



**CORRECTIONAL MANAGED HEALTH CARE
COMMITTEE
AGENDA**

December 9, 2008

9:00 a.m.

Love Field Main Terminal
Multi-Purpose Conference Room
8008 Cedar Springs Road
Dallas, Texas

CORRECTIONAL MANAGED HEALTH CARE COMMITTEE

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Love Field Main Terminal Multi-Purpose Conference Room
8008 Cedar Springs Road
Dallas, Texas

- I. Call to Order
- II. Recognitions and Introductions
- III. Approval Excused Absence
- IV. Consent Items
 1. Approval of Minutes, June 10, 2008
 2. TDCJ Health Services Monitoring Reports
 - Operational Review Summary Data
 - Grievance and Patient Liaison Statistics
 - Preventive Medicine Statistics
 - Utilization Review Monitoring
 - Capital Assets Monitoring
 - Accreditation Activity Summary
 - Active Biomedical Research Project Listing
 - Administrative Segregation Mental Health Monitoring
 3. University Medical Director's Report
 - The University of Texas Medical Branch
 - Texas Tech University Health Sciences Center
 4. Summary of CMHCC Joint Committee / Work Group Activities
- V. Executive Director's FY 2008 Fourth Quarter Report
- VI. CMHCC Performance and Financial Status Report
- VII. Audit Report: TTUHSC Pharmaceutical Pilot Study at Allred Unit

EACH ITEM ABOVE INCLUDES DISCUSSION AND ACTION AS NECESSARY

VIII. Summary of Critical Correctional Health Care Personnel Vacancies

1. The University of Texas Medical Branch
 - Dental Augmentation Salary Plan
2. Texas Tech University Health Sciences Center
3. Texas Department of Criminal Justice

IX. Medical Director's Updates

1. Texas Department of Criminal Justice
 - Health Services Division FY 2008 Fourth Quarter Report
2. Texas Tech University Health Sciences Center
 - Hurricane Ike Impact on West Texas CMC
3. The University of Texas Medical Branch
 - Post Hurricane Recovery Progress Update
 - Physician Satisfaction Survey

X. Mental Health Update: Suicide Prevention Efforts, Planning and Recommendation

XI. Texas Correctional Office on Offenders for Medical or Mental Impairments (TCOOMMI) Update on Medically Recommended Intensive Supervision (MRIS) FY 2008 Annual Report

XII. Presentation from Joint Work Group Committee: Joint Nursing Review Committee

XIII. Financial Reports

1. FY 2008 Fourth Quarter Financial Report
2. Financial Monitoring Update

XIV. Public Comment

XV. Date / Location of Next CMHCC Meeting

XVI. Adjourn

MINUTES

**CORRECTIONAL MANAGED HEALTH CARE COMMITTEE
September 30, 2008**

Chairperson: James D. Griffin, M.D.

CMHCC Members Present: Ben G. Raimer, M.D.

CMHCC Members Participating by Telephone Conference: Elmo Cavin, Bryan Collier, Jeannie Frazier, Cynthia Jumper, M.D., Lannette Linthicum, M.D.

CMHCC Members Absent: Larry Revill, Desmar Walkes, M.D.

Partner Agency Staff Present: Owen Murray, D. O., John Allen, Lauren Neumann, The University of Texas Medical Branch; Michael Kelley, M.D., Dee Wilson, Texas Department of Criminal Justice; Allen Hightower, David McNutt, Lynn Webb, Tati Buentello, CMHCC Staff.

Partner Agency Staff Participating by Telephone Conference: Denise DeShields, M.D., Larry Elkins, Texas Tech University Health Sciences Center; Nathaniel Quarterman, Ron Steffa, George Crippen, Cathy Martniez, Robert Williams, M.D., Texas Department of Criminal Justice; Oliver Bell, David Nelson, Texas Board of Criminal Justice

Others Participating by Telephone Conference: Kyle Mitchell, Office of the Governor

Others Present: Rob Rios, Public Affairs Firm

Location: 8610 Shoal Creek Boulevard, Executive Conference Room, Austin, Texas / Telephone Conference

Agenda Topic / Presenter	Presentation	Discussion	Action
I. Call to Order - James D. Griffin, M.D.	<p>Dr. Griffin called the CMHCC meeting to order at 3:00 p.m. and noted that the meeting was being held by teleconference pursuant to authority found in Section 501.139(b) of the Texas Government Code. Public access to the meeting was made available at 8610 Shoal Creek Boulevard, Executive Conference Room, Austin, Texas.</p> <p>Dr. Griffin next asked the CMHCC staff to take a roll call to note on record that a quorum was present. All members were in attendance in person or by teleconference except for Desmar Walkes, M.D. and Mr. Larry Revill.</p> <p>Dr. Griffin then noted that a quorum was present and the meeting would be conducted in accordance with Chapter 551 of the Texas Government Code, the Open Meetings Act..</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p data-bbox="100 253 338 310">II. Recognitions and Introductions</p>	<p data-bbox="464 253 1134 402">Dr. Griffin requested that because the meeting was being held by teleconference, that each person identify themselves for the record then asked that they also identify themselves prior to making any comments or asking any questions during the meeting.</p> <p data-bbox="464 438 1134 708">Dr. Griffin on behalf of the committee next introduced and welcomed Mr. David Nelson, Chairman of the Texas Board of Criminal Justice (TBCJ) Health Care Committee who was participating by teleconference. Dr. Griffin further stated that Mr. Nelson was appointed to the TBCJ in April of 2008 and is an attorney in the law firm of Nelson & Nelson. Mr. Nelson is a graduate of Texas Tech University and Texas Tech University School of Law and thanked him for joining the teleconference meeting.</p> <p data-bbox="464 743 1134 1133">Dr. Griffin then introduced and welcomed Mr. Oliver Bell, Chairman, TBCJ who also joined in on the teleconference. Dr. Griffin noted that Mr. Bell was named Chairman of TBCJ on April 2008 and has served on the board since 2004. Mr. Bell also served as Vice-Chairman, Board Secretary and as a member of the Education, Human Resources, Victim Services, Business and Financial Operations and the Health Care Committees. Mr. Bell is the CEO of the Austin based Oliver J. Bell & Associates, a human resources labor relations and diversity consulting firm. Dr. Griffin further noted that Mr. Bell is a former army officer and graduate of the US Military Academy at West Point then thanked him for joining in on the teleconference meeting.</p>		
<p data-bbox="100 1170 405 1227">III. Approval of Excused Absence</p> <p data-bbox="163 1260 426 1284">- James Griffin, M.D.</p>	<p data-bbox="464 1170 1134 1284">Dr. Griffin next noted that Mr. Larry Revill and Dr. Desmar Walkes were absent from the June 10, 2008 CMHCC meeting due to scheduling conflicts, then stated that he would entertain a motion to excuse their absence.</p>		<p data-bbox="1608 1170 2007 1468">Ms. Jeannie Frazier moved to approve Mr. Larry Revill and Dr. Desmar Walkes absence from the June 10, 2008 CMHCC meeting. Dr. Ben Raimer seconded the motion. Motion passed by unanimous vote. Dr. Griffin then asked each member to voice their approval to the motion. Motion passed by unanimous vote.</p>

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<p>- Hepatitis Policy Update (Cont.)</p>	<p>proposed CT scan machines to determine whether the electrical and cooling services would need any modification at the unit location where this will be performed.</p> <p>Dr. Kelley next reported that the Hepatitis C clinical pathway was developed and approved by the Pharmacy and Therapeutics (P & T) Committee and this was distributed to the unit providers after the July meeting. The Hepatitis B pathway will be presented at the next P & T Committee meeting.</p> <p>Dr. Kelley stated that the fiscal impact of the new policy has been minimal. Texas Tech sector performed one liver biopsy since May and the cost of the additional laboratory studies required by the policy were up \$25,000 over the quarter from May to mid-August. UTMB was not able to provide a breakdown on the increase in laboratory cost but they performed 61 liver biopsies since the policy was approved. This is a 30% increase over the rate of liver biopsies performed prior to the policy being approved. Dr. Kelley also stated that UTMB reported 31 offenders refusals which is a higher number than what was used in the cost projection back in March.</p> <p>Dr. Kelley next noted that the Hepatitis C Drug Utilization graph provided on page 122 of the agenda packet has not changed since the policy has been in affect. This is due to the short time frame in reporting this data but Dr. Kelley stated that more of a financial impact will be seen in the future.</p> <p>Dr. Kelley then gave a brief summary of the proposed changes to the Hepatitis Policy as listed in the handout that was provided to staff prior to the meeting he referred to at the start of his report. (Attachment 1). He concluded by noting that the only difference between the proposed policy changes listed on page 123 of the agenda packet and the revised handout is the recommendation to delete Procedure IV.C which was inadvertently left off. This procedure duplicates the screening required in procedure IV.F.</p>	<p>Dr. Raimer asked what the proposed method would be in tracking how many patients are referred for biopsy or for transplants or any other items as it relates to this?</p> <p>Dr. Kelley responded that some of the data can be captured from laboratory work expenditure reports. For the UTMB side he can get the number of liver biopsies and referrals for consideration for treatment from Dr. David Parr’s clinic where these</p>	

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<p data-bbox="94 284 436 342">- Updates to Hepatitis Policy (Cont.)</p> <p data-bbox="94 1047 424 1133">VI. Overview of Legislative Appropriations Request (LAR)</p> <p data-bbox="94 1170 331 1224">- LAR Process: Allen Hightower</p>	<p data-bbox="464 924 1062 1013">Hearing no further comments, Dr. Griffin stated that he would entertain a motion on the proposed eight policy changes listed on the handout provided by Dr. Kelley.</p> <p data-bbox="464 1047 1062 1105">Dr. Griffin next called on Mr. Hightower to provide the Overview of the Legislative Appropriations Request.</p> <p data-bbox="464 1140 1062 1229">Mr. Hightower stated that he would provide the overview of the LAR process and a brief update on the CMHCC activities since the last meeting.</p> <p data-bbox="464 1263 1062 1382">Mr. Hightower then reported that the committee staff have been attending and providing CMHCC updates at the Texas Board of Criminal Justice meetings as required by the Legislature.</p> <p data-bbox="464 1416 1062 1468">He then noted that the committee staff was asked to be available at the Joint Committee of the House</p>	<p data-bbox="1085 284 1659 373">cases are referred to. Dr. Kelley added that the most complete way of capturing the referrals is through the utilization review process.</p> <p data-bbox="1085 407 1659 466">Dr. Raimer than asked how the patients with Hepatitis C would be tracked?</p> <p data-bbox="1085 500 1659 678">Dr. Linthicum responded by possibly utilizing the encounter system currently being used. She further clarified that a special designator can be used as a system-wide indicator for Hepatitis C patients as a type of encounter then they can specifically look for referrals for liver biopsies on the EMR.</p> <p data-bbox="1085 712 1659 862">Dr. DeShields added that after her discussion with Dr. Kelley, Texas Tech was able to obtain additional GI specialty resources and are looking at the availability of the utilities required to perform liver biopsies at the Montford facility.</p>	<p data-bbox="1682 896 2011 1195">Dr. Raimer moved that the eight changes to the Hepatitis Policy be approved as presented by Dr. Mike Kelley. Dr. Linthicum seconded the motion. Dr. Griffin then asked each committee member to voice their vote. The motion passed by unanimous vote.</p>

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<p>- LAR Update (Cont.)</p>	<p>For the psychiatric side under strategy C.1.7, the appropriation amount for Marlin Hospital is at \$4.8M and the total CMHC budget estimated expenditure at that time was \$875.9M.</p> <p>Mr. McNutt further reported that on page 95 is the exception item request which totals \$181.1M for FY 2010-11 biennium with the breakdown being \$162.3M for health care (strategy C.1.8) and \$18.8M for psychiatric care (strategy C.1.7).</p> <p>The largest component of the correctional health care exception request is \$56.8M in estimated funding to bring the base level of funding to the level of expense actually being incurred for the delivery of service for the FY 2010-11 biennium. CMHCC will be requesting a Supplemental Appropriation estimated to be \$34.8M to address a shortfall in FY 2008-09 funding and the request would extend that level of funding into the next biennium. This funding is critical to maintaining operations and delivery of services required by minimum standards. Significant healthcare professional shortages are impacting the ability of the correctional health care program to provide adequate staffing for TDCJ health care facilities.</p> <p>Mr. McNutt further noted that approximately \$46.3M is requested to recruit and retain staff and to cover pharmacy and medical supply increases. Hospital and specialty care costs are estimated to increase about \$29.4M over the biennium.</p> <p>Additionally, Mr. McNutt stated that the correctional health care program is facing critical capital equipment needs for x-ray imaging equipment, dialysis and dental chairs and other such equipment for a total of \$5.7M is being requested for that purpose. Approximately \$4.4M is requested for biopsies of offenders with Hepatitis C.</p> <p>Mr. McNutt added that all of these costs are driven by an aging prison population requiring a more extensive health care services, rising costs of health care related services, national and regional health care professional shortages and the evolving standards of care.</p>		

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<p>- Update on LAR (Cont.)</p>	<p>Mr. McNutt further reported that this includes funding for essential positions needed to provide health care services as determined by TDCJ staffing analysis for each correctional facility as directed by TDCJ Rider 87. This would be the first step of the phase-in of the study results and is estimated to cost \$35.2M. He also noted that new initiatives at a cost of \$3.2M will provide for additional staff, work space, equipment to enhance the dietary performance improvement, TB and Hepatitis immunization and training programs.</p> <p>Mr. McNutt then noted that a separate handout (Attachment 2) was provided prior to the meeting that replaces what is page 96 in the agenda packet. The psychiatric baseline for FY2010 of \$47.9M had to be changed back to the same appropriations amount that they had in FY 2008 which was \$43.9M.</p> <p>Mr. McNutt stated that if the CMHCC was to receive the appropriations that is currently in the TDCJ's LAR, the total would come to \$1,023,238,109 for the FY 2010-2011 biennium.</p> <p>Mr. McNutt concluded by stating that for the exception list, this would approximately be \$39.1M for Texas Tech and \$142M for UTMB. The supplemental list would be \$1.5M for Texas Tech and \$33.2M for UTMB and this being as TTUHSC serves about 20% of the offender population and UTMB serves the remaining 80%.</p> <p>Hearing no further questions or comments, Dr. Griffin thanked both Mr. Hightower and Mr. McNutt for the update on the LAR.</p> <p>Dr. Griffin then called on Dr. Lannette Linthicum to provide the TDCJ Medical Director's Report.</p>	<p>Ms. Frazier asked if the amount of LAR that was reported by Mr. McNutt be approved as it is?</p> <p>Mr. McNutt responded that he hoped the amount would somewhat resemble what he had just reported after going through the LAR process.</p>	

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<p>VII. Medical Director's Report (TDCJ)</p> <p>Lannette Linthicum, M. D.</p> <ul style="list-style-type: none"> - Office of Professional Standards - Grievances and Patient Liaison Correspondences. - Quality Improvement (QI) Access to Care - Capital Assets Monitoring - Office of Preventive Medicine 	<p>Dr. Linthicum stated that the TDCJ Medical Director's Report is provided at Tab G and begins on page 111 of the agenda packet.</p> <p>During the third quarter of FY 2008, Dr. Linthicum reported that eight facilities were audited. She then highlighted some of the audits which are listed on pages 112-114 of the agenda packet. Dr. Linthicum noted that corrective actions for most have been received and pending approval by staff.</p> <p>Dr. Linthicum next reported that the Patient Liaison Program and the Step II Grievance Program received a total of 2,895 correspondences and of those total number, 213 or 7.4% action requests were generated.</p> <p>The Quality Improvement / Quality Monitoring staff performed 62 access to care audits this quarter. Dr. Linthicum further reported that 558 indicators were reviewed and 29 indicators fell below the 80% threshold.</p> <p>The Capital Assets Contract Monitoring Office audited seven units and those audits are conducted to determine compliance with the Health Services Policy and State Property Accounting Inventory procedures.</p> <p>Dr. Linthicum then reported that the Office of Preventive Medicine monitors the incidence of infectious diseases for TDCJ. For this third quarter, there were 157 reports of suspected Syphilis compared with 171 in the previous quarter; 860 Methicillin-Resistant Staphylococcus cases were reported compared to 828 during the same quarter of FY 2007. There was an average of 18 Tuberculosis cases under management per month during this quarter compared to 14 per month during the same quarter of the previous fiscal year.</p>		

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- Office of Preventive Medicine (Cont.)	<p>Dr. Linthicum noted again 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. She then reported that five training sessions have been held attended by seven units so far this year with 65 medical staff receiving training. This position also audits the documentation and services provided by medical personnel for each sexual assault reported.</p>		
- Mortality and Morbidity	<p>The Mortality and Morbidity Committee reviewed 124 deaths. Of those 124 deaths, 19 were referred to peer review committees and those breakdowns are found on page 116 of the agenda packet.</p>		
- Mental Health Services Monitoring	<p>The Mental Health Services Monitoring and Liaison made 96 contacts with County Jails and identified 211 offenders with immediate mental health needs prior to TDCJ intake.</p> <p>Dr. Linthicum added that the MHMR history was reviewed for 20,444 offenders brought into TDCJ-ID/SJ through the intake process. She further noted that 307 offenders with high risk factors (very young or old or have long sentences) transferred into TDCJ-ID were interviewed which resulted in 21 referrals.</p> <p>The master's level psychiatrist visited 18 Administrative Segregation facilities and observed 3,996 offenders, interviewed 1,952 offenders and referred six for further evaluations.</p>		
- Health Services Liaison Utilization Review	<p>During the third quarter FY 2008, a total of 101 hospital discharges and 52 inpatient facility discharge audits were conducted. Dr. Linthicum stated that the summary of the audits are available in the charts provided at page 117 of the agenda packet.</p>		
- Accreditation	<p>A total of ten units were presented to the panel of commissioners and six of them for initial accreditation. Dr. Linthicum reported that the agency currently has a total of 81 accredited units.</p>		

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<ul style="list-style-type: none"> - Research, Evaluation and Development (RED) Group - Medical Directors Report - Denise DeShields, M.D. (TTUHSC) 	<p>Dr. Linthicum concluded her report by stating that the summary of current and pending research projects as reported by the RED Group is provided in the consent items on pages 50-56 of the agenda packet.</p> <p>Dr. Griffin thanked Dr. Linthicum for the report then called on Dr. DeShields to provide the TTUHSC Medical Director's Report.</p> <p>Dr. DeShields noted that the TTUHSC Medical Director's Report is provided on pages 63-65 of the agenda packet.</p> <p>She reported that the population for the third quarter of FY 2008 remained consistent and there were no significant changes in the encounters by type for this quarter compared to the second quarter.</p> <p>Dr. DeShields next reported that after nearly a three year search for a Medical Director for PAMIO, the position was filled by Dr. Anita DeAnda who is a Board Certified Psychiatrist who most recently was employed by Texas Tech in the Outpatient Psychiatric Services for Student Health. Dr. DeAnda is also experienced in geriatric psychiatry and has served as a forensic consultant and will start October 24th in this new position. Dr. DeShields then clarified that the PAMIO program is the 404-bed program for the aggressively mentally ill offenders located in Amarillo.</p> <p>Dr. DeShields concluded by stating that TTUHSC continues to look at various incentive methods and enhanced advertisement methods in order to recruit and retain staff in West Texas.</p> <p>Dr. Griffin asked if there were any comments or questions and hearing none, thanked Dr. DeShields for the update.</p>		

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<p data-bbox="100 191 411 250">- Medical Directors Report (UTMB) Cont.</p> <p data-bbox="142 282 394 308">- Owen Murray, D. O.</p>	<p data-bbox="443 191 1129 250">Dr. Griffin then called on Dr. Owen Murray to provide the UTMB Medical Director’s Report.</p> <p data-bbox="443 282 1129 370">Dr. Murray stated that he was asked to update the committee on the recovery phase after Hurricane Ike hit the island of Galveston in mid-September.</p> <p data-bbox="443 406 1129 584">Dr. Murray reported that the hospital and the UTMB campus have slowly made improvements on their daily operational needs with the basics such as electricity, water, sewage coming back on-line. Currently, they are committed to a 60-day timeline to have some beds open at the John Sealy Hospital and the TDCJ Hospital.</p> <p data-bbox="443 620 1129 922">The pharmacy building, the food processing department along with the sterile processing and blood banks have been completely destroyed and these are some of the essential functions that Dr. Murray noted would need to be back in operation before any type of clinical work can be done. He further noted that once a hospital is shut down for 30-days especially under these circumstances, the Joint Standards Commission will come in to be sure that all of the patient safety standards in their credentialing process are up and operational before any patient care can be given.</p> <p data-bbox="443 958 1129 1195">He further reported that from a facility based standpoint, they are almost back to normal. The IT infrastructure took some significant damage but has come back on-line. The EMR / Pharmacy Replacement System, telemedicine is up and operational with limitation in terms of speed as they are temporarily set-up out of Ft. Worth. Staff have all been accounted for and are being officed at temporary locations with some working out of their homes.</p> <p data-bbox="443 1230 1129 1442">Offsite care of offender patients have burdened TDCJ with security issues and UTMB from a health care standpoint. There are 60 patients in local hospitals at about 29 different facilities. In addition, 33 patients are placed in Tyler and of those 17 are infirmary and long term acute care patients and with the other 16 being true hospital patients. Dr. Murray noted that UT-Tyler has been an outstanding partner for taking patients in on</p>		

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<p>- Medical Directors Report (UTMB) Cont.</p>	<p>short notice much like they did during Hurricane Rita. He further stated that they will begin to use UT-Tyler much like Hospital Galveston was used. Patients currently housed at the local hospitals will be moved to UT-Tyler when clinically appropriate for the transfer. Dr. Murray then stated that Mainland Hospital in Texas City, Huntsville Memorial Hospital and Conroe Regional would also be willing to participate as a partner in accepting offender patients and providing their health care needs.</p> <p>Dr. Murray further reported that UTMB's radiation and oncology department was also destroyed and will not be operational for at least 6 – 12 months. Huntsville Memorial Hospital and the Sam Houston Cancer Center located in Huntsville stated that they would be glad to take in those patients. He stated that Dr. Linthicum and staff from both UTMB and TDCJ toured the facility, spoke with the physicians and the health care provider stated they would be willing to go to the Estelle and Goree units to see the patients as opposed to TDCJ transporting the patients to the clinic. Dr. Murray also hopes to partner with them to provide nursing care that can deliver chemotherapy in the prison environment. Offenders will have to be transported to the clinic for radiology therapy as it can not be duplicated in the prison setting.</p> <p>Dr. Murray concluded by again stating that UTMB had sustained extensive damage but they are committed to the 60-day turn around time in terms of getting some of the beds up and ready for occupancy but that it will be a phased-in approach based on the availability of both staff and clinical services.</p>	<p>Dr. Linthicum added that this event has been catastrophic to the health care system as TDCJ lost their tertiary referral center for emergency care, acute hospitalization and specialty care. She further noted that TDCJ had anywhere between 250-300 clinical appointments a day at Galveston to include diagnostic services and colonoscopy.</p> <p>Dr. Linthicum stated that she also wanted to take this opportunity to thank Mr. Nathaniel Quarterman, Director, TDCJ-CID for his assistance during the evacuation and recovery phase after Hurricane Ike. He and his staff helped turn a unit primarily for sheltered female housing into a coed specialty clinic; helped expand specialty clinics at Estelle RMF; having security personnel available and working closely with the health care providers to ensure continuity of care for the offenders. Dr. Linthicum also thanked Dr. DeShields for her assistance in taking in twenty-</p>	

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<p>- UTMB Medical Director's Update (Cont.)</p>	<p>Hearing no further comments, Dr. Griffin stated that before moving on the next agenda item, he asked if the person or persons who recently joined in on the teleconference meeting to please introduce themselves for the record.</p>	<p>five patients from Galveston who are now being cared for at the Montford Infirmary. Dr. Linthicum commended on how the partner agencies and the local communities have stepped in to work together during this time of crisis.</p> <p>Dr. Griffin on behalf of the committee thanked the partner agencies for their tireless efforts which allowed the health care providers to deliver the constitutional level of care during those trying times.</p> <p>He further asked that in order to present a better picture of the catastrophic damage sustained from Hurricane Ike and the hardship that has been seen, by staff, Dr. Griffin asked that the Medical Directors and the TDCJ partners provide a narrative with the types of information to include the number of patients that UTMB had at the time of evacuation; the level and types of care that these patients needed; where these patients were transferred to; the month by month numbers to show how many are phasing back online; number of telemedicine patients affected due to the electronic systems being down; and the estimated costs associated with this in order for the CMHCC staff to be able to report back to the state leadership before and during the next legislative session.</p> <p>Dr. Linthicum added that she is in the process of working with the IT Department to look at the medical specialty referral screen to get a better idea of the number of appointments at the specialty clinics that are still pending and will include that information together with what he just asked for.</p> <p>Mr. Kyle Mitchell of the Governor's Office stated that he just joined in on the teleconference.</p> <p>Dr. Griffin welcomed Mr. Mitchell and thanked him for joining in on the teleconference meeting.</p>	

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<p>VIII. Financial Updates</p> <p>- Lynn Webb</p>	<p>Dr. Griffin then called on Mr. Lynn Webb to provide the CMHCC Financial Update.</p> <p>Mr. Webb stated that the 3rd Quarter FY 2008 Financial Report is found at Tab K of the agenda packet.</p> <p>The average daily offender population has remained stable at 151,736 through this quarter. The number of offenders in the service population aged 55 or older has continued to rise at a faster rate than the overall population. Mr. Webb reported that through May, the average number of older offenders increased by 585 or 6.0% compared to the same month a year ago. The overall HIV+ population has remained relatively stable at 2,490 this quarter or 1.6% of the population served.</p> <p>Overall health care costs through May of FY 2008 totaled \$353.4M. On a combined basis, Mr. Webb stated that this amount exceeded overall revenues earned by the university providers by approximately \$7.2M or 2.0%. He then reported that UTMB's total revenue through May was \$274.0M and expenditures totaled \$280.8M, resulting in a net loss of \$6.8M. Texas Tech's total revenue through May was \$72.2M; expenditures totaled \$72.5M, resulting in a net loss of \$305K.</p> <p>Mr. Webb then noted of the \$353.4M in expenses reported through May, onsite services comprised \$169.8M or about 48.1% of the total expenses; pharmacy services totaled \$33.9M or about 9.6% of total expenses; offsite services accounted for \$104.7M or 29.6% of total expenses; mental health services totaled \$32.5M or 9.2% of the total costs and indirect support expenses accounted for \$12.5M or 3.5% of the total costs.</p> <p>He then stated that on page 179, Table 5, shows that the total cost per offender per day for all health care services statewide through May 2008 was \$8.50, compared to \$7.70 through the 3rd Quarter of FY 2007. The average cost per offender per day for the last four fiscal years was \$7.56.</p> <p>Mr. Webb further reported that the older offenders access the health care delivery system at a much higher acuity and frequency than younger offenders. Older offenders had a documented encounter with medical staff a little over three times as often as</p>		

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<p>- Financial Update (Cont.)</p>	<p>younger offenders as shown at Table 6 on page 180. He then noted that hospital costs received to date for this fiscal year for older offenders averaged approximately \$1,618 per offender vs. \$265 for younger offenders. While comprising only about 6.7% of the overall service population, Mr. Webb reported that older offenders account for 30.6% of the hospitalization costs received to date. Older offenders also are represented over three times more often in dialysis population than younger offenders. Dialysis costs continue to be significant, averaging about \$22.3K per patient per year. Providing dialysis treatment for an average of 185 patients through the 3rd Quarter of FY 2008 cost \$2.1M.</p> <p>Table 9 on page 183 shows that total drug costs through the 3rd Quarter totaled \$27.9M. Of this, \$13.6M or just under \$1.5M per month was for HIV medication costs which was approximately 48.6% of the total drug cost. Psychiatric drugs costs were approximately \$1.1M or about 4.1% of the overall drug costs. Hepatitis C drug costs were \$1.3M and represented about 4.6% of the total drug cost.</p> <p>Mr. Webb again noted that it is a legislative requirement that both UTMB and Texas Tech report if they hold any monies in reserve for correctional managed health care.</p> <p>UTMB reports that they hold no such reserves and report a total operating shortfall of \$6,783,644 through the end of May. UTMB stated that with the current trends, they expect to have a \$10.5M shortfall for FY 2008 and this projection was used in forecasting budget numbers in the submitted LAR. However, more recently the CMHCC staff received UTMB's FY July 2008 financials which showed a loss of \$12.0M.</p> <p>Texas Tech reports that they hold no such reserves and report a total operating shortfall of \$304, 914 through May, however, TTUHSC is forecasting a breakeven bottom line for FY 2008.</p>		

Agenda / Presenter	Presentation	Discussion	Action
<p data-bbox="92 164 327 220">- Financial Update (Cont.)</p> <p data-bbox="92 805 348 829">IX. Public Comments</p> <p data-bbox="138 865 401 889">James D. Griffin, M.D.</p> <p data-bbox="92 1263 338 1320">X. Date / Location of Next Meeting</p> <p data-bbox="138 1356 415 1380">- James D. Griffin, M.D.</p>	<p data-bbox="487 164 1203 342">A summary analysis of the ending balances revenue and payments through May 2008 for all CMHCC accounts are included in the report on page 184 at Table 10. The summary indicates that the net unencumbered balance on all CMHCC accounts on May 31, 2008 was \$93,712.55 due to the advanced 4th Quarter payment for FY 2008 to UTMB as applied to the 3rd Quarter budget allocation.</p> <p data-bbox="487 378 1203 557">Mr. Webb next noted that the detailed transaction level data from both providers is being tested on a monthly basis to verify reasonableness, accuracy, and compliance with policies and procedures. The testing of detail transaction performed on UTMB and TTUHSC's financial information for April and May, 2008 found no discrepancies.</p> <p data-bbox="487 592 1203 673">Mr. Webb concluded by reporting that all transactions had appropriate documentation sent for verification for both UTMB and TTUHSC.</p> <p data-bbox="487 709 1203 766">Dr. Griffin asked if there were any comments or questions. Hearing none, thanked Mr. Webb for the report.</p> <p data-bbox="487 802 1203 915">Dr. Griffin stated that the next agenda is where the Committee at each regular meeting will provide an opportunity to receive public comments. Dr. Griffin noted that there were no such request at this time.</p> <p data-bbox="487 951 1203 1008">Dr. Griffin then asked if the TBCJ Board Members would like to make any comments at this time.</p> <p data-bbox="487 1263 1203 1344">Dr. Griffin noted that the next CMHCC meeting is scheduled for 9:00 a.m. on December 9, 2008 to be held at the Dallas Love Field Main Terminal Multi-Purpose Conference Room.</p>	<p data-bbox="1228 954 1707 1133">Mr. David Nelson thanked the CMHCC members and staff for their hard work and dedication especially during Hurricane Ike. He further stated that TDCJ will join in to help get the resources that are needed for the offender health care program.</p> <p data-bbox="1228 1169 1707 1250">Dr. Griffin thanked Mr. Nelson for the comments and for joining in on the teleconference meeting.</p>	

Agenda / Presenter	Presentation	Discussion	Action
<p>XIII. Adjournment</p> <p>- James Griffin, M.D.</p>	<p>Dr. Griffin thanked the CMHCC staff for coordinating the teleconference meeting. He further thanked the committee members, medical directors and committee staff for participating either in person or by phone from separate venues.</p> <p>Hearing no further comments or discussions, Dr. Griffin adjourned the meeting at 4:30 p.m.</p>		

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

Date:

ATTACHMENT 1

Revised Version:

Proposed changes to Hepatitis Policy

II.D.3.d. (page 4) – eliminate anti-HBe test from baseline testing. Rationale – test is not used in making a treatment decision.

II.D.5. (page 4) – change criteria for immediately considering a chronic hepatitis B case for treatment. Rationale – simplifies evaluation pathway; treatment at lower HBV-DNA levels (2,000-20,000) should not be based on a single baseline reading.

II.D.6.d (page 5) – remove specifying ultrasound for screening for hepatocellular carcinoma, change screening interval to 6-12 months. Rationale – providers may choose to screen with alfa-fetoprotein or CT scan if ultrasound is not readily available. Longer screening interval is consistent with current guidelines.

IV.B. (page 8) – remove screening endoscopy from baseline testing for advanced liver disease. Rationale – routine screening may divert scarce resources from more acutely ill patients; also, allows provider to use clinical judgment in ordering this test.

IV.C. (page 8) – delete. This duplicates the screening required in IV.F.

IV.D. (page 9) – change process to initiate evaluation for liver transplant from referral to an Extraordinary Care Review Panel to referral to Gastroenterology. Rationale – a specialist is better qualified than a unit physician to determine if pursuing liver transplant is appropriate, and will know how to proceed with the evaluation. The approval process, including appeals, can be handled through the existing utilization review procedure.

IV.F. (page 9) – remove alfa-fetoprotein and screening ultrasound from the required periodic tests, and add requirement to screen for hepatocellular carcinoma every 6-12 months. Rationale – see change to II.D.6.d., above.

IV.G. (page 9) – remove reference to Extraordinary Care Review Panel. Rationale – see change to IV.D., above.

IV.H. (page 10) – change MELD score at which nomination for Medically Recommended Intensive Supervision should be considered to 22, from 30. Rationale – recommendation from Gastroenterology and consistency with CMHC Policy A-8.6.

ATTACHMENT 2

FY 2010 - 2011**Legislative Appropriations Request Summary
Correctional Managed Health Care**

Description	FY 2010	FY 2011	FY 2010-11
C.1.8 Managed Health Care			
Health Care Baseline in LAR	\$ 375,534,714.00	\$ 375,534,713.00	\$ 751,069,427.00
Adjusted to Base to Reflect Current Costs	\$ 26,901,095.00	\$ 26,901,095.00	\$ 53,802,190.00
Market Adjustments to Retain or Hire Staff, Pharmacy or Medical Supplies	\$ 12,282,533.00	\$ 25,293,950.00	\$ 37,576,483.00
Increased Hospital / Speciality Care Costs	\$ 9,529,282.00	\$ 19,909,623.00	\$ 29,438,905.00
Critical Equipment Replacement	\$ 4,324,465.00	\$ 1,413,501.00	\$ 5,737,966.00
Hepatitis Biopsy	\$ 2,211,340.00	\$ 2,211,340.00	\$ 4,422,680.00
Phased-in Implementation of Staffing Study	\$ 13,851,708.00	\$ 14,277,314.00	\$ 28,129,022.00
New Initiatives	\$ 1,620,280.00	\$ 1,620,280.00	\$ 3,240,560.00
Total C.1.8	\$ 446,255,417.00	\$ 467,161,816.00	\$ 913,417,233.00
C.1.7 Psychiatric			
Psychiatric Care Baseline in LAR	\$ 43,094,589.00	\$ 47,938,575.00	\$ 91,033,164.00
Adjusted to Base to Refelct Current Costs	\$ 1,515,600.00	\$ 1,515,600.00	\$ 3,031,200.00
Market Adjustments to Retain or Hire Staff, Pharmacy or Medical Supplies	\$ 3,147,837.00	\$ 5,528,490.00	\$ 8,676,327.00
Phased-in Implementation of Staffing Study	\$ 3,494,480.00	\$ 3,585,705.00	\$ 7,080,185.00
Total C.1.7	\$ 51,252,506.00	\$ 58,568,370.00	\$ 109,820,876.00
Total Correctional Health Care	\$ 497,507,923.00	\$ 525,730,186.00	\$ 1,023,238,109.00

ATTACHMENT 1

Rate of 100% Compliance with Standards by Operational Categories
Fourth Quarter, Fiscal Year 2008
June, July, and August 2008

Unit	Operations/ Administration			General Medical/Nursing			CID			Dental			Mental Health			Fiscal		
	Items with 100% Compliance	<i>n</i>		Items with 100% Compliance	<i>n</i>		Items with 100% Compliance	<i>n</i>		Items with 100% Compliance	<i>n</i>		Items with 100% Compliance	<i>n</i>		Items with 100% Compliance	<i>n</i>	
Clemens Facility	100%	53	53	82%	18	22	88%	29	33	91%	20	22	91%	10	11	100%	11	11
Crain Facility	96%	52	54	69%	20	29	82%	33	40	100%	22	22	73%	8	11	100%	11	11
Crain MROP Facility	N/A	N/A	N/A	45%	5	11	N/A	N/A	N/A									
Ellis Facility	100%	53	53	52%	11	21	77%	24	31	95%	21	22	100%	11	11	100%	11	11
Garza East/West	100%	52	52	57%	12	21	84%	6	43	100%	20	20	42%	5	12	100%	11	11
Hamilton Facility	98%	52	53	67%	14	21	88%	30	34	100%	22	22	100%	8	8	100%	11	11
Hughes Facility	100%	53	53	58%	14	24	70%	28	40	83%	15	18	67%	10	15	100%	11	11
Marlin Facility	98%	49	50	44%	8	18	97%	30	31	50%	9	18	100%	5	5	50%	5	10
McConnell Facility	94%	50	53	48%	10	21	83%	29	35	100%	20	20	74%	11	15	100%	11	11
Ramsey Facility	100%	53	53	43%	9	21	83%	29	35	100%	22	22	91%	10	11	100%	11	11
Shero Facility	88%	44	50	47%	8	17	71%	10	14	69%	13	19	100%	5	5	100%	11	11
Stevenson Facility	100%	53	53	25%	5	20	82%	27	33	80%	16	20	60%	3	5	100%	11	11
Stringfellow Facility	98%	51	52	52%	11	21	94%	33	35	95%	21	22	89%	8	9	100%	11	11

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 = $\frac{\text{number of audited items in each category that were 100\% compliance with the Standard}}{\text{number of items audited}}$.

