

**MINUTES**

**CORRECTIONAL MANAGED HEALTH CARE COMMITTEE  
March 27, 2009**

**Chairperson:** James D. Griffin, M.D.

**CMHCC Members Present:** Elmo Cavin, Jeannie Frazier, Cynthia Jumper, Lannette Linthicum, M.D., Ben G. Raimer, M.D., Desmar Walkes, M.D.

**CMHCC Members Absent:** Bryan Collier, William Elger

**Partner Agency Staff Present:** Owen Murray, D. O., Joe Penn, M.D., Lauren Neumann, Steve Alderman, Stephanie Zepeda, Michael Rains, Sonny Wells, DDS (Retired) The University of Texas Medical Branch; Denise DeShields, M.D., Texas Tech University Health Sciences Center; Nathaniel Quarterman, Ron Steffa, Robert Williams, M.D., Dee Wilson, George Crippen, R.N., Shirley Nelson, Cathy Martinez, Texas Department of Criminal Justice; David Nelson, Janice Lord, Texas Board of Criminal Justice; Allen Hightower, David McNutt, Lynn Webb, Tati Buentello, CMHCC Staff.

**Others Present:** Cindi Carr, GSK

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

Agenda Topic / Presenter	Presentation	Discussion	Action
<p><b>I. Call to Order</b></p> <ul style="list-style-type: none"> <li>- <b>James D. Griffin, M.D.</b></li> </ul> <p><b>II. Recognitions and Introductions</b></p> <ul style="list-style-type: none"> <li>- <b>James D. Griffin, M.D.</b></li> </ul>	<p>Dr. Griffin called the CMHCC meeting to order at 9:05 a.m. 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> <p>Dr. Griffin next introduced Mr. David Nelson who was appointed to the Texas Board of Criminal Justice (TBCJ) in April 2008 and Chairs the TBCJ Health Care Committee. He is also a member of the TBCJ Community Corrections Committee, Education Committee, Management Information Systems and Legal Committee. Mr. Nelson is a partner in the law firm of Nelson and Nelson; a graduate of Texas Tech University School of Law and currently resides in Lubbock. Dr. Griffin welcomed and thanked Mr. Nelson for attending.</p> <p>Dr. Griffin then stated that David Callender, M.D. President, UTMB, appointed Mr. William Elger, Executive Vice-President and Chief Business and Finance Officer to serve as the non-physician member representing UTMB. Mr. Elger is filling in the position vacated by Mr. Larry Revill. Dr. Griffin further noted</p>		

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<p><b>Introductions / Recognitions Cont.</b></p> <p><b>III. Approval of Excused Absence</b></p> <p>- <b>James Griffin, M.D.</b></p> <p><b>IV. Consent Items</b></p> <p>- <b>James Griffin, M.D.</b></p> <p><b>V. Executive Director's Report</b></p> <p>- <b>Allen Hightower</b></p>	<p>that Mr. Elger was unable to attend this meeting due to prior commitments but will be officially introduced and welcomed at the next meeting.</p> <p>Dr. Griffin next noted that Mr. Bryan Collier and Mr. Larry Revill were absent from the December 9, 2008 CMHCC meeting due to scheduling conflicts. He then stated that he would entertain a motion to excuse their absence.</p> <p>Dr. Griffin then stated next on the agenda was the approval of the consent items to include the Minutes from the December 9, 2008 CMHCC meeting; the TDCJ Health Services Monitoring Report; both UTMB and TTUHSC Medical Director's report and the Summary of Joint Committee Activities. He asked the members if they had any specific consent item(s) to pull for separate discussion.</p> <p>Hearing no further comments, Dr. Griffin stated that he would entertain a motion on approving the consent items as presented in the agenda booklet.</p> <p>Dr. Griffin acknowledged that Ms. Janice Lord, Member, TBCJ just joined the meeting and stated that he would like to take the opportunity to introduce Ms. Lord.</p> <p>Dr. Griffin stated that Ms. Lord was appointed to the TBCJ in December, 2007 and Chairs the TBCJ Victim Services Committee and is also a member of the Education, Human Resources, Management Information Systems and Rehabilitation and Re-Entry Programs Committees. Ms. Lord is a national consultant on crime victims and received her Masters degree in social work from the University of Texas at Arlington. Dr. Griffin on behalf of the Committee welcomed Ms. Lord.</p> <p>Dr. Griffin then called on Mr. Hightower to provide the Executive Director's Report.</p> <p>Mr. Hightower noted that the Executive Director's report is provided at Tab B of the agenda packet.</p>		<p>Ms. Jeannie Fraizer moved to approve Mr. Bryan Collier and Mr. Larry Revill's absence from the December 9, 2008 CMHCC meeting. Dr. Ben Raimer seconded the motion. The motion passed by unanimous vote.</p> <p>Mr. Elmo Cavin moved to approve the consent items as presented at Tab A of the agenda packet. Dr. Ben Raimer seconded the motion. The motion passed by unanimous vote.</p>

