CORRECTIONAL MANAGED HEALTH CARE

COMMITTEE

AGENDA

September 25, 2007

9:00 a.m.

Love Field Main Terminal
Conference Room A
8008 Cedar Springs Road
Dallas, Texas

Consent Item 1

Approval of Minutes, June 26, 2007

MINUTES

CORRECTIONAL MANAGED HEALTH CARE COMMITTEE
June 26, 2007

Chairperson: James D. Griffin, M.D.

CMHCC Members Present: Celeste Byrne, Elmo Cavin, Jeannie Frazier, Cynthia Jumper, M.D., Lannette Linthicum, M.D., Larry Revill

CMHCC Members Absent: Ben G. Raimer, M.D., Desmar Walkes, M.D.

Partner Agency Staff Present: Owen Murray, D. O, The University of Texas Medical Branch; Gary Tonniges, Texas Tech University Health Sciences Center; Dee Wilson, Mike Kelley, M.D., Nathaniel Quarterman, George Crippen, R.N., Sherri Koenig, Cathy Martinez, Rebecca Berner, Texas Department of Criminal Justice; Allen Hightower, Allen Sapp, Colleen Shelton, Tati Buentello, CMHCC Staff.

Others Present: Martha Ann Dafft, Representing Self

Location: Love Field Main Terminal Conference Room A, 8008 Cedar Springs Road, Dallas, Texas

Agenda Topic / Presenter	Presentation	Discussion	Action
I. Call to Order **- James D. Griffin, M.D.**	Dr. Griffin called the CMHCC meeting to order at 9:05 a.m. in accordance with Chapter 551 of the Texas Government Code, the Open Meetings Act. He noted that a quorum was present then thanked everyone for attending.		
II. Recognitions and Introductions **- James D. Griffin, M.D.**	Introduction of new CMHCC Member: Dr. Griffin next introduced and welcomed Celeste Byrne, Director of TDCJ's new Private Facility Contract Monitoring and Oversight Division, who was named to serve on an interim basis as TDCJ's non-physician representative on the Committee pending the selection of a replacement for Mr. Ed Owens. Dr. Griffin then recognized and congratulated Dr. Linthicum for being selected by the American Correctional Association as one of the "Best in Business". He further stated that this recognition is afforded to professionals who are nominated by their peers for their dedicated service and outstanding professionalism. A copy of the article on Dr. Linthicum in the June 2007 Corrections Today journal is provided at Attachment 1.		

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III. Approval of Excused Absence - **James D. Griffin, M.D.**	Dr. Griffin noted that there were no committee member absences to approve from the March 27, 2007 CMHCC Meeting.		
IV. Consent Items - **James D. Griffin, M.D.**	Dr. Griffin next stated that the approval of the consent items include approval of the Minutes from the March 27, 2007 CMHCC meeting; the TDCJ Health Services Monitoring Report; both UTMB and TTUHSC Medical Director's report and the Summary of Joint Committee Activities. He asked if any of the members had any specific consent item(s) to pull out for separate discussion?	Ms. Frazier noted that under the Health Services Monitoring report, the compliance rate for both East Texas ISF and the South Texas ISF are below the threshold then asked if they were private facilities. Dr. Linthicum responded that both of those are private facilities but are using the same standards for the monitoring process within the quarter thereby showing up in the report. She clarified that those private facilities are not part of the CMHCC contract.	
	Hearing no further comments or discussions, Dr. Griffin stated that he would entertain a motion to accept the items listed under the consent agenda.		Mr. Elmo Cavin moved to accept and approve the consent items as found at Tab A of the agenda packet. Ms. Frazier seconded the motion. The motion passed by unanimous vote.
V. Executive Director's Report - **Allen Hightower**	Dr. Griffin then called on Mr. Hightower to provide the Executive Director's Report. Mr. Hightower thanked the Chairman and stated that he would briefly provide an update on how the Legislature's actions have impacted the correctional health care program.		

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- Update on 80th Legislative Session	Mr. Hightower reported that the Committee staff identified and tracked the progress of approximately 192 bills that related to the correctional health care program; to state government; or health care issues that may indirectly impact the program. Mr. Hightower thanked the staff from all three partner agencies for their assistance throughout the session for providing information and resource testimony which required frequent schedule changes. He then stated that he would just briefly touch on the appropriations as Mr. Sapp will be providing a detailed briefing later on the agenda, but he pointed out that HB 15 includes the $12.9M in additional funding for the current biennium to address projected losses. HB 1, the general appropriations act provides an additional $88.7M in operations funding and another $10.4M in general obligation bond funds for repair and renovation of the TDCJ prison hospital. SB 909, the Sunset bill for TDCJ, CMHCC and BPP implements the changes in the Committee's enabling statute as recommended in the Sunset Commission Report last December. Mr. Hightower reported no changes to those initial recommendations relating to the Committee were made during the legislative review process. He then noted that a section by section summary of the Sunset bill that relates to the correctional health care program is provided at Tab B of the agenda packet. SB 453 requires all TDCJ offenders be tested for HIV at intake as well as prior to release. Mr. Hightower noted that the committee will be asked to approve a corresponding change in the HIV testing policy later on the agenda as this change in law takes immediate effect.		

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- Update on 80th Legislative Session (Cont.)	HB 2389 amends and clarifies current law to expressly provide that a minor convicted and sent to TDCJ may consent to his or her medical treatment. HB 429 requires a study of certain elderly offender health care costs and preparation of estimates of potential saving if those offenders were released to the community on parole. This study would be presented to the next Legislature for their consideration. HB 2611 establishes a means of state jail offenders to be considered for release on MRIS. SB 839 clarifies provisions of the current law allowing the sharing of health care information for continuity of care purposes. HB 199 provides authority for TDCJ to establish a mother / infant residential program. Mr. Hightower also noted that a number of bills passed that are of interest, or those that have indirect effect on the correctional health care program are listed in the presentation packet provided at Tab B. The Committee staff will continue to review those bills to see if updates in any of the current CMHCC policies will be required. Mr. Hightower concluded the legislative activity update by stating that copies of any of the bills can be accessed online at www.capitol.state.tx.us or by requesting them through the CMHCC office. He then stated that he would entertain any questions.	Ms. Frazier asked if this bill relates to the release of older offenders who are sick? Mr. Hightower responded that as the elderly population increases due to longer sentences being served and with the rising cost of drug costs, this bill establishes a means for the state jail offender to be considered for MRIS. Dr. Griffin asked for clarification between HB 3473 which relate to consent for medical treatment and HB 2389 that Mr. Hightower briefly reported on. Mr. Sapp responded that HB 2389 expressly provides that minors convicted and sent to TDCJ may consent to medical treatment whereas HB 3473 covers the same topic but in a more general application. Both of these bills will be reviewed and revisions to the CMHCC policies will be made to insure compliance.	

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- Update on 80th Legislative Session (Cont.)		Dr. Linthicum added that she will be presenting the key contract changes for FY 2008-2009 at the Texas Board of Criminal Justice Meeting on July 12, 2007 to be held in Austin. Dr. Griffin again thanked all the staff from all three partner agencies for their hard work in getting the contracts finalized.	
- Summary of Key Contract Changes FY 2008- 2009	Mr. Hightower then reported that a summary of the key changes for the correctional health care contracts for FY 2008-2009 is provided at the last section of Tab B. He further stated that the CMHCC staff and the contract review teams from TDCJ, UTMB and TTUHSC have worked diligently on reviewing and updating the contract since February. In early June, an agreement in principle was reached on the contract language. He concluded by stating that the contracts are now in the process of being finalized for submission through the formalized approval process.		
VI. Performance and Financial Status Update - Allen Sapp	Hearing no further discussions, Dr. Griffin called on Mr. Sapp to review the Statistical Dashboard. Mr. Sapp reported that the offender population has remained stable right around 151,700 to 152,000 and is anticipated to stay at that level pending further capacity changes being reported from TDCJ. In terms of the older population, Mr. Sapp noted that for the first time in history, in the month of May, there were over 10,000 offenders age 55 and older compared to 8,500 reported at the start of FY 2006. He further noted that the older offender population grew from 5,000 to 10,000 in seven years as opposed to the ten year time frame originally projected between eight to ten years ago.		

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- Performance and Financial Status Update (Cont.)	The psychiatric inpatient census remained consistent at the 2,000 bed level which is governed largely to the number of available beds. He next noted that the outpatient census is also consistent averaging at 19,000. The dental access to care indicators took a slight dip to 97% in January on the access to care #3 which is for the follow-up by appointment with a dentist but the compliance level trended back up in February. Mental health access to care have all consistently been in the 98% - 99% range. In terms of the medical access to care, indicator #9 which is for the follow-up appointment with a physician within the designated time frame fell below 93% but is steadily improving. TTUHSC has continued to struggle with a 13% – 15% vacancy rate for nurses which is a reflection on the statewide shortages but even more so in the West Texas areas. He noted that some of the requested funding that was approved by the Legislators will hopefully address the needs of adjusting the salaries to the market level. Mr. Sapp again stated that the percent of timely MRIS summaries have improved since changing the process back in February as reported at the last meeting. In terms of financial performance, TTUHSC continued to have a sizeable gap between their revenue and expenses. TTUHSC have been in a loss situation for every month of the current fiscal year at a cumulative loss of about $3.8M as of April. UTMB had more of a mixed result with some months being higher in expenses and revenues, but reported 5 of the 8 months at a loss. As of April, UTMB will show a $1M shortfall and that loss is expected to increase because of the market adjustments being made during the months of April and May. Mr. Sapp then reported that the statewide shortfall is about $4.7M as of the end of April.	Mr. Revill again noted that the access to care to an extent is reflected by the staff vacancy rates. Dr. Linthicum asked if this is what the $12.9M in emergency funding covers? Mr. Sapp responded that it was.	

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- Performance and Financial Status Update (Cont.)		Dr. Griffin then asked what the specifics of returning the funds were if it fell below the $12.9M? Mr. Sapp responded that he will be asking later for a motion from the committee to require an end of year reconciliation from both universities. He further noted that if it falls below the $12.9M in emergency funding, those funds will be returned. Dr. Griffin next asked if the 80% compliance rate for access to care was too low? Dr. Kelley clarified that the access to care percentages being under 100% does not mean that those offenders did not have access to care. This only measures whether the care is provided within the time frame that is set forth in the policy. The 80% compliance rate does not reflect that 20% of the offenders were not getting the access to care. It only states that they were not seen for example by a physician within a week of the sick call request. Dr. Linthicum agreed that the monitoring is used to verify the compliance as to whether the offender is physically triaged by a nurse within 48 hours. If it is then required to be referred to a physician, that this referral has to take place within 7 days of the sick call submission. She added that the other issue noted during this process was that some of the sick calls were being responded to only in writing and there is nothing in the policy which permits that. This occurs for example when the offender asks in the sick call request when their next appointment date is or if the pharmacy department received their medication. The Policy and Procedures Committee is reviewing and is in the process of drafting a policy to make it permissible to respond to some of the sick call requests in writing.	

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VII. TDCJ Medical Director's Report - Lannette Linthicum, M.D.	Dr. Griffin thanked Mr. Sapp for the update and then called on Dr. Linthicum to provide the TDCJ Medical Director's Report. Dr. Linthicum noted that the TDCJ Medical Director's Report is provided at Tab D of the agenda packet. During the second quarter of FY 2007, Dr. Linthicum reported that thirteen operational review audits were conducted. The Office of Professional Standards received a total of 2,616 correspondences of which 186 action requests were generated. Patient Liaison Program received 1,387 correspondences and of those 75 action requests were generated. Step II Grievances received 1,229 correspondences and generated 111 action requests. Dr. Linthicum further reported that 44 access to care audits were conducted with a total of 396 indicators reviewed. Of those indicators, 18% fell below the 80 percent compliance rate. The Capital Assets Contract Monitoring Office audited 11 units and those audits are conducted to determine compliance with the Health Services Policy and State Property Accounting inventory procedures. Dr. Linthicum next reported that the Preventive Medicine Program monitors the incidence of infectious diseases within TDCJ. For the second quarter of FY 2007, there were 156 reports of suspected syphilis; 18,201 HIV screens were conducted; and 7,572 offenders identified for pre-release HIV tests for a total of 25,458 HIV tests performed. She then noted that 159 new cases of HIV and 120 new AIDS cases were identified; and 10 offenders have been found to be HIV positive in pre-release testing.		

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	Dr. Linthicum next reported that 828 MRSA cases were identified during this quarter compared to 953 during the same quarter of FY 2006. There was an average of fifteen TB cases under management versus an average of twenty-two per month during the same period of the previous fiscal year. In 2006, 104 of the 106 TDCJ-CID units received in-service training by the Sexual Assault Nurse Examiner (SANE) Coordinator in the performance of medical examination, evidence collection and documentation, and for the use of sexual assault kits. The position audits the documentation and services provided by medical personnel for each sexual assault reported to TDCJ by the Office of the Attorney General. Dr. Linthicum further reported that in 2006, chart audits were conducted on 169 alleged assaults and for the first two months of 2007, 101 chart audits were completed. The Mortality and Morbidity Committee reviewed 107 deaths. Of these 13 cases were referred to peer review committees. The breakdown of the hospital and infirmary discharges, the accreditation data and the administrative segregation audit information are found at page 3 of the Medical Director's Report provided at Tab D. Dr. Linthicum next reported that the Health Services Division had twelve active monthly medical research projects, one medical research project pending approval, and twenty-one CID active monthly medical research project as reported by the Research, Evaluation and Development (RED) Group. She concluded her report by stating that the RED Group Director and Deputy Director have gone over to work at TYC and those two positions are currently vacant and she was not sure how this would impact the external research request.	Dr. Griffin asked what the average length of the research studies being conducted? Dr. Linthicum responded that most of the studies are of clinical trials where UTMB in particular has been given funding through the National Institute of Health for either Hepatitis C or HIV and can go on for a couple of years. There are also shorter studies performed by Master and Ph.D level students as well. Mr. Sapp added that by looking at the list of RED projects provided in the portion of the consent items, shows an average length of studies being between one to two years as being standard.	

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VII. Medical Director's Report (UTMB) - **Owen Murray, D. O**.	Dr. Griffin hearing no further discussions, thanked Dr. Linthicum for the report. He then called on Dr. Owen Murray to present the UTMB Medical Director's Report. Dr. Murray reported as noted by Mr. Sapp in his earlier presentation, UTMB continues to see vacancies in the areas of RN's and LVN's primarily due to market adjustments but hoped to have a proposal in place by next fiscal year that will help resolve this issue. He further reported that the market has changed dramatically as well for psychiatrists and are experiencing difficulties hiring and retaining those people due to not being competitive enough in terms of salaries and are working on strategies financially to be able to compete in this market. Dr. Murray next reported that together with Dr. Raimer, Dr. Linthicum, Dr. DeShields, Dr. Kelley, Mr. Quarterman and the Warden at Hospital Galveston are working on making changes dealing with infirmary issues for the ever growing number of offenders 55 and older; and security issues primarily for the ad seg and death row offenders getting medical care. Dr. Murray noted that these changes are taking place under the direction of the Warden to create some bed space to help provide care for those high security offenders and to reduce transportation needs in the interest of public safety.	Dr. Griffin then asked if the IRB's have a consistent policy as it relates to the interim review process? Dr. Linthicum responded that the RED Group monitors this process and they have federal statutes that governs the research involving prisoners as their subject which the staff makes sure is followed for the interim report. The IRB also have on staff a representative from the offender advocacy group to monitor the paperwork side of the process.	

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	Dr. Murray concluded by stating that he will have a presentation for the committee at the next CMHCC meeting on the status of these changes being made at Hospital Galveston. Dr. Griffin asked if there were any questions or further discussion. Hearing none, thanked Dr. Murray for the report then called on Dr. Jumper to present the TTUHSC Medical Director's Report on behalf of Dr. DeShields.		
VII. Medical Director's Report (TTUHSC) **- Cynthia Jumper, M.D.**	Dr. Jumper reported that 24 of the 44 beds are now open and occupied at the Montford Regional Medical Facility. She further noted that the remaining 20 beds will be open by September 1, 2007. In terms of staffing vacancies, Dr. Jumper stated that TTUHSC also have shortages for RN's, and are experiencing difficulties hiring psychiatrists for the PAMIO program, but can report fewer physicians vacancy rates. Dr. Jumper concluded by stating that TTUHSC increased the salary for psychiatrist and currently have one applicant who is being interviewed and hope to make salary adjustments for the other positions to be more competitive with the market. Dr. Griffin hearing no other discussions, thanked Dr. Jumper for providing the report.	Dr.Linthicum added that there is a clinical director vacancy at both PAMIO and at Skyview Unit which are two of the inpatient psychiatric facilities that have at least 16,000 outpatient case loads and 1,000 inpatient care. She also noted that the UTMB sector is now going on three years without a mental health director. Dr. Griffin asked if there was an interim mental health director at UTMB. Dr. Linthicum responded that Dr. Owen Murray was the interim mental health director at this time. Dr. Griffin added that it would be helpful for the medical directors to include the actual number of critical staff vacancies by position in to their reports to elevate the staffing issue. Dr. Linthicum added that she is also working with Dr. Raimer and Dr. DeShields to standardize the salaries so that they will not be recruiting each others potential applicant or staff that are currently in place.	

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VIII. TCOOMMI Update - **Dee Wilson**	Dr. Griffin next called on Dee Wilson to provide the TCOOMMI update. Ms. Wilson noted that the two summaries included at Tab E of the agenda packet are the monthly summaries for continuity of care and the MRIS program. She stated that in the future she will be reporting quarterly summaries for both of these programs. Ms. Wilson reported that her office does the pre-release for all special needs offenders coming out of TDCJ-CID six months in advance. She noted on the continuity of care statistical report, #II which lists the releases by release type / diagnosis show that there were only 30 medical referrals compared to 308 referrals for mental health. She is currently working with Health Services and IT office about getting better numbers for these as there should be more medical referrals then for psychiatric referrals. Ms. Wilson then stated that her office is spending a lot of time on setting up discharge appointments for state jails which is required by law but 90% do not show up for these appointment. She is working with the medical staff to improve on these as well. Ms. Wilson next noted that she is again working with the medical staff to improve the numbers for MRIS referrals as they are receiving higher external referrals than from the internal source which is from unit medical.	Dr. Linthicum asked if there currently was a statute that allows some of the sex offenders to be eligible for MRIS to offset high medical costs? Ms. Wilson stated that if the sex offender met certain criteria they would be eligible. Dr. Griffin then asked if the criteria would be like the patient being on a ventilator? Ms. Wilson responded that it would have to be more like being in a persistent vegetative state. She further noted that Dr. Linthicum helped come up with the language in order for a limited number of terminally ill offenders to qualify for this. Dr. Linthicum recalled that approximately two or three years ago, UTMB had terminally ill offenders in their care as those offenders were not eligible for release under MRIS due to the nature of being convicted of a sexual offense. Mr. Cavin asked if UTMB still had such cases? Dr. Murray responded that they currently have one patient who has occupied one of the ICU bed for at least a year. UTMB is working on expanding the ventilator services so that he can be released from ICU.	

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IX. Joint Infection Control Committee Overview **- Mike Kelley, M.D.**	Dr. Griffin thanked Ms. Wilson for the update then called on Dr. Kelley to provide the Joint Infection Control Committee Overview. Dr. Kelley stated that the Joint Infection Control Committee's primary functions are to monitor incidence of infections; review, evaluate and make recommendations regarding factors within TDCJ that may have a bearing on infection control; recommend control measures; and develop infection control policies. He further noted that this committee is chaired by the TDCJ Director of Preventive Medicine and it's membership includes the preventive medicine staff; university medical, dental and nursing directors; the Director of Pharmacy, and representatives from TDCJ's Laundry and Food Service, Transportation and Risk Management offices. The Infection Control Manual is a system-wide resource manual and the policies are reviewed annually. It contains sections on employee health; management and control of specific diseases; disease reporting and infection control practices; offender occupational and housing issues; and food-borne outbreak procedures. Most of the policies are developed through the standard method of reviewing other literature, using national and state guidelines such as those from the Centers for Disease Control (CDC), Department of State Health Services (DSHS), National Commission on Correctional Health Care (NCCHC) and the American Correctional Association (ACA). Dr. Kelley reported that there are two reserved policies that come to this committee for approval which are the HIV and Hepatitis policies which vary some as it includes medical specialist representation. In addition to the policy review, Dr. Kelley concluded by stating that the committee looks at different special interest items such as HIV sero-conversions, pandemic flu preparedness, employee TB testing, use of safety needles, drug utilization for occupational post exposure prophylaxis and staph aureus susceptibility patterns. Hearing no further discussion, Dr.Griffin thanked Dr. Kelley then asked him to present the next two items on the agenda.		

Agenda Topic / Presenter	Presentation	Discussion	Action
X. Purchase of Pandemic Flu Medication **- Mike Kelley, M.D.**	Dr. Kelley recalled that at a prior meeting, he had reported on the potential impact of pandemic flu on the system by using the CDC model. Based on that model, during a six week period about 38,000 – 39,000 offender cases are expected with an excess of 84 deaths or three times the normal rate. The hospital demands would peak at 64% of the current capacity but Dr. Kelley noted that is on top of what is currently needed which means 164% of the current capacity. ICU bed requirements from the flu alone would be 125% of the current capacity, and ventilator demands would be 251% of the current capacity. To slow the spread of flu and an alternative way to reduce that peak prolonging the pandemic wave is by treating with oseltamivir. Dr. Kelley continued by stating there are no data regarding reduction in mortality or hospitalization for high risk adults, but it has been shown to reduce hospitalization in children by 50% and healthy adults by 60%. He added that this drug can be a way to preserve resources before the pandemic flu strikes. Dr. Kelley then noted that the table presented at Tab G of the agenda packet shows three scenarios for purchasing enough drugs to treat 25% of the offender population and enough drugs for UTMB and TTUHSC health care workers. He further explained that the three different scenarios contain different pricing that are available from the subsidized price, the contract price which is available until November, and the wholesaler price.	Mr. Revill asked what the definition of oseltamivir was? Dr. Linthicum responded that oseltamivir is the scientific name for Tamiflu. Mr. Revill then asked if the treatment starts after they contract the flu or before? Dr. Kelley responded the treatment start ideally within 24 – 48 hours of the onset of the symptoms. Mr. Revill acknowledged that the recommended amount of drugs to purchase was 25% as reported by Dr. Kelley, but then asked what would be the optimum purchase point if there were more funds available? Dr. Kelley responded that it was hard to predict but the previous pandemic attack rate was between 13% - 35% and used the average of the two to get 25%. Dr. Griffin then questioned the likelihood of the pandemic flu within the next five years. Dr. Linthicum added that it was best to take the pro-active stance before the pandemic flu hits. She further noted that the Commissioner of Health provided a written letter to every state agency in Texas stating that CDC is providing the opportunity to purchase the drugs to stockpile using the discounted pricing available.	

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- Purchase of Pandemic Flu Medication (Cont.)	Dr. Kelley added in reference to the five year shelf life for the drugs, CDC is in discussion with the manufacturer about the possibility of rotating stock or recertify it to extend that shelf life. As to when the pandemic flu may hit is a guess but the conditions are right and all three prior cases with the Spanish Flu, the Asian Flu and Hong Kong Flu were caused by strains that were either a mutation or recombination of the human strain with the avian flu which is out there today.	If the drugs are not purchased and the flu epidemic hits, Dr. Linthicum stated not only will this be an issue with state leadership, it will be more costly to buy the drugs at that point with the possibility of not having the drugs available to purchase. Dr. Linthicum further noted that TDCJ is like a city having 153,000 offenders in custody, so advance planning to include drug purchases, having personal protective equipment available; having plans on how to quarantine these patients is crucial. Numerous meetings have taken place with various departmental staff to work out a contingency plan in the event the pandemic flu epidemic hits the system. Ms. Frazier recognizes the fact there are over 150,000 offenders incarcerated, but she pointed out that the offender populations are spread out all over the State of Texas. She then stated that while some cities get hit with the flu, others do not. Mr. Revill noted that the shelf life of the drug is 5 years. He understood what was being proposed is a $600,000 expenditure for something that would be like an insurance policy that will be in effect for 5 years which averages out to an annual cost of a little over $100,000. Mr. Sapp clarified that the motion prepared for the committee's consideration does not fully fund this amount at this time as this will be funded with the end of year balance which is closer to $200,000. Mr. Revill then asked when the discounted price expires to purchase these drugs? Dr. Linthicum responded that it will be in effect until the drugs run out.	

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- Purchase of Pandemic Flu Medication (Cont.)	Dr. Griffin asked if there were any further questions or discussions before he entertained a motion.	Dr. Griffin asked again how many deaths did the CDC model project? Dr. Kelley responded that CDC used the model based on the severity of the Spanish Flu pandemic of 1918 to project 84 deaths within a six week period. Dr. Griffin then asked if this population consisted mainly of healthy adults in comparison to the types of individuals that are incarcerated? Dr. Kelley answered that the model was based on healthy young adults. Dr. Jumper then asked what percent of the offender population will be receiving the flu vaccines? Dr. Kelley responded that CDC is recommending 20,000 a year. Dr. Griffin further asked if that included health care providers and security staff? Dr. Kelley responded that health care staff will be provided for but not the security staff. Dr. Linthicum added that TDCJ is planning to buy the same medications for the security staff. Dr. Jumper asked if the motion is for purchasing the drugs up to the available funding amount? Dr. Griffin stated that it was.	Ms. Frazier moved that the committee purchase Tamiflu as presented by Dr. Kelley up to the extent possible with the available funds. Mr. Revill seconded the motion. The motion passed by unanimous vote.

Agenda Topic / Presenter	Presentation	Discussion	Action
X. Changes to HIV Testing Policy (SB 453) **- Mike Kelley, M.D.**	Dr. Kelley next presented a brief overview of the changes to the HIV testing policy for the committee's approval. This policy change due to the passage of SB 453 which requires that all TDCJ offenders be tested for HIV at intake as well as prior to release. The new language is provided on page 3 of the HIV policy included at Tab H under Section B Mandatory Testing. He further clarified that every offender who is not already known to be HIV positive must be tested for HIV infection during the intake evaluation as required by Section 501.054 of the Texas Government Code. Although the test is mandatory under law, consent for testing still must be obtained. If the offender refuses even after being informed that the test is required by law, the unit Practice Manager or of equivalent position will refer the offender to the unit disciplinary officer for action according to the disciplinary process in place. Dr. Kelley further stated that the HIV Subcommittee also recommended some changes to bring the committee up to date with the Department of Health and State Human Services by adding "intake units must report the number of tests done, the number of refusals and the number of diagnostic evaluation done to the Office of Preventive Medicine on a weekly basis" to the end of the new paragraph under Procedure I.B. The other change would be to add that those reports may be emailed or faxed to the office of Preventive Medicine by Tuesday of each week for the proceeding week.	Dr. Griffin asked for clarification when using the term disciplinary sanctions. Mr. Nathaniel Quarterman responded that it is considered a major infraction for refusing to consent and a progressive disciplinary sanctions are in place with the harshest being loss of good time or solitary confinement. Dr. Linthicum added that it was the legislative intent to not use force to obtain the HIV test. She further noted at this time, approximately 80% of offenders are tested at intake and are looking at only a small percentage who may refuse because they do not want to lose good time.	

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- Changes to HIV Testing Policy (Cont.)		Dr. Linthicum noted that these additions will allow reporting of the implementation of the new law to the Legislature as needed and allow the identification of units that are not complying with the law which takes affect immediately.	
	Dr. Griffin hearing no further discussion or questions stated that he would entertain a motion.		Dr. Linthicum moved that the committee adopt the revisions to the CMHCC Policy 14.11 on HIV Infection as outlined by Dr. Kelley. Dr. Jumper seconded the motion. The motion passed by unanimous vote.
XII. Funding Update and Approval	Dr. Griffin thanked Dr. Kelley then called on Mr. Sapp to provide the Appropriations Summary.		
- **Allen Sapp**	Mr. Sapp stated that he would first report on the supplemental appropriations request for the FY 2006 - 2007 biennium.		
- Supplemental Appropriations	HB 15 Section 4 provides the $12.9M in supplemental appropriations for the university providers for their projected financial losses for the biennium. Table 1 on page 2 of the presentation provided at Tab I of the agenda packet reflect the breakout of those numbers and the totals. He noted as in the case with the last biennium, the distribution of these funds is to be made as soon as funds from HB 15 are made available, contingent upon the execution of contract amendments with the university providers that require the Chief of Financial Officer for the university to certify the losses projected for the biennium. He concluded this portion of his presentation by requesting a motion to approve the process. Dr. Griffin hearing no further discussion stated that he would entertain a motion.		Ms. Frazier moved that the committee allocate and authorize its staff to distribute the supplemental funding and further moved that the staff be authorized to make final adjustment and reconciliation of such allocations against final FY 2007 financial reports as presented by Mr. Sapp. Dr. Linthicum seconded the motion. Motion passed by unanimous vote.

Agenda Topic / Presenter	Presentation	Discussion	Action
- FY 2008 – 2009 Appropriations	Mr. Sapp stated the next item is the appropriations for the upcoming biennium and referred to the table on page 3 of his presentation provided at Tab I. The distribution of funds in the FY 2008-2009 budget allocates all funding provided in the base appropriations for correctional health care contained in strategies C.1.7 and C.1.8 of the TDCJ appropriation in HB 1. The funding for the expansion of mental health inpatient capacity at the Marlin VA Hospital is contingent upon transfer of the facility from the federal government to TDCJ. Mr. Sapp then noted that in addition to the adjustment to the base level of funding for services to reflect current costs, it also increased funding for market adjustments to recruit and retain staff for a total of $21.7M; funding for increased costs of hospital and specialty care for $23.6M. He further reported that a request was made for pharmacy, capital equipment and other operating costs but are not currently funded for those items. The renovation and repair of the TDCJ Hospital in Galveston was funded through the General Obligation Bond rather than the general revenues. Mr. Sapp then stated that the allocation being considered today is the total operating amount of $838.2M for the biennium does not include the $10.4M in the general obligation bond (GOB). Mr. Sapp next reported on the appropriations riders by stating that the riders relating to employee medical care, reporting of financial data, operations shortfalls and limitation of expenditures have been continued with no changes. A rider for FY 2009 funding the operation of an inpatient mental health facility at the Marlin VA Hospital	Dr. Linthicum asked if this brings the committee back up to the base amount and if that negated the need to request supplemental funding? Mr. Sapp responded that the start point for this year was $322M but already had a shortfall of $12.9M so that adjustment from the supplemental funding makes up that loss level and brings the adjustment basically back up to where we are spending today. Dr. Linthicum asked if this covered funding for Hepatitis B. Mr. Sapp responded that was correct and in addition to what he just reported, the Legislators asked for the resumption of the offender Hepatitis B Program for a budget of $12.8M.	

Agenda Topic / Presenter	Presentation	Discussion	Action
- Funding Update and Approval (Cont.)	was added contingent upon the federal government transferring that facility and the state accepting it as he reported earlier. He then stated that there is also a rider that requires TDCJ to submit a detailed healthcare staffing analysis on each facility. Mr. Sapp further stated that the budget allocations are calculated using a projected average daily population, plus or minus two percent for each university provider. Payments for medical and mental health services will be made on a sum-certain basis as long as the overall sector population remains within the population limits established. As in the past, Mr. Sapp reported that the budget anticipates that the costs associated with psychiatric medications and the sharing of functions between medical and mental health services are paid from mental health funding. These allocations transfer funds from mental health to medical services for that purpose. Mr. Sapp noted that these allocations are intended to fund the level of services outlined in the contracts for FY 2008-2009. He concluded by stating that the last three slides in his presentation provided at Tab I show the comparison on the allocation and expenses of the four prior years. He further reported in terms of the impact on the total cost per offender per day is being estimated at $6.93 by the end of this year.	Mr. Revill asked if the distribution of funding as listed on the LAR sheet had been reviewed by all parties prior to being finalized. Mr. Sapp responded that it went to both universities in draft format for their review and input. He further stated that it is based on the LAR input and the staff looked at the House and Senate version, and in the conference committee report so both universities knew exactly where they stood. Mr. Cavin added that the benchmarking point was the discussion with the State Auditor's Office about the comparison on per offender cost per day of the most ten populous states. Seeing some of the other states figures showing $11.00 - $16.00 and that information is from two to three years ago.	

Agenda / Presenter	Presentation	Discussion	Action
- Funding Update and Approval (Cont.)	Hearing no further discussions, Dr. Griffin thanked Mr. Sapp for the update then stated that he would entertain a motion. Dr. Griffin next called on Ms. Shelton to provide the financial report. Ms. Shelton began by stating that the financial report is provided at Tab J of the agenda packet. She then noted that progress is being made with the cooperation of the university providers in improving the timeliness of the financial reporting to the Committee and appropriate state agencies. For this reason, the financial summary will cover data from three monthly reports to include February through April 2007. Ms. Shelton reported that Table 6 of the Second Quarterly Report for FY 2007 shows encounter data through the second quarter that indicates older offenders had a documented encounter with medical staff about three times as often as younger offenders. Table 7 indicates that offsite costs received to date this fiscal year for older offenders averaged approximately $1,476 per offender vs. $255 for younger offenders. As shown in Chart 15, the older offenders were utilizing health care resources at a rate of more than four times higher than		Ms. Frazier moved that the Committee approve the FY 2008-2009 budget allocation and accompanying budget assumption as presented by Mr. Sapp; that the Committee authorize staff to make any final adjustments to the projected populations used in developing these allocation that may be necessary and to adjust the projected allocations accordingly; and that the Committee authorize staff to finalize the contractual arrangements for the next biennium in accordance with these budget allocations. Dr. Linthicum seconded the motion. The motion passed by unanimous vote.

Agenda Topic / Presenter	Presentation	Discussion	Action
XIII. Financial Report - **Colleen Shelton**	than the younger offenders. While comprising only about 6.3% of the overall service population, older offenders account for 28.1% of the hospitalization costs received to date. She added that older offenders are represented four times more often in the dialysis population than younger offenders and the dialysis costs continue to be significant, averaging about $18.9K per patient per year. Providing dialysis treatment for an average of 187 patients through the second quarter of FY 2007 cost $1.8M. Table 9 shows that the total drug costs through the second quarter totaled $15.0M. Of this, Ms. Shelton reported that $7.4M or just over $1.2M per month was for HIV medication costs, which was about 49% of the total drug cost; psychiatric drug costs were approximately $0.7M or about 5% of overall drug costs; and Hepatitis C drug costs were $0.6M and represented about 4% of the total drug cost. Ms. Shelton stated that the overall health care costs through April of FY 2007 totaled $282.7M. On a combined basis, this amount exceeded overall revenues earned by the university providers by approximately $4.7M. UTMB's total revenue through April was $224.1M; expenditures totaled $224.9M, resulting in a shortfall of $0.8M. Texas Tech's total revenue through April was $53.9M, expenditures totaled $57.8M, resulting gin a shortfall of $3.9M. Of the $282.7M in expenses reported, onsite services comprised $135.2M or about 47.8% of expenses; pharmacy services totaled $27.7M or about 9.8%; offsite services accounted for $84.4M or 29.8% of total costs; mental Health services totaled #25.8M or 9.1% and indirect support expenses accounted for $9.6M or about 3.4% of the total costs. Ms. Shelton further reported that Table 4 shows that the total cost per offender per day for all health care services statewide through April, 2007, was $7.70, compared to $7.61 through the end of the FY 2006. The average cost per offender per day for the last four fiscal years was $7.53. She again noted that the reporting of reserves is a legislative requirement that both UTMB and Texas Tech are required to report if they hold any monies in reserve for correctional managed health care. UTMB reports that they hold no such reserves and report a total shortfall of $826.111 through the end of April Texas Tech reports that they hold no such reserves and report a total shortfall of $3,865,382 through April.	Dr. Griffin recalled the high cost for treating dialysis patients and asked if those individuals would qualify to the appropriate referrals? Dr. Linthicum noted that some of those crimes were committed while the individual was on dialysis treatment.	

Agenda Topic / Presenter	Presentation	Discussion	Action
- Financial Report (Cont.)	A summary analysis of the ending balances, revenues and payments through April FY 2007 for all CMHCC accounts is included in this report at Table 5. The summary indicates that the net unencumbered balance on all CMHCC accounts on April 20, 2007 was $983,922.48. Ms. Shelton next reported on financial monitoring by stating that the detailed transaction level data from both providers is being tested on a monthly basis to verify reasonableness, accuracy, and compliance with policies, procedures and contractual requirements. The testing of detail transaction performed on TTUHSC's financial information is in process and will be reported in the next financial report. The testing of detail transactions performed on UTMB's financial information for February resulted in the reclassification of applicable waste disposal services expenses to non-TDCJ accounts. The testing of the March and April information is currently in process and will be reported in the May financial reports. Ms. Shelton concluded by stating that she would be happy to answer any questions.		
XIV. Public Comment(s) **Marthann Dafft**	Dr. Griffin thanked Ms. Shelton for the financial report. He then noted that at each regular meeting of the CMHCC will include an opportunity for the Committee to receive public comments. He then noted that he had one registered speaker and called on Ms. Marthann Dafft. Ms. Dafft thanked the committee for their hard work and for the opportunity to address the issues concerning her son's mental health care. She stated that the foremost concern was her son not getting the right medication for his problems with anxiety and depression. She further noted that there is no consistency with his care and her son has been on one medication to another and at times will have withdrawals and side affects stemming from this change. Ms. Dafft noted again how much she appreciates what the Committee does and that she has learned so much from attending the meetings.	Dr. Jumper asked that Ms. Dafft talk with Gary Tonniges after the meeting and he will look into her concerns.	

Agenda / Presenter	Presentation	Discussion	Action
	Dr. Griffin thanked Ms. Dafft for attending the meeting and for sharing her concerns with the Committee.		
XV. Date and Location of Next Meeting **- James Griffin, M.D.**	Dr. Griffin then stated that the next meeting is scheduled for 9:00 a.m. on September 25, 2007 to be held at the Dallas Love Field Main Terminal Conference Room A.		
XVI. Adjournment **- James Griffin, M.D.**	Dr. Griffin thanked everyone for attending, the committee staff for their hard work, and Ms. Shelton for bringing the Committee current on the financial reporting. Hearing no further discussions, Dr. Griffin adjourned the meeting.		

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James D. Griffin, M.D., Chairman
Correctional Managed Health Care Committee

_____

Date:

ATTACHMENT 1

Best in the Business

Lannette Linthicum

Top M.D. Gives Blood, Sweat And Tears to Profession

By Gabriella Daley Klatt

In 1986, Dr. Lannette Linthicum was sent to the Texas Department of Criminal Justice (TDCJ) by the U.S. Public Health Service, National Health Services Corps. as part of a four-year commitment she made to federal service in exchange for the government's help with medical school. Linthicum, a native of Baltimore, was the oldest of five children and excelled in school. She earned a scholarship to the prestigious preparatory high school Phillips Exeter Academy in New Hampshire. Linthicum also received an academic scholarship to Smith College in Massachusetts, where she majored in both French language and literature and biochemistry. Up until her sophomore year in college, she had planned to teach. "I was always into the arts and literature, and I found that I had some interest in science as well," she said. "So as I started to take biology courses and classes like organic chemistry, it really made me come alive."

"I always knew that I wanted to help people, and I felt like I could help more people by being a physician than I could by being a teacher," Linthicum said. "I realized that part of being a physician is being a teacher because you have to teach your patients how to take care of themselves." Linthicum attended the University of Maryland School of Medicine. She never expected that after graduating, the National Health Services Corps. would send her to work in a prison system far from home.

At the time, the TDCJ health care delivery system was in trouble. Years earlier, a federal judge presiding over the Ruiz prison reform lawsuit had declared nearly the entire medical program inadequate. "I was extremely apprehensive about working in a correctional environment," she said. "In fact, I was very apprehensive about being sent to Texas. I didn't know anything about Texas. I didn't know a single person."

It was a difficult time and even though Linthicum could have left TDCJ in 1990, she stayed because the final judgment had not yet been negotiated. Linthicum was asked by the health care administration to stay until there was a consent decree. "It was like there was light at the end of the tunnel, but we weren't quite there," she said.

Linthicum feels that the offenders — more than 150,000 state prisoners — are her patients, and they are counting on her to advocate for their needs. "Everything we do in the Health Services Division is related to advocacy for our patients," she stated. The Bible quotation "Remember them that are in bonds, as bound with them; and them which suffer adversity as being yourselves also in the body" has sustained and guided Linthicum during her years of service. "It's sort of been my mantra. Whenever I was discouraged, I would look at that and get renewed."

The medical program was released from the lawsuit in 1992. However, TDCJ's mental health services program was not released until two years later. By then, the agency was converting to its current correctional managed health care system in which medical services are provided to the offender population through contracts with the University of Texas Medical Branch and the Texas Tech School of Medicine. Linthicum stayed on to help smooth the transition from one system to another. She thought once that transition was complete she might finally return to Baltimore and open an inner city clinic. Instead, Linthicum stayed in Texas realizing that the community she wanted to serve was in the prison system. "It was the same people that would be in the inner city. I also had an overwhelming feeling that this population deserved to have well-trained, competent physicians to take good care of them," she said.

In fact, Linthicum said, it was a ruling in a Texas case heard by the U.S. Supreme Court that exclusively guarantees prisoners the right to health care. "Because of that case, prisoners are the only class in the United States with a constitutional right to health care," she said. "Prisoners have a right to access care, they have a right to a professional judgment and they have a right to receive care that is ordered."

Linthicum, who started at TDCJ as a staff physician at the Huntsville "Walls" Unit, was named director of the Health Services Division in 1998. She is a certified internist by the American Board of Internal Medicine and, in 2003, was named a fellow of the American College of Physicians, the premier organization for internists in the country. Linthicum has been a member of the American Correctional Association since 2000, serving on several committees as well as the Commission on Accreditation for Corrections and the Health Care Certification Task Force. TDCJ Executive Director Brad Livingston said, "Dr. Linthicum's reputation as a criminal justice health care professional, along with her honesty and integrity, serve the agency and state well. I could not ask for a more knowledgeable, supportive and engaged director."

"In the 20 years I have been in Texas, I have given my all — blood, sweat and tears," Linthicum stated. "And I know in my heart that I have done some good … that I have positively contributed to this health care system and saved the lives of several offenders. When I came here, we had a broken system. Now, we probably are the premier health care system in the country in correctional medicine. I'm proud of that."

Gabriella Daley Klatt is director of ACA's Communications and Publications Department.

Consent Item 2

TDCJ Health Services Monitoring Reports

ATTACHMENT 1

Rate of 100% Compliance with Standards by Operational Categories Third Quarter, Fiscal Year 2007 March, April, and May 2007																		
Unit	**Operations/ Administration**			**General Medical/Nursing**			**CID**			**Dental**			**Mental Health**			**Fiscal**		
	Items with 100% Compliance		*n*	Items with 100% Compliance		*n*	Items with 100% Compliance		*n*	Items with 100% Compliance		*n*	Items with 100% Compliance		*n*	Items with 100% Compliance		*n*
Ft. Stockton Facility	98%	51	52	43%	9	21	50%	11	22	43%	6	14	88%	7	8	73%	8	11
Gist Facility	96%	51	53	48%	10	2	24%	8	34	75%	6	8	11%	1	9	64%	7	11
Havins Facility	92%	49	53	33%	7	21	91%	21	23	93%	14	15	87%	7	8	40%	4	10
Hodge Facility	98%	53	54	78%	18	23	58%	15	26	60%	9	15	50%	7	14	100%	10	10
LeBlanc Facility	94%	50	53	41%	9	22	64%	18	28	86%	12	14	11%	1	9	100%	11	11
Lynaugh Facility	98%	52	53	43%	9	21	59%	13	22	56%	9	16	100%	9	9	55%	6	11
Middleton Facility	91%	48	53	18%	4	22	59%	16	27	73%	8	11	92%	11	12	40%	4	10
Sanchez Facility	98%	52	53	14%	3	21	61%	17	28	63%	10	16	83%	10	12	73%	8	11
Skyview Facility	100%	49	49	69%	11	16	62%	18	29	22%	2	9	22%	6	27	100%	10	10
West Texas ISF	83%	38	46	21%	4	19	15%	4	27	20%	2	10	13%	2	16	NA	NA	NA

n = number of applicable items audited.

Note *: The threshold of 100% was chosen to be consistent with other National Health Care Certification organizations.*

This table represents the percent of audited items that were 100% in compliance by Operational Categories.

100% Compliance Rate = number of audited items in each category that were 100% compliance with the Standard
number of items audited.