ATTACHMENT 2

Percent Compliance Rate on Selected Items Requiring Medical Records Review															
Fourth Quarter, Fiscal Year 2008															
June, July, and August 2008															
Unit	Operations/ Administration			General Medical/Nursing			CID/TB			Dental			Mental Health		
		Items in Compliance	<i>n</i>		Items in Compliance	<i>n</i>		Items in Compliance	<i>n</i>		Items in Compliance	<i>n</i>		Items in Compliance	<i>n</i>
Clemens Facility	100%	20	20	90%	152	168	100%	54	54	100%	53	53	98%	87	88
Crain Facility	91%	20	22	80%	340	371	100%	80	80	99%	144	145	97%	139	144
Crain MROP Facility	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	77%	61	79
Ellis Facility	100%	39	39	80%	251	313	93%	56	60	100%	185	185	100%	161	161
Garza East/West	100%	50	50	90%	454	505	98%	92	94	100%	50	50	91%	173	197
Hamilton Facility	86%	12	14	88%	198	224	98%	48	49	100%	130	130	100%	80	80
Hughes Facility	100%	35	35	89%	365	412	96%	52	54	90%	27	30	96%	196	204
Marlin Facility	88%	14	16	80%	79	99	100%	68	68	46%	18	39	100%	23	23
McConnell Facility	100%	25	25	87%	270	309	96%	72	75	100%	45	45	100%	192	192
Ramsey Facility	100%	11	11	91%	289	316	94%	15	16	100%	40	40	99%	132	133
Shero Facility	N/A	N/A	N/A	81%	180	221	72%	18	25	85%	17	20	100%	42	42
Stevenson Facility	100%	13	13	86%	230	268	97%	59	61	93%	28	30	84%	42	50
Stringfellow Facility	50%	5	10	93%	243	261	100%	16	16	100%	30	30	99%	89	90

n = number of records audited for each question.

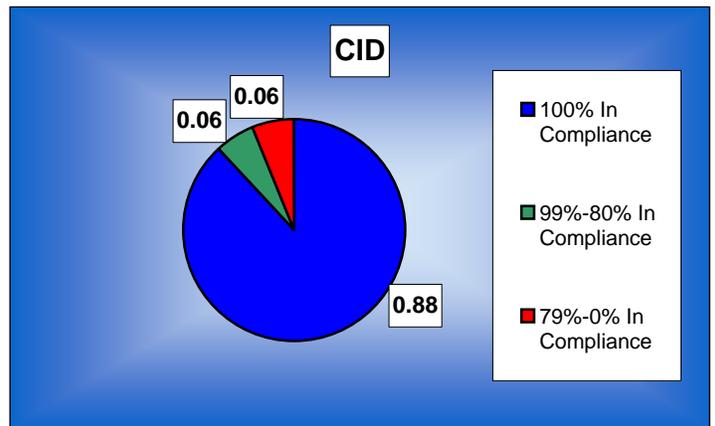
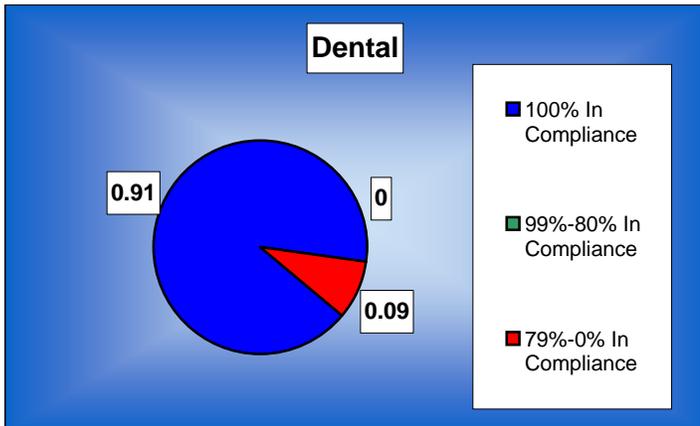
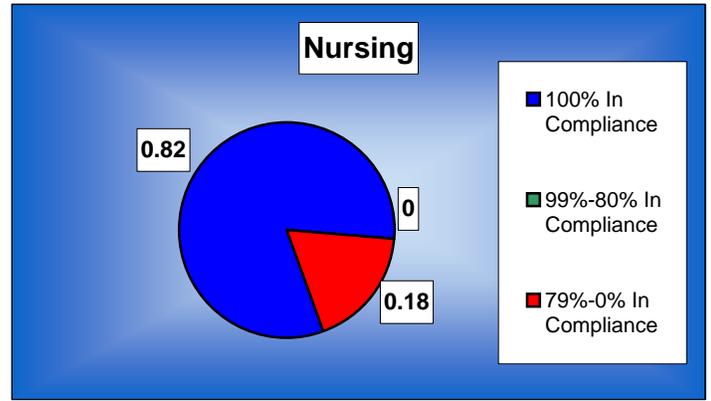
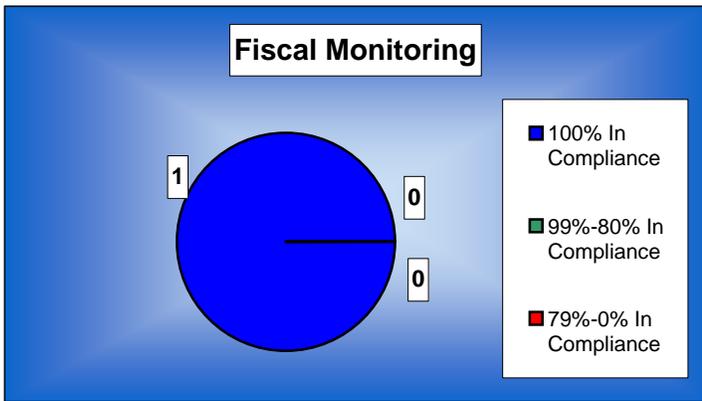
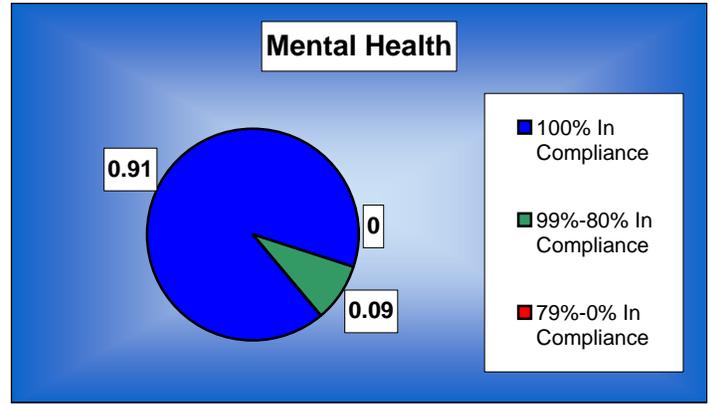
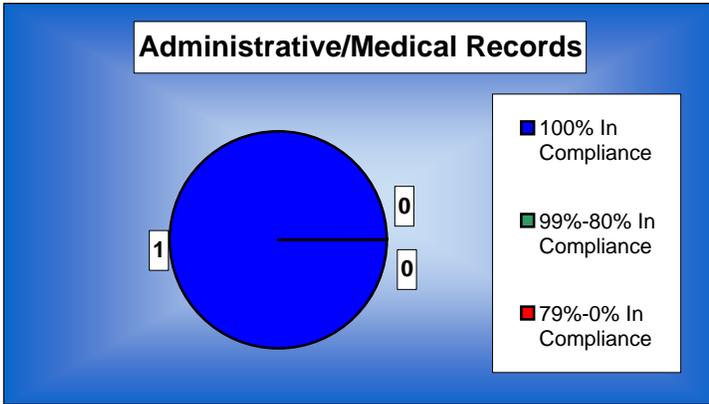
Note: Selected items requiring medical record review are reflected in this table.

The items were chosen to avoid having interdependent items counted more than once.

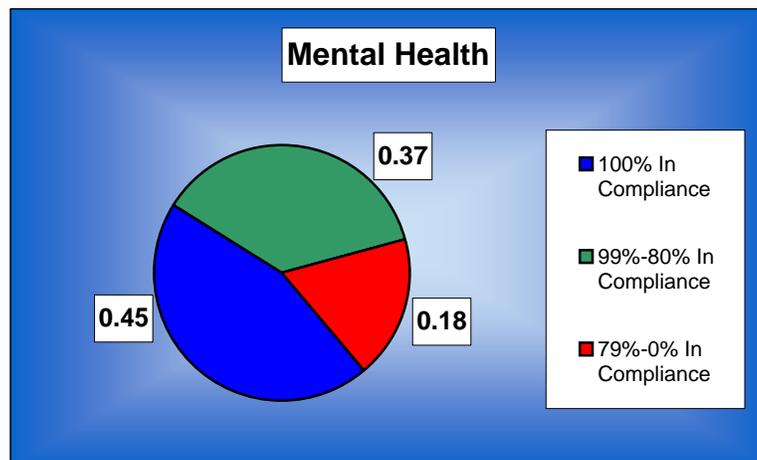
Average Percent Compliance Rate = $\frac{\text{Sum of medical records audited that were in compliance} \times 100}{\text{Number of records audited}}$

*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.

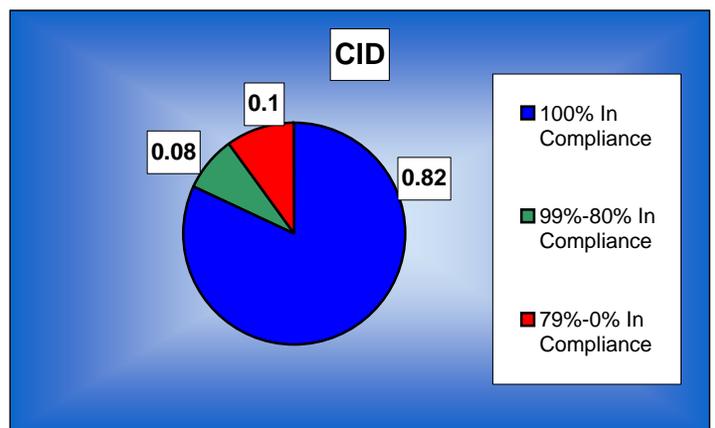
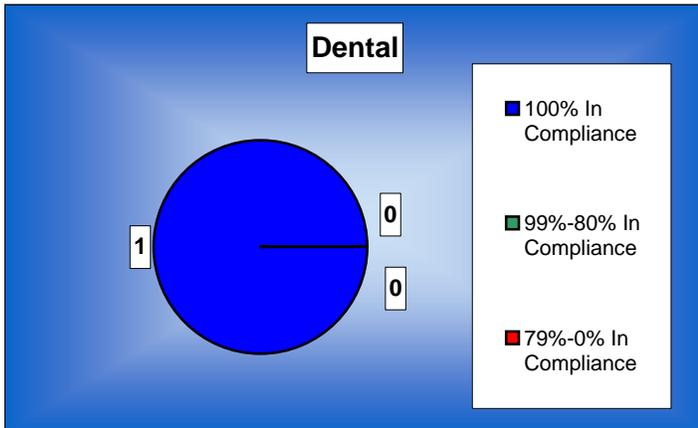
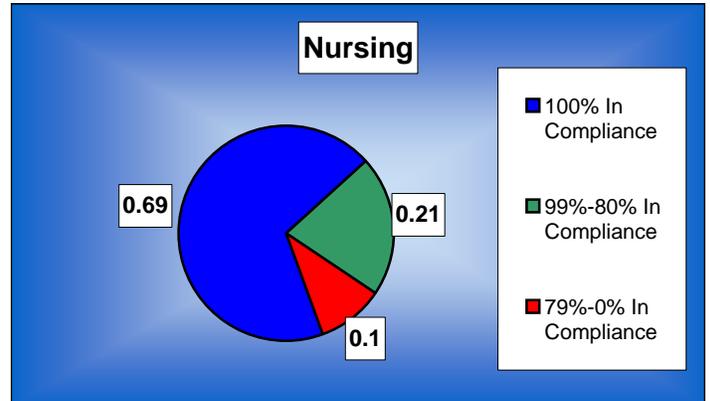
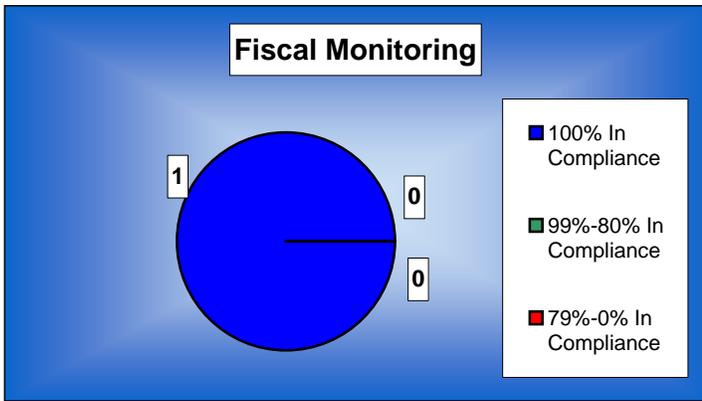
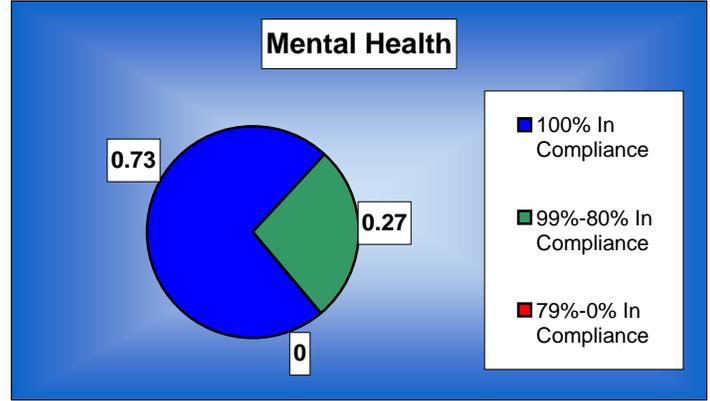
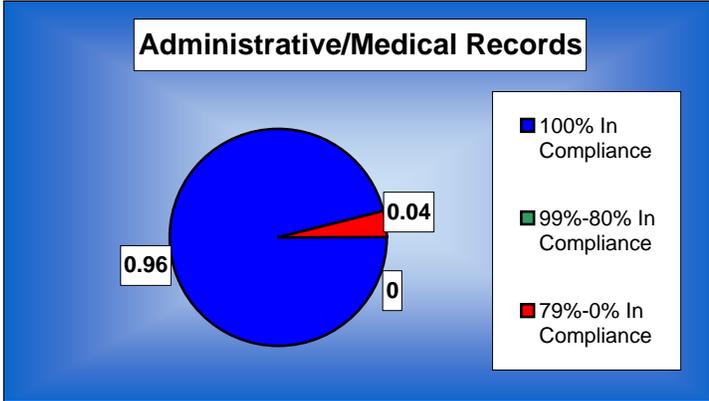
**Quarterly Reports for
Compliance Rate By Operational Categories
Clemens Facility
June 5, 2008**



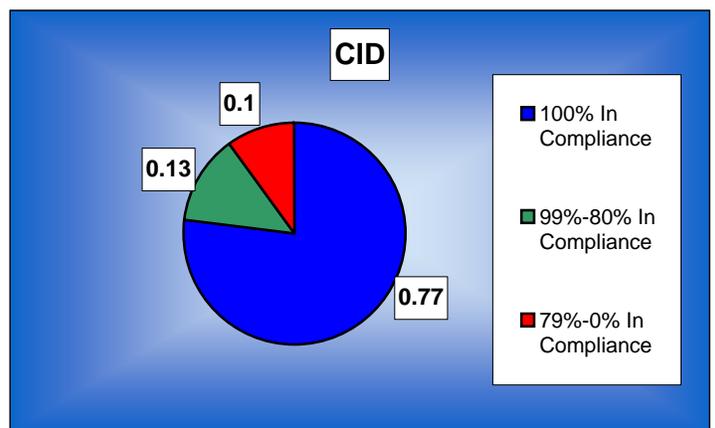
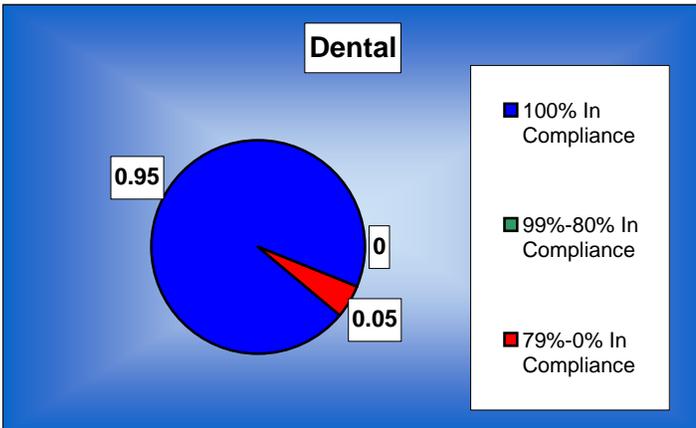
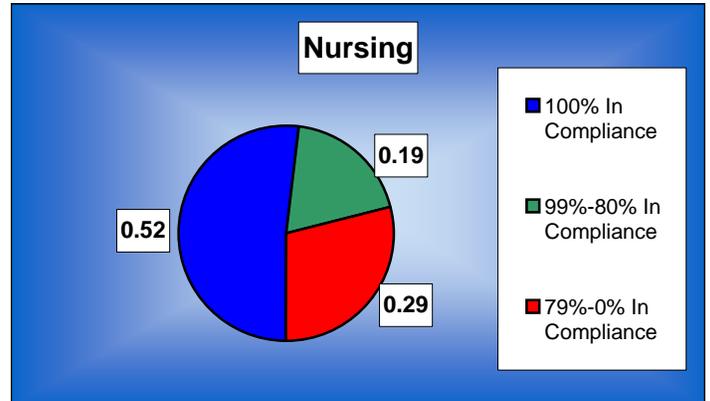
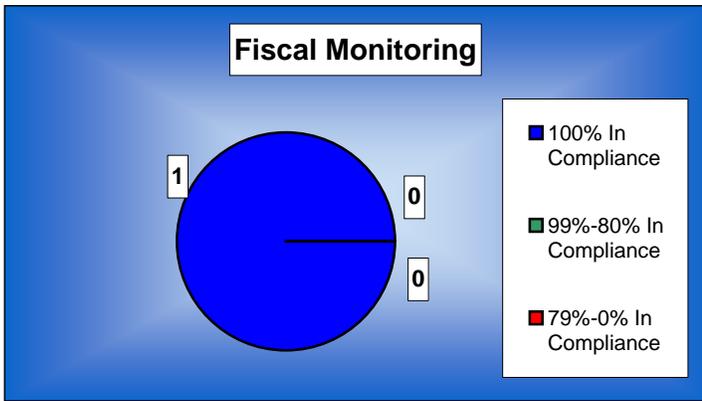
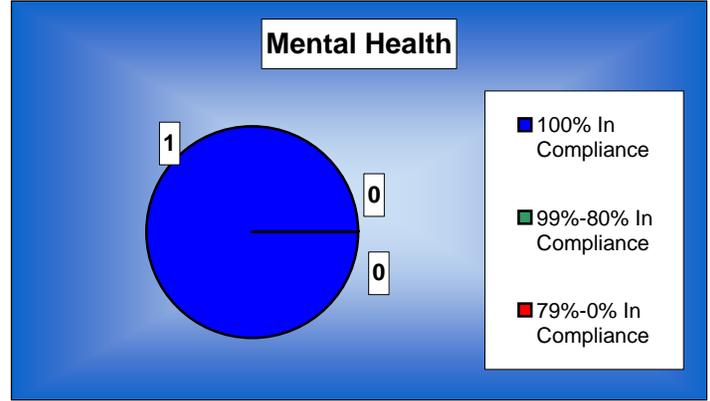
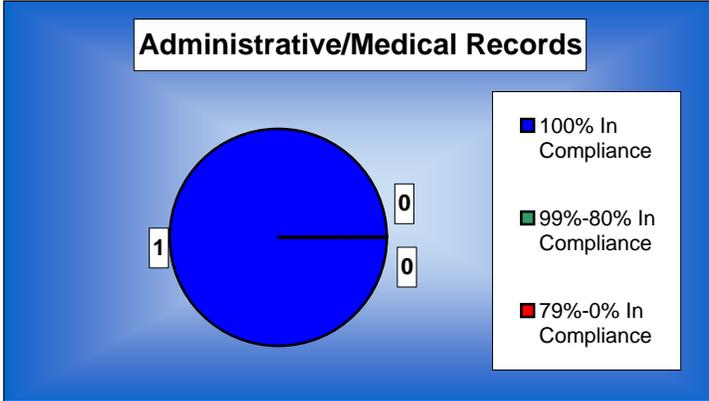
Quarterly Reports for
Compliance Rate By Operational Categories
Crain MROP Facility
July 2, 2008



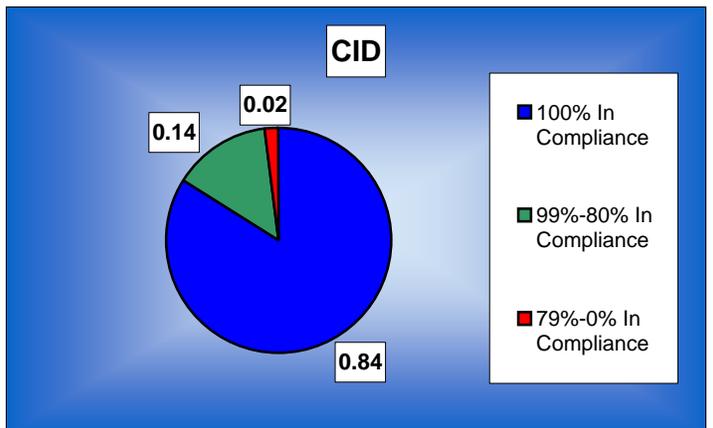
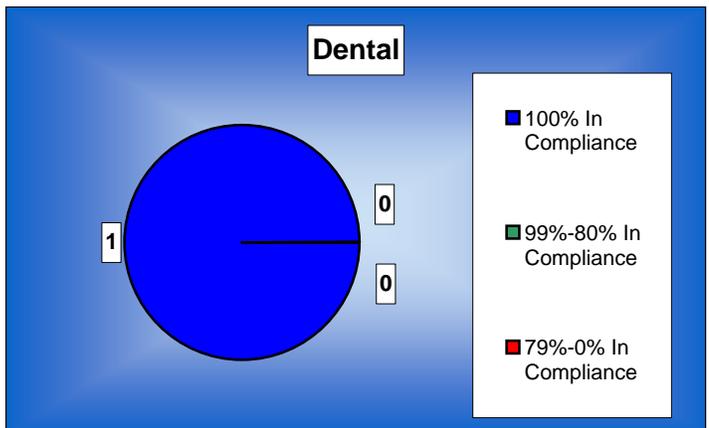
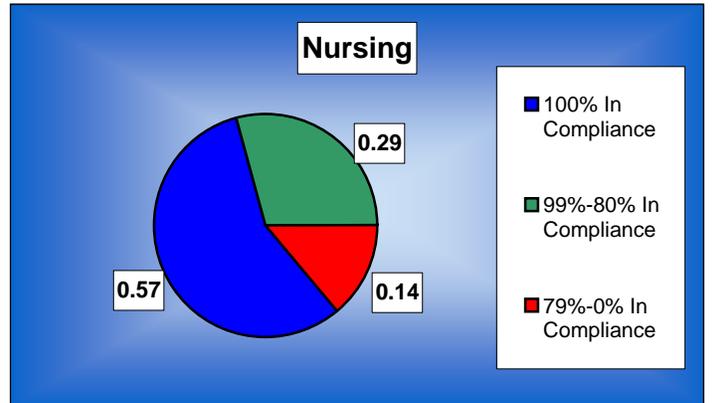
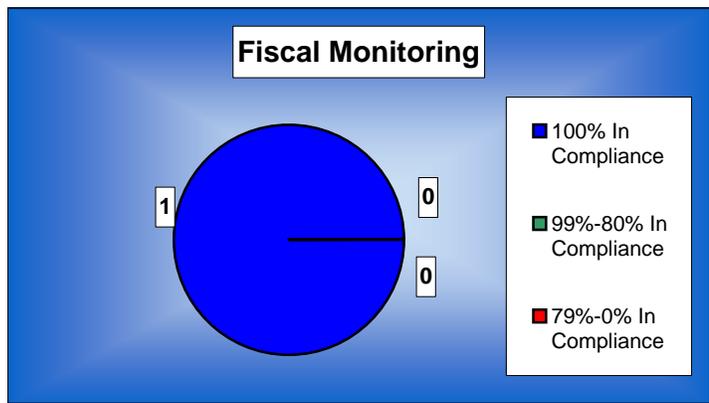
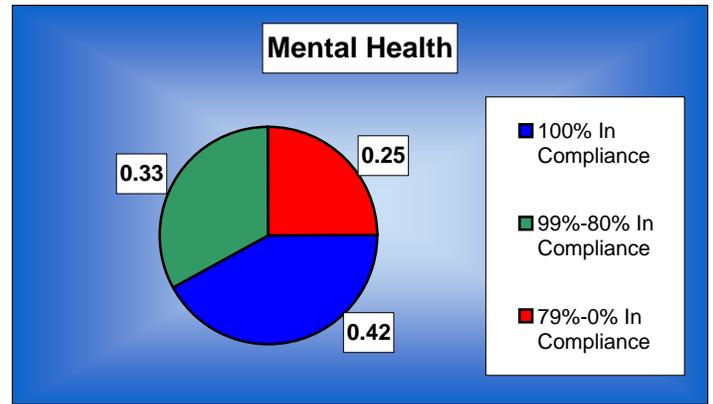
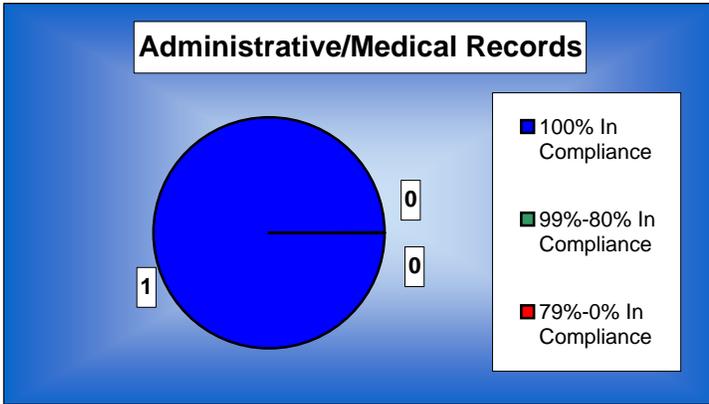
**Quarterly Reports for
Compliance Rate By Operational Categories
Crain Facility
July 1, 2008**



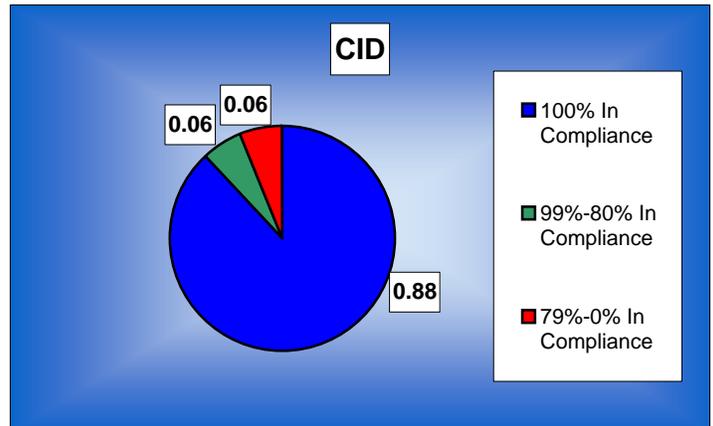
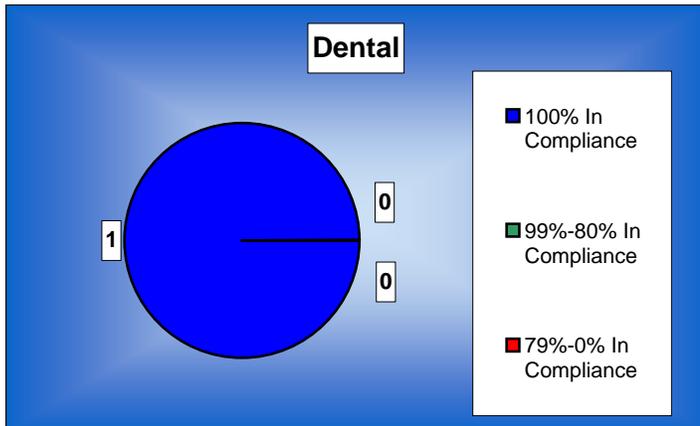
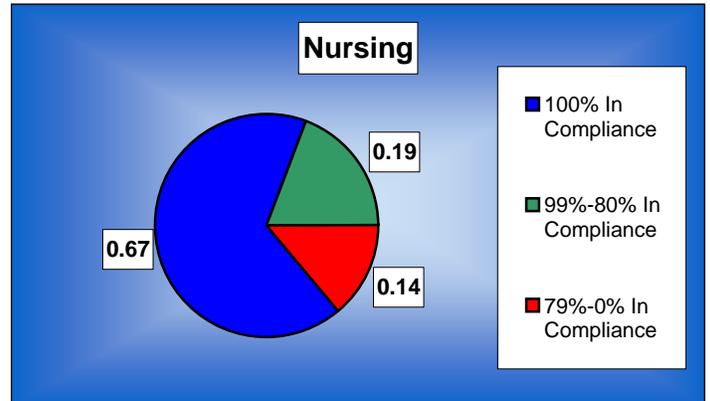
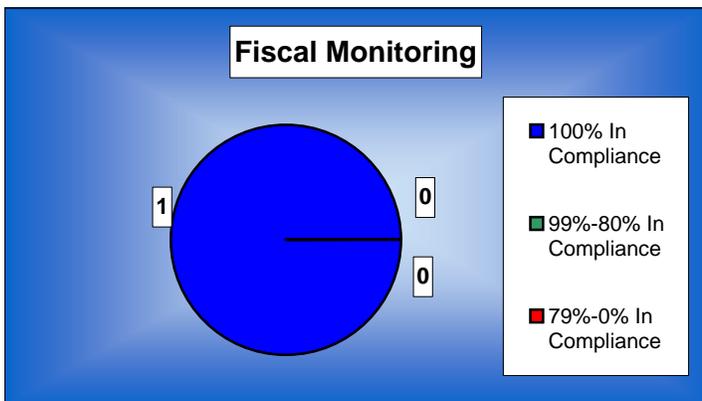
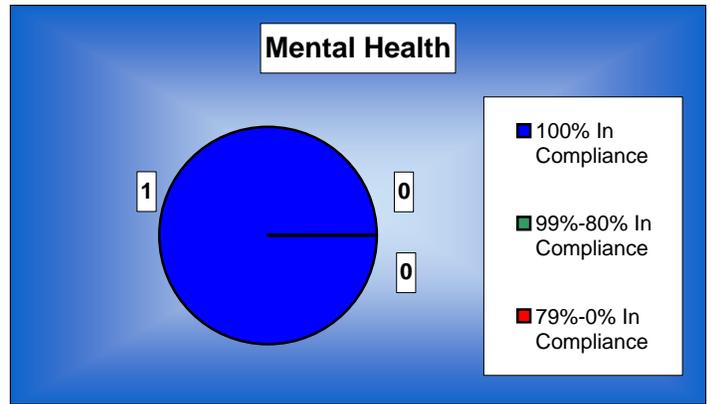
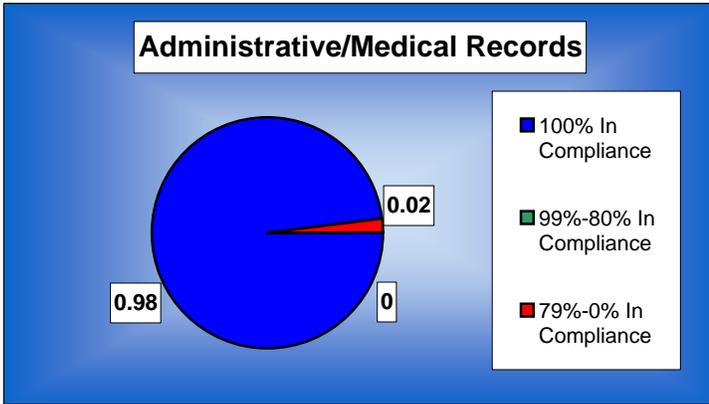
**Quarterly Reports for
Compliance Rate By Operational Categories
Ellis Facility
July 8, 2008**



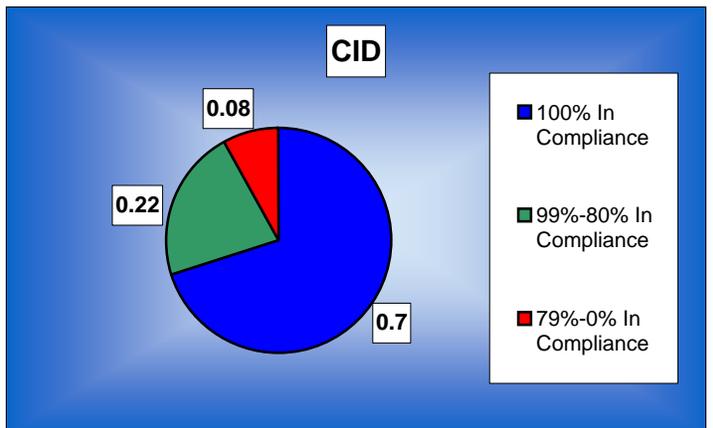
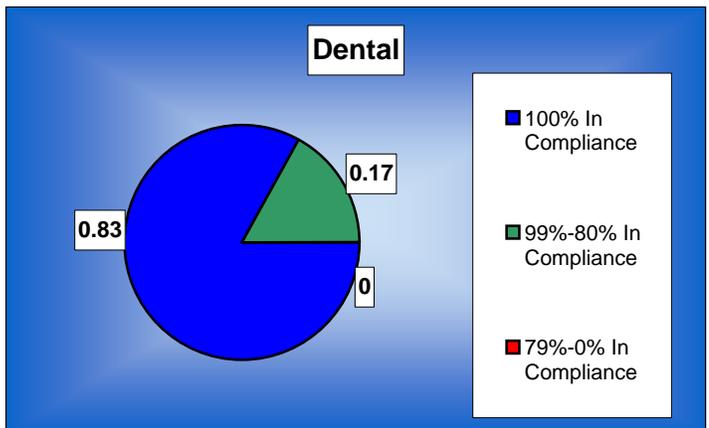
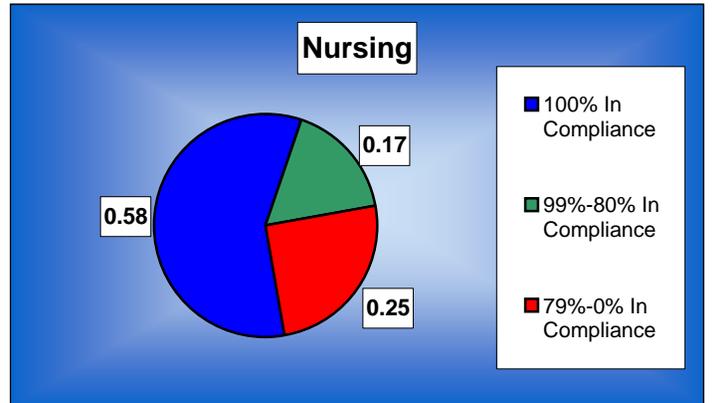
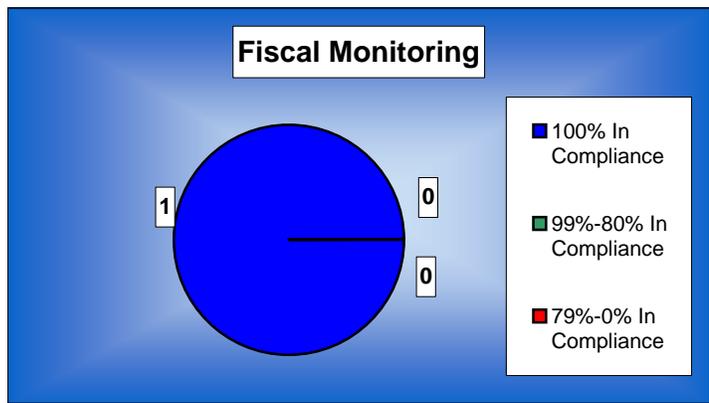
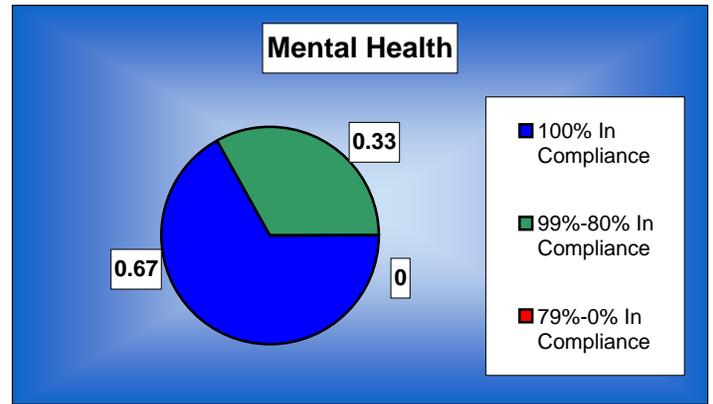
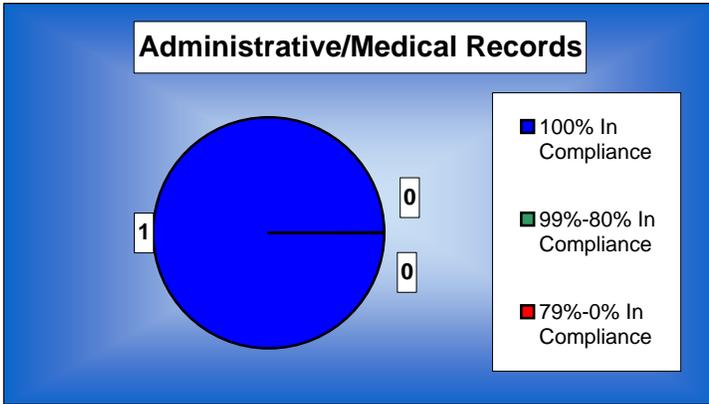
**Quarterly Reports for
Compliance Rate By Operational Categories
Garza East/West Facility
August 5, 2008**



