to present the FY 2021 Second Quarter TDCJ Medical Director's Report.</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 and may be found in Tab C of the CMHCC agenda book and is also posted on the CMHCC website.</p>	<p>Dr. Burruss asked for an update on the 87<sup>th</sup> legislative session as related to funding for the current and next biennium.</p> <p>Dr. Burruss asked if the medical directors are pleased with the allocation.</p> <p>Dr. Linthicum answered that they are used to the process used by the legislature to fund the program. Historically, they have always had to go back and request a supplemental appropriation and those requests have been successful.</p>	

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<p>V. <b>Medical Director's Updates (cont.)</b> - Dr. Linthicum</p>		<p>Mr. Johnson asked what happens if a unit is deficient in an area for several quarters.</p> <p>Dr. Linthicum answered that the unit then would be placed on weekly monitoring. If they do not seem to be progressing or improving sufficiently, they will implement a special audit. When a special audit is implemented, a team is selected from health services and a team is selected by the appropriate university medical director and these two groups make up the special audit team. Representatives from all deficient disciplines will be on this team. The team will put together the audit plan and develop or decide on the instruments for the area or areas that will be audited. The special audit team then goes to the unit and performs a very thorough audit of the healthcare operations and then develops a report. The unit then submits corrective action plans to address deficiencies. After 60 to 90 days the audit team will go back out to ensure corrective action plans were implemented and check on the progress.</p> <p>Mr. Johnson stated his question was prompted by review of the dental deficiencies and it seems that some show up on the list more frequently than others.</p> <p>Dr. Linthicum shared that there are times when these things can be handled by implementing one-on-one meetings with discipline directors. She reported there was a time when she would meet one-on-one with one of the university dental directors to assure that compliance measures were being met. When compliance gets low and especially if it continues, these are red flags and are handled.</p>	

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<p><b>V. Medical Director's Updates (cont.)</b> - Dr. Linthicum</p>		<p>Dr. Linthicum explained that inmates have three basic rights related to healthcare and those are the right to access care, the right to a professional judgment, meaning that they need to have access to appropriately credentialed staff, and they have the right to receive the care that is ordered. Those are the standards that they are constantly looking at to ensure the constitutionality of the healthcare system.</p> <p>Mr. Johnson thanked Dr. Linthicum.</p> <p>Dr. Denise Deshields added that during the pandemic dental has been the most impacted, as it relates to services, due to the fact that they have been restricted from performing aerosol generating procedures.</p> <p>Dr. Greenberg asked about the units that were idled and if they will be reopened if there is an influx of intakes from the counties, and how they would handle the staffing challenges.</p> <p>Dr. Linthicum answered that idle beds can be reinstated as needed. The medical directors are most concerned with the nursing vacancy rate. Nurses are the backbone of the healthcare delivery system. Recruitment is an ongoing discussion for the joint medical directors.</p> <p>Dr. Greenberg asked how quality of care is assessed when inmates are transferred off-site to free-world locations for treatment.</p> <p>Dr. Linthicum answered they receive a health screen when they are returned to the unit. The free-world medical records are obtained and scanned into the inmate's electronic health record, and they are reviewed by unit medical staff.</p>	





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<p><b>VI. CMHCC Joint Nursing Working Group Overview / Update (cont.)</b> - Mr. Robison</p>	<p>Mr. Robison continued Ms. Culpepper has oversight of 23 units, which includes 3 medical infirmaries for a total of 51 infirmary beds, a 128-bed medical/surgical unit and 1,000 plus psychiatric beds in 2 inpatient facilities. They serve approximately 30,000 male inmates and have 541.69 positions in the TTUHSC sector. He has oversight of 38 facilities, 8 infirmaries totaling 289 beds, 3 sheltered housing units totaling 282 beds and 2 behavioral health facilities totaling 1,207 beds. There are approximately 60,063 patients and 885 positions in the UTMB northern GSA. Mr. Abbott has oversight of 41 facilities, 8 infirmaries totaling 252 beds, 4 sheltered housing units totaling 312 beds, 1 behavioral health unit with 550 beds and dialysis at 2 units with a total capacity of 254. There are approximately 60,313 patients and 888 positions in the UTMB southern GSA.</p> <p>Mr. Robison explained that a sheltered housing bed is used for transition or for a patient that does not require infirmary level care but cannot function in general population.</p> <p>Mr. Robison reported the current initiatives of the committee are the joint nursing quality indicator, COVID-19 encounters, COVID-19 vaccine and nursing staff challenges. The committee identifies quality indicators once every 2 years. They develop and then disseminate to all facilities. The facilities then perform the audits monthly and results are reported at the quarterly CMHCC System Leadership Council meeting. The current quality indicator is Annual TB (tuberculosis) Testing. This indicator audits compliance with inmate annual TB screening and TB symptoms screening in accordance with CMHC Infection Control Policy B-14.10 Tuberculosis.</p>	<p>Dr. Greenberg asked what the difference between a sheltered housing unit and an infirmary unit is.</p>	

