MINUTES

CORRECTIONAL MANAGED HEALTH CARE COMMITTEE
December 4, 2007

Chairperson: James D. Griffin, M.D.

CMHCC Members Present: Elmo Cavin, Bryan Collier, Jeannie Frazier, Cynthia Jumper, M.D., Ben G. Raimer, M.D. , Larry Revill, Desmar Walkes, M.D.

CMHCC Members Absent: Lannette Linthicum, M.D.

Partner Agency Staff Present: John Allen, Troy Sybert, M.D., Leslie Dupuy, Bryan Schneider, Dr. William Winslade, Bernadette McKinney, JD., Ph.D., Tonya Allyn, Steve Smock, Gary Eubank, The University of Texas Medical Branch; Denise DeShields, Gary Tonniges, Larry Elkins, Jerry Hoover, Texas Tech University Health Sciences Center; Dee Wilson, Jerry McGinty, Michael Kelley, M.D. George Crippen, R.N., Cathy Martinez, Rebecca Berner, Charma Blount, Texas Department of Criminal Justice; Allen Hightower, David McNutt, Lynn Webb, Tati Buentello, CMHCC Staff and Allen Sapp (Retired CMHCC Staff)

Others Present: The Honorable Jerry Madden, Chairman, House Corrections Committee; Helga Dill, Mina Gayton, Texas Cure; Martha Ann Dafft, Allison Garret, 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 9:00 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.**	Dr. Griffin stated that it was an honor to introduce and welcome Representative Jerry Madden, Chairman, House Corrections Committee and the lead House member on the Legislative Oversight Committee for Criminal Justice. Dr. Griffin then introduced and welcomed Mr. Bryan Collier, Deputy Executive Director who was appointed in July to be the non-physician member representing TDCJ replacing Mr. Ed Owens who recently retired. Mr. Collier's career began in 1985 and during those years held many distinguished positions, most recently serving as the Director of the Parole Division. Mr. Collier was also named as one of the Best of Business by the American Correctional Association in 2005.	Dr. Griffin on behalf of the committee welcomed Mr. Collier in his new role as a member of the CMHCC.	

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II. Recognitions and Introductions (Cont.)	Dr. Griffin next introduced Mr. David McNutt who has been selected to serve as the CMHCC Assistant Director of Administrative Services replacing Mr. Allen Sapp who retired in November. Dr. Griffin noted that Mr. McNutt brings with him over 30 years of correctional management and administration experience, including extensive legislative and appropriations expertise. He most recently served as the Director of Administrative and Business Services for the Windham School System. Prior to that, Mr. McNutt served in a number of key management and leadership positions within the Texas Department of Criminal Justice, including having served as the Assistant Director for Budget, the Deputy Director for Administrative Services and the Director of the Financial Services Division. Dr. Griffin then asked Dr. Cynthia Jumper to introduce the newest TTUHSC staff member.	Dr. Griffin on behalf of the committee then welcomed Mr. McNutt to the staff.	
	Dr. Jumper stated that it was a pleasure to introduce Mr. Larry Elkins who was selected to serve as the Executive Director for TTUHSC Correctional Managed Health Care. Dr. Jumper further stated that Mr. Elkins has been with TTUHSC for thirteen years to include some experience with correctional health care at the Sanchez Unit in El Paso. Mr. Elkins recently served as both the TTUHSC Assistant Dean for Finance and Administration and Assistant Vice-President for Fiscal Affairs, School of Medicine in El Paso. Dr. Jumper then noted that Mr. Elkins moved to Lubbock where his office will be located as he takes on his new position.	Dr. Griffin thanked Dr. Jumper for the introduction and on behalf of the committee welcomed Mr. Elkin to the staff.	
	Dr. Griffin next noted that after over 28 years of dedicated state service, Mr. Allen Sapp, CMHCC Assistant Director, retired at the end of November to take on new challenges. Dr. Griffin stated that on behalf of the committee he wanted to officially recognize Mr. Sapp for his outstanding leadership role.	Dr. Griffin then read and asked that the committee adopt the Resolution of Appreciation being presented to Mr. Sapp. (copy provided at Attachment 1)	Mr. Cavin moved that the committee adopt the Resolution of Appreciation as presented by Dr. Griffin. Dr. Raimer seconded the motion which prevailed by a unanimous vote.

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	Dr. Griffin then asked Ms. Jeannie Frazier to make the next presentation and further asked Chairman Madden if he would stand in for Representative Lois Kolkhorst in presenting Mr. Sapp with the Texas flag that was recently flown over the Capitol.	Ms. Frazier presented a gavel to Mr. Sapp on behalf of the committee members and thanked him for his outstanding leadership and dedicated service to the CMHCC and congratulated him on his retirement. Chairman Madden next presented the Texas flag and certificate signed by Representative Lois Kolkhorst which read, "In appreciation to Allen D. Sapp for over 28 years of dedicated service to the State of Texas", then also congratulated Mr. Sapp on his retirement. Mr. Sapp thanked everyone in the room for the gifts, the recognition, and the support provided by the staff of all three partner agencies. He further stated how proud he was of the committee and its staff on the accomplishments achieved throughout the years and wished the committee well on its future endeavors.	
III. Approval of Excused Absence - **James D. Griffin, M.D.**	Dr. Griffin next noted that Mr. Bryan Collier, Ms. Jeannie Frazier, Mr. Larry Revill and Dr. Desmar Walkes were absent from the September 25, 2007 CMHCC meeting due to scheduling conflicts then stated that he would entertain a motion to excuse their absence.		Dr. Raimer moved to approve Mr. Collier, Ms. Frazier, Mr. Revill and Dr. Walkes absence from the September 25, 2007 CMHCC meeting. Mr. Cavin seconded the motion. Motion passed by unanimous vote.
IV. Consent Items - **James D. Griffin, M.D.**	Dr. Griffin then stated next on the agenda was the approval of the consent items to include approval of the Minutes from the September 25, 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 for separate discussion?		

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IV. Consent Items (Cont.)	Hearing no further discussions, Dr. Griffin stated that he would entertain a motion.		Ms. Frazier moved to approve the consent items as presented in the agenda packet. Dr. Raimer seconded the motion. Motion passed by unanimous vote.
V. Executive Director's Report	Dr. Griffin next called on Mr. Hightower to present the Executive Director's Report.		
- **Allen Hightower**	Mr. Hightower stated that he was unable to attend the September 25, 2007 CMHCC meeting due to medical reasons.		
- LBB Tour of Hospital Galveston and Carole Young Facility	He then reported that UTMB hosted a tour of the Hospital Galveston and the Carole Young Facility at the request of Mr. Wayne Pulver, Assistant Director and Susan Dow, Budget Analyst of the Legislative Budget Board. Mr. Hightower expressed his appreciation to Dr. Ben Raimer, Dr. Owen Murray, John Allen and the other UTMB staff for coordinating and assisting with the tour. Also participating in the tour from TDCJ was Mr. Jerry McGinty, Deputy Chief Financial Officer; Mr. McNutt, Mr. Webb and himself representing the committee staff.		
- Staff Transitions	Mr. Hightower again noted the staff transitions and stated while Mr. Sapp will be missed as a member of the CMHCC staff, the committee is pleased to have Mr. David McNutt join the team as of November 5, 2007. Mr. Hightower also recalled that at the September 25th CMHCC meeting, Mr. Lynn Webb was introduced as the newly selected Finance Manager then noted that Mr. Webb formally joined the staff on October 10, 2007.		
- LBB Uniform Cost Project	Mr. Hightower next reported that the FY 2007 cost data by facility was obtained from both UTMB and TTUHSC. The data was then submitted to TDCJ in preparation for the LBB Uniform Cost Project.		

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- CMHC Limitation of Expenditure	Mr. Hightower then noted that a total of $35,601.16 was refunded to TDCJ in accordance with Rider 69, TDCJ Appropriations, Article V, Senate Bill 1, 79th Legislature. He further clarified that the Rider reads, that "any funds appropriated for CMHCC remaining unexpended or unobligated on August 31st of each fiscal year shall lapse to the General Revenue Fund".		
- Annual Financial Reporting Requirements	Mr. Hightower concluded by stating that for the first time, the CMHCC submitted an Annual Financial Report for FY 2007 as required by the State Comptroller's Office. He then stated that he would entertain any questions.	Dr. Griffin noted that it was also a part of the Sunset recommendation to have more information readily accessible to the public and asked Mr. Hightower to provide an update on the status of the CMHCC website. Mr. Hightower responded that the CMHCC website now links directly with TDCJ, UTMB and TTUHSC and can be accessed at www.cmhc@state.tx.us. Information on the functions of the committee, the financial reports, the agenda and minutes and other resource data are readily available on the committee and its partnership. He further stated that as noted by Mr. Sapp at prior meetings, this website is a working progress and will continue to be updated periodically.	
VI. Performance and Financial Status Update - David McNutt	Dr. Griffin thanked Mr. Hightower for the Executive Director's report and next called on Mr. McNutt to provide the performance and financial status update. Mr. McNutt reported that the average service population for the current fiscal year was 151,813 which was slightly above the anticipated average service population of 151,717. Mr. McNutt then noted that the aging offenders continue to increase for the biennium. In May 2007, for the first time in TDCJ history, the number of offenders aged 55+ and older topped 10,000 as reported by Mr. Sapp at the last two meetings, but that number had leveled off in June, then went slightly above that mark in July and August.		

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- Performance and Financial Status Update (Cont.)	The psychiatric inpatient census are averaging close to 2,000 which is slightly above the budgeted level of 1,915 and is pretty consistent throughout the biennium. For the psychiatric outpatient census at the first of the biennium it was down at the 17,000 mark but is now up to 21,000. Mr. McNutt then reported that the medical access to care remained consistent staying within the 96% compliance rate which again is indicative of the staff vacancy issues being addressed. The mental health access to care indicator have remained in the 98% -99% for most of the biennium. The dental access to care indicator 1 and 2 remained in the 99% - 100% while indicator 3 dropped back down in the month of June to 98% then went back up to 99.5% in August. The UTMB vacancy rates on page 97 provides the eight quarters of the biennium which ranges from 10-15% across the provider categories except the dental vacancy rate which is below the 5% range. The TTUHSC vacancy rate provided on page 98 shows the range dropping slightly below the 15% range for nursing and the dental vacancy dropped down to 5% range for the last quarter. Mr. McNutt again cautioned that the psychiatric vacancy number looks higher because of the lower number of the total psychiatric positions.	Chairman Madden asked what the budget level was for the outpatient census. Mr. McNutt responded that the budgeted number for the outpatient census was 17,400 for medical access to care. Chairman Madden then asked for the budgeted level for the health plan. Mr. McNutt responded that it was the same at 17,400.	

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- Performance and Financial Status Update (Cont.)	The timeliness for the Medically Recommended Intensive Supervision Program (MRIS) medical summaries remained pretty consistent. He did note however, that it dropped down in June but came back up to the 95% range in July. Mr. McNutt next noted that the reason for the increased spike in August for the statewide revenue and expense chart and for the statewide loss / gain by month is due to $6,207,630 received in supplemental appropriations. In conclusion, Mr. McNutt reported that for the biennium, both TTUHSC and UTMB experienced substantial loss but was brought back up closer to breaking even due to the supplemental appropriation funding. Hearing no further discussions, Dr. Griffin thanked Mr. McNutt for the update.	Chairman Madden asked what constitutes as being within the timeframe for the MRIS medical summaries. Ms. Dee Wilson responded that timely manner is calculated as the number of medical referral summaries completed and submitted to TCOOMMI within five days of receiving the request.	
VII. Summary of Critical Correctional Health Care Personnel Vacancies	Dr. Griffin stated that the next agenda item was the Summary of Critical Correctional Health Care Personnel Vacancies to be provided by each of the partner agencies. He then called on Dr. Kelley to provide the TDCJ report.		
- Mike Kelley, M.D.	Dr. Kelley first noted that an updated TDCJ personnel vacancy list was provided as a separate handout (Attachment 2). He then reported that the positions listed as of September 1, 2007 were created to accommodate the quality of care monitoring positions as mandated by the Sunset legislation. The rest of the positions have been vacant for some time as they are having difficulties getting them filled. He again noted that retaining and hiring nurses were the biggest challenges and that they were requesting an across-the-board salary be in-place to better compete with the market in recruiting qualified applicants.	Dr. Griffin asked if there were other factors involved other than salaries that impacts the ability of recruiting and retaining qualified applicants? Dr. Kelley responded that they were not able to compete in the market due to the salary differentials.	

Agenda Topic / Presenter	Presentation	Discussion	Action
- Summary of Critical Personnel Vacancies (Cont.)	Dr. Griffin thanked Dr. Kelley then called on Dr. DeShields to provide the TTUHSC update. Dr. DeShields reported that TTUHSC also face the same difficulties recruiting and retaining nurses, PA's, and noted that the PAMIO Mental Health Director position had been vacant for quite some time. She further stated that Tech utilized the recruitment agencies, the National Correctional and Psychiatric Publication advertisements, increased the salary to try and recruit for the PAMIO Mental Health Director. She agreed that not being more competitive in the salary market with the local community hospitals have been challenging especially in West Texas and they are looking at alternative recruiting methods.	Dr. Griffin further asked if these positions required traveling? Dr. Kelley responded that these positions require some travel to the various units but the main issue still remains to be the salary differentials. Dr. Raimer added that it is harder to recruit in certain locales such as Huntsville or other similarly remote sites. The Huntsville Hospital also offers both a sign-on bonuses and higher salaries. He further added that since Huntsville is part of the UTMB sector, they have had to raise salaries to keep up with the local economy but stated UTMB still can not compete with the $5,000 - $10,000 sign-on bonuses. There is also the issue of specialized nurses being paid an even higher salary. Dr. Raimer added that they recently made major adjustments for both nursing and PA positions as the salaries were about $15,000 below market and it is impossible to recruit or retain those positions with that type of salary differentials.	

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- Summary of Personnel Vacancies (UTMB) - John Allen	Dr. Griffin thanked Dr. DeShields for the update then called on Mr. John Allen to provide the UTMB vacancy update. Mr. Allen stated that his presentation is provided as a separate handout titled, "UTMB Prison Healthcare Staffing Update" (Attachment 3). He noted on page 2 of his presentation is a chart that compares the average UTMB salaries to the national average on the key position categories. Mr. Allen then stated that the MD and DO salary of $156,551 is over-stated as it includes physicians who also provides oversight management to include Medical Directors who is over four to five facilities and the district providers who oversees between six to eight facilities. Mr. Allen also noted that the average MD and DO provider salary is more in the range between $142,000 - $146,000 compared to the national average of $157,400. He then reported that the increase in offender population outpaced provider staffing. The number of MD provider groups have remained relatively constant between 70 and 77 total positions for the past several years. Of the 77 total positions, there were 63 filled positions and 14 vacant positions or an 18% vacancy rate. The average age of the providers is 57 years old, then in 5 years, 46% of the current MD group will be past retirement age of 65. The mid-level positions salaries he noted are slightly higher than the national average. He then stated that the psychiatric providers have remained relatively constant with a total of 18 positions. Out of those 18 positions, 13 of those are filled with 5 or a 28% vacancy rate. The average age of psychiatric providers being age 56. Mr. Allen then reported that the psychiatric case loads have increased 53% from FY2000 – 2007 as shown on page 5. The nursing staffing versus encounters chart on page 7 includes both RN's and LVN's. Mr. Allen reported a 50% increase in encounters between the years 2003 – 2007 with a 10% decline in nursing staff. He recalled that the drop in nursing staff in 2003 was due to the reduction in force (RIF's). He further noted that the vacancy rate for RN's are currently at 11% with the average age being 51 and the LVN's currently show a 14% vacancy rate with the average age being 46.		

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- Summary of Critical Personnel Vacancies (Cont.) - UTMB – John Allen	Mr. Allen next stated that the pharmacy is an area that have made improvements with the addition of new technology. The graph on page 10 shows the number of prescriptions that each pharmacists reviews in an eight-hour period. The workload number have steadily increased to the 700 range since FY2001 as compared to the industry average being 550. In FY2007, three more pharmacist positions were added which dropped down the workload from a high of 937 back in FY 2005 down to 800 in FY 2007. The chart on page 11 shows the interventions per 10,000 Rx. Pharmacy interventions. This is where the pharmacists take an active roll in reviewing a prescription that is questionable. There are currently 30 pharmacist positions and 28 of those are currently filled. Mr. Allen stated that the plan is to create ten additional pharmacist positions. Mr. Allen next reported that even though there is an 18% vacancy rate for the mid-level providers, there has been some success in retaining those positions. Mr. Allen further noted some of the key challenges facing the staffing vacancy issues to include the difficulties recruiting applicants in rural areas; salaries not up to market levels; and the correctional environment not being seen as a desirable place to work. He added that correctional health care environment does not usually attract new graduates but are looked at more by the mid-to-late career health care professionals. Mr. Allen concluded by stating that the last page of his presentation list samples of the type of tools needed to better recruit and retain professional health care staff to include increase in salaries to remain competitive; sign-on bonuses; incentive pay for hard-to-fill locations; financially meaningful retention plan; medical buy-out programs; and moving expenses for new hires.		

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- Summary of Critical Personnel Vacancies (Cont.) - UTMB – John Allen	Dr. Griffin then asked if there were any other comments or questions and hearing none, thanked Mr. Allen for the update.	Ms. Frazier asked which one of those recruitment tools listed does not require approval from an external body prior to implementation by the committee? Mr. Allen responded that the salary increases is the only one allowable to a point as there are restrictions with UTMB being classified under the General Revenue Funds. Mr. Hightower added that the State Auditor's Office recommended and the Sunset Bill states that the monies TDCJ pays to the committee, then out to the universities are to be treated as general revenue funds as opposed to funding under higher education. Dr. Jumper asked what can be done to let the state leadership aware of the problems with staffing shortages? Mr. Hightower responded that it would the committee staff's responsibility to address this issue with the state leadership. Mr. Revill added that he wanted to also note the benefits of being a state employee such as retirement plans, insurance benefits and the staff benefit reimbursement plans. After some further discussions, Dr. Griffin asked that the committee staff continue to provide both a pre-session and in-session updates on critical personnel vacancies.	

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VIII. 24-Hour Staffing Review - Bryan Schneider	Dr. Griffin next called on Mr. Bryan Schneider, Director of Support Services, UTMB-CMC, to provide the update on the 24-hour staffing review. Mr. Schneider stated that his presentation is a separate handout (Attachment 4) titled "Correctional Healthcare Joint Staffing Study". He then noted that the CMHCC, its university providers and the TDCJ Health Services Division conducted a joint staffing review on the process related to providing medical coverage for each correctional health care facility. The purpose of this review was to examine options for extending medical staff coverage and to determine the feasibility of extending hours at facilities identified in the review. Mr. Schneider reported there are 57 facilities operated by UTMB that have never had 24-hour medical coverage or any infirmary beds. He further noted that TTUHSC operates 19 facilities and of those, eight facilities operated with 24-hour medical coverage prior to 2003 and had no infirmary beds. Mr. Schneider continued by noting that even though the facilities do not have 24-hour coverage; on-call coverage is provided by medical and nursing staff. In addition to that, UTMB has ten HUB sites or pre-admission triage centers that have additional diagnostic equipment available to serve the local facilities in that geographical area. A list of those facilities without 24-hour medical coverage and the list of the ten UTMB - HUB sites are provided in the presentation packet. He then stated that the joint committee reviewed both clinical and fiscal data; the top offsite diagnostic related groups (DRG); the offsite expense patterns; population trends; analysis of death rates from 24 –hour facilities compared to non 24-hour facilities; nursing on-call data, nursing vacancy rates; and the number of encounters and admissions. Mr. Schneider also noted that the majority of the top UTMB DRG's by number of admission were cardiac related such as chest pains, heart failure, cardiac arrhythmia. Of those patients requiring offsite care, the data showed that the level of care	Chairman Madden asked how many total units are covered by UTMB and TTUHSC? Mr. Bryan Collier responded that there are currently 109 facilities.	

