

BOARD OF CORRECTIONS

**March 3, 2011
Atlanta, Georgia**

MEMBERS PRESENT:

Mr. Jim Whitehead Sr., Chairman
Mr. Wayne Dasher
Mr. Carl Franklin
Sherriff Roger Garrison
Mr. Bruce Hudson
Mr. John Mayes
Chief George Potter
Sheriff Carlton Powell
Mr. Kevin Tanner
Dr. Henrie Treadwell
Mr. Roger Waldrop
Mr. Justin Wiedeman
Ms. Rose Williams

MEMBERS ABSENT:

Mr. Bill Acuff
Mr. Ashley Paulk, Jr.
Mr. Tommy Rouse
Mr. Larry Wynn

CONFERENCE CALL:

Sheriff Cecil Nobles

ATTORNEY GENERAL'S OFFICE:

Mr. Joe Drolet, Senior Assistant Attorney General

DEPARTMENT OF CORRECTIONS:

Commissioner Brian Owens
Assistant Commissioner Fredrick Head
Ms. Simone Juhmi-Green, Board Liaison
Mr. Kenneth Mantle, Executive Assistant
Mr. Bob Bradford, Managing Director of Georgia Correctional HealthCare
Ms. Becky East, Director of Administration Division
Mr. Danny Horne, Chaplain
Mr. Donald Jones, Investigations Unit
Mr. Robert Jones, General Counsel
Mr. Larry Latimer, Director Engineering
Mr. John Laurence, Investigations Unit
Mr. Tom Sittnick, Director, Office of Health Services
Mr. Tim Ward, Director of Facilities Operations

VISITORS:

Ethan Armentrout, Intern, Southern Strategy Group
Mr. Mike Brewer, Vice President, Aramark
Jeff Campbell, Intern-Massey, Bowers & Hembree
Ms. Kathryn Hamoudah, Southern Center for Human Rights
Mr. Brandon Hembree, Massey, Bowers & Hembree
Mr. Lewis Massey, Massey, Bowers & Hembree
Mr. J.T. Norris, Georgia Sherriff's Association
Mr. Dave Pratt, Southern Strategy Group
Ms. Sara Totonchi, Southern Center for Human Rights

Chairman Jim Whitehead called to order the March Board Meeting.

Chairman Whitehead then called on Chaplain Danny Horne to bring the invocation.

Chairman Whitehead then requested that the attendees introduce themselves.

Chairman Whitehead thanked everyone for being in attendance.

Chairman Whitehead called for a motion to approve the March agenda. Mr. Roger Waldrop made the motion, which was seconded by Mr. Roger Garrison, and voted approval by the Board.

Chairman Whitehead requested approval of the February minutes. Mr. Kevin Tanner made the motion, which was seconded by Ms. Rose Williams, and voted approval by the Board.

Chairman Whitehead then called on Commissioner Brian Owens to present his report.

COMMISSIONER'S REPORT

Commissioner Brian Owens began by stating that the Board took an official Board photo with Governor Nathan Deal this morning before the Board meeting commenced.

Commissioner Owens stated that his part of the report will be very brief, but that the Board will be briefed by the Director of Health Services for the Department of Corrections, Mr. Tom Sittnick and the Managing Director of Georgia Correctional HealthCare, Mr. Bob Bradford.

Commissioner Owens stated that the Department of Corrections currently has an intergovernmental agreement with Georgia Correctional HealthCare and they currently provide the health care for the Department's inmates.

With a PowerPoint slide, Commissioner Owens stated that he will discuss the Upcoming Events, Jail Backlog, and the Operational Update.

The Upcoming Events slide showed many events to include the Board of Corrections next meeting in Glenville on April 14, 2011. In addition, on May 24th, we will have our Annual Awards Ceremony recognizing several of the Departments' employees.