ATTACHMENT 2

Percent Compliance Rate on Selected Items Requiring Medical Records Review
Third Quarter, Fiscal Year 2007
March, April, and May 2007

Unit	Operations/ Administration			General Medical/Nursing			CID/TB			Dental			Mental Health		
		Items in Compliance	*n*		Items in Compliance	*n*		Items in Compliance	*n*		Items in Compliance	*n*		Items in Compliance	*n*
Ft. Stockton Facility	87%	26	30	55%	136	246	95%	57	60	69%	55	80	99%	73	74
Gist Facility	100%	25	25	89%	250	280	41%	18	44	94%	68	72	91%	86	95
Havins Facility	97%	33	34	73%	168	230	89%	56	63	92%	78	85	99%	69	70
Hodge Facility	100%	20	20	96%	163	170	100%	60	60	80%	64	80	89%	85	95
LeBlanc Facility	79%	15	19	65%	155	237	84%	21	25	99%	71	72	89%	58	65
Lynaugh Facility	88%	21	24	78%	205	264	84%	46	55	84%	76	91	100%	90	90
Middleton Facility	92%	24	26	66%	218	330	61%	42	69	80%	68	85	97%	126	130
Sanchez Facility	92%	23	25	76%	189	248	86%	37	43	81%	66	81	97%	100	103
Skyview Facility	100%	37	37	91%	84	92	90%	36	40	72%	57	79	93%	198	212
West Texas ISF	69%	20	29	54%	77	142	11%	3	27	27%	17	63	57%	68	119

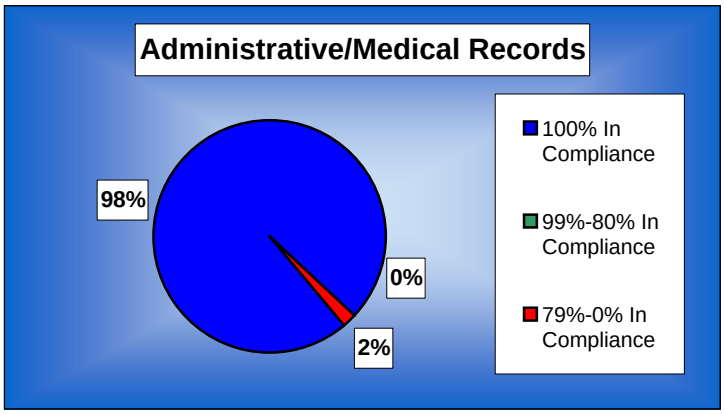
n **= number of records audited for each question.**

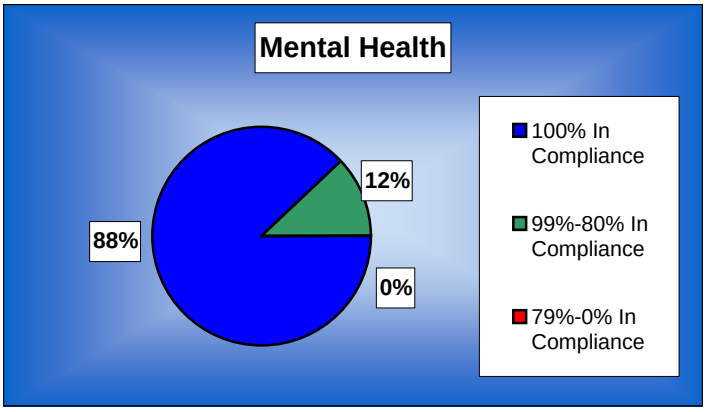
Note: Selected items requiring medical record review are reflected in this table.
The items were chosen to avoid having interdependent items counted more than once.

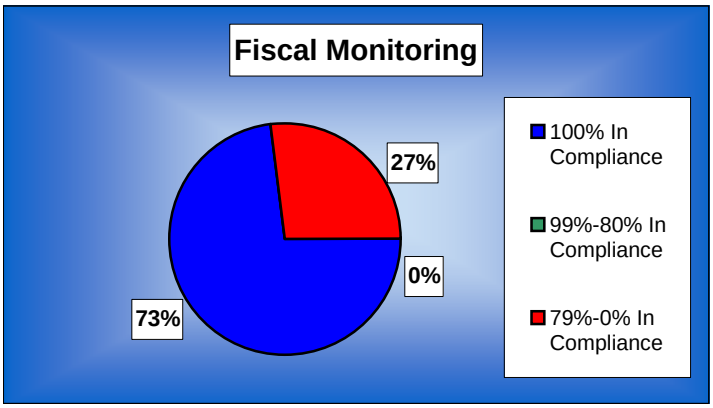
Average Percent Compliance Rate = Sum of medical records audited that were in compliance X 100
Number of records audited

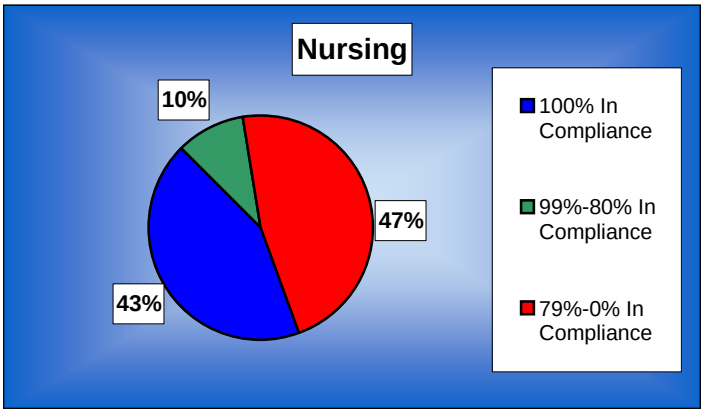
***The medical record review section of the Operations/Administration portion of the Operational Review Audit consists of only three questions, frequently with low numbers of applicable records.**

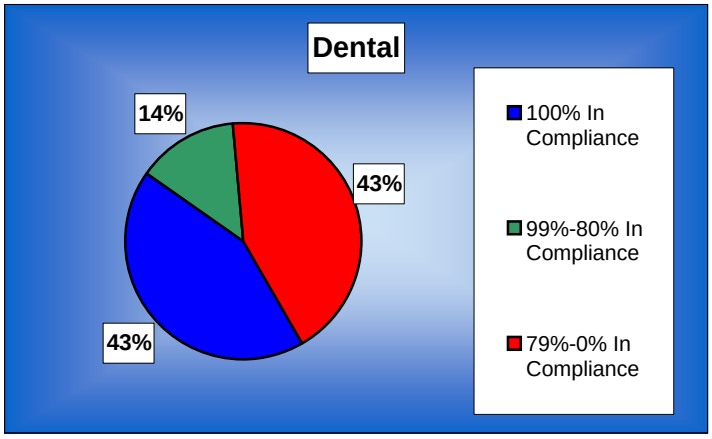
Quarterly Reports for
Compliance Rate By Operational Categories
Ft.Stockton Facility
May 2, 2007

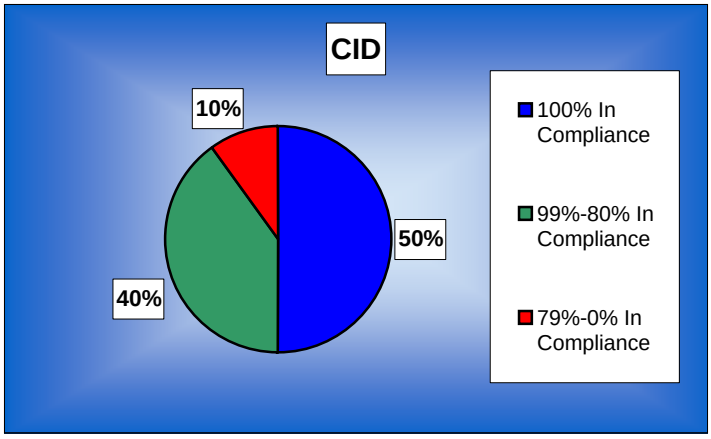




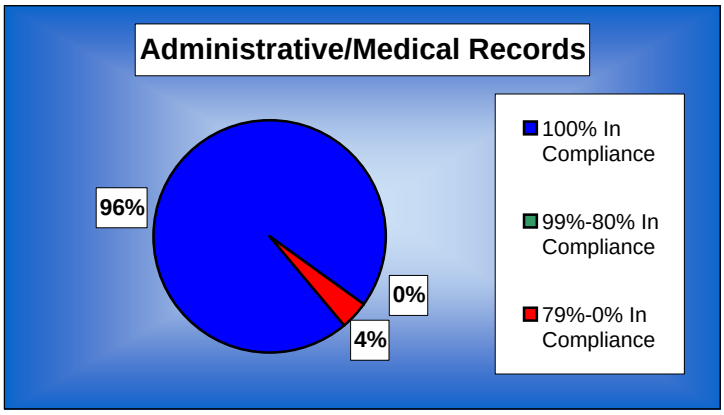


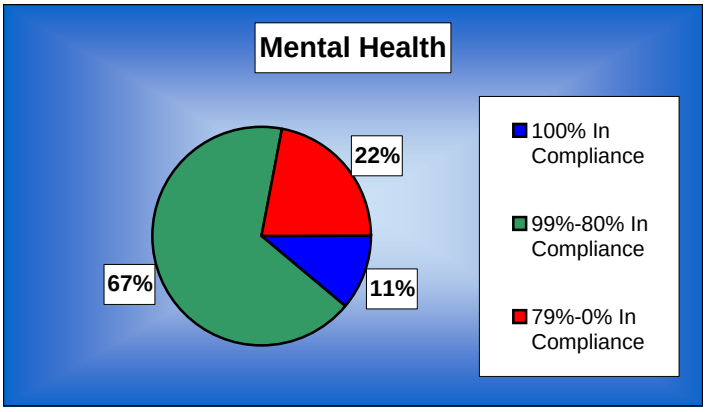


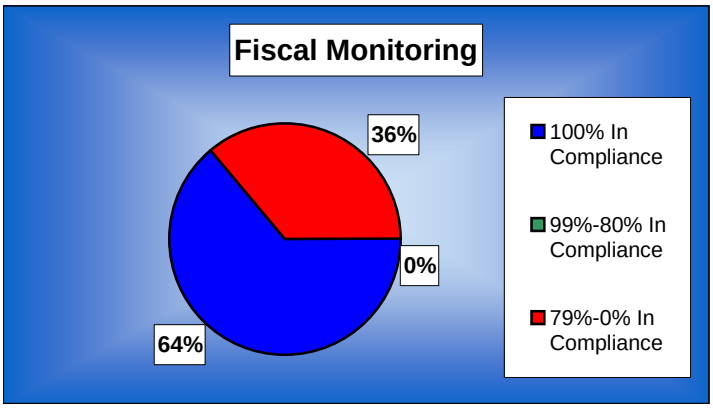


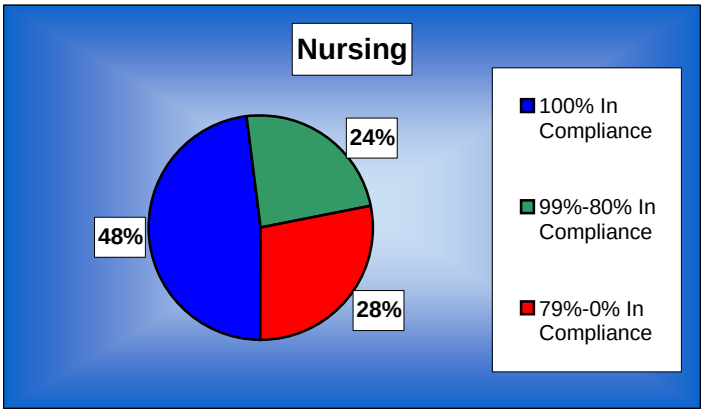


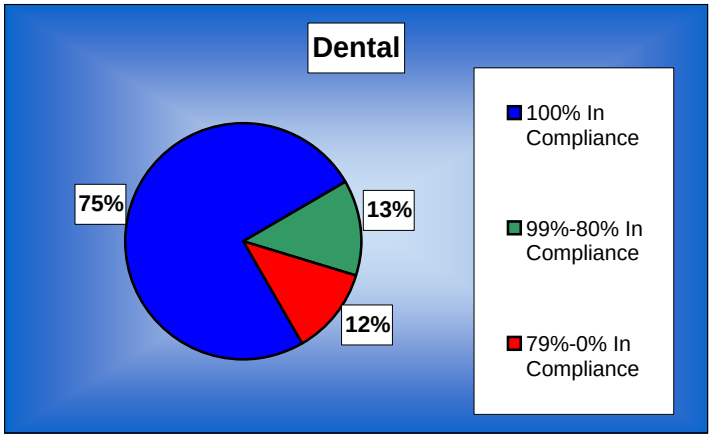
Quarterly Reports for
Compliance Rate By Operational Categories
Gist Facility
March 2, 2007

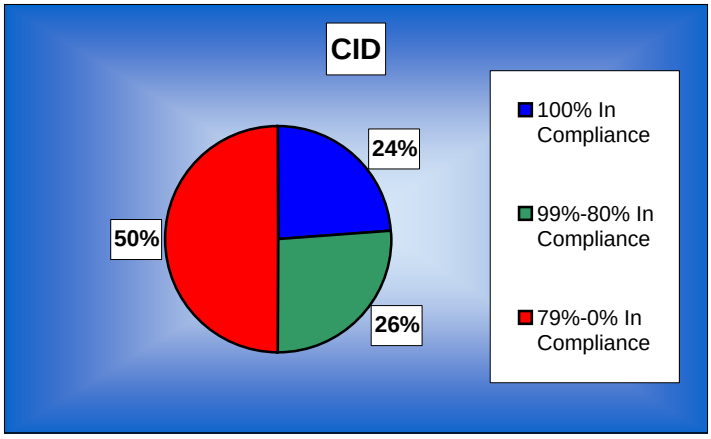




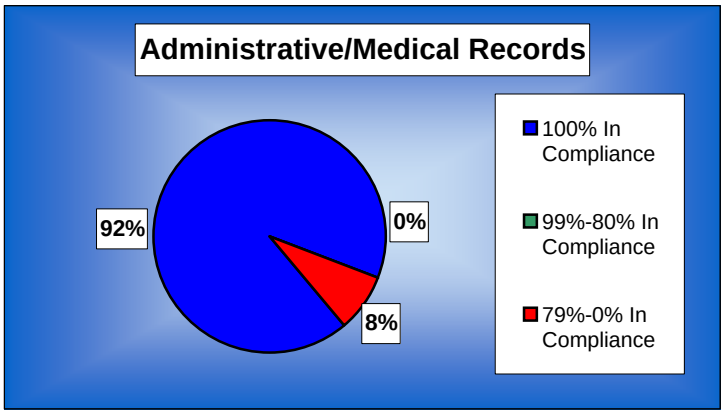


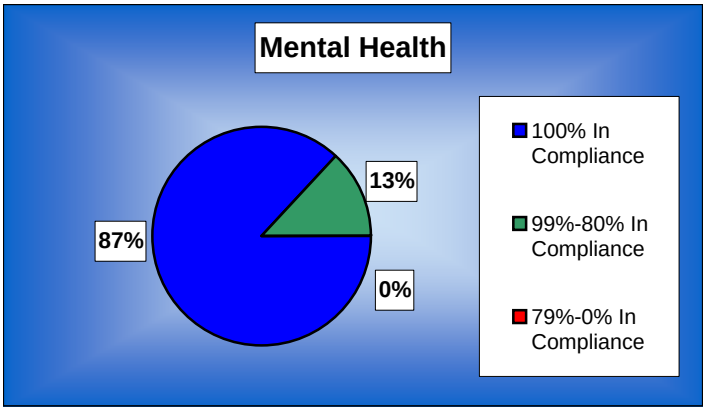


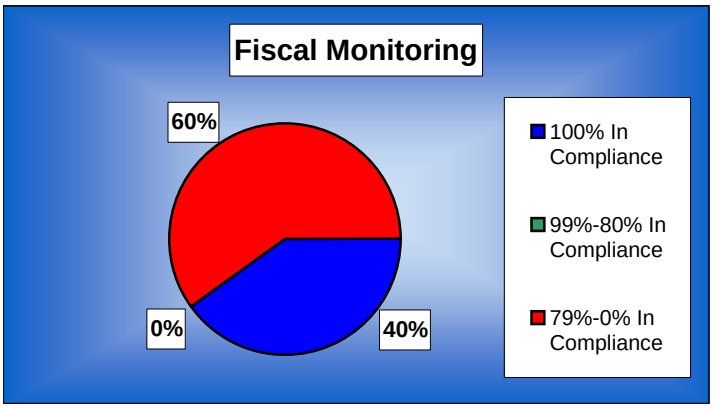


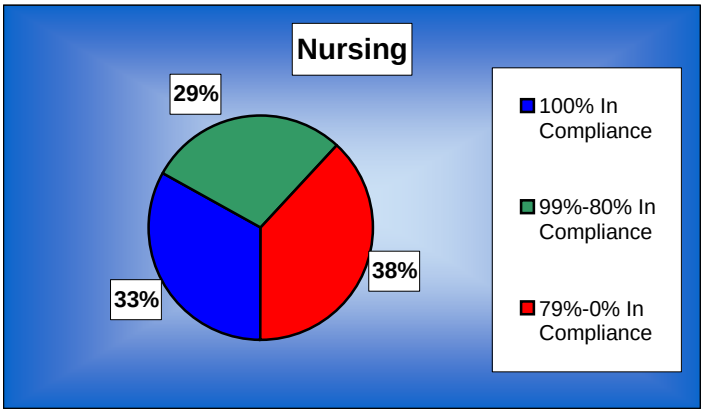


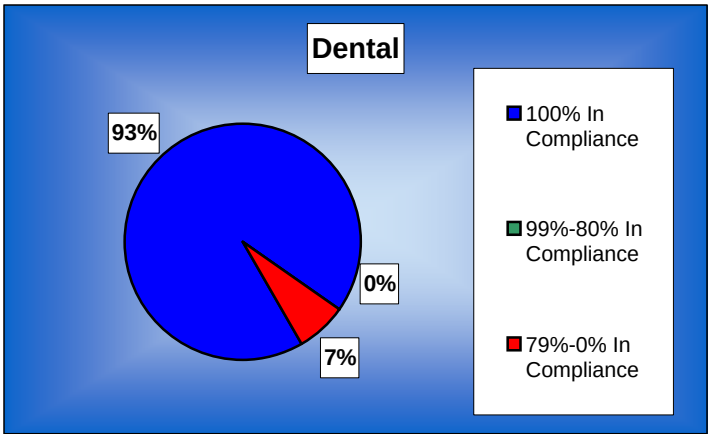
Quarterly Reports for
Compliance Rate By Operational Categories
Havins Facility
April 3, 2007

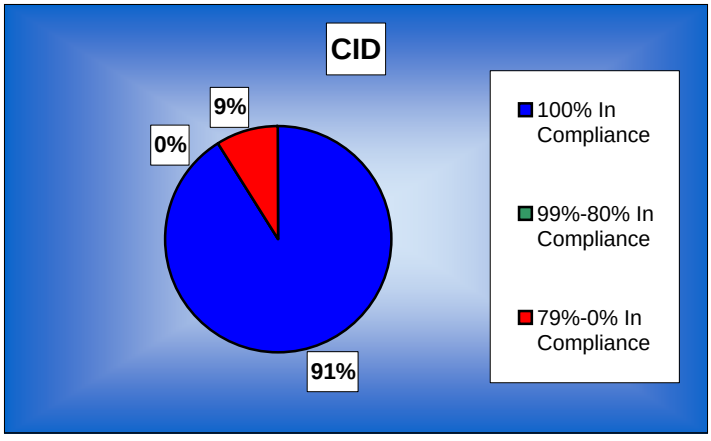




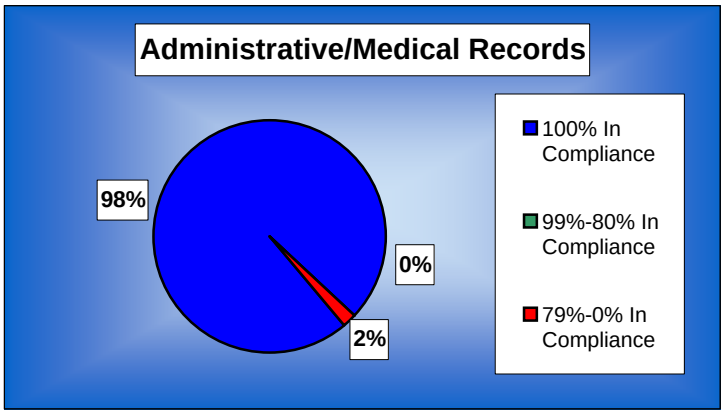


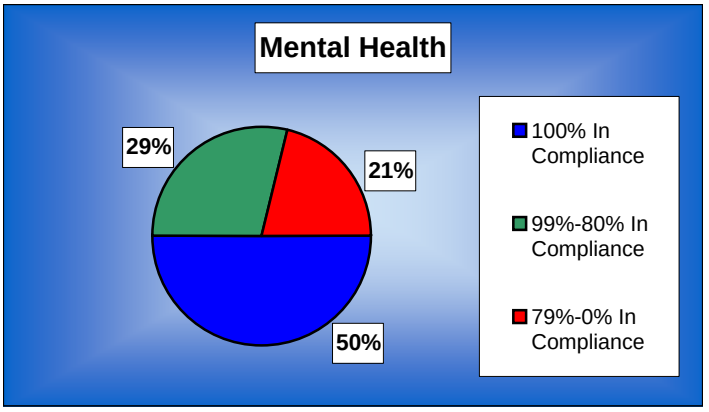


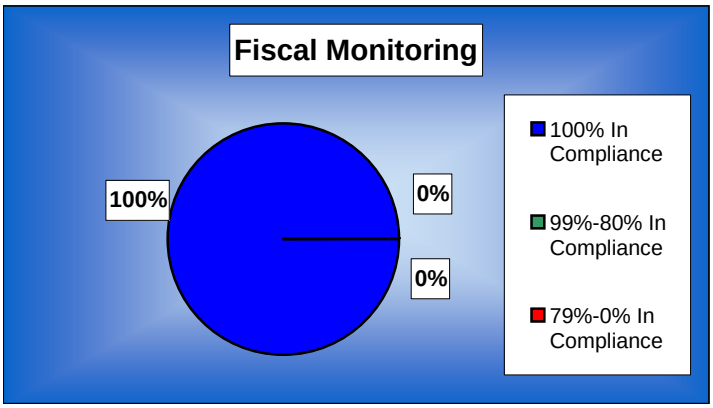


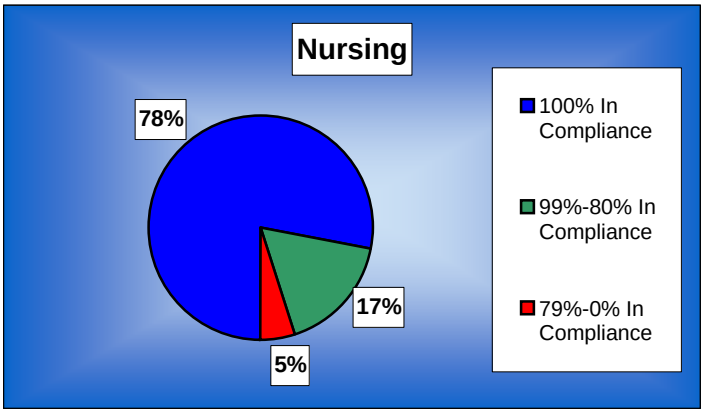


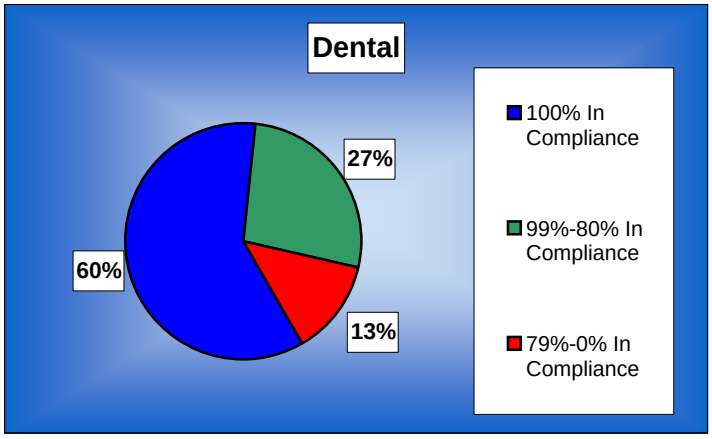
Quarterly Reports for
Compliance Rate By Operational Categories
Hodge Facility
March 1, 2007

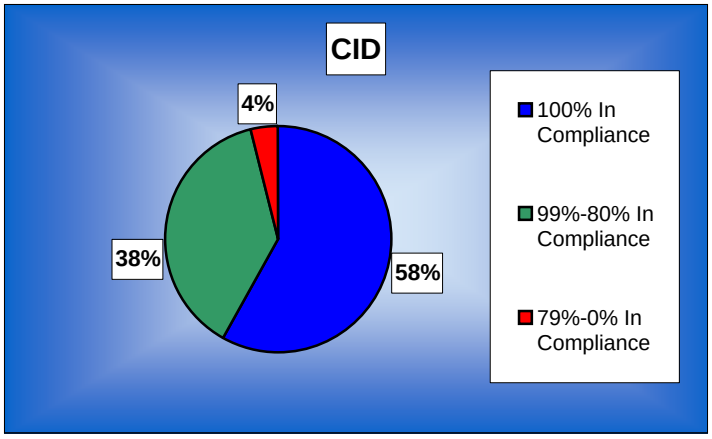




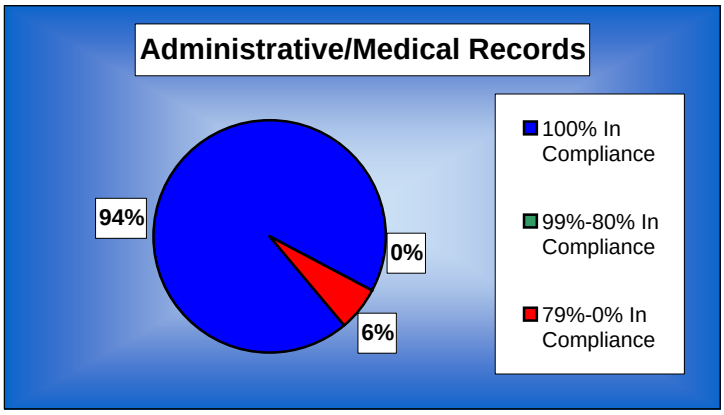


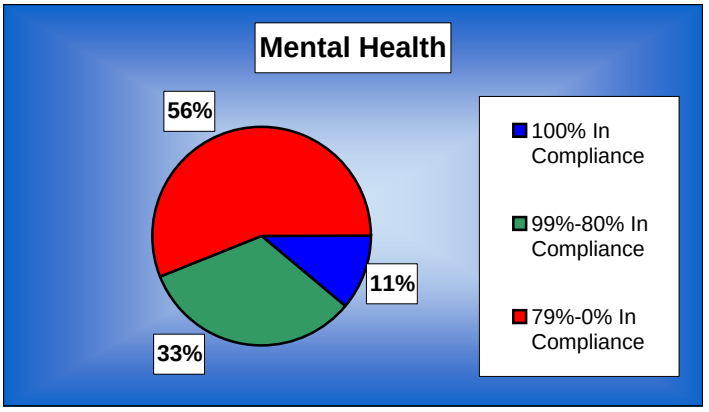


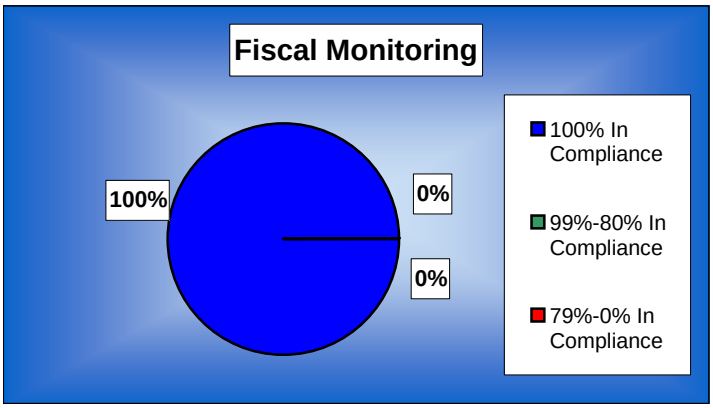


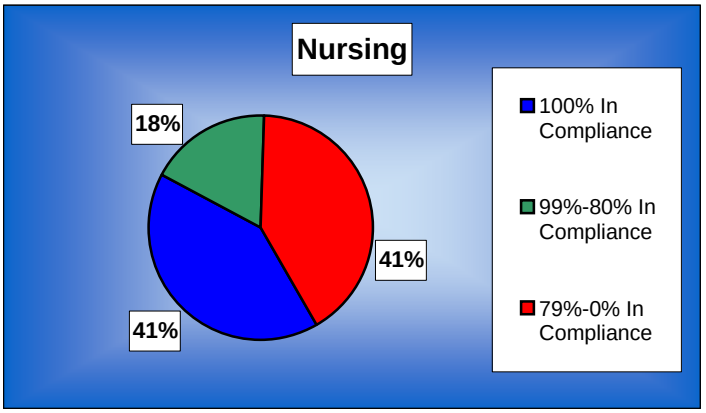


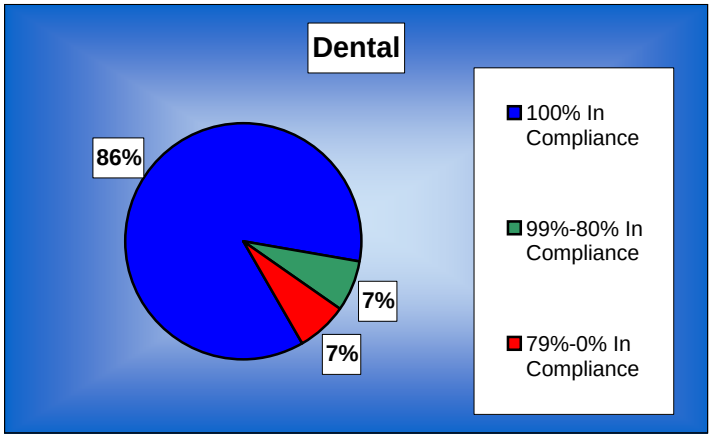
Quarterly Reports for
Compliance Rate By Operational Categories
LeBlanc Facility
March 1, 2007

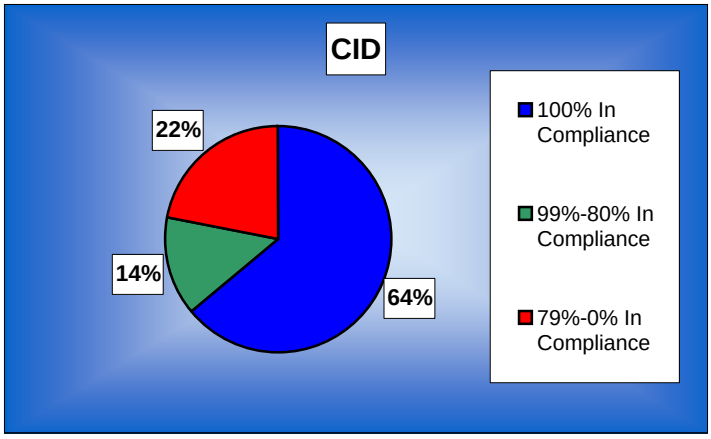




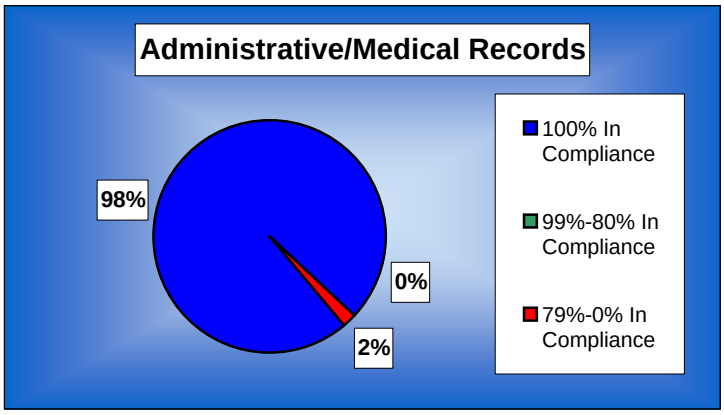


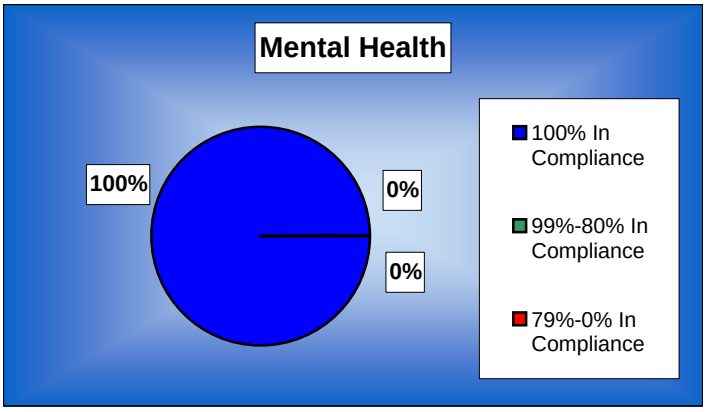


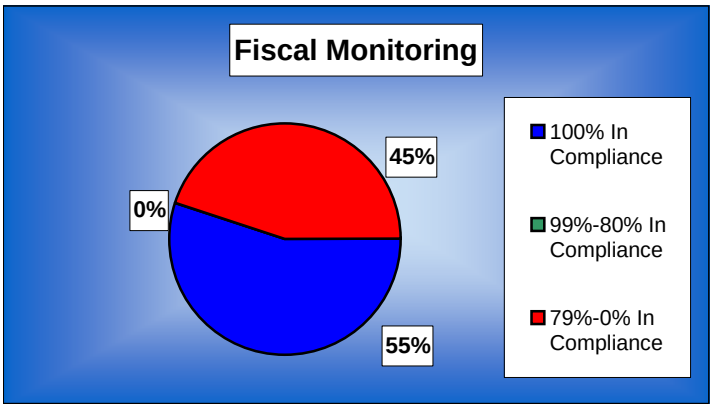


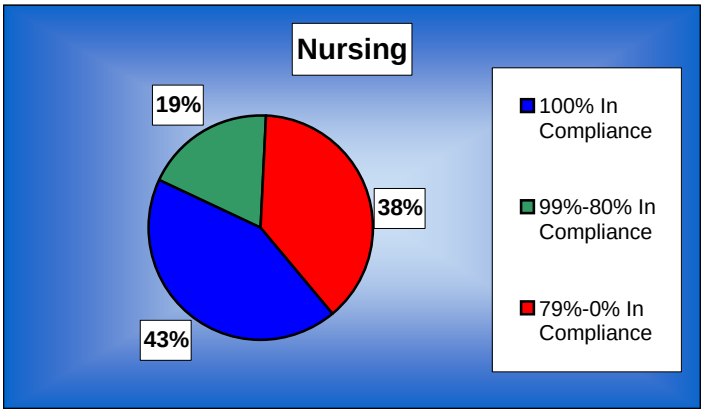


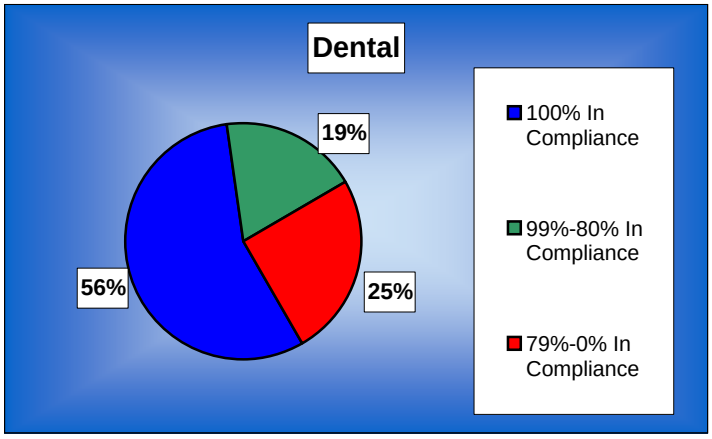
Quarterly Reports for
Compliance Rate By Operational Categories
Lynaugh Facility
May 1, 2007

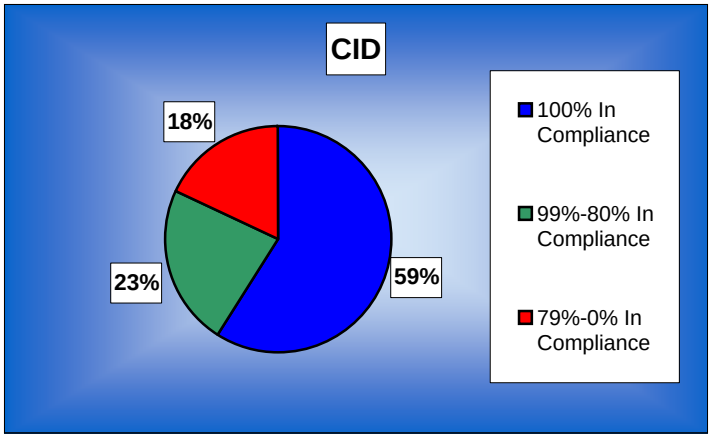




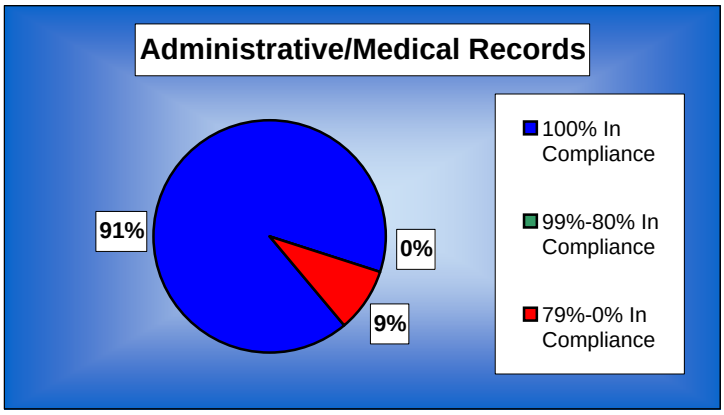


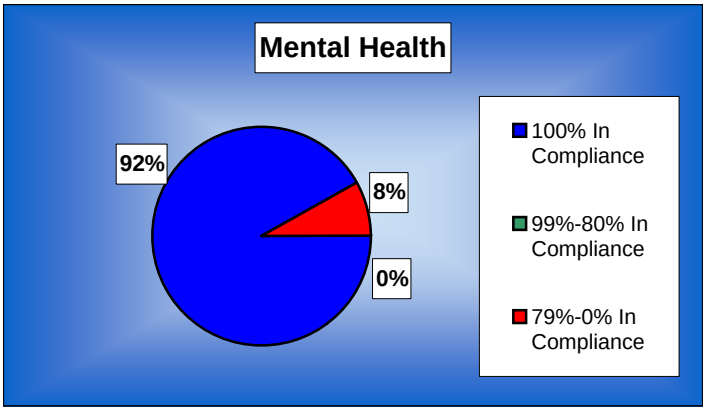


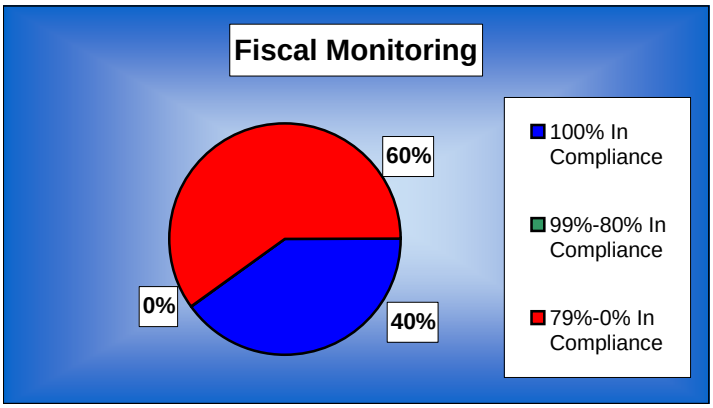


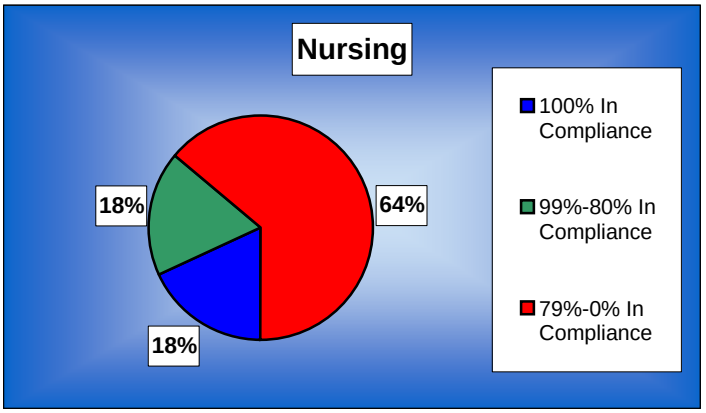


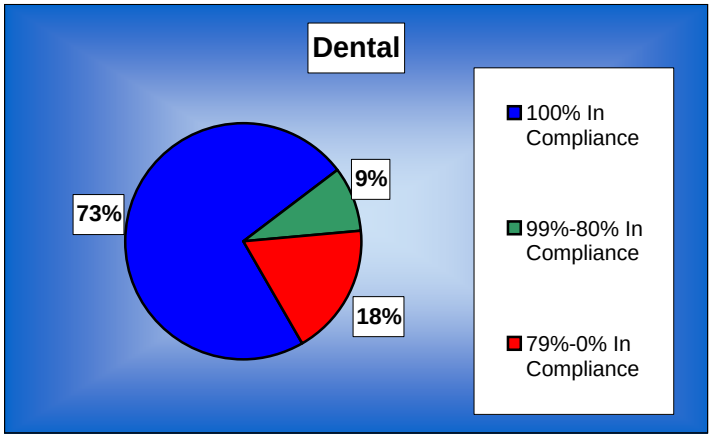
Quarterly Reports for
Compliance Rate By Operational Categories
Middleton Facility
April 4, 2007

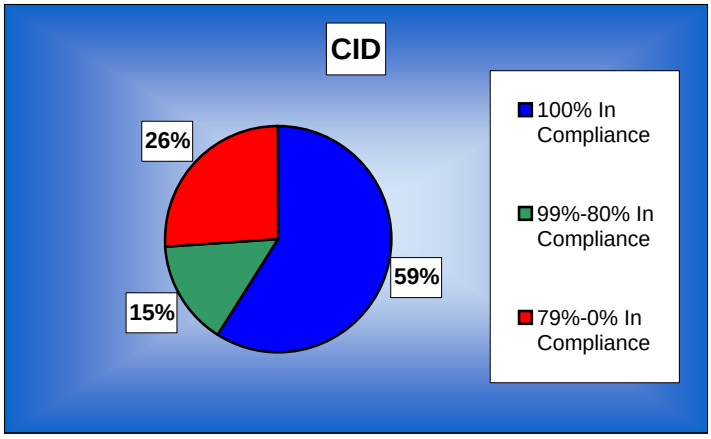




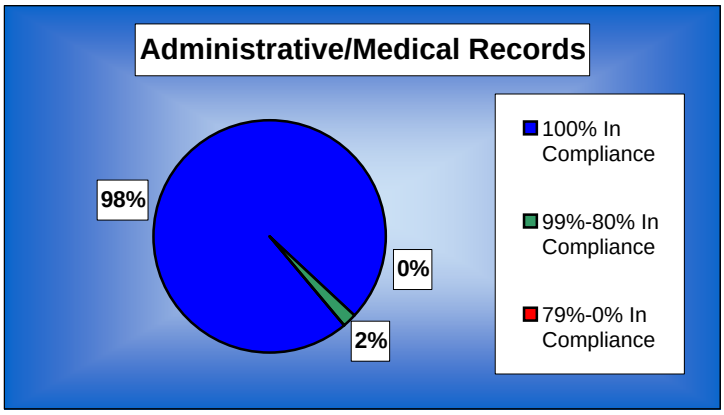


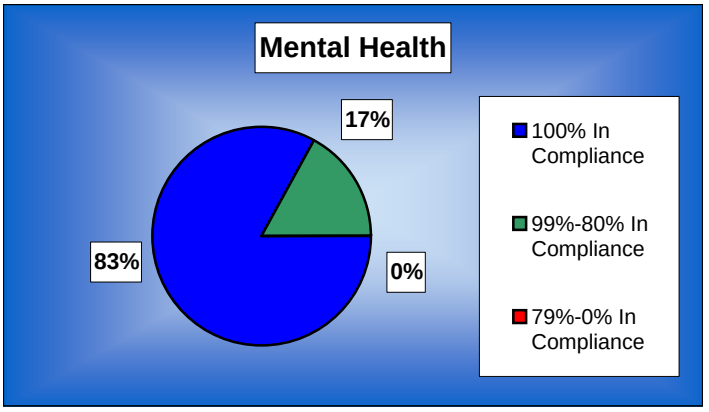


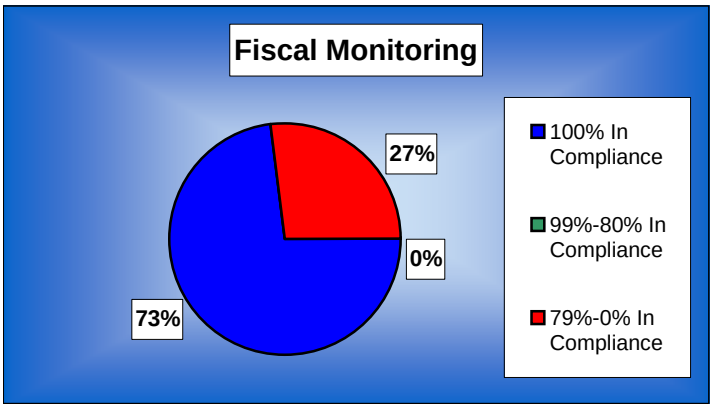


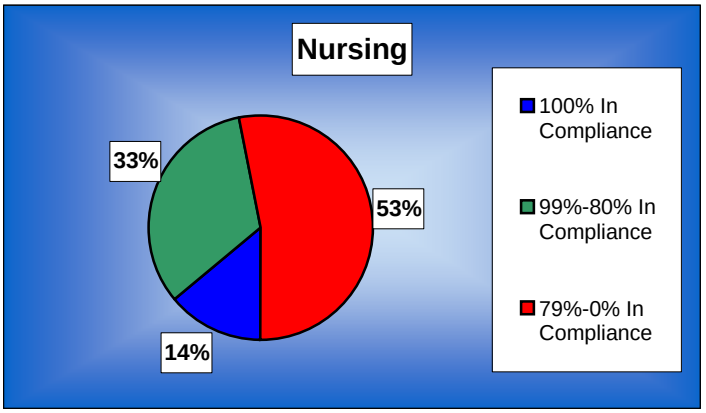


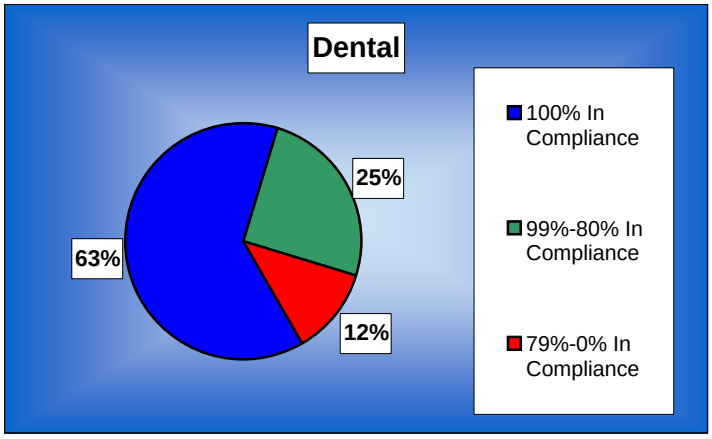
Quarterly Reports for
Compliance Rate By Operational Categories
Sanchez Facility
May 3, 2007

