

MINUTES
CORRECTIONAL MANAGED HEALTH CARE COMMITTEE
June 7, 2011

Chairperson: James D. Griffin, M.D.

CMHCC Members Present: Ben G. Raimer, M.D., Elmo Cavin, William Elger, Gerard Evenwel, Cynthia Jumper, M.D., Lannette Linthicum, M.D., Margarita de la Garza-Graham, M.D., Bryan Collier

CMHCC Members Absent: None

Partner Agency Staff Present: Kelly Coates, Anthony Williams, Steve Smock, The University of Texas Medical Branch; Denise DeShields, M.D., Larry Elkins, Texas Tech University Health Sciences Center; Ron Steffa, Robert Williams, M.D., Kathryn Buskirk, M.B. Hirsch, George Crippen, RN MSN, Texas Department of Criminal Justice; Allen Hightower, David McNutt, Lynn Webb, Stephanie Harris, CMHCC Staff.

Others Present: Steve Timmons, MHM Services

Location: Frontiers of Flight Museum, 6911 Lemmon Ave., Conference Rm #1, 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 being in attendance and asked everyone to introduce themselves for the record.		
III. Approval of Excused Absence - James D. Griffin, M.D.	There were none.		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>IV. Approval of Consent Items</p> <ul style="list-style-type: none"> James D. Griffin, M.D. 	<p>Dr. Griffin stated next on the agenda is the approval of the consent items to include the Minutes from the March 8, 2011 CMHCC meeting: TDCJ Health Services Monitoring Report; both UTMB and TCUHSC 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?</p> <p>Hearing no further comments, Dr. Griffin stated that he would now entertain a motion on approving the consent items.</p>		<p>Dr. Ben Raimer moved to approve the consent items as presented at Tab A of the agenda booklet. Mr. Elmo Cavin seconded the motion. The motion passed by unanimous vote.</p>
<p>V. Executive Director's Report</p> <ul style="list-style-type: none"> Allen Hightower 	<p>Dr. Griffin then called on Mr. Hightower to provide the Executive Director's report.</p> <p>Thank you Mr. Chairman, I have on the agenda today legislative updates to the best of my knowledge. In your packet there are two different documents. There are some changes to the committee, the committee's responsibility and TDCJ's. The first one being C.S.S.B. No. 1, the current status of that piece of legislation in the special session has passed the full senate and is to the house. And if the agenda works like it is supposed to it should be on the house calendar Thursday.</p> <p>The other document starts with the Alcoholic Beverage Commission and is part of Article V. To get the true picture of what stays the same and what changes, my staff and I will put together. When I have a practice of not circulating and printing things that are not matured yet and until such time that the house and senate pass the same bills and it goes to the governor's office and the governor either vetoes or puts his signature on it, I don't take anything for granted. So what you have before you is legislation that has not transpired.</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>V. Executive Director's Report (cont'd)</p> <ul style="list-style-type: none"> - Dr. Griffin - Allen Hightower 	<p>In sequence with the first manuscript and the appropriation bill with your interest in this arena we'll start on page V-23.</p> <p>Dr. Griffin noted that for the minutes Dr. de la Garza-Graham is here and present.</p> <p>Dr. de la Garza-Graham let me very quickly redraw my steps, we just got started. You have before you C.S.S.B. No.1, that has passed the senate and should be on the house calendar Thursday for house deliberation. This bill rewrites the Correctional Managed Health Care Committee authorization and restructure. The other one is a section out of the appropriation bill that is Article V where the Texas Department of Criminal Justice is held; that speaks to the Correctional Managed Health Care Committee. That bill has passed the house and the senate as you have it before you, it is to the Governor's office. I didn't put it together in all one manuscript. Until the Governor gets thru with his duties, it's not the law.</p> <p>The major changes in the bill itself is to restructure the committee. The committee stays as is within the bill except for contracting until November 30th. New contracts have to be signed with the universities. TDCJ must contract directly with the universities for health care services with the appropriation bill. I will leave some things out unless you would like to discuss.