With the next slide, the Jail Backlog is 3,926 and our count is 5,969. The Sheriff's count and our count are both correct, but we just count things differently. Commissioner Owens then stated we hope that this is the high water mark of our Jail Backlog. The short version of this is that Pardons and Paroles switched over to the new system in December for their clemencies. In essence, clemencies were down extremely in December, January and even February; but, I think that they have that problem fixed now. As you all know, if the back end is not releasing, the front end is going to back up. Commissioner Owens stated that every Sheriff should have his cell phone number because he gives it out every year and that they can call him if they have a usual problem such as a sick inmate or if they need a little bit of relief they can call him and we will work with them.

Commissioner Owens asked the Board members to review the Press Packet regarding the Governor's plan to reform the Criminal Justice system. In addition, each Board member was provided a packet on trend data which basically came from the Pugh Report describing the cost of Corrections and what percent of the general revenue each state appropriate to Corrections. Commissioner Owens stated this will be a good tool to review during next month's work session on April 13th. It will put Georgia in perspective and where we are at nationally.

Commissioner Owens stated that completes his report prior to calling up our Health Care Specialist.

Chairman Whitehead stated he was very impressed with the Medical College of Georgia and what they are trying to do by being a good partner to the Department. When he was on the Board of Directors with the local hospital in Augusta, he attended the first meeting and all he understood from the meeting was when they talked about a gastric bypass. After six years of being on the Board, he learned quite a bit. He stated he was grateful for our partnership and he thanked Commissioner Owens for the great job that he and his staff are doing.

Commissioner Owens gave the Board a little background by stating that different States handle Correctional Healthcare differently. Some privatize their healthcare; where some private companies out there do a great job in providing correctional health care. Some use an in-house state project where they hire the doctors and nurses. For over a decade now, we've had a partnership with the Medical College and Georgia Correctional HealthCare, which is kind of like the organization cyst between the two of us that gets the real work done. Over the past three or four years, you will see that they have achieved some phenomenal results. It's very rare in a correctional environment to see cost going down. Our costs are actually going down, but that is due to the great work that these teams have done. So, without further questions and comments Commissioner Owens introduced Mr. Tom Sittnick, Director of Health Services and Mr. Bob Bradford, Managing Director of Georgia Correctional HealthCare.

Sheriff Roger Garrison stated that he just wanted to compliment Commissioner Owens on the packets that he provided the Board to review. There is something terribly skewed in our system throughout this country. There may be some answers that we don't know, but I definitely think that there is something we can do.

Commissioner Owens stated that he has been in this business long enough and that the States are spending high amounts on a per-diem basis on inmates. There are two cost drivers; staffing and healthcare. We can play around the edge on everything else, but the two big drivers are personal services; for us, which is about 600 million dollars and our health, mental health and dental health services which exceeds 200 million dollars. So, just those two areas equal 800 million dollars and we have a 1.1 billion dollar budget. That is why we really have to ensure that we give these teams from the Medical College and the Department's Office of Health Services all the information and all the resources they need. This will continue to drive those cost down while still providing quality healthcare; constitutional level healthcare.

Mr. Tom Sittnick started by commending Mr. Bradford, Georgia Correctional HealthCare and many of his colleagues in the Office of Health Services. With the first slide, Mr. Sittnick discussed the Mid Year Review kick-off and stated that we are under in all five of the commodity areas; the major functional areas that we manage our health system by. We are extremely pleased through the mid year to be at this point. Mr. Sittnick continued to talk about some of the initiatives and some of the opportunities that we are looking at to continue out this year in a positive note. We want to move into 2012 while continuing that momentum and be good stewards with the taxpayers' dollars, but providing appropriate care to our inmates and reduce the risk at our facilities; that's our charter. We have some opportunities on the horizon and we are very optimistic about some partnerships that we've got with GEO Care and the expansion of the ASMP facility. As you know, we've expanded the mental health capacity at that facility and it is going into the interoperational capability in the next three months. We will be able to bring some of those individuals out of GEO and bring them back into our custody and provide to them the appropriate medical and mental health care.