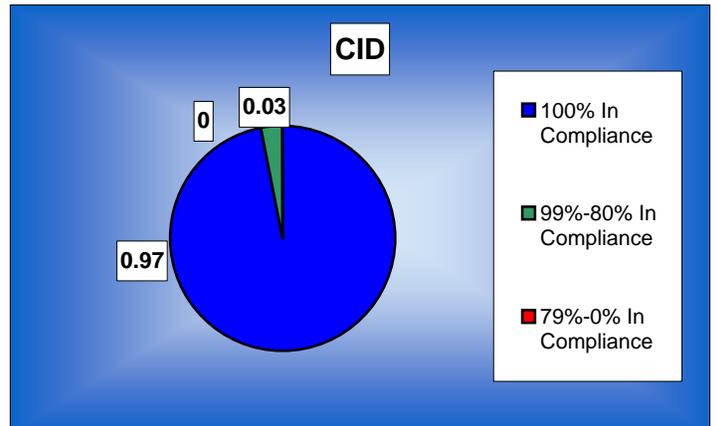
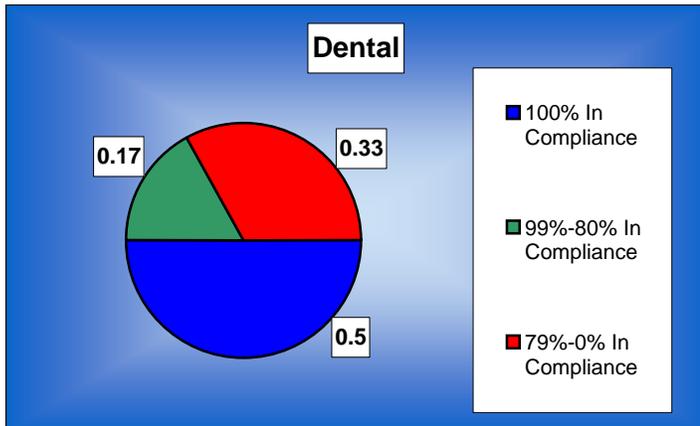
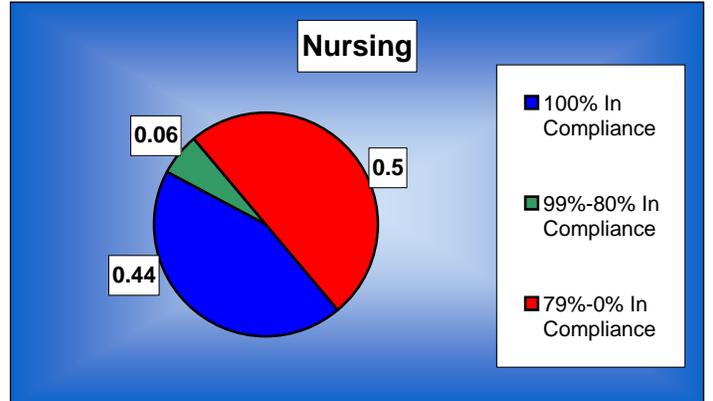
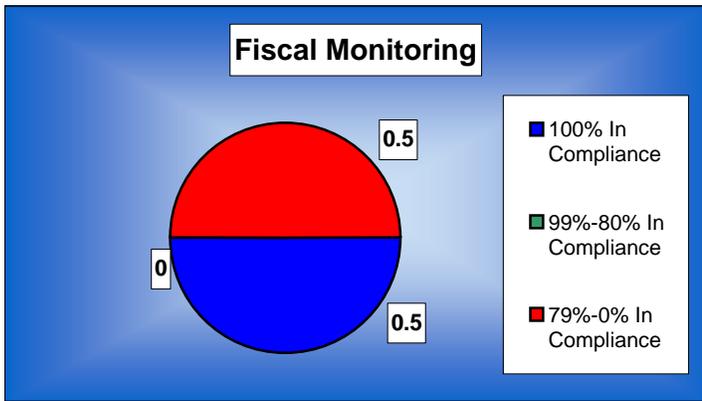
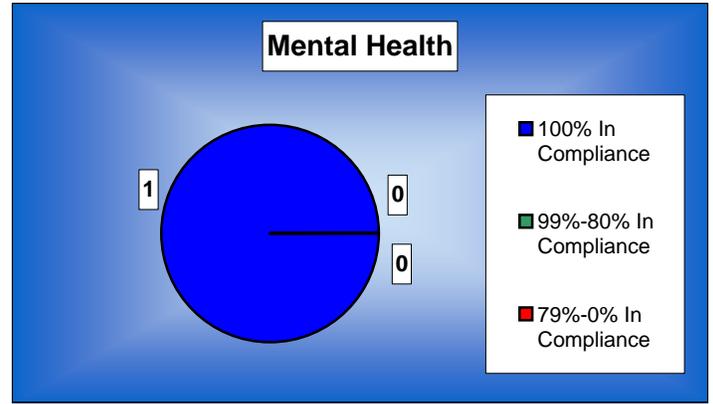
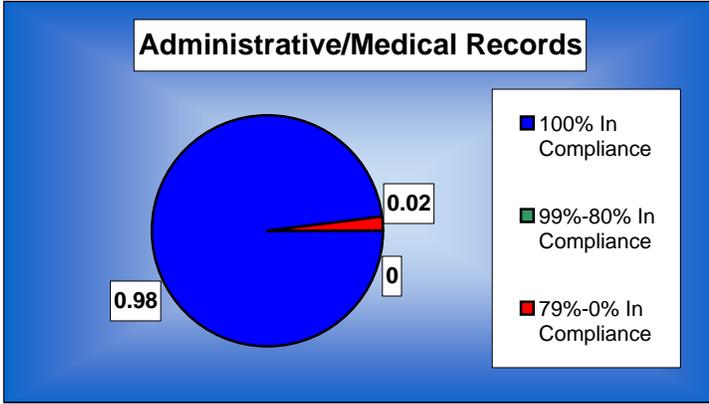
Quarterly Reports for Compliance Rate By Operational Categories Hamilton Facility July 9, 2008



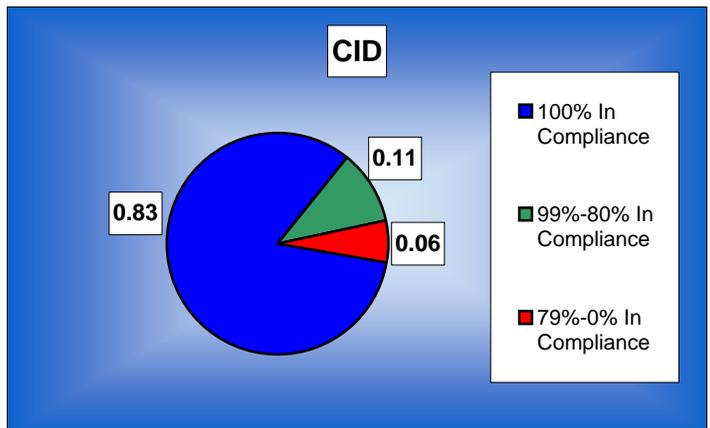
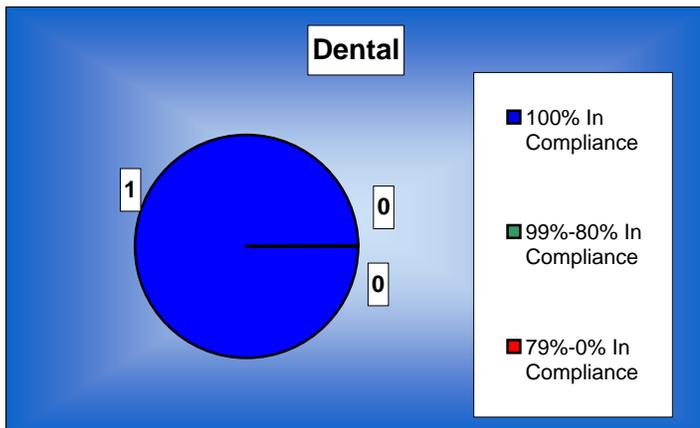
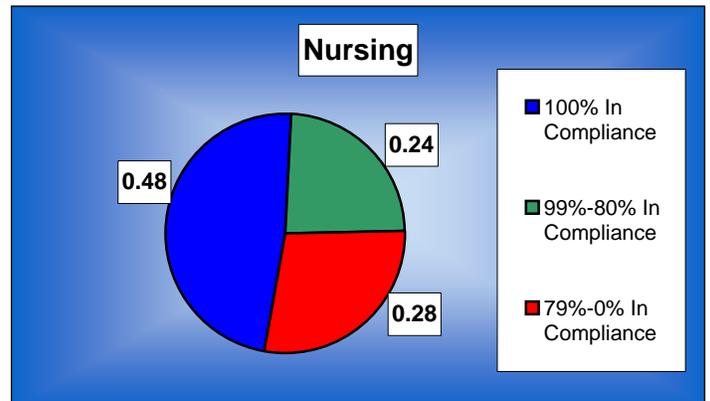
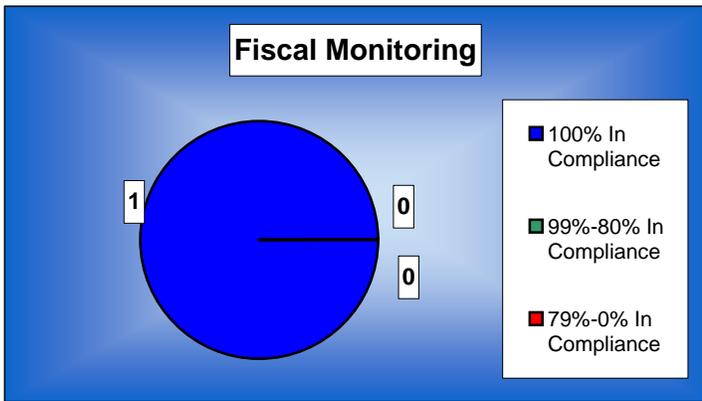
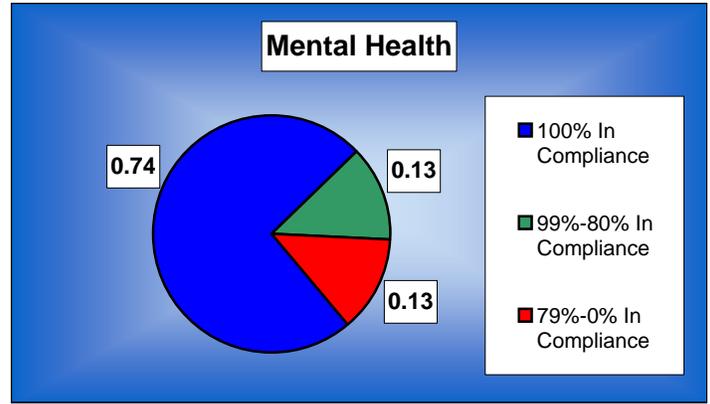
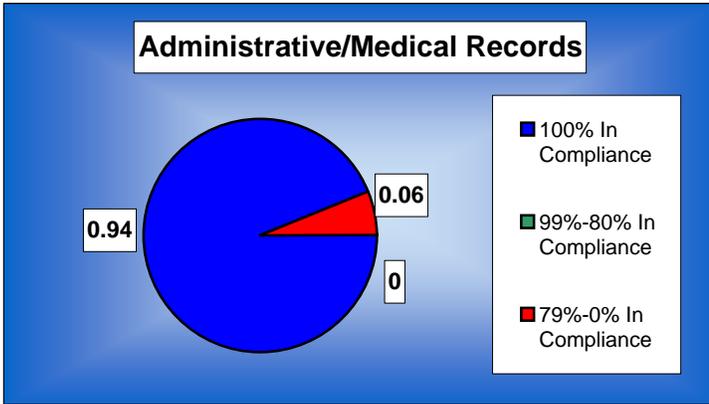
Quarterly Reports for Compliance Rate By Operational Categories Hughes Facility July 3, 2008



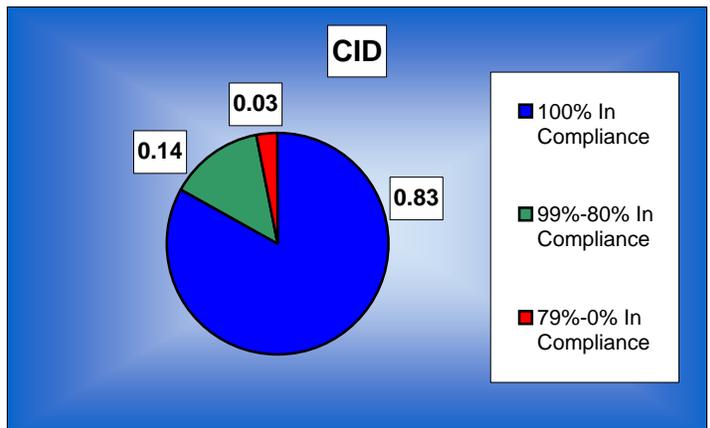
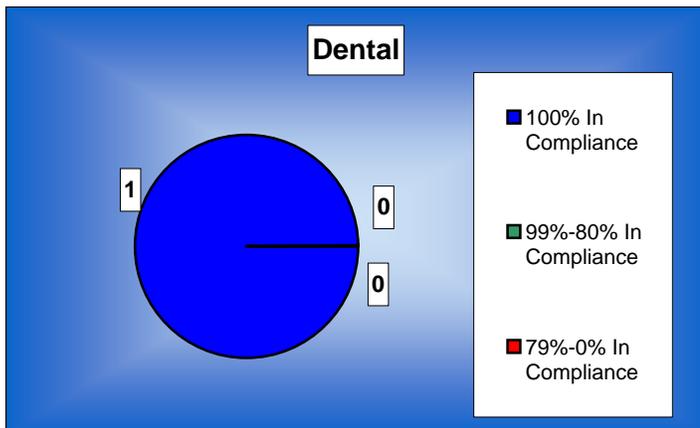
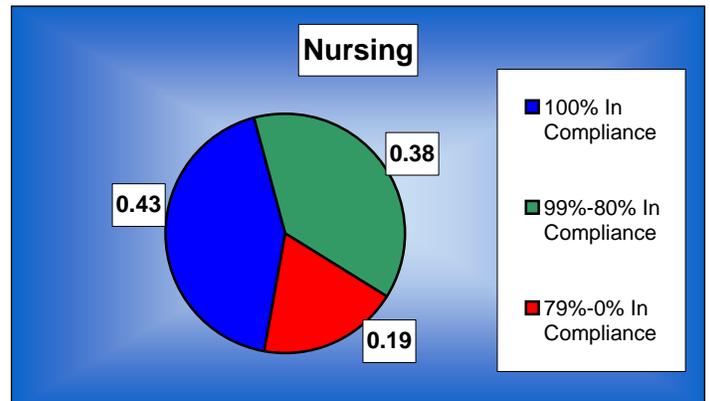
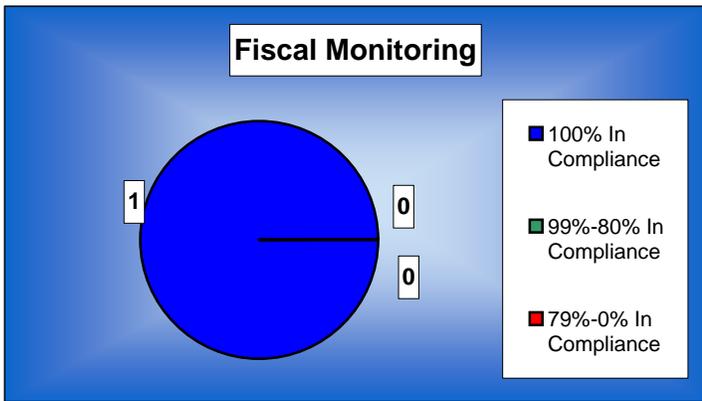
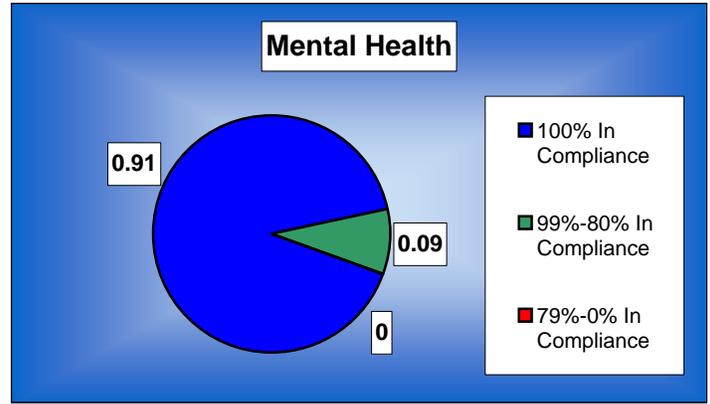
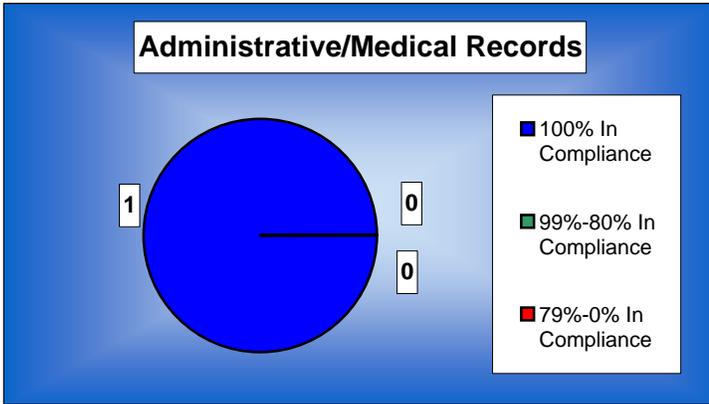
**Quarterly Reports for
Compliance Rate By Operational Categories
Marlin Facility
August 13, 2008**



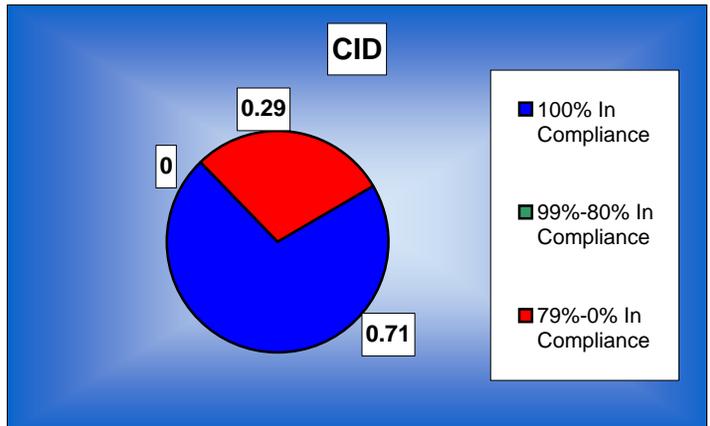
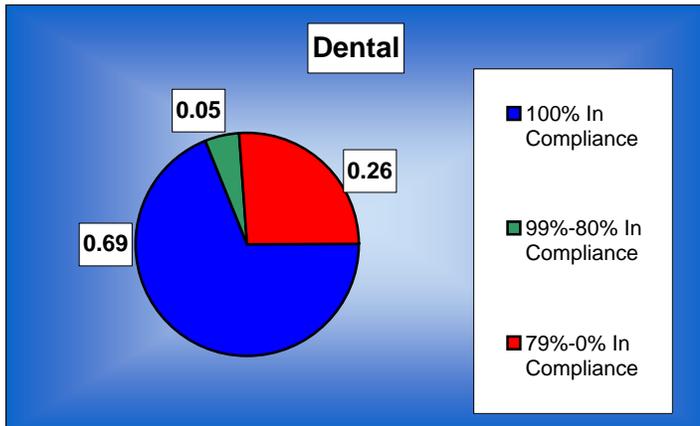
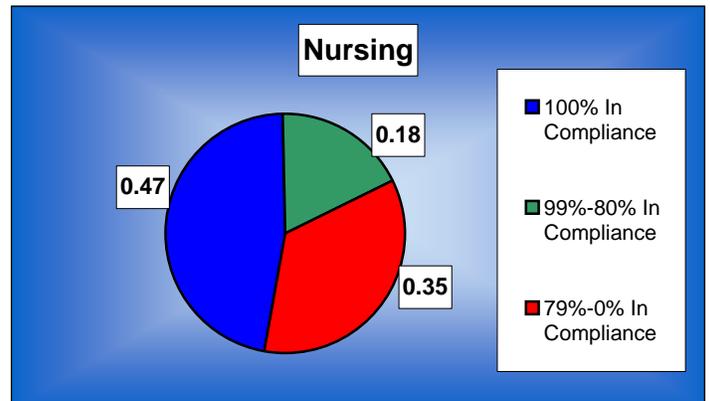
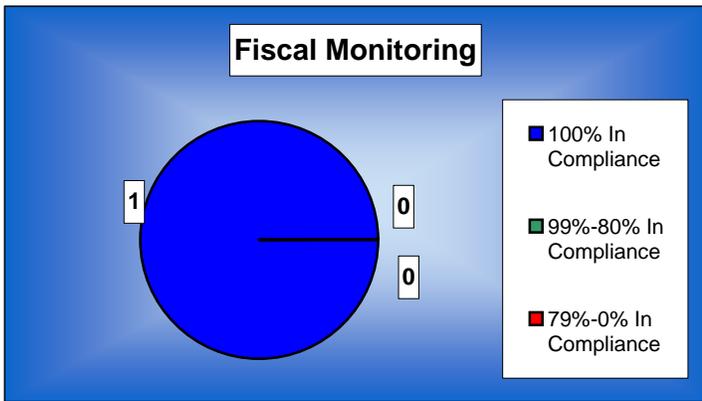
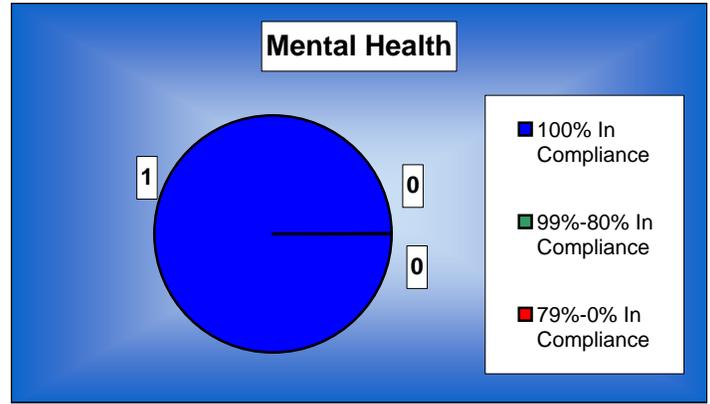
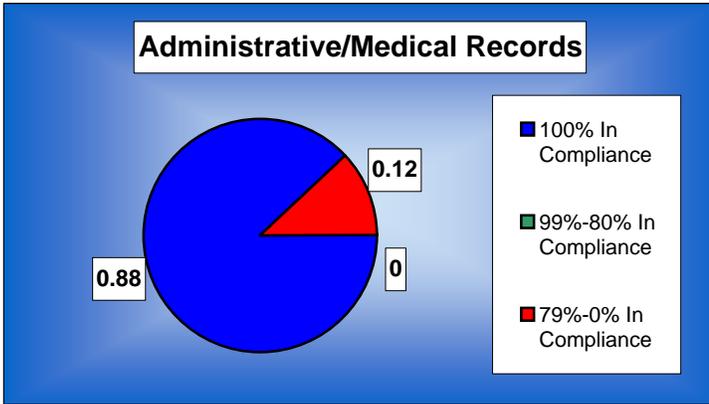
**Quarterly Reports for
Compliance Rate By Operational Categories
McConnell Facility
August 6, 2008**



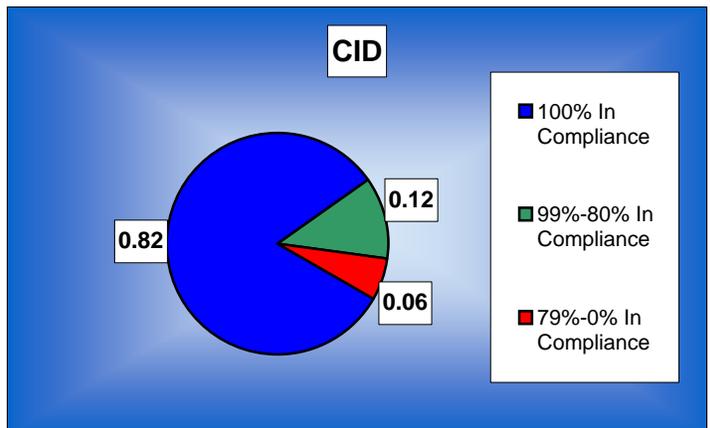
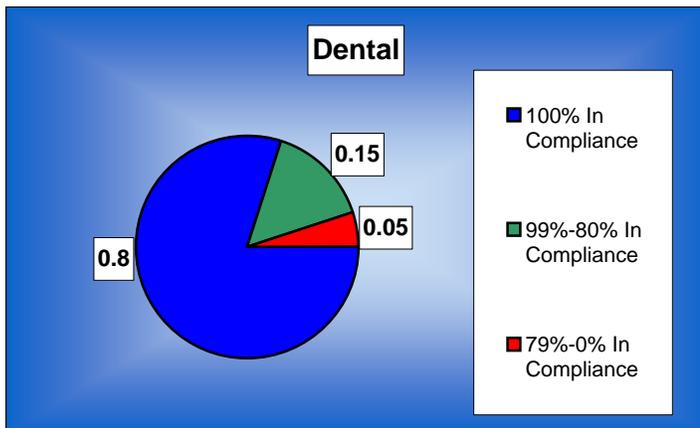
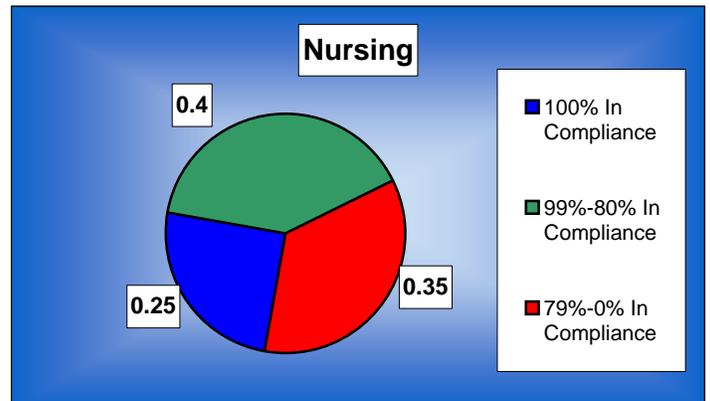
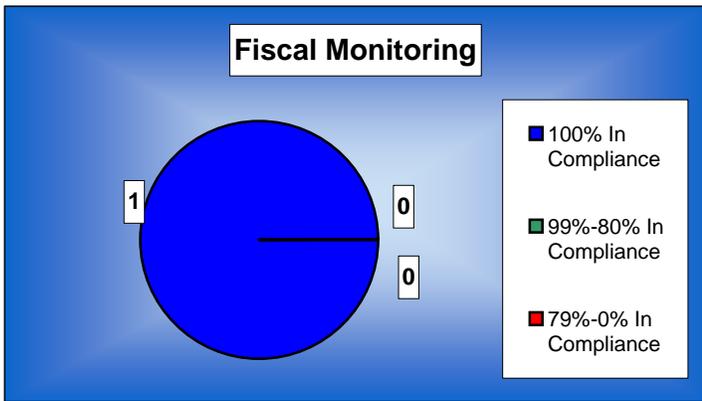
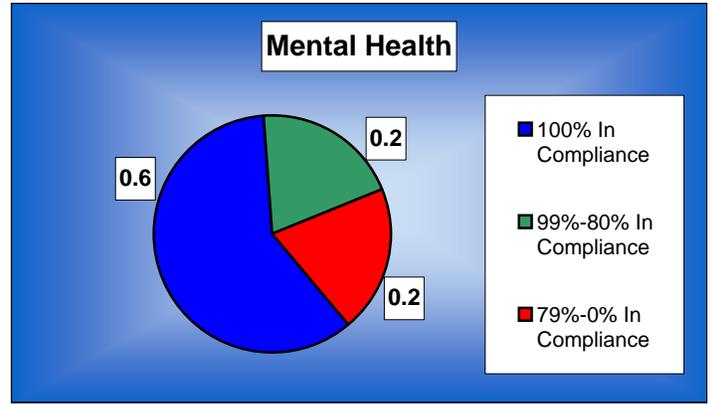
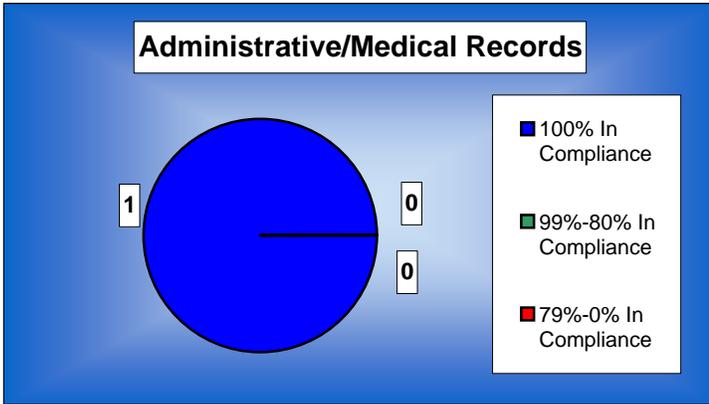
**Quarterly Reports for
Compliance Rate By Operational Categories
Ramsey Facility
June 3, 2008**



**Quarterly Reports for
Compliance Rate By Operational Categories
Shero Facility
August 12, 2008**

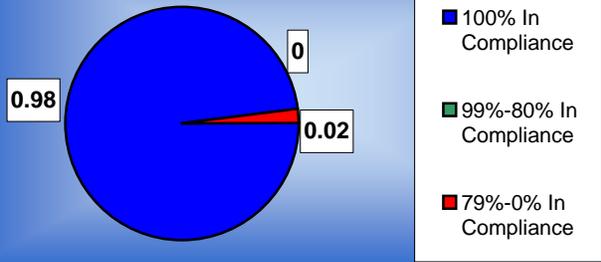


**Quarterly Reports for
Compliance Rate By Operational Categories
Stevenson Facility
August 7, 2008**

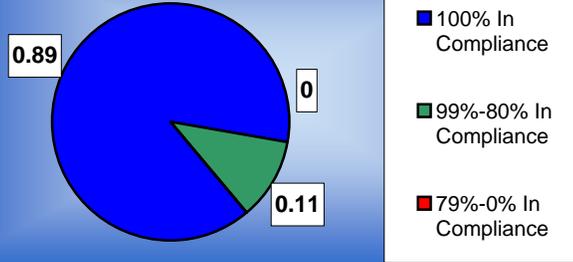


**Quarterly Reports for
Compliance Rate By Operational Categories
Stringfellow Facility
June 4, 2008**

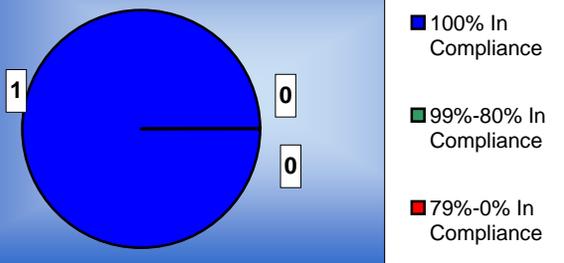
Administrative/Medical Records



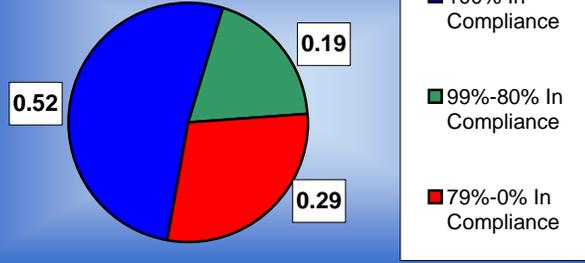
Mental Health



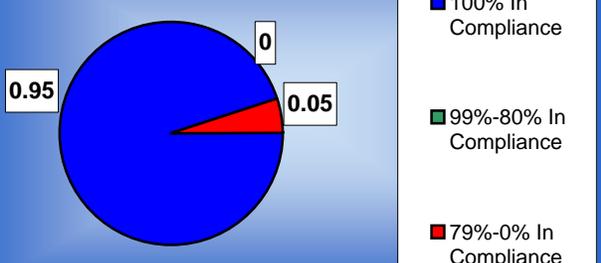
Fiscal Monitoring



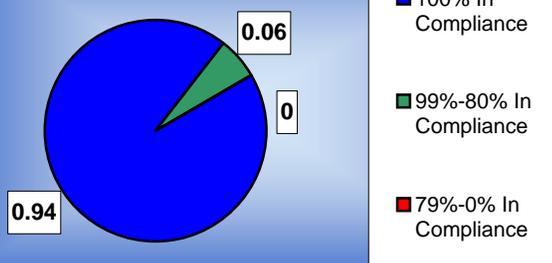
Nursing



Dental



CID



PATIENT LIAISON AND STEP II GRIEVANCE STATISTICS

QUALITY OF CARE/PERSONNEL REFERRALS AND ACTION REQUESTS

STEP II GRIEVANCE PROGRAM (GRV)									
FY2008	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
June	537	63	11.73%	41	7.64%	22	4.10%	0	0.00%
July	545	52	9.54%	30	5.50%	22	4.04%	0	0.00%
August	490	59	12.04%	49	10.00%	10	2.04%	0	0.00%
Totals:	1572	174	11.07%	120	7.63%	54	3.44%	0	0.00%

PATIENT LIAISON PROGRAM (PLP)									
FY2008	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
June	486	38	7.82%	24	4.94%	14	2.88%	0	0.00%
July	429	29	6.76%	26	6.06%	3	0.70%	0	0.00%
August	519	27	5.20%	21	4.05%	6	1.16%	0	0.00%
Totals:	1434	94	6.56%	71	4.95%	23	1.60%	0	0.00%

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

Month: June 2008

Reports Received	This Month	Same Month Last Year	Year to Date	Last Year to Date
Chlamydia	0	4	19	30
Gonorrhea	0	2	17	16
Syphilis	18	64	322	336
Hepatitis A	0	0	0	0
Hepatitis B (acute cases)	0	0	3	10
Hepatitis C	405	410	2156	2105
HIV Screens (non-pre-release)	7460	5948	39587	36598
HIV Screens (pre-release)	3961	2887	21229	20647
HIV + pre-release tests	1	3	42	20
HIV Infections (total new)	51	68	373	309
AIDS	56	16	112	155
Methicillin-Resistant <i>Staph Aureus</i>	378	437	2325	2680
Methicillin-Sensitive <i>Staph Aureus</i>	161	135	966	867
Occupational Exposures (TDCJ Staff)	17	8	87	78
Occupational Exposures (Medical Staff)	6	5	44	23
HIV CPX Initiation	5	6	31	22
Tuberculosis skin tests – intake (#positive)	103	150	1658	1653
Tuberculosis skin tests – annual (#positive)	32	30	266	385
Tuberculosis cases				
(1) Diagnosed during intake and attributed to county of origin	0	0	4	2
(2) Entered TDCJ on TB medications	2	2	6	13
(3) Diagnosed during incarceration in TDCJ	2	4	15	7
TB cases under management	23	19		
Peer Education Programs	1	0	102	94
Peer Education Educators	16	0	805	682
Peer Education Participants	2810	3898	24546	17582
Sexual Assault In-Service (sessions/units)	0	12/5	8/9	29/22
Sexual Assault In-Service Participants	0	45	65	171
Alleged Assaults & Chart Reviews	52	41	288	282
BBE Labs (Offenders)	5	N/A	12	N/A

NOTE: Some category totals may change to reflect late reporting.

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

Month: July 2008

Reports Received	This Month	Same Month Last Year	Year to Date	Last Year to Date
Chlamydia	7	4	30	26
Gonorrhea	1	2	16	18
Syphilis	136	64	458	443
Hepatitis A	0	0	0	0
Hepatitis B (acute cases)	1	1	4	11
Hepatitis C	155	325	2310	2430
HIV Screens (non-pre-release)	7784	5996	40182	42594
HIV Screens (pre-release)	3926	2304	25103	23529
HIV + pre-release tests	1	0	43	20
HIV Infections (total new)	27	42	400	351
AIDS	8	3	120	158
Methicillin-Resistant <i>Staph Aureus</i>	273	537	2632	3217
Methicillin-Sensitive <i>Staph Aureus</i>	113	171	1102	1038
Occupational Exposures (TDCJ Staff)	10	10	98	90
Occupational Exposures (Medical Staff)	7	2	51	30
HIV CPX Initiation	6	2	37	27
Tuberculosis skin tests – intake (#positive)	132	179	1790	2007
Tuberculosis skin tests – annual (#positive)	51	32	317	459
Tuberculosis cases				
(1) Diagnosed during intake and attributed to county of origin	0	1	4	3
(2) Entered TDCJ on TB medications	2	2	8	15
(3) Diagnosed during incarceration in TDCJ	3	1	18	8
TB cases under management	26	22		
Peer Education Programs	4	1	106	74
Peer Education Educators	52	20	857	946
Peer Education Participants	1231	2730	25777	13039
Sexual Assault In-Service (sessions/units)	1/1	4/6	9/10	33/28
Sexual Assault In-Service Participants	2	13	67	184
Alleged Assaults & Chart Reviews	56	65	344	347
BBE Labs (Offenders)	5	N/A	17	N/A

NOTE: Some category totals may change to reflect late reporting.

