



**CORRECTIONAL MANAGED HEALTH CARE
COMMITTEE
AGENDA**

June 26, 2007

9:00 a.m.

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

CORRECTIONAL MANAGED HEALTH CARE COMMITTEE

June 26, 2007

9:00 a.m.

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

- I. Call to Order
- II. Recognitions and Introductions
- III. Approval Excused Absence
- IV. Consent Items (Tab A)
 1. Approval of Minutes, March 27, 2007
 2. 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
 3. University Medical Director's Report
 - The University of Texas Medical Branch
 - Texas Tech University Health Sciences Center
 4. Summary of CMHCC Joint Committee / Work Group Activities
- V. Executive Director's Report (Tab B)
 1. Update on 80th Legislative Session
 2. FY 2008-2009 Contract Discussions
- VI. Performance and Financial Status Dashboard (Tab C)

EACH ITEM ABOVE INCLUDES DISCUSSION AND ACTION AS NECESSARY

- VII. Medical Director's Updates
 - 1. Texas Department of Criminal Justice (Tab D)
 - 2. Texas Tech University Health Sciences Center
 - 3. The University of Texas Medical Branch
- VIII. Texas Correctional Office on Offenders for Medical or Mental Impairments (TCOOMMI) Update (Tab E)
- IX. Presentation from Joint Work Group: Infection Control Committee (Tab F)
- X. Purchase of Pandemic Flu Vaccine (Tab G)
- XI. Changes to HIV Testing Policy – SB 453 (Tab H)
- XII. Funding Update and Approval (Tab I)
 - 1. Review and Approval of Supplemental Funding Allocations FY 2006-2007
 - 2. Review and Approval of FY 2008-09 Budget Allocations
- XIII. Financial Reports (Tab J)
 - 1. FY 2007 Second Quarter, March and April Monthly Financial Reports
 - 2. Financial Monitoring Update
- XIV. Public Comment
- XV. Date / Location of Next CMHCC Meeting
- XVI. Adjourn

Tab A

Consent Item 1

Approval of Minutes, March 27, 2007

MINUTES

**CORRECTIONAL MANAGED HEALTH CARE COMMITTEE
March 27, 2007**

Chairperson: James D. Griffin, M.D.

CMHCC Members Present: Ben G. Raimer, M.D., Desmar Walkes, M.D.

CMHCC Members Participating by Telephone Conference: Elmo Cavin, Jeannie Frazier, Cynthia Jumper, M.D., Lannette Linthicum, M.D., Larry Revill

Partner Agency Staff Present: Owen Murray, D. O, The University of Texas Medical Branch, Allen Hightower, Allen Sapp, Colleen Shelton, Tati Buentello, CMHCC Staff.

Partner Agency Staff Participating by Telephone Conference: Denise DeShields, M.D., Gary Tonniges, Texas Tech University Health Sciences Center

Location: 8610 Shoal Creek Boulevard, Executive Conference Room, Austin, Texas / Telephone Conference

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>I. Call to Order</p> <p>- James D. Griffin, M.D.</p>	<p>Dr. Griffin called the CMHCC meeting to order at 10:00 a.m. and noted that the meeting was being held by teleconference pursuant to authority found in Section 501.139(b) of the Texas Government Code. Public access to the meeting was made available at 8610 Shoal Creek Boulevard, Executive Conference Room, Austin, Texas.</p> <p>Dr. Griffin stated that he would take a roll call to note on record that a quorum was present. All members were in attendance in person or by telephone except Dr. Desmar Walkes. Dr. Griffin then stated that a quorum was present and the meeting would be conducted in accordance with Chapter 551 of the Texas Government Code.</p>		
<p>II. Recognitions and Introductions</p> <p>- James D. Griffin, M.D.</p>	<p>Dr. Griffin requested that because this meeting is being held by teleconference, that anytime someone wishes to make a comment or ask a question to first identify themselves for the record.</p>		
<p>III. Approval of Excused Absence</p> <p>- James D. Griffin, M.D.</p>	<p>Dr. Griffin then noted that there were no committee member absences to approve from the December 5, 2006 CMHCC Meeting.</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>IV. Consent Items</p> <p>- Allen Sapp</p>	<p>Dr. Griffin next called on Mr. Sapp to explain the new format on the agenda for consent items.</p> <p>Mr. Sapp stated at the December 5, 2006 meeting, there were some discussion on changing the format for receiving the routine reports being presented to have more time to discuss a particular areas of interest for the committee and the medical directors. He noted that the agenda format now includes a consent agenda item. For this meeting, the consent items include four items that were included at Tab B of the March 8, 2007 agenda packet that was mailed out in advance.</p> <p>Mr. Sapp stated the first consent item would be the minutes from the prior meeting. The second set of documents in the consent item consists of the TDCJ Health Services Monitoring Report which includes the operational review summary data; the grievances and patient liaison statistics, access to care statistics, preventive medicine; utilization and review monitoring; capital assets monitoring; accreditation activity summaries; listing of the research projects and the results of the administrative segregation mental health monitoring. The third set of document is the statistical portion of the two university Medical Director's Reports. Mr. Sapp noted that there was a correction made on the portion of the TTUHSC Medical Director's Report on the crisis management intervention where the numbers were inadvertently left blank. Those numbers have been filled and the corrected page has been provided. The last item is a new item that contains the summary of ongoing activities for the CMHCC's joint committees and work groups.</p> <p>Mr. Sapp then stated that he would briefly go over the process of how the consent items will be presented. The Chairman would entertain a motion to accept the consent item unless there was a particular item that a committee member would like to discuss more in depth. In that event, the particular item would be pulled from the consent agenda for further discussion. If none of the items require further discussion, the Chairman would then call for a motion to accept the entire consent agenda.</p>	<p>Mr. Cavin asked when would be the appropriate time for a member to pull an item off the consent agenda and also asked if there was a requirement to make this request in advance?</p> <p>Mr. Sapp responded that the way this process works in most organizations is that when the consent agenda is presented, the member would express to the Chairman that they would like a particular item to be pulled out separately for</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>IV. Consent Items</p> <p>- Allen Sapp</p>	<p>Mr. Sapp continued by stating that the written summary of the TDCJ Health Services Monitoring Report is found at Tab D of the March 8, 2007 agenda packet.</p> <p>Dr. Griffin then asked if Dr. Murray or Dr. DeShields had any further comments on their Medical Reports or if any of the committee members would like to pull any consent items out separately for further discussion?</p> <p>Hearing none, Dr. Griffin stated that he would entertain a motion to accept the items listed under the consent agenda.</p>	<p>further discussion. Then a motion to accept the remaining consent items can be entertained by the Chairman.</p> <p>Dr. Griffin added that he would ask the committee members if there were any items they would like to pull out separately for further discussion prior to calling for a motion for the consent items.</p> <p>Dr. Griffin then asked if Dr. Linthicum would like to highlight any items on the TDCJ Health Services Monitoring Report?</p> <p>Dr. Linthicum responded that she did not have further highlights as she had already briefed the members on the TDCJ Medical Director's Report.</p>	<p>Ms. Frazier moved that the consent items presented by Mr. Sapp that includes the approval of the minutes from the December 5, 2006 CMHCC meeting, TDCJ Health Services Monitoring Reports, the university Medical Directors Reports and the summary of the CMHCC Joint Committee Work Group activities be approved. Dr. Jumper seconded the motion. Dr. Griffin then called on each committee member by name and took a roll call vote. The motion passed by unanimous vote.</p>

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>V. Appropriations Request Status</p> <p>- Allen Hightower</p>	<p>Dr. Griffin next called on Mr. Hightower to present the update on the Appropriations Request Status.</p> <p>Mr. Hightower began by stating that he would be referring to the two-page handout that was provided with the agenda titled Legislative Appropriations Request Status Summary (Attachment 1).</p> <p>Mr. Hightower first reported that HB 15 by Representative Chisum relating to making supplemental appropriations and reductions in appropriations was passed by House Appropriations Committee and is scheduled for Floor Debate on March 29th. Section 4 of the bill contains \$12,940,619 for Correctional Health Care. He further noted that the breakout of the request is provided in the table on page 1 of the handout. He then noted that SB 1720 by Senator Ogden is the companion bill which passed the Senate Mark-up on the Subcommittee but has not yet been considered by the Senate Finance Committee.</p> <p>Mr. Hightower next reported on the FY 2008-2009 Legislative Appropriations Request by stating that HB 1 by Representative Chisum was passed by House Appropriations Committee and is also scheduled for Floor Debate on March 29th. This bill includes an additional \$58.3M for Correctional Health Care which funds Exception Item 1, an adjustment to base at earlier estimated amount of \$36.6M and Exception Item 2 of \$21.7M which is the market adjustments for retaining staff .</p> <p>Mr. Hightower then stated that the Senate version of the bill includes an additional \$98.7M for Correctional Health Care which was adopted by the Senate Finance Workgroup with a recommendation being made to the Full Senate for approval. This funded Exception Item 1 which was the adjustment to base at an updated amount of \$23.6M and fully funds all other exception items requested. He further noted that the breakout of the exception item details of both universities can be found on page 2 of the LAR handout.</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>Legislative Activity Update (Cont.)</p>	<p>Mr. Sapp then reported that the staff is tracking a total of 177 bills with potential legislative changes that may impact the correctional health care program or the policies.</p> <p>Mr. Sapp stated that he would briefly go over the categories of bills beginning with the Sunset related bills.</p> <p>Mr. Sapp reported that HB 2053 by Representative Madden is the House version of the Sunset bill. The draft was prepared by the Sunset Commission and the Legislative Council based on the report by the Sunset Commission's findings. This bill was filed on February 27, 2007 and was referred to the House Corrections Committee. This meeting was scheduled for March 26th, but was cancelled and Mr. Sapp anticipated that the hearing will be rescheduled for next Monday, April 2nd. Mr. Sapp further stated that he would notify the staff once this meeting has been reposted and he again requested that representation from all three partner agencies be present at this hearing.</p> <p>Mr. Sapp next noted that SB 909 by Senator Whitmire is the Senate companion of the Sunset bill which was introduced and referred to Senate Government Organization on March 15, 2007.</p> <p>Mr. Sapp hearing no further comments on the Sunset related bills continued by stating that several bills were filed that would expand testing for HIV to require mandatory intake and pre-release testing. He recalled that the HIV testing prior to release was enacted into law last session which is a routine testing unless the offender refuses to consent. These bills now would require mandatory HIV testing without the use of force by basically encouraging it through the use of progressive sanctions within the department. This would be similar to the DNA specimen collection process already in place.</p>	<p>Dr. Walkes asked what is meant by progressive sanctions?</p> <p>Dr. Linthicum responded that it essentially was a disciplinary process for failure to obey an order.</p> <p>Mr. Sapp added that there would be a progressive disciplinary sanctions in that the first penalty might be cell restriction then progress to a more severe penalty as outlined in policy.</p> <p>Dr. Walkes then asked what was the justification for forcing someone to be tested?</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<ul style="list-style-type: none"> - Legislative Activity Update 		<p>Mr. Sapp responded that the standards by which the correctional health care program abides do not permit medical staff to participate in a forced forensic type testing. In the case of DNA testing, TDCJ contracts with an external phlebotomist to provide those services on those offenders who refuse to consent. He further noted that Senator Rodney Ellis from Houston requested an opinion from the Office of the Attorney General as to whether or not the Board of Criminal Justice could require or adopt a rule making such testing mandatory. The Attorney General's Office essentially ruled that TDCJ could do so under the current law. Mr. Sapp provided Dr. Walkes with a copy of the Attorney General's opinion request.</p> <p>Dr. Linthicum then added that in 1994, the National Institute of Justice published a document titled, "Issues and Practices and Updates on HIV / AIDS / STD's in Correctional Facilities". At that time, close to 17 states including the Federal Bureau of Prisons had a mandatory HIV testing program. She noted that there were concerns by the public that prisons and correctional facilities were breeding grounds for HIV. TDCJ's routine testing policy is patterned after the Department of Health State Services. The offenders are automatically tested at intake and prior to release unless the offender verbally refuse to consent to the testing. She noted about 20% of the offenders refuse to be tested. Dr. Linthicum further stated that if the bill passes, it would clinically provide some data on the sero-incidence on seeing how many cases are actually occurring as a result of incarceration.</p> <p>Dr. Walkes then asked what the committee's role was in voicing how this would impact the system and the offender or the costs associated with mandatory HIV testing?</p> <p>Dr. Linthicum responded that she together with Dr. Kelley have made it known to the agency leadership that the medical program was against any form of use of force in such testing as it not only goes against medical ethics but endangers health care personnel as well as security.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>- Legislative Activity Update (Cont.)</p>	<p>Hearing no further discussion on HIV related legislation, Mr. Sapp stated that he would go over several bills related to special needs offenders.</p> <p>Mr. Sapp then reported that two different bills were filed relating to the residential infant care program for mothers and babies. HB 1770 by Representative Noriega takes the Texas City Sheltered Housing and expands it to allow a mother to keep the child with her for up to a two year period.</p> <p>HB 199 by Chairman Madden relates to a residential infant care program for mothers confined in TDCJ which would be similar to a federal program that is in place.</p> <p>Mr. Sapp next reported on bills relating to the Medically Recommended Intensive Supervision (MRIS).</p> <p>HB 2100 by Representative Haggerty relates to having a separate facility established external to the prison system. This facility would house offenders released on MRIS with the aim of increasing the number of placement opportunities and thereby increasing those who could be released.</p> <p>HB 2611 by Chairman Madden would extend the eligibility for the MRIS program to certain sex offenders. This would however only apply to those who are essentially comatose or in a vegetative state as outlined in the bill.</p> <p>Mr. Sapp concluded by stating that he had one more bill he wanted to mention which was HB 2389 also by Chairman Madden. This bill relates to the rights of a minor in TDCJ custody to consent to medical, mental, psychological and surgical treatment. This would provide under specific criteria those youthful offenders the right to provide consent without having to contact family members.</p>	<p>Mr. Sapp added that the Legislative Budget Board (LBB) was provided with the numbers that indicated costs not only to the testing but the greater cost involved in treating more HIV offenders who have been identified.</p> <p>Dr. Griffin asked what the average number of deliveries were for the last two years?</p> <p>Dr. Raimer responded between 250 – 300.</p> <p>Dr. Linthicum added that she had the actual statistics with her and in 2005 there were 262 births and 254 births in 2005.</p> <p>Dr. Linthicum noted that TDCJ now have offenders as young as 14 years old in the Youthful Offender Program.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>VII. Public Comments</p> <p>James D. Griffin, M.D.</p>	<p>Dr. Griffin hearing no further questions or comments thanked Mr. Sapp for the update.</p> <p>Dr. Griffin then noted that there were no members of the public present at this meeting.</p>		
<p>VIII. Date and Location of Next Meeting</p> <p>James D. Griffin, M.D.</p>	<p>Dr. Griffin stated that the next CMHCC meeting is scheduled for 9:00 a.m. on June 26, 2007 to be held at the Dallas Love Field Conference Room A.</p>		
<p>IX. Adjournment</p> <p>James D. Griffin, M.D.</p>	<p>Dr. Griffin thanked the CMHC staff for coordinating the teleconference meeting. He further thanked the committee members, medical directors and committee staff for allowing time to participate either in person or by phone from separate venues.</p> <p>Dr. Griffin asked if there were any other comments or discussions and hearing none, adjourned the meeting at 11:15 a.m.</p>		

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

Date:

Attachment 1

Legislative Appropriations Request Status Summary Correctional Managed Health Care

Supplemental Appropriations Request

- HB 15** *Passed by House Appropriations Committee/ Scheduled for Floor Debate March 29th
 *Section 4 of the bill contains \$12,940,619 for Correctional Health Care (est. by LBB)
 *Based on Estimates updated March 12th.

	FY 2006	FY 2007	Total
UTMB	(\$859,381)	\$6,000,000	\$5,140,619
TTUHSC	\$2,000,000	\$5,800,000	\$7,800,000
TOTALS	\$1,140,619	\$11,800,000	\$12,940,619

- SB 1720** *Shell bill filed but not yet considered by Senate Finance Committee.

