MINUTES

CORRECTIONAL MANAGED HEALTH CARE COMMITTEE
June 8, 2010

Chairperson: James D. Griffin, M.D.

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

CMHCC Members Absent: Desmar Walkes, M.D.

Partner Agency Staff Present: Owen Murray, D. O., Steve Alderman, Anthony Williams, Gary Eubanks, Billy Horton, Mary Gotcher, Lauren Sheer, Carrie King, Kelly Coates, The University of Texas Medical Branch; Denise DeShields, M.D., Larry Elkins Texas Tech University Health Sciences Center; Rick Thaler, Jerry McGinty, Ron Steffa, Robert Williams, M.D., George Crippen, R.N., MSN, Bobby Lumpkin, Raymond Pyeatt,, Texas Department of Criminal Justice; David Nelson, Janice Lord, Texas Board of Criminal Justice; Allen Hightower, David McNutt, Lynn Webb, Stephanie Harris, CMHCC Staff.

Others Present: Daniel Harper, Senate Finance Committee,; Deborah Hujar, Legislative Budget Board; Cathy Corey, Abbott-Institutional Managing; Steve Timmons, MHM Services, Inc.; Kim Groghan, Tympany; Abigail Pinto, Logan Farmer, Medical Students

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

Agenda Topic / Presenter	Presentation	Discussion	Action
I. Call to Order - **James D. Griffin, M.D.**	Dr. Griffin called the CMHCC meeting to order at 9:00 a.m. then noted that a quorum was present and the meeting would be conducted in accordance with Chapter 551 of the Texas Government Code, the Open Meetings Act .		
II. Recognitions and Introductions - **James D. Griffin, M.D.**	Dr. Griffin thanked everyone for attending the meeting then introduced Ms. Abigail Pinto and Ms. Logan Farmer; both medical students who are accompanying him to learn the different aspects of the medical profession.		
III. Approval of Excused Absence **James Griffin, M.D**	Dr. Griffin stated that he would now entertain a motion to approve the excused absences of Mr. Elmo Cavin and Desmar Walkes, M.D. who were unable to attend the March 9, 2010 CMHCC meeting due to scheduling conflicts.		Dr. Cynthia Jumper moved to approve Mr. Elmo Cavin and Dr. Desmar Walkes absence from the March 9, 2010 CMHCC meeting. Dr. Ben Raimer seconded the motion which prevailed by unanimous vote.

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IV. Approval of Consent Items - **James Griffin, M.D.**	Dr. Griffin noted next on the agenda is the approval of the consent items to include the Minutes from the Special Meeting held on February 28, 2010 to hear public testimony on HB 4586 Section (16b), 81st Legislature and the Minutes from the March 9, 2010, CMHCC meeting; the 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 item(s) to pull out for separate discussion? Hearing no further comments, Dr. Griffin stated that he would entertain a motion on approving the consent items.		Dr. Ben Raimer moved to approve the consent items as provided at Tab A of the agenda packet. Dr. Cynthia Jumper seconded the motion. The motion passed by unanimous vote.
V. Executive Director's Report **- Allen Hightower**	Dr. Griffin then called on Mr. Hightower to provide the Executive Director's Report. Mr. Hightower recalled that at the March 9, 2010 CMHCC meeting, the Committee voted to request approval from the Legislative Budget Board (LBB) and the Governor's Office to transfer $18M from FY 2011 to FY 2010 to alleviate UTMB's projected shortfall. Mr. Hightower noted that the request was forwarded to the LBB and the Governor's Office on April 23rd and that no action has been taken as of this date. Mr. Hightower next reported that the CMHCC staff met with the Chairman; staff from TDCJ; and a Texas Board of Criminal Justice member prior to submitting the final report on HB 4586 to the Legislative Budget Board and the Governor's Office on April 30, 2010. He again noted that 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 by May 1, 2010.		

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Executive Director's Report (Cont.)	Mr. Hightower further reported that on May 5, 2010, the CMHCC staff met with the State Auditors for the Entrance Conference. He noted that Chairman Griffin also joined in by conference call and stated that the objectives of the audits were to: 1.) Examine the deficit reported by the CMHCC for FY 2009; the projected shortfall reported by the Committee for the FY 2010-2011 biennium; and any projected shortfall reported in the Committee's Legislative Appropriations Request (LAR) for FY 2012 and FY 2013; and, 2.) follow-up on selected recommendations from the State Auditor's Office Report No. 07-17 (March 2007) on CMHC funding requirements. The audit process started and should be completed in October with the report being issued in November, 2010. Mr. Hightower concluded by stating that the topic on UTMB Reduction in Force will be discussed as a separate item later on the agenda. Dr. Griffin thanked Mr. Hightower for the updates and asked if there were any questions or comments?		
VI. Performance and Financial Status Report **- David McNutt**	Hearing no further comments, Dr. Griffin called on Mr. McNutt to provide the update on the Performance and Financial Status Report. Mr. McNutt noted that the Performance Dashboard for the second quarter, FY 2010 is provided at Tab C of the agenda packet. He then reported that the average offender population was 151,254 at the end of this second quarter compared to 150,659 for the same time period a year ago which is an increase of 595 or 0.39%. The aging offenders continue to rise at a steady rate and Mr. McNutt reported that the number of offenders 55+ at the end of the second quarter FY2010 was 11,642 compared to 10,821 the same quarter in FY 2009 which is an increase of approximately 7.6%.		