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<p><b>Executive Director's Report (Cont.)</b></p>	<p>Mr. Hightower reported that the CMHCC staff continues to work with the partner agencies and the appropriate legislative staff on supporting the FY 2010-2011 Legislative Appropriations Request (LAR). He further stated that the CMHC appropriations request has been presented to both the full Senate Finance Committee and the full House Appropriations Committee. He thanked Dr. Lannette Linthicum for testifying at the Legislative Hearings and both UTMB and TTUHSC for being available as resource witnesses.</p> <p>Mr. Hightower then noted that a handout was passed out on the status of the exception item request (Attachment 1). The CMHCC requested \$181.1M which include in priority order, the adjustment to base to reflect current cost at \$56.8M; market adjustment to retain and hire staff at \$46.2M; increase hospital / specialty care costs at \$29.4M; critical capital equipment replacement cost at \$5.7M; Hepatitis biopsy cost at \$4.4M; phased in implementation of staffing study at \$35.2M and new initiatives at \$3.2M. Mr. Hightower thanked Dr. Linthicum and her staff for doing an excellent job with the staffing study.</p> <p>Mr. Hightower stated that there are ten Articles within the Legislative process and the CMHCC and TDCJ falls under Article V and Article XI. He further clarified that Article XI used to be for items in the wish list but for this Legislative Session it is where those item requests are in the "hold-over" status.</p> <p>For the exception item requests, Mr. Hightower noted that the Senate has \$86.8M in Article V and \$25.6M in Article XI for a total of \$112.4M. The House version shows \$5.7M in Article V and \$111.1M in Article XI for a total of \$116.9M.</p> <p>Mr. Hightower further noted that the decision as to which version of the budget will be approved is still pending until the state leadership works through the stimulus package. Mr. Hightower however noted that he does not foresee any more public testimony made on the budget at this point.</p>	<p>Ms. Frazier asked if he was considered public testimony?</p> <p>Mr. Hightower responded that anyone who is not a member of the Legislature or the staff of the Legislative Budget Board and the State Auditor's Office is considered public testimony.</p>	

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<p>- <b>Executive Director's Report (Cont.)</b></p>	<p>Mr. Hightower then reported on the Supplemental Appropriation Request (SAR) which are for funds already expended for health care in the last biennium that were above what was budgeted. He further stated that the SAR request were made based on the amount that each universities provided for the actual loss for the first year of the biennium (FY 2008) and the projected losses for the FY 2009.</p>	<p>Mr. Nelson asked if the \$181M was in addition to the base?</p> <p>Mr. McNutt responded that the Legislative Budget Board recommended in SB 1 and HB 1 for the medical side the amount of \$375M per each year of the biennium and for the psychiatric side the amount of \$43M for the first year and \$47.7M for the second year.</p> <p>Mr. Nelson then asked how that compared in the process?</p> <p>Mr. McNutt stated that the medical base should have been closer to \$379M .</p> <p>Dr. Raimer added that UTMB takes care of 80% of the offender population and in particular, those with high acuity cases such as cancer patients. He noted that they have been under-funded for the last couple of sessions and even if they submit for SAR; both universities still have to post their year end budget sheet as losses incurred for the first year of the biennium.</p> <p>Dr. Raimer further noted that one item being looked at this year is the spend forward authority where money can be taken from the 2011 budget and expended in 2010 if in a deficit situation. This would allow the universities to be within budget for the even numbered years and be able to go back to the legislators for the odd numbered years.</p> <p>Dr. Griffin stated the spend forward authority would change the expectations and increase the responsibility of regulating the parameters as to the health care activities.</p>	

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<p>- Executive Director's Report (Cont.)</p>		<p>Mr. Hightower noted that most Riders such as this would require action taken by the universities to notify the Committee of the budget shortfall, then the Committee would vote to ask the Legislative Budget Board and / or the Governor's Office for the spend forward authority.</p> <p>Dr. Walkes asked why there was such a discrepancy between the House and the Senate on their assessment of what the budget amount should be allocated?</p> <p>Mr. Hightower responded that the Senate and the House are two totally different institutions until they act as single bodies during Conference Committee.</p> <p>Dr. Walkes noted that both the House and Senate recognize the need for critical capital equipment and asked if the numbers were the same?</p> <p>Mr. McNutt responded that they are the same once Article V and Article XI are combined.</p> <p>Mr. Hightower also explained that the stimulus money is available for use as a one time purchase of capital equipment and this would not affect the flow of the General Revenue.</p> <p>Dr. Walkes further asked if that purchase of capital equipment money can be used for telemedicine services which may help with the staffing shortages?</p> <p>Mr. McNutt responded that capital equipment replacement monies are for such items as dental chairs; dialysis, imaging and x-ray machines.</p> <p>Dr. Linthicum added there are telemedicine services available on every unit now and the only cost associated may be on the infrastructure for updating lines. She further noted that staffing shortages are still a big issue as most of their units are operating on modified schedules without the appropriate health care providers.</p>	

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<p data-bbox="113 224 394 280"><b>VI. Performance and Financial Status</b></p> <p data-bbox="142 345 319 370">- David McNutt</p>	<p data-bbox="489 224 1180 313">Hearing no further discussions, Dr. Griffin thanked Mr. Hightower for the update then called on Mr. McNutt to present the financial and performance update.</p> <p data-bbox="489 345 1180 492">Mr. McNutt noted that the Performance and Financial Status Report is provided at Tab C of the agenda packet. For the first quarter of FY 2009, Mr. McNutt reported that the average population served was 150,760 compared to 151,638 this time last year.</p> <p data-bbox="489 524 1180 646">The aging offenders population continue to increase with the over 55+ population at the end of this quarter averaging at 10,724 compared to 10,120 a year ago which is approximately a 6% growth.</p> <p data-bbox="489 678 1180 865">Mr. McNutt further reported that the psychiatric inpatient census remained stable averaging at 1,950 compared to 1,959 in November of 2007 which he again noted is limited by the number of available inpatient beds. The psychiatric outpatient census at the end of November of this quarter averaged at 18,964 representing 12.6% of the service population.</p> <p data-bbox="489 898 1180 1011">Mr. McNutt then recalled at the last CMHCC meeting, he was asked to provide the definitions to the access to care indicators which is now included in the report on page 88 of the agenda packet.</p> <p data-bbox="489 1044 1180 1166">The medical access to care indicator #7, #8 &amp; #9 remained consistent within the 96% - 98% range. The mental healthcare and dental access to care indicators were also stable staying within the 97%-99% range.</p> <p data-bbox="489 1320 1180 1442">Mr. McNutt next reported that the average UTMB physician vacancy rate for the first quarter FY 2009 was 16.92%; mid-level practitioners at 9.17%; RN's at 11.2%; LVN's at 15.46%; Dentists at 12.50% and Psychiatrists at 13.3%.</p>	<p data-bbox="1205 1044 1728 1190">Dr. Murray again noted that both UTMB and TTUHSC face the challenges of getting the qualified health care provider positions filled in certain geographical areas which affects the access to care indicators.</p> <p data-bbox="1205 1222 1728 1320">Mr. McNutt added that TDCJ also have the same challenges of recruiting and retaining security staff in those same remote areas.</p>	