A great decision that was made by the Commissioner and his staff was to realign Metro State Prison and provide alternative opportunities for the medical team. In a nut shell, we have an (IDF) Intermediate Discharge Facility that currently has about 9 beds. As we opened Helms without any increase in personnel, we were able to adapt and move staff from Metro and realign them. This is both from a security and clinical side stand point. We are going to expand that capability to 22 beds. What that does for us is that it takes 22 inmates off the road. We do have a great established partnership with Atlanta Medical Center and they have many different services that they provide. We bring them in for pre-op and get them set for the next day. Then we take them in and have the procedure done and bring them back that evening or the next day for post-op. This allows us to give them the cure that they need and then send them back to

prison. In essence, this reduces risk and the inmates are not out on the highways as often and as frequently. Ultimately, this saves us thousands of dollars a day.

We also have an opportunity to expand two facilities, Lee Arrendale and Pulaski. We can concentrate on mental health three and four population and expand infirmaries there; thereby, conducting behind the wire services and reducing the cost. Pulaski State Prison is a medium security facility primarily and we were able to move our age disabled inmates into that arena and give them some opportunity for programs. Mr. Sittnick stated that he would eventually get into the medical reprieve piece later in the presentation, but that he was going to pass the floor over to his partner Mr. Bob Bradford.

Mr. Bob Bradford stated he wanted to talk about one way that we can save money which is to work with the hospital community. We are fortunate in that there are enough resources within the system that when it comes to outpatient procedure and surgeries, we are pretty much self contained. We do that within the system at various sites and most notably over at ASMP. But, we still need to access hospitals by and large for the inpatient care that we do. Currently, that is about 63 percent of our outside service cost. So, we are always looking to see what kind of terms and pricing we can get that would be advantageous to the state and save tax money.

Mr. Bradford stated that they are basically trying to refine our ability to save tax payer dollars on outside services. He discussed things on the horizon such as more hospital systems that are coming at us where they have been resistant to us in the past. One notable is HCA which had a variety of hospitals around the state and some we would need more than others that are talking about wanting to do some pricing for us. Mr. Bradford continued to expand on several topics, like MCGHI higher level care, refining data and comparing hospitals and providers in communities, Medicare contracting, DRG's-Diagnostic Related Group reports.

Mr. Bradford stated he would talk about 340B Pricing also known as Public Health Service Pricing for drugs. It's one of the deepest discounts possible for purchasing drugs that is available. We have Novation group buying already with the University system. It's a pretty deep discount. While referring to the graphics chart, Mr. Bradford expressed that Novation pricing was a group buying organization that was formerly known as University Health Consortium and Voluntary Hospitals of America combined and they got a 63 percent discount. 340B Pricing is at 51 percent and GDC would save 15%-18% which is 1.5 to 2.0 million a year. This price savings should begin late this year and go into FY 2012. Mr. Bradford stated that he met with national consultant Bill Von Oehsen and discussed some partnering options of leasing issues and he expressed that GDC will be able to get this pricing first for the HIV/AIDS medications. This is the biggest singular component even though it's not that big of volume of our drugs. It's just that so many of the drugs are patented and the inmates need them for a long period of time. He also discussed psychotropic drug cost for mental health inmates.

Commissioner Owens asked Mr. Bradford how much from his perspective were we spending each year by the Department?

Mr. Bradford stated that we are spending about 27 million and of that HIV/ AIDS meds are about 12.2 million. He stated that we are going to get a good from that.

Commissioner Owens asked how many HIV/AIDS inmates are there in the system?

Mr. Bradford responded that there is about 1000 and there are about 750 of them on treatment right now.

Ms. Rose Williams stated what is the amount of percentage of the health psychotropic meds?

Mr. Bradford stated that it is the second largest category of our drugs and he thought it was in the range of about 10 million.

Ms. Henrie Treadwell stated for those that are receiving the HIV meds and the psychotropic meds, where are they on the spectrum of being able to be released sooner than others?

Commissioner Owens stated that they would run the entire range.

Mr. Waldrop stated where is the weakest point in the inmate Corrections system in diagnosing? Is there one you can identify that it's misdiagnosing and its cost to the Department? Do we have fault on paper? Or, identifying those problems?

Mr. Powell inquired about the smoking and non-smoking diagnosis and how it is effecting across the chart?