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Performance and Financial Status Report (Cont.)	The psychiatric inpatient census remained consistent at the 1,917 bed level which he again noted is governed largely by the number of available inpatient beds. Through the second quarter of FY 2010, the average number of psychiatric outpatient visits was 20,911 representing 13.8% of the service population. He then reported that the medical access to care indicators remained within the 94% - 98% range; the mental health access to care stayed within the 98-99% range; and dental access to care remained consistently between 98% - 99% range. Mr. McNutt continued by stating that the UTMB sector physician vacancy rate for this quarter was 10.67%; mid-level practitioners at 12.21%; RN's at 9.34%; LVN's at 9.54%, dentists at 4.35% and psychiatrists at 8.70%. TTUHSC sector physician vacancy rate for the same quarter averaged at 30.61%; mid-level practitioners at 18.73%; RN's at 20.07%; LVN's at 16.12%; dentists at 19.4%, and psychiatrists at 31.81%. The timeliness in the Medically Recommended Intensive Supervision Program (MRIS) medical summaries was 96% in December, 2009 but dropped to 90% in January then back up to 95% in February, 2010. Mr. McNutt next reported that for the statewide revenue v. expenses by month provided on page 116 of the agenda packet shows that the expenses again exceeded the revenue for this quarter. Mr. McNutt concluded by reporting that the overall health care costs through the second quarter of FY 2010 totaled $274.2M. On a combined basis, this amount is above overall revenues earned by the university providers by approximately $14.1M or 5.10%.		

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VII. Summary of Critical Personnel Vacancies	Dr. Griffin thanked Mr. McNutt for the report. He then asked Dr. Linthicum to provide the TDCJ Correctional Health Care Vacancy updates, followed by Dr. DeShields for TTUHSC and Dr. Murray for UTMB vacancy updates.		
- Lannette Linthicum, M.D. (TDCJ)	Dr. Linthicum reported that TDCJ is in the process of interviewing for the vacant LVN Public Health Position. She then concluded by stating that a decision memorandum was submitted to the Budget Office requesting for approval to fill the vacant Associate Psychologist position.		
- Denise DeShields, M.D. (TTUHSC)	Dr. DeShields reported that Texas Tech continues with their efforts to fill vacancies through advertising with local and national publications; the Timeline National Recruiting agency; and have recently submitted a request and have been granted exception to entertain other recruiting agencies to expand their efforts. Dr. DeShields concluded by noting that the PAMIO Medical Director position is once again vacant as the person selected was unable to fill that position.		
	Dr. Murray next reported that UTMB is recruiting across the board and continues to utilize recruiting agencies to find viable candidates to fill position vacancies. He then noted that the infrastructure of telemedicine is an advantage but there is still the need to have healthcare providers on-site.	Dr. Griffin asked if the impact of telemedicine usage is tracked by FTE's? Dr. Murray responded that telemedicine originally was designed to meet the needs for sub-specialty care on the facilities and to help reduce the patient load at Hospital Galveston. He noted that telemedicine is currently used for both medical and mental health treatments. Dr. Murray further responded that the encounter data broken out by specialty or primary care on the facilities are tracked but the number of FTE's are not currently being tracked at this time.	
	Dr. Murray concluded by stating that UTMB continues to look for alternate strategies for recruiting and retaining health care providers such as paying geographic hardship disadvantages to attract providers. Dr. Griffin hearing no further discussions, thanked the three Medical Directors for their updates		

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VIII. UTMB Discussion on Reduction of Force - **Owen Murray, M.D.**	Dr. Griffin then called on Dr. Murray to brief the Committee on the discussion with regard to UTMB Reduction in Force (RIF). Dr. Murray noted that a document titled, "CMC Cost Reduction Plan" was provided as a separate handout (Attachment A). He then stated that he would begin by briefing the Committee on the Reduction in Force Overview then come back to go over the cost reduction measures being proposed by UTMB. Dr. Murray stated that providers nationwide are faced with increased demands on health care with the aging patient population; higher incidence of costly chronic diseases; work-force shortages with available resources; while controlling costs and maintain appropriate levels of care. He further stated that the proposed CMC model of care is consistent with national and community trends and the strategies will continue to improve quality and access while lowering costs. Dr. Murray further stated that the guiding principles for cost reductions include minimizing medical decision making by correctional officers; minimize impact on hours of operation; minimize impact on mental health services and provider practice; and maintain RN presence in high-acuity facilities. He then noted that this will not decrease the subspecialty or hospital care and will remain compliant with state professional boards. He next reported that 363 employees received notice on May 19, 2010 that their positions were scheduled to be eliminated effective July 21, 2010. Positions affected include dentists, dental support staff, clinical support, nursing staff and other small provider groups related to high risk diabetic clinics as well as some physician UR components. The approximate savings for the proposed reduction is $22M over 14 months. Dr. Murray then called on Mr. Gary Eubanks to present the overview of the nursing care model.		
- Overview of Nursing Care Model Gary Eubanks	Mr. Eubanks sated that a meeting was held earlier with TDCJ staff relating to the delivery of nursing services within the UTMB sector. A meeting was then held with the director of nurses (DON) to propose a health care delivery system that will provide RN coverage at the UTMB facilities.		