Agenda Topic / Presenter	Presentation	Discussion	Action
- 24-Hour Staffing Review (Cont.)	needed were beyond the capabilities of what the correctional health care can provide regardless of how that unit is staffed. Looking at the total offsite costs per offender per month, there is a downward trend over the last few years which are attributed to focusing on the care provided by the medical staff and nursing training being provided. Also seen are the decrease in the number of admittance, the number of ER's and outpatient cases between 2001 and 2007. For TTUHSC, the majority of the top ten DRG's include diseases or disorders related to circulatory system and a similar comparison of the offsite events are included in the presentation. Mr. Schneider then stated that the UTMB population trends for those facilities that do not operate 24-hours have consistently increased from 2000 to 2007. He further noted the downward trend line for the Texas offender death analysis between 1999 through 2007 except for an increase in 2006. Mr. Schneider continued by reporting that the majority of the deaths occurred at the Michael Unit which is the hospice facility, then at the Estelle Unit which is the geriatric facility and the facility for dialysis patients; the Stiles Unit which houses the HIV population and the Carol Young facility that houses a large number of cancer patients.	Dr. Griffin asked if the deaths were due to co-morbid diseases or jut total deaths? Mr. Schneider responded that these were for total deaths. Dr. Griffin asked if the death analysis included the entire offender population? Mr. Schneider responded that this was just the list of the top ten facilities with the most occurrences of offender deaths. This was listed to note the significance of the types of patients that are housed at these facilities. Ms. Frazier noted that this data shows the death rates did not increase or decrease due to the facility having 24-hour coverage.	

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- 24-Hour Staffing Review(Cont.)		Chairman Madden asked if there were any other indicators in the past that lead to housing specific types of offenders at these facilities? Mr. Hightower responded that the TDCJ Classifications Department together with Health Services will assign offenders according to the needs of that particular individual such as those requiring more extensive health care. Dr. Kelley agreed that the offenders are matched to the unit that provides the necessary medical care. Dr. Raimer added that this is no different than an individual having a heart attack at home and call EMS who responds accordingly.	
	Mr. Schneider then reported, for the UTMB on-call nursing hours in comparison to the dollar amount, there was a 158% growth of dollars and hours in FY 2004 as it was related to cut backs that occurred in FY 2003. On-call hours and dollars from FY2004 to FY 2005 was 2% and an increase in FY 2006 to 2007 of 7%- 8%. He further noted that the overall increase is also attributable to the increase in units from 34 in FY 2003 up to 48 in FY 2007.	Dr. Griffin then asked if the conclusion is that those dollars saved had no negative patient outcome. Mr. Schneider responded that the committee did not make the comparison of the net gain or loss between the staff that was cut and what was ultimately spent on staff that were on-call. Chairman Madden asked if the review should go beyond FY2003 to see about those numbers prior to the budget cuts? Dr. Raimer responded that it was approximately 35 to 40 patients offsite in local hospitals which then affected TDCJ because of the number of correctional officers needed for security.	
	Mr. Schneider stated that the committee continues to analyze the total cost of making the non-24 hour facilities to function 24 /7 with the appropriate mix of staff that is required for operation.		

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- 24-Hour Staffing Review (Cont.)	Mr. Schneider then stated that an alternative may be is to add three LVN's to each of the non 24-hour facility at approximately $40K in salary which is being calculated without any differential pay. The other is the EMT option with similar staffing expense. The operational difference would be that the EMT according to the Board of Nursing Examiners must function as a non-licensed personnel therefore can not independently make medical interventions and are required to work under the supervision of a physician.	Dr. Raimer added that it was his understanding that LVN's can no longer make an assessment on a patient as in the past without supervision and that he would ask Mr. Gary Eubanks, Director of Nursing to relay what was discussed at the last meeting of the Board of Nursing Examiners. Mr. Eubanks stated that four years ago, the LVN's had their own rules. With the merging of both RN's and LVN's into one single Board of Nursing Guidelines, the LVN's now can only collect the information, then relay that information collected to an RN or a physician provider. He further stated that they are in the process of re-designing the delivery system as the LVN's can not be independently on-call and require an RN to make the initial call. Chairman Madden asked how big of an impact did this change have on the system? Dr. Raimer responded that currently UTMB have approximately 1700 nurses and only 400 of those are registered nurses. Dr. DeShields responded that the Tech sector currently have approximately 500 nurses and only 165 of those are registered nurses. Dr. Walkes then asked if this report was an recommendation being made or just an informational update? Mr. Schneider concluded by responding that this was being presented as an update of what has been looked at so far before a recommendation is made on the study.	
IX. Medical Director's Update - TDCJ **- Mike Kelley, M.D.**	Hearing no further discussions, Dr. Griffin thanked Mr. Schneider for the update then called on Dr. Kelley to provide the TDCJ Medical Director's Report. Dr. Kelley stated that he would be presenting the TDCJ Medical Director's Report found at Tab E of the agenda packet on behalf of Dr. Linthicum who had a scheduling conflict.		

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- TDCJ Medical Directors Report (Cont.)	During the fourth quarter of FY 2007, Dr. Kelley reported that 15 operational review audits were conducted. The Patient Liaison Program and the Step II Grievance Program received a total of 3,053 correspondences and of those total number, 182 or 5.96% action requests were generated. The Quality Improvement Quality / Quality Monitoring staff performed 40 access to care audits this quarter. Of the 40 facilities representing a total of 360 indicators reviewed, 37 of them fell below the 80% threshold which represents 10.3% which is a decrease from the previous quarters. The Capital Assets Contract Monitoring Office audited 13 units and those audits are conducted to determine compliance with the Health Services Policy and State Property Accounting Inventory procedures. Dr. Kelley next reported that the Office of Preventive Medicine monitors the incidence of infectious diseases for TDCJ. For this fourth quarter, there was 169 reports of suspected syphilis compared with 171 in the previous quarter; 1,285 Methicillin-Resistant Staphylococcus cases were reported compared to 1,560 during the same quarter of FY 2006. There was an average of 21 Tuberculosis cases under management per month during this quarter which is the same average as the same quarter of the previous fiscal year. Dr. Kelley noted that the Office of Preventive Medicine also began reporting the activities of the Sexual Assault Nurse Examiner Coordinator which is funded through the Safe Prisons Program. He further reported that 33 training sessions have been held on 28 units as of this date with 184 medical staff receiving training. Dr. Kelley recalled that this position provides in-service training to unit providers in the performance of medical examination, evidence collection and documentation, and the use of the sexual assault kits. The number of peer educators decreased from last year because those who are inactive or who have been released were removed from the roster. There are currently programs on 94 of the 111 units.		

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- TDCJ Medical Director's Report (Cont.)	The Mortality and Morbidity Committee reviewed 100 deaths. Of these, 10 were referred to peer review committees. Dr. Kelley next reported that the Office of Mental Health Monitoring and Liaison made 81 contacts with county jails who identified 200 offenders with immediate mental health needs prior to TDCJ intake. The mental health / mental retardation history were reviewed on 19,267 offenders brought in to TDCJ and intake facilities were provided with critical mental health data not otherwise available for 1,194 offenders. He further reported they visited 17 administrative segregation facilities where 4,160 offenders observed and 1,728 interviewed and 6 referred for further evaluation. Dr. Kelley continued by stating that during the fourth quarter of FY 2007, 10% of the combined UTMB and TTUHSC hospital (2,196) and infirmary (472) discharges were audited. The chart on page 110 of the agenda book provides the breakout information. Also during this quarter, 8 units were presented to the panel of commissioners for initial accreditation and Dr. Kelley reported that the agency now has a total of 72 accredited units. Dr. Kelley concluded his report by stating that the summary of current and pending research projects is found under the consent items.	Chairman Madden asked for clarification on whether the 1,728 offenders interviewed was for the total offender population? Dr. Kelley clarified that he was referring only to the Ad Seg facilities that were visited.	
- **Medical Directors Report TTUHSC** **- D. DeShields, M.D.**	Hearing no further questions, Dr. Griffin thanked Dr. Kelley for the update. He then asked Dr. DeShields if she had anything to report for the TTUHSC sector to which she responded that she did not.		
- **Medical Directors Report UTMB** **- Troy Sybert, M.D.**	Dr. Griffin next called on Dr. Troy Sybert to provide the UTMB Medical Director's Report. Dr. Sybert stated that he would present the UTMB Medical Director's report on behalf of Dr. Murray who		

Agenda Topic / Presenter	Presentation	Discussion	Action
- Medical Director's Report UTMB (Cont.)	was unable to attend due to scheduling conflict. Dr. Sybert stated that he and his colleague, Dr. Clemens were hired back in July 2006 to start a hospitalist group at Hospital Galveston. He then stated that he would be providing a brief update on the progress of these initiatives. He reported that the opening of the skilled nursing facility in February is working quite well in the hospital with the CMC nursing staff and physicians. In May 2007, approval was given to move ahead with the expansions in the areas that were not being utilized to the fullest capacity. Implementation of the final phases of that expansion will continue over the next 6 to 8 weeks. Dr. Sybert then reported that there are 96 beds at the Hospital Galveston Acute Care that operates within a 5 to 10% margin of vacancy. He further noted that there are 425 CMC infirmary beds that operate at 5 to 10% margin of vacancy and the newest expansion plan will have an additional 110 beds whereas offsite offers <10. Dr. Sybert next reported on the comparison of the major acute diagnosis between November 2006 through May 2007 which include chest pains that have gone down as it is one case that can be diagnosed. He further noted that heart failures increased; chronic obstructive pulmonary disease (COP) remained constant; and saw a tremendous increase in celllulitis (277) with complication during that particular time frame. Dr. Sybert then noted that the average length of hospital stays as sourced by CDC's National Hospital Discharge Survey shows that those 65+ stayed longer than those below 44 years of age. The length of stay at community hospitals between 1981 and 2005 averaged between 5.6 to 6 days as sourced by the American Hospital Association Annual Survey. The break-out of the average daily census in FY 2006 was 428 at John Sealy which is a teaching hospital compared to 408 in FY2007 at TDCJ hospital. The average length of stay at John	Dr. Griffin clarified that cellulites is an infection of the skin and underlying tissue, which can result after problems with circulation, diabetes, etc.	

Agenda Topic / Presenter	Presentation	Discussion	Action
- Medical Director's Report UTMB (Cont.)	Sealy for both FY 2006 and 2007 was at 5.1 days compared to 6.5 in FY 2006 at the TDCJ hospital and 6.3 in FY 2007. The case mix index is an indication for resources being used to take care of a patient and noted that the farther the number is from 1, the sicker the patient. John Sealy's case mix ranged from 1.17 in FY 2006 to 1.15 in FY 2007 compared to TDCJ Hospital at 1.26 in FY 2006 and 1.32 in FY 2007. Dr. Sybert further noted that the goals of the new Hospital Galveston efforts include focusing on the understanding and facilitating of patient flow; optimize system-based perspective to include reducing the length of stay in acute care beds; characterize infirmary patient population and improve patient care. Dr. Griffin thanked Dr. Sybert for the report. He then asked Dr. Raimer to introduce Dr. Winslade who will be reporting on Organ Transplants in Correctional Health Care System.		
X. Organ Transplants In Correctional Health Care System **- W. Winslade, Ph.D.**	Dr. Raimer introduced Dr. William Winslade, Professor of the School of Medicine at UTMB then stated that Dr. Winslade's committee looked at organ transplant issues from a national perspective. Dr. Raimer next introduced Dr. Bernadette McKinney, J.D., Ph.D., Post Doctoral Fellow, UTMB Institute for Medical Humanities who assisted in this study. Dr. Winslade reported that in 2002, a Federal Court in California not only authorized organ transplant but awarded $35,000 for deliberate indifference that led to a heart transplant for an individual in prison. This brought into question the legal duties to offenders. Dr. Winslade noted that the 8th and 14th Amendment by interpretation of the US Supreme Court states that when caring for offenders, you can not be deliberately indifferent to a serious medical need. Dr. Winslade then referred to two cases in particular, Barron v. Keohane and Clark v. Hendrick which addressed prison policies that precludes offenders who might be eligible for organ transplants as being looked at unfavorably by the courts. Dr. Winslade stated as noted by reports being presented today, there are numerous offenders diagnosed with cirrhosis which is one of the major indicators of liver failures. The other cause of liver failure he stated is Hepatitis C.	The presentation titled "Organ Transplants for Offenders, Law Ethic, and Economics" is provided at Attachment 5.	

Agenda Topic / Presenter	Presentation	Discussion	Action
- Organ Transplants in Correctional Health Care System (Cont.)	Dr. Winslade further reported that the Federal Bureau of Prison have now adopted policy that state that if an individual has been identified by a physician as being in need of a transplant, the individual should then be evaluated for eligibility by the transplant center. It is the responsibility of the institution to diagnose and recommend treatment for their patients. He further reported that with the aging population, the cost of providing health care to those 55+ are three times higher than the younger population. Kidney transplants in the long run may be less costly than dialysis or the costs associated with the end-of-life care or hospice care. Dr. Winsldate recommended updating policies by looking more closely at the law and ethics as it relates to organ transplants; further studies be done on cost effectiveness as it relates to long term care and drug costs. He concluded by stating that his committee has put together a report that will be available upon request. Hearing no further discussions, Dr. Griffin thanked Dr.Winslade for the report.	Dr. Kelley clarified that the current policies does not say "no organ transplants". It instead looks at other different options such as hospice care or recommendations for MRIS as the patient's health deteriorates.	
XI. Updates to Hepatitis Policies **- Mike Kelley, M.D.**	Dr. Griffin then stated that he was going to change the order of the agenda and called on Dr. Kelley next to provide the updates to the Hepatitis Policies. Dr. Kelley noted that there are major changes to the Hepatitis policy. It is now separated into two documents, one containing the policy requirements and the other containing the technical reference that provided background information and serves as a resource for clinical decision making. He further noted that due to a recent change in guidelines from the Advisory Council on Immunization Practices, he would like to propose a modification to I.D.2 that is currently in the agenda packet at Tab H to recommending the use of Hepatitis A vaccine for prevention of contacts who are anti-HAV antibody negative, younger than 40, and has no evidence of chronic underlying liver disease instead of the use of the immune globulin.		

Agenda / Presenter	Presentation	Discussion	Action
- Updates to Hepatitis Policy (Cont.)	Dr. Kelley then stated that the changes added requirements for baseline testing, chronic care follow-up, and criteria to consider antiviral treatment for Hepatitis B that are distinct from Hepatitis C. He further noted that this would follow the American Association for the Study of Liver Disease Guidelines. He further noted that the criteria for considering an offender with Hepatitis C for antiviral treatment has also changed considerably. Dr. Kelley reported that the basic criterion is the new indicator, AST Platelet Ration Index (APRI) which correlates with fibrosis in the liver. APRI scores below 0.42 will generally not be considered for treatment. Those with scores over 1.2 will be considered for treatment without liver biopsy. Those with scores in between will have a liver biopsy and be treated according to the findings. He continued by noting that re-treatment for Hepatitis C may now be considered if an offender relapsed after treatment with standard interferon with or without ribaviron or for those who do not respond to standard interferon alone. Dr. Kelley then stated that a new section has been added for management of advanced liver disease which include screening for hepatocellular carcinoma by ultrasound every six months; considering referral for liver transplant evaluation; instruction to obtain an advance directive; consider for hospice placement; and, referral for Medically Recommended Intensive Supervision (MRIS). The other two items mentioned in the advanced liver disease section would require further development. Dr. Kelley stated that the first of which is sheltered housing for patients with end-state liver disease; and the second is the Extraordinary Care Review Panel that would review cases being considered for liver transplant evaluation. Dr. Griffin asked if there were any comments or questions before he entertained a motion.	Dr. Jumper asked how many biopsies are being considered as the budget for the biennium have already been set. Dr. Kelley responded that he did not have the exact numbers at this time. Dr. Griffin added there will be considerations in terms of how to step up the treatment based on available funding. Mr. Cavin recommended that the committee get more cost data associated with these policy changes before any action is taken.	.

Agenda / Presenter	Presentation	Discussion	Action
- Updates on Hepatitis Policies (Cont.)		Dr. Raimer agreed with Mr. Cavin that the committee be provided with the fiscal impact notes prior to taking a vote. Ms. Frazier asked if there were any external pressures associated with having to implement the policy changes at this meeting? Dr. Kelley responded that he did not, and will ask for a special research project to do a fiscal report on these changes. Chairman Madden asked how many offenders in the system have any form of Hepatitis? Dr. Griffin responded that a seroprevalance study was done a few years back and it was approximately 28.8%. Chairman Madden then asked if that number was for offenders coming in and then diagnosed? Dr. Kelley responded the number was for those coming in and the diagnosed are just over a half of that number.	After further discussion, Dr. Griffin stated that the Update on Hepatitis Policy Changes will be tabled at this time, then asked Dr. Kelley to provide the fiscal analysis on these changes being requested at the next CMHCC meeting.
XII. TCOOMMI Update - **James Griffin, M.D**.	Dr. Grffin noted that due to the number of special reports being presented combined with time constraints; the TCOOMMI Update will be presented at the next CMHCC meeting. He then stated that there will be a short five minute recess.		
XIII. System Leadership Council Update **- Denise DeShields, M.D.**	After the five minute recess, Dr. Griffin reconvened the meeting under Chapter 551, Texas Government Code then called on Dr. DeShields to provide the Joint Committee Update on the System Leadership Council. Dr. DeShields noted that the Overview of the System Leadership Council (SLC) is provided at Tab G of the agenda packet.		

Agenda / Presenter	Presentation	Discussion	Action
- System Leadership Council (Cont.)	Dr. DeShields reported that the System Leadership Council (SLC) is charged with the routine oversight of the CMHCC Quality Improvement Plan including the monitoring of statewide access to care and quality of care indicators. The SLC is a multidisciplinary committee composed of both clinical and administrative discipline directors of all three partner agencies and the chairperson is appointed annually by the presiding chair of the CMHCC. She noted that a list of the membership is provided on pages 130 – 131 of the agenda packet. Dr. DeShields further noted that the SLC meets quarterly in Huntsville. Included in the agenda are reports presented by the discipline directors on the nine access to care indicators; reports on continuity of care indicators; monthly grievance exception reports and safe prisons updates provided by the TDCJ Health Services; and updates from the CMHCC committee staff. Additional pertinent issues related to the provision and monitoring of offender health care are also presented. She further stated that other SLC functions include providing direction and support to the Quality Improvement Plan; using data collected to identify aspects of care for systemwide improvement; facilitate information flow to the unit medical facilities; receive and evaluate reports, and recommend corrective actions. The nine access to care indicators of which three are medical, three are mental health, three are dental indicators and the types of indicators and the facility compliance rates are provided at page 79 of the agenda book at Tab A under the consent items. Dr. DeShields further noted that the continuity of care indicators are developed annually by the SLC. The SLC members submit indicators for consideration and these indicators are voted upon at the end of each fiscal year for the ensuing year. On page 137 of the agenda packet lists the indicators monitored by the SLC for the last two fiscal years then noted that the majority of the access to care indicators addressed compliance issues due to staffing shortages. For FY 2008, the committee will continue to monitor the nine access to care indicators and four new indicators have been developed which are also listed on page 139 of the agenda packet. She concluded by stating that adequate level of trained nursing and provider staff is needed to maintain appropriate access to care.		