</p> <p>At the end of November 30th according to the bill, the committee has 5 voting members and 1 non-voting member as opposed to its nine voting members now. The Governor will appoint two public members, the universities and TDCJ will each have an appointed member. And the reason I mention the general law, is this bill and the appropriation bill go into the general law and make amendments to certain sections and chapters. And those that are not amended or deleted are still the law. So until most of the Appropriation bill and the Correctional Managed Health Care bill pass on their own and are integrated into the law that is still in existence and will stay still existence. There may be questions that you will have. Neither the appropriations bill nor this</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>V. Executive Director's Report (cont'd)</p>	<p>Article 40 Correctional Managed Health Care, the bill didn't change anything that was already in the government code, starting in section 501. In other words, with the new makeup of the committee, it does not say in the bill that the chairman of the committee has to be a physician. But it does say in the general law, and the bill did not amend the general law, so that statute would stay in effect. But it is not mentioned in the bill itself, so as soon as the legislation process is over and the governor has had time to execute his authority, we will put together a clean writing of where everything fits in a new manuscript as if you are reading from the new law book.</p> <p>There will be a lot of questions between now and then on the contracts. We normally would have already started, but that role will be taken over by TDCJ to negotiate with the universities and not the committee.</p> <p>There will be a great deal of time that this committee will spend with three partners and especially with TDCJ in regard to contracts. With the legislature winding down the way it wound down with all of the things that affected this committee were in the Senate bill that got shot down the last night. So to put everything into perspective we didn't know until it was broken out for the Special Session and passed the Senate and gone to the House for deliberation on Thursday. We really didn't know where we were or where we were not. There were a lot of changes in the writing of this particular bill along with the appropriation bill right up until the conference committee signed off on the reports.</p> <p>A lot of you and staff spent a lot of time in Austin and once the education bill was tacked on to Senate Bill 1811, which entailed what our committee does into what it did. And when the special session started, it's been difficult to keep tabs on everything that was happening because it changed every week. The new committee without changing names will take its authorization with the universities and TDCJ making their appointments and the Governor making his two appointments not later than November 30th. Another example that we meet quarterly is still in the general law and that section was not affected</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>V. Executive Director's Report (cont'd)</p>	<p>by this bill. At this time you may ask questions and I will try to answer them. But in essence the committee and staff will stay in place and the contractual arrangement will be made between TDCJ and the universities. Most of the things the staff does on a daily basis will be in conjunction with or in cooperation with the department. And in this bill the "department" means the Department of Criminal Justice. So, having said that Mr. Chairman I will be glad to answer questions.</p> <p>Dr, Griffin asked if there were any questions?</p>		
<p>VI. Performance and Financial Status Report</p> <p>- David McNutt</p>	<p>Hearing no further comments, Dr. Griffin thanked Mr. Hightower for the report then called on Mr. McNutt to provide the performance review update.</p> <p>Mr. McNutt noted that the Performance Dashboard is provided at Tab C page 78 thru 94 of the board agenda. He then reported that through the second quarter FY 2011, the service population 152,655 at the end of this quarter compared to 151,254 for the same time period a year ago which is an increase of 1,401 or 0.93% increase.</p> <p>The aging offenders as you can see over a two year period for the biennium it continues to grow and Mr. McNutt reported that the number of offenders 55+ at the end of second quarter FY2011 we had 12,573 as compared to second quarter FY2010 11,642 which is a increase of 931 or 8.0%.</p> <p>The psychiatric inpatient census remained consistent at the 1,946 for second quarter FY 2011 compared to 1,917 the same quarter of FY 2010. Through the second quarter of FY 2011, the average number of psychiatric outpatient visits was 19,796 representing 13.0% of the service population.</p> <p>Mr. McNutt again noted that the definition of the nine</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>VI. Performance and Financial Status Report (cont.)