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- Overview of Nursing Care Model (Cont.)	Mr. Eubanks next referred to a separate document that was passed out (Attachment B) which provides the layout of the RN work-force by district. He noted there are six districts within the UTMB sector and that the shaded boxes represents where the RN Managers are housed throughout those district. He further stated that the non-shaded boxes represented facilities that have RN coverage. This delivery system modification was based on the facility site; acuity and the types of patient services being provided. He then noted that they standardized the hours of operation and the nursing delivery system which is in compliant with the Nurse Practice Act and ACA Standards that is consistent with models used in most community and state outpatient care settings. Mr. Eubanks stated that he would briefly go over the different nursing skills between the RN compared with the LVNs for those not in the health care field. The RN determines the patients health status and health needs through interpretation of health data and preventive health practice in collaboration with inter-disciplinary health care team members. RN's also assess as well as treat patients utilizing nursing protocols. The LVN's collect clinical information but can not independently utilize nursing treatment protocols; requires provider or RN interaction for all patient encounters; and the LVN must have resource personnel accessible by phone or other similar means. Mr Eubanks then noted that direct onsite supervision is not required. He further stated that the resources available to LVN's include on-site providers; on-call providers; HUB providers which there are nine HUB facilities staffed 24 hours a day; RN nurse managers; district RN's, district providers; and by calling 911 on an emergency. Mr. Eubanks next reported that nurse education and accountability programs focused on enhancing RN and LVN nursing skills will be provided such as the newly created 12-month curriculum for new nurses; the newly created Rapid		

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- Overview of Nursing Care Model (Cont.)	Assessment Program to enhance nurses ability to quickly assess emergency situations; newly created annual evaluation which is similar to the mandatory Clinical Knowledge and Assessment Program currently required by the provider. The Care of Emergent Patient (COEP) and the Clinical Skills Review (CSR), he noted are already in place. In addition, Mr. Eubanks reported that UTMB will track global off-site utilization; the number of HUB transfers; mortality rates; the number of nurses referred to Peer Review; and the number of "safe harbor" claims after the reduction in force takes place to ensure continued monitoring of quality outcomes.	Dr. Linthicum again expressed her concerns about still having only 8 hour RN coverage on-site out of 24 hours. The LVN's or an unlicensed personnel will solely be on the unit the rest of the time from Monday through Friday. She further noted that there are no on-site RN coverage during the weekend for the outpatient units. This would place more demands for those inpatient units with infirmary beds that have 24 hour coverage. Dr. Linthicum further noted with the huge geographical area covered by UTMB, the issue of transporting patients to HUB facilities would rely on TDCJ security staff. She further stated that there are still some issues that need to be addressed as the prison facility is a self contained community where the nurses are the first responders. Dr. Murray responded that they are looking at having on-call providers available using telemedicine on the weekends for the LVN's. Dr. Linthicum then asked how the FTE provider covering multiple facilities and is also shared for example with the Texas Youth Commission be able to handle the added demands of being on-call providers for the LVN's? She also asked for clarification of whether FTE's are still being shared with the Federal Bureau of Prisons. Dr. Murray noted that UTMB did not share FTE's; physicians or mid-level practitioners with the Federal Bureau of Prisons for the last five years. He then noted that Dr. Linthicum is correct in that	

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- Overview of Nursing Care Model (Cont.)		given the location of some of the TYC facilities and the TDCJ facilities, that the providers may split 20% of their time between the two agencies. He further stated that to help alleviate some of the concerns, he would furnish the layout of the provider coverage including the weekend and across the week to show the minimal times the LVN's may be practicing by themselves on a specific unit. Dr. Raimer clarified for the record that those 20% going to another agency is being accounted for so that there is no misunderstanding that UTMB is inappropriately using funds from one agency to subsidize another. Dr. Linthicum further noted the need to be include a relief factor in the staffing model in the event the nurse gets sick or is on vacation. She again expressed her concern of not having sufficient number of nursing staff to address the day to day demands on the unit.	
	After further discussions, Dr. Griffin asked Dr. Murray to continue with the Post RIF – Dental Program. Dr. Murray stated that the dental program will have a significant departure from how the program is currently modeled. He noted that Priority 1 care would be for urgent / emergent care for those patients who are in pain, have an infection or the inability to chew. They will continue with the medically necessary prosthetics and intake processing of new offenders. Priority 2 would limit interceptive care, limited or focused treatment plan but will still be compliant with the ACA Mandatory Standards. He further noted that this is a proposed post-reduction in force dental program and again stated that this is significantly different from what was reported by Dr. Bill Horton on Dental Services Program at prior CMHCC meetings.	Mr. Collier stated that as with the nursing staffing model, the dental program needs to address some unresolved issues. Dr. Linthicum added that providing routine dental care is an integral part of the dental program; not just treating acute or emergent care. She agreed with Mr. Collier that there are still unresolved issues with the proposed dental program that needs to be addressed further.	