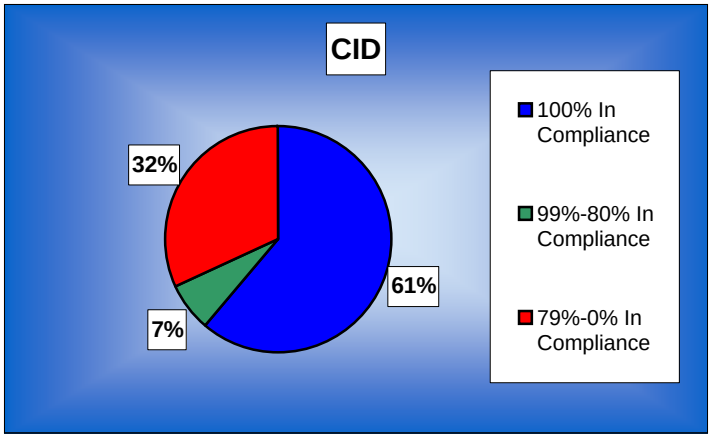




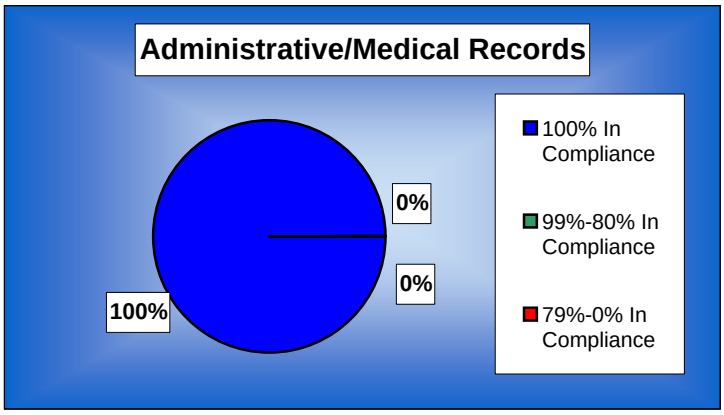


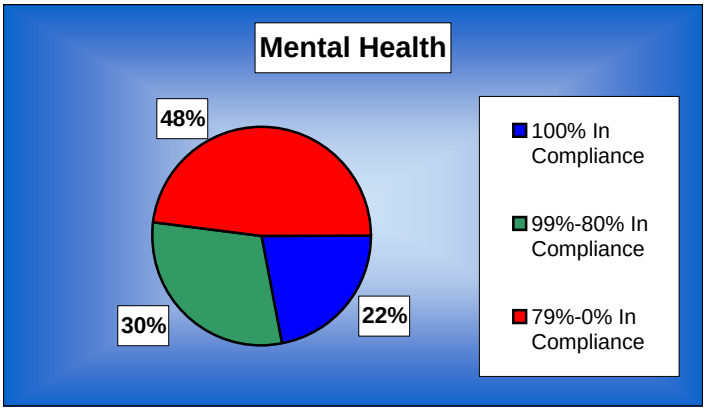


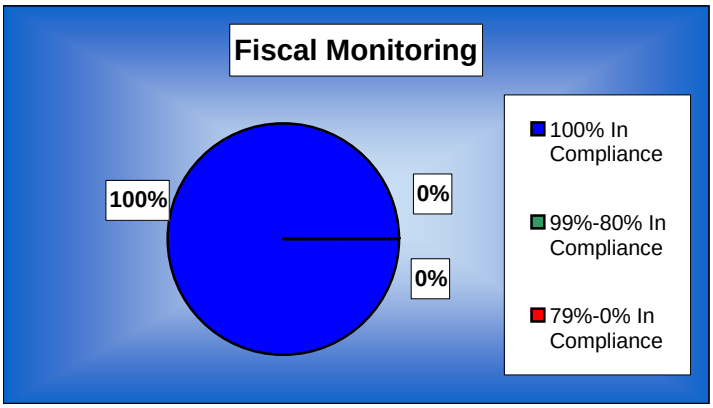


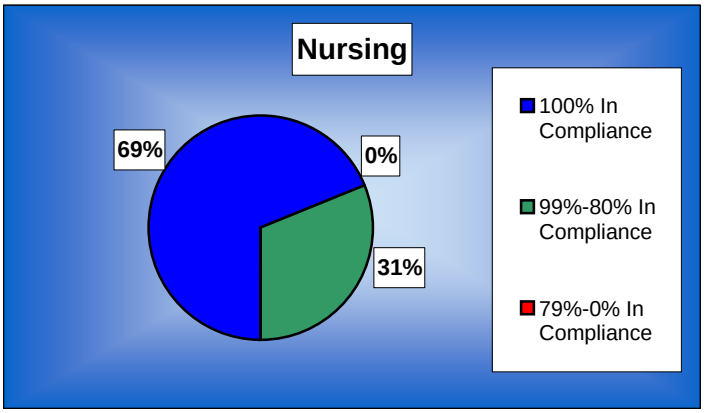


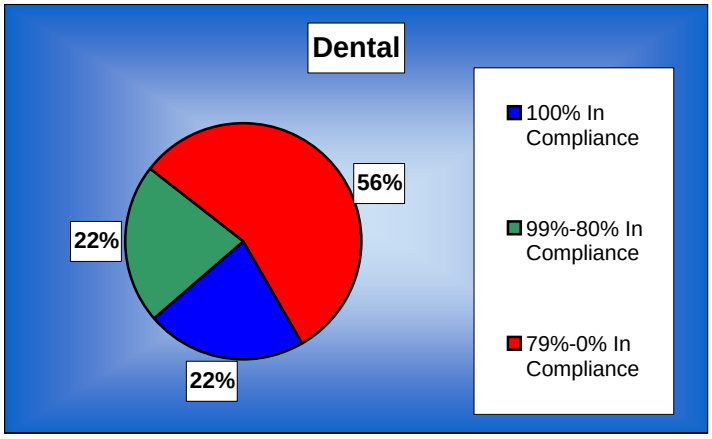
Quarterly Reports for
Compliance Rate By Operational Categories
Skyview Facility
March 2, 2007

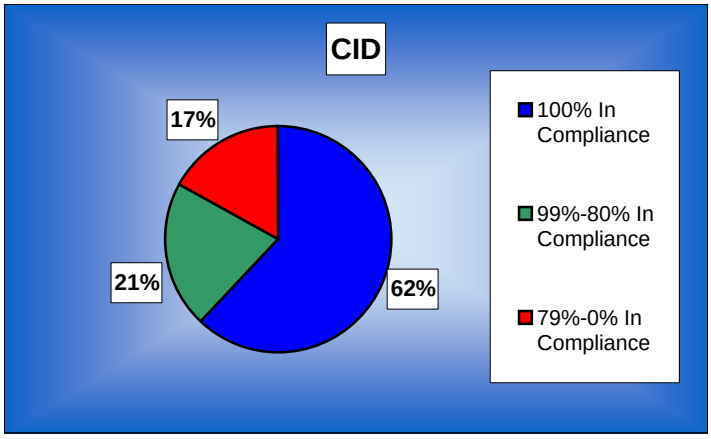




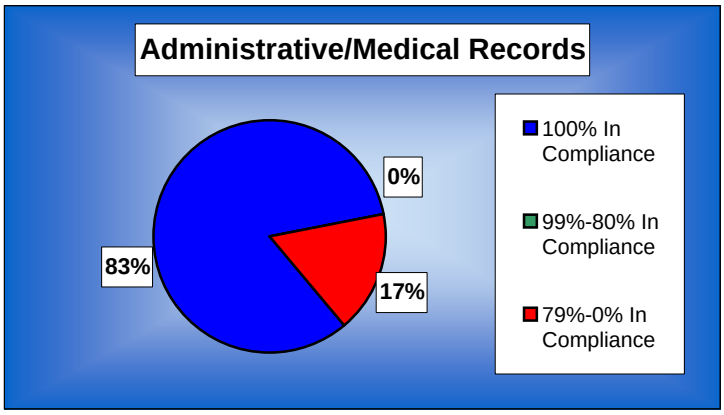


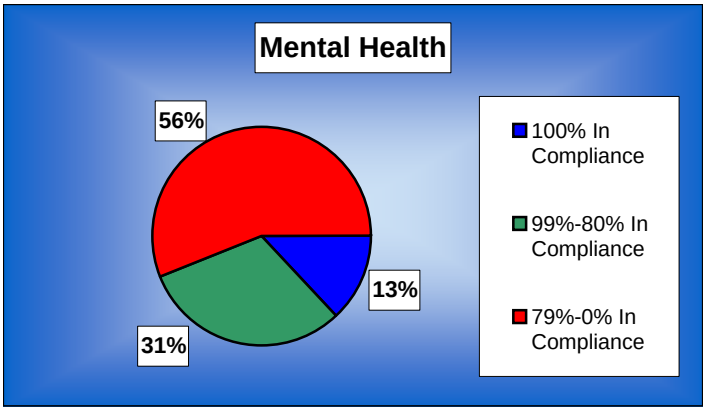


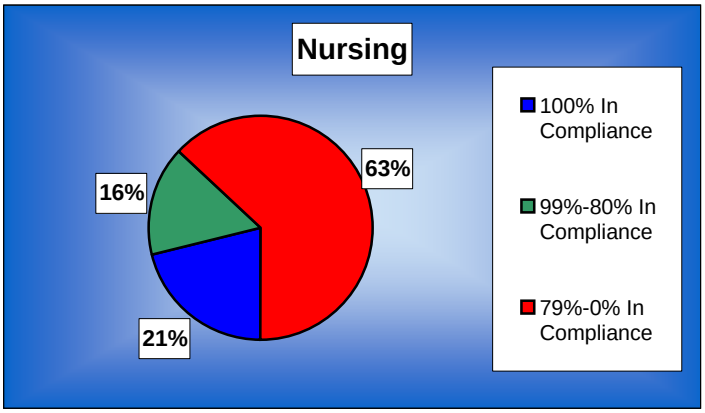


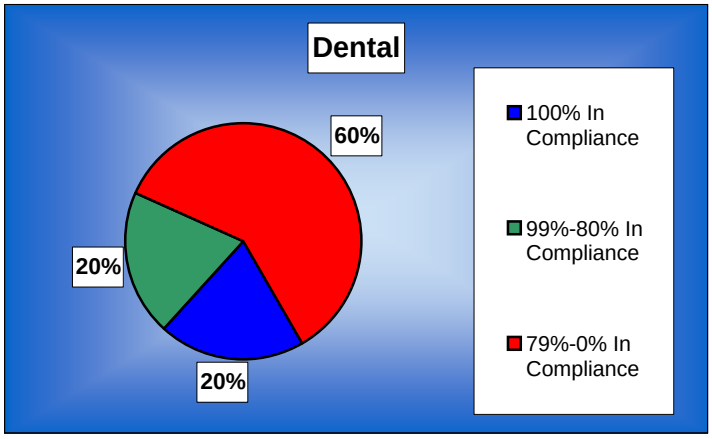


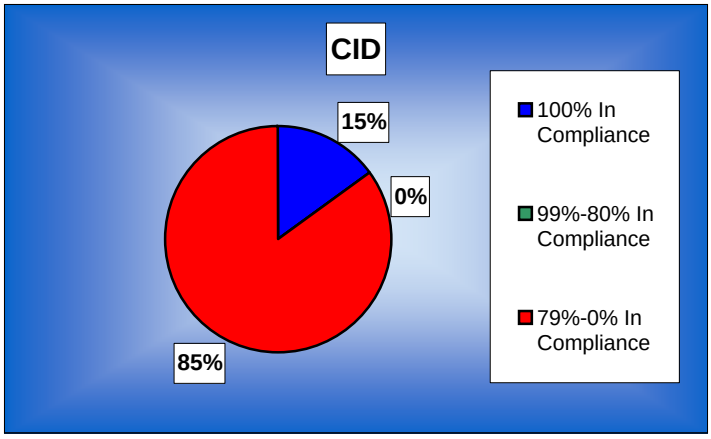
Quarterly Reports for
Compliance Rate By Operational Categories
West Texas ISF Facility
April 3, 2007











PATIENT LIAISON AND STEP II GRIEVANCE STATISTICS
QUALITY OF CARE/PERSONNEL REFERRALS AND ACTION REQUESTS

STEP II GRIEVANCE PROGRAM (GRV)									
FY2007	Total # of **GRV** Correspondence Received Each Month	Total # of Action Requests (Quality of Care, Personnel, and Process Issues)	% of Action Requests from Total # of **GRV** Correspondence	Total # of Action Requests Referred to **UTMB-CMHC**		Total # of Action Requests Referred to **TTUHSC-CMHC**		Total # of Action Requests Referred to **PRIVATE FACILITIES**	
					% of Total Action Requests Referred		% of Total Action Requests Referred		% of Total Action Requests Referred
Mar-07	527	29	5.50%	23	4.36%	6	1.14%	0	0.00%
Apr-07	560	42	7.50%	31	5.54%	8	1.43%	3	0.54%
May-07	615	75	12.20%	33	2.00%	42	6.83%	0	0.00%
Totals:	**1702**	**146**	**8.58%**	**87**	**5.11%**	**56**	**3.29%**	**3**	**0.18%**

PATIENT LIAISON PROGRAM (PLP)									
FY2007	Total # of **PLP** Correspondence Received Each Month	Total # of Action Requests (Quality of Care, Personnel, and Process Issues)	% of Action Requests from Total # of **PLP** Correspondence	Total # of Action Requests Referred to **UTMB-CMHC**		Total # of Action Requests Referred to **TTUHSC-CMHC**		Total # of Action Requests Referred to **PRIVATE FACILITIES**	
					% of Total Action Requests Referred		% of Total Action Requests Referred		% of Total Action Requests Referred
Mar-07	474	39	8.23%	36	7.59%	3	0.63%	0	0.00%
Apr-07	486	55	11.32%	50	10.29%	5	1.03%	0	0.00%
May-07	475	11	2.32%	9	1.89%	2	0.42%	0	0.00%
Totals:	**1435**	**105**	**7.32%**	**95**	**6.62%**	**10**	**0.70%**	**0**	**0.00%**

Texas Department of Criminal Justice
Office of Preventive Medicine
Monthly Activity Report

Month: MARCH 2007

Reports Received	This Month	Same Month Last Year	Year to Date	Last Year to Date
Chlamydia	55	2	15	11
Gonorrhea	3	2	11	3
Syphilis	55	78	160	209
Hepatitis A	0	0	0	0
Hepatitis B (acute cases)	5	0	6	2
Hepatitis C	433	413	996	1112
HIV Screens (non-pre-release)	6277	5897	18451	15656
HIV Screens (pre-release)	3191	3236	9467	9917
HIV + pre-release tests	1	11	10	21
HIV Infections	45	54	146	147
AIDS	8	13	117	36
Methicillin-Resistant *Staph Aureus*	289	287	1181	1125
Methicillin-Sensitive *Staph Aureus*	82	109	361	370
Occupational Exposures (TDCJ Staff)	21	12	51	56
Occupational Exposures (Medical Staff)	3	7	11	20
HIV CPX Initiation	4		10	
Tuberculosis skin tests – intake (#positive)	266	478	899	1123
Tuberculosis skin tests – annual (#positive)	60	56	187	180
Tuberculosis cases				
(1) Diagnosed during intake and attributed to county of origin	0	1	1	1
(2) Entered TDCJ on TB medications	3	2	7	6
(3) Diagnosed during incarceration in TDCJ	0	5	2	6
TB cases under management	17	24		
Peer Education Programs	6	0	89	68
Peer Education Educators	98	0	625	846
Peer Education Participants	1887	412	5150	1239
Sexual Assault In-Service (sessions/units)	0	8/8	6/9	23/30
Sexual Assault In-Service Participants	0	67	48	179
Alleged Assaults & Chart Reviews	46	N/A	147	N/A

NOTE: Some category totals may change to reflect late reporting.
Date Compiled: 9/11/07

Texas Department of Criminal Justice
Office of Preventive Medicine
Monthly Activity Report

Month: APRIL 2007

Reports Received	This Month	Same Month Last Year	Year to Date	Last Year to Date
Chlamydia	7	4	22	15
Gonorrhea	1	4	12	7
Syphilis	40	49	198	258
Hepatitis A	0	0	0	0
Hepatitis B (acute cases)	2	1	8	3
Hepatitis C	351	366	1347	1478
HIV Screens (non-pre-release)	5411	5576	23862	21232
HIV Screens (pre-release)	3047	2490	13020	12407
HIV + pre-release tests	4	8	15	29
HIV Infections	43	73	189	220
AIDS	6	16	123	52
Methicillin-Resistant *Staph Aureus*	289	354	1609	1614
Methicillin-Sensitive *Staph Aureus*	99	144	499	558
Occupational Exposures (TDCJ Staff)	9	14	60	75
Occupational Exposures (Medical Staff)	4	4	15	25
HIV CPX Initiation	5		15	
Tuberculosis skin tests – intake (#positive)	145	469	1044	1592
Tuberculosis skin tests – annual (#positive)	59	62	259	242
Tuberculosis cases				
(1) Diagnosed during intake and attributed to county of origin	0	0	1	1
(2) Entered TDCJ on TB medications	3	0	10	6
(3) Diagnosed during incarceration in TDCJ	0	1	2	7
TB cases under management	18	17		
Peer Education Programs	1	2	90	70
Peer Education Educators	11	17	642	863
Peer Education Participants	2385	331	8621	6631
Sexual Assault In-Service (sessions/units)	N/A	6/6	6/9	29/36
Sexual Assault In-Service Participants	N/A	34	38	213
Alleged Assaults & Chart Reviews	36	N/A	183	N/A

NOTE: Some category totals may change to reflect late reporting.
Date Compiled: 9/11/07

Texas Department of Criminal Justice
Office of Preventive Medicine
Monthly Activity Report

Month: May 2007

Reports Received	This Month	Same Month Last Year	Year to Date	Last Year to Date
Chlamydia	6	5	26	20
Gonorrhea	2	0	14	7
Syphilis	76	96	272	360
Hepatitis A	0	0	0	0
Hepatitis B (acute cases)	2	3	10	6
Hepatitis C	348	317	1695	1795
HIV Screens (non-pre-release)	6788	5388	30650	26620
HIV Screens (pre-release)	3147	3087	17017	15494
HIV + pre-release tests	2	4	17	33
HIV Infections	52	57	241	277
AIDS	6	12	129	64
Methicillin-Resistant *Staph Aureus*	303	315	2043	1956
Methicillin-Sensitive *Staph Aureus*	107	98	655	672
Occupational Exposures (TDCJ Staff)	10	13	70	89
Occupational Exposures (Medical Staff)	3	3	18	28
HIV CPX Initiation	1		16	
Tuberculosis skin tests – intake (#positive)	149	354	1342	1946
Tuberculosis skin tests – annual (#positive)	56	62	342	304
Tuberculosis cases				
(1) Diagnosed during intake and attributed to county of origin	1	2	2	3
(2) Entered TDCJ on TB medications	1	1	11	7
(3) Diagnosed during incarceration in TDCJ	1	1	3	8
TB cases under management	20	18		
Peer Education Programs	4	2	94	72
Peer Education Educators	40	46	682	771
Peer Education Participants	2282	397	12821	9183
Sexual Assault In-Service (sessions/units)	11/8	6/3	17/17	35/39
Sexual Assault In-Service Participants	78	45	116	258
Alleged Assaults & Chart Reviews	58	N/A	241	N/A

NOTE: Some category totals may change to reflect late reporting.
Date Compiled: 9/12/07

Office of Health Services Liaison
Utilization Review Monitoring

Facilities Audited with Deficiencies Noted

March 1 through May 31, 2007 (3rd Quarter Report)

Medical Provider	University	Number of Audits	Number of Deficiencies	Comments (See Footnotes)
Brownfield Regional	TTUHSC			
Cogdell Memorial	TTUHSC			
Electra Memorial	TTUHSC			
Hendrick Memorial	TTUHSC	2	2	#1a, #5
Hospital Del Sol	TTUHSC			
Hospital Galveston	UTMB	174	36	#1(x8); #4 (x6); #5 (x22)
Mitchell County	TTUHSC			
Northwest Texas	TTUHSC	4	2	#1a (x2)
Pecos County	TTUHSC	2	2	#1a, #5
Scenic Mountain	TTUHSC			
Thomason	TTUHSC	2	2	#1a, #5
University Medical	TTUHSC	3	3	#1a (x2), #4
United Regional 11th St.	TTUHSC	2	0	

*The remainder of the hospitals were not selected during this quarter's random audit.

Medical Provider	University	Number of Audits	Number of Deficiencies	Comments (See Footnotes)
Allred	TTUHSC	4	4	#1a (x3); #3, #4
Beto	UTMB	4	2	#1, #1a
Clements	TTUHSC	4	2	#1a (x2)
Connally	UTMB	1	0	
Estelle	UTMB	9	4	#1, #1a (x2); #5
Hughes	UTMB	1	1	#1a
Jester 3	UTMB			
Montford	TTUHSC	17	8	#1a (x6); #3, #5
Polunsky	UTMB			
Robertson	TTUHSC	3		
Stiles	UTMB			
Telford	UTMB	1		
CT Terrell	UTMB			
Young	UTMB	4	4	#1a (x3), #4

*The remainder of the infirmaries were not selected during this quarter's random audit.

Footnotes:	
#1	The patient was not medically stable when returned to general population.
#1a	Vital signs were not record in the electronic medical record for the date of discharge so it is not possible to verify that these offenders were stable when they returned to general population.
#2	The level of medical services available at the facility were insufficient.
#3	The patient was unable to ambulate the distances required to access the dining hall, shower and unit medical department upon discharge.
#4	The patient required unscheduled medical care related to the admitting diagnosis within the first seven days after discharge.
#5	Was pertinent documentation regarding the inpatient stay included in the electronic medical record (i.e., results of diagnostic tests, discharge planning, medication recommendations and/or treatments, etc.)?

CAPITAL ASSETS CONTRACT MONITORING AUDIT
BY UNIT
THIRD QUARTER, FISCAL YEAR 2007

March	Numbered Property On Inventory Report	Total Number of Deletions	Total Number of Transfers	Total Number of New Equipment
LeBlanc	33	0	0	0
Gist	53	0	1	1
Skyview	77	0	0	1
Hodge	28	0	0	1

April	Numbered Property On Inventory Report	Total Number of Deletions	Total Number of Transfers	Total Number of New Equipment
Middleton	66	0	5	0
Havins	16	0	1	1

May	Numbered Property On Inventory Report	Total Number of Deletions	Total Number of Transfers	Total Number of New Equipment
Lynaugh	50	1	5	4
Ft. Stockton	17	0	1	1
Sanchez	31	2	0	2

CAPITAL ASSETS AUDIT
THIRD QUARTER, FISCAL YEAR 2007

Audit Tools	March	April	May	Total
Total number of units audited	4	2	3	9
Total numbered property	191	82	98	371
Total number out of compliance	1	2	3	6
Total % out of compliance	0.52%	2.44%	3.06%	1.62%

AMERICAN CORRECTIONAL ASSOCIATION
ACCREDITATION STATUS REPORT
Third Quarter FY-2007

University of Texas Medical Branch

Unit	Audit Date	% Compliance	
		Mandatory	Non-Mandatory
Garza East/West	March 5 – 8, 2007	100	98.6
Central	March 12 – 14, 2007	100	98.3
Jester IV	April 2 – 4, 2007	100	98.5
Huntsville	April 16 – 18, 2007	100	98.4
Gatesville	April 23 – 25, 2007	100	97.2
Goree	April 30 – May 2, 2007	100	99.1
Plane/Henley	May 7 – 9, 2007	100	99.0
Hightower	May 21 – 23, 2007	100	98.37

Texas Tech University Health Science Center

Unit	Audit Date	% Compliance	
		Mandatory	Non-Mandatory
Dalhart	March 19 – 21, 2007	100	98.6

Research, Evaluation and Development (RED) Group
Active Monthly Research Projects – Medical
Health Services Division

August 2007

Project Number: 408-RM03

Researcher:
Ned Snyder

IRB Number:
02-377

IRB Expires:
July 31, 2007
September 5, 2007: E-mail requesting current approval.

Research Began:
June 03, 2003

Title of Research:
Serum Markers of Fibrosis in Chronic Hepatitis C

Data Collection Began:
July 2003

Proponent:
University of Texas Medical Branch at Galveston

Data Collection End:
July 31, 2008

Project Status:
Data Analysis

Progress Report Due:
January 13, 2008

Projected Completion Date:
July 31, 2008

Units: Hospital Galveston

Project Number: 433-RM04

Researcher:
Ned Snyder

IRB Number:
03-357

IRB Expires:
August 31, 2007
September 5, 2007: E-mail requesting current approval.

Research Began:
March 19, 2004

Title of Research:
Secondary Prophylaxis of Spontaneous Bacterial Peritonitis with the Probiotic VSL #3

Data Collection Began:
March 22, 2004

Proponent:
University of Texas Medical Branch at Galveston

Data Collection End:
July 31, 2008

Project Status:
Data Collection

Progress Report Due:
January 12, 2008

Projected Completion Date:
July 31, 2008

Units: UTMB

Project Number: 450-RM04

Researcher:
Everett Lehman

IRB Number:
04.DSHEFS.02XP

IRB Expires:
July 14, 2007
Waiting for approval through December 31, 2007.

Research Began:
September 30, 2004

Title of Research:
Emerging Issues in Health Care Worker and Bloodborne Pathogen Research: Healthcare Workers in Correctional Facilities

Data Collection Began:
November 16, 2004

Proponent:
Centers for Disease Control and Prevention; National Institute for Occupational Safety and Health

Data Collection End:
June 30, 2006

Project Status:
Formulating Results; Data Collection Complete

Progress Report Due:
September 12, 2007

Projected Completion Date:
September 1, 2007

Units: Lychner, Stringfellow

Project Number: 475-RM05

Researcher: Robert Morgan

IRB Number: L05-077

IRB Expires: February 27, 2008

Research Began: August 1, 2005

Title of Research: Tailoring Services for Mentally Ill Offenders

Data Collection Began: January 20, 2006

Proponent: Texas Tech University

Data Collection End: July 31, 2007

Project Status: Data Collection

Progress Report Due: January 6, 2008

Projected Completion Date: January 1, 2008

Units: Gatesville, Montford

Project Number: 486-RM05

Researcher: William O'Brien

IRB Number: 05-298

IRB Expires: August 31, 2007

September 5, 2007: E-mail requesting current approval.

Research Began: January 17, 2006

Title of Research: A Phase III randomized, double-blinded, placebo-controlled trial to investigate the efficacy, tolerability, and safety of TMC125 as part of an ART including TMC114/RTV and an investigator-selected OBR in HIV-1 infected subjects with limited to no treatment options (TMC 125-C206)

Data Collection Began: January 17, 2006

Proponent: University of Texas Medical Branch at Galveston

Data Collection End: November 30, 2007

Project Status: Data Analysis / Data Collection

Progress Report Due: July 18, 2007

September 5, 2007: E-mail requesting updated progress report.

Projected Completion Date: To be determined by trial sponsor

Units: Hospital Galveston

Project Number: 490-RM06

Researcher: Sharon Melville

IRB Number: Exempt

IRB Expires: N/A

Research Began: April 24, 2006

Title of Research: Medical Monitoring Project (MMP)

Data Collection Began: April 24, 2006

Proponent: Texas Department of State Health Services; US Center for Disease Control (CDC)

Data Collection End: April 30, 2010

Project Status: Data Collection

Progress Report Due: October 19, 2007

Projected Completion Date: April 30, 2010

Units: System-wide

Project Number: 499-RM06

Researcher:	IRB Number:	IRB Expires:	Research Began:
Albert D. Wells	06-307	August 31, 2007 September 5, 2007: E-mail requesting current approval.	April 4, 2007

Title of Research:
Past Drug Use Among Recently Incarcerated Offenders in TDCJ and Oral Health Ramifications

Data Collection Began:
May 1, 2007

Proponent:
University of Texas Medical Branch, Galveston

Data Collection End:
May 31, 2007

Project Status:	Progress Report Due:	Projected Completion Date:
Data Analysis	August 31, 2007 September 5, 2007: E-mail requesting updated progress report.	December 31, 2007

Units: N/A (Data Only)

Project Number: 503-RM06

Researcher:	IRB Number:	IRB Expires:	Research Began:
William O'Brien	06-189	April 30, 2008	October 23, 2006

Title of Research:
TMC125-C217 An open-label trial with TMC125 as part of an ART including TMC114/rtv and an investigator-selected OBR in HV-1 infected subjects who participated in a DUET trial (TMC125-C206 or TMC125-C216)

Data Collection Began:
October 26, 2006

Proponent:
University of Texas Medical Branch at Galveston

Data Collection End:
October 31, 2008

Project Status:	Progress Report Due:	Projected Completion Date:
Data Collection	July 16, 2007 September 5, 2007: E-mail requesting updated progress report.	To be determined by trial sponsor

Units: UTMB

Project Number: 513-MR07

Researcher:	IRB Number:	IRB Expires:	Research Began:
H. Morgan Scott	Exempt	N/A	November 21, 2006

Title of Research:
Do variable monthly levels of antibiotic usage affect the levels of resistance of enteric bacteria isolated from human and swine wastewater in multisite integrated human and swine populations?

Data Collection Began:
November 21, 2006

Proponent:
Texas A&M, Department of Veterinary Integrative Biosciences, College of Veterinary Medicine

Data Collection End:
August 31, 2007

Project Status:	Progress Report Due:	Projected Completion Date:
Data Analysis	August 21, 2007 September 5, 2007: E-mail requesting updated progress report.	August 31, 2008

Units: Beto, Byrd, Central, Clemens, Coffield, Darrington, Eastham, Ellis, Estelle, Ferguson, Jester I, Jester III, Luther, Michael, Pack, Powledge, Scott, Terrell, Wynne

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Project Number: 515-MR07

Researcher: Jacques Baillargeon

IRB Number: 06-249

IRB Expires: January 18, 2008

Research Began: October 27, 2007

Title of Research: Disease Prevalence and Health Care Utilization in the Texas Prison System

Data Collection Began: March 5, 2007

Proponent: University of Texas Medical Branch, Galveston

Data Collection End: December 31, 2007

Project Status: Data Analysis

Progress Report Due: January 2, 2008

Projected Completion Date: December 31, 2009

Units: N/A (Data Only)

Project Number: 523-MR07

Researcher: Robert Morgan

IRB Number: L06-193

IRB Expires: August 22, 2007
September 5, 2007: E-mail requesting current approval.

Application Received: December 11, 2006

Title of Research: An Examination of the Combined Use of the PAI and the M-FAST in Detecting Malingering Among Inmates

Completed Application Received: April 17, 2007

Proponent: Texas Tech University, Department of Psychology

Peer Panel Scheduled: December 31, 2007

Project Status: Data Collection

Progress Report Due: July 17, 2007
September 5, 2007: E-mail requesting updated progress report.

Peer Panel Recommendations: December 31 2007

Units: Montford

Project Number: 527-MR07

Researcher: Ned Snyder

IRB Number: 05-277

IRB Expires: July 31, 2007
September 5, 2007: E-mail requesting current approval.

Application Received: December 22, 2006

Title of Research: Capsule endoscopy versus traditional EGD for variceal screening: a head-to-head comparison

Completed Application Received: March 12, 2007

Proponent: University of Texas Medical Branch, Galveston

Peer Panel Scheduled: July 31, 2008

Project Status: Data Collection

Progress Report Due: January 12, 2008

Peer Panel Recommendations: July 31, 2008

Units: UTMB

Medical Research Projects Pending Approval
August 2007

Project Number: 541-MR07

Researcher:
Michael Davis

IRB Number:
07-007

IRB Expires:
February 16, 2008

Application Received:
May 8, 2007

Title of Research:
Effects of telecardiology on cardiovascular disease management: Recent review of health outcomes

Completed Application Received:
May 25, 2007

Proponent:
UTMB

Peer Panel Scheduled:
June 13, 2007

Project Status:
Pending HSD Director Approval

Progress Report Due:
N/A

Peer Panel Recommendations:
Approved w/ Conditions

Units: N/A

TDCJ HEALTH SERVICES
ADMINISTRATIVE SEGREGATION MENTAL HEALTH AUDITS
THIRD QUARTER FY 2007

UNIT	DATE(S)	ATC 4 & 5	ATC 6	REF'D	REQ. FWD	OFFENDERS SEEN	OFFENDERS INTERVIEWED	STAFF INTERVIEWED
	(Audit dates)	(48-72 Hrs)	(14 Days)	(Referred for evaluation)	(Requests Forwarded)	Total	MHS Caseload/Non-caseload	MHS/Security
CONNALLY	3/1&2/2007	100%	100%	0	8	496	87/112	3/6
FERGUSON	3/8/2007	92%	100%	1	5	419	21/91	1/6
CLEMENTS (ECB)	3/27&28/2007	100%	100%	0	11	448	212/73	3/6
McCONNELL	4/9&10/2007	100%	100%	1	5	465	54/93	3/6
WYNNE	4/13/07	100%	100%	0	4	381	23/86	2/5
COFFIELD	4/17&18/07	100%	100%	0	7	704	52/155	3/6
Mt. VIEW	4/24/07	100%	N/A	0	0	10	2/8	3/4
BETO	4/26/07	100%	100%	0	4	266	48/69	3/6
MURRAY	5/16/07	100%	100%	0	1	62	6/28	2/4
LEWIS (ECB)	5/17&18/07	100%	100%	1	5	425	57/124	2/6
HUGHES	5/22&29/07	83%	100%	0	9	488	79/154	4/6
POLUNSKY	5/24&31/07	100%	100%	2	6	422	66/103	3/6
TOTAL		1175	1100	5	65	4,586	707/1,096	32/67
AVERAGE		97.92%	100%	0.42	5.41	382.16	58.92/91.33	2.67/5.58

Consent Item 3(a)

University Medical Director's Report

The University of Texas Medical Branch

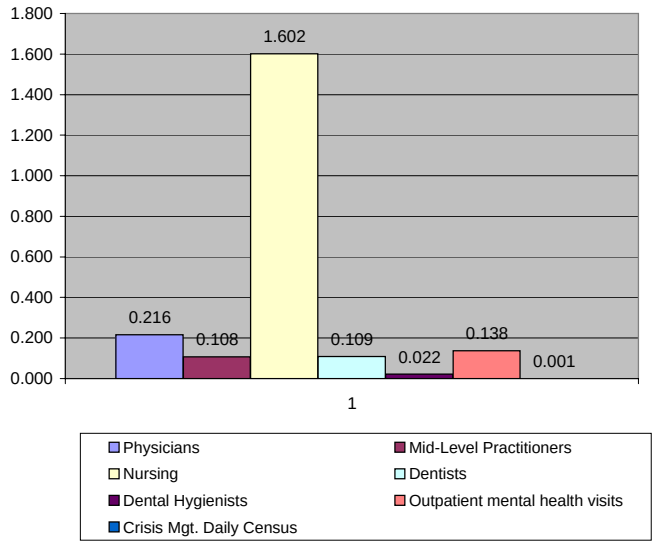
Correctional Health Care
MEDICAL DIRECTOR'S REPORT

THIRD QUARTER
FY2007

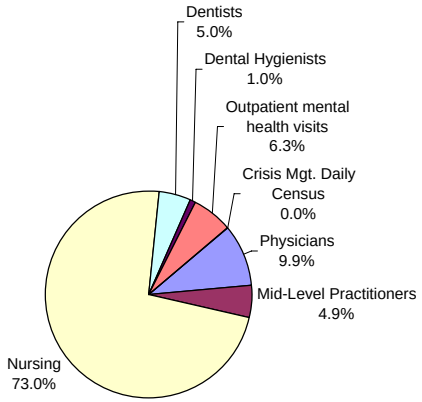
Medical Director's Report:

	March		April		May		Qtly Average	
Average Population	**120,283**		**120,271**		**120,522**		**120,359**	
	Number	**Rate Per Offender**	**Number**	**Rate Per Offender**	**Number**	**Rate Per Offender**	**Number**	**Rate Per Offender**
Medical encounters								
Physicians	25,929	0.216	25,244	0.210	26,919	0.223	**26,031**	**0.216**
Mid-Level Practitioners	12,661	0.105	12,683	0.105	13,652	0.113	**12,999**	**0.108**
Nursing	196,528	1.634	183,262	1.524	198,644	1.648	**192,811**	**1.602**
Sub-total	**235,118**	**1.955**	**221,189**	**1.839**	**239,215**	**1.985**	**231,841**	**1.926**
Dental encounters								
Dentists	13,268	0.110	13,007	0.108	13,055	0.108	**13,110**	**0.109**
Dental Hygienists	2,413	0.020	2,549	0.021	2,833	0.024	**2,598**	**0.022**
Sub-total	**15,681**	**0.130**	**15,556**	**0.129**	**15,888**	**0.132**	**15,708**	**0.131**
Mental health encounters								
Outpatient mental health visits	16,310	0.136	16,951	0.141	16,520	0.137	**16,594**	**0.138**
Crisis Mgt. Daily Census	111	0.001	87	0.001	85	0.001	**94**	**0.001**
Sub-total	**16,421**	**0.137**	**17,038**	**0.142**	**16,605**	**0.138**	**16,688**	**0.139**
Total encounters	**267,220**	**2.222**	**253,783**	**2.110**	**271,708**	**2.254**	**264,237**	**2.195**

Encounters as Rate Per Offender Per Month



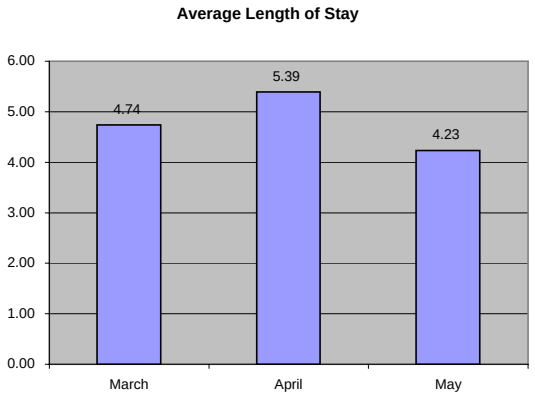
Encounters by Type

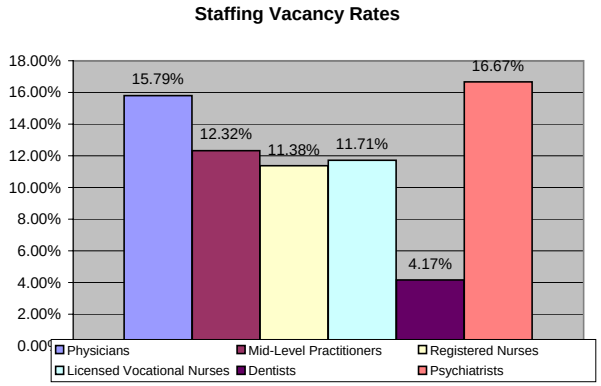


Medical Director's Report (Page 2):

	March	April	May	Qtly Average
Medical Inpatient Facilities				
Average Daily Census	82.00	87.00	85.00	**84.67**
Number of Admissions	421.00	373.00	441.00	**411.67**
Average Length of Stay	4.74	5.39	4.23	**4.79**
Number of Clinic Visits	1,884.00	1,843.00	1,987.00	**1,904.67**
Mental Health Inpatient Facilities				
Average Daily Census	1,035.68	1,041.26	1,059.58	**1,045.51**
PAMIO/MROP Census	716.13	711.16	711.00	**712.76**
Specialty Referrals Completed	1,180.00	1,089.00	1,090.00	**1,119.67**
Telemedicine Consults	538	498	486	**507.33**

	Average This Quarter			Percent
Health Care Staffing	**Filled**	**Vacant**	**Total**	**Vacant**
Physicians	64.00	12.00	76.00	15.79%
Mid-Level Practitioners	121.00	17.00	138.00	12.32%
Registered Nurses	366.00	47.00	413.00	11.38%
Licensed Vocational Nurses	671.00	89.00	760.00	11.71%
Dentists	69.00	3.00	72.00	4.17%
Psychiatrists	15.00	3.00	18.00	16.67%





Consent Item 3(b)

University Medical Director's Report

Texas Tech University Health Sciences Center

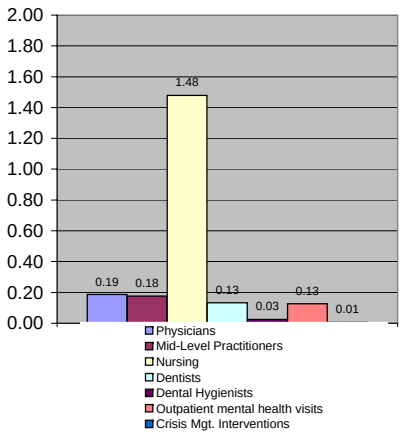
Correctional Managed Health Care
MEDICAL DIRECTOR'S REPORT

THIRD QUARTER
FY 2007

Medical Director's Report:

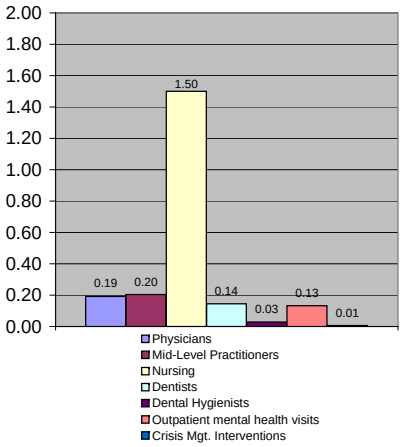
	March		April		May		Quarterly Average	
Average Population	31,571.22		31,620.33		31,570.06		31,587.20	
Medical Encounters	Number	Rate Per Offender	Number	Rate Per Offender	Number	Rate Per Offender	Number	Rate Per Offender
Physicians	6,066	0.192	6,008	0.190	6,181	0.196	6,085	0.193
Mid-Level Practitioners	5,856	0.185	6,959	0.220	6,482	0.205	6,432	0.204
Nursing	49,798	1.577	46,966	1.485	45,359	1.437	47,374	1.500
Sub-Total	**61,720**	**1.955**	**59,933**	**1.895**	**58,022**	**1.838**	**59,891**	**1.896**
Dental Encounters								
Dentists	4,557	0.144	4,544	0.144	4,538	0.144	4,546	0.144
Dental Hygienists	891	0.028	834	0.026	959	0.030	895	0.028
Sub-Total	**5,448**	**0.173**	**5,378**	**0.170**	**5,497**	**0.174**	**5,441**	**0.172**
Mental Health Encounters								
Outpatient mental health visits	3,779	0.120	4,323	0.137	4,530	0.143	4,211	0.133
Crisis Mgt. Interventions	185	0.006	170	0.005	216	0.007	190	0.006
Sub-Total	**3,964**	**0.126**	**4,493**	**0.142**	**4,746**	**0.150**	**4,401**	**0.139**
Total Encounters	**71,132**	**2.253**	**69,804**	**2.208**	**68,265**	**2.162**	**69,733**	**2.208**

Encounters as Rate Per Offender Per Month



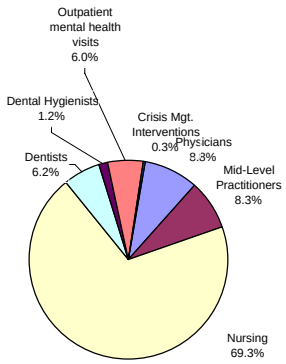
2nd Quarter 2007

Encounters as Rate Per Offender Per Month



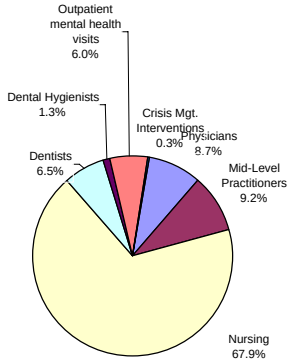
3rd Quarter 2007

Encounters by Type



2nd Quarter 2007

Encounters by Type

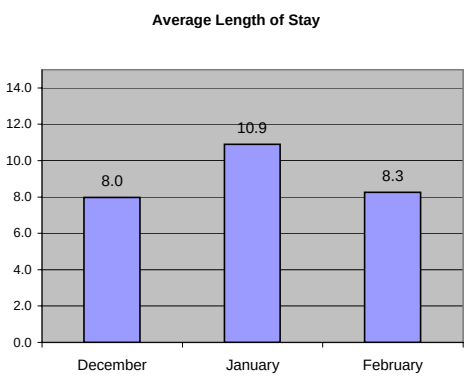


3rd Quarter 2007

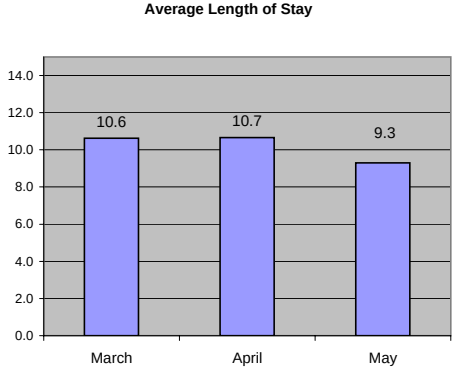
Medical Director's Report (page 2):

	March	April	May	Quarterly Average
Medical Inpatient Facilities				
Average Daily Census	83.16	82.74	80.65	**82.18**
Number of Admissions	214	257	256	**242.33**
Average Length of Stay	10.62	10.66	9.3	**10.19**
Number of Clinic Visits	650	619	730	**666.33**
Mental Health Inpatient Facilities				
Average Daily Census	544	544	524	**537.33**
PAMIO/MROP Census	422	414	429	**421.67**
Specialty Referrals Completed	1288	1271	1327	**1295.33**
Telemedicine Consults	275	348	338	**320.33**

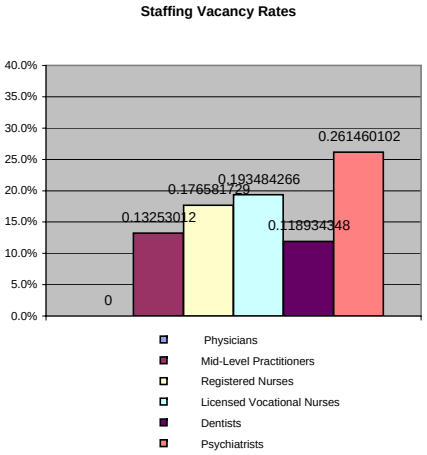
Health Care Staffing	Average This Quarter			Percent Vacant
	Filled	Vacant	Total	
Physicians	24.74	0	24.74	0.00%
Mid-Level Practitioners	24.42	3.79	28.21	13.43%
Registered Nurses	161.63	33.73	195.36	17.27%
Licensed Vocational Nurses	324.48	62.79	387.27	16.21%
Dentists	18.81	1.79	20.6	8.69%
Psychiatrists	8.75	3.08	11.83	26.04%



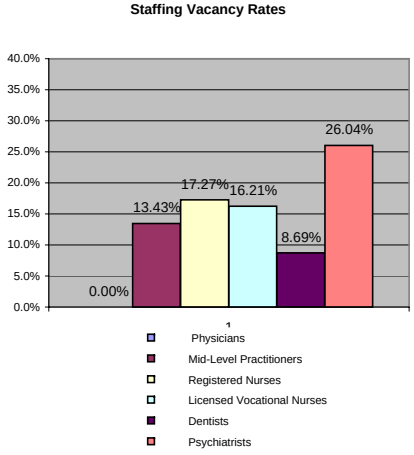
2nd Quarter 2007



3rd Quarter 2007



2nd Quarter 2007



3rd Quarter 2007

Consent Item 4

Summary of CMHCC Joint Committee / Work Group Activities

Correctional Managed Health Care
Joint Committee/Work Group Activity Summary
for September 2007 CMHCC Meeting

The CMHCC, through its overall management strategy, utilizes a number of standing and ad hoc joint committees and work groups to examine, review and monitor specific functional areas. The key characteristic of these committees and work groups is that they are comprised of representatives of each of the partner agencies. They provide opportunities for coordination of functional activities across the state. Many of these committees and work groups are designed to insure communication and coordination of various aspects of the statewide health care delivery system. These committees work to develop policies and procedures, review specific evaluation and/or monitoring data, and amend practices in order to increase the effectiveness and efficiency of the program.