</p>	<p>access to care indicators are included on page 83 of the agenda packet for reference. He then reported that the medical access to care indicators remained within the 95% - 97% range; the mental health access to care stayed within the 97-100% range; and dental access to care remained consistently between 99% - 100% range.</p> <p>Mr. McNutt continued by stating that the UTMB sector physician vacancy rate for this quarter was 16.92%; mid-level practitioners at 11.38%; RN's at 1.59%; LVN's at 2.64%, dentists at 5.41% and psychiatrists at 11.11% which he noted looked a little better than what was reported for the previous quarter.</p> <p>TTUHSC sector physician vacancy rate for the same quarter averaged at 19.94%; mid-level practitioners at 17.21%; RN's at 17.93%; LVN's at 13.83%; dentists at 15.95%, and psychiatrists at 10.67%.</p> <p>The timeliness in the Medically Recommended Intensive Supervision Program (MRIS) medical summaries for Dec was 90%, TDCJ did not have a percentage for Jan & Feb for the second quarter FY 2011.</p> <p>Mr. McNutt next reported the statewide cumulative loss/gain for the month of September expenditures exceeded revenue of \$891,749 and by the end of February both universities together had exceeded expenditures of \$13,284,635. Now look at the statewide loss/gain by month, as you can see each month and in February was the biggest loss in a fiscal year to date with \$3,287,379. If you go to page 92 you can see revenues v. expenses and even you can see that expenses did exceed revenue. And on page 93 it's broken down by UTMB cumulative loss/gain by month and you can see by the end of February the loss in FY 2011 is \$11,571,276. And last on page 94 you can see TTUHSC cumulative loss/gain at the end of February FY2011 is \$1,595,791.</p> <p>Mr. Chairman that concludes my Performance and Financial Status Report. I also have a second report to give on Supplemental Funding Allocations.</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p data-bbox="86 256 380 318">VII. Funding Update and Approval</p> <p data-bbox="123 350 312 375">- David McNutt</p>	<p data-bbox="499 139 1119 196">Dr. Griffin asked if there were any questions to the first part of Mr. McNutt's report. Hearing none proceed.</p> <p data-bbox="499 228 1119 500">Mr. McNutt continued with the Supplemental Funding Allocations. The university providers experienced shortfalls in funding for FY 2010 & 2011. Based on the latest available expense data, combines losses of \$57M are projected for the biennium. To address this shortfall, supplemental appropriations were requested during the 82nd Legislative Session. House Bill 4 appropriates \$57,000,000 in supplemental funding for the correctional health care program.</p> <p data-bbox="499 532 1119 803">As you see further down on the handout UTMB's shortfall for FY 2010 is \$18,706,000, TTUHSC is \$2,882,605; FY 2011 UTMB's projected is \$32,411,395, TTUHSC is \$3,000,000 for a total for UTMB \$51,117,395, TTUHSC \$5,882,605 for a total of \$57,000,000. House Bill 4 does contain \$57 Million in supplemental appropriations for the two universities. That money will be available as soon as the governor signs the bill.</p> <p data-bbox="499 836 1119 1076">On the second page what we are requesting is a motion that will give the committee staff the authority to go ahead and start with amending the contract upon the bill being signed to work with TDCJ, and the Comptroller's Office to make that money available to the two university providers. Mr. Chairman I would be more than happy to explain it and I need a motion to be made exactly how it reads.</p> <p data-bbox="499 1109 989 1138">Dr. Griffin asked if there were any questions?</p>	<p data-bbox="1144 1141 1656 1198">Dr. de la Garza-Graham asked if we are expecting the legislature to...</p> <p data-bbox="1144 1203 1656 1471">Mr. McNutt answered that the legislature already has approved the money in HB 4 regular session. That was the bill that also took away money from several agencies and universities but it also appropriated money to in this case, for TTUHSC, UTMB and several other agencies also. It is a bill that in my opinion and I don't vote, but in my opinion the governor nearly has to sign the bill because he</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>VIII. Summary of Critical Personnel Vacancies &</p> <p>IX. Medical Director's Updates (cont'd)</p> <ul style="list-style-type: none"> <li data-bbox="86 380 394 435">- Denise DeShields, M.D. (TTUHSC) <li data-bbox="86 623 430 678">- Lanette Linthicum, M.D. (TDCJ) <li data-bbox="86 927 449 954">- Operational Review Audit <li data-bbox="86 1325 432 1352">- Capital Assets Monitoring 	<p>If you look at the numbers again we have a situation where we have low numbers, there only 11 FTE's that we have total for psychiatrists. And we have 9.5 filled. Also, there is a little bit of a forerunner for 3rd quarter, we have noted increased hiring over the last half of the second quarter. I have no additional information and this concludes my report.