FY 2008-09 Legislative Appropriations Request

- HB 1** *Passed by House Appropriations Committee/ Scheduled for Floor Debate March 29th
 *Bill includes additional \$58.3M for Correctional Health Care
 *Funds Exception Items 1-Adjustment to Base at earlier estimated amount \$36.6M
 and Exception Item 2-Market Adjustments for Retaining Staff at \$21.7M
- SB 1** *Senate Finance Workgroup Recommendations adopted; Committee approval estimated by March 30th.
 *Bill includes additional \$98.7M for Correctional Health Care
 *Funds Exception Item 1-Adjustment to Base at updated amount of \$23.6M (revised March 12th)
 *Fully funds all other exception items requested.

(See Attached Detail Sheet)

**Correctional Managed Health Care
FY 2008-2009 Legislative Appropriations Summary (March 27, 2007)**

Summary by Strategy	Requested			House Version			Senate Version		
	FY 2008	FY 2009	Total	FY 2008	FY 2009	Total	FY 2008	FY 2009	Total
C.1.7. Psychiatric Care	\$43,094,589	\$43,094,589	\$86,189,178	\$43,094,589	\$43,094,589	\$86,189,178	\$43,094,589	\$43,094,589	\$86,189,178
C.1.8 Managed Health Care									
Baseline	\$332,656,232	\$332,656,231	\$665,312,463	\$332,656,232	\$332,656,231	\$665,312,463	\$332,656,232	\$332,656,231	\$665,312,463
Exception Items									
1-Adjustment to Base (See Note)	\$18,300,000	\$18,300,000	\$36,600,000	\$18,300,000	\$18,300,000	\$36,600,000	\$11,800,000	\$11,800,000	\$23,600,000
2-Market Adj to Retain Staff	\$7,951,000	\$13,782,600	\$21,733,600	\$7,951,000	\$13,782,600	\$21,733,600	\$7,951,000	\$13,782,600	\$21,733,600
3-Increased Hosp/Spec Care Costs	\$8,220,346	\$15,458,307	\$23,678,653	\$0	\$0	\$0	\$8,220,346	\$15,458,307	\$23,678,653
4-Increased Pharmacy Costs	\$2,329,000	\$4,775,400	\$7,104,400	\$0	\$0	\$0	\$2,329,000	\$4,775,400	\$7,104,400
5-Critical Capital Equip Replacement	\$4,607,825	\$1,764,288	\$6,372,113	\$0	\$0	\$0	\$4,607,825	\$1,764,288	\$6,372,113
6-Other Increased Operating Costs	\$2,341,000	\$3,468,000	\$5,809,000	\$0	\$0	\$0	\$2,341,000	\$3,468,000	\$5,809,000
7-Hospital Galveston Repairs	\$10,400,000	UB	\$10,400,000	\$0	\$0	\$0	\$10,400,000	UB	\$10,400,000
Subtotal Exception Items	\$54,149,171	\$57,548,595	\$111,697,766	\$26,251,000	\$32,082,600	\$58,333,600	\$47,649,171	\$51,048,595	\$98,697,766
C.1.8 Total	\$386,805,403	\$390,204,826	\$777,010,229	\$358,907,232	\$364,738,831	\$723,646,063	\$380,305,403	\$383,704,826	\$764,010,229
GRAND TOTALS	\$429,899,992	\$433,299,415	\$863,199,407	\$402,001,821	\$407,833,420	\$809,835,241	\$423,399,992	\$426,799,415	\$850,199,407

Exception Item Detail by University	Requested			House Version			Senate Version		
	FY 2008	FY 2009	Total	FY 2008	FY 2009	Total	FY 2008	FY 2009	Total
1-Adjustment to Base (See Note)	\$18,300,000	\$18,300,000	\$36,600,000	\$18,300,000	\$18,300,000	\$36,600,000	\$11,800,000	\$11,800,000	\$23,600,000
UTMB	\$12,500,000	\$12,500,000	\$25,000,000	\$12,500,000	\$12,500,000	\$25,000,000	\$6,000,000	\$6,000,000	\$12,000,000
TTUHSC	\$5,800,000	\$5,800,000	\$11,600,000	\$5,800,000	\$5,800,000	\$11,600,000	\$5,800,000	\$5,800,000	\$11,600,000
2-Market Adj to Retain Staff	\$7,951,000	\$13,782,600	\$21,733,600	\$7,951,000	\$13,782,600	\$21,733,600	\$7,951,000	\$13,782,600	\$21,733,600
UTMB	\$4,685,000	\$9,508,600	\$14,193,600	\$4,685,000	\$9,508,600	\$14,193,600	\$4,685,000	\$9,508,600	\$14,193,600
TTUHSC	\$3,266,000	\$4,274,000	\$7,540,000	\$3,266,000	\$4,274,000	\$7,540,000	\$3,266,000	\$4,274,000	\$7,540,000
3-Increased Hosp/Spec Care Costs	\$8,220,346	\$15,458,307	\$23,678,653	\$0	\$0	\$0	\$8,220,346	\$15,458,307	\$23,678,653
UTMB	\$4,653,200	\$9,510,200	\$14,163,400	\$0	\$0	\$0	\$4,653,200	\$9,510,200	\$14,163,400
TTUHSC	\$3,567,146	\$5,948,107	\$9,515,253	\$0	\$0	\$0	\$3,567,146	\$5,948,107	\$9,515,253
4-Increased Pharmacy Costs	\$2,329,000	\$4,775,400	\$7,104,400	\$0	\$0	\$0	\$2,329,000	\$4,775,400	\$7,104,400
UTMB	\$1,579,000	\$3,200,400	\$4,779,400	\$0	\$0	\$0	\$1,579,000	\$3,200,400	\$4,779,400
TTUHSC	\$750,000	\$1,575,000	\$2,325,000	\$0	\$0	\$0	\$750,000	\$1,575,000	\$2,325,000
5-Critical Capital Equip Repl.	\$4,607,825	\$1,764,288	\$6,372,113	\$0	\$0	\$0	\$4,607,825	\$1,764,288	\$6,372,113
UTMB	\$4,083,000	\$1,063,000	\$5,146,000	\$0	\$0	\$0	\$4,083,000	\$1,063,000	\$5,146,000
TTUHSC	\$524,825	\$701,288	\$1,226,113	\$0	\$0	\$0	\$524,825	\$701,288	\$1,226,113
6-Other Increased Operating Costs	\$2,341,000	\$3,468,000	\$5,809,000	\$0	\$0	\$0	\$2,341,000	\$3,468,000	\$5,809,000
UTMB	\$1,891,000	\$3,008,000	\$4,899,000	\$0	\$0	\$0	\$1,891,000	\$3,008,000	\$4,899,000
TTUHSC	\$450,000	\$460,000	\$910,000	\$0	\$0	\$0	\$450,000	\$460,000	\$910,000
7-Hospital Galveston Repairs	\$10,400,000	UB	\$10,400,000	\$0	\$0	\$0	\$10,400,000	UB	\$10,400,000
UTMB	\$10,400,000	UB	\$10,400,000	\$0	\$0	\$0	\$10,400,000	UB	\$10,400,000
TTUHSC	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
TOTALS	\$54,149,171	\$57,548,595	\$111,697,766	\$26,251,000	\$32,082,600	\$58,333,600	\$47,649,171	\$51,048,595	\$98,697,766
UTMB	\$39,791,200	\$38,790,200	\$78,581,400	\$17,185,000	\$22,008,600	\$39,193,600	\$33,291,200	\$32,290,200	\$65,581,400
TTUHSC	\$14,357,971	\$18,758,395	\$33,116,366	\$9,066,000	\$10,074,000	\$19,140,000	\$14,357,971	\$18,758,395	\$33,116,366

Note: Exception Item #1-Adjustment to Base was estimated originally using Nov 2006 projections of FY 07 Costs; Updated estimates in March 2007 lowered this number.

Consent Item 2

TDCJ Health Services Monitoring Reports

Rate of 100% Compliance with Standards by Operational Categories
 Second Quarter, Fiscal Year 2007
 December 2006, January, and February 2007

Unit	Operations/ Administration			General Medical/Nursing			CID			Dental			Mental Health			Fiscal		
	Items with 100% Compliance	<i>n</i>		Items with 100% Compliance	<i>n</i>		Items with 100% Compliance	<i>n</i>		Items with 100% Compliance	<i>n</i>		Items with 100% Compliance	<i>n</i>		Items with 100% Compliance	<i>n</i>	
Briscoe Facility	100%	84	54	59%	13	22	69%	20	29	93%	13	14	50%	3	6	100%	11	11
C. Moore Facility	98%	82	53	81%	17	21	84%	27	32	81%	13	16	78%	7	9	100%	11	11
Cole State Jail Facility	100%	53	53	59%	13	22	82%	23	28	80%	12	15	75%	9	12	100%	11	11
Cotulla Facility	100%	46	46	61%	14	23	81%	22	27	89%	8	9	40%	2	5	100%	11	11
East Texas ISF	91%	42	46	16%	3	19	21%	5	24	30%	3	10	0%	0	16	n/a	n/a	n/a
Gurney Facility	94%	50	53	57%	13	23	38%	11	29	77%	10	13	92%	11	12	60%	6	10
Jester I Facility	100%	55	55	25%	4	16	53%	17	32	80%	12	15	76%	6	8	100%	11	11
Jester III Facility	93%	51	55	83%	19	23	66%	19	29	81%	13	16	88%	7	8	30%	3	10
Jester IV Facility	98%	54	55	88%	15	17	88%	28	32	81%	13	16	58%	15	26	44%	4	9
Lockhart Facility	98%	52	53	61%	17	28	77%	23	30	93%	13	14	45%	4	9	80%	8	10
Luther Facility	100%	53	53	35%	9	26	50%	14	28	87%	13	15	45%	5	11	100%	11	11
Michael Facility	91%	48	53	66%	19	29	33%	11	33	93%	14	15	50%	5	10	20%	2	10
South Texas ISF	96%	44	46	67%	12	18	13%	2	15	63%	5	8	25%	4	16	n/a	n/a	n/a

n = number of applicable items audited.

Note : The threshold of 100% was chosen to be consistent with other National Health Care Certification organizations.

This table represents the percent of audited items that were 100% in compliance by Operational Categories.

100% Compliance Rate = number of audited items in each category that were 100% compliance with the Standard
 number of items audited.

Attachment 2

Percent Compliance Rate on Selected Items Requiring Medical Records Review Second Quarter, Fiscal Year 2007 December 2006, January, and February 2007															
Unit	Operations/ Administration			General Medical/Nursing			CID/TB			Dental			Mental Health		
		Items in Compliance	<i>n</i>		Items in Compliance	<i>n</i>		Items in Compliance	<i>n</i>		Items in Compliance	<i>n</i>		Items in Compliance	<i>n</i>
Briscoe Facility	100%	25	25	92%	237	259	95%	40	42	99%	87	88	94%	51	54
C. Moore Facility	81%	13	16	93%	301	322	95%	63	66	90%	72	80	96%	64	67
Cole State Jail Facility	100%	17	17	98%	394	404	94%	65	69	74%	37	50	95%	91	96
Cotulla Facility	100%	18	18	93%	258	278	100%	6	6	100%	80	80	85%	40	47
East Texas ISF Facility	n/a	n/a	n/a	20%	25	126	50%	8	16	62%	46	74	38%	32	85
Gurney Transfer Facility	72%	26	36	87%	154	178	69%	46	67	88%	61	69	99%	134	135
Jester I Facility	100%	17	17	84%	118	140	76%	29	38	96%	67	70	94%	66	70
Jester III Facility	96%	26	27	98%	255	259	78%	29	37	92%	66	72	98%	53	54
Jester IV Facility	40%	4	10	99%	94	95	100%	45	45	90%	75	83	100%	10	10
Lockhart Facility	97%	29	30	87%	231	265	100%	49	49	99%	69	70	77%	57	74
Luther Facility	100%	17	17	86%	209	244	88%	60	68	95%	42	44	86%	61	79
Michael Facility	61%	20	33	90%	193	214	93%	69	74	99%	77	78	86%	88	102
South Texas ISF Facility	79%	15	19	93%	168	180	38%	3	8	89%	54	61	48%	43	89

n = number of records audited for each question.

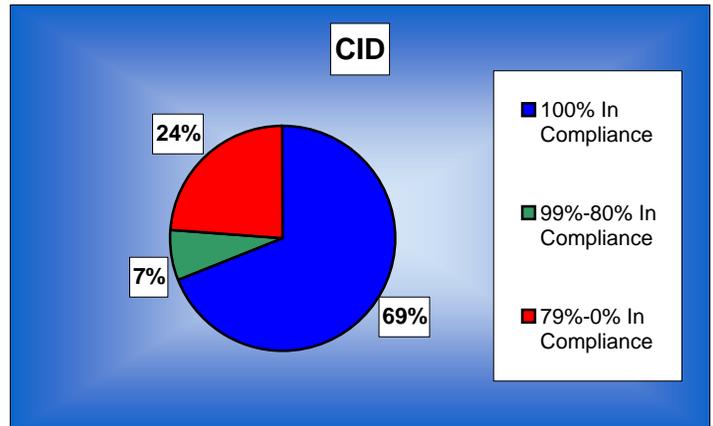
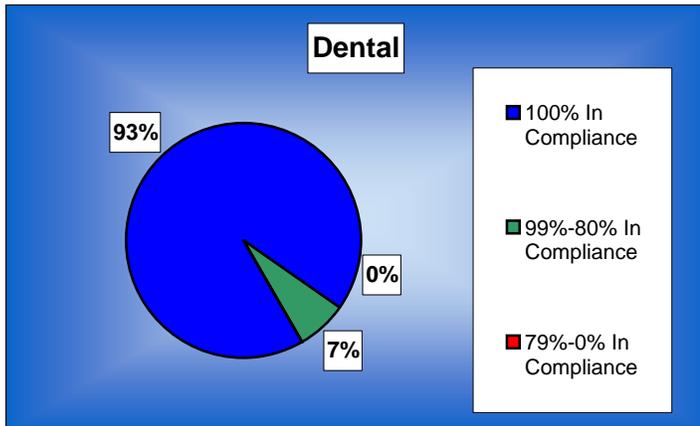
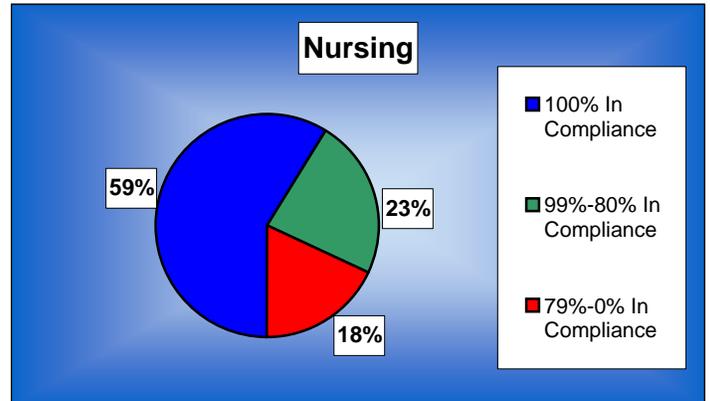
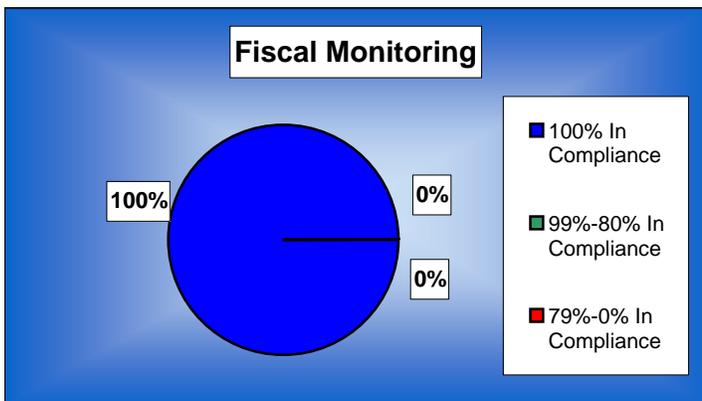
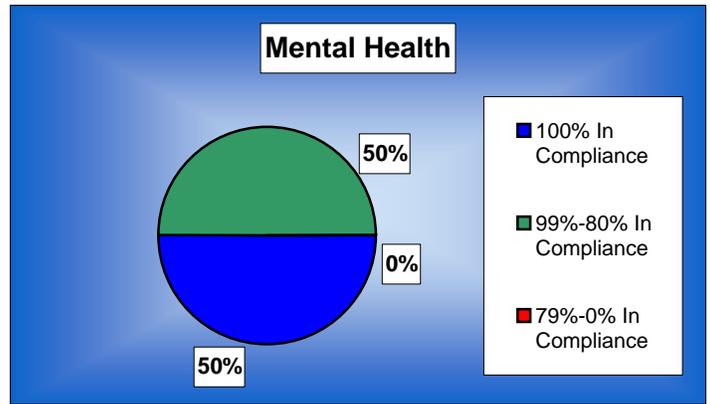
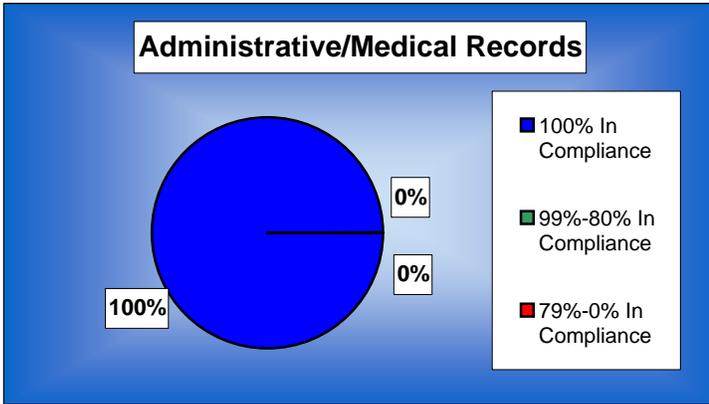
Note: Selected items requiring medical record review are reflected in this table.