Agenda / Presenter	Presentation	Discussion	Action
XIV. Financial Reports **- Lynn Webb**	Dr. Griffin thanked Dr. DeShields for the update. Hearing no further discussions, called on Mr.Webb to provide the financial report. Mr. Webb noted that the July 2007 Monthly Financial Report is provided at Tab I and the FY 2007 Fourth Quarter Financial Report is provided at Tab J of the agenda packet. He further noted that he will be focusing on the FY 2007 year end report as compared to FY 2006. The average population served through the fourth quarter FY 2007 as noted by Mr. McNutt earlier was 151,813 compared to 151,284 the same quarter in FY 2006. The older offender population age 55+ continues to rise from FY 2006 at a rate of 9.5% for FY 2007. The HIV+ offender population remains steady at about 2,573 for FY 2007 as compared to FY 2006 of 2,498 or 1.7% increase. Through August 2007, FY 2007, the health care costs totaled $432.6M compared to $420.4M in FY 2006 or a 2.9% increase. Onsite services comprised of $207.8M representing about 48.0% of the total health care expenses. Pharmacy services totaled $41.9M representing approximately 9.7% of the total expenses. Mr. Webb further noted that this was an increase of 8.3% as compared to the amount of $38.6M reported in FY 2006. Of this amount, drugs purchased went up 8.9% from $29.8M to 32.6M or $2.7M per month. Offsite services for this quarter accounted for $129.2M or 29.9% of the total expenses. This amount decreased by 0.7% as compared to $130.2M for FY 2006. Mental Health Services totaled $39.3M or 9.1% of the total costs and indirect support expenses accounted for $14.4M which represented 3.3% of the total costs. Mr. Webb then stated as noted on Table 5 on page 204 of the agenda packet, the total cost per offender per day for all health care services statewide through August 2007 was $7.81. When benchmarked against the average cost per offender per day for the prior four fiscal years of $7.53, the cost has increased about 3.7%. For UTMB, the cost per offender per day was $7.87, 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.		

Agenda / Presenter	Presentation	Discussion	Action
- Financial Reports (Cont.)	Mr. Webb next reported that the aging offenders continue to reflect their increased demand on health care resources as they access three times as many encounters with health care staff; hospitalization utilization rates of four times that of younger offenders while only making up 6.4% of the population. The aging offenders account for more than 27% of hospital costs. HIV continues to be the single largest component at almost $1.2M per month comprising 45.7% of the total drug costs. Psychiatric drugs accounted for 5.6% of the drug costs and Hepatitis C therapies accounted for 4% of the drug costs. In terms of fund balances, both universities report that they hold no such reserves for correctional health care. Mr. Webb then stated that a correction was needed to report a loss for UTMB through the end of August 2007 of $1.8M and a correction noted to the TTUHSC as a reported gain of $1.9M. He further stated that both of these balances were partially off-set by FY 2006 losses of $0.8M for UTMB and $2.0M for TTUHSC. For the biennium, UTMB had a net fund balance loss of $2,622,126 and TTUHSC had a net fund balance loss of $96,249. At the end of August FY 2007, the CMHCC accounts had a total balance on hand of $35,301 which lapsed back to the State Treasury as reported earlier by Mr. Hightower due to Rider 69. Mr. Webb then noted that this amount would have been larger except for the $230,000 spent on Pandemic Flu vaccines at the end of FY 2007	Dr. Griffin asked if there were any updates from the supplier of the Pandemic Flu vaccines on its 5 year shelf life? Dr. Kelley responded that Tamiflu still has a five year shelf life at this time, but they are developing some type of re-certification after testing samples to see about the possibility of extending that shelf life.	
	Hearing no further discussion, Dr. Griffin thanked Mr. Webb for the Financial Report.		
XV. Public Comments **- James Griffin, M.D.**	Dr. Griffin next noted that at each regular meeting of the CMHCC will include an opportunity for the Committee to receive public comments and noted that there were three registered speakers. He then requested that comments be limited to 3 minutes each and should refrain from discussing specifics of individual cases due to medical confidentiality provisions. Dr. Griffin first called on Ms. Helga Dill, Texas CURE.		

Agenda / Presenter	Presentation	Discussion	Action
- Public Comments (Cont.)	Ms. Dill stated that she was representing Texas CURE and hoped to be able to attend the CMHCC more regularly as she did in the past.		
- Ms. Helga Dill	Ms. Dill then noted that Dr. Lannette Linthicum and Dr. Owen Murray made it possible for Texas CURE to visit the Hospital in Galveston and the Michael Unit which provided a better understanding and oversight of how the system operates. She added that they met with staff who were very informative and was a great overall experience. Ms. Dill stated that she also wanted to thank Dr. Raimer and the committee members for allowing the public to address their concerns. Dr. Griffin next called on Ms. Marthann Dafft.	Dr. Raimer stated that it was a pleasure to host Ms. Dill and her colleagues. He also credited Ms. Dill and Ms. Carole Heine for providing the committee with their input and observations from their perspectives.	
- Ms. Marthann Dafft	Ms. Dafft stated that it is always rewarding to hear about the hard work the committee is doing. She reported that her son is doing well and even noticed that her son had gained weight when she last visited him. The only concern her son expressed at that time was his wanting to have a job. Ms. Dafft then stated that she just received a letter from him saying that he got a job cleaning a wing on third shift and seemed so much better. She again thanked the committee for stepping in to take care of her son's health care needs. She concluded by stating that if there was anything that she can do to assist the committee, to please let her know. Dr. Griffin thanked her for her comments then called on Ms. Allison Garrett.		
- Ms. Allison Garrett	Ms. Garrett stated that she also wanted to express her appreciation for what the committee is doing and the level of concern being expressed here at this meeting. She stated that she was representing herself and an individual who recently had a pace-maker put in. The individual had an incident in June and transported to Galveston by ambulance. Ms. Garrett stated that her main concern is the lack of communication between the physician providers at the Hospital in Galveston and the physicians on the facilities as to the health care needs of these individuals who are being transported back and forth between the various locations. She also expressed frustration that the staff after dealing with so many people day in and day out tend to become immune to the offender's health care needs and wanted the Committee to be aware of this lack of communication by the health care providers.	Dr. Griffin responded that the coordination of services in sub-specialization care in a correctional environment are as complex as they are in the free-world hospitals and hope to address those issues with the availability of the electronic medical records. He then thanked Ms. Garret for relaying her concerns to the committee.	

Agenda / Presenter	Presentation	Discussion	Action
XVI. Date and Location of Next Meeting **- James Griffin, M.D.**	Dr. Griffin then noted that the next meeting is scheduled for 9:00 a.m. on March 25, 2007 to be held at the Dallas Love Field Main Terminal Conference Room A. He further noted the following CMHCC meeting dates for CY 2008: Tuesday, March 25, 2008 Tuesday, June 10, 2008 Wednesday, September 17, 2008 Tuesday, December 9, 2008		
XVI. Adjournment **- James Griffin, M.D.**	Dr. Griffin hearing no further discussions thanked everyone for attending and thanked the committee staff for their hard work. Hearing no further discussions, Dr. Griffin adjourned the meeting at 12: 35 p.m.		

_____ _____

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

Date:

ATTACHMENT 1

Resolution of Appreciation
Allen D. Sapp, Jr.

WHEREAS, Allen D. Sapp began his employment with the Texas Department of Criminal Justice formerly known as the Texas Department of Corrections in the State of Texas in 1979, and has served admirably in a variety of professional and administrative capacities during his tenure; and,

WHEREAS, Mr. Sapp served as the Executive Assistant for Special Projects in the Executive Division of the Texas Department of Criminal Justice and has most recently served as the Assistant Director for Administrative Services, with the Correctional Managed Health Care Committee and,

WHEREAS, he has served on, actively participated in and chaired a wide variety of workgroups and standing committees to include the System Leadership Council, Policy and Procedures Committee, the Joint Committee on Information Services, TCOOMMI Advisory Committee; and,

WHEREAS, Mr. Sapp was instrumental in developing and managing the transition to the correctional health care program partnership between the Texas Department of Criminal Justice, the Texas Tech University Health Sciences Center and the University of Texas Medical Branch at Galveston that serves as a model for innovation, efficiency and cost-effectiveness, resulting in recognition at both the state and national level; and,

WHEREAS, the correctional health care program has greatly advanced and benefited from his demonstrated leadership, financial and legislative expertise, communication skills, professionalism, thoughtful and dedicated guidance through a period of unprecedented growth and achievement; and,

WHEREAS, Mr. Sapp is most recognized by the state leadership and by his peers as a person who exemplifies the highest ethical and moral standards both on a professional and personal basis, and is looked upon as the ideal role model in his profession for those most admirable attributes, and

WHEREAS, the Correctional Health Care Committee, its staff and its partner agencies wish to gratefully acknowledge the contributions, leadership and expertise of Mr. Sapp as he retires from state employment to accept new challenges;

THEREFORE BE IT RESOLVED, that the Committee adopt this resolution as an expression of our sincere appreciation for the professionalism, dedication and outstanding service of Allen D. Sapp, Jr. to the Texas correctional health care program and present to him a signed and framed copy of this resolution with our collective best wishes for success in future endeavors.

Adopted this 4th day of December in the Year 2007, by the Correctional Managed Health Care Committee.

James D. Griffin, M.D.
Chairman

Allen R. Hightower
Executive Director

ATTACHMENT 2

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

As of November 2007

Title of Position	CMHCC Partner Agency	Vacant Since (mm/yyyy)	Actions Taken to Fill Position
Director of Clinical Services – Physician III	TDCJ	9/1/07	An offer has been made to a physician who will start on December 11, 2007.
Physician II	TDCJ	9/1/07	Multiple postings and advertisement in journals and newspapers.
Nurse II – Contract and Quality Monitor	TDCJ	9/1/07	Posted 8/15/07, 9/11/07, 9/21/07, 10/1/07, and 10/17/07. No applicants. Division Director has requested an across the board salary increase for all RN II positions.
Nurse II – Contract and Quality Monitor	TDCJ	9/1/07	Posted 8/15/07, 9/11/07, 9/21/07, 10/1/07, and 10/17/07. No applicants. Division Director has requested an across the board salary increase for all RN II positions.
Nurse II – Contract and Quality Monitor	TDCJ	9/1/07	Posted 8/15/07, 9/11/07, 9/21/07, 10/1/07, and 10/17/07. No applicants. Division Director has requested an across the board salary increase for all RN II positions.
Nurse II – Contract and Quality Monitor	TDCJ	9/1/07	Posted 8/15/07, 9/11/07, 9/21/07, 10/1/07, and 10/17/07. No applicants. Division Director has requested an across the board salary increase for all RN II positions.
Nurse II – Contract and Quality Monitor	TDCJ	8/15/07	Posted 8/08/07, 8/24/07, 9/12/07, 9/21/07, 10/1/07, 10/17/07 and 10/26/07. No applicants. Division Director has requested an across the board salary increase for all RN II positions.
Nurse II – Contract and Quality Monitor	TDCJ	6/14/07	Posted 8/8/07, 8/24/07, 9/12/07, 10/1/07, and 10/17/07. No applicants. Division Director has requested an across the board salary increase for all RN II positions.
Public Health Technician II – HIV	TDCJ	11/1/07	The Division Director has requested an upgrade of this position to an LVN. Decision Memorandum is currently pending.

Attachment 3

UTMB Prison Healthcare Staffing Update

Major Positions In Review

- *Physicians*
- *Psychiatrist*
- *Registered Nurses*
- *Licensed Vocational Nurses*
- *Pharmacist*
- *Mid Level Providers*

Prison Healthcare Staffing

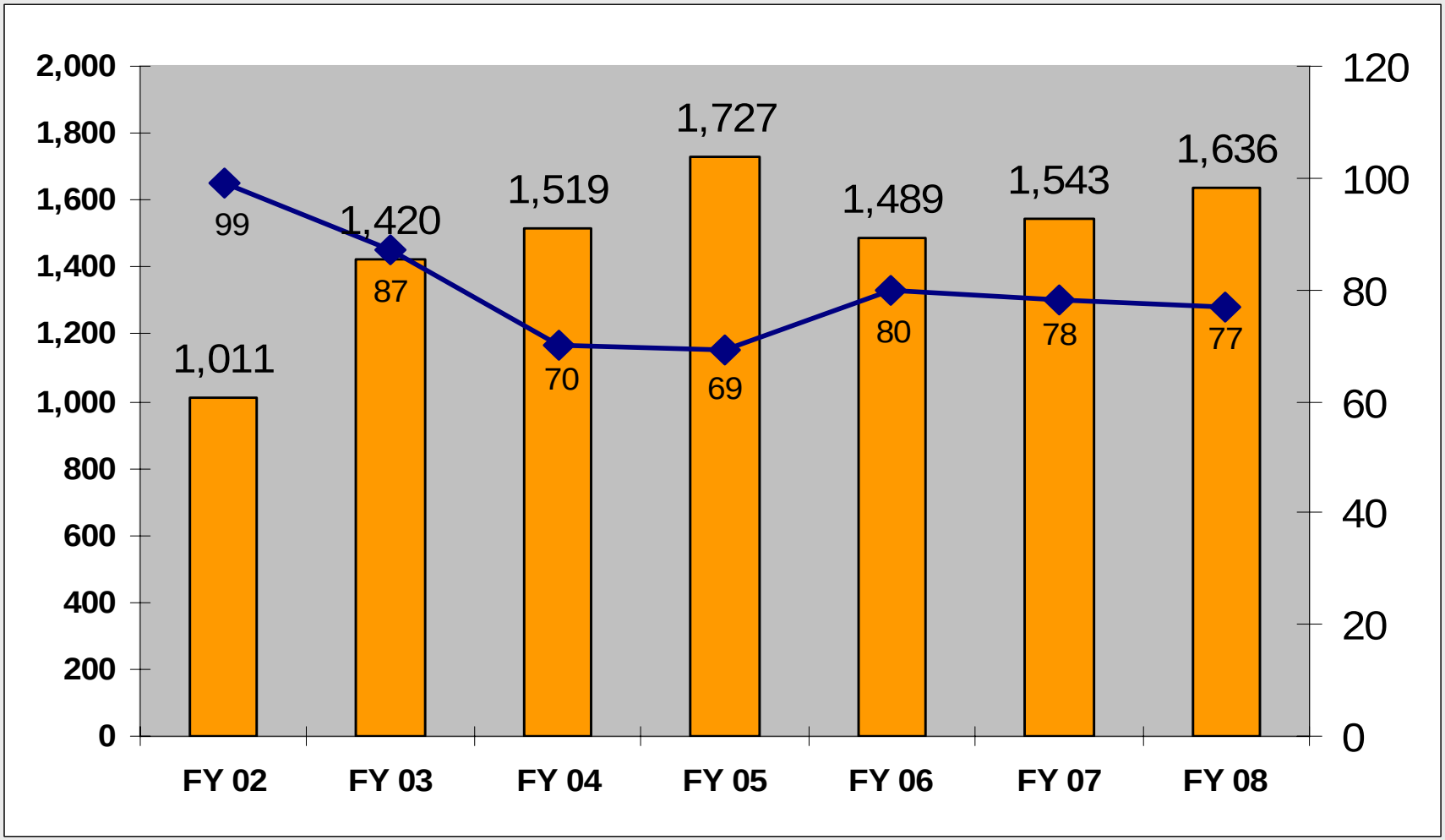
UTMB Average Salaries

Category	UTMB Avg.	*National Avg.
MD & DO	**$156,551**	**$157,400**
Psychiatrist	***$166,800***	**$178,069**
RN	**$59,300**	**$59,516**
LVN	***$37,815***	**$40,389**
Pharmacist	***$93,176***	**$98,932**
Mid-Level	**$90,657**	**$82,149**

As of 11/25/07

* Source – Salary.com HR Edition

Provider Workload



Inmate population increases outpace provider staffing.