Mr. Bradford stated that we have a full service diagnostic as the inmates come in and the males come into GDCP. Our staff does a battery testing on them for physical health and recognizes any chronic ailment that is present at that time and then we get them into chronic care clinic and we try to manage the disease. If you talk among manage care people, they say disease state management is the big buzz word. You try to get on top of those things so that you can keep the person well by certain usually less costly interventions and keep those things from manifesting. Sometimes people classify and they say that you are giving too much but our perspective on that is that it is actually a cost savings for the state because we are fending off those things that are going to happen.

Mr. Powell also asked if we were using all the generics that we can?

Mr. Bradford stated absolutely. We only go to the first line patented meds when there is no other choice possible or no equivalent.

Some of the Board members inquire about inmates with chronic illnesses and Mr. Bradford stated that there have been some studies done by the CDC regarding transmission among the population and it's very negligible.

Mr. Sittnick stated that the Department tracks the Top 200 sickest inmates. They represent upwards of 42 percent of our claims; total claims. The good news is that our cost is going down considerably low from back in 2008. As you can see (referring to the PowerPoint slide) every year we continue to bring that total down. In addition, we can track them now.

Mr. Sittnick explained the diagnostic piece of the Top 200 by stating that the costs that were reflected on the legend had already transpired. But, that we are tracking those individuals that come up on this list to see if they are medical reprieve candidates. Out of the Top 20, seven individuals have been granted medical reprieves through the partnership we have with Pardons and Paroles. Potentially, we have off-set these costs that we may have been paying if we kept them under our care. But, we will not be able to do that with every case, but at least now we have a way to really examine it and we try to seize those opportunities by returning them and bringing their status to the caregiver's attention.

Mr. Waldrop stated that most of the inmates on the legend from the Top 20 appeared to be middle aged.

Mr. Sittnick stated that was correct on this particular chart, but that it was not a trend; it goes either way. Mr. Sittnick continued to discuss the average length of stay of individuals who are going into the hospital every day.

With the next slide, Mr. Bradford discussed the lab cost for this fiscal year stating that we try to keep an eye on the trend line of our clinical community. We really try to work with our provider in the community. We have Medical Directors at all the facilities and they are the ones that are doing the bulk of the ordering for the lab testing. What we try to do is to do what is necessary; do the diagnostics that we have indicated and those things that are important that go along with chronic care and the preventive care that we do. Also, don't reach out for a lab test unless it's something that you really have an issue with and you want proof. Don't do it just because you can. I think in the past we had some of those issues where we would go after some of these genotypes and rare things that do along. Sometimes those things have their place, but it's not a routine that you would do with a patient. Mr. Bradford stated that Dr. Bailey and Dr. Lewis have

helped the Department with that regard. Our numbers were well over 300,000 per month and now our average is more at 200,000 at this point.

Also, with our pricing we always bid out for competitive bid reference laboratory and pull our whole volume from the state using courier service. The current provider is Quest Laboratories, but that's going up for bid in about a year and we may see another competitor come in, but usually we get a pretty rock bottom price with that.

With the next slide, Mr. Bradford discussed clinical activity level wherein the Medical Director is usually Primary Care Physician, Internal Medicine Specialist or Generalist would be making a referral to a Consult Specialist. That is where a lot of the care begins and moves on to surgeries and procedures. The best practice is to not over utilize the Consults and be very careful at their primary care level and make judgments that give quality care and solve a problem that has to do with the patient well-being. Our average in FY 2007-2008 was about 3300 a month and now we are at about 2600 on average for most of the months. There is still integrity in that. So we look at it in both directions and we feel pretty good about that.

With the last slide, Mr. Bradford talked about the GHSU cost in delivering the physical health in terms of per diem. The apex for the bar for FY2008 was \$9.93 per capita and it came down 3.5 percent to \$9.13 and that is a projection, but we hope that will be an even lower number by the time we finish FY2011. If you look at some general industry standards, we are well below the industry standards per cost and we have proven that with the Price Water House study showing that when you look at all the commercial insurers and HMO's in Georgia as a cohort, we were 3.5 percent below on cost. That was done in FY2007 and we probably are a percentage lower on that now.