The items were chosen to avoid having interdependent items counted more than once.

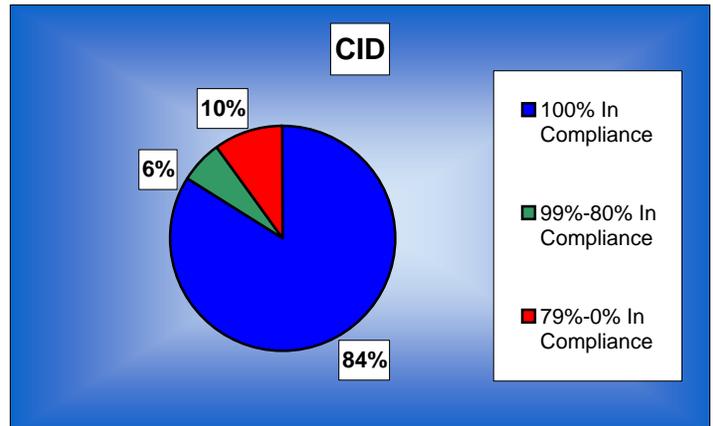
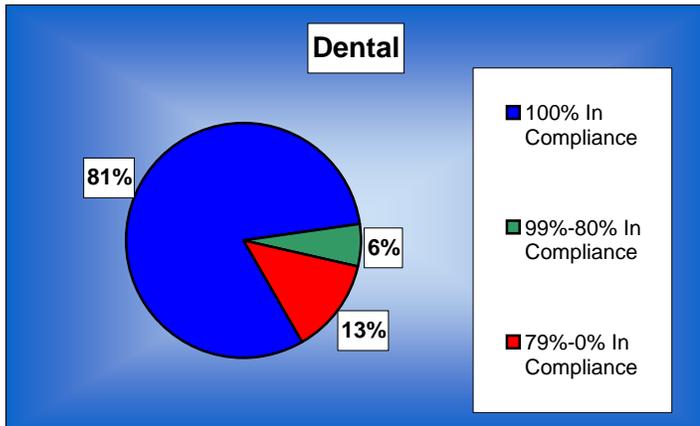
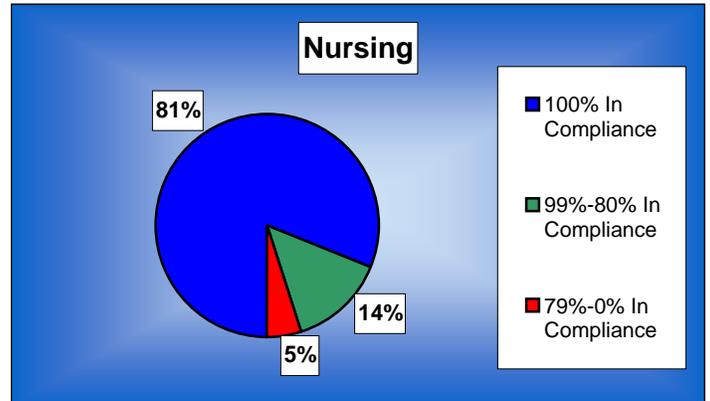
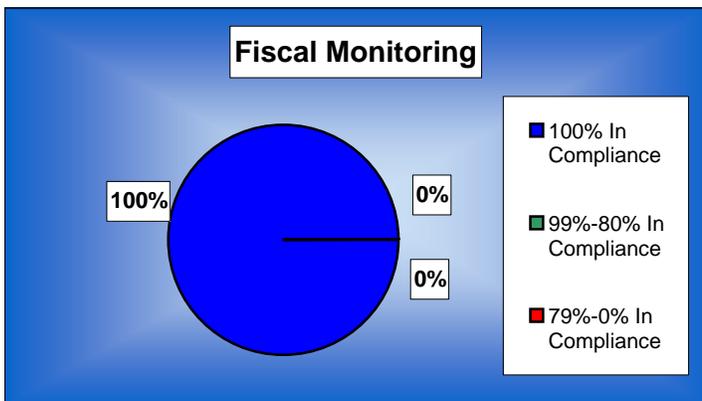
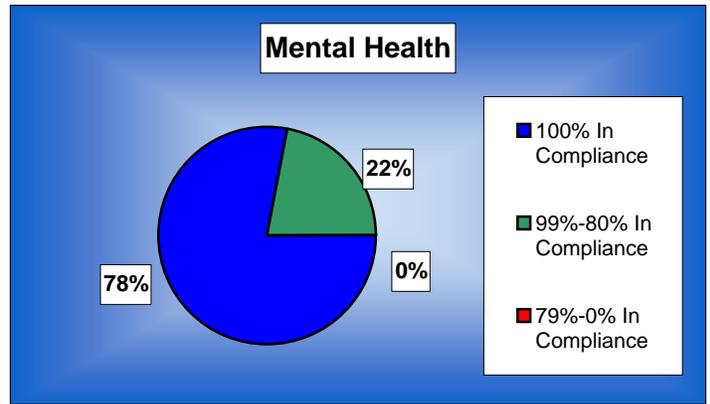
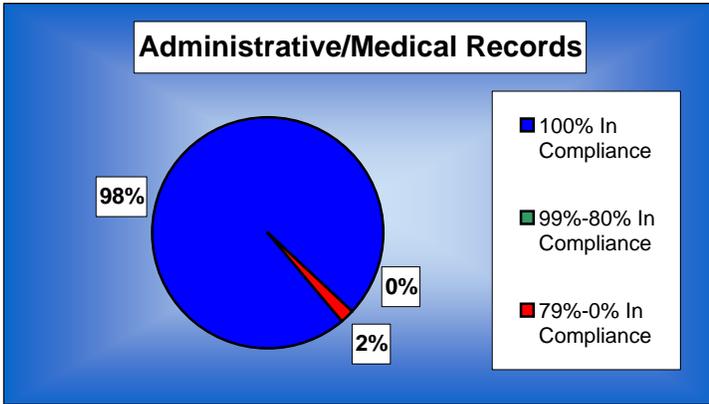
Average Percent Compliance Rate = $\frac{\text{Sum of medical records audited that were in compliance} \times 100}{\text{Number of records audited}}$

*The medical record review section of the Operations/Administration portion of the Operational Review Audit consists of only three questions, frequently with low numbers of applicable records.

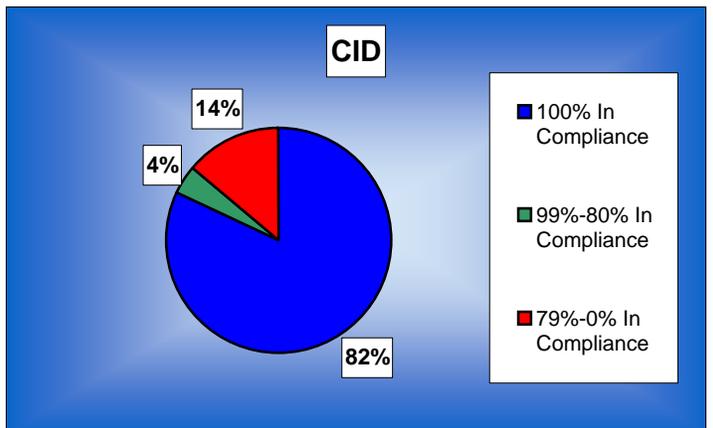
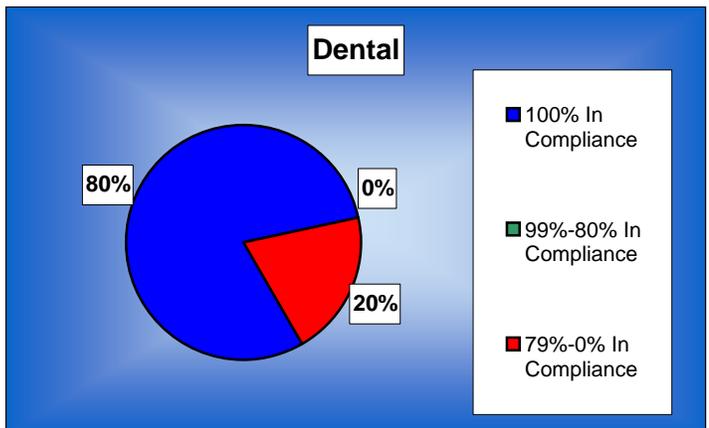
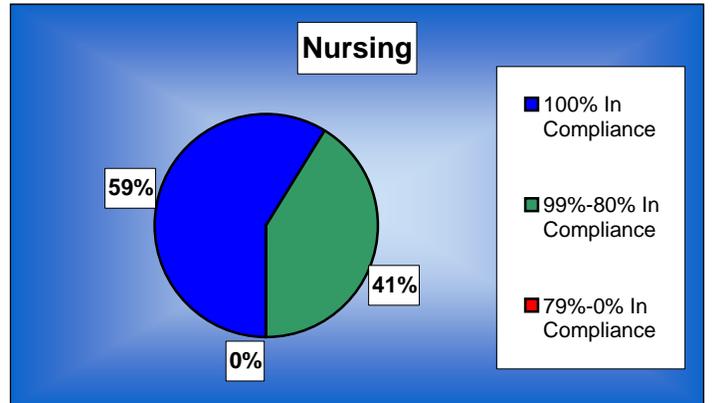
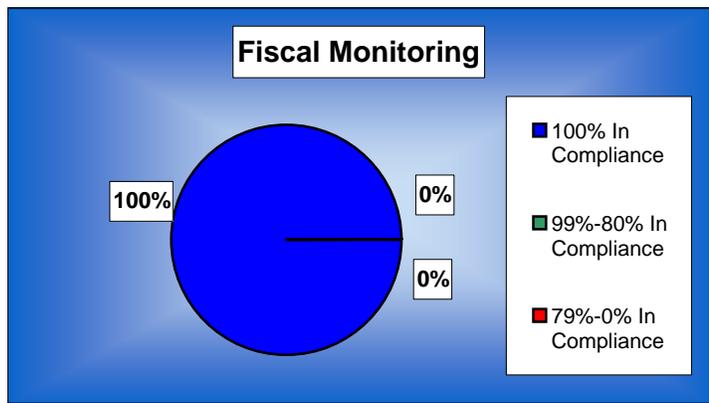
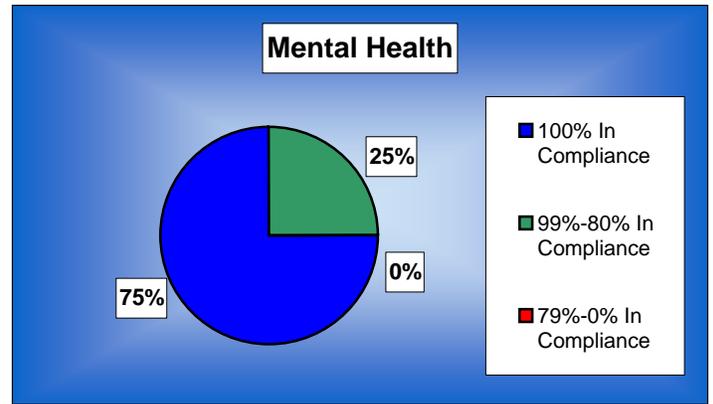
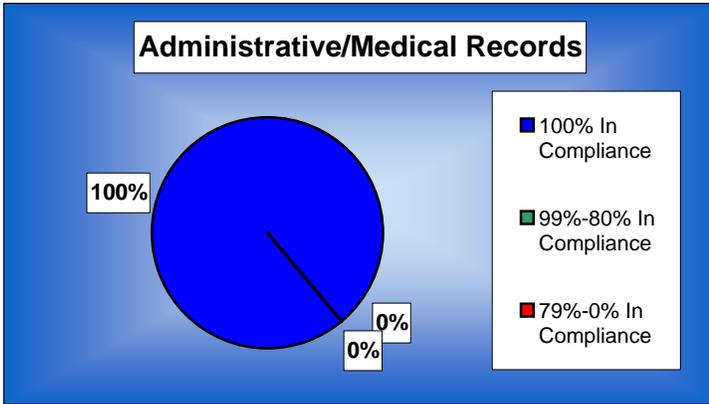
**Quarterly Reports for
Compliance Rate By Operational Categories
Briscoe Facility
February 1, 2007**