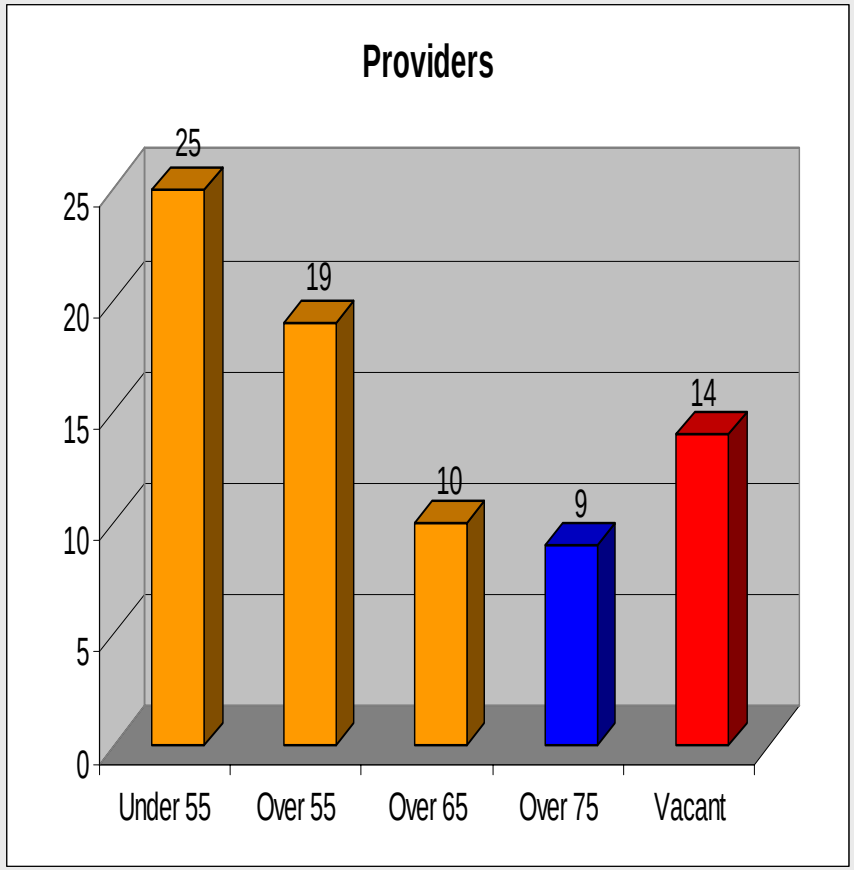
Providers

77 Total Positions

- 63 filled
- 14 vacant
- **18% vacancy rate**

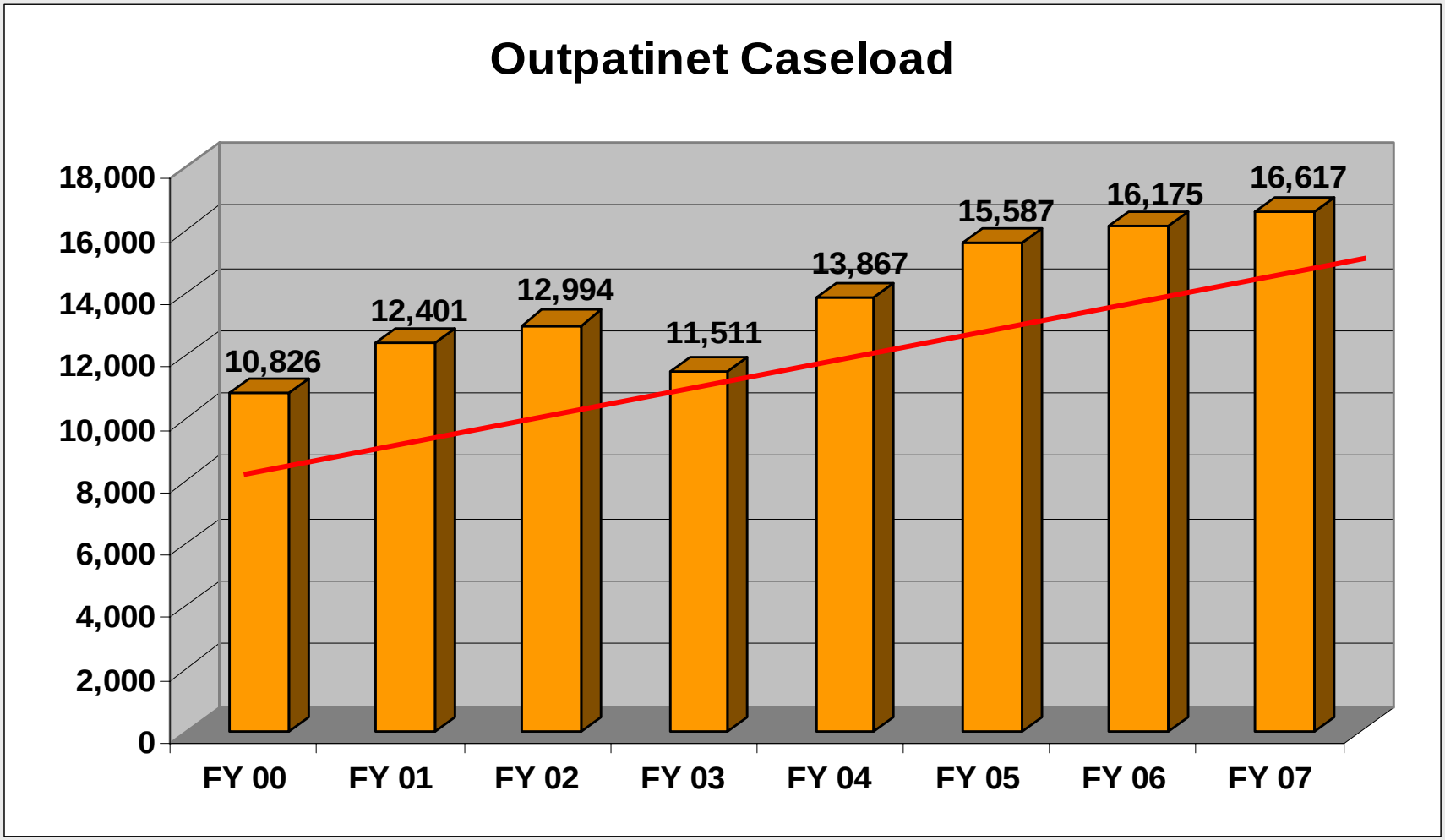
Average Age – 57

- 60% over age 55
- 31% over age 65
- 14% over age 75



In 5 years 46% of our current MD group will be past retirement age (65).

UTMB-CMC Mental Health Services
Outpatient Caseload 2000-2007



53% increase in caseload between 00 and 07

As of 11/25/07

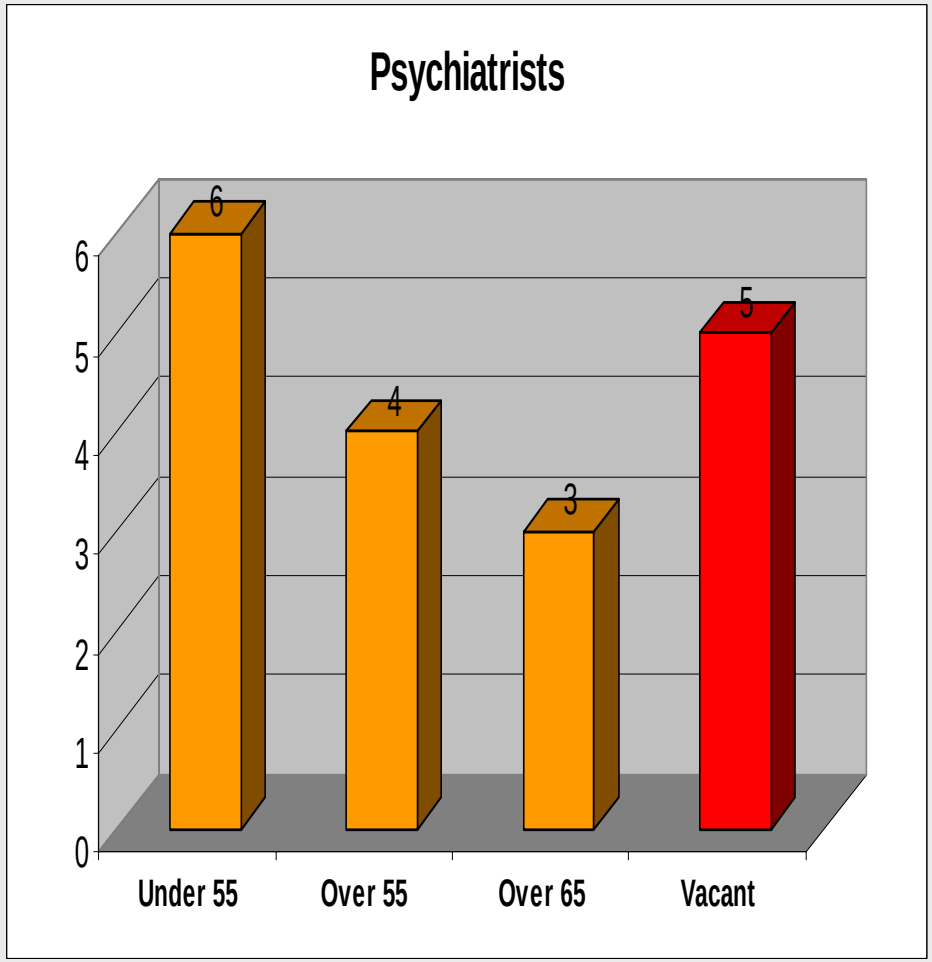
Psychiatrists

18 Total Positions

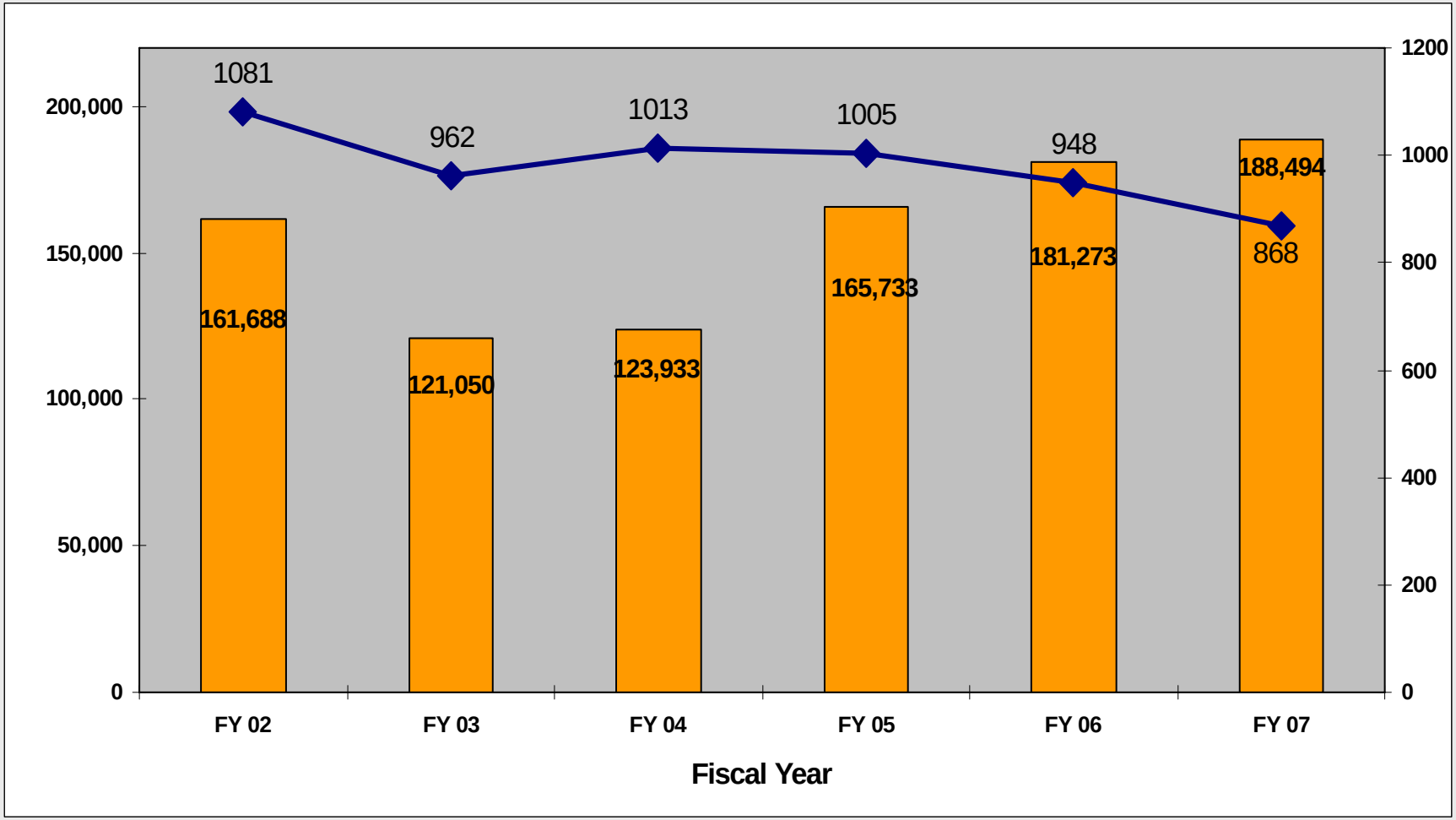
- 13 filled
- 5 vacant
- **28% vacancy rate**

Average Age – 56

- 53% over age 55
- 23% over age 65



Nursing Staffing Vs. Encounters



50% increase in encounter vs. 10% decline in staff (2003 to 2007)

