



NTCA/NTNC Corrections Committee  
Meeting Minutes

Date: May 18, 2012

Time: 10am PST; 11am MST; 12pm CST; 1pm EDT



- I. Attendance: Lauren Lambert, Ann Sittig, Maureen Donovan, Ellen Murray, Diana Fortune, Stephanie Ott, Carla Chee, Diana Schneider, Lyn Gil, Jennifer Jones, Barbara Vassell, Mark Lobato, Jan Young
- II. Minutes approved for April meeting; Motion: Jan Young, 2<sup>nd</sup>: Ann Sittig
- III. Updates for NTCA Workshop in June
  - Update on the upcoming NTCA workshop that will be held in Atlanta, Georgia June 11-14, 2012. On Wednesday June 13<sup>th</sup> there will be a full day of correctional related themes.
    - Plenary Session: Speakers: Tara Wildes, Maryam Haddad and Sarah Bur
    - Lunch meeting: Presentation of Correctional Survey data and sharing of 2012 work plan to recruit additional members for the committee
    - Breakout Session: Panel Discussion with case studies
    - Diana Fortune developed marketing tool “Get Out of Jail Free” cards
    - Ellen to initiate list of correctional liaisons for each state.
- IV. Membership to Corrections Committee
  - Discussed getting law enforcement perspective ... TB net and Cure TB
    - Jan Young mentioned how CDPH has included law enforcement in their work by having regularly scheduled meetings with federal partners.
    - Other suggestions included Cathy Moser, Tara Wildes or someone from Cure TB or US Marshals
- V. Corrections Education Materials
  - Discussed connecting with RTMCC’s
  - Discussed connecting with TBETN
- VI. Discipline of the California Partnership Model (Jan Young)
  - 61 LPH jurisdictions and most jurisdictions have at least one jail and one juvenile facility
  - TB rate in state prison inmate population 9 cases per 100K
  - On site PHN for state prison and centralized PH Unit within CDCR
  - Jails contract medical services
  - Have a liaison directory Northern and Southern California daily consultation
  - Continual communication between local, state and facilities
  - If there is a TB case in a local correctional facility, the correctional facility works closely with the local health jurisdiction.
  - If case under custody of ICE or U.S. Marshals, TB is managed by medical staff and federal regional nurse.

- CTCA, CDPH and CDCR jointly developed recommendations for case management and contact investigation for state prison inmate population.
- Each Local health dept. has a correctional liaison that works with jurisdiction's local state and fed correctional facilities.
- CDPH also has statewide correctional liaisons that provide consultation to LHJ staff and correctional facilities. Statewide CL coordinates regional TB trainings and facilitates regional TB corrections groups that meet several times per year.
- Correctional Liaison in San Diego works with bi-national referral program and Cure TB
- Correctional liaisons are required as part of funding and are included in cooperative agreement.
- California realigned inmate population and decreased state prison population. Nonviolent persons were moved to county probation and the needs have changed now as many cases are being handled by local corrections program.

VII. Misc:

- Ellen Murray discussed using correctional facility liaison competencies. The responsibility of the liaison includes identifying training needs at the local level
- Carla Chee from Arizona discussed that 20-25% of cases are in corrections. They are writing continuity of care guidelines.
- May post some of these to NTNC/NTCA website
- All discussed data surveillance and whether we should look at data and genotypic clusters in states with larger numbers of individuals in correctional facilities such as California and Texas to determine if missing outbreaks.
- Next Meeting: June 13, 2012 @ NTCA Conference in Atlanta, Georgia.