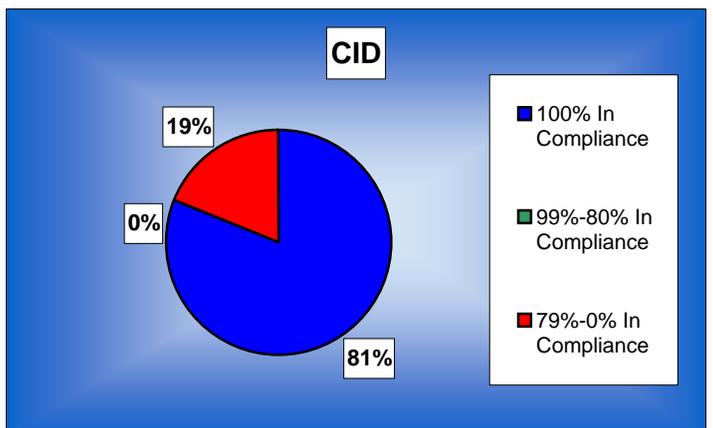
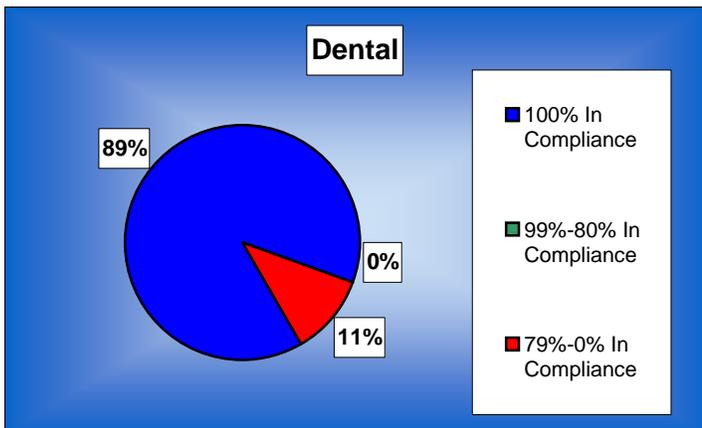
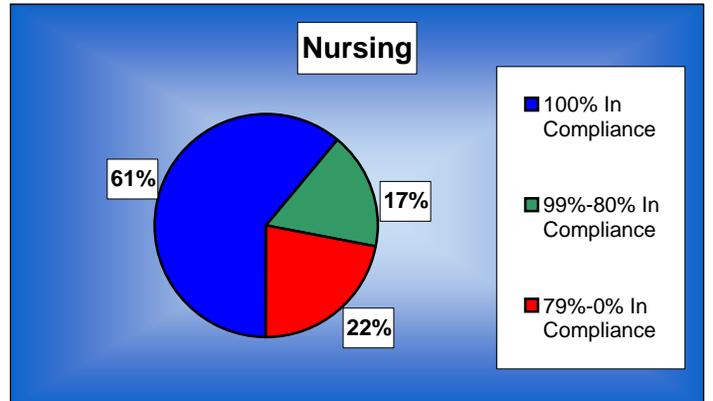
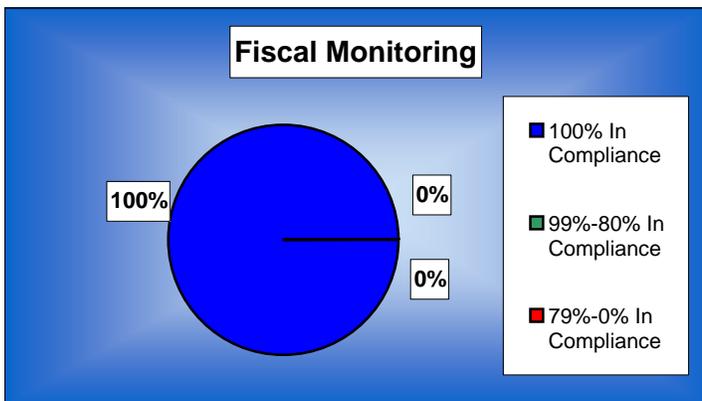
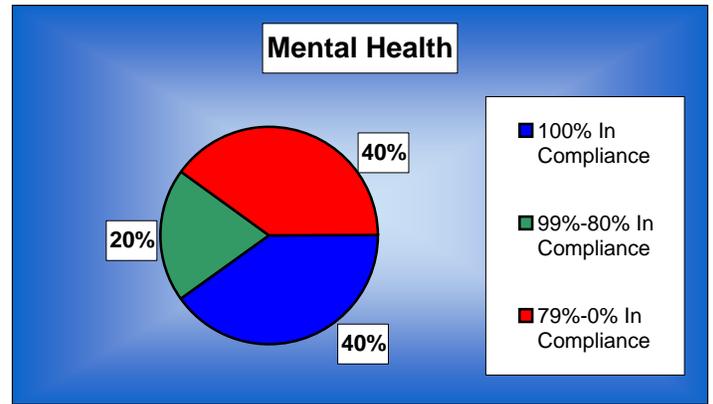
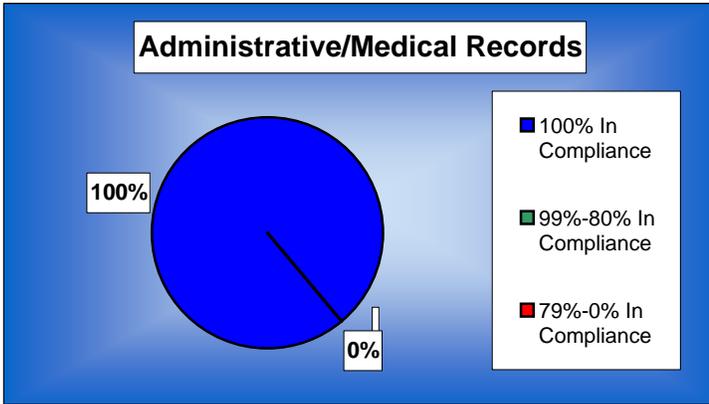
**Quarterly Reports for
Compliance Rate By Operational Categories
C. Moore Facility
January 4, 2007**



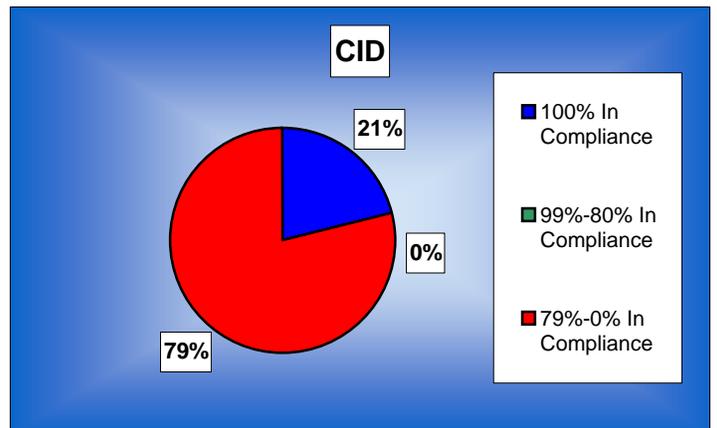
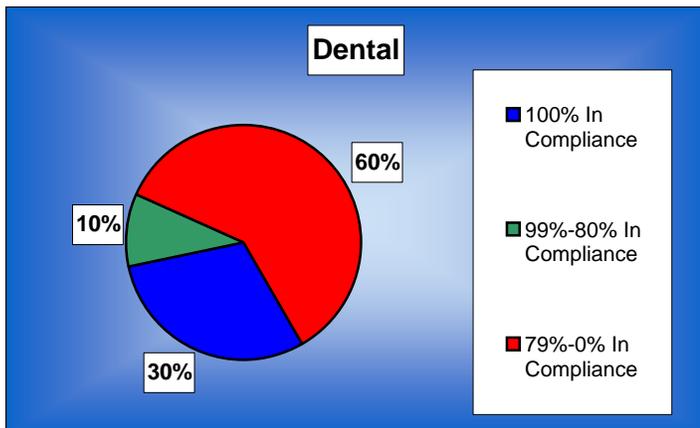
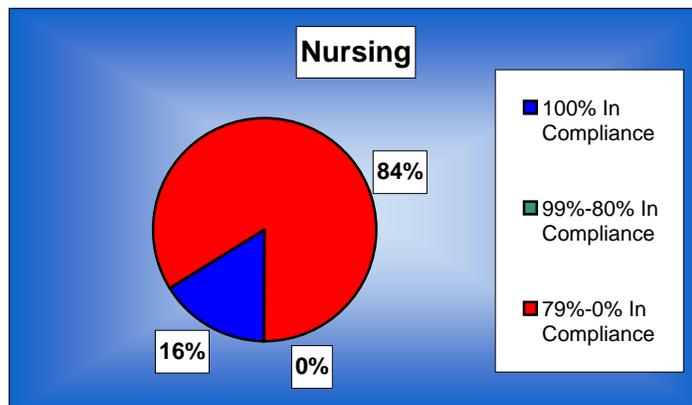
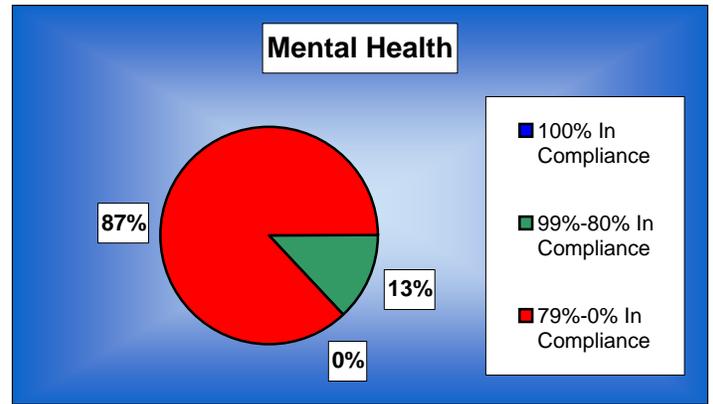
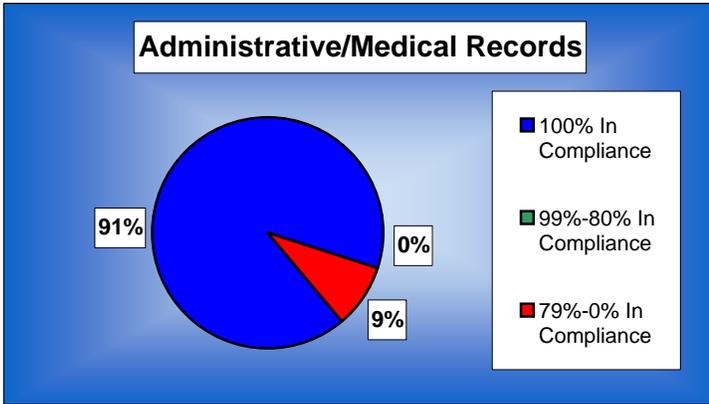
**Quarterly Reports for
Compliance Rate By Operational Categories
Cole State Jail Facility
January 3, 2007**



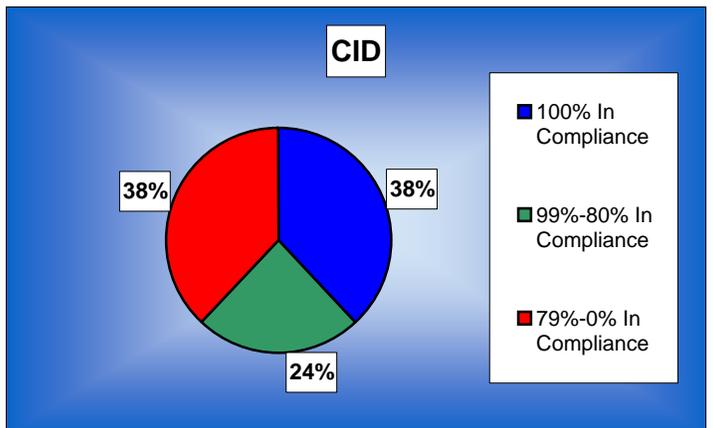
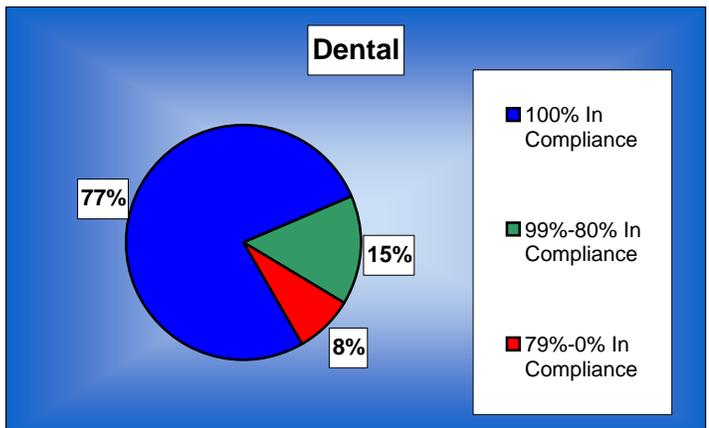
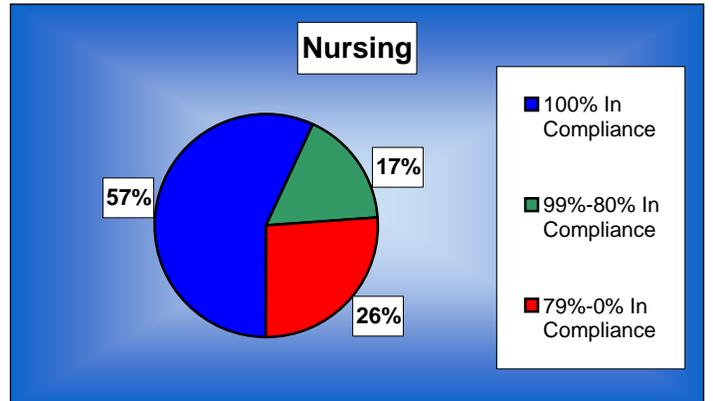
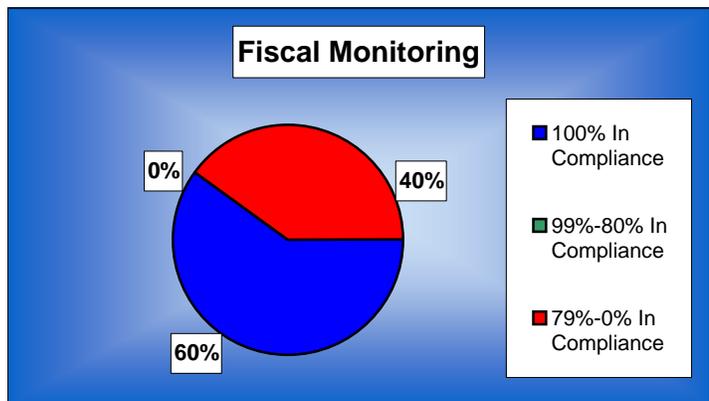
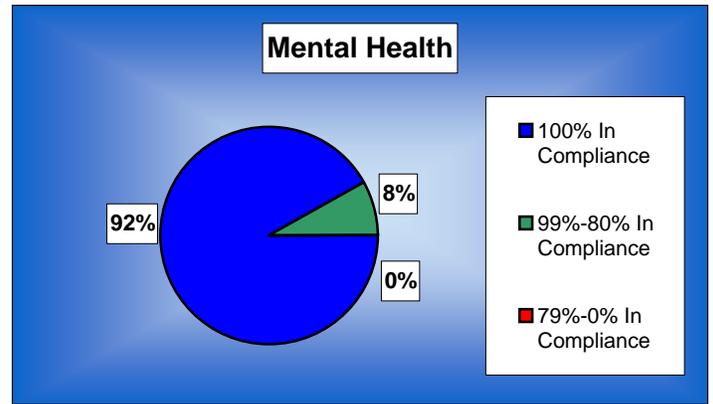
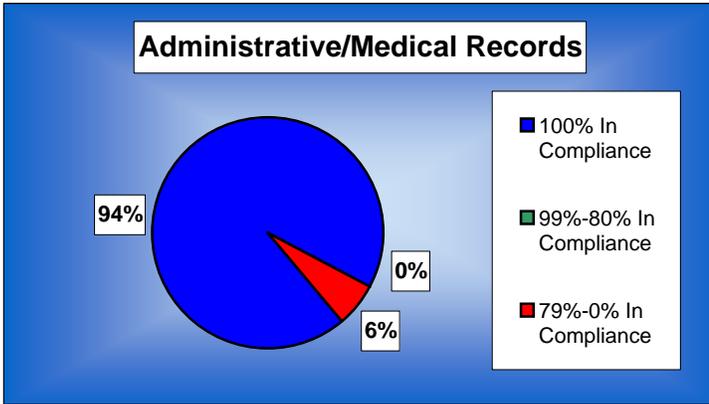
**Quarterly Reports for
Compliance Rate By Operational Categories
Cotulla Facility
February 2, 2007**