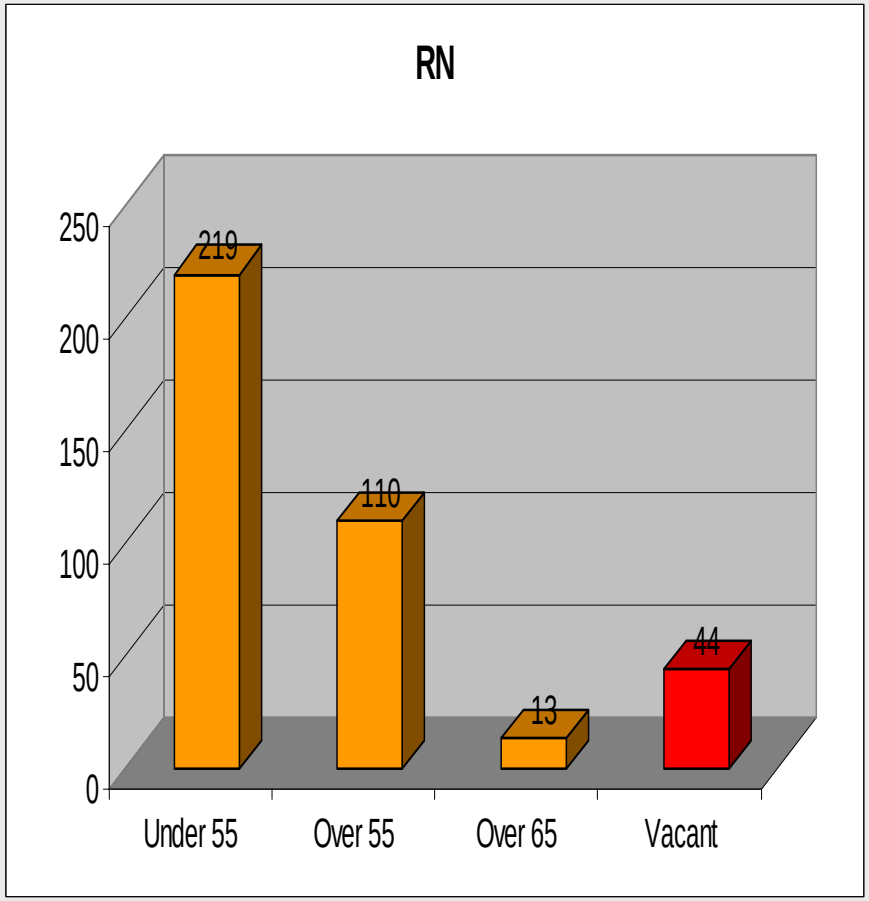
Registered Nurses

386 Total Positions

- 342 filled
- 44 vacant
- **11% vacancy rate**

Average Age – 51

- 36% over age 55
- 4% over age 65



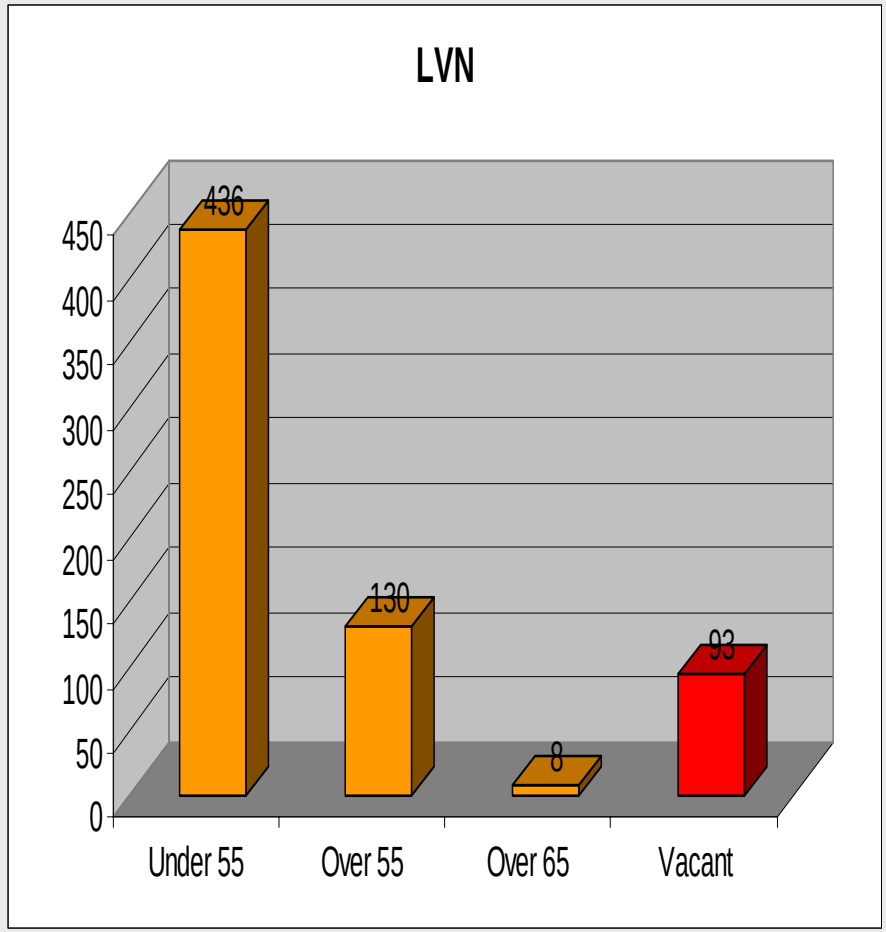
LVNs

667 Total Positions

- 574 filled
- 93 vacant
- **14% vacancy rate**

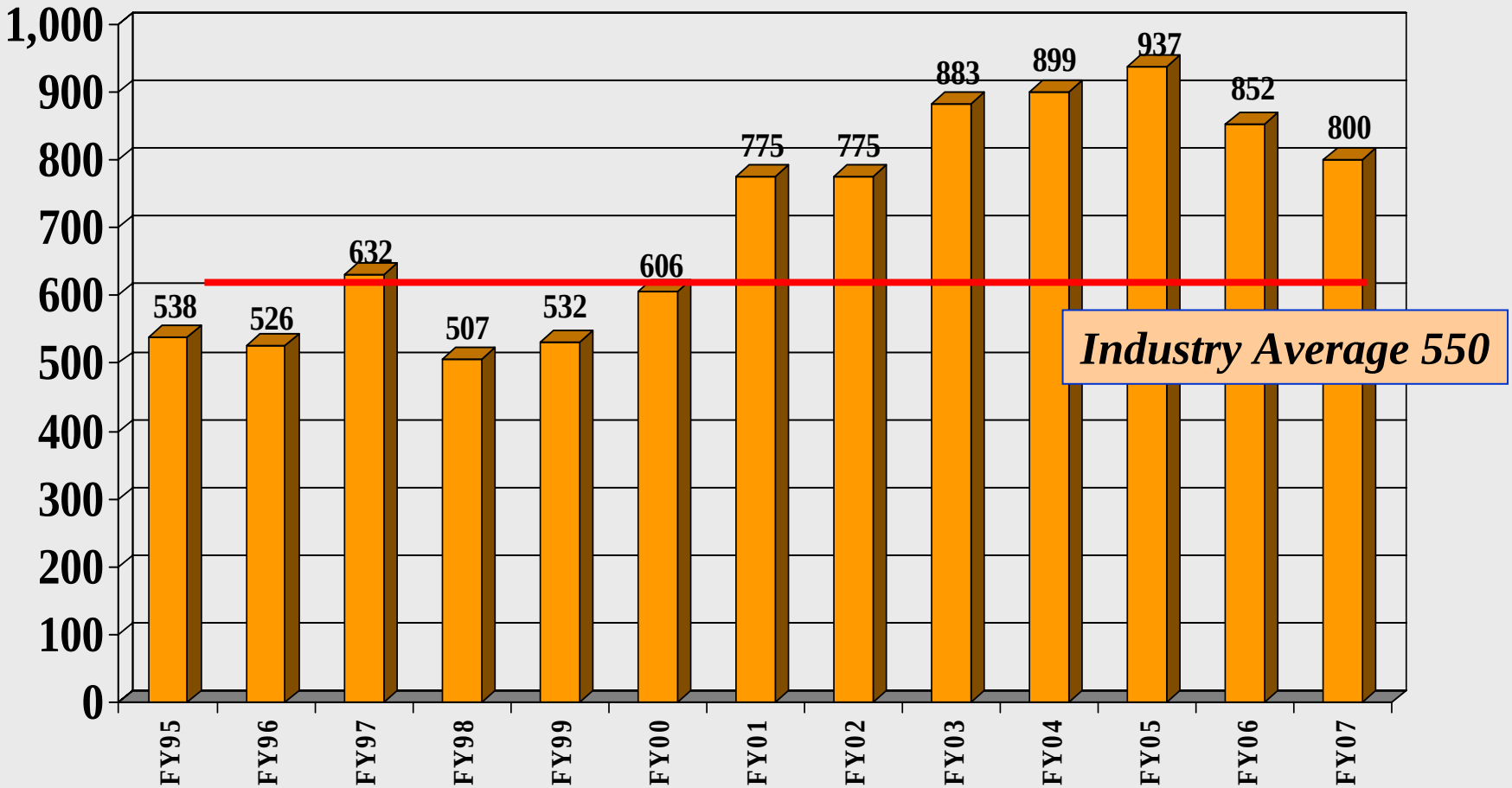
Average Age – 46

- 24% over age 55
- 1% over age 65



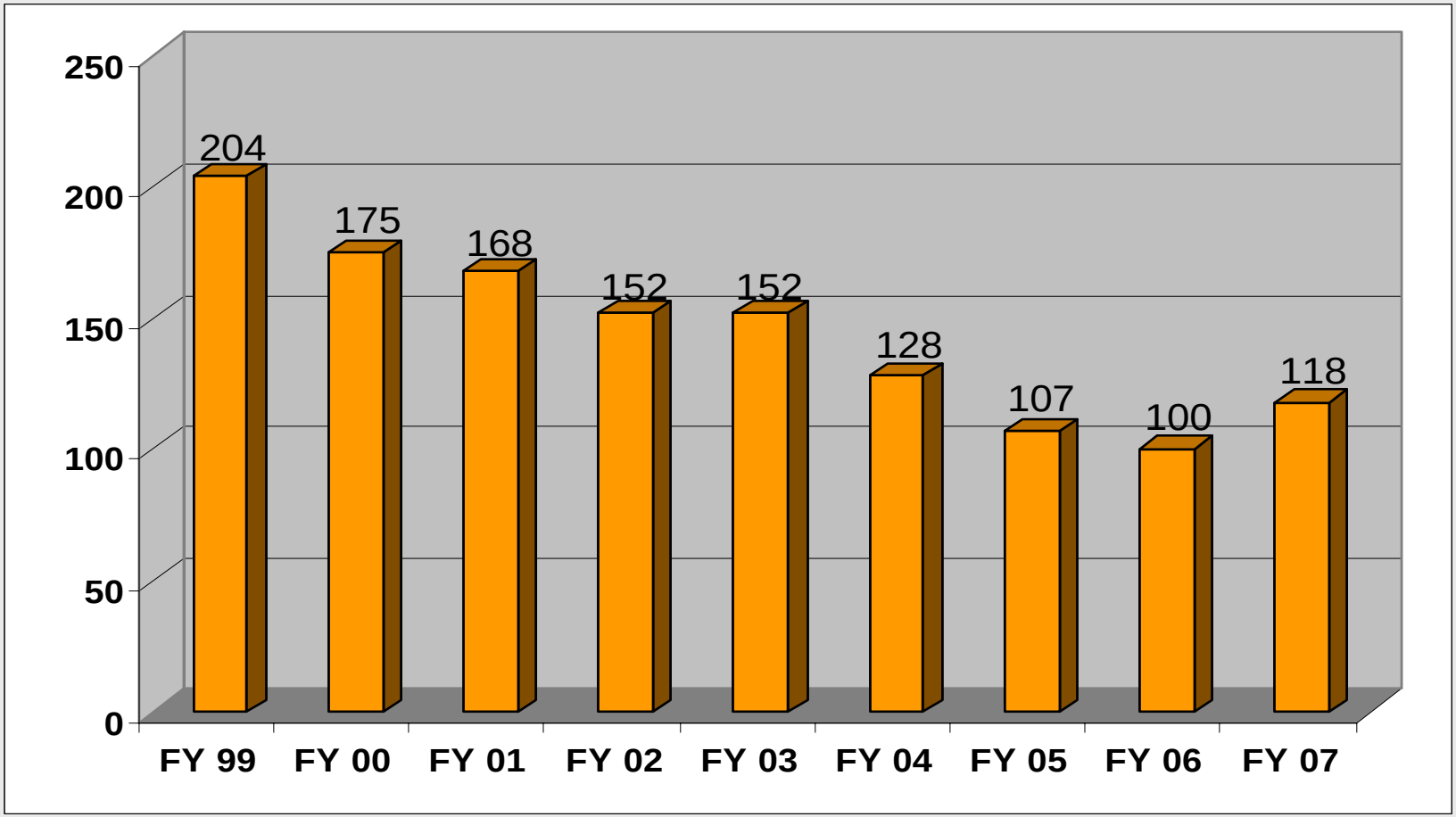
Pharmacist Workload

Rx/8hr RPh



Pharmacist Interventions

Interventions / 10,000 Rx



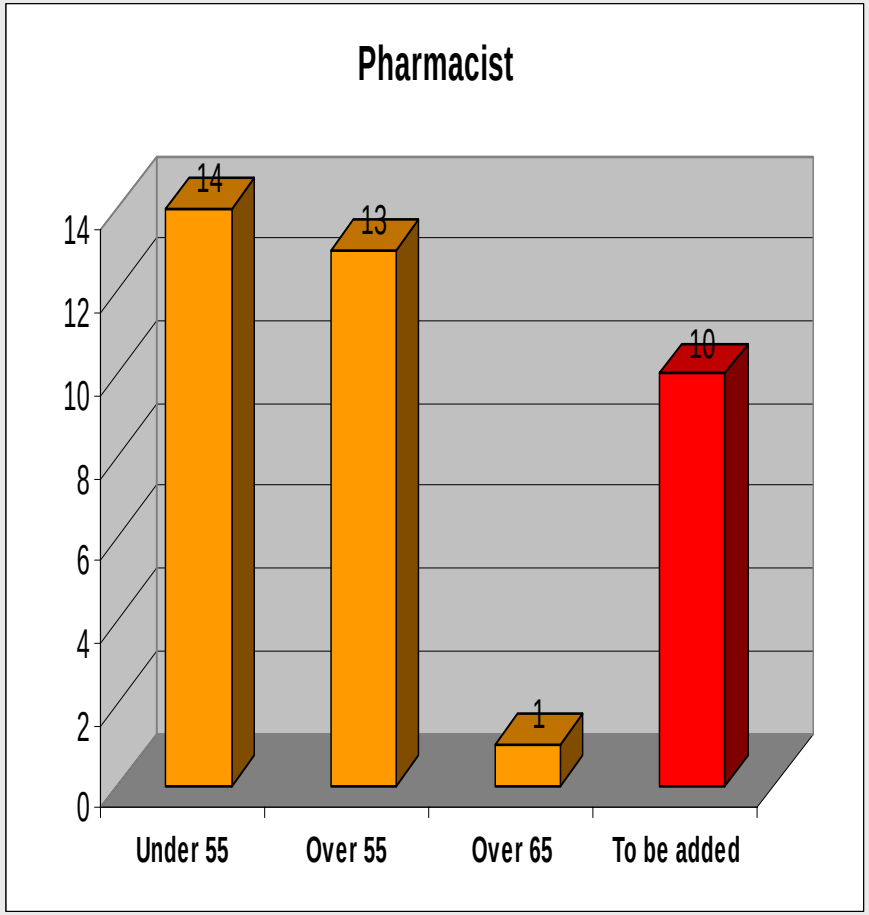
Pharmacists

30 Total Positions

- 28 filled
- **10 more need to be created**

Average Age – 51

- 50% over age 55
- 3% over age 65



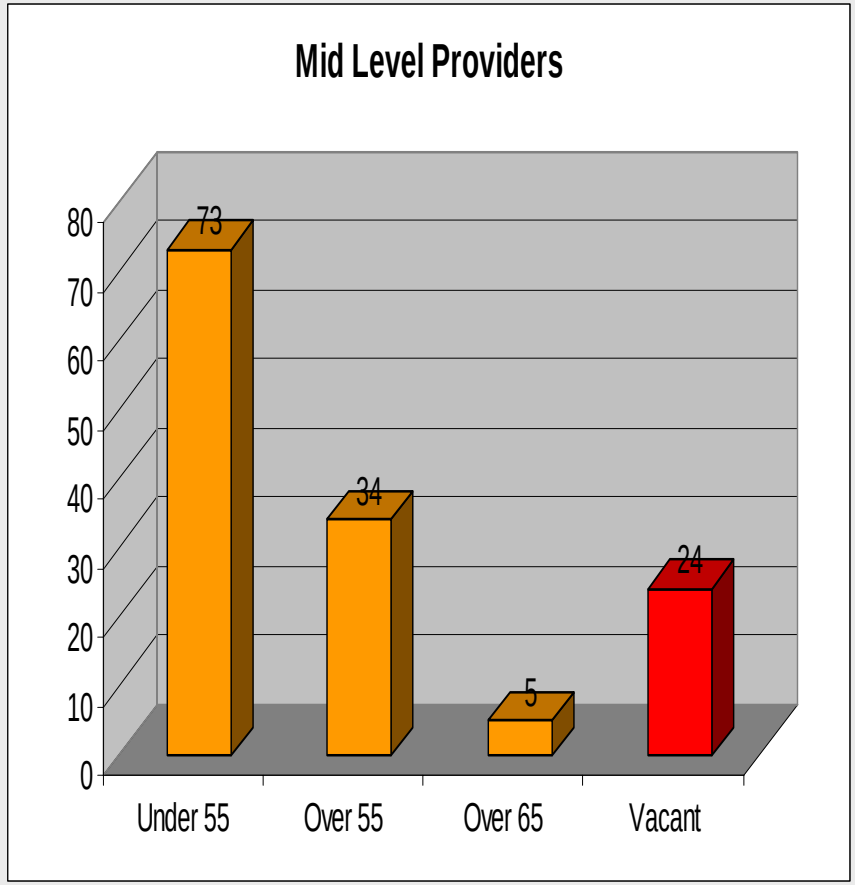
Mid Level Providers

136 Total Positions

- 112 filled
- 24 vacant
- **18% vacancy rate**

Average Age – 49

- 34% over age 55
- 4% over age 65



Issues Facing Prison Staffing

- **Rural Areas**- Reduced applicants due to location.
- Salary and Incentives- The State is not competitive with "for-profit" organizations (base salaries, sign on bonus, profit sharing, bonus pay)
- **Correctional Environment**- Prison is a dangerous and difficult place to practice medicine and typically not seen, within the profession, as a desirable place to work.
- **Aging of Correctional Work Force**- Correctional healthcare does not usually attract new graduates as a first career choice. Rather the more usual employee is the mid-to-late career healthcare professional. This creates a shorter career cycle within corrections and compounds the recruitment and retention problem.
- **Market Has Become Too Competitive**- The number of healthcare providers needed far exceeds the number in the market place. This has created a situation where salary alone will ***NOT*** solve the problem.

Tools Needed For Success

- Increased Salaries to Remain Competitive
- Loan Repayment Programs
- Medical Insurance Buyout Programs
- Sign-on Bonuses
- Incentive Pay For “Hard-to-Fill” locations
- Financially Meaningful Retention Plan
- Moving Expenses ~ For New Hires

Attachment 4

Correctional Healthcare

Joint Staffing Study

Executive Summary

- The CMHCC, its University Providers and the TDCJ Health Services Division have conducted a joint review of staffing plans and processes related to providing medical coverage for each correctional health care facility.

Purpose

- Examine options for extending medical staff coverage
- Determine feasibility of extending hours at facilities identified in the review

Scope of Review

- Focus On Facilities With Less Than 24 Hour Coverage
- Analyze Adding Staff
- Analyze Alternative Coverage Processes

Today's Situation

- Facilities operating < 24hrs.
  - 57 UTMB
    - Never operated 24 hrs.
    - No infirmary beds
  - 19 TTUHSC
    - 8 operated 24 hrs. prior to 2003
    - No infirmary beds
- Medicine and Nursing On - Call Coverage
- 10 Hub sites (Pre-Admission Triage Centers)

Facilities Operating < 24 Hours

B. Moore Unit
Baten ISF
Bartlett Unit
Boyd Unit
Bradshaw Unit
Bridgeport Unit
Briscoe Unit
C. Moore Unit
Central Unit
Clemens Unit
Cleveland
Cole St. Jail
Cotulla MUF
Dalhart Unit
Daniel Unit
Diboll Unit
Dominquez St. Jail
Duncan MUF
Eastham Unit
Ellis I Unit
Estes
Ferguson Unit
Formby St. Jail
Ft. Stockton MUF
Garza Unit - East & West
Gist State Jail
Glossbrenner Unit
Goodman Unit
Goree Unit
Gurney Unit
Halbert Unit
Hamilton Unit
Havins Unit
Henley Unit
Hightower Unit
Hilltop Unit
Hobby Unit
Holliday Unit
Huntsville Unit
Hutchins St. Jail
Jester I
Joe Kegans Unit
Johnston Unit
Jordan Unit
Kyle Unit
LeBlanc Unit
Lindsey Unit
Lockhart Unit
Lopez St. Jail
Lychner Unit
Lynaugh Unit
Middleton Transfer
Neal Unit
Ney Unit
Plane St. Jail
Ramsey I Unit
Roach Unit
Rudd Unit
Sanchez St. Jail
Sayle Unit
Scott Unit
Segovia Unit
Smith Unit
Stevenson Unit
Stringfellow Unit
Torres Unit
Travis County State Jail
Tulia MUF
Vance
Wallace Unit
Ware St. Jail 900
Wheeler Unit
Willacy Unit
Woodman St. Jail
Wynne Unit

Pre-Admission Triage Centers

UTMB Hub Sites

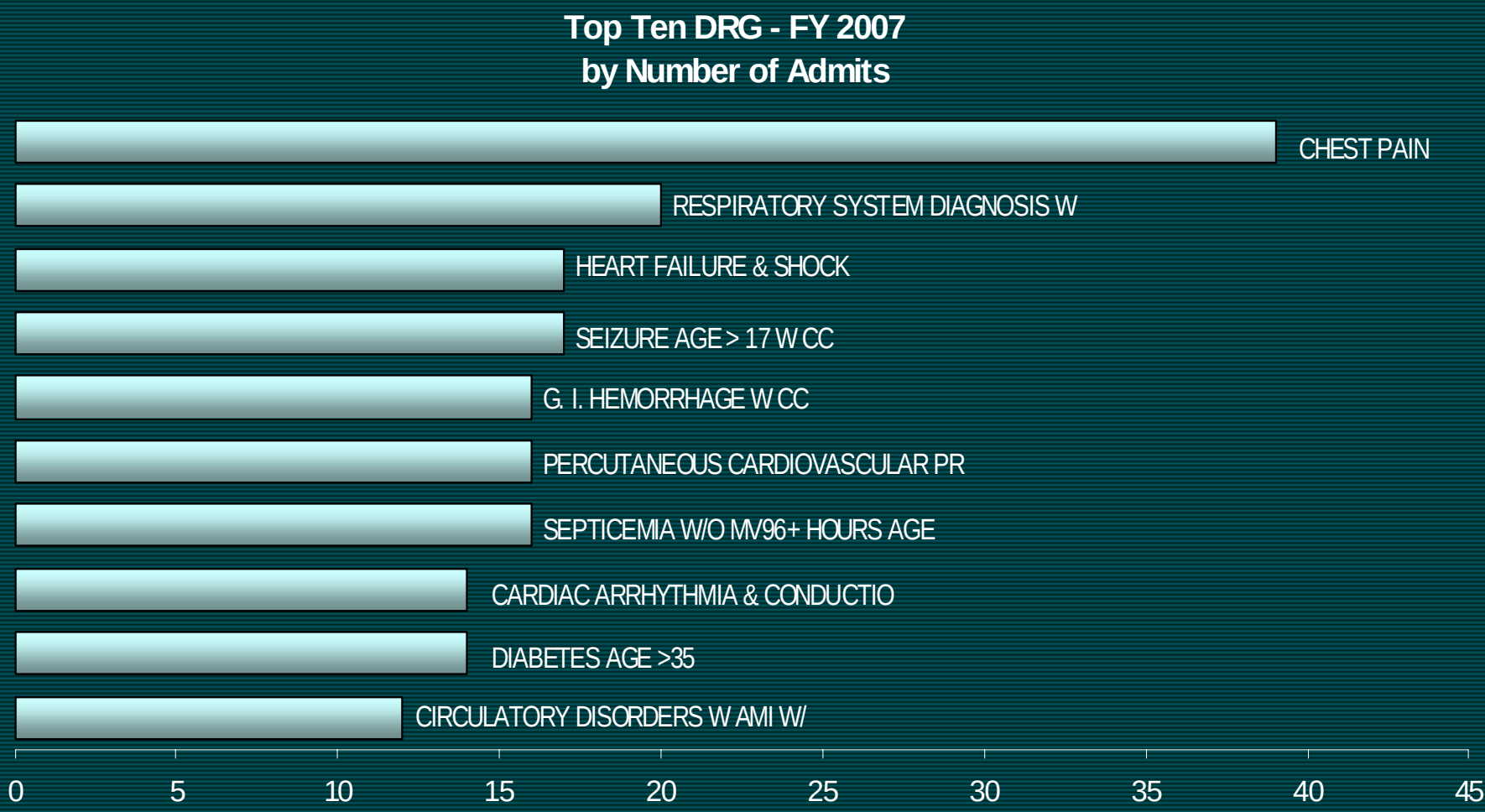
- A. Hughes Unit
- Beto I Unit
- C. Young RMF
- Estelle RMF
- Gatesville Unit
- Jester III Unit
- McConnell Unit
- Polunsky Unit
- Stiles Unit
- Terrell Unit

Data Analysis

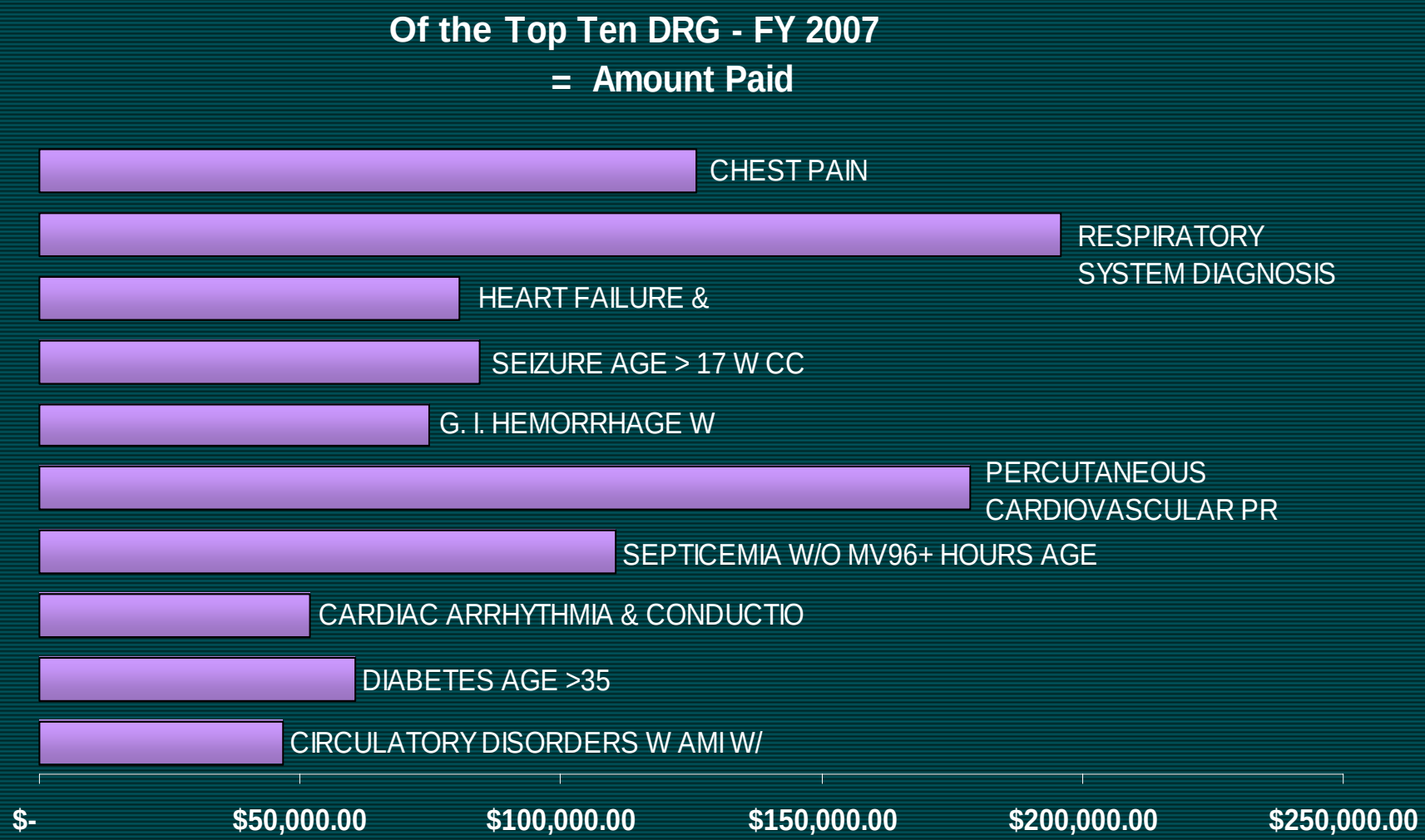
- Clinical And Fiscal
  - Top Offsite DRG's
  - Offsite Expense / Admits
  - Population Trends
- Death Rate
  - 24 / < 24 Hour Facility Comparison
- Nursing On - Call Data
- Nursing Vacancy Rate