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<p><b>VI. CMHCC Joint Nursing Working Group Overview / Update (cont.)</b>  - Mr. Robison</p>	<p>Mr. Robison next reported on COVID-19 trends over the course of the pandemic. Patients were placed in medical restriction, as a result of contact tracing, for 14 days and were provided temperature checks and symptom screening. There were two big waves within the UTMB sector in July of 2020 and December of 2020. In addition to COVID-19, in August of 2020 hurricane Laura effected the Gulf Coast units and then in February the units statewide had winter storm Uri to deal with. Over just the course of the pandemic, nursing has completed over 6 million patient encounters.</p> <p>Mr. Robison shared that the other unit disciplines; medical, dental and mental health staff assisted with patient rounding during the pandemic which required going cell side for temperature checks and symptom screening. Patients in medical isolation, or patients who are sick require a nurse to go cell side. In addition to temperature checks and screening, the patients in medical isolation were also provided pulse oximeter respiratory rates and detailed assessments.</p> <p>Mr. Robison reported on the COVID-19 vaccination initiative and administration. Both sectors worked closely with TDCJ Health Services and followed vaccine administration guidelines and directives in providing vaccines to the inmate population, TDCJ employees and healthcare workers. This is ongoing and the numbers continue to rise. As of yesterday, UTMB had administered over 110,000 doses of the COVID-19 vaccine. Texas Tech as of yesterday had administered over 25,000 doses. Both sectors have administered all 3 vaccines.</p> <p>Mr. Robison next reported nursing vacancies in the UTMB sector. They have 1,680 nursing positions. For the 18<sup>th</sup> pay period, there were 356 vacancies, 311 unfilled positions and 45 employees on some sort of leave of absence. They have jumped from a 15% vacancy rate to a 19% vacancy rate and if you add in the employees on leave of absence it is a 21% overall effective vacancy rate.</p>		

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<p><b>VI. CMHCC Joint Nursing Working Group Overview / Update (cont.)</b> - Mr. Robison</p>	<p>Mr. Robison stated he has been with UTMB for 17 years and this is the highest vacancy rate he has seen. Contributing to the vacancy rate is a voluntary turnover rate of 14% for RNs, 17% for LVNs and 10% for unlicensed staff and salaries that are not competitive with freeworld salaries. They have an initiative that offers additional incentive pay at some of the higher acuity facilities. That is helping with retention, but not recruitment.</p> <p>Mr. Robison reported on nursing vacancies in the Texas Tech sector. 56% of the nursing staff have at least five years of service, so the majority are tenured nursing staff. The remaining 44% is where they see the greatest turnover rates. If they get past the five-year mark, they are more likely to consider benefits and retirement and thus are more likely to stay.</p> <p>Mr. Robison answered that is correct.</p>	<p>Dr. Greenberg noted that they are having the same challenge with staffing and turnover in the private sector.</p> <p>Mr. Johnson thanked the CMHCC Joint Nursing Working Group for doing a phenomenal job during this period of adversity.</p> <p>Dr. De la Mora asked if the vaccination rate for fully vaccinated healthcare employees is currently at 52%.</p> <p>Dr. De la Mora asked, although those numbers are good, when compared to other entities and even hospitals in his area that are reporting 90% vaccination rates, is this number lower than the general benchmark across the state or across the nation for healthcare employees?</p> <p>Dr. Murray answered that it has been an issue. They have and will continue to go out and educate the staff about vaccination.</p>	

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<p><b>VI. CMHCC Joint Nursing Working Group Overview / Update (cont.)</b> - Mr. Robison</p>		<p>Mr. Johnson asked if there were any other methods available to try to increase vaccination rates.</p> <p>Dr. Linthicum answered that state agencies cannot force vaccination. Private entities have more leeway. The inmate vaccination rates are higher. What they can do, as Dr. Murray reported, is continue with the educational campaign. They have done that as well on the TDCJ side. The public information office produced videos and posters.</p> <p>Dr. DeShields shared they have had very robust education. They find these same rates with the flu vaccine.</p> <p>Dr. Greenberg stated they face the same issues in the private sector and noted that there is a lot of misinformation on social media.</p> <p>Dr. De la Mora asked if they are seeing the same hesitancy with, and if the rates are the same for the correctional officers.</p> <p>Dr. Linthicum answered yes. They have produced education materials and made those available. There are posters on all the facilities, and they continue to try to get people motivated to get the vaccine. They offered the inmates a free commissary item for receiving the vaccine. About 50% of the inmate population is considered indigent and this is something that has helped with the flu vaccination rates. They will continue to move forward with the education campaign.</p>	

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<p><b>VII. Public Comments</b> - Dr. Greenberg</p> <p><b>VIII. Adjourn</b></p>	<p>Dr. Greenberg thanked Mr. Robison and then noted that in accordance with the CMHCC policy, during each meeting the public is given the opportunity to express comments. No public members requested to address the committee at this meeting. Dr. Greenberg next moved on to meeting adjournment.</p> <p>Dr. Greenberg thanked everyone for their attendance and adjourned the meeting. Dr. Greenberg announced that the next CMHCC meeting is scheduled for September 15, 2021 in Dallas, Texas.</p> <p>The meeting was adjourned at 11:49am.</p>		



Robert D. Greenberg, M.D., Chairman  
Correctional Managed Health Care Committee

September 28, 2021

Date