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<p>- Financial and Performance Status Report (Cont.)</p>	<p>Mr. McNutt continued by stating that TTUHSC sector physician vacancy rate for the same quarter averaged at 22.84%; mid-level practitioners at 9.53%; RN's at 20.55%; LVN's at 25.89%; Dentists at 18.71%, and Psychiatrists at 21.90%.</p> <p>He then noted that due to Hurricane Ike, the timelines for the medical summaries for MRIS in September dropped to 85% but came back up to 96% in October and 97% for November.</p> <p>Mr. McNutt next reported that the overall health care costs through the First Quarter of FY 2009 totaled \$117.1M. On a combined basis, this amount is below overall revenues earned by the university providers by approximately \$1.6M. He concluded by noting that this is only the data up through the first quarter of FY 2009.</p> <p>Dr. Griffin asked if there were any comments or questions for Mr. McNutt?</p>	<p>Dr. Walkes stated that the challenges of recruiting and retaining staff remains to always be an issue and asked if the partner agencies were looking at specific recruiting methods targeted for those kinds of staffing vacancies?</p> <p>Dr. Griffin responded that as part of his testimony at the House Corrections Subcommittee Hearing, he testified about looking into new initiatives or programs such as tuition reimbursement programs; the possibility of forming agreements with perspective students to spend some time in the correctional facilities as they do in the military setting.</p> <p>Dr. Walkes asked if it was feasible to ask the state leadership to reconsider and bring the amount back to the \$46M requested for the market adjustment to retain and hire staff?</p> <p>Mr. Hightower responded that the state leadership would not put any additional amount into the overall budget but that the universities have the flexibility to use the monies they do get funded for recruiting purposes.</p>	

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<p>- Performance and Financial Status Report (Cont.)</p>	<p>Hearing no further comments, Dr. Griffin thanked Mr. McNutt for the update.</p>	<p>Dr. Raimer added that incentives such as loan repayment programs and scholarships would also help recruit people into working at those underserved areas as they are unable to compete with the free-world salaries which may include sign-on bonuses. He further added that they are still trying to recover from the 2003 cuts and have not been able to catch up from that to compete.</p> <p>Dr. DeShields stated that the Tech sector is looking at close to a 38% vacancy rate strictly at the Montford Unit as of December. They have filled some of the 45 vacancies with 26 agency staff. She did note that this doubles the cost as a full time nurse would on the average have a salary range between \$50,000 to \$55,000 compared to an agency nurse at \$110,000.</p> <p>Dr. Linthicum then noted that the staffing study looked at current staffing levels on each of the units; looked also at the mission and the recommended staff for each facilities. She further added that the offsite costs in part are due to not having health care staff on the unit to make appropriate assessment. Instead they are relying on the security staff to contact the on-call nurse to make or relay the situation which in most case results in information that is lost in translation.</p> <p>Dr. Raimer acknowledged that Dr. Linthicum spent over two years working on the staffing study and stated that she and her staff did an extraordinary job putting it together and hoped that the Legislature would re-consider this item request.</p>	

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<p><b>VII. UTMB Audit Report</b></p> <p><b>- David McNutt</b></p>	<p>Dr. Griffin then asked Mr. McNutt to present the UTMB Audit Report.</p> <p>Mr. McNutt noted that the entire UTMB Audit Report on the Correctional Managed Care (CMC) Pharmacy Review is provided at Tab D of the agenda packet.</p> <p>As part of the contract agreement, both universities internal auditors are to provide a certain number of audit hours on services pertaining to correctional managed health care. UTMB is required to provide 500 hours and TTUHSC is to provide 200 hours.</p> <p>Mr. McNutt recalled that the Texas Tech’s required audit report was provided at the last CMHCC meeting. The UTMB audit that he is presenting took over 600 hrs to conduct.</p> <p>The primary objective of this audit was to review the internal control process and operational activities related to CMC Central Pharmacy operations and select TDCJ units.</p> <p>Mr. McNutt further reported that the audit methodology included conducting risk assessments; interviewing key CMC finance operations central pharmacy and unit personnel; observing current operations; reviewing policies and procedures, reviewing supporting documents; and, limited testing of TDCJ billing and Central Pharmacy expenditures, purchases and receiving information.</p> <p>Mr. McNutt stated that Stephanie Zepeda, Director of Pharmacy has already implemented most of the actions required and that the audit met the contract requirements. He concluded by stating that he would entertain any questions along with Ms. Zepeda who was also at the meeting.</p> <p>Hearing none, Dr. Griffin thanked Mr. McNutt for the update.</p> <p>Dr. Griffin next called on Ms. Zepeda to present the Joint Pharmacy and Therapeutics Committee Overview.</p>		
<p><b>VIII. Update on Joint Pharmacy &amp; Therapeutic (P &amp; T) Committee</b></p>	<p>Ms. Zepeda thanked the Committee for the opportunity to provide an update on the Joint Pharmacy &amp; Therapeutics (P &amp; T) Committee and the Overview of Pharmacy Operation. She then noted that her presentation is provided at Tab G.</p>		

