MINUTES
CORRECTIONAL MANAGED HEALTH CARE COMMITTEE
December 1, 2009

Chairperson: James D. Griffin, M.D.

CMHCC Members Present: Ben G. Raimer, M.D., Elmo Cavin, William Elger, Gerard Evenwel, Cynthia Jumper, M.D., Lannette Linthicum, M.D., Desmar Walkes, M.D.

CMHCC Members Absent: Bryan Collier

Partner Agency Staff Present: Owen Murray, D. O., Lauren Sheer, Steve Alderman, Anthony Williams, M.D., Scott Reinecke, D.D.S., Billy Horton, D.D.S., The University of Texas Medical Branch; Denise DeShields, M.D., Texas Tech University Health Sciences Center; Ron Steffa, Robert Williams, M.D., Texas Department of Criminal Justice; David Nelson, Texas Board of Criminal Justice; Allen Hightower, David McNutt, Lynn Webb, Tati Buentello, Stephanie Harris, CMHCC Staff.

Others Present: Cindi Carr, Glaxo Smithkline Vaccine Division, Lynne Baker, Viiv, Mary Goetel, Martha Dafft

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

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I. Call to Order - **James D. Griffin, M.D.**	Dr. Griffin called the CMHCC meeting to order at 9:00 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.		
II. Recognitions and Introductions - **James D. Griffin, M.D.**	Dr. Griffin introduced Donna K. Sollenberger who was recently named Executive Vice President and Chief Executive Officer for UTMB Health Systems and is responsible for providing operational and financial oversight for UTMB's patient care enterprise that includes the hospital complex, a network of campus and community based clinics and correctional managed health care program. Prior to joining UTMB she was CEO of the Baylor Clinic and Hospitals and Executive Vice President for Baylor College of Medicine in Houston. Ms. Sollenberger previously served as president and CEO of the University of Wisconsin Hospitals and Clinics which won numerous national awards. She was selected as one of the Top 25 Women in Healthcare by Modern Healthcare magazine. Prior to joining the University of Wisconsin Hospitals and Clinics, she was the executive vice president and chief operation officer of City of Hope Hospital, in Los		

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	Angeles, California, vice president for hospital and clinics at The University of Texas M.D. Anderson Cancer Center and chief administrative officer of surgery at the Southern Illinois University School of Medicine. She earned her bachelor's and master's degrees from the University of Illinois in Springfield, Illinois. Dr. Griffin on behalf of the Committee and staff welcomed Ms. Sollenberger to the meeting.		
III. Approval of Excused Absence - **James D. Griffin, M.D.**	Dr. Griffin hearing no further comments stated that he would now entertain a motion to approve the excused absence of Desmar Walkes, M.D. who was unable to attend the September 9, 2009 CMHCC meeting due to scheduling conflict.		Dr. Ben Raimer moved to approve Dr. Desmar Walkes absence from the September 8, 2009 CMHCC meeting. Dr. Linthicum seconded the motion which prevailed by unanimous vote.
IV. Approval of Consent Items - **James D. Griffin, M.D.**	Dr. Griffin stated next on the agenda is the approval of the consent items to include the Minutes from the September 8, 2009 CMHCC meeting: TDCJ Health Services Monitoring Report; both UTMB and TTUHSC Medical Director's Report; and the Summary of Joint Committee Activities. He then asked the members if they had any specific consent items(s) to pull out for separate discussion? Hearing no further comments, Dr. Griffin stated that he would now entertain a motion on approving the consent items.		Mr. Elmo Cavin moved to approve the consent items as presented at Tab A of the agenda booklet. Dr. Raimer seconded the motion. The motion passed by unanimous vote.

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V. Executive Director's Report **- Allen Hightower**	Dr. Griffin then called on Mr. Hightower to provide the Executive Director's report. Mr. Hightower then acknowledged and thanked David Nelson with the Texas Board of Criminal Justice for his interest and support. Mr. Hightower noted that the 80th Legislative Session the Sunset Bill required the staff to meet with the Texas Department of Criminal Justice at their board meetings to keep them abreast of what was happening within the Correctional Managed Health Care program, which he, David McNutt, and Lynn Webb do at the TDCJ regular board meetings. He then briefly reported that HB4586 of the 81st Legislative Session directed "TDCJ and the Correctional Managed Health Care Committee shall identify and evaluate mechanisms to lower the cost of, or increase the quality of care in, health or pharmacy services and submit a report to the Legislative Board and the Governor no later than May 1, 2010". UTMB, TTUHSC, TDCJ and CMHCC staff had submitted ideas to the Chairman. Several ideas for improved quality of care would require new construction and or additional staffing. Before our in-depth study is undertaken; the economic climate of the State of Texas must be considered for the 82nd Legislature, as increased appropriations could be extremely difficult to obtain. Since the last meeting, all three master contracts for the FY2010-2011 biennium were completed and fully executed in a timely manner. The cooperation and assistance of everyone involved in the contracting process was greatly appreciated. Cost data by facility was obtained from TTUHSC and UTMB and submitted to the TDCJ in preparation for the Legislative Budget Board's Uniform Cost Project. The CMHCC was required to submit the annual financial report to the Comptroller of Public Accounts for FY 2009.	Dr. Walkes asked on cost containment why Texas Tech could not get their 340B pricing? Mr. Hightower responded that it's a qualification, basically you have to have a disproportionate share hospital that is your hospital to qualify and Texas Tech does not have this type of hospital. It took allot to get UTMB qualified.	

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	Dr. Griffin stated to let the minutes reflect that Mr. Cavin, Dr. Jumper from TTUHSC and Mr. David Nelson from TDCJ Board, and also Dr. Walkes.	Dr. Cavin stated that there are three critical pieces to the qualification process. One is the hospital disproportionate share; two is the medical staff has to be contained within that structure and reportable to that CEO; three the medical records also have to be in the hands of the prescribing doctors. So those are the three major qualifications.	
	Hearing no further comments, Dr. Griffin thanked Mr. Hightower for the report then called on Mr. McNutt to provide the performance review update.		
VI. Performance and Financial Status Report **- David McNutt**	Mr. McNutt noted that the Performance Dashboard is provided at Tab C page 77 thru 92 of the board agenda. He then reported that through the fourth quarter FY 2009, the service population 150,568 at the end of this quarter compared to 151,712 for the same time period a year ago which is a decrease of 1,144. Those numbers should go up this fiscal year because TDCJ will not be contracting county beds, so those inmates should be moving back into UTMB and Texas Tech sector, you should see those numbers going back in September. The aging offenders as you can see over a two year period for the biennium continues to grow, and Mr. McNutt reported that the number of offenders 55+ at the end of fourth quarter FY2009 was 11,033 as compared to fourth quarter FY2008 of 10,361 which is an increase of about 6.5%. The psychiatric inpatient census remained consistent at the 1,900 bed level which was noted is governed largely by the number of available beds. Through the fourth quarter of FY 2009, the average number of psychiatric outpatients was 19,373 representing 12.9% of the service population. Mr. McNutt noted that the definition of the nine access to care indicators are included on page 98 of the agenda packet for reference. He then reported that the medical access to care indicators remained within the 90% - 95%		