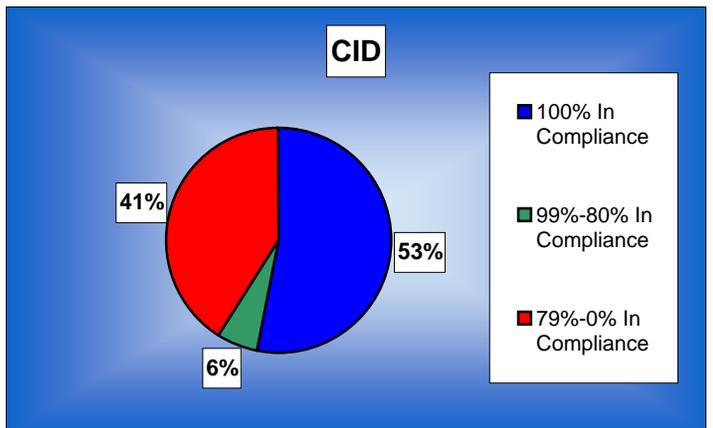
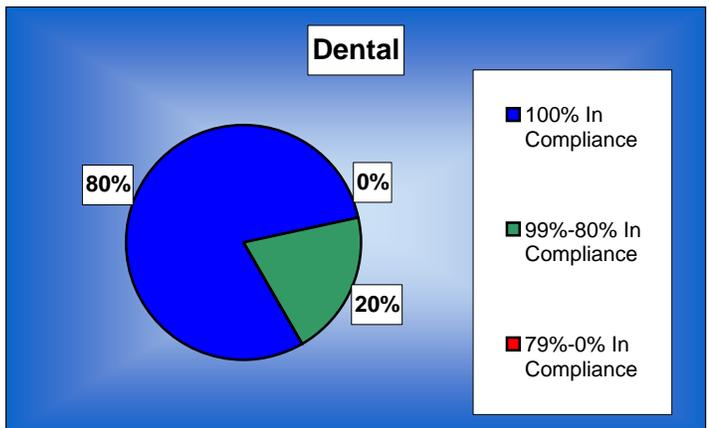
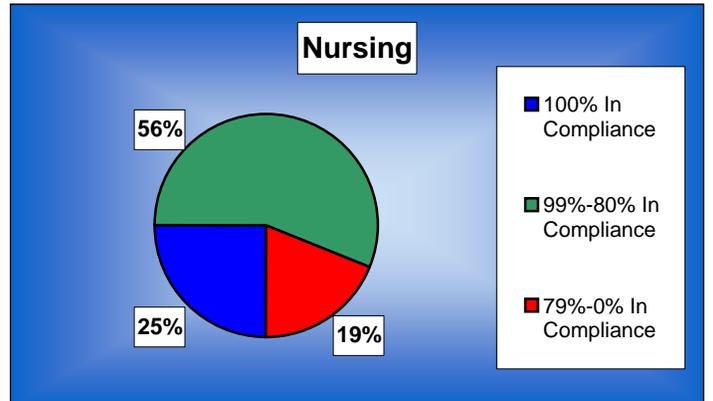
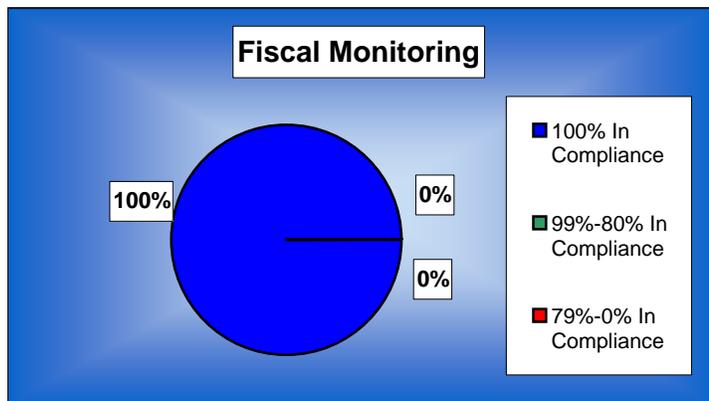
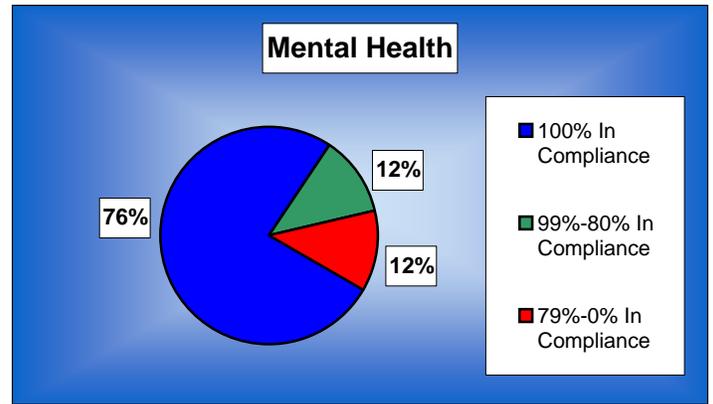
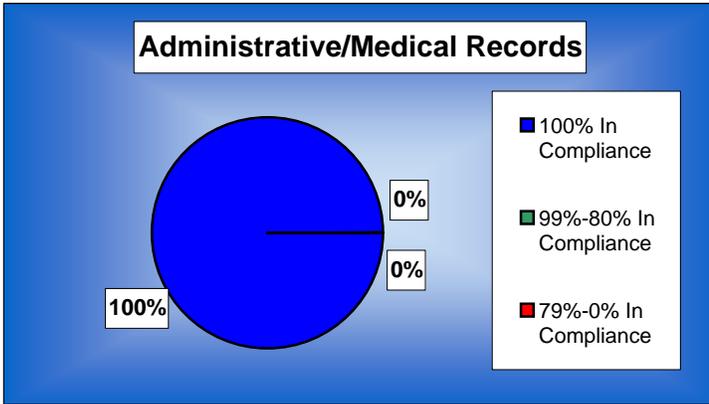
**Quarterly Reports for
Compliance Rate By Operational Categories
East Texas ISF Facility
January 3, 2007**



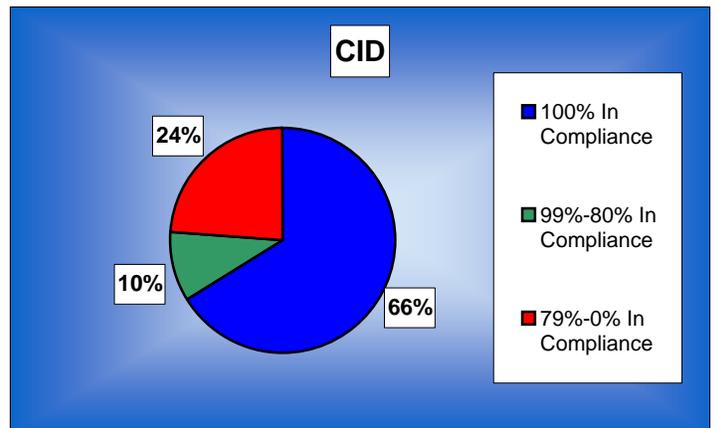
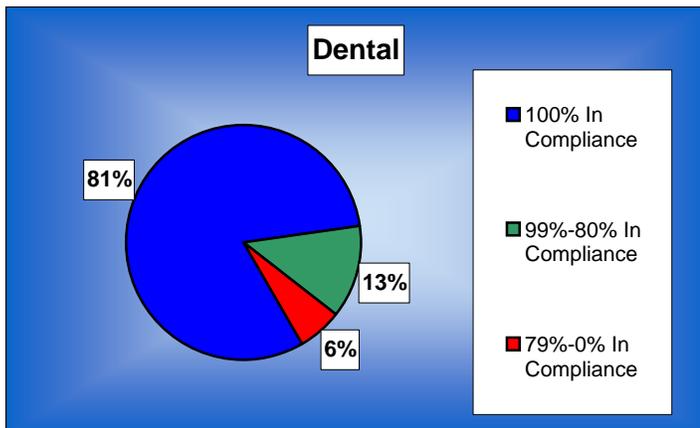
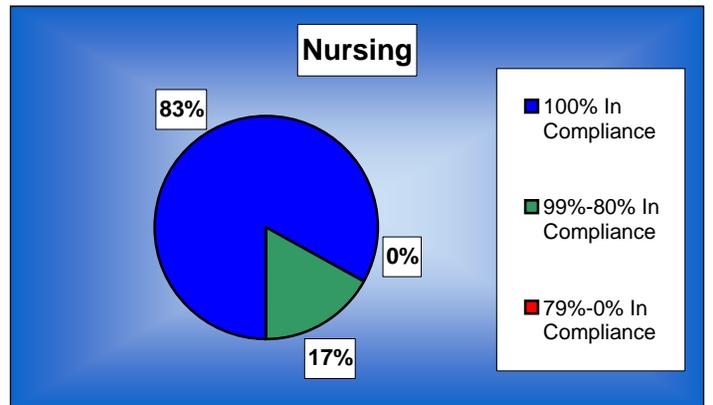
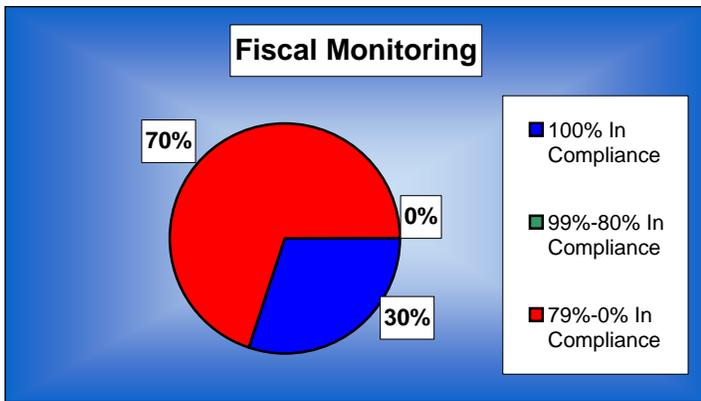
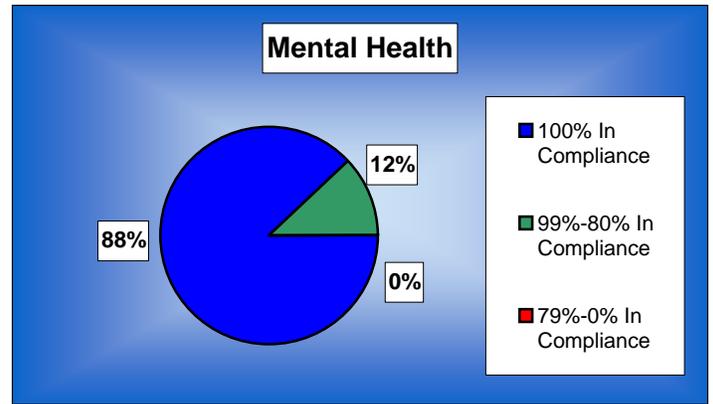
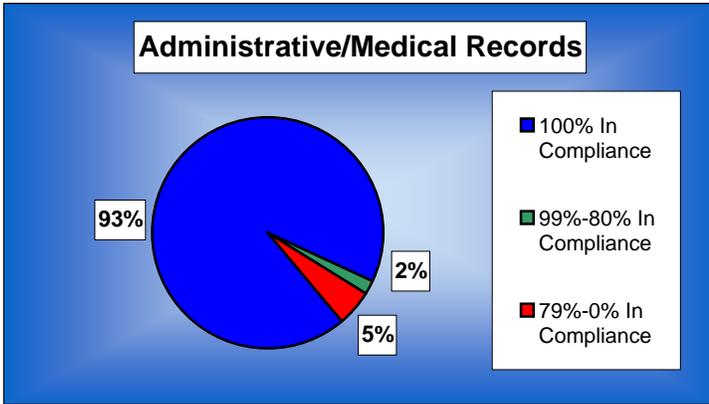
**Quarterly Reports for
Compliance Rate By Operational Categories
Gurney Facility
January 4, 2007**



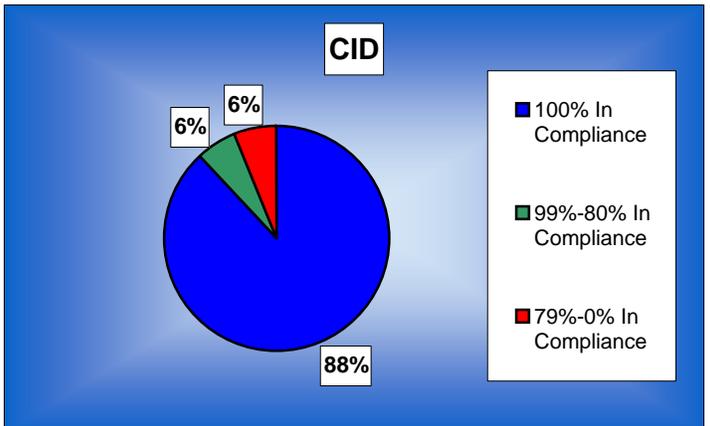
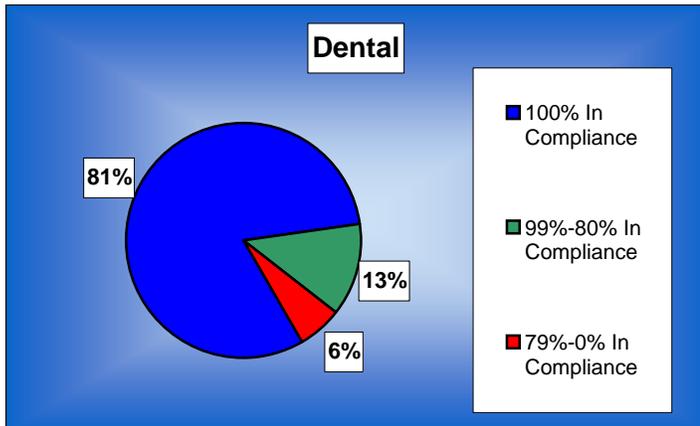
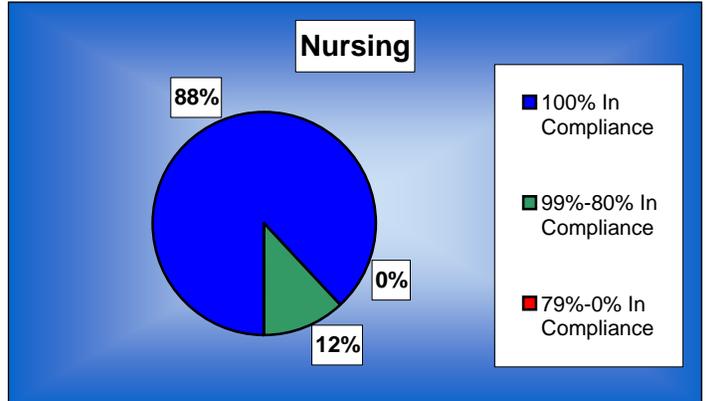
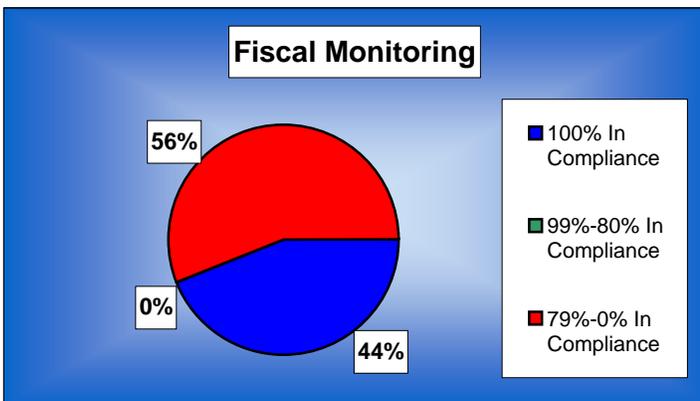
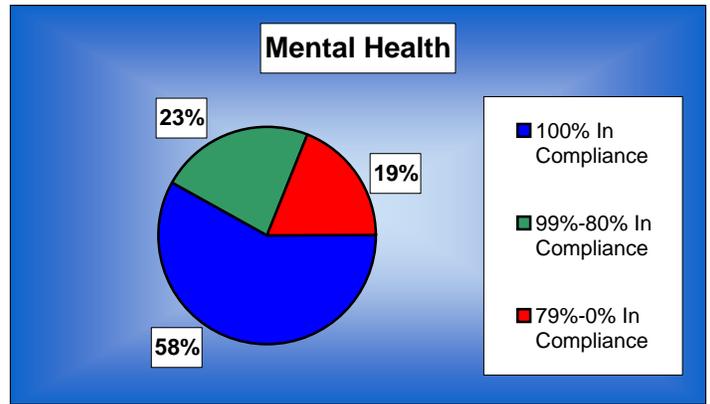
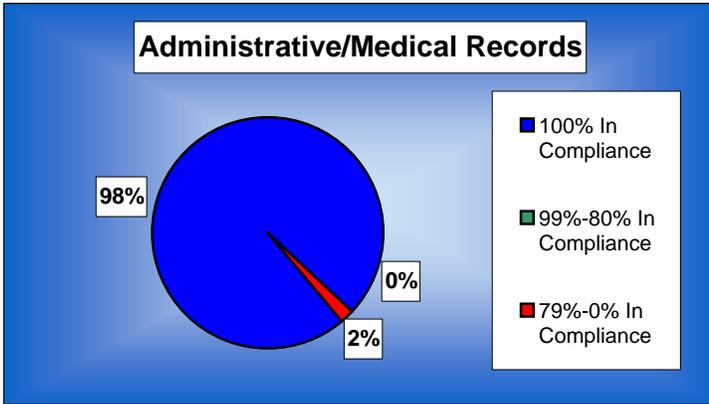
**Quarterly Reports for
Compliance Rate By Operational Categories
Jester I Facility
December 4, 2006**