Clinical & Fiscal Analysis

UTMB Offsite DRG



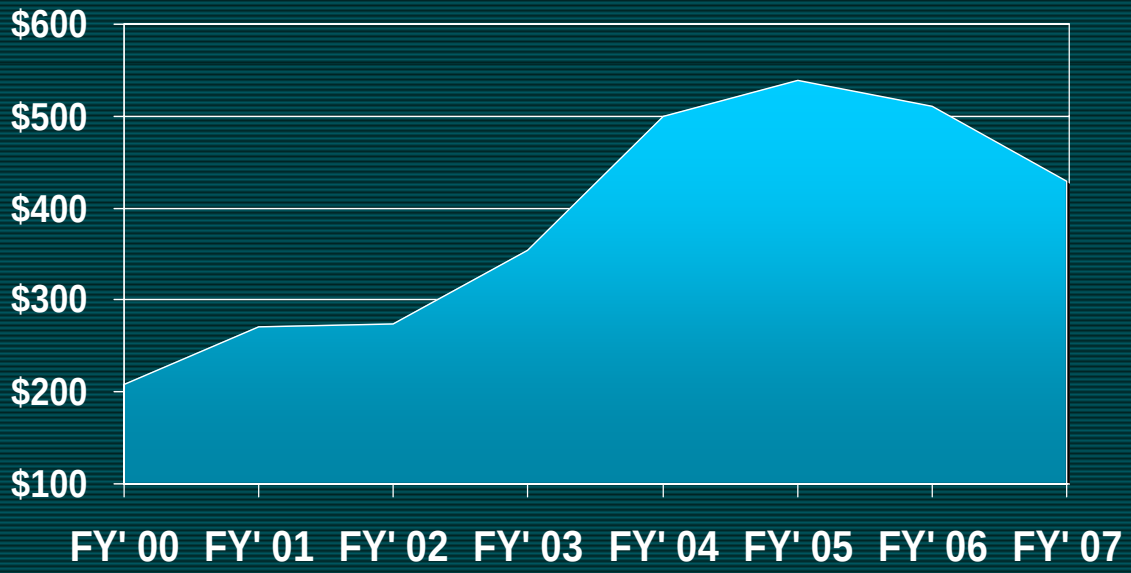
UTMB Offsite DRG

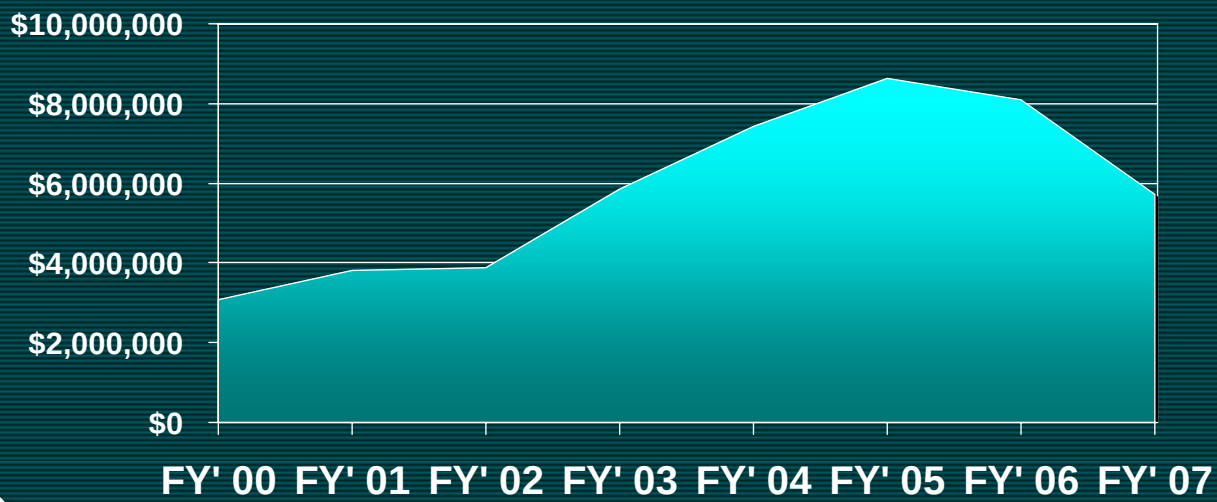


UTMB Offsite Costs

Offsite

Total Costs PMPM

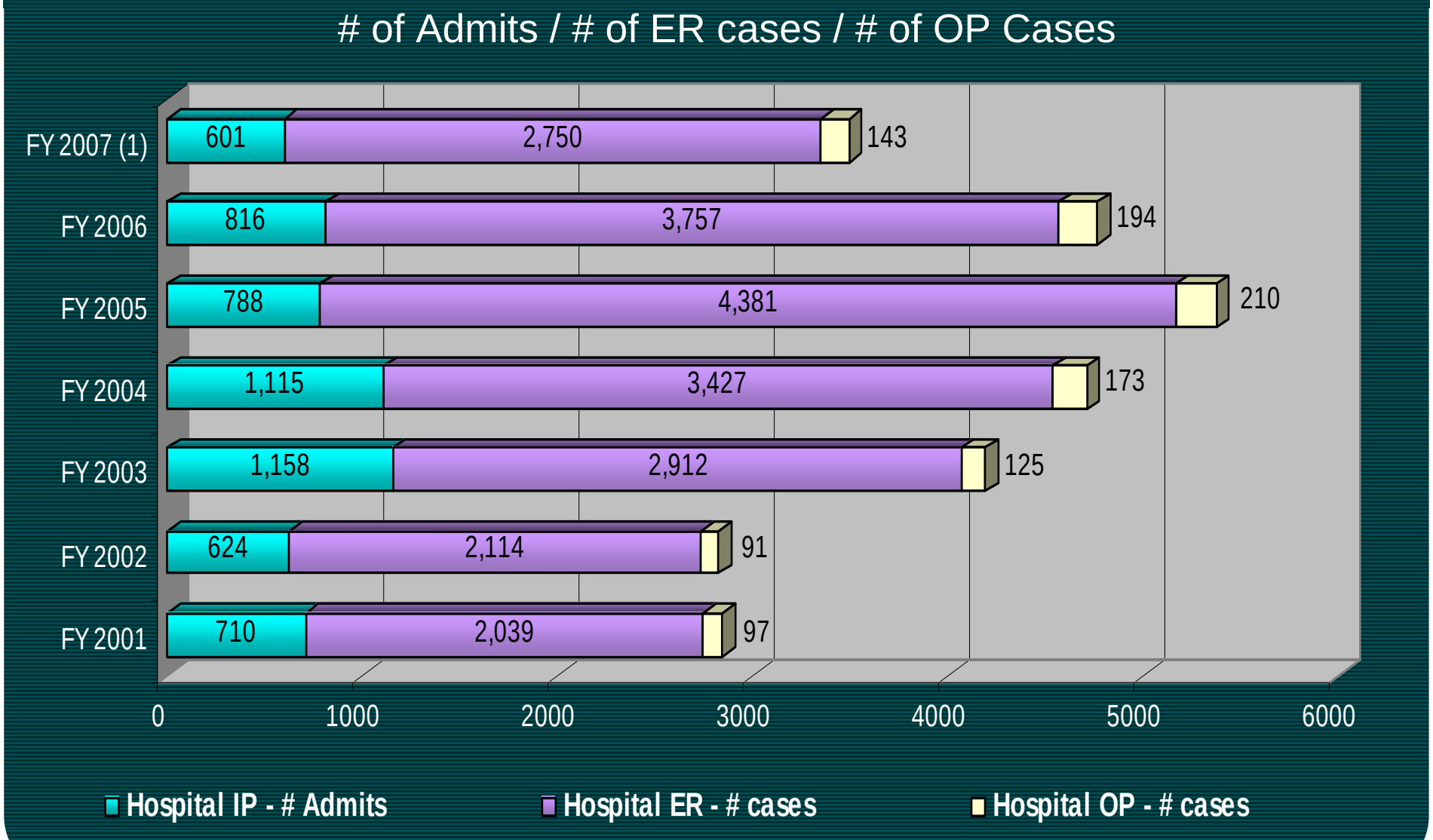




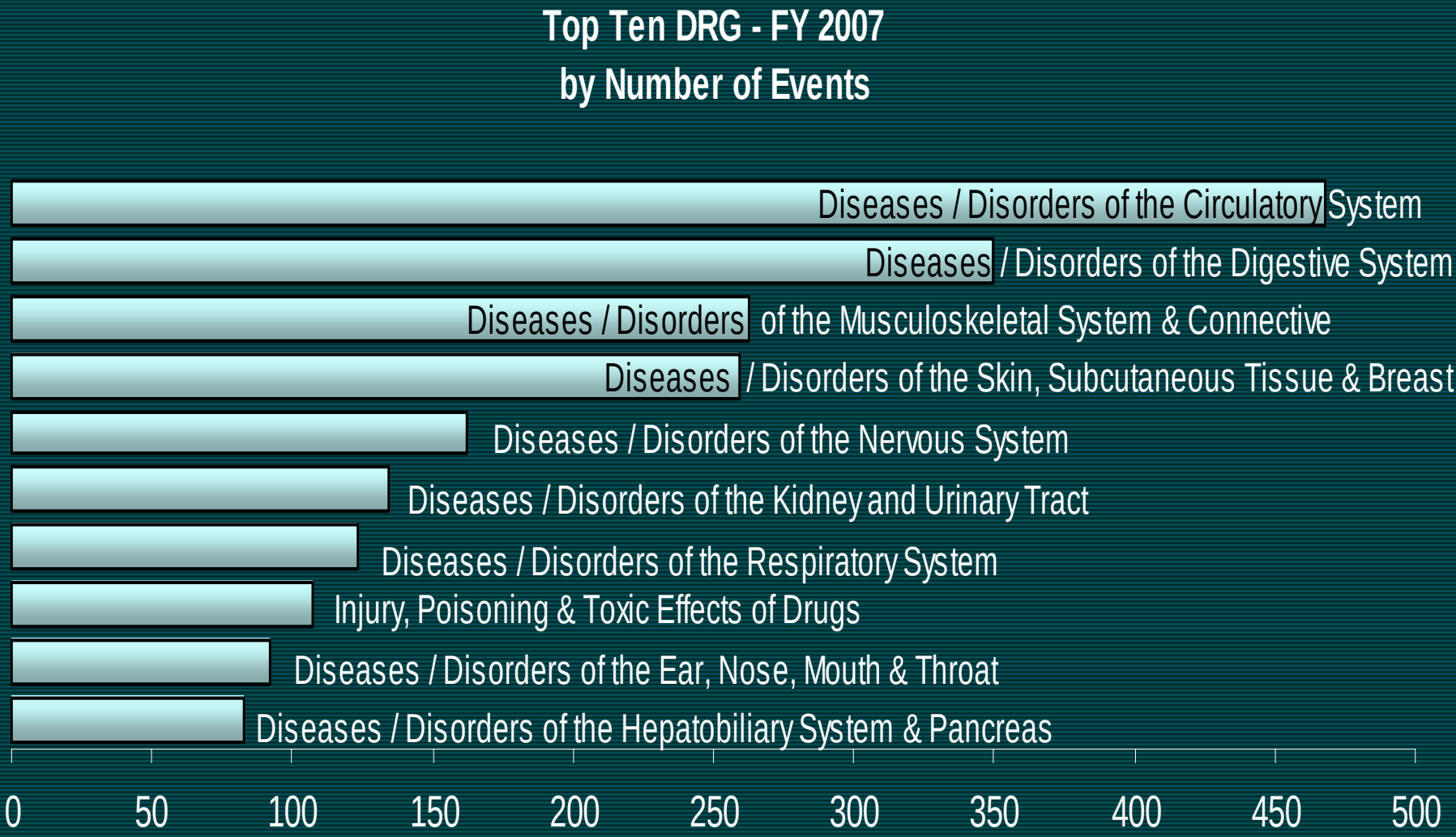
Offsite

Total Costs

UTMB Offsite DRG

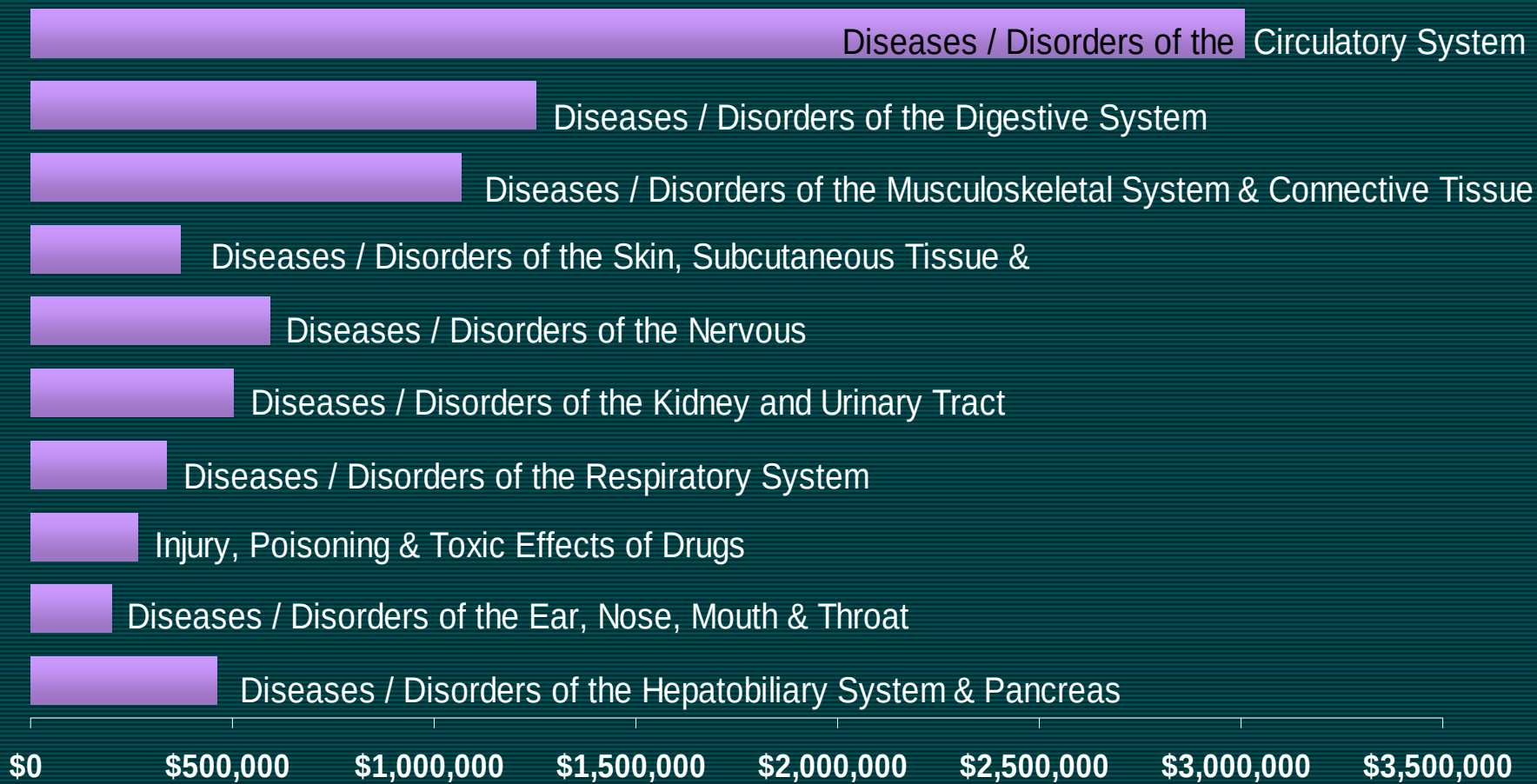


TTUHSC Offsite DRG

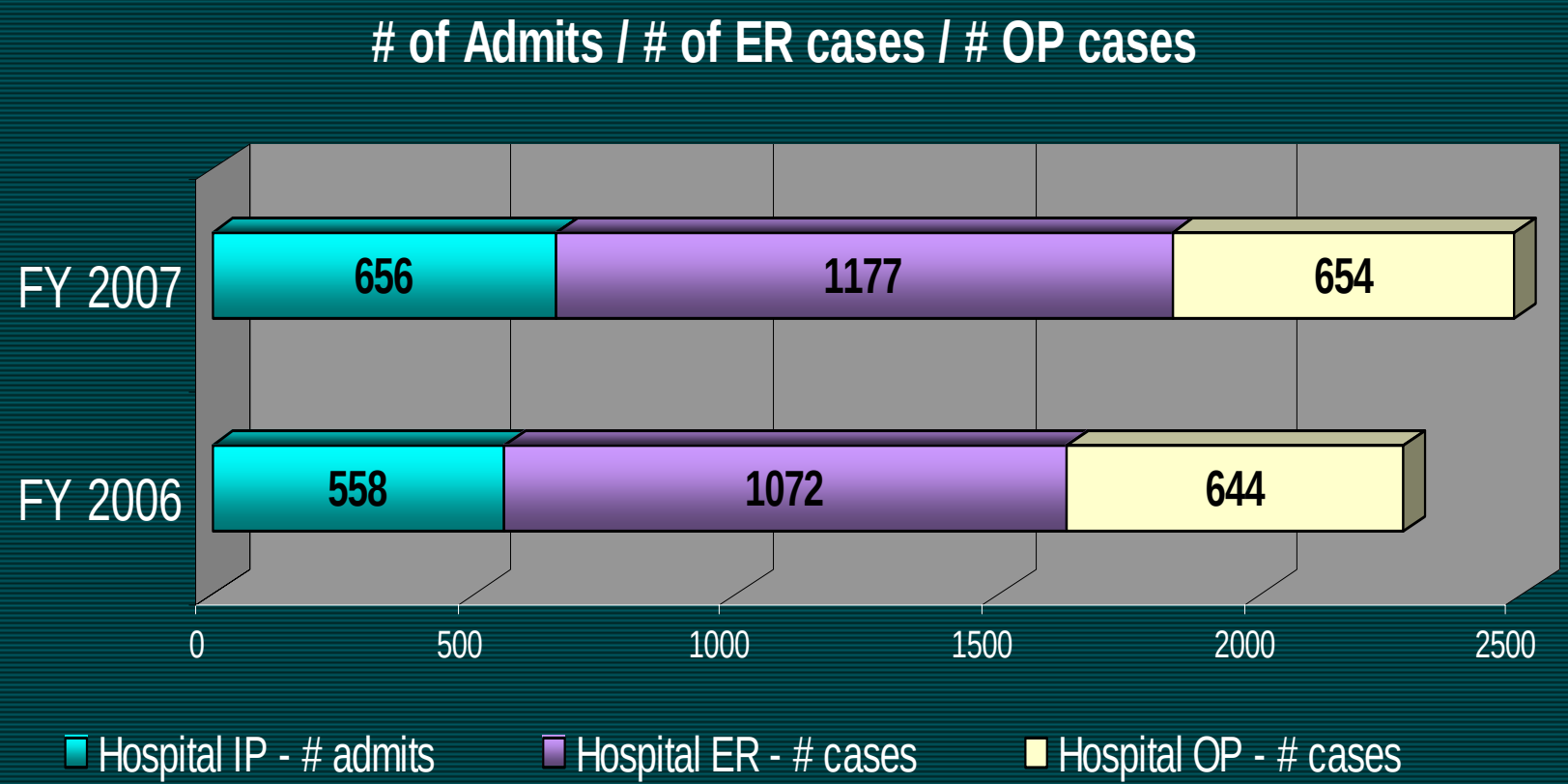


TTUHSC Offsite DRG

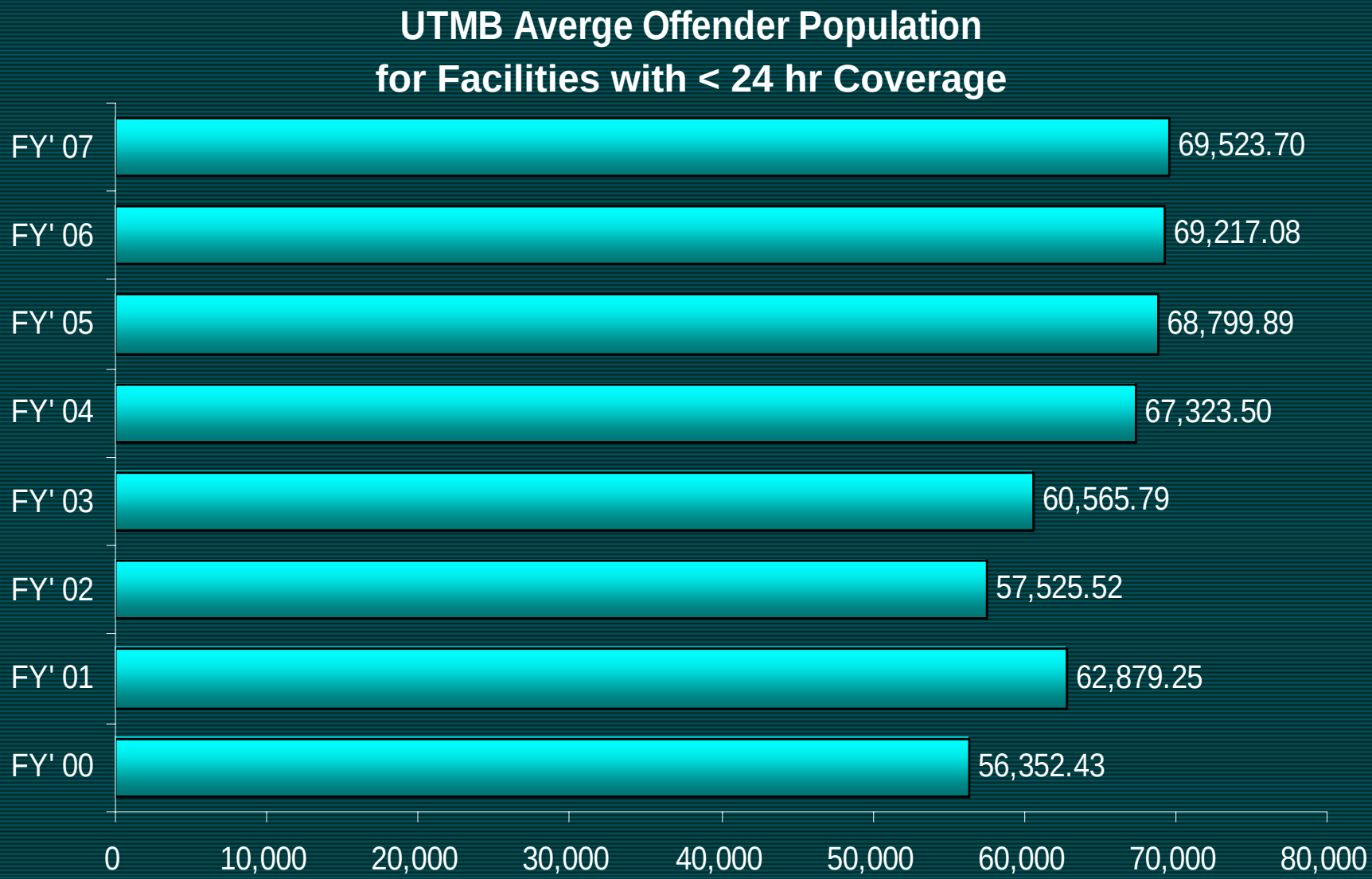
Of the Top Ten DRG – FY 2007
= Amount Paid