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

Month: August 2008

Reports Received	This Month	Same Month Last Year	Year to Date	Last Year to Date
Chlamydia	3	2	29	35
Gonorrhea	1	5	19	23
Syphilis	47	60	505	439
Hepatitis A	0	0	0	0
Hepatitis B (acute cases)	3	0	7	11
Hepatitis C	517	399	2827	2829
HIV Screens (non-pre-release)	7066	6536	47248	49130
HIV Screens (pre-release)	3630	3298	28733	27571
HIV + pre-release tests	3	5	400	28
HIV Infections (total new)	30	45	430	396
AIDS	5	8	125	156
Methicillin-Resistant <i>Staph Aureus</i>	386	328	3117	3532
Methicillin-Sensitive <i>Staph Aureus</i>	143	121	1292	1140
Occupational Exposures (TDCJ Staff)	12	18	110	106
Occupational Exposures (Medical Staff)	6	8	55	33
HIV CPX Initiation	3	12	40	39
Tuberculosis skin tests – intake (#positive)	182	153	2213	2320
Tuberculosis skin tests – annual (#positive)	62	35	391	509
Tuberculosis cases				
(1) Diagnosed during intake and attributed to county of origin	1	1	5	4
(2) Entered TDCJ on TB medications	1	0	9	15
(3) Diagnosed during incarceration in TDCJ	1	1	19	9
TB cases under management	25	22		
Peer Education Programs	1	0	107	74
Peer Education Educators	9	0	866	946
Peer Education Participants	3250	3340	29027	16124
Sexual Assault In-Service (sessions/units)	3/3	0	12/13	33/28
Sexual Assault In-Service Participants	26	0	93	184
Alleged Assaults & Chart Reviews	59	67	403	414
BBE Labs (Offenders)	8	N/A	25	N/A

NOTE: Some category totals may change to reflect late reporting.

**Office of Health Services Liaison
Utilization Review Audit
Hospital and Inpatient Facilities Audited with Deficiencies Noted
Fourth Quarter Report 2008**

Hospital	University	Audits Performed*	Deficiencies Noted	Comments (See Key)
Cogdell	TTUHSC	1	2	A1 = 1, E = 1
Hendrick Memorial	TTUHSC	3	5	A1 = 2, E = 3
Hospital Galveston	UTMB	54	43	A1=30, B=3, C=5, D=4, E=1
Northwest Texas	TTUHSC	5	5	A1 = 2, C = 1, E = 2
United Regional – 11 th St.	TTUHSC	2	4	A1 = 2, E = 2
University Medical Ctr	TTUHSC	3	7	A1 = 3, C = 1, E = 3

Inpatient Facility	University	Audits Performed*	Deficiencies Noted	Comments (See Key)
Allred	TTUHSC	0	0	0
Beto	UTMB	3	4	A1 = 3, C = 1
Clements	TTUHSC	4	5	A1 = 3, E = 2
Connally	UTMB	0	0	0
Estelle	UTMB	5	1	A1 = 1
Hughes	UTMB	1	1	A1 = 1
Jester 3	UTMB	2	1	E = 1
Montford	TTUHSC	14	20	A1=14, C=1, E=5
Polunsky	UTMB	1	1	A1 = 1
Robertson	TTUHSC	0	0	0
Stiles	UTMB	1	2	A1 = 1, C = 1
Telford	UTMB	1	2	A1 = 1, C = 1
CT Terrell	UTMB	1	0	0
Carole Young	UTMB	8	3	A1 = 3

*Hospitals and inpatient facilities with no data listed were not selected during this quarter's random audit.

A	On the day of discharge, were vital signs within normal limits for the patient's condition?
A1	Vital signs not recorded on the day of discharge.
B	Were the level of medical services available at the receiving facility sufficient to meet the offender's current needs?
C	Was the medical record reviewed by qualified health care staff and referred to an appropriate medical provider (if applicable) on the day of arrival at the unit?
D	Did the patient require unscheduled medical care related to the admitting diagnosis within the first seven days after discharge?
E	Was the discharge summary available in the offender's electronic medical record (including results of diagnostic tests, discharge planning, medication recommendations and/or treatments, etc.) within 24 hours of arriving at the unit?

**CAPITAL ASSETS CONTRACT MONITORING AUDIT
BY UNIT
FOURTH QUARTER, FISCAL YEAR 2008**

June	Numbered Property On Inventory Report	Total Number of Deletions	Total Number of Transfers	Total Number of New Equipment
Ramsey	37	0	0	0
Stringfellow	39	0	0	0
Clemens	30	0	0	0

July	Numbered Property On Inventory Report	Total Number of Deletions	Total Number of Transfers	Total Number of New Equipment
Crain	82	0	0	1
Hughes	74	0	0	0
Ellis	39	0	4	2
Hamilton	23	0	0	0

August	Numbered Property On Inventory Report	Total Number of Deletions	Total Number of Transfers	Total Number of New Equipment
Garza East/West	139	0	7	0
McConnell	72	0	0	0
Stevenson	30	0	1	2
Shero	9	0	0	5
Marlin	12	0	0	1

**FIXED ASSETS CONTRACT MONITORING AUDIT
FOURTH QUARTER, FISCAL YEAR 2008**

Audit Tools	June	July	August	Total
Total number of units audited	3	4	5	12
Total numbered property	106	218	262	586
Total number out of compliance	0	0	5	5
Total % out of compliance	0.00%	0.00%	1.91%	0.85%

**AMERICAN CORRECTIONAL ASSOCIATION
ACCREDITATION STATUS REPORT
Fourth Quarter FY-2008**

University of Texas Medical Branch

Unit	Audit Date	% Compliance	
		Mandatory	Non-Mandatory
Briscoe/Cotulla	June 2008	100 %	98.8
Polunsky	June 2008	100%	98.6
Cole/Moore	July 2008	100 %	98.8

Texas Tech University Health Science Center

Unit	Audit Date	% Compliance	
		Mandatory	Non-Mandatory

Project Number: 486-RM05

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

<u>Researcher's Name:</u> William O'Brien	<u>Proponent:</u> UTMB
<u>Start Date:</u> 17-Jan-06	<u>Collection Begin Date:</u> 17-Jan-06
<u>Estimated End Date:</u> 01-Dec-08	<u>Collection End Date:</u> 30-Nov-07
<u>IRB Number:</u> 05-298	<u>IRB Number Expires:</u> 18-Nov-06
	<u>Project Status:</u> Data Collection

Project Number: 490-RM06

Title of Research: Medical Monitoring Project (MMP)

<u>Researcher's Name:</u> Sharon Melville	<u>Proponent:</u> Texas Department of State Health Services; US
<u>Start Date:</u> 24-Apr-06	<u>Collection Begin Date:</u> 24-Apr-06
<u>Estimated End Date:</u> 30-Apr-10	<u>Collection End Date:</u> 30-Apr-10
<u>IRB Number:</u>	<u>IRB Number Expires:</u> 18-Apr-06
	<u>Project Status:</u> Data Collection

Project Number: 499-RM06

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

<u>Researcher's Name:</u> Albert Wells	<u>Proponent:</u> University of Texas Medical Branch at Galveston
<u>Start Date:</u> 04-Apr-07	<u>Collection Begin Date:</u> 01-May-07
<u>Estimated End Date:</u> 31-Dec-07	<u>Collection End Date:</u> 31-May-07
<u>IRB Number:</u> 06-307	<u>IRB Number Expires:</u> 31-Aug-09
	<u>Project Status:</u> Data Collection

Project Number: 503-RM06

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)

<u>Researcher's Name:</u> William O'Brien	<u>Proponent:</u> UTMB
<u>Start Date:</u> 02-Aug-06	<u>Collection Begin Date:</u> 26-Oct-06
<u>Estimated End Date:</u>	<u>Collection End Date:</u> 31-Oct-08
<u>IRB Number:</u> 06-189	<u>IRB Number Expires:</u> 31-May-07
	<u>Project Status:</u> Data Collection

Project Number: 513-MR07

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?

<u>Researcher's Name:</u> H. Morgan Scott	<u>Proponent:</u> Department of Veterinary Integrative
<u>Start Date:</u> 21-Nov-06	<u>Collection Begin Date:</u> 21-Nov-06
<u>Estimated End Date:</u> 31-Aug-08	<u>Collection End Date:</u> 31-Aug-07
<u>IRB Number:</u> N/A	<u>IRB Number Expires:</u>
	<u>Project Status:</u> Data Collection

Project Number: 547-ML07

Title of Research: Re-Entry: Dynamic Risk Assessment

Researcher's Name: Robert Morgan

Start Date: 09-Jun-08

Estimated End Date: Contacting Member

IRB Number: Contacting Member

Proponent: Texas Tech University

Collection Begin Date: Contacting Member

Collection End Date: Contacting Member

IRB Number Expires: Contacting Member

Project Status: Data Collection

Medical Research Projects Pending Approval June, July, and August 2008

Project Number: 544-MR07

Title of Research: Prevention of Hepatocellular Carcinoma Recurrence with Pegylated Alpha-Interferon + Ribavirin in Chronic Hepatitis C after Definitive Treatment

Researcher's Name: Roger Soloway

Proponent: University of Texas Medical Branch at Galveston

Application Received: 27-Sep-07

Peer Panel Schedule: 16-Jan-08

Completed Application: 27-Sep-07

Panel Recommendations: Approved

IRB Number: 07-171

Phase: Pending New IRB

Detail:

Project Number: 563-RL08

Title of Research: National Longitudinal Study of Adolescent Health

Researcher's Name: Kathleen Mullan

Proponent: University of North Carolina at Chapel Hill

Application Received: 26-Jun-08

Peer Panel Schedule: 07-Oct-08

Completed Application: 26-Jun-08

Panel Recommendations: Approved

IRB Number: 0209864

Phase: Pending Director's Approval

Detail:

**TDCJ HEALTH SERVICES
ADMINISTRATIVE SEGREGATION MENTAL HEALTH AUDITS
FOURTH QUARTER FY 2008**

UNIT	DATE(S) (Audit dates)	ATC 4 & 5 (48-72 Hrs)	ATC 6 (14 Days)	REF'D (Referred for evaluation)	REQ. FWD (Requests Forwarded)	OFFENDERS SEEN INTERVIEWED		STAFF INTERVIEWED
						Total	MHS Caseload/Non-caseload	MHS/Security
MICHAEL	6/3&4/2008	82%	100%	1	10	474	104/135	6/6
DARRINGTON	6/11/2008	100%	100%	1	6	237	44/63	3/6
RAMSEY 1	6/18/2008	100%	100%	0	3	43	14/29	2/4
ESTELLE (ECB)	6/26&27/2008	100%	100%	3	14	539	78/168	2/8
STILES	7/9&10/2008	100%	100%	0	13	492	98/147	3/6
TELFORD	7/14&15/2008	100%	100%	2	10	481	53/181	4/6
EASTHAM	7/21/2008	100%	N/A	0	4	376	37/127	2/6
SMITH (ECB)	7/24&25/2008	100%	100%	0	7	509	147/126	2/6
ALLRED (ECB)	8/12&13/2008	100%	100%	1	9	446	73/152	3/6
ALLRED (12 Bldg.)	8/12&13/2008	67%	90%	12	12	498	127/307	2/6
ELLIS	8/20/2008	100%	N/A	1	0	89	9/50	2/6
FERGUSON	8/25&26/2008	100%	100%	0	6	428	33/148	3/6
TOTAL		1,149	990	21	94	4,612	817/1,633	34/72
AVERAGE		95.75%	99.0%	1.75	7.83	384.3	68.1/136.1	2.83/6.0



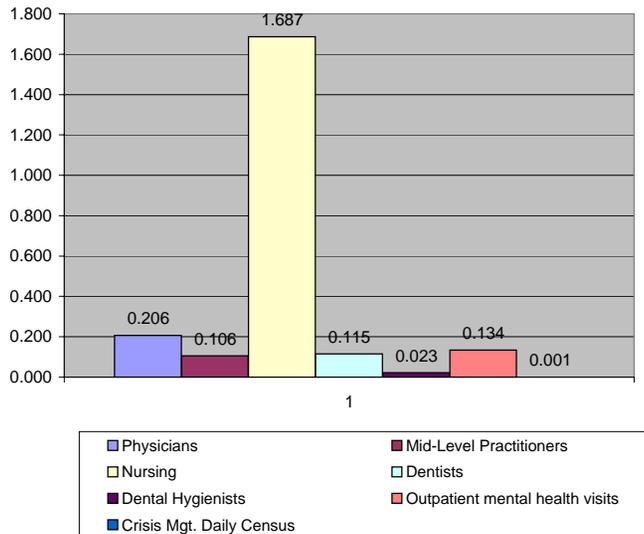
**Correctional Health Care
MEDICAL DIRECTOR'S REPORT**

**FOURTH QUARTER
FY 2008**

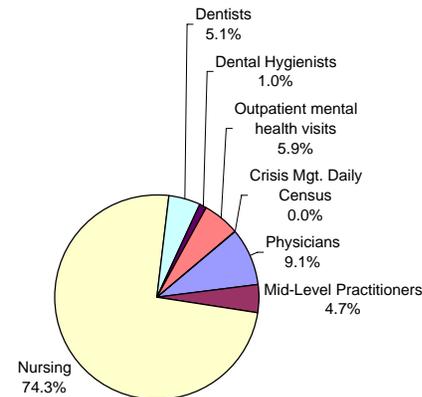
Medical Director's Report:

<i>Average Population</i>	June		July		August		Qtly Average	
	120,926		120,856		120,664		120,815	
	Number	Rate Per Offender	Number	Rate Per Offender	Number	Rate Per Offender	Number	Rate Per Offender
Medical encounters								
Physicians	23,821	0.197	26,647	0.220	24,197	0.201	24,888	0.206
Mid-Level Practitioners	13,167	0.109	13,909	0.115	11,262	0.093	12,779	0.106
Nursing	198,475	1.641	210,185	1.739	202,616	1.679	203,759	1.687
Sub-total	235,463	1.947	250,741	2.075	238,075	1.973	241,426	1.998
Dental encounters								
Dentists	13,471	0.111	14,845	0.123	13,356	0.111	13,891	0.115
Dental Hygienists	2,676	0.022	2,931	0.024	2,554	0.021	2,720	0.023
Sub-total	16,147	0.134	17,776	0.147	15,910	0.132	16,611	0.137
Mental health encounters								
Outpatient mental health visits	15,956	0.132	16,855	0.139	15,869	0.132	16,227	0.134
Crisis Mgt. Daily Census	80	0.001	73	0.001	73	0.001	75	0.001
Sub-total	16,036	0.133	16,928	0.140	15,942	0.132	16,302	0.135
Total encounters	267,646	2.213	285,445	2.362	269,927	2.237	274,339	2.271

Encounters as Rate Per Offender Per Month



Encounters by Type

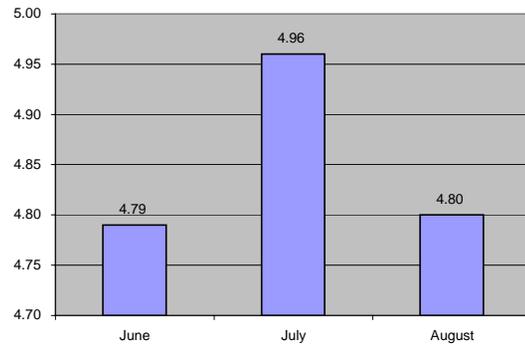


Medical Director's Report (Page 2):

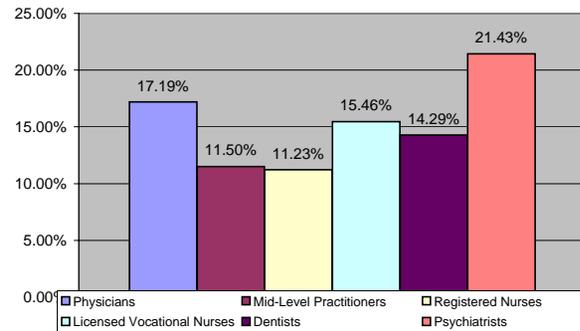
	June	July	August	Qtly Average
Medical Inpatient Facilities				
Average Daily Census	84.00	73.00	80.00	79.00
Number of Admissions	393.00	336.00	390.00	373.00
Average Length of Stay	4.79	4.96	4.80	4.85
Number of Clinic Visits	1,906.00	1,967.00	1,892.00	1,921.67
Mental Health Inpatient Facilities				
Average Daily Census	1,041.51	1,052.90	1,050.77	1,048.39
PAMIO/MROP Census	532.57	686.71	686.26	635.18
Specialty Referrals Completed	653.00	524.00	661.00	612.67
Telemedicine Consults	583	560	690	611.00

Health Care Staffing	Average This Quarter			Percent Vacant
	Filled	Vacant	Total	
Physicians	53.00	11.00	64.00	17.19%
Mid-Level Practitioners	100.00	13.00	113.00	11.50%
Registered Nurses	427.00	54.00	481.00	11.23%
Licensed Vocational Nurses	514.00	94.00	608.00	15.46%
Dentists	54.00	9.00	63.00	14.29%
Psychiatrists	11.00	3.00	14.00	21.43%

Average Length of Stay



Staffing Vacancy Rates



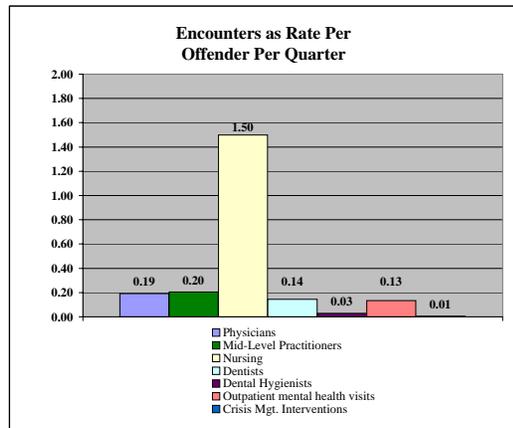


**Correctional Managed Health Care
MEDICAL DIRECTOR'S REPORT**

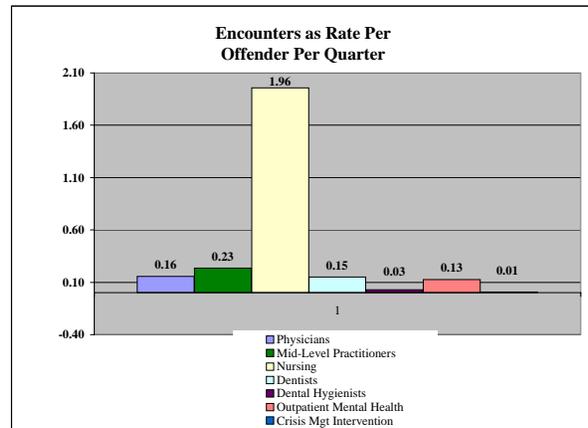
**FOURTH QUARTER
FY 2008**

Medical Director's Report:

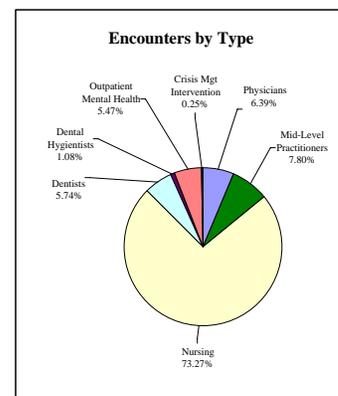
	June		July		August		Quarterly Average	
<i>Average Population</i>	30,891.34		30,856.36		30,758.94		30,835.55	
<i>Medical Encounters</i>	Number	Rate Per Offender	Number	Rate Per Offender	Number	Rate Per Offender	Number	Rate Per Offender
Physicians	5,001	0.162	5,162	0.167	4,293	0.140	4,819	0.156
Mid-Level Practitioners	7,632	0.247	7,457	0.242	6,592	0.214	7,227	0.234
Nursing	56,700	1.835	63,087	2.045	61,252	1.991	60,346	1.957
Sub-Total	69,333	2.244	75,706	2.453	72,137	2.345	72,392	2.348
<i>Dental Encounters</i>								
Dentists	4,459	0.144	4,905	0.159	4,547	0.148	4,637	0.150
Dental Hygienists	872	0.028	932	0.030	905	0.029	903	0.029
Sub-Total	5,331	0.173	5,837	0.189	5,452	0.177	5,540	0.180
<i>Mental Health Encounters</i>								
Outpatient mental health visits	4,186	0.136	3,562	0.115	3,914	0.127	3,887	0.126
Crisis Mgt. Interventions	231	0.007	211	0.007	187	0.006	210	0.007
Sub-Total	4,417	0.143	3,773	0.122	4,101	0.133	4,097	0.133
<i>Total Encounters</i>	79,081	2.560	85,316	2.765	81,690	2.656	82,029	2.660



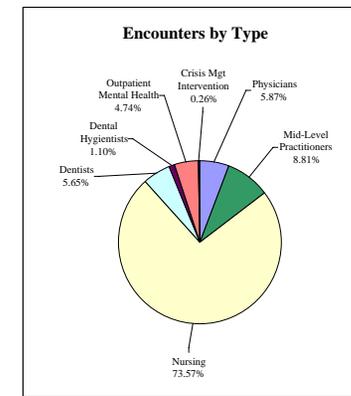
3rd Quarter 2008



4th Quarter 2008



3rd Quarter 2008

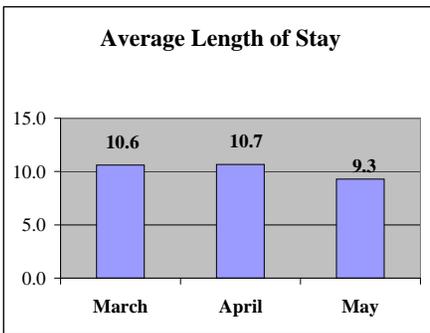


4th Quarter 2008

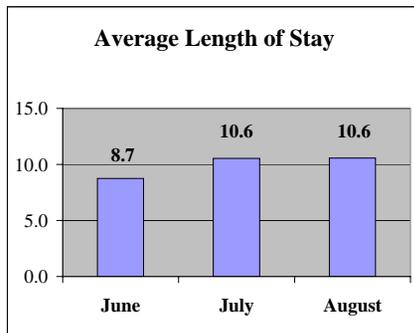
Medical Director's Report (page 2):

	June	July	August	Quarterly Average
<i>Medical Inpatient Facilities</i>				
Average Daily Census	104.47	100.03	95.13	99.88
Number of Admissions	305	265	235	268.33
Average Length of Stay	8.74	10.55	10.56	9.95
Number of Clinic Visits	676	587	605	622.67
<i>Mental Health Inpatient Facilities</i>				
Average Daily Census	519	521	527	522.33
PAMIO/MROP Census	427	423	408	419.33
<i>Specialty Referrals Completed</i>	1286	1249	1209	1248.00
<i>Telemedicine Consults</i>	313	396	359	356.00

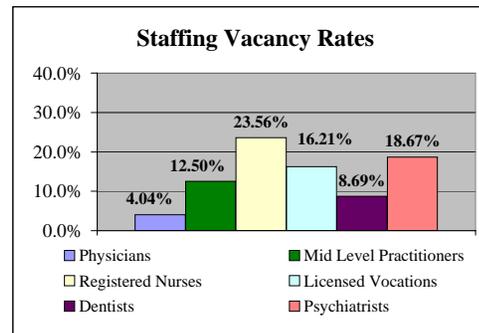
<i>Health Care Staffing</i>	Average This Quarter			Percent Vacant
	Filled	Vacant	Total	
Physicians	20.21	3.52	23.73	14.83%
Mid-Level Practitioners	26.73	3.83	30.56	12.53%
Registered Nurses	145.65	41.74	187.39	22.27%
Licensed Vocational Nurses	287.76	81.52	369.28	22.08%
Dentists	17.22	3.30	20.52	16.08%
Psychiatrists	9.15	2.17	11.32	19.20%



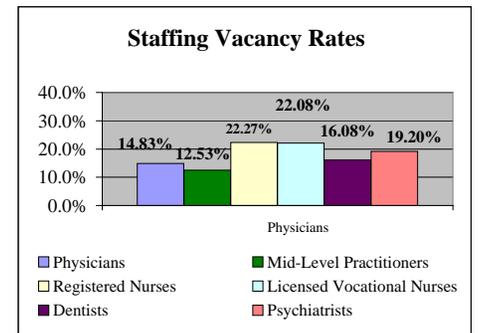
3rd Quarter



4th Quarter



3rd Quarter



4th Quarter

**Correctional Managed Health Care
Joint Committee/Work Group Activity Summary
for December 2008 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 Nursing Work Group

System Leadership Council

Chair: Dr. Lannette Linthicum

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: November 13, 2008

Key Activities:

- (1) Reviewed monthly detailed Access to Care Indicator data for the Fourth Quarter of FY 2008. Discussed compliance issues and corrective actions taken.
- (2) Reviewed Statewide SLC Quality of Care Indicator data:
 - Infection Control
 - Mental Health PULHES
 - Monitoring CD4 Viral Load Analysis
- (3) Heard reports on Access to Care – Dental Services / Medical Staff / Mental Health Services / Nursing Services / OPS Data
- (4) Heard an update on Correctional Managed Health Care Committee
- (5) Reviewed Monthly Grievance Exception Reports.
- (6) Discussed issues related to SAFE Prisons Program
- (7) Discussed issues related to EMR
- (8) Heard an update on Nursing Work Group
- (9) Subcommittee for New SLC Indicators

Joint Policy and Procedure Committee

Co-Chair: Dr. Mike Kelley, TDCJ Health Services Division / David McNutt, Assistant Director, CMHCC

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

Meeting Date: October 9, 2008

Key Activities:

- (1) Approved revisions to policy G-51.5 Certified American Sign Language (ASL) Interpreter Services
- (2) Approved revisions to policy I-71.2 Patient Self-Determination Act, The Texas Natural Death Act
- (3) Approved revisions to policy E-32.1, Receiving, Transfer and Continuity of Care Screening
- (4) Reviewed revisions to policy A-04.1, Administrative Meetings
- (5) Approved revisions to policy A-08.6, Medically Recommended Intensive Supervision Screening
- (6) Approved revisions to policy Referral to the Personality Disorder / Aggressive Behavior Unit
 - o A-08.09 – Step Down Admission Referral Application
 - o A-08.10 – PAMIO Admission Referral Application
- (7) Discussed revisions to policy C-18.1 Licensure and Credential Verification
- (8) Discussed revisions to policy E-34.2, Periodic Physical Examination
- (9) Approved revisions to policy E-39.1, Health Evaluation and Documentation Offenders in Segregation
- (10) Approved revisions to policy H-60.1, Attachment C: Health Records – Organization and Maintenance
- (11.) Approved revisions to policy H-60.1 Attachment B: Confidentiality and Release of Information
- (12) Approved revisions to policy I-68.4, Medical Consultation for the Offender Drug Testing Program
- (13) Approved revisions to policy I-71.1, Offender's Right to Refuse Treatment, Department's Right to Compel Treatment and discussed revisions to policy I-71.1, Attachment B: HSM82

Joint Pharmacy and Therapeutics Committee

Chair: Dr. Sheri Talley

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

Meeting Dates: October 8, 2008

A. Key Activities

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

- Psychiatry
- Coronary Artery Disease
- Disease Management Guideline Triage
- Drug Withdrawal
- HIV
- Respiratory
- Medication Errors

(2) Reviewed and discussed monthly reports as follows:

- Adverse Drug Reaction Reports
- Pharmacy Clinical Activity Reports
- Non-formulary Deferral Reports
- Quarterly Medication Incident Reports (3rd Quarter, FY 2008)
- Drug Recalls – (July - September 2008)
- Utilization related reports on:
 - HIV Utilization
 - Hepatitis C Utilization

(3) Discussion related to Category Review – Miscellaneous Agents

(4) Discussion on Hepatitis B Treatment Pathway

(5) Discussion on Formulary Addition Request - Entecavir (Baraclude®)

(6) Discussion on Digitek® Recall Purchase Data

(7) Discussion on Disaster Formulary Drugs

(8) Discussion on Geodon® IM Utilization

(9) Discussion on Half-Tablet Process

(10) Discussion on Papain Products and Ophthalmic Salt Solution

(11) Discussion on CII Narcotic Orders for Hospice

(12) Discussion on Medication Usage Evaluation

- Metformin (Glucophage®)
- Warfarin (Coumadin®)

(13) Action Request

- Revise the Bipolar Disease Management Guidelines
- Policy and Procedures Revision
 - Medication Administration By Nursing Personnel
 - Credential Requirements for Administration of Medication
- Follow-up CGI Form Availability on EMR
- TDCJ Discharge Planning for HIV+ Pregnant Women
- Chlorhexidine Floor Stock

(9) Reviewed Policy and Procedures Revisions:

- P&P 5-05
- P&P 5-10
- P&P 5-15
- P&P 10-05
- P&P 10-10
- P&P 10-20
- P&P 10-25
- P&P 10- 30

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: October 9, 2008

Key Activities:

- (1) Follow-up Discussion on Disposing of Out Dated Pandemic Flu Drugs
- (2) Follow-up discussion on Occupational Exposure –Needle Stick Report
- (3) Reviewed the following policies:
 - Policy B-14.19, Disease Reporting
 - Policy B-14.20, Standard Precautions
 - Policy B-14.21, Isolation Procedures
 - Policy B-14.22, Hand Washing
 - Policy B-14.23, Medical Supply Decontamination
 - Policy B-14.24, Disposal of Sharps, Needles and Syringes
 - Policy B-14.25, Special (Medical) Waste Management
 - Policy B-14.26, Foodborne Illnesses
 - Policy B-14.27, Bloodborne Pathogen Exposure Control Plan

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: November 19, 2008

Key Activities:

- (1) Report from the Dental Utilization Quality Review Committee
- (2) Report from the TDCJ Health Services Director / Western Sector Dental Director / Eastern Sector Director
- (3) Report from the Dental Hygiene Manager / Specialty Coordinators
- (4) Report from the Formulary Committee

Review and discussions on the following:

- System Leadership Council
- Lockdown
- Section E, Policy & Procedure Review
- Sign-off Sheet, Dental Services Manual
- CMC Policy C19.2, Health Services Reference Materials
- Hospital Galveston
- Dentrax
- X-Ray Envelopes
- PSR Deployment
- Patient Survey
- Clinical Goal – Vital Signs

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: June , 2008 (review of 40 cases), July 2008 (review of 51 cases) and August, 2008 (review of 50 cases)

Key Activity: Review and discussion of reports on offender deaths and determinations as to the need for peer review.

Joint Nursing Work Group

Chair: Mary Goetcher, RN

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

Meeting Date: November 13, 2008

Key Activities:

- (1) Reviewed revisions on Infirmery Policy
- (2) Heard discussion on JACHO Inpatient Psych
- (3) Reviewed revisions on New Protocol / Examples of Protocols
- (4) Reviewed revisions on the New Code Form
- (5) Discussion and review of Pharmacy Audit – Nursing Policy
- (6) Discussion and review of Pharmacy Quality Improvement Audit for Nursing



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: November 17, 2008

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:

Legislative Budget Board Uniform Cost Project:

Cost data by facility was obtained from Texas Tech University Health Sciences Center and the University of Texas Medical Branch and submitted to the Texas Department of Criminal Justice in preparation for the Legislative Budget Board Uniform Cost Project. This will provide cost for FY 2008 by facility.

Annual Financial Reporting Requirements (AFR):

The CMHCC was required to submit the annual financial report schedules for the Committee for FY 2008. This was the second year that the State Comptroller's Office has required to submit these schedules.

Texas Department of Criminal Justice Board Meeting Update:

The CMHCC staff and the university providers will make a presentation to the Texas Board of Criminal Justice regarding "Best Practices of Correctional Managed Health Care" at their Health Services Committee meeting on December 2. On December 3rd, I will present the CMHCC Fourth Quarter Financial Report.

Sunset Update:

CMHCC provided information regarding implementation of statutory changes in SB 909. The results of the implementation review will be reported to the Sunset Commission at its January 2009 meeting and forwarded to the 81st Legislature.

Post Ike:

CMHCC has been participating in status updates with TDCJ and UTMB staff regarding the future of Hospital Galveston.

81st Legislative Session:

The 81st Legislature convenes on January 13, 2009 but pre-filing of legislation started in mid-November. As in the past, the CMHCC staff will be tracking bills with potential impact on the correctional health care program.