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<p>- Joint P &amp; T Committee Update</p> <p>- Stephanie Zepeda</p>	<p>Ms. Zepeda stated that some of the primary functions of the Joint Pharmacy &amp; Therapeutics Committee include developing medication formularies; developing drug use policies and procedures; to ensure safe and cost effective drug therapy; and to develop educational programs and quality programs related to drug use.</p> <p>The P &amp; T Committee consists of representatives from TDCJ, UTMB, TTUHSC and is a multidisciplinary team which includes physicians, psychiatrists, dentist, nurses and pharmacists. The Chair of the Committee is appointed by Dr. Linthicum, TDCJ Health Services Division Medical Director and serves a two year term. Ms. Zepeda added that the Committee will occasionally appoint an Ex-officio or a non-voting member whose term may not exceed the tenure of the Chairperson who have particular expertise in the area that they are working on.</p> <p>Ms. Zepeda further reported that the 340B Drug Pricing Program is one of the most significant cost containment strategies that UTMB implemented. This is a Federal drug pricing discount program that the university was able to gain access to with their status as a disproportionate share hospital. Federal approval was granted in April and the program began on May 2002. This reduced the CMC pharmacy costs from prior years by as much as a third, depending on drug class.</p> <p>The graph on page 151 of the agenda packet shows the trend data of what was spent if UTMB had not qualified for the 340B pricing program since implementing this back in 2002. She noted that this is a savings of about \$12M per year.</p> <p>The graph on page 152 shows the comparison of drugs as percentage of the total TDCJ health care expenses versus the National HMO expenses and the national expenses published by the Centers for Medicare and Medicaid Services (CMS). Ms. Zepeda further noted that TDCJ expenses are less than 10% which is equivalent to the national CMS expenses but well below the national HMO expenses which are being reported at 14%.</p> <p>Ms. Zepeda next reported that the major pharmacy cost drivers are medications to treat HIV which represents 48% of the total drug budget; chronic Hepatitis C at 4.6%; and psychotropic agents representing less than 8% of the total drug costs. Other major cost drivers include chronic care medication such as cardiovascular agents used to reduce high cholesterol and the prevention of cardiovascular disease; for</p>	<p>Dr. Linthicum asked for clarification of what PHS is for the non-health care related staff present.</p> <p>Ms. Zepeda responded that PHS stood for Public Health Services pricing which is another acronym for 340B drug discount program.</p> <p>Dr. Linthicum asked how much is being spent on HIV medication per month?</p> <p>Ms. Zepeda responded approximately \$1.5M.</p>	

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<p>- P &amp; T Joint Committee (Cont.)</p>	<p>drugs used to treat diabetes; and, for respiratory agents such as asthma.</p> <p>She further noted that the total number of prescription orders filled per year has increased 123.95% over the last 14 years and the pharmacy currently fills an average of 17,000 orders per day. Ms. Zepeda added that the number of orders filled per patient per year has also increased 49.8% over the last 14 years.</p> <p>Ms. Zepeda next reported that one of the major staffing challenges faced is the workload demands on the pharmacists. She stated that 500 prescriptions to fill per day is the ideal number for a pharmacist. The graph on page 159 shows that amount has increased up to 937 prescriptions to fill per day in FY 2005, but noted that number dropped back down to 852 per day over the next three years.</p> <p>In FY 2009, four new positions were added in June as the number of prescriptions being filled were on the rise again. Based on the 5.5% annual growth trend, the projection for FY 2012 she noted, would be up to 866 prescriptions per day.</p> <p>Ms. Zepeda then stated that as the workload increases, the number of interventions that the pharmacist have made per 10,000 orders have decreased which shows there is an opportunity that some of the drug interactions may have been missed.</p> <p>Ms. Zepeda next reported that some of the recent action items of interest includes a bid for Hepatitis B vaccine and a change in lipid lowering formulary agent to generic. She also noted that some new practice tools were developed to include non-formulary conversion chart, wound care assessment forms being added to</p>	<p>Dr. Linthicum stated that the total HIV+ population is approximately 2,449 and of those 841 are AIDS patients; she then asked how many were being treated?</p> <p>Ms. Zepeda responded about 1,800 were on medications.</p> <p>Dr. Linthicum asked what portion of the prescription orders filled is for TDCJ as the pharmacy also provides services for the Texas Youth Commission and Federal Bureau of Prisons.</p> <p>Ms. Zepeda stated that TDCJ accounts for 93%.</p>	

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<p>- P &amp; T Committee Updates (Cont.)</p>	<p>EMR; revision of key policies to strengthen inventory controls; and a checklist for secondary prevention of coronary artery disease.</p> <p>Ms. Zepeda concluded by stating that she would be happy to answer any questions.</p>	<p>Dr. Griffin recalled that a presentation was made to the Committee about a year ago on Pandemic Flu and there was a discussion on the limited shelf-life for the Pandemic Flu vaccine and asked if Ms. Zepeda would provide an update on this.</p> <p>Ms. Zepeda responded that TDCJ as well as UTMB purchased a stock-pile of Tamiflu which is an antiviral medication in preparation of the pandemic flu. She further stated that the shelf-life for Tamiflu is five years. The medication currently is centralized with the prescription labels pre-printed and ready to ship overnight if necessary. The goal is to treat patients, healthcare providers and correctional officers to prevent an outbreak while the area remains secure.</p> <p>Ms Zepeda added that there are no replacements once the shelf-life expires in five years. She again noted that Tamiflu was purchased at a special Federal discounted price at a cost of \$1.98 per dose compared to the market cost of \$6.00 per dose.</p> <p>Dr. Linthicum also recalled that the State Health Commissioners sent out a letter to all state agencies and received this stock-pile after being qualified. She added that the Center for Disease Control and the State Health Department will be in control in the event of an outbreak.</p> <p>Dr. Griffin then asked whether there was a way to negotiate a renewal so that it can be kept longer?</p> <p>Ms. Zepeda responded that it was her understanding that there is not a replacement clause.</p>	