</p> <p>Dr. Griffin thanked Dr. DeShields for the updates then called on Dr. Linthicum to provide the TDCJ personnel vacancy updates and medical report.</p> <p>Dr. Linthicum began with the TDCJ critical vacancies at the bottom of page 95 the most critical which is Chief Public Health Officer this position provides statewide support for our infection control and infectious disease programs. Yesterday Dr. Williams went up to the Texas A & M School of Public Health to do whatever and they were very pleased about this position. I guess they have a pipeline of residents hopefully for this position and we have a grievance coordinator and a clerical.</p> <p>TDCJ Medical Director's Report starts on page 98 of the agenda packet. During the second quarter of FY 2011, Dr. Linthicum reported that seven operational review audits were conducted. The summary of the 10 items found below 80 percent compliance during those seven operational review audits and the corrective action to ensure future compliance are found on pages 98. and 99 of the agenda packet. We were having some problems with Hepatitis C management program and we have some work to do on that. We are working on individualized treatments plans. Another area needing work is for Syphilis.</p> <p>Dr. Linthicum further reported that the Fixed Assets Contract Monitoring officer audited the same seven units and that these audits are conducted to monitor compliance with the Health Services Policy and State</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>VIII. Summary of Critical Personnel Vacancies &</p> <p>IX. Medical Director's Updates (cont'd)</p> <p>- Chronic Disease Audit / Coronary Artery Disorders</p> <p>- Quality of Care Audit / Dental</p> <p>- Patient Liaison</p> <p>- Access to Care Audits</p> <p>- Office of Public Health</p>	<p>Property Accounting Policy. All seven units were within the required compliance range of 80% or greater.</p> <p>During this quarter, the TDCJ Health Services conducted a Chronic Disease Quality of Care Audit which assessed the primary care management of offenders with coronary artery disease disorders in facilities contracted by the CMHCC. A total of 657 charts were audited (538 UTMB and 119 TTUHSC). A sample size required for each unit was maintained at a confidence level of 95 percent. 23 percent of the 2,640 offenders Coronary Artery Disease served by CMHC were included in the audit, with a confidence level of 99 percent. Dr. Linthicum noted that Dr. Buskirk will provide a presentation on the quality of care audit for coronary artery disease later on the agenda. As well as Dr. Hirsch will be making a presentation on Dental Quality.</p> <p>Dr. Linthicum then reported that 14 dental quality review audits were conducted this quarter. The summary of the items found to be most frequently below 80% compliance is provided on pages 101 – 102 of the agenda packet but noted that the facilities are preparing corrective actions to assure future compliance.</p> <p>She then reported that the Patient Liaison Program and the Step II Grievance Program received a total of 3,756 correspondences. Of the total number of correspondences received, 478 or 12.73% action requests were generated.</p> <p>The Patient Liaison Program nurses and investigators performed 37 sick call request verification audits. A random sample of sick call requests were also audited by the Office of Professional Standards staff. She then added that of the 35 facilities representing a total of 260 indicators being reviewed, 25 of them fell below the 80% threshold.</p> <p>Dr. Linthicum next reported that the Office of Public Health monitors the incidence of infectious diseases for TDCJ. For the second quarter of FY 2011, there were</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p data-bbox="71 134 472 224">VIII. Summary of Critical Personnel Vacancies &</p> <p data-bbox="71 256 472 316">IX. Medical Director's Updates (cont'd)</p> <p data-bbox="71 683 472 711">- Mortality and Morbidity</p> <p data-bbox="71 837 472 898">- Mental Health Services Monitoring and Liaison</p>	<p data-bbox="485 167 1129 500">155 cases of suspected syphilis compared to 164 in the same quarter of FY 2010; 287 Methicillin-Resistant Staphylococcus Aureus (MRSA) cases were reported in this quarter, compared to 336 during the same quarter of FY 2010. 