ARH:tb

Correctional Managed Health Care Committee

Key Statistics Dashboard

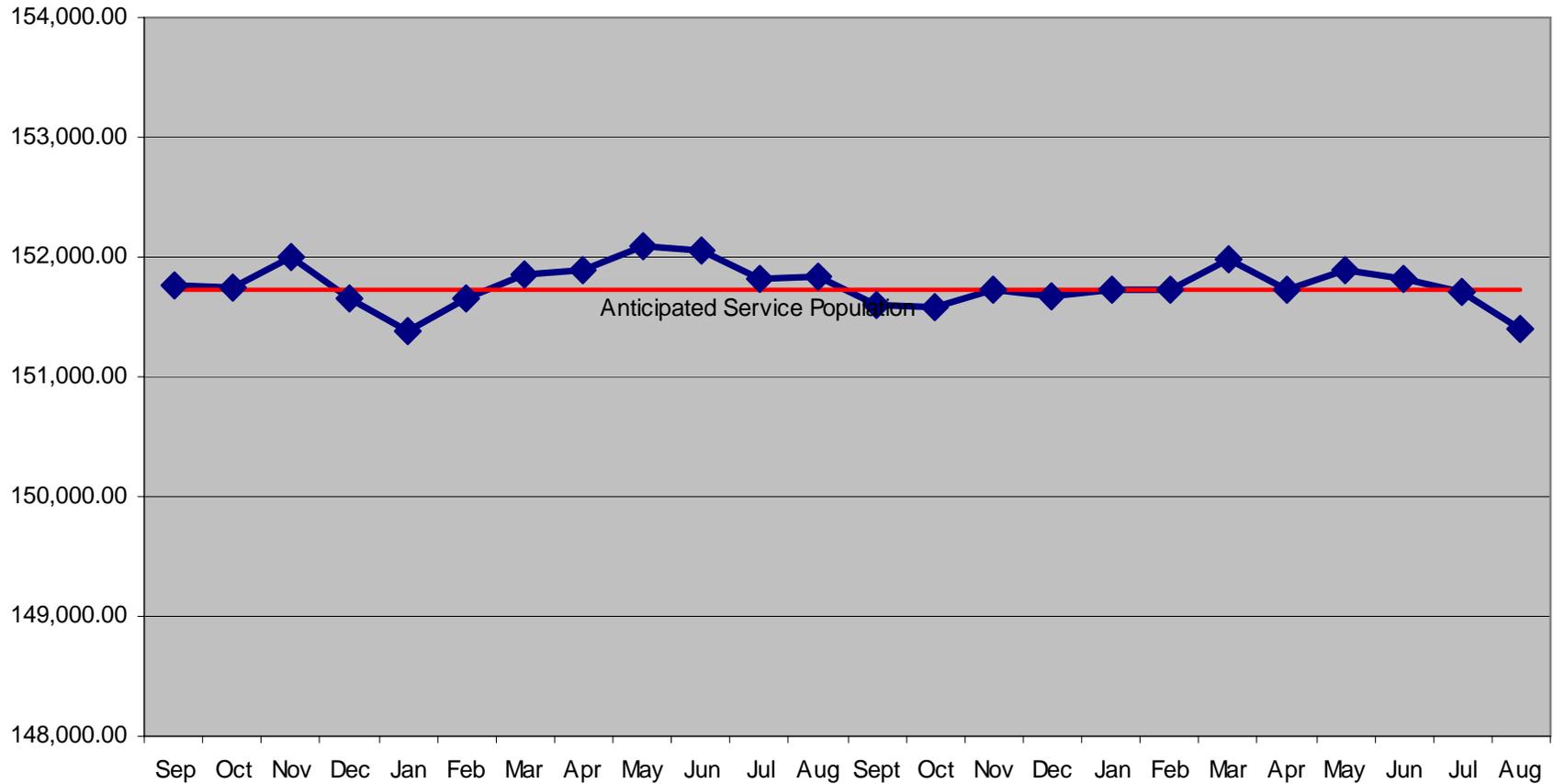
December 2008

*Correctional Managed
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TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER

CMHC Service Population FY 2007-2008 to Date



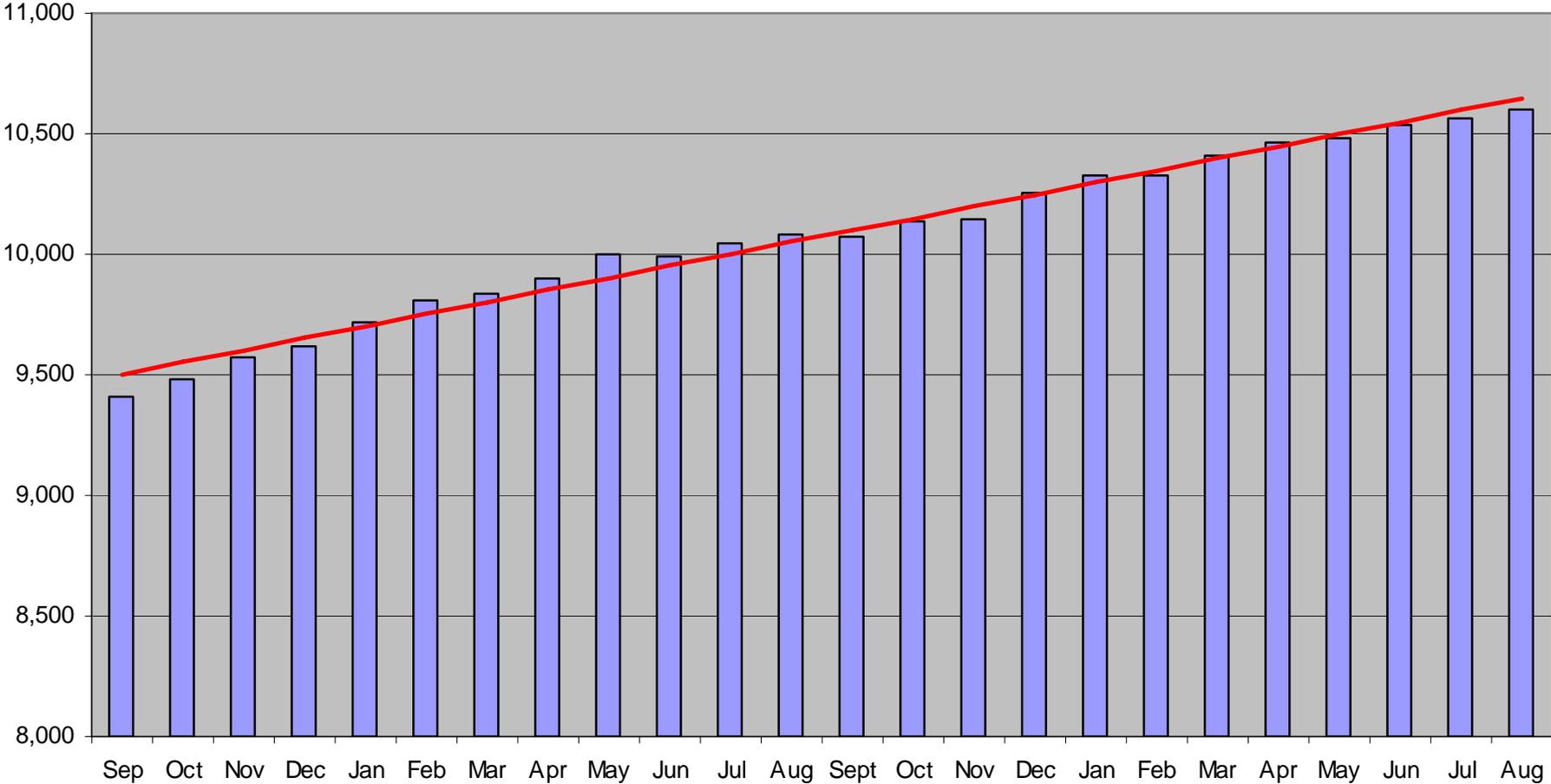
Correctional Managed

Health Care



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HEALTH SCIENCES CENTER

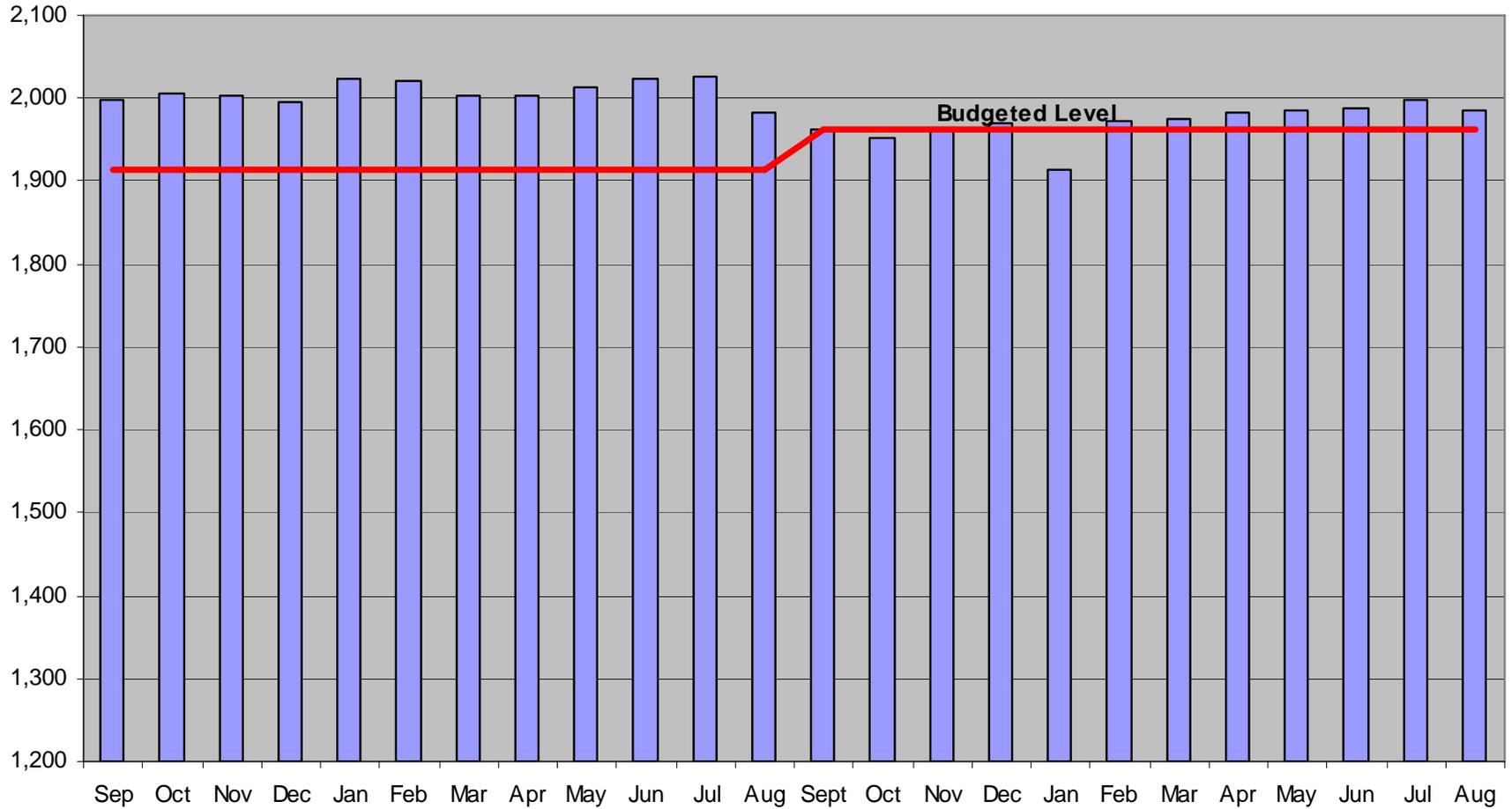
Offenders Age 55+ FY 2007-2008 to Date



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Psychiatric Inpatient Census



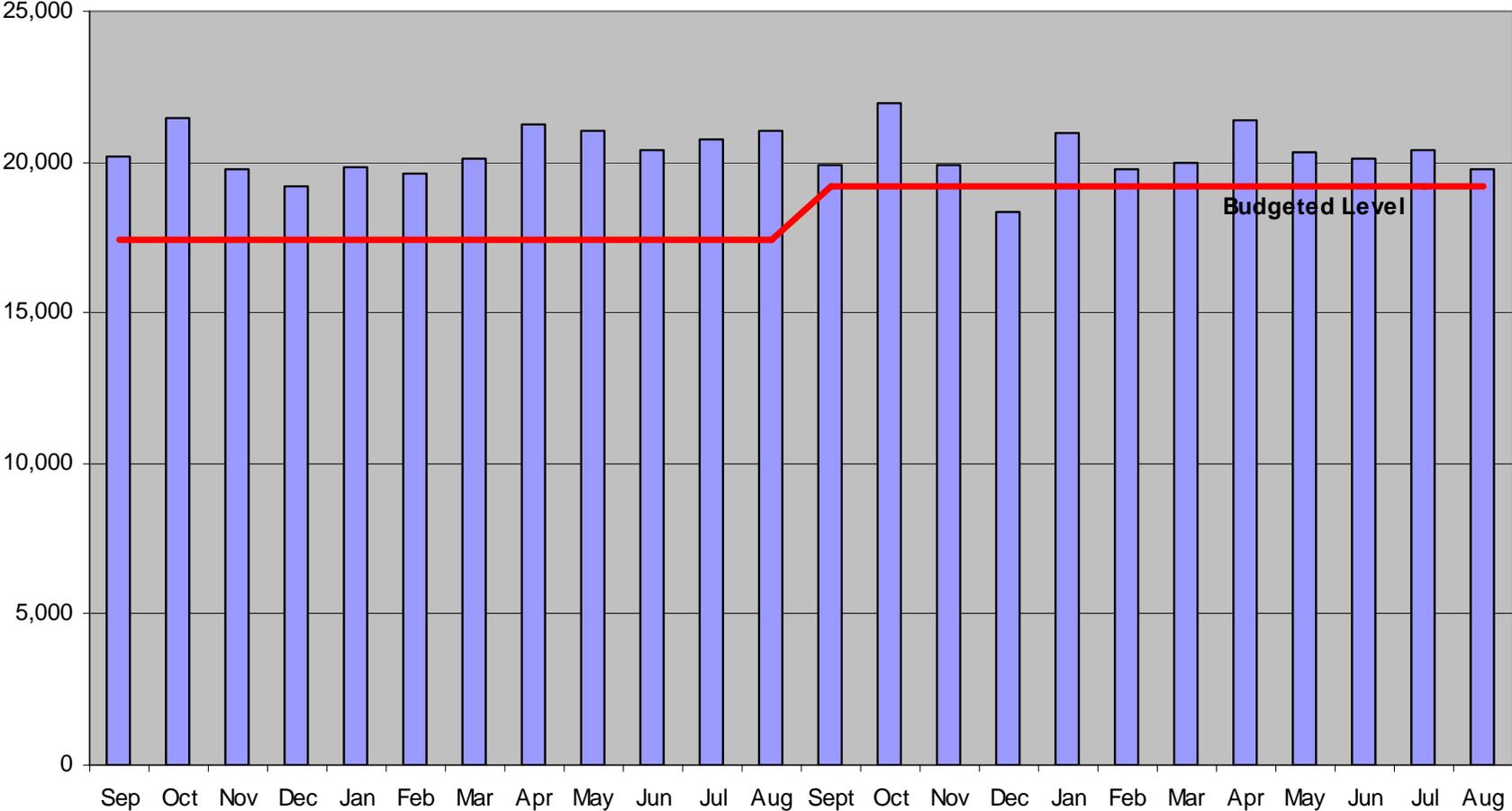
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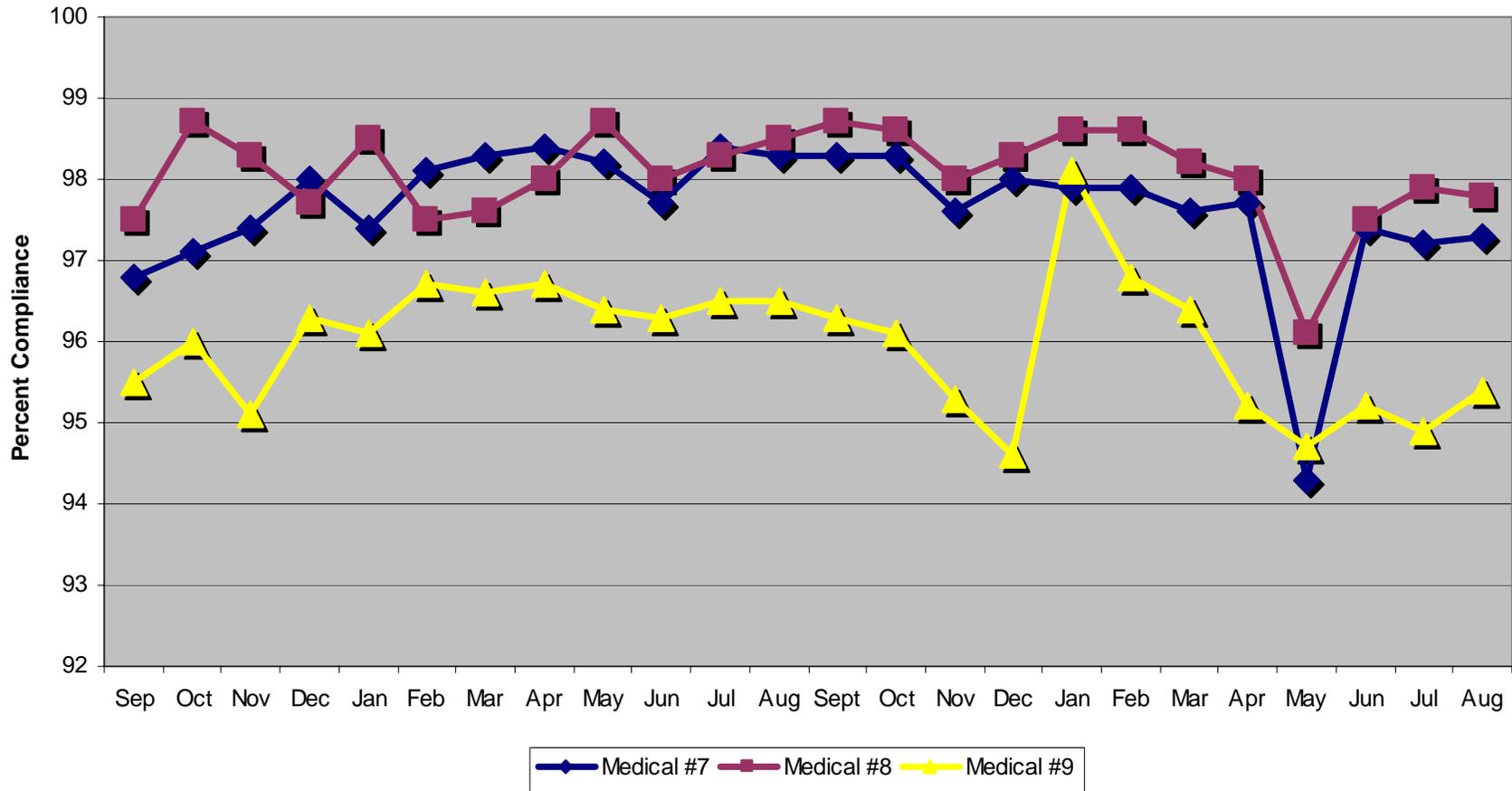
Psychiatric Outpatient Census



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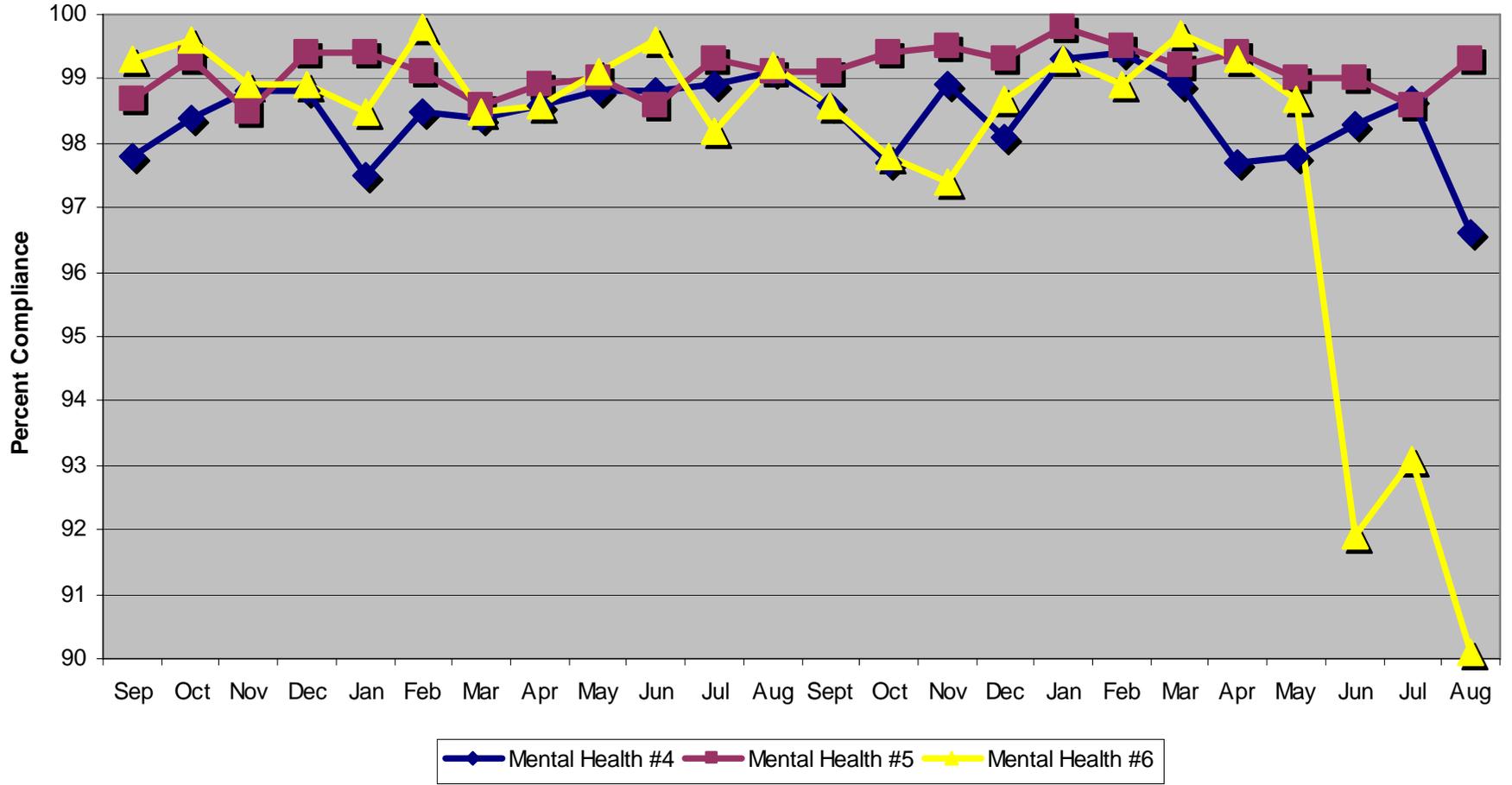
Medical Access to Care Indicators FY 2007-2008 to Date



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Mental Health Access to Care Indicators FY 2007-2008 to Date

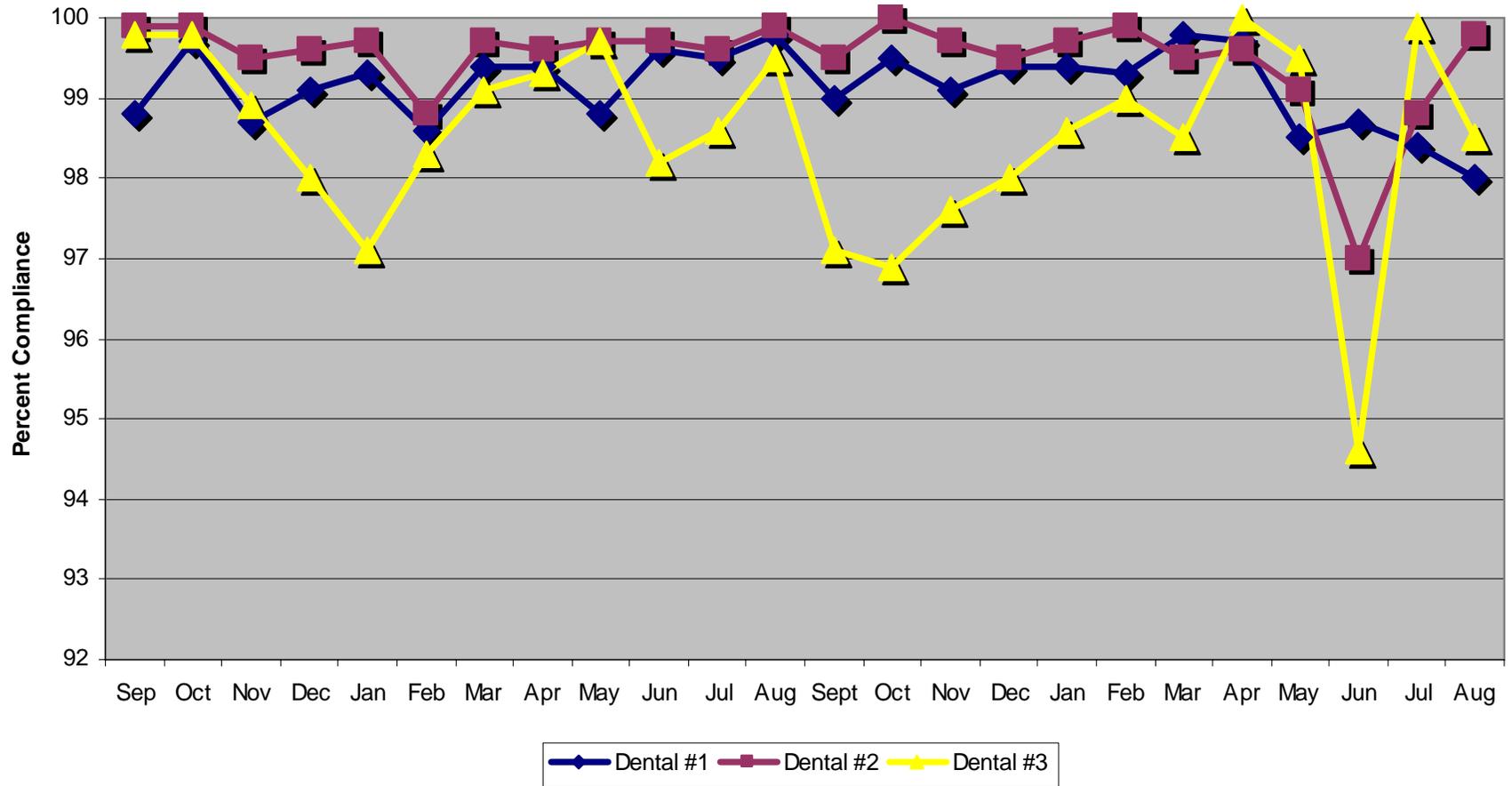


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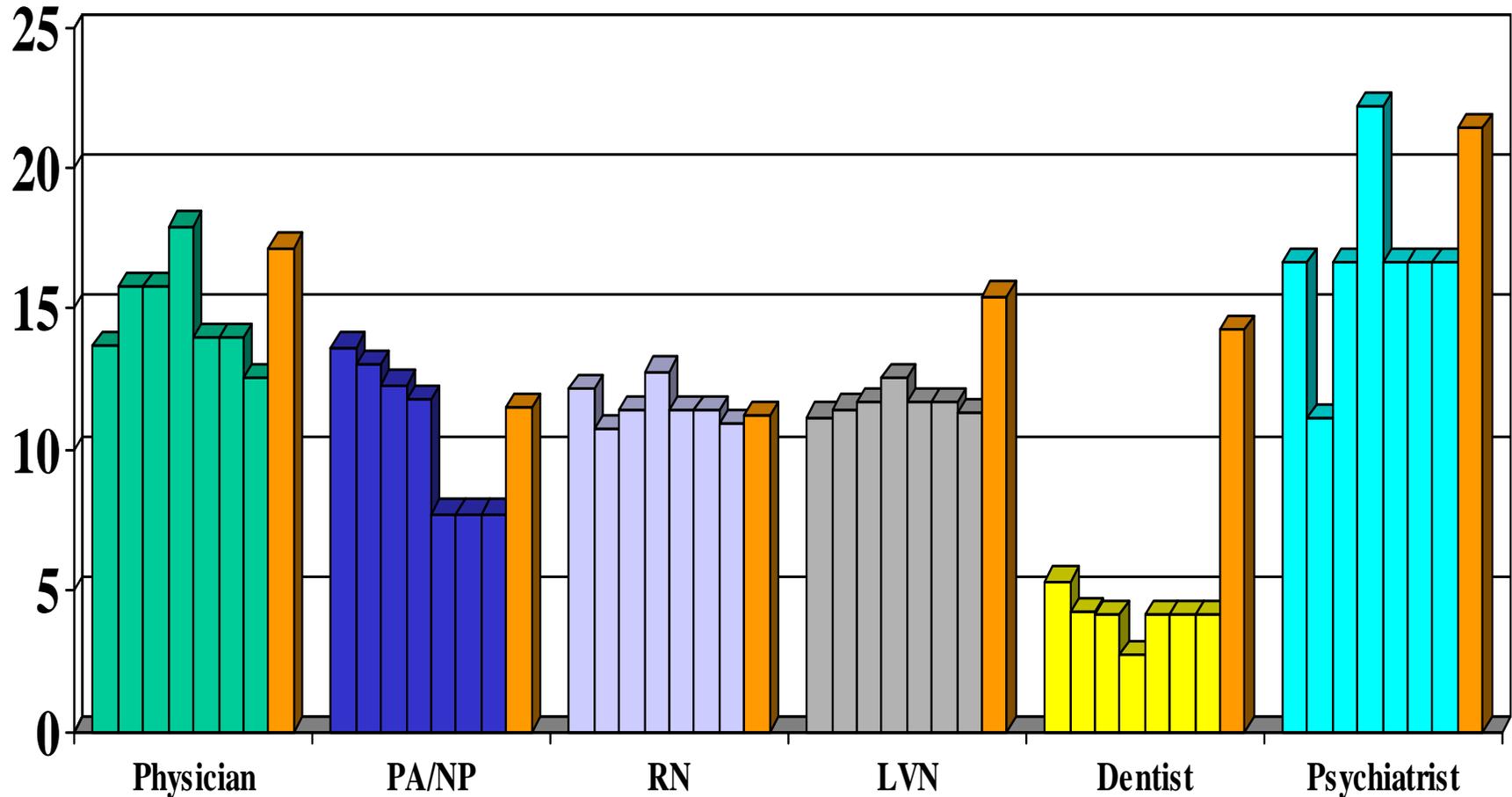
Dental Access to Care Indicators FY 2007-2008 to Date



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UTMB Vacancy Rates (%) by Quarter FY 2007-FY 2008



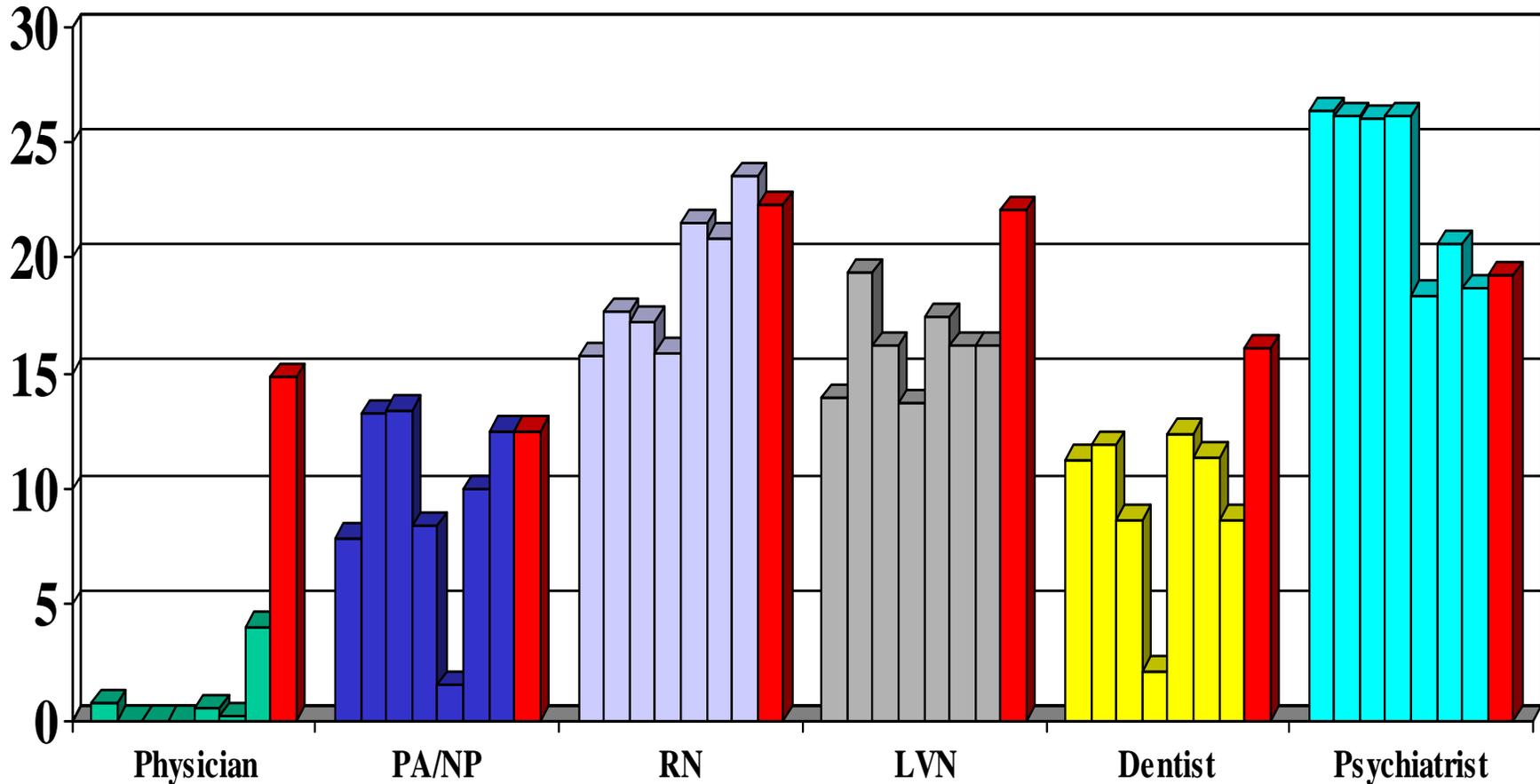
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TTUHSC Vacancy Rates (%) by Quarter FY 2007-FY 2008



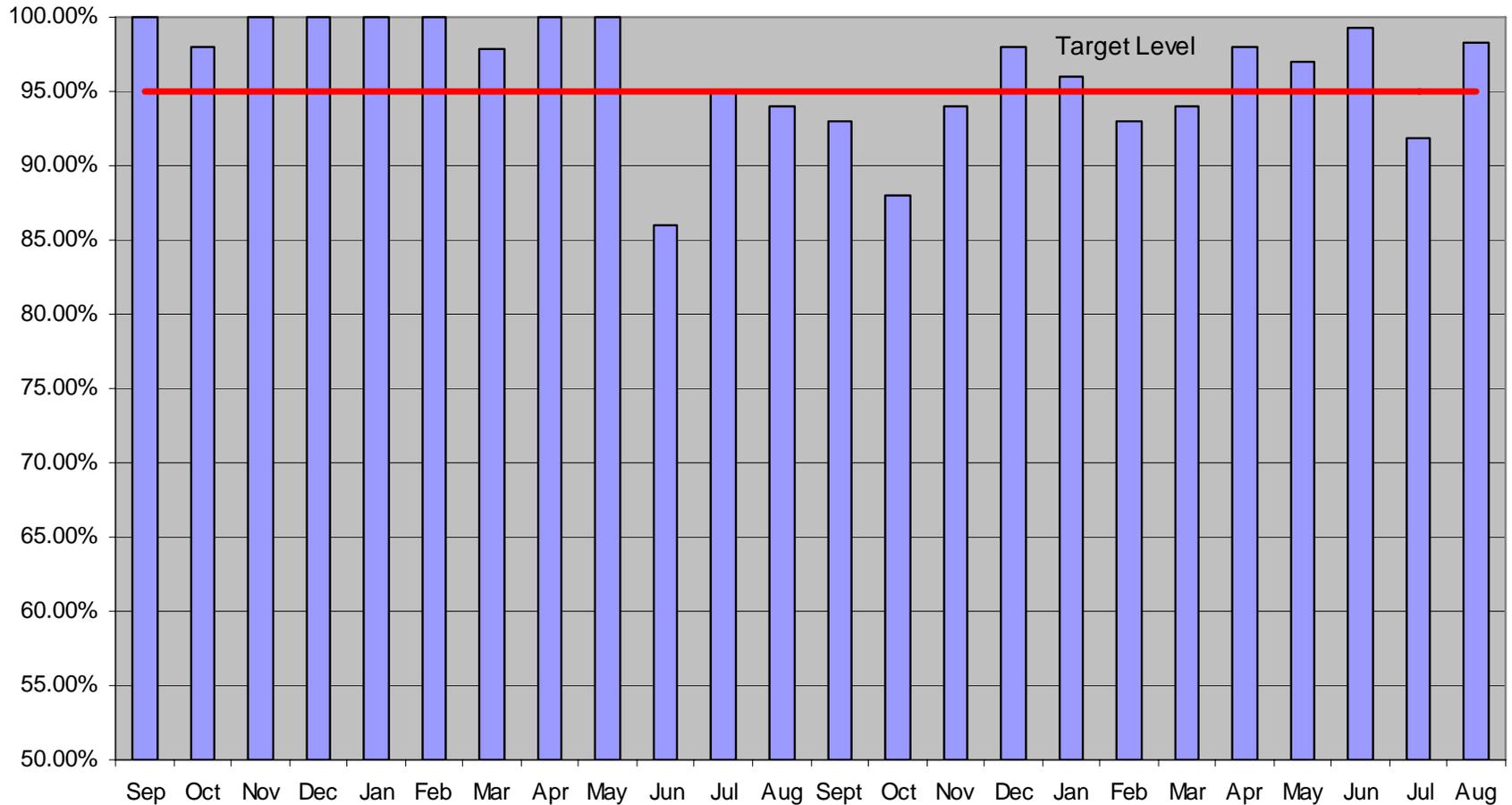
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Percent of Timely MRIS Summaries



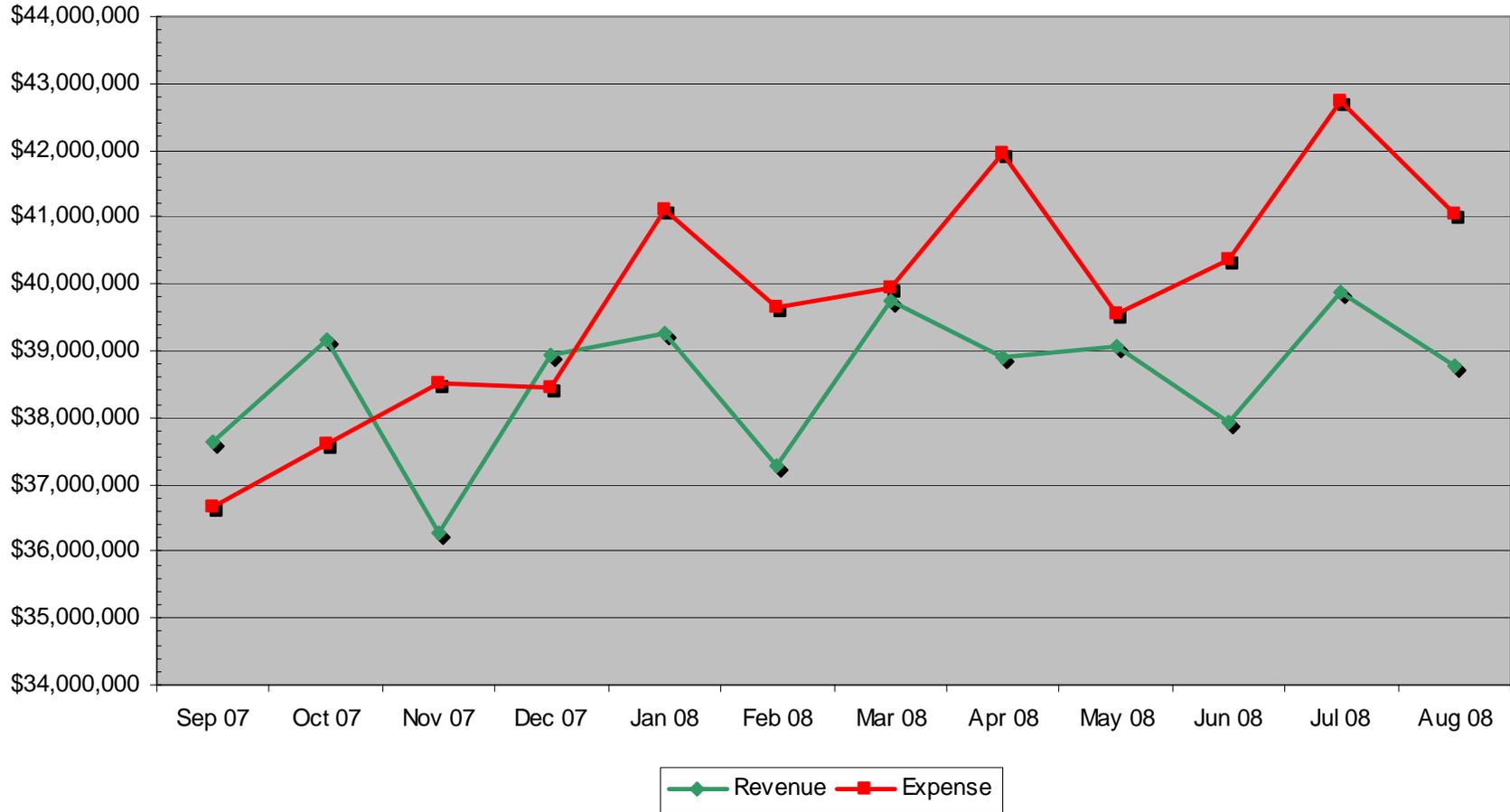
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Statewide Revenue v. Expenses by Month FY 2008