Many of these committees or work groups are considered to be medical review committees allowed under Chapter 161, Subchapter D of the Texas Health and Safety code and their proceedings are considered to be confidential and not subject to disclosure under the law.

This summary is intended to provide the CMHCC with a high level overview of the ongoing work activities of these workgroups.

Workgroup activity covered in this report includes:

- System Leadership Council
- Joint Policy and Procedure Committee
- Joint Pharmacy and Therapeutics Committee
- Joint Infection Control Committee
- Joint Dental Work Group
- Joint Mortality and Morbidity Committee
- Joint Information Technology Work Group

System Leadership Council

Chair: Dr. Denise DeShields

Purpose: Charged with routine oversight of the CMHCC Quality Improvement Plan, including the monitoring of statewide access to care and quality of care indicators.

Meeting Date: August 9, 2007

Key Activities:

(1) Reviewed monthly detailed Access to Care Indicator data for the Second Quarter of FY 2007. Discussed compliance issues and corrective actions taken.

ATC Indicators	Percent of Facilities with Quarterly Average 80% Compliance or Above
#1: SCR physically triaged within 48 hrs (72 hrs Fri and Sat)	99.0%
#2: Dental chief complaint documented in MR at time of triage	100.0%
#3: Referral to dentist (nursiong/dental triage) seen within 7 days of SCR receipt	99.0%
#4: SCR/referrals (mental health) physically triaged within 48 hrs (72 hrs Fri/Sat)	98.1%
#5: MH chief complaint documented in the MR at time of triage	99.0%
#6: Referred outpatient MH status offenders seen within 14 days of referral/triage	98.1%
#7: SCR for medical services physically triaged within 48 hrs (72 hrs Fri/Sat)	98.1%
#8: Medical chief complaint documented in MR at time of triage	100.0%
#9: Referrals to MD, NP or PA seen within 7 days of receipt of SCR	96.2%

(2) Reviewed Statewide SLC Quality of Care Indicator data:

- Dental X-Ray Focus Study
- Recording of PUHLES entries for Mental Health outpatients

(3) Heard an update from CMHCC staff on legislative issues including Sunset legislation and FY 2008-09 appropriations.

(4) Reviewed Monthly Medical Grievance Exception Reports.

(5) Discussed issues related to responding to inquiries from licensing boards.

(6) Reviewed and adopted changes to FY 2008 statewide indicators. In addition to maintaining the nine standard access to care indicators, four new continuity of care indicators were adopted relating to HIV care (monitoring CD4 and viral loads); infection control management of MRSA through Directly Observed Therapy; monitoring of PUHLES assignment for mental health caseloads; and, transient offender post-operative antibiotics medications administration.

Joint Policy and Procedure Committee

Co-Chairs: Allen Sapp, CMHCC staff and Dr. Mike Kelley, TDCJ Health Services Division

Purpose: Charged with the annual review of each statewide policy statement applicable to the correctional managed health care program.

Meeting Date: July 12, 2007

Key Activities:

(1) Approved policy revisions to G-57.1, Sexual Assault

(2) Approved revisions to policy I-70.1, Informed Consent.

(3) Approved revisions to policy I-71.1, Offender's Right to Refuse Treatment; Department's Right to Compel Treatment.

(4) Approved revisions to policy I-68.2, DNA Specimen Collection.

(5) Approved revisions to policy B-14.3, Employee TB Testing.

(6) Approved Quarterly policy review and related revisions to Sections G (Special Needs and Services; Section H (Health Records) and Section I (Medical-Legal Issues).

(7) Assigned review of Sections B (Managing a Safe and Health Environment), Section C (Personnel and Training) and Section D (Health Care Services Support) for next quarterly review cycle.

Joint Pharmacy and Therapeutics Committee

Chair: Dr. Monte Smith

Purpose: Charged with the review, monitoring and evaluation of pharmacy practices and procedures, formulary management and development of disease management guidelines.

Meeting Dates: July 12, 2007

A. Key Activities

(1) Received and reviewed reports from the following P&T subcommittees:

- Psychiatry
- HIV
- Coronary Artery Disease
- Diabetes Mellitus

(2) Reviewed and discussed monthly reports as follows:

- Adverse drug reactions
- Pharmacy clinical activity
- Non-formulary deferrals
- Utilization related reports on:
    - HIV interventions
    - HIV utilization
    - Hepatitis C utilization
- Quarterly Medication Incident Reports

(3) Follow-up discussion related to enfuvirtide (Fuzeon) patients.

(4) Follow-up discussion of nonformulary medication conversion chart.

(5) Follow-up discussion on role of Linezolid and manufacturer discontinuation of Gladase and Gladese-C

(6) Discussed formulary reviews for electrolytic, caloric, water balance and vitamins; gastrointestinal and related agents; and antihypertensive agents.

(7) Reviewed action request for revision of bipolar depression disease management guideline.

(8) Reviewed formulary addition requests for Quetiapine (Seroquel) and Lamivudine (Epivir).

(9) Reviewed change to Acute Seizures disease management guideline.

(10) Discussed selection of next disease management evaluations.

(11) Reviewed policy change to Pharmacy Policy 75-05.

(12) Reviewed matters relating to tetanus-diptheria multidose vials; Loratadine (Claritin) floor stock; and manufacturer discontinuation of sulfacetamide (Sulamyd) ophthalmic ointment.

(13) Dr. Sheri Talley was appointed as new chair for the P&T committee and committee ex-officio membership was updated.

Joint Infection Control Committee

Chair: Dr. Mike Kelley

Purpose: Charged with the review, monitoring and evaluation of infection control policies and preventive health programs.

Meeting Date: August 9, 2007

Key Activities:

(1) Review of preventive medicine statistics related to hepatitis, tuberculosis, syphilis, chlamydia, gonorrhea, HIV and MRSA.

(2) Review of procedures for mandatory HIV testing and the resumption of the Hepatitis B vaccination program.

(3) Discussion of pandemic flu medication stockpile designation for TDCJ by the Department of State Health Services.

(4) Discussion of changes to spill kit instructions.

(5) Reviewed and updated policies B-14.12, Syphillis; B-14.44, Varicella and Shingles; and B-14.15, Meningitis.

Joint Dental Work Group

Co-Chairs: Dr. Sonny Wells and Dr. Brian Tucker

Purpose: Charged with the review, monitoring and evaluation of dental policies and practices.

Meeting Date: July 25, 2007

Key Activities:

(1) Review of dental staffing data.

(2) Discussion of non-compliance report issues.

(3) Review of access to care reports.

(4) Review of dental access to care worksheets.

(5) Review of dental equipment issues.

(6) Discussion of Baldridge Criteria for Performance.

(7) Heard reports from regional dental directors

(8) Heard updates from Periodontal Coordinator and Dental Hygiene Program Manager.

Joint Mortality and Morbidity Committee

Chair:	Dr. Mike Kelley
Purpose:	Charged with the ongoing review of morbidity and mortality data, including review of each offender death.
Meeting Dates:	July 18 (review of 39 cases) and August 8, 2007 (review of 34 cases).
Key Activity:	Review and discussion of reports on offender deaths and determinations as to the need for peer review.

Joint Information Technology Work Group

Chair: Allen Sapp, CMHCC

Purpose: To provide a forum for the discussion of information technology issues related to the statewide operations of the correctional health care program.

Meeting Date: July 31, 2007

Key Activities:

(1) Discussion of Dual-homed PC remediation issues (FORVUS Card replacement)

(2) Review of Host-on-Demand related issues

(3) Update on Pharmacy Replacement System implementation schedule

(4) Connectivity Issues related to Pyramid Plaza location in Lubbock

(5) Discussed Activity Updates from each partner agency related to IT issues including TTUHSC-CMHC Information Security Plan and UTMB Kronos System automated time clock installations.

(6) Established user group subcommittee assigned to review and catalog needs related to TDCJ Mainframe system access. Follow-up meeting of subcommittee was held on August 16th.

CORRECTIONAL MANAGED HEALTH CARE

1300 11th Street, Suite 415♦ Huntsville, Texas 77340
(936) 437-1972

Allen R. Hightower
Executive Director

To: Chairman James D. Griffin, M.D.
Members, CMHCC

Date: September 14, 2007

From: Allen Hightower, Executive Director

Subject: Executive Director's Report

This report summarizes a number of significant activities relating to the correctional health care program since our last meeting:

Contract Amendments: FY 2006-07 Supplemental Appropriations

At the June CMHCC meeting, the Committee approved the allocation of supplemental appropriations to UTMB and TTUHSC based on the projected FY 2006-07 losses. Contract amendments were executed with all three parties to complete the allocation of the supplemental appropriations approved by the 80th Legislature. Payments based on those amendments were completed in August. As required by the Committee, each invoice was accompanied by a certification from the university Chief Financial Officer that outlined the projected losses.

Contract Amendment: Pandemic Flu Medications

As authorized by the Committee in June, a contract amendment was executed with UTMB for the purpose of providing an emergency stockpile of authorized pandemic flu medications made available at a subsidized rate by the Texas Department of State Health Services. A total of $230,000 was identified as available for the purpose of providing a contingency stock of pandemic flu medications for the population served under our contracts. In the event that a pandemic flu outbreak occurs, UTMB shall distribute this medication statewide as directed by the Joint Infection Control Committee. UTMB is also required to provide to the CMHCC copies of invoices detailing the expenditure of these funds for the intended purpose.

FY 2008-2009 Contracts

Also at the last CMHCC meeting, the Committee approved the budget allocations and were provided a summary of key changes to the proposed new contracts for the upcoming budget cycle. Since that meeting, all three master contracts for the FY 2008-2009 biennium were completed and fully executed in a timely manner. Each contract cycle results in a more comprehensive and more refined contract product. The cooperation and assistance of everyone involved in the contracting process was greatly appreciated.

CMHCC Finance Manager Position

The CMHCC Finance Manager, Ms. Colleen Shelton submitted her resignation effective July 27th in order to accept a regional financial management position with a private hospital corporation. Colleen's work over the last two years was instrumental in establishing improved financial reporting and monitoring procedures and achieving compliance with the recommendations of the State Auditor. While she will be missed as a member of the CMHCC staff team, we wish her the very best in her new position.

Pending selection of her replacement, Allen Sapp assumed her duties. The position was posted and interviews held during August. I am pleased to be able to report that Mr. Lynn Webb has since been selected and will begin serving as the CMHCC Finance Manager effective October 10th.

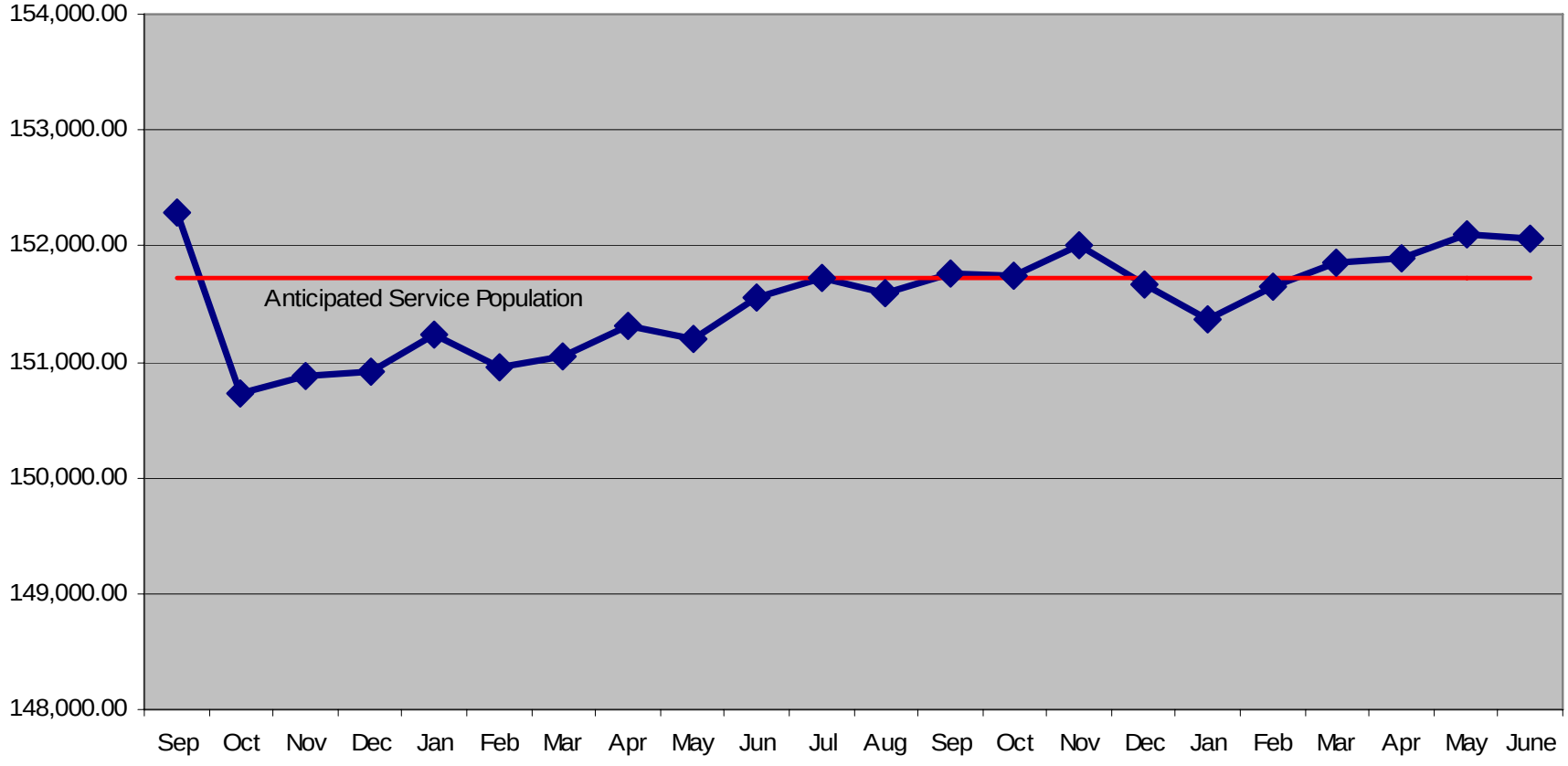
ARH:ads

Correctional Managed Health Care Committee

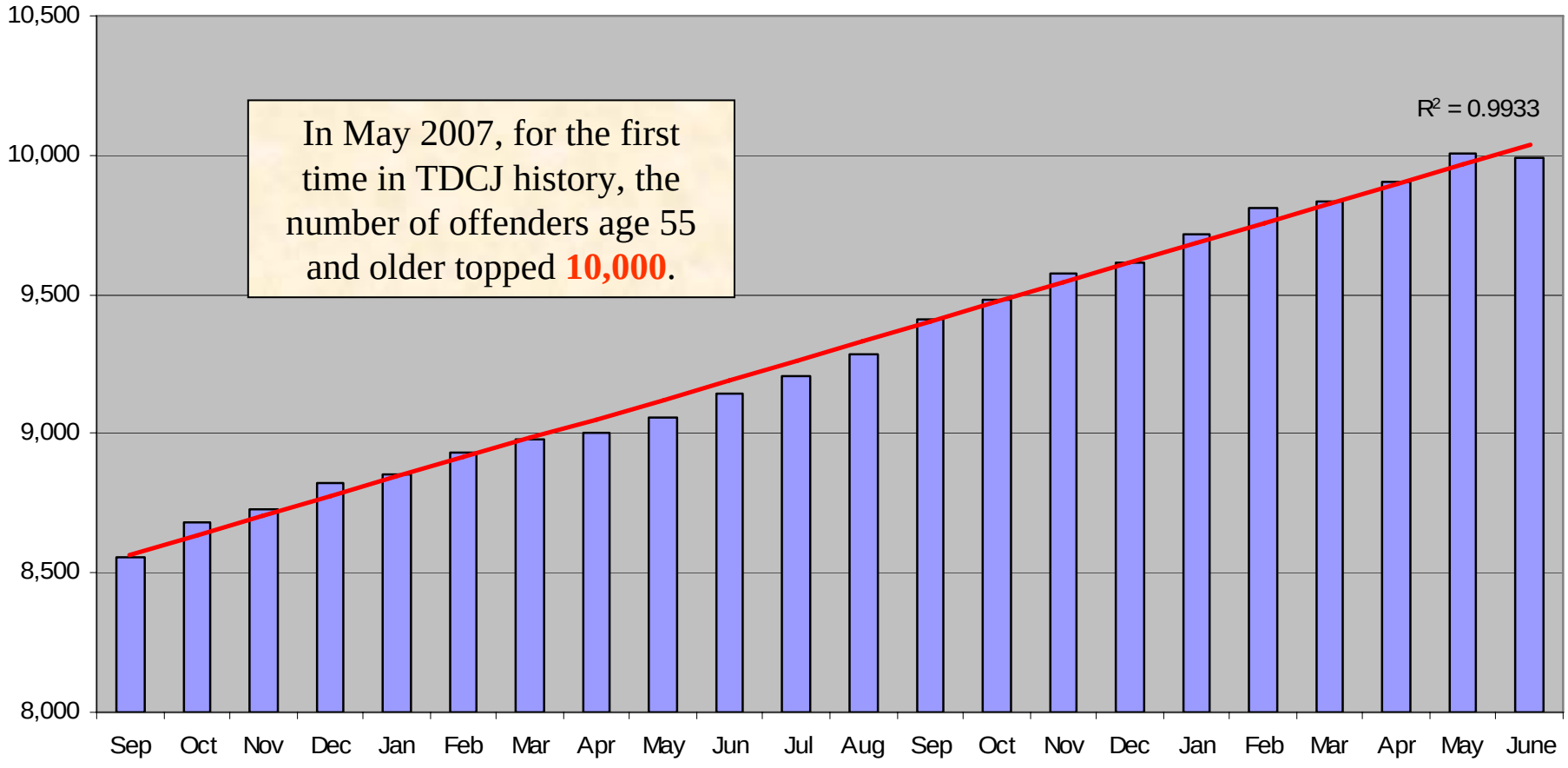
Key Statistics Dashboard

September 2007

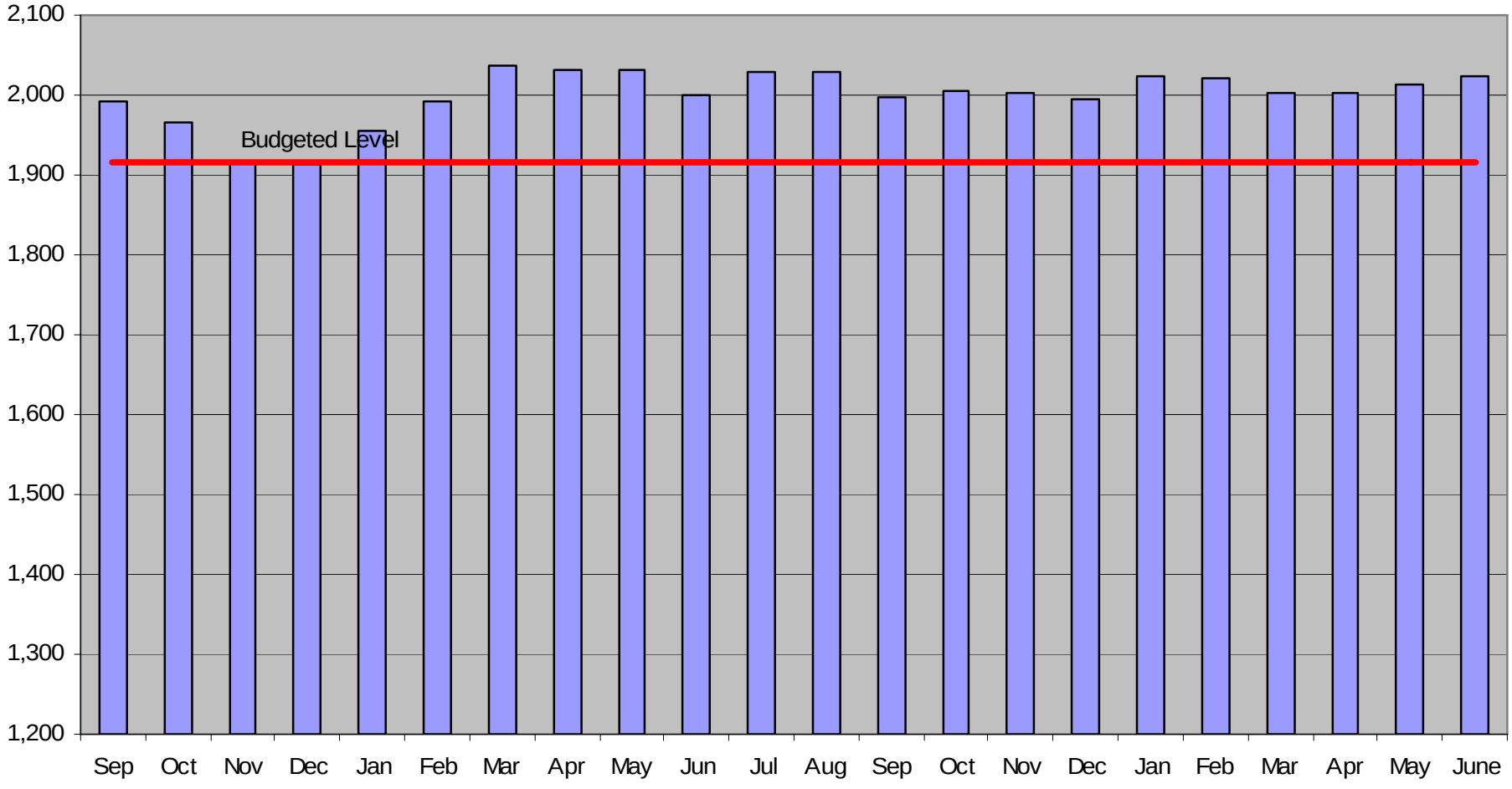
CMHC Service Population
FY 2006-2007 to Date



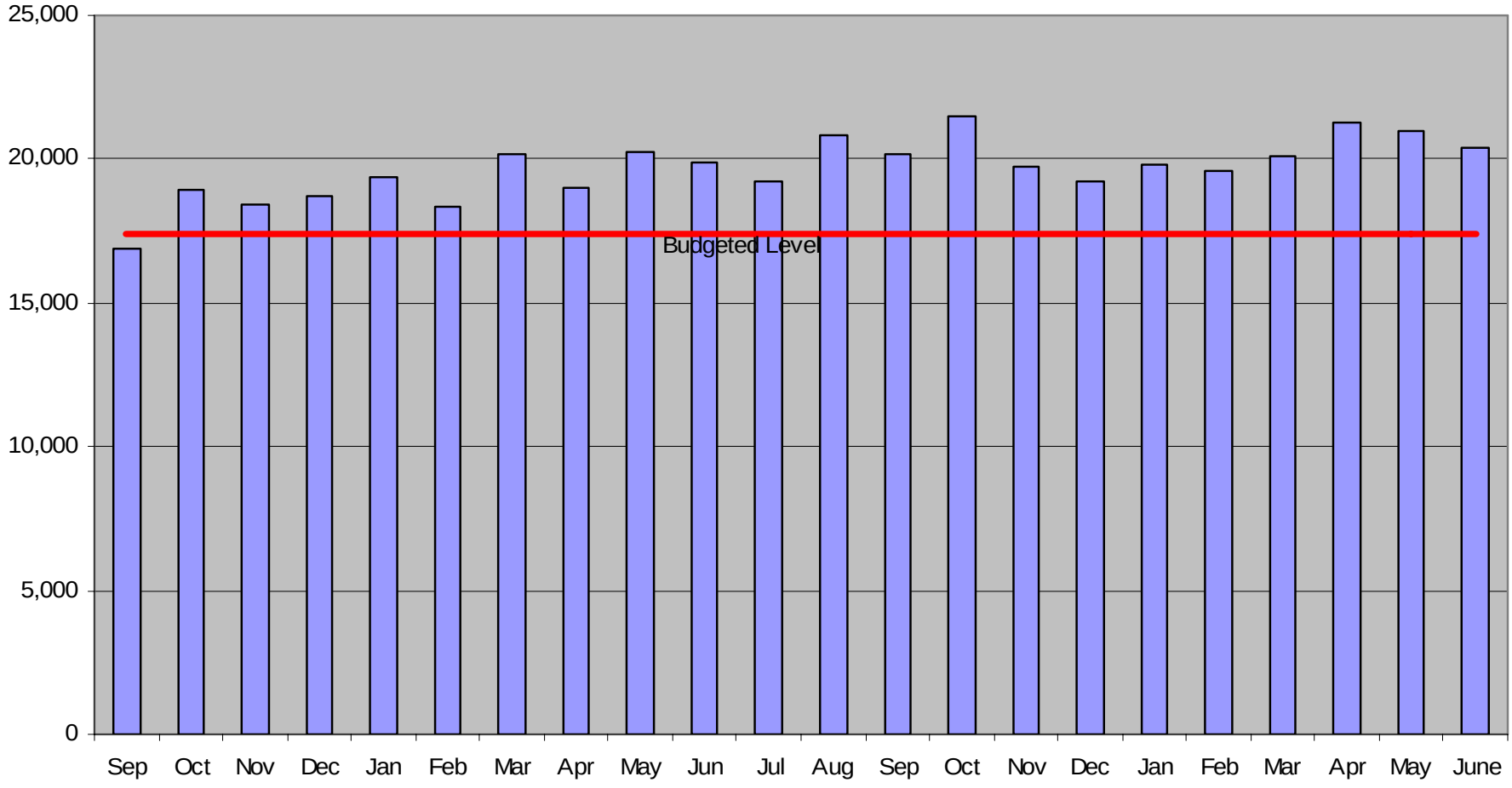
Offenders Age 55+
FY 2006-2007 to Date



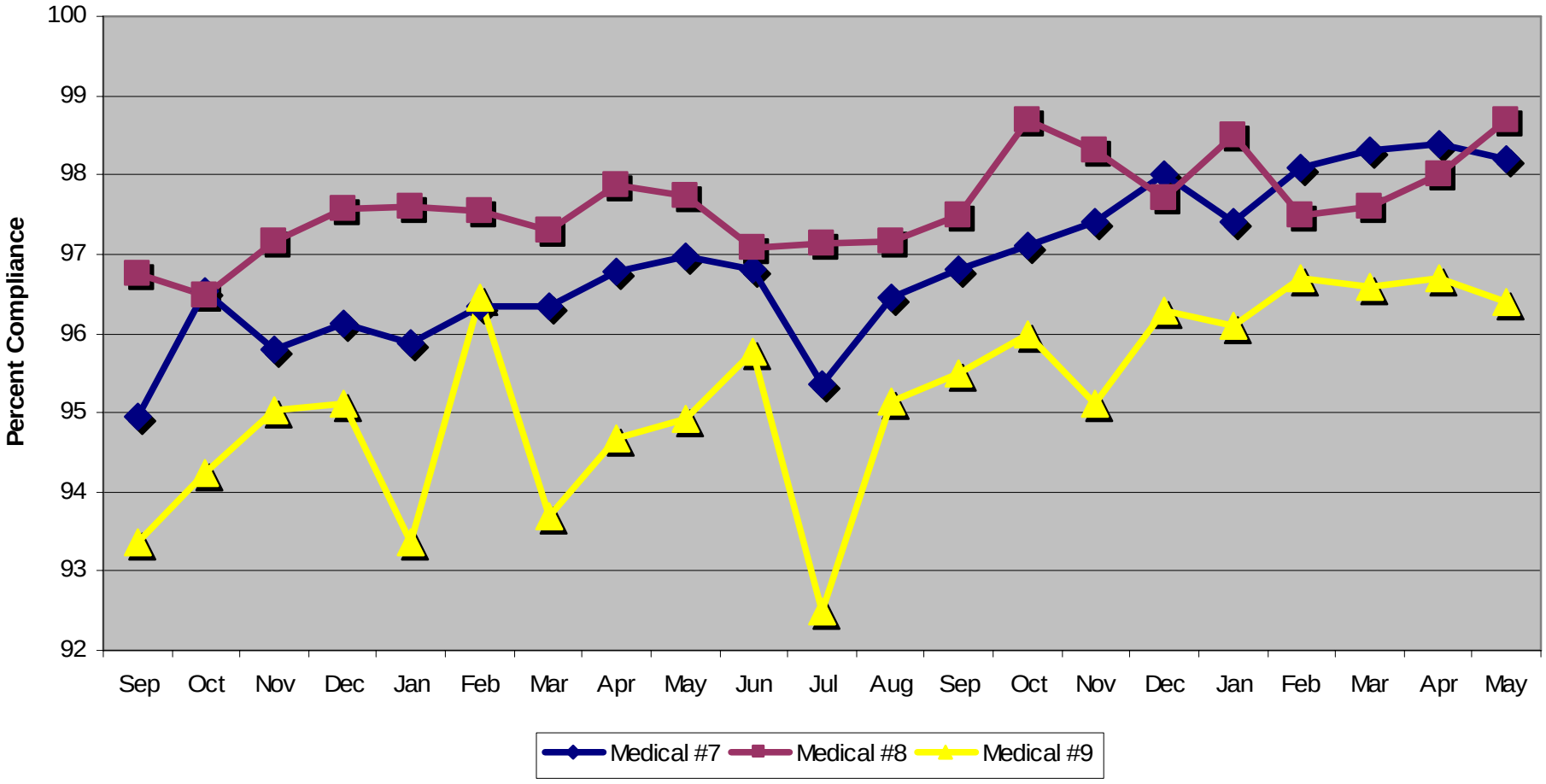
Psychiatric Inpatient Census



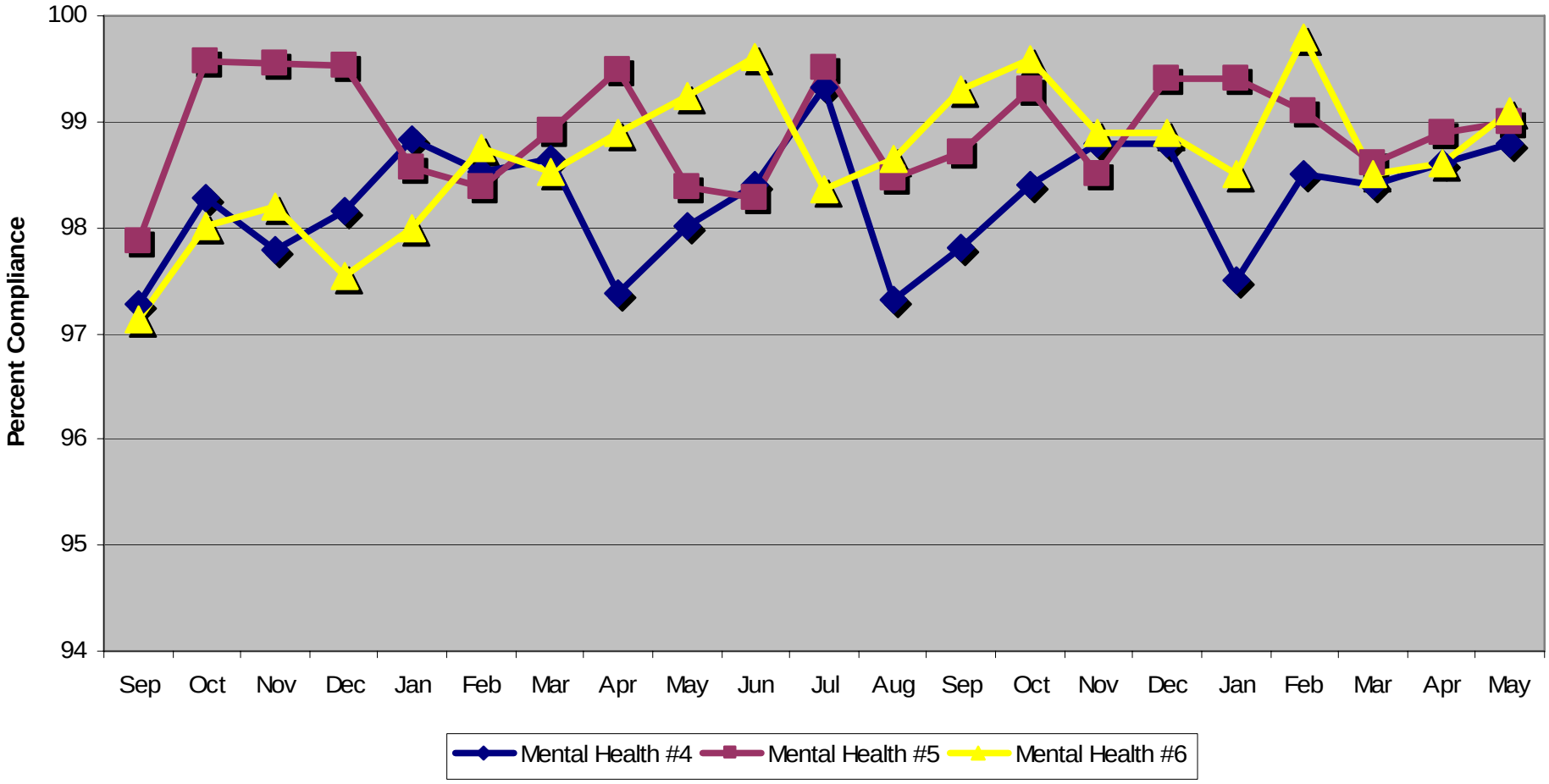
Psychiatric Outpatient Census



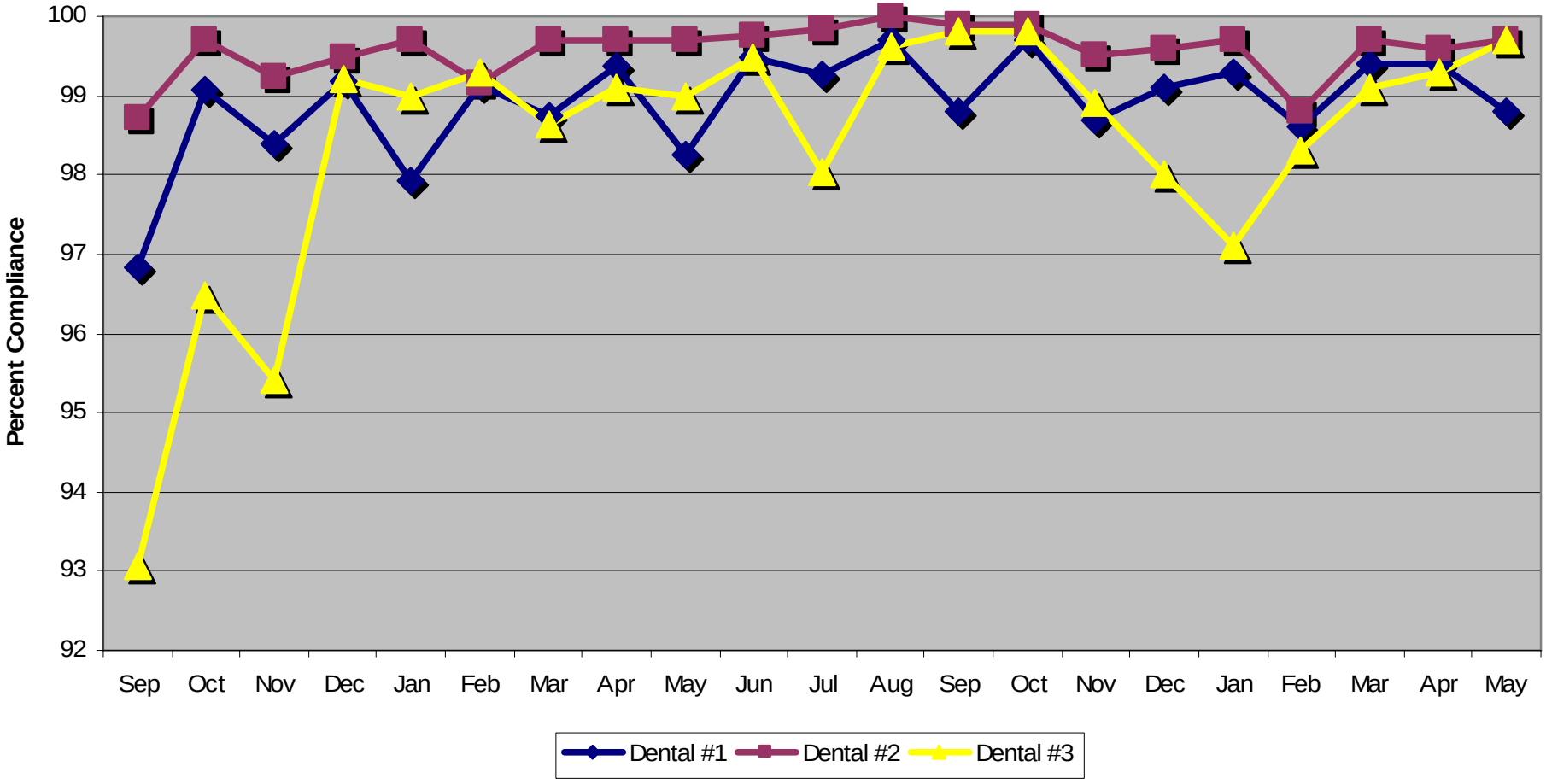
Medical Access to Care
Indicators FY 2006-2007 to Date



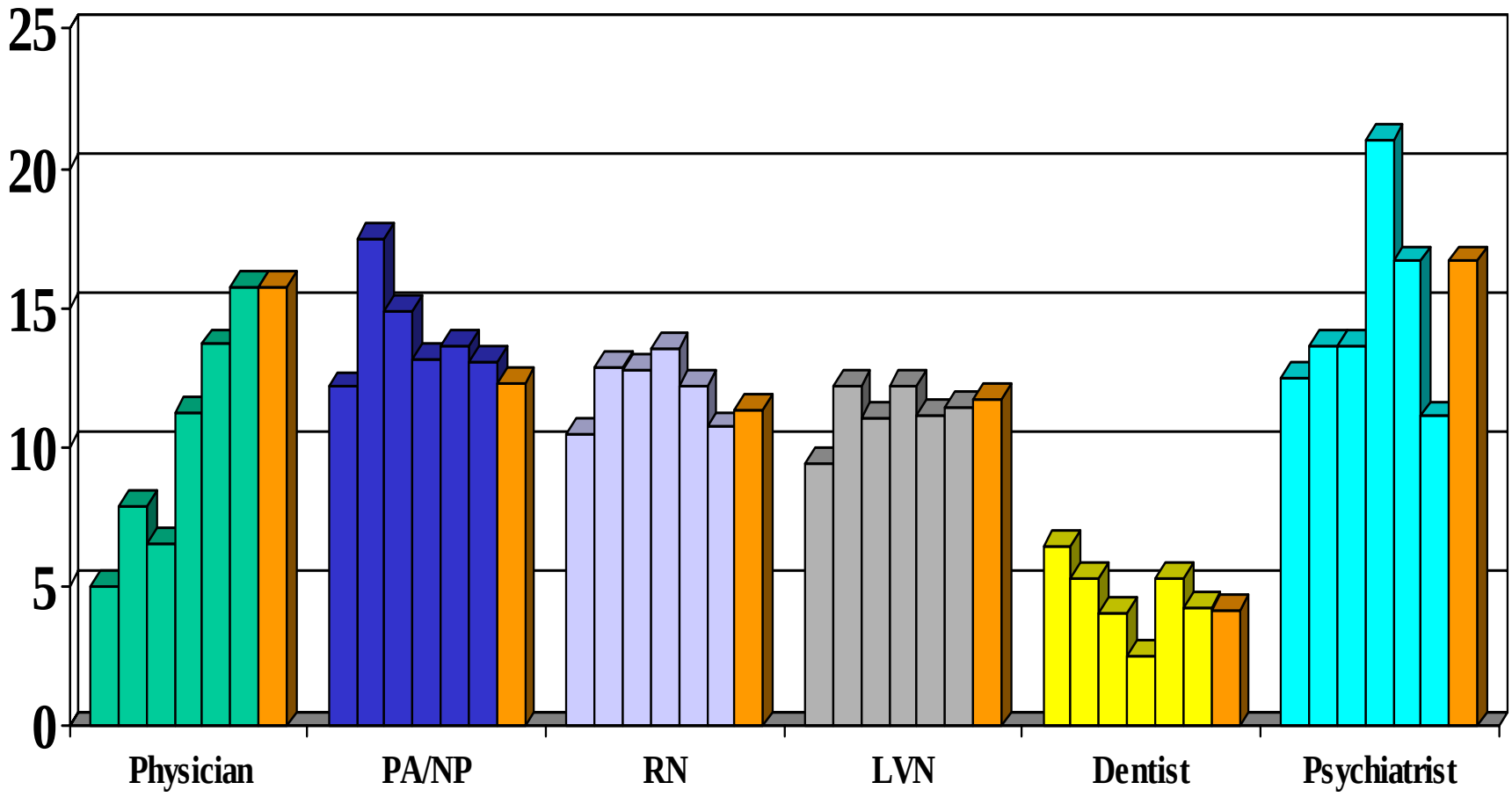
Mental Health Access to Care
Indicators FY 2006-2007 to Date



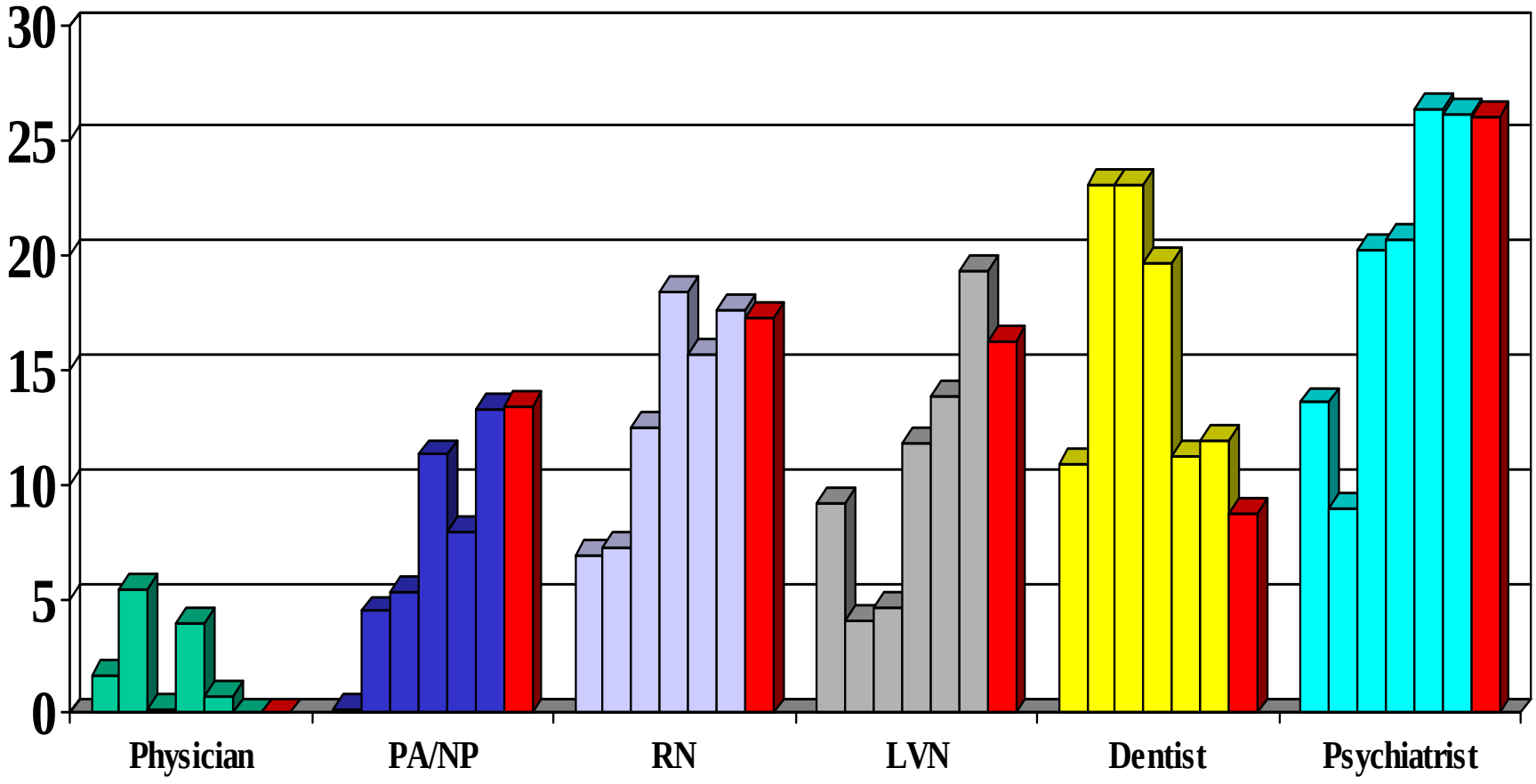
Dental Access to Care
Indicators FY 2006-2007 to Date