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- UTMB Cost Reduction Measures	Dr. Murray continued by stating that the UTMB cost reduction measures are outlined on the fourth page of the handout document he referred to earlier titled "CMC Cost Reduction Plan" and noted that he would briefly go over some of these measures. The first on the list he noted was to delay capital expenditures which will have a cost savings of $1,694,000 in FY 2010. He further noted that this primarily related to the need of replacing aging radiology equipments. He however noted that the current equipment being used are still operational but the issue of maintaining and finding replacement parts for that equipment is an ongoing problem. Dr. Murray then stated that given the way the economy is today, people are more understanding for the need to eliminate salary increases but this does not improve from the retention standpoint or with employee satisfaction. He further noted that this would make it even more difficult in the years to come to compete with the local market as they would fall further behind the salary curve. Dr. Murray further reported that the next item is the limiting of Hepatitis B vaccination to only high-risk patients will have a cost savings of $1.5M both in FY 2010 and FY 2011 and Dr. Murray added that Texas is one of the few states that currently have this program.	Dr. Griffin again stated that those Legislative funds should be utilized only for those intended purposes. Dr. Murray agreed. Dr. Griffin then noted that it is important to open communications with the employees to get accurate information and asked how that was being performed. Dr. Murray responded that they continue to have home town meetings; the district managers interact with their employees on a regular basis; and through the use of online resources such as EMR as a means of communication. Dr. Griffin asked how high risk patients are defined? Dr. Murray responded that high risk patients are those who are clinically defined by the Hepatologist group. Dr. Linthicum noted that the National Standards requires vaccination against Hepatitis B and further noted that several other states are also providing this program with the availability of federal funding. Dr. Raimer responded that he was not aware of available federal funding for this program and that he will have staff look into this.	

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- UTMB Cost Reduction Measures (Cont.)	Dr. Murray then noted other cost reduction measure would be to reduce travel; reduce CME allocations; provide over the counter (OTC) medication in unit commissary; and, extend time for scheduling prosthetics and limit footwear. Dr. Murray added there is the limitation of providing OTC medication as there are approximately 50% of those offender patients who are indigent. Dr. Murray next stated that by eliminating the 15-bed infirmary expenses at UT Tyler would be a cost saving in both FY 2010 and 2011. He further noted that TDCJ helped expand bed capacity on several units and are now able to perform similar infirmary care as provided by UT Tyler and other free-world hospitals. UTMB is able to manage the patient flow with the average census for the last few months being ten or below. He concluded by stating the last cost reduction measures would be to modify the outpatient staffing model with a savings of $2,424,448 in FY 2010 and $19,476,028 in FY 2011. Dr. Griffin asked if there were any other discussions?	Dr. Griffin asked if the budget number for providing OTC medication in unit commissary took into account those indigent patient population? Dr. Murray responded that it did. Mr. Collier asked for clarification on what the next step was that the Committee was taking with this. Dr. Raimer also asked if the cost reduction plan proposed by UTMB reached a consensus on everything except the dental plan and the nursing plan contingent upon Mr. Eubanks meeting with the Board of Nursing Examiners? Dr. Griffin responded that there was agreement that any action on the nursing care model is contingent upon Mr. Eubanks meeting with the Board of Nursing Examiners and getting their endorsement. He further added that a request was made for a written nursing plan with the specific hours of operations and how it will be implemented for further review.	

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- UTMB Cost Reduction Measures (Cont.)		Dr. Griffin then added that the dental plan will need to be addressed further to come up with a plan agreeable to all parties. After further discussions, Dr. Griffin thanked Dr. Murray for the update.	
IX. Medical Directors Update			
- Dr. Denise DeShields (TTUHSC)	Dr. Griffin stated that the next agenda item is the Medical Director's Report and called on Dr. DeShields to provide the TTUHSC update. Dr. DeShields noted that the TTUHSC Second Quarter FY 2010 is provided on pages 82 - 84 of the agenda packet. In addition, she reported that the nursing leadership at the Montford Unit was able to markedly reduce the use of agency nurses.		
- **Dr. Owen Murray (UTMB)**	Dr. Griffin thanked Dr. DeShields for the update then called on Dr. Murray. Dr. Murray stated that he did not have anything further to add to the UTMB Medical Director's Report. Dr. Griffin thanked Dr. Murray then called on Dr. Linthicum to provide the TDCJ Medical Director's Report.		
- Lannette Linthicum, M.D. (TDCJ)	Dr. Linthicum noted that the TDCJ Medical Director's Report starts on page 121 of the agenda packet.		
- Operational Review Audit	During the second quarter of FY 2010, Dr. Linthicum reported that eleven operational review audits were conducted. The summary of the items found below 80 percent compliance during those eleven operational review audits and the corrective action to ensure future compliance are found on pages 123 and 124 of the agenda packet.		

