# CORRECTIONAL MANAGED HEALTH CARE

# COMMITTEE

# AGENDA

June 8, 2010

9:00 a.m.

Frontiers of Flight Museum
Conference Room #1
6911 Lemmon Avenue
Dallas, Texas

**CORRECTIONAL MANAGED HEALTH CARE COMMITTEE**
June 8, 2010
9:00 a.m.

Frontiers of Flight Museum, Conference Room #1
6911 Lemmon Ave.
Dallas, Texas

I. Call to Order

II. Recognitions and Introductions

III. Approval Excused Absence

IV. Consent Items

1. Approval of Minutes, February 8, 2010
   - Public Testimony on HB4586 Section (16b.), 81st Legislature

2. Approval of Minutes, March 9, 2010

3. TDCJ Health Services Monitoring Reports
   - Operational Review Summary Data
   - Grievance and Patient Liaison Statistics
   - Preventive Medicine Statistics
   - Utilization Review Monitoring
   - Capital Assets Monitoring
   - Accreditation Activity Summary
   - Active Biomedical Research Project Listing
   - Administrative Segregation Mental Health Monitoring

4. University Medical Director's Report
   - The University of Texas Medical Branch
   - Texas Tech University Health Sciences Center

5. Summary of CMHCC Joint Committee / Work Group Activities

V. Executive Director's Report
   - Spend Forward Authority
   - HB4586 report
   - State Audit
   - Reduction in Force letters and plans to reduce the FY10-11 shortfall

VI. CMHCC FY 2010 Second Quarter Performance and Financial Status Report

EACH ITEM ABOVE INCLUDES DISCUSSION AND ACTION AS NECESSARY

VII. Summary of Critical Correctional Health Care Personnel Vacancies

1. Texas Department of Criminal Justice

2. Texas Tech University Health Sciences Center

3. The University of Texas Medical Branch

VIII. UTMB

1. Discuss action in regard to "Reduction in Force" letters (Article VIII, section G. of CMHCC-TDCJ Master Contract, FY10-11).

2. Discuss each item UTMB plans to initiate to reduce the anticipated FY10-11 shortfall.

IX. Medical Director's Updates

1. The University of Texas Medical Branch

2. Texas Tech University Health Sciences Center

3. Texas Department of Criminal Justice

- Health Services Division FY 2010 Second Quarter Report

X. Financial Reports
1. FY 2010 Second Quarter Financial Report
2. Financial Monitoring Report

XI. Public Comment

XII. Date / Location of Next CMHCC Meeting

XIII. Adjourn

# Consent Item 1

## Approval of Minutes, February 8, 2009

**MINUTES**
**CORRECTIONAL MANAGED HEALTH CARE COMMITTEE**
**February 8, 2010**

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

**CMHCC Members Present:** Ben G. Raimer, M.D., Gerard Evenwel, Lannette Linthicum, M.D, Bryan Collier

**CMHCC Members Absent:** Elmo Cavin, Desmar Walkes, M.D., William Elger, Cynthia Jumper, M.D.

**Partner Agency Staff Present:** Lauren Sheer, Ron Steffa, Robert Williams, M.D., Jerry McGinty, Rick Thaler, Bobby Lumpkin, Texas Department of Criminal Justice; April Zamora, TDCJ-TCOOMMI; David Nelson, Texas Board of Criminal Justice; Allen Hightower, David McNutt, Lynn Webb, Stephanie Harris, CMHCC Staff.

**Others Present:** Kyle Mitchell, Governor's Office; Susan Dow, Angela Isaack, John Newton, LBB; Frank Fletcher, J.Kevin Bice, Jeff Winter; Correctional Medical Services (CMS); Lois Kolkhorst, State Representative Dist. 13

**Location:** West Pickle Research Building, 3925 West Braker, The Hill Country Rm. 3.1004, Austin, Texas

| Agenda Topic / Presenter | Presentation | Discussion | Action |
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| **I. Call to Order**<br>- **James D. Griffin, M.D.** | Dr. Griffin called the CMHCC meeting to order at 10:00 a.m. then noted the meeting would be conducted in accordance with Chapter 551 of the Texas Government Code, the Open Meetings Act. | | |
| **II. Recognitions and Introductions**<br>- **James D. Griffin, M.D.** | Dr. Griffin asked that the Correctional Managed Health Care Committee members, J. David Nelson, Texas Board of Criminal Justice, the university providers, the LBB staff and Governor's Office staff introduce themselves. | | |
| **III. Public Testimony on**<br>- **HB4586 Section (16b.)**<br>- **Legislature**<br>- **James D. Griffin, M.D.** | Dr. Griffin then noted that there was one party registered to present testimony before the Correctional Managed Health Care Committee. | Mr. David Nelson asked if the testimony was being recorded and if the testimony would be in writing.<br><br>Dr. Griffin responded that it was being recorded. | |
| - **Correctional Medical**<br>- **Services**<br>- **Jeff Winter** | Mr. Jeff Winter with Correctional Medical Services if you would step forward and make your presentation.<br><br>Mr. Jeff Winter thanked the committee for the opportunity to be here today. I am Jeff Winter and the Vice President, New Business Development for Correctional Medical Services. And with me here today | | |
| **III. Public Testimony on** | | | |

| Agenda Topic / Presenter | Presentation | Discussion | Action |
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| - **HB4586 Section (16b.)**<br>- **Legislature (cont.)** | is Kevin Bice. Kevin is our area Vice President, Operations and runs half of the United States for CMS. And Frank Fletcher is our Senior Director, Business Development. I am going to give you an overview on the industry as well as CMS and a brief company history on CMS. We are going to talk about the mechanisms to lower costs and or increase quality in the industry and then have questions.<br><br>As we look at the industry on page 3 and see the industry as a whole. There are 19 whole states that have converted in the market. There is another 5 that are associated with teaching hospitals and there 8 sites/services that are partially converted which gives you 32 states that are fully or partially outsourced and leaving 18 states that are still self-operated mainly on the west coast.<br><br>On page 4 gives you an idea of CMS's presence across the United States. We are currently in 11 states system. So we are the largest provider of prison healthcare in the United States. Those are identified by the blue states on the map. And we are also present in the taupe brown area, that's either where it involves a jail business in those states and significant jail business which I'll call some of the mega jails as well as in Texas that we should have marked. We recently entered back into Galveston six months ago. Also, the states marked green is where we have state pharmacy business. CMS has three business lines; one is a fully encompassed in the medical portion which is dental and mental health. We have another division which is Pharmacorr which serves the pharmacy side of the equation which are the two states listed on the map Oklahoma and recently awarded the Louisiana correctional facility. In the orange category is our substance abuse division which is utilized Wisconsin. We are the largest provider of prison healthcare and have more than doubled than any other competitor in the market right now with revenues in excess of $800 million. CMS serves healthcare to 275,000 inmates, 215,000 pharmaceutical inmates at any given time and we operate in 336 facilities in 32 separate contracts across the United States. | | |
| **III. Public Testimony on** | Go to the next page and by the way we are based out of | | |

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| - **HB4586 Section (16b.)**<br>- **Legislature (cont.)**<br><br>- **Kevin Bice**<br><br>**III. Public Testimony on** | St Louis, Missouri. Just to give you a feel of our experience in the market, we've been in this market 30 years. Our sole purpose is correctional healthcare. That's all we do. We have a full service provider with in-house pharmacy and behavioral health services. Our management team is well trained; we have in excess of 20 years of experience in healthcare/correctional experience in our executive management team. Last if you look at our staffing ratios which are always problematic because most prisons in the United States are found in rural America. We maintain staffing levels greater than 95% in all of our contracts.<br>I would like to hand it over to Kevin Bice, and let Kevin talk about cost containment strategies and how we deliver better healthcare outcomes.<br><br>Kevin Bice then reported on how CMS outlines their healthcare model from the perspective of Cost Containment Strategies. We have four areas I want to talk about today which include utilization management, focus on clinical outcomes, our business intelligence/best practices and our enhance onsite services/staffing.<br><br>So if you look at our utilization management our model is basically built on inner fault criteria. Plus evidence based on medicine, different criteria protocol as delivered for that method. The combination of the criteria and the medical knowledge comes up most cost effective and quality driven treatment plans that are available for the treatment of these states.<br><br>Our focus on clinical outcomes in business intelligence comes together. It's all based on the fact that all of us in healthcare collect a lot of data. At CMS we have internalized and built out a very robust sophisticated data warehouse with a reporting tool or data mining capability called Ingauge. We use our health economics group to mind the data to work with our operations and clinical teams to really predict where our potential high case cost patients may begin to emerge in a particular population, so we can really get on the front side and begin wellness programs in that population.<br><br>The next advantage we have within our data is our ability | | |

| Agenda Topic / Presenter | Presentation | Discussion | Action |
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| - **HB4586 Section (16b.)**<br>- **Legislature (cont.)** | to benchmark. Because we operate 11 statewide systems we do a lot of benchmarking practices to stimulate the competition the knowledge shared within our organization. To develop best practices on treating whether its high case cost or different type of cases that presents it to be very difficult.<br><br>Our area on enhanced onsite services and staffing are really enhanced to a CQI process that most of you in healthcare understand. We have a very robust CQI program at CMS. We also accentuate our CQI program with a new methodology that we're subscribing to business process management. For those of you who are familiar sick sigma lean practices, we are starting to deploy that methodology into our capabilities to enhance onsite services by deficiencies and improvement of quality within our system.<br><br>We also deploy specialty clinics depending on the patient population within a particular prison setting. Based on the needs of the population a lot of times we will develop specialty clinics over health solutions to really focus on specific these states may be driving a lot of the cost, a lot of the offsite transports and things of that nature.<br><br>And lastly we leverage the infirmaries. The infirmary model that we utilize really helps us attack admissions and length of stay, which as you know is a very costly driver in the healthcare system in corrections.<br><br>We did look at CMHCC's fourth quarter report on costs and did a high level comparison and did observe about a 15% lower offsite cost that CMS experiences in our 11 statewide systems versus the data that this group reported in the fourth quarter of 2009. And we can certainly share that comparison if that's a benefit to the group.<br><br>On page 7 delivering better health outcomes, is the result of our strategy on cost containment. The documentation health improvement through complex case management is really the data warehousing and our reporting capabilities not only internally but externally. We utilize our data capabilities to energize and share information. Develop the best practices with our medical team | | |
| **III. Public Testimony on** | | | |

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| - **HB4586 Section (16b.)**<br>- **Legislature (cont.)** | internally but we also realize it's a collaborative effort with our clients. We share and mind this data and collaborate with our clients through 40 processes so that our medical staff operations team is on the same page with our clients.<br><br>Second, is the superior care and reduced cost for diabetes, and I would like to add hypertension, asthma, Hep C and HIV to name a few areas of our chronic care clinics. We subscribe heavily to Chronic Care. We're very preventative wellness based. We're constantly looking at the data and potential cases that are going to emerge, that are going to be very costly to ourselves and to our clients in the future.<br><br>Third we talk about suicide rates. The national average within corrections suicide rates is 16 per 100,000 inmates per year. At CMS and our Genesis Division, which is our behavioral health group, we are currently at 9.5 suicides per 100,000 inmates per year. Our cost of our entire bulk of business. That's basically the outcome of Genesis a division within our company with psychiatrists, psychologists, behavioral health individuals specializing for many years in corrections healthcare. They understand the nuances of challenges. And has developed a protocol of standards that all of our sites practice.<br><br>Fourth we have prescription fills that are 99.98% accuracy. That's driven from our Pharmacorr division. Pharmacoor has two locations, one in Oklahoma City and one in Indianapolis. For those of you that are familiar with mail order, it's a centralized automated distribution model of medications flow in and flow out with a 24 hr. turnaround to our sites. But also our whole methodology that we've developed around business process management, lean processes. The medication administration process on sites is very cumbersome and very labor intensive. We've devoted a lot of resources to really figure this out on our behalf and our client's behalf. So, it's not only the delivery of medication but it's a group process from the filling of the prescriptions to the administration of the prescriptions to the patients. | | |
| **III. Public Testimony on** | | | |

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| - **HB4586 Section (16b.)**<br>- **Legislature (cont.)** | And last we've achieved favorable clinical outcomes, we benchmarked against Medicare, Medicaid and HEDIS studies. Some of our clients required HEDIS studies to measure the quality. So we participated, we helped organize on behalf of our clients as well as our own personal needs to really measure the quality of outcome.<br><br>So with that being said, that's a five minute discussion about our processes to deliver cost containment and quality. I would like to turn it over to Frank Fletcher, who is going to discuss our recommendations for the group's consideration. | | |
| - **Frank Fletcher** | I have been asked to conduct a study to look at can cost be reduced, how can cost be reduced, how can quality be improved, so how do you do that?<br><br>So, our recommendation for how to do that is to conduct a pilot study where you would look at out sourcing a portion of your system to an organization such as CMS and obviously you would go through your standard procurement process however you would do that to obtain contracts. And in our recommendation we have included some parameters in terms of what that pilot project might look like.<br><br>The first suggestion is that it be over a 2 year period. That would really give you enough time to evaluate it, to look at cost, to look at quality, to compare that to the rest of your system. It would give the contractor an opportunity to get the systems in place, get efficiencies in place then you can really evaluate whether or not their worth efficiencies in cost and or improve in quality.<br><br>We need to include a representative sample of your overall population. Obviously you wouldn't put all the high acuity patients in the study or the low acuity patients in the study. So, it would reflective of your overall population in terms of facility missions, age/gender mix, mental health, and our suggestions that it would include approximately 15% of your population. Again, a big enough sample size to really be able to evaluate the efficiency, cost effectiveness, and the overall quality of care. | | |

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| | I think TDCJ is operating in six operating regions if you will. Divided into six operating regions for purposes of how you manage your security business and the rest of your day to day business maybe not necessarily health care but the rest of your business. So, our thought is to take one those geographic regions of the state and to consider the pilot project and consider out sourcing in one of the six geographic regions of the state approximately 15% or so, depending on which region you would select.<br><br>Why the pilot if you look on the next page. The first thing is obviously it would introduce competition into your existing model. I've think you've been operating under the current system for the past 10 or 15 years. I'm not aware of any in any way of any competition really that's has been introduced into the model during that time. So, we believe competition is good, we believe like introducing some competition into the model. You're automatically going to get some efficiency; you're going to get some innovations as a result of just introducing that competition. That could come from an outside organization, thru the pilot project or thru a contracting entity. It might come from within your existing system. I believe if you introduce competition that UTMB and Texas Tech would step up their game a notch if you will, just because of the result of the competition, it's just human nature. I think you'll see efficiencies and innovations introduced into your system whether or not you ultimately enter into a contract just by introducing a competition into the model.<br><br>Financial risk assumed by a contractor. Most of our contracts are on a full risk capitated basis. So, that you will know exactly what your cost will be up front. Certainly we have contracts that are fixed over a two year period with some kind of an inflator to be built in within the second year. So, you could actually fix your cost thru the entire two year pilot project. Again for the pilot itself. You'll know exactly what your cost is going to be. Really achieved budget certainty within the pilot project. If there are cost overruns that occur in the pilot, it would be the responsibility of the contractor, they would not be | | |

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| | the responsibility of the state and the taxpayers.<br><br>We also think that by introducing a pilot in the geographic area of the state, it could potentially provide some relief to Galveston and the services that are provided there currently. Our thought is to go to more a community based model where we would use community providers to provide services that can't be provided within the institutions themselves. We think they are providers through out the state that are interested in this business that are hungry for this business, that want this business and we would be able to negotiate very favorable rates with those providers. We think there is interest in providers to secure wards within some of those community hospital providers. So, it would relieve some of the pressure off Galveston a little bit I think. And it would also obviously the hurricane was devastating and I think things have gotten up to speed for the most part. With some catch up still to do there. But going to this type of model that also introduces kind of a back up plan if you will. In the event anything like that should happen again. Or some type of other similar emergency should happen again, you would have another system in place that you could use as a back up in the event of an emergency.<br><br>We also think ultimately that's going to reduce your transportation costs, because obviously you wouldn't have to transport them as far potentially as you are now. Depending on the region that you might select for the purposes of the pilot.<br><br>The bottom line is if you would go through this process, if would you select a geographic region of the state for the pilot, then you would go thru procurement for that. And if you ultimately don't realize savings thru the pilot project, you've satisfied yourselves that the system you have is the most sufficient, you've satisfied the requirement of the study, you've satisfied the legislature, and the taxpayers that the system that you have is in fact the most efficient system that there is out there, then ultimately you don't enter into a contract. So, if you don't generate the savings, then you don't enter into a contract and you don't owe anything for the pilot. We | Dr. Griffin would like to see if any of the committee members have any questions. And he would like to recognize Dr. Raimer and Representative Kolkhurst for coming to this meeting.<br><br>David McNutt also pointed out that some members of the LBB, Susan Dow, Angela | |

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| | believe there is opportunity for savings and we would love the opportunity to demonstrate that to you.<br><br>We're available for questions. | Isaack and John Newton were in attendance.<br><br>Dr. Griffin asked about staffing being at a 95% level. And certainly if we look at those individual skill providers through out a number of different types of healthcare delivery systems whether it is a private entity or a university base practice or if it's a correctional practice that having those skilled providers in certain areas is a challenge and has been and it seems like you all have some type of solution or at least a strategy or methodology. Can you address that personnel type of procurement and how you maintain those staffing levels?<br><br>Mr. Winter responded that one of the benefits of CMS is that we are a national provider. And based on that we are able to reach all over the United States for staff. The ability to do that we found, not that rural locations where prisons are, are always problematic.<br><br>Frank Fletcher adds that they also do a lot of training and orientation with their staff. It's about finding them obviously but it's also about keeping them. It's about finding the right kind of person that's going to be successful in the environment in which we work and then training them properly. I think we have a tendency certainly in corrections healthcare in general, definitely in corrections to kind of let people learn on the job. We work very hard to orientate our folks, train them properly, and use a mentor system, a buddy system if you will so they are working with somebody until they are fully prepared. Until they think they're fully prepared or until we think they're fully prepared to go on the block and pass out medications every day. I think that's important on retaining your staff on a long term basis.<br><br>Mr. David Nelson asked about what the average cost for offender per day in Texas. | |

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| | | Frank Fletcher responded that they were not prepared to give a figure as it relates to our systems today. We certainly don't know enough about your system to really be able to do that today. Would be happy to provide that figure at a later time.<br><br>Every system is different. Our costs are significantly different from contract to contract. Our former CEO used to say, you've seen one prison, and you've seen one prison. Because they are all different and every system is different. Our cost is significantly different from contract to contract.<br><br>Mr. Nelson asked about Galveston.<br><br>Frank Fletcher answered that they had a contract with Galveston for 10 years prior to about 2 ½ years ago and another contractor was in there for about a couple of years. We were just awarded a contract starting in September of last year. I don't know off the top of my head what the cost of that contract is.<br><br>Jeff Winter and Frank Fletcher added that in general it is more when we go into self operating systems, self managed systems, where we generate savings of a net worth of 10-15%. And what Kevin talked about when we looked at our 4th quarter financial report, we did identify where we thought there was an opportunity for savings. Again, just based on what our cost are in other contracts. We don't know enough about your system to really be able to tell you what savings are going to be generated in your system.<br><br>Mr. Nelson asked if they had a contract with Galveston.<br><br>Jeff Winter responded yes, we do.<br>Mr. Nelson asked does the contract refer to | |

| Agenda Topic / Presenter | Presentation | Discussion | Action |
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| | | offender cost per day or are you at grandeur to talk about that.<br><br>Jeff Winter answered yes you can derive the cost out of that contract.<br><br>More discussions from the CMS staff.<br><br>It's a fixed price contract actually based on population.<br><br>Question was asked by Dr. Linthicum.<br><br>Jeff Winter and Frank Fletcher responded with the one thing about that he would say in addition to what was talked about multiple contracts within states. We also have a number of states that they operate in where different service components have been broken out into different contracts. For example, we might for mental services contract on a statewide basis in .which we are. They are on a separate mental health component contract on a statewide basis, there is also a separate dental contract on a statewide basis, and there is also a separate pharmacy contract on a statewide basis. That's not unusual really for states to operate with different contracts for different service components with different providers. So, we're very confident to work with those kinds of systems and working with multiple vendors of different services. It's a little bit different, but not really too much different I think than what you're talking about in terms of working with different providers.<br><br>Additional discussions.<br><br>Dr. Griffin noted that the crossroads with medical delivery lines, you know like psychiatrists. Do you think those savings are consistent or have you all found a specific one that may have more advantages in terms of say Texas realizing more cost savings in prosthetics with you all versus dental services versus you | |

| Agenda Topic / Presenter | Presentation | Discussion | Action |
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| | | say you have substance abuse specific expertise in certain areas.<br><br>Jeff Winter answered as they look at individual states, you would think there would be more standard debation across the United States. It's about team work for us. How do you collaborate with a common rule to solve your problems at the end of the day. How do we permit the reentry cycle or what do we do to be more effective, which could be a number of different areas. I hate to be vague on that.<br><br>Dr. Griffin answered with Texas is large and diverse and we see it across our system as well. I think in your handout, you have 48 by Michigan and that system is a littler bit smaller than a third, 51,000 inmates or so and we're certainly way over 160,000. So that is the largest that you get to and it's very difficult to get a feel for those types of differences and are there micro service lines that may be more beneficial to the state for you all to give us a proposal on. Is there any specific one that you have considered or you just need to talk to our staff? We encourage you to do that to see if there is a specific area of service that you might be able to provide.<br><br>Dr. Raimer stated that his interest has been since we have a unique form of sentencing here we expect our offenders serve their sentence and we have a really large population. In your acuity will you adjust for that? We all recognize that jail healthcare and prison healthcare are two different things. Costs associated with those have attempted to deliver both in your survey and cost model on different issues. Jails typically want to get people in and out. In our prison times, a few chronically ill, those that we ship off to prisons need psychiatric processing. Will you be able to look in this 15% population and will you be able to do a forecast with about 2,400 HIV positive patients, etc. | |

| Agenda Topic / Presenter | Presentation | Discussion | Action |
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| | | Additional discussions were had.<br><br>Dr. Griffin thanked the CMS group for coming down. It was refreshing to hear that you can't segregate your business because it's hard to beat 340B federal, 340B pricing on pharmacy. That is extremely difficult for private entity to save Texas there. And we are fortunate to have that. Hopefully it will exist with all the changes in Washington. But, thank you and is there any other questions. I don't think we have anybody else registered to give testimony. | |
| **IV. Adjourn**<br>**- Dr. Griffin** | Dr. Griffin asked if anybody else wished to register to give public testimony. Hearing none, meeting is adjourned. Thank you for your attendance. | | |

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

Date:

# Consent Item 2

## Approval of Minutes, March 9, 2010

**MINUTES**
**CORRECTIONAL MANAGED HEALTH CARE COMMITTEE**
**March 9, 2010**

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

**CMHCC Members Present:** Ben G. Raimer, M.D., William Elger, Gerard Evenwel, Cynthia Jumper, M.D., Lannette Linthicum, M.D., Bryan Collier

**CMHCC Members Absent:** Elmo Cavin, Desmar Walkes, M.D.

**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., Steve Smock, The University of Texas Medical Branch; Cynthia Jumper, M.D., Larry Elkins, Texas Tech University Health Sciences Center; Bobby Lumpkin, George Crippen, R.N., MSN, Rick Thaler, Ron Steffa, Robert Williams, M.D., Texas Department of Criminal Justice; David Nelson, Janice H. Lord, Texas Board of Criminal Justice; Allen Hightower, David McNutt, Lynn Webb, Stephanie Harris, CMHCC Staff.

**Others Present:** Cathy Corey, Abbott-Institutional Managing; Judy Wilson, concerned citizen

**Location:** Frontiers of Flight Museum, 6911 Lemmon Ave., Dallas, Texas

| Agenda Topic / Presenter | Presentation | Discussion | Action |
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| **I. Call to Order**<br>- **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**<br>- **James D. Griffin, M.D.** | Dr. Griffin acknowledged Mr. David Nelson, Texas Board of Criminal Justice. | | |
| **III. Approval of Excused Absence**<br>- **James D. Griffin, M.D.** | Dr. Griffin stated that he would now entertain a motion to approve the excused absence of Bryan Collier, who was unable to attend the December 1, 2009 CMHCC meeting due to scheduling conflict. | | Dr. Ben Raimer moved to approve Bryan Collier absence from the December 1, 2009 CMHCC meeting, Dr. Linthicum second the motion which prevailed by unanimous vote. |

| Agenda Topic / Presenter | Presentation | Discussion | Action |
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| **IV. Approval of Consent Items**<br><br>**- 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 December 1, 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.<br><br>Hearing no further comments, Dr. Griffin stated that he would now entertain a motion on approving the consent items. | | Dr. Ben Raimer moved to approve the consent items as presented at Tab A of the agenda booklet. Mr. Elger seconded the motion. The motion passed by unanimous vote. |
| **V. Executive Director's Report**<br><br>**- Allen Hightower** | Dr. Griffin then called on Mr. Hightower to provide the Executive Director's report.<br><br>Mr. Hightower noted that the staff has been very busy since our last meeting. We made a presentation to the Texas Department of Criminal Justice Board in regards to our public hearing that was held February 8th in Austin. The LBB, Governor's Office, Lt. Governor's Office and the Speaker's Officer had obviously sent to us as well as other state agencies to identify 5% savings in priority increments.<br><br>On February 15th the CMHC submitted to TDCJ a plan to reduce the budget 5% for FY10 and FY11. TDCJ submitted this with their proposed reductions to the Legislative Budget Board and the Office of the Governor's Budget Planning and Policy Division. Items identified but not limited to include delay of the Marlin VA facility, delay of purchasing of capital equipment, reduce indirect expenses/hiring freeze, suspend over the counter medications, eliminate dietary services, close the infirmary at UT-Tyler, provide offenders leaving the system with paper prescriptions instead of a 10 day supply, reduce optometry services, and suspend voluntary and routine HIV and Hepatitis C testing. Other actions that would be taken and may have a significant impact on the health care system include: reduce coverage and hours at most TDCJ facilities, modify outpatient staffing, and reductions to dental and mental health services. | | |

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| **V. Executive Director's Report (cont.)** | On March 8th, the appropriations committee will hear testimony on their interim charge No. 1: monitor the performance of state agencies and institutions, including operating budgets, plans to carry out legislative initiatives, caseload, projections performance measure attainment, implementation of all rider provisions and other matters affecting the fiscal condition of the state. The current revenue outlook, supplemental needs in the current biennium and 5% reduction plans. The CMHCC has been requested to testify.<br><br>Dr. Griffin thanked Mr. Hightower for his report and asked if there were any questions. | Mr. Evenwel asked if we're cutting back and I assume our partners are cutting back. Are we losing something or are they losing something. How does that work?<br><br>Mr. Hightower answered that there were two issues at hand. One is the budget we are operating in now we have projected not being able to come in within the amount of the two year appropriation of FY 09 & 10. The second one is all of the state agencies to my knowledge were asked in light of the comptrollers estimation of what would be available to the legislature to appropriate for the next biennium. We're asked to get ahead of the curve and if cuts had to made where the agencies would identify those cuts would come from. That is what Mr. Livingston presented yesterday in behalf of TDCJ and what I presented yesterday in behalf of the committee and the universities of where those cuts would take place if the 5% worked. Ours were in prioritized order being those things that affected direct medical care to the inmates came last within our priority of where we would cut to come within the 5%. It's early before the session to do something like that. But it was probably in my view a good idea to do so because it gives the leadership of the state an opportunity to perhaps say maybe in this agency we would want to take more than 5% in this we have certain legal ramifications if we do not. This gives the leadership and the LBB an opportunity to massage those | |

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| **V. Executive Director's Report (cont.)** | | numbers and for the leadership how much in the rainy day fund. I think the testimony yesterday from the budget people was that they expected there to be around 8.2 million dollars in the rainy day fund. To what extent the legislature would want to use that and offset the others with budgetary cuts is obviously a policy decision for the legislature to make.<br><br>Dr. Linthicum asked if the cuts are subject to any discussion because I have some serious concerns. Particularly the dietary services where we only have one dietician in the whole state right now, which is responsible for doing dietary management. And working with the food services department, doing therapeutic diets.<br>Over the counter medications, one which is Tylenol. So we're going to clog up our sick call process with omitting sick calls against Tylenol. That's not a very judicious use of our resources. I'm hoping there will be an opportunity to discuss these issues.<br><br>Mr. Hightower replied that there will be at the legislature level there is no question that there will be. When they take up the appropriation bill it will be my guess that when they break we'll have an opportunity to speak to a full committee and then when they break up into sub-committees, there are always changes from things that have been laid out in the order of which they are laid out not only will the committee be given an opportunity, so would TDCJ if something had changed to reprioritized one as opposed to another. I think we are way early in the game for it to happen but it's probably a good idea to start the process early.<br><br>Dr. Linthicum stated even going to a model we're operating now unit medical infirmaries are like outpatient clinics and the hours are 8 to 5. Basically it's not going to work because | |

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| **V. Executive Director's Report (cont.)** | | of infirmary lines, feeding times, and also after hours at 5:00pm. What we end up with is everybody is being transferred offsite. And offsite cost is going to escalate because you can't expect security or correctional officers to make clinical judgments on step by needs medical attention. There's not health staff onsite to meet their needs, so they are just going to 911 them and take them offsite. These are a few things to think about as we outline the 5% savings.<br><br>Mr. Hightower replied that Mr. Livingston and his staff are running into similar problems and will take all of these problems into consideration.<br><br>Dr. Griffin added that there should be a lot of discussion on these issues. He also mentioned that he had listened to some testimony from the Commission on Health and Human services yesterday. And they were basically asked to go back and bring them something different based on his testimony. I think there will be a discussion and the first thing that we should do is actually put an attachment to these minutes with our official submitted list. And then ask our partners, agencies and universities to comment on those specific impacts related to those items so that we can actually get more specific information related to some of those topics as Dr. Linthicum pointed out.<br><br>Mr. Collier stated that from an agency TDCJ we asked for exceptions for key items and this was one of the items that we asked for. Even though we didn't go thru the 5% scenario on several key areas like prisons, probation & | |

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| **V. Executive Director's Report (cont.)** | | parole and treatment. This was included in the report for pardons & paroles and entities that are external but really very close to our business. And we are hoping these items will be considered.<br>Dr. Raimer would like to publically thank Mr. Collier and Mr. Livingston for doing that. It was very clear yesterday that they had their cuts outlined in the first part and then their requests was what these other items were on the table that should be exempted The second thing I just wanted to comment that the agencies work so closely together, I think it would be very imperative before any decisions be made that representatives from TDCJ, Dr. Linthicum, Mr. Collier and others and the universities sit down and plan out because it definitely has an impact on both of us any changes that we might do. I'm assuming that would be done and reported back to you.<br><br>Dr. Murray added actually what the universities had submitted in terms of going thru each area, we went ahead and did exactly that. This is an impact not only to a system but also to additional costs. Ultimately we could get to a 5% number but to the extent there is going to be an additional cost that we couldn't predict could erode into that 5%. So, there is a document out there that we hope the committee has, it really kind of outlines it all.<br><br>Mr. Hightower added that the way the LBB puts out the budget. It has our Correctional Managed Care budget along with the Parole budget incased in Mr. Collier's budget. The way it's laid out TDCJ goes before us and actually because we are in their strategy we all have to testify at the same time because we are talking about the same manuscript. | |

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| **VI. Performance and Financial Status Report**<br><br>**- David McNutt** | Hearing no further comments, Dr. Griffin called on Mr. McNutt to provide the Performance and Financial Status Report.<br><br>Mr. McNutt noted that the Performance Dashboard is provided at Tab C page 83 thru 100 of the board agenda. He then reported that through the first quarter FY 2010, the service population 151,551 at the end of this quarter compared to 150,710 for the same time period a year ago which is an increase of 791 or 2% increase. The increase is not so much that TDCJ's population increased, it might have decreased, but they closed out their contracts with the county jails and those people moved back into the system.<br><br>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 first quarter FY2010 was 11,574 as compared to first quarter FY2009 of 10,724 which is an increase of 850 or 7.9% increase. If you look at documents that have been done in the past and Mr. Nelson if you really wanted to know how to cut cost, get rid of the age 55 and older. You can look at a document that TDCJ turned in last year to the legislature as bills were passed and it showed about a $20 million dollar a year savings if you would kick out the non 3G offenders over age 55. | Mr. Elger stated it seems like 50 to 55 population has grown so is 55 and above right or is 50 and above right.<br><br>Mr. McNutt responded that Dr. Murray had started talking the 50 game. I'm still talking about 55 and that is what we've been reporting. We can go back in the future and start reporting at age 50 or make that a separate report also. Your correct the last few months Dr. Murray has been talking the age 50 plus instead of the age 55 plus.<br><br>Mr. Elger added that it turns out to be a significant impact on transient cost and what the assumption really is in terms of.<br><br>Dr, Linthicum adds that in terms of our | |

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| **VI. Performance and Financial Status Report (cont.)** | 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 first quarter of FY 2010, the average number of psychiatric outpatients was 19,744 representing 13% of the service population.<br><br>Now if you would look at page 88. I know at one time we had members ask about the access to care indicators which are on this page.<br><br>Mr. McNutt noted that the definitions of the nine access to care indicators are included on page 89 of the agenda packet for reference. He then reported that the medical access to care indicators remained within the 90% - 98% range; the mental health access to care stayed within the 98-100% range; and dental access to care remained consistently between 98% - 100% range.<br><br>Mr. McNutt continued by stating that the UTMB sector physician vacancy rate for this quarter was 7.04%; mid-level practitioners at 8.46%; RN's at 9.52%; LVN's at 8.11%, dentists at 5.71% and psychiatrists at 10.53% which he noted looked a little better than what was reported for the previous quarter.<br><br>TTUHSC sector physician vacancy rate for the same quarter averaged at 24.25%; mid-level practitioners at 17.45%; RN's at 21.04%; LVN's at 17.38%; dentists at 16.85%, and psychiatrists at 28.20%.<br><br>The timeliness in the Medically Recommended Intensive Supervision Program (MRIS) medical summaries for September was 89%, October 95% and November was 92% for the first quarter FY 2010.<br><br>Mr. McNutt next reported the statewide cumulative loss/gain for the month of September had a net loss of 9 million dollars. The statewide loss/gain by month, we | definition of the geriatric offender, we arbitrally choose a chronological age 55 because the physiological age David reports on 65. So we look at 55 and older, and define that as our geriatric population but within that age group we have 60 then 65. | |

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| **VI. Performance and Financial Status Report (cont.)** | gained 2.5 million for the month of September, a little over 3 million in October and 3.3 million in November.<br><br>Mr. McNutt next reported that the statewide revenue v. expenses by month. You can see where the expense exceeds the revenue by month. September 45.4 million vs. 42.9 million, October 48.1 vs. 45 million and November 46.2 vs. 42.8 million a month.<br><br>Mr. McNutt next reported TTUHSC cumulative loss/gain 359 thousand thru September, and climbs up to 898,978 dollars thru November. UTMB thru November is 8,076,396 dollars.<br><br>Mr. McNutt wanted to add on page 88, at one time a board member had requested that we break out the Mental Health Census by gender and we will continue to add this to our agenda.<br><br>Dr. Griffin thanked Mr. McNutt and asked for any questions or comments. | Dr. Linthicum had a comment about the Mentally Retarded Offender Program has been renamed the Developmental and Disabled Program.<br><br>Dr. Griffin added that he had a question that Mr. Nelson asked at prior meetings. If you look at page 84 which is the service population and page 100 cumulative loss/gain, there seems to be a disconnect between the service population and losses. Those two don't fluctuate together. Is there a simple way we can report that to leadership? We always get that question that your population is moving but your numbers move as if there weren't people you're taking care of that reflected those dollars. We've been asked that at least two or three times in the last couple of months. There is no variability in that. And to me we have to develop a way we can report that.<br><br>Mr. McNutt replied that the way the contract | |

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| **VI. Performance and Financial Status Report (cont.)** | Dr. Griffin thanked Mr. McNutt for the report then called on Dr. Linthicum to provide the TDCJ Correctional Health Care Vacancy updates.<br><br>Dr. Linthicum reported that a Contracting Monitoring Nurse was filled our Manager IV Public Health Nurse | is that it's based on a capitation rate but it's based on a variance of 4% either way. But if the question comes up the universities get no more money as long as it's within 4%, if the populations goes down as long as it's within 4% they won't get any less money either. And the contract is written on an actual capitation rate favored by the population variance of 4% either way. The guaranteed a number that we really work the contract off of is one the LBB works with when they made the appropriation. This was a little over 151,000 population.<br><br>Dr. Raimer commented that it brought up a very good question. I don't know how to answer, but we can think about it. When you go out and start dealing with this population the numbers do go up and down. But it's over 120 different units. So, if you lose 50 prisoners in 20 units you don't automatically throw somebody off there, you still need a nurse in that are whether you have 500 residents or 550. I don't know how to get a handle on this. But it seems unfortunate to tie per member per day like you could actually decrease those expenses, because these are fixed cost. I assume the same thing Bryan Collier would do at TDCJ itself with security officers; you have to have a certain amount of officers. And the same thing with the infirmary weather you have twenty patients or twenty-four patients you have to have a nurse.<br><br>Dr. Griffin added that it's like the anesthesiology firehouse methodology it doesn't matter if you have a fire or not you have to have a staff. If you have a 4% variance you don't do any change in staff. If you exceed or go below that then there maybe a reasonable assumption to change personnel. | |

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| | applicant declined. Maybe we'll soon be bringing one of our part time physicians to full time. | | |
| **VII. Summary of Critical Personnel Vacancies** | | | |
| - **Lannette Linthicum, M.D. (TDCJ)** | Dr. Griffin thanked Dr. Linthicum for the updates then called on Larry Elkins who is standing in for Dr. DeShields to provide the TTUHSC personnel vacancy updates. | | |
| **- Larry Elkins (UTMB)** | Mr. Elkins reported that Dr. DeShields wanted to report about the PRS (Pharmacy Replacement System) that has been implemented in our first quarter and we will implement the balance of the PRS in the southern region last month. We are happy that we think we are going to hire the psychiatrist for the PAMIO Unit very soon. We offered the Medical Director position to a gentleman from Florida 9 months ago and he is very close in receiving his Texas license. That position has been vacant for six years. Mr. McNutt talked about our vacancies and I don't want to repeat and go into detail. Our nurses' vacancies have increased since the first quarter. We are higher than 25% vacancy rates for nurses in 18 different locations. The situation we are facing in West Texas because we are so scattered in small towns to deal with our nursing shortage. To deal with our nurse shortages we have to deal with recruiting firms. These firms are charging us two to two and half times more than what we pay. For example which UTMB knows Supplemental Healthcare Agency, out of Dallas Fort Worth and they are good at what they do. They bring us a nurse for 13 weeks at a time and then for another 13 weeks and before we know it it's been 52 weeks. But for a RN with some experience they are charging us $110,000 a year and we can hire the same nurse if she would come to work for us for $44,000, so that is two, two and a half times more. So we are facing that and doing the best we can and were hoping that something is going to change not only on the western Texas section but also the State of Texas. We lost another psychiatrist last month so out of ten we have four vacancies. So we are a little excited about this doctor coming from Florida, hopefully he'll be on board in the next two months. | | |

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| **VII. Summary of Critical Personnel Vacancies (cont.)**<br><br>- **Owen Murray, D.O., (UTMB)** | Dr. Griffin thanked Mr. Elkins for the update and then called on Dr. Murray.<br><br>Dr. Murray stated that you saw the numbers and those we're not in that bad of shape. They keep hovering around 10% percent for our providers and a little bit more for our nursing staff. The only loss that we had was Dr. Troy Sybert who was at Hospital Galveston, and we are now without a Chief Medical Officer at Hospital Galveston. | Dr. Griffin asked about Hospice program.<br><br>Dr. Murray replied that the Hospice program is actually run thru internal medicine. But Troy provided and bridged the gap between our sub-specialist group, the facilities, TDCJ and very experience in a lot of problem solving methodologies. He did a lot of work in what we were discharging out of our hospitals, what we had up in our infirmaries and how we could better make those transitions a little bit smoother. Well miss him he was a good doctor.<br><br>Dr. Griffin asked if there were any prospects. | |
| **VIII. Wheelchair Policy**<br><br>- **Owen Murray, D.O. (UTMB)** | Dr. Griffin thanked Dr. Murray and went on to the Wheelchair Policy<br><br>Dr. Murray stated speaking of cautiously optimistic; Dr. Griffin asked if we would talk about what went on with Mr. Comeaux. Mr. Comeaux who spent about a decade plus in a wheelchair and then ultimately left his wheelchair and escaped. I want to thank Dr. Linthicum for putting this hand out together. Just to clarify some things, we've always had a wheelchair policy that has worked very well and efficiently. I don't know quite honestly that would have worked for this individual. He was truly committed to doing his act. Part of the other issue with this individual, we had put him in a wheelchair. There were certainly some medical indications to put him in a wheelchair. But you look back retrospectively you can see some refusal on his part choosing sub-specialty care and some of the diagnostics they were asking for. There were some lose | Dr. Murray replied that given our 5% I think we are going to be cautiously optimistic about pulling someone in. | |

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| **VIII. Wheelchair Policy (cont.)** | history of some strokes and some other things. But again his act and his presentation certainly precipitated, I think a reasonably risk management strategy of putting him in a wheel chair. We did attempt a couple of times to move him out which precipitated him to choose to lie in his own feces and create not only an issue for medical and security but also brought in the ACLU. We were dealing with them and this individual and when you paint that picture to an external group, at some point and time you have to make a risk management decision and keeping him in the wheelchair seemed like it was the best decision at that time.<br><br>Obviously it wasn't necessarily our best decision but looking back our policy was followed and I think it's worth while. We have about 350 offenders in a wheelchair currently in the system. That number goes up and down a little bit. But I think there were some concerns that we had thousands of people wheeling around in TDCJ. And that is not the case.<br><br>We have a program that evaluates the patients on a daily basis. We also have a full time physiatrist, who is a licensed physician who deals with not only our physically handicap offenders but anybody that will be in a wheelchair. She is going to evaluate them. Part of that evaluation is obviously sub-specialty intervention down in Galveston. Typically seeing a neurologist, orthopedic surgeon and the appropriate sub-specialty to make sure that we can clarify the diagnosis. As well as imaging studies and etc. before we place someone formally and permanently in a wheelchair. Dr. Naik has been with the system for 20 years plus and Dr. Linthicum, Dr. DeShields and myself have a great deal of confidence in her, she is fair, reasonable and has good skills. And she is not one historically to be easily manipulated either way.<br><br>Again, our policy works the process thru and usually these cases are fairly straight forward the injury is obvious that the history supports. It is these rare cases that you get into where you have some patients who motivated for whatever reason choose to do their time in a wheelchair. And from that standpoint our current policy does address that. | | |