190 Methicillin-Sensitive Staphylococcus Aureus (MSSA) were reported in the second quarter of FY 2011 compared to 132 reported for FY 2010. There was an average of 13 Tuberculosis (TB) cases under management for the second quarter FY 2011, compared to an average of 22 per month during the same quarter in FY 2010.</p> <p data-bbox="485 532 1129 678">During the second quarter FY 2011, 98 of the 112 facilities of the peer education programs were audited. There were 61 offenders trained to become peer educators and during the same quarter of FY 2010 there were 184 trained.</p> <p data-bbox="485 711 1129 833">The Mortality and Morbidity Committee reviewed 94 deaths. Of those 94, 13 were referred to peer review committees and 3 were referred to utilization review. You can see the chart on page 104.</p> <p data-bbox="485 865 1129 987">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.</p> <p data-bbox="485 1019 1129 1198">Dr. Linthicum added that the MHMR history was reviewed for 3,298 offenders brought into TDCJ-ID/SJID. She further noted that 728 offenders were identified as having a documented history of mental illness and this information was provided to the appropriate intake / receiving facilities.</p> <p data-bbox="485 1230 1129 1352">Further 42 offenders sentenced to TDCJ Boot Camp were interviewed to determine if their mental health needs could be met at the Boot Camp. All 42 offenders were found to be appropriate for Boot Camp.</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>X. TDCJ Health Services Division, Dental Quality Audit Report (cont'd)</p>	<p>commendable. The part that worries me is we have approximately one third that is not compliant and this is what we need to work on.</p> <p>On the TTUHSC sector, they are similar. We have about 25% that are not getting the care but we also have good compliance 100% so this is working and we need a little more effort and education to take care of business.</p> <p>On page 112 & 113 is the longest wait and I would like to point out that the data used here is provided by the universities. And the charts show the longest wait for SCR Triage – worst performing unit by month. And UTMB’s longest wait it’s all over the board, but what we want to look at is the line at the bottom. Is the red line that reads 180 days, I’m sorry 72 hours. Which is the weekend and that is 48 to 72 hours, which is the weekend break. The two years there’s not a month that we don’t have a unit that is out of compliance. So we need a considerable amount of work on this. TTUHSC has the same line across the bottom. The same 72 hours and you can see a considerable difference here they are staying basically within the policy compliance.</p> <p>Dr. Hirsch continues with offenders with the longest wait for Routine Dental Appointments. Routine being the key here we want to see things that need to be done, being done. We had at one time this was 32 days, at the present time by policy it’s 180 days that’s where your line is across 180 days which is 6 months. We see every month in the two year period there units that go over their 180 days with their routine care. You also see an increase that they are actually getting longer and that is not good. On page 115 you also see in TTUHSC the same 180 day line. You see one peak there and there is an explanation for that. But basically they are remaining under the 180 day line.</p> <p>Next UTMB has offenders waiting for Routine Dental Appointment more than 180 days per month. On the left is the number of offenders and across the bottom is the same figure scale. We see that we started out about 500 as a range and now we are somewhere in the 3,000 range</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>X. TDCJ Health Services Division, Dental Quality Audit Report (cont'd)</p>	<p>and that is not good. We go to TTUHSC and if you look closely there are some lines on the bottom and they are really insignificant and they are staying within compliance.</p> <p>Then UTMB has the longest wait for Dental Hygienist Appointment, we see the same information dealing with the worst months and once again theirs is the same as the dentist, 180 days at the line. You will see the dental hygienist appointments for the past 2 yrs and they are consistently over the 180 days as by contract. We go to TTUHSC the same line 180 days you will see that they are within the contract.</p> <p>Next we have UTMB offenders waiting for Routine Hygienist Appointment for more than 180 days. To the left you see the number of offenders and the bottom is the same 2 yrs. We see that there is a definite increase actually beginning this year where we see a tremendous difference in the number of offenders waiting for hygienist appoints. We compare this with TTUHSC and you will that they are within the contract.