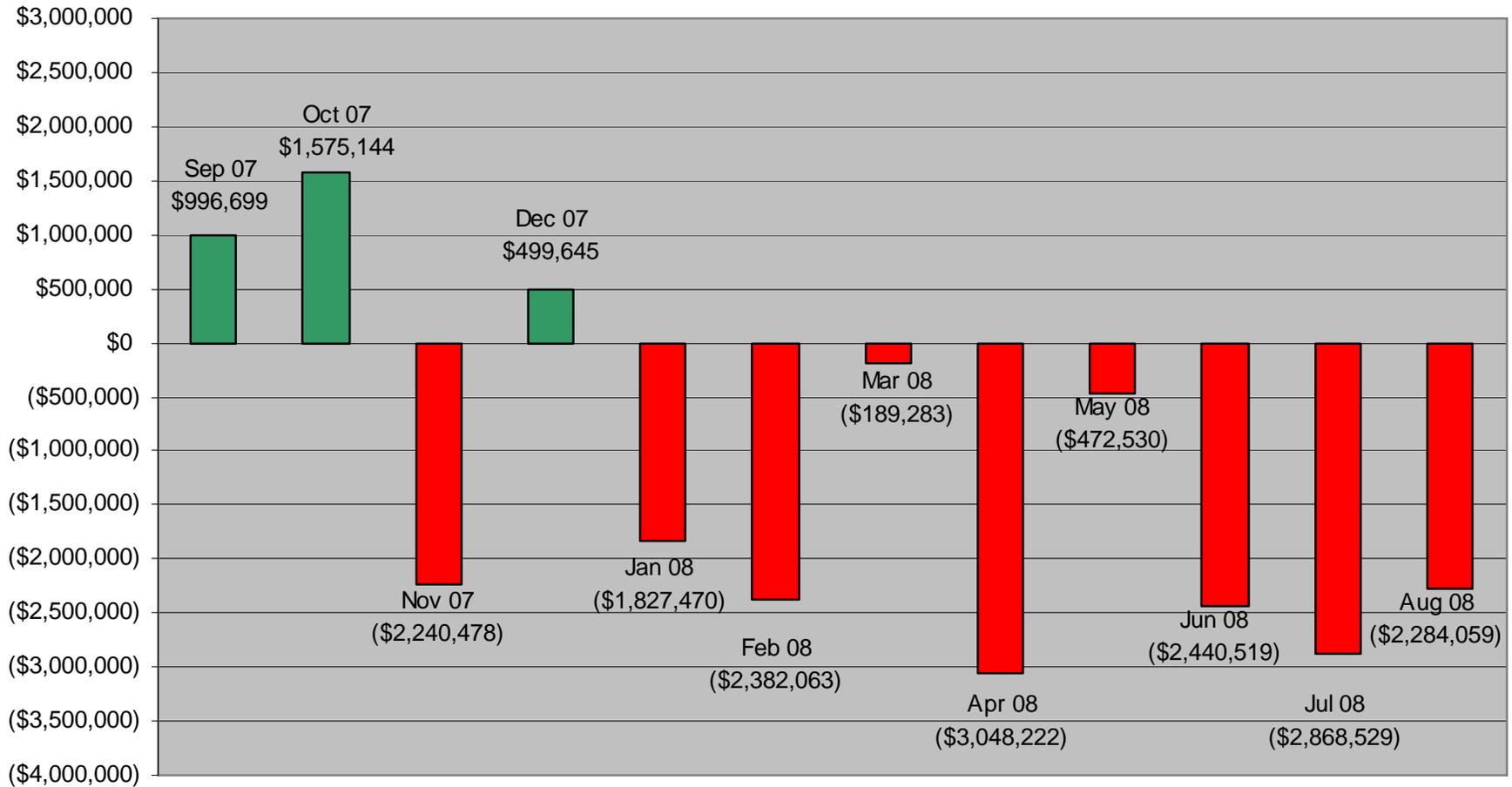


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Statewide Loss/Gain by Month FY 2008



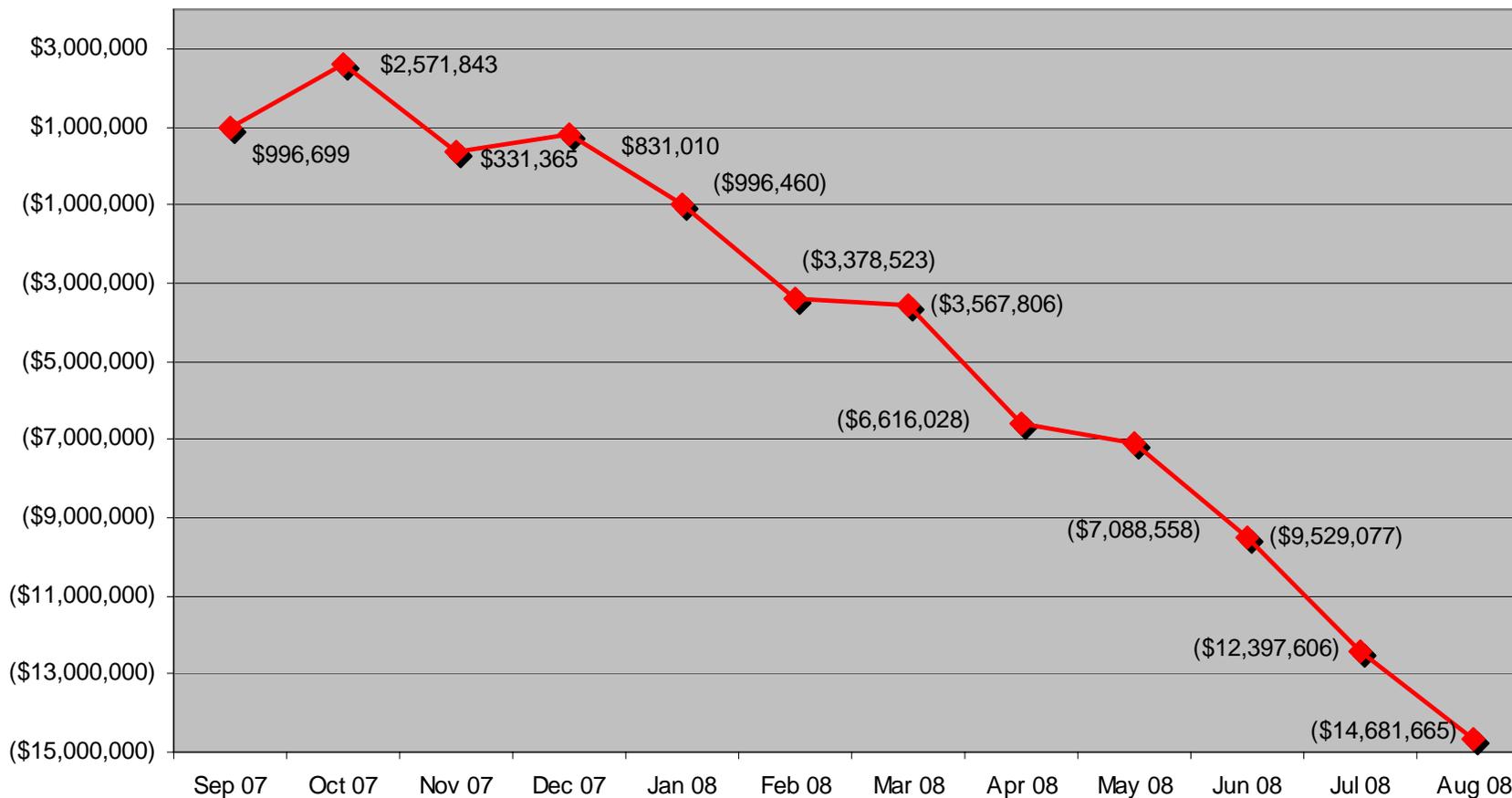
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Statewide Cumulative Loss/Gain FY 2008



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TEXAS TECH UNIVERSITY SYSTEM™

Office of Audit Services

Texas Tech University Health Sciences Center
Report on Correctional Managed Health Care

July 24, 2008
Project #2008020



TEXAS TECH UNIVERSITY SYSTEM™

Office of Audit Services

July 24, 2008

Mr. Larry Elkins
Executive Director, Correctional Managed Health Care
Texas Tech University Health Sciences Center

Dear Mr. Elkins:

We have completed our audit of Correctional Managed Health Care. This engagement was performed to satisfy the annual audit requirement of the Correctional Managed Health Care Committee Contract and was included in our annual plan for the year ending August 31, 2008. The audit was conducted in accordance with the International Standards for the Professional Practice of Internal Auditing (Standards).

Last year, our office performed an audit to determine if monitoring controls were in place to assist management in ensuring that Texas Tech University Health Sciences Center (TTUHSC) was billed correctly by the University of Texas Medical Branch at Galveston (UTMB) for correctional healthcare pharmaceuticals. Based on recommendations made in the prior year report, Correctional Managed Health Care management at TTUHSC implemented six-month pilot studies at the Jordan Unit and the Allred Unit to enhance monitoring controls and develop unit protocols. The objective of the current year audit was to evaluate the pharmaceutical pilot study at the Allred Unit to determine the effectiveness of the drug receipt, reclamation credit, and payment processes. Only the Allred Unit pilot study was reviewed in the current year audit.

We concluded that the information captured by the pilot study at the Allred Unit for the formulary and non-formulary pharmaceuticals is sufficient and can be used to aid in the reconciliation of the quantities received at the unit to the monthly invoice from UTMB. However, we concluded it is not feasible for the individual units to reconcile reclaimed pharmaceuticals in the current system. We encourage management to continue fine-tuning the pilot study at the Allred Unit to determine its benefits and feasibility to the other units served by TTUHSC.

Management concurs with the recommendations made in this report and will implement the pilot study process for the formulary and non-formulary pharmaceuticals at selected units on September 1, 2008. Management will continue to fine-tune the pilot study at the Allred Unit for the reclaimed pharmaceuticals. Management's complete response is included in this report. 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,

A handwritten signature in blue ink, appearing to read "Kim F. Turner".

Kimberly F. Turner, CPA
Chief Audit Executive

REPORT

BACKGROUND AND OBJECTIVE

The Texas correctional managed health care program represents a legislatively established partnership between the Texas Department of Criminal Justice (TDCJ), Texas Tech University Health Sciences Center (TTUHSC), and the University of Texas Medical Branch at Galveston (UTMB). The partnership is governed by the Correctional Managed Health Care Committee and is responsible for providing comprehensive health care services to offenders incarcerated in Texas state prisons. TTUHSC provides health care services to offenders housed in the TDCJ correctional facilities in West Texas.

TTUHSC has contracted with UTMB for pharmaceutical services. The contract covers procurement of the drugs and operation costs incurred by the UTMB central pharmacy. The central pharmacy is a storage and distribution center for all the TDCJ prison units. TTUHSC receives a monthly invoice from UTMB for drug costs and a percentage of pharmacy personnel, maintenance, and operation costs.

Last year, our office performed an audit to determine if monitoring controls were in place to assist management in ensuring that TTUHSC was billed correctly by UTMB for correctional healthcare pharmaceuticals. We determined the monitoring process should be enhanced to ensure accurate billing and payment for the correctional healthcare pharmaceuticals. However, we acknowledged that development of such a process would take a considerable amount of time due to the number of prison units involved. Each unit independently requisitions pharmaceuticals from the UTMB central pharmacy, and the pharmaceuticals are shipped directly to each unit along with a detailed shipping manifest. Larger units may receive multiple boxes of pharmaceuticals in a single day. Additionally, each unit has a different process for receiving pharmaceuticals.

Based on recommendations in last year's audit, Correctional Managed Health Care management at TTUHSC implemented six-month pilot studies at the Jordan Unit and the Allred Unit to enhance pharmaceutical monitoring controls and develop unit protocols. In planning the current year audit and discussing possible objectives with Correctional Managed Health Care management, we decided to review the pilot study at the Allred Unit. The objective of this audit was to evaluate the pharmaceutical pilot study at the Allred Unit to determine the effectiveness of the drug receipt, reclamation credit, and payment processes. The Allred Unit is one of the largest units served by TTUHSC, housing approximately 3,700 offenders.

AUDIT PROCESS AND OBSERVATIONS

Members of the audit team travelled to the Allred Unit to observe the receiving and reclamation processes at the unit. The Allred Unit uses hand-held scanners to capture barcode information on the formulary and non-formulary items received in daily shipments from the UTMB central pharmacy. The unit also captures information on the items returned to UTMB for reclamation credit (i.e., unused pharmaceuticals). The barcode includes information such as patient name, TDCJ unit, stock number, and prescription number, among other types of information. The scanned information is stored in an Access database at the unit. Quantities of pharmaceuticals received and returned are manually entered into the database by unit personnel.

Based on the information obtained during observations and in conducting interviews, we performed a reconciliation of the January 2008 database information at the Allred Unit to source documents from UTMB. The source documents are used by UTMB personnel to prepare the monthly invoice sent to TTUHSC. The source documents are provided to the TTUHSC School

REPORT (continued)

of Pharmacy after month-end, and the monthly invoice is sent to the Director of Finance within Correctional Managed Health Care.

At the time audit fieldwork was performed, floor stock and warehouse pharmaceuticals were not scanned into the database at the Allred Unit, but were tracked separately using spreadsheets. These types of pharmaceuticals are not patient-specific like the formulary and non-formulary pharmaceuticals, but are bulk items stored at the unit for everyday use. Because floor stock and warehouse items were tracked by the unit outside of the database, we did not include these types of pharmaceuticals in the reconciliation. Beginning June 1, 2008, the unit started keeping floor stock and warehouse items in a database.

It should also be noted that the scanning process captures only quantity information, not pricing information. Currently, pharmaceutical prices are not included on the detailed shipping manifest that accompanies formulary and non-formulary pharmaceutical shipments. Pricing information by unit is analyzed by TTUHSC School of Pharmacy personnel.

CONCLUSIONS

Based on the reconciliation performed for January 2008, it appears the information captured by the scanning process at the Allred Unit for the formulary and non-formulary pharmaceuticals is sufficient and can be used to aid in the reconciliation of the quantities received at the unit to the monthly invoice from UTMB.

However, reclaimed pharmaceuticals from the Allred Unit could not be reconciled to source documents from UTMB (specifically the "Allred Clinical Detail Summary Report" for January 2008). The quantity returned on the January UTMB report was typically higher than the quantity that was manually entered into the January database at the unit. There are a couple of reasons why this difference occurs. First, returned items from the unit are sent to a warehouse in Snyder to await pickup by a TDCJ truck. The TDCJ truck transports the items back to the UTMB central pharmacy, but only when there is available space on the truck. Depending on how long it takes the items to be delivered to UTMB, credit for the items may not occur in the same month they are returned/scanned into the database at the unit. Additionally, there are inmate transfer issues. The unit that originally requisitions a pharmaceutical for an inmate receives the reclamation credit, even if the item is returned to UTMB by another unit. We noted reclamation information in the database at the Allred Unit for other units (because the barcode scanned into the database includes a unit identifier). Conversely, the Allred Unit does not have information in their database on reclamation credit they received for items returned by another unit. Therefore, it is not feasible for the individual units to reconcile reclaimed pharmaceuticals in the current system.

RECOMMENDATIONS

While the information captured in the scanning process appears sufficient to aid in the reconciliation, we were not able to reconcile the formulary and non-formulary items to the exact quantities shown on the source documents from UTMB, particularly for the formulary items. However, this process can pinpoint specific items that should be discussed with UTMB personnel in order to determine the reason for large variances. Furthermore, this process can provide reasonable assurance to management that the monthly invoice from UTMB is materially accurate. For these reasons, we encourage management to continue fine-tuning the pilot study at the Allred Unit to determine its benefits and feasibility to the other units served by TTUHSC. The training needs of unit personnel as well as the accessibility of electronic reports from

REPORT (continued)

UTMB are important factors to consider in determining how to roll out the process to other units.

Management should also determine the communication or documentation that needs to occur between the individual units and the Director of Finance prior to the payment of the monthly invoice from UTMB. This communication should not only include whether the formulary and non-formulary items are materially correct, but also the floor stock and warehouse items.

ADDITIONAL INFORMATION

Currently, the formulary and non-formulary pharmaceuticals are ordered through separate systems at UTMB. The floor stock and warehouse pharmaceuticals are ordered through a third system. The different reports provided by these systems add to the complexity of the reconciliation process. Reports provided by UTMB are based on different types of information (i.e., some are grouped by stock number, some by prescription number, some by medication name). UTMB is in the process of testing a new pharmacy system (called Pharmacy Replacement System or PRS) that is tied into its electronic medical record system. PRS will streamline the ordering process for formulary pharmaceuticals, but will not replace the floor stock and warehouse ordering system. The implementation of the new pharmacy system will hopefully increase the consistency in reporting and decrease the complexity of the reconciliation process.

SYNOPSIS OF MANAGEMENT'S RESPONSE

Management concurs with the recommendations made in this report and will implement the pilot study process for the formulary and non-formulary pharmaceuticals at selected units on September 1, 2008. Management will continue to fine-tune the pilot study at the Allred Unit for the reclaimed pharmaceuticals. Management's complete response is included in this report, beginning on page 5.

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:

2120.A1 - Based on the results 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 should include:

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

REPORT (continued)

REPORT DISTRIBUTION

Audit Committee, Texas Tech Board of Regents
Mr. Kent Hance
Mr. Jim Brunjes
Dr. John E. Opperman
Dr. John C. Baldwin
Mr. Elmo Cavin
Dr. Cynthia Jumper
Dr. Denise DeShields
Mr. Gary Tonniges
Mr. Jerry Hoover
Mr. Harry Edwards
Mr. David McNutt

MANAGEMENT'S ACTION PLAN



TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER™

July 23, 2008

Kimberly F. Turner, CPA
Chief Audit Executive
Office of Audit Services
Texas Tech University System

Dear Ms. Turner:

Thank you for accepting my suggestion that you provide the 200 hours of audit services for this fiscal year to reviewing the pilot study being implemented for the receipt of and payment for Correctional Managed Health Care pharmaceuticals received from the University of Texas Medical Branch (UTMB).

I wish to extend special thanks to Ms. Teresa Jack, Assistant Audit Director, and Mr. Darren Smith, Senior Auditor, for their time and efforts in completing this audit.

On behalf of Correctional Managed Health Care of TTUHSC your recommendations are accepted and following is our plan of action:

Effective, September 01, 2008, we will execute the process and information captured by the pilot study at the Allred Unit for the formulary and non-formulary pharmaceuticals at the following units:

- Baten and Jordan, Pampa, TX
- Allred and Allred ECB, Wichita Falls, TX
- Sanchez, El Paso, TX
- Montford, Lubbock, TX
- Neal and PAMIO, Amarillo, TX
- Dalhart, Dalhart, TX
- Fort Stockton and Lynaugh, Ft. Stockton, TX

The conclusion by the members of the audit team that the resulting information derived by the pilot study for the formulary and non-formulary pharmaceuticals is sufficient to reconcile quantities received at the unit to the monthly invoice from UTMB is the main reason to apply the process at the units listed above in assisting the Managing Director of Finance reconcile the monthly invoice from UTMB before payment.

Your conclusion that it is not feasible for the individual units to reconcile reclaimed pharmaceuticals in the current system is one of our main objectives in fine-tuning the pilot study at the Allred Unit between now and September 01, 2008, and thereafter.

Correctional Managed Health Care
3223 S. Loop 289, Suite 210 | Lubbock, Texas 79423 T 806-791-4433 | F 806-797-9492

MANAGEMENT'S ACTION PLAN (continued)



TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER™

Lastly, we ask you to consider providing the 200 hours of audit services for FY2009 for Correctional Managed Health Care to this project.

Sincerely,



Larry Elkins
Executive Director
Correctional Managed Health Care
Texas Tech University Health Sciences Center

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

As of November 2008

Title of Position	CMHCC Partner Agency	Vacant Since (mm/yyyy)	Actions Taken to Fill Position
Physician	UTMB - CMC	09/2006	Local and National Advertising; Conferences. Currently 10 vacancies system-wide including Hospital Galveston.
Mid-Level Practitioners (PA and FNP)	UTMB – CMC	09/2006	Local and National Advertising; Career Fairs; Conferences. Currently 17 openings system-wide; concentrated in Beeville and Palestine areas and includes Mental Health Services.
Psychiatrists	UTMB-CMC	06/2008	Local and National Advertising; Conferences. Currently 1 vacancy system-wide.
Dentists	UTMB – CMC	06/2008	Local and National Advertising; Conferences. Currently 8 vacancies system-wide.
District Dental Directors	UTMB - CMC	09/2008	Local and National Advertising; Conferences. Currently 2 vacancies system-wide.

Title of Position	CMHCC Partner Agency	Vacant Since (mm/yyyy)	Actions Taken to Fill Position
Correctional Physician	TTUHSC	08/2007	Enhanced advertisement and recruitment through newly contracted agencies.
Physician II	TDCJ	09/2007	Multiple postings and advertisement in journals and newspapers. 3/1/08: continue to post and recruit applicants. 4/1/08: continue posting/recruitment. 5/1/08: Hold, waiting on decision to change to two part time positions; approved to create one part time position with contingency to create second part time when there is interest.
LVN III-Office of Professional Standards (Huntsville)	TDCJ	08/2008	Employee transferred to UTMB employment; posted and closes 8/29/08; selected applicant to new hire 12/1/08.
Nurse II – Contract and Quality Monitor (2 Part-time Positions)	TDCJ	06/2007	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. 12/6/07: Salary increase approved; 1/17/08: change job description; 2/13/08: Convert full time RN into two part time RN positions; 4/1/08: Posted; reposted 6/5/08. One part time position filled 9/2/08; Change part time employee to full time 12/1/08.

UTMB CMC Dental Salary Augmentation Plan

20 November 2008

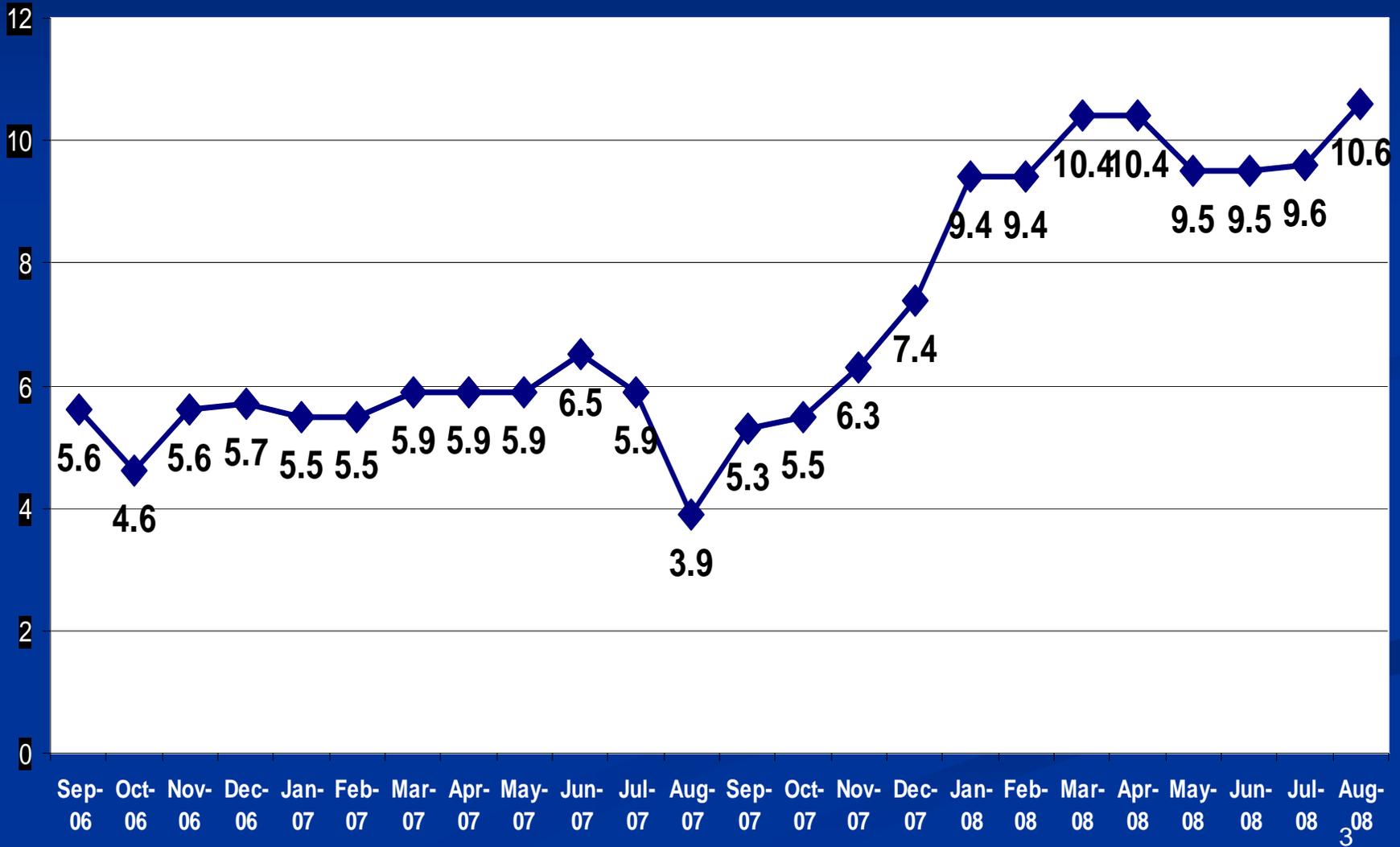
Current Staffing Issues

9 District & Special*	(7) Filled	(2) Vacant
77 Dentist	(69) Filled	(8) Vacant
<hr/>		
86 Total		

12% Vacancy Rate
as of 20 November 08

Historical Dental Vacancy Rates

Sept. 2006 – Aug. 2008



Current Staffing Issues

The future of the program in question:

15% are over age 65

36% are over age 60

70% are over age 55

Current Staffing Issues

Current Salaries:

District Dentist Avg.	\$131,000
Facility Dentist Avg.	\$114,000

Current Agency Spending:

Current Agency Price is:	\$112/hr.
Approx. 6 FTE agency positions	\$22,400/wk
FY08 Cost	\$988,000

Current Staffing Issues

Dental Market Data:

	P50	AVG	P75
2007 All Organizations	\$132k	\$138k	\$151k
2007 All Hospitals	\$132k	\$133k	\$149k
2007 US Avg.	\$132k	\$138k	\$151k
Veterans Administration	\$93k		\$175k

Proposed Plan

9	District & Special Dentist	\$145,000 avg.
77	Facility Dentist	\$132,000 avg.
<hr/>		
86	Total	

Fiscal Impact

Current Costs			
District Dentist	7	\$131,000	\$917,000
Dentist	69	\$114,000	\$7,866,000
Plus agency at full staffing for dentist (8fte)			\$1,856,000
Total			\$10,639,000
Proposed Costs			
District Dentist	9	\$145,000	\$1,305,000
Dentist	77	\$132,000	\$10,164,000
Total			\$11,469,000
Potential New Cost			\$830,000



**TEXAS DEPARTMENT OF
CRIMINAL JUSTICE**

***HEALTH SERVICES DIVISION
MEDICAL DIRECTOR'S REPORT***

Fourth Quarter FY-2008

Lannette Linthicum, MD, CCHP-A, FACP

TDCJ Medical Director's Report

Office of Health Services Monitoring (OHSM)

Operational Review Audit (ORA)

- During the fourth quarter of FY-2008 (June, July, and August), 12 Operational Review Audits were conducted at the following facilities: Clemens, Crain, Ellis, Garza East/West, Hamilton, Hughes, Marlin, McConnell, Ramsey, Shero, Stevenson, and Stringfellow. The 11 items most frequently out of compliance follow:
 1. Item 5.11 requires Emergency Room Forms (HSM-16), to be filled out completely and legibly to include assessment, intervention, medications administered, disposition and signature. 11 of the 12 facilities were not in compliance with this requirement. The 11 facilities out of compliance were: Clemens, Crain, Ellis, Garza East/West, Hamilton, Hughes, Marlin, McConnell, Ramsey, Stevenson, and Stringfellow. Corrective actions were requested from the 11 facilities, all of which were submitted. The Corrective Action Plans of the following units have been accepted and the audit process for these units is closed: Clemens, Ellis, Hamilton, Hughes, and Stringfellow. The action plans of the following units have been submitted with Texas Department of Criminal Justice (TDCJ) Health Services' approval pending as of the date of this report: Crain, Garza East/West, Marlin, McConnell, Ramsey and Stevenson.
 2. Item 5.14 requires the dated and signed Certification and Record of Segregation Visits form be attached to a current housing list. 10 of the 12 facilities were not in compliance with this requirement. The 10 facilities out of compliance were: Crain, Ellis, Garza East/West, Hamilton, Marlin, McConnell, Ramsey, Shero, Stevenson and Stringfellow. Corrective actions were requested from the 10 facilities, all of which were submitted. The Corrective Action Plans of the following units have been accepted and the audit process for these units is closed: Ellis, Hamilton, Hughes, and Stringfellow. The action plans of the following units have been submitted with TDCJ Health Services' approval pending as of the date of this report: Crain, Garza East/West, McConnell, Ramsey, Shero, and Stevenson.
 3. Item 6.37 requires the pneumococcal vaccine be offered to offenders with certain chronic diseases (e.g., heart disease, emphysema, COPD, diabetes). Note that asthma is not included unless it is associated with COPD, emphysema or long term systemic steroid use. 10 of the 12 facilities were not in compliance with this requirement. The 10 facilities out of compliance were: Clemens, Crain, Ellis, Garza East/West, Hamilton, Marlin, McConnell, Ramsey, Shero, and Stevenson. Corrective actions were requested from the 10 facilities, all of which were submitted. The Corrective Action Plans of the following units have been accepted and the audit process for these units is closed: Clemens, Hamilton, and Ellis. The action plans of the following units have been submitted with TDCJ Health Services' approval pending as of the date of this report: Crain, Garza East/West, Marlin, McConnell, Ramsey, Shero, and Stevenson.
 4. 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 48 hours must be present. 10 of the 12 facilities were not in compliance with this requirement. The 10 facilities out of compliance were: Crain, Ellis, Garza East/West, Hamilton, Hughes, McConnell, Ramsey, Shero, Stevenson, and Stringfellow. Corrective actions were requested from the 10 facilities, all of which were submitted. The Corrective Action Plans of the following units have been accepted and the audit process for these units is closed: Ellis, Hamilton, Hughes, and Stringfellow. The action plans of the following units

Operational Review Audit (ORA) Cont'd.

have been submitted with TDCJ Health Services' approval pending as of the date of this report: Crain, Garza East/West, McConnell, Ramsey, Shero, and Stevenson.

5. Item 5.16 requires nursing staff document on the HSN-1 (Nursing Incoming Chain Review) that a review was conducted within 12 hours of the offenders upon arrival to the facility for housing, work assignments, work restrictions, disciplinary restrictions, mental health restrictions, prescribed medications, and treatment. Eight of the 12 facilities were not in compliance with this requirement. The eight facilities out of compliance were: Clemens, Crain, Ellis, Hamilton, Hughes, Ramsey, Shero, and Stevenson. Corrective actions were requested from the 8 facilities, all of which were submitted. The Corrective Action Plans of the following unit have been accepted and the audit process for this unit is closed: Clemens, Ellis, Hamilton and Hughes. The action plans of the following units have been submitted with TDCJ Health Services approval pending as of the date of this report: Crain, Ramsey, Shero and Stevenson.
6. Item 5.17 requires offenders with chronic illnesses have a documented Individual Treatment Plan, which includes instructions about diet, exercise, medication type, frequency of diagnostic testing and follow-up evaluations (as applicable). Eight of the 12 facilities were not in compliance with this requirement. The eight facilities out of compliance were: Crain, Ellis, Garza East/West, Hamilton, Hughes, Marlin, McConnell, and Stevenson. Corrective actions were requested from the eight facilities, all of which were submitted. The Corrective Action Plans of the following units have been accepted and the audit process for these units is closed: Ellis, Hamilton and Hughes. The action plans of the following units have been submitted with TDCJ Health Services' approval pending as of the date of this report: Crain, Garza East/West, Marlin, McConnell, and Stevenson.
7. Item 5.20 requires physical exams are documented on the HSM-4 every three years, on males fifty (50) to fifty-nine (59) years of age, to include digital rectal exam and fecal occult blood testing. Eight of the 12 facilities were not in compliance with this requirement. The eight facilities out of compliance were: Crain, Ellis, Garza East/West, Hamilton, Hughes, McConnell, Ramsey, and Stevenson. Corrective actions were requested from the eight facilities, all of which were submitted. The Corrective Action Plans of the following units have been accepted and the audit process for these units is closed: Clemens, Ellis, Hamilton, Hughes, and Stringfellow. The action plans of the following units have been submitted with TDCJ Health Services' approval pending as of the date of this report: Crain, Ramsey, and Stevenson.
8. Item 5.12 requires all offenders who are placed in administrative segregation have their medical record reviewed and a physical examination be completed within twelve hours. Seven of the 12 facilities were not in compliance with this requirement. The seven facilities out of compliance were: Clemens, Crain, Garza East/West, Marlin, McConnell, Ramsey, and Shero. Corrective actions were requested from the seven facilities, all of which were submitted. The Corrective Action Plan of the following unit has been accepted and the audit process for this unit is closed: Clemens. The action plans of the following units have been submitted with TDCJ Health Services' approval pending as of the date of this report: Crain, Garza East/West, Marlin, McConnell, Ramsey, and Shero.
9. Item 5.19 requires the medical provider document on the HSM-4, physical exams annually, on male offenders sixty (60) years of age or older, to include digital rectal exam and fecal occult blood testing. Seven of the 12 facilities were not in compliance with this requirement. The seven facilities out of compliance were: Crain, Garza East/West, Hamilton, Hughes, McConnell, Ramsey, and Stevenson. Corrective actions were requested from the seven facilities, all of which

Operational Review Audit (ORA) Cont'd.

were submitted. The Corrective Action Plans of the following unit have been accepted and the audit process for these units is closed: Hamilton and Hughes. The action plans of the following units have been submitted with TDCJ Health Services approval pending as of the date of this report: Crain, Garza East/West, McConnell, Ramsey, and Stevenson.

10. 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. Six of the 12 facilities were not in compliance with this requirement. The six facilities out of compliance were: Crain, Ellis, Hughes, Ramsey, Shero, and Stevenson. Corrective actions were requested from the six facilities, all of which were submitted. The Corrective Action Plans of the following units have been accepted and the audit process for these units is closed: Ellis and Hughes. The action plans of the following units have been submitted with TDCJ Health Services' approval pending as of the date of this report: Crain, Ramsey, Shero, and Stevenson.

11. Item 5.10 requires in the medical records of offenders, who have been receiving therapeutic diets in excess of seven days, reflect that nutritional counseling has been provided within 30 days. Six of the 12 facilities were not in compliance with this requirement. The six facilities out of compliance were: Crain, Ellis, Marlin, Ramsey, Shero, and Stevenson. Corrective actions were requested from the six facilities, all of which were submitted. The Corrective Action Plans of the following unit have been accepted and the audit process for this unit is closed: Ellis. The action plans of the following units have been submitted with TDCJ Health Services' approval pending as of the date of this report: Crain, Marlin, Ramsey, Shero, and Stevenson.

Grievances and Patient Liaison Correspondence

During the fourth quarter of FY-2008 (June, July, and August), the Patient Liaison Program and the Step II Grievance Program received 3,006 correspondences. The Patient Liaison Program had 1,434 and Step II Grievance had 1,572. Of the total number of correspondence received, 268 (8.92 percent) Action Requests were generated by the Patient Liaison Program and the Step II Grievance Program.

Quality Improvement (QI) Access to Care Audits

During the fourth quarter of FY-2008 (June, July, and August), the Patient Liaison Program nurses and investigators performed 86 Access to Care (ATC) audits. The ATC audits looked at verification of facility information and a random sample conducted by the Office of Professional Standards (OPS) staff. Of the 86 facilities, representing a total of 774 indicators reviewed, 23 of them fell below the 80 percent threshold representing five (5) percent. This is a noted decrease from previous quarters.

Capital Assets Monitoring

The Capital Assets Contract Monitoring Office audited 12 units during the fourth quarter. These audits are conducted to determine compliance with the Health Services Policy and State Property Accounting (SPA) policy inventory procedures. Audit findings document that 11 of the 12 units audited were within the compliance range: Clemens, Crain, Ellis, Garza East/West, Hamilton, Hughes, McConnell, Ramsey, Shero, Stevenson, and Stringfellow. The Marlin Facility findings were not in the acceptable range, Corrective Action Plans were requested from this facility.

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 fourth quarter of FY-2008:

- 201 reports of suspected syphilis this quarter, compared with 181 in the previous quarter. These figures represent a slight overestimation of actual number of cases, as some of the suspected cases will later turn out to be resolved prior infections rather than new cases.
- 1,037 Methicillin-Resistant Staphylococcus Aureus (MRSA) cases were reported compared to 1,302 during the same quarter of fiscal year 2007.
- There was an average of 25 Tuberculosis (TB) cases under management per month during this quarter, versus an average of 21 per month during the same quarter of the previous fiscal year.
- In FY-2006, the Office of Preventive Medicine began reporting the activities of the Sexual Assault Nurse Examiner (SANE) Coordinator. This position collaborates with 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 inservice training to unit providers in the performance of medical examination, evidence collection and documentation, and use of the sexual assault kits. During the fourth quarter FY-2008, four training sessions have been held, attended by four units, with 28 medical staff trained. This position also audits the documentation and services provided by medical personnel for each sexual assault reported. There have been 167 chart reviews performed for the fourth quarter FY-2008. 18 baseline labs were drawn. Six deficiencies were found not compliant with policy. Corrective action responses were received on all deficiencies. If indicated, prophylactic medication is offered and during this quarter, seven prophylaxis were given
- Currently Peer Education Programs are on all Institutional Division Facilities that TDCJ operates. We are currently expanding this program into the Private Prison Facilities.

Mortality and Morbidity

There were 141 deaths reviewed by the Mortality and Morbidity Committee during the months of June, July, and August 2008. Of those 141 deaths, 27 were referred to peer review committees and one was referred to utilization review.

Peer Review Committee	Number of Cases Referred
Physician & Nursing Peer Review	7
Nursing Peer Review	9
Physician Peer Review	11
Total	27

Mental Health Services Monitoring & Liaison

The following is a summary of the activities performed by the Office of Mental Health Monitoring and Liaison (OMH M&L) during the 4th quarter of FY-2008.