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| **VIII. Wheelchair Policy (cont.)** | Some of the changes on page 2 is there is a multidisciplinary committee that is composed not only of health services, but security to deal with these particular individuals who are trying to manipulate the system to their advantage. We've done a review of our current policy and we have made some minor revisions. Nothing really significant. Item 3 is really the important thing identifying some facilities that might deal with those individuals like Mr. Comeaux. Both from a healthcare & security perspective in having a facility or unit that will deal with this type of individual it really does take a coordinated effort, because these patients will act so far out in left field it is difficult to continue to educate everybody at multiple facilities and having one place much like our mental health facility that understands this person presentation, limitations and manipulations will make it much easier for us to deal with these types of individuals in the future. And I think ultimately it's a shared responsibility. Dr. Linthicum and I are in complete agreement that when we get to a level where there is that kind of concern that someone is being placed in that kind of environment that she and I and Dr. DeShields are looking over that care and really at the highest level making sure that clinically we feel comfortable with what's going on so that ultimately whatever the outcome is, at least it's been reviewed by everyone and we are all in agreement.<br><br>Looking back on Comeaux it was such an extended period of time. We did all of this, given his motivation to remain in that chair and the things he was willing to do I don't know honestly if we would have done anything different. Our policy has worked well for the fifteen years that I've been here, the simple changes we will make and then certainly Dr. Linthicum, Dr. DeShields and I will make sure that we have some clinical oversight and review of any cases that get to that level. | Dr. Linthicum noted that they were going to bring in the security side of the house to look at the security issues as well. In terms of housing these offenders, one of the real | |

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| **VIII. Wheelchair Policy (cont.)** | Dr. Griffin thanked Dr. Murray and went on to Agenda Item IX TDCJ Rider 83 of SB1, Article V.<br><br>Mr. Elger reported that he wanted to give an update of | sensitive problems for us when we determine that there is no organic basis or no pathology for why these individuals are refusing to walk. Some of them will go to the extreme of dragging themselves around the unit or crawling on all fours, things like that which are not tolerated well by the other offenders on the unit, they don't understand, they don't have the history, all they see is the offender crawling around the unit. Our committee is going to get with security so they can have their focus and to see how our policies and how we each interact. And then this whole review board which primarily the medical directors will do the final review but we were going to bring in the CID director as well for security review to make sure that housing and classification for these offenders are correct as well. We plan to work more closely together in management.<br><br>In fact Mr. Comeaux has already filed two grievances up to me demanding his wheelchair back. He's appealed up to the second step. This is an ongoing daily prison operations manager problem.<br><br>Dr. Griffin asked if there were any questions or comments.<br><br>Dr. Griffin added that when this issue came to him there were some miss conceptions out there. And I think certainly in the process that develops from these discussions is the distinction between the people who is wheelchair dependant versus the one who is wheelchair bound to facilitate activities of daily living within their prison environment. And I think that in the newspaper they don't make that distinction. Wheelchair means you can't walk, you can't get around and I think that is different from the wheelchair policy. | |

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| **IX. Managed Health Care Appropriation Transfer Between Fiscal Years, Rider 83 of TDCJ Appropriations Article V, 81st Legislature**<br><br>**- William Elger** | the Financial data for CMC. In your handout turn to page 2. The first five months shows a loss of little over 12 million. We've been looking at what the projections might be for the biennium. We've been trying to tighten these numbers up.<br><br>Turn to page 3 that show the funding shortfall. Well it comes to two principal parts. One is underfunding of what was requested at the last session. And that had two elements to it, one the SAR that was requested. Some of that was not funded and some of it was funded but not added to the base, which put it with a 16 million dollar shortfall. And for the LAR request not all of that was funded that created another 42 million dollar shortfall and together going into the biennium that is approximately a 59 million dollar shortfall.<br><br>And there is another piece, other unfunded items not in the LAR with a 23 million dollar shortfall for a total projected shortfall for the biennium is 82 million dollars. This does not include any potential deductions from the 5% that we had to do. That turns out for CMC approximately 36 million dollars for the biennium, which turns this number into a non sustainable amount. So that's where we are for the biennium.<br><br>Mr. Elger adds that the last two pages were intended to illustrate the timing of cash payments here beginning of the quarterly payment. It makes sense sometimes a little bit difficult to see until you get to the end of the year. For example at the beginning of the first quarter, CMC get a payment for the quarter and then its been out their for a quarter but we are spending more than what we received by the quarter so the last part of the first quarter we're short in essence drawing money from other university funds to cover that shortfall. | Dr. Griffin commented that he did not see that and that's one of the big things that are very difficult for us to explain. In first quarter about an average 90 million dollars. Let's say you go forward and you have a 7.6 million dollar deficit. Well your getting another 90 million dollars before services are rendered and it's difficult for individuals that I have conversations with to say where you're using other funds when we fund prior to services rendered fourth quarter. And that's the | |

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| **IX. Managed Health Care Appropriation Transfer Between Fiscal Years, Rider 83 of TDCJ Appropriations Article V, 81st Legislature (cont.)** | Mr. Elger commented that was what he is trying to illustrate. On page 4 the green line the very beginning of the quarter we get that quarterly payment. The 80 million dollars comes in there will be expenses for the quarter of 7million dollars. Before we get that next 90 million dollar check we're short approximately 7 million dollars and the only way to fund that is that we basically use the accumulated resources of the university until that next 90 million dollar check comes in. For which if you think of it part of the 90 million dollar goes to pay back the 7 million dollars that we borrowed, so that now you got only 83 million dollars left, another 97 million dollar expenses come in and before you get to that quarterly payment you are short another 7 plus. So the accumulated deficit kind of builds thru the end of the fiscal year because we scored things under the fiscal years bases when they dropped the hammer.<br><br>Mr. Elger stated the numbers get so big that on a cash basis and the bottom line here is basically the checkbook account in time you can squeeze a little bit around, you don't spend everything. But, it's not much to come up | squeeze point. It's not a question that it's going to happen; it's really a question of timing of these events. Well UTMB is not getting some interest income from this lagging deficit that's building over time. And so that's that parsing question related to a cash flow statement in terms of the entire argument. That's the point that I think when we submit a request again it's about timing not about if you'll do it. What's that trigger point if which it should go forward.<br><br>Dr. Griffin added that was understood in timing when invoices go out and when payments are received all comes toward the end of the quarter. I guess one of the issues has is based on prior legislative sessions if they don't make you whole then your left holding this irreconcilable difference. But thru the year, the casual statements should be able to be managed in a way where they are not actual funds that come from other sources. Because when we pay versus you have to send checks out to other providers or pharmacy vendors or whatever the case may be. | |

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| **IX. Managed Health Care Appropriation Transfer Between Fiscal Years, Rider 83 of TDCJ Appropriations Article V, 81st Legislature (cont.)** | with the numbers. So that's the challenge that were looking at the size of these deficits are more than UTMB can play banker for. When you add that to the revolving building other capital outflows we have to do that we have to try to get reimbursed for after the fact. We combine these two events we get into a situation.<br><br>Dr. Griffin asked for any questions or comments. | Dr. Raimer stated that what this needs is a long term solution and what we are talking about is a short term solution. Some discussion I believe Mr. Hightower did incur behind the scenes yesterday about that with some others that we need to figure out a better financing mechanism for this so that these deficits do not accrue into one of the universities budget or anybody else's budget for that matter. Today's request that we have discussed in the last meeting is simply activating of our spend forward authority that allow us to close out this year with a minimum deficit in these accounts. And depend on the next session for us to recoup our SAR.<br><br>Dr. Griffin added that there was a list of items that were imbedded in the last meeting. What is the status of those and how do they impact those numbers. Are there any things that can be done from an operational stand point? This is the one sanction legislative maneuver that the committee is to request from the leadership. Or there any other management related issues to impact these numbers as well because I think that is important. You just move things from one part to another.<br><br>Dr. Murray stated that Dr. Griffin saw their list. I think the only thing we would have is those dollars that were given for merit increases for our staff. And that is really about it, unless we are going to un-employ people then that list kind of stands as its the only the thing we can do from a management standpoint to augment these losses. We certainly have gone ahead and held back on | |

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| **IX. Managed Health Care Appropriation Transfer Between Fiscal Years, Rider 83 of TDCJ Appropriations Article V, 81st Legislature (cont.)** | | our FY10 salary increases that we've discussed at the end of the year. We've not done that, we've brought that to the table for discussion, given the 5% and everything else. We put all of that into that as well. We are acting on some of those right now given this 5% reduction. We need about 5 million dollars for salary increases for staff, market adjustments. It doesn't help the situation because we're going to roll into the next year and two years down on market adjustments for our staff.<br><br>Mr. Nelson asked to be reminded of what was done at the last meeting. I believe it was a proposal to do several things. One was to go forward with the spend forward provisions. There was another proposal with regard to using capital expenditure, budget items for non capital expense. And then there was another proposal that I remember about reducing the patient care of the services with regard to Hepatitis B, C, and HIV testing. I know that there were two or three other things that I can't recall, but those are some of the major things that impacted spending decisions and deficit numbers. I know there had not been a motion at this point yet with regard to the spend forward provision, but let me just kind of try to get myself reacquainted and Janice acquainted with this. What are ya'll going to do about the proposed use of capital funds for non capital funds.<br><br>Mr. McNutt asked Dr. Griffin if he could address this and that it was in reference to the letter based on Mr. Cavin's request sent to the LBB. I have the response back on that. This was prior to the 5% cut, so a lot of that is going to be taken and will fall into 5% reduction.<br><br>Here is the letter to John O'Brien, Director, LBB dated December 8, 2009. The funding for Correctional Managed Health Care | |

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| **IX. Managed Health Care Appropriation Transfer Between Fiscal Years, Rider 83 of TDCJ Appropriations Article V, 81st Legislature (cont.)** | | (CMHC) is in the Texas Department of Criminal Justice (TDCJ) Appropriations, Article V, Senate Bill 1 of the 81st Legislature. It is appropriated under C.1.7 Psychiatric Care and C.1.8 Managed Health Care. Funding is then allocated to the university providers based on a capitated rate.<br><br>The University of Texas Medical Branch (UTMB) has addressed the Correctional Managed Health Care Committee and informed them that they are projecting a significant shortfall for FY2010 and FY2011. UTMB has proposed several steps that would reduce the projected shortfalls. A question arises whether or not it would be permissible for TUMB to proceed with two of these proposals: 1. Defer non-committed capital purchases; 2. Defer administration of FY2010 merit raises.<br>Both of the above items were partially funded by the 81st Legislature as exceptional items.<br><br>And the answer from Susan Dow, Budget Analyst, with the LBB is:<br>As discussed during meetings with UTMB and subsequent phone conversations with UTMB and CMHCC, we still have questions concerning UTMB's projected shortfalls. For this reason, we will not consider at this time any redirection of appropriations from the uses for which they were appropriated. We will, however, inform the Legislature of all the options proposed by UTMB. We do not believe there is a problem with temporarily deferring the items in your proposal, but we will not request legislative approval to use the funds for other purposes until we have a better understanding of UTMB's projected shortfalls and review actual expenditures during fiscal year 2010.<br><br>The bottom line is they don't mind you deferring but you couldn't redirect at that particular time. In my opinion a lot of that has | |

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| **IX. Managed Health Care Appropriation Transfer Between Fiscal Years, Rider 83 of TDCJ Appropriations Article V, 81st Legislature (cont.)** | Dr. Griffin then asked Mr. Elger if he had a motion. | been taken over by the 5% because you show it in the 5% reduction if they choose to take that option and reduce our appropriations by 5%. As Mr. Collier said that is Item 25 in TDCJ's reply in asking for an exemption, but we don't know the answer yet.<br><br>There were some further discussions between Dr. Raimer, Dr. Griffin, and Mr. McNutt.<br><br>Dr. Griffin asked if any further discussion.<br><br>Mr. Nelson excused himself but he didn't listen close enough at the beginning of your motion. The use of the funds as Dr. Raimer mention the unfunded carry over deficit from previous biennium's and the 12 million dollars that remains a hole in your budget. Wanted to make sure that your not proposing that any of this 18 million or 20 million that's going to be spend forward be used to pay for the deficit carry over from 2007, 2008. This money is | Mr. Elger noted, Mr. Chairman, at this time, as per SB1, Article V, TDCJ Rider 83, Page V-28, I would like to make a motion for the Correctional Managed Health Care Committee to seed approval from the Governor and the Legislative Budget Board to transfer funds from fiscal year 2011 to 2010.<br>The motion would be to move $18 million for UTMB and the authority to move $2 million for TTUHSC at a later date if TTUHSC determines the need exist. The Correctional managed Health Care Committee staff is instructed to assist with whomever necessary in completion of the transfer. Dr. Jumper seconded the motion. |

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| **IX. Managed Health Care Appropriation Transfer Between Fiscal Years, Rider 83 of TDCJ Appropriations Article V, 81st Legislature (cont.)** | | only going to be used from deficit that had occurred since September 1, 2009, is that correct.<br><br>Mr. Elger responded that was correct.<br><br>Dr. Raimer also confirmed that was correct. He also added that some of those expenses could be related to Hurricane Ike in 2009. We are looking at other avenues with the State to seek if there were programs that may involve federal dollars. So we're actually trying to be a good player with the state to not depend on the state to find us resources. I did receive some information yesterday that's moving along.<br><br>More discussion with Mrs. Lord, Dr. Raimer and Dr. Linthicum was heard on whether the employees of Hospital Galveston were paid during Hurricane Ike. It was explained that services were not provided at the hospital for a short time. The patients were disbursed to other hospitals for treatment and treated as off-site treatment. This years budget, little of any of that budget overruns are from Hurricane Ike. Hospital Galveston came back on board around January 1st or 3rd.<br><br>Dr. Griffin added that it was his understanding that the staff was kept on at full pay. No one was furloughed or released from service from the university and everyone continued to receive a check.<br><br>Dr. Linthicum said that Hospital Galveston was shut down.<br><br>Dr. Griffin said he wasn't talking about the facility; he was talking about the people that run the facility.<br><br>Dr, Linthicum said no they weren't there.<br><br>Dr. Murray added that once the hospital | |

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| **IX. Managed Health Care Appropriation Transfer Between Fiscal Years, Rider 83 of TDCJ Appropriations Article V, 81st Legislature (cont.)** | | closed down, they tried to improve services at the Carole Young facility. We opened up nursing positions to bring some of the displaced hospital employees who were really not part of the CMC budget; they are at UTMB's expense. That is the only move we made after the hospital shut down was to bring some of those nurses over to the facility to ramp up the level of care that we might have been able to provide there.<br><br>Dr. Griffin added that there were people that were fired because of the hurricane.<br><br>Dr. Raimer stated that there were almost 3,000.<br><br>Dr. Griffin said that they did not receive a check and that needs to be clear, because it does not show up anywhere in terms of accounting issues. | Now I'll restate the motion that has been seconded, pursuant to SB1, Article V, TDCJ Rider 83, that we move $18 million for UTMB and the authority to move $2 million for TTUHSC at a later date if TTUHSC determines the need exist. And ask the state leadership for that permission.<br>The process being the LBB, The Governor's Office and CMHCC. Those are the three individuals that it has to go thru. The motion passed by unanimous vote. |
| | Dr. Griffin asked if there were any further questions or comments on this motion. | Additional discussions were had<br><br>Dr. Griffin asked that in anticipation of this request that UTMB work very closely with the committee staff in terms of the structure of make sure all the points of the narrative be put forth. I think some of the things that Dr. | |

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| | | Raimer has shared with us need to be in that. Because that's one document, they are going to read very closely where in a legislative cycle there are thousands of pages that are moved. But this document will be read by the top leadership of the state. And so it's a chance to get that singular quiet moment for your message to get thru. | |
| **X. Medical Director's Reports**<br><br>- **Owen Murray, D.O. (UTMB)**<br><br>- **Larry Elkins (UTMB)**<br><br>- **Lannette Linthicum, M.D.**<br><br>- **Operational Review Audit**<br><br>- **Grievances and Patient Liaison**<br><br>- **Quality Improvement Access to Care Audits**<br><br>- **Capital Assets Monitoring** | Dr. Griffin then called on Dr. Murray for the medical director's report.<br><br>Dr. Murray noted that he voted his time to Dr. Horton who will be doing a dental presentation. And that he didn't anything else to add from what he presented earlier.<br><br>Mr. Elkins also did not have anything else to add from what he reported earlier.<br><br>My report is on pages 104 – 142. During the fourth quarter of FY 2009, Dr. Linthicum reported that eight facilities were audited and those results are available on pages 104 & 105 of the agenda packet.<br><br>She then reported that the Grievances and Patient Liaison Program and the Step II Grievance Program received a total of 3,021 correspondences. Of the total number of correspondences received, 415 or 13.74% action requests were generated.<br><br>Quality Improvement / Quality Monitoring staff performed 34 access to care audits for this quarter. A total of 306 indicators were reviewed and 11indicators fell below the 80% threshold.<br><br>The Capital Assets Contract Monitoring Office audited eight units during this quarter and these audits are conducted to determine compliance with the Health Services Policy and State Property Accounting policy inventory procedures. Audit findings concluded the eight units audited were within the compliance range. | | |

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| **X. Medical Director's Reports (cont.)**<br><br>- **Office of Public Health** | Dr. Linthicum next reported that the Office of Preventive Medicine monitors the incidence of infectious diseases for TDCJ. For the first quarter of FY 2010, there were 165 cases of suspected syphilis; 549 Methicillin-Resistant Staphylococcus Aureus (MRSA) cases were reported compared to 327 during the same quarter of FY 2009. There was an average of 24 Tuberculosis (TB) cases under management per month during this quarter, compared to an average of 23 per month during the first quarter of the FY 2009.<br><br>Dr. Linthicum then stated that the Office of Preventive Medicine's Sexual Assault Nurse Examiner (SANE) Coordinator provided five training sessions, attended by six facilities with 34 medical staff trained.<br><br>Currently, Peer Education Programs are available at 108 of the 112 facilities housing CID offenders. | | |
| - **Mortality and Morbidity** | The Mortality and Morbidity Committee reviewed 103 deaths. Of those 103 deaths, 8 were referred to peer review committees and 1 was referred to utilization review. | | |
| - **Mental Health Services Monitoring** | The Mental Health Services Monitoring and Liaison with County Jails identified 49 offenders with immediate mental health needs prior to TDCJ intake.<br><br>Dr. Linthicum added that the MHMR history was reviewed for 19,530 offenders brought into TDCJ-ID/SJ. Intake facilities were provided with critical mental health data, not otherwise available for 2,724 offenders. 3,105 Texas Uniform Health Status Update forms were reviewed which identified 891 deficiencies. There were 276 offenders with high risk factors (very young, old, or long sentences) transferring into the Correctional Institution Division interviewed which resulted in 19 referrals.<br><br>During the first quarter of FY 2010, 21 Administrative Segregation facilities were audited, 4,136 offenders were observed, 2,581 of them interviewed, and 6 offenders referred to the university providers for further | | |

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| | evaluation.<br><br>We are also very involved now in the Special Need Substance Abuse Felony Punishment Program (SAFP). The staff in my office is actually looking at all offenders discharged from Special Needs SAFP facilities and we are coordinating between the university providers and offender for the rehabilitation program services. | | |
| **X. Medical Director's Reports (cont.)**<br><br>- **Clinical Administration** | During the first quarter of FY 2010, 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 108- 109 of the agenda packet. We continue to have some issues with documentation but it has really much improved over the years. Then a few that were unstable discharges had to be returned | | |
| - **Accreditation** | Dr. Linthicum next reported that there were no ACA accreditations during this quarter. | Dr. Raimer said that he knew that Dr. Linthicum had done a lot nationally on the issues of prison sexual assaults. How do the Texas numbers compare to other states. | |
| - **Biomedical Research Projects** | Dr. Linthicum concluded by stating that the Biomedical Research Projects summary shoes that we have 8 projects and one that is pending. The Correctional Institutions Division has 31 research projects and 6 pending. | Dr. Linthicum answered that actually the ombudsman's office that keeps all those stats. If you look at the SANE Coordinator in my report for the first quarter for FY2010 on page 106, it shows that here have been 172 chart reviews of allegations.<br><br>Dr. Raimer asked if she was pleased with the results.<br><br>Dr. Linthicum replied that she was and that they had a Safe Prisons Program that is really multi disciplinary, lots of collaboration with the security side, the ombudsman, health service, mental health staff, program staff, etc. So I think as a system, we are light years ahead of a lot of systems.<br><br>Dr. Griffin asked if that was federal and has it had any impact on these numbers or is that something that will impact these numbers. | |

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| **X. Medical Director's Reports (cont.)** | | Dr. Linthicum answered that it has because a lot of our programming has been based on what's come out of Career and other conventions.<br><br>Mr. Nelson had a question on operational review audits and unbearably there are units that do not comply and what do you do following the audit to get them in compliance and ensure that they will stay in compliance.<br><br>Dr. Linthicum replied that at the last meeting she had brought in samples of their corrective action process. Dr. Linthicum proceeded to discuss the process in further discussions with Mr. Nelson, Mrs. Lord, and Mrs. Lord also asked about H1N1.<br><br>Dr. Griffin asked Dr. Linthicum to add in the briefest concise way a permanent attachment to her report that talks about the Corrective Action Plan. Because if you ever see this apart from that, there's always a distant all these things what are they doing. Just a one page attachment that when we see these things, this is the process because if any singular individual sees this for the first time they can see the basics of this plan. | |
| **XI Joint Work Group Committee Overview: Dental Work Group**<br><br>**- Billy Horton, D.D.S.** | Dr. Horton stated that his presentation began on page 112 of the agenda packet. They have three Committee Membership Dental Directors which are; TDCJ, Dr. Hirsch, TTUHSC, Dr. Tucker and himself for UTMB. They also have UTMB Associate Dr. Reinecke, district dental directors, specialty coordinators, Manager, Dental Hygiene Program, Pam Myers, RDH and others that are invited when applicable.<br><br>The Dental Work Group Committee is scheduled to meet every two months. The System Dental Directors and TDCJ Dental Director will be meeting quarterly on the same day as the System Leadership Council. In addition to that we touch base at least once a week.<br><br>Our main Committee Functions are; provide oversight | | |

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| **XI Joint Work Group Committee Overview: Dental Work Group (cont.)** | of the Dental Program to assure quality and humane care is provided at reasonable costs, policy review and revision, clinical audit reports: TDCJ Operational Review and Dental Quality of Care Audits, ACA accreditation findings and reports, University Quality Assurance Audits and Monthly Audits of each facility.<br><br>Policy/Process Change: based on scientific and professional advancement/recommendations, literature review of professional journals, recommendation/parameters for care developed by professional groups; American Dental Association, American Dental Hygiene Association, and Specialty Groups.<br><br>University Quality Assurance Audits objectives are: a treatment plan is present for those who request routine care, the plan includes all aspects of care for which the patient is eligible, and oral hygiene/preventive care is a component of the plan. Priority 1 is urgent care such as pain, swelling, infection, bleeding and anything leading to a life threatening situation and they are suppose to received definitive care within fourteen days of the exam and Priority 2 is interceptive care such as tooth decay, so that we may intercept it before they loose a tooth. And all offenders are eligible for Priority 1 and 2 care. We also have Priority 3 care which is for dentures, and we provide them when they are a medical necessity. Then Priority 4 is routine dental care such as cleaning, fillings, things of that nature and the offender is eligible for this when he has been incarcerated for more than one year. And then Priority 5 is when all care has been completed. Priority 1 and 2 needs are addressed at the sick call visit, a definitive periodontal type is established, and all patients scheduled for a dental follow up have care initiated within established time frames.<br>Dental Resources Utilization we have monthly reports, statistical data on productivity on facility, district, and university. We do staffing reports, non compliance reports and access to care reports.<br><br>Dental Services Manual Review we update dental procedures. We have same schedule as CMC Policy & Procedures Committee. We do process improvement | | |

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| **XI Joint Work Group Committee Overview: Dental Work Group (cont.)** | with CMC policy change, dental subcommittee, staff suggestions, EMR, equipment or other technological change, and State Board of Dental Examiners/Occupations Code.<br><br>Additional Topics we discuss are: TDCJ/University updates, Director Reports, District Director Reports, Specialty Coordinators, and Dental Hygiene Program Manager.<br><br>Dr. Horton asks if anyone has any questions or comments. | Mr. Collier asked in your relation to dentures how many are done, how many are requested, and how many are actually delivered.<br><br>Dr. Horton replied that at UTMB they did it a little different than Tech. UTMB has a review board and whenever a dentist had a patient that was eligible, he'll go ahead and have a physician sign off on the paperwork and he'll also follow the patients' weight and look into putting him on a blended diet. Anyway the process is the dentist sends all the information thru the committee, the committee reviews it and then decides whether or not we need to approve it or not. We do keep those statistics and we supply them to Dr. Hirsch.<br><br>Mr. Collier stated that the question that he really had is the dentures that are actually ordered the delivery to the offenders are matching up, how long is the process.<br><br>Dr. Horton answered it's usually 90 to 120 days. One of the biggest problems we've had | |

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| **XI Joint Work Group Committee Overview: Dental Work Group (cont.)** | | is from the time mail leaving the mailroom to get to the lab. The lab will have a 2-3 day turn around and it still takes 15 days to get back into the dental clinic, so there are still some issues.<br><br>Dr. Linthicum added that was part of their monitoring and I have asked Dr. Hirsch for information on what's being ordered and what's being denied. So, is that already available to us.<br><br>Dr. Horton answered yes it is available; I've had to go back for several years.<br><br>Dr. Linthicum said that she would like that information to go to Mr. Collier.<br><br>Dr. Griffin added that he would also like a copy for the committee staff.<br><br>Dr. Linthicum added that what is really a concern to her in terms of their monitoring function is the time frame that it takes to get the dentures. One of the things that I have done is talk to Mr. Hazelwood with industry about the possibility of us trying to do a dental lab and he is very receptive of the idea and wants to meet with all of us.<br><br>More discussions were had on dental issues such as labs used and time issues, etc.<br><br>Mrs. Lord asked what was the logic on no dental care for the first year unless it's an emergency. It seems to me you could save a lot of money if you start taking care of things at the beginning.<br><br>Dr. Horton answered a lot of the offenders that come in have sentences that are less than a year. If you allow everybody within their first to have dental care, you might flood the | |

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| **XI Joint Work Group Committee Overview: Dental Work Group (cont.)** | | system and we don't have the staff.<br><br>Mrs. Lord said that she didn't think we had that many that would be in for less than year.<br><br>Dr. Linthicum added that would only be in a state jail. Dental care is a litigious area historically with correctional health care. We struggle the medical directors constantly on what is the right thing to do. One of the things Mrs. Lord is prior to doing a lot of dental work a person has to be motivated to take care of the work that has been done. So, this delay thing waiting for a year is seeing if the offender is going to brush their teeth, floss, and doing what is necessary because once you start doing restorative type work. Because what happens is once you do restorative work and they don't brush, they don't floss, they end up coming right back at ground zero.<br><br>More discussions were had on dental oral hygiene and procedures on incoming inmates, staff and staffing issues.<br><br>Dr. Linthicum added that she did have one concern that she discussed with Dr. Hirsch one of the Dental Directors that she thinks it's time for us to look at this whole criteria for dentures as a medical necessity and the criteria we're using and have asked him to do a literature search. The problem is there's not much out there in terms of a literature search that we can hang our hat on in terms of established national criteria. But right now they are looking at BMI for criteria if someone gets dentures.<br><br>Dr. Horton states that he wanted to defend the system a little bit. Teeth are basically the first process in the digestive process. And they are meant to masticate and to grind and chew up your food. We have an opportunity if they don't have dentures and they are not able to eat soft food off the main food line to give | |

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| **XII. Financial Report**<br><br>**Lynn Webb** | Dr. Griffin next is Financial Reporting Update presented by Mr. Webb.<br><br>Mr. Webb stated that the financial summary will cover all data for the 1st Quarter FY 2010 ending November 30, 2009. Quarterly Information for 1st Quarter FY 2010 (Tab G)<br><br>Population Indicators on pages 132 and 133<br>As represented on (Table 2 and page132), the average daily offender population has increased slightly to 151,551 for the 1st Quarter Fiscal Year 2010. Through this same quarter a year ago (FY 2009), the daily population was 150,760, an increase of 791 or (0.52%).<br><br>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 11,574 as of 1st Quarter FY 2010. This is an increased of 850 or about 7.9% from 10,724 as compared to this same first quarter a year ago.<br><br>The overall HIV+ population has remained relatively stable throughout the last two years at 2,430 through 1st Quarter FY 2010 (or about 1.60% of the population served).<br><br>The two mental health caseload measures have remained relatively stable:<br>1). The average number of psychiatric inpatients within the system was 1,927 through the 1st Quarter of FY 2010. This inpatient caseload is limited by the number of available inpatient beds in the system.<br>2). Through the 1st Quarter of FY 2010, the average | them a blended diet. Dr. Hirsch himself did try one of the blended diets which is all of your fruits, vegetables, or whatever blended individually and it really wasn't that bad and when you do give a blended diet they may not like it but that is the first part of the digestive process.<br><br>More discussions were had on dentures and the bones ridges in you mouth how whether you have dentures or not the bone absorption will still happen. It's like a hill with a tree and its roots. It keeps the hill there. You take the tree away the hill will eventually flatten out. The same thing with the bone, you have teeth there in the bone, as soon as you take the teeth out the bone starts to absorb, so putting dentures in is not going to help prevent the bone from absorbing. | |

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| **XII. Financial Report (cont.)** | number of mental health outpatient visits was 19,744 representing 13.0% of the service population.<br><br>Health Care Costs (Table 3 and page 134 and 135)<br>Overall health costs through the 1st Quarter of FY 2010 totaled $139.9M. On a combined basis, this amount is above overall revenues earned by the university providers by approximately $8.975M or 6.9%.<br><br>UTMB's total revenue through the first quarter was $104.3M; expenditures totaled $112.4M, resulting in a net shortfall of $8.1M.<br><br>Texas Tech's total revenue through the fourth quarter was $26.6M; expenditures totaled $27.5M, resulting in a net shortfall of $899K.<br><br>Examining the healthcare costs in further detail on (Table 4, 4a of page 136 and 137) indicates that of the $139.9M in expenses reported through the 1st Quarter of FY 2010:<br>Onsite services comprised $65.1M, or about 46.5% of expenses:<br>Pharmacy services totaled $14.1M, about 10.1% of total expenses:<br>Offsite services accounted for $45.7M or 32.7% of total expenses:<br>Mental health services totaled $12.2M or 8.7% of the total costs: and<br>Indirect support expenses accounted for $2.7M, about 2.0% of the total costs.<br><br>As requested at our last quarterly meeting Table 4a was constructed to give everyone the breakout of expenses by the UTMB and Texas Tech Sectors.<br><br>Table 5 and page 138 shows that the total cost per offender per day for all health care services statewide through the 1st Quarter FY 2010, was $10.14, compared to $8.54 through the 1st Quarter of the FY 2009. The average cost per offender per day for the last four fiscal | | |

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| **XII. Financial Report (cont.)** | years was $8.38. As a point of reference healthcare costs was $7.64 per day in FY03. This would equate to a 32.7% increase since FY03 or approximately 5.2% increase per year average, well below the national average.<br><br>Aging Offenders<br>Older offenders access the health care delivery system at a much higher acuity and frequency than younger offenders:<br><br>Table 6 and page 139 shows that encounter data through the 1st Quarter indicates that older offenders had a documented encounter with medical staff a little under three times as often as younger offenders.<br><br>Table 7 and page 140 indicates that hospital costs received to date this fiscal year for older offenders averaged approximately $671 per offender vs. $125 for younger offenders.<br>Regarding hospitalization costs shown in Chart 15, the older offenders were utilizing health care resources at a rate more than five times higher than the younger offenders. While comprising only about 7.6% of the overall service population, older offenders account for 30.8% of the hospitalization costs received to date.<br><br>Also, per Table 8 and page 141, older offenders are represented five times more often in the dialysis population than younger offenders. Dialysis costs continue to be significant, averaging about $21.9K per patient per year. Providing dialysis treatment for an average of 193 patients through the 1st Quarter of FY 2010 cost $1,056,842.<br><br>Drug Costs<br>Please note that Table 9 and page142 shows that total drug costs through the 1st Quarter FY 2010 totaled $10.8M.<br><br>Of this, $4.6M (or over $1.5M per month) was for HIV medication costs, which was about 42.7% of the total drug cost. Psychiatric drugs costs were approximately $.5M, about 4.6% of overall drug costs. Hepatitis C drug costs were $1.2M and represented | | |

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| **XII. Financial Report (cont.)** | about 11.4% of the total drug cost.<br><br>Reporting of Reserves<br><br>It is a legislative requirement that both UTMB and Texas Tech are required to report if they hold any monies in reserve for correctional managed health care.<br><br>UTMB reports that they hold no such reserves and report a total operating shortfall of $8.1M through the end of the 1st Quarter of Fiscal Year 2010.<br><br>Texas Tech reports that they hold no such reserves and report a total operating shortfall of $898,978 through the 1st Quarter FY 2010.<br><br>A summary analysis of the ending balances revenue and payments through November 30th FY 2010, on (Table 10 and page143) for all CMHCC accounts are included in this report. The summary indicates that the net unencumbered balance on all CMHCC accounts on November 30, 2009 was $<5,355.91> due to CMHCC Operating Account personnel changes as compared to budget allocations. The FY2009 unencumbered ending fund balance of $30,072.62 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.<br><br>Financial Monitoring<br>Detailed transaction level data from both providers is being tested on a monthly basis to verify reasonableness, accuracy, and compliance with policies and procedures.<br><br>The testing of detail transactions performed on TTUHSC's financial information for September 2009 through November 2009 resulted in one non-allowable expense discrepancy, and found all tested transactions to be verified.<br><br>The testing of detail transactions performed on UTMB's financial information for September 2009 through October 2009 resulted in two classification error discrepancies and found all tested transactions to be | | |

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| | verified. November 2009 transactions will be reported in the December 2009 Financial Report. | | |
| **XIII. Public Comments**<br><br>- **James Griffin, M.D.** | Dr. Griffin ask if any other comments. Since we have no one that has registered to make public comments. | | |
| **XIV. Date / Location of Next Meeting**<br><br>- **James Griffin, M.D.** | Our next meeting is scheduled for Tuesday, June 8, 2010 at 9:00 a.m. to be held at the Frontiers of Flight Museum. | | |
| **XV. Adjourn** | Dr. Griffin thanked everyone for attending; then adjourned the meeting. | | |

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

Date:

# Consent Item 3

# TDCJ Health Services Monitoring Reports

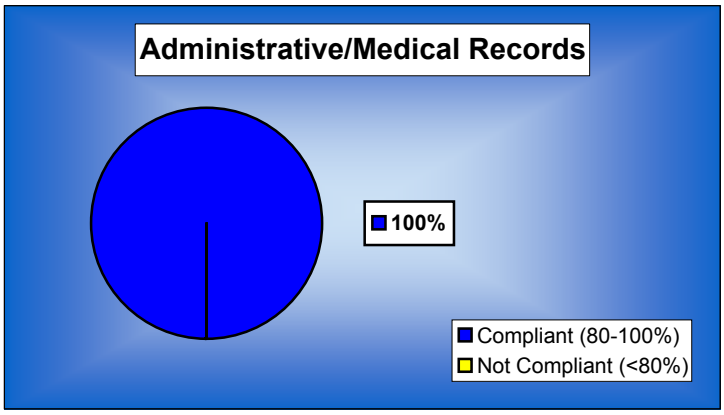
# ATTACHMENT 1

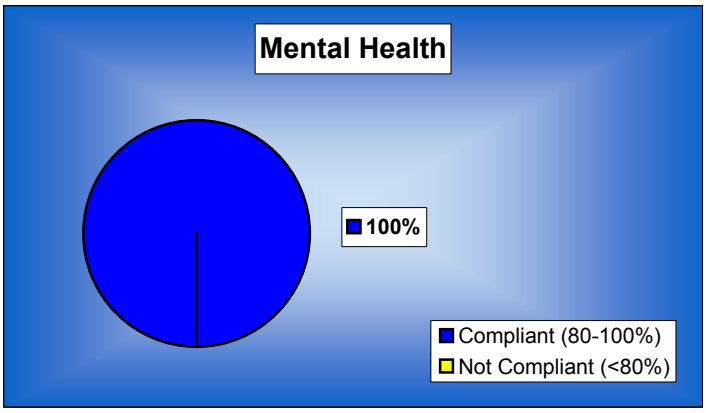
Rate of Compliance with Standards by Operational Categories
Second Quarter, Fiscal Year 2010
December 2009, January and February 2010

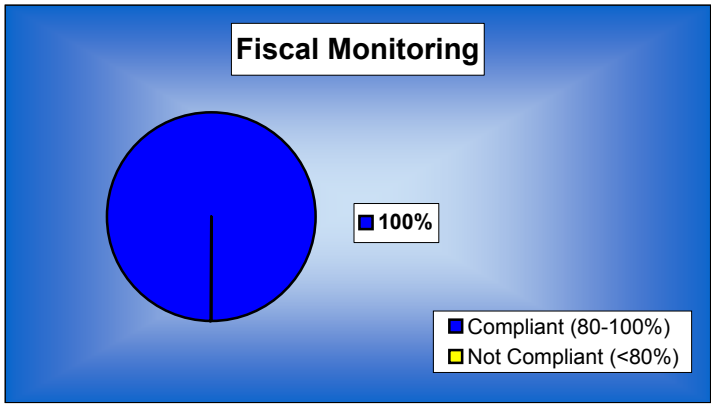
| Unit | Operations/ Administration | | | General Medical/Nursing | | | Coordinator of Infectious Disease | | | Dental | | | Mental Health | | | Fiscal | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | *n* | Items 80% or Greater Compliance | | *n* | Items 80% or Greater Compliance | | *n* | Items 80% or Greater Compliance | | *n* | Items 80% or Greater Compliance | | *n* | Items 80% or Greater Compliance | | *n* | Items 80% or Greater Compliance | |
| Choice Moore | 75 | 75 | 100% | 30 | 21 | 70% | 27 | 26 | 96% | 31 | 30 | 97% | 7 | 7 | 100% | 9 | 9 | 100% |
| Cole State Jail | 75 | 75 | 100% | 34 | 24 | 71% | 29 | 29 | 100% | 31 | 31 | 100% | 17 | 17 | 100% | 9 | 9 | 100% |
| Gurney | 78 | 77 | 99% | 38 | 34 | 89% | 31 | 20 | 65% | 32 | 32 | 100% | 19 | 18 | 95% | 8 | 8 | 100% |
| Jester I | 74 | 74 | 100% | 24 | 22 | 92% | 28 | 16 | 57% | 27 | 26 | 96% | 16 | 16 | 100% | 10 | 10 | 100% |
| Jester III | 74 | 74 | 100% | 42 | 26 | 62% | 29 | 24 | 83% | 29 | 29 | 100% | 14 | 13 | 93% | 9 | 9 | 100% |
| Jester IV | 78 | 77 | 99% | 21 | 17 | 81% | 30 | 22 | 73% | 26 | 24 | 92% | 42 | 35 | 83% | 8 | 8 | 100% |
| Kegans State Jail | 46 | 46 | 100% | 19 | 15 | 79% | 18 | 6 | 33% | 6 | 6 | 100% | 10 | 10 | 100% | 10 | 10 | 100% |
| Lockhart | 71 | 70 | 99% | 29 | 19 | 66% | 32 | 32 | 100% | 21 | 21 | 100% | 17 | 16 | 94% | 10 | 10 | 100% |
| Luther | 71 | 71 | 100% | 38 | 24 | 63% | 27 | 24 | 89% | 21 | 21 | 100% | 25 | 25 | 100% | 8 | 8 | 100% |
| Lychner State Jail | 71 | 70 | 99% | 33 | 23 | 70% | 31 | 7 | 23% | 20 | 20 | 100% | 22 | 20 | 91% | 12 | 12 | 100% |
| Michael | 77 | 76 | 99% | 41 | 33 | 80% | 29 | 17 | 59% | 29 | 29 | 100% | 19 | 17 | 89% | 10 | 10 | 100% |

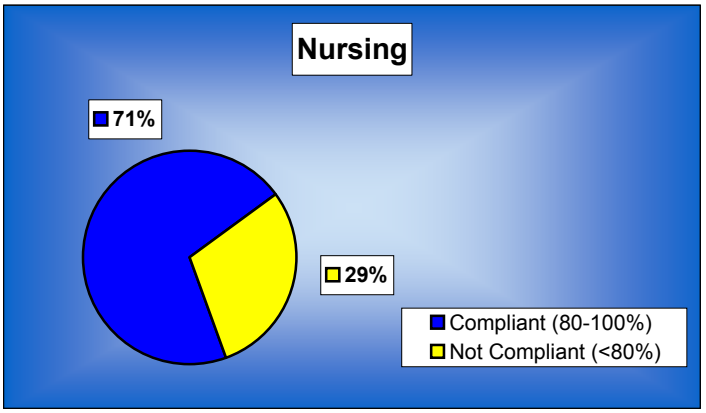
***n* = *number of applicable items audited.***

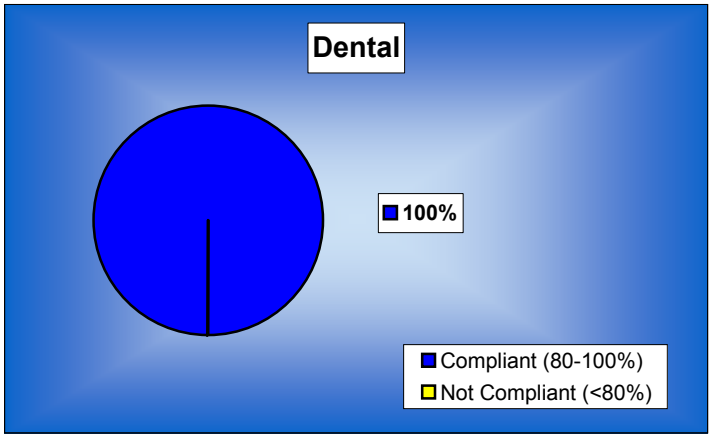
## Compliance Rate By Operational Categories for
# COLE STATE JAIL
### January 6, 2010