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- Grievances and Patient Liaison Correspondences.	She then reported that the Patient Liaison Program and the Step II Grievance Program received a total of 2,741 correspondences. Of the total number of correspondences received, 332 or 12.11% action requests were generated.		
- Quality Improvement / Access to Care Audits	The Patient Liaison Program nurses and investigators performed 115 sick call request verification audits. Dr. Linthicum noted that this audit was formerly known as Access to Care audits. A random sample of sick call requests were also audited by tthe Office of Professional Standards staff. She then added that of the 11 facilities audited, a total of 1,035 indicators were reviewed and 201 or 3% fell below the 80% threshold.		
- Capital Assets Monitoring	The Capital Assets Contract Monitoring Office audited eleven units during this quarter and these audits are conducted to monitor compliance with the Health Services Policy and State Property Accounting policy regarding inventory procedures.		
- Office of Public Health	Dr. Linthicum next reported that the Office of Public Health monitors the incidence of infectious diseases for TDCJ. For the second quarter of FY 2010, there were 160 cases of suspected syphilis; 440 Methicillin-Resistant Staphylococcus Aureus (MRSA) cases were reported compared to 828 during the same quarter of FY 2009. There was an average of 22 Tuberculosis (TB) cases under management per month during this quarter, compared to an average of 23 per month during the second quarter of the FY 2009.		

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- Office of Public Health (Cont.)	Dr. Linthicum then stated that the Office of Public Health began reporting the activities of the Sexual Assault Nurse Examiner (SANE) in FY 2006. This position collaborates with the Safe Prisons Program and is trained and certified as SANE. During the second quarter FY 2010, seven training sessions were held and attended by 88 medical staff. She further noted that there have been 145 chart reviews of alleged sexual assaults performed for this quarter. Currently, Peer Education Programs are available at 108 of the 112 facilities housing CID offenders. During this quarter, 16,087 offenders attended classes presented by peer educators and this was a 1.07% increase from the 15,071 attendees in the second quarter of FY 2009.		
- Mortality and Morbidity Committee	The Mortality and Morbidity Committee reviewed 223 deaths. Of those 223 deaths, 21 were referred to peer review committees and one was referred to utilization review.		
- Mental Health Services Monitoring and Liaison	The Mental Health Services Monitoring and Liaison with County Jails identified the immediate mental health needs of 36 offenders approved for expedited admission to TDCJ due to psychiatric conditions. Dr. Linthicum added that the MHMR history was reviewed for 17,908 offenders brought into TDCJ-ID/SJD. She further noted that 3,133 offenders were identified as having a documented history of mental illness and 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. Continuity of care was audited for 27 intake / receiving facilities and 16 of those facilities met or exceeded 80% compliance.		

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- Clinical Administration	During the second quarter of FY 2010, ten percent of the combined UTMB and TTUHSC hospital and infirmary discharges were audited. The breakout of the summary of the audits are provided at page 128 of the agenda packet.		
- Accreditation	Dr. Linthicum next reported that the American Correctional Association Panel of Commissioners awarded ACA accreditation to Boyd, Hamilton, Havins, Neal, Pack, Powledge and Tulia facilities.		
- Biomedical Research Projects	Dr. Linthicum concluded by stating that the summary and pending research projects as provided by the TDCJ Executive Services are included in the consent items on pages 75-79 of the agenda packet. Dr. Griffin hearing no other comments, thanked Dr. Linthicum for the report and called on Mr. Webb to provide the FY 2010 Second Quarter Financial Report.		
- Financial Reports - Lynn Webb	Mr. Webb noted that the financial summary will cover all data for the Second Quarter FY 2010 ending May 31, 2010 and the report is provided at Tab F of the agenda packet. As represented on Table 2 on page 139, Mr. Webb noted that the average daily population has increased slightly to 151,254 for this quarter as reported earlier by Mr. McNutt. Through this same quarter a year ago, the daily population was 150,659 which is an increase of 595 or 0.39%. 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 11,642 as of 2nd Quarter FY 2010. Mr. Webb noted that this was an increase of 821 or about 7.6% compared to 10,821 same quarter a year ago. The overall HIV+ population has remained relatively stable throughout the last few years at 2,416 through the second quarter FY 2010 or about 1.60% of the population serviced.		