- Liaison with County Jails identified 45 offenders with immediate mental health needs prior to TDCJ intake.
- The Mental Health/Mental Retardation (MHMR) history was reviewed for 24,679 offenders brought into TDCJ ID/SJ. Intake facilities were provided with critical mental health data, not otherwise available, for 2,494 offenders.
- 3,017 Texas Uniform Health Status Update forms were reviewed, which identified 1,140 deficiencies (primarily incomplete data).
- 396 offenders with high risk factors (very young, old, or long sentences) transferring into Institutional Division were interviewed which resulted in 25 referrals.
- 39 offenders were screened for TDCJ Boot Camp.
- 20 Administrative Segregation facilities were audited. 4,720 offenders were observed, 2,558 of them were interviewed, and 20 offenders were referred for further evaluation. Access to Care (ATC) was above 80 percent compliance for 19 facilities and one (1) facility fell below compliance. That facility was not in compliance on ATC-4/5 (Administrative Segregation). ATC-6 (Referral from Triage) compliance was 92 percent or greater for all applicable facilities.

Clinical Administration

Health Services Liaison Utilization Review Monitoring

During the months of June, July, and August FY-2008, 10 percent of the combined UTMB and TTUHSC hospital and infirmary discharges were audited. A total of 68 hospital discharges and 41 infirmary discharge audits were conducted. The chart below is a summary of the audits showing the percentage of cases with deficiencies.

Hospital Discharges

Month	Unstable Discharges ¹ (Cases with deficiencies)	Readmissions ² (Cases with deficiencies)	Lack documentation (Cases with deficiencies)
June	0	0	25 (100%)
July	3 (13%)	3 (13%)	13 (56%)
August	2 (10%)	1 (5%)	10 (50%)

Infirmary Discharges

Month	Unstable Discharges ¹ (Cases with deficiencies)	Readmissions ² (Cases with deficiencies)	Lack documentation (Cases with deficiencies)
June	0	0	15 (100%)
July	1 (7%)	0	10 (71%)
August	0	0	8 (67%)

Footnotes:

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.

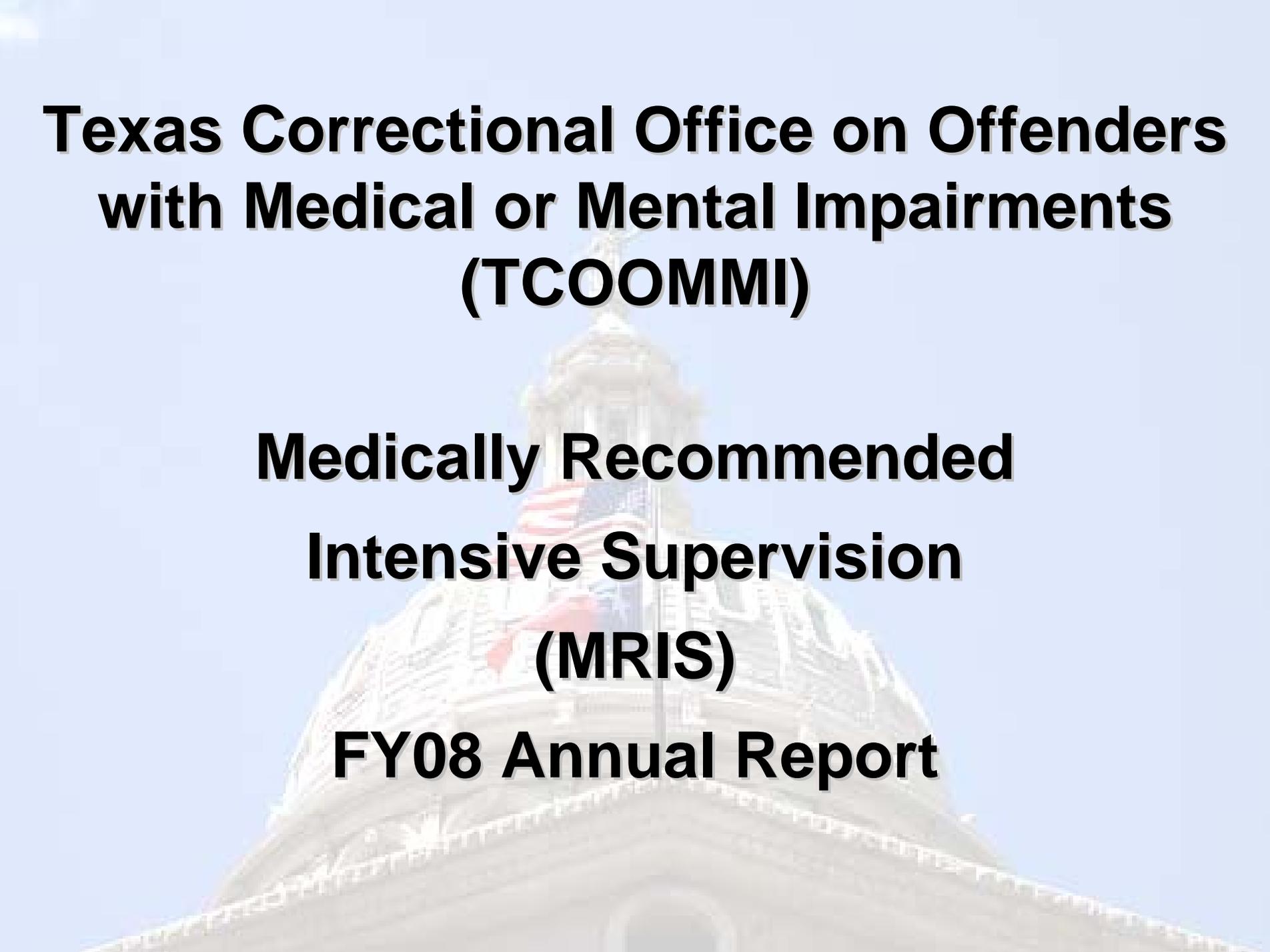
Accreditation

In August 2008, the American Correctional Association Panel of Commissioners met for the 2008 Summer Conference in New Orleans, LA. The following Texas Department of Criminal Justice (TDCJ) units were awarded Initial Accreditation: Estelle, Skyview/Hodge, Ramsey, and Wynne. Re-accreditation was awarded to the following TDCJ units: Halbert, Jordan/Baten, Torres/Ney, Woodman, and Roach. In addition, re-accreditation was also awarded to the TDCJ Training Department.

Biomedical Research Projects

The following is a summary of current and pending research projects as reported by the Texas Department of Criminal Justice (TDCJ) Executive Services:

- Academic Active Monthly Research Projects – 43,
- Academic Research Projects Pending – 6,
- Medical Research Active Monthly Projects – 15, and
- Medical Research Pending Projects – 2.



**Texas Correctional Office on Offenders
with Medical or Mental Impairments
(TCOOMMI)**

**Medically Recommended
Intensive Supervision
(MRIS)**

FY08 Annual Report

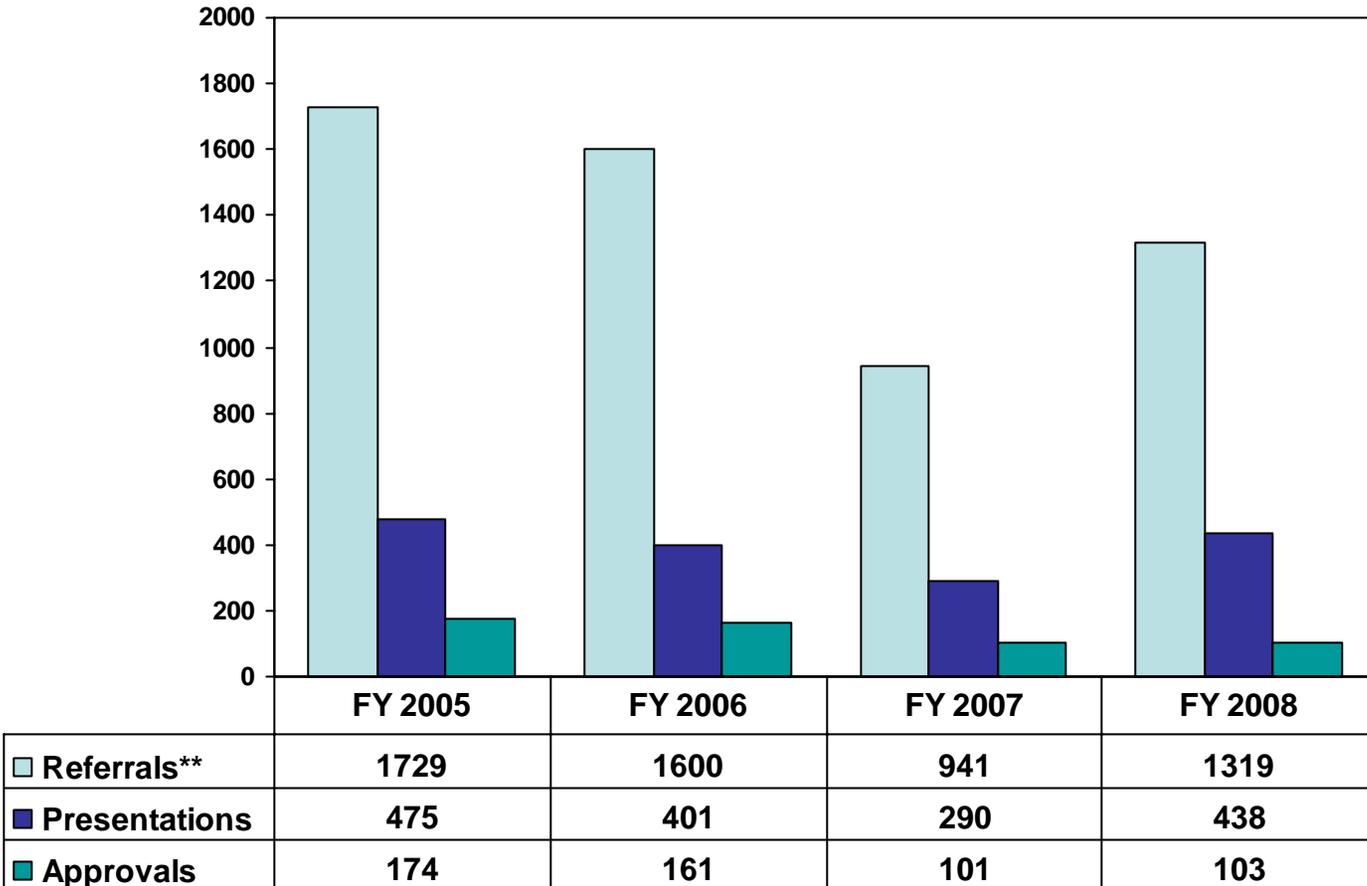
The MRIS program provides for the early parole review and release of certain categories of offenders who are mentally ill, mentally retarded, elderly, terminally ill, long term care or physically handicapped. The purpose of MRIS is to release offenders, who pose minimal public safety risk, from incarceration to more cost effective alternatives.

Legislative Updates

(Effective September 1, 2007)

- As the result of HB 1670, offenders with a reportable conviction or adjudication under Chapter 62, Code of Criminal Procedure, were previously ineligible for MRIS consideration. During the 80th Legislative Session, HB 2611 was passed allowing MRIS consideration for such offenders if “in a persistent vegetative state or being a person with an organic brain syndrome with significant to total mobility impairment”.
- HB 431, also enacted during the 80th Legislative Session, allows MRIS consideration for defendants convicted of a state jail felony.

MRIS Data Comparison (by fiscal year)



**Includes ineligible referrals with no qualifying medical condition.

MRIS Offender Data

MRIS Referrals	1319*
Individual Offenders Referred	1046
Presentations for MRIS consideration	438**
Individual Offenders Presented	386

* Includes multiple referrals for **190 “individual”** offenders

** Includes multiple presentations for **45 “individual”** offenders to Board/Judge for MRIS consideration

MRIS FY08 Referral Status

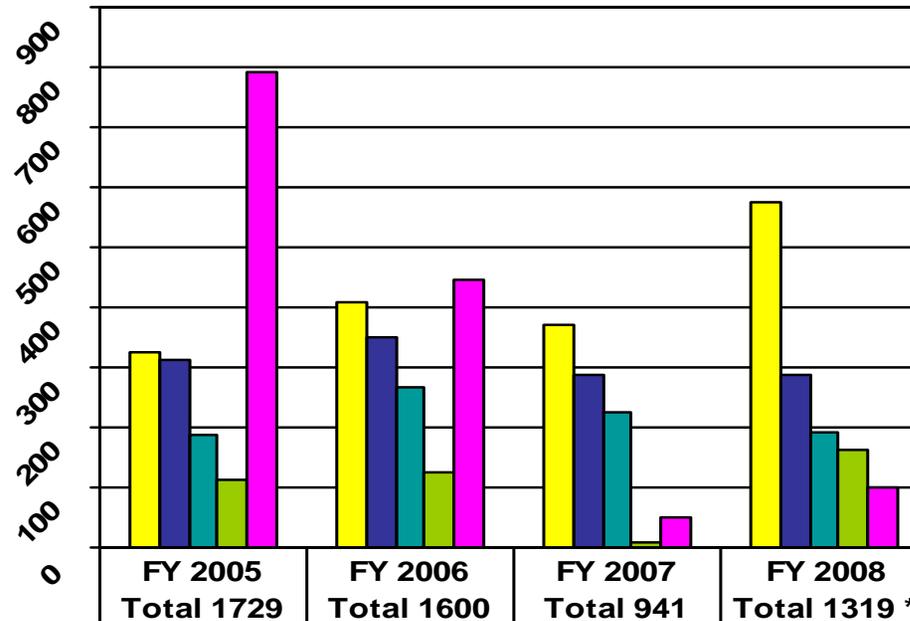
ELIGIBLE REFERRALS		INELIGIBLE REFERRALS	
Presented to Board/Judge for consideration	438*	Parole Approved	55
Clinical Criteria Not Met	336	Not an Offender (SAFPF / ISF)	6
Sex Offender; Not <u>Persistent Vegetative State</u> or <u>Organic Brain Syndrome</u>	286	3G / Not Long Term Care or Terminal Illness	7
Offender referred to unit medical provider	89		
Deceased prior to presentation for MRIS consideration	63		
Pending response from unit medical provider at close of FY08	13		
Refused MRIS	5		
Active detainer	21		
Total Eligible	1251	Total Ineligible	68
Total Referrals - 1319**			

* Includes multiple presentations for **45 “individual”** offenders to Board/Judge for MRIS consideration

** Includes multiple referrals for **190 “individual”** offenders

Note: Clinical Criteria Not Met may include offenders who were previously presented and denied MRIS with next review indicating no change in offender's condition.

MRIS Referral Sources (Comparison by fiscal year)

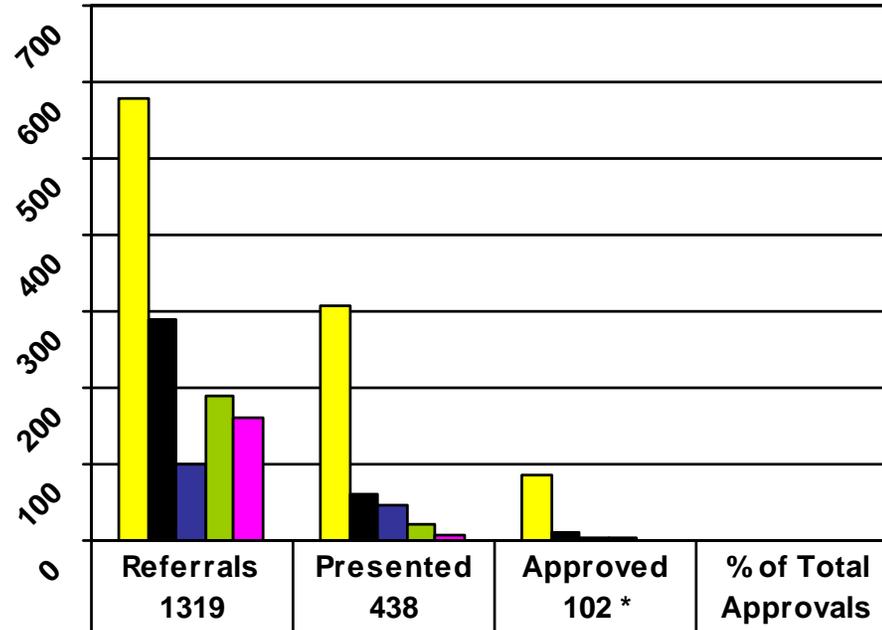


Unit Medical Staff	327	409	372	577
Family	311	350	286	289
Offender	189	268	223	191
Re-Review	112	126	9	161
Other: Legislative, Attorney, Data Reports	790	447	51	101

Unit Direct % of Total Referrals 19% 26% 40% 44%

** Includes multiple referrals for 190 "individual" offenders

MRIS Referrals for FY08 Approved by Source



	Referrals 1319	Presented 438	Approved 102 *	% of Total Approvals
Unit Medical Staff	577	308	84	82%
Family	289	59	10	10%
Other: Legislative, Attorney, Data Report	101	45	4	4%
Offender	191	20	3	3%
Re-reviews	161	6	1	1%

* A total of 103 offenders were approved during FY08. Of those, 102 of those cases were referred and presented for consideration during FY08 and one was pending decision from presentation in FY07.

MRIS FY08

Presented for MRIS Consideration by Diagnosis

Terminally Ill	151
Physically Handicapped	6
Elderly	18
Long Term Care	253
Mentally Ill	10
Mentally Retarded	0
Total Presented	438*

* Includes multiple presentations for **45 “individual”** offenders to Board/Judge for MRIS consideration

MRIS Approval Rates by Diagnosis (Comparison by fiscal year)

	FY 2005	FY 2006	FY 2007	FY 2008
Terminally Ill	79	84	58	64
Physically Handicapped	2	0	0	3
Elderly	2	1	0	1
Long Term Care	90	75	42	34
Mentally Ill	1	1	1	1
Mentally Retarded	0	0	0	0
Total Approvals	174	161	101	103

Status of FY08 Presentations

A total of 103 offenders were approved during FY08. Of those, 102 of those cases were referred and presented for consideration during FY08 and one was pending decision from presentation in FY07. The following reflects the status of all cases presented for vote during FY08.

	FY08 TOTALS		CID	State Jail
Presented FY08:	438*		414	24
Approved	102		89	13
Consideration denied	307		307	
Denied MRIS	16		9	7
Deceased pending decision	3		2	1
Deceased same day as presentation	1		1	
Pending decision at close of FY08	2		1	1
Cancelled due to receipt of further information	2		2	
MRIS cancelled - Received other parole vote or released by other judgment	5		3	2

* Includes multiple presentations of **45 “individual”** offenders to Board/Judge for MRIS consideration

Reflects status of approved cases as of 08/31/2008

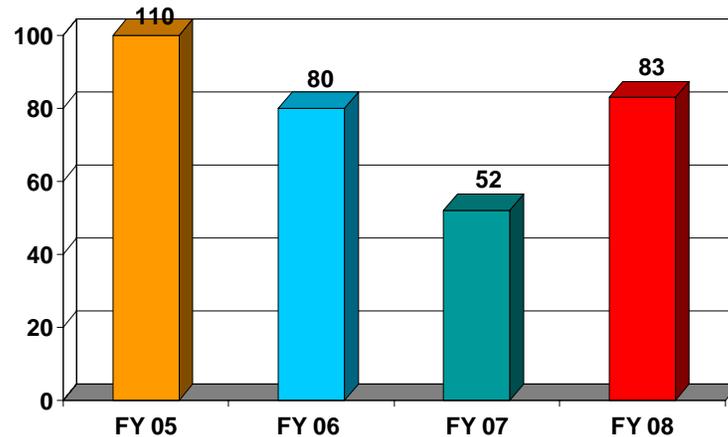
Status of FY08 Approved Cases

A total of 103 offenders were approved during FY08. Of those, 102 of those cases were referred and presented for consideration during FY08 and one was pending decision from presentation in FY07.

		FY08 TOTALS	CID	State Jail
Approved		103	90	13
	❖Released	73	61	12
	❖Deceased pending release	18	18	
	❖Vote withdrawn	7	7	
	❖Pending release at close of FY08	5	4	1

Reflects status of approved cases as of 08/31/2008

Deaths During the MRIS Process (Comparison by fiscal year)



FY 08:	
Prior to presentation for MRIS consideration -	
▪ After referral – Pending receipt of MRIS medical summary	5
▪ Within 48 hours of receipt of MRIS medical summary	11
▪ After receipt of MRIS medical summary – processing for case presentation	47
Total prior to presentation	63
After presentation for MRIS consideration -	
▪ Pending decision	3
▪ Approved – Pending release	17
Total after presentation	20
TOTAL DEATHS DURING MRIS PROCESS	83

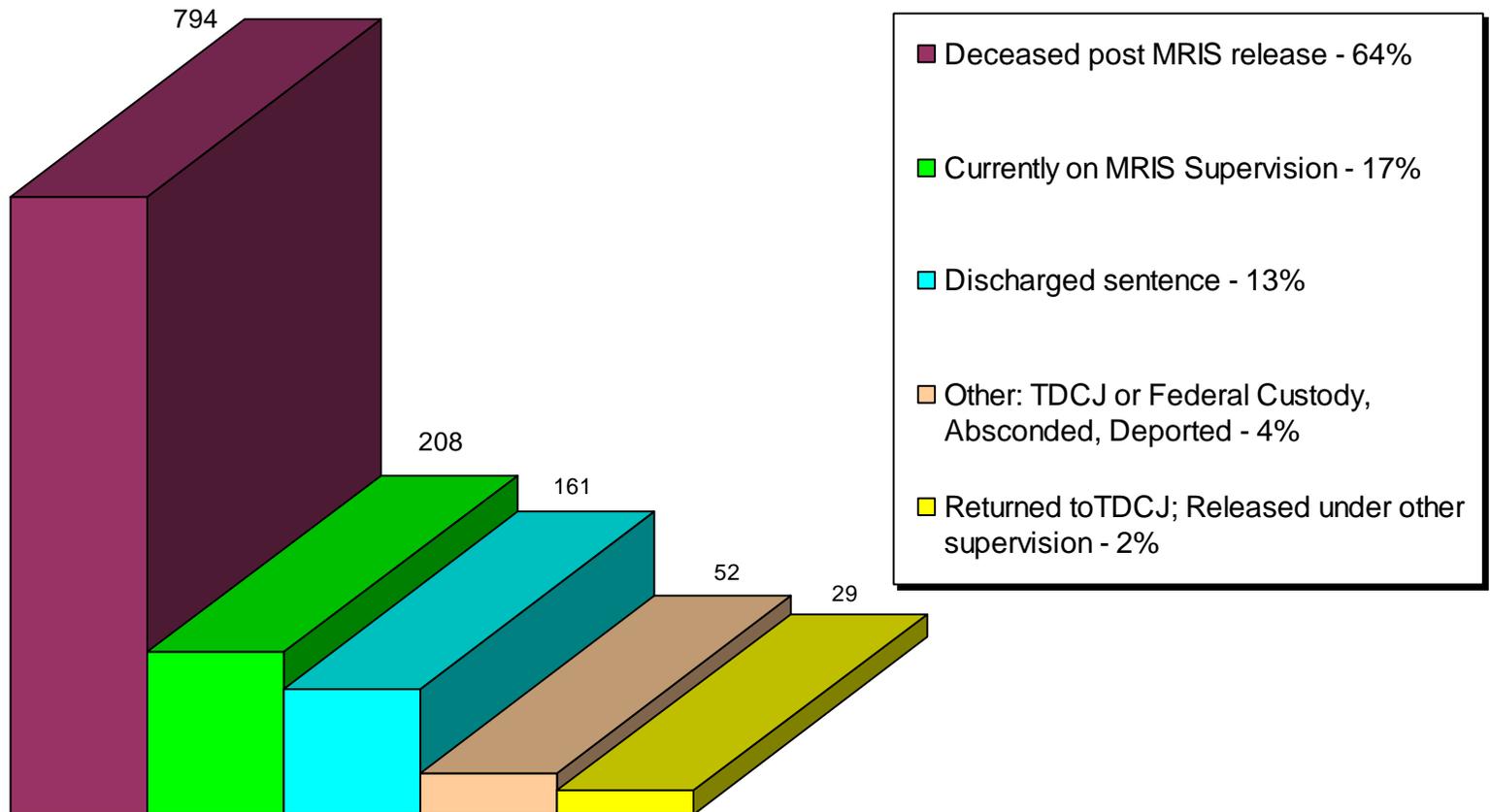
FY08 Offender Deaths

During FY08 a total of 456 offender deaths were reported to TCOOMMI by TDCJ Health Services Division. This number includes offenders who were not eligible for MRIS (i.e., death row, ISF, SAFPF), those who died as the result of suicide, unit incident, sudden death (i.e., cardiac arrest), etc. Of those reported offenders, 218 had been referred for MRIS one or more times during their incarceration. Of those, 160 received referrals during FY08. The following reflects status of the FY08 referrals.

Deceased after receipt of MRIS medical summary and during processing of case for presentation to Board of Pardons and Paroles / Presiding Judge	47
Sex Offender – Did not meet criteria as set for by House Bill 2611	41
Denied MRIS	24
MRIS Approved – Deceased pending release	17
Deceased within 48 hours of receipt of MRIS medical summary	11
Deceased after referral – prior to receipt of MRIS medical summary	5
Not eligible (Parole Approved / ISF / SAFPF)	4
Referral not processed due to active detainer	4
Deceased pending decision	3
MRIS Approved – Vote withdrawn by BPP	3
Offender Self Referral – Referred to unit medical provider	1

Current Status of Offenders Released on MRIS

Since the program's inception on December 1, 1991, 1244 offenders have been released, seven of whom have released twice for a total of 1251 actual releases. The following chart depicts current status of each offender released.



An Overview of the Joint Nursing Committee

***For the
Correctional Managed Health
Care Committee
December 9, 2008***

***Presenter: Mary Gotcher, RN, MSN, FNP
UTMB Northern Division Director of Nursing***

***Correctional Managed
Health Care***



**TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER**

Committee Membership

Nursing Directors

TDCJ: George Crippen, RN, MSN

TTUHSC: Mike Jones, RN, MSN

**UTMB: Mary Gotcher, RN, FNP
Gary Eubank, RN, MSN**

**Others are invited as they request or when applicable for
information/discussion**

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Meetings

Normally scheduled every two months

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Committee Functions

- **Identification of common nursing issues and concerns**
- **Collaborative problem solving for identified concerns**
- **Establish consistency in nursing policy and procedure between contracts when possible**
- **Safety Committee for Nursing Peer Review Referral**
- **Critical Incident Review and Improvement Plan**

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Critical Incident Review

Estes Facility – Fire Incident

➤ **Improvement Opportunities Identified**

1. Inability to appropriately evaluate non-emergent offenders that were not in the medical department
2. Documentation for large volume of offender encounters

➤ **Resolutions**

1. Agreement that all non-emergent offenders are to be brought to the medical department in small groups for appropriate evaluation. Policy change and distribution to Warden Staff.
2. Documentation may be completed in Electronic Medical Record or by scanned handwritten document.

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Completed Projects

- **Conversion to Safety Needle products by both UTMB and TT**
- **Review and revision of UTMB Nursing Policy Manual**
- **Collaborative Staffing Study for Nursing Services with TDCJ**
- **DMS Nursing Services**
- **Evaluation and Revision of emergency response equipment**
- **Collaborative Emergency Response Video for employee training and orientation**

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Health Care



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Current Projects

- **JCAHO Standards Evaluation for Inpatient**
- **Psychiatric Facilities (Jester 4 & Skyview)**
- **LVN Scope of Practice Issues**
- **Emergency Documentation revision to Urgent Care**
- **Infirmiry Care policy revision with TDCJ to update to current UTMB Nursing Services Infirmiry Policy**

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Questions and Answers

Correctional Managed

Health Care



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Correctional Managed Health Care

Quarterly Report FY 2008 Fourth Quarter

September 2007 – August 2008

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 fourth quarter of FY 2008. Following this summary are individual data tables and charts supporting this report.

Background

During Fiscal Year 2008, approximately \$412.5 million within the TDCJ appropriation has been allocated for funding correctional health care services. This funding included:

- \$369.4M in general revenue appropriations in strategy C.1.8 (Managed Health Care, medical services)
- \$43.1M in general revenue appropriations in strategy C.1.3. (Psychiatric Care).

Of this funding, \$411.9M (99.9%) was allocated for health care services provided by UTMB and TTUHSC and \$586K (0.1%) for the operation of the Correctional Managed Health Care Committee.

In addition and based on the 80th Legislative Session, UTMB is to receive \$10.4M in General Obligation Bonds for repairs to the TDCJ Hospital in Galveston in FY 2008. These payments are made directly to the university providers. Benefit reimbursement amounts and expenditures are included in the reported totals provided by the universities. Funding in the amount of \$4.8M for year FY 2009 is appropriated for psychiatric care at the Marlin VA Hospital contingent upon transfer of the facility to the State. As a result of the legislature TDCJ received the Marlin and San Saba facilities from TYC. The contract for medical services was increased \$979,384 in FY 2008 for these facilities.

Report Highlights

Population Indicators

- Through the fourth 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 fourth quarter of FY 2008 was 151,712. Through this same quarter a year ago (FY 2007), the average daily population was 151,813, a decrease of 101 (0.07%). 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 fourth quarter of FY 2008, the average number of older offenders in the service population was 10,361. Through this same quarter a year ago (FY 2007), the average number of offenders age 55 and over was 9,789. This represents an increase of 572 or about 5.8% 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 2,503 (or about 1.6% of the population served).
- Two mental health caseload measures have also remained relatively stable:
 - The average number of psychiatric inpatients within the system was 1,971 through the fourth quarter of FY 2008, as compared to 2,008 through the same quarter a year ago (FY 2007). The inpatient caseload is limited by the number of available inpatient beds in the system.
 - Through the fourth quarter of FY 2008, the average number of mental health outpatients was 20,237 representing 13.3% of the service population.

Health Care Costs

- Overall health costs through the fourth quarter of FY 2008 totaled \$477.5M. This amount is above the overall revenues earned by the university providers by \$14.7M.
- UTMB's total revenue through the quarter was \$366.3M. Their expenditures totaled \$381.0M, resulting in a net loss of \$14.7M. On a per offender per day basis, UTMB earned \$8.30 in revenue and expended \$8.63 resulting in a loss of \$0.33 per offender per day.

- TTUHSC's total revenue through the fourth quarter was \$96.5M. Expenditures totaled \$96.5M, resulting in a net gain of \$39,296. On a per offender per day basis, TTUHSC earned \$8.49 in revenue, but expended \$8.49 resulting in a breakeven of \$0.00 per offender per day.
- Examining the health care costs in further detail indicates that of the \$477.5M in expenses reported through the fourth quarter of the year:
 - Onsite services (those medical services provided at the prison units) comprised \$228.7M representing about 47.9% of the total health care expenses:
 - Of this amount, 79.4% was for salaries and benefits and 20.6% for operating costs.
 - Pharmacy services totaled \$46.8M representing approximately 9.8% of the total expenses:
 - Of this amount 16.0% was for related salaries and benefits, 5.1% for operating costs and 78.9% for drug purchases.
 - Offsite services (services including hospitalization and specialty clinic care) accounted for \$141.6M or 29.6% of total expenses:
 - Of this amount 75.0% was for estimated university provider hospital, physician and professional services; and 25.0% for Freeworld (non-university) hospital, specialty and emergency care.
 - Mental health services totaled \$43.7M or 9.2% of the total costs:
 - Of this amount, 96.2% was for mental health staff salaries and benefits, with the remaining 3.8% for operating costs.
 - Indirect support expenses accounted for \$16.7M and represented 3.5% of the total costs.
- The total cost per offender per day for all health care services statewide through the fourth quarter of FY 2008 was \$8.60. The average cost per offender per day for the prior four fiscal years was \$7.56.
 - For UTMB, the cost per offender per day was \$8.63. This is slightly higher than the average cost per offender per day for the last four fiscal years of \$7.67.
 - For TTUHSC, the cost per offender per day was \$8.49, significantly higher than the average cost per offender per day for the last four fiscal years of \$7.18.
 - 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 fourth quarter of FY 2008 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 \$4,040 per offender. The same calculation for offenders under age 55 totaled about \$671. In terms of hospitalization, the older offenders were utilizing health care resources at a rate more than six times higher than the younger offenders. While comprising about 6.8% of the overall service population, offenders age 55 and over account for 30.6% of the hospitalization costs received to date.
 - A third examination of dialysis costs found that, proportionately, older offenders are represented more than four times more often in the dialysis population than younger offenders. Dialysis costs continue to be significant, averaging about \$22K per patient per year. Providing medically necessary dialysis treatment for an average of 188 patients through the fourth quarter of FY2008 cost \$4.1M.

Drug Costs

- Total drug costs through the fourth quarter of FY 2008 totaled \$35.5M.
 - Pharmaceutical costs related to HIV care continue to be the largest single component of pharmacy expenses.
 - Through this quarter, \$17.1M in costs (or \$1.4M per month) for HIV antiretroviral medication costs were experienced. This represents 48.2% of the total drug cost during this time period.
 - Expenses for psychiatric drugs are also being tracked, with approximately \$1.3M being expended for psychiatric medications through the fourth quarter, representing 3.7% of the overall drug cost.
 - Another pharmacy indicator being tracked is the cost related to Hepatitis C therapies. These costs were \$1.6M and represented about 4.6% 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 loss for FY 2008 of \$14,720,961 through the year end. TTUHSC reports that they hold no such reserves and report a total gain for FY 2008 of \$39,296.
- A summary analysis of the ending balances, revenue and payments through the fourth quarter for all CMHCC accounts is included in this report. That summary indicates that the ending balance on all CMHCC accounts on August 31, 2008 was \$85,532.94. In accordance with Rider 69, TDCJ Appropriations, Senate Bill 1, 79th Legislature, the CMHCC end of year balance will be returned to TDCJ for return to the State General Revenue Fund.

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 August 2008 is pending requested information. The testing of detail transactions performed on TTUHSC's financial information for May through July 2008 resulted in no significant findings which need correction.

The testing of detail transactions performed on UTMB's financial information for August 2008 is pending requested information. The testing of detail transactions performed on UTMB's financial information for July and August 2008 resulted in many entries that will not be able to be tested due to the loss of paperwork during Hurricane Ike flooding.

Concluding Notes

The combined operating loss for the university providers through the fourth quarter of FY 2008 is \$14,681,665. This closes the first year of Biennium with a combined operating loss. The university providers are continuing to monitor their expenditures closely, while seeking additional opportunities to reduce costs in order to minimize these operating losses.