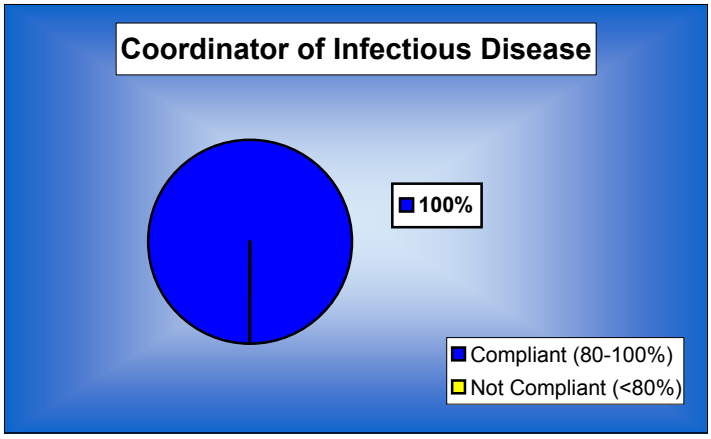


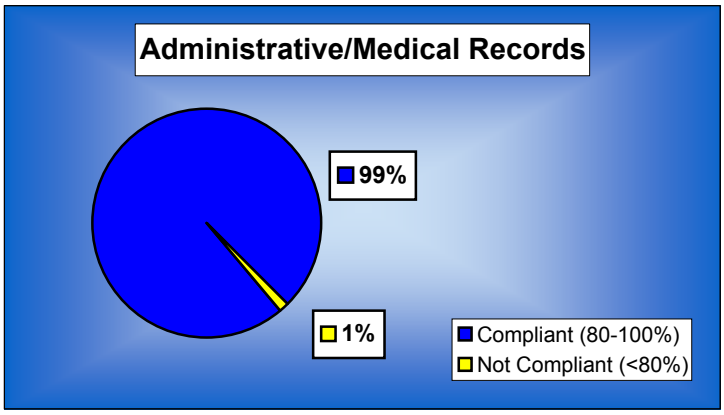



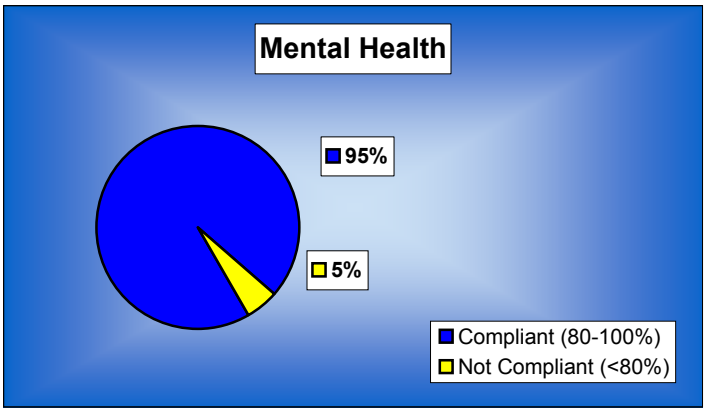



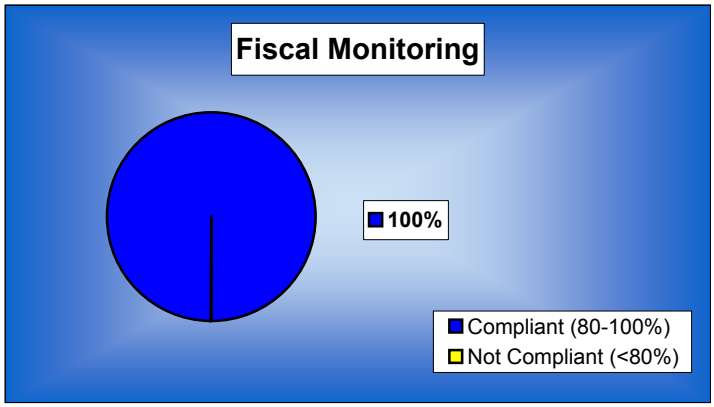



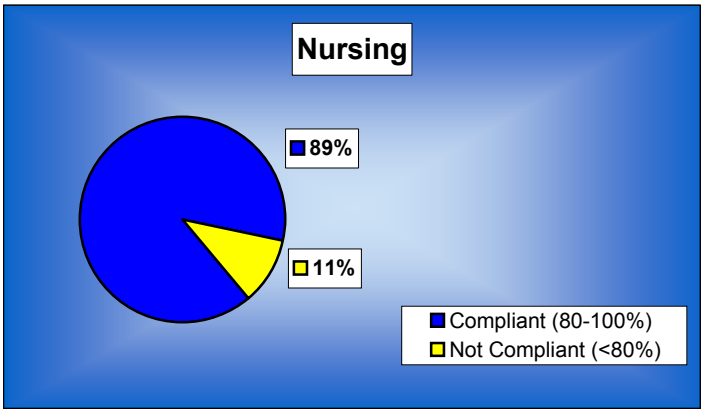



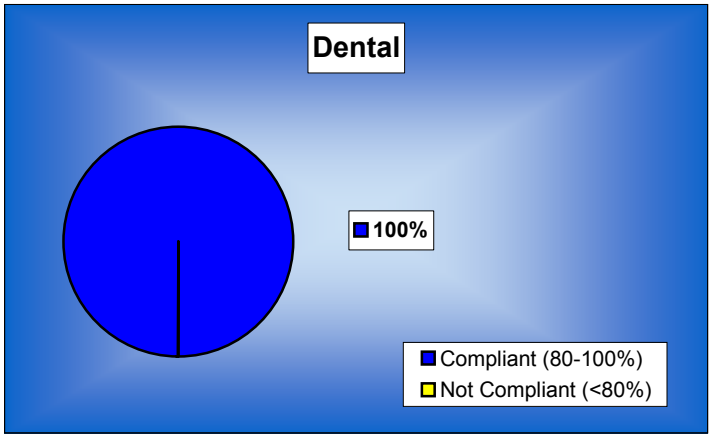
## Compliance Rate By Operational Categories for
# GURNEY FACILITY
### January 6, 2010

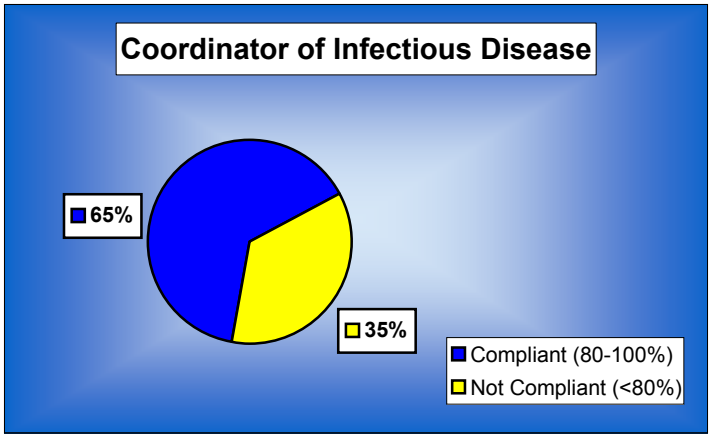


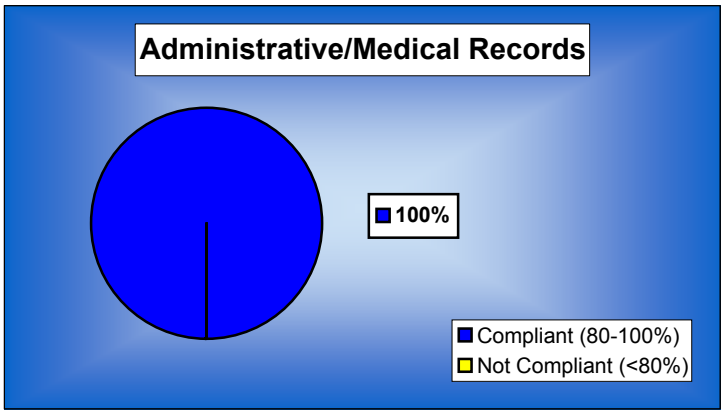



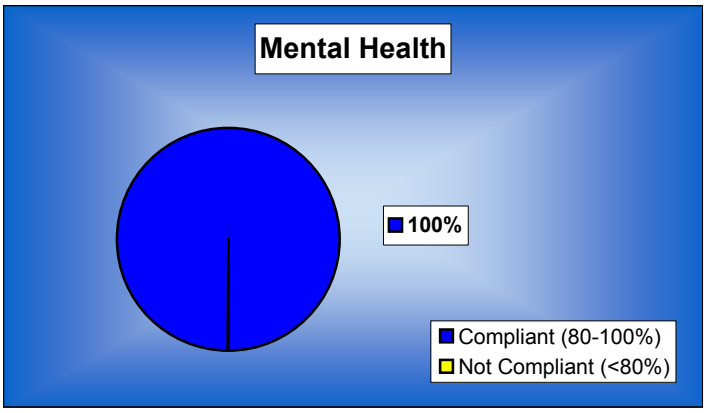



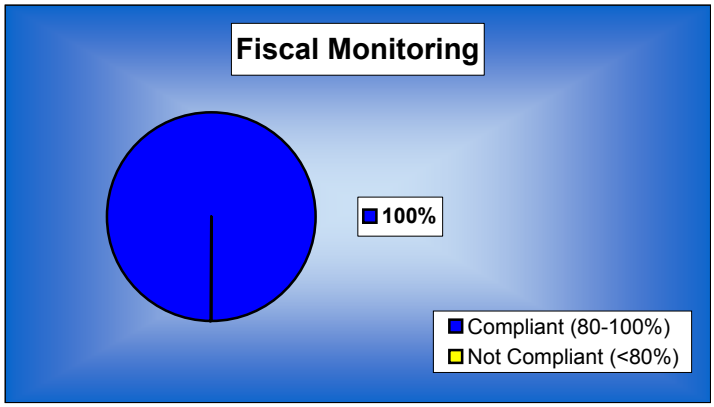



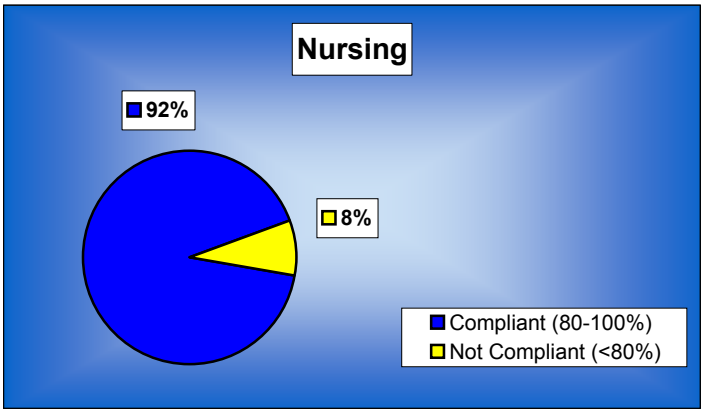



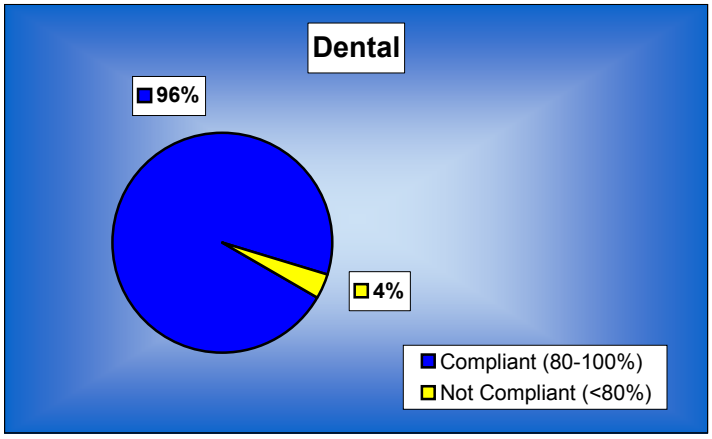
## Compliance Rate By Operational Categories for
# JESTER I FACILITY
### December 7, 2009

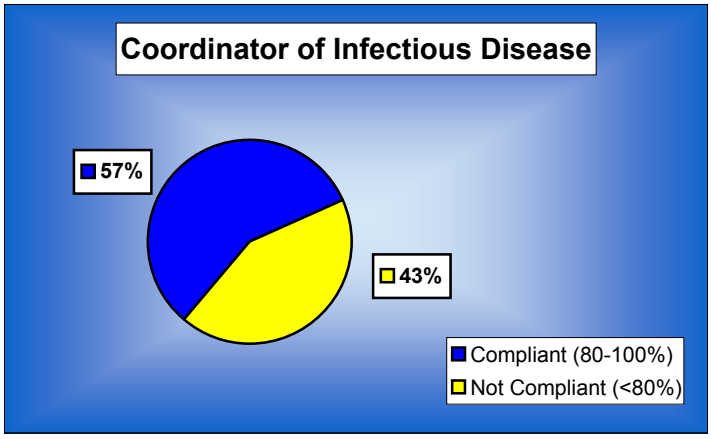


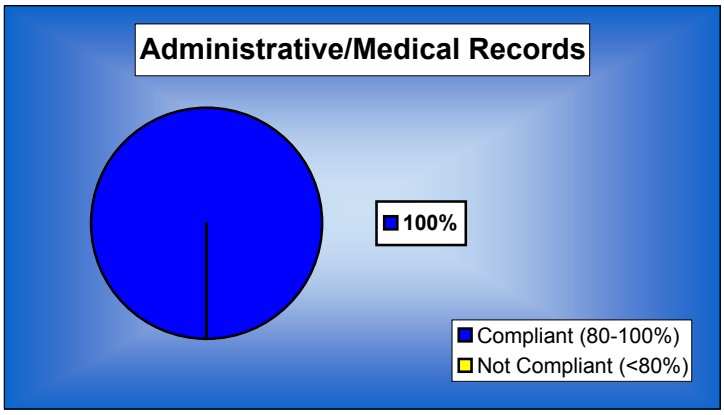



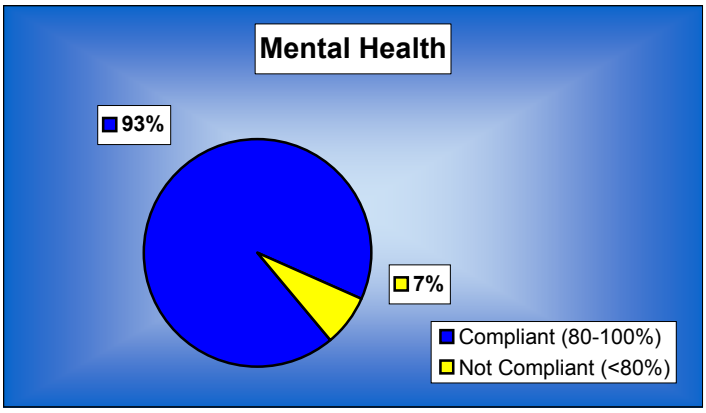



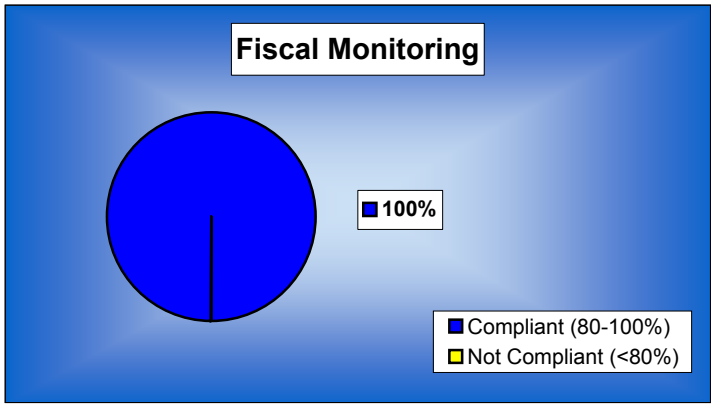



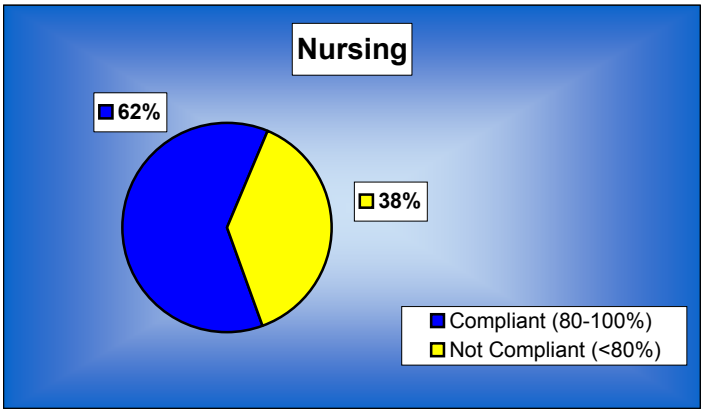



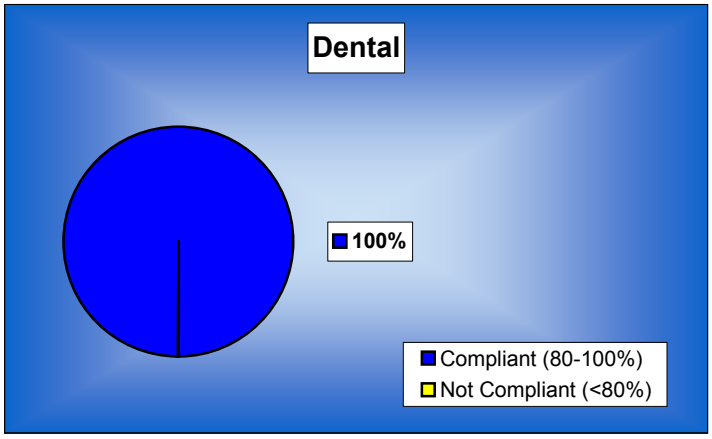
## Compliance Rate By Operational Categories for
# JESTER III FACILITY
### December 8, 2009

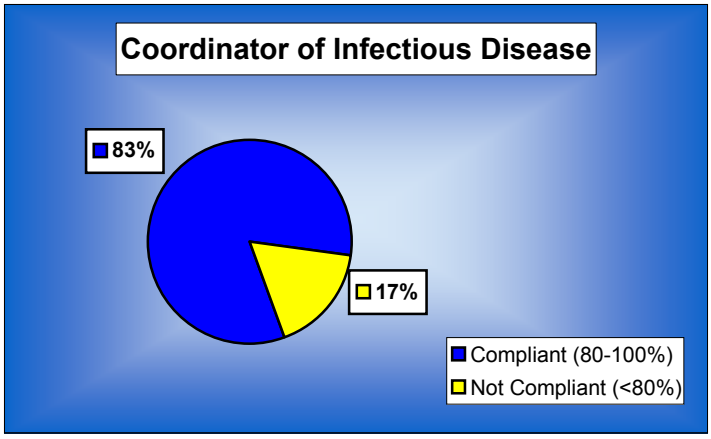


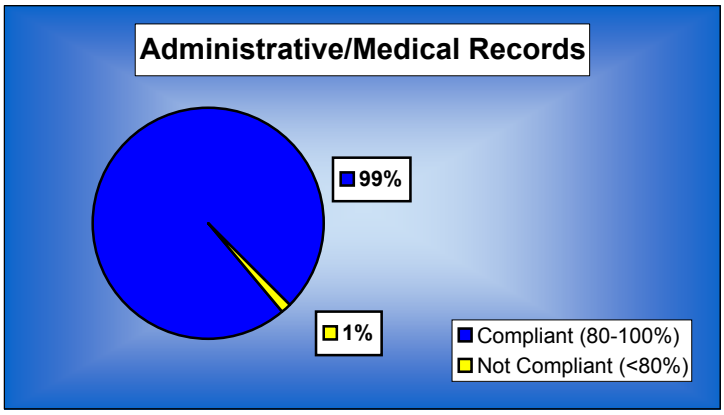



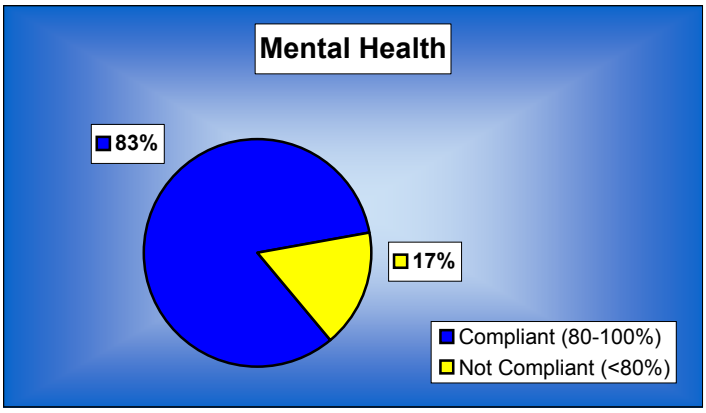



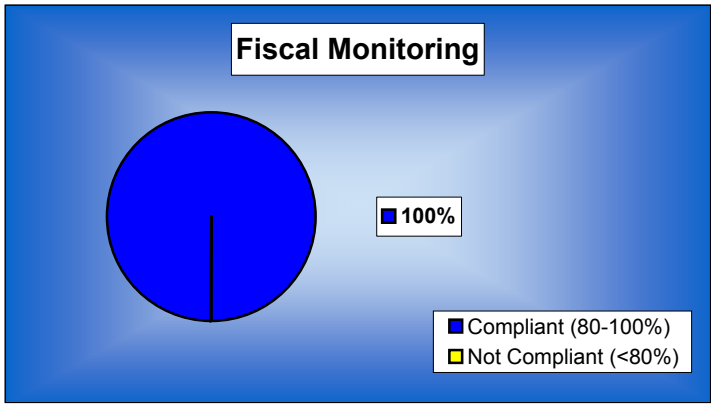



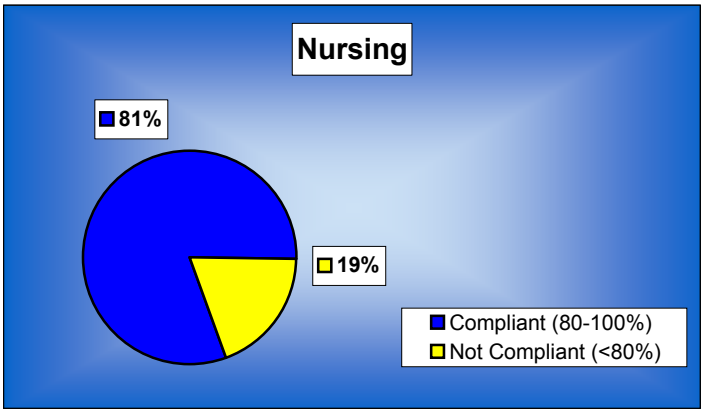



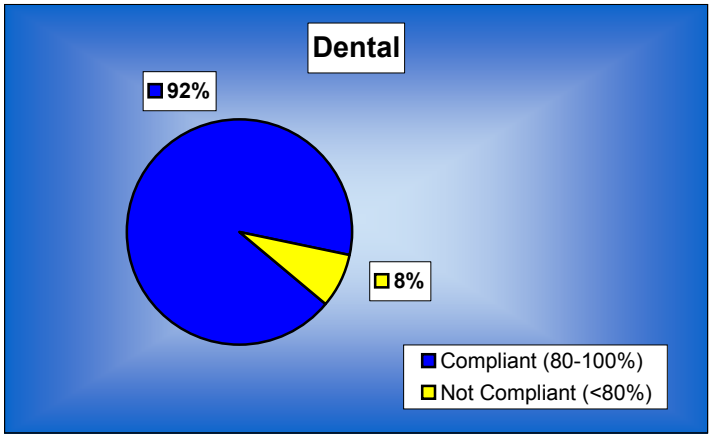
## Compliance Rate By Operational Categories for
# JESTER IV FACILITY
### December 7, 2009

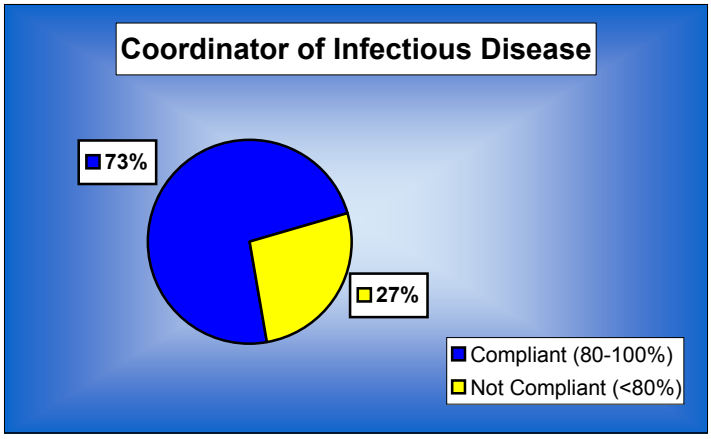


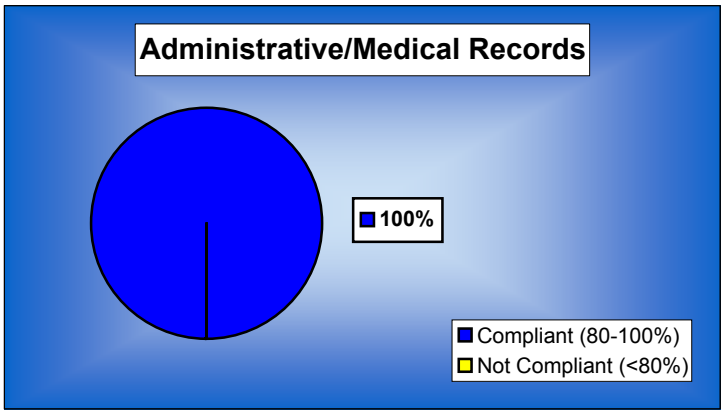



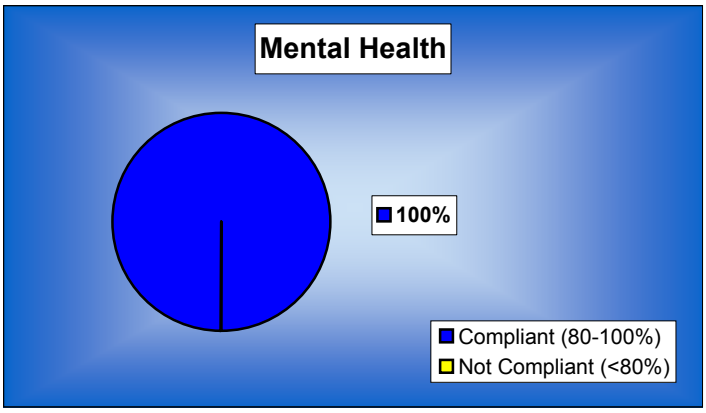



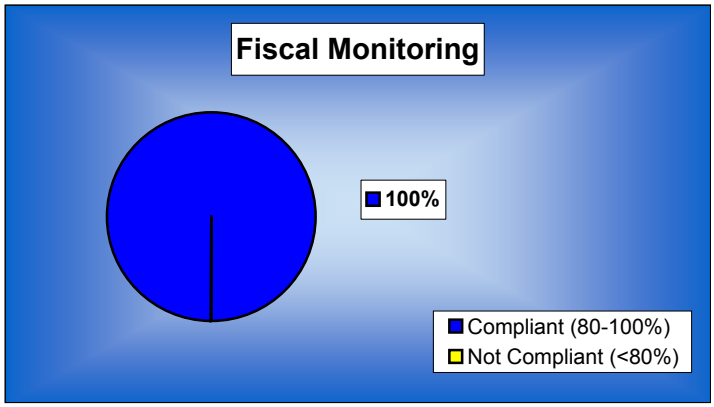



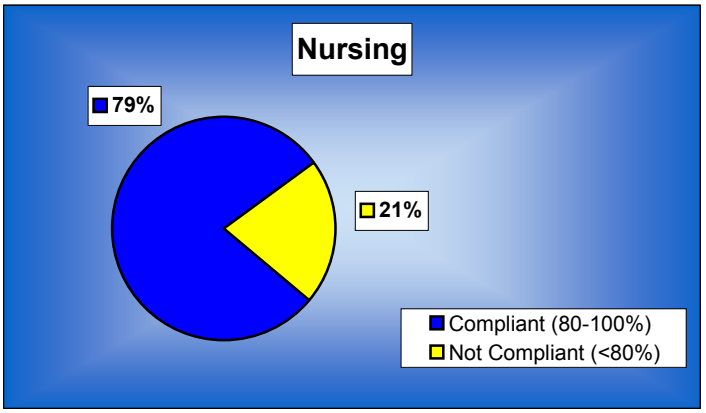



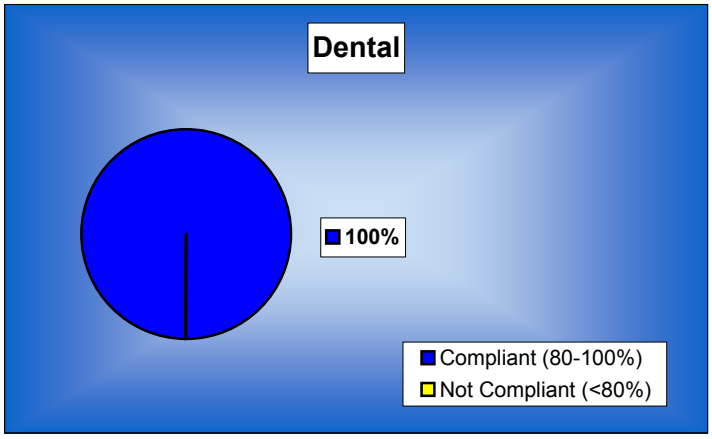
## Compliance Rate By Operational Categories for
# KEGANS STATE JAIL
### February 9, 2010

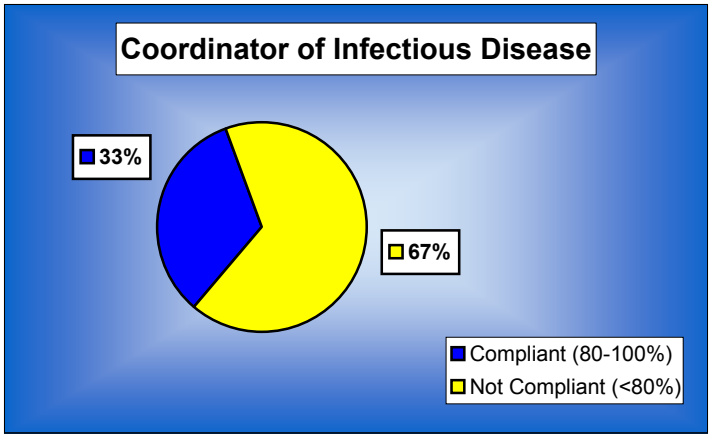


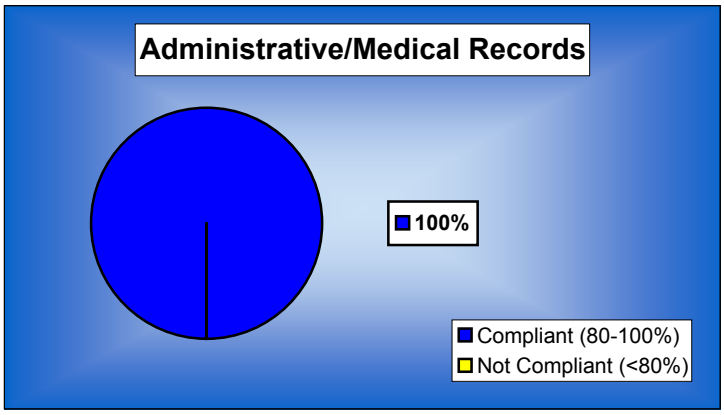



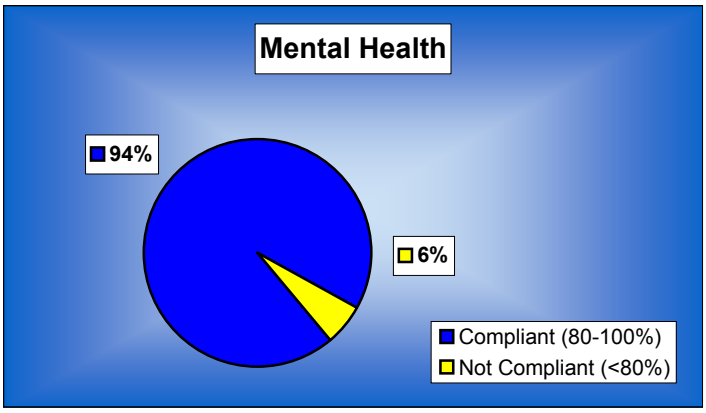



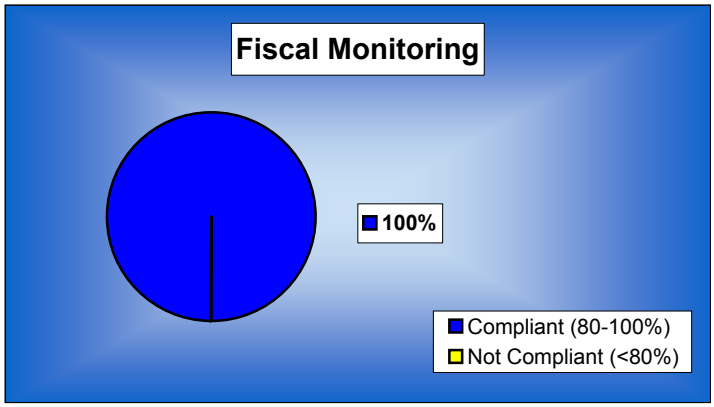



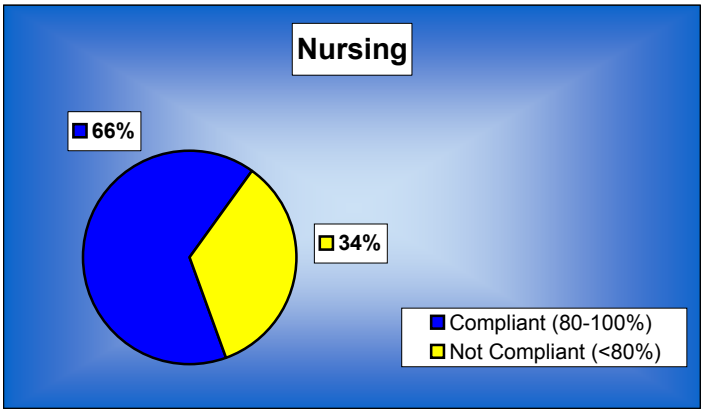



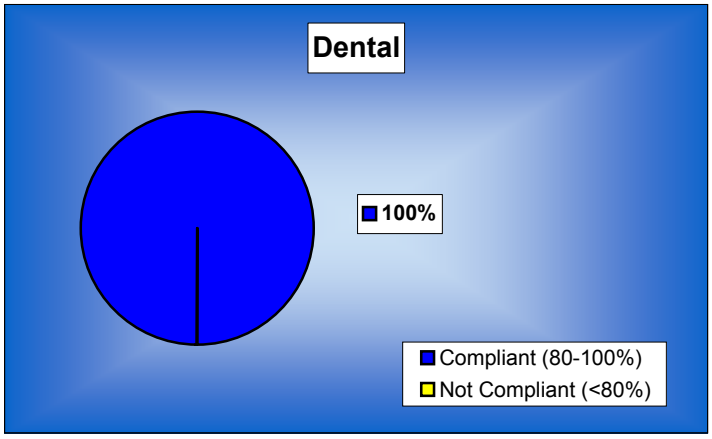
## Compliance Rate By Operational Categories for
# LOCKHART FACILITY
### February 2, 2010

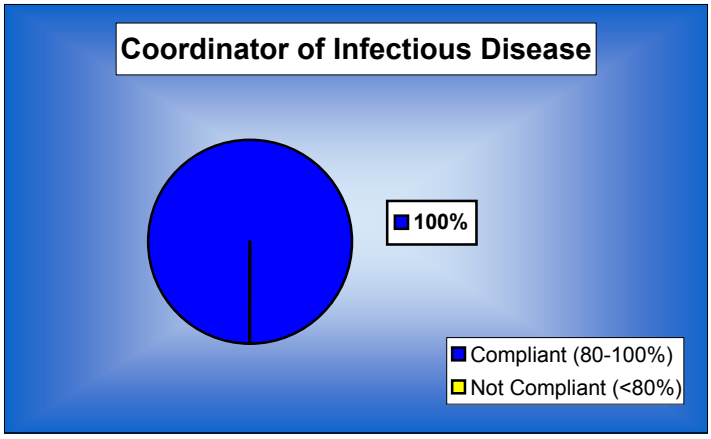


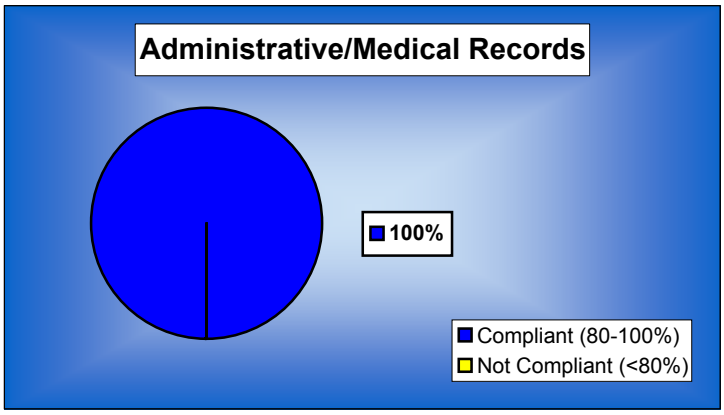



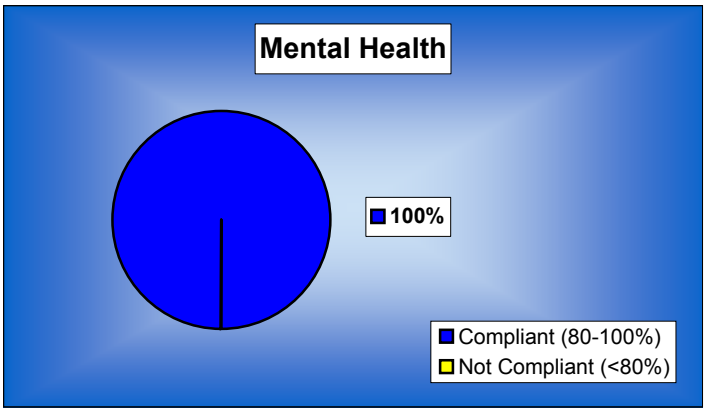



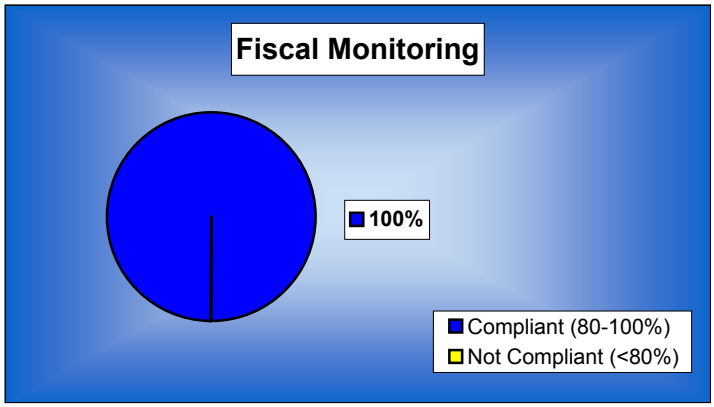



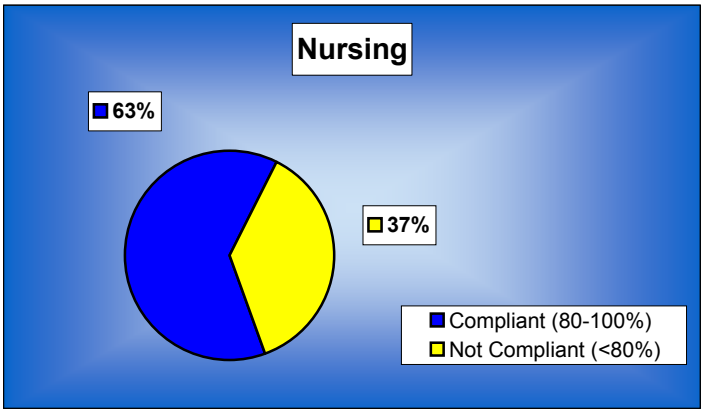



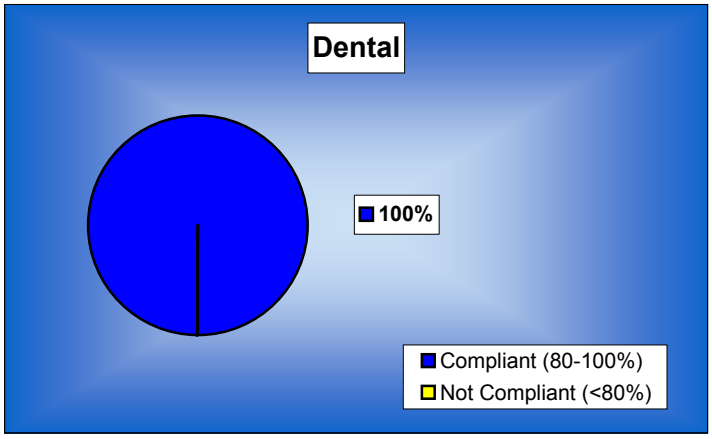
## Compliance Rate By Operational Categories for
# LUTHER FACILITY
### February 4, 2010