Agenda Topic / Presenter	Presentation	Discussion	Action
- Financial Report (Cont.)	The two mental health caseload measures have remained relatively stable with the average number of psychiatric inpatients within the system at 1,917 through this quarter and Mr. Webb again noted that the inpatient caseload is limited by the number of available inpatient beds in the system. The average number of mental health outpatient visits was 20,911 representing 13.8% of the service population. Mr. Webb further reported that the overall health costs through the Second Quarter of FY 2010 totaled $274.2M. On a combined basis, this amount is above overall revenues earned by the university providers by approximately $14.1M or 5.1%. He next noted that UTMB's total revenue through the second quarter was $207.1M and the expenditures totaled $219.6M resulting in a net shortfall of $12.5M. Texas Tech's total revenue through the second quarter was $53.0M and the expenditures totaled at $54.6M resulting in a net shortfall of $1.6M. He then stated that Table 4 and 4a provided on pages 143 and 144 indicates that of the $274.2M in expenses reported through the 2nd Quarter of FY 2010, onsite services comprised $129.7M or about 47.3% of the total expenses; Pharmacy Services totaled $26.9M or about 9.8% of total expenses; offsite services accounted for $86.7M or 31.6% of total expenses; Mental Health Services totaled $24.3M or 8.9% of the total costs; and, indirect support expenses accounted for $6.6M or about 2.4% of the total costs. As requested at the last quarterly meeting, Mr. Webb noted that Table 4a was constructed to provide the breakout of expenses by the UTMB and Texas Tech sectors.	.	

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- Financial Report (Cont.)	Mr. Webb further reported that Table 5 on page 145 indicates that the total cost per offender per day for all health care services statewide through the Second Quarter FY 2010 was $9.96, compared to $8.89 through this quarter or an increase of 12.0% over the past fiscal year. The average cost per offender per day for the last four fiscal years was $8.38. Mr. Webb then noted that the healthcare cost was $7.64 per day in FY 2003 and this would equate to an average of 30.4% increase since FY 2003. He further added that the approximate 4.7% increase per year average was still well below the national average. Older offenders continue to access the health care delivery system at a much higher acuity and frequency than younger offenders. Table 6 on page 146 shows that encounter data through this quarter indicates that older offenders had documented encounter with medical staff a little under three times as often as younger offenders. Table 7 on page 147 indicates that hospital costs received to date this fiscal year for older offenders averaged approximately $2,041 per offender vs. $310 for younger offenders. Hospitalization costs provided at Chart 15 shows that the older offenders were utilizing health care resources at a rate more than six times higher than the younger offenders. While comprising only about 7.7% of the overall service population, older offenders accounted for 35.4% of the hospitalization costs received to date. Table 8 on page 148 shows older offenders are represented 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 dialysis treatment for an average of 194 patients through the second quarter of FY 2010 cost $2.2M.		

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- Financial Report (Cont.)	Total drug costs through the 2nd Quarter FY 2010 totaled $20.3M as provided at Table 9 on page 149. Of this total, $9.5M or under $1.6M per month was for HIV medical costs which was about 46.7% of the total drug cost; psychiatric drug costs were approximately $990K or about 4.9% of the overall drug costs; Hepatitis C drug costs were $1.3M and represented about 6.6% of the total drug cost. Mr. Webb again noted that it is a legislative requirement that both UTMB and TTUHSC are required to report if they hold any monies in reserve for correctional managed health care. UTMB reports that they hold no such reserves and report a total operating shortfall of $12.5M through the end of the 2nd Quarter of Fiscal Year 2010. TTUHSC reports that they hold no such reserves and report a total operating shortfall of $1.6M through the 2nd Quarter FY 2010. He then reported that a summary analysis of the ending balances revenue and payments through February 28, 2010 provided at Table 10 on page 150 for all CMHCC accounts are included in this report. The summary indicates that the net unencumbered balance on all CMHCC account on Feb. 28, 2010 was negative $117,361,372.69. It should be noted that this negative balance is due to the advanced third quarter payment and that this balance will increase over the course of the third quarter. Mr. Webb next reported that the detailed transaction level data for both providers is being tested on a monthly basis to verify reasonableness, accuracy and compliance with policies and procedures. The testing of detail transactions performed on TTUHSC's financial information for Jan. 2010 through February 2010 found all tested transactions with appropriate backup and found that all tested		

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- Financial Report (Cont.)	transactions to be verified. The testing of detail transactions performed on UTMB's financial information for January 2010 through February 2010 found all tested transactions with appropriate backup and found all tested transactions to be verified. Mr. Webb noted that concluded his report. Dr. Griffin asked if there were any questions?	Mr. Collier asked what the reimbursement rates for the hospital and professional services were. Mr. Webb responded that it varied depending on the particular provider and are negotiated case by case. He further added that there are different payments for each DRG depending on what the patient was being treated for. Mr. Elger added that Hospital Galveston calculated similar to Medicaid based cost and if they followed the Medicaid rules and added the DRG, it would be a little less than what we get paid from Medicaid. After further discussions, Dr. Griffin noted there are still questions on the methodology and asked that UTMB provide clarification as to how the reimbursement rates are being calculated. Mr. Elger responded that he would provide that information.	
XI. Public Comments - Dr. Griffin	Dr. Griffin noted that the next agenda item is where the Committee at each regular meeting provides an opportunity to receive public comments. Dr. Griffin noted that there were no such requests at this time.		
XII. Date / Location of Next CMHCC Meeting **- Dr. Griffin**	Dr. Griffin then noted that the next CMHC meeting is scheduled for 9:00 a.m. on September 7, 2010 to be held at the Frontiers of Flight Museum Conference Room #1, 6911 Lemmon Avenue in Dallas.		