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Table 1
Correctional Managed Health Care
FY 2008 Budget Allocations

Distribution of Funds

<u>Allocated to</u>	<u>FY 2008</u>
University Providers	
The University of Texas Medical Branch	
Medical Services	\$297,021,951
Mental Health Services	\$25,619,350
Subtotal UTMB	\$322,641,301
Texas Tech University Health Sciences Center	
Medical Services	\$77,909,117
Mental Health Services	\$12,337,000
Subtotal TTUHSC	\$90,246,117
SUBTOTAL UNIVERSITY PROVIDERS	\$412,887,418
Correctional Managed Health Care Committee	\$585,718
TOTAL DISTRIBUTION	\$413,473,136

Source of Funds

<u>Source</u>	<u>FY 2008</u>
Legislative Appropriations	
HB 1, Article V, TDCJ Appropriations	
Strategy C.1.8. Managed Health Care	\$369,399,163
Strategy C.1.7 Psychiatric Care	\$43,094,589
Amendment #1 Marlin and San Saba Facilities	\$979,384
TOTAL	\$413,473,136

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

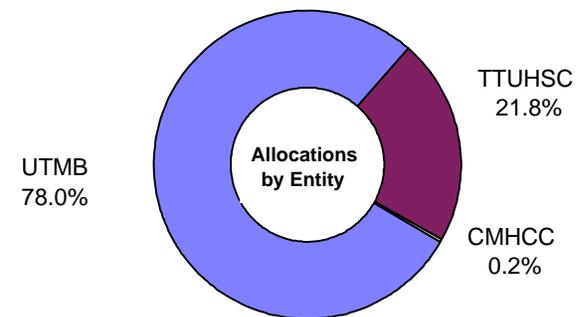
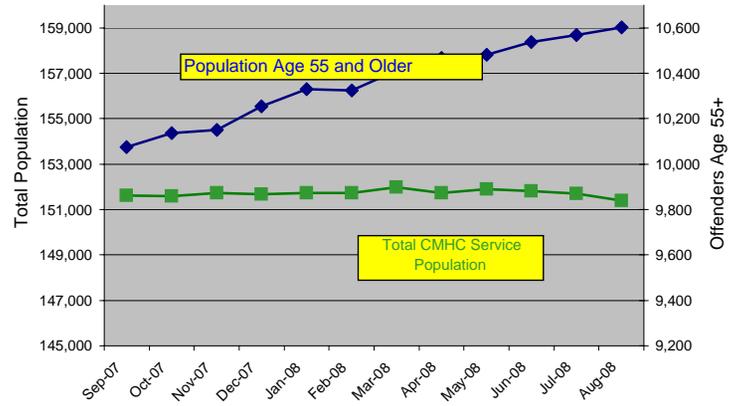


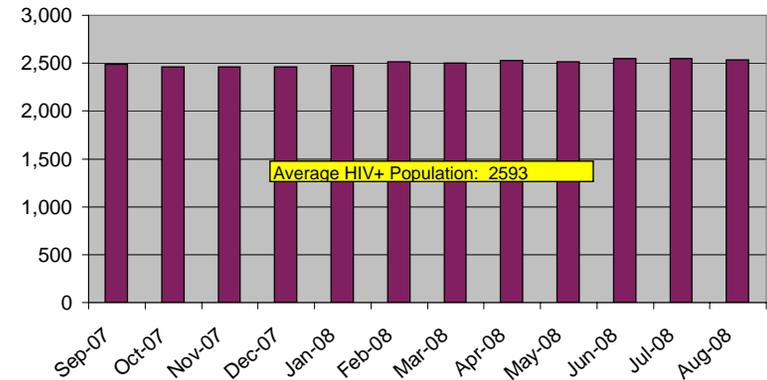
Table 2
FY 2008
Key Population Indicators
Correctional Health Care Program

Indicator	Sep-07	Oct-07	Nov-07	Dec-07	Jan-08	Feb-08	Mar-08	Apr-08	May-08	Jun-08	Jul-08	Aug-08	Population Year to Date Avg.
Avg. Population Served by CMHC:													
UTMB State-Operated Population	108,399	108,504	108,781	108,656	108,640	108,705	109,102	108,850	109,003	109,026	108,970	108,742	108,781
UTMB Private Prison Population*	11,797	11,793	11,757	11,875	11,897	11,900	11,893	11,902	11,902	11,899	11,886	11,892	11,866
UTMB Total Service Population	120,196	120,296	120,538	120,531	120,537	120,605	120,995	120,752	120,905	120,926	120,856	120,634	120,648
TTUHSC Total Service Population	31,409	31,293	31,183	31,138	31,182	31,119	30,982	30,973	30,988	30,891	30,856	30,759	31,064
CMHC Service Population Total	151,605	151,589	151,721	151,669	151,719	151,724	151,977	151,725	151,893	151,817	151,712	151,393	151,712
Population Age 55 and Over													
UTMB Service Population Average	8,253	8,351	8,356	8,429	8,493	8,488	8,563	8,595	8,620	8,676	8,694	8,711	8,519
TTUHSC Service Population Average	1,821	1,786	1,794	1,824	1,837	1,835	1,847	1,871	1,860	1,862	1,874	1,890	1,842
CMHC Service Population Average	10,074	10,137	10,150	10,253	10,330	10,323	10,410	10,466	10,480	10,538	10,568	10,601	10,361
HIV+ Population													
	2,491	2,462	2,459	2,458	2,474	2,517	2,498	2,531	2,516	2,549	2,546	2,534	2,503
Mental Health Inpatient Census													
UTMB Psychiatric Inpatient Average	1,050	1,021	1,014	1,025	1,036	1,035	1,052	1,056	1,031	1,042	1,053	1,051	1,039
TTUHSC Psychiatric Inpatient Average	912	931	950	945	878	937	924	926	953	946	944	935	932
CMHC Psychiatric Inpatient Average	1,962	1,952	1,964	1,970	1,914	1,972	1,976	1,982	1,984	1,988	1,997	1,986	1,971
Mental Health Outpatient Census													
UTMB Psychiatric Outpatient Average	16,041	17,303	15,563	14,705	16,681	15,558	15,800	16,715	15,891	15,956	16,855	15,869	16,078
TTUHSC Psychiatric Outpatient Average	3,831	4,617	4,347	3,656	4,267	4,182	4,172	4,706	4,470	4,186	3,562	3,914	4,159
CMHC Psychiatric Outpatient Average	19,872	21,920	19,910	18,361	20,948	19,740	19,972	21,421	20,361	20,142	20,417	19,783	20,237

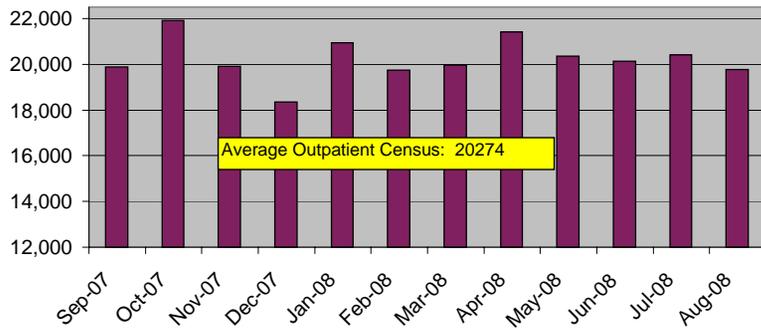
**Chart 2
CMHC Service Population**



**Chart 3
HIV+ Population**



**Chart 4
Mental Health Outpatient Census**



**Chart 5
Mental Health Inpatient Census**

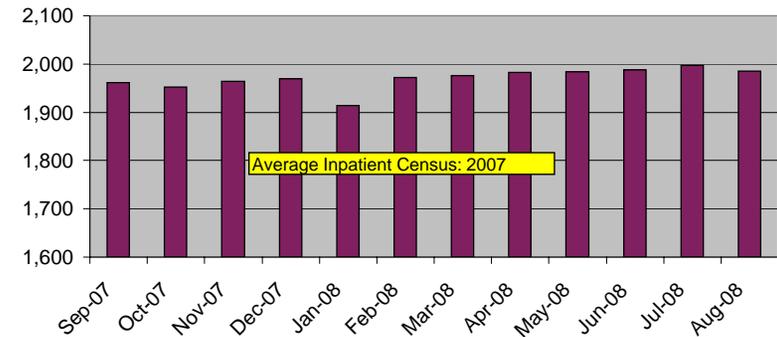


Table 3
Summary Financial Report: Medical Costs
Fiscal Year 2008 through Quarter 4 (Sep 2007 - August 2008)

Days in Year: 366

	Medical Services Costs			Medical Cost Per Day Calculations		
	UTMB	TTUHSC	TOTAL	UTMB	TTUHSC	TOTAL
Population Served	120,648	31,064	151,712			
Revenue						
Capitation Payments*	\$297,010,389	\$78,409,116	\$375,419,505	\$6.73	\$6.90	\$6.76
State Reimbursement Benefits	\$37,872,374	\$3,782,652	\$41,655,026	\$0.86	\$0.33	\$0.75
Non-Operating Revenue	\$538,987	\$2,283	\$541,270	\$0.01	\$0.00	\$0.01
Total Revenue	\$335,421,750	\$82,194,051	\$417,615,801	\$7.60	\$7.23	\$7.52
Expenses						
Onsite Services						
Salaries	\$132,885,879	\$11,277,630	\$144,163,509	\$3.01	\$0.99	\$2.60
Benefits	\$34,574,857	\$2,778,419	\$37,353,276	\$0.78	\$0.24	\$0.67
Operating (M&O)	\$18,325,018	\$1,462,685	\$19,787,703	\$0.41	\$0.13	\$0.36
Professional Services	\$0	\$2,042,042	\$2,042,042	\$0.00	\$0.18	\$0.04
Contracted Units/Services	\$0	\$22,534,421	\$22,534,421	\$0.00	\$1.98	\$0.41
Travel	\$1,371,521	\$104,977	\$1,476,498	\$0.03	\$0.01	\$0.03
Electronic Medicine	\$0	\$337,255	\$337,255	\$0.00	\$0.03	\$0.01
Capitalized Equipment	\$787,115	\$189,215	\$976,330	\$0.02	\$0.02	\$0.02
Subtotal Onsite Expenses	\$187,944,390	\$40,726,644	\$228,671,034	\$4.26	\$3.58	\$4.12
Pharmacy Services						
Salaries	\$4,530,267	\$1,549,175	\$6,079,442	\$0.10	\$0.14	\$0.11
Benefits	\$1,367,821	\$61,155	\$1,428,976	\$0.03	\$0.01	\$0.03
Operating (M&O)	\$1,680,489	\$640,532	\$2,321,021	\$0.04	\$0.06	\$0.04
Pharmaceutical Purchases	\$29,858,456	\$7,055,200	\$36,913,656	\$0.68	\$0.62	\$0.66
Professional Services	\$0	\$0	\$0	\$0.00	\$0.00	\$0.00
Travel	\$28,221	\$17,169	\$45,390	\$0.00	\$0.00	\$0.00
Subtotal Pharmacy Expenses	\$37,465,254	\$9,323,231	\$46,788,485	\$0.85	\$0.82	\$0.84
Offsite Services						
University Professional Services	\$13,185,599	\$1,122,610	\$14,308,209	\$0.30	\$0.10	\$0.26
Freeworld Provider Services	\$20,275,188	\$15,058,391	\$35,333,579	\$0.46	\$1.32	\$0.64
UTMB or TTUHSC Hospital Cost	\$77,260,851	\$10,609,077	\$87,869,928	\$1.75	\$0.93	\$1.58
Estimated IBNR	\$3,844,720	\$250,000	\$4,094,720	\$0.09	\$0.02	\$0.07
Subtotal Offsite Expenses	\$114,566,358	\$27,040,078	\$141,606,436	\$2.59	\$2.38	\$2.55
Indirect Expenses	\$10,193,988	\$4,827,260	\$15,021,248	\$0.23	\$0.42	\$0.27
Total Expenses	\$350,169,990	\$81,917,213	\$432,087,203	\$7.93	\$7.20	\$7.78
Operating Income (Loss)	(\$14,748,240)	\$276,838	(\$14,471,402)	(\$0.33)	\$0.02	(\$0.26)

Table 3 (Continued)
Summary Financial Report: Mental Health Costs
Fiscal Year 2008 through Quarter 4 (Sep 2007 - August 2008)

Days in Year: 366

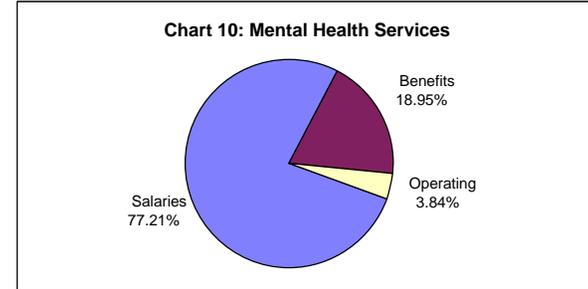
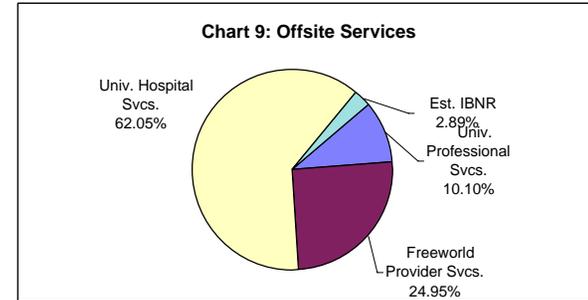
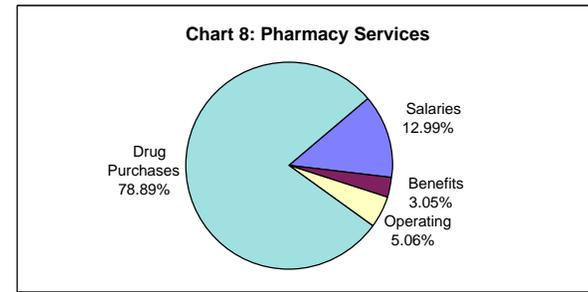
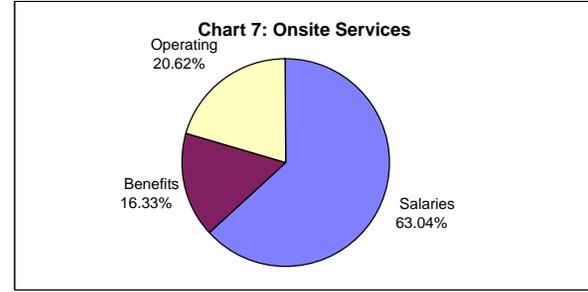
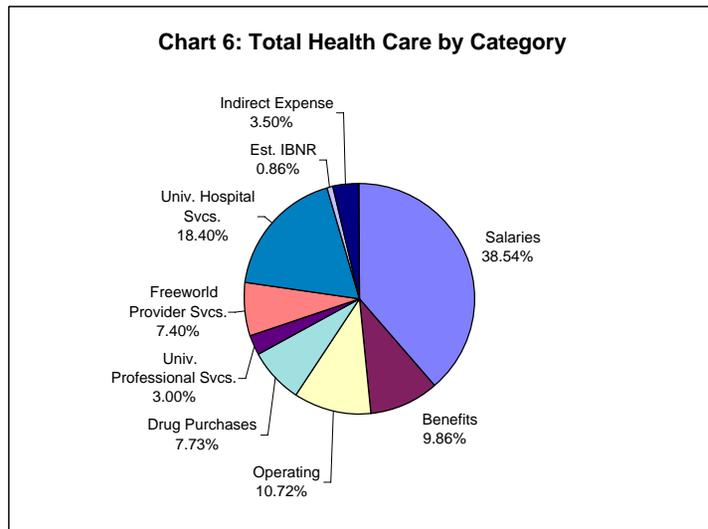
	Mental Health Services Costs			Mental Health Cost Per Day Calculations		
	UTMB	TTUHSC	TOTAL	UTMB	TTUHSC	TOTAL
Population Served	120,648	31,064	151,712			
Revenue						
Capitation Payments	\$25,619,350	\$11,837,000	\$37,456,350	\$0.58	\$1.04	\$0.67
State Reimbursement Benefits	\$5,269,524	\$2,490,390	\$7,759,914	\$0.12	\$0.22	\$0.14
Other Misc Revenue	\$4,813	\$0	\$4,813	\$0.00	\$0.00	\$0.00
Total Revenue	\$30,893,687	\$14,327,390	\$45,221,077	\$0.70	\$1.26	\$0.81
Expenses						
Mental Health Services						
Salaries	\$23,291,019	\$10,481,782	\$33,772,801	\$0.53	\$0.92	\$0.61
Benefits	\$5,631,428	\$2,656,403	\$8,287,831	\$0.13	\$0.23	\$0.15
Operating (M&O)	\$717,726	\$237,638	\$955,364	\$0.02	\$0.02	\$0.02
Professional Services	\$0	\$411,363	\$411,363	\$0.00	\$0.04	\$0.01
Contracted Units/Services	\$0	\$0	\$0	\$0.00	\$0.00	\$0.00
Travel	\$269,863	\$37,526	\$307,389	\$0.01	\$0.00	\$0.01
Electronic Medicine	\$0	\$0	\$0	\$0.00	\$0.00	\$0.00
Capitalized Equipment	\$5,699	\$0	\$5,699	\$0.00	\$0.00	\$0.00
Subtotal Mental Health Expenses	\$29,915,735	\$13,824,712	\$43,740,447	\$0.68	\$1.22	\$0.79
Indirect Expenses	\$950,673	\$740,220	\$1,690,893	\$0.02	\$0.07	\$0.03
Total Expenses	\$30,866,408	\$14,564,932	\$45,431,340	\$0.70	\$1.28	\$0.82
Operating Income (Loss)	\$27,279	(\$237,542)	(\$210,263)	\$0.00	(\$0.02)	(\$0.00)

All Health Care Summary

	All Health Care Services			Cost Per Offender Per Day		
	UTMB	TTUHSC	TOTAL	UTMB	TTUHSC	TOTAL
Medical Services	\$335,421,750	\$82,194,051	\$417,615,801	\$7.60	\$7.23	\$7.52
Mental Health Services	\$30,893,687	\$14,327,390	\$45,221,077	\$0.70	\$1.26	\$0.81
Total Revenue	\$366,315,437	\$96,521,441	\$462,836,878	\$8.30	\$8.49	\$8.34
Medical Services	\$350,169,990	\$81,917,213	\$432,087,203	\$7.93	\$7.20	\$7.78
Mental Health Services	\$30,866,408	\$14,564,932	\$45,431,340	\$0.70	\$1.28	\$0.82
Total Expenses	\$381,036,398	\$96,482,145	\$477,518,543	\$8.63	\$8.49	\$8.60
Operating Income (Loss)	(\$14,720,961)	\$39,296	(\$14,681,665)	(\$0.33)	\$0.00	(\$0.26)

Table 4
FY 2008 4th Quarter
UTMB/TTUHSC EXPENSE SUMMARY

Category	Expense	Percent of Total
Onsite Services	\$228,671,034	47.89%
Salaries	\$144,163,509	
Benefits	\$37,353,276	
Operating	\$47,154,249	
Pharmacy Services	\$46,788,485	9.80%
Salaries	\$6,079,442	
Benefits	\$1,428,976	
Operating	\$2,366,411	
Drug Purchases	\$36,913,656	
Offsite Services	\$141,606,436	29.65%
Univ. Professional Svcs.	\$14,308,209	
Freeworld Provider Svcs.	\$35,333,579	
Univ. Hospital Svcs.	\$87,869,928	
Est. IBNR	\$4,094,720	
Mental Health Services	\$43,740,447	9.16%
Salaries	\$33,772,801	
Benefits	\$8,287,831	
Operating	\$1,679,815	
Indirect Expense	\$16,712,141	3.50%
Total Expenses	\$477,518,543	100.00%

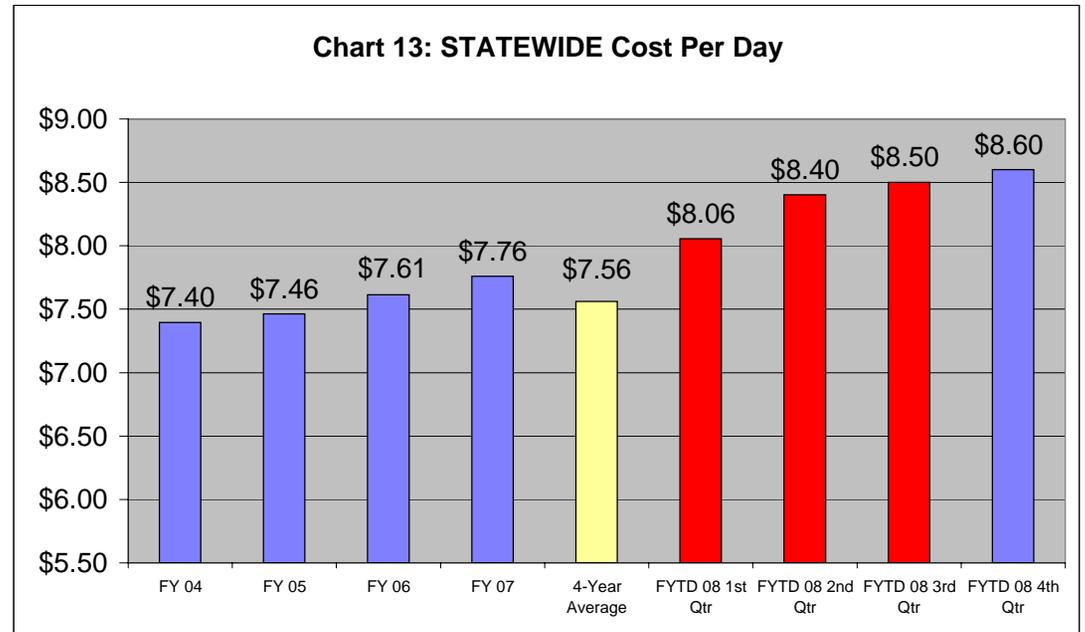
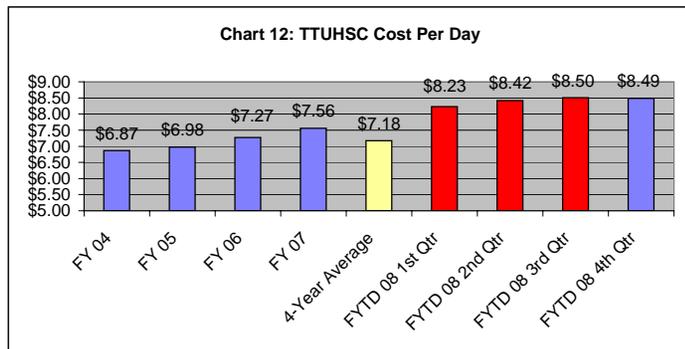
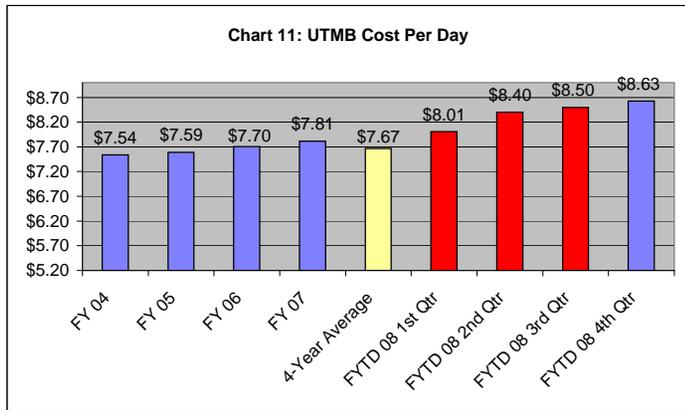


**Table 5
Comparison of Total Health Care Costs**

	FY 04	FY 05	FY 06	FY 07	4-Year Average	FYTD 08 1st Qtr	FYTD 08 2nd Qtr	FYTD 08 3rd Qtr	FYTD 08 4th Qtr
Population									
UTMB	113,729	119,322	119,835	120,235	118,280	120,343	120,451	120,595	120,648
TTUHSC	31,246	31,437	31,448	31,578	31,427	31,295	31,221	31,141	31,064
Total	144,975	150,759	151,283	151,813	149,708	151,638	151,671	151,736	151,712
Expenses									
UTMB	\$313,875,539	\$330,672,773	\$336,934,127	\$342,859,796	\$331,085,559	\$87,724,530	\$184,118,952	\$280,837,015	\$381,036,398
TTUHSC	\$78,548,146	\$80,083,059	\$83,467,550	\$87,147,439	\$82,311,549	\$23,446,635	\$47,826,310	\$72,541,759	\$96,482,145
Total	\$392,423,685	\$410,755,832	\$420,401,677	\$430,007,235	\$413,397,107	\$111,171,165	\$231,945,262	\$353,378,774	\$477,518,543
Cost/Day									
UTMB	\$7.54	\$7.59	\$7.70	\$7.81	\$7.67	\$8.01	\$8.40	\$8.50	\$8.63
TTUHSC	\$6.87	\$6.98	\$7.27	\$7.56	\$7.18	\$8.23	\$8.42	\$8.50	\$8.49
Total	\$7.40	\$7.46	\$7.61	\$7.76	\$7.56	\$8.06	\$8.40	\$8.50	\$8.60

366

* 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



**Table 6
Medical Encounter Statistics* by Age Grouping**

12

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-07	35,287	160,082	195,369	8,253	111,943	120,196	4.28	1.43	1.63
Oct-07	41,420	183,092	224,512	8,351	111,945	120,296	4.96	1.64	1.87
Nov-07	37,354	159,849	197,203	8,356	112,182	120,538	4.47	1.42	1.64
Dec-07	34,349	148,280	182,629	8,429	112,102	120,531	4.08	1.32	1.52
Jan-08	40,060	178,473	218,533	8,493	112,044	120,537	4.72	1.59	1.81
Feb-08	37,282	168,485	205,767	8,488	112,117	120,605	4.39	1.50	1.71
Mar-08	38,810	176,476	215,286	8,563	112,432	120,995	4.53	1.57	1.78
Apr-08	39,477	184,018	223,495	8,595	112,157	120,752	4.59	1.64	1.85
May-08	38,184	180,833	219,017	8,620	112,285	120,905	4.43	1.61	1.81
Jun-08	36,481	178,575	215,056	8,676	112,250	120,926	4.20	1.59	1.78
Jul-08	38,363	191,758	230,121	8,694	112,162	120,856	4.41	1.71	1.90
Aug-08	35,193	176,075	211,268	8,711	111,923	120,634	4.04	1.57	1.75
Average	37,688	173,833	211,521	8,519	112,128	120,648	4.42	1.55	1.75

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

**Chart 14
Encounters Per Offender By Age Grouping**

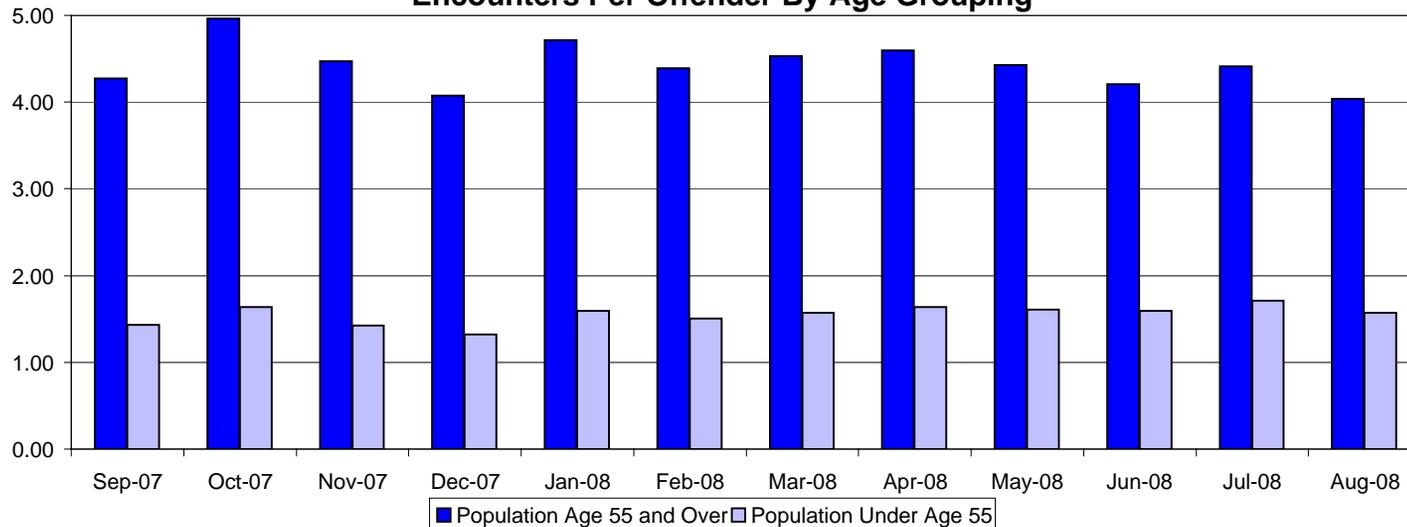


Table 7
FY 2008 4th Quarter
Offsite Costs* To Date by Age Grouping

Age Grouping	Cost Data	Total Population	Total Cost Per Offender
Age 55 and Over	\$41,855,853	10,361	\$4,039.82
Under Age 55	\$94,789,095	141,351	\$670.59
Total	\$136,644,948	151,712	\$900.69

**Figures represent repricing of customary billed charges received to date for services to institution's which includes any discounts and/or capitation arrangements. Repriced charges are compared against 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

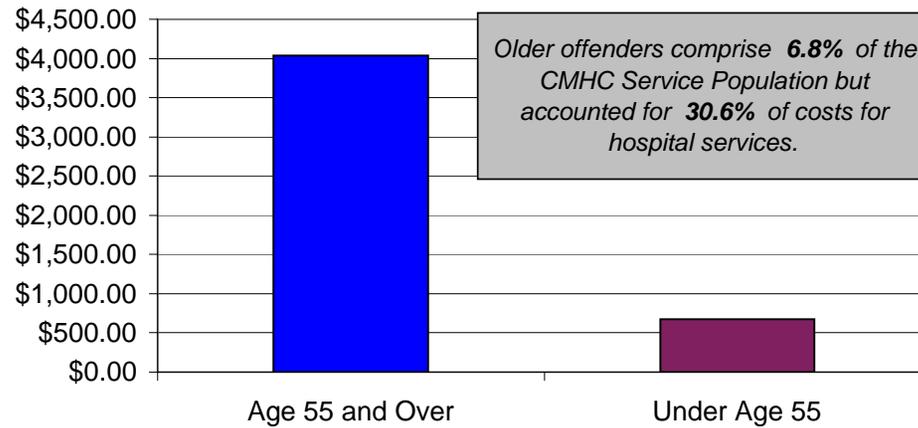
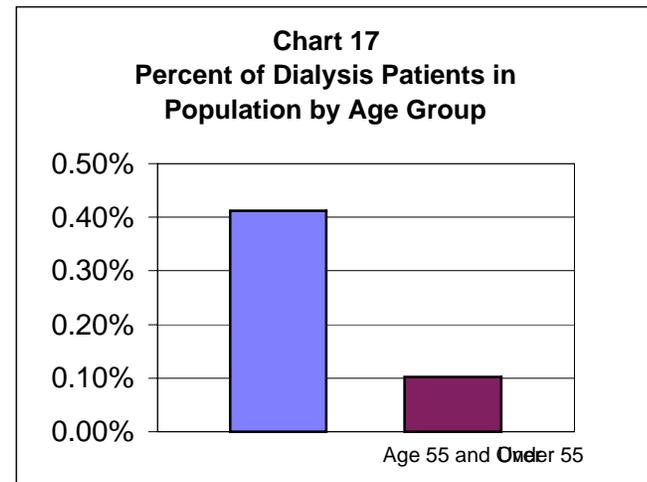
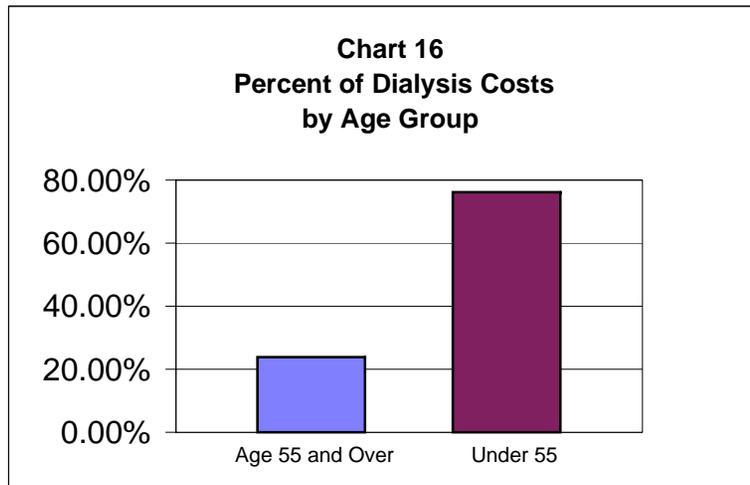


Table 8
Through FY 2008 4th Quarter
Dialysis Costs by Age Grouping

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	\$972,194	23.89%	10,361	6.83%	43	0.41%
Under Age 55	\$3,096,753	76.11%	141,351	93.17%	145	0.10%
Total	\$4,068,947	100.00%	151,712	100.00%	188	0.12%

Projected Avg Cost Per Dialysis Patient Per Year:

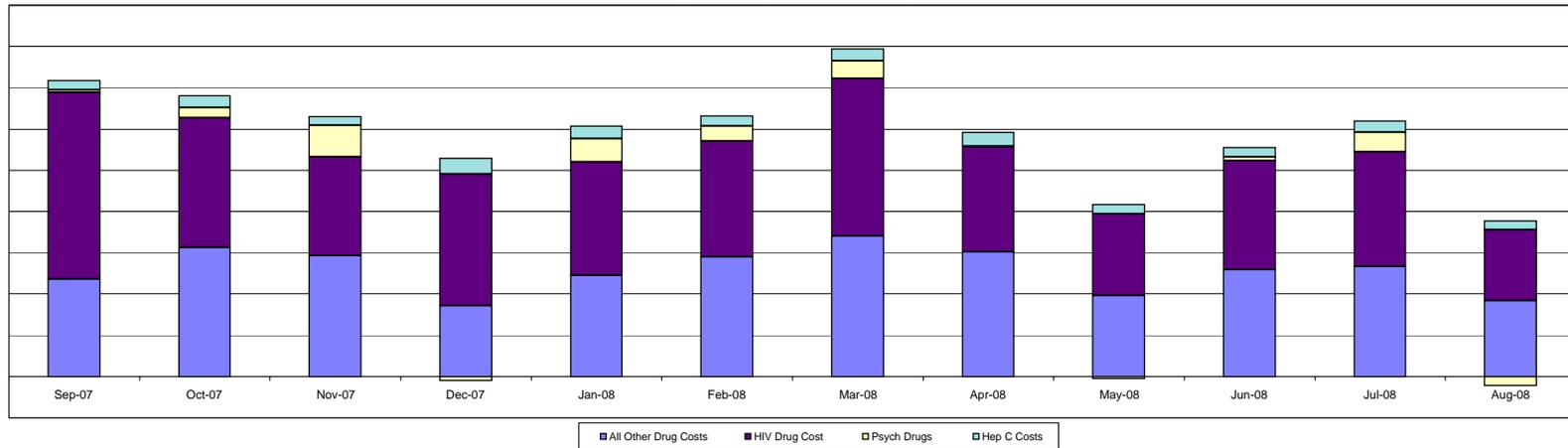
\$21,672



**Table 9
Selected Drug Costs FY 2008**

Category	Sep-07	Oct-07	Nov-07	Dec-07	Jan-08	Feb-08	Mar-08	Apr-08	May-08	Jun-08	Jul-08	Aug-08	Total Year-to-Date
Total Drug Costs	\$3,590,199	\$3,400,085	\$3,148,925	\$2,590,814	\$3,036,208	\$3,154,994	\$3,973,227	\$2,961,294	\$2,055,684	\$2,778,313	\$3,094,834	\$1,766,261	\$35,550,839
HIV Medications													
HIV Drug Cost	\$2,261,111	\$1,568,569	\$1,198,060	\$1,592,998	\$1,375,626	\$1,401,099	\$1,912,452	\$1,272,683	\$986,955	\$1,321,582	\$1,388,930	\$863,550	\$17,143,615
HIV Percent of Cost	62.98%	46.13%	38.05%	61.49%	45.31%	44.41%	48.13%	42.98%	48.01%	47.57%	44.88%	48.89%	48.22%
Psychiatric Medications													
Psych Drug Cost	\$31,560	\$122,726	\$384,064	-\$54,267	\$280,107	\$185,474	\$212,598	\$13,328	-\$30,831	\$47,825	\$236,353	-\$118,045	\$1,310,892
Psych Percent of Cost	0.88%	3.61%	12.20%	-2.09%	9.23%	5.88%	5.35%	0.45%	-1.50%	1.72%	7.64%	-6.68%	3.69%
Hepatitis C Medications													
Hep C Drug Cost	\$118,158	\$143,365	\$105,257	\$196,434	\$155,626	\$119,231	\$149,365	\$168,802	\$120,298	\$115,829	\$138,852	\$102,909	\$1,634,125
Hep C Percent of Cost	3.29%	4.22%	3.34%	7.58%	5.13%	3.78%	3.76%	5.70%	5.85%	4.17%	4.49%	5.83%	4.60%
All Other Drug Costs	\$1,179,370	\$1,565,425	\$1,461,544	\$855,648	\$1,224,850	\$1,449,190	\$1,698,813	\$1,506,481	\$979,262	\$1,293,077	\$1,330,700	\$917,848	\$15,462,207

**Chart 18
Drug Costs by Selected Categories**



**Table 10
Ending Balances 4th Qtr FY 2008**

	Beginning Balance September 1, 2007	Net Activity FY 2008	Ending Balance August 31, 2008
CMHCC Operating Funds	\$22,979.40	\$8,723.12	\$31,702.52
CMHCC Medical Services	\$12,579.46	\$33,737.67	\$46,317.13
CMHCC Mental Health	\$42.30	\$7,469.99	\$7,512.29
Ending Balance All Funds	\$35,601.16	\$49,930.78	\$85,531.94

SUPPORTING DETAIL

CMHCC Operating Account	
Beginning Balance	\$22,979.40
FY 2007 Funds Lapsed to State Treasury	(\$22,979.40)
Revenue Received	
1st Qtr Payment	\$119,773.95
2nd Qtr Payment	\$223,763.95
3rd Qtr Payment	\$121,091.05
4th Qtr Payment	\$121,091.05
Interest Earned	\$885.45
Subtotal Revenue	\$586,605.45
Expenses	
Salary & Benefits	(\$483,736.80)
Operating Expenses	(\$71,166.13)
Subtotal Expenses	(\$554,902.93)
Net Activity thru Year End	\$8,723.12
Total Fund Balance CMHCC Operating	\$31,702.52

SUPPORTING DETAIL

CMHCC Capitation Accounts	Medical Services	Mental Health
Beginning Balance	\$12,579.46	\$42.30
FY 2007 Funds Lapsed to State Treasury	(\$12,579.46)	(\$42.30)
Revenue Detail		
1st Qtr Payment from TDCJ	\$92,977,058.00	\$9,463,090.00
2nd Qtr Payment from TDCJ	\$92,977,058.00	\$9,359,100.00
3rd Qtr Payment from TDCJ	\$93,998,783.00	\$9,567,080.00
4th Qtr Payment from TDCJ	\$93,998,783.00	\$9,567,080.00
Interest Earned	\$46,317.13	\$7,512.29
Revenue Received	\$373,997,999.13	\$37,963,862.29
Payments to UTMB		
1st Qtr Payment to UTMB	(\$73,606,212.00)	(\$6,387,290.00)
2nd Qtr Payment to UTMB	(\$73,606,212.00)	(\$6,317,100.00)
3rd Qtr Payment to UTMB	(\$74,415,071.00)	(\$6,457,480.00)
4th Qtr Payment to UTMB	(\$74,415,071.00)	(\$6,457,480.00)
Subtotal UTMB Payments	(\$296,042,566.00)	(\$25,619,350.00)
Payments to TTUHSC		
1st Qtr Payment to TTUHSC	(\$19,370,846.00)	(\$3,075,800.00)
2nd Qtr Payment to TTUHSC	(\$19,370,846.00)	(\$3,042,000.00)
3rd Qtr Payment to TTUHSC	(\$19,583,712.00)	(\$3,109,600.00)
4th Qtr Payment to TTUHSC	(\$19,583,712.00)	(\$3,109,600.00)
Subtotal TTUHSC Payments	(\$77,909,116.00)	(\$12,337,000.00)
Total Payments Made thru this Qtr	(\$373,951,682.00)	(\$37,956,350.00)
Net Activity Through This Qtr	\$33,737.67	\$7,469.99
Total Fund Balance	\$46,317.13	\$7,512.29