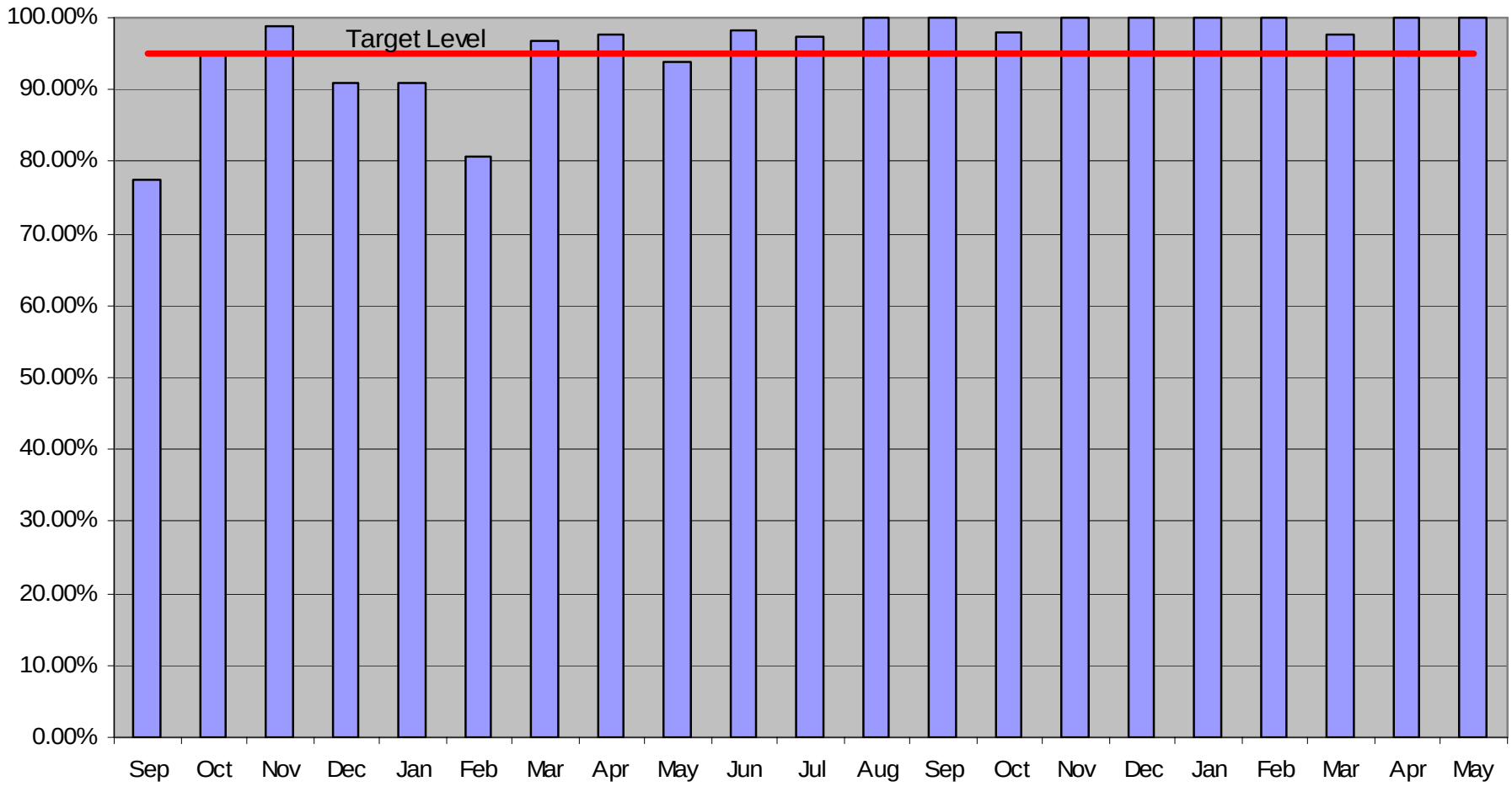
UTMB Vacancy Rates (%)
by Quarter FY 2006-FY 2007



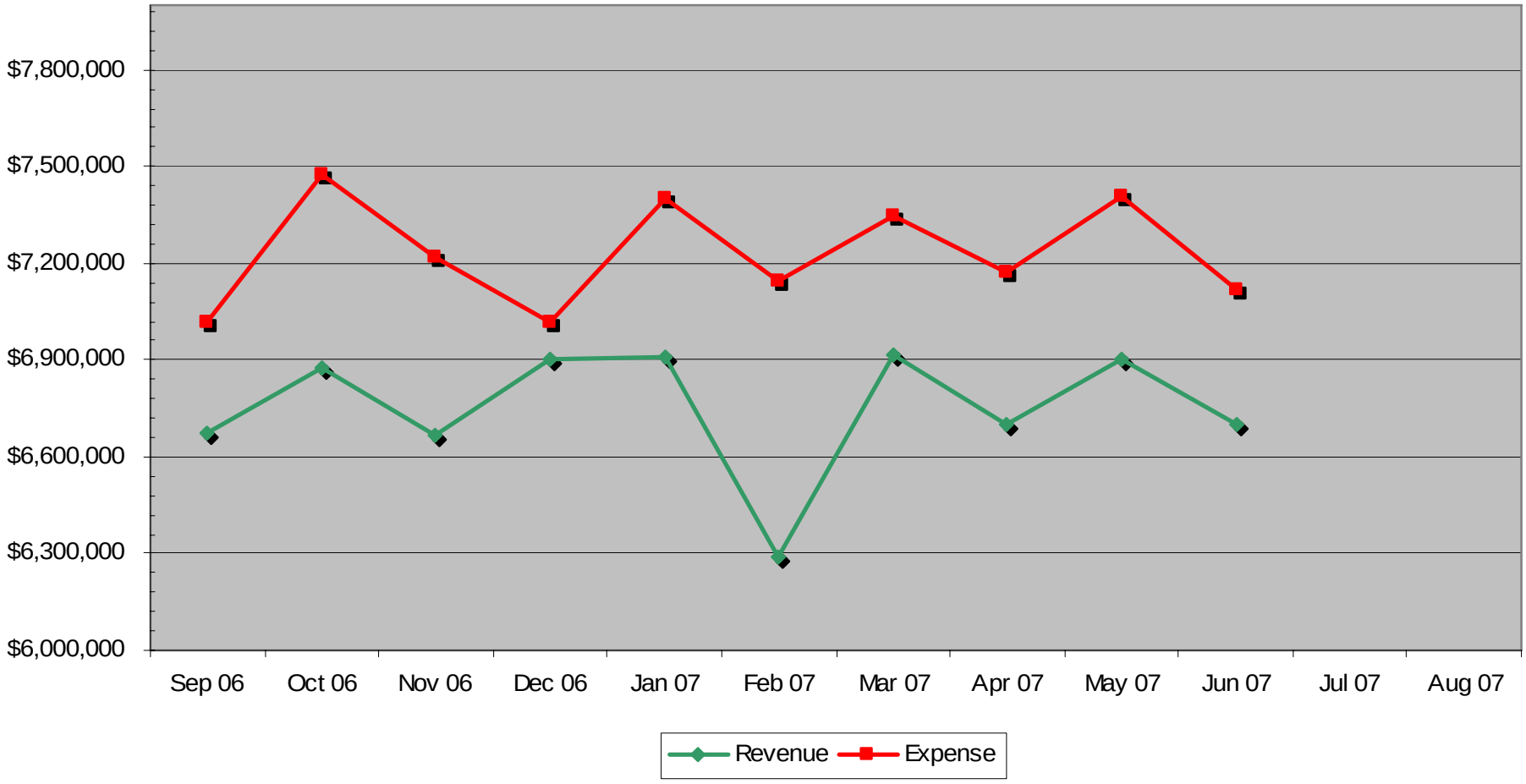
TTUHSC Vacancy Rates (%) by Quarter FY 2006-FY 2007



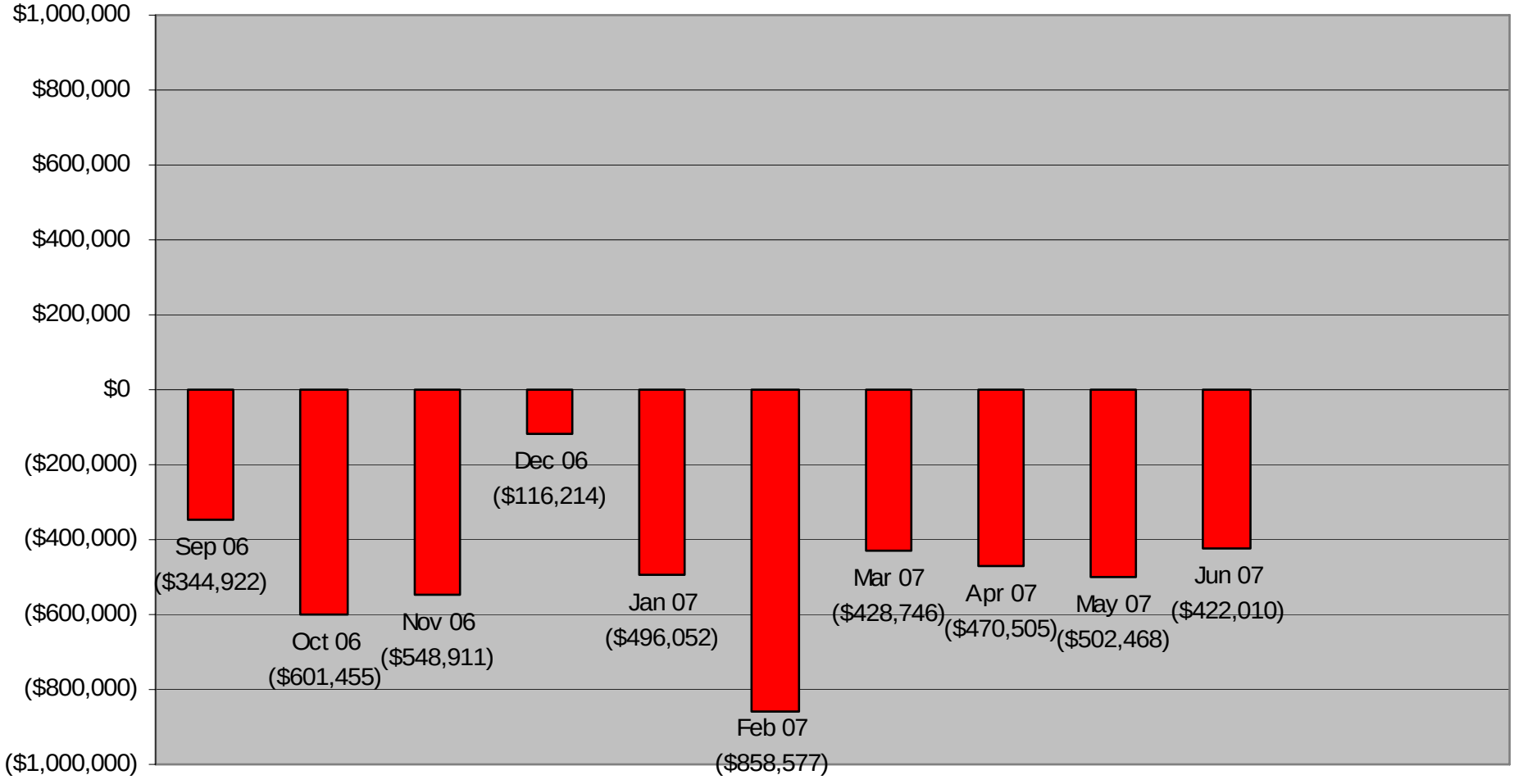
Percent of Timely MRIS Summaries



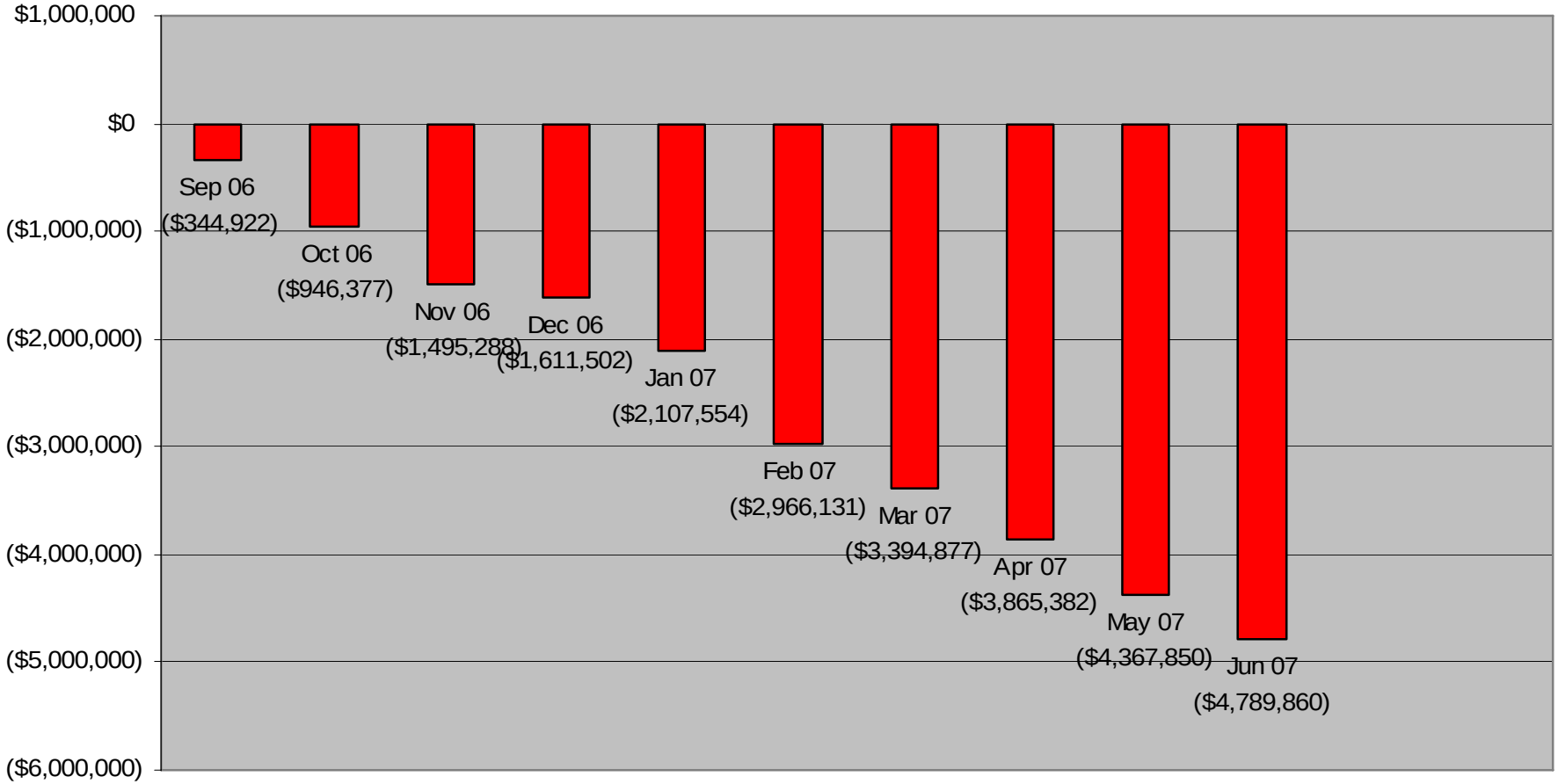
TTUHSC Revenue v. Expenses by Month
FY 2007



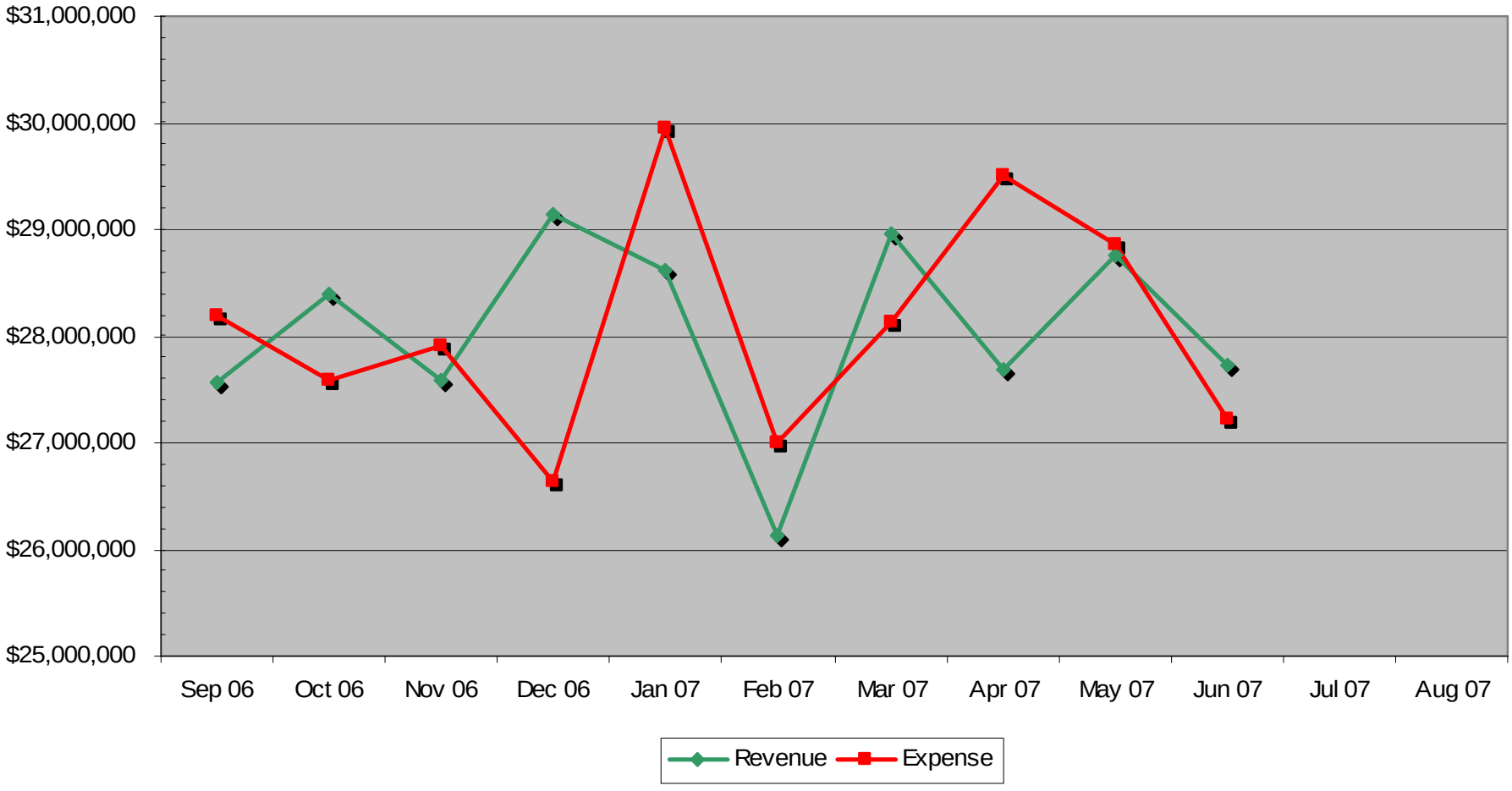
TTUHSC Loss/Gain by Month
FY 2007



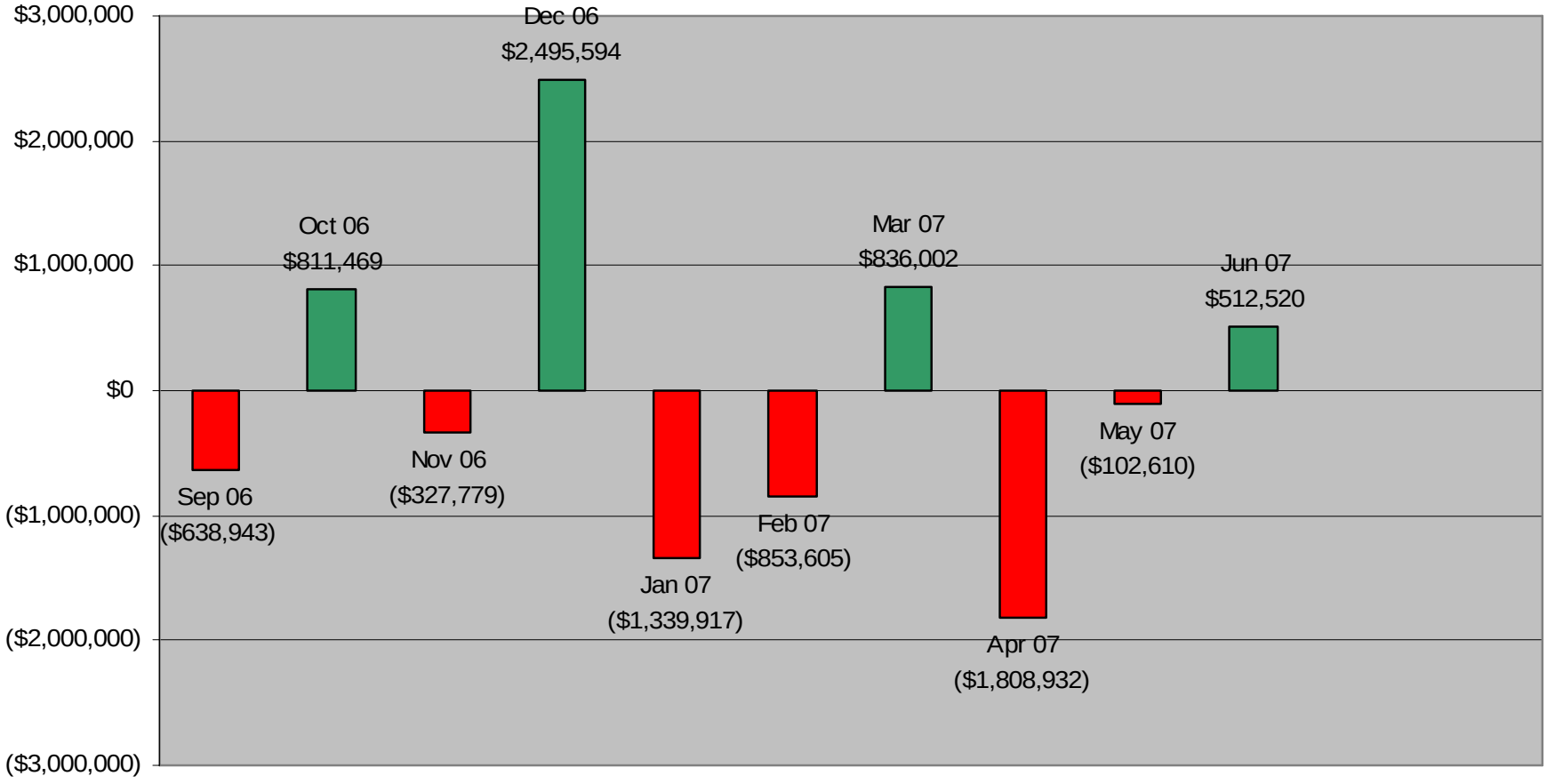
TTUHSC Cumulative Loss/Gain
FY 2007



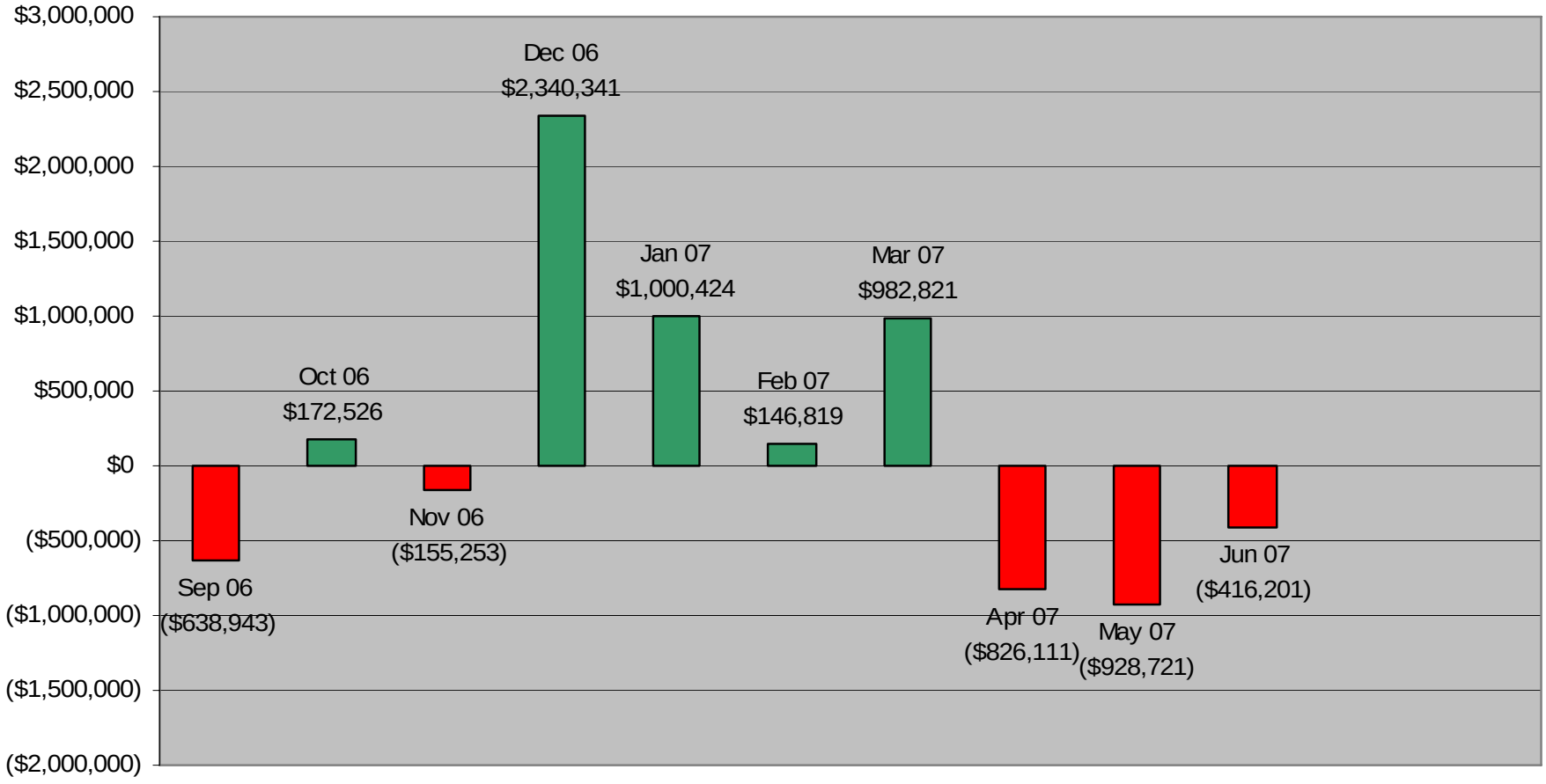
UTMB Revenue v. Expenses by Month
FY 2007



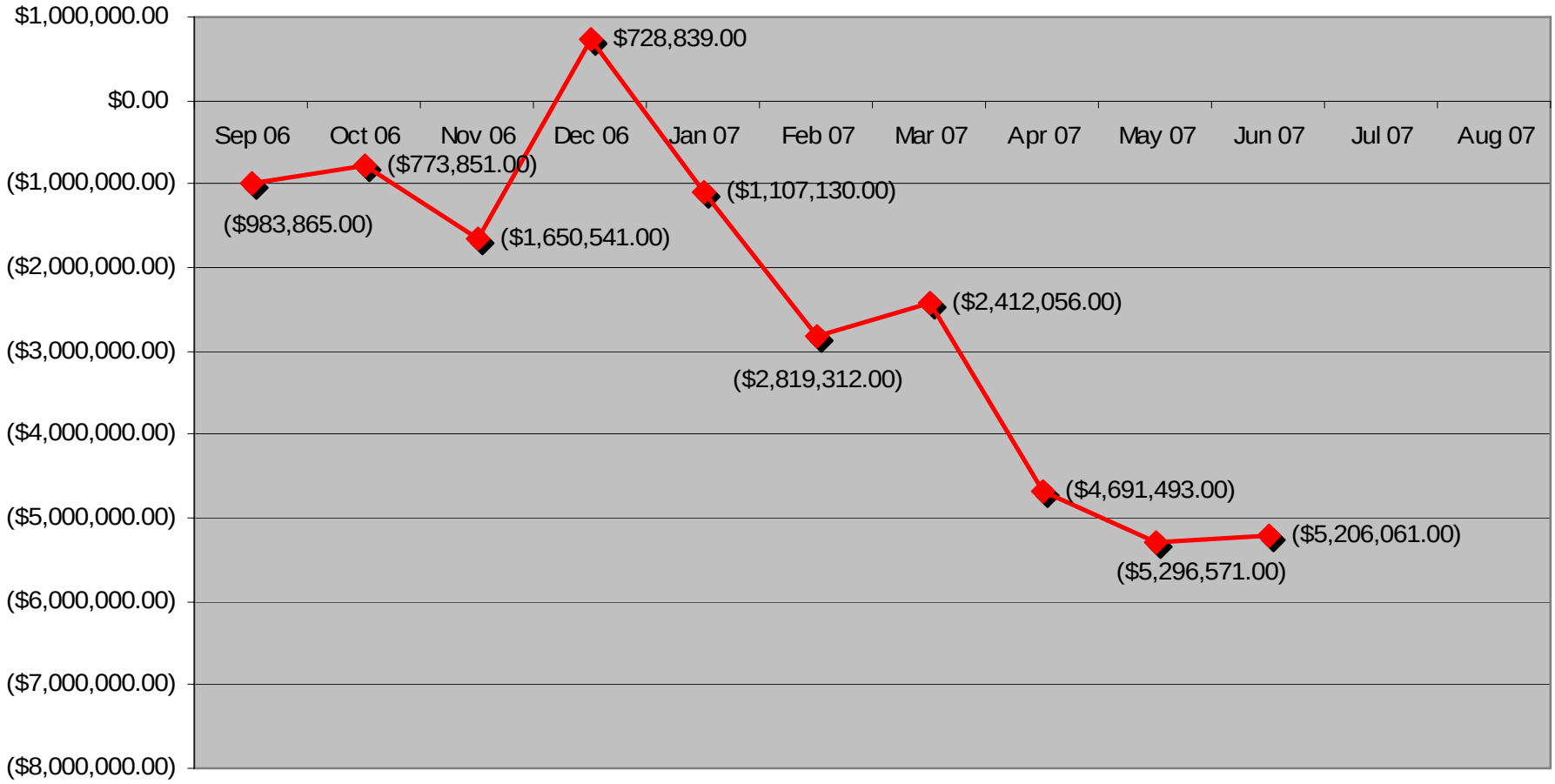
UTMB Loss/Gain by Month
FY 2007



UTMB Cumulative Loss/Gain
FY 2007



Statewide Cumulative Loss/Gain
FY 2007



Summary of Critical Correctional Health Care Personnel Vacancies
Prepared for the Correctional Managed Health Care Committee

As of August 2007

Title of Position	CMHC Partner Agency	Vacant Since (mm/yyyy)	Actions Taken to Fill Position
Director Mental Health Services, CMHC	UTMB CMC	05/2006	Offer pending.
Clinical Director, Skyview Unit, MHS	UTMB CMC	03/2007	Transfer pending.
Physician I-III	UTMB CMC	09/2006	Local and National Advertising, Conferences Currently 13 vacancies system-wide.
Mid-Level Practitioners (PA and FNP)	UTMB CMC	09/2006	Local and National Advertising, Career Fairs, Conferences. Currently 20 openings system-wide, concentrated in Beeville and Palestine areas.
PAMIO Mental Health Director	TTUHSC	10/2005	Recruitment agencies, National Correctional and Psychiatric Publication advertisements, salary increases.

Title of Position	CMHCC Partner Agencies	Vacant Since (mm/yyyy)	Action Taken to Fill Position
Executive Director	TTUHSC	03/2007	Mr. Gary Tonniges has been serving as Interim Director. Applicant interviews scheduled for September 2007.
Director of Nursing Services	TTUHSC	04/2007	Position filled September 1, 2007
Contract Dentists (Part-time: 24 hours weekly)	TDCJ	06/2003	TDCJ Division Director for Health Services Division has requested that this position be made Agency full-time equivalent position and that the salary be commensurate with the University providers dentists salary.

TEXAS DEPARTMENT OF CRIMINAL JUSTICE

HEALTH SERVICES DIVISION MEDICAL DIRECTOR'S REPORT

Third Quarter FY-2007

Lannette Linthicum, M.D., CCHP-A, FACP

TDCJ Medical Director's Report

Office of Health Services Monitoring (OHSM)

Operational Review Audit (ORA)

- During the third quarter of FY-2007, 10 Operational Review Audits were conducted at the following facilities: Ft. Stockton, Gist, Havins, Hodge, Leblanc, Lynaugh, Middleton, Sanchez, Skyview, and West Texas ISF. The 12 items most frequently out of compliance follow:

1. Item 6.39 requires offenders who have been diagnosed with Methicillin-Resistant Staphylococcus (MRSA), Diabetes or Human Immunodeficiency Virus (HIV) Infection with an additional diagnosis of Methicillin-sensitive Staphylococcus Aureus (MSSA), MRSA or Serious MSSA, to be placed on Directly Observed Therapy (DOT). If DOT was not utilized, documentation reflecting compliance checks every forty-eight (48) hours must be present. Eight of the 10 facilities were not in compliance with this requirement.
2. Item 6.40 requires Syphilis cases be reported at the time of diagnosis on the Syphilis Monitoring Record (HSM-85) to the Preventive Medicine Department. In addition, the stage must be identified on each report. Eight of the 10 facilities were not in compliance with this requirement.
3. Item 5.06 requires offenders who are referred from triage be seen by a provider within seven days of receipt of the sick call request. Eight of the 10 facilities were not in compliance with this requirement.
4. Item 5.09 requires the medical record of each offender receiving a therapeutic diet contain the type, duration, and that the order does not exceed 365 days. Eight of the 10 facilities were not in compliance with this requirement.
5. Item 5.10 requires the medical records of offenders receiving therapeutic diets in excess of seven days, reflect that nutritional counseling has been provided within 30 days, including the diet type and duration. Eight of the 10 facilities were not in compliance with this requirement.
6. Item 5.14 requires the Certification and Record of Segregation Visits form be signed and dated with a current housing list attached. Eight of the 10 facilities were not in compliance with this requirement.
7. Item 1.48 requires interpreter services must be arranged and noted throughout the medical record for Monolingual Spanish-speaking offenders. Seven of the 10 facilities were not in compliance with this requirement.
8. Item 5.11 requires Emergency Room Forms (HSM-16), are filled out completely and legibly to include assessment, intervention, medications administered, disposition and signature. Seven of the 10 facilities were not in compliance with this requirement.
9. Item 3.02 requires the facility to verify 48 to 72 hour triage from the previous three months by utilizing the Access to Care Dental Worksheets. Seven of the 10 facilities were not in compliance with this requirement.
10. Item 3.03 requires offenders who submit sick call requests are triaged within 48 to 72 hours. Seven of the 10 facilities were not in compliance with this requirement.
11. Item 3.04 requires the facility Access to Care dental worksheets are accurate in regards to seven day referral from receipt of the sick call request. Seven of the 10 facilities were not in compliance with this requirement.
12. Item 3.09 requires the incoming health records are reviewed by dental staff for priority one conditions. Seven of the 10 facilities were not in compliance with this requirement.

Office of Professional Standards (OPS)
A total of 3,137 correspondences were received and 251 Action Requests were generated during the third quarter of FY-2007. Patient Liaison Program received 1,435 correspondences and generated 105 Action Requests. Step II Grievance received 1,702 correspondences and generated 146 Action Requests.

Quality Improvement (QI) Access to Care Audits
During the third quarter of FY-2007, 50 Access to Care (ATC) audits were conducted with a total of 450 indicators reviewed. Of those indicators, 83 fell below 80 percent compliance representing 18 percent of non-compliance.

Capital Assets Monitoring
The Capital Assets Contract Monitoring Office audited nine facilities during the third quarter FY-2007. These audits are conducted to determine compliance with the Health Services Policy and State Property Accounting (SPA) policy inventory procedures. Audit findings documented that six of the nine facilities audited were within the compliance range. Three facilities' findings were not within the acceptable range.

Office of Preventive Medicine

The Preventive Medicine Program monitors the incidence of infectious disease within the Texas Department of Criminal Justice. The following is a summary of this monitoring for the third quarter of FY-2007:

- There were 171 reports of suspected syphilis this quarter. 18,476 routine Human Immunodeficiency Virus (HIV) screens conducted, and 9,385 offenders identified for pre-release HIV tests for a total of 27,861 HIV tests performed. 140 new cases of HIV were identified and 20 new Auto Immune Deficiency Syndrome (AIDS) cases were identified. Seven offenders were found to be HIV positive in pre-release testing during the third quarter FY-2007.

- 881 Methicillin Resistant Staphylococcus Aureus (MRSA) cases were identified compared to 956 cases during the same quarter of FY-2006.

- There was an average of 18 Tuberculosis (TB) cases under management per month during this quarter versus an average of 20 per month during the same quarter of the previous fiscal year.

- Last year, the Office of Preventive Medicine began reporting the activities of the Sexual Assault Nurse Examiner (SANE) Coordinator. This position is funded through the Safe Prisons Program and is trained and certified as a SANE. Although, we do not teach the SANE Curriculum because of restrictions imposed by the State Attorney General's Office, the position provides in-service training to unit providers in the performance of medical examination, evidence collection and documentation, and use of the sexual assault kits. Out of 17 facilities, 116 staff members have participated in the sexual assault in-service training so far this year. The position audits the documentation and services provided by medical personnel for each sexual assault reported. There have been 140 chart reviews for victims performed for the period of January through May 2007. During the last quarter, three charts were found not in compliance. The area of non-compliance was referred for mental health services. For the 104 alleged assaults in which the perpetrators were known, audits were also conducted on perpetrator charts; all records were compliant for appropriate referrals. From January to May 2007, 89 baseline labs have been drawn on victims and perpetrators. These baseline labs are reviewed monthly for appropriate follow-up. 100 percent compliance has been found to date.

Mortality and Morbidity
In the third quarter of FY-2007 the Mortality and Morbidity Committee reviewed 107 deaths. Of these, 10 cases were referred to peer review committees. The chart below is a breakdown of those cases.

Peer Review Committee	Number of Cases Referred
Physician & Nursing Peer Review	5
Nursing Peer Review	1
Physician Peer Review	4
Total	**10**

Mental Health Services Monitoring & Liaison

The following is a summary of the activities performed by the Office of Mental Health Services Monitoring and Liaison during the third quarter of FY-2007.

- 134 contacts with County Jails identified 306 offenders with immediate mental health needs prior to TDCJ intake.
- The MHMR history was reviewed for all offenders (27,634) brought into TDCJ. Intake facilities were provided with critical mental health data, not otherwise available, for 1,348 offenders.
- 3,773 Texas Uniform Health Status Update forms provided by the county identified 513 deficiencies (primarily incomplete data).
- 62 offenders were screened for TDCJ Boot camp.
- 18 Administrative Segregation facilities were visited with 1,877 offenders interviewed and seven referred for further evaluation.

Clinical Administration

Health Services Liaison Utilization Review Monitoring
During the third quarter of FY-2007 10 percent of the combined UTMB and TTUHSC hospital (2,832) and infirmary (603) discharges were audited. The following chart is a summary of the audits indicating the number and percentage of cases with deficiencies.

Hospital Discharges

Month	Unstable Discharges [1] (Cases with deficiencies)	Readmissions [2] (Cases with deficiencies)	Lacking Documentation (Cases with deficiencies)
March	<1%	0	1%
April	<1%	<1%	2%
May	<1%	<1%	<1%

Infirmary Discharges

Month	Unstable Discharges [1] (Cases with deficiencies)	Readmissions [2] (Cases with deficiencies)	Lacking Documentation (Cases with deficiencies)
March	3%	1%	0%
April	4%	0%	<1%
May	4%	1%	1%

[1] Discharged patient offenders were unable to function in a general population setting.
[2] Discharged patient offenders required emergency acute care or readmission to tertiary level care within a 7 day period.

Accreditation

On April 13-17, 2007, American Correctional Association hearings were held at the 2007 Correctional Accreditation Managers Association (CAMA) Conference in Covington, Kentucky. A total of 12 Texas Department of Criminal Justice facilities were presented to the Panel of Commissioners. Initial accreditation was awarded to: Duncan, Garza East/West, Lynaugh/Ft. Stockton, Montford, Scott, Stringfellow, and Wallace/Ware. Reaccreditation was awarded to Ellis, Hughes, Middleton, Murray, and Stevenson. The agency has a total of 64 accredited facilities, the Baten Unit, and the Correctional Training Academy.

Research, Evaluation and Development (RED) Group

The following is a summary of current and pending research projects as reported by the RED Group:

- Health Services Division Active Monthly Medical Research Projects - 6
- Medical Research Projects Pending Approval - 7
- Correctional Institution Division Active Monthly Medical Research Projects – 13.

MEMORANDUM OF UNDERSTANDING

Between the Texas Department of Criminal Justice and the Department of Assistive and Rehabilitative Services, the Department of State Health Services, and the Department of Aging and Disability Services

For the purpose of establishing a continuity of care and service program for offenders with physical disabilities, the elderly, the significantly or terminally ill, and the mentally retarded involved in the criminal justice system, the Texas Department of Criminal Justice (TDCJ), the Department of Assistive and Rehabilitative Services (DARS), the Department of Aging and Disability Services (DADS), and the Department of State Health Services (DSHS), hereinafter the Entities, agree to the following:

1. AUTHORITY AND PURPOSE:

a) Texas Health and Safety Code, §§614.014 - 614.015 authorize TDCJ, DARS, DADS and DSHS to establish a Memorandum of Understanding (MOU) that identifies methods for:

- identifying offenders with physical disabilities, the elderly, the significantly or terminally ill, and those with mental retardation (hereinafter referred to as offenders with special needs);

- developing interagency rules, policies, procedures and standards for the coordination of care and services of and exchange of information on offenders with special needs; and

- identifying services needed by offenders with special needs to reenter the community successfully.

2. ALL ENTITIES AGREE TO:

a) Follow the statutory provisions in Chapter 614 of the Texas Health and Safety Code relating to the exchange of information (including electronic) about offenders with special needs for the purpose of providing or coordinating services among the Entities; and when appropriate, include such requirements in any relevant rules, policies or contract/grants.

b) Develop rules, policies, procedures, or standards that describe the agency's role and responsibility in the continuity of care process for offenders with special needs.

c) Develop procedures that provide for the preparation and sharing of assessments or diagnostics for offenders with special needs prior to the imposition of community supervision, incarceration, or parole, and the transfer of such diagnostics on offenders with special needs between local and state entities described in this agreement.

d) Participate in cross training or educational events targeted for improving each agency's knowledge and understanding of the criminal justice, DARS, DADS and DSHS systems' roles and responsibilities.

e) Inform each other of any proposed policy, procedure, standard or rule change which could affect the continuity of care system for offenders with special needs with each agency afforded thirty (30) days after receipt of proposed change(s) to respond to the recommendations prior to the adoption.

f) Provide information to Texas Correctional Office on Offenders With Medical or Mental Impairments (TCOOMMI) on the implementation of initiatives outlined in this MOU, as requested, and available to assist in the completion of their annual report.

g) Actively seek federal grants or funds to operate and expand the program.

h) Operate the continuity of care and service program for special needs offenders in the criminal justice system with funds appropriated for that purpose.

3. TDCJ THROUGH ITS DIVISIONS SHALL:

a) Cross-reference offender database and make information available to the DARS, DADS and DSHS as allowed by applicable statutes, rules or policies.

b) Develop a process to ensure that any medical, diagnostic or treatment information pertaining to offenders with special needs shall be provided to relevant local and state criminal justice agencies or other contract providers.

c) Ensure that offenders with special needs being released from institutional facilities have access to a ten-day supply of medications upon their release.

d) Contact the DARS Deaf and Hard of Hearing Services Regional Specialist 60 days prior to release of offenders with hearing impairments to ensure access to appropriate services and resources upon their release.

e) Establish an internal procedure in cooperation with TCOOMMI to review Motion to Revoke cases involving any offender with special needs. This review shall address interventions that have been made or should be made prior to final revocation action.