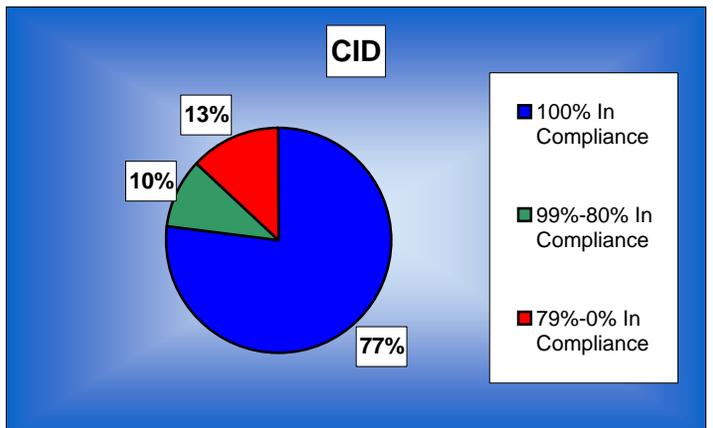
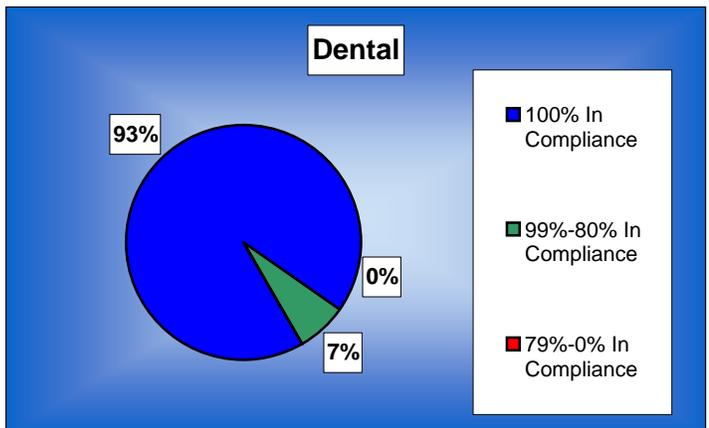
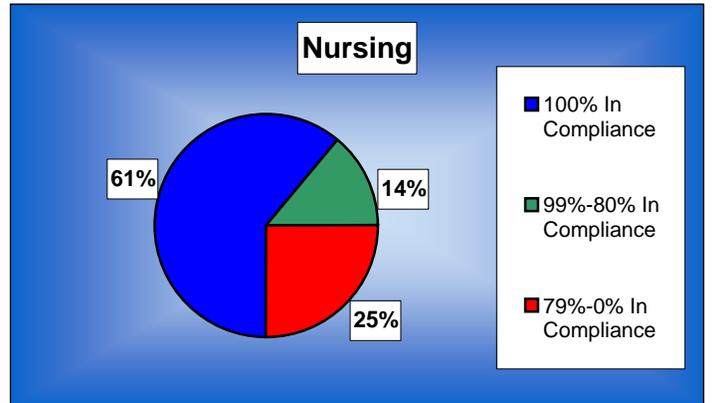
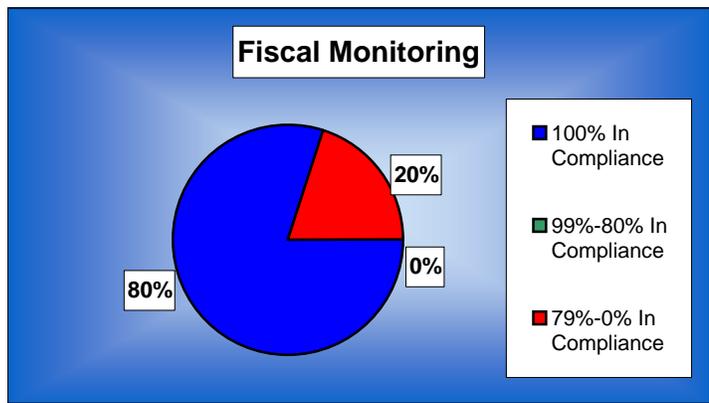
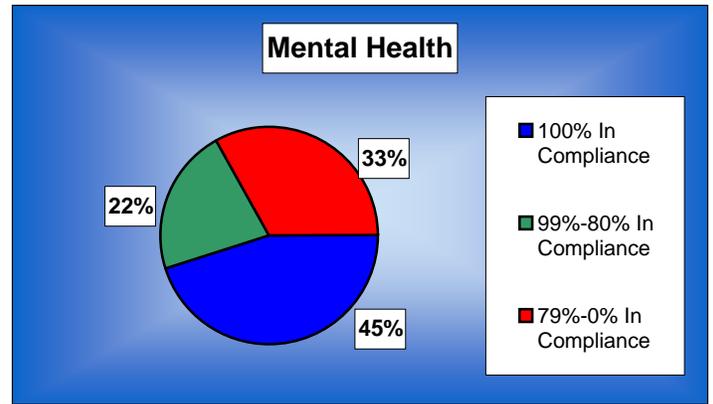
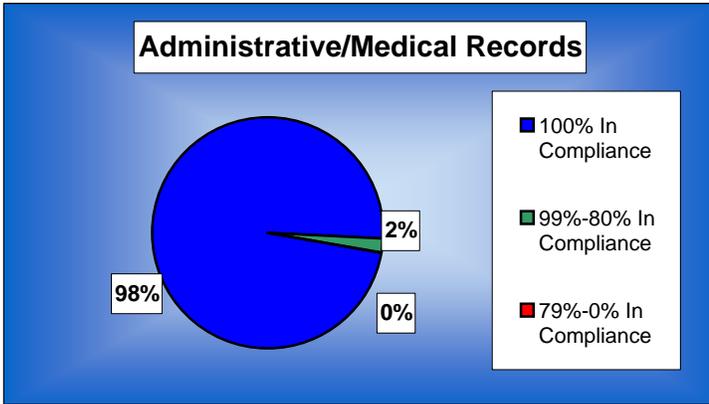
**Quarterly Reports for
Compliance Rate By Operational Categories
Jester III Facility
December 5, 2006**



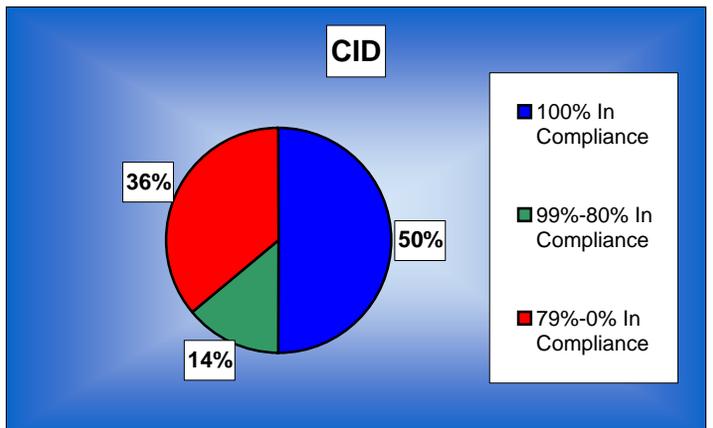
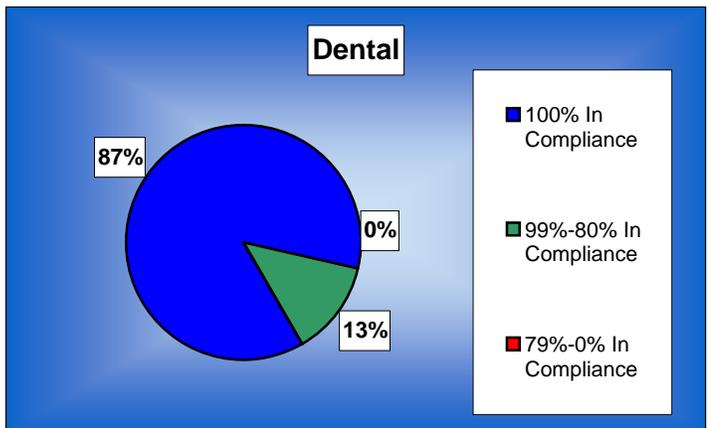
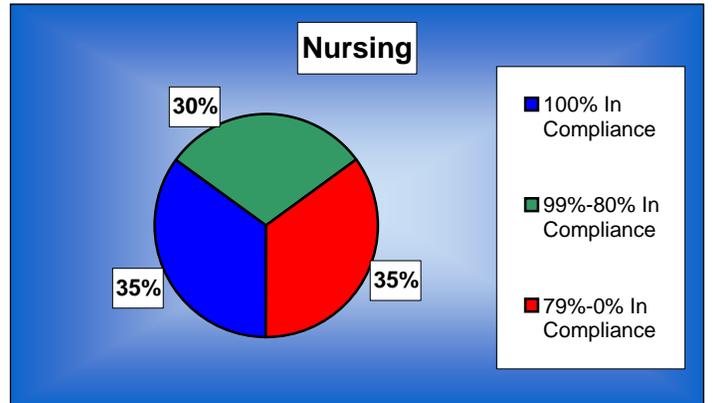
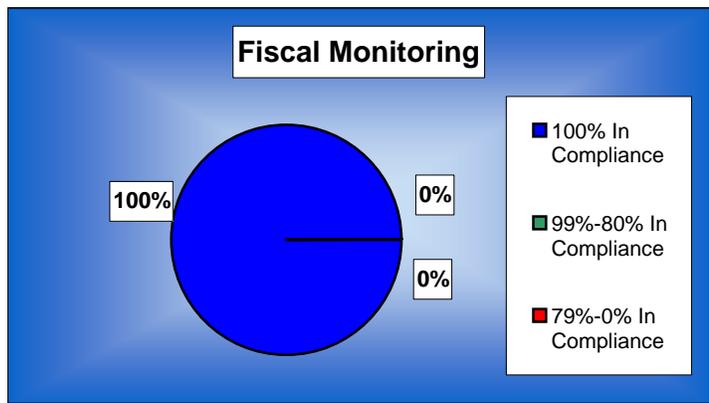
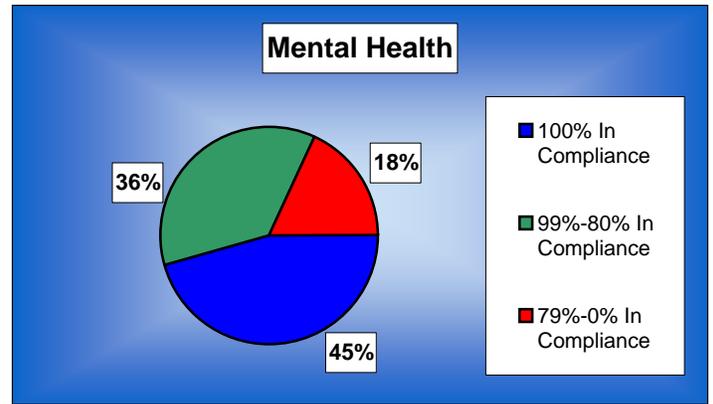
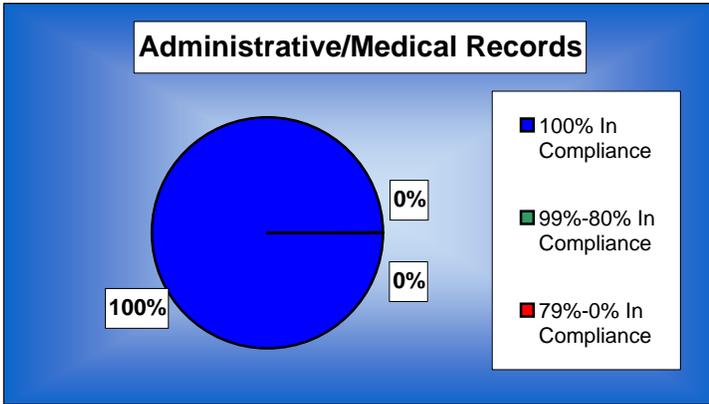
**Quarterly Reports for
Compliance Rate By Operational Categories
Jester IV Facility
December 6, 2006**



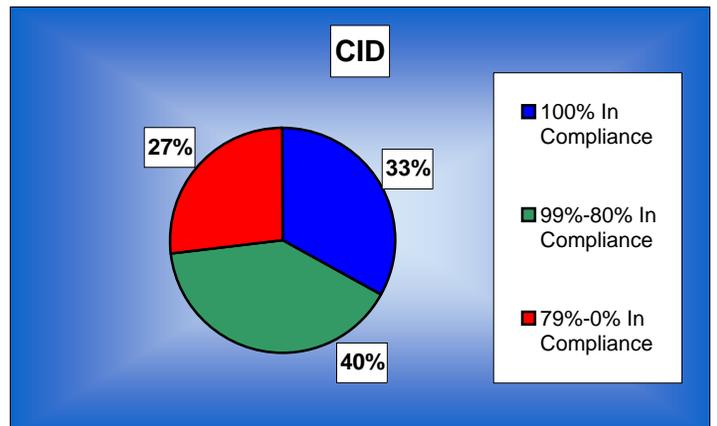
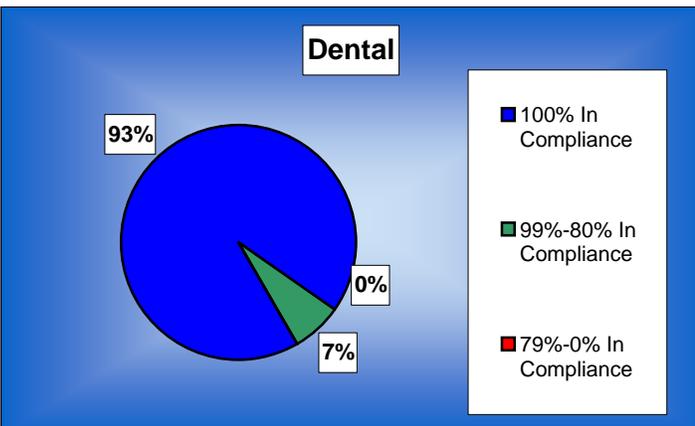
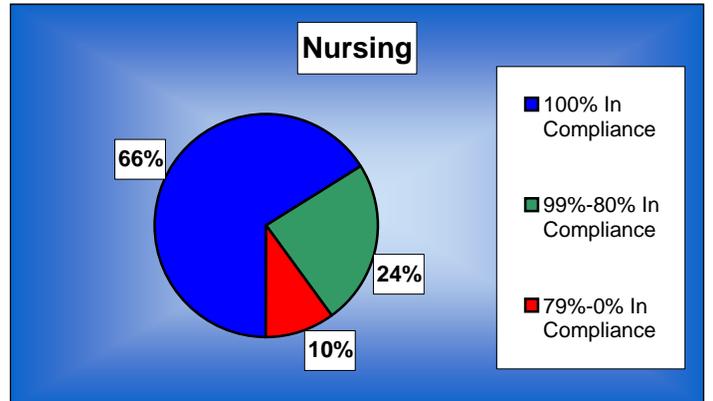
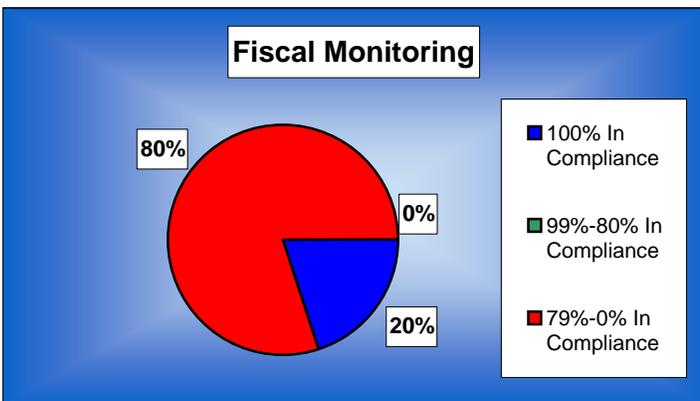
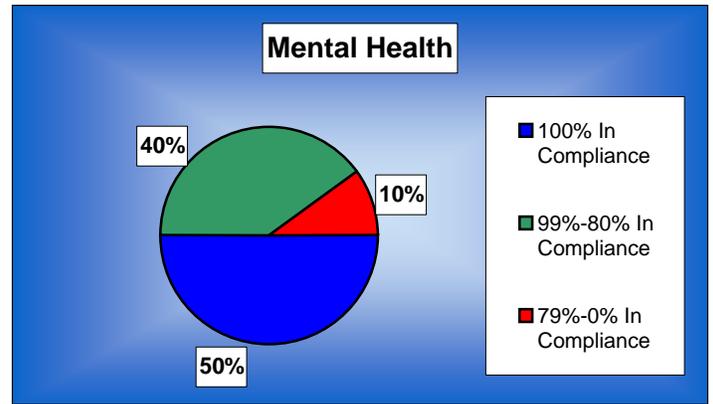
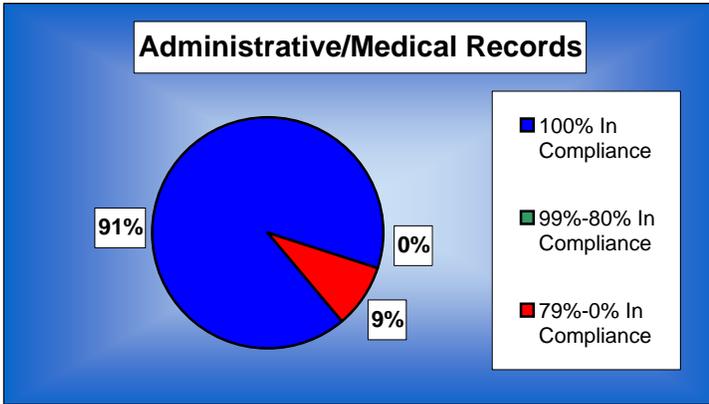
**Quarterly Reports for
Compliance Rate By Operational Categories
Lockhart Facility
February 2, 2007**