To conclude the Mid Year Health Services Report, some of the Board members talked about audits procedures, how the state plans to continue savings, developing relationships with county facilities regarding healthcare and live births/ prenatal care.

Mr. Waldrop and Mr. Powell complimented Commissioner Owens, GCHC and all the Health Services staff.

Commissioner Owens stated that concludes his report.

Chairman Whitehead thanked Commissioner Owens for his report.

CHAIRMAN'S REPORT

Chairman Whitehead stated he would like to thank Commissioner Owens for the media packet that he provided the Board.

Chairman Whitehead stated that the April Board meeting will be in Glenville and the Board members need to email their concerns to Commissioner Owens. Mr. Wayne Dasher stated the Board meeting will be on April 14th and the workshop will be on April 13th.

Mr. Powell asked if the Department has done any work on the briefings? City club briefings? Model briefings?

Commissioner Owens stated yes. We picked out eight specific areas of our operations to include Food and Farm, Correctional Industries, Probation, and Medical Services. We are going to produce a three to five minute video that you will have on DVD on the eight areas. We will send them out about once a month. So, hopefully at the end of April you will get the first one and we will put a packet of eight DVD's together plus talking points to supplement each of those DVD's.

Chairman Whitehead stated he thinks that is a great idea and it will be very helpful to the Board.

Chairman Whitehead talked about coming to listen to Governor Deal's first press conference on Prison Reform.

Chairman Whitehead then turned the floor over to Mr. Larry Latimer who had three Resolutions to present to the Board.

Mr. Latimer stated the Resolutions revolve around the four parcels that Department is proposing to surplus for either disposal, public sale or for transfer to other communities. First, on the list is Metro State Prison. Metro State Prison facility is in DeKalb County, Atlanta. It will be closing operations on April 1st. Mr. Latimer described the property size and the location of the facility and stated that we were proposing to surplus the property.

Second, the Northwest Probation Detention in Polk County, Cedartown, Georgia. That facility was closed stated Mr. Latimer. He went on to describe the property size and location of the facility. In addition, the Department no longer operates the Northwest Probation Detention Center and has no intent to use this property in the future. The Department wishes to surplus this property also.

Mr. Waldrop stated the city of Cedartown is not going to have to pay anything for this transfer for the property?

Commissioner Owens and Mr. Latimer both indicated no.

The last property Resolution was West Georgia Boot Camp in Haralson County, Georgia. Mr. Latimer described the property size and the location of the facility. Mr. Latimer also stated the Department no longer operates the West Georgia Boot Camp and has no intent to use this property in the future. The Department wishes to surplus this property also and relinquish custody of the property to the State Property Commission for appropriate disposition.

Chairman Whitehead asked for a motion to approve all three resolutions. Mr. Roger Waldrop motioned, which was seconded by Mr. Wayne Dasher, and voted approval by the Board.

Chairman Whitehead stated that the Board has also been asked to approve a Resolution for Mr. Derrick D. Schofield former Assistant Commissioner for the Department.

Chairman Whitehead then asked for a motion. Mr. Dasher motioned, which was seconded by Mr. Powell and voted approval by the Board.

Chairman Whitehead asked for any Old or New Business. There was none.

Chairman Whitehead asked if any of the Board members had anything additional that they would like to address.

Mr. Powell stated he wanted to compliment Chairman Whitehead again for his inspirational talk with the Board at the last meeting and he hoped the Board is ready to move and do some things. Also, he believes there are some things that need to be done and the Board need to make Commissioner Owens aware of some of the issues the Board is having and hopefully we can see some of them improve.

There being no further business Chairman Whitehead asked for a motion to adjourn.

Mr. Roger Waldrop motioned, which was seconded by Mr. Wayne Dasher, and voted approval to adjourn by the Board.

Jim Whitehead Sr., Chairman

John Mays, Secretary

Simone Juhmi-Green, Board Liaison