4. DARS SHALL:

a) Develop continuity of Services Procedures specific to offenders with special needs who are involved in the criminal justice system.

b) Provide a list of regional contacts that will coordinate connecting applicants to the appropriate field office that will accept appropriate referrals in the applicant community for offenders with special needs within 60 days

prior to release and determine eligibility in accordance with federal and state laws and policies of the DARS.

c) Resources permitting, participate in any relevant research or studies specific to offenders with special needs.

d) Subject to time and fiscal constraints, provide and/or coordinate training and/or technical assistance to TCOOMMI and other participating agencies concerning issues related to persons served by the department.

5. DADS SHALL:

a) Develop continuity of care rules specific to offenders with special needs; and

b) Include in the performance contract requirements for local aging, mental retardation and long term care centers to adhere to and implement the activities outlined in the MOU, including statutory provisions specific to sharing of information, and cross-referencing data with local and state correctional and criminal justice entities.

6. DSHS SHALL:

a) Develop continuity of care policies specific to offenders with special needs who are involved in the criminal justice system;

b) Accept appropriate referrals in the applicant community within 30 days prior to release for offenders with special needs and determine eligibility in accordance with federal and state laws and policies of DSHS;

c) Resources permitting, participate in relevant research or studies specific to offenders with special needs with the approval of the DSHS Institutional Review Board;

d) Respond to TDCJ's data requests to cross-reference offender data against relevant DSHS information on offenders with special needs; and

e) Subject to time and fiscal constraints, provide and/or coordinate training and/or technical assistance to TCOOMMMI and other participating agencies concerning issues related to offenders with special needs.

7. REVIEW AND MONITORING:

a) This MOU shall be adopted by the Departments of Assistive and Rehabilitative Services, Aging and Disability Services and State Health Services and the Texas Department of Criminal Justice. Subsequent to adoption, all parties shall provide status reports to TCOOMMI. Amendments to this MOU may be made at any time by mutual agreement of the parties.

b) TCOOMMI shall serve as the dispute resolution mechanism for conflicts concerning this MOU at both the local and statewide level.

TCOOMMI, in coordination with each state agency or department identified, shall develop a standardized process for collecting and reporting the MOU implementation outcomes. The findings of these reports shall be submitted to the Texas Board of Criminal Justice and the Legislature by September 1 of each even-numbered year and shall be included in recommendations in TCOOMMI's biennium report.

8. RENEWAL: This agreement shall be renewed every four years by mutual agreement of all the parties.

Certification

This Memorandum of Understanding is adopted to be effective_____2007.

_____
Brad Livingston, Executive Director
Texas Department of Criminal Justice

_____
Terrell I. Murphy, Commissioner
Department of Assistive and Rehabilitative Services

_____
Adelaide Horn, Commissioner
Department of Aging and Disability Services

_____
David L. Lakey, M.D., Commissioner
Department of State Health Services

An Overview of the Joint Pharmacy and Therapeutics Committee

For the
Correctional Managed Health
Care Committee
September 25, 2007

Joint P&T Committee Functions

- Develop medication formulary
- Develop drug use policies & procedures
- Ensure safe & effective drug therapy
- Ensure cost-effective drug therapy
- Develop educational programs relating to drug use
- Develop medication use evaluation studies, review results, & implement changes if needed
- Develop quality assurance programs related to drug use
- Meets bimonthly

Joint P&T Committee Membership

- Chairperson
  - Appointed by TDCJ Health Services Division Medical Director
  - 2 year term and may not serve more than 2 consecutive terms
  - Nonpartisan facilitator that votes only to break a tie
- Permanent members
  - TDCJ Health Services Division Medical Director or designee
  - TDCJ Director of Preventive Medicine
  - University Medical Directors or designees
  - Texas Tech University Regional Medical Directors
  - UTMB University Division and District Medical Directors (up to 4 designees)
  - Texas Tech Director of Pharmacy
  - UTMB Director of Pharmacy (Secretary)
  - UTMB Assistant Directors of Pharmacy
- Appointed members
  - University Directors of Nursing
  - University Dental Directors
  - University Mental Health Services Directors
- Other appointments
  - Ex-officio members
  - Term may not exceed tenure of Chairperson

Joint P&T Resources & Publications

- Publications
  - CMC Formulary
  - CMC Pharmacy Policy and Procedure Manual
  - Disease Management Guidelines (DMGs)
  - Patient Education Leaflets
- System wide resources
- Format of publication
  - Hardcopy
  - Electronic copy of Formulary on Forvus and EMR/PRS
  - Electronic copy of P&P Manual, DMGs and Education Leaflets on CMCWEB

CMC Formulary

- Hardcopy published annually
- Electronic copy reviewed and/or revised after each meeting
- Sections
  - Pharmacy contacts
  - Selected P&P
  - DMGs
  - Alphabetical listing of medications by generic name & cross-referenced by brand name
  - Therapeutic category index

CMC Pharmacy Policy and Procedure Manual

- Sections
  - Formulary
  - Ordering medications
  - Storage of medications
  - Controlled substances
  - Free World medications
  - Parenteral pharmaceuticals
  - Preparation of medication
  - Medication administration
  - Self administered medications
  - Therapeutic management
  - Emergency drugs
  - Practitioners
  - Drug companies
  - Continuous quality improvement

Policy development

- Policies reviewed at least annually
- Literature review
- Rules and regulations
  - Texas State Board of Pharmacy
  - Texas DPS & DEA
  - Texas Medical Board
  - Texas Board of Nurse Examiners
- National and state guidelines
  - NCCHC standards
  - ACA standards
  - Other correctional institutions (e.g., FBOP)

CMC Disease Management Guidelines

- Definition
  - Systematically developed statements, based on current professional knowledge, that assist practitioners and patients in making decisions about appropriate health care for specific clinical circumstances*
- Synonyms
  - Clinical practice guidelines, critical pathways, treatment algorithms, care guides
- Goal
  - Improve outcomes, provide consistent & cost-effective care
- Targeted disease states are usually
  - High risk
  - High cost
  - High volume

DMG Development

- Developed by multidisciplinary Subcommittee then reviewed and approved by Committee-At-Large
- Reviewed and/or revised at regular intervals
  - Minimum every 3 years
  - Sooner due Emergence of new information warranting update
- Integrates relevant research findings, expert opinion, clinical consensus, & population characteristics
- Defines/identifies outcome measures
  - Medical indicators (e.g., cure of disease, decreased morbidity/mortality, symptomatic relief)
  - Patient indicators (e.g., improved quality of life, activities of daily living)
  - Administrative/economic indicators (e.g., #ER visits, # hospitalizations, drug costs)
- Contents
  - Patient evaluation/education/counseling
  - Management
  - Monitoring
  - Algorithm

Current DMGs

- Acute & Chronic Angina
- Acute & Chronic Asthma
- Acute & Chronic COPD
- Catheter Restoration
- Diabetes
- Dyspepsia
- GERD
- Heart Failure
- HIV
- Hyperlipidemia
- Hypertension
- Hypertension Urgency
- Hypoglycemia
- Low Back Pain
- Mild-to-Moderate Pain
- Neuropathic Pain
- Peptic Ulcer Disease
- Razor Blade Ingestion
- Rhinitis
- Acute & Chronic Seizures
- Sinusitis
- Tinea Pedis
- Warfarin
- Wound Care
- Mental Health
  - Anxiety & Panic Disorder
  - Benzodiazepine Discontinuation
  - Bipolar Disorder
  - Depression
  - Impulse Control Disorder
  - Acute & Chronic Psychosis
  - Psychotropic Agents Dose Conversions
  - PTSD

Recent Action Items of Interest

- Bid for vaccine for new Hepatitis B vaccination program
- Review of new therapies for HIV
- New DMGs
  - CAD
  - Dyspepsia
  - Wound Care
  - Warfarin
- Addition of recommendations for dental care to Diabetes, HIV, and Heart Failure DMGs
- Nonformulary medication conversion chart

Correctional Managed Health Care Committee
Update to CMHCC Operating Policies
September 25, 2007

A number of revisions to the CMHCC operating policies are proposed in order to conform to changes in the Committee's statutory authorization as a result of the Sunset Review (as passed in SB 909, 80th Legislature, 2007) and to update provisions of the policies to reflect contract changes and current practice. Copies of the policies with changes marked in an underline (new language)/strikeout (deleted language) format.

A summary of the proposed changes follows:

Policy	Reference	Summary of Changes
A-01 (rev. 2) Committee Membership	p. 3, para. VII	Changed to reflect requirement in Sunset legislation that the Chair of the Committee be appointed by the Governor from one of the public member physicians.
A-02 (rev. 2) Committee Meetings	p. 1, para. IV; p. 2, para IX	Includes provisions requiring the CMHCC meeting minutes and agendas be made available to the public through the Committee's website.
A-03 (rev. 2) Duties of Committee and Delegated Duties of Executive Director	p. 2, para II.A through II.K	Updated provisions that outline the powers and duties of the Committee to reflect the updated requirements resulting from the Sunset Commission review and codified by SB 909.
A-05 (rev. 2) Public Participation	p. 1, Policy; p. 1 para. I, III and p. 2, para. IX	Updates provisions for public participation by including references to Committee website and updating language to conform with SB 909 language.
A-06 (rev. 2) Complaint Review Processes	p. 1, para. I; p. 2, para. III & VI.	Updates provisions of existing policy language to conform with SB 909 language and to require that information on filing complaints be made available on the Committee's website.
A-07 Alternative Dispute Resolution	New Policy	As required by SB 909, the Committee must adopt a policy encouraging the use of alternative dispute resolution processes. This statement is prepared in line with Chapter 2009 of the Government Code (requiring alternative dispute resolution) and in conformance with model guidelines established by the State Office of Administrative Hearings.
F-01 (rev. 1) Financial Reporting	p.1, para. I; p. 2, para. II, p. 3, para. VI.	Provides updated language relating to required financial reporting that references current practice; updates the timelines for submission as agreed to in contract discussions, and references maintenance of financial information on the Committee's website.
F-02 (rev. 1) Financial Monitoring	p. 1-2, para. I-VIII; p. 3, para IX.D	Makes minor adjustments to description of monitoring process in order to reflect actual practice as the monitoring procedures have evolved over the last two years. In addition, per contract discussions, language is added permitting the CMHCC to consider hours spent by university internal auditors assisting the State Auditor in audits specific to the correctional health care program as satisfying a portion of the internal audit hours required.
F-03 (rev. 1) Use of Funds; Reasonable, Necessary and Allowable Costs	p. 3, para. III.	Deletes language permitting the payment of moving costs for newly hired employees pursuant to SAO guidance and contract changes.

Correctional Managed Health Care Committee	Number:	CMHCC – A – 01 (rev.2)
	Date:	September 25, 2007
	Page:	1 of 4
POLICY STATEMENT	Supersedes:	CMHCC-A-01 (rev. 1) (September 20, 2005)

SUBJECT: COMMITTEE MEMBERSHIP

AUTHORITY: Sections 501.133-501.140, 501.144, Texas Government Code

DEFINITIONS: Texas Trade Association- "means a cooperative and voluntarily joined association of business or professional competitors in this state designed to assist its members and its industry or profession in dealing with mutual business or professional problems and in promoting their common interest." (Section 501.135, Texas Government Code)

PROCEDURES:

I. The Committee consists of nine members appointed as follows:

A. Two members employed full-time by the Department of Criminal Justice, at least one of whom is a physician, appointed by the TDCJ Executive Director;

B. Two members employed full-time by the University of Texas Medical Branch at Galveston, at least one of whom is a physician, appointed by the President of the medical branch;

C. Two members employed full-time by the Texas Tech University Health Sciences Center, at least one of whom is a physician, appointed by the President of the university;

D. Three public members appointed by the Governor who are not affiliated with the Department of Criminal Justice or with any entity with which the Committee has contracted to provide health care services, at least two of whom are physicians licensed to practice medicine in Texas.

II. Appointments to the Committee shall be made without regard to race, color, disability, sex, religion, age or national origin of the appointee.

III. A person may not be a public member of the Committee if the person or the person's spouse:

A. Is employed by or participates in the management of a business entity or other organization regulated by or receiving money from the Texas Department of Criminal Justice or the Committee;

B. Owns or controls, directly or indirectly, more than a ten percent interest in a business entity or other organization regulated by or receiving money from the Texas Department of Criminal Justice or the Committee; or

C. Uses or receives a substantial amount of tangible goods, services, or money from the Texas Department of Criminal Justice or the Committee other than compensation or reimbursement authorized by law for Committee membership, attendance or expenses.

IV. A person may not be a member of the Committee and may not be a Committee employee employed in a "bona fide executive, administrative or professional capacity" as that phrase is used for purposes of establishing an exemption to the overtime provisions of the federal Fair Labor Standards Act (as amended) if:

A. The person is an officer, employee, or paid consultant of a Texas trade association in the field of health care or health care services; or

B. The person's spouse is an officer, manager, or paid consultant of a Texas trade association in the field of health care or health care services.

V. A person may not be a member of the Committee or act as the general counsel to the Committee if the person is required to register as a lobbyist under Chapter 305 because of the person's activities for compensation on behalf of a profession related to the operation of the Committee.

VI. Committee members appointed by the Governor serve staggered six year terms, with the term of one of those members expiring on February 1st of each odd-numbered year. Other Committee members serve at the will of the appointing official or until termination of the member's employment with the entity the member represents.

VII. The Governor shall designate a ~~physician~~ public member of the Committee who is licensed to practice medicine in Texas as Chair. The Chair serves in that capacity at the will of the Governor. The members of the Committee shall elect a Vice-Chair who shall serve a term of two years beginning in September of each odd-numbered year. The Chair may appoint standing or ad hoc committees as necessary to assist the Committee in its duties.

VIII. If the Executive Director of the CMHCC has knowledge that a potential ground for removal of a Committee member exists, the Executive Director shall notify the Chair of the Committee of the potential ground. The Chair shall then notify the Governor and the Attorney General that a potential ground for removal exists. If the potential ground for removal involves the Chair, the Executive Director shall notify the next highest ranking officer of the Committee, who shall then make the required notifications. The validity of an action of the committee is not affected by the fact that it is taken when a ground for removal of a committee member exists. It is grounds for removal from the Committee if a member:

A. does not have at the time of taking office or does not maintain the qualifications for office set forth by law;

B. is ineligible for membership due to prohibitions outlined in paragraphs IV and V above;

C. cannot, because of illness or disability, discharge the member's duties for a substantial part of the member's term; or

D. is absent from more than half of the regularly scheduled Committee meetings that the member is eligible to attend during a calendar year without an excuse approved by a majority vote of the Committee.

IX. A person who is appointed to and qualifies for office as a member of the Committee may not vote, deliberate or be counted as a member in attendance at a meeting of the Committee until the person completes a training program. The CMHCC Executive

Director shall insure that each new appointee to the CMHCC is contacted and scheduled for training within 10 days of the announcement of the appointment. The training must provide the person with information regarding:

A. the legislation that created the Committee;

B. the programs operated by the Committee;

C. the role and functions of the Committee;

D. the rules of the Committee with an emphasis on the rules that relate to disciplinary and investigatory authority;

E. the current budget for the Committee;

F. the results of the most recent formal audit of the Committee;

G. the requirements of the open meetings law, the public information law, the administrative procedure law, and other laws relating to public officials (including conflict-of-interest laws); and,

H. any applicable ethics policies adopted by the Committee or the Texas Ethics Commission.

Adopted: _____
James D. Griffin, M. D.
Chair, CMHCC

Correctional Managed Health Care Committee	Number:	CMHCC – A – 02 (rev. 2)
	Date:	September 25, 2007
	Page:	1 of 2
POLICY STATEMENT	Supersedes:	CMHCC-A-02 (rev. 1) (September 20, 2005)

SUBJECT: COMMITTEE MEETINGS

AUTHORITY: Chapter 501, Subchapter E, Texas Government Code
Open Meetings Act, Chapter 551, Government Code

POLICY: The Correctional Managed Health Care Committee shall meet and conduct its meetings in accordance with the requirements of the Open Meetings Act.

PROCEDURES:

I. The Committee shall meet at least once in each quarter of the calendar year and at any other time at the call of the Chair of the Committee.

II. The Executive Director or his designee shall insure that written notice of the date, hour, place and subject of each meeting is provided to the Secretary of State as required by subchapter C of the Open Meetings Act.

III. A quorum of current members is required for the Committee to conduct business. A quorum shall consist of a simple majority of members. Committee members who are absent may request that another member or the Executive Director of the CMHCC in attendance at the meeting explain the reason for the absence and request an excused absence from the meeting. Such absences require approval by a majority vote of those present.

IV. The Executive Director or his designee shall insure that minutes of each meeting in compliance with subchapter B of the Open Meetings Act are prepared and provided to each member. Minutes shall be approved by a majority vote of those present. Copies of approved Minutes shall be made available to the public through the Committee's website.

V. The Committee's meetings shall be open to the public, except for those items authorized by subchapter D, Open Meetings Act, for discussion in an executive session. In accordance with subchapter E, Open Meetings Act, prior to conducting an executive session, the meeting must be convened in open session for which proper notice has been given. The Chair must announce in open meeting that a closed meeting will be held that identifies the section or sections of the Open Meetings Act authorizing the closed meeting. A final action, decision or vote on a matter deliberated in an executive session may only be held in an open meeting held in compliance with the Act. The Chair of the Committee shall insure that a certified agenda of any closed session is kept in accordance with the requirements of Sections 551.103 and 551.104 Texas Government Code.

VI. In accordance with Section 501.139(b), Texas Government Code, the Committee may hold a meeting by telephone conference call or other video or broadcast technology. The Open Meetings Act applies to such meetings.

VII. Meetings shall be generally conducted according to *Robert's Rules of Order*.

VIII. The Chair of the Committee may appoint standing or ad hoc subcommittees as necessary to accomplish the work of the Committee.

IX. Agendas for each meeting of the CMHCC shall be prepared in advance by the CMHCC Executive Director or his designee and approved by the Chair of the Committee prior to posting. To the extent practical, supporting material for agenda items will be provided to CMHCC members in advance of the meetings. Copies of the agenda packets shall be made accessible to the public through the Committee's website.

Adopted: _____
James D. Griffin, M.D.
Chair, CMHCC

Correctional Managed Health Care Committee **POLICY STATEMENT**	Number: CMHCC – A – 03 (rev. 2) Date: September 25, 2007 Page: 1 of 5 Supersedes: CMHCC-A-03 (rev.1) (September 20, 2005)

SUBJECT: DUTIES OF COMMITTEE AND DELEGATED DUTIES OF THE CMHCC EXECUTIVE DIRECTOR

AUTHORITY: Chapter 501, Subchapter E, Texas Government Code

PURPOSE: To delineate the policy-making duties of the Committee, to implement policies that clearly separate the policy-making responsibilities of the Committee and the management responsibilities of the Committee staff and to delegate certain authority to the CMHCC Executive Director.

PROCEDURES:

I. The Committee, through its contractual procedures and statutory authority, shall insure the following responsibilities are met:

A. The Committee shall develop a managed health care plan for persons confined in institutions operated by the Texas Department of Criminal Justice consistent with the requirements of Section 501.146, Texas Government Code.

B. The Committee has the authority to enter into a contract on behalf of TDCJ to fully implement the managed health care plan.

C. The Committee has the authority to contract with other governmental entities for similar health care services and integrate those services into the managed health care network.

D. In contracting for the implementation of the managed health care plan, the Committee to the extent possible, shall integrate the managed health care provider network with the public medical schools of this state and the component and affiliated hospitals of those medical schools.

E. For services that the public medical schools and their components and affiliates cannot provide, the Committee shall initiate a competitive bidding process for contracts with other providers for medical care.

F. The Committee may contract with an individual for financial consulting services and may make use of financial monitoring to assist in determining an accurate capitation rate.

G. The Committee may contract with an individual for actuarial consulting services to assist in determining trends in the health of the offender population and the impact of those trends of future financial needs.

II. General powers and duties of the Committee include requirements for the Committee to:

A. develop statewide policies for the delivery of correctional health care;

~~A.~~B. maintain ~~develop~~ the contracts for health care services in consultation with TDCJ and the University Providers;

~~B.~~C. communicate with the department and the legislature regarding the financial needs of the correctional health care system; ~~determine a capitation rate reflecting the true cost of correctional health care, including any necessary catastrophic reserves;~~

D. allocate funding made available through legislative appropriations for correctional health care;

E. monitor the expenditures of The University of Texas Medical Branch at Galveston and the Texas Tech University Health Sciences Center to ensure that those expenditures comply with applicable statutory and contractual requirements.~~monitor and develop reports on general quality of care issues;~~

~~D.~~F. establish procedures for monitoring the quality of care delivered by the health care providers;

1. Under the procedures, TDCJ's monitoring activities shall monitor the quality of care delivered by the health care providers including ~~must be~~ investigating medical grievances, ensuring access to medical care, and conducting periodic operational reviews of medical care provided at its units.

2. TDCJ and the health care providers shall cooperate in monitoring the quality of care.

3. The clinical and professional resources of the health care providers shall be used to the greatest extent feasible for clinical oversight of quality of care issues.

4. The TDCJ may require the health care providers to take corrective action if the care provided does not meet expectations as determined by quality of care monitoring.

~~4.~~5. The TDCJ and the health care providers shall communicate the results of their monitoring activities including a list of and the status of any corrective actions required of the health care providers, to the committee and to the Texas Board of Criminal Justice ~~to the Committee~~.

~~E.~~G. address problems found through monitoring activities by TDCJ and the health care providers ~~enforce compliance with contract provisions,~~ including requiring corrective action if care does not meet expectations as determined by those ~~quality of care~~ monitoring activities;

~~D. act as an independent third party in the allocation of money to inmate health care providers;~~

~~E.~~H. serve as a dispute resolution forum ~~act as an independent third party for the purpose of dispute resolution~~ in the event of a disagreement between TDCJ and the University Providers or between the health care providers; ~~and,~~

~~H.~~I. evaluate and recommend to the Board of Criminal Justice, sites for new medical facilities that appropriately support the managed health care provider network;

J. identify and address long-term needs of the correctional health care system; and

K. report to the Texas Board of Criminal Justice of the board's regularly scheduled meeting each quarter on the committee's policy decision, the financial status of the correctional health care system, and corrective actions taken by or required of the department of the health care providers.

III. Authority of the Executive Director

A. Pursuant to authority specified in Section 501.142 of the Texas Government Code, the Committee shall employ an Executive Director who shall serve as the managed health care administrator for the correctional health care program. The Executive Director, in turn, may hire additional staff necessary for the administration of the Committee's duties. The Executive Director serves under the direction of the Committee and at its pleasure. The Executive Director is responsible for the day-to-day operation and management of the Committee's responsibilities.

B. The authority to administer, organize, manage, and supervise the daily operations of the correctional managed health care plan is delegated by the Committee to the Executive Director (who may, in turn, further delegate this authority to staff, as appropriate).

C. The Executive Director or the Executive Director's designee shall provide to members of the Committee and to Committee employees, as often as necessary, information regarding the requirements for office or employment, including information regarding a person's responsibilities under applicable laws relating to standards of conduct for state officers or employees.

D. Delegation of authority to the Executive Director shall include, but not be limited to:

1. The employment and discharge of persons as may be necessary for the efficient operation of the Committee staff;

2. The authority to structure the CMHCC staff to improve operations, and make changes as necessary to the staff's organizational structure;

3. The authority to coordinate work and activities among the partner entities comprising the correctional health care program;

4. Overseeing the fiscal management of the plan, including authority to approve financial matters, implement fiscal controls, execute contracts and leases, fund expenditure approvals, and any such activity of financial nature and;

5. Implementation of personnel policies for the committee.

E. In carrying out this delegated authority, the Executive Director shall ensure adherence to all applicable statutes and regulations governing the committee.

IV. Administrative support for the operation of the Committee shall be provided by the University of Texas Medical Branch at Galveston (UTMB). A written Memorandum of Understanding (MOU) shall be maintained between the Committee and UTMB outlining the administrative support services necessary to support the Committee and reinforcing the independence of the Committee staff in fulfilling their responsibilities.

Adopted: _____
James D. Griffin, M. D.
Chair, CMHCC

Correctional Managed Health Care Committee **POLICY STATEMENT**	Number: CMHCC – A – 05 (rev.2) Date: September 25, 2007 Page: 1 of 2 Supersedes: CMHCC-A-05 (rev. 1) (September 20, 2005)

SUBJECT: PUBLIC PARTICIPATION

AUTHORITY: Section 501.152, Texas Government Code

POLICY: The Correctional Managed Health Care Committee will provide members of the public with a reasonable access to information about the correctional health care program and with a reasonable opportunity to appear before the Committee and to speak on any issue before the Committee.

PROCEDURES:

I. The Committee shall make information about the correctional health care program accessible to the public through the internet website found at http://www.cmhcc.state.tx.us.

II. The agenda for each meeting of the Committee shall be posted in advance as required by law.

~~II.~~III. A sign-in register will be available at each meeting of the Committee for the purpose of registering the attendance at the meeting. The sign-in process will provide a means for any member of the public to submit ~~register~~ their request to address the Committee.

IV. The request to address the Committee shall identify the agenda item about which the member of the public wishes to speak. An opportunity for general public comment on any issue within the Committee's jurisdiction will be provided at the end of each regular meeting agenda.

V. The Chair of the Committee will recognize persons who have registered to speak on an agenda item for their input prior to the Committee taking a formal vote on the item.

~~V.~~VI. The Chair, at his/her ~~its~~ discretion, may limit the time allowed each speaker in order to insure that the Committee is afforded sufficient time to conduct its required business.

~~VI.~~VII. The Committee also encourages written input from the public on matters before the Committee. Such input should be addressed to the Correctional Managed Health Care Committee, 1300 11th Street, Suite 415, Huntsville, Texas 77340 or sent by fax to (936) 437-1970.

~~VII.~~VIII. Requests from members of the public for placement of items on the Committee agenda must be received at least 21 days in advance of the meeting and must be approved by the Chair of the CMHCC for inclusion on the Committee agenda.

~~VIII.~~IX. Individual patient care issues will not be discussed in a public meeting of ~~by~~ the Committee due to health record privacy issues. Such individual concerns should be addressed through the Texas Department of Criminal Justice (TDCJ) Patient Liaison Program.

Adopted: _____
James D. Griffin, M. D.
Chair, CMHCC

Correctional Managed Health Care Committee	Number:	CMHCC – A – 06 (rev. 2)
	Date:	September 25, 2007
	Page:	1 of 2
POLICY STATEMENT	Supersedes:	CMHCC-A-06 (rev.1) (September 20, 2005)

SUBJECT: COMPLAINT REVIEW PROCESSES

AUTHORITY: Section 501.151, Texas Government Code

POLICY: It is the policy of the Correctional Managed Health Care Committee to review each complaint presented to the Committee and respond to the complaint in accordance with the procedures outlined below. Individual patient care issues will not be addressed directly by the Committee, and will be referred to the Patient Liaison Program or through the established offender grievance mechanisms.

PROCEDURES:

I. Written complaints by a member of the general public may be filed with the Committee at the following address: Correctional Managed Health Care Committee, 1300 11th Street, Suite 415, Huntsville, Texas 77340.

II. The CMHCC staff shall review each complaint received and take one or more of the following actions, as applicable:

A. referral to the Patient Liaison Program for investigation and response (individual offender health care concerns, complaints or requests shall be referred in this manner);

B. referral to the appropriate agency or university staff for review and response (such referrals would include items not under the purview of the CMHCC);

C. provide a copy of the complaint to the person or entity about which the complaint is filed for response; and,

D. review and/or investigate the circumstances of the issues involved and prepare a response to the person who filed the complaint.

III. The CMHCC staff shall insure that a log of all complaints received by a member of the general public is maintained and includes:

A. the name of the person who filed the complaint;

B. the date the complaint is received by the Committee;

C. the subject matter of the complaint;

D. the name of each person contacted in relation to the complaint;

E. a summary of the results of the review or investigation of the complaint; and,

F. an explanation of the reason the file was closed, if no action was taken other than to investigate the complaint.

IV. At least quarterly until final disposition of the complaint, the Committee staff shall notify the person filing the complaint and each person who is a subject of the complaint of the status of the review or investigation unless the notice would jeopardize an undercover investigation.

V. The CMHCC staff shall provide to the person filing the complaint and to each person who is a subject of the complaint, a copy of the Committee's policy on complaint investigation and resolution.

VI. Information describing the complaint process shall be maintained on the CMHCC website.

Adopted: _____
James D. Griffin, M. D.
Chair, CMHCC

Correctional Managed Health Care Committee **POLICY STATEMENT**	Number: CMHCC – A – 07 Date: September 25, 2007 Page: 1 of 3 Supersedes: N/A

SUBJECT: ALTERNATIVE DISPUTE RESOLUTION

AUTHORITY: Govt. Code, Section 501.153 and Government Code, Chapter 2009.

POLICY: It is the policy of the Correctional Managed Health Care Committee to support and encourage the use of alternative dispute resolution procedures as outlined in Chapter 2009 of the Texas Government Code for the resolution of internal and external disputes under the Committee's jurisdiction.

APPLICABILITY: The application of alternative dispute resolution processes shall be limited to activities under the Committee's jurisdiction as outlined in the procedures below. Under no circumstances should these procedures be construed to replace or supersede the use of existing TDCJ offender grievance procedures or individual employee grievance processes at TDCJ, UTMB or TTUHSC.

PROCEDURES:

I. The Committee's contract documents shall include provisions that describe the process for resolving disputes related to the terms and conditions of the contract(s). Such procedures shall first encourage the use of direct communication between the parties and informal means for resolving disputes and consider the use of alternative dispute mechanisms.

II. The Committee encourages the use of specific alternative dispute mechanisms outlined and described in the model guidelines issued by the State Office of Administrative Hearings (SOAH) found at http://www.soah.state.tx.us/AboutUs/ADR/model_guidelines.htm. SOAH endorsed resolution mechanisms include:

A. Policy dialogue: A consensus process in which the parties attempt to develop a proposal that meets the interests of the group. Although the group defines for itself what consensus means, it most commonly refers to the willingness of the parties to live with the agreement of the group.

B. Consensus building: A facilitated process much like mediation, but involving a larger group with a number of issues. Consensus building typically takes place over a longer period of time than a mediation. Often participants sitting "at the table" and participating in the negotiations represent constituencies who are not present, but who must approve a final agreement.

C. Information exchange. A process through which governmental entities meet with various parties to give or obtain information or to clarify issues. This is usually done through meetings with individuals or groups.

D. Interest-based negotiation. In any conflict, a party's interests are the concerns, private needs, or public policies that cause it to take a certain position in the conflict. In interest-based negotiation, the parties focus on the interests that lie behind their respective positions and attempt to reach a resolution that meets the interests of all parties.

E. Mediation. A confidential, informal dispute resolution process in which an impartial person, the mediator, facilitates communication between or among the parties to promote reconciliation, settlement, or understanding among them.

F. Conciliation: A facilitated process much like mediation, but with less structure. For example, it may be done over the telephone. The process is designed to mend the relationship between the parties and bring about a reconciliation between them.

G. Hybrid processes: A combination of two or more of the above processes.

III. The CMHCC Executive Director shall serve, or shall designate a member of the CMHCC staff to serve, as the alternative dispute resolution coordinator who shall be trained to:

A. coordinate the implementation of alternative dispute resolution for matters under the jurisdiction of the CMHCC;

B. serve as resource for any training needed to implement the procedures for alternative dispute resolution; and,

C. collect data concerning the effectiveness of those procedures and report the results of such efforts to the Committee.

Adopted: _____
James D. Griffin, M.D.
Chair, CMHCC

Correctional Managed Health Care Committee	Number:	CMHCC – F- 01 (rev. 1)
	Date:	September 25, 2007
	Page:	1 of 3
POLICY STATEMENT	Supersedes:	CMHCC – F- 01 (September 20, 2005)

SUBJECT: FINANCIAL REPORTING

AUTHORITY: Govt. Code, Section 501.148(a)(~~2~~25); Section 501.148(c)~~a)(4)~~ and Section 501.148(d)

POLICY: It is the policy of the Correctional Managed Health Care Committee (Committee) to develop and distribute financial reports detailing all expenditures made to provide services under the Committee's contracts and reflecting the actual costs of providing correctional healthcare. The University providers are required, by contract, to provide complete, detailed and accurate financial information to the Committee in a timely manner.

PROCEDURES:

I. The following reports will be prepared by the Committee and submitted to the appropriate agencies in a timely manner:

A. Annual Financial Report documentation meeting the requirements of Section 2101.011 of the Texas Government Code, as directed by the State Comptroller's Office.

B. Quarterly reports required for the Legislative Budget Board (LBB) and Governor by appropriation rider.

C. Quarterly reports detailing historical and current capitation payments compared with actual costs and revenues.

D. Monthly financial updates to be submitted to the Governor's Office, Senate Finance Committee, House Appropriations Committee, and the LBB detailing expenditures, revenues, and all available fund balances.

E. Monthly financial monitoring results, including any areas of concern and corrective action plans.

F. Other monthly, quarterly, and/or annual financial reports required by the Committee.

II. The University providers will provide complete, detailed monthly financial statements to the Committee upon finalization of said financial statements, not later than the ~~25~~ 30th day of the following month, except that the final year end closeout report shall be due to the CMHCC not later than 60 days following the end of the fiscal year.

III. The monthly financial reports from the University providers will be in the format required and include supporting detail as specified by the CMHCC Finance Manager.

IV. Access to any additional detailed documentation requested of the University providers by the Committee will be available in a timely manner. The additional monthly financial information requested by the Committee may include, but is not limited to the following:

A. Standard financial reports – summary level and by location (unit)

B. Account summaries – by department and location

C. Detail reporting by location and department – transaction level

D. Listing of capitalized assets by location, monthly detail report of capital acquisitions/disposals, and corresponding depreciation schedule(s)

E. ~~Monthly~~ Accrual information and backup documentation

F. Documentation support for the Support Services Assessment / Indirect Expenses Calculation, including allocation across contracts of administrative and overhead costs

G. Documentation/detail support for all University Hospital expenses

H. Documentation Support for IBNR (Incurred But Not Reported)

I. FTE (Full Time Equivalent) Report – Consolidated and by location

J. Documentation/detail support for payments to Freeworld Providers

K. Documentation/detail support for payments to University Professional Services.

L. ~~Monthly~~ Reports identifying all personnel assigned to the TDCJ Contracts who also provide services for other university contracts, with information on the allocation of those costs and methods used to verify the accuracy of those allocations

M. Annual budget, summary (annualized) and detail (by month)

N. Documentation/detail support for interest income reported

V. The CMHCC Finance Manager will be afforded access to necessary ~~the needed~~ financial detail by the University providers either directly by electronic access or be provided with electronic copies of requested detail.

VI. Copies of all published financial reports will be provided to members of the Committee, TDCJ, UTMB, and TTUHSC and made available to the public through the Committee's website.

Adopted: _____
James D. Griffin, M. D.
Chair, CMHCC

Correctional Managed Health Care Committee **POLICY STATEMENT**	Number: CMHCC – F-02 (rev. 1) Date: September 25, 2007 Page: 1 of 3 Supersedes: CMHCC – F- 02 (September 20, 2005)

SUBJECT: FINANCIAL MONITORING

AUTHORITY: Govt. Code, Section 501.148(a)(5~~2~~); Section 501.148(c)

POLICY: It is the policy of the Correctional Managed Health Care Committee (Committee) to provide sufficient fiscal oversight of the funds appropriated for inmate healthcare to be able to verify that the funds were spent appropriately, in compliance with applicable statutes, policies, regulations, and contract provisions; and to be able to support requests for future appropriations.

PROCEDURES:

I. The university providers will provide to the Committee full, complete and unhindered access to all information needed to verify that funding made available for correctional health care was spent appropriately. This will include all information related to healthcare services provided under the terms of the contracts for correctional healthcare. All functions, activities, and/or units are subject to monitoring, audit and review. The financial monitoring team will have unrestricted access to examine university records or interview university employees that the team determines relevant to the audit and review.

~~2.~~II. The Committee's Finance Manager, ~~staff~~ utilizing review/audit procedures, ~~on a periodic basis~~ will continuously monitor financial information relating to the correctional health care program.

~~3.~~III. Expenditures will be periodically tested ~~reviewed~~ against the supporting documentation to determine accuracy and appropriateness. This documentation must be sufficient to adequately document compliance with applicable standards ~~, must be easily retrievable,~~ and ~~must be~~ made available to Committee review/audit personnel upon request.

~~4.~~IV. Based upon assessment of the level of risk , testing of expenditures will include, but will not be limited to:

A. Expenditure Document Review – Testing of both random and selected ~~a~~ samples of the detailed transactions

B. Desk Review – Review of the various reports submitted by the university providers

C. Site Visit – On site visit to the location where the selected expenditure can be verified

~~5.~~V. Upon completion of the designated monitoring activities, ~~a draft report will be prepared which will document review methodology, findings, conclusions, and recommendations.~~ any findings or follow-up documentation requests will be provided to the university provider's for corrective action as may be needed.

~~V. An exit conference will be scheduled and held with applicable university provider representatives where the draft report will be presented for discussion.~~

~~7.~~VI. The university provider will submit to the Committee documentation of~~a~~ c~~C~~orrective a~~A~~ctions within ~~Plan (CAP) with a management's response within~~ 30 days unless agreed to otherwise by both the provider and the CMHCC Finance Manager ~~of the exit conference~~. ~~The CAP must identify corrective action goals and objectives, the procedures and activities designed to achieve the goals/objectives, and targeted dates for appraising compliance of goals/objectives. The management's response will allow the university provider to object to or clarify any findings resulting from the monitoring activities.~~

~~8.~~VII If there are no negative findings, or upon acceptance of the corrective action(s) ~~CAP~~ by the Committee Finance Manager, a summary of the findings ~~final report~~ will be prepared as part of the regular financial reporting processes and submitted to the university providers, the TDCJ, and all Committee members.

~~9.~~VIII. Periodic monitoring will continue to verify university provider's status in complying with noted standards, goals, and objectives.

~~10.~~IX. Personnel performing financial monitoring activities will include, but not be limited to:

A. Committee Finance Manager

B. UTMB internal audit staff – minimum number of 500 audit hours per fiscal year will be made available to the Committee

C. TTUHSC internal audit staff – minimum number of 200 audit hours per fiscal year will be made available to the Committee

D. The CMHCC will consider hours spent by the university internal auditors assisting the State Auditor in audits specific to the

correctional health care program to satisfy a portion of the audit hours required above.

Adopted: _____
James D. Griffin, M. D.
Chair, CMHCC

Correctional Managed Health Care Committee	Number:	CMHCC – F-03 (rev. 1)
	Date:	September 25, 2007
	Page:	1 of 2
POLICY STATEMENT	Supersedes:	CMHCC – F- 03 (September 20, 2005)

SUBJECT: USE OF FUNDS – REASONABLE, NECESSARY, AND ALLOWABLE COSTS

AUTHORITY: CMHCC Contracts; Govt. Code, Section 501.148(a)(5~~2~~)

POLICY: It is the policy of the Correctional Managed Health Care Committee through its contracting procedures, that all expenditures made from funds allocated to the CMHCC and subsequently paid to the University Providers shall be for services provided to TDCJ under the terms of the CMHCC contracts. Proceeds from the contracts for correctional healthcare may only be expended for those items that are reasonable, necessary, and allowable per statutes, regulations, and rules in providing correctional healthcare services as specified in the contracts.

PROCEDURES:

I The university providers will allocate to inmate healthcare only those expenses that are reasonable, necessary, and allowable under state statutes, regulations, rules, and the terms of the contract.

II Definitions of various costs are as follows:

A. Reasonable and Necessary

Reasonable costs are consistent with prudent business practices and comparable to current market value. Necessary costs are essential to accomplish the objectives of the contract. The reasonableness of a cost will be determined by whether:

- The cost is of a type generally recognized as ordinary and necessary for operation of the organization.
- Restrictions or requirements are imposed for generally accepted sound business practices, arms length bargaining, federal/state laws and regulations, contract terms and conditions~~.~~

- Individuals acted with prudence in the circumstances of responsibility to the organization, its members, employees, clients, the public, and federal/state government
- There are significant deviations from established practices of the organization which may unjustifiably increase contract costs

B. Allowable

To be allowable, costs must meet the following criteria:

- Be reasonable for the performance of the contract and be allocable under the applicable cost principles
- Conform to limitations or exclusions set forth in applicable cost principles or the contract agreement as to types or amount of costs
- Be consistent with policies and procedures that apply uniformly to state or federal funded activities
- Be accorded consistent treatment among all Correctional Managed Healthcare programs
- Be determined in accordance with generally accepted accounting principles (GAAP)
- Be determined to be allowable under state statutes, regulations, and rules

C. Allocable

A cost is allocable to the Committee contract in accordance with the relative benefits received and if it is treated consistently with other costs incurred for the same purposes in like circumstances and if it:

- Is incurred specifically for the contract
- Benefits both the Committee contract and other contracts and can be distributed/allocated in reasonable proportion to the benefits received
- Has not been shifted to the Committee contract to overcome funding deficiencies, or to avoid restrictions imposed by law or by the terms of the contract

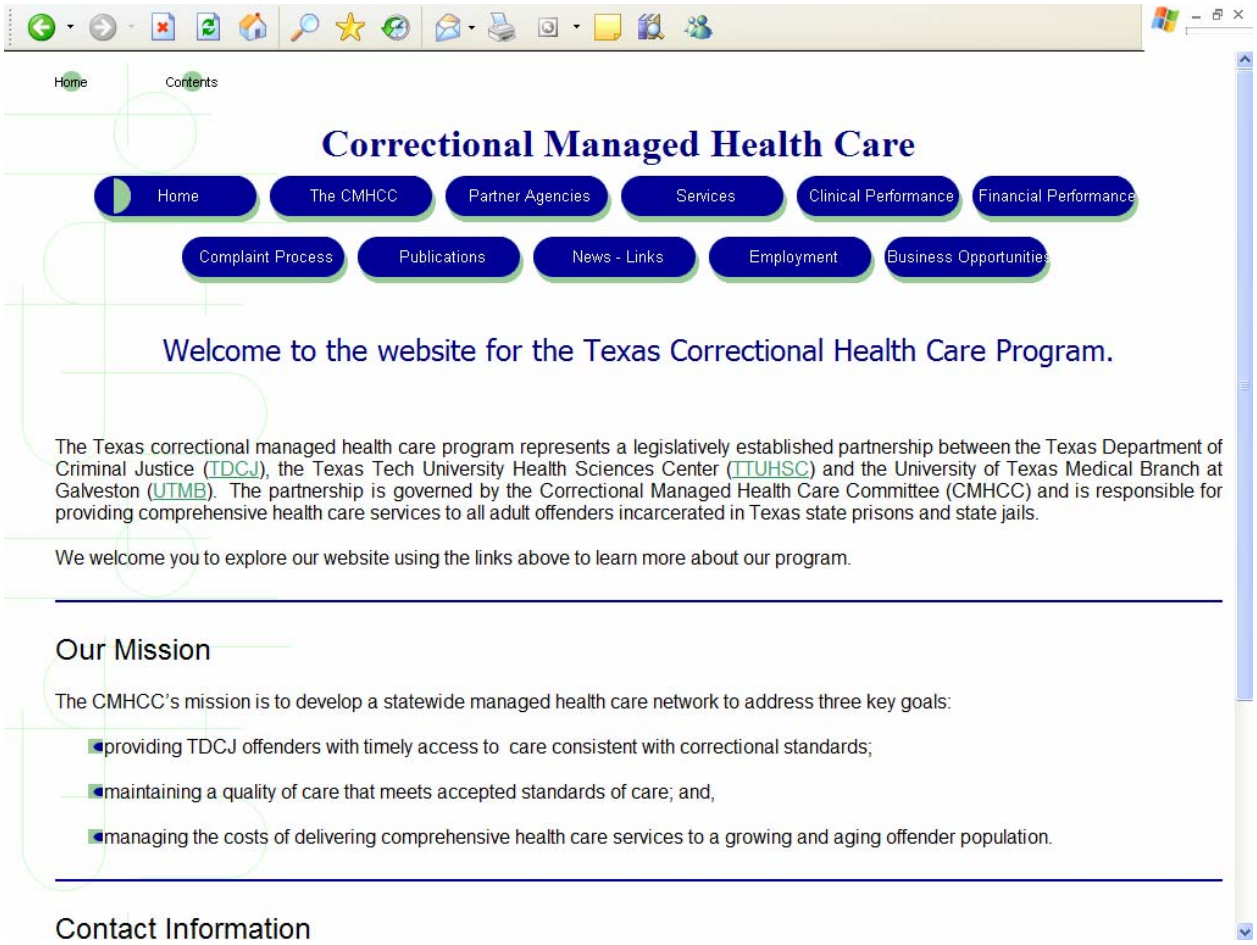
III. All expenditures will be made in accordance with the State Comptroller's guidelines for utilization of general revenue funds. On a case-by-case basis, the University Providers may request, upon submission of detailed supporting documentation justifying the request, that additional exceptions to the restrictions on expenditures be approved by a majority vote in open session of the CMHCC.

~~**EXCEPTION** – Due to the current competitive environment in recruiting and retaining professional healthcare staff, the university providers are authorized to pay moving expenses for newly hired healthcare staff who are assigned to TDCJ units, provided such staff are providing direct healthcare services to TDCJ under the terms of the Contract. Reimbursement of moving expenses may include travel and meal reimbursements subject to state travel reimbursement limits.~~

Adopted: ____
James D. Griffin, M. D.
Chair, CMHCC

Website Address for Correctional Managed Health Care Committee:

http://www.cmhcc.state.tx.us



The CMHCC Website should be considered a ***Work in Progress***.

Updates are being added periodically and additional content developed to meet recommendations of the Sunset Commission.

Navigate the site using the buttons at the top of the page.