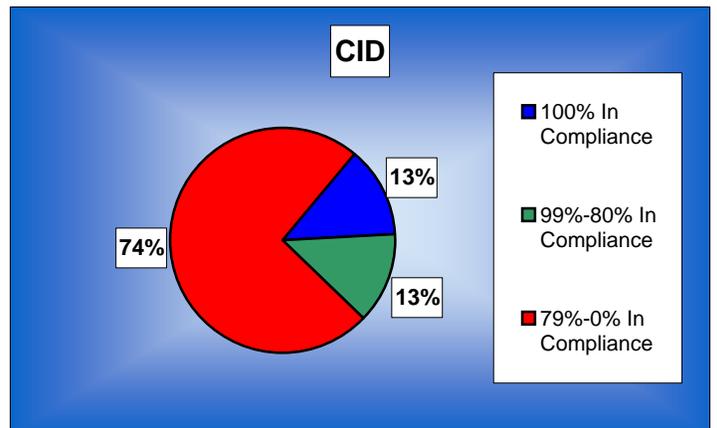
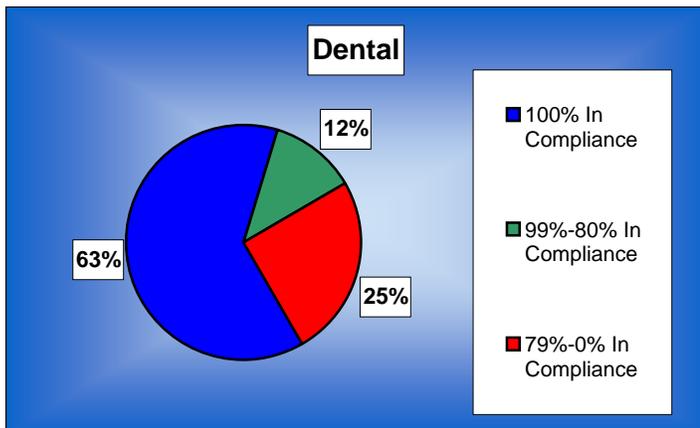
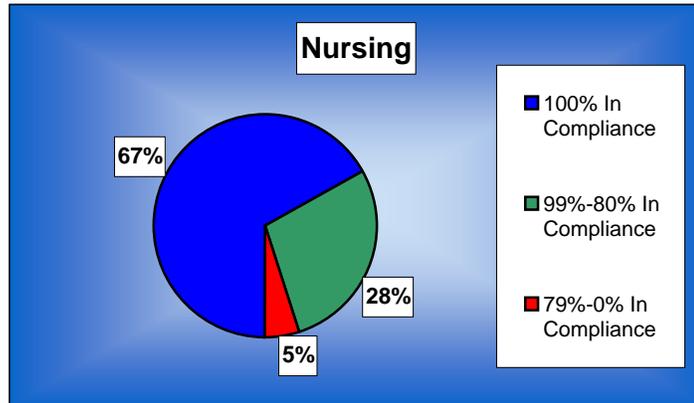
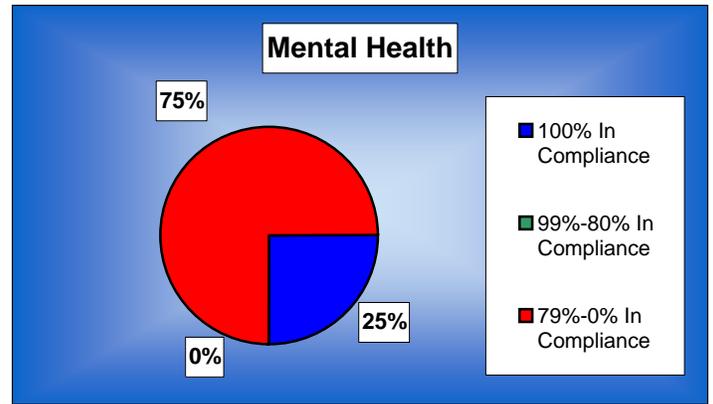
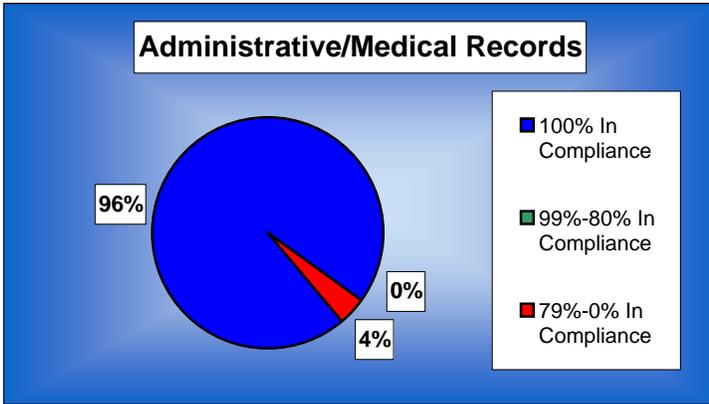
**Quarterly Reports for
Compliance Rate By Operational Categories
Luther Facility
February 1, 2007**



**Quarterly Reports for
Compliance Rate By Operational Categories
Michael Facility
January 5, 2007**



**Quarterly Reports for
Compliance Rate By Operational Categories
South Texas ISF Facility
December 7, 2006**



PATIENT LIAISON AND STEP II GRIEVANCE STATISTICS

QUALITY OF CARE/PERSONNEL REFERRALS AND ACTION REQUESTS

STEP II GRIEVANCE PROGRAM (GRV)									
FY2007	Total # of GRV Correspondence Received Each Month	Total # of Action Requests (Quality of Care, Personnel, and Process Issues)	% of Action Requests from Total # of GRV Correspondence	Total # of Action Requests Referred to UTMB-CMHC		Total # of Action Requests Referred to TTUHSC-CMHC		Total # of Action Requests Referred to PRIVATE FACILITIES	
					% of Total Action Requests Referred		% of Total Action Requests Referred		% of Total Action Requests Referred
Dec-06	439	34	7.74%	26	5.92%	8	1.82%	0	0.00%
Jan-07	486	38	7.82%	29	5.97%	9	1.85%	0	0.00%
Feb-07	462	39	8.44%	33	7.14%	6	1.30%	0	0.00%
Totals:	1387	111	8.00%	88	6.34%	23	1.66%	0	0.00%

PATIENT LIAISON PROGRAM (PLP)									
FY2007	Total # of PLP Correspondence Received Each Month	Total # of Action Requests (Quality of Care, Personnel, and Process Issues)	% of Action Requests from Total # of PLP Correspondence	Total # of Action Requests Referred to UTMB-CMHC		Total # of Action Requests Referred to TTUHSC-CMHC		Total # of Action Requests Referred to PRIVATE FACILITIES	
					% of Total Action Requests Referred		% of Total Action Requests Referred		% of Total Action Requests Referred
Dec-06	360	24	6.67%	19	5.28%	5	1.39%	0	0.00%
Jan-07	435	27	6.21%	24	5.52%	3	0.69%	0	0.00%
Feb-07	434	24	5.53%	22	5.07%	2	0.46%	0	0.00%
Totals:	1229	75	6.10%	65	5.29%	10	0.81%	0	0.00%

**Texas Department of Criminal Justice
Office of Preventive Medicine
Monthly Activity Report**

Month: December 2006

Reports Received	This Month	Same Month Last Year	Year to Date	Last Year to Date
Chlamydia	6	5	60	141
Gonorrhea	5	1	29	45
Syphilis	51	72	762	624
Hepatitis A	0	0	0	0
Hepatitis B (acute cases)	1	0	27	11
Hepatitis C	390	423	4563	4441
HIV Screens (non-pre-release)	6027	7381	69696	70064
HIV Screens (pre-release)	2377	3549	40745	13698
HIV + pre-release tests	2	15	78	33
HIV Infections	58	68	604	615
AIDS	11	21	111	310
Methicillin-Resistant <i>Staph Aureus</i>	273	247	5527	4875
Methicillin-Sensitive <i>Staph Aureus</i>	79	92	1757	1679
Occupational Exposures (TDCJ Staff)	6	14	220	198
Occupational Exposures (Medical Staff)	2	3	70	66
HIV CPX Initiation	2		66	
Tuberculosis skin tests – intake (#positive)	158	447	4208	4194
Tuberculosis skin tests – annual (#positive)	42	49	729	891
Tuberculosis cases				
(1) Diagnosed during intake and attributed to county of origin	0	2	6	6
(2) Entered TDCJ on TB medications	0	2	17	21
(3) Diagnosed during incarceration in TDCJ	1	1	16	23
TB cases under management	13	21		
Peer Education Programs	2	0	75	67
Peer Education Educators	29	0	483	828
Peer Education Participants	1302	498	21706	17921
Sexual Assault In-Service (sessions/units)	2/2	3/3	66/104	3/3
Sexual Assault In-Service Participants	14	37	585	37
Alleged Assaults & Chart Reviews	40	N/A	169	N/A

NOTE: Some category totals may change to reflect late reporting.

Date Compiled: 6/8/070

**Texas Department of Criminal Justice
Office of Preventive Medicine
Monthly Activity Report**

Month: JANUARY 2007

Reports Received	This Month	Same Month Last Year	Year to Date	Last Year to Date
Chlamydia	3	4	3	4
Gonorrhea	3	0	0	4
Syphilis	59	61	59	61
Hepatitis A	0	0	0	0
Hepatitis B (acute cases)	0	1	0	1
Hepatitis C	279	299	279	299
HIV Screens (non-pre-release)	5627	5602	5627	5602
HIV Screens (pre-release)	2776	3341	2776	3341
HIV + pre-release tests	6	6	6	6
HIV Infections	61	55	61	55
AIDS	94	12	94	12
Methicillin-Resistant <i>Staph Aureus</i>	330	352	330	352
Methicillin-Sensitive <i>Staph Aureus</i>	102	105	102	105
Occupational Exposures (TDCJ Staff)	14	30	14	30
Occupational Exposures (Medical Staff)	4	7	4	7
HIV CPX Initiation	3		3	
Tuberculosis skin tests – intake (#positive)	103	361	103	361
Tuberculosis skin tests – annual (#positive)	58	78	58	78
Tuberculosis cases				
(1) Diagnosed during intake and attributed to county of origin	0	0	0	0
(2) Entered TDCJ on TB medications	2	3	2	3
(3) Diagnosed during incarceration in TDCJ	1	0	1	0
TB cases under management	13	22		
Peer Education Programs	4	0	79	0
Peer Education Educators	44	5	527	5
Peer Education Participants	1143	580	1143	580
Sexual Assault In-Service (sessions/units)	5/8	3/3	5/8	3/3
Sexual Assault In-Service Participants	45	18	45	18
Alleged Assaults & Chart Reviews	56	N/A	56	N/A

NOTE: Some category totals may change to reflect late reporting.
Date Compiled: 6/8/07

**Texas Department of Criminal Justice
Office of Preventive Medicine
Monthly Activity Report**

Month: FEBRUARY 2007

Reports Received	This Month	Same Month Last Year	Year to Date	Last Year to Date
Chlamydia	8	5	12	9
Gonorrhea	5	2	8	2
Syphilis	46	85	105	146
Hepatitis A	0	0	0	0
Hepatitis B (acute cases)	1	1	1	2
Hepatitis C	284	400	563	699
HIV Screens (non-pre-release)	6547	4157	12174	9759
HIV Screens (pre-release)	2104	2484	5261	5825
HIV + pre-release tests	2	4	9	10
HIV Infections	40	38	101	93
AIDS	15	11	109	23
Methicillin-Resistant <i>Staph Aureus</i>	225	354	684	787
Methicillin-Sensitive <i>Staph Aureus</i>	60	112	205	250
Occupational Exposures (TDCJ Staff)	16	13	30	43
Occupational Exposures (Medical Staff)	4	5	8	12
HIV CPX Initiation	3		6	
Tuberculosis skin tests – intake (#positive)	123	284	467	645
Tuberculosis skin tests – annual (#positive)	40	46	108	124
Tuberculosis cases				
(1) Diagnosed during intake and attributed to county of origin	1	0	1	0
(2) Entered TDCJ on TB medications	2	1	4	4
(3) Diagnosed during incarceration in TDCJ	1	1	2	1
TB cases under management	17	22		
Peer Education Programs				
Peer Education Educators				
Peer Education Participants				
Sexual Assault In-Service (sessions/units)	1/1	9/16	6/9	15/22
Sexual Assault In-Service Participants	3	57	48	112
Alleged Assaults & Chart Reviews	45	N/A	101	N/A

NOTE: Some category totals may change to reflect late reporting.
Date Compiled: 6/8/07

HOSPITAL DISCHARGES*

Medical Provider	University	Number of Audits	Number of Deficiencies	Comments
Brownfield Regional	TTUHSC	0	N/A	N/A
Cogdell Memorial	TTUHSC	0	N/A	N/A
Electra Memorial	TTUHSC	1	0	No deficiencies noted
Hendrick Memorial	TTUHSC	4	0	No deficiencies noted
Hospital Del Sol	TTUHSC	0		No deficiencies noted
Hospital Galveston	UTMB	196	4	Within seven days of discharge offender patient required unscheduled medical care related to admitting diagnosis (2). Missing discharge documentation (2)
Mitchell County	TTUHSC	0	N/A	N/A
Northwest Texas	TTUHSC	2	0	No deficiencies noted
Pecos County	TTUHSC	2	0	No deficiencies noted
Scenic Mountain	TTUHSC	0	N/A	N/A
University Medical	TTUHSC	1	0	No deficiencies noted
United Regional 11 th St.	TTUHSC	1	0	No deficiencies noted

*The remainder of the hospitals were not selected during this quarter's random audit.

INFIRMARY DISCHARGES*

Medical Provider	University	Number of Audits	Number of Deficiencies	Comments
Allred	TTUHSC	0	N/A	N/A
Beto	UTMB	0	N/A	N/A
Clements	TTUHSC	0	N/A	N/A
Connally	UTMB	0	N/A	N/A
Estelle	UTMB	4	0	No deficiencies noted
Hughes	UTMB	0	N/A	N/A
Jester 3	UTMB	2	0	N/A
Montford	TTUHSC	20	1	Discharge documentation missing
Polunsky	UTMB	1	0	No deficiencies noted
Robertson	TTUHSC	2	0	No deficiencies noted
Stiles	UTMB	1	0	No deficiencies noted
Telford	UTMB	1	0	No deficiencies noted
CT Terrell	UTMB	0	N/A	N/A
Young	UTMB	11	0	No deficiencies noted

*The remainder of the infirmaries were not selected during this quarter's random audit.