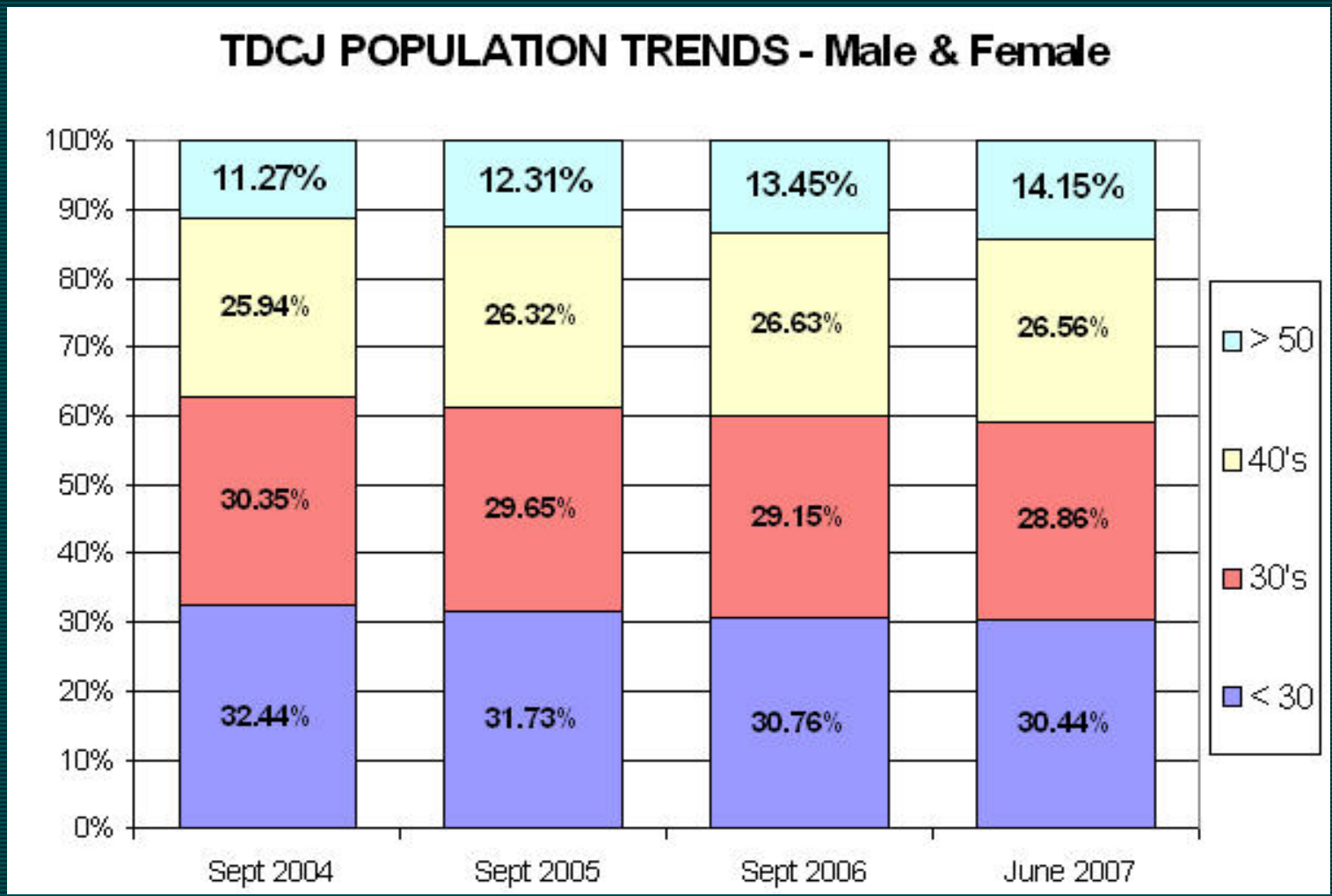
TTUHSC Offsite Events



UTMB Population Trends



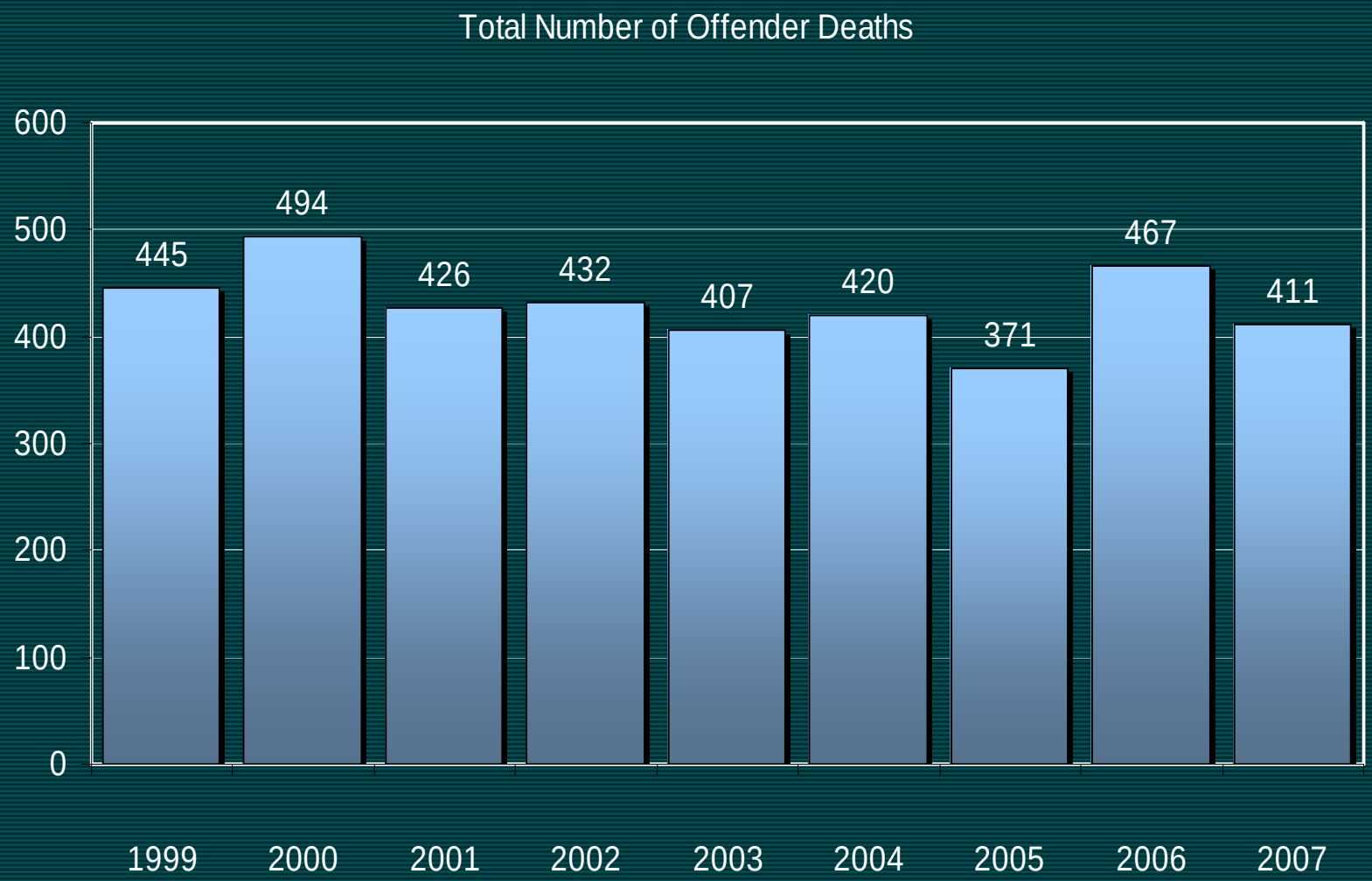
Population Trends



Offender Death Analysis

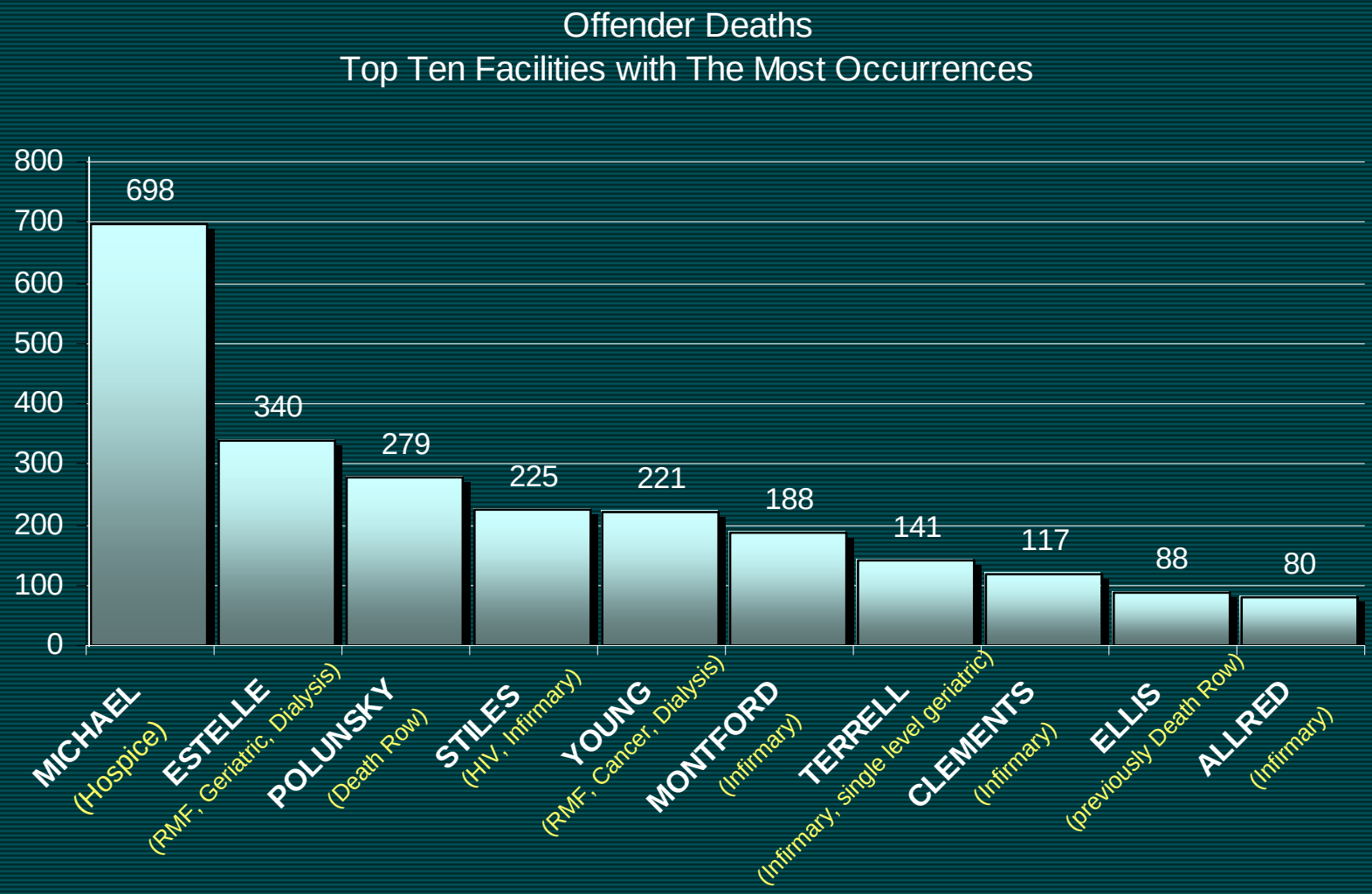
Texas Offender Death Analysis

FY 1999 – FY 2007



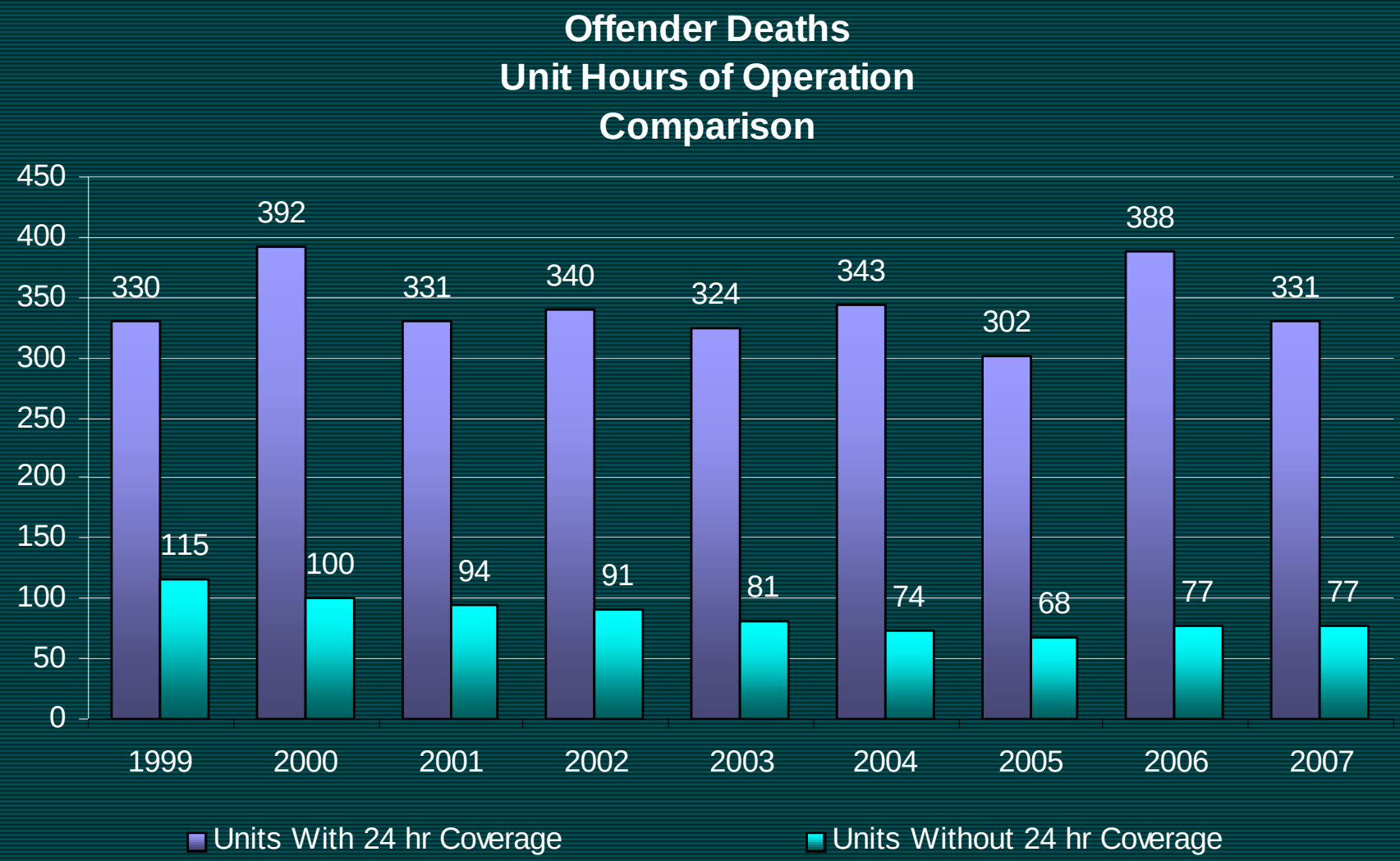
Texas Offender Death Analysis

FY 1999 – FY 2007



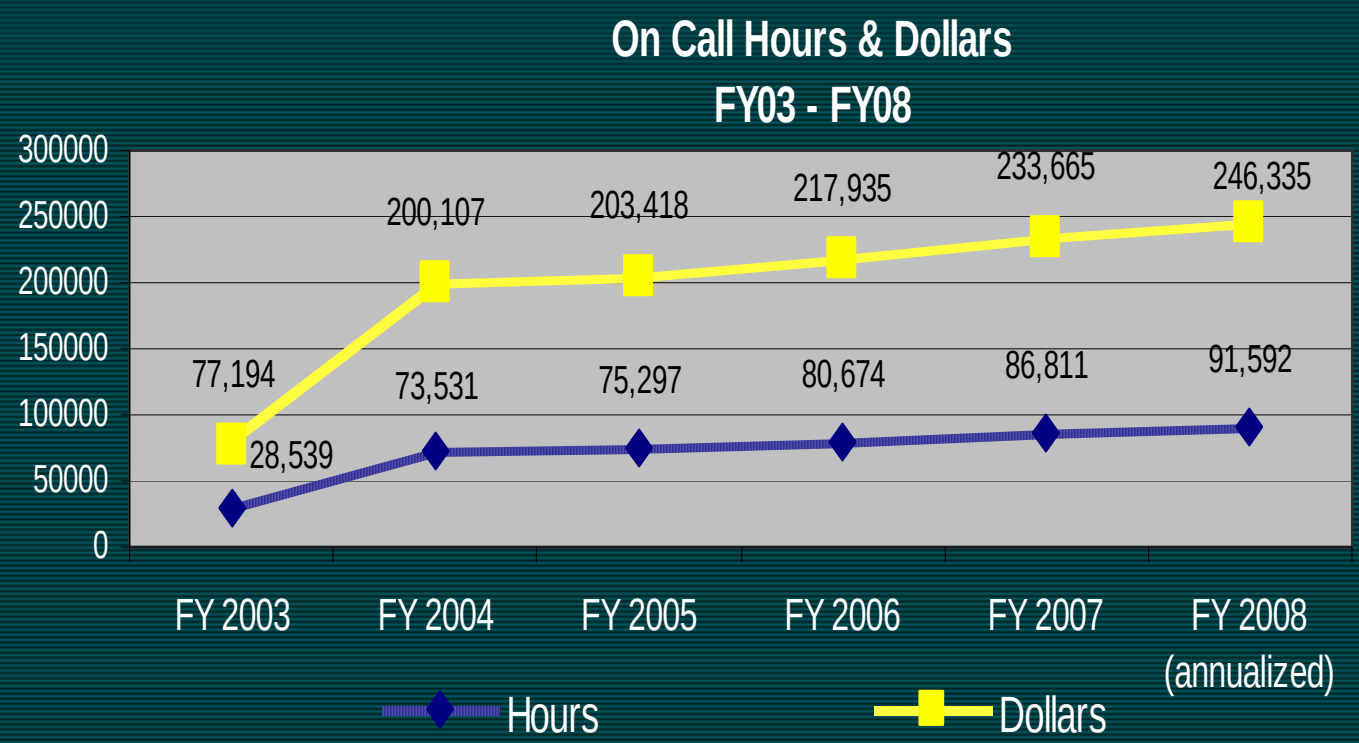
Texas Offender Death Analysis

FY 1999 – FY 2007



Nursing On-Call Analysis

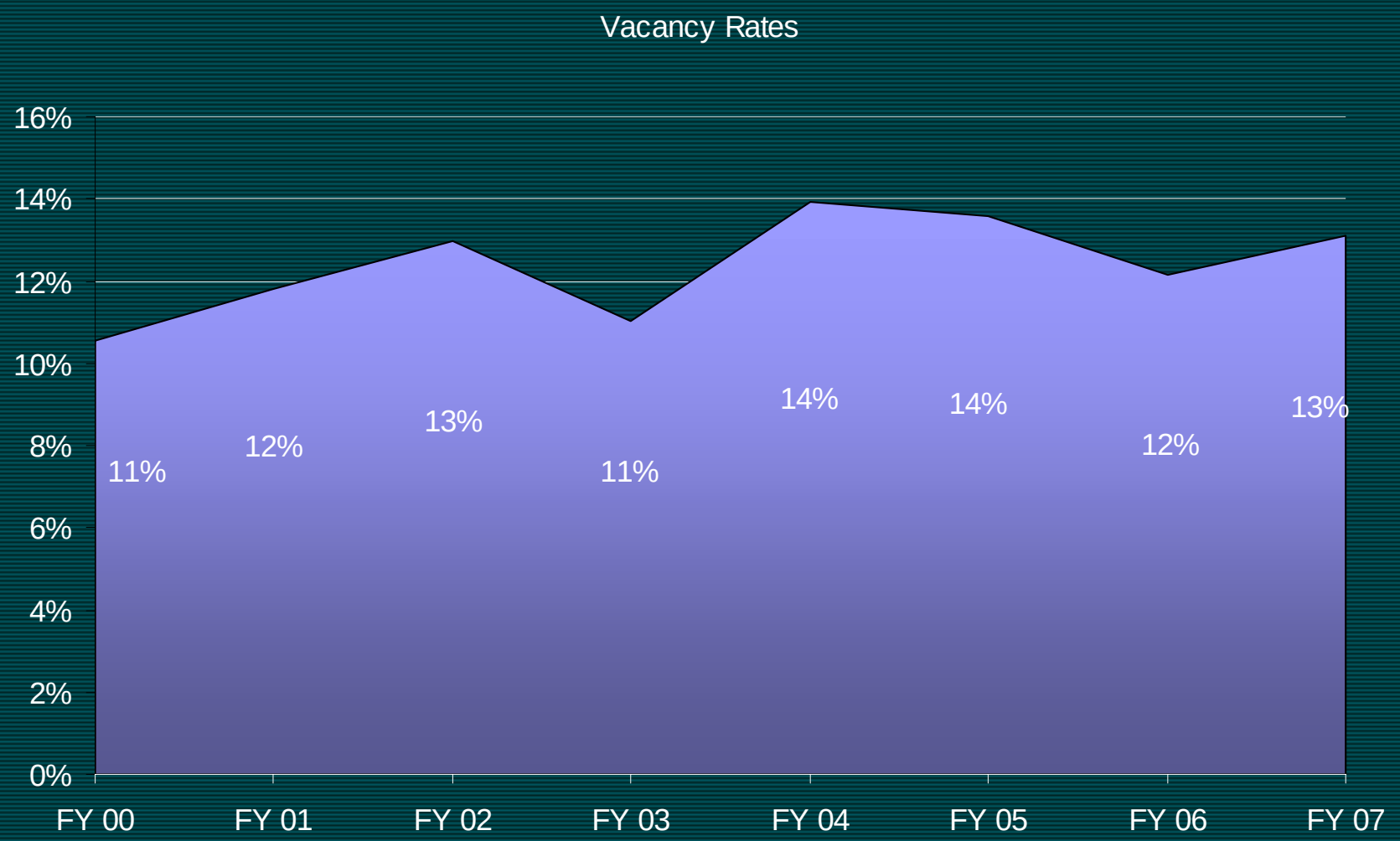
UTMB On-Call Nursing



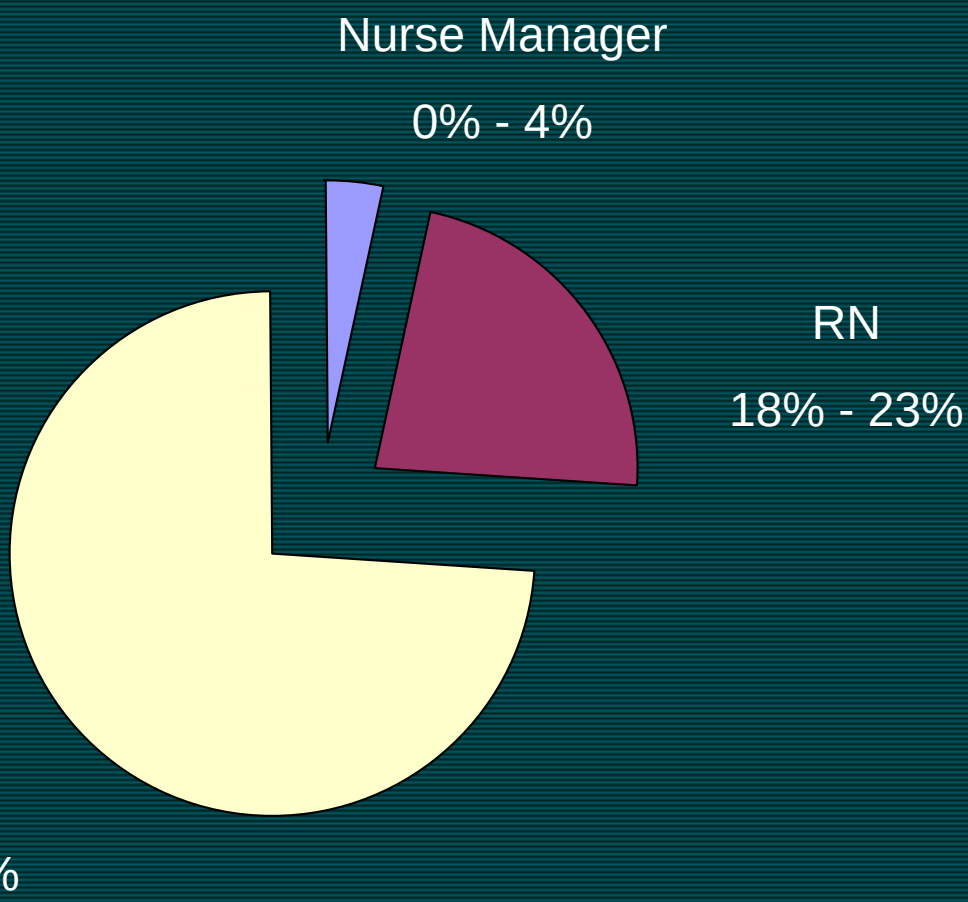
- The 158% growth of dollars and hours in FY04 was related to cut backs that occurred in FY03.
- On call hours and dollars from FY04 to FY05 was 2%, and then there was increase in both FY06 & FY07, 7% and 8% respectively.
- The overall increase is also attributable to the increase in units from FY03 - FY07, from 34 in FY03 to 48 in FY07

Nursing Vacancy Rate Analysis

UTMB RN and LVN Vacancy Rates

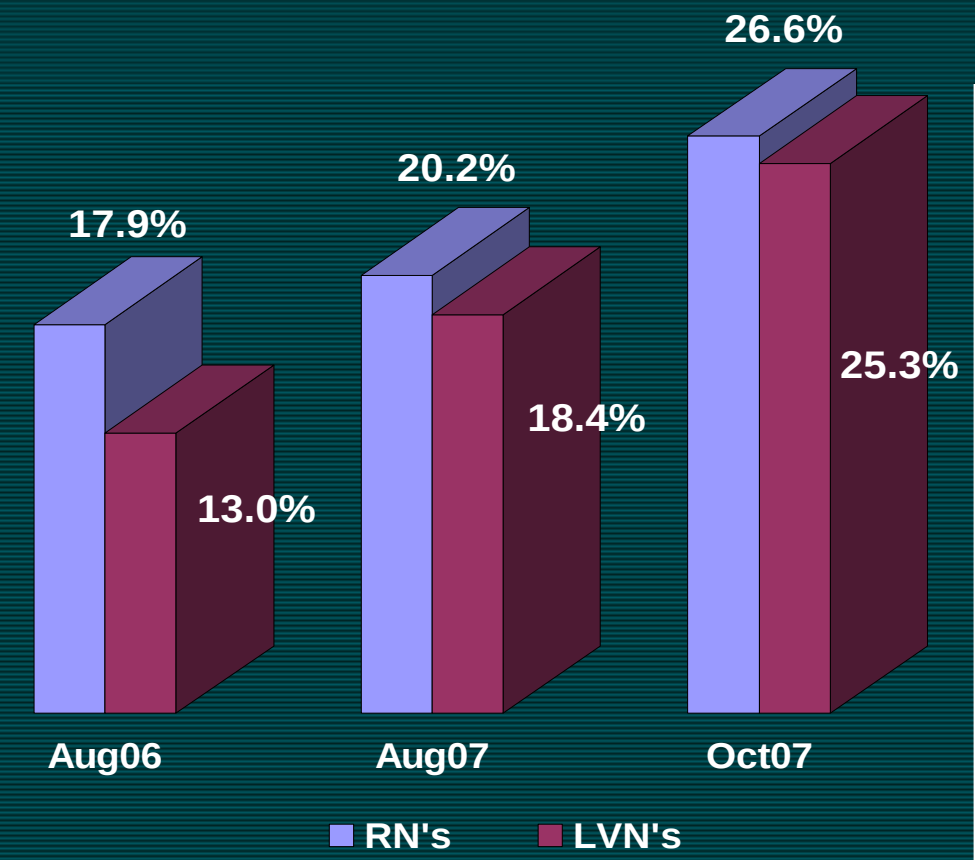


UTMB Nursing Vacancies



TTUHSC Nursing Vacancy

Filled	Aug06	Aug07	Oct07
RN's	162.35	158.04	144.98
LVN's	331.63	315.06	290.01
Vacant	**Aug06**	**Aug07**	**Oct07**
RN's	35.49	39.98	52.57
LVN's	49.34	70.94	98.44
Total Filled & Vacant	**Aug06**	**Aug07**	**Oct07**
RN's	197.84	198.02	197.55
LVN's	380.97	386.00	388.45
% of Vacancies	**Aug06**	**Aug07**	**Oct07**
RN's	17.9%	20.2%	26.6%
LVN's	13.0%	18.4%	25.3%



- Vacancy Percentage increased steadily during this time period for RN's & LVN's
- Percentage of Vacancies from Aug 06 – Oct 07 = 8% for RN's
- Percentage of Vacancies from Aug 06 – Oct 07 = 12.3% for LVN's

Assessment for Extending Coverage

- Analyze Adding Staff
  - Standard 24 hour operation Staffing
  - Currently being assessed
- Analyze Alternative Coverage Processes
  - Nursing Option
    - Add 3 LVN x < 24 hr. facilities x ($40K)
    - $6.8M UTMB: $12.4M (Agency)
    - $2.2M TTUHSC: $4.1M (Agency)
    - Telemedicine to Nearest 24 hr. facility
  - EMT Option
    - Similar Staffing Expense
    - Operational Difference
    - EMT : Physician : Transport

Questions

Attachment 5

Organ Transplants for Offenders

Law, Ethics, and Economics

William J. Winslade, Ph.D.