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VI. Performance and Financial Status Report (cont.)	range; the mental health access to care stayed within the 98-100% range; and dental access to care remained consistently between 99% - 100% range. Mr. McNutt continued by stating that the UTMB sector physician vacancy rate for this quarter was 7.04%; mid-level practitioners at 7.75%; RN's at 11.78%; LVN's at 9.70%, dentists at 7.35% and psychiatrists at 5.56% which he noted looked a little better than what was reported for the previous quarter. TTUHSC sector physician vacancy rate for the same quarter averaged at 10.68%; mid-level practitioners at 11.84%; RN's at 19.84%; LVN's at 19.48%; dentists at 22.79%, and psychiatrists at 46.99%. The timeliness in the Medically Recommended Intensive Supervision Program (MRIS) medical summaries for June was 95%, July 91% and August was 87% for the fourth quarter FY 2009. Mr. McNutt next reported the statewide cumulative loss/gain for the month of August had a net loss of 12.7 million dollars. The statewide loss/gain by month, we gained 25.4 million for the month of August because of the SAR payment. SAR is given to the universities where the money had been transferred during the month of August in the amount of 33 million dollars. Mr. McNutt next reported that the statewide revenue v. expenses by month, which the revenue has doubled more than what it normally would because of the SAR showing up in the month of August. Mr. McNutt added that during our December meeting Dr. Raimer had asked a question about gender breakout of the mental health census. On to page 82 in your agenda you will see an end of the month breakdown of gender as part of every board agenda.	Dr. Walkes had several questions on MRIS items. Can they be broken up by deaths and early parole, Access to Care Indicators, and vacancy of positions, etc? Mr. McNutt responded that Dee Wilson would have to answer questions on MRIS, and she was not present at this meeting. And on Access to Care he responded that the money didn't have that much to do with that. Dr. Raimer also responded that the amount of funding that is there, the jobs are already filled. The services are already there and it will become an issue later on.	

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		Dr. Linthicum added that there are still problems in access to care, particularly #7, 8 & 9. Mr. Hightower replies that a large part of the budget is made up of salaried employees. It is difficult to enhance the quality of care without hiring those employees which creates sort of a paradox. After some further discussions, Dr. Griffin thanked everyone and said we would talk more on these issues in Agenda Item VIII.	
VII. Summary of Critical Personnel Vacancies - **Lannette Linthicum, M.D. (TDCJ)**	Dr. Griffin thanked Mr. McNutt for the report then called on Dr. Linthicum to provide the TDCJ Correctional Health Care Vacancy updates. Dr. Linthicum was pleased to report that a new public health infection control physician was hired to replace Dr. Kelley. Dr. Kay Hendricks came to us from the Department of Health Services, communicable infectious diseases. Health Services Liaison Registered Nurse II interviews have been held and are waiting for applicant clearance. The Manager IV Public Health position has been pulled, not to be filled and hopefully to create new positions. Our Manager IV Contract Monitoring has just been approved by the Chief Financial Officer. Dr. Griffin thanked Dr. Linthicum for the updates then called on Dr. DeShields to provide the TTUHSC personnel vacancy updates.		
- **Denise DeShields, M.D. (UTMB)**	Dr. DeShields reported that Texas Tech has an increase in vacancies for every position except for physicians and LVN's. Texas Tech continues to utilize local and national advertising, career fairs, agency contacts to find qualified applicants for the numerous vacancies we have in West Texas. Due to the market demand on psychiatry positions we've increased salaries, but are still losing	Dr. Griffin asked if Dr. DeShields could give us a sense of what the market is for psychiatrist and what the increase in salaries were. Dr. DeShields responded that last year the market base salary had increased from $140,000 -$160,000 to $210,000-$230,000 for each	

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VII. Summary of Critical Personnel Vacancies (cont.)	people despite the fact that we just cannot keep up with the market. We continue to advertise and are looking into new avenues like residency programs for people that are about to graduate and let them know about the correctional opportunities available and the advantages of working in the system. Dr. Griffin thanked Dr. DeShields for the update and then called on Dr. Murray.	psychiatrist. Our starting base was $140,000 and we are now up to $210,000. Dr. Linthicum added that she spoke to the Joint Mental Health Working Group, whom the chair is Dr. Joseph Penn, Mental Health Director. Since we are in partnership with the university medical schools, I asked to consider approaching the chairs of psychiatry particularly in forensic psychiatry and think about setting up a pre-sponsorship rotation to our units. Hopefully we could do a six to eight week rotation of residence throughout inpatient health units and maybe we could improve thru that type of rotation. I have talked with Dr. Dials and he will be starting something with Texas Tech with the psychology residents. I think we need to do the same thing with psychiatric physicians. We already have the university facility that can provide the oversight to them because Dr. Penn and his staff are all board certified. Mental health is one of our most crucial areas that we are facing significant challenges.	
- **Owen Murray, D.O. (UTMB)**	Dr. Murray reported that the economy has actually been good for us. Over the past 12 months we have had a greater ability to hire people of all levels. And certainly been able to find nurse practioners and nurses. We continue to work on training programs. We've solicited and are now getting solicitations from some PA programs. The latest one is with Arizona to send some students to Texas to train. That has really worked well for us on the recruiting side and again our issue is the limitation of size. We only have so many providers doing the work, but it would be nice to have some trainers. It takes additional time and energy to provide adequate oversight and meet their training requirements. On the mental health side Dr. Penn is not only working with UTMB, but Baylor and a couple of other programs to see if we can stimulate some interest at Skyview and Jester IV. Baylor used to work with us and residents discontinued the program for whatever reasons and we certainly will try to revisit that option because the points		

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VII. Summary of Critical Personnel Vacancies (cont.)	are well taken that we have access to a population and inpatient environment that is fairly unique and certainly something from a training standpoint that a lot of institutions aren't able to provide internally.		
VIII. Update: HB 4586 (Section 16a-16b), 81st Legislature - **James D. Griffin, M.D.**	Dr. Griffin stated agenda item VIII is the update that Mr. Hightower covered for HB 4586 that the Texas Department of Criminal Justice and Correctional Managed Health Care Committee shall identify and evaluate mechanisms to lower the cost of, or increase the quality of care in, health or pharmacy services and submit a report to the Legislative Budget Board and the governor no later than May 1, 2010. In the last few minutes we have discussed some of the limitations in lowering the cost or maybe lowering the rate of rise. I think that our report will reflect this somewhat. We have asked for and received input from each of our member partners about what things we should be included in this particular document. We have the ability to start distribution of that list to our members so that we can have further discussions. We may need to have another meeting to compile this information in a somewhat logical discussion of what we report back to the LBB and the governor's office.	Mr. Nelson stated that he understood that there may be an opportunity for public input. Dr. Griffin states probably in January as a target date. We have had inquiries from governmental bodies, agencies about an opportunity for the general public to discuss and bring forth concerns. It will be held within the secretary of states rules of posting. Mr. Nelson asked if there was a committee within the Correctional Managed Health Care in charge of this study. Dr. Griffin stated that it will be the committee staff and we already have input from each of the partner agencies and then we have our three public members. This will be put together, presented to the board. A draft will be distributed prior to that time. Dr. Murray added that since he's been with the system 15 years and watched it matured in a rather sophisticated way. We have telemedicine,	