</p> <p>Now we have UTMB total restorations per month. These are fillings and restoring of teeth. You see that there is a decrease in the amount of teeth being filled to a significant trend. At TTUHSC you see a standard across the board, not a lot deviation there. You would think that there a lot of less fillings that you will see a lot of teeth taking out. With the implementation of the urgent care we would expect to see more teeth removed. We are sort of looking at that more. But what we are seeing is a decrease in the number of fillings and teeth being extracted.</p> <p>UTMB provides me information about extractions but to make a comparison between the two universities I want the total surgeries. And surgeries include extractions but it also includes other dental surgeries. So here you see a decrease which can be compared to TTUHSC on the next page which is pretty much straight across the board.</p> <p>That's the sad story and if anyone has questions?</p>	<p>Dr. de la Garza-Graham asked who determines</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>X. TDCJ Health Services Division, Dental Quality Audit Report (cont'd)</p> <p>XI. TDCJ Health Services Division, Coronary Artery Disease Quality Audit Report</p> <p>- Kathryn Buskirk, M.D.</p>	<p>Dr. Griffin next called on Dr. Buskirk to provide the Coronary Artery Disease Quality Audit Report.</p> <p>Dr. Buskirk thanked the Committee staff for the opportunity to report on the audit then noted that the presentation is provided at Tab G of the agenda packet.</p> <p>She reported that the audit is supported by two Texas Government Codes, Section 501.145 which mandates TDCJ to provide chronic disease management services which meet standards of care, and Section 501.150 which mandates TDCJ to establish a procedure for monitoring the quality of care delivered by the health care providers.</p> <p>She then reported that TDCJ Health Services had developed quality of Care Audit tools designed to monitor and measure The management of the following seven chronic diseases: 1. Diabetes, 2. Hypertension, 3. Seizure Disorders, 4. Coronary Artery Disease (CAD), 5. Congestive Heart Failure, 6. Respiratory Diseases and 7. Hyperlipidema.</p> <p>Dr. Buskirk further reported that 110 TDCJ facilities were audited using the Coronary Artery Disease Audit tool during the second quarter of FY2011. A total of 657 charts were audited (538 UTMB and 119 TTUHSC charts). This represents 23% of the 2,640 offenders diagnosed with the disease in the TDCJ system.</p> <p>Accumulatively, this yields a 99% confidence level that sample population scores are within 2.3 points of the actual score of the entire Coronary Artery Disease population served by CMHC.</p> <p>She also reported that these 657 charts were randomly selected from the Coronary Artery Disease Chronic Care Clinic (CCC) list. A minimum sample size required for a</p>	<p>if an inmate needs dental hygiene.</p> <p>Dr. Hirsch responded that the facility dentist looks and determines if the inmate needs a cleaning or not. It's not automatically done, every six months or once a year. They just look and the determination is made.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>XII. Financial Reports (cont'd)</p>	<p>The overall HIV+ population has remained relatively stable throughout the last two years at 2,393 through 2nd Quarter FY 2011 (or about 1.57% of the population served).</p> <p>The two mental health caseload measures have remained relatively stable:</p> <ol style="list-style-type: none"> 1). The average number of psychiatric inpatients within the system was 1,946 through the Second Quarter of FY 2011. This inpatient caseload is limited by the number of available inpatient beds in the system. 2). Through the Second Quarter of FY 2011, the average number of mental health outpatient visits was 19,796 representing 13.0% of the service population. <p>Mr. Webb further reported the overall health costs through the Second Quarter of FY 2011 totaled \$268.1M. On a combined basis, this amount is above overall revenues earned by the university providers by approximately \$13.28M or 5.21%.</p> <p>UTMB's total revenue through the second quarter was \$201.6M; expenditures totaled \$213.2M, resulting in a net shortfall of \$11.6M.</p> <p>Texas Tech's total revenue through the second quarter was \$53.2M; expenditures totaled \$54.9M, resulting in a net shortfall of \$1.7M.</p> <p>Examining the healthcare costs in further detail on (Table 4 of page 153) indicates that of the \$268.1M in expenses reported through the Second Quarter of FY 2011:</p> <p>Onsite services comprised \$116.0M, or about 43.3% of expenses:</p> <p>Pharmacy services totaled \$26.6M, about 9.9% of total expenses:</p> <p>Offsite services accounted for \$94.5M or 35.2% of total expenses:</p> <p>Mental health services totaled \$23.3M or 8.7% of the total costs: and</p> <p>Indirect support expenses accounted for \$7.7M, about 2.9% of the total costs.