Navigation Button	Links to:
Home	Home page for CMHCC; links to home pages of TDCJ, UTMB and TTUHSC; CMHCC contact information
The CMHCC	CMHCC enabling statute; list of CMHCC members; link to Committee meeting agendas and minutes; link to contract documents.
Partner Agencies	Summary of roles and responsibilities; organizational relationships chart; geographic map of service areas; links to TDCJ Health Services, UTMB Correctional Managed Care, TTUHSC Correctional Health Care
Services	Offender Health Services Plan; Summary of Capabilities by Facility
Clinical Performance	Description of monitoring mechanisms; links to ACA; Basic statistics
Financial Performance	Links to cost comparison graphs; links to financial reports
Complaint Process	Instructions and links for filing complaint about health care services, including link to offender grievance processes and offender orientation handbook.
Publications	Documents relating to the CMHCC program including: contracts, financial reports, CMHCC meeting agendas and minutes, CMHCC presentation documents, Sunset related reports, State Audit reports, Interim Legislative Reports and other such documents.
News-Links	News Media links to articles about correctional health care and links to related websites of interest
Employment	Links to correctional health care employment opportunities at UTMB, TTUHSC and TDCJ
Business Opportunities	Information about doing business with the correctional health care providers; including links to university and statewide purchasing and historically underutilized business information.

Correctional Managed Health Care

Quarterly Report
FY 2007 Third Quarter

September 2006 – May 2007

Summary

This report is submitted in accordance with Rider 46, page V-20, Senate Bill 1, 79th Legislature, Regular Session 2005. The report summarizes activity through the third quarter of FY 2007. Following this summary are individual data tables and charts supporting this report.

Background

During Fiscal Year 2007, approximately $375.8 million within the TDCJ appropriation has been allocated for funding correctional health care services. This funding included:

- $313.2M in general revenue appropriations in strategy C.1.8 (Managed Health Care, medical services)
- $17.5M in supplemental appropriations from HB10
- $43.1M in general revenue appropriations in strategy C.1.7. (Psychiatric Care).
- $2.0M in general revenue funding from C.3.1 (Contract Prisons/Private State Jails) provided by TDCJ for the addition of health services for the privately-operated facilities to the CMHCC service population. This transfer of responsibility from the private prison operators to the CMHCC resulted in a net savings to the TDCJ appropriations.

Of this funding, $375.2M (99.8%) was allocated for health care services provided by UTMB and TTUHSC and $584.9K (0.2%) for the operation of the Correctional Managed Health Care Committee.

UTMB and TTUHSC receive partial reimbursement for certain benefit payments through other appropriations made for that purpose. These payments are made directly to the university providers. Benefit reimbursement amounts and expenditures are included in the reported totals provided by the universities.

Report Highlights

Population Indicators

- Through the third quarter of this fiscal year, the correctional health care program remained essentially stable in the overall offender population served by the program. The average daily population served through the third quarter of FY 2007 was 151,782. Through this same quarter a year ago (FY 2006), the average daily population was 151,171, an increase of 611 (0.4%). While overall growth was relatively stable, the number of offenders age 55 and over has continued to steadily increase.
  - Consistent with the trend for the last several years, the number of offenders in the service population aged 55 or older has continued to rise at a faster rate than the overall population. Through the third quarter of FY 2007, the average number of older offenders in the service population was 9706. Through this same quarter a year ago (FY 2006), the average number of offenders age 55 and over was 8845. This represents an increase of 861 or about 9.7% more older offenders than a year ago.
  - The overall HIV+ population has remained relatively stable throughout the last two years and continued to remain so through this quarter, averaging 2,593 (or about 1.7% of the population served).
  - Two mental health caseload measures have also remained relatively stable:
    - The average number of psychiatric inpatients within the system was 2,007 through the third quarter of FY 2007, as compared to 1,982 through the same quarter a year ago (FY 2006). The inpatient caseload is limited by the number of available inpatient beds in the system.
    - Through the third quarter of FY 2007, the average number of mental health outpatients was 20,274 representing 13.6% of the service population.

Health Care Costs

- Overall health costs through the third quarter of FY 2007 totaled $319.0M. This amount exceeded overall revenues earned by the university providers by $5.3M or 1.7%.
  - UTMB's total revenue through the quarter was $252.8M. Their expenditures totaled $253.8M, resulting in a net loss of $0.9M. On a per offender per day basis, UTMB earned $7.71 in revenue and expended $7.73 resulting in a shortfall of $0.03 per offender per day, rounded to the nearest penny.

- TTUHSC's total revenue through the third quarter was $60.8M. Expenditures totaled $65.2M, resulting in a net loss of $4.4M. On a per offender per day basis, TTUHSC earned $7.05 in revenue, but expended $7.56 resulting in a shortfall of $0.51 per offender per day.

- Examining the health care costs in further detail indicates that of the $319.0M in expenses reported through the third quarter of the year:
  - Onsite services (those medical services provided at the prison units) comprised $153.3M representing about 48.1% of the total health care expenses:
    - Of this amount, 78.4% was for salaries and benefits and 21.6% for operating costs.
  - Pharmacy services totaled $30.9M representing approximately 9.7% of the total expenses:
    - Of this amount 15.2% was for related salaries and benefits, 6.9% for operating costs and 77.8% for drug purchases.
  - Offsite services (services including hospitalization and specialty clinic care) accounted for $94.3M or 29.6% of total expenses:
    - Of this amount 75.7% was for estimated university provider hospital, physician and professional services; and 24.3% for Freeworld (non-university) hospital, specialty and emergency care.
  - Mental health services totaled $29.2M or 9.1% of the total costs:
    - Of this amount, 95.9% was for mental health staff salaries and benefits, with the remaining 4.1% for operating costs.
  - Indirect support expenses accounted for $11.3M and represented 3.5% of the total costs.

- The total cost per offender per day for all health care services statewide through the third quarter of FY 2007 was $7.70. The average cost per offender per day for the prior four fiscal years was $7.53.
    - For UTMB, the cost per offender per day was $7.73. This is slightly higher than the average cost per offender per day for the last four fiscal years of $7.66.
    - For TTUHSC, the cost per offender per day was $7.56, significantly higher than the average cost per offender per day for the last four fiscal years of $7.05.
    - Differences in cost between UTMB and TTUHSC relate to the differences in mission, population assigned and the acuity level of the offender patients served.

Aging Offenders

- As consistently noted in prior reports, the aging of the offender population has a demonstrated impact on the resources of the health care system. Offenders age 55 and older access the health care delivery system at a much higher level and frequency than younger offenders:
    - Encounter data through the third quarter of FY 2007 indicates that offenders aged 55 and over had a documented encounter with medical staff almost three times as often as those under age 55.
    - An examination of hospital admissions by age category found that through this quarter of the fiscal year, hospital costs received to date for charges incurred this fiscal year for offenders over age 55 totaled approximately $2418 per offender. The same calculation for offenders under age 55 totaled about $437. In terms of hospitalization, the older offenders were utilizing health care resources at a rate more than four times higher than the younger offenders. While comprising about 6.4% of the overall service population, offenders age 55 and over account for more than 27% of the hospitalization costs received to date.
    - A third examination of dialysis costs found that, proportionately, older offenders are represented more than three times more often in the dialysis population than younger offenders. Dialysis costs continue to be significant, averaging about $19K per patient per year. Providing medically necessary dialysis treatment for an average of 191 patients through the third quarter of FY2007 cost $2.7M.

Drug Costs

- Total drug costs through the third quarter of FY 2007 totaled $24.4M.
    - Pharmaceutical costs related to HIV care continue to be the largest single component of pharmacy expenses.
        - Through this quarter, $11.6M in costs (or almost $1.3M per month) for HIV antiretroviral medication costs were experienced. This represents 47.1% of the total drug cost during this time period.
        - Expenses for psychiatric drugs are also being tracked, with approximately $1.4M being expended for psychiatric medications through the third quarter, representing 5.7% of the overall drug cost.
        - Another pharmacy indicator being tracked is the cost related to Hepatitis C therapies. These costs were $1.0M and represented about 3.9% of the total drug cost.

Reporting of Fund Balances

- In accordance with Rider 46, page V-20, Senate Bill 1, 79th Legislature, Regular Session 2005, both the University of Texas Medical Branch and Texas Tech University Health Sciences Center are required to report if they hold any monies in reserve for correctional managed health care. UTMB reports that they hold no such reserves and report a total shortfall of $928,721 through this quarter. TTUHSC reports that they hold no such reserves and report a total shortfall of $4,367,850.

- A summary analysis of the ending balances, revenue and payments through the third quarter for all CMHCC accounts is included in this report. That summary indicates that the net unencumbered balance on all CMHCC accounts on May 31, 2007 was $989,191.99. It should be noted that this balance is projected to decrease over the course of the fiscal year.

Financial Monitoring

Detailed transaction level data from both providers is being tested on a monthly basis to verify reasonableness, accuracy, and compliance with policies, procedures, and contractual requirements.

The testing of detail transactions performed on TTUHSC's financial information for May 2007 is pending requested information. The testing of detail transactions performed on TTUHSC's financial information for February through April 2007 resulted in findings as follows:

- Supplies were incorrectly expensed to Professional Organization Dues account
- Employee travel expense forms were incorrectly completed
- Split-funded employee's Continuing Education expenses were charged entirely to TDCJ account

Per correspondence with TTUHSC, the items have been corrected.

The testing of detail transactions performed on UTMB's financial information for May 2007 is pending requested information. The testing of detail transactions performed on UTMB's financial information for February through April 2007 resulted in findings as follows:

- Lack of adequate backup documentation for Telecom department allocation to TDCJ account

- Incorrect mapping of sick and vacation leave
- Expenses being charged to “Prizes and Awards” account due to an incorrect Purchase Order
- Non-TDCJ United Parcel Services charges expensed to TDCJ account

Per correspondence with UTMB, these items are currently in the process of being corrected.

Concluding Notes

The combined operating loss for the university providers through the third quarter of FY 2007 is $5.3 M. The university providers are continuing to monitor their expenditures closely, while seeking additional opportunities to reduce costs in order to minimize their operating losses.

Listing of Supporting Tables and Charts

Table 1

Correctional Managed Health Care

FY 2007 Budget Allocations

Distribution of Funds

Allocated to	FY 2007
University Providers	
The University of Texas Medical Branch	
Medical Services	$273,775,733
Mental Health Services	$25,619,350
Subtotal UTMB	$299,395,083
Texas Tech University Health Sciences Center	
Medical Services	$63,433,828
Mental Health Services	$12,337,000
Subtotal TTUHSC	$75,770,828
SUBTOTAL UNIVERSITY PROVIDERS	$375,165,911
Correctional Managed Health Care Committee	$584,909
TOTAL DISTRIBUTION	**$375,750,820**

Source of Funds

Source	FY 2007
Legislative Appropriations	
SB 1, Article V, TDCJ Appropriations	
Strategy C.1.8. Managed Health Care	$313,174,719
Strategy C.1.7 Psychiatric Care	$43,094,589
Strategy C.3.1. Contract Prisons/Private St. Jails*	$1,981,512
HB 10 Supplemental Appropriations	$17,500,000
TOTAL	**$375,750,820**

Note: In addition to the amounts received and allocated by the CMHCC, the university providers receive partial reimbursement for employee benefit costs directly from other appropriations made for that purpose.

Chart 1

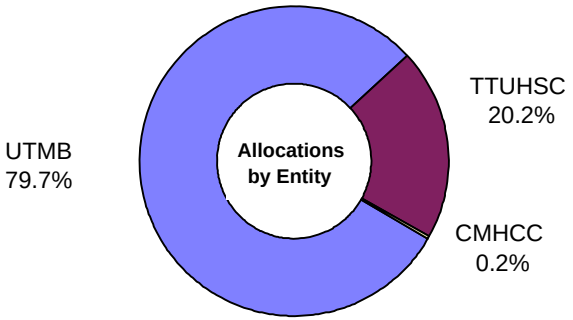


Table 2
FY 2007
Key Population Indicators
Correctional Health Care Program

Indicator	Sep-06	Oct-06	Nov-06	Dec-06	Jan-07	Feb-07	Mar-07	Apr-07	May-07	Population Year to Date Avg.
Avg. Population Served by CMHC:										
UTMB State-Operated Population	108,444	108,358	108,500	108,214	107,951	108,255	108,465	108,459	108,727	108,375
UTMB Private Prison Population*	11,802	11,817	11,807	11,809	11,812	11,797	11,819	11,811	11,795	11,808
UTMB Total Service Population	120,246	120,174	120,307	120,023	119,763	120,051	120,284	120,270	120,522	120,182
TTUHSC Total Service Population	31,520	31,568	31,700	31,639	31,612	31,596	31,571	31,620	31,570	31,600
CMHC Service Population Total	**151,766**	**151,742**	**152,007**	**151,662**	**151,375**	**151,648**	**151,855**	**151,890**	**152,092**	**151,782**
Population Age 55 and Over										
UTMB Service Population Average	7,704	7,760	7,832	7,862	7,967	8,035	8,053	8,100	8,197	7,946
TTUHSC Service Population Average	1,704	1,721	1,743	1,754	1,753	1,778	1,782	1,802	1,807	1,760
CMHC Service Population Average	**9,408**	**9,481**	**9,575**	**9,616**	**9,720**	**9,813**	**9,835**	**9,902**	**10,004**	**9,706**
HIV+ Population	**2,679**	**2,706**	**2,679**	**2,693**	**2,507**	**2,524**	**2,523**	**2,512**	**2,516**	**2,593**
Mental Health Inpatient Census										
UTMB Psychiatric Inpatient Average	1,037	1,034	1,039	1,014	1,038	1,042	1,036	1,041	1,060	1,038
TTUHSC Psychiatric Inpatient Average	960	971	964	981	986	980	966	961	953	969
CMHC Psychiatric Inpatient Average	**1,997**	**2,005**	**2,003**	**1,995**	**2,024**	**2,022**	**2,002**	**2,002**	**2,013**	**2,007**
Mental Health Outpatient Census										
UTMB Psychiatric Outpatient Average	15,648	16,654	15,426	15,278	15,741	15,544	16,310	16,951	16,520	16,008
TTUHSC Psychiatric Outpatient Average	4,557	4,807	4,333	3,947	4,101	4,064	3,779	4,323	4,481	4,266
CMHC Psychiatric Outpatient Average	**20,205**	**21,461**	**19,759**	**19,225**	**19,842**	**19,608**	**20,089**	**21,274**	**21,001**	**20,274**

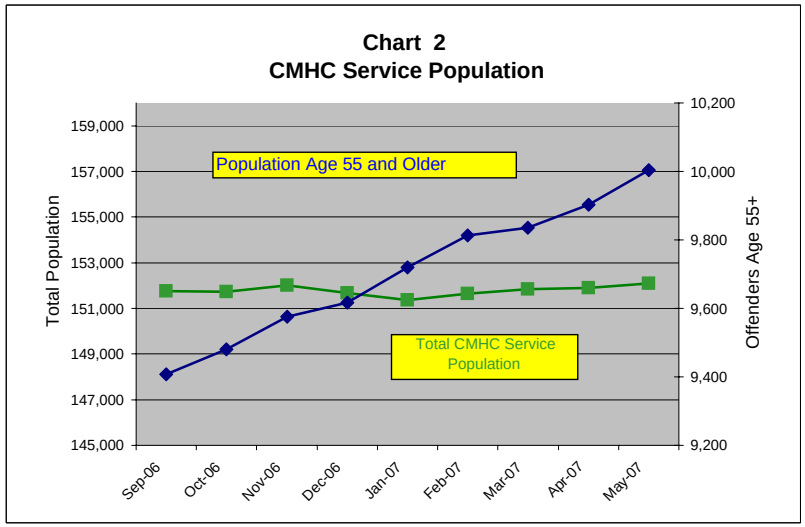


Chart 2
CMHC Service Population
Total Population
Offenders Age 55+
Population Age 55 and Older
Total CMHC Service Population
159,000
157,000
155,000
153,000
151,000
149,000
147,000
145,000
10,200
10,000
9,800
9,600
9,400
9,200
Sep-06
Oct-06
Nov-06
Dec-06
Jan-07
Feb-07
Mar-07
Apr-07
May-07

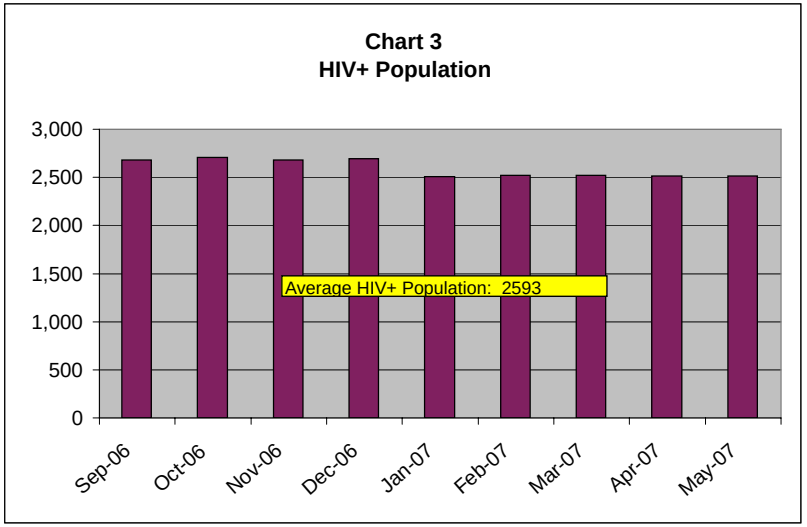


Chart 3
HIV+ Population
Average HIV+ Population: 2593
3,000
2,500
2,000
1,500
1,000
500
0
Sep-06
Oct-06
Nov-06
Dec-06
Jan-07
Feb-07
Mar-07
Apr-07
May-07

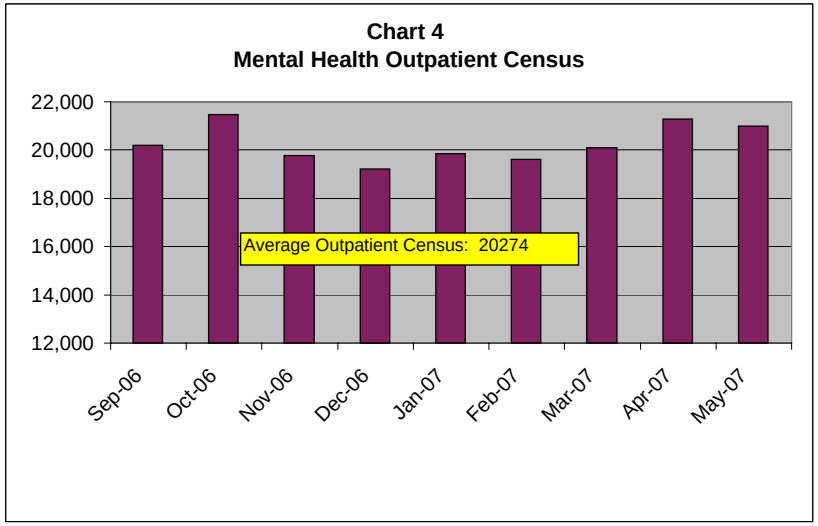


Chart 4
Mental Health Outpatient Census
Average Outpatient Census: 20274
22,000
20,000
18,000
16,000
14,000
12,000
Sep-06
Oct-06
Nov-06
Dec-06
Jan-07
Feb-07
Mar-07
Apr-07
May-07

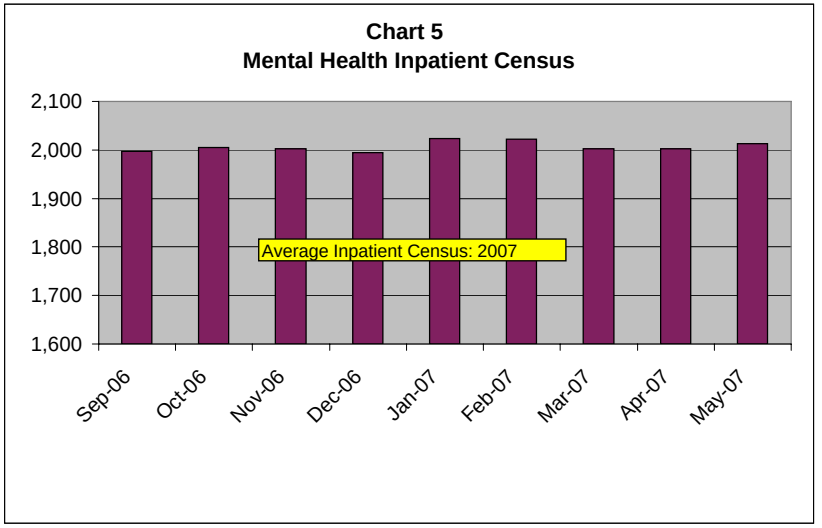


Chart 5
Mental Health Inpatient Census
Average Inpatient Census: 2007
2,100
2,000
1,900
1,800
1,700
1,600
Sep-06
Oct-06
Nov-06
Dec-06
Jan-07
Feb-07
Mar-07
Apr-07
May-07

Table 3
Summary Financial Report: Medical Costs
Fiscal Year 2007 through Quarter 3 (Sep 2006 - May 2007)

Days in Year: 273

	Medical Services Costs			Medical Cost Per Day Calculations		
	UTMB	**TTUHSC**	**TOTAL**	**UTMB**	**TTUHSC**	**TOTAL**
Population Served	**120,183**	**31,600**	**151,783**			
Revenue						
Capitation Payments	$204,769,246	$48,202,529	$252,971,775	$6.24	$5.59	$6.11
State Reimbursement Benefits	$25,122,955	$2,418,302	$27,541,257	$0.77	$0.28	$0.66
Non-Operating Revenue	$192,212	$0	$192,212	$0.01	$0.00	$0.00
Total Revenue	**$230,084,413**	**$50,620,831**	**$280,705,244**	**$7.01**	**$5.87**	**$6.77**
Expenses						
Onsite Services						
Salaries	$88,863,197	$7,263,974	$96,127,171	$2.71	$0.84	$2.32
Benefits	$22,268,363	$1,744,261	$24,012,624	$0.68	$0.20	$0.58
Operating (M&O)	$12,053,279	$1,028,819	$13,082,098	$0.37	$0.12	$0.32
Professional Services	$0	$2,057,687	$2,057,687	$0.00	$0.24	$0.05
Contracted Units/Services	$0	$15,478,207	$15,478,207	$0.00	$1.79	$0.37
Travel	$692,761	$57,251	$750,012	$0.02	$0.01	$0.02
Electronic Medicine	$0	$173,431	$173,431	$0.00	$0.02	$0.00
Capitalized Equipment	$1,596,147	$0	$1,596,147	$0.05	$0.00	$0.04
Subtotal Onsite Expenses	$125,473,747	$27,803,630	$153,277,377	$3.82	$3.22	$3.70
Pharmacy Services						
Salaries	$2,910,158	$849,049	$3,759,207	$0.09	$0.10	$0.09
Benefits	$890,576	$52,649	$943,225	$0.03	$0.01	$0.02
Operating (M&O)	$1,666,643	$453,760	$2,120,403	$0.05	$0.05	$0.05
Pharmaceutical Purchases	$18,911,826	$5,132,330	$24,044,156	$0.58	$0.59	$0.58
Professional Services	$0	$0	$0	$0.00	$0.00	$0.00
Travel	$13,787	$8,619	$22,406	$0.00	$0.00	$0.00
Subtotal Pharmacy Expenses	$24,392,990	$6,496,407	$30,889,397	$0.74	$0.75	$0.75
Offsite Services						
University Professional Services	$10,340,674	$739,066	$11,079,740	$0.32	$0.09	$0.27
Freeworld Provider Services	$9,800,695	$9,248,999	$19,049,694	$0.30	$1.07	$0.46
UTMB or TTUHSC Hospital Cost	$53,273,401	$7,093,954	$60,367,355	$1.62	$0.82	$1.46
Estimated IBNR	$2,879,705	$961,239	$3,840,944	$0.09	$0.11	$0.09
Subtotal Offsite Expenses	$76,294,475	$18,043,258	$94,337,733	$2.33	$2.09	$2.28
Indirect Expenses	$7,048,899	$2,970,916	$10,019,815	$0.21	$0.34	$0.24
Total Expenses	**$233,210,111**	**$55,314,211**	**$288,524,322**	**$7.11**	**$6.41**	**$6.96**
Operating Income (Loss)	**($3,125,698)**	**($4,693,380)**	**($7,819,078)**	**($0.10)**	**($0.54)**	**($0.19)**

Table 3 (Continued)
Summary Financial Report: Mental Health Costs
Fiscal Year 2007 through Quarter 3 (Sep 2006 - May 2007)

Days in Year: 273

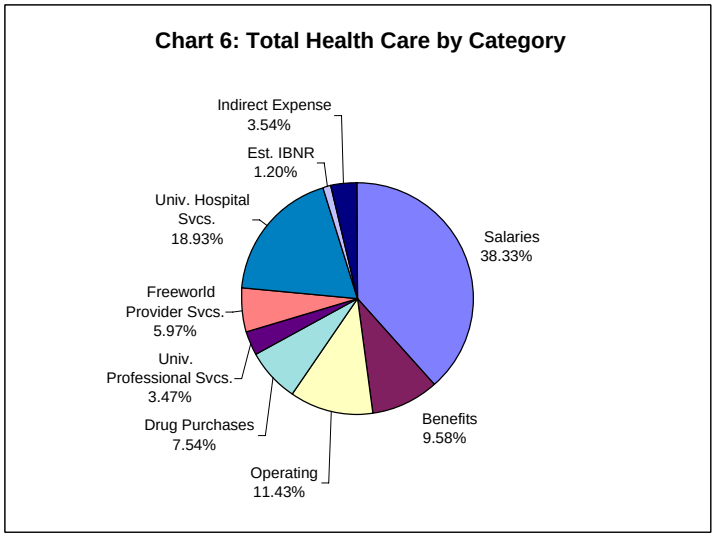
	Mental Health Services Costs			Mental Health Cost Per Day Calculations		
	UTMB	TTUHSC	TOTAL	UTMB	TTUHSC	TOTAL
Population Served	**120,182**	**31,600**	**151,782**			
Revenue						
Capitation Payments	$19,161,870	$8,469,900	$27,631,770	$0.58	$0.98	$0.67
State Reimbursement Benefits	$3,583,866	$1,738,508	$5,322,374	$0.11	$0.20	$0.13
Other Misc Revenue	$0	$0	$0	$0.00	$0.00	$0.00
Total Revenue	**$22,745,736**	**$10,208,408**	**$32,954,144**	**$0.69**	**$1.18**	**$0.80**
Expenses						
Mental Health Services						
Salaries	$15,287,561	$7,082,005	$22,369,566	$0.47	$0.82	$0.54
Benefits	$3,773,784	$1,834,367	$5,608,151	$0.12	$0.21	$0.14
Operating (M&O)	$575,106	$119,548	$694,654	$0.02	$0.01	$0.02
Professional Services	$0	$277,828	$277,828	$0.00	$0.03	$0.01
Contracted Units/Services	$0	$0	$0	$0.00	$0.00	$0.00
Travel	$98,676	$15,486	$114,162	$0.00	$0.00	$0.00
Electronic Medicine	$0	$0	$0	$0.00	$0.00	$0.00
Capitalized Equipment	$104,857	$0	$104,857	$0.00	$0.00	$0.00
Subtotal Mental Health Expenses	$19,839,984	$9,329,234	$29,169,218	$0.60	$1.08	$0.70
Indirect Expenses	$708,775	$553,644	$1,262,419	$0.02	$0.06	$0.03
Total Expenses	**$20,548,759**	**$9,882,878**	**$30,431,637**	**$0.63**	**$1.15**	**$0.73**
Operating Income (Loss)	**$2,196,977**	**$325,530**	**$2,522,507**	**$0.07**	**$0.04**	**$0.06**

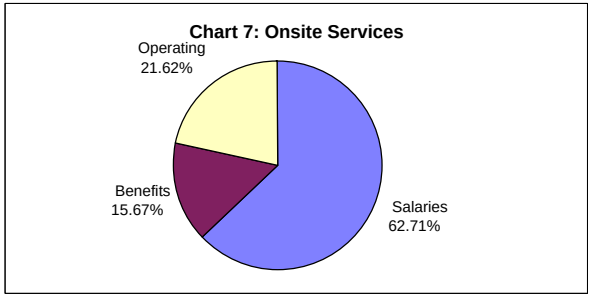
All Health Care Summary

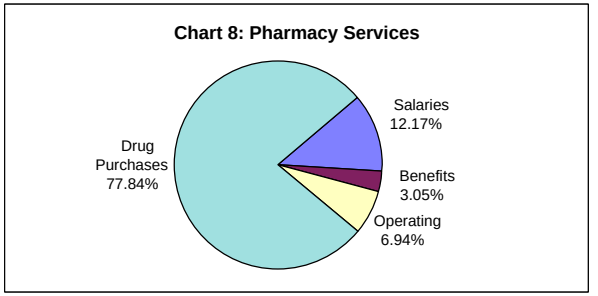
	All Health Care Services			Cost Per Offender Per Day		
	UTMB	TTUHSC	TOTAL	UTMB	TTUHSC	TOTAL
Medical Services	$230,084,413	$50,620,831	$280,705,244	$7.01	$5.87	$6.77
Mental Health Services	$22,745,736	$10,208,408	$32,954,144	$0.69	$1.18	$0.80
Total Revenue	**$252,830,149**	**$60,829,239**	**$313,659,388**	**$7.71**	**$7.05**	**$7.57**
Medical Services	$233,210,111	$55,314,211	$288,524,322	$7.11	$6.41	$6.96
Mental Health Services	$20,548,759	$9,882,878	$30,431,637	$0.63	$1.15	$0.73
Total Expenses	**$253,758,870**	**$65,197,089**	**$318,955,959**	**$7.73**	**$7.56**	**$7.70**
Operating Income (Loss)	**($928,721)**	**($4,367,850)**	**($5,296,571)**	**($0.03)**	**($0.51)**	**($0.13)**

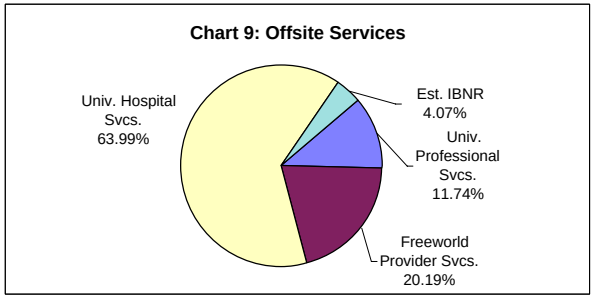
Table 4
FY 2007 3rd Quarter
UTMB/TTUHSC EXPENSE SUMMARY

Category	Expense	Percent of Total
Onsite Services	**$153,277,377**	**48.06%**
Salaries	$96,127,171	
Benefits	$24,012,624	
Operating	$33,137,582	
Pharmacy Services	**$30,889,397**	**9.68%**
Salaries	$3,759,207	
Benefits	$943,225	
Operating	$2,142,809	
Drug Purchases	$24,044,156	
Offsite Services	**$94,337,733**	**29.58%**
Univ. Professional Svcs.	$11,079,740	
Freeworld Provider Svcs.	$19,049,694	
Univ. Hospital Svcs.	$60,367,355	
Est. IBNR	$3,840,944	
Mental Health Services	**$29,169,218**	**9.15%**
Salaries	$22,369,566	
Benefits	$5,608,151	
Operating	$1,191,501	
Indirect Expense	**$11,282,234**	**3.54%**
Total Expenses	**$318,955,959**	**100.00%**









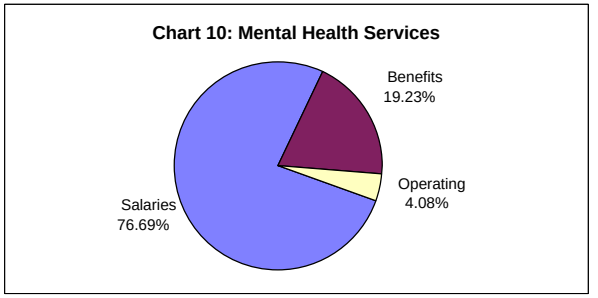


Table 5
Comparison of Total Health Care Costs

	FY 03	FY 04	FY 05	FY 06	4-Year Average	FYTD 07 1st Qtr	FYTD 07 2nd Qtr	FYTD 07 3rd Qtr
Population								
UTMB	105,525	113,729	119,322	119,835	114,603	120,242	120,094	120,182
TTUHSC	31,041	31,246	31,437	31,448	31,293	31,596	31,606	31,600
Total	136,566	144,975	150,759	151,283	145,896	151,838	151,700	151,782
Expenses								
UTMB	$300,912,092	$313,875,539	$330,672,773	$336,934,127	320,598,633	83,691,562	167,279,377	$253,758,870
TTUHSC	$80,079,315	$78,548,146	$80,083,059	$83,467,550	80,544,518	21,709,909	43,276,611	$65,197,089
Total	$380,991,407	$392,423,685	$410,755,832	$420,401,677	401,143,150	105,401,471	210,555,988	318,955,959
Cost/Day								
UTMB	$7.81	$7.56	$7.59	$7.70	$7.66	$7.65	$7.70	$7.73
TTUHSC	$7.07	$6.89	$6.98	$7.27	$7.05	$7.55	$7.56	$7.56
Total	**$7.64**	**$7.40**	**$7.46**	**$7.61**	**$7.53**	**$7.63**	**$7.67**	**$7.70**

* Expenses include all health care costs, including medical, mental health, and benefit costs.
NOTE: The FY04 calculation has been adjusted from previous reports to correctly account for leap year

Chart 11: UTMB Cost Per Day

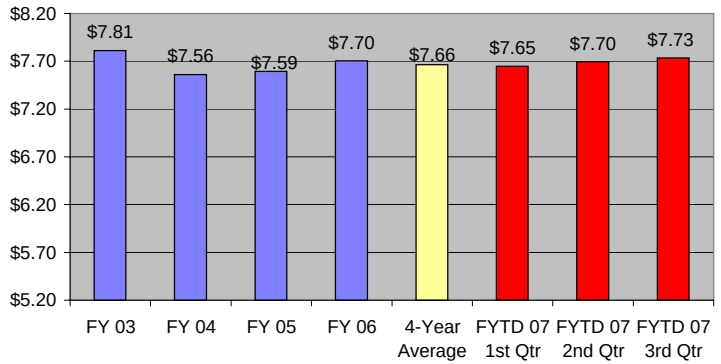


Chart 12: TTUHSC Cost Per Day

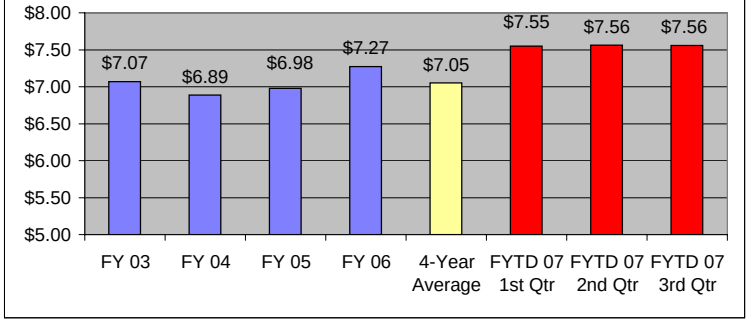


Chart 13: STATEWIDE Cost Per Day

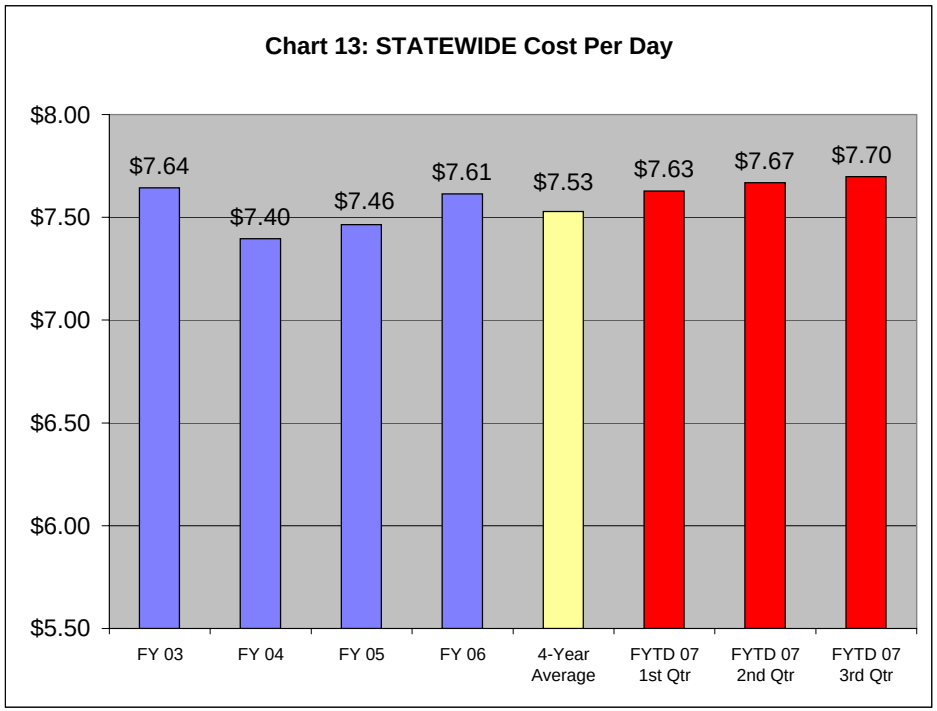


Table 6
Medical Encounter Statistics* by Age Grouping

9

Month	Encounters			Population			Encounters Per Offender		
	Age 55 and Over	Under Age 55	Total	Age 55 and Over	Under Age 55	Total	Age 55 and Over	Under Age 55	Total
Sep-06	35,473	164,832	200,305	7,704	112,542	120,246	4.60	1.46	1.67
Oct-06	33,069	179,842	212,911	7,760	112,414	120,174	4.26	1.60	1.77
Nov-06	32,250	167,948	200,198	7,832	112,475	120,307	4.12	1.49	1.66
Dec-06	30,914	157,284	188,198	7,862	112,161	120,023	3.93	1.40	1.57
Jan-07	32,027	171,885	203,912	7,967	111,796	119,763	4.02	1.54	1.70
Feb-07	33,090	156,422	189,512	8,035	112,016	120,051	4.12	1.40	1.58
Mar-07	35,454	174,519	209,973	8,053	112,231	120,284	4.40	1.55	1.75
Apr-07	34,012	170,121	204,133	8,100	112,170	120,270	4.20	1.52	1.70
May-07	35,571	178,803	214,374	8,197	112,325	120,522	4.34	1.59	1.78
Average	33,540	169,073	202,613	7,946	112,237	120,182	4.22	1.51	1.69

*Detailed data available for **UTMB** Sector only (representing approx. 79% of total population). Includes all medical and dental onsite visits. Excludes mental health visits.

Chart 14
Encounters Per Offender By Age Grouping

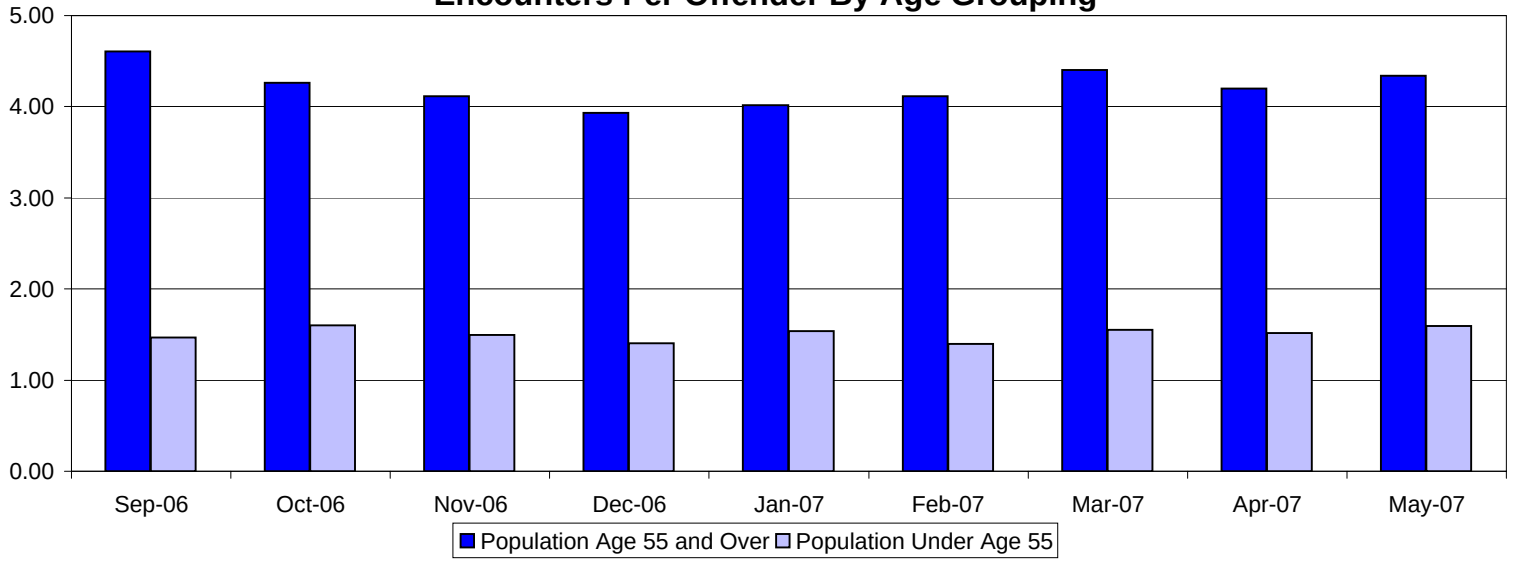


Table 7
FY 2007 3rd Quarter
Offsite Costs* To Date by Age Grouping

Age Grouping	Cost Data	Total Population	Total Cost Per Offender
Age 55 and Over	$23,470,604	9,706	$2,418.15
Under Age 55	$62,085,020	142,076	$436.98
Total	**$85,555,624**	**151,782**	**$563.67**

**Figures represent repricing of customary billed charges received to date for services to institution's a which includes any discounts and/or capitation arrangements. Repriced charges are compared again population to illustrate and compare relative difference in utilization of offsite services. Billings have a 60-90 day time lag.*

Chart 15
Hospital Costs to Date Per Offender
by Age Grouping

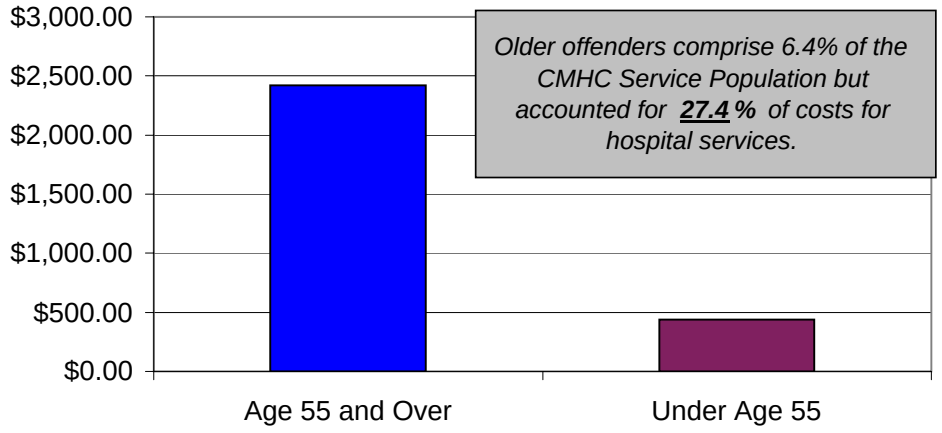
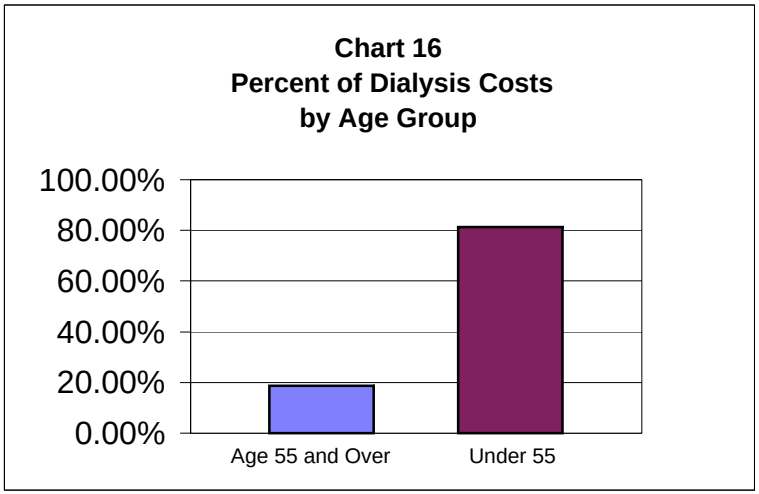


Table 8
Through FY 2007 3rd Quarter
Dialysis Costs by Age Grouping

Age Group	Dialysis Costs	Percent of Costs	Average Population	Percent of Population	Avg Number of Dialysis Patients	Percent of Dialysis Patients in Population
Age 55 and Over	$505,719	18.64%	9,706	6.39%	37	0.38%
Under Age 55	$2,207,589	81.36%	142,076	93.61%	155	0.11%
Total	**$2,713,308**	**100.00%**	**151,782**	**100.00%**	**191**	**0.13%**