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VIII. Update: HB 4586 (Section 16a-16b), 81st Legislature (cont.)		worked thru staffing patterns, programmatic issues, a formulary process, etc. We have all things needed to manage costs and improve quality. What do we really have in our control to lower the costs? Unless you decrease our service population it is going to be very difficult for us to come up with some cost saving measures. Look at Michigan they have some proactive early releases targeting that population that is growing 6-8% over age 55. The reality is the care they require is extremely expensive and there really is no way to not provide that. At some point in time, reality has to set in, and we really have to look at some of out of the box thinking. I know this is Texas and letting people out early or finding other means to control their behavior other than prison is not necessarily something that is easy to do, but I do think we are going to have to entertain some of those possibilities. Dr. Raimer Mr. Chairman I certainly agree with Dr. Murray. The reason some of the universities were asked to provide this healthcare is because it was getting totally out of control in the early 90's. It was an idea to bring university management systems into this in a true partnership with TDCJ and it has been realized the working relationship has been superb over the years as we have learned how to deal with the offender and his needs. Dr. Linthicum has brought an extraordinary knowledge in management skills to that equation. We can go thru the exercise to the legislature what we can do, but Dr. Murray hit the nail on the head, unless you can find a way to empty some the prison beds, the cost of care will continue to rise. The cost of ERS & TRS system is already 50 million over budget this year so why would we think that the prison system would be any less, particularly since we have a gold standard with the U.S. Supreme Court in the management of prisoners. We have to meet that standard or go back under federal oversight. I think we need to	

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VIII. Update: HB 4586 (Section 16a-16b), 81st Legislature (cont.)		use this report as an opportunity to compare Texas to what other states are doing. We still have one of the lowest rates per offender per day in the whole United States. Dr. Griffin added about the staffing and in the hectic pace in intensity of a Legislative Session. That on some important items, adequate attention, is not paid to them. Now we have a forum to bring forth items to stand alone and we can have a reasonable narrative as to its value. No because cost will go up, but its value for the cost that is suspended, on terms of the taxpayer. So this is a unique opportunity to not call the code on the staffing study. But actually give it another round of epic if its separate and the physicians know what I'm talking about its talking code. But to raise this somewhat dead body and say that it still has life and I think this is a unique opportunity and we should not squander the opportunity to bring this very important document to the important eyes who an actually make the decisions and who can put it at a higher priority level. Mr. Cavin added it is also important for the committee to understand that TDCJ and this committee are not picked on by the Legislature. This is a charge to higher education so the coordinating board has formed a committee of about 18 I think. The first meeting is this Thursday and Friday back here in Dallas. And with a series of meetings all the way thru May, I think there is a total of seven meetings that pertain to this issue. I'll have to attend as it pertains to higher education. Dr. Linthicum stated that it's not just a study, the Texas House of Representatives has released their interim charges and we are on the appropriations interim charge to be looked at. Dr. Linthicum added that she has been doing correctional medicine 23 years, probably longer	

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VIII. Update: HB 4586 (Section 16a-16b), 81st Legislature (cont.)		than anyone at this table. I went straight from my residency here, I was national health services coordinator, and I was assigned to the Texas prison system. Managed Health Care was put into place because number one there was an unprecedented explosion in the offender population both in terms of numbers and in terms of geography to build prisons all over the state of Texas. We have 118 institutions that are geographically dispersed across the state and it was a matter of looking at the TDCJ fundamental mission which was that of maintaining public safety. The CMHC program was brought in first and foremost not because of spiraling health care cost but because of the unprecedented expansion in the inmate population. We expand all the way to Dalhart, Texas & down to the border practically Edinburg. And these prisons were going up in medically underserved areas and health professional shortage areas so recruitment and retention had become extremely difficult for us at TDCJ. The universities were supposed to be in a better situation than TDCJ to setup these health care systems to recruit and retain health care professionals. John Sharp, the comptroller at the time, did these performance reviews, one was "Against The Grain" and he concluded in one of those performance reviews that a managed health system inside of the Texas Department of Criminal Justice would work in helping in those areas. And then there was a state audit that looked at it and then we got the enabling legislation. Mr. Hightower added that litigation was a part of it too. The one thing that everybody came to the same conclusion was that license medical practitioners should make medical decisions and security people should make security decisions. Dr. Griffin concluded in saying that everyone knows that there is a very important function to this committee, we have new challenges and we	

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VIII. Update: HB 4586 (Section 16a-16b), 81st Legislature (cont.)		have to be adaptable to those changes within the context of the state limitations. We can recite back to how we got to be where we were but this is where we are. And we have to plot a reasonable course that they can understand and appreciate and look at the pros & cons in terms of where we're going to put the taxpayers dollars and at what risks are there if they don't. I think this is an opportunity that we have to put forth with that narrative. The expertise that knows the historical perspective should be embedded in that report as well, so they will know why we are at this precarious position that we are right now. Dr. Raimer agreed he liked that plan and to move forward with it.	
IX. Medical Director's Reports - **Owen Murray, D.O. (UTMB)**	Dr. Griffin next called on Dr, Murray to provide the UTMB Medical Director's report. Dr. Murray started with that his topics were somewhere along the lines of some of the issues already discussed. Bryan Collier, Dr. Linthicum and I when we meet with TDCJ was given this same presentation. House Appropriations, Senate Committee, LBB were given the same kind of overview to show them where UTMB is at and how we got here. This was not given as a handout because it contained some financial numbers that are projections, but will be available to anyone that wants a copy. Dr. Murray concurred and went on to give a little history as it relates to some of the FTE issues that were discussed. When CMC took over facility operations the FTEs and the funds associated with those FTEs at the facility came with them. Unexpended funds from 1994-1998 approximately $30-40 million dollars were returned to the state. A majority of that money was lapse salary dollars from positions that we couldn't fill or we choose not to fill to a different staffing model. The next biennium we actually had reserved funds that were applied to the next biennium's budget. Again, we inherited a system that was fully funded from a FTE standpoint. After the second biennium, the state basically	Dr. Griffin stated that it is part of the record.	

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IX. Medical Director's Reports (cont.)	said we're not going to give you money that you're not going to spend so we will fund you for your cost.. That's how we got into this methodology of being funded for our cost and so that they look at our last year and that is the start of our budget. And then we ask for additional items that we think are a necessity to meet the biennium's clinical needs. Basically for UTMB and CMC the supplemental appropriations represents a loan that UTMB and CMC to get them through the two years. You can see those have varied over the last three biennium's with the largest one being 46.6 million in FY08-09. It wasn't perfect but it was working until Hurricane Ike, again although the university would certainly like to continue this and certainly Bill and Donna can comment a little more about this. The case services of the university were seriously depleted just supporting the post Ike recovery and so from that standpoint you look at where our projected losses are for this year almost 96-97 million. The cash reserves through the university to undo those losses are just not there. Again I think that is the point we've been making. One of the questions is how did we get here and how did we get into such a deep hole. Historically we've gotten our number right and usually the first thing we ask for from the legislature in our request is an adjustment to the base. They've usually been very good about funding that adjustment to the base to make us whole. In 2009 the bottom line is our operations were completely disrupted and our ability to track all what was going on offsite was just not where historically it had been and it took us way late into the game before we really were able to put together firm numbers about what we actually expended in 2009 and unfortunately the legislative session ends in June and all the dollars that we expended did not get covered in that SAR process. So as it shows we ended up FY09 despite that 33 million dollar SAR with a 12.8 million dollar loss. 2.5 million of that came from monies that we had asked for in the SAR process but the legislature choose not to fund. There is an additional 20 million dollars of monies that were given to us in the SAR but unfortunately due to the timing did not get rolled into the base, so that's the biggest problem that we faced just starting off not getting	Dr. Raimer stated that it's a very important cause to think about that as we forecast each biennium budget base on what was expended the past 2 years. Since we didn't have that number correct going in, the legislature did not fund us adequately. For the future based on that , there is a huge deficit there. In addition to the deficit that they acknowledge of over 50 million dollars during that time the appropriations committee was meeting. So there are two issues if not three. The carryover of 12 plus million that was not funded from the previous biennium plus the shortage of the base funding plus an acknowledge shortage of the funding of the biennium's. So there are three different pots of money that made a huge impact on UTMB's cash reserves and its ability to move forward.	