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<p>- P &amp; T Committee Report (Cont.)</p> <p><b>IX. Summary of Critical Correctional Healthcare Personnel Vacancies</b></p> <p>- Owen Murray, D. O. (UTMB)</p> <p>- Denise DeShields, M.D. (TTUHSC)</p>	<p>Hearing no further discussions, Dr. Griffin thanked Ms. Zepeda for the report.</p> <p>Dr. Griffin next called on Dr. Murray to provide the critical correctional health care personnel vacancies for UTMB.</p> <p>Dr. Murray stated as discussed earlier, staff vacancies continues to be an issue in certain geographical regions such as Beeville, Palestine, Gatesville and the Beaumont areas. There are not enough healthcare personnel available to cover the number of offenders that are housed in those regions. The full time employee on the unit are overworked and burned out after being asked to work overtime due to the staffing shortages. Dr. Murray added that UTMB continues to utilize temporary services as well as telemedicine but that is not the same as having the health care provider onsite. They continue to look at innovative ways to recruit and retain staff but that it was difficult without being able to offer salaries that is more competitive with the current market value.</p> <p>Dr. Griffin thanked Dr. Murray for the report then called on Dr. DeShields to provide the update for TTUHSC.</p> <p>Dr. DeShields reported that Texas Tech also continues to have difficulty recruiting in those remote areas where there are not many qualified physicians, nurses, or psychiatrists available. She then noted that there is the issue of the nurses having to go through security check before getting on the unit.</p> <p>She agreed that these nurses are not only overworked, they are underpaid and also lose their dignity working in a prison environment.</p> <p>Dr. DeShields concluded by noting again that TTUHSC continues to enhance on their advertisement and recruitment methods through newly contracted agencies.</p>	<p>Dr. Linthicum asked when the five years expires?</p> <p>Ms. Zepeda stated that currently it is about a year into the five years.</p> <p>Ms. Frazier asked if there was a way to work with security to let the nurses through?</p> <p>Dr. Linthicum responded that this was due to the contraband being smuggled into the units causing security issues.</p>	

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<p>- Critical Vacancy Positions Update (Cont.)</p> <p>- Lannette Linthicum, M.D. (TDCJ)</p> <p>- Recognition: Sonny Wells, DDS</p>	<p>Dr. Griffin thanked Dr. DeShields for the update then called on Dr. Linthicum.</p> <p>Dr. Linthicum noted that they share the same difficulties in recruiting and retaining health care provider staff as her colleagues and continues to have multiple postings and advertisement in journals and newspapers.</p> <p>Dr. Linthicum further added that her staff worked hard in putting together the staffing study and again emphasized the need to adjust the salaries to better compete with the market in recruiting qualified applicants and retaining those staff.</p> <p>Dr. Griffin thanked Dr. Linthicum then noted that Dr. Sonny Wells joined the meeting earlier and called on Dr. Linthicum to provide the presentation to Dr. Wells on his recent retirement.</p> <p>Dr. Linthicum on behalf of TDCJ, thanked Dr. Sonny Wells for his many contributions and excellent service he provided to the Correctional Health Care Program and to the State of Texas by presenting him with a plaque. She noted that Dr. Wells began his career with TDCJ in 1986 as a unit dentist and acknowledged his distinguished professional career as he retired from his position of UTMB Dental Director then wished him well on his future endeavors.</p> <p>Dr Griffin asked if Dr. Wells would like to make any comments.</p>	<p>Dr. DeShields added that the US statistics show that in the last three years, the number of job posting of all health care provider disciplines have gone up more than 45%, particularly for psychiatrist.</p> <p>Mr. McNutt noted that Mr. Hightower presented a Resolution of Appreciation on behalf of the Committee to Dr. Wells at his retirement party held in Huntsville earlier in December. (Attachment 2)</p> <p>Dr. Wells thanked the Committee and staff for recognizing him and stated that it has been a remarkable journey. He expressed his appreciation for the support, the friendship; and that it was an honor to work with Dr. Linthicum, Dr. Murray, Dr. Raimer and the staff of all three partner agencies.</p>	