Projected Avg Cost Per Dialysis Patient Per Year: $18,898



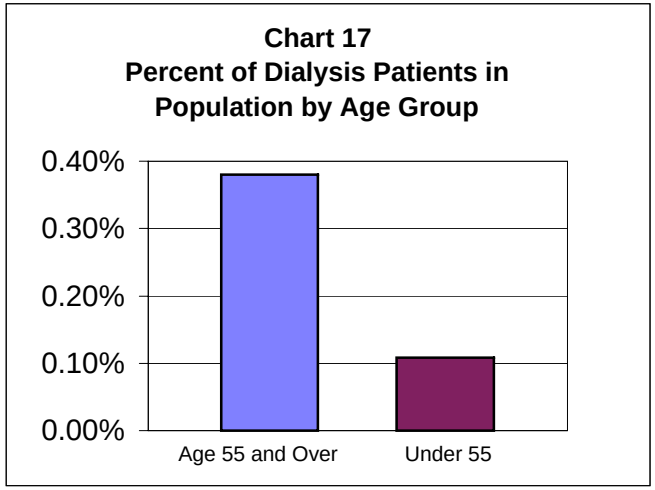


Table 9
Selected Drug Costs FY 2007

Category	Sep-06	Oct-06	Nov-06	Dec-06	Jan-07	Feb-07	Mar-07	Apr-07	May-07	Total Year-to-Date
Total Drug Costs	$2,958,564	$2,628,306	$2,459,070	$2,632,161	$2,828,844	$1,510,740	$4,410,403	$2,375,497	$2,613,704	$24,417,289
HIV Medications										
HIV Drug Cost	$1,578,626	$1,164,261	$991,471	$1,775,787	$1,210,128	$684,041	$1,742,017	$1,040,807	$1,313,587	$11,500,725
HIV Percent of Cost	53.36%	44.30%	40.32%	67.46%	42.78%	45.28%	39.50%	43.81%	50.26%	47.10%
Psychiatric Medications										
Psych Drug Cost	$224,093	$57,584	$278,291	$77,352	$78,472	$2,219	$778,590	-$88,297	-$19,479	$1,388,826
Psych Percent of Cost	7.57%	2.19%	11.32%	2.94%	2.77%	0.15%	17.65%	-3.72%	-0.75%	5.69%
Hepatitis C Medications										
Hep C Drug Cost	$99,021	$119,692	$107,789	$79,371	$122,653	$72,988	$141,829	$110,256	$99,645	$953,244
Hep C Percent of Cost	3.35%	4.55%	4.38%	3.02%	4.34%	4.83%	3.22%	4.64%	3.81%	3.90%
All Other Drug Costs	$1,056,822	$1,286,768	$1,081,519	$699,651	$1,417,591	$751,493	$1,747,968	$1,312,731	$1,219,951	$10,574,495

Chart 18
Drug Costs by Selected Categories

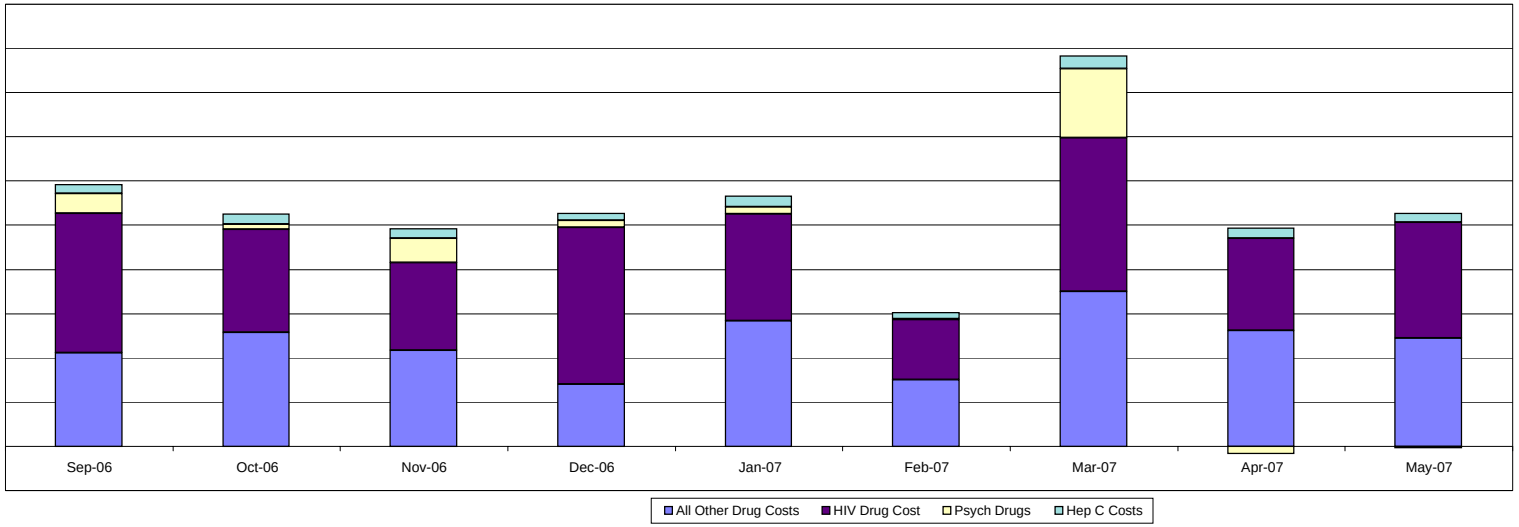


Table 10
Ending Balances 3rd Qtr FY 2007

	Beginning Balance September 1, 2006	Net Activity FY 2007	Ending Balance May 31, 2007
CMHCC Operating Funds	$79,112.92	$123,732.06	$202,844.98
CMHCC Medical Services	$734,417.59	$15,399,550.89	$16,133,968.48
CMHCC Mental Health	$527,107.07	$2,599,010.46	$3,126,117.53
Ending Balance All Funds	**$1,340,637.58**	**$18,122,293.41**	**$19,462,930.99**
4th QTR Advance Payments			
From TDCJ - Medical			($84,302,390.25)
From TDCJ - Mental Health			($9,489,087.50)
From TDCJ - CMHCC			($146,227.25)
To UTMB - Medical			$69,006,486.00
To UTMB - Mental Health			$6,457,480.00
Total Unencumbered Fund Balance			$989,191.99

SUPPORTING DETAIL

CMHCC Operating Account	
Beginning Balance	$79,112.92
FY 2006 Funds Lapsed to State Treasury	($79,112.92)
Revenue Received	
1st Qtr Payment	$146,227.25
2nd Qtr Payment	$146,227.25
3rd Qtr Payment	$146,227.25
4th Qtr Advance Payment	$146,227.25
Interest Earned	$2,223.24
Subtotal Revenue	$587,132.24
Expenses	
Salary & Benefits	($348,836.22)
Operating Expenses	($35,451.04)
Subtotal Expenses	**($384,287.26)**
Net Activity thru this Qtr	**$123,732.06**
Total Fund Balance CMHCC Operating	**$202,844.98**

RECONCILIATION:

Less: 4th Qtr Advance Payment from TDCJ	($146,227.25)
Total Unencumbered Fund Balance	$56,617.73

SUPPORTING DETAIL

CMHCC Capitation Accounts	**Medical Services**	**Mental Health**
Beginning Balance	$734,417.59	$527,107.07
FY 2006 Funds Lapsed to State Treasury	($734,417.59)	($527,107.07)
Revenue Detail		
1st Qtr Payment from TDCJ	$84,302,390.25	$9,489,087.50
2nd Qtr Payment from TDCJ	$84,302,390.25	$9,489,087.50
3rd Qtr Payment from TDCJ	$84,302,390.25	$9,489,087.50
4th Qtr Advance Payment from TDCJ	$84,302,390.25	$9,489,087.50
Interest Earned	$145,167.61	$13,342.63
Revenue Received	**$337,354,728.61**	**$37,969,692.63**
Payments to UTMB		
1st Qtr Payment to UTMB	($68,256,415.50)	($6,384,115.10)
2nd Qtr Payment to UTMB	($67,506,345.00)	($6,317,100.00)
3rd Qtr Payment to UTMB	($69,006,486.00)	($6,457,480.00)
4th Qtr Advance Payment to UTMB	($69,006,486.00)	($6,457,480.00)
Subtotal UTMB Payments	**($273,775,732.50)**	**($25,616,175.10)**
Payments to TTUHSC		
1st Qtr Payment to TTUHSC	($15,815,009.21)	($3,075,800.00)
2nd Qtr Payment to TTUHSC	($15,641,217.90)	($3,042,000.00)
3rd Qtr Payment to TTUHSC	($15,988,800.52)	($3,109,600.00)
Subtotal TTUHSC Payments	**($47,445,027.63)**	**($9,227,400.00)**
Total Payments Made thru this Qtr	**($321,220,760.13)**	**($34,843,575.10)**
Net ActivityThrough This Qtr	**$15,399,550.89**	**$2,599,010.46**
Total Fund Balance	**$16,133,968.48**	**$3,126,117.53**

RECONCILIATION:

Less: 4th Qtr Advance Payment from TDCJ	($84,302,390.25)	($9,489,087.50)
Add: 4th Qtr Advance Payment to UTMB	$69,006,486.00	$6,457,480.00
Total Unencumbered Fund Balance	$838,064.23	$94,510.03

Correctional Managed Health Care

Monthly Report

June 2007

September 2006 – June 2007

Summary

The purpose of this report is to provide updated and accurate information on the costs of the correctional health care program. This monthly report summarizes activity for the month of June, 2007. Following this narrative are the supporting financial and statistical tables.

Background

During Fiscal Year 2007, approximately $375.8 million within the TDCJ appropriation has been allocated for funding correctional health care services. This funding included:

- $313.2M in general revenue appropriations in strategy C.1.8 (Managed Health Care, medical services)
- $17.5M in supplemental appropriations from HB10
- $43.1M in general revenue appropriations in strategy C.1.7. (Psychiatric Care).
- $2.0M in general revenue funding from C.3.1 (Contract Prisons/Private State Jails) provided by TDCJ for the addition of health services for the privately-operated facilities to the CMHCC service population. This transfer of responsibility from the private prison operators to the CMHCC resulted in a net savings to the TDCJ appropriations.

Of this funding, $375.2M (99.8%) was allocated for health care services provided by UTMB and TTUHSC and $584.9K (0.2%) for the operation of the Correctional Managed Health Care Committee.

In addition to the above funding, UTMB and TTUHSC also receive partial reimbursement for certain benefit payments through other appropriations made for that purpose. These payments are made directly to the university providers. Benefit reimbursement amounts and expenditures are included in the reported totals provided by the universities.

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Report Highlights

Population Indicators

- Through June of this fiscal year, the correctional health care program remained essentially stable in the overall offender population served by the program. The average daily population served through June of FY 2007 was 151,810. This average was slightly higher than the average through June FY 2006 of 151,209, an increase of 601 (0.4%). Even though the overall population was relatively stable, the number of offenders age 55 and over has continued to steadily increase.
  - Consistent with the trend for the last several years, the number of offenders in the service population aged 55 or older has continued to rise at a faster rate than the overall population. Through June of FY 2007, the average number of older offenders in the service population was 9734. Through this same month a year ago (FY 2006), the average number of offenders age 55 and over was 8876. This represents an increase of 858 or about 9.6% more older offenders than a year ago.
  - The overall HIV+ population has remained relatively stable throughout the last three years and continued to remain so through this month, averaging 2,587(or about 1.7% of the population served).
  - Two mental health caseload measures have also remained relatively stable:
    - The average number of psychiatric inpatients within the system was 2,009 through June of FY 2007, a slight increase from 1,984 through June of FY 2006.
    - Through the month of June FY 2007, the average number of mental health outpatients was 20,289 representing 13.4% of the service population.

Health Care Costs

- Overall health costs through June of FY 2007 totaled $353.3M.
  - UTMB's total revenue through the month was $280.6M. Their expenditures totaled $281.0M, resulting in a net loss of $0.4M. On a per offender per day basis, UTMB earned $7.71 in revenue and expended $7.72 resulting in a loss of $0.02 per offender per day.
    - TTUHSC's total revenue through the month was $67.5M. Expenditures totaled $72.3M, resulting in a net loss of $4.8M. On a per offender per day basis, TTUHSC earned $7.05 in revenue, but expended $7.55 resulting in a shortfall of $0.50 per offender per day.

- Examining the health care costs in further detail indicates that of the $353.3M in expenses reported through June:
- Onsite services (those medical services provided at the prison units) comprised $169.8M representing about 48.0% of the total health care expenses:
- Pharmacy services totaled $34.3M representing approximately 9.7% of the total expenses:
- Offsite services (services including hospitalization and specialty clinic care) accounted for $104.6M or 29.6% of total expenses:
- Mental health services totaled $33.8M or 9.6% of the total costs:
- Indirect support expenses accounted for $12.2M and represented 3.4% of the total costs.

The total cost per offender per day for all health care services statewide through June of FY 2007 was $7.68, an increase (0.5%) from $7.64 for June of FY 2006. However, when benchmarked against the average cost per offender per day for the prior four fiscal years of $7.53, the cost has increased slightly higher (2.0%).

- For UTMB, the cost per offender per day was $7.71, slightly higher than the average cost per day for the last four fiscal years of $7.66.
- For TTUHSC, the cost per offender per day was $7.56, significantly higher than the average cost per day for the last four fiscal years of $7.05.
- Differences in cost between UTMB and TTUHSC relate to the differences in mission, population assigned and the acuity level of the offender patients served.

Reporting of Fund Balances

- A review of revenues and expenditures for FY 2007 indicates that UTMB reports a total shortfall of $416,021 through the month. TTUHSC reports a total shortfall of $4,789,860 through this month.

- A summary analysis of the ending balances, revenue and payments through June for all CMHCC fund accounts is also included in this report. That summary indicates that the net balance on all accounts held by the CMHCC on June 30, 2007 was $326,606.25.

Financial Monitoring

Detailed transaction level data from both providers is being tested on a monthly basis to verify reasonableness, accuracy, and compliance with policies and procedures. All corrective actions requested in prior months have been completed and verified as agreed by UTMB and TTUHSC. The results of the detail transaction testing performed on TTUHSC's and UTMB's financial information for the month of May 2007 found all tested transactions to be verified.

The TTUHSC Office of Audit Services has completed an internal audit of the pharmaceutical billing process for the TTUHSC correctional health care program. The audit noted two opportunities to strengthen internal monitoring controls (1) a pilot study to establish an enhanced process for reconciling shipments to invoices at the facility level; and (2) an enhanced process to ensure proper credit for reclaimed medications can be verified. TTUHSC management has prepared and submitted a management response to address these two recommendations.

Concluding Notes

The combined *shortfall* for the university providers through June of FY 2007 is $5,205,881. The university providers are continuing to monitor their expenditures closely, while seeking additional opportunities to reduce costs in order to minimize their operating losses. .

Listing of Supporting Tables and Charts

Table 1

Correctional Managed Health Care

FY 2007 Budget Allocations

Distribution of Funds

Allocated to	FY 2007
University Providers	
The University of Texas Medical Branch	
Medical Services	$273,775,733
Mental Health Services	$25,619,350
Subtotal UTMB	$299,395,083
Texas Tech University Health Sciences Center	
Medical Services	$63,433,828
Mental Health Services	$12,337,000
Subtotal TTUHSC	$75,770,828
SUBTOTAL UNIVERSITY PROVIDERS	$375,165,911
Correctional Managed Health Care Committee	$584,909
TOTAL DISTRIBUTION	**$375,750,820**

Source of Funds

Source	FY 2007
Legislative Appropriations	
SB 1, Article V, TDCJ Appropriations	
Strategy C.1.8. Managed Health Care	$313,174,719
Strategy C.1.7 Psychiatric Care	$43,094,589
Strategy C.3.1. Contract Prisons/Private St. Jails*	$1,981,512
HB 10 Supplemental Appropriations	$17,500,000
TOTAL	**$375,750,820**

*In addition to the amounts received and allocated by the CMHCC, the university providers receive partial reimbursement for employee benefit costs directly from other appropriations made for that purpose.

Table 2
FY 2007
Key Population Indicators
Correctional Health Care Program

Indicator	Sep-06	Oct-06	Nov-06	Dec-06	Jan-07	Feb-07	Mar-07	Apr-07	May-07	Jun-07	Population Year to Date Avg.
Avg. Population Served by CMHC:											
UTMB State-Operated Population	108,444	108,358	108,500	108,214	107,951	108,255	108,465	108,459	108,727	108,770	108,414
UTMB Private Prison Population*	11,802	11,817	11,807	11,809	11,812	11,797	11,819	11,811	11,795	11,798	11,807
UTMB Total Service Population	120,246	120,174	120,307	120,022	119,763	120,052	120,283	120,271	120,522	120,568	120,221
TTUHSC Total Service Population	31,520	31,568	31,700	31,639	31,612	31,596	31,571	31,620	31,570	31,491	31,589
CMHC Service Population Total	151,766	151,742	152,007	151,662	151,375	151,648	151,854	151,891	152,092	152,059	151,810
Population Age 55 and Over											
UTMB Service Population Average	7,704	7,760	7,832	7,862	7,967	8,035	8,053	8,100	8,197	8,197	7,971
TTUHSC Service Population Average	1,704	1,721	1,743	1,754	1,753	1,778	1,782	1,802	1,807	1,792	1,764
CMHC Service Population Average	9,408	9,481	9,575	9,616	9,720	9,813	9,835	9,902	10,004	9,989	9,734
HIV+ Population	2,679	2,706	2,679	2,693	2,507	2524	2523	2512	2516	2529	2,587
Mental Health Inpatient Census											
UTMB Psychiatric Inpatient Average	1,037	1,034	1,039	1,014	1,038	1,042	1,036	1,041	1,060	1060	1,040
TTUHSC Psychiatric Inpatient Average	960	971	964	981	986	980	966	961	953	963	969
CMHC Psychiatric Inpatient Average	1,997	2,005	2,003	1,995	2,024	2,022	2,002	2,002	2,013	2,023	2,009
Mental Health Outpatient Census											
UTMB Psychiatric Outpatient Average	15,648	16,654	15,426	15,278	15,741	15,544	16,310	16,951	16,520	16,252	16,032
TTUHSC Psychiatric Outpatient Average	4,557	4,807	4,333	3,947	4,101	4,064	3,779	4,323	4,481	4,178	4,257
CMHC Psychiatric Outpatient Average	20,205	21,461	19,759	19,225	19,842	19,608	20,089	21,274	21,001	20,430	20,289

Table 3
Summary Financial Report: Medical Costs
Fiscal Year 2007 - through Jun 30, 2007 (Sept 2006- Jun 2007)

Days in Year: 303

	Medical Services Costs			Medical Cost Per Day Calculations		
	UTMB	TTUHSC	TOTAL	UTMB	TTUHSC	TOTAL
Population Served	**120,221**	**31,589**	**151,810**			
Revenue						
Capitation Payments	$227,271,362	$53,500,436	$280,771,798	$6.24	$5.59	$6.10
State Reimbursement Benefits	$27,887,992	$2,703,452	$30,591,444	$0.77	$0.28	$0.67
Other Misc Revenue	$223,163	$0	$223,163	$0.01	$0.00	$0.00
Total Revenue	**$255,382,517**	**$56,203,888**	**$311,586,405**	**$7.01**	**$5.87**	**$6.77**
Expenses						
Onsite Services						
Salaries	$99,028,487	$8,108,186	$107,136,673	$2.72	$0.85	$2.33
Benefits	$24,824,501	$1,953,330	$26,777,831	$0.68	$0.20	$0.58
Operating (M&O)	$13,363,784	$1,127,014	$14,490,798	$0.37	$0.12	$0.32
Professional Services	$0	$2,266,471	$2,266,471	$0.00	$0.24	$0.05
Contracted Units/Services	$0	$17,179,064	$17,179,064	$0.00	$1.79	$0.37
Travel	$771,957	$61,470	$833,427	$0.02	$0.01	$0.02
Electronic Medicine	$0	$182,222	$182,222	$0.00	$0.02	$0.00
Capitalized Equipment	$976,842	$0	$976,842	$0.03	$0.00	$0.02
Subtotal Onsite Expenses	$138,965,571	$30,877,757	$169,843,328	$3.81	$3.23	$3.69
Pharmacy Services						
Salaries	$3,248,490	$943,258	$4,191,748	$0.09	$0.10	$0.09
Benefits	$994,700	$59,326	$1,054,026	$0.03	$0.01	$0.02
Operating (M&O)	$1,818,734	$503,421	$2,322,155	$0.05	$0.05	$0.05
Pharmaceutical Purchases	$20,915,557	$5,755,692	$26,671,249	$0.57	$0.60	$0.58
Professional Services	$0	$0	$0	$0.00	$0.00	$0.00
Travel	$17,410	$11,351	$28,761	$0.00	$0.00	$0.00
Subtotal Pharmacy Expenses	$26,994,891	$7,273,048	$34,267,939	$0.74	$0.76	$0.74
Offsite Services						
University Professional Services	$11,576,102	$850,785	$12,426,887	$0.32	$0.09	$0.27
Freeworld Provider Services	$11,466,532	$10,688,578	$22,155,110	$0.31	$1.12	$0.48
UTMB or TTUHSC Hospital Cost	$59,048,659	$7,885,929	$66,934,588	$1.62	$0.82	$1.46
Estimated IBNR	$2,605,747	$475,067	$3,080,814	$0.07	$0.05	$0.07
Subtotal Offsite Expenses	$84,697,040	$19,900,359	$104,597,399	$2.33	$2.08	$2.27
Indirect Expenses	$7,490,804	$3,297,222	$10,788,026	$0.21	$0.34	$0.23
Total Expenses	**$258,148,306**	**$61,348,386**	**$319,496,692**	**$7.09**	**$6.41**	**$6.95**
Operating Income (Loss)	**($2,765,789)**	**($5,144,498)**	**($7,910,287)**	**($0.08)**	**($0.54)**	**($0.17)**

Table 3 (Continued)
Summary Financial Report: Mental Health Costs
Fiscal Year 2007 through June 30, 2007 (Sept 2006- Jun 2007)

Days in Year: 303

	Mental Health Services Costs			Mental Health Cost Per Day Calculations		
	UTMB	TTUHSC	TOTAL	UTMB	TTUHSC	TOTAL
Population Served	**120,140**	**31,603**	**151,743**			
Revenue						
Capitation Payments	$21,267,570	$9,399,733	$30,667,303	$0.58	$0.98	$0.67
State Reimbursement Benefits	$3,914,764	$1,923,443	$5,838,207	$0.11	$0.20	$0.13
Other Misc Revenue	$0	$0	$0	$0.00	$0.00	$0.00
Total Revenue	**$25,182,334**	**$11,323,176**	**$36,505,510**	**$0.69**	**$1.18**	**$0.79**
Expenses						
Mental Health Services						
Salaries	$17,064,040	$7,847,747	$24,911,787	$0.47	$0.82	$0.54
Benefits	$4,209,623	$2,031,860	$6,241,483	$0.12	$0.21	$0.14
Operating (M&O)	$655,690	$132,707	$788,397	$0.02	$0.01	$0.02
Professional Services	$0	$325,427	$325,427	$0.00	$0.03	$0.01
Contracted Units/Services	$0	$0	$0	$0.00	$0.00	$0.00
Travel	$117,756	$16,313	$134,069	$0.00	$0.00	$0.00
Electronic Medicine	$0	$0	$0	$0.00	$0.00	$0.00
Capital Expenditures	$32,428	$0	$32,428	$0.00	$0.00	$0.00
Subtotal Mental Health Expenses	$22,079,537	$10,354,054	$32,433,591	$0.61	$1.08	$0.71
Indirect Expenses	$753,209	$614,484	$1,367,693	$0.02	$0.06	$0.03
Total Expenses	**$22,832,746**	**$10,968,538**	**$33,801,284**	**$0.63**	**$1.15**	**$0.74**
Operating Income (Loss)	**$2,349,588**	**$354,638**	**$2,704,226**	**$0.06**	**$0.04**	**$0.06**

All Health Care Summary

	All Health Care Services			Cost Per Offender Per Day		
	UTMB	TTUHSC	TOTAL	UTMB	TTUHSC	TOTAL
Medical Services	$255,382,517	$56,203,888	$311,586,405	$7.02	$5.87	$6.78
Mental Health Services	$25,182,334	$11,323,176	$36,505,510	$0.69	$1.18	$0.79
Total Revenue	**$280,564,851**	**$67,527,064**	**$348,091,915**	**$7.71**	**$7.05**	**$7.57**
Medical Services	$258,148,306	$61,348,386	$319,496,692	$7.09	$6.41	$6.95
Mental Health Services	$22,832,746	$10,968,538	$33,801,284	$0.63	$1.15	$0.74
Total Expenses	**$280,981,052**	**$72,316,924**	**$353,297,976**	**$7.72**	**$7.55**	**$7.68**
Operating Income (Loss)	**($416,201)**	**($4,789,860)**	**($5,206,061)**	**($0.01)**	**($0.50)**	**($0.11)**

Table 4
Comparison of Total Health Care Costs

	FY 03	FY 04	FY 05	FY 06	4-Year Average	FY 07 YTD
Population						
UTMB	105,525	113,729	119,322	119,835	114,603	120,221
TTUHSC	31,041	31,246	31,437	31,448	31,293	31,589
Total	136,566	144,975	150,759	151,283	145,896	151,810
Expenses						
UTMB	$300,912,092	$313,875,539	$330,672,773	336,934,127	320,598,633	280,981,052
TTUHSC	$80,079,315	$78,548,146	$80,083,059	83,467,550	80,544,518	72,316,924
Total	$380,991,407	$392,423,685	$410,755,832	420,401,677	401,143,150	353,297,976
Cost/Day						
UTMB	$7.81	$7.56	$7.59	$7.70	$7.66	$7.71
TTUHSC	$7.07	$6.89	$6.98	$7.27	$7.05	$7.56
Total	**$7.64**	**$7.40**	**$7.46**	**$7.61**	**$7.53**	**$7.68**

* Expenses include all health care costs, including medical, mental health, and benefit costs.
NOTE: The calculation for FY 04 has been adjusted from some previous reports to correctly account for leap year

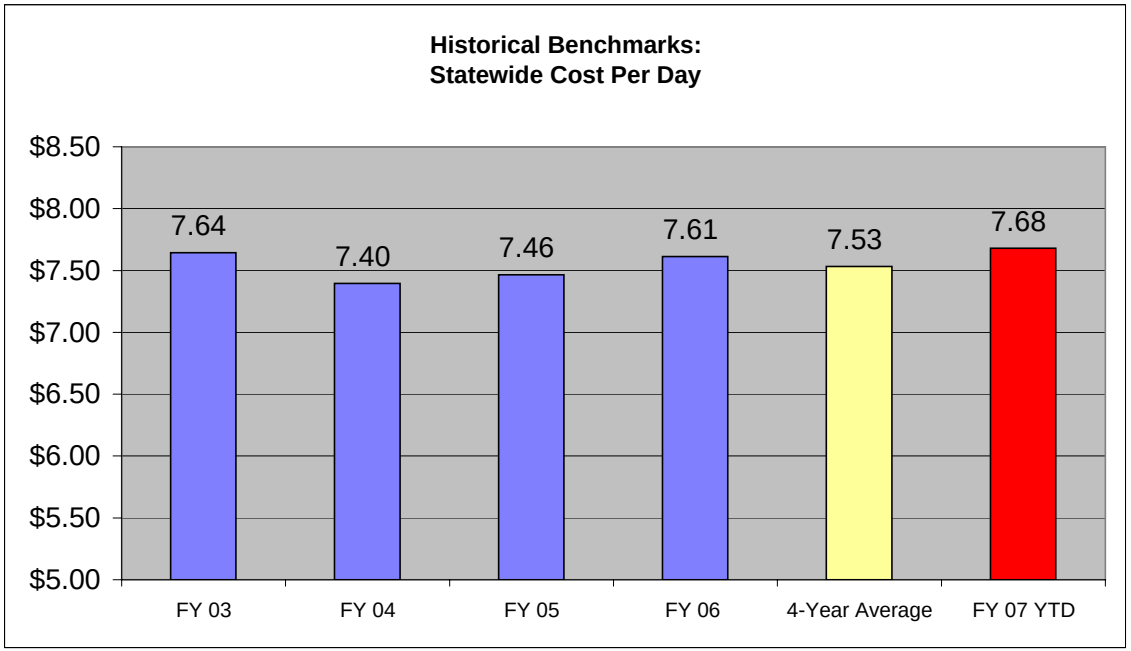

Table 5
Ending Balances June 30, 2007

	Beginning Balance September 1, 2006	Net Activity FY 2007	Ending Balance May 31, 2007
CMHCC Operating Funds	$79,112.92	$85,767.11	$164,880.03
CMHCC Medical Services	$734,417.59	($589,249.63)	$145,167.96
CMHCC Mental Health	$527,107.07	($510,548.81)	$16,558.26
Ending Balance All Funds	**$1,340,637.58**	**($1,014,031.33)**	**$326,606.25**

SUPPORTING DETAIL

CMHCC Operating Account	
Beginning Balance	$79,112.92
FY 2006 Funds Lapsed to State Treasury	($79,112.92)
Revenue Received	
1st Qtr Payment	$146,227.25
2nd Qtr Payment	$146,227.25
3rd Qtr Payment	$146,227.25
4th Qtr Advance Payment	$146,227.25
Interest Earned	$2,452.17
Subtotal Revenue	$587,361.17
Expenses	
Salary & Benefits	($384,227.00)
Operating Expenses	($38,254.14)
Subtotal Expenses	**($422,481.14)**
Net Activity thru this Qtr	**$85,767.11**
Total Fund Balance CMHCC Operating	**$164,880.03**

SUPPORTING DETAIL

CMHCC Capitation Accounts	**Medical Services**	**Mental Health**
Beginning Balance	$734,417.59	$527,107.07
FY 2006 Funds Lapsed to State Treasury	($734,417.59)	($527,107.07)
Revenue Detail		
1st Qtr Payment from TDCJ	$84,302,390.25	$9,489,087.50
2nd Qtr Payment from TDCJ	$84,302,390.25	$9,489,087.50
3rd Qtr Payment from TDCJ	$84,302,390.25	$9,489,087.50
4th Qtr Advance Payment from TDCJ	$84,302,390.25	$9,489,087.50
Interest Earned	$145,167.61	$13,383.36
Revenue Received	**$337,354,728.61**	**$37,969,733.36**
Payments to UTMB		
1st Qtr Payment to UTMB	($68,256,415.50)	($6,384,115.10)
2nd Qtr Payment to UTMB	($67,506,345.00)	($6,317,100.00)
3rd Qtr Payment to UTMB	($69,006,486.00)	($6,457,480.00)
4th Qtr Payment to UTMB	($69,006,486.00)	($6,457,480.00)
Subtotal UTMB Payments	**($273,775,732.50)**	**($25,616,175.10)**
Payments to TTUHSC		
1st Qtr Payment to TTUHSC	($15,815,009.21)	($3,075,800.00)
2nd Qtr Payment to TTUHSC	($15,641,217.90)	($3,042,000.00)
3rd Qtr Payment to TTUHSC	($15,988,800.52)	($3,109,600.00)
4th Qtr Payment to TTUHSC	($15,988,800.52)	($3,109,600.00)
Subtotal TTUHSC Payments	**($63,433,828.15)**	**($12,337,000.00)**
Total Payments Made thru this Qtr	**($337,209,560.65)**	**($37,953,175.10)**
Net ActivityThrough This Qtr	**($589,249.63)**	**($510,548.81)**
Total Fund Balance	**$145,167.96**	**$16,558.26**

Texas Tech University Health Sciences Center

Report on Correctional Managed Health Care

July 26, 2007

Project #2007023

July 26, 2007

Gary Tonniges
Interim Executive Director, Correctional Managed Health Care
Texas Tech University Health Sciences Center

Dear Mr. Tonniges:

We have completed our audit of Correctional Managed Health Care. This engagement satisfies the annual audit requirements of the Correctional Managed Health Care Committee Contract. The audit was included in our annual plan for the year ending August 31, 2007, and was conducted in accordance with the International Standards for the Professional Practice of Internal Auditing (Standards). The objective of this audit was to determine whether monitoring controls have been established to assist management in ensuring that Texas Tech University Health Sciences Center is billed correctly for correctional health care pharmaceuticals from the University of Texas Medical Branch.

We determined the monitoring process should be enhanced to ensure accurate billing and payment for the correctional health care pharmaceuticals. Management agrees with the recommendations included in the report and plans to conduct pilot studies to enhance the monitoring process. Management's complete response is included in this report beginning on page 4. Management is responsible for implementing the course of action outlined in the response.

Our Standards require that we monitor audit issues to ensure that management action plans have been effectively implemented. Based on your estimated implementation dates, we will contact you to schedule the follow-up procedures. Our follow-up procedures may consist of reviewing compliance-related policies, procedures, or other materials developed while implementing the plan. In addition, we may perform limited procedures to ensure the plan is working as intended.

Our recommendations are provided to assist the management of Texas Tech University Health Sciences Center in enhancing its operations and managing its risks. We appreciate the courtesies and considerations extended to us during our engagement. If you have any questions or if we can be of further assistance, please do not hesitate to contact our office.

Sincerely,

Kimberly F. Turner, CPA
Chief Audit Executive

REPORT

OBJECTIVES

The primary objective of this audit was to determine whether monitoring controls have been established to assist management in ensuring that Texas Tech University Health Sciences Center (TTUHSC) is billed correctly for correctional health care pharmaceuticals from the University of Texas Medical Branch (UTMB).

BACKGROUND

In 1989, Texas Tech University Health Sciences Center began providing health services for offenders housed in Texas Department of Criminal Justice (TDCJ) correctional facilities. In 1995, TTUHSC began providing health services for youths housed in Texas Youth Commission (TYC) facilities. TTUHSC has been contracted to provide health (physical, mental, and dental) service for over 32,000 offenders housed in TDCJ correctional facilities in West Texas. The health services are provided on-site at the correctional facilities by TTUHSC employees, through subcontracting with local community hospitals, or at the Montford Correctional Complex.

TTUHSC has contracted with the University of Texas Medical Branch for pharmaceutical services. UTMB and TTUHSC provide all health services for the offenders housed in the TDCJ correctional facilities in Texas. Under the contract, UTMB provides certain pharmaceutical procurement and dispensing services for TTUHSC. TTUHSC reimburses UTMB for drug costs, as well as a percentage of pharmacy personnel, maintenance, and operation costs incurred by UTMB. Annual pharmaceutical expense relating to the contract for TTUHSC is approximately $6 to $7 million per year.

CONCLUSIONS AND RECOMMENDATIONS

Internal processes and controls play a significant role in reducing the risks faced by TTUHSC. We evaluated the monitoring process in place for pharmaceutical invoices and noted the following opportunities to enhance controls.

Pharmaceutical Invoice Monitoring

Conclusion

TTUHSC provides healthcare services to 28 TDCJ and 7 TYC units. Each unit independently requisitions pharmaceuticals from the UTMB operated TDCJ central pharmacy in Huntsville. The pharmaceuticals are shipped directly to each unit along with a detailed shipping manifest. Each unit has a different process for receiving and reconciling shipments to requisitions. The units communicate shipping discrepancies through a "missing medication" email to UTMB. If the medication is determined to be missing/not shipped, UTMB ships the missing medication to the unit at no charge if reported within seven days. The manifests along with other documentation regarding the pharmaceutical shipments remain at the units.

Two School of Pharmacy associate professors perform a trend analysis on monthly pharmaceutical expenses by unit. The associate professors research variances of ten to fifteen percent for any single unit to determine the cause of the fluctuation and to determine whether TTUHSC has been overcharged. One of the associate professors communicates overcharges to UTMB so that credits can be issued; however, there is not a mechanism in place to ensure the credits are reflected on the monthly pharmaceutical invoice from UTMB.

The monthly pharmaceutical invoice from UTMB is approved by the Director of Finance. The Director of Finance does not reconcile the invoice to the requisitions and shipping manifests maintained in the units or to the credit information reported by the School of Pharmacy.

Recommendation

The Executive Director should work with the School of Pharmacy, Director of Finance, Director of Nursing, and the units to develop a monitoring process. Because there are many different units involved and each unit has daily shipments of pharmaceuticals, developing a monitoring process will take considerable time. One option for management to consider is to develop a six-month pilot study at one of the units. This pilot study would involve ensuring all requisitioned pharmaceuticals are received from UTMB and ensuring that shipment information is reconciled to the invoice prior to the approval of the pharmaceutical invoice. Once a successful monitoring process is established at one unit, the Executive Director should roll out the process to other units.

In addition, the Executive Director should establish processes so that credit information reported by the School of Pharmacy can be reconciled to the monthly pharmaceutical invoice prior to approval. The first step in this process involves the School of Pharmacy associate professor communicating credit information to the Director of Finance.

Reclaimed Pharmaceuticals

Conclusion

There is not a process to ensure the reclaimed pharmaceuticals (i.e., pharmaceuticals that were not issued or have expired) credit on the monthly invoice is accurate. The TDCJ and TYC units send reclaimed pharmaceuticals to UTMB monthly. No documentation is prepared or sent with the pharmaceuticals to UTMB. UTMB scans in the reclaimed pharmaceuticals and issues credits for the respective units. The pharmaceutical invoice includes the reclaimed credit in total and not by unit; however, a summary utilization report included with the invoice represents the reclaimed credit amounts for each unit.

Recommendation

The Executive Director should work with the School of Pharmacy, Director of Finance, Director of Nursing, and the units to develop a monitoring process to ensure that reclaimed pharmaceuticals are properly credited to TTUHSC. One option for management to consider is to develop a six-month pilot study at one of the units. The unit should document the reclaimed pharmaceuticals sent to UTMB and communicate this information so reconciliation to the invoice can be performed prior to approval for payment. Once a successful monitoring process is established at one unit, the Executive Director should roll out the process to other units.

SYNOPSIS OF MANAGEMENT'S RESPONSE

Correctional Managed Health Care management agrees with the recommendations included in this report and plans to conduct pilot studies at two TDCJ units. The pilot studies will involve hiring additional staff and implementing hand-held scanners to read pharmaceutical bar codes. At the conclusion of the pilot studies, Correctional Managed Health Care management plans to begin rolling out the monitoring system to other units.

REPORT DISTRIBUTION

Audit Committee, Texas Tech Board of Regents
Mr. Kent Hance
Mr. Jim Brunjes
Dr. John E. Opperman
Dr. Bernhard T. Mittemeyer
Mr. Elmo Cavin
Dr. Cynthia Jumper
Dr. Denise DeShields
Dr. Arthur Nelson
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MANAGEMENT'S ACTION PLAN

TEXAS TECH UNIVERSITY
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MANAGEMENT'S ACTION PLAN

TTUHSC Correctional Managed Health Care (CMHC) agrees with the Texas Tech University Auditor's report and provides its plan of action.

Given the imminent closure of several Texas Youth Commission West Texas Units; last spring, TTUHSC management approved CMHC's recommendation not to renew its TYC Contract; therefore, it expires August 31, 2007. Accordingly, these comments address methods to develop an accurate billing and payment monitoring system for correctional pharmacy invoice and reclamation procedures within TDCJ Units.

CMHC's Health Services Facilities provide care within 28 TDCJ Prisons ranging in size from 600 to nearly 4,000 offender-patients; several facilities also include in-patients, with their associated higher health care acuity levels. These units, depending upon their size and patient mix, receive pharmacy shipments either daily or twice weekly. At the larger units, it is not unusual to receive 20 boxes of medications in a single day. Since most of the units do not have pharmacy aides to assist with their pharmaceutical programs, nurses many times are required to perform these duties. The perennial shortage of correctional health care nurses, coupled with the Units' Director of Nurses and Health Administrators' need to assign each nurse multiple responsibilities, contributes significantly to the current lack of uniform pharmaceutical billing and payment procedures.

TTUHSC CMHC contracts with UTMB Pharmacy Services, Huntsville, Texas for pharmaceutical products and the TTUHSC School of Pharmacy for Pharmacy Management Services. Since the Correctional Managed Health Care Committee (CMHCC) currently reviews and audits all expenses associated with TTUHSC's TDCJ contract, we will request the committee include UTMB and TTUHSC pharmaceutical procedures in their monitoring process. Review at this level will significantly enhance processes ensuring better controls; correctly billed pharmaceutical invoices and accurate payments for pharmaceutical services.

Pharmaceutical Invoice Monitoring

Recommendation Number One:

MANAGEMENT'S ACTION PLAN (continued)

The Executive Director should work with the School of Pharmacy, Director of Finance, Director of Nursing, and the units to develop a monitoring process. Because there are many different units involved and each unit has daily shipments of pharmaceuticals, developing a monitoring process will take considerable time. One option for management to consider is to develop a six-month pilot study at one of the units. This pilot study would involve ensuring all requisitioned pharmaceuticals are received from UTMB and ensuring that shipment information is reconciled to the invoice prior to the approval of the pharmaceutical invoice. Once a successful monitoring process is established at one unit, the Executive Director should roll out the process to other units.

In addition, the Executive Director should establish processes so that credit information maintained in the School of Pharmacy can be reconciled to the monthly pharmaceutical invoice prior to approval. The first step in this process involves the School of Pharmacy associate professor communicating credit information to the Director of Finance.

Beginning October 1, 2007, Correctional Managed Health Care will conduct pilot studies for six months in two units: the Allred and Jordan; housing 3,700, and 1,000 TDCJ Offenders, respectively. Via multiple actions such as hiring additional staff (pharmacy aid or clerical) and purchasing and employing hand-held scanners to read pharmaceutical bar codes, unit protocols will be developed for these units. Shipping manifest verification upon receipt of medications; listing drugs returned for reclamation and resolution of credits prior to CMHC payment to UTMB will be key system components.

At the conclusion of these studies; the monitoring system developed by the CMHC Executive Director and Staff, as well as the TTUHSC School of Pharmacy and UTMB Pharmacy Services, will ensure the accuracy of the drug receipt, reclamation credit and payment process.

It will then be rolled out to other "like" units such that by July 1, 2008, 11 units (39 per cent) will benefit from this pharmacy monitoring system. Via phased implementation, the remaining 17 units will be brought into the TTUHSC CMHC Pharmaceutical Management Program by January 1, 2009.

Currently, UTMB pharmaceutical invoices received for payment processing by the CMHC Finance Office have 6 line items for monthly drug costs: formulary, non-formulary, floor stock, warehouse, reclamation, and direct shipments to the RMF hospital. SOP and Director, Finance also receive an electronic copy containing these drug costs, by unit, and using these same six categories. The director verifies that the electronic copies of UTMB drug reports are reconciled to the various UTMB invoices. School of Pharmacy also receives monthly reports from UTMB for each of the categories above and then, on a monthly basis, reviews them for individual drug pricing errors and any wide variance swings or trends. SOP routinely notifies UTMB of corrections to the electronic drug reports; these corrections then flow into UTMB's billings.

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MANAGEMENT'S ACTION PLAN (continued)

In the near future, TTUHSC's contract with UTMB for pharmaceuticals, including distribution and warehouse operations, will be strengthened to provide more robust controls that ensure payment for drugs actually received. UTMB has primary responsibility to ensure that drugs shipped to TTUHSC are accurately recorded in the drug manifests and the monthly drug invoices. Prison unit administrators will be responsible for verifying that drug manifests match drugs received. Scanners will be used to aid in this process and all drug corrections at the unit level will be forwarded to UTMB and to the School of Pharmacy. An additional line item will be requested in UTMB's monthly drug reports to identify total corrections each month, supported by documentation. The School of Pharmacy will then verify the accuracy of these corrections as they review UTMB's monthly drug billings. Our management contract with the School of Pharmacy will also be strengthened to enhance monitoring controls and provide accurate drug billings.

Since CMHC's contracts with UTMB and SOP are pending renewal for Fiscal Year 2008, the timing of this audit proved beneficial.

Reclaimed Pharmaceuticals

Audit Recommendation Number Two:
The Executive Director should work with the School of Pharmacy, Director of Finance, Director of Nursing, and the units to develop a monitoring process. One option for management to consider is to develop a six-month pilot study at one of the units. The unit should document the reclaimed pharmaceuticals sent to UTMB and communicate this information so reconciliation to the invoice can be performed prior to approval for payment. Once a successful monitoring process is established at one unit, the Executive Director should roll out the process to other units.

Beginning October 1, 2007, Correctional Managed Health Care will conduct pilot studies for six months in two units: the Allred and Jordan; housing 3,700, and 1,000 TDCJ Offenders, respectively. Via multiple actions such as hiring additional staff (pharmacy aid or clerical) and purchasing and employing hand-held scanners to read pharmaceutical bar codes, unit protocols will be developed for these units. Shipping manifest verification upon receipt of medications; listing drugs returned for reclamation and resolution of credits prior to CMHC payment to UTMB will be key system components.

At the conclusion of these studies; the monitoring system developed by the CMHC Executive Director and Staff, as well as the TTUHSC School of Pharmacy and UTMB Pharmacy Services, will ensure the accuracy of the drug receipt, reclamation credit and payment process.

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MANAGEMENT'S ACTION PLAN (continued)

It will then be rolled out to other "like" units such that by July 1, 2008, 11 units (39 per cent) will benefit from this pharmacy monitoring system. Via phased implementation, the remaining 17 units will be brought into the TTUHSC CMHC Pharmaceutical Management Program by January 1, 2009.

As previously mentioned, the pilot study will also include the drug reclamation program. Using scanners, all drugs returned to UTMB will have control and batch numbers affixed prior to scanning the contents. Management will request changes to the UTMB contract so that when UTMB receives returned drugs, they also scan by control and batch numbers. A verification process will be established, with reports, to ensure CMHC receives proper credit for returned medications. Pharmaceuticals are sent to UTMB via "TDCJ truck mail" and transported on a "space available" basis; therefore, periodic delays inherit to this transportation mode will occasionally inhibit receiving timely credit. Furthermore, since a small percentage of medications will be expired, credits will not be granted. Management will request that these "lost credits" be captured in a separate report so the School of Pharmacy receives monthly reports for all drug reclamation. Lastly, our management contract with the SOP will be strengthened to include improved monitoring controls.

Thank you for your assistance and opportunity to comment regarding this excellent audit.

Gary L. Tonniges, MHA, FACHE
Interim Executive Director
TTUHSC Correctional Managed Health Care

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BASIS OF TESTING

SCOPE

We performed this audit in accordance with the International Standards for the Professional Practice of Internal Auditing (Standards). Our audit scope was based on the following Standard:

Standard 2120.A1
Based on the result of the risk assessment, the internal audit activity should evaluate the adequacy and effectiveness of controls encompassing the organization's governance, operations, and information systems. This evaluation should include:

- Reliability and integrity of financial and operational information.
- Effectiveness and efficiency of operations.
- Safeguarding of assets.
- Compliance with laws, regulations, and contracts.