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XVI. Adjourn	Dr. Griffin asked if there were any other questions. Hearing none, adjourned the meeting.		

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

Date: 9/7/10

ATTACHMENT 1

Cost Reduction Measures

Initiative	FY10 Cost Savings	FY11 Proj Cost Savings
Delay Capital Expenditures	$1,694,000	
Eliminate FY10/11 Salary Increase	$3,200,000	$5,200,000
Reduce use of agency personnel	$600,000	$2,400,000
Limit Hep B vaccination to only high risk pts	$1,500,000	$1,500,000
Reduce Travel	$25,000	$100,000
Reduce CME Allocations	$25,500	$102,000
Provide OTC meds in unit Commissary	$162,500	$650,000
Extend time for scheduling prosthetics and limit footwear	$56,750	$227,000
Eliminate UT Tyler Infirmary Expenses	$78,750	$630,000
Modify Outpatient Staffing Model	$2,424,448	$19,476,028
Total	**$9,766,948**	**$30,285,028**

Guiding Principles for Staff Reductions

- Minimize correctional officers making medical decisions
- No decrease in subspecialty or hospital care
- Minimize impact of hours of operation
- Maintain RN presence in high acuity facilities
- Remain compliant with state professional boards
- Minimize impact on mental health services
- Minimize impact on provider practice

Reduction In Force Overview

- 363 employees
- Dentists 30%
- Dental Support 20%
- Clinical Support 13%
- Nursing 6%
- Providers 2%
- Savings is approximately $22M over 14 months

Overview of Nursing Care Model

- Less than 1% change in hours of operation
- 87% of all facilities will have on site RN coverage
- 98% of all facilities will have an RN on campus
- Only 2 facilities Keegans (667) and Goodman (558) will have LVN coverage only
- Compliant with Nurse Practice Act and ACA standards
- Model is consistent with that used in most community and state settings

Nursing Skill Differences

RN

- Determine the health status and health needs of patients through interpretation of health data and preventive health practice in collaboration with interdisciplinary health care team members.
- Utilizes a systematic approach to provide individualized, goal-directed nursing care
- Assesses and treats patients utilizing nursing protocols

LVN

- Can perform focused assessments and collect clinical information
- Cannot independently utilize nursing treatment protocols
- Requires provider or RN interaction for all patient encounters
- Direct (onsite or on-unit) supervision is not required. The LVN must have a resource person accessible telephonically or by some other similar means

Resources Available to LVNs

- **Onsite providers**
- **On call providers**
- **HUB providers and RN's**
- **New Call Center RN's**
- **District RN's**
- **District providers**

Nurse Education and Accountability Program

- **New program focused on enhancing nursing skills**
  - **Care of Emergent Patient (COEP)**
  - **Clinical Skills Review (CSR)**
  - **Newly created 12 month curriculum for new nurses**
  - **Rapid Assessment Program (new) to enhance nurses' ability to quickly assess emergency situations**
  - **Newly created annual evaluation (similar to current mandatory Clinical Knowledge and Assessment Program providers are required to take) for LVNs**

Nurse Education and Accountability Program Outcomes Measures

- **Outcomes**
  - **CMC will track the following measures to ensure that quality outcomes are being monitored after the reductions take place:**
    - **Global offsite utilization**
    - **Number of HUB Transfers**
    - **Mortality**
    - **Number of nurses referred to Peer Review**
    - **Number of Safe Harbor claims**

Post-RIF Dental Program

- Urgent/Emergent (Priority 1) care
- Medically necessary prosthetics
- Intake processing of new offenders
- Reduced interceptive care (P2)
- Only limited or focused treatment plans will be created
- Compliant with ACA mandatory standards

Post RIF Issues

- **Shift management**
- **Reduction in dental services**
- **Change in facility operations**
- **Staff workload**
- **Offender expectations**
- **Current policies**
- **Practice differences**

FY 12-13 10% Budget Reduction

- **30% reduction in medical providers**
- **50% reduction in Mental Health services**
- **20% reduction in LVNs**
- **Elimination of RT, PT, and DEPD**
- **Elimination of all dental hygienists**
- **50% reduction in remaining unit administration**
- **25% reduction UR department**