E. Bernadette McKinney, J.D., Ph.D.

The Issues

- Legal Duties to Offenders
  - Civil Rights Law
  - New Trend
- Medical Need
  - Aging, Chronically Ill
  - Transplants
  - Death & Dying
- Ethics
  - Professional Responsibility
  - Social Worth
- Correctional Health Budget
  - Pay Now or Pay Later
  - Treatment v. Lawsuits + Treatment

Legal Duties

- Civil Rights Law
  - 8th and 14th Amendments & §1983
  - Estelle v. Gamble Line of Cases
    - Actual Knowledge of a Serious Medical Need
    - Deliberate Indifference
- New Trend
  - Trigo v. TDCJ
  - Barron v. Keohane
  - Clark v. Hendrick

Offender Medical Needs

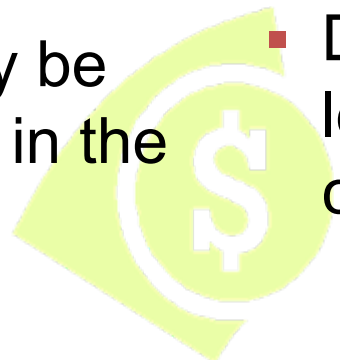
- Aging
- Poor Health
  - Infectious Diseases
  - Chronic Illnesses
    - HCV: TDCJ = est. 29% (10-20 x general population)
    - Organ damage due to substance abuse
    - HIV =5x general population
    - Kidney damage due to diabetes, hypertension, heart disease
- Need for Transplants
  - Kidneys (>60 Receive Dialysis)
  - Livers
  - Other Organs (need unknown)
- Eligibility for Transplants
  - Small number eligible
  - Many ineligible:
    - co-morbidities
    - inability to comply with treatment requirements
  - If listed, may not receive organ.

Ethics

- Professional Responsibility
- Social Worth
  - Slippery Slope
  - Outcry about God Squads
- The UNOS ethics statement
- Deserved Illness?
- Diminished Autonomy
  - Wards of State
  - No Other Access
- Basis of Deliberate Indifference Standard

Budget

- Pay Now or Pay Later
  - Many offenders cycle through system
  - Health care costs for age 50-55 at least 3x offenders <50;
    aging population
  - Kidney transplant may be less $$$ than dialysis in the long-run
  - Hepatitis C = most common reason for liver transplant
  - Costs to Treat
    HCV, Mental Illness, Drug Abuse v. Cost of Transplant
  - Costs of end-of-life care:
    ICU v. Hospice or Alternative
  - Defending lawsuits =$$$;
    losing them is even more costly.



Conclusions

- Law & Ethics 👍 Transplants
- Costs Need Further Study
- Need Policies
  - Transplant
    - Offenders Should be Eligible
    - At Public Expense
    - Limited by Circumstances
  - When No Transplant
    - Advance Directives
    - Hospice
    - Release Strategies