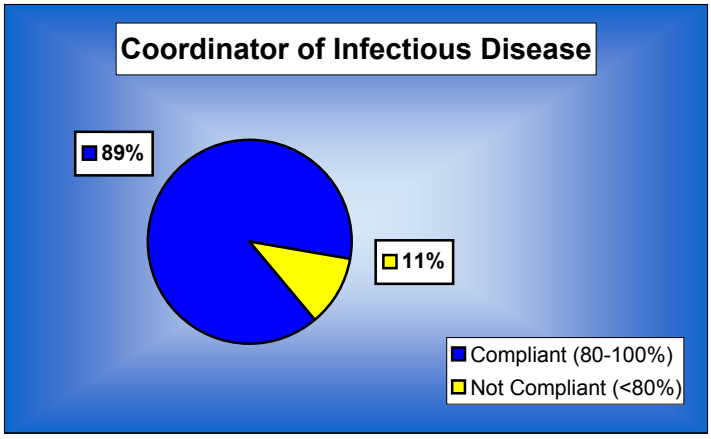


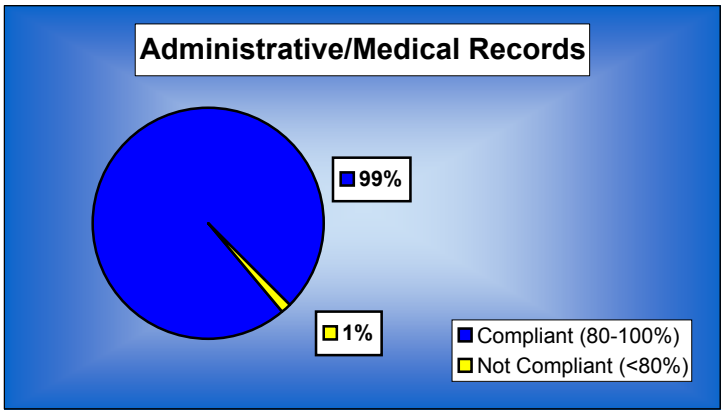



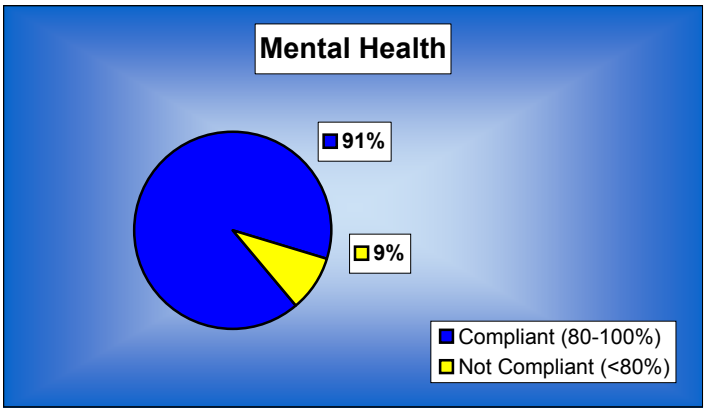



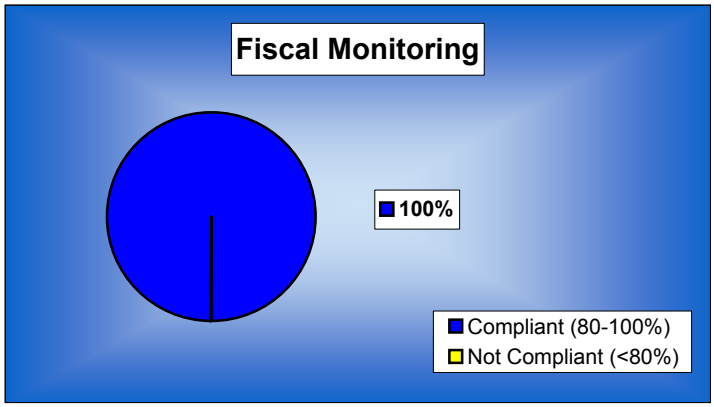



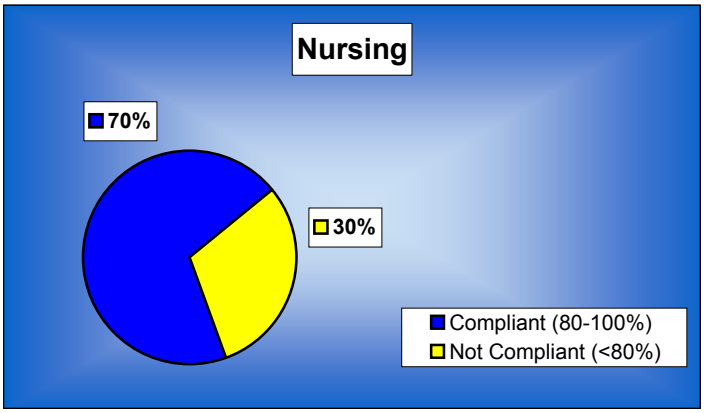



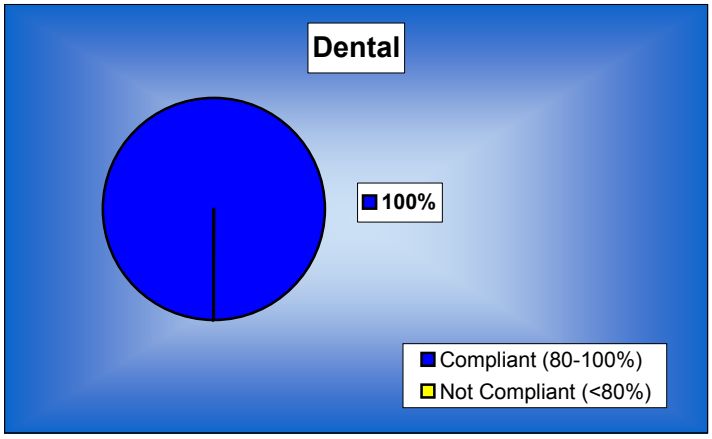
## Compliance Rate By Operational Categories for
# LYCHNER STATE JAIL
### February 3, 2010

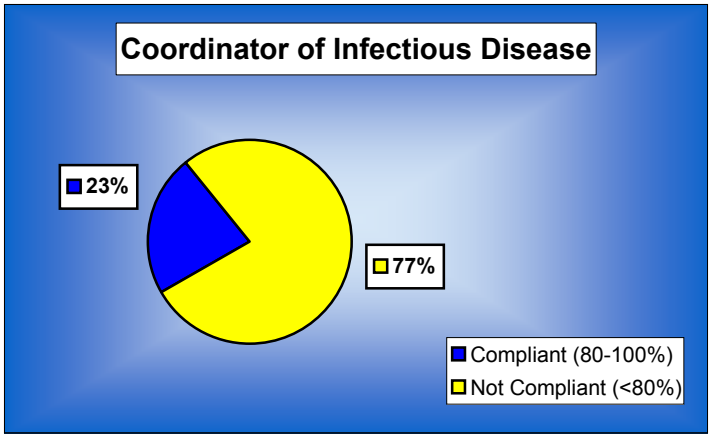


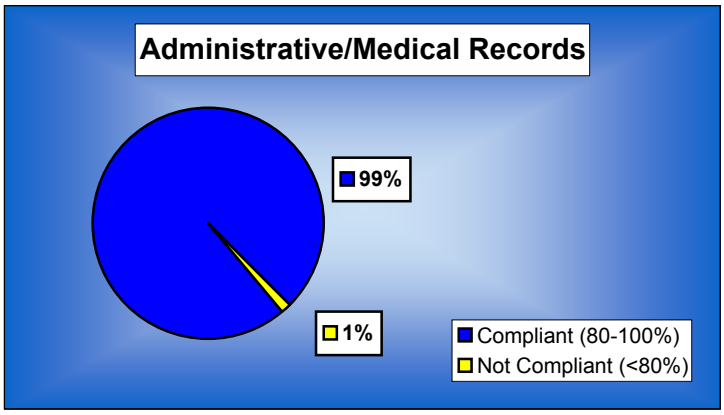



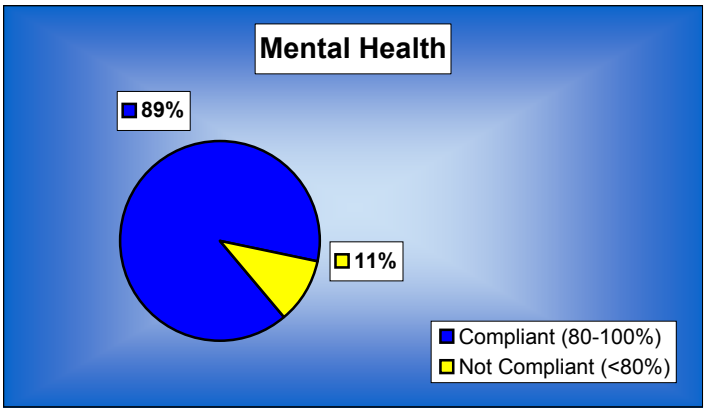



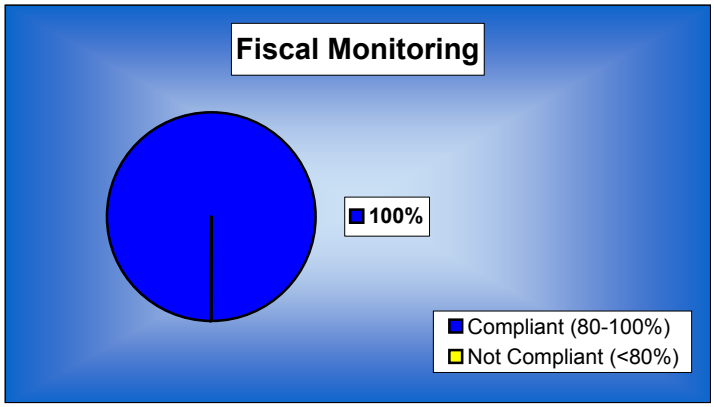



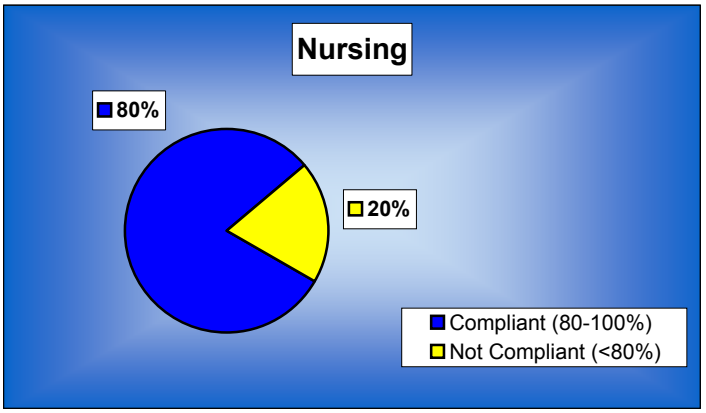



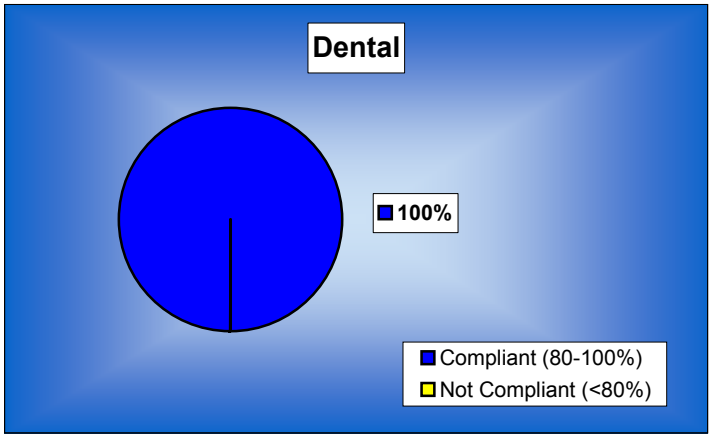
## Compliance Rate By Operational Categories for
# MICHAEL FACILITY
### January 5, 2010

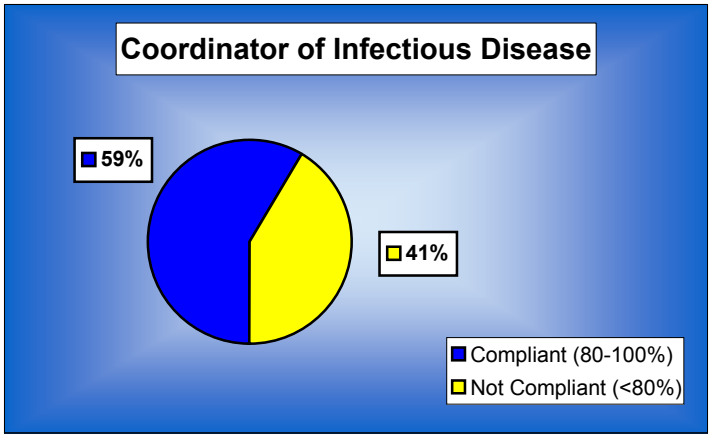


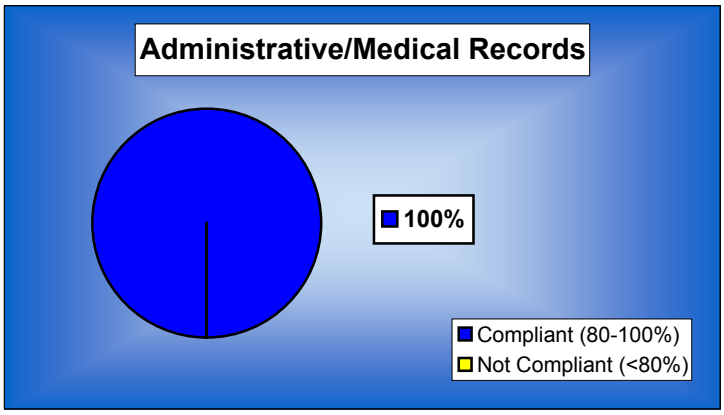



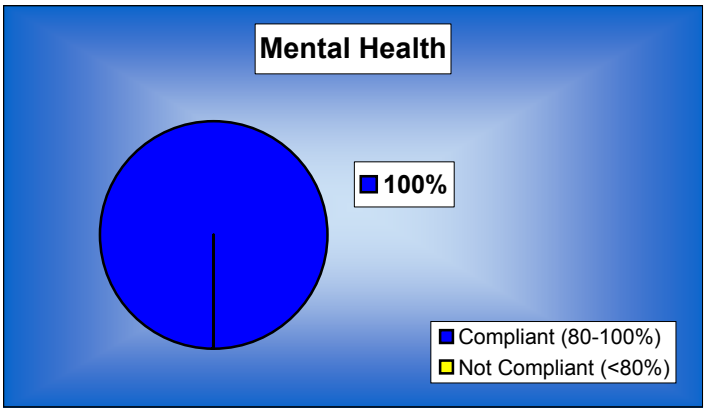



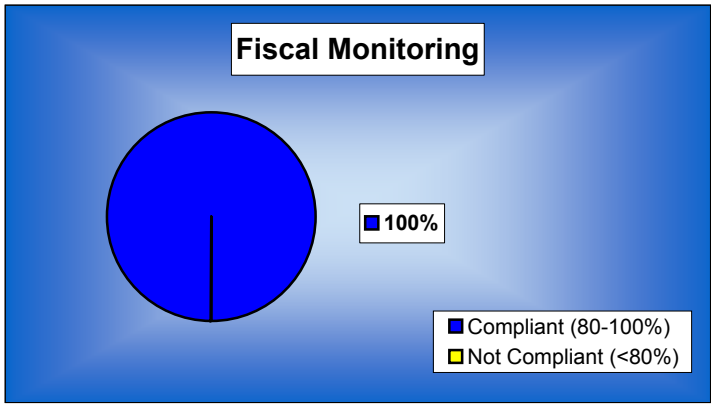



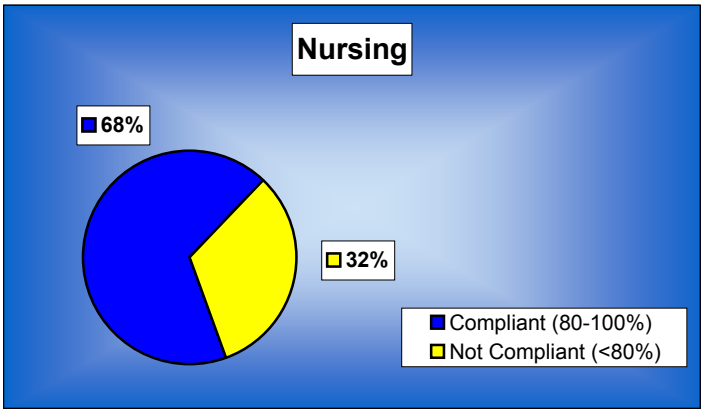



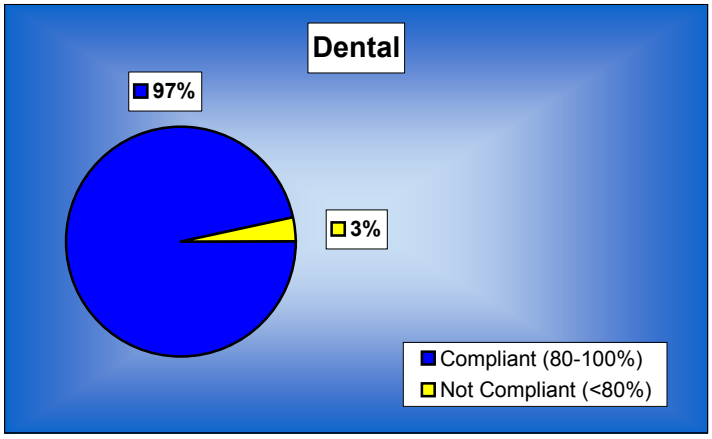
## Compliance Rate By Operational Categories for
# C. MOORE FACILITY
### January 5, 2010

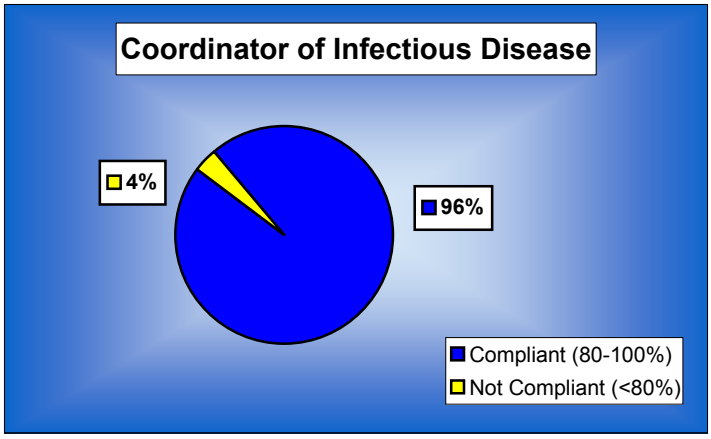


# PATIENT LIAISON AND STEP II GRIEVANCE STATISTICS
## QUALITY OF CARE/PERSONNEL REFERRALS AND ACTION REQUESTS
### 2nd Quarter FY-2010 (December 2009, January, and February 2010)

**STEP II GRIEVANCE PROGRAM (GRV)**

| Fiscal Year 2010 | Total number of **GRIEVANCE** Correspondence Received Each Month | Total number of Action Requests (Quality of Care, Personnel, and Process Issues) | Percent of Action Requests from Total number of **GRIEVANCE** Correspondence | Total numberof Action Requests Referred to **University of Texas Medical Branch-Correctional Managed Health Care** | | | Total number of Action Requests Referred to **Texas Tech University Health Sciences Center-Correctional Managed Health Care** | | | Total number of Action Requests Referred to **PRIVATE FACILITIES** | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | Percent of Total Action Requests Referred | **QOC*** | | Percent of Total Action Requests Referred | **QOC*** | | Percent of Total Action Requests Referred | **QOC*** |
| December | 634 | 90 | 14.20% | 54 | 12.30% | 24 | 11 | 1.89% | 1 | 0 | 0.00% | 0 |
| January | 434 | 63 | 14.52% | 28 | 9.68% | 14 | 17 | 4.84% | 4 | 0 | 0.00% | 0 |
| February | 469 | 89 | 18.98% | 57 | 15.78% | 17 | 13 | 3.20% | 2 | 0 | 0.00% | 0 |
| **Totals:** | **1,537** | **242** | **15.74%** | **139** | **9.04%** | **55** | **41** | **2.67%** | **7** | **0** | **0.00%** | **0** |

**PATIENT LIAISON PROGRAM (PLP)**

| Fiscal Year 2010 | Total numberof **Patient Liaison Program** Correspondence Received Each Month | Total number of Action Requests (Quality of Care, Personnel, and Process Issues) | Percent of Action Requests from Total number of **Patient Liaison Program** Correspondence | Total number of Action Requests Referred to **University of Texas Medical Branch-Correctional Managed Health Care** | | | Total number of Action Requests Referred to **Texas Tech University Health Sciences Center-Correctional Managed Health Care** | | | Total number of Action Requests Referred to **PRIVATE FACILITIES** | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | Percent of Total Action Requests Referred | **QOC*** | | Percent of Total Action Requests Referred | **QOC*** | | Percent of Total Action Requests Referred | **QOC*** |
| December | 387 | 19 | 4.91% | 8 | 3.62% | 6 | 5 | 1.29% | 0 | 0 | 0.00% | 0 |
| January | 429 | 28 | 6.53% | 17 | 5.13% | 5 | 6 | 1.40% | 0 | 0 | 0.00% | 0 |
| February | 388 | 43 | 11.08% | 29 | 7.73% | 1 | 12 | 3.35% | 1 | 0 | 0.00% | 0 |
| **Totals:** | **1204** | **90** | **7.48%** | **54** | **4.49%** | **12** | **23** | **1.91%** | **1** | **0** | **0.00%** | **0** |
| **GRAND TOTAL=** | **2,741** | **332** | **12.11%** | | | | | | | | | |

***QOC= Quality of Care**

# Texas Department of Criminal Justice
# Office of Public Health
Monthly Activity Report

**Month: December 2009**

| Reportable Condition | Reports | | | |
|---|---|---|---|---|
| | December 2009 | December 2008 | 2010 Year to Date * | 2009 Year to Date * |
| Chlamydia | 4 | 7 | 65 | 39 |
| Gonorrhea | 0 | 2 | 20 | 26 |
| Syphilis | 39 | 65 | 693 | 769 |
| Hepatitis A | 0 | 0 | 0 | 0 |
| Hepatitis B (acute cases) | 2 | 0 | 9 | 8 |
| Hepatitis C | 305 | 217 | 3721 (3 ) | 3614 (5 ) |
| HIV Screens (non-pre-release) | 6557 | 7400 | 84397 | 79095 |
| HIV Screens (pre-release) | 3798 | 3876 | 44366 | 40905 |
| HIV + pre-release tests | 3 | 1 | 29 | 53 |
| HIV Infections (total new) | 38 | 51 | 574 | 631 |
| AIDS | 4 | 1 | 86 | 211 |
| Methicillin-Resistant *Staph Aureus* | 179 | 207 | 3008 | 5267 |
| Methicillin-Sensitive *Staph Aureus* | 66 | 98 | 1522 | 1788 |
| Occupational Exposures (TDCJ Staff) | 12 | 9 | 95 | 298 |
| Occupational Exposures (Medical Staff) | 10 | 7 | 66 | 55 |
| HIV CPX Initiation | 6 | 6 | 29 | 60 |
| Tuberculosis skin tests – intake (#positive) | 127 | 116 | 3923 | 3246 |
| Tuberculosis skin tests – annual (#positive) | 32 | 16 | 642 | 576 |
| Tuberculosis cases | | | | |
| (1) Diagnosed during intake and attributed to county of origin | 0 | 0 | 3 | 7 |
| (2) Entered TDCJ on TB medications | 0 | 3 | 11 | 14 |
| (3) Diagnosed during incarceration in TDCJ | 1 | 2 | 23 | 26 |
| TB cases under management | 19 | 24 | | |
| Peer Education Programs | 0 | 0 | 108 | 108 |
| Peer Education Educators | 53 | 0 | 1899 | 1106 |
| Peer Education Participants | 6126 | 3396 | 76261 | 46527 |
| Sexual Assault In-Service (sessions/units) | 0/0 | 2/1 | 18/15 | 33/26 |
| Sexual Assault In-Service Participants | 0 | 13 | 98 | 253 |
| Alleged Assaults & Chart Reviews | 47 | 47 | 656 | 614 |
| BBE Labs (Offenders) | 4 | 1 | 53 | 38 |

**Note:**

* Year-to-date totals are for the calendar year. Year-to-date data may not equal sum of monthly data because of late reporting.

# Corrected totals

£ Hepatitis C cases in parentheses are acute cases; these are also included in the total number reported. Only acute cases are reportable to the Department of State Health Services

¶ New programs are indicted in the column marked "This Month"; total programs are indicated in the column marked "Year to Date."

∞ New peer educators are indicted in the column marked "This Month"; total peer educators are indicated in the column marked "Year to Date."

# Texas Department of Criminal Justice
# Office of Public Health
Monthly Activity Report

**Month: January 2010**

| Reportable Condition | Reports | | | |
|---|---|---|---|---|
| | **January 2010** | **January 2009** | **2010 Year to Date *** | **2009 Year to Date*** |
| Chlamydia | 6# | 5 | 6 | 5 |
| Gonorrhea | 1 | 2 | 1 | 2 |
| Syphilis | 67# | 84 | 67 | 84 |
| Hepatitis A | 0 | 0 | 0 | 0 |
| Hepatitis B (acute cases) | 2 | 0 | 2 | 0 |
| Hepatitis C, total including (acute*) | 206 | 286 | 206(0 ) | 286 (1 ) |
| HIV Screens (non-pre-release) | | | | |
| HIV Screens (pre-release) | | | | |
| HIV + pre-release tests | 3 | 4 | 3 | 4 |
| HIV Infections (total new) | 49 | 51 | 49 | 51 |
| AIDS | 7 | 13 | 7 | 13 |
| Methicillin-Resistant *Staph Aureus* | 82 | 414 | 43 | 414 |
| Methicillin-Sensitive *Staph Aureus* | 36 | 251 | 18 | 254 |
| Occupational Exposures (TDCJ Staff) | 12 | 5 | 13 | 5 |
| Occupational Exposures (Medical Staff) | 3 | 5 | 3 | 5 |
| HIV CPX Initiation | 4 | 4 | 5 | 4 |
| Tuberculosis skin tests – intake (#positive) | 250 | 182 | 250 | 182 |
| Tuberculosis skin tests – annual (#positive) | 25 | 44 | 25 | 44 |
| Tuberculosis cases | | | | |
| (1) Diagnosed during intake and attributed to county of origin | 0 | 0 | 0 | 0 |
| (2) Entered TDCJ on TB medications | 5 | 0 | 5 | 0 |
| (3) Diagnosed during incarceration in TDCJ | 1 | 2 | 1 | 2 |
| TB cases under management | 25 | 21 | | |
| Peer Education Programs ¶ | 0 | 108 | 108 | 108 |
| Peer Education Educators∞ | 35 | 15 | 1934 | 1121 |
| Peer Education Participants | 5125 | 7008 | 5125 | 7008 |
| Sexual Assault In-Service (sessions/units) | 2/4 | 0 | 2/4 | 0 |
| Sexual Assault In-Service Participants | 66 | 0 | 66 | 0 |
| Alleged Assaults & Chart Reviews | 51 | 41 | 51 | 41 |
| BBE Labs (Offenders) | 2 | 2 | 2 | 2 |

**Note:**

* Year-to-date totals are for the calendar year. Year-to-date data may not equal sum of monthly data because of late reporting.

# Corrected totals

£ Hepatitis C cases in parentheses are acute cases; these are also included in the total number reported. Only acute cases are reportable to the Department of State Health Services

¶ New programs are indicted in the column marked "This Month"; total programs are indicated in the column marked "Year to Date."

∞ New peer educators are indicted in the column marked "This Month"; total peer educators are indicated in the column marked "Year to Date."

# Texas Department of Criminal Justice
# Office of Public Health
Monthly Activity Report

**Month: February 2010**

| Reportable Condition | Reports | | | |
|---|---|---|---|---|
| | February 2010 | February 2009 | 2010 Year to Date * | 2009 Year to Date* |
| Chlamydia | 2 | 8 | 8# | 13 |
| Gonorrhea | 0 | 2 | 1 | 4 |
| Syphilis | 54 | 68 | 92# | 152 |
| Hepatitis A | 0 | 0 | 0 | 0 |
| Hepatitis B, acute | 0 | 2 | 1 | 2 |
| Hepatitis C, total including (acute £) | 343 | 325 | 549 (0) | 608 (1) |
| Human immunodeficiency virus (HIV) +, known at intake | 82 | NA | 82 | NA |
| HIV screens, intake | 5,002 | NA | 10,024 | NA |
| HIV +, intake | 42 | 26 | 95 | 35 |
| HIV screens, offender- and provider-requested | 986 | NA | 1,713 | NA |
| HIV +, offender- and provider-requested | 1 | NA | 5 | NA |
| HIV screens, pre-release | 3,049 | 3,011 | 6,805 | 6,680 |
| HIV +, pre-release | 4 | 3 | 7 | 8 |
| Acquired immune deficiency syndrome (AIDS) | 5 | 1 | 12 | 4 |
| Methicillin-resistant *Staph Aureus* (MRSA) | 75 | 221 | 188 | 376 |
| Methicillin-sensitive *Staph Aureus* (MSSA) | 30 | 125 | 83 | 635 |
| Occupational exposures of TDCJ staff | 9 | 6 | 34 | 11 |
| Occupational exposures of medical staff | 0 | 5 | 5 | 10 |
| HIV chemoprophylaxis initiation | 3 | 3 | 8 | 7 |
| Tuberculosis skin test (ie, PPD) +, intake | 200 | 210 | 516 | 487 |
| Tuberculosis skin test +, annual | 47 | 50 | 74 | 110 |
| Tuberculosis, known (ie, on tuberculosis medications) at intake | 2 | 1 | 7 | 1 |
| Tuberculosis, diagnosed at intake and attributed to county of origin | 0 | 0 | 0 | 0 |
| Tuberculosis, diagnosed during incarceration | 1 | 3 | 2 | 5 |
| Tuberculosis cases under management | 23 | 23 | | |
| Peer education programs¶ | 0 | 0 | 108 | 108 |
| Peer education educators∞ | 96 | 77 | 2,030 | 1,198 |
| Peer education participants | 4,836 | 4,667 | 9,961 | 1,167 |
| Sexual assault in-service (sessions/units) | 5/2 | 1/1 | 7/6 | 1/1 |
| Sexual assault in-service participants | 22 | 10 | 88 | 10 |
| Alleged assaults and chart reviews | 47 | 51 | 98 | 92 |
| Blood-borne exposure labs drawn on offenders | 4 | 7 | 6 | 9 |

**Notes:**

* Year-to-date totals are for the calendar year. Year-to-date data may not equal sum of monthly data because of late reporting.

# Corrected totals

£ Hepatitis C cases in parentheses are acute cases; these are also included in the total number reported. Only acute cases are reportable to the Department of State Health Services

¶ New programs are indicted in the column marked "This Month"; total programs are indicated in the column marked "Year to Date."

∞ New peer educators are indicted in the column marked "This Month"; total peer educators are indicated in the column marked "Year to Date."

**Office of Health Services Liaison Utilization Review Audit**
**Hospital and Inpatient Facilities Audited with Deficiencies Noted**
Second Quarter Report 2010
(December 2009, January, and February 2010)

| Hospital | University | Audits Performed* | Deficiencies Noted | Comments (See Key) |
|---|---|---|---|---|
| Angleton/Danbury | UTMB | 3 | 3 | A-3; E-1 |
| Bayshore | UTMB | | | |
| Ben Taub | UTMB | 2 | 2 | A-2; C-2; E-2 |
| Brackenridge | UTMB | | | |
| Central Texas | UTMB | 1 | 1 | A-1; E-1 |
| Christus Spohn | UTMB | | | |
| Cogdell Memorial | TTUHSC | 1 | 1 | E-1 |
| Conroe Regional | UTMB | 7 | 6 | A-4; C-1; D-1; E-4 |
| Coryell Memorial | UTMB | 1 | | |
| Electra Medical Center | TTUHSC | | | |
| ETMC/Jacksonville | UTMB | | | |
| ETMC/Trinity | UTMB | | | |
| ETMC/Tyler | UTMB | 3 | 2 | A-1; C-1; E-2 |
| Faith Community | UTMB | | | |
| Falls County/Marlin | UTMB | 1 | 1 | A-1; C-1; E-1 |
| Harris Methodist/Ft. Worth | UTMB | 1 | 1 | A-1; C-1; E-1 |
| Hendrick Memorial | TTUHSC | 5 | 5 | A-2; E-5 |
| Hillcrest Baptist | UTMB | | | |
| Hospital Galveston | UTMB | 98 | 36 | A-15; C-17; D-4; E-13 |
| Huntsville Memorial | UTMB | 1 | 1 | A-1 |
| John Peter Smith | UTMB | | | |
| LBJ/Houston | UTMB | | | |
| Mainland Memorial | UTMB | 2 | 2 | A-2; C-1; E-2 |
| McAllen Medical Center | UTMB | | | |
| Medical Center/College Sta. | UTMB | 1 | 1 | C-1 |
| Memorial Hermann/Beaumont | UTMB | 1 | | |
| Memorial Hermann/Livingston | UTMB | 1 | 1 | A-1; E-1 |
| Memorial Hermann/Sugarland | UTMB | 1 | 1 | A-1; C-1; E-1 |
| Methodist/Houston | UTMB | | | |
| Mitchell County Hospital | TTUHSC | 2 | 1 | E-1 |
| Northwest Texas | TTUHSC | 5 | 4 | A-2; E-4 |
| Otto Kaiser | UTMB | 1 | 1 | D-1 |
| Palestine Regional | UTMB | 2 | 2 | A-2; C-1 |
| Pampa | TTUHSC | 1 | 1 | E-1 |
| Parkland Hospital | UTMB | 1 | | |
| Pecos | TTUHSC | | | |
| Red River Hospital | UTMB | | | |
| Scott & White/Dallas | UTMB | 1 | 1 | A-1; C-1; E-1 |
| Scott & White/Temple | UTMB | 1 | 1 | A-1; E-1 |
| St. Joseph's/College Sta. | UTMB | | | |
| St. Luke's/Sugarland | UTMB | | | |
| Thomason | TTUHSC | | | |
| Trinity Mother Frances | UTMB | | | |
| United Regional/11th St. | TTUHSC | | | |

| Hospital | University | Audits Performed* | Deficiencies Noted | Comments (See Key) |
|---|---|---|---|---|
| University HCS/San Antonio | UTMB | 2 | 1 | A-1; C-1; E-1 |
| University Medical Center | TTUHSC | 3 | 3 | E-3 |
| UT Tyler | UTMB | 4 | 4 | A-4; C-1; E-3 |
| Valley Baptist | UTMB | | | |
| Wadley Regional | UTMB | | | |
| Wise Regional | UTMB | 1 | 1 | A-1; C-1; E-1 |
| Woodland Heights | UTMB | | | |

| Inpatient Facility | University | Audits Performed* | Deficiencies Noted | Comments (See Key) |
|---|---|---|---|---|
| Allred | TTUHSC | | | |
| Beto | UTMB | 5 | 2 | A-2 |
| Clements | TTUHSC | 8 | 6 | A-2; E-4 |
| Connally | UTMB | 1 | 1 | A-1; C-1 |
| Estelle | UTMB | 6 | 4 | A-3; B-1; D-1 |
| Hughes | UTMB | 3 | 2 | A-2 |
| Jester 3 | UTMB | 1 | 1 | C-1 |
| Luther | UTMB | | | |
| McConnell | UTMB | 3 | 2 | A-1; B-1; D-1 |
| Michael | UTMB | | | |
| Montford | TTUHSC | 20 | 15 | A-9; C-7; 3-8 |
| Pack | UTMB | | | |
| Polunsky | UTMB | 1 | 1 | A-1 |
| Robertson | TTUHSC | 1 | 1 | A-1 |
| Stiles | UTMB | 1 | 1 | A-1 |
| Telford | UTMB | 2 | 2 | A-1; C-1 |
| CT Terrell | UTMB | | | |
| UT Tyler | UTMB | | | |
| Carole Young | UTMB | 11 | 3 | A-2; C-2 |

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

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

# FIXED ASSETS CONTRACT MONITORING AUDIT
# BY UNIT
# SECOND QUARTER, FISCAL YEAR 2010

| December 2009 | Numbered Property On Inventory Report | Total Number of Deletions | Total Number of Transfers | Total Number of New Equipment |
|---|---|---|---|---|
| Jester I | 18 | 0 | 1 | 0 |
| Jester III | 38 | 1 | 0 | 0 |
| Jester IV | 149 | 0 | 0 | 19 |

| January 2010 | Numbered Property On Inventory Report | Total Number of Deletions | Total Number of Transfers | Total Number of New Equipment |
|---|---|---|---|---|
| C. Moore | 35 | 0 | 11 | 11 |
| Cole State Jail | 39 | 0 | 10 | 12 |
| Gurney | 42 | 0 | 0 | 13 |
| Michael | 65 | 10 | 0 | 8 |

| February 2010 | Numbered Property On Inventory Report | Total Number of Deletions | Total Number of Transfers | Total Number of New Equipment |
|---|---|---|---|---|
| Kegans State Jail | 5 | 0 | 0 | 0 |
| Lockhart | 24 | 0 | 0 | 2 |
| Luther | 35 | 0 | 0 | 1 |
| Lychner State Jail | 51 | 0 | 0 | 0 |

# CAPITAL ASSETS AUDIT
# SECOND QUARTER, FISCAL YEAR 2010

| Audit Tools | December | January | February | Total |
|---|---|---|---|---|
| **Total number of units audited** | 3 | 4 | 4 | 11 |
| **Total numbered property** | 205 | 181 | 151 | 537 |
| **Total number out of compliance** | 0 | 0 | 0 | 0 |
| **Total % out of compliance** | 0.00% | 0.00% | 0.00% | 0.00% |

**AMERICAN CORRECTIONAL ASSOCIATION**
**ACCREDITATION STATUS REPORT**
**Second Quarter FY-2010**

## University of Texas Medical Branch

| Unit | Audit Date | % Compliance | |
|---|---|---|---|
| | | Mandatory | Non-Mandatory |
| Stevenson | December 2009 | 100% | 99.0% |
| Ellis | December 2009 | 100% | 97.9% |
| Hutchins | January 2010 | 100% | 98.8% |
| Clemens | February 2010 | 100% | 97.4% |
| Duncan | February 2010 | 100% | 99.5% |
| Scott | February 2010 | 100% | 96.5% |

## Texas Tech University Health Science Center

| Unit | Audit Date | % Compliance | |
|---|---|---|---|
| | | Mandatory | Non-Mandatory |
| Lynaugh/Ft. Stockton | January 2010 | 100% | 98.1% |

# Executive Services
# Active Monthly Medical Research Projects
# Health Services Division

## FY-2010 Second Quarterly Report: December, January, February

**Project Number: 408-RM03**

| Researcher: | IRB Number: | IRB Expiration Date: | Research Began: |
|---|---|---|---|
| John Petersen | 02-377 | 30-Jun-10 | 03-Jun-03 |

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

**Data Collection Began:** 01-Jul-03

**Proponent:** University of Texas Medical Branch at Galveston

**Data Collection End:** 03-Jul-08

| Project Status: | Progress Report Due: | Projected Completion: |
|---|---|---|
| Data Analysis | 01-Mar-10 | 31-Jul-08 |

This project was formerly under Dr. Ned Snyder of UTMB.

**Units:** Hospital Galveston

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**Project Number: 450-RM04**

| Researcher: | IRB Number: | IRB Expiration Date: | Research Began: |
|---|---|---|---|
| Everett Lehman | 04.DSHP | 14-Jul-08 | 30-Sep-04 |

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

**Data Collection Began:** 16-Nov-04

**Proponent:** Centers for Disease Control & Prevention/Nat'l Inst. for Occupational

**Data Collection End:** 30-Nov-04

| Project Status: | Progress Report Due: | Projected Completion: |
|---|---|---|
| Pending Final Product | 17-Oct-10 | 30-Jun-09 |

03/08/10 Email to researcher requesting documentation of current IRB approval.

**Units:** Lychner, Stringfellow.

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**Project Number: 475-RM05**

| Researcher: | IRB Number: | IRB Expiration Date: | Research Began: |
|---|---|---|---|
| Robert Morgan | L05-077 | 27-Feb-09 | 01-Aug-05 |

**Title of Research:** Tailoring Services for Mentally Ill Offenders

**Data Collection Began:** 20-Jan-06

**Proponent:** Texas Tech University

**Data Collection End:** 31-Jul-07

| Project Status: | Progress Report Due: | Projected Completion: |
|---|---|---|
| Pending Final Product Review | 10-Mar-10 | 30-Jun-10 |

03/08/10 Email to researcher requesting documentation of current IRB approval. (Manuscript received 9/2009)

**Units:** Montford, Crain.

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**Project Number: 515-MR07**

| Researcher: | IRB Number: | IRB Expiration Date: | Research Began: |
|---|---|---|---|
| Jacques Baillargeon | 06-249 | 31-May-10 | 27-Oct-07 |

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

**Data Collection Began:** 05-Mar-07

**Proponent:** UTMB

**Data Collection End:** 05-Mar-07

| Project Status: | Progress Report Due: | Projected Completion: |
|---|---|---|
| Pending Final Product Review | 06-Sep-09 | 31-Dec-09 |

This project was re-opened subsequent to receiving a second article from same dataset, submitted by Amy Jo Harzke, for review. (Reviewed and approved by Dr. Williams and Dr. Linthicum.)

**Units:** System Wide

---

**Project Number: 527-MR07**

| Researcher: | IRB Number: | IRB Expiration Date: | Research Began: |
|---|---|---|---|
| Roger Soloway | 05-277 | 30-Jun-08 | 12-Apr-07 |

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

**Data Collection Began:** 12-Mar-07

**Proponent:** UTMB

**Data Collection End:** 31-Jul-08

| Project Status: | Progress Report Due: | Projected Completion: |
|---|---|---|
| Data Collection | 11-Mar-10 | |

03/08/10 Email to researcher requesting documentation of current IRB approval. (This project was formerly under Dr. Ned Snyder.)

**Units:** UTMB

---

**Project Number: 542-MR07**

| Researcher: | IRB Number: | IRB Expiration Date: | Research Began: |
|---|---|---|---|
| Jacques Baillargeon | 07-277 | 31-Aug-08 | 13-Apr-07 |

**Title of Research:** Psychiatric Barriers to Outpatient Care in Released HIV-infected Offenders

**Data Collection Began:** 02-Jan-08

**Proponent:** UTMB

**Data Collection End:**

| Project Status: | Progress Report Due: | Projected Completion: |
|---|---|---|
| Pending Final Product Review | 09-Sep-09 | 02-Oct-08 |

03/09/10 Email to researcher informing that since all three publications are complete, the project will be closed, with the understanding that all the data will be destroyed.