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IX. Medical Director's Reports (cont.)	that 20 million getting it rolled back into the base for FY10-11 which put us in a 40 million dollar hole right off. As Dr. Raimer explained you don't always get what you ask for from the legislature but for us what we ask for in terms of increases in offsite care, increases for salaries, capital, the hepatitis B biopsy program was as very interesting one We ask for money and as a committee already committed to. We presented the change in our hepatitis C program we knew what those costs were upfront we put those cost in our legislative request and then it was denied and unfortunately we're not changing our process, we're not doing any less liver biopsies, we're still doing that but the dollars that we asked for weren't given to us. The problem is if we don't get the money, we still do the process, we still hire the people. We've been doing it basically for us on UTMB's borrowed money and hopefully we'll get that back at the end of the biennium. So given what we got right now you can kind of see we've ended up with a 12.8 million dollar loss in FY09, 41.5 projected for FY10 and 57.1. And I caution those are numbers that are projections and they reflect no management intervention and I am going to get to some suggestions on what we can do to potentially reduce those numbers. I think Dr. Linthicum made some very good points that despite where our staffing is right now, we're still failing in certain areas across the board from an audit standpoint. To think we need less staff is probably not a good conclusion. The staffing study I think reflects where we do need to be and I think if you look at the graph you're going to see what the financial impact of that is going to be. Again the increasing levels cost of care of age over 55 and I don't want to leave off we focus often on over age 55 and expanding hepatitis C coverage and treatment. HIV is beginning to ratchet it up because of the more complicated HIV patients we're taking in. Recidivism is high with that group compliance is an issue once they get back onto the streets and so we struggle now And talking with Dr. Parr, who is our virologist is that we're having more and more complicated regiments of		

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IX. Medical Director's Reports (cont.)	medication that is just driving up costs and once again I think everyone has talked about and Dr. Linthicum has made a good point about the growing mental health issue and treatment in our system, so the next slide kind of shows our FTE growth because again part of our loss came from FY09, part of our growth of employees we benefited from the economy and if you look at where we were on 4/1/09 and we had about 3,200 employees about 165 million dollars. If you look we jumped up about 88 positions or so at that time to 9/1/09. If we had gotten all of the money that we knew we spend in FY09 added to our FY10 and 11 budget we would have been able to basically afford that 3,290. But, that is not our full staffing if you look at what kind of exercise we went through when we were doing the staffing study we really would from that base line our base line would really be more from 35 to 37 and reflects those vacancies that you've seen posted. To go from there 170 to 183 that's 13 million dollars of staffing we don't have. We're paying for some it thru agencies. We don't have that money to go to that 100% staffing. The last bar looks from a UTMB standpoint a big ticket item 67 plus million dollars we did talk about phasing in over 3 biennium's. Moving into the direction of that 45 hundred and if we truly want to be compliant and meet the standards that are in our contract we have no other choice but to move in that direction. Unfortunately if we continue down the road with over 55, we're adding the Marlin VA, were going to add security and more beds and more personnel needing to take care of this. Again in our discussion with LBB, Senate Finance and House Appropriations they all said first was to look at all these issues that was to come back to the committee so that's what we're doing now. In our contract anything that has a million dollar impact whether it's a plus or minus it really does need to be run by the committee, and so our senior group of leaders got together and what do we need to do on a short time basis to help litigate some of these growing losses. We were given money for capital and obviously we could differ and again all of these strategies are deferral. Money for merit raises, about 3.5 million for this year, we can chose not to do these and roll back those into operations. We have been		

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IX. Medical Director's Reports (cont.)	filling only the critical vacant positions and we can continue down this road. If there is some dollars to be saved at a cost, those items Dr. Linthicum mentioned in terms of quality of care. We can hire doctors, we can hire nurses but allot of times it's all those other personnel that help those doctors and nurses that get level of work done. This is something again that Dr. Linthicum, Dr. DeShields and I do not agree on and that's deferring our Hepatitis B program that has been beneficial to the state. It's about 11 million dollars of savings we've come up with. From an action item standpoint what we need from the committee is the approval to use the FY10 monies for operations. The fact that we are funded by strategy and if anyone came to the conclusion if that applies to CMC or not. We've heard lots of testimony when agencies have gone outside their strategies; they often times face the wrath of the legislature for spending money in ways that they thought were more material than the legislature. When you look we were given money for capital, market increases to the extent that we want to roll those over to operations. It is something we can do this fiscal year. We have a hiring freeze right now and can continue that and the deferral of Hepatitis B immunization program for FY10 and 11. We do need the initiation of the spend forward process; I know we have talked about that and need to discuss further. And UTMB did end up losing 12.8 million dollars, moving forward in the legislative process but having the committee support on how to address a 12.8 million shortfall.	Mr. Elger stated that UTMB trying to play banker may have worked when the numbers were smaller. The size of the projections on top of the cash out flow getting back from Ike and will be reimbursed by FEMA. We are in a very difficult challenge in trying to live within resources with much depleted case reserves that dropped down during Ike when trying to carry people longer than we should have considering all the expenses that we were not reimbursed for. This can't continue, something is going to have to happen soon. Mrs. Sollenberger added where we looked at where we might be able to have some of the savings but as you look at the list its deferring what eventually will need to be done. We have a cash flow issue, we can't forward fund all of the revenues to fund to get us back on our feet from Ike. And also have this large of a deficit, so how can we bring some of these costs down. UTMB and the work of the people within the correctional managed care have done an amazing job. When you break it down cost per inmate for care is low and so how much more can we do. I think it is a CMC issue and for us how much more can we float in terms of our cash issues. Dr. Walkes is there a percentage paid to the facilities that are spending and to be paid back from the state. Does the state have to pay a percentage?	

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IX. Medical Director's Reports (cont.)		Mr. Hightower stated it's all the states money anyway. Dr. Griffin added that we pay in advance of the quarter that services are rendered, so that is very important to know the funding cycle. For UTMB that's 90 million at the beginning of that quarter that's delivered before those services are done. Dr. Walkes asked it's not as much as we know that is required to do the job that we are asking for them to do. Dr. Griffin answered it's 12.8 for the previous biennium that we are short. 90 million upfront, so there's still some operating capital before services are rendered. Dr. Walkes added but in this case there was a catastrophic event that impacted them in a way that they were not able to provide the service that we asked them to provide. Dr. Linthicum responded that for 4 months when Hospital Galveston was closed a lot of the services were not delivered because we were monitoring it. We had backlog that was unbelievable for diagnostic procedures, surgeries, specialty care. It just came to a stand still, the only that was being provided from September 23rd to January 5th when UTMB reopened was basically acute care. The entire specialty diagnostic care was not provided for four months. We had tremendous backlog and we're still plowing thru those backlogs. Dr. Walkes asked how was that being addressed. Dr. Griffin replied those have been questions that have been asked if those services were not delivered. Where did those resources go and so	