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<p><b>X. Medical Director's Report</b></p> <p><b>- Lannette Linthicum, M.D. (TDCJ)</b></p> <ul style="list-style-type: none"> <li data-bbox="92 342 491 370">- Office of Professional Standards</li> <li data-bbox="92 467 478 524">- Grievances and Patient Liaison Correspondences.</li> <li data-bbox="92 621 432 678">- Quality Improvement (QI) Access to Care</li> <li data-bbox="92 776 426 803">- Capital Assets Monitoring</li> <li data-bbox="92 954 468 982">- Office of Preventive Medicine</li> </ul>	<p>Dr. Griffin next called on Dr. Linthicum to provide the TDCJ Medical Director's Report.</p> <p>Dr. Linthicum noted that her report is provided at Tab F of the agenda packet.</p> <p>During the first quarter of FY 2009, Dr. Linthicum reported that seven facilities were audited and she highlighted some of the audits listed on pages 130 – 132 of the agenda packet.</p> <p>She then reported that the Patient Liaison Program and the Step II Grievance Program received a total of 2,744 correspondences. Of the total number of correspondences received, 286 or 10.42% action requests were generated.</p> <p>Quality Improvement / Quality Monitoring staff performed 114 access to care audits for this quarter. A total of 1,026 indicators were reviewed and 41 indicators fell below the 80% threshold.</p> <p>The Capital Assets Contract Monitoring Office audited seven facilities for this quarter and these audits are conducted to determine compliance with the Health Services Policy and State Property Accounting policy inventory procedures.</p> <p>Dr. Linthicum again noted that the Office of Preventive Medicine monitors the incidence of infectious diseases for TDCJ. For the first quarter of FY 2009, there were 201 reports of suspected syphilis; 327 Methicillin-Resistant Staphylococcus Aureus (MRSA) cases were reported compared to 918 during the same quarter of FY 2008. There was an average of 23 Tuberculosis (TB) cases under management per month during this quarter, compared to an average of 19 per month during the first quarter of the FY 2008.</p> <p>Dr. Linthicum stated that the Office of Preventive Medicine's Sexual Assault Nurse Examiner (SANE) Coordinator provided 19 training session during the first quarter of FY 2009 attended by 12 facilities with 147 medical staff trained.</p>		

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- Office of Preventive Medicine (Cont.)	<p>She further noted that currently, the Peer Education Programs are on all the Institutional Division Facilities that TDCJ operates. The Office of Preventive Medicine is currently expanding this program into the Private Prison Facilities.</p>		
- Mortality and Morbidity	<p>The Mortality and Morbidity Committee reviewed 106 deaths. Of those 106 deaths, 16 were referred to peer review committees and those breakdowns are found on page 133 of the agenda packet.</p>		
- Mental Health Services Monitoring	<p>The Mental Health Services Monitoring and Liaison with County Jails identified 14 offenders with immediate mental health needs prior to TDCJ intake.</p> <p>Dr. Linthicum added that the MHMR history was reviewed for 19,527 offenders brought into TDCJ-ID/SJ through the intake process. She further noted that 350 offenders with high risk factors (very young or old or have long sentences) transferred into TDCJ-ID were interviewed which resulted in 19 referrals.</p> <p>The master's level psychiatrist made 19 Administrative Segregation visits this quarter and observed 4,312 offenders, interviewed 2,451 offenders and referred 10 for further evaluations.</p>		
- Health Services Liaison Utilization Review	<p>During the first quarter of FY 2009, a total of 105 hospital discharges and 47 inpatient facility discharge audits were conducted. She noted that the summary of the audits are found on page 134 of the agenda packet.</p>		
- Accreditation	<p>Dr. Linthicum next reported that the American Correctional Association Panel of Commissioners did not meet in the first quarter of FY 2009 and these accreditations were presented in January 2009 therefore will be provided in the second quarter report.</p>		
- Biomedical Research Projects	<p>Dr. Linthicum concluded by stating that the summary and pending research projects as provided by the TDCJ Executive Services are provided in the consent items on pages 52-59 of the agenda packet.</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>- Medical Director's Report</p> <p>Denise DeShields, M.D. (TTUHSC)</p>	<p>Dr. Griffin thanked Dr. Linthicum for the report and called next on Dr. DeShields to provide the TTUHSC Medical Director's Report</p> <p>Dr. DeShields reported that the population for the first quarter of FY 2009 averaged at 30,643 and that there were no significant changes on encounters for this quarter compared to the last quarter of FY 2008.</p> <p>Dr. DeShields recalled that couple meetings ago she reported that after nearly a 3-year search, the Medical Director for the PAMIO position had finally been filled. Unfortunately, this did not work out and the person hired for that position decided to leave and now Tech is back to recruiting for that position again.</p> <p>She further reported that the Highland Facility that provided ancillary and non-emergent care when Montford was overloaded has been taken over by a new group and will keep the Committee updated on the status.</p> <p>Dr. DeShields concluded by stating that Texas Tech continues to look at various incentive methods and enhanced advertisement methods in order to recruit and retain staff in West Texas.</p>		
<p>- Owen Murray, M.D. (UTMB)</p>	<p>Dr.Griffin thanked Dr. Deshields for the update then called on Dr. Murray to provide the UTMB Medical Director's Report.</p> <p>Dr. Murray reported that there has been some staff changes he wanted to convey to the Committee. John Allen who was the Executive Director of Operations left UTMB-CMC after being hired as President of MDI in Florida. He then sadly reported that Julie Lawson, PA was killed in an accident while she was on vacation with her family out of state. Dr. Murray further stated that they are in the process of working out a new organizational chart which should be available sometime in June and will keep the Committee updated on this.</p>		