**Units:** UTMB

---

**Project Number: 564-MR08**

| Researcher: | IRB Number: | IRB Expiration Date: | Research Began: |
|---|---|---|---|
| Amy Harzke | Exempt | | 19-Nov-08 |

**Title of Research:** Causes of death among Texas prisoners, 1983-2004

**Data Collection Began:** (data from #470)

**Proponent:** Correctional Managed Care, University of Texas Medical Branch

**Data Collection End:** N/A

| Project Status: | Progress Report Due: | Projected Completion: |
|---|---|---|
| Formulating Results (Data collection complete) | 13-May-10 | 31-Jul-10 |

**Units:** System Wide

---

**Project Number: 567-RM08**

| Researcher: | IRB Number: | IRB Expiration Date: | Research Began: |
|---|---|---|---|
| Cynthia Mundt | 2009-03-013 | 07-Dec-10 | 30-Dec-09 |

**Title of Research:** Treatment Amenability of Youths Convicted of Crimes in Texas as Adults

**Data Collection Began:** 29-Jan-10

**Proponent:** Sam Houston State University

**Data Collection End:**

| Project Status: | Progress Report Due: | Projected Completion: |
|---|---|---|
| Data Collection | 30-Mar-10 | |

2/26/10 Interviews at Clemens completed; Planning visits to Holliday, Wynne, Byrd, and Ferguson.

**Units:** Clemens

---

**Project Number: 568-RM08**

| Researcher: | IRB Number: | IRB Expiration Date: | Research Began: |
|---|---|---|---|
| Julito Uy | L08-184 | 21-Jul-10 | 24-Nov-08 |

**Title of Research:** A Prevalence Study on Obesity and Associated Morbidity among male Offenders in a Texas State Correctional Facility

**Data Collection Began:** 05-Feb-09

**Proponent:** Texas Tech University

**Data Collection End:** 25-Nov-09

| Project Status: | Progress Report Due: | Projected Completion: |
|---|---|---|
| Formulating Results (Data Collection Complete) | 27-Feb-10 | |

12/31/09 Sent data to Dr. Uy regarding frequency of transfers at Clements.

**Units:** Clements

---

**Project Number: 584-RM09**

| **Researcher:** | **IRB Number:** | **IRB Expiration Date:** | **Research Began:** |
|---|---|---|---|
| Sreeram Parupudi | Exempt | | 25-Jun-09 |

**Title of Research:** Case Report: Endoscopic Removal of Long Rigid Foreign Bodies from Duodenum

**Data Collection Began:** 25-Jun-09

**Proponent:** Texas Tech University

**Data Collection End:** 25-Jun-09

| **Project Status:** | **Progress Report Due:** | **Projected Completion:** |
|---|---|---|
| Pending Final Product Review | 01-Apr-10 | 04-Jan-10 |

01/04/10 Received the final case report as submitted to the World Journal of Gastroenterology. Researcher will notify us when it is published.

**Units:** UTMB

# Executive Services
# Pending Monthly Medical Research Projects
# Health Services Division

## FY-2010 Second Quarterly Report: December, January, February

**There were no pending reports for the Medical Research Projects.**

# TDCJ Office of Mental Health Monitoring & Liaison
# Second Quarter FY 2010
### (December 2009, January, and February 2010)

**Administrative Segregation**

| Units Audited | Observed | Interviewed | Referred | ATC 4/5 | ATC 6 |
|---|---|---|---|---|---|
| Michael | 471 | 316 | 0 | 1 x 92% | 1 x 100% |
| Darrington | 227 | 121 | 0 | 1 x 100% | 1 x 100% |
| Ramsey 1 | 58 | 58 | 0 | 1 x 100% | 1 x 100% |
| Estelle ECB | 521 | 295 | 0 | 1 x 100% | 1 x 100% |
| Telford | 483 | 273 | 1 | 1 x 100% | 1 x 100% |
| Stiles | 493 | 291 | 0 | 1 x 100% | 1 x 100% |
| Smith ECB | 464 | 301 | 1 | 1 x 100% | 1 x 100% |
| Robertson | 466 | 294 | 2 | 1 x 100% | 1 x 100% |
| Allred 12 Bldg | 473 | 170 | 4 | 1 x 92% | 1 x 70% |
| Allred ECB | 445 | 106 | 2 | 1 x 100% | 1 x 83% |
| Eastham | 339 | 187 | 2 | 1 x 100% | 1 x 100% |
| Ellis | 90 | 90 | 0 | 1 x 100% | 1 x N/A |
| Pack | 15 | 15 | 0 | 1 x 100% | 1 x 100% |
| Gist | 17 | 17 | 0 | 1 x 100% | 1 x 100% |
| Lychner | 23 | 23 | 0 | 1 x 100% | 1 x NA |
| Clemens | 6 | 6 | 0 | 1 x 67% | 1 x NA |
| Bartlett | 11 | 11 | 0 | 1 x 100% | 1 x 100% |
| Travis | 18 | 18 | | 1 x 100% | 1 x NA |
| Plane Cancelled | | | | | |
| **Total** **Units** 18 | 4,609 | 2,581 | 13 | 1 x 67%<br>2 x 92%<br>15 x 100% | 4 x NA<br>1 x 70%<br>1 x 83%<br>12 x 100% |

**County Jail Texas Uniform Health Status Update Forms**

| | |
|---|---|
| Reviewed | 3,182 |
| Problems | 1,059 |

**Mental Health Mental Retardation (MHMR) Client Access Registration System (CARE)**

| | |
|---|---|
| Reviewed | 17,918 |
| Problems | 3,133 |

**High Risk Offenders (Older/Long Sentences)**

| | |
|---|---|
| Interviewed | 208 |
| Referred | 9 |

**Boot Camp Offenders**

| | |
|---|---|
| Interviewed | 39 |
| Problems | 1 |

**Substance Abuse Felony Program**

| | | | |
|---|---|---|---|
| Units Audited | 3 | In Compliance | 3 |
| Discharge Reviews | 41 | Discharge Appropriate | 35 |

**County Jail Liaison**

| | |
|---|---|
| Admissions Facilitated | 36 |

# Consent Item 3(a)

## University Medical Director's Report

## The University of Texas Medical Branch

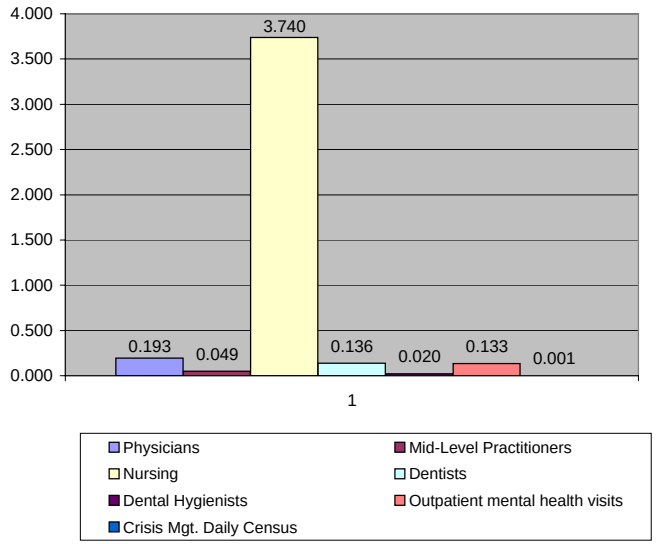

# Correctional Health Care
# MEDICAL DIRECTOR'S REPORT

## SECOND QUARTER
## FY2010

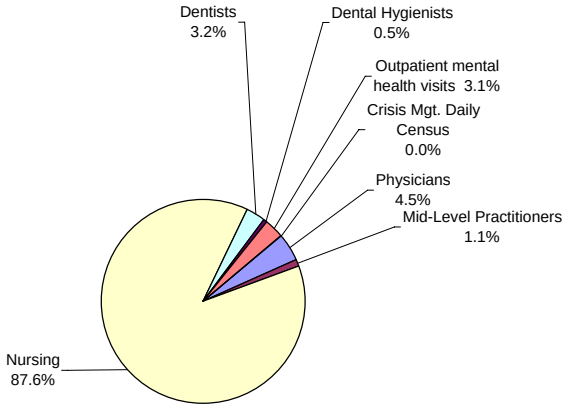
# *Medical Director's Report:*

| | December | | January | | February | | Qtly Average | |
|---|---|---|---|---|---|---|---|---|
| ***Average Population*** | **120,198** | | **119,797** | | **119,907** | | **119,967** | |
| | **Number** | **Rate Per Offender** | **Number** | **Rate Per Offender** | **Number** | **Rate Per Offender** | **Number** | **Rate Per Offender** |
| ***Medical encounters*** | | | | | | | | |
| Physicians | 24,781 | 0.206 | 21,842 | 0.182 | 22,798 | 0.190 | **23,140** | **0.193** |
| Mid-Level Practitioners | 6,633 | 0.055 | 5,233 | 0.044 | 5,765 | 0.048 | **5,877** | **0.049** |
| Nursing | 473,559 | 3.940 | 442,917 | 3.697 | 429,423 | 3.581 | **448,633** | **3.740** |
| **Sub-total** | **504,973** | **4.201** | **469,992** | **3.923** | **457,986** | **3.820** | **477,650** | **3.982** |
| ***Dental encounters*** | | | | | | | | |
| Dentists | 18,005 | 0.150 | 15,126 | 0.126 | 15,926 | 0.133 | **16,352** | **0.136** |
| Dental Hygienists | 2,531 | 0.021 | 1,995 | 0.017 | 2,561 | 0.021 | **2,362** | **0.020** |
| **Sub-total** | **20,536** | **0.171** | **17,121** | **0.143** | **18,487** | **0.154** | **18,715** | **0.156** |
| ***Mental health encounters*** | | | | | | | | |
| Outpatient mental health visits | 16,425 | 0.137 | 15,711 | 0.131 | 15,655 | 0.131 | **15,930** | **0.133** |
| Crisis Mgt. Daily Census | 65 | 0.001 | 59 | 0.000 | 67 | 0.001 | **64** | **0.001** |
| **Sub-total** | **16,490** | **0.137** | **15,770** | **0.132** | **15,722** | **0.131** | **15,994** | **0.133** |
| ***Total encounters*** | **541,999** | **4.509** | **502,883** | **4.198** | **492,195** | **4.105** | **512,359** | **4.271** |

**Encounters as Rate Per Offender Per Month**



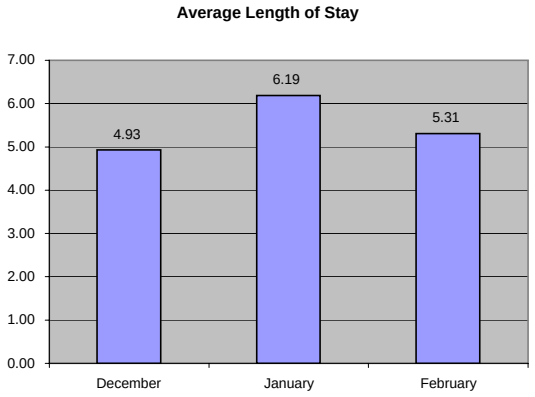

**Encounters by Type**

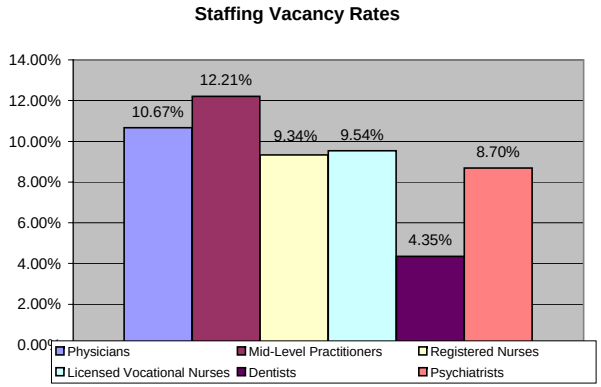


# *Medical Director's Report (Page 2):*

| | December | January | February | Qtly Average |
|---|---|---|---|---|
| ***Medical Inpatient Facilities*** | | | | |
| Average Daily Census | 86.00 | 86.00 | 82.00 | **84.67** |
| Number of Admissions | 342.00 | 301.00 | 307.00 | **316.67** |
| Average Length of Stay | 4.93 | 6.19 | 5.31 | **5.48** |
| Number of Clinic Visits | 1,540.00 | 909.00 | 1,398.00 | **1,282.33** |
| | | | | |
| ***Mental Health Inpatient Facilities*** | | | | |
| Average Daily Census | 977.99 | 987.41 | 994.39 | **986.60** |
| PAMIO/MROP Census | 687.20 | 681.10 | 681.61 | **683.30** |
| | | | | |
| | | | | |
| ***Telemedicine Consults*** | 7,560 | 6,166 | 6,272 | **6,666.00** |

| | Average This Quarter | | | Percent |
|---|---|---|---|---|
| ***Health Care Staffing*** | **Filled** | **Vacant** | **Total** | **Vacant** |
| Physicians | 67.00 | 8.00 | 75.00 | 10.67% |
| Mid-Level Practitioners | 115.00 | 16.00 | 131.00 | 12.21% |
| Registered Nurses | 398.00 | 41.00 | 439.00 | 9.34% |
| Licensed Vocational Nurses | 493.00 | 52.00 | 545.00 | 9.54% |
| Dentists | 66.00 | 3.00 | 69.00 | 4.35% |
| Psychiatrists | 21.00 | 2.00 | 23.00 | 8.70% |



# Consent Item 3(b)

## University Medical Director's Report

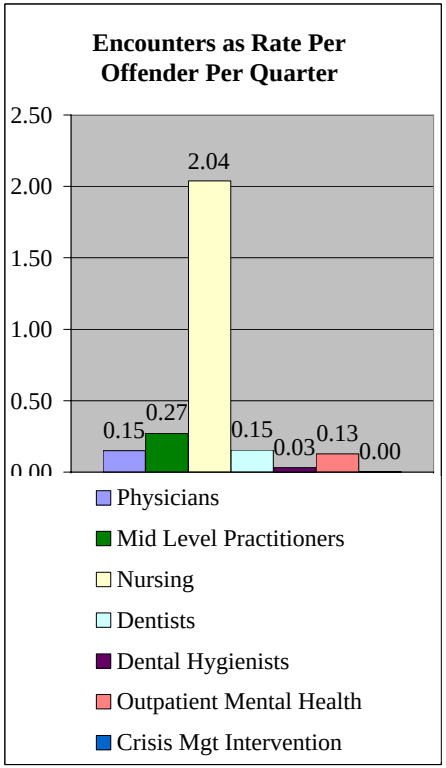
## Texas Tech University
## Health Sciences Center


# Correctional Managed Health Care
# MEDICAL DIRECTOR'S REPORT

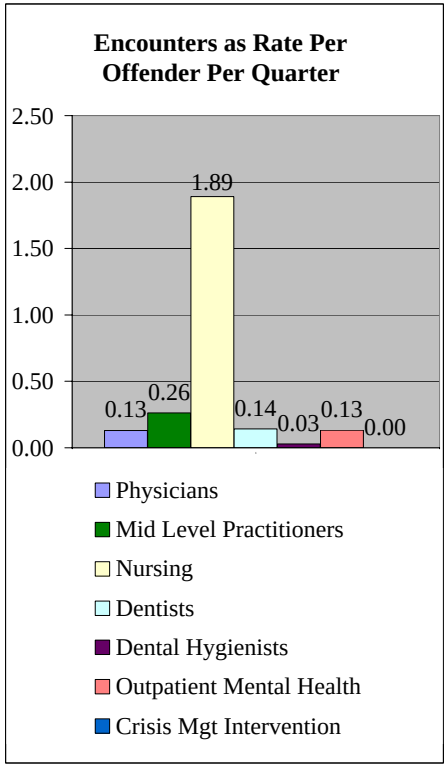
## SECOND QUARTER
## FY 2010

*Medical Director's Report:*

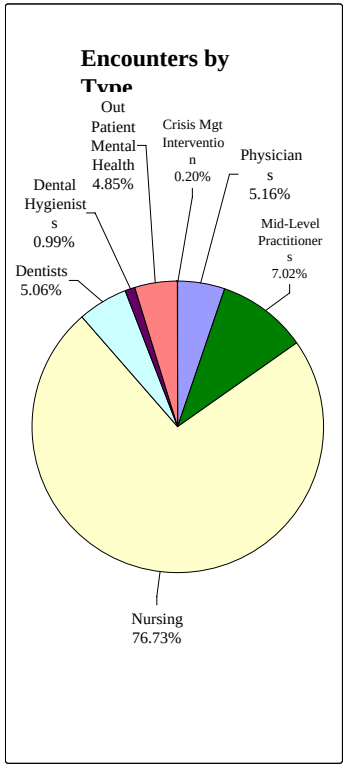
| | December | | January | | February | | Quarterly Average | |
|---|---|---|---|---|---|---|---|---|
| *Average Population* | 31,050.78 | | 30,944.80 | | 30,970.19 | | 30,988.59 | |
| *Medical Encounters* | Number | Rate Per Offender | Number | Rate Per Offender | Number | Rate Per Offender | Number | Rate Per Offender |
| Physicians | 4,494 | 0.145 | 3,424 | 0.111 | 4,092 | 0.132 | 4,003 | 0.129 |
| Mid-Level Practitioners | 8,585 | 0.276 | 8,249 | 0.267 | 7,594 | 0.245 | 8,143 | 0.263 |
| Nursing | 59,300 | 1.910 | 59,675 | 1.928 | 56,857 | 1.836 | 58,611 | 1.891 |
| Sub-Total | **72,379** | **2.331** | **71,348** | **2.306** | **68,543** | **2.213** | **70,757** | **2.283** |
| *Dental Encounters* | | | | | | | | |
| Dentists | 4,522 | 0.146 | 4,280 | 0.138 | 4,373 | 0.141 | 4,392 | 0.142 |
| Dental Hygienists | 1,033 | 0.033 | 769 | 0.025 | 952 | 0.031 | 918 | 0.030 |
| Sub-Total | **5,555** | **0.179** | **5,049** | **0.163** | **5,325** | **0.172** | **5,310** | **0.171** |
| *Mental Health Encounters* | | | | | | | | |
| Outpatient mental health visits | 4,372 | 0.141 | 3,788 | 0.122 | 4,075 | 0.132 | 4,078 | 0.132 |
| Crisis Mgt. Interventions | 40 | 0.001 | 22 | 0.001 | 26 | 0.001 | 29 | 0.001 |
| Sub-Total | **4,412** | **0.142** | **3,810** | **0.123** | **4,101** | **0.132** | **4,108** | **0.133** |
| *Total Encounters* | **82,346** | **2.652** | **80,207** | **2.592** | **77,969** | **2.518** | **80,174** | **2.587** |



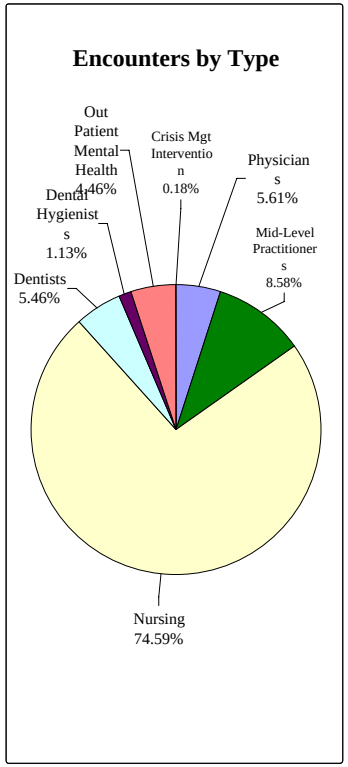

**1st Quarter**




**2nd Quarter**




**1st Quarter**

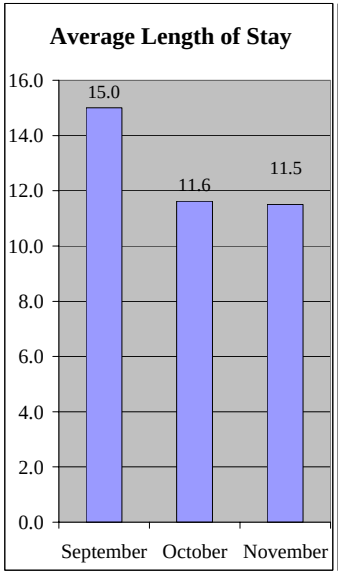



**2nd Quarter**

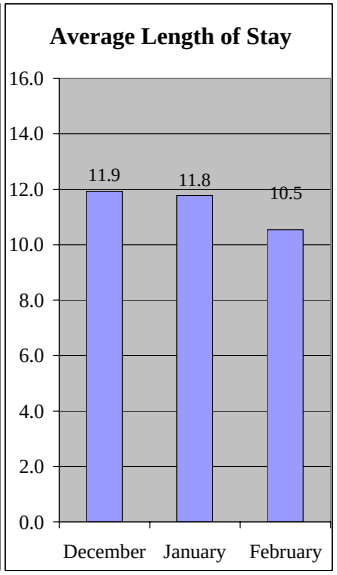
*Medical Director's Report (page 2):*

| | December | January | February | Quarterly Average |
|---|---|---|---|---|
| *Medical Inpatient Facilities* | | | | |
| Average Daily Census | 113.55 | 115.84 | 118.33 | **115.91** |
| Number of Admissions | 208 | 190 | 209 | **202.33** |
| Average Length of Stay | 11.92 | 11.78 | 10.54 | **11.41** |
| Number of Clinic Visits | 472 | 661 | 484 | **539.00** |
| *Mental Health Inpatient Facilities* | | | | |
| Average Daily Census | 511 | 509 | 529 | **516.33** |
| PAMIO/MROP Census | 412 | 402 | 400 | **404.67** |
| *Specialty Referrals Completed* | 1502 | 1312 | 900 | **1238.00** |
| *Telemedicine Consults* | 337 | 478 | 477 | **430.67** |

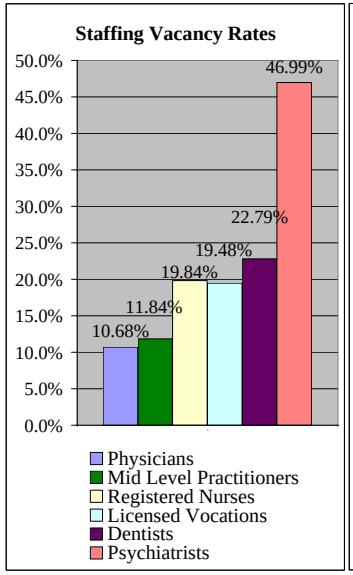
| | Average This Quarter | | | Percent |
|---|---|---|---|---|
| *Health Care Staffing* | Filled | Vacant | Total | Vacant |
| Physicians | 19.63 | 8.66 | 28.29 | 30.61% |
| Mid-Level Practitioners | 26.9 | 6.2 | 33.1 | 18.73% |
| Registered Nurses | 142.76 | 35.84 | 178.6 | 20.07% |
| Licensed Vocational Nurses | 299.6 | 57.57 | 357.17 | 16.12% |
| Dentists | 16.79 | 4.04 | 20.83 | 19.40% |
| Psychiatrists | 7.14 | 3.33 | 10.47 | 31.81% |



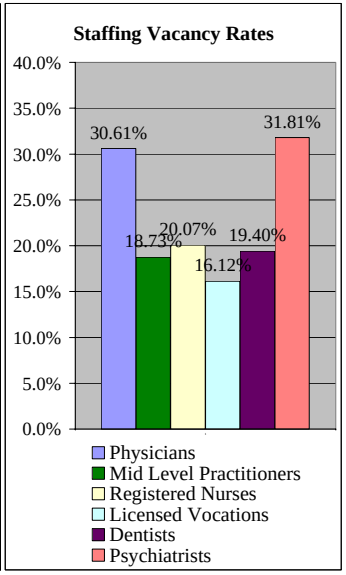

**1st Quarter**




**2nd Quarter**




**1st Quarter**




**2nd Quarter**

# Consent Item 4

## Summary of CMHCC Joint Committee \ Work Groups

# Correctional Managed Health Care
# Joint Committee/Work Group Activity Summary
# for June 2010 CMHCC Meeting

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

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

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

Workgroup activity covered in this report includes:

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

**System Leadership Council**

Chair: Dr. Owen Murray

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

Meeting Date: May 13, 2010
Key Activities:

(1) Approval of Minutes

**Reports from Champions/Discipline Directors:**

A. Access to Care-Dental Services
B. Access to Care-Mental Health Services
C. Access to Care-Nursing Services
D. Access to Care-Medical Staff
E. Sick Call Request Verification Audit-SCRVA
F. FY2010 SLC Indicators
    1. Periodontal Type
    2. Mental Health PULHES
    3. Refusal of Treatment (ROT)
    4. Inpatient Physical Therapy
    5. Missed Appointments (No Shows)

**Standing Issues**

A. Monthly Grievance Exception Report
B. New SLC Indicators
C. Hospital and Infirmary Discharge Audits

**Miscellaneous/Open for Discussion Participants:**

A. CMHCC Updates
B. Nursing Working Group Update
C. Chronic Disease Audit Update
D. ATC Methodology
E. Hand Washing Audit
F. SLC Email Account

**Joint Policy and Procedure Committee**

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

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

Meeting Date: April 8, 2010
Key Activities:

**Sub Committee Updates**

A. Chain-In
B. Geriatric - G-51.2 Admission to a Geriatric Center – tabled – Pending review by Sub Committee
C. Missed Appointments - E-422.2 Missed Clinic Appointments
D. Transient Medications

**Old Business:**

A. B-14.3 Employee TD Testing – Tabled - Pending review of Section VI by George Crippen and Dr. Hendricks
B. B-14.30 Respiratory Protection – Tabled – Pending decision from Joint Medical Directors Meeting

**New Business:**
Sections A & F are scheduled for review.

**The following policies have been submitted for revision:**

(1) I-71.1 Attachment C Instructions for completing refusal of treatment form
(2) E-35.2 Mental Health Evaluation
(3) A-04.2 Health Services Statistical Report
(4) A-06.02 Professional and Vocational Nurse Peer Review Process
(5) A-08.02 Transfer of Offenders with Acute Conditions
(6) A-08.4 Attachment A: Guidelines for Completing the Health Summary for Classification form
(7) A-08.10 Referral to the program for the aggressive mentally ill offender (PAMIO)
(8) A-02.2 Treatment of injuries incurred in the line of duty
(9) A-05.1 Health Services Policies
(10) A-08.7 PULHES System of Offender Medical and Mental Health Classification
(11) A-08.7 Attachment A and Attachment B
(12) A-11.1 Procedure in the event of an offender death
(13) A-12.1 Attachment A: HSA-34

**Other than the above Policies on the Agenda no further comments have been received for the remaining policies in Sections A & F.**

Adjournment
Next Meeting Date is July 8, 2010
Sections to be covered are G, H, & I. Comments on Sections G, H, & I are due by June 1st.

**Joint Pharmacy and Therapeutics Committee**

Chair: Dr. Glenda Adams

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

Meeting Date: May 13, 2010

Key Activities:

**Approval of Minutes from March 12, 2009 Meeting**
**Reports from Subcommittees:**

- DMG Triage
- GERD
- Pain
- Psychiatry
- HIV

**Reviewed and discussed monthly reports as follows:**

- Adverse Drug Reaction Report
  - Doxazosin/Terazosin
- Pharmacy Clinical Activity Reports
- Non-Formulary Deferral Reports
  - UTMB Sector (March-April 2010)
  - Texas Tech Sector (February 2010)
- Drug Recalls
- Quarterly Medication Error Reports – 2nd Quarter (December-February) FY10
  - UTMB Sector – Outpatient Services
  - UTMB Sector – Inpatient Services
  - Texas Tech Sector
- Utilization related reports on:
  - HIV Utilization
  - Hepatitis C Utilization
  - Hepatitis B Utilization
  - Psychotropic Utilization
- Policy Review Schedule

**Old Business:**
Drug Overdose Algorithms – tabled until July 2010
**Policy Revisions**

a. Total Parenteral Nutrition (10-45)
b. Free world Medication Intake Survey Results

**Miscellaneous**

c. Oxybutynin Review

**New Business:**
**Action Requests**

- Delete barium sulfate suspension (Readi-Cat) and iodixanol (Visipaqu)
- Add lidocaine 5% ointment for gynecologic procedures
- Delete Lacri-lube (AKWA Tears ointment) and replace with Lubrifresh ointment (Refresh P.M.) due to supply shortage.
- Add new restriction for MVI – alcohol withdrawal (county jail)
- Add phenytoin 250mg/5ml injection restricted to EMS
- Request for gout patient education materials

**Drug Category Review**

- Hypertensive Agents
- Endocrinology Agents
- Gastrointestinal Agents
- Topical Agents

**Manufacturer Shortages and Discontinuations**

- Heparin
- Acyclovir
- Ciprofloxacin
- Gemfibrozil
- Tolnaftate

**FDA Medication Safety Advisories**
**Policy and Procedure Revisions**

- Reclamation of Drugs
- Self-Administration of Medication by TDCJ Offenders

- Drug Therapy Management by a Pharmacist
- Therapeutic Interchange
- Clozapine Protocol
- Disease Management Guidelines
- Emergency Drugs

**Miscellaneous**

- Depression Medication Use Evaluation (MUE) Report
- Would Care Presentation
- Pre-Dialysis Renal Diet Patient Education
- Status of Sevelamer (Renagel) pilot
- Heparin Formulation Revision

**Adjournment**

**Joint Infection Control Committee**

Chair: Dr. Carol Coglianese

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

Meeting Date: April 8, 2010
Key Activities:

**Reviewed and Approved Minutes**
**Public Health Update**

- Will begin biennial HVAC testing in Respiratory Isolation Rooms
- Norovirus update
- H1N1 update
- Chlamydia testing proposal

**Old Business – None**

- Policy B-14.3 Employee Tuberculin Skin Testing

**New Business**

- Policy B-14.07 Immunizations - VAERS reporting: Attachment F (reporting form0
- Policy B-14.26 Gastro-Intestinal Illness – Attachments D, E, & F (Control Measures for Norovirus)

**Policy Review**

- B-14.10 through B-14.19 - None

**Adjourn**

- Next Meeting – August 12, 2010
- Policies to be reviewed are B-14.20 through B-14.25

**Joint Dental Work Group**

**No meeting since January 6, 2010**

**Joint Mortality and Morbidity Committee**

Chair: Dr. Robert Williams

Key Activities:

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

**Purpose:**

- Charged with the ongoing review of morbidity and mortality data, including review of each offender death.

**Meeting Dates:**

- February, 2010 (review of 146 cases)
- March, 2010 (review of 64 cases)
- April, 2010 (review of 38 cases)

**<u>Joint Nursing Work Group</u>**

**No meeting since February 11, 2010**

# CORRECTIONAL MANAGED HEALTH CARE COMMITTEE

**1300 11th Street, Suite 415, Huntsville, Texas 77340**
**(936) 437-1972 ♦ Fax: (936) 437-1970**

***Allen R. Hightower***
***Executive Director***


Date: May 27, 2010

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

From: Allen Hightower, Executive Director

Subject: Executive Director's Report

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

## Spend Forward Authority

The Correctional Managed Health Care Committee voted at its March 9th meeting to request approval from the LBB and the Governor's office to transfer $18 million from FY2011 to FY2010 to help UTMB alleviate its FY2010 projected shortfall. The request was forwarded to the LBB and Governor's office April 23, 2010 and as of this date no action has been taken.

## HB 4586 report

The report was submitted April 30, 2010 to the LBB and Governor's office. Prior to submission CMHCC met with TDCJ staff on April 19th, and TDCJ staff and by phone with a TBCJ Board member April 21st and with TDCJ staff and the TBCJ Board Chairman and a TBCJ Board Member in Austin on April 26, 2010. As you will recall HB 4586 required TDCJ and CMHCC to identify and evaluate mechanisms to lower the cost of, or increase the quality of care in health or pharmacy services.

## Meeting with the State Auditors

The CMHCC staff met with the state auditors on May 5th for the Entrance Conference. Chairman Griffin participated by phone. The audit objectives are as follows:

1) Examine the deficit reported by the CMHCC for fiscal year 2009, the projected shortfall reported by the committee for the FY2010-2011 biennium, and any projected shortfall reported in the Committee's legislative appropriation request for FY2012 and FY2013.

2) Follow-up on selected recommendations in State Auditor's Office Report No. 07-17 (March 2007) an audit report on CMHC funding requirements.

The audit has started and should be completed in October with the report issued in November 2010.

## UTMB "Reduction in Force" letters and each item UTMB plans to initiate to reduce the FY10-11 shortfall

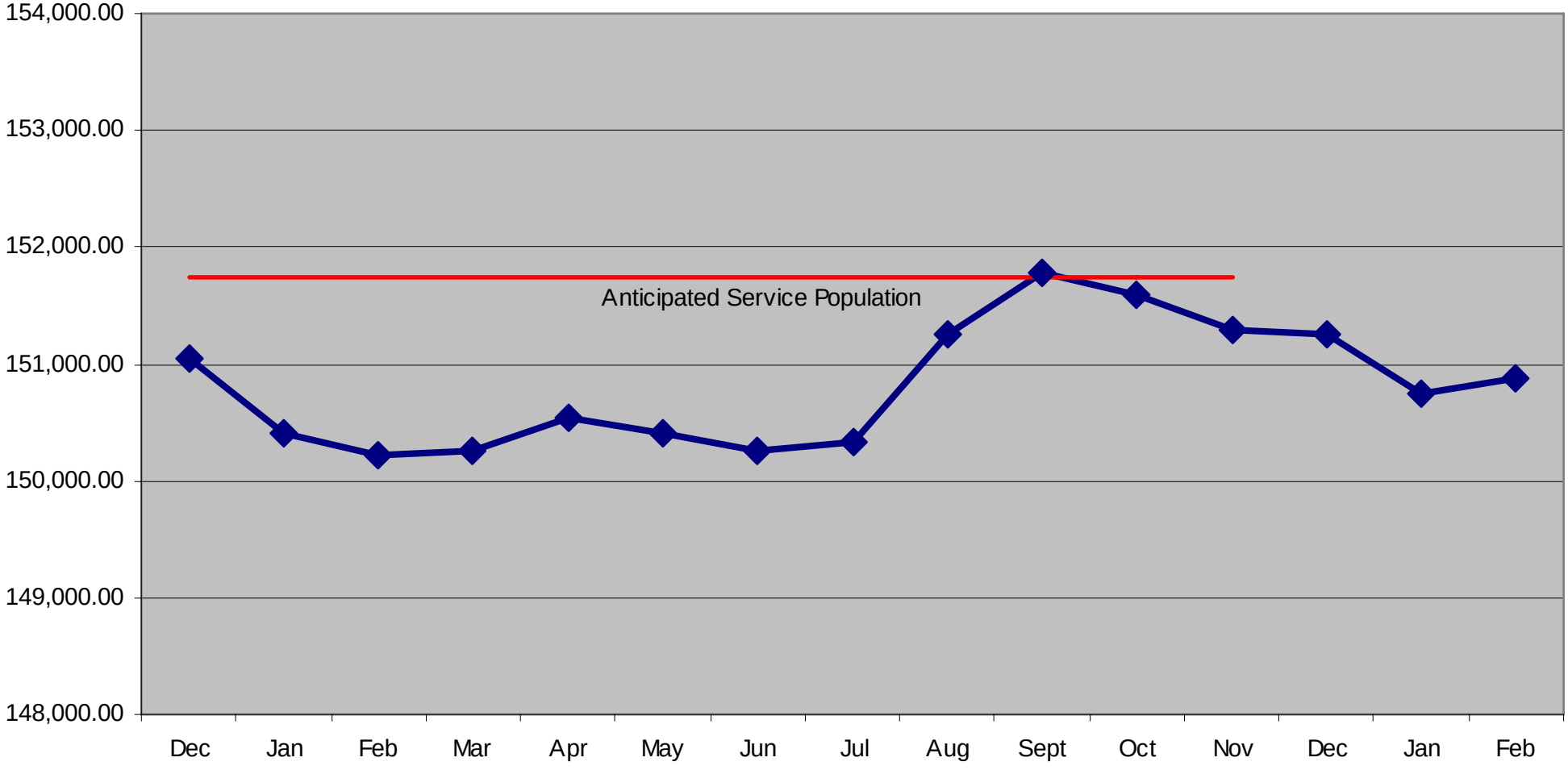
These topics will be discussed at the CMHCC meeting as separate agenda items.