ATTACHMENT 2

Houston District

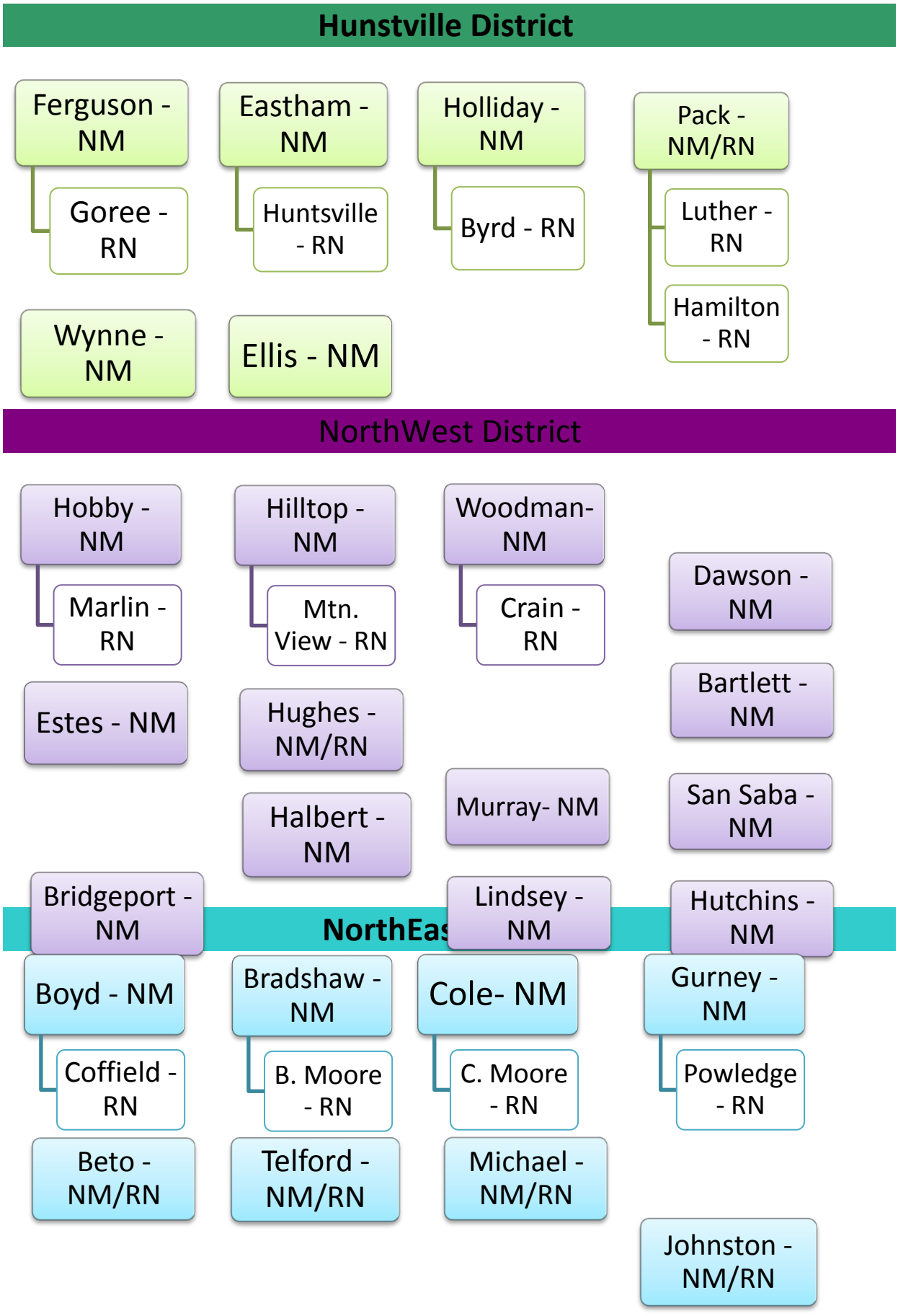
- Jester 3 - NM/RN
  - Jester 1 - RN
  - Vance - RN
  - Central - RN
- Darrington - NM/RN
  - Scott - RN
  - Clemens - RN
- Lychner - NM
  - Kegans - LVN
- Stringfellow - NM
  - Ramsey - RN
  - Terrell - RN

Beaumont District

- Stiles - NM/RN
- Gist - NM
  - LeBlanc - RN
- Gibb Lewis GP - NM
  - Gibb Lewis EC - RN
  - Goodman - RN
- Plane - NM
  - Henley - RN
  - Hightower - RN
- Polunsky - NM/RN
  - Cleveland - RN

San Antonio District

- Kyle - NM
  - Travis - RN
- Lockhart - NM
- Dominguez - NM
- Torres - NM
  - Ney - RN
- Briscoe - NM
  - Cotulla - RN
- Segovia - NM
  - Lopez - RN
  - Willacy - RN
- Glossbrenner - NM
- Connally - NM/RN
- McConnell - NM/RN
- Garza - NM/RN
  - Stevenson - RN


Hunstville District
Ferguson - NM
Goree - RN
Eastham - NM
Huntsville - RN
Holliday - NM
Byrd - RN
Pack - NM/RN
Luther - RN
Hamilton - RN
Wynne - NM
Ellis - NM
NorthWest District
Hobby - NM
Marlin - RN
Hilltop - NM
Mtn. View - RN
Woodman- NM
Crain - RN
Dawson - NM
Bartlett - NM
Estes - NM
Hughes - NM/RN
Halbert - NM
Murray- NM
San Saba - NM
Bridgeport - NM
Lindsey - NM
Hutchins - NM
NorthEas
Boyd - NM
Coffield - RN
Bradshaw - NM
B. Moore - RN
Cole- NM
C. Moore - RN
Gurney - NM
Powledge - RN
Beto - NM/RN
Telford - NM/RN
Michael - NM/RN
Johnston - NM/RN

Duncan & Diboll