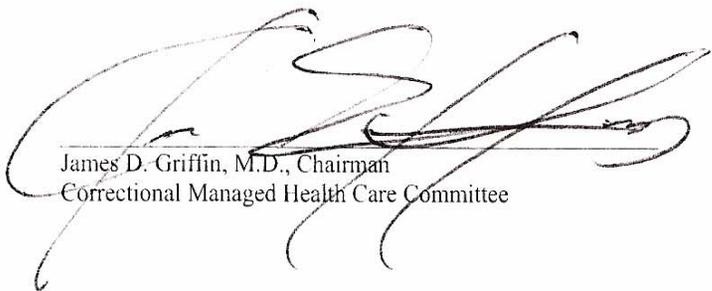
Agenda Topic / Presenter	Presentation	Discussion	Action
<p>UTMB Medical Director's Report (Cont.)</p>	<p>Dr. Murray next reported that using agency staff as discussed earlier continues to drive costs up. Most of the staff that used to work there found other jobs while UTMB was still in the recovery phase. He did note however that offsite numbers are coming down.</p> <p>Dr. Murray then stated that though UTMB sustained damage from Hurricane Ike, the storm also exposed some areas that needed to be looked into. He further stated that Bryan Schneider, Director of Support Services is assessing what clinical needs can better be served. UTMB-CMC continues to host the weekly conference and thanked Dr. Linthicum, Mr. Quarterman for their continued support.</p> <p>Dr. Murray concluded by saying that he spoke with Representative Terri Hodge who has always been an advocate for offenders and their families at the Capitol and that she wanted him to relay to the Committee the positive remarks she made about the offender health care.</p>		
<p>XIII – TCOOMMI Update - Dee Wilson</p>	<p>Dr. Griffin thanked Dr. Murray for the report then called on Ms. Wilson to provide the TCOOMMI update.</p> <p>Ms. Wilson stated that the TCOOMMI's Biennial Report was provided to the Committee and staff under separate cover.</p> <p>She further reported that for this biennium, continued progress was made toward establishing a comprehensive continuity of care system that emphasized its primary goals of public safety and treatment interventions which eliminated or reduced duplication, improved coordination and minimized overall costs to local and state governments.</p> <p>Ms. Wilson next reported that due to changes in state policy and internal procedures, the number of offenders identified as eligible for the Medically Recommended Intensive Supervision (MRIS)</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>- TCOOMMI Report (Cont.)</p>	<p>consideration increased during this reporting period. While the number of eligible offenders presented to the Parole Board increased, Ms. Wilson noted that the overall approval rate declined. The FY 2008 approval rate being 24% compared to 35% in FY07. A contributing factor to the decline she noted could be due to the increase in offender deaths during the MRIS process and Ms. Wilson stated that TCOOMMI has instituted an internal review process to examine the referral time.</p> <p>Ms. Wilson concluded by stating that TCOOMMI continues to work with the managed care providers and the Board of Pardons and Parole to examine options for those elderly offenders who could be safely released to the community.</p>		
<p>XII. Financial Reports  - Lynn Webb</p>	<p>Dr. Griffin thanked Ms. Wilson for the update then called on Mr. Webb to provide the financial updates.</p> <p>Mr. Webb noted that the financial summary will cover data for the first quarter of FY 2009 ending November 30, 2008 and that the report is provided at Tab H of the agenda packet.</p> <p>The average daily offender population remained stable at 150,760 for the first quarter FY 2009 compared to 151,638 for the same quarter in FY 2008; a decrease of 878 or 0.58%.</p> <p>Consistent with trends over the last several years, Mr. Webb noted that the number of offenders aged 55 and older has continued to rise at a faster than the overall offender population to 10,724 this quarter compared to 10,120 for the same quarter a year ago which is an increase of 604 or 6.0%.</p> <p>The overall HIV+ population has remained stable throughout the last two years at 2,492 through this quarter or about 1.65% of the population served.</p> <p>The average number of psychiatric inpatients within the system was 1,950 and this inpatient caseload he</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>- Financial Report <b>(Cont.)</b></p>	<p>noted again is limited by the number of available inpatient beds in the system. The mental health outpatient visits was 18,964 representing 12.6% of the service population.</p> <p>Overall healthcare costs as noted earlier by Mr. McNutt through the first quarter of FY 2009 totaled \$117.1M. On a combined basis, Mr. Webb noted that this amount is below overall revenues earned by the university providers by approximately \$1.6M or 1.4%.</p> <p>He further reported that UTMB's total revenue through the quarter was \$94.1M; expenditures totaled \$92.5M resulting in a net gain of \$1.5M. Texas Tech's total revenue was \$24.7M; expenditures totaled \$24.6M resulting in a net gain of \$53,793.</p> <p>Mr. Webb then noted that of the \$117.1M in expenses reported through the first quarter of FY 2009, onsite services comprised \$58.0M or about 49.5% of expenses; pharmacy services totaled \$12.2M or about 10.5% of total expenses; offsite services accounted for \$32.0M or 27.3% of total expenses; mental health services totaled \$11.3M or 9.6% of the total costs; and indirect support expenses accounted for \$3.6M or about 3.1% of the total costs.</p> <p>He further reported that Table 5 on page 179 of the agenda packet shows that the total cost per offender per day for all health care services statewide through the first quarter FY 2009 was \$8.54 compared to \$8.06 through the first quarter of FY 2008. The average cost per offender per day for the last four fiscal years was \$7.86.</p> <p>He again noted that the older offenders continues to access the health care delivery system at a much higher acuity and frequency than younger offenders. Hospital costs received to date for older offenders averaged \$670 per offender vs. \$106 for younger offenders.</p> <p>Chart 15 on page 181 shows that the older offenders were utilizing health care resources at a rate more than six times higher than the younger offenders. While comprising only about 7.1% of the overall service population, older offenders account for 32.5% of the hospitalization costs received to date.</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>- Financial Report (Cont.)</p>	<p>Mr. Webb further reported that older offenders represented over four times more often in the dialysis population than younger offenders and dialysis costs continue to be significant averaging about \$20.4K per patient per year. He added that providing dialysis treatment for an average of 181 patients through this quarter cost \$923,405.</p> <p>Table 9 on page 183 of the agenda packet shows that total drug costs through the first quarter of FY 2009 totaled \$9.3M. Of this \$5.3M or just over \$1.7M per month, was for HIV medication costs which was about 57.1% of the total drug cost. Psychiatric drug costs were approximately \$0.4M or about 3.1% of overall drug costs and Hepatitis C drugs costs were \$0.3M and represented about 3.7% of the 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 stated that they hold no such reserves and report a total operating gain of \$1,569,739 through the end of this quarter. UTMB stated that with previous trends, UTMB was expected to have a \$22.7M shortfall for FY 2009 which was used in forecasting budget number in the submitted Legislative Appropriations Request (LAR).</p> <p>Texas Tech reports that they hold no such reserves and report a total operating gain of \$53,793 through this quarter. Texas Tech however forecasted a \$1.6M operating shortfall for FY2009 which was used in the submitted and forecasted budgeted LAR numbers.</p> <p>A summary analysis of the ending balances revenue and payments through November 30, FY 2009 is provided at Table 10 on page 184. The summary indicates that the net unencumbered balance on all CMHCC accounts on November 30, 2008 was negative \$7,119.95 due to the net effect of the second quarter FY 2009 advanced payments.</p> <p>Mr. Webb concluded by stating that detailed transaction level data from both providers is being tested on a monthly basis to verify reasonableness, accuracy, and compliance with policies and procedures.</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>- XIII. Public Comments</p> <p>James Griffin, M.D.</p>	<p>Dr. Griffin thanked Mr. Webb for the update.</p> <p>Dr. Griffin then stated that the next agenda item is where the Committee at each regular meeting provides an opportunity to receive public comments. Dr. Griffin noted that there were no such request at this time.</p>		
<p>- XIV. Date / Location of Next Meeting</p> <p>James Griffin, M.D.</p>	<p>Dr. Griffin next noted that the next CMHC meeting is scheduled for 9:00 a.m. on June 9, 2009 to be held at the Dallas Love Field Main Terminal Conference Room.</p> <p>Dr. asked if there were any other comments or discussions?</p>	<p>Mr. Nelson thanked the Committee and staff for a job well done and stated that he is now becoming more aware of the challenges faced by the Committee in providing health care to the offender population.</p>	
<p>- XV. Adjournment</p>	<p>Hearing no further comments, Dr. Griffin thanked Mr. Nelson and Ms. Lord for attending; then adjourned the meeting.</p>		