# *Correctional Managed Health Care Committee*

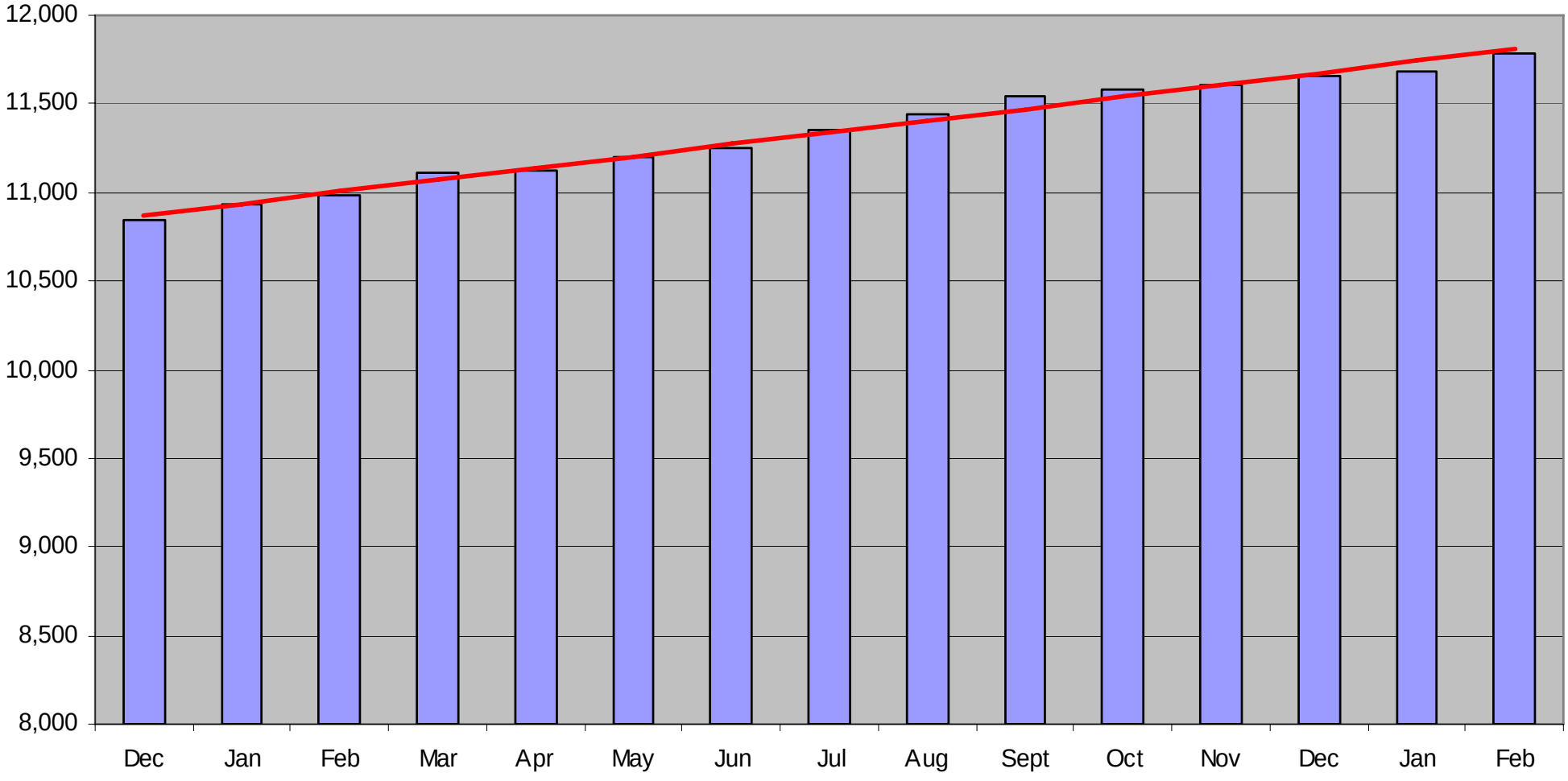
## Key Statistics Dashboard

**June 2010**

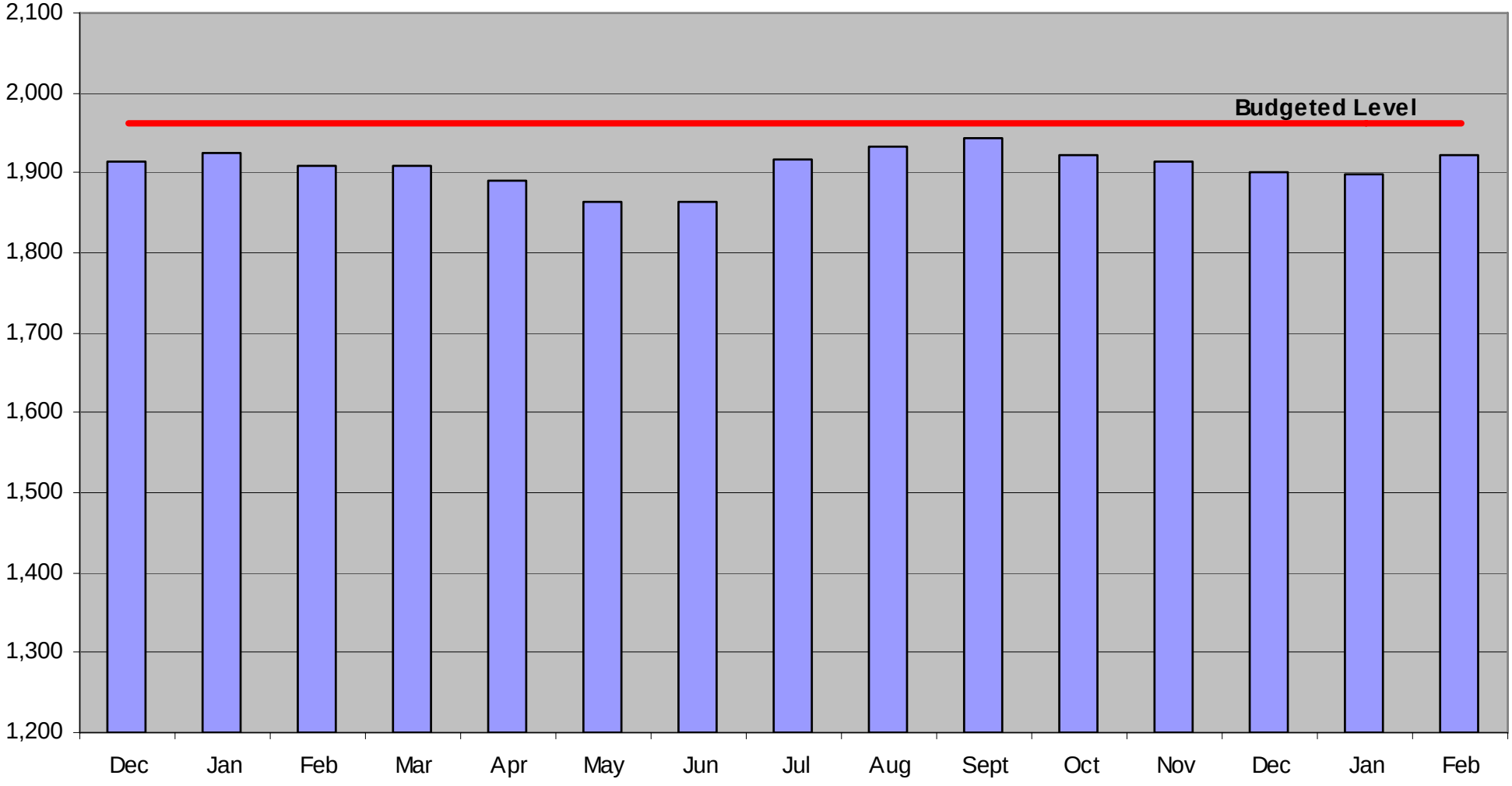
# CMHC Service Population
# FY 2009-2010 to Date



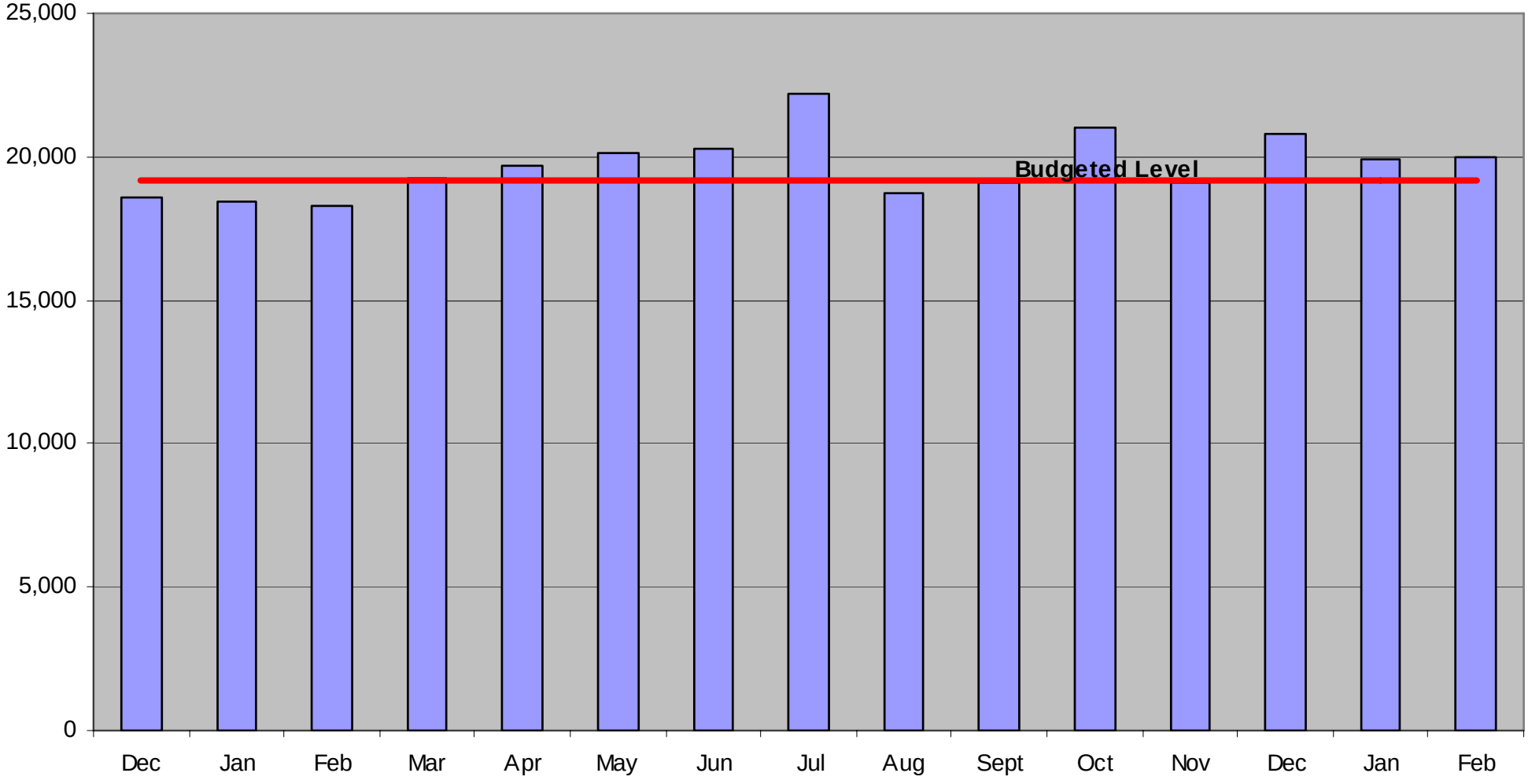
# Offenders Age 55+
# FY 2009-2010 to Date



# Psychiatric Inpatient Census



# Psychiatric Outpatient Census



**TDCJ MENTAL HEALTH CENSUS BY GENDER**

| December-09 | AVERAGE DAILY POPULATION | | | LAST DAY CENSUS | |
|---|---|---|---|---|---|
| Facility | Inpatient | Outpatient | MROP | Male | Female |
| SKYVIEW | 485.06 | | | 439.00 | 50.00 |
| JESTER IV | 478.32 | | | 467.00 | 8.00 |
| MT. VIEW | 14.61 | | | | 15.00 |
| GATESVILLE (Valley) | | | 76.40 | | 76.00 |
| HODGE | | | 606.60 | 607.00 | |
| CASELOAD | | 16,881.00 | | 14,463.00 | 2,418.00 |
| | 977.99 | 16,881.00 | 683.00 | | |

| January-10 | AVERAGE DAILY POPULATION | | | LAST DAY CENSUS | |
|---|---|---|---|---|---|
| Facility | Inpatient | Outpatient | MROP | Male | Female |
| SKYVIEW | 497.51 | | | 455.00 | 49.00 |
| JESTER IV | 473.77 | | | 458.00 | 11.00 |
| MT. VIEW | 16.13 | | | | 16.00 |
| GATESVILLE (Valley) | | | 79.55 | | 80.00 |
| HODGE | | | 601.55 | 602.00 | |
| CASELOAD | | 16,098.00 | | 13,740.00 | 2,358.00 |
| | 987.41 | 16,098.00 | 681.10 | | |

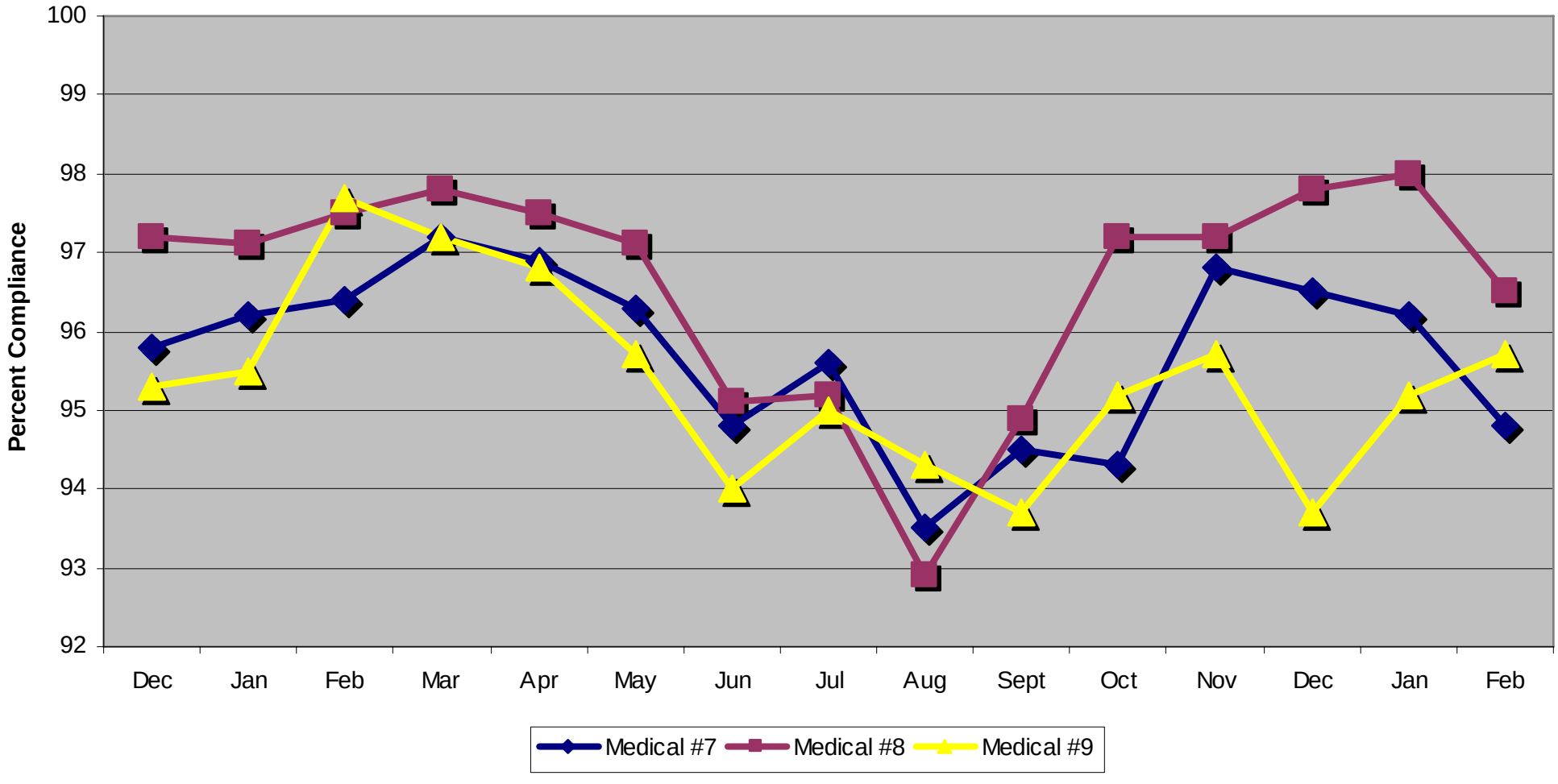
| February-10 | AVERAGE DAILY POPULATION | | | LAST DAY CENSUS | |
|---|---|---|---|---|---|
| Facility | Inpatient | Outpatient | MROP | Male | Female |
| SKYVIEW | 503.50 | | | 452.00 | 48.00 |
| JESTER IV | 473.64 | | | 459.00 | 10.00 |
| MT. VIEW | 17.25 | | | | 17.00 |
| GATESVILLE (Valley) | | | 81.54 | | 82.00 |
| HODGE | | | 600.07 | 600.00 | |
| CASELOAD | | 15,896.00 | | 13,717.00 | 2,179.00 |
| | 994.39 | 15,896.00 | 681.61 | | |

Note: Gender Census for Inpatient & MROP is based on the population on the last day of the month.
Outpatient data is obtained from the EMR Unique Encounter Report

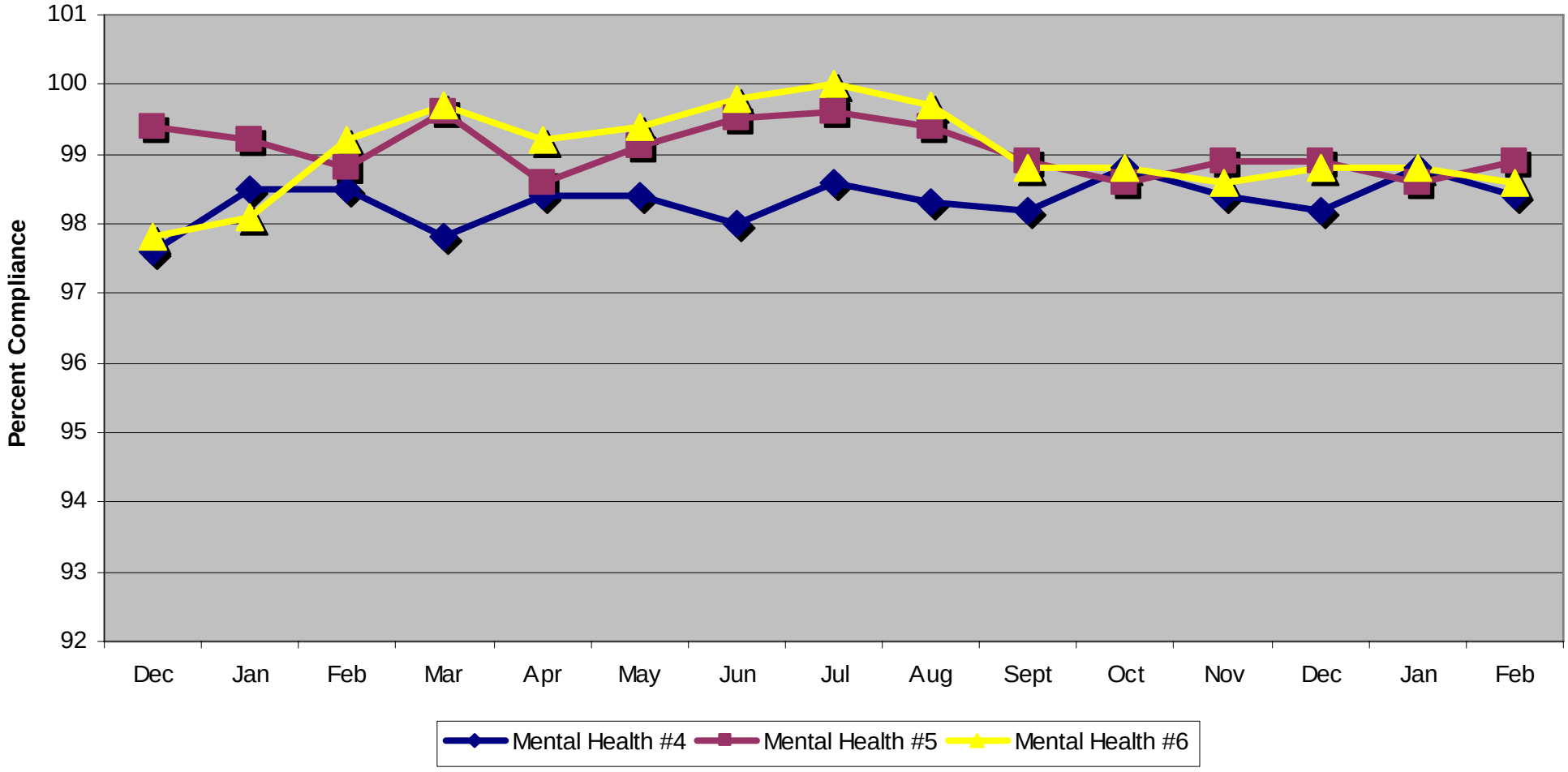
# Access to Care Indicators

#1. Sick Call Request (SCR) physically triaged within 48 hrs (72 hrs Fri & Sat)
#2. Dental Chief Complaint Documented in Medical Record (MR) at Time of Triage
#3. Referral to Dentist (Nursing/Dental Triage) seen within 7 days of SCR Receipt
#4 SCR/Referrals (Mental Health) Physically Triaged with 48 hrs (72 hrs Fri & Sat)
#5 Mental Health (MH) Chief Complaint Documented in the MR at Time of Triage
#6 Referred Outpatient MH Status Offenders seen within 14 days of Referral/Triage
#7 SCR for Medical Services Physically Triaged within 48 hrs (72 hrs Fri & Sat)
#8 Medical Chief Complaint Documented in MR at time of triage
#9 Referrals to MD, NP or PA seen within 7 days of receipt of SCR

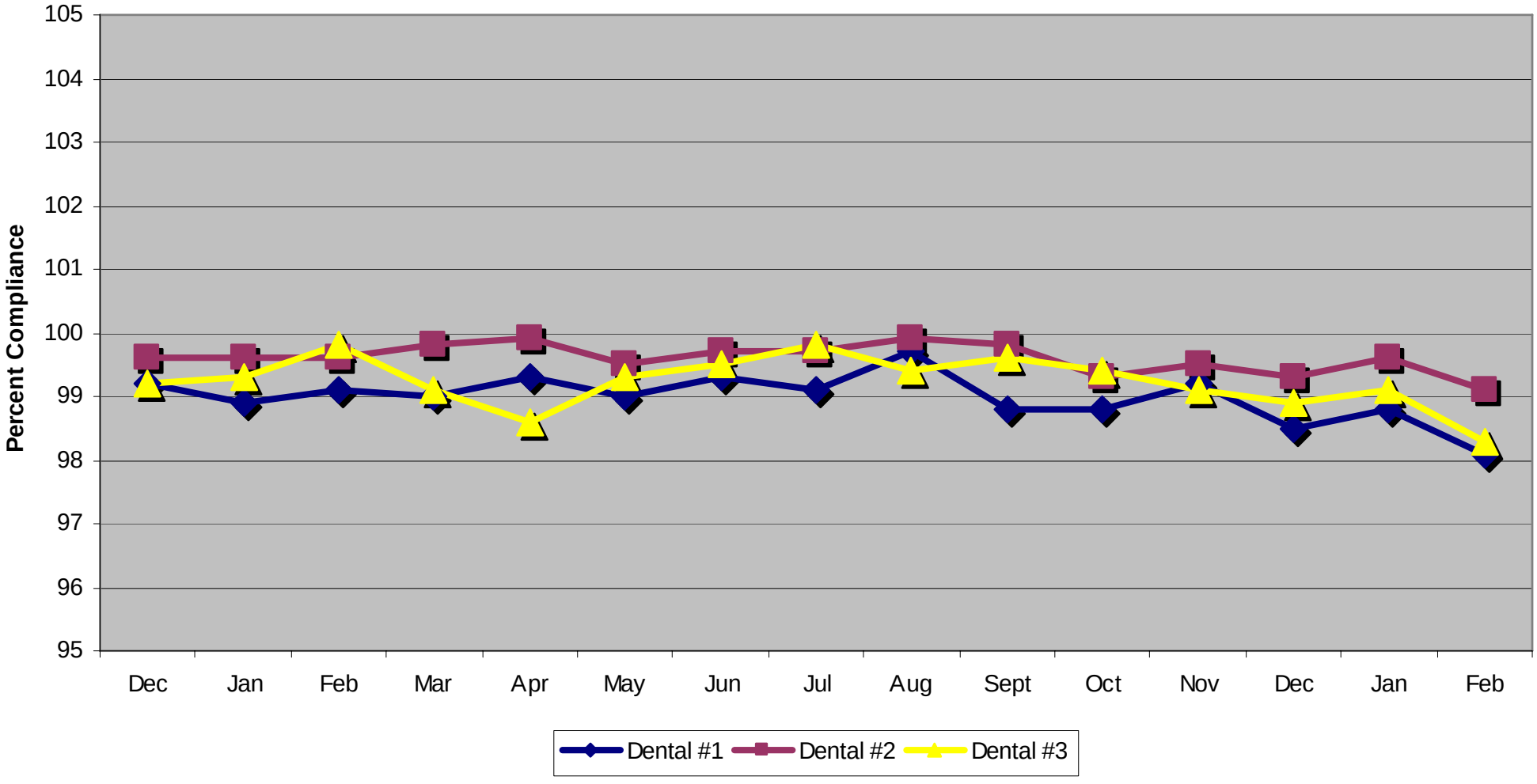
# Medical Access to Care
# Indicators FY 2009-2010 to Date



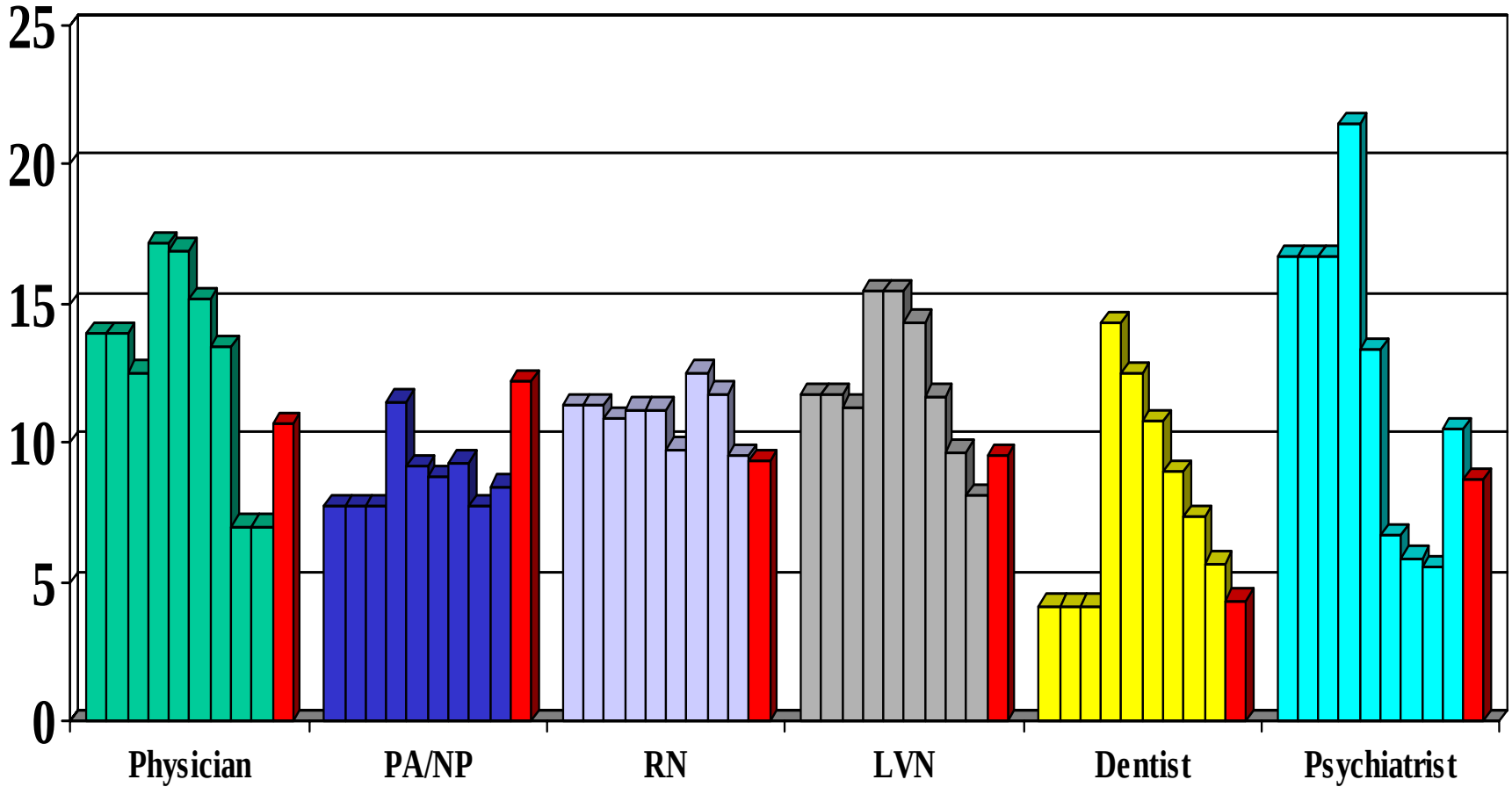
# Mental Health Access to Care
# Indicators FY 2009-2010 to Date



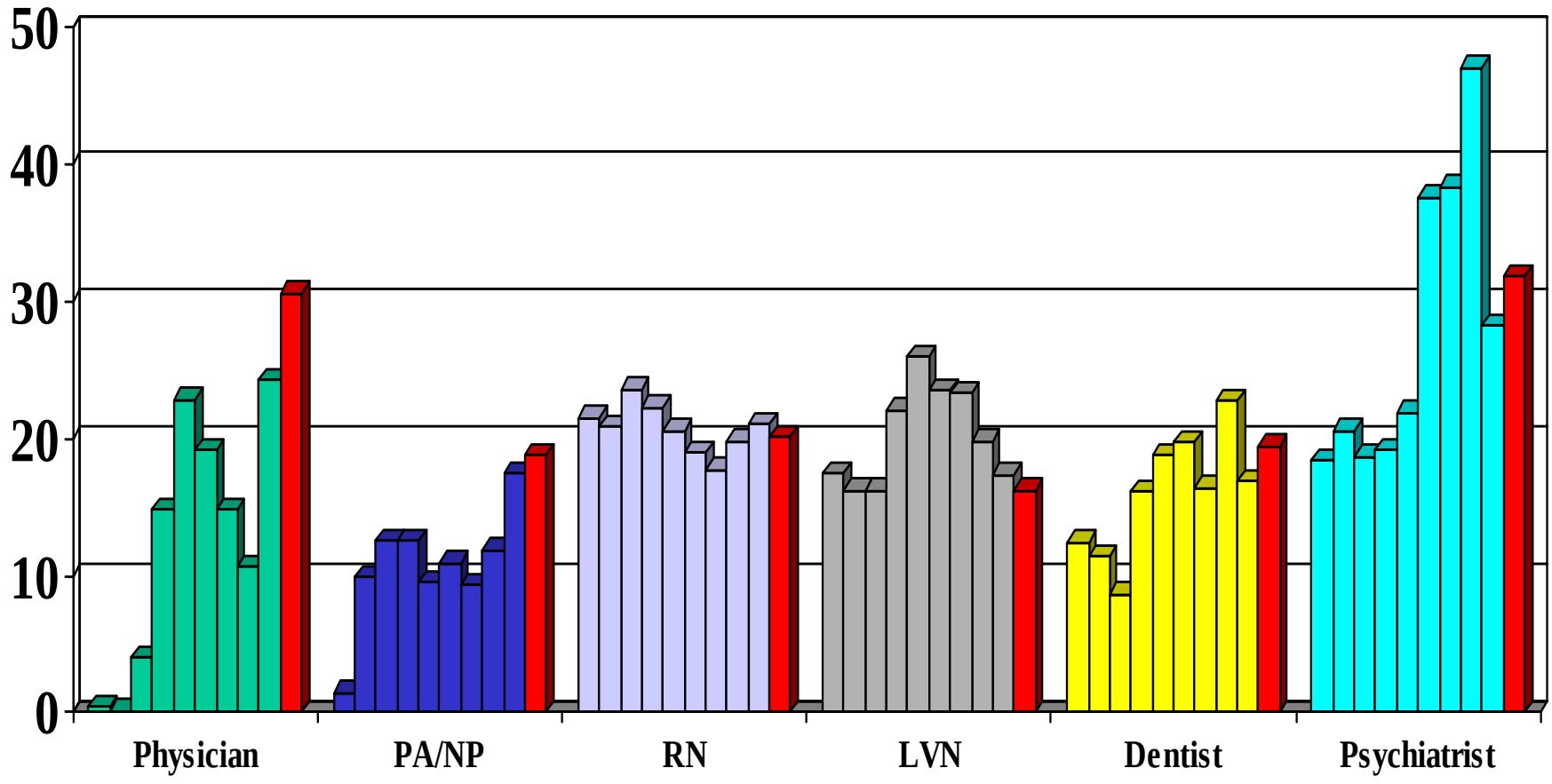
# Dental Access to Care
# Indicators FY 2009-2010 to Date



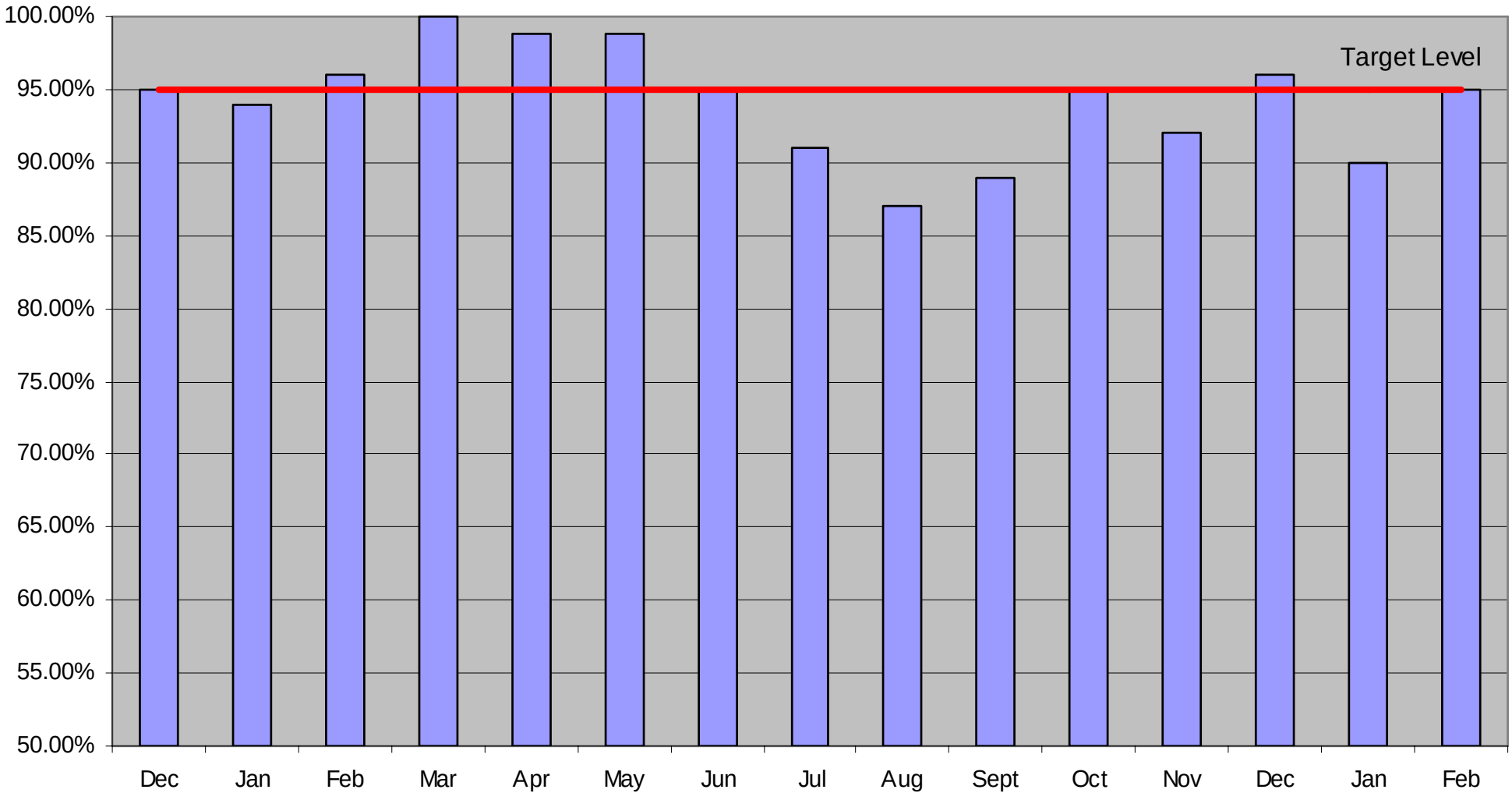
# UTMB Vacancy Rates (%)
# by Quarter FY 2009 - FY 2010



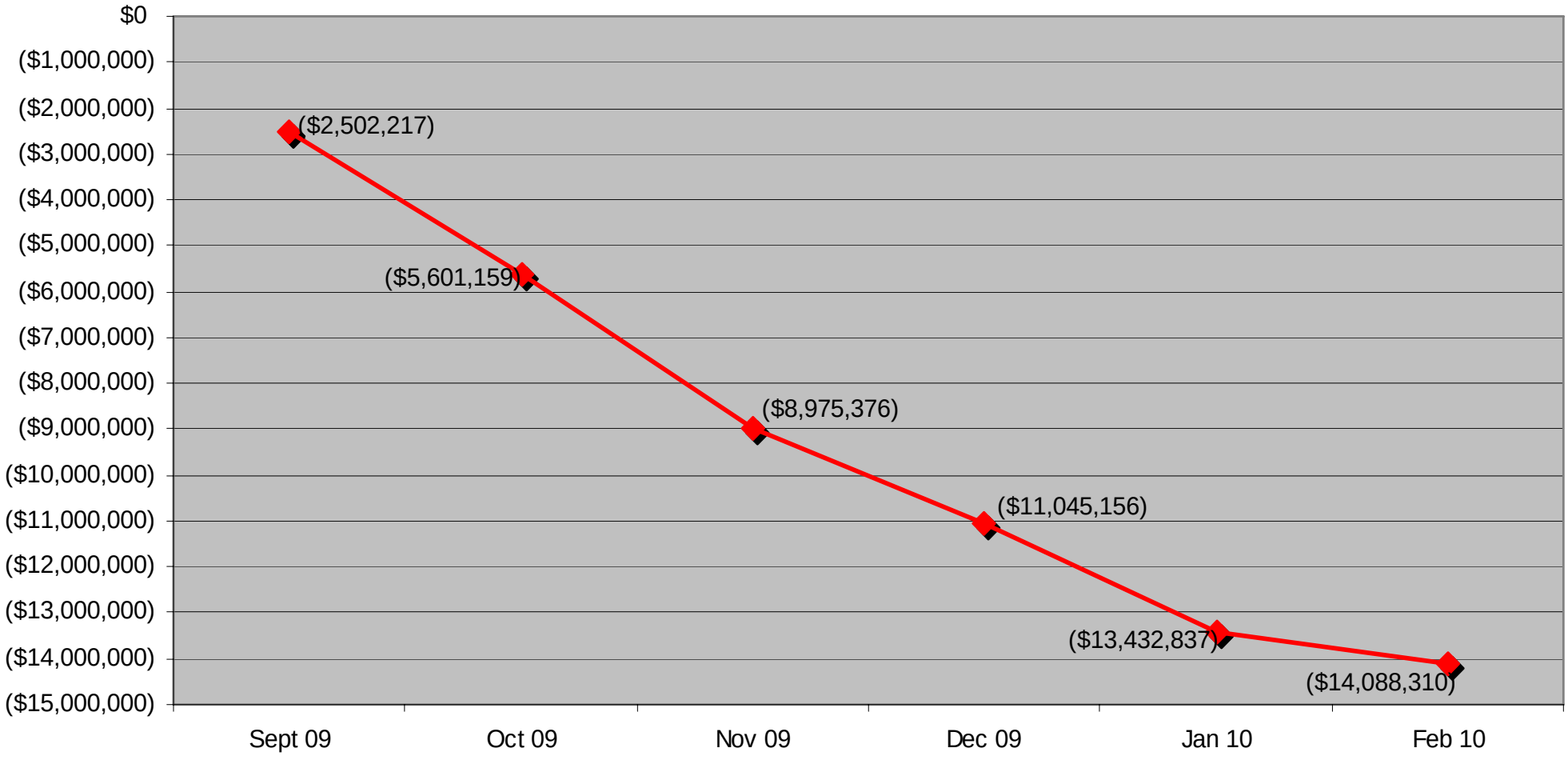
# TTUHSC Vacancy Rates (%) by Quarter FY 2009 - FY 2010



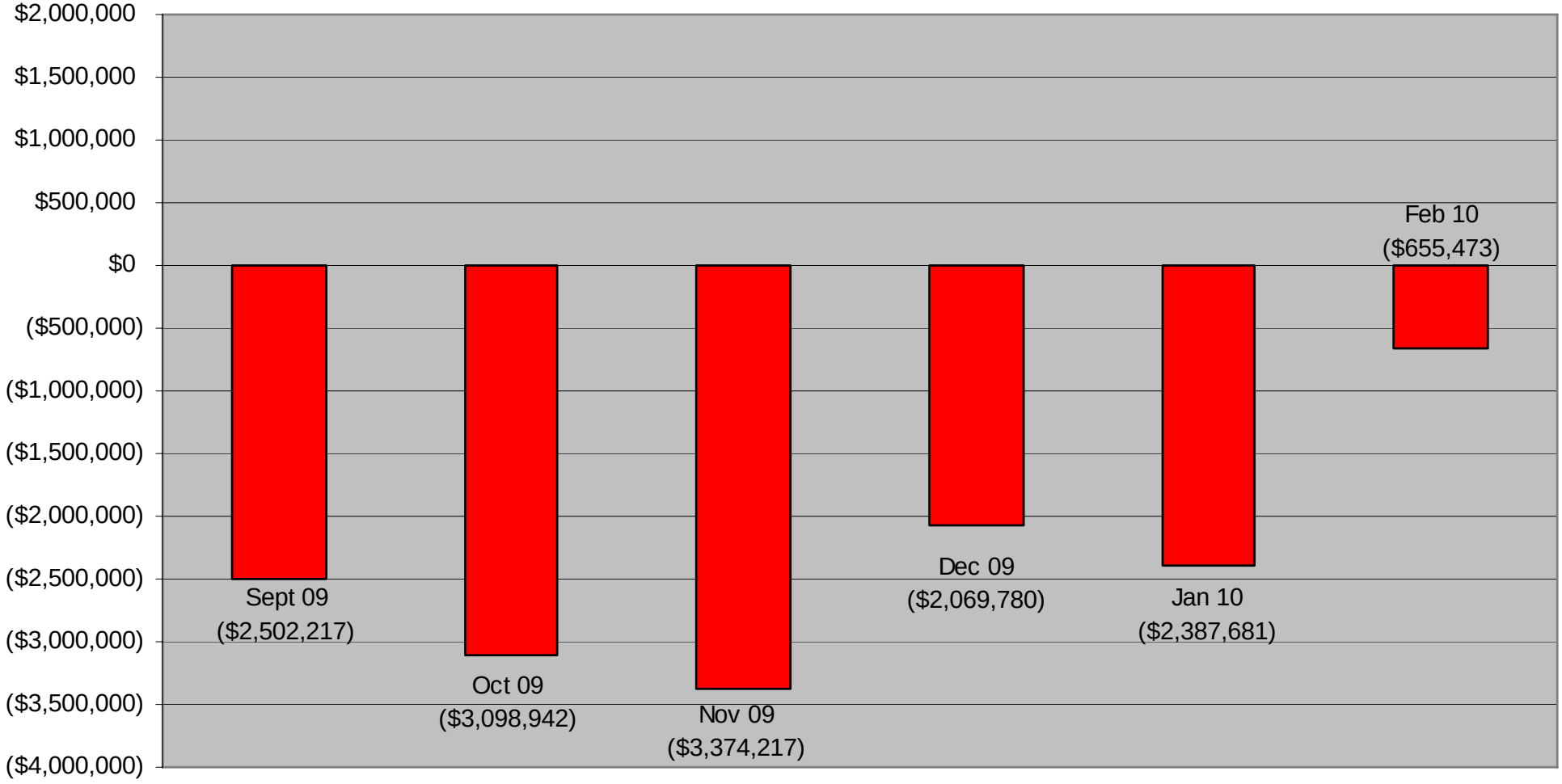
# Percent of Timely MRIS Summaries FY 2009-2010



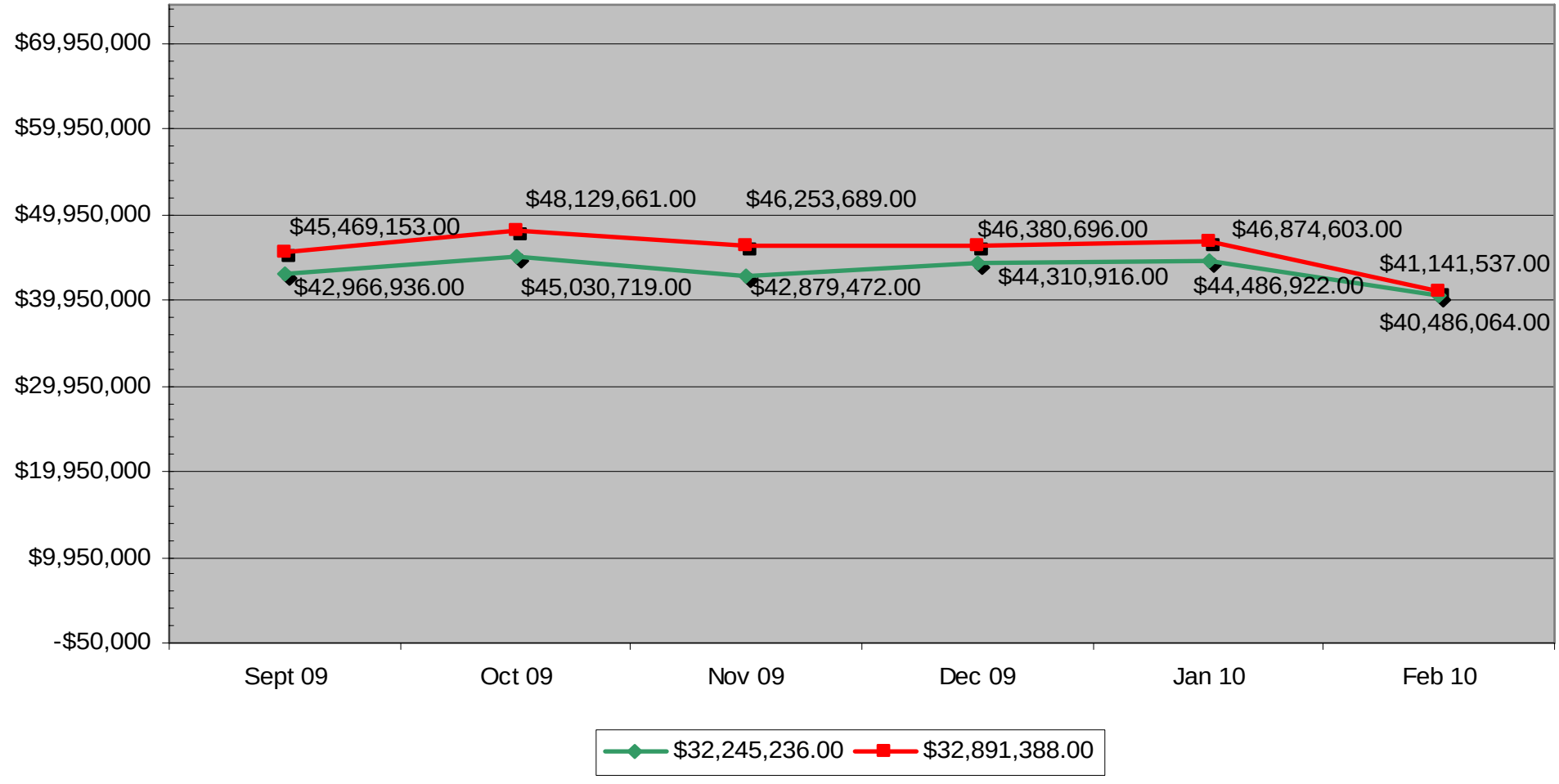
# Statewide Cumulative Loss/Gain
# FY 2010