</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>XII. Financial Reports (cont'd)</p>	<p>Table 5 and page 154 shows that the total cost per offender per day for all health care services statewide through the Second Quarter FY 2011, was \$9.65, compared to \$9.96 through the Second Quarter of the FY 2010. The average cost per offender per day for the last four fiscal years was \$8.94. As a point of reference healthcare costs was \$7.64 per day in FY03. This would equate to a 26.3% increase since FY03 or approximately 3.5% increase per year average, well below the national average.</p> <p>Older offenders access the health care delivery system at a much higher acuity and frequency than younger offenders: Table 6 and page 155 shows that encounter data through the 2nd Quarter indicates that older offenders had a documented encounter with medical staff 2.8 times as often as younger offenders. Table 7 and page 156 indicates that hospital and specialty clinic costs received to date this Fiscal Year for older offenders averaged approximately \$2,126 per offender vs. \$352 for younger offenders.</p> <p>Mr. Webb next reported that regarding hospitalization and specialty clinic costs shown in Chart 15, the older offenders were utilizing health care resources at a rate of 6.1 times higher than the younger offenders. While comprising only about 8.2% of the overall service population, older offenders account for 35.1% of the hospitalization and specialty clinic costs received to date. Also, per Table 8 and page 157, older offenders are represented 5.8 times more often in the dialysis population than younger offenders. Dialysis costs continue to be significant, averaging about \$21.0K per patient per year. Providing dialysis treatment for an average of 199 patients through the Second Quarter of FY 2011 cost \$2,083,867.</p> <p>Please note that Table 9 and page158 shows that total drug costs through the 2nd Quarter FY 2011 totaled \$20.2M. Of this, \$8.9M (or under \$1.5M per month) was for HIV medication costs, which was about 43.9% of the total drug cost. Psychiatric drugs costs were approximately \$0.9M, about 4.3% of overall drug costs.</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>XII. Financial Reports (cont'd)</p>	<p>Hepatitis C drug costs were \$1.2M and represented about 6.1% of the total drug cost.</p> <p>Mr. Webb added 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.</p> <p>UTMB reports that they hold no such reserves and report a total operating shortfall of \$11.6M through the end of the 2nd Quarter of Fiscal Year 2011.</p> <p>Texas Tech reports that they hold no such reserves and report a total operating shortfall of \$1.7M through the 2nd Quarter FY 2011.</p> <p>A summary analysis of the ending balances revenue and payments through February 28th FY 2011, on (Table 10 and page159) for all CMHCC accounts are included in this report. The summary indicates that the net unencumbered balance on all CMHCC accounts on November 30, 2011 is a negative \$36,005.42. 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.</p> <p>Detailed transaction level data from both providers is being tested on a monthly basis to verify reasonableness, accuracy, and compliance with policies and procedures.</p> <p>The testing of detail transactions performed on TTUHSC's financial information for December 2010 through February 2011 resulted in no discrepancies, and found all tested transactions to be verified.</p> <p>The testing of detail transactions performed on UTMB's financial information for December 2010 through February 2010 resulted in no discrepancies, and found all tested transactions to be verified except three without back-up documentation.</p> <p>Mr. Webb noted that concluded his report. Dr. Griffin asked if there were any questions?</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>XIV. Public Comments</p> <p>- James Griffin, M.D.</p> <p>XV. Date / Location of Next Meeting</p> <p>- James Griffin, M.D.</p> <p>XVI. Adjourn</p>	<p>Hearing none, thanked Mr. Webb for the update.</p> <p>Dr. Griffin then stated that the next agenda item is where the Committee at each regular meeting provides an opportunity to receive public comments. Dr. Griffin noted that there was no such request at this time.</p> <p>Dr. Griffin next noted that the next CMHC meeting is scheduled for 9:00 a.m. on September 6, 2011, to be held at the Frontiers of Flight Museum Conference Room #1, 6911 Lemmon Avenue in Dallas.</p> <p>Dr. Griffin asked if there were any other questions. Hearing none adjourned the meeting.</p>		


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

Date: 10/20/2011