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IX. Medical Director's Reports (cont.)	Dr. Griffin asked Dr. Murray if there was anything else he wanted to ask the committee in terms of your report. Dr. Murray responded time was ticking and some of these things we've been doing in light of sharing this with the committee. Some of these things in terms of acknowledging and moving forward on the spend forward authority. Obviously making some kind of committee decision about the Hepatitis B program and approving or at least figuring out a strategy to look at whether or not legitimately we can move monies from capital and from salary increases into operations. As I mentioned we've held off on those so that the fact of doing them but we need the committee acknowledgement that we are doing that even though it will take some time to get some clarification from the legislature. Those deficits are real and are accruing everyday.	those are important questions. Part of the reason and Dr. Raimer spoke that the base not being adjusted because of the inability to give the numbers to the legislature. So there was reason for that base not to be adjusted. Dr. Raimer added that there was a lot offsite care provided during that time and when that care was provided as you know there is billings lag with those hospitals. Sometimes its three to six months before hospitals will give you a clean for what the charges were. So, Mr. Alderman simply could not get bills fast enough to predict cost from that offsite care. There has been a systematic plan to go back and address all the elective health care needs of offenders. Mr. Cavin wants some assurance and clarification from the legislature of this action. I feel uncomfortable approving when I know what legislative intent was on these items. I know legislative intent was so many dollars for equipment. We want to spend it on some other expense category; obviously we're violating legislative intent. I understand the reason for this but I'm looking more at the process. I don't know I'm not involved in a state agency, outside of a higher education. I know state agency function different than higher education. I know that when we have a special line item in appropriation that comes to us then we know that we spend for that line item only. I don't know the authority of this body to say you don't have to spend that money on equipment go ahead and spend it on operations. Or you have money appropriated for merit increases. I thought you were already given the fiscal 2010 merit increases. Because that's the year we're in. So I'm not sure how you had the money 3.5 million, how's that even available. I thought that money would have already been awarded September 1st. Dr. Murray replied the majority of our people are on a calendar cycle.	

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IX. Medical Director's Reports (cont.)		Mr. Cavin noted that he still didn't feel comfortable that what the legislature intended thinking that this body has the authority to override legislative intent. Dr. Griffin responded with point well taken. And we don't have the motion on the floor. Dr. Griffin stated that we need to divide the question. Can you put the action items up on the screen since. Dr. Linthicum noted that as a committee member she didn't even have anything in front of her. Dr. Griffin I think there is only a couple of things. You have six items listed. I think one and two in terms of action items. This committee in the chair's opinion today we don't have the ability to do that. Number one on the list was to approve the use of FY10 capital monies for operations. So I think we would have to ask the committee staff to investigate what the limitations of our authority is as it relates to item one and two which was to approve the use of FY10 market increases for operations. Number three, I will accept a motion for this item to propose a hiring freeze with further information to be supplied to the committee what positions are we freezing. I will entertain that motion. Number four on our list is to approve the deferral of Hepatitis B immunization program for FY10 and 11. We can discuss that and see where it goes on its own merits. That can be voted up or down. Number five is to approve the initiation of the spend forward process. I don't think that we have to approve that. I think the committee staff	Dr. Raimer said that he would make a move to adopt Dr. Murray's recommendations.

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IX. Medical Director's Reports (cont.)		can initiate questions and concerns from every board member and the organizations they represent about the overall financial management of the UTMB system as it relates to the correctional managed health care. Those questions being we would ask for a response. That point we could address those particular issues. Because the spend forward is for the whole system not just for UTMB. I think Texas Tech might have some serious questions about how that's divided up. And then number six is to support UTMB in seeking redress of 12.8 million FY09 losses. I think a reasonable approach to that would be to ask UTMB to give us their particular strategy and give us what that means. And we can address those particular items. Dr. Griffin noted that he would now accept a motion for three and four. Dr. Griffin you can only make a motion to and the vote decides to go up or down and we have to get a second. Dr. Griffin noted that it was never second. Dr. Griffin Items three and four. We don't the authority to address one and two. Five we can handle that as a committee standpoint asking for members of the committee put forth their questions to get more information. Dr. Raimer If we go the Legislative Budget Board and ask this question. Then the LBB is likely to say, what did your committee say about this. What's the committee's intent? I understand where you're coming from on behalf of the committee. But actually the LBB is very likely to say what was your committee feeling on each of these six items. Dr. Griffin responded if we don't entertain only	Dr. Walkes would like to make a motion not to approve the deferral of Hepatitis B immunization program. Dr. Raimer asked to restructure is original motion.

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IX. Medical Director's Reports (cont.)		three and four that would be the committees' stance because I don't think we will address one and two. Because we may not have the authority to do this. Three I think is valid, four I'll accept a motion for that as well. Five would be my strategy and the committees staff strategy to handle that in that is to allow committee members to submit their concerns, ask for response from UTMB on those and then we would move that. Even if that requires a special meeting of the committee. Dr. Murray stated that one and two you're going to budget one way or the other. The in tenses of that is that we are going to come and request the approval for 3.5 million dollars for marketing increases and 2.5 million dollars for capital purchases that we legitimately have run by your office. Dr. Griffin stated that we needed to investigate that. Mr. Cavin addressed Dr. Murray in stating that that he was uncomfortable because we're having to make a choice and I understand that things are very different for Texas Tech and us in the particular budget issue. So I'm not asking that Texas Tech be bound by any of these decisions at all for their enterprise. After more discussion Dr. Griffin noted that we did not get a second on his motion. Dr. Linthicum stated that she didn't even know what the motion is. Mr. Cavin explained that the motion was that we approve Dr. Murray's recommendations on the basis of line by line. Dr. Griffin states that he would accept a motion for each of those items separately. I would have to recognize someone for each of those. I will	Mr. Elmo Cavin moved to second Dr. Raimer's motion.

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IX. Medical Director's Reports (cont.)		only accept motions for three and four. Dr. Raimer understands that the chair is taking items one, two, five and six off the table and we can't vote on them. Dr. Griffin stated that we have received a motion that UTMB be allowed to exercise their proposed hiring freeze and any further discussion on that. Dr. Linthicum would like to know how the hiring freeze would affect the care of services at the unit level. Does this include unit level staff. I would want much more detail as it relates to TDCJ level health care. Dr. Raimer stated he thinks that we're just now crossing a line. This board is starting to manage UTMB's correctional health care. It's just done that. If we cross that line and instruct Dr. Murray to do that all bets are off on this contract. Dr. Murray has previously stated that he will determine which are the critical positions that are posted and he will do that. Dr. Linthicum's role is to monitor that and report to this board whether those outcomes are acceptable or not. But not to take on the position of determining who Dr. Murray will hire for this. If that occurs then the next step will be for this board to take over operation of all those units itself like it did prior to 1994. Dr. Linthicum added that with all due respect the 81st Legislature thru the Sunset process amended our statue and required the Texas Department of Criminal Justice not only to ensure access to care statutorily, to investigate medical grievances statutorily, to conduct	Dr. Ben Raimer moved to approve items three and four as presented by Dr. Murray. Mr. Gerard Evenwel seconds the motion. The motion passed by unanimous vote.