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

Date: 6/9/09

# ATTACHMENT 1

03/26/2009

### Status of Exception Item Request

	<b>Requested</b>	<b>Senate</b>	<b>House</b>
<b>Article V</b>	\$ 181,135,518.00	\$ 86,833,390.00	\$ 5,737,966.00
<b>Article XI</b>	\$ -	\$ 25,657,270.00	\$ 111,175,374.00
<b>Total</b>	<u>\$ 181,135,518.00</u>	<u>\$ 112,490,660.00</u>	<u>\$ 116,913,340.00</u>



## Article XI

	Requested	Senate	House
1. Adjustment to Base to Reflect Current Cost	\$ 56,833,390.00		\$ 56,833,390.00
2. Market Adjustment to Retain & Hire Staff	\$ 46,252,810.00	\$ 10,860,740.00	\$ 30,860,740.00
3. Increase Hospital / Specialty Care Costs	\$ 29,438,905.00	\$ 9,058,564.00	\$ 19,058,564.00
4. Critical Capital Equipment Replacement	\$ 5,737,966.00	\$ 5,737,966.00	\$ -
5. Hepatitis Biopsy	\$ 4,422,680.00	\$ -	\$ 4,422,680.00
6. Phased in Implementation of Staffing Study	\$ 35,209,207.00	\$ -	\$ -
7. New Initiatives	<u>\$ 3,240,560.00</u>	<u></u>	<u></u>
Total	\$ 181,135,518.00	\$ 25,657,270.00	\$ 111,175,374.00

# ATTACHMENT 2



# Resolution of Appreciation

## Albert D. “Sonny” Wells, D.D.S.

**WHEREAS**, Albert D. “Sonny” Wells, began his career with the Texas Department of Criminal Justice in 1986 as the Unit Dentist at the Coffield Unit, then was promoted to serve as the Northern Regional Dental Director; and

**WHEREAS**, Dr. Wells was recruited for and accepted a position with the newly formed Correctional Managed Care Program with The University of Texas Medical Branch as the Dental Director. In that capacity he was responsible for the UTMB dental services contracts with the Texas Department of Criminal Justice, Texas Youth Commission and the Federal Bureau of Prisons; and

**WHEREAS**, Dr. Wells excelled academically having attained a Doctor of Dental Surgery from Baylor College of Dentistry in Dallas and is a Certified Correctional Health Professional; and

**WHEREAS**, Dr. Wells has more than 33 years of professional dentistry experience, having worked in a variety of progressively more responsible clinical, administrative and leadership roles in the correctional healthcare program; and

**WHEREAS**, Dr. Wells has served on a variety of workgroups and standing committees including Chairing the Joint Dental Work Group Committee, and served as a member on the Policy and Procedures Committee, Pharmacy and Therapeutics Committee, and the System Leadership Committee; to name a few; and

**WHEREAS**, the Texas Correctional Health Care Program has greatly benefited from his demonstrated leadership, clinical expertise, and dedication both on a professional and personal basis; and

**WHEREAS**, the Correctional Managed Health Care Committee, its staff and its partner agencies wish to gratefully acknowledge the many contributions and distinguished professional career of Albert D. “Sonny” Wells as he retires from state employment to accept new challenges;

**THEREFORE BE IT RESOLVED**, that the Committee adopt this resolution as an expression of our sincere appreciation for his outstanding service to the Texas Correctional Health Care Program and present to him a signed and framed copy of this resolution with our collective best wishes for success in future endeavors.

Presented this 17th day of December in the Year 2008, by the  
Correctional Managed Health Care Committee

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James D. Griffin, M.D.  
Chairman, CMHCC

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Allen R. Hightower  
Executive Director, CMHC