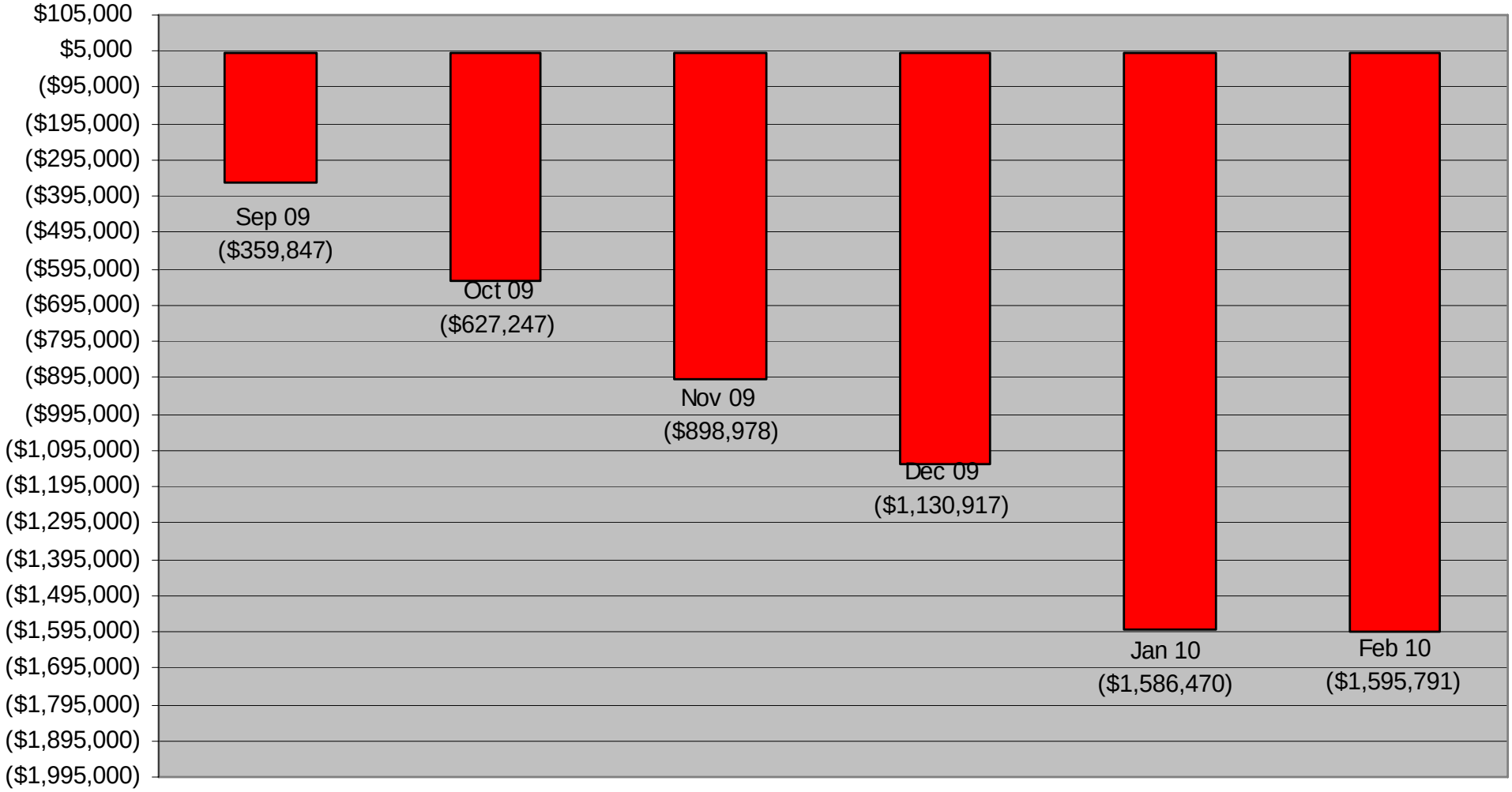
# Statewide Loss/Gain by Month
# FY 2010



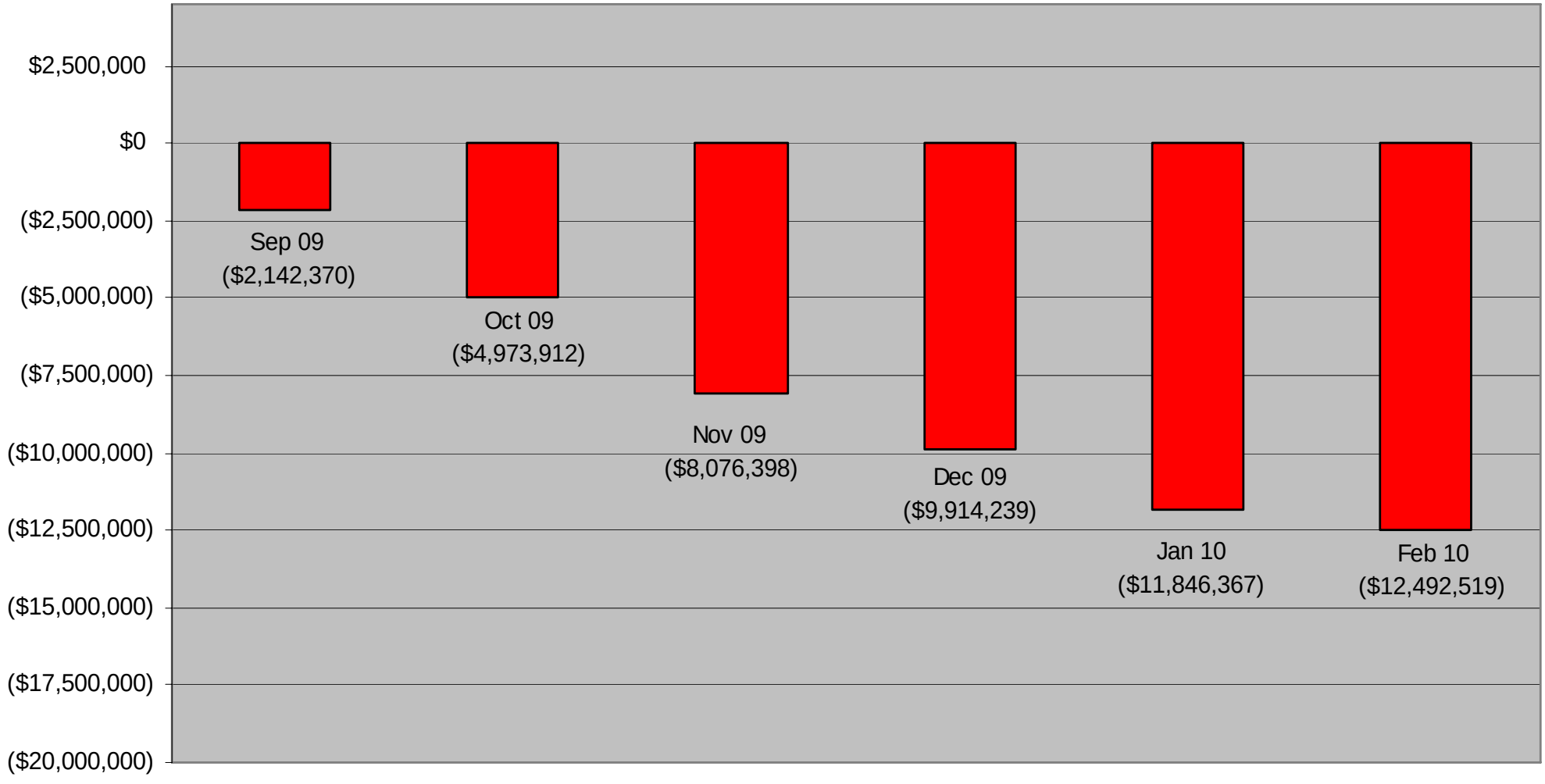
# Statewide Revenue v. Expenses by Month
# FY 2010



# TTUHSC Cumulative Loss/Gain
# FY 2010



# UTMB Cumulative Loss/Gain
# FY 2010



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

## As of June 2010

| Title of Position | CMHCC Partner Agency | Vacant Since (mm/yyyy) | Actions Taken to Fill Position |
|---|---|---|---|
| LVN III-Public Health | TDCJ | 04/2010 | Posted; Closed on 5/14/10; in process of interviewing. |
| Associate Psychologist I | TDCJ | 04/2010 | A decision memorandum was submitted to TDCJ Budget on 4/9/10 requesting approval to fill. |
| Correctional Physician | TTUHSC | 10/2008 | Continued advertisement in local and national publications; Expanded Recruiting Agency utilization. |
| PAMIO Medical Director | TTUHSC | 02/2009 | Continued advertisement in local and national publications; Expanded Recruiting Agency utilization. |
| Staff Psychiatrists | TTUHSC | 03/2009 | Continued advertisement in local and national publications; Expanded Recruiting Agency utilization. |
| Extenders | TTUHSC | 12/2008 | Continued advertisement in local and national publications; Expanded Recruiting Agency utilization. |

| Title of Position | CMHCC Partner Agency | Vacant Since (mm/yyyy) | Actions Taken to Fill Position |
|---|---|---|---|
| Dentists | TTUHSC | 01/2009 | Continued advertisement in local and national publications; Expanded Recruiting Agency utilization. |
| Correctional Physician | TTUHSC | 10/2008 | Continued advertisement in local and national publications; Expanded Recruiting Agency utilization. |
| Psychiatrists | UTMB | 09/2009 | Local and National Advertising, Conference, Contract with Timeline National Recruiting and other Agency Staffing |
| Administrative Manager MHS TDCJ | UTMB | 04/2010 | Local and National Advertising, Affiliation with Agency Recruiters |
| Physician I-III | UTMB | 09/2009 | Local and National Advertising, Conferences, Timeline National Recruiting and other agency |


# TEXAS DEPARTMENT OF CRIMINAL JUSTICE

# *HEALTH SERVICES DIVISION MEDICAL DIRECTOR'S REPORT*

***Second Quarter FY-2010***

***Lannette Linthicum, MD, CCHP-A, FACP***

# TABLE OF CONTENTS



## ATTACHMENTS

# TDCJ Medical Director's Report

## Office of Health Services Monitoring (OHSM)

### Operational Review Audit (ORA)

- During the Second Quarter of FY-2010 (December 2009, January and February 2010), 11 Operational Review Audits were conducted at the following facilities: Cole State Jail, Gurney, Jester I, Jester III, Jester IV, Kegans State Jail, Lockhart, Luther, Lychner State Jail, Michael, and C. Moore. The following is a summary of the items found to be most frequently below 80 percent compliant in the 11 Operational Review Audits conducted in the second quarter FY 2010.

1. Item **5.16 (8)** requires the Health Information Classification form (HSM-18) to be updated whenever an offender returns from an off-site specialty clinic, infirmary, or hospital when there are changes in medication orders, treatment plan, housing assignments, or disciplinary restrictions. Five of the 11 facilities were not in compliance with this requirement. The five facilities out of compliance were: Cole State Jail, Jester III, Lockhart, Luther and Lychner State Jail. Corrective actions were requested from the five facilities. At the time of this report, the five facilities are preparing facility-specific corrective actions to ensure future compliance.

2. Item **5.19 (3)** requires an annual physical exam for offenders 50 years of age or greater to be documented in the medical record within 30 days of their annual date of incarceration. Six of the 11 facilities were not in compliance with this requirement. The six facilities out of compliance were: Cole State Jail, Jester III, Lockhart, Luther, Michael, and C. Moore. Corrective actions were requested from the six facilities. At the time of this report, the six facilities are preparing facility-specific corrective actions to ensure future compliance.

3. Item **5.19 (4)** requires the annual physical exam performed on offenders 50 years of age or greater documented in the medical record to include height, weight, current vital signs, digital rectal exam, and fecal occult blood. Six of the 11 facilities were not in compliance with this requirement. The six facilities out of compliance were: Cole State Jail, Jester III, Lockhart, Luther, Lychner State Jail, and C. Moore. Corrective actions were requested from the six facilities. At the time of this report, the six facilities are preparing facility-specific corrective actions to ensure future compliance.

4. Item **5.19 (8)** requires documentation that three Hemoccult cards were collected from offenders 40 years of age or greater, or documentation that they refused the screening test, within 60 days of their annual date of incarceration. Eight of the 11 facilities were not in compliance with this requirement. The eight facilities out of compliance were: Cole State Jail, Jester I, Jester IV, Lockhart, Luther, Lychner State Jail, Michael, and C. Moore. Corrective actions were requested from the eight facilities. At the time of this report, the eight facilities are preparing facility-specific corrective actions to ensure future compliance.

5. Item **6.04 (4)** requires all offenders receiving anti-tuberculosis medication to have a Tuberculosis Patient Monitoring Record form (HSM-19) completed monthly. Six of the 11 facilities were not in compliance with this requirement. The six facilities out of compliance were: Gurney, Jester I, Jester IV, Kegans State Jail, Lychner State Jail, and Michael. Corrective actions were requested from the six facilities. At the time of this report, the six facilities are preparing facility-specific corrective actions to ensure future compliance.

**Operational Review Audit (ORA) Cont'd.**

6. Item **6.07 (2)** requires Texas Department of State Health Services Tuberculosis (TB) Elimination Division form (TB-400) to be completed for the following offenders: all TB suspect cases, active TB cases, and upon termination or completion of TB therapy. Seven of the eleven facilities were not in compliance with this requirement. The seven facilities out of compliance were: Gurney, Jester I, Jester III, Jester IV, Kegans State Jail, Lychner State Jail, and Michael. Corrective actions were requested from the seven facilities. At the time of this report, the seven facilities are preparing facility-specific corrective actions to ensure future compliance.

7. Item **6.33 (2)** requires Aspartateaminotransferase (AST) Platelet Ratio Index (APRI) be calculated at least annually for all offenders diagnosed with Hepatitis C Virus (HCV). Six of the 11 facilities were not in compliance with this requirement. The six facilities out of compliance were: Gurney, Jester I, Jester IV, Kegans State Jail, Luther, and Lychner State Jail. Corrective actions were requested from the six facilities. At the time of this report, the six facilities are preparing facility-specific corrective actions to ensure future compliance.

8. Item **6.35** requires the provider to document the reason if treatment for Hepatitis C Virus (HCV) is determined to not be indicated for offenders with chronic HCV infection. Six of the 11 facilities were not in compliance with this requirement. The six facilities out of compliance were: Gurney, Jester I, Jester IV, Kegans State Jail, Lychner State Jail, and Michael. Corrective actions were requested from the six facilities. At the time of this report, the six facilities are preparing facility-specific corrective actions to ensure future compliance.

9. Item **6.36 (2)** requires the influenza vaccine be offered annually to offenders with certain chronic diseases*, all offenders 55 years of age or older, and pregnant females after the first trimester. Vaccinations are to be documented on the Abstract of Immunizations form (HSM-2) when administered. If the vaccination is refused, refusal must be documented with a signed Refusal of Treatment Form (HSM-82). Five of the 11 facilities were not in compliance with this requirement. The five facilities out of compliance were: Gurney, Jester I, Jester III, Lychner State Jail, and Michael. Corrective actions were requested from the five facilities. At the time of this report, the five facilities are preparing facility-specific corrective actions to ensure future compliance.

   **Diseases for which influenza vaccine is indicated: heart disease, moderate to severe Asthma, COPD, Diabetes, immunocompromised conditions such as Human Immunodeficiency Virus (HIV) infection, most cancers, End-stage Renal disease, and Sickle Cell disease.*

10. Item **6.37** requires the pneumococcal vaccine be offered to offenders with certain chronic diseases and conditions*, and all offenders 65 years of age or older. Vaccinations are to be documented on the Abstract of Immunizations form (HSM-2) when administered. If the vaccination is refused, the refusal must be documented with a signed Refusal of Treatment form (HSM-82). Six of the 11 facilities were not in compliance with this requirement. The six facilities out of compliance were: Jester I, Jester III, Jester IV, Kegans State Jail, Luther, and Lychner State Jail. Corrective actions were requested from the six facilities. At the time of this report, the six facilities are preparing facility-specific corrective actions to ensure future compliance.

    **Diseases and conditions for which the pneumococcal vaccine is indicated: heart disease, emphysema, COPD, Diabetes, Splenic Dysfunction, Anatomic Asplenia, Human Immunodeficiency Virus (HIV) infection, most Cancers, Sickle Cell disorder, Cirrhosis, alcoholism, Renal Failure, and* Cerebrospinal fluid *(CSF) leaks. (Note that Asthma is not included unless it is associated with COPD, Emphysema or long-term systemic steroid use).*

**Grievances and Patient Liaison Correspondence**

During the Second Quarter of FY-2010 (December 2009, January and February 2010), the Patient Liaison Program and the Step II Grievance Program received 2,741 correspondences: Patient Liaison Program had 1,204 and Step II Grievance had 1,537**.** Of the total number of correspondences received, 332 (12.11 percent) Action Requests were generated by the Patient Liaison Program and the Step II Grievance Program. The University of Texas Medical Branch (UTMB) and Texas Tech University Health Science Center (TTUHSC) combined percentage of sustained offender grievances for the Step II medical grievances was five percent for the Second Quarter of FY-2010. Performance measure expectation is six percent or less (Article IX, Correctional Managed Health Care contract). The percentage of sustained Step II medical grievances from UTMB was six percent and five percent for TTUHSC for the Second Quarter of FY-2010.

**Quality Improvement (QI) Access to Care Audits**

During the Second Quarter of FY-2010 (December 2009, January and February 2010), the Patient Liaison Program nurses and investigators performed 115 Sick Call Request Verification audits (SCRV). At some units, Expansion Cell Block areas were counted as a separate audit. This audit was formerly known as Access to Care audits. The SCRV audits looked at verification of facility information. A random sample of Sick Call Requests was also audited by the Office of Professional Standards (OPS) staff. At each facility, the OPS staff continued education of the medical staff. Of the 111 facilities audited, a total of 1,035 indicators were reviewed and 291 of them fell below the 80 percent threshold, which represents three percent.

**Capital Assets Monitoring**

The Fixed Assets Contract Monitoring officer audited 11 units for the operational review audits during the Second Quarter FY-2010, which were: Cole State Jail, Gurney, Jester I, Jester III, Jester IV, Kegans State Jail, Lockhart, Luther, Lychner State Jail, Michael, and C. Moore. These audits are conducted to monitor compliance with the Health Services Policy and State Property Accounting (SPA) policy regarding inventory procedures. All 11 units were within the required compliance range.

**Office of Public Health**

The Office of Public Health monitors the incidence of infectious disease within the Texas Department of Criminal Justice. The following is a summary of this monitoring for the Second Quarter of FY-2010:

- 160 cases of suspected syphilis were reported in the Second Quarter FY-2010, compared to 217 in the same quarter in FY-2009. These figures represent a slight overestimation of actual number of cases, as some of the suspected cases will later be determined to be resolved prior infections, rather than new cases.

- 440 Methicillin-Resistant Staphylococcus Aureus (MRSA) cases were reported in this quarter, compared to 828 during the same quarter FY-2009. Despite the apparent decrease for FY-2010, the year-to-date numbers have decreased from 3,618 for 2008 to 2,804 for 2009. The incidence of Methicillin-Sensitive Staphylococcus Aureus (MSSA) has remained stable at about 1,400 to 1,500 reports per year.

- There was an average of 22 Tuberculosis (TB) cases under management per month during the Second Quarter FY-2010, compared to an average of 23 per month during the Second Quarter FY-2009.

**Office of Public Health (Continued)**

- In FY-2006, the Office of Public Health began reporting the activities of the Sexual Assault Nurse Examiner (SANE) Coordinator. This position collaborates with the Safe Prisons Program and is trained and certified as a SANE. Although the SANE Coordinator does not teach the SANE Curriculum because of restrictions imposed by the State Attorney General's Office, this person provides inservice training to facility providers in the performance of medical examination, evidence collection and documentation, and use of the sexual assault kits. During the Second Quarter FY-2010, seven training sessions were held and 88 medical staff were trained**.** This position also audits the documentation and services provided by medical personnel for each sexual assault reported. There have been 145 chart reviews of alleged sexual assaults performed for the Second Quarter FY-2010. The following units had one deficiency each: Boyd, Byrd, Coffield, Hightower, Hobby, Hughes, Terrell, and Polunsky. Corrective action plans were requested from all of these units, and have been received from Hughes, Polunsky, and Terrell. 10 baseline labs were drawn on exposed victims.

- Currently, Peer Education Programs are available at 108 of the 112 facilities housing Correctional Institution Division offenders. During the Second Quarter FY-2010, 16,087 offenders attended classes presented by peer educators. This was a 1.07 percent increase from the 15,071 attendees in the Second Quarter FY-2009. The four units that do not have Peer Education Programs are Hospital Galveston, Mineral Wells Facility, San Saba Facility, and Travis State Jail.

**Mortality and Morbidity**

There were 223 deaths reviewed by the Mortality and Morbidity Committee during the months of December 2009, January, and February 2010. Of those 223 deaths, 21 were referred to peer review committees and one was referred to utilization review.

A referral to a peer review committee does not necessarily indicate that substandard care was provided. It is a request for the Correctional Managed Health Care providers to review the case through their respective quality assurance processes. Referrals may also be made to address systemic issues to improve the delivery of health care.

| Peer Review Committee | Number of Cases Referred |
|---|---|
| Provider & Nursing Peer Review | 6 |
| Nursing Peer Review | 13 |
| Provider Peer Review | 2 |
| **Total** | **21** |

**Mental Health Services Monitoring & Liaison**

The following is a summary of the activities performed by the Office of Mental Health Monitoring and Liaison (OMH M&L) during the Second Quarter of FY-2010.

**Mental Health Services Monitoring & Liaison (Continued)**

- Liaison with County Jails identified the immediate mental health needs of 36 offenders approved for expedited admission to TDCJ due to psychiatric conditions. This information was provided to the appropriate TDCJ facility prior to intake.

- The Mental Health/Mental Retardation (MH/MR) history was reviewed for 17,918 offenders brought into TDCJ Correctional Institution Division and the State Jail Division. 3,133 offenders were identified as having a documented history of mental illness. This information was provided to the appropriate intake/receiving facilities. Intake facilities were provided with critical mental health data, not otherwise available, for 2,562 offenders. These offenders, with an identified history of mental illness, were reviewed to ensure they were evaluated by a Qualified Mental Health Provider. Continuity of care was audited for 27 intake/receiving facilities, 16 of those facilities met or exceeded 80 percent compliance. The 12 facilities that did not meet the 80 percent criteria were: Bartlett, Burnet, Byrd, East Texas Treatment, Formby, Garza, Gurney, Hutchins, Kyle, North Texas ISF, Sanchez Facilities, and Travis County State Jail. 345 offenders were referred for follow-up care. Corrective Action Plans were requested and received for all facilities.

- 3,182 Texas Uniform Health Status Update forms were reviewed which identified 1,059 deficiencies, primarily incomplete data.

- 208 offenders with high risk factors (i.e. over 60 years old, or sentences of over 40 years non-aggravated or 25 years aggravated), who were not on the mental health caseload and were transferring through the Byrd Facility caseload into the Correctional Institutional Division were interviewed and resulted in 9 referrals.

- 39 offenders were screened for TDCJ Boot Camp. 38 offenders were found appropriate for TDCJ Boot Camp, with one offender being denied due to increased mental health needs**.**

- 18 Administrative Segregation facilities were audited. 4,609 offenders were observed, 2,581 of them were interviewed and 13 were referred to the university providers for further evaluation. Access to Care (ATC) 4, (i.e. timely triage) and ATC 5, (i.e. documentation of Sick Call Requests), met or exceeded 80 percent compliance for 17 facilities. The Clemens Unit did not meet this compliance. ATC 6, (i.e. referral from triage), compliance was 100 percent for 17 facilities. The Allred Facility did not meet the 80 percent compliance for ATC 6. The Clemens, Ellis, Lychner Units, and Travis County Jail had no referrals from triage.

- Three Special Needs Substance Abuse Felony Punishment Program (SAFP) facilities, Estelle, Hackberry, and Jester I Facilities were audited for Continuity and Quality of Care. The continuity/quality of care on the three units was appropriate. The OMH M&L reviewed all proposed behavioral discharges from Special Needs SAFP facilities to ensure that mental health issues were appropriately address prior to the final decision to discharge the offender from the program. There were 41 behavioral discharges reviewed and six of these did not have sufficient documentation**.**

**Clinical Administration**

During the Second Quarter of FY-2010, 10 percent of the combined UTMB and TTUHSC hospital and infirmary discharges were audited. A total of the 154 hospital discharges and 64 inpatient facility discharges were audited. The chart below summarizes the audits performed and the number of cases with deficiencies and their percentages.

**Clinical Administration (Continued)**

| Texas Tech Hospital Discharges | | | | |
|---|---|---|---|---|
| Month | Audits Performed | Unstable Discharges[1] (Cases with deficiencies) | Acute Problems[2] (Cases with deficiencies) | Lack Documentation[3] (Cases with deficiencies) |
| December | 6 | 3 (50%) | 0 | 6 (100%) |
| January | 6 | 1 (17%) | 0 | 6 (100%) |
| February | 5 | 1 (20%) | 0 | 2 (40%) |
| UTMB Hospital Discharges | | | | |
| Month | Audits Performed | Unstable Discharges[1] (Cases with deficiencies) | Acute Problems[2] (Cases with deficiencies) | Lack Documentation[3] (Cases with deficiencies) |
| December | 50 | 8 (16%) | 3 (6%) | 10 (20%) |
| January | 44 | 19 (43%) | 4 (9%) | 17 (39%) |
| February | 43 | 16 (37%) | 1 (2%) | 12 (28%) |
| **Total: Combined Hospital Discharges (Texas Tech and UTMB)** | | | | |
| **Month** | **Audits Performed** | **Unstable Discharges[1] (Cases with deficiencies)** | **Acute Problems[2] (Cases with deficiencies)** | **Lack Documentation[3] (Cases with deficiencies)** |
| **December** | **56** | **11 (20%)** | **3 (5%)** | **16 (29%)** |
| **January** | **50** | **20 (40%)** | **4 (8%)** | **23 (46%)** |
| **February** | **48** | **17 (35%)** | **1 (2%)** | **14 (29%)** |

| Texas Tech Inpatient Facility Discharges | | | | |
|---|---|---|---|---|
| Month | Audits Performed | Unstable Discharges[1] (Cases with deficiencies) | Acute Problems[2] (Cases with deficiencies) | Lack Documentation[3] (Cases with deficiencies) |
| December | 8 | 1 (13%) | 0 | 4 (50%) |
| January | 12 | 8 (67%) | 0 | 4 (33%) |
| February | 9 | 3 (33%) | 0 | 4 (44%) |
| UTMB Inpatient Facility Discharges | | | | |
| Month | Audits Performed | Unstable Discharges[1] (Cases with deficiencies) | Acute Problems[2] (Cases with deficiencies) | Lack Documentation[3] (Cases with deficiencies) |
| December | 17 | 7 (41%) | 3 (18%) | 0 |
| January | 7 | 4 (57%) | 0 | 0 |
| February | 11 | 3 (27%) | 1 (9%) | 0 |
| **Total: Combined Inpatient Facility Discharges (Texas Tech and UTMB)** | | | | |
| **Month** | **Audits Performed** | **Unstable Discharges[1] (Cases with deficiencies)** | **Acute Problems[2] (Cases with deficiencies)** | **Lack Documentation[3] (Cases with deficiencies)** |
| **December** | **23** | **8 (35%)** | **3 (13%)** | **4 (17%)** |
| **January** | **19** | **12 (63%)** | **0** | **4 (21%)** |
| **February** | **20** | **6 (30%)** | **1 (5%)** | **4 (20%)** |

**Accreditation**

The American Correctional Association (ACA) of Commissioners met at the Winter Conferences in Tampa, Florida on January 22 – 27, 2010. Seven TDCJ facilities which received Reaccreditation were: Boyd, Hamilton, Havins, Neal, Pack, Powledge, and Tulia.

**Biomedical Research Projects**

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

- Correctional Institutions Division Active Monthly Research Projects – 31,
- Correctional Institutions Division Pending Monthly Research Projects – 4,
- Health Services Division Active Monthly Medical Research Projects – 10, and
- Health Services Division Pending Medical Research Projects – 0.

# Correctional Managed Health Care

# Quarterly Report
# FY 2010 Second Quarter

**September 2009 – February 2010**

## Summary

This report is submitted in accordance with Rider 41; page V-21, Senate Bill 1, 81st Legislature, and Regular Session 2009. The report summarizes activity through the second quarter of FY 2010. Following this summary are individual data tables and charts supporting this report.

### *Background*

During Fiscal Year 2010, approximately $466.4 million within the TDCJ appropriation has been allocated for funding correctional health care services. This funding included:

- $425.0M in general revenue appropriations in strategy C.1.8 (Managed Health Care, medical services)
- $41.4M in general revenue appropriations in strategy C.1.7. (Psychiatric Care).

Of this funding, $465.7M (99.9%) was allocated for health care services provided by UTMB and TTUHSC. $669K (0.1%) was allocated for funding of the operation of the Correctional Managed Health Care Committee.

These payments are made directly to the university providers according to their contracts. Benefit reimbursement amounts and expenditures are included in the reported totals provided by the universities.

## *Report Highlights*

**Population Indicators**

- Through the second quarter of this fiscal year, the correctional health care program has slightly increased in the overall offender population served by the program. The average daily population served through the second quarter of FY 2010 was 151,254. Through this same quarter a year ago (FY 2009), the average daily population was 150,659, an increase of 595 (0.39%). While overall growth was relatively stable, the number of offenders age 55 and over has continued to steadily increase.
  - Consistent with the trend for the last several years, the number of offenders in the service population aged 55 or older has continued to rise at a faster rate than the overall population. Through the second quarter of FY 2010, the average number of older offenders in the service population was 11,642. Through this same quarter a year ago (FY 2009), the average number of offenders age 55 and over was 10,821. This represents an increase of 821 or about 7.6% more older offenders than a year ago.
  - The overall HIV+ population has remained relatively stable throughout the last few years and continued to remain so through this quarter, averaging 2,416 (or about 1.6% of the population served).
  - Two mental health caseload measures have also remained relatively stable:
    - The average number of psychiatric inpatients within the system was 1,917 through the second quarter of FY 2010, as compared to 1,933 through the same quarter a year ago (FY 2009). The inpatient caseload is limited by the number of available inpatient beds in the system.
    - Through the second quarter of FY 2010, the average number of mental health outpatients was 20,911 representing 13.8% of the service population.

**Health Care Costs**

- Overall health costs through the second quarter of FY 2010 totaled $274.2M. This amount exceeded overall revenues earned by the university providers by $14.1M or 5.10%.
  - UTMB's total revenue through the quarter was $207.1M. Their expenditures totaled $219.6M, resulting in a net shortfall of $12.5M. On a per offender per day basis, UTMB earned $9.46 in revenue and expended $10.03 resulting in a shortfall of $0.57 per offender per day.

- TTUHSC's total revenue through the second quarter was $53.0M. Expenditures totaled $54.6M, resulting in a net shortfall of $1.6M. On a per offender per day basis, TTUHSC earned $9.40 in revenue, but expended $9.69 resulting in a shortfall of $0.29 per offender per day.

- Examining the health care costs in further detail indicates that of the $274.2M in expenses reported through the second quarter of the year:
  - Onsite services (those medical services provided at the prison units) comprised $129.7M representing about 47.3% of the total health care expenses:
    - Of this amount, 80.6% was for salaries and benefits and 19.4% for operating costs.
  - Pharmacy services totaled $26.9M representing approximately 9.8% of the total expenses:
    - Of this amount 17.1% was for related salaries and benefits, 3.5% for operating costs and 79.4% for drug purchases.
  - Offsite services (services including hospitalization and specialty clinic care) accounted for $86.7M or 31.6% of total expenses:
    - Of this amount 63.8% was for estimated university provider hospital, physician and professional services; and 36.2% for Freeworld (non-university) hospital, specialty and emergency care.
  - Mental health services totaled $24.3M or 8.9% of the total costs:
    - Of this amount, 96.4% was for mental health staff salaries and benefits, with the remaining 3.6% for operating costs.
  - Indirect support expenses accounted for $6.6M and represented 2.4% of the total costs.

- The total cost per offender per day for all health care services statewide through the second quarter of FY 2010 was $9.96. The average cost per offender per day for the prior four fiscal years was $8.38.
    - For UTMB, the cost per offender per day was $10.03. This is higher than the average cost per offender per day for the last four fiscal years of $8.46.
    - For TTUHSC, the cost per offender per day was $9.69, significantly higher than the average cost per offender per day for the last four fiscal years of $8.09.
    - Differences in cost between UTMB and TTUHSC relate to the differences in mission, population assigned and the acuity level of the offender patients served.

**Aging Offenders**

- As consistently noted in prior reports, the aging of the offender population has a demonstrated impact on the resources of the health care system. Offenders age 55 and older access the health care delivery system at a much higher level and frequency than younger offenders:
    - Encounter data through the second quarter of FY 2010 indicates that offenders aged 55 and over had a documented encounter with medical staff a little under three times as often as those under age 55.
    - An examination of hospital admissions by age category found that through this quarter of the fiscal year, hospital costs received to date for charges incurred this fiscal year for offenders over age 55 totaled approximately $2,041 per offender. The same calculation for offenders under age 55 totaled about $310. In terms of hospitalization, the older offenders were utilizing health care resources at a rate more than six times higher than the younger offenders. While comprising about 7.7% of the overall service population, offenders age 55 and over account for more than 35.4% of the hospitalization costs received to date.
    - A third examination of dialysis costs found that, proportionately, older offenders are represented at five times more often in the dialysis population than younger offenders. Dialysis costs continue to be significant, averaging about $23.2K per patient per year. Providing medically necessary dialysis treatment for an average of 194 patients through the second quarter of FY2010 cost $2.2M.

**Drug Costs**

- Total drug costs through the second quarter of FY 2010 totaled $20.3M.
    - Pharmaceutical costs related to HIV care continue to be the largest single component of pharmacy expenses.
        - Through this quarter, $9.5M in costs (or just under $1.6M per month) for HIV antiretroviral medication costs were experienced. This represents 46.7% of the total drug cost during this time period.
        - Expenses for psychiatric drugs are also being tracked, with $990K being expended for psychiatric medications through the second quarter, representing 4.9% of the overall drug cost.
        - Another pharmacy indicator being tracked is the cost related to Hepatitis C therapies. These costs were $1.4M and represented by 6.6% of the total drug cost.

### *Reporting of Fund Balances*

- In accordance with Rider 41, page V-21, Senate Bill 1, 81st Legislature, Regular Session 2009, both the University of Texas Medical Branch and Texas Tech University Health Sciences Center are required to report if they hold any monies in reserve for correctional managed health care. UTMB reports that they hold no such reserves and report a total shortfall of $12,492,519 through this quarter. TTUHSC reports that they hold no such reserves and report a total shortfall of $1,595,791.

- A summary analysis of the ending balances, revenue and payments through the second quarter for all CMHCC accounts is included in this report. That summary indicates that the net unencumbered balance on all CMHCC accounts on February 28, 2010 was a negative $117,361,372.69. It should be noted that this negative balance is due to the advanced third quarter payments and that this balance will increase over the course of the third quarter.

### *Financial Monitoring*

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

The testing of detail transactions performed on TTUHSC's financial information for January and February 2010, found no discrepancies.

The testing of detail transactions performed on UTMB's financial information for January and February 2010 has resulted in one classification error and found all tested transactions with backup to be verified.

### *Concluding Notes*

The combined operating loss for the university providers through the second quarter of FY 2010 is $14,088,310. The university providers are continuing to monitor their expenditures closely, while seeking additional opportunities to reduce costs in order to minimize their operating losses.