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IX. Medical Director's Reports (cont.)		periodically operational reviews which are compliance audits of this contract statutorily, and a new charge to monitor quality of care and request corrective action. So statutorily in the statues I have the right, I'm not trying to micro manage Dr Murray or UTMB or anybody else, but statutorily I have an obligation to request corrective action when those conditions aren't being met. So, again my question is, if you're going to put a hiring freeze on unit level staff that impacts access to care , that impacts quality of care, I have that right to request corrective action. But before going that route, I need to know how is that going to impact those areas. Dr. Griffin stated this is a background question so that one can intellectually entertain each of those items. From the committee standpoint is to ask Dr. Murray to give the committee a list of positions that would be within this umbrella of a hiring freeze. After more discussions Dr. Griffin stated that this report was not included in the agenda packet. We are at a point as Dr. Murray mentioned that these items are time sensitive. With that in mind if UTMB would supply sufficient narrative to those items, I would be willing to call a special meeting of this body to address these six items at the expediency needed to settle this concern. Any further discussions.	
	Dr. Griffin thanked Dr. Murray and called Mr. Williams to the floor for his report.		
- **Tony Williams (UTMB)** - **Inpatient Clinical Operations**	Mr. Williams gave an overview of the Inpatient Service Team organizational chart. Fiscal Year 2010 goals include: increase the number of available TDCJ infirmary bed days by improving the current patient management system, transition work flow processes for certain TDCJ patient populations to increase specialty clinic access and volume, re-design,		

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IX. Medical Director's Reports (cont.)	implement and maintain an enhanced Quality Improvement System for CMC end state renal disease (ESRD) Patient Management System, enhance inpatient mental health bed management systems to adequately identify patient demand and optimize bed capacity, and establish a program to treat in-prison geriatric communities offenders who are 55 years o age or older. Beds and Services: Infirmary beds (current capacity 472) Inpatient Mental Health Beds (current capacity 1,132) Utilization Review Dialysis (current capacity 175) Geriatric Organic Patients (Alzheimer/Dementia) Oncology Patients CMC FY2009 - 911 and ER Visits: HUB Facilities made up 55% of all 911/ER visits in FY09. HUB 911 visits totaled 1,436 (43%), HUB ER visits totaled 1,914 (57%). HUB Impact on 911/ER visits. Only 9% of total HUB evaluations resulted in ER transfers. 64% of FY09 ER transfers were evaluated by CMC HUB staff prior to transfer. Mr. Williams further reported Offsite Admission Snapshot, Average Offsite Length of Stay, Infirmary Placements of HB Discharges. Also Bed Placement Challenges: custody, dialysis patient (C. Young, Texas City and Huntsville), respiratory isolation, mental health needs, physical therapy, wheelchair dependent, oncology patient and G2 greater custody extended care patient. Bed Placement Challenges (April - September 2009) - custody, dialysis, isolation, mental health, physical therapy, oncology, WC dependent, and other. CMC Infirmary Average Daily Census was 95% capacity. Average days to move a discharged infirmary patient. In August it was 4.9 , Sept. it was 3.4 and Oct. was 2.3.	Dr. Linthicum stated that the whole picture is not being presented here. The major issue to moving patients out is medical transportation. The universities have a very limited number of	

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IX. Medical Director's Reports (cont.)	Ongoing Initiatives: are to publish monthly offsite infirmary dashboard, develop monthly mental health inpatient dashboard, transition infirmary care information system to AS400/EMR, develop care plans for the top 10 diagnoses for infirmary admissions, enhance mental health bed tracking system, transition oncology patients back to UTMB and accurately maintain the VAIS. Dr. Griffin thanked Dr.. Williams for your report and I think that some of the issues that Dr. Linthicum brings up really allows us to highlight the importance of some of the communication that we've had post Ike in the weekly conference calls. And I would encourage from a public member that these continue on a weekly basis and not be stretched out because there are continuous concerns. Any other comments on Dr. Williams report.	vehicles for medical transportation and you are relying on TDCJ to transport most of these discharge people. We operate on a chain bus schedule, so if you discharge after the chain bus has left which has been the case on allot of these circumstances then that person has to wait until the next day. That has to be reflected on this report as well. Because we've been monitoring that. The numbers reflect its all custody. And the other issue about the custody, is that every one of these infirmaries all the 2250 units are maximum security units. Every 2250 prototype unit has 17 infirmary beds, 15 medical surgery, 2 respiratory isolation, so those units are able to accommodate every custody. The Estelle Regional Medical facility is able to accommodate every custody including death row. The only regional medical facility that is not able to accommodate all custodies is the southern regional medical facility which is at Carol Young. The outlying units that have infirmary beds they've all been designated for the long term care assisted living type patients. So, I for one would like to understand more about why the bed placement challenge overwhelming is due to custody. I don't understand that. Dr. Murray Dr. Griffin last week there had been some discussion with Mrs. Sollenberger about hospital management and we moved Bryan Schneider and Troy Siebert over to work with Jennifer Zirkle who's been the sole acting administrator for the Hospital Galveston. They are now a team and are going to manage all the operations including the clinics. Dr. Griffin responded just to complete and for	

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IX. Medical Director's Reports (cont.)		clarity sake in terms of the entire UTMB report which includes your report. In terms of the action items, I request that UTMB supply to the committee December 8th, a week from now a detailed narrative on each of these items that we can redistribute the board members and the institution they represent. And by December 22nd that our members give responses and comments related to your document and then we can entertain a special meeting.	
	Dr. Griffin then called on Dr. DeShields for her report.		
- **Denise DeShields, M.D. (TTUHSC)** **Montford Bed Space Update**	Dr. DeShields reported that one of the areas in Texas Tech that has been uniquely impacted by the heightened acuity in aging offenders has been at the Montford. Just for committee reminder the Montford facility has 550 inpatient psych beds, 400 trustee beds, 44 long term care beds, 50 ward beds, 4 ICU beds, and 30 holding beds. One of the things we've noticed over the last fiscal year is that there's been a steady increase in volume of patients coming thru the Montford both for inpatient services, for dialysis and for outpatient specialty consultation. We've been innovated with our bed utilization but have been especially challenged with holding beds with patients coming in for specialty service at the Montford. Because these beds are now being occupied by longer term patients. This is particularly true of our dialysis patients. We typically don't place dialysis patients. We are now being forced to put these patients probably 10 to 14 of them will occupy spaces in either the ward long term or in the hold area, because they don't meet the criteria for trustee placement which is where they were originally designated to go. We've been in contact with Mr. Zeller, who's the TDCJ Regional Director for the Montford Unit and more recently with Dr. Linthicum. Some of the things we've thought about are utilizing any available space in the trusty pods for holding and also looking at the criteria for the trusty placement. In addition were looking at a system 15 years ago could handle the volume and because of the heighten acuity and the aging offenders we are now at a critical point. In regards of getting offenders in and getting them out. Also, we are		

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IX. Medical Director's Reports (cont.)	looking at issues with regard to security. Security has been overwhelmed with the number of transports that we have to do for ER and offsite specialty care and also for cancer treatment. We will be in continued contact with TDCJ health services and security to try to rectify some of these issues but we wanted the committee to be aware that there are some involving issues with the bed space management at the Montford.	Dr. Linthicum responded that the biggest thing that would help the Texas Tech sector, is the dialysis. Dialysis is done at Montford, Estelle, and Carol Young. Those patients really need to meet security criteria for trusty camp many of them don't because that's the only GP custody is at Montford. The rest of Montford is an inpatient psychiatric facility. And with a limited number of psychiatric beds we can't take beds out of the psychiatric inpatient count to make room for dialysis patients. So what ends up happening is that they end up occupying Montford infirmary beds. It's not a good situation. Denise and I are working on this with security to come up with something creative so we can maybe move out these dialysis patients. Dr. Griffin asked how many days and times a day do they do dialysis. Dr. DeShields responded 6 days a week, 3 times a day. We have a maximum capacity for 42 patients. Historically over the past 3-5 year we've averaged 18 to 22 patients. We're now consistently staying between 32-34 patients. So we're approaching capacity but we don't have the space to deal with them. Dr. Griffin asked what the average dialysis run time. Dr. Linthicum responded three hours, Monday, Wednesday, Friday and Tuesday, Thursday, Saturday is usually the schedule.	

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IX. Medical Director's Reports (cont.)	Dr. DeShields wanted to add on a good note even though this happened in the first quarter I wanted to mention that all Hurricane Ike patients have been liberated from Texas Tech. Dr. Griffin thanked Dr. DeShields for the report and then called on Dr. Linthicum to provide TDCJ Medical Director's Report.	Dr. Griffin added his congratulations on that accomplishment.	
- **Lannette Linthicum, M.D. (TDCJ)**	My report is on pages 112 – 129. During the fourth quarter of FY 2009, Dr. Linthicum reported that eleven facilities were audited and those results are available on pages 112-114 of the agenda packet.		
- **Operational Review Audit**	One item I would like to highlight was Item 6.46 on page 114 which requires an offender who entered TDCJ on or after 07/01/2007 mandatory intake HIV testing was required by the legislature and also we have a statue that requires pre-release testing. We're continuing to have some challenges in this area where we're not getting these things done and reported as required. We've had meetings with the outpatient, UTMB team and we plan to meet with Texas Tech team and we're working very hard to insure accuracy in this reporting because this is often something that the legislature during the times of the session wants numbers. She then reported that the Grievances and Patient Liaison Program and the Step II Grievance Program received a total of 3,364 correspondences. Of the total number of correspondences received, 452 or 13.44% action requests were generated.		
- **Grievances and Patient Liaison**	Quality Improvement / Quality Monitoring staff performed 115 access to care audits for this quarter. A total of 1,035 indicators were reviewed and 29 indicators fell below the 80% threshold.		
- **Quality Improvement Access to Care Audits**	The Capital Assets Contract Monitoring Office audited eleven units during this quarter and these audits are conducted to determine compliance with the Health Services Policy and State Property Accounting policy		

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Medical Director's Reports (cont.) - **Capital Assets Monitoring** - **Office of Public Health** - **Mortality and Morbidity** - **Mental Health Services Monitoring**	inventory procedures. Audit findings concluded the eleven units audited were within the compliance range. Dr. Linthicum next reported that the Office of Preventive Medicine monitors the incidence of infectious diseases for TDCJ. For the fourth quarter of FY 2009, there were 140 cases of suspected syphilis; 721 Methicillin-Resistant Staphylococcus Aureus (MRSA) cases were reported compared to 1,037 during the same quarter of FY 2008. There was an average of 20 Tuberculosis (TB) cases under management per month during this quarter, compared to an average of 25 per month during the fourth quarter of the FY 2008. Dr. Linthicum then stated that the Office of Preventive Medicine's Sexual Assault Nurse Examiner (SANE) Coordinator provided 9 training sessions, attended by 7 facilities with 30 medical staff trained. Currently, Peer Education Programs are available at 108 of the 112 facilities housing CID offenders. The Mortality and Morbidity Committee reviewed 119 deaths. Of those 119 deaths, 15 were referred to peer review committees and 1 was referred to utilization review. The Mental Health Services Monitoring and Liaison with County Jails identified 35 offenders with immediate mental health needs prior to TDCJ intake. Dr. Linthicum added that the MHMR history was reviewed for 20,229 offenders brought into TDCJ-ID/SJ. Intake facilities were provided with critical mental health data, not otherwise available for 2,470 offenders. There were 294 offenders with high risk factors (very young, old, or long sentences) transferring into the Correctional Institution Division interviewed which resulted in 18 referrals. During the fourth quarter of FY 2009, 18 Administrative Segregation facilities were audited, 4,522 offenders were observed, 2,666 of them interviewed, and 19 offenders		

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IX. Medical Director's Reports (cont.)	referred to the university providers for further evaluation. During the fourth quarter of FY 2009, 10 percent of the combined UTMB and TTUHSC hospital and infirmary discharges were audited. The breakout of the summary of the audits is provided at page 116- 117 of the agenda packet.		
- **Clinical Administration** - **Accreditation**	Dr. Linthicum next reported that the American Correctional Association Panel of Commissioners awarded ACA accreditation to the San Saba, and Marlin facilities and re-accreditation was awarded to Allred, Connally, Darrington, Ferguson, Gurney, Lewis, Holliday, Rudd and Hobby Units. Dr. Linthicum concluded by stating that the summary and pending research projects as provided by the TDCJ Executive Services are included in the consent items on pages 53-55 of the agenda packet.		
- **Biomedical Research Projects**	During the last meeting of the committee Mr. Chairman you asked if I would include a sample of a corrective action plan and how that flows, please see pages 120-129 for that sample. Dr. Griffin thanked Dr. Linthicum for the report then asked if there were any questions or comments? Dr. Griffin then called on Dr. Williams to report an update on the System Leadership Council. Dr. Williams began with an overview of the System Leadership Council. The role of the SLC is to fulfill a	Mr. Nelson asked if there was a time frame within each step as to when it needed to be completed. Dr. Linthicum responded yes that it was on the documentation that after the audit the corrective plan had to be submitted within 30 days. Also, if it is accepted we close it out and if not we keep going until we come to an agreement with the corrective action plan.	

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X. Joint Work Group Committee Overview: System Leadership Council **- Robert Williams, M.D.**	responsibility of the correctional health care committee. It's the managed health care committee's responsibility to oversee quality of care and access to care and they've delegated that responsibility to SLC and SLC then reports back to this committee. Our mission is to monitor quality of care, access to care. Our goal is to ensure that we're meeting regulatory standards as well as community standards of care and that we're providing a constitutionally established access to care. On pages 134-135 you will find the SLC Structure and Composition of medical directors from all partners and representation from dental and nursing. The quarterly agenda covers access to care. We have quality of care indicators that SLC assigns on an annual basis. CMHCC staff provides updates. TDCJ Health Services presents the monthly grievance exceptions reports, quarterly sick call verification audits and safe prisons update. Other pertinent issues related to the provision and monitoring of the offender health care that are presented are EMR, sick call requests, joint nursing reports, security issues, etc. During scheduled quarterly meeting, SLC will review consolidated quarterly QI reports form all CMHC operated medical units, discuss special issues regarding the correctional health care program and submit quarterly report to the CMHCC. Dr. Williams went on to review the SLC traditional functions, Access to Care (ATC) Indicators, SLC Quality of Care Indicators, Previous SLC Quality Indicators, Compliance Actions FY2008-2009 ATC Indicators, Compliance Actions FY2008-2009 Quality of Care Indicators, and FY2010 Compliance Monitoring. Dr. Griffin thanked Dr. Williams for his report. Dr. Griffin announced that it was Dr. Murray's time to chair the System Leadership Council for the year.		