## *Listing of Supporting Tables and Charts*

**Table 1**

***Correctional Managed Health Care***

***FY 2010 Budget Allocations***

## *Distribution of Funds*

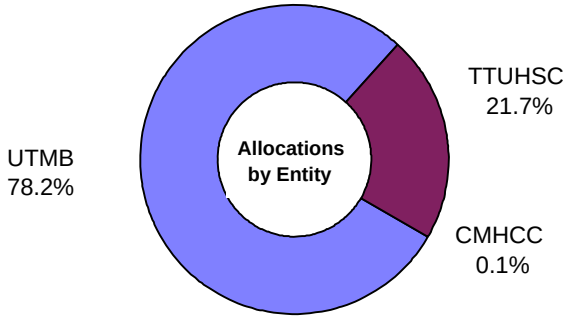
| Allocated to | FY 2010 |
|---|---|
| **University Providers** | |
| **The University of Texas Medical Branch** | |
| Medical Services | $337,982,054 |
| Mental Health Services | $28,084,575 |
| Subtotal UTMB | $366,066,629 |
| **Texas Tech University Health Sciences Center** | |
| Medical Services | $86,347,837 |
| Mental Health Services | $13,286,944 |
| Subtotal TTUHSC | $99,634,781 |
| SUBTOTAL UNIVERSITY PROVIDERS | $465,701,410 |
| **Correctional Managed Health Care Committee** | $669,053 |
| **TOTAL DISTRIBUTION** | **$466,370,463** |

## *Source of Funds*

| Source | FY 2010 |
|---|---|
| **Legislative Appropriations** | |
| SB 1, Article V, TDCJ Appropriations | |
| Strategy C.1.8. Managed Health Care | $424,998,944 |
| Strategy C.1.7 Psychiatric Care | $41,371,519 |
| **TOTAL** | **$466,370,463** |

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

**Chart 1**



# Table 2
# FY 2010
# Key Population Indicators
# Correctional Health Care Program

| Indicator | Sep-09 | Oct-09 | Nov-09 | Dec-09 | Jan-10 | Feb-10 | Population Year to Date Avg. |
|---|---|---|---|---|---|---|---|
| **Avg. Population Served by CMHC:** | | | | | | | |
| UTMB State-Operated Population | 108,963 | 108,894 | 108,450 | 108,413 | 108,068 | 108,220 | 108,501 |
| UTMB Private Prison Population* | 11,852 | 11,811 | 11,796 | 11,783 | 11,731 | 11,687 | 11,777 |
| UTMB Total Service Population | 120,815 | 120,705 | 120,246 | 120,196 | 119,799 | 119,908 | 120,278 |
| TTUHSC Total Service Population | 30,958 | 30,887 | 31,042 | 31,051 | 30,945 | 30,972 | 30,976 |
| **CMHC Service Population Total** | **151,773** | **151,592** | **151,287** | **151,247** | **150,744** | **150,879** | **151,254** |
| **Population Age 55 and Over** | | | | | | | |
| UTMB Service Population Average | 9,564 | 9,595 | 9,608 | 9,652 | 9,654 | 9,733 | 9,634 |
| TTUHSC Service Population Average | 1,978 | 1,984 | 1,993 | 2,007 | 2,029 | 2,055 | 2,008 |
| **CMHC Service Population Average** | **11,542** | **11,579** | **11,601** | **11,659** | **11,683** | **11,788** | **11,642** |
| **HIV+ Population** | **2,445** | **2,430** | **2,414** | **2,414** | **2,419** | **2,376** | **2,416** |
| **Mental Health Inpatient Census** | | | | | | | |
| UTMB Psychiatric Inpatient Average | 1,028 | 1,023 | 1,000 | 978 | 987 | 994 | 1,002 |
| TTUHSC Psychiatric Inpatient Average | 915 | 899 | 915 | 923 | 911 | 929 | 915 |
| **CMHC Psychiatric Inpatient Average** | **1,943** | **1,922** | **1,915** | **1,901** | **1,898** | **1,923** | **1,917** |
| **Mental Health Outpatient Census** | | | | | | | |
| UTMB Psychiatric Outpatient Average | 17,715 | 17,909 | 16,361 | 17,484 | 16,098 | 15,896 | 16,911 |
| TTUHSC Psychiatric Outpatient Average | 3,981 | 4,150 | 3,639 | 4,372 | 3,788 | 4,075 | 4,001 |
| **CMHC Psychiatric Outpatient Average** | **21,696** | **22,059** | **20,000** | **21,856** | **19,886** | **19,971** | **20,911** |

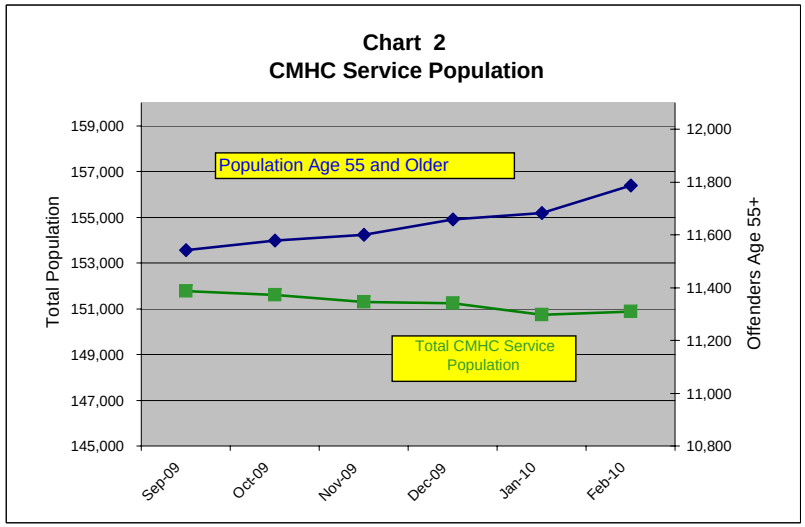


Chart 2
CMHC Service Population
Total Population
Offenders Age 55+
159,000
157,000
155,000
153,000
151,000
149,000
147,000
145,000
12,000
11,800
11,600
11,400
11,200
11,000
10,800
Population Age 55 and Older
Total CMHC Service Population
Sep-09
Oct-09
Nov-09
Dec-09
Jan-10
Feb-10

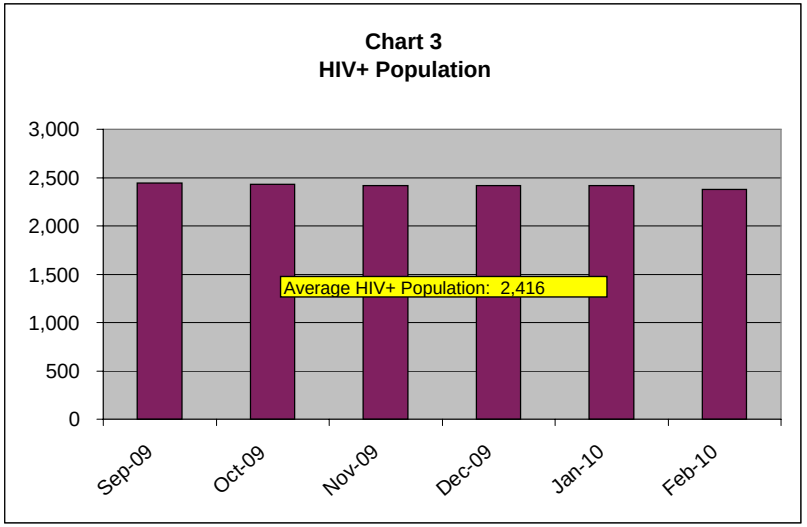


Chart 3
HIV+ Population
3,000
2,500
2,000
1,500
1,000
500
0
Average HIV+ Population: 2,416
Sep-09
Oct-09
Nov-09
Dec-09
Jan-10
Feb-10

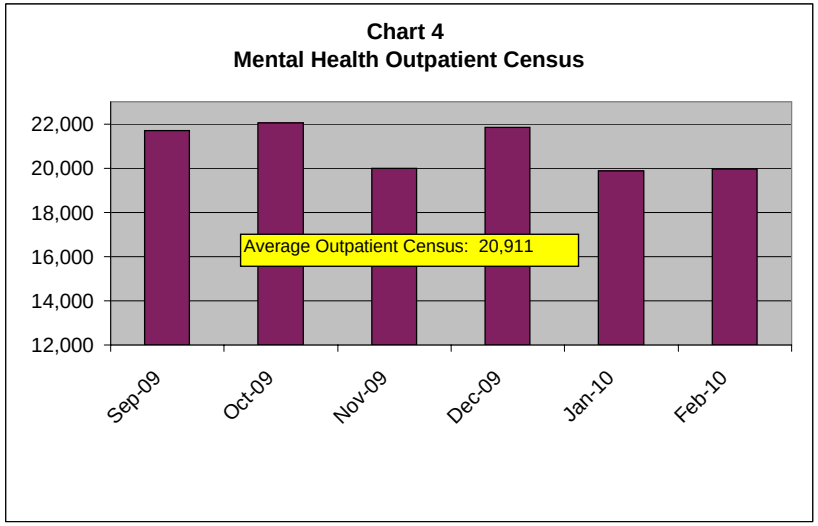


Chart 4
Mental Health Outpatient Census
22,000
20,000
18,000
16,000
14,000
12,000
Average Outpatient Census: 20,911
Sep-09
Oct-09
Nov-09
Dec-09
Jan-10
Feb-10

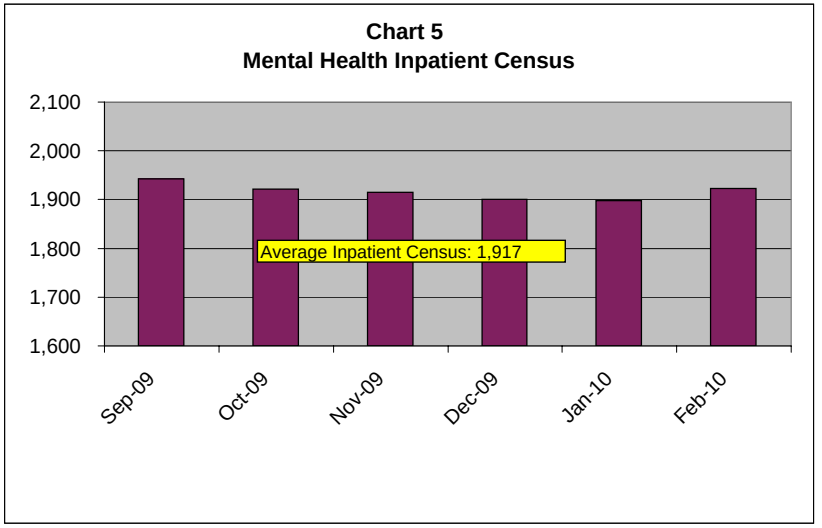


Chart 5
Mental Health Inpatient Census
2,100
2,000
1,900
1,800
1,700
1,600
Average Inpatient Census: 1,917
Sep-09
Oct-09
Nov-09
Dec-09
Jan-10
Feb-10

# Table 3
# Summary Financial Report: Medical Costs
# Fiscal Year 2010 through Quarter 2 (Sep 2009 - Feb 2010)

Days in Year: 182

| | Medical Services Costs | | | Medical Cost Per Day Calculations | | |
|---|---|---|---|---|---|---|
| | **UTMB** | **TTUHSC** | **TOTAL** | **UTMB** | **TTUHSC** | **TOTAL** |
| **Population Served** | **120,278** | **30,976** | **151,254** | | | |
| **Revenue** | | | | | | |
| Capitation Payments | $167,602,060 | $42,819,066 | $210,421,126 | $7.66 | $7.60 | $7.64 |
| State Reimbursement Benefits | $22,542,070 | $2,227,167 | $24,769,237 | $1.03 | $0.40 | $0.90 |
| Non-Operating Revenue | $199,154 | $805 | $199,959 | $0.01 | $0.00 | $0.01 |
| **Total Revenue** | **$190,343,284** | **$45,047,038** | **$235,390,322** | **$8.70** | **$7.99** | **$8.55** |
| **Expenses** | | | | | | |
| **Onsite Services** | | | | | | |
| Salaries | $76,421,840 | $6,587,168 | $83,009,008 | $3.49 | $1.17 | $3.02 |
| Benefits | $19,944,121 | $1,609,294 | $21,553,415 | $0.91 | $0.29 | $0.78 |
| Operating (M&O) | $10,337,033 | $727,266 | $11,064,299 | $0.47 | $0.13 | $0.40 |
| Professional Services | $0 | $1,729,950 | $1,729,950 | $0.00 | $0.31 | $0.06 |
| Contracted Units/Services | $0 | $11,319,056 | $11,319,056 | $0.00 | $2.01 | $0.41 |
| Travel | $548,504 | $67,493 | $615,997 | $0.03 | $0.01 | $0.02 |
| Electronic Medicine | $0 | $187,912 | $187,912 | $0.00 | $0.03 | $0.01 |
| Capitalized Equipment | $114,013 | $90,629 | $204,642 | $0.01 | $0.02 | $0.01 |
| **Subtotal Onsite Expenses** | $107,365,511 | $22,318,768 | $129,684,279 | $4.90 | $3.96 | $4.71 |
| **Pharmacy Services** | | | | | | |
| Salaries | $2,816,332 | $916,678 | $3,733,010 | $0.13 | $0.16 | $0.14 |
| Benefits | $854,918 | $33,303 | $888,221 | $0.04 | $0.01 | $0.03 |
| Operating (M&O) | $630,466 | $277,470 | $907,936 | $0.03 | $0.05 | $0.03 |
| Pharmaceutical Purchases | $17,552,070 | $3,819,932 | $21,372,002 | $0.80 | $0.68 | $0.78 |
| Professional Services | $0 | $0 | $0 | $0.00 | $0.00 | $0.00 |
| Travel | $13,377 | $10,871 | $24,248 | $0.00 | $0.00 | $0.00 |
| **Subtotal Pharmacy Expenses** | $21,867,163 | $5,058,254 | $26,925,417 | $1.00 | $0.90 | $0.98 |
| **Offsite Services** | | | | | | |
| University Professional Services | $8,346,080 | $462,546 | $8,808,626 | $0.38 | $0.08 | $0.32 |
| Freeworld Provider Services | $17,050,921 | $8,797,072 | $25,847,993 | $0.78 | $1.56 | $0.94 |
| UTMB or TTUHSC Hospital Cost | $39,761,936 | $6,779,331 | $46,541,267 | $1.82 | $1.20 | $1.69 |
| Estimated IBNR | $5,197,920 | $330,378 | $5,528,298 | $0.24 | $0.06 | $0.20 |
| **Subtotal Offsite Expenses** | $70,356,857 | $16,369,327 | $86,726,184 | $3.21 | $2.90 | $3.15 |
| **Indirect Expenses** | $3,268,210 | $2,648,647 | $5,916,857 | $0.15 | $0.47 | $0.21 |
| **Total Expenses** | **$202,857,741** | **$46,394,996** | **$249,252,737** | **$9.27** | **$8.23** | **$9.05** |
| **Operating Income (Loss)** | **($12,514,457)** | **($1,347,958)** | **($13,862,415)** | **($0.57)** | **($0.24)** | **($0.50)** |

# Table 3 (Continued)
# Summary Financial Report: Mental Health Costs
# Fiscal Year 2010 through Quarter 2 (Sep 2009 - Feb 2010)

Days in Year: 182

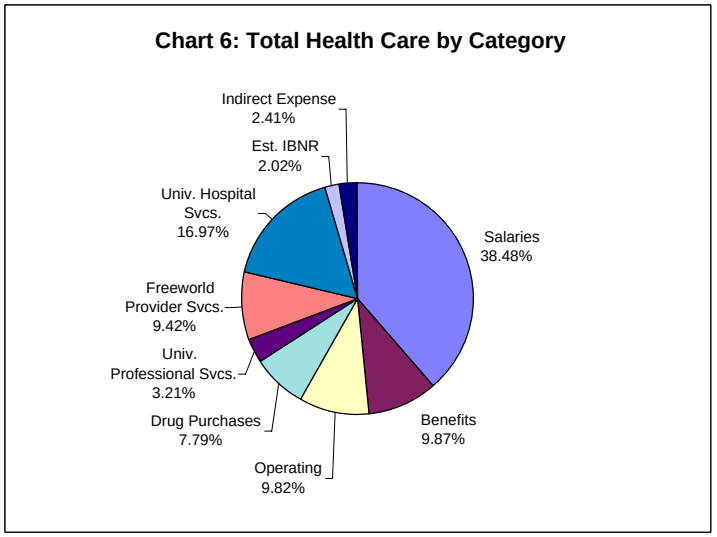
| | Mental Health Services Costs | | | Mental Health Cost Per Day Calculations | | |
|---|---|---|---|---|---|---|
| | UTMB | TTUHSC | TOTAL | UTMB | TTUHSC | TOTAL |
| **Population Served** | **120,278** | **30,976** | **151,254** | | | |
| **Revenue** | | | | | | |
| Capitation Payments | $13,926,871 | $6,588,868 | $20,515,739 | $0.64 | $1.17 | $0.75 |
| State Reimbursement Benefits | $2,878,214 | $1,376,754 | $4,254,968 | $0.13 | $0.24 | $0.15 |
| Other Misc Revenue | $0 | $0 | $0 | $0.00 | $0.00 | $0.00 |
| **Total Revenue** | **$16,805,085** | **$7,965,622** | **$24,770,707** | **$0.77** | **$1.41** | **$0.90** |
| **Expenses** | | | | | | |
| **Mental Health Services** | | | | | | |
| Salaries | $12,928,981 | $5,872,871 | $18,801,852 | $0.59 | $1.04 | $0.68 |
| Benefits | $3,163,425 | $1,463,222 | $4,626,647 | $0.14 | $0.26 | $0.17 |
| Operating (M&O) | $306,390 | $97,336 | $403,726 | $0.01 | $0.02 | $0.01 |
| Professional Services | $0 | $367,459 | $367,459 | $0.00 | $0.07 | $0.01 |
| Contracted Units/Services | $0 | $0 | $0 | $0.00 | $0.00 | $0.00 |
| Travel | $96,332 | $17,235 | $113,567 | $0.00 | $0.00 | $0.00 |
| Electronic Medicine | $0 | $0 | $0 | $0.00 | $0.00 | $0.00 |
| Capitalized Equipment | $0 | $0 | $0 | $0.00 | $0.00 | $0.00 |
| **Subtotal Mental Health Expenses** | $16,495,128 | $7,818,123 | $24,313,251 | $0.75 | $1.39 | $0.88 |
| | | | | | | |
| **Indirect Expenses** | $288,019 | $395,332 | $683,351 | $0.01 | $0.07 | $0.02 |
| | | | | | | |
| **Total Expenses** | **$16,783,147** | **$8,213,455** | **$24,996,602** | **$0.77** | **$1.46** | **$0.91** |
| | | | | | | |
| **Operating Income (Loss)** | **$21,938** | **($247,833)** | **($225,895)** | **$0.00** | **($0.04)** | **($0.01)** |

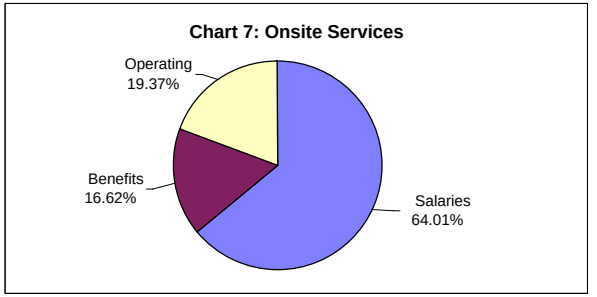
## All Health Care Summary

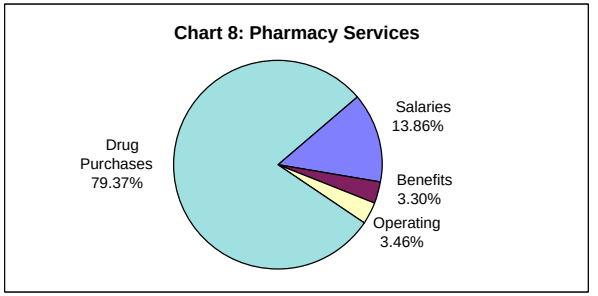
| | All Health Care Services | | | Cost Per Offender Per Day | | |
|---|---|---|---|---|---|---|
| | UTMB | TTUHSC | TOTAL | UTMB | TTUHSC | TOTAL |
| Medical Services | $190,343,284 | $45,047,038 | $235,390,322 | $8.70 | $7.99 | $8.55 |
| Mental Health Services | $16,805,085 | $7,965,622 | $24,770,707 | $0.77 | $1.41 | $0.90 |
| **Total Revenue** | **$207,148,369** | **$53,012,660** | **$260,161,029** | **$9.46** | **$9.40** | **$9.45** |
| Medical Services | $202,857,741 | $46,394,996 | $249,252,737 | $9.27 | $8.23 | $9.05 |
| Mental Health Services | $16,783,147 | $8,213,455 | $24,996,602 | $0.77 | $1.46 | $0.91 |
| **Total Expenses** | **$219,640,888** | **$54,608,451** | **$274,249,339** | **$10.03** | **$9.69** | **$9.96** |
| | | | | | | |
| **Operating Income (Loss)** | **($12,492,519)** | **($1,595,791)** | **($14,088,310)** | **($0.57)** | **($0.29)** | **($0.51)** |

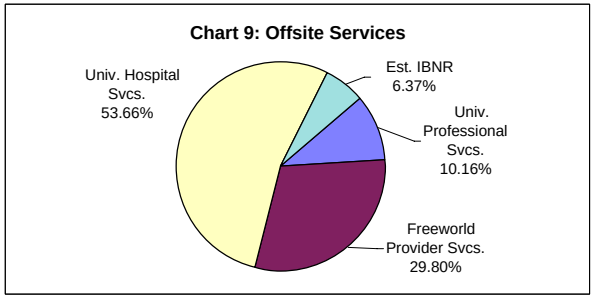
# Table 4
# FY 2010 2nd Quarter
# UTMB/TTUHSC EXPENSE SUMMARY

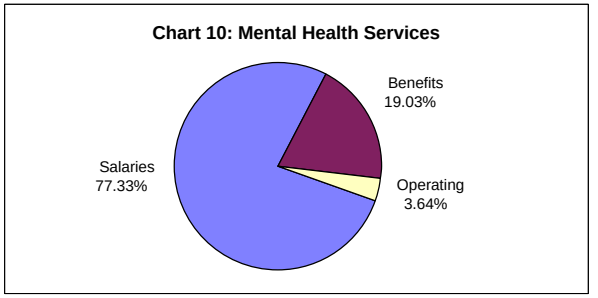
| Category | Expense | Percent of Total |
|---|---|---|
| **Onsite Services** | **$129,684,279** | **47.29%** |
| Salaries | $83,009,008 | |
| Benefits | $21,553,415 | |
| Operating | $25,121,856 | |
| **Pharmacy Services** | **$26,925,417** | **9.82%** |
| Salaries | $3,733,010 | |
| Benefits | $888,221 | |
| Operating | $932,184 | |
| Drug Purchases | $21,372,002 | |
| **Offsite Services** | **$86,726,184** | **31.62%** |
| Univ. Professional Svcs. | $8,808,626 | |
| Freeworld Provider Svcs. | $25,847,993 | |
| Univ. Hospital Svcs. | $46,541,267 | |
| Est. IBNR | $5,528,298 | |
| **Mental Health Services** | **$24,313,251** | **8.87%** |
| Salaries | $18,801,852 | |
| Benefits | $4,626,647 | |
| Operating | $884,752 | |
| **Indirect Expense** | **$6,600,208** | **2.41%** |
| **Total Expenses** | **$274,249,339** | **100.00%** |



# Table 4a
# FY 2010 2nd Quarter
# UTMB/TTUHSC EXPENSE SUMMARY

| Category | Total Expense | UTMB | TTUHSC | % UTMB |
|---|---|---|---|---|
| **Onsite Services** | **$129,684,279** | **$107,365,511** | **$22,318,768** | **82.79%** |
| Salaries | $83,009,008 | $76,421,840 | $6,587,168 | |
| Benefits | $21,553,415 | $19,944,121 | $1,609,294 | |
| Operating | $25,121,856 | $10,999,550 | $14,122,306 | |
| **Pharmacy Services** | **$26,925,417** | **$21,867,163** | **$5,058,254** | **81.21%** |
| Salaries | $3,733,010 | $2,816,332 | $916,678 | |
| Benefits | $888,221 | $854,918 | $33,303 | |
| Operating | $932,184 | $643,843 | $288,341 | |
| Drug Purchases | $21,372,002 | $17,552,070 | $3,819,932 | |
| **Offsite Services** | **$86,726,184** | **$70,356,857** | **$16,369,327** | **81.13%** |
| Univ. Professional Svcs. | $8,808,626 | $8,346,080 | $462,546 | |
| Freeworld Provider Svcs. | $25,847,993 | $17,050,921 | $8,797,072 | |
| Univ. Hospital Svcs. | $46,541,267 | $39,761,936 | $6,779,331 | |
| Est. IBNR | $5,528,298 | $5,197,920 | $330,378 | |
| **Mental Health Services** | **$24,313,251** | **$16,495,128** | **$7,818,123** | **67.84%** |
| Salaries | $18,801,852 | $12,928,981 | $5,872,871 | |
| Benefits | $4,626,647 | $3,163,425 | $1,463,222 | |
| Operating | $884,752 | $402,722 | $482,030 | |
| **Indirect Expense** | **$6,600,208** | **$3,556,229** | **$3,043,979** | **53.88%** |
| **Total Expenses** | **$274,249,339** | **$219,640,888** | **$54,608,451** | **80.09%** |

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

| | FY 06 | FY 07 | FY 08 | FY 09 | 4-Year Average | FYTD 10 1st Qtr | FYTD 10 2nd Qtr |
|---|---|---|---|---|---|---|---|
| **Population** | | | | | | | |
| UTMB | 119,835 | 120,235 | 120,648 | 119,952 | 120,167 | 120,588 | 120,278 |
| TTUHSC | 31,448 | 31,578 | 31,064 | 30,616 | 31,177 | 30,963 | 30,976 |
| Total | 151,283 | 151,813 | 151,712 | 150,568 | 151,344 | 151,551 | 151,254 |
| **Expenses** | | | | | | | |
| UTMB | $336,934,127 | $342,859,796 | $381,036,398 | $423,338,812 | $371,042,283 | $112,356,950 | $219,640,888 |
| TTUHSC | $83,467,550 | $87,147,439 | $96,482,145 | $100,980,726 | $92,019,465 | $27,495,553 | $54,608,451 |
| Total | $420,401,677 | $430,007,235 | $477,518,543 | $524,319,538 | $463,061,748 | $139,852,503 | $274,249,339 |
| **Cost/Day** | | | | | | | |
| UTMB | $7.70 | $7.81 | $8.63 | $9.67 | $8.46 | $10.24 | $10.03 |
| TTUHSC | $7.27 | $7.56 | $8.49 | $9.04 | $8.09 | $9.76 | $9.69 |
| **Total** | **$7.61** | **$7.76** | **$8.60** | **$9.54** | **$8.38** | **$10.14** | **$9.96** |

* Expenses include all health care costs, including medical, mental health, and benefit costs.
NOTE: The FY08 calculation has been adjusted from previous reports to correctly account for leap year

**Chart 11: UTMB Cost Per Day**

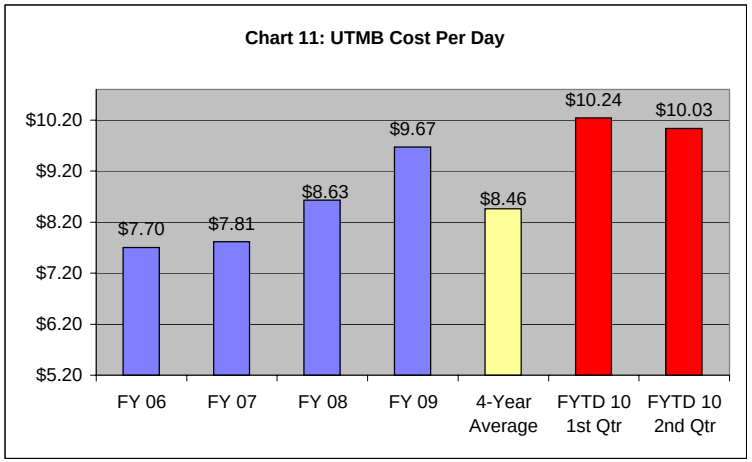



**Chart 12: TTUHSC Cost Per Day**

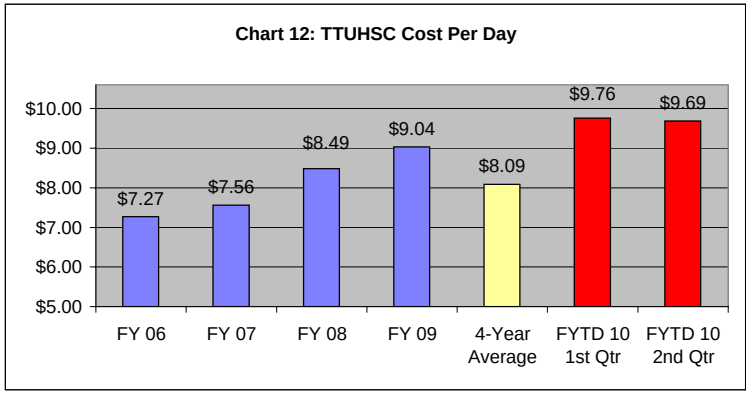
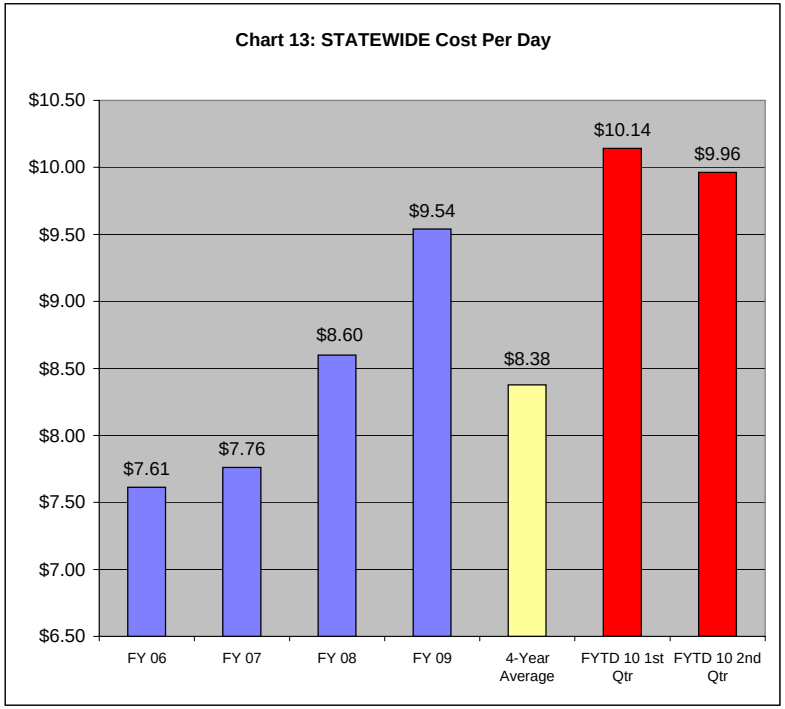



**Chart 13: STATEWIDE Cost Per Day**



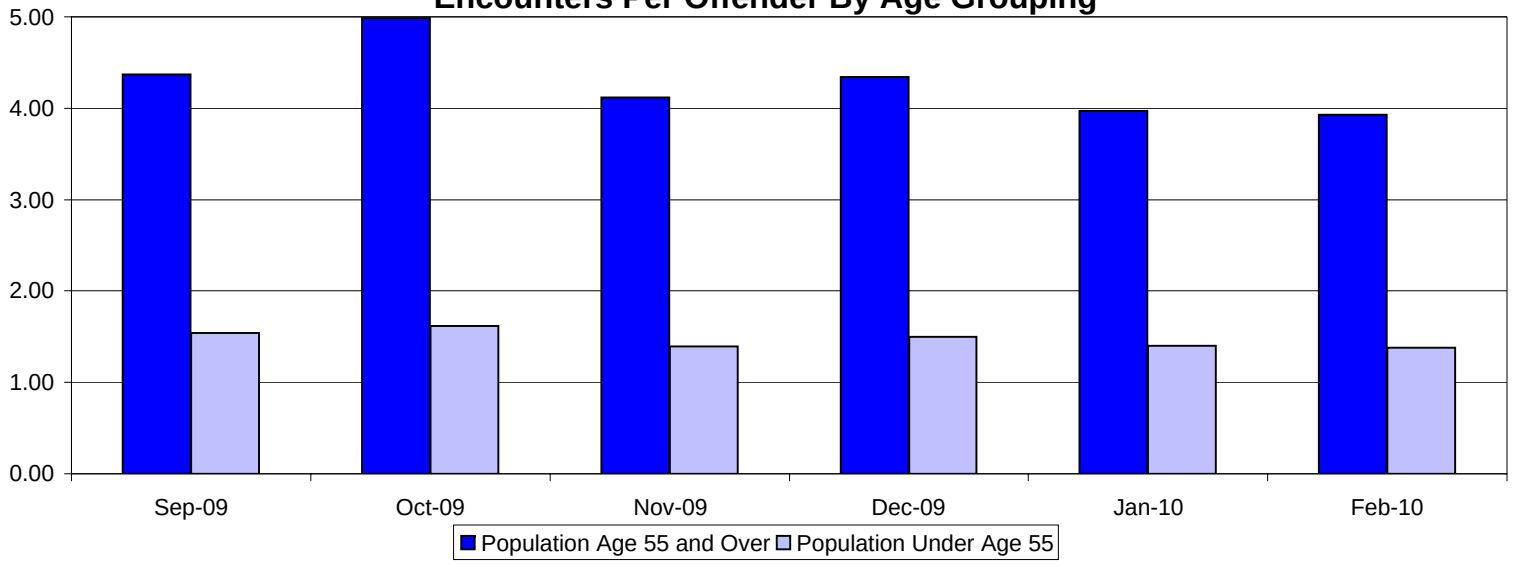
# Table 6
## Medical Encounter Statistics* by Age Grouping

6

| Month | Encounters | | | Population | | | Encounters Per Offender | | |
|---|---|---|---|---|---|---|---|---|---|
| | Age 55 and Over | Under Age 55 | Total | Age 55 and Over | Under Age 55 | Total | Age 55 and Over | Under Age 55 | Total |
| Sep-09 | 41,776 | 171,026 | 212,802 | 9,564 | 111,251 | 120,815 | 4.37 | 1.54 | 1.76 |
| Oct-09 | 47,859 | 179,764 | 227,623 | 9,595 | 111,110 | 120,705 | 4.99 | 1.62 | 1.89 |
| Nov-09 | 39,556 | 153,938 | 193,494 | 9,608 | 110,638 | 120,246 | 4.12 | 1.39 | 1.61 |
| Dec-09 | 41,897 | 165,818 | 207,715 | 9,652 | 110,544 | 120,196 | 4.34 | 1.50 | 1.73 |
| Jan-10 | 38,315 | 154,488 | 192,803 | 9,654 | 110,145 | 119,799 | 3.97 | 1.40 | 1.61 |
| Feb-10 | 38,232 | 152,337 | 190,569 | 9,733 | 110,175 | 119,908 | 3.93 | 1.38 | 1.59 |
| Average | 41,273 | 162,895 | 204,168 | 9,634 | 110,644 | 120,278 | 4.28 | 1.47 | 1.70 |

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

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



# Table 7
# FY 2010 2nd Quarter
# Offsite Costs* To Date by Age Grouping

| Age Grouping | Cost Data | Total Population | Total Cost Per Offender |
|---|---|---|---|
| Age 55 and Over | $23,761,563 | 11,642 | $2,041.02 |
| Under Age 55 | $43,299,197 | 139,612 | $310.14 |
| **Total** | **$67,060,760** | **151,254** | **$443.37** |

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

**Chart 15**
**Hospital Costs to Date Per Offender**
**by Age Grouping**

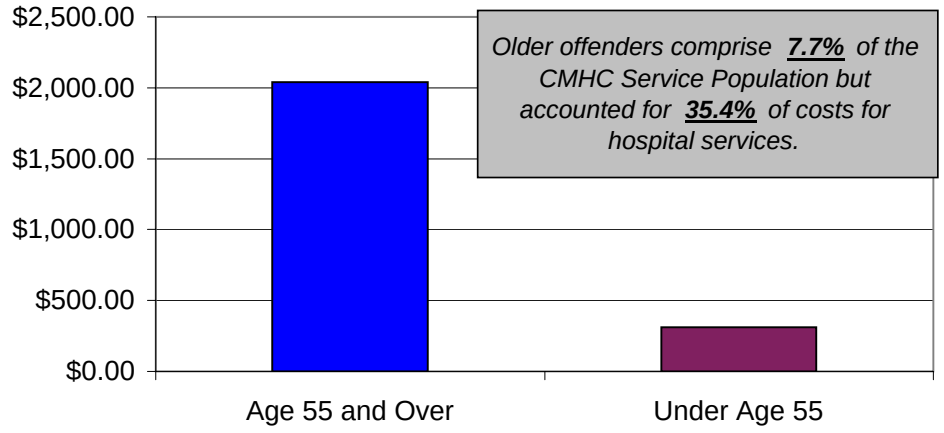
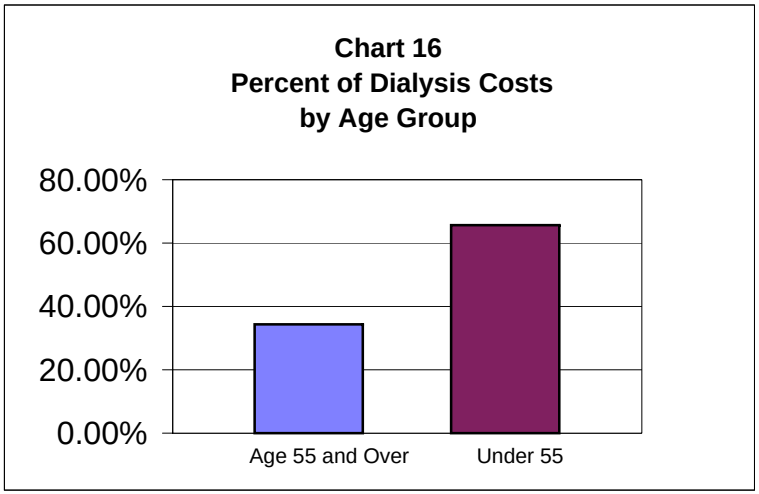
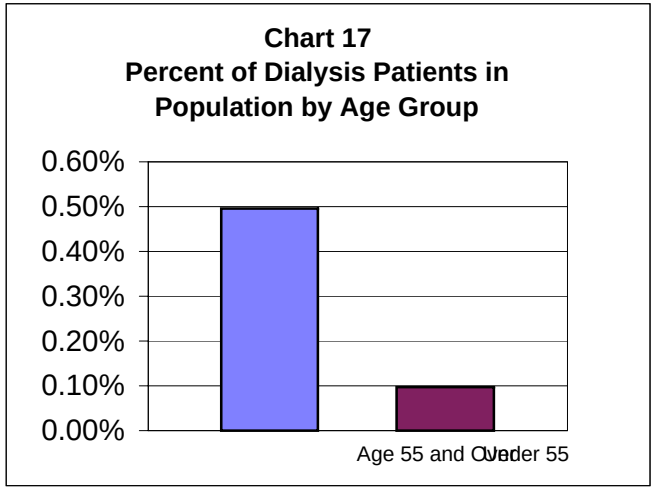


**Table 8**
**Through FY 2010 2nd Quarter**
**Dialysis Costs by Age Grouping**

| Age Group | Dialysis Costs | Percent of Costs | Average Population | Percent of Population | Avg Number of Dialysis Patients | Percent of Dialysis Patients in Population |
|---|---|---|---|---|---|---|
| Age 55 and Over | $773,772 | 34.36% | 11,642 | 7.70% | 58 | 0.50% |
| Under Age 55 | $1,478,411 | 65.64% | 139,612 | 92.30% | 136 | 0.10% |
| **Total** | **$2,252,183** | **100.00%** | **151,254** | **100.00%** | **194** | **0.13%** |

***Projected Avg Cost Per Dialysis Patient Per Year:*** $23,258

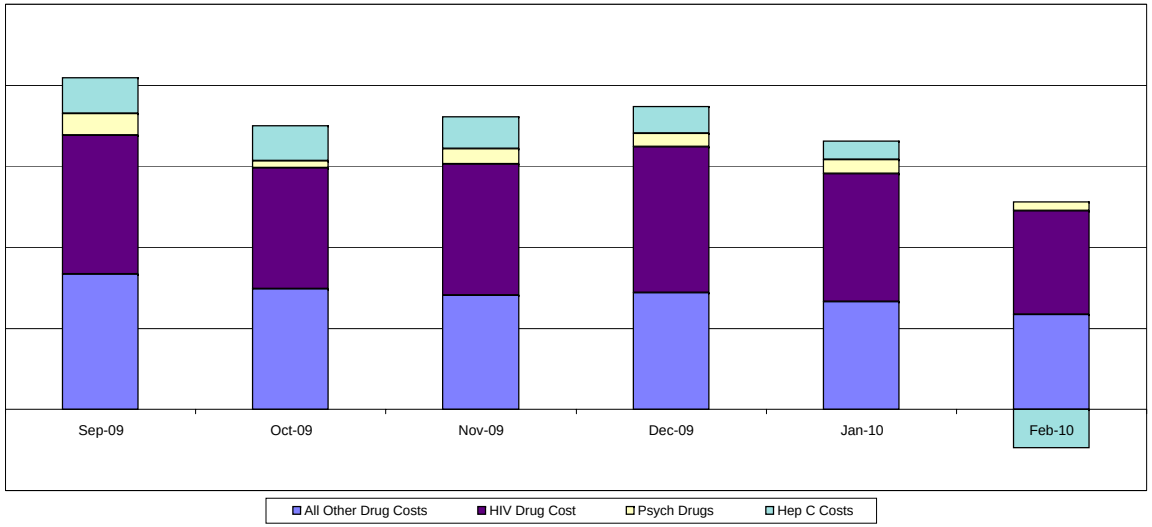


## Table 9
## Selected Drug Costs FY 2010

| Category | Sep-09 | Oct-09 | Nov-09 | Dec-09 | Jan-10 | Feb-10 | Total Year-to-Date |
|---|---|---|---|---|---|---|---|
| ***Total Drug Costs*** | $4,090,594 | $3,497,612 | $3,608,385 | $3,740,760 | $3,312,646 | $2,081,172 | $20,331,169 |
| ***HIV Medications*** | | | | | | | |
| HIV Drug Cost | $1,714,275 | $1,488,935 | $1,622,836 | $1,801,578 | $1,582,347 | $1,279,081 | $9,489,051 |
| HIV Percent of Cost | 41.91% | 42.57% | 44.97% | 48.16% | 47.77% | 61.46% | 46.67% |
| ***Psychiatric Medications*** | | | | | | | |
| Psych Drug Cost | $264,579 | $87,514 | $183,690 | $166,303 | $176,539 | $111,582 | $990,206 |
| Psych Percent of Cost | 6.47% | 2.50% | 5.09% | 4.45% | 5.33% | 5.36% | 4.87% |
| ***Hepatitis C Medications*** | | | | | | | |
| Hep C Drug Cost | $442,260 | $431,934 | $395,049 | $334,527 | $228,631 | -$482,830 | $1,349,572 |
| Hep C Percent of Cost | 10.81% | 12.35% | 10.95% | 8.94% | 6.90% | -23.20% | 6.64% |
| ***All Other Drug Costs*** | $1,669,480 | $1,489,230 | $1,406,811 | $1,438,353 | $1,325,128 | $1,173,339 | $8,502,340 |

## Chart 18
## Drug Costs by Selected Categories



# Table 10
## Ending Balances 2nd Qtr FY 2010

| | Beginning Balance September 1, 2009 | Net Activity FY 2010 | Ending Balance February 28, 2010 |
|---|---|---|---|
| CMHCC Operating Funds | $27,819.97 | $154,707.23 | $182,527.20 |
| CMHCC Medical Services | $1,909.59 | $4,154.97 | $6,064.56 |
| CMHCC Mental Health | $343.06 | $603.49 | $946.55 |
| **Ending Balance All Funds** | **$30,072.62** | **$159,465.69** | **$189,538.31** |
| **3rd QTR Advance Payments** | | | |
| From TDCJ - Medical | | | ($106,954,383.48) |
| From TDCJ - Mental Health | | | ($10,427,890.23) |
| From TDCJ - CMHCC | | | ($168,637.29) |
| **Total Unencumbered Fund Balance** | | | ($117,361,372.69) |

**SUPPORTING DETAIL**

| **CMHCC Operating Account** | |
|---|---|
| Beginning Balance | $27,819.97 |
| **FY 2009 Funds Lapsed to State Treasury** | ($27,819.97) |
| **Revenue Received** | |
| 1st Qtr Payment | $166,805.57 |
| 2nd Qtr Payment | $164,972.85 |
| 3rd Qtr Advance Payment | $168,637.29 |
| Interest Earned | $18.85 |
| Subtotal Revenue | $500,434.56 |
| **Expenses** | |
| Salary & Benefits | ($265,843.90) |
| Operating Expenses | ($52,063.46) |
| **Subtotal Expenses** | **($317,907.36)** |
| **Net Activity thru this Qtr** | **$154,707.23** |
| **Total Fund Balance CMHCC Operating** | **$182,527.20** |

| **RECONCILIATION:** | |
|---|---|
| Less: 3rd Qtr Advance Payment from TDCJ | ($168,637.29) |
| **Total Unencumbered Fund Balance** | $13,889.91 |

**SUPPORTING DETAIL**

| **CMHCC Capitation Accounts** | **Medical Services** | **Mental Health** |
|---|---|---|
| Beginning Balance | $1,909.59 | $343.06 |
| **FY 2009 Funds Lapsed to State Treasury** | ($1,909.59) | ($343.06) |
| **Revenue Detail** | | |
| **1st Qtr Payment from TDCJ** | $105,791,835.84 | $10,314,542.59 |
| **2nd Qtr Payment from TDCJ** | $104,629,288.19 | $10,201,195.96 |
| **3rd Qtr Advance Payment from TDCJ** | $106,954,383.48 | $10,427,890.23 |
| **Interest Earned** | $6,064.05 | $948.77 |
| **Revenue Received** | **$317,381,571.56** | **$30,944,577.55** |
| **Payments to UTMB** | | |
| 1st Qtr Payment to UTMB | ($84,264,018.94) | ($7,001,906.99) |
| 2nd Qtr Payment to UTMB | ($83,338,040.71) | ($6,924,962.96) |
| 3rd Qtr Payment to UTMB | ($85,189,997.17) | ($7,078,852.53) |
| **Subtotal UTMB Payments** | **($252,792,056.82)** | **($21,005,722.48)** |
| **Payments to TTUHSC** | | |
| 1st Qtr Payment to TTUHSC | ($21,527,816.90) | ($3,312,636.00) |
| 2nd Qtr Payment to TTUHSC | ($21,291,247.28) | ($3,276,234.05) |
| 3rd Qtr Payment to TTUHSC | ($21,764,386.00) | ($3,349,038.47) |
| **Subtotal TTUHSC Payments** | **($64,583,450.18)** | **($9,937,908.52)** |
| **Total Payments Made thru this Qtr** | **($317,375,507.00)** | **($30,943,631.00)** |
| **Net ActivityThrough This Qtr** | **$4,154.97** | **$603.49** |
| **Total Fund Balance** | **$6,064.56** | **$946.55** |

| **RECONCILIATION:** | | |
|---|---|---|
| Less: 3rd Qtr Advance Payment from TDCJ | ($106,954,383.48) | ($10,427,890.23) |
| **Total Unencumbered Fund Balance** | ($106,948,318.92) | ($10,426,943.68) |