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XI. TCOOMMI Update - **April Zamora, Dee Wilson**	Dr. Griffin stated that Dee Wilson and April Zamora could not attend due to scheduling conflicts. Next is Financial Reporting Update presented by Mr. Webb.		
XII. Financial Report - **Lynn Webb**	Mr. Webb stated that the financial summary will cover all data for the 4th quarter FY 2009 ending August 31, 2009. This report is found in your packet at Tab I. Population Indicators on pages 159 and 160 The average daily offender population has declined slightly to 150,568 for the 4th quarter FY2009. Through this same quarter a year ago (FY 2008), the daily population was 151,712, a decrease of 1,144 or (0.75%). Consistent with trends over 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 offender population to 11,033 as of 4th quarter FY2009. This is an increased of 672 or about 6.5% from 10,361 as compared to this same first quarter a year ago. The overall HIV+ population has remained relatively stable throughout the last two years at 2,472 through 4th quarter FY2009 (or about 1.64% of the population served). The two mental health caseload measures have remained relatively stable: The average number of psychiatric inpatients within the system was 1,914 through the 4th quarter of FY2009. This inpatient caseload is limited by the number of available inpatient beds in the system. Through the 4th quarter of FY2009, the average number of mental health outpatient visits was 19,373 representing 12.9% of the service population. Health Care Costs (Table 3 and page 161 and 162) Overall health costs through the 4th quarter of FY2009 totaled $524.3M. On a combined basis, this amount is above overall revenues earned by the university		

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XII. Financial Report (cont.)	providers by approximately $12.8M or 2.5%. UTMB's total revenue through the fourth quarter was $410.5M; expenditures totaled $423.3M, resulting in a net loss of $12.8M. Texas Tech's total revenue through the 4th quarter was $101.0M; expenditures totaled $101.0M, resulting in a net gain of $38K. Examining the healthcare costs in further detail on (Table 4 and page 163) indicates that of the $524.3M in expenses reported through the 4th quarter of FY 2009: Onsite services comprised $248.3M, or about 47.4% of expenses: Pharmacy services totaled $51.3M, about 9.8% of total expenses: Offsite services accounted for $164.3M or 31.3% of total expenses: Mental health services totaled $46.6M or 8.9% of the total costs: and Indirect support expenses accounted for $13.8M, about 2.6% of the total costs. Table 5 and page 164 shows that the total cost per offender per day for all health care services statewide through the fourth quarter FY 2009, was $9.54, compared to $8.60 through the fourth quarter of the FY 2008. The average cost per offender per day for the last four fiscal years was $7.86. As a point of reference healthcare costs was $7.64 per day in FY03. This would equate to a 24.9% increase since FY03 or approximately 4.1% increase per year average, well below the national average. Aging Offenders Older offenders access the health care delivery system at a much higher acuity and frequency than younger offenders: Table 6 and page 165 shows that encounter data through the 4th quarter indicates that older offenders had a documented encounter with medical staff a little under three times as often as younger offenders. Table 7 and page 166 indicates that hospital costs received to date this Fiscal Year for older offenders	Dr. Linthicum stated one request that she's had in the past and would like to request it again. On page 163 if the charts could be broken down by universities. Mr. Webb answered that they were broken down in the details of pages 161 and 162. Dr. Linthicum stated that she was a visual type person and would like to see each university on a separate page. Mr. Webb complied and would do that. Dr. Raimer asked if the health care cost includes medical, dental, everything. Mr. Webb responded yes that it included everything.	

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XII. Financial Report (cont.)	averaged approximately $4,698 per offender vs. $765 for younger offenders. Regarding hospitalization costs shown in Chart 15, the older offenders were utilizing health care resources at a rate more than six times higher than the younger offenders. While comprising only about 7.3% of the overall service population, older offenders account for 32.7% of the hospitalization costs received to date. Also, per Table 8 and page 167, older offenders are represented over four times more often in the dialysis population than younger offenders. Dialysis costs continue to be significant, averaging about $21.5K per patient per year. Providing dialysis treatment for an average of 191 patients through the fourth quarter of FY 2009 cost $4,113,375. Drug Costs Please note that Table 9 and page168 shows that total drug costs through the 4th quarter FY2009 totaled $38.2M. Of this, $17.8M (or over $1.5M per month) was for HIV medication costs, which was about 46.5% of the total drug cost. Psychiatric drugs costs were approximately $1.1M, about 3.0% of overall drug costs. Hepatitis C drug costs were $1.5M and represented about 4.0% of the total drug cost. Reporting of Fund Balances It is legislative requirement that both UTMB and Texas Tech are required to report if they hold any monies in reserve for correctional managed health care. UTMB reports that they hold no such reserves and report a total operating shortfall of $12.8M through the end of the 4th quarter of FY2009. A Supplemental Appropriations Request (SAR) was deposited during the quarter for $31.8 Million to offset much of the operating shortfall for FY 2009. Texas Tech reports that they hold no such reserves and report a total operating gain of $38,496 through the 4th quarter FY2009. A Supplemental Appropriations		

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XII. Financial Report (cont.)	Request (SAR) was deposited during the quarter for $1.6 Million to offset the entire operating shortfall for FY2009. A summary analysis of the ending balances revenue and payments through August 31st FY2009, on (Table 10 and page169) for all CMHCC accounts are included in this report. The summary indicates that the net unencumbered balance on all CMHCC accounts on August 31, 2009 was $30,072.62. This amount has lapsed back to the State Treasury according to Rider 67 of House Bill One of the 80th Legislature and paid back in November 2009. Financial Monitoring Detailed transaction level data from both providers is being tested on a monthly basis to verify reasonableness, accuracy, and compliance with policies and procedures. The testing of detail transactions performed on TTUHSC's financial information for June 2009 through August 2009 resulted in one non-allowable expense discrepancy, and found all tested transactions to be verified. Mr. Webb concluded by stating the testing of detail transactions performed on UTMB's financial information for June 2009 through August 2009 resulted in two classification error discrepancies and found all tested transactions to be verified. Dr. Griffin thanked Mr. Webb and asked if there were any question.		
XIII. Public Comments - **James Griffin, M.D.**	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 he did have one request, Ms. Dafft. And I wanted to remind any others if you did not complete a		

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XIII. Public Comments (cont.)	public comments request that we would like to limit this to three to five minutes and please respect the confidentiality of elements of your report is you want to make any notes. Ms. Dafft you are recognized. Ms. Dafft wanted to apologize for not making the last several board meetings. But she wanted to report that her son is doing very well. She had some issues with the unit staff not communicating with her. Dr. DeShield's office was very supportive and helpful in getting the communication issue cleared up. I am very thankful and appreciative of this group, this is allot of work and the average person does not realize the dedication of this group. I also want to compliment Dr. Reinecke, I am a dental assistant and active in the Dallas County Dental Assistant Society and he came to our Annual Assistants Dallas Meeting and made a two hour CE on the prison system as related to the dental assistants. This was one our largest attendance functions that we've had in about six months. He brought forward ideas and issues involving the correctional system in dentistry that most of our dental assistants did not have any knowledge. There is an opportunity of employment out there and the way he presented it, he really loves his work. I was very excited to see someone from prison system particularly in my profession come forward with such an interesting and productive presentation. I did bring a copy and I am the editor for our local organization and he is on the front page of our newsletter. I appreciate you all and thank you. Dr. Griffin thanked Ms. Dafft for her comments and even though she may not have been here physically we know your spirit was here with support. And we are gratified by your physical presence today. I don't have any other public presentations.		

Agenda Topic / Presenter	Presentation	Discussion	Action
- **XIV. Date / Location of Next Meeting** - **James Griffin, M.D.**	Dr. Griffin next noted that we were going to have a change of our meeting due to renovations of this area. We have a couple of options. Number one is the Frontiers Flight Museum and that's our number option and we will certainly be sending out notices relative to that. So in your travel planning we will see about getting a shuttle, but we have some issues to resolve before our next meeting.	Dr. Raimer Mr. Chairman before the next legislature meets would it be possible perhaps to have the committee to meet at the Montford Unit, Tech and down at Hospital Galveston for our meetings so that all the members might be able to tour those facilities and get a better understanding what those facilities do. Would that be something you would think about? Dr. Griffin I wouldn't be opposed to alternating those locations. We can certainly discuss that, I have no problem with that suggestion. David McNutt announced that this was Tati's last official board meeting. We appreciate all her hard work and we'll miss her.	
XV. Adjourn	Dr. Griffin asked if there were any other questions. Hearing none adjourned the meeting.		

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

Date: 3/21/2010