**CAPITAL ASSETS CONTRACT MONITORING AUDIT
BY UNIT
SECOND QUARTER, FISCAL YEAR 2007**

December	Numbered Property On Inventory Report	Total Number of Deletions	Total Number of Transfers	Total Number of New Equipment
Jester I	30	0	1	2
Jester III	56	0	2	19
Jester IV	162	0	2	7

January	Numbered Property On Inventory Report	Total Number of Deletions	Total Number of Transfers	Total Number of New Equipment
Cole	39	0	0	3
Michael	55	0	4	3
C. Moore	38	0	0	2
Gurney	46	0	2	7

February	Numbered Property On Inventory Report	Total Number of Deletions	Total Number of Transfers	Total Number of New Equipment
Luther	46	0	0	0
Lockhart	22	0	0	1
Briscoe	32	0	0	3
Cotulla	17	0	0	0

**CAPITAL ASSETS AUDIT
SECOND QUARTER, FISCAL YEAR 2007**

Audit Tools	December	January	February	Total
Total number of units audited	3	4	4	11
Total numbered property	248	178	117	543
Total number out of compliance	2	2	1	5
Total % out of compliance	0.81%	0.00%	0.85%	0.92%

**AMERICAN CORRECTIONAL ASSOCIATION
ACCREDITATION STATUS REPORT
Second Quarter FY-2007**

University of Texas Medical Branch

Unit	Unit Type	Audit Date	% Compliance	
			Mandatory	Non-Mandatory
Ellis		December 4-7, 2006	100	98.2
Duncan		February 5-7, 2007	100	97.1
Scott		February 12-14, 2007	100	98

Texas Tech University Health Science Center

Unit	Unit Type	Audit Date	% Compliance	
			Mandatory	Non-Mandatory
Lynaugh/Ft Stockton		January 8-11, 2007	100	98.3
Wallace/Ware		February 20-23, 2007	100	99.0

**Research, Evaluation and Development (RED) Group
Active Monthly Research Projects – Medical
Health Services Division**

May 2007

Project Number: 408-RM03

Researcher:

Ned Snyder

IRB Number:

02-377

Research Began:

June 03, 2003

Title of Research:

Serum Markers of Fibrosis in Chronic Hepatitis C

Data Collection Began:

July 2003

Proponent:

University of Texas Medical Branch at Galveston

Data Collection End:

July 31, 2007

Project Status:

Data Analysis

Projected Completion Date:

July 31, 2007

Units: Hospital Galveston

Project Number: 433-RM04

Researcher:

Ned Snyder

IRB Number:

03-357

Research Began:

March 19, 2004

Title of Research:

Secondary Prophylaxis of Spontaneous Bacterial Peritonitis with the Probiotic VSL #3

Data Collection Began:

March 22, 2004

Proponent:

University of Texas Medical Branch at Galveston

Data Collection End:

December 31, 2008

Project Status:

Data Collection

Projected Completion Date:

December 31, 2008

Project Number: 450-RM04

Researcher:

Everett Lehman

IRB Number:

04.DSHEFS.02XP

Research Began:

September 30, 2004

Title of Research:

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

Data Collection Began:

November 16, 2004

Proponent:

Centers for Disease Control and Prevention; National Institute for Occupational Safety and Health

Data Collection End:

November 30, 2004

Project Status:

Formulating Results (Data Collection Complete)

Projected Completion Date:

September 1, 2007

Units: Lychner, Stringfellow

Project Number: 475-RM05**Researcher:**

Robert Morgan

IRB Number:

L05-077

Research Began:

August 1, 2005

Title of Research:

Tailoring Services for Mentally Ill Offenders

Data Collection Began:

January 20, 2006

Proponent:

Texas Tech University

Data Collection End:

July 31, 2007

Project Status:

Data Collection

Projected Completion Date:

August 31, 2007

Units: Gatesville, Montford**Project Number: 486-RM05****Researcher:**

William O'Brien

IRB Number:

05-298

Research Began:

January 17, 2006

Title of Research:

A Phase III randomized, double-blinded, placebo-controlled trial to investigate the efficacy, tolerability, and safety of TMC125 as part of an ART including TMC114/RTV and an investigator-selected OBR in HIV-1 infected subjects with limited to no treatment options (TMC 125-C206)

Data Collection Began:

January 17, 2006

Proponent:

University of Texas Medical Branch at Galveston

Data Collection End:

November 30, 2007

Project Status:

Data Analysis / Data Collection

Projected Completion Date:

To be determined by trial sponsor

Units: Hospital Galveston**Project Number: 490-RM06****Researcher:**

Sharon Melville

IRB Number:

Exempt

Research Began:

April 24, 2006

Title of Research:

Medical Monitoring Project (MMP)

Data Collection Began:

April 24, 2006

Proponent:

Texas Department of State Health Services; US Center for Disease Control (CDC)

Data Collection End:

April 30, 2010

Project Status:

Data Collection

Projected Completion Date:

April 30, 2010

Units: System-wide**Project Number: 499-RM06****Researcher:**

Albert D. Wells

IRB Number:

06-307

Research Began:

April 4, 2007

Title of Research:

Past Drug Use Among Recently Incarcerated Offenders in TDCJ and Oral Health Ramifications

Data Collection Began:

May 1, 2007

Proponent:

University of Texas Medical Branch, Galveston

Data Collection End:

May 31, 2007

Project Status:

Data Collection (To Begin May 1, 2007)

Projected Completion Date:

December 31, 2007

Units: N/A (Data Only)

Project Number: 503-RM06**Researcher:**

William O'Brien

IRB Number:

06-189

Research Began:

August 2, 2006

Title of Research:

TMC125-C217 An open-label trial with TMC125 as part of an ART including TMC114/rtv and an investigator-selected OBR in HV-1 infected subjects who participated in a DUET trial (TMC125-C206 or TMC125-C216)

Data Collection Began:

October 26, 2006

Proponent:

University of Texas Medical Branch at Galveston

Data Collection End:

October 31, 2008

Project Status:

Data Collection

Projected Completion Date:

To be determined by trial sponsor

Units: UTMB**Project Number: 513-MR07****Researcher:**

H. Morgan Scott

IRB Number:

Exempt

Research Began:

November 21, 2006

Title of Research:

Do variable monthly levels of antibiotic usage affect the levels of resistance of enteric bacteria isolated from human and swine wastewater in multisite integrated human and swine populations?

Data Collection Began:

November 21, 2006

Proponent:

Texas A&M, Department of Veterinary Integrative Biosciences, College of Veterinary Medicine

Data Collection End:

August 31, 2007

Project Status:

Data Collection / Data Analysis

Projected Completion Date:

August 31, 2008

Units: Beto, Byrd, Central, Clemens, Coffield, Darrington, Eastham, Ellis, Estelle, Ferguson, Jester I, Jester III, Luther, Michael, Pack, Powledge, Scott, Terrell, Wynne**Project Number: 515-MR07****Researcher:**

Jacques Baillargeon

IRB Number:

06-249

Research Began:

October 27, 2007

Title of Research:

Disease Prevalence and Health Care Utilization in the Texas Prison System

Data Collection Began:

March 5, 2007

Proponent:

University of Texas Medical Branch, Galveston

Data Collection End:

March 5, 2007

Project Status:

Data Analysis

Projected Completion Date:

December 31, 2009

Units: N/A (Data Only)**Project Number: 523-MR07****Researcher:**

Robert Morgan

IRB Number:

L06-193

Application Received:

December 11, 2006

Title of Research:

An Examination of the Combined Use of the PAI and the M-FAST in Detecting Malingering Among Inmates

Completed Application Received:

April 17, 2007

Proponent:

Texas Tech University, Department of Psychology

Peer Panel Scheduled:

December 31, 2007

Project Status:

Data Collection

Peer Panel Recommendations:

December 31 2007

Units: Montford

Project Number: 527-MR07

Researcher:

Ned Snyder

IRB Number:

05-277

Application Received:

December 22, 2006

Title of Research:

Capsule endoscopy versus traditional EGD for variceal screening: a head-to-head comparison

Completed Application Received:

March 12, 2007

Proponent:

University of Texas Medical Branch, Galveston

Peer Panel Scheduled:

March 12, 2008

Project Status:

Data Collection

Peer Panel Recommendations:

March 12, 2008

Units: UTMB

Medical Research Projects Pending Approval May 2007

Project Number: 498-RM06

Researcher:

Marilyn Armour

IRB Number:

2005-12-0014

Application Received:

June 5, 2006

Title of Research:

Development of a Research Proposal to Examine the Impact of the Ultimate Penal Sentence on the Wellbeing of Survivors of Homicide Victims

Completed Application Received:

Proponent:

University of Texas at Austin, School of Social Work

Peer Panel Scheduled:

Project Status:

Pending Proposal / Documentation from Researcher; Pending OIG and OGC

Peer Panel Recommendations:

Units:

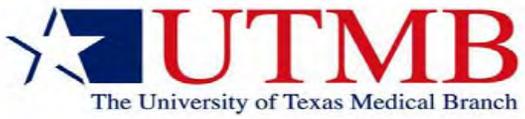
**TDCJ HEALTH SERVICES
ADMINISTRATIVE SEGREGATION MENTAL HEALTH AUDITS
SECOND QUARTER FY 2007**

UNIT	DATE(S)	ATC 4 & 5	ATC 6	REF'D	REQ. FWD	OFFENDERS		STAFF
						SEEN	INTERVIEWED	INTERVIEWED
	(Audit dates)	(48-72 Hrs)	(14 Days)	(Referred for evaluation)	(Requests Forwarded)	Total	MHS Caseload/Non-caseload	MHS/Security
MICHAEL	12/11&12/15/06	83%	N/A	0	8	468	75/118	2/6
DARRINGTON	12/18/06	92%	N/A	0	4	185	26/50	3/6
RAMSEY 1	12/19/06	100%	100%	0	5	48	16/32	2/5
ESTELLE	12/20&12/21/06	100%	100%	0	6	561	50/177	3/6
TELFORD	1/4&1/5/07	100%	100%	0	11	492	41/122	3/6
STILES	1/11&1/12/07	100%	50%	1	7	478	64/98	3/6
EASTHAM	1/18/07	100%	100%	0	10	456	26/121	3/6
SMITH (HS)	1/23&1/24/07	100%	100%	1	8	487	133/86	3/6
ROBERTSON	2/8&2/9/07	100%	100%	1	9	477	72/98	3/6
ALLRED (HS)	2/21&22/07	100%	100%	0	10	440	55/96	2/6
ALLRED (12 bldg,)	2/22&2/23/07	67%	N/A	2	9	483	103/78	3/6
ELLIS	2/27/07	100%	100%	0	6	112	9/37	2/6
TOTAL		1142	850	5	93	4,687	670/1,113	32/71
AVERAGE		95.17%	94.44%	0.42	7.75	390.60	55.83/92.75	2.67/5.92

Consent Item 3(a)

University Medical Director's Report

The University of Texas Medical Branch



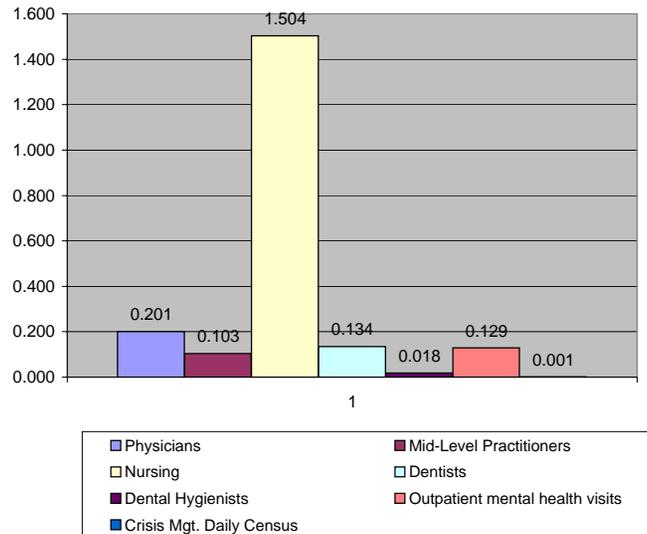
**Correctional Health Care
MEDICAL DIRECTOR'S REPORT**

**SECOND QUARTER
FY2007**

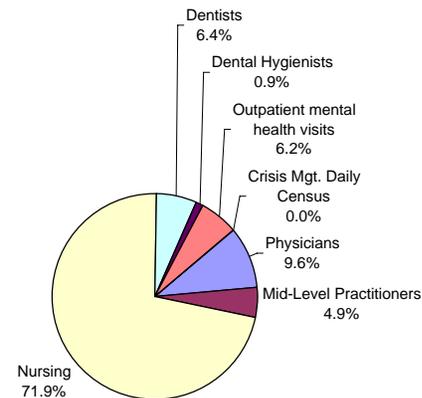
Medical Director's Report:

<i>Average Population</i>	December		January		February		Qtly Average	
	120,022		119,763		120,051		119,945	
	Number	Rate Per Offender	Number	Rate Per Offender	Number	Rate Per Offender	Number	Rate Per Offender
Medical encounters								
Physicians	22,470	0.187	25,228	0.211	24,499	0.204	24,066	0.201
Mid-Level Practitioners	11,551	0.096	13,237	0.111	12,408	0.103	12,399	0.103
Nursing	176,004	1.466	189,045	1.578	176,021	1.466	180,357	1.504
Sub-total	210,025	1.750	227,510	1.900	212,928	1.774	216,821	1.808
Dental encounters								
Dentists	14,771	0.123	16,982	0.142	16,520	0.138	16,091	0.134
Dental Hygienists	2,237	0.019	2,084	0.017	2,306	0.019	2,209	0.018
Sub-total	17,008	0.142	19,066	0.159	18,826	0.157	18,300	0.153
Mental health encounters								
Outpatient mental health visits	15,278	0.127	15,741	0.131	15,544	0.129	15,521	0.129
Crisis Mgt. Daily Census	101	0.001	102	0.001	103	0.001	102	0.001
Sub-total	15,379	0.128	15,843	0.132	15,647	0.130	15,623	0.130
Total encounters	242,412	2.020	262,419	2.191	247,401	2.061	250,744	2.090

Encounters as Rate Per Offender Per Month



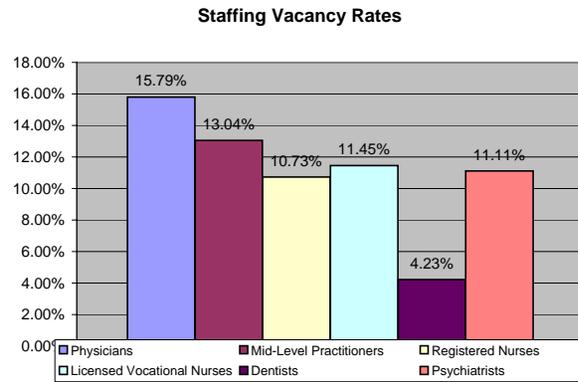
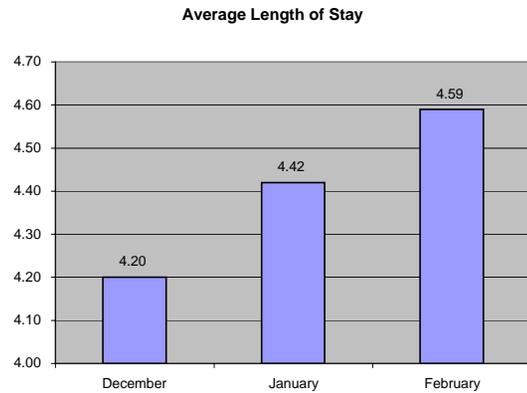
Encounters by Type



Medical Director's Report (Page 2):

	December	January	February	Qtly Average
Medical Inpatient Facilities				
Average Daily Census	125.00	82.00	85.00	97.33
Number of Admissions	430.00	420.00	413.00	421.00
Average Length of Stay	4.20	4.42	4.59	4.40
Number of Clinic Visits	1,725.00	1,655.00	1,563.00	1,647.67
Mental Health Inpatient Facilities				
Average Daily Census	1,013.52	1,038.39	1,041.54	1,031.15
PAMIO/MROP Census	723.74	724.87	721.89	723.50
Specialty Referrals Completed	1,147.00	1,130.00	1,102.00	1,126.33
Telemedicine Consults	526	563	528	539.00

Health Care Staffing	Average This Quarter			Percent Vacant
	Filled	Vacant	Total	
Physicians	64.00	12.00	76.00	15.79%
Mid-Level Practitioners	120.00	18.00	138.00	13.04%
Registered Nurses	366.00	44.00	410.00	10.73%
Licensed Vocational Nurses	673.00	87.00	760.00	11.45%
Dentists	68.00	3.00	71.00	4.23%
Psychiatrists	16.00	2.00	18.00	11.11%



Consent Item 3(b)

University Medical Director's Report

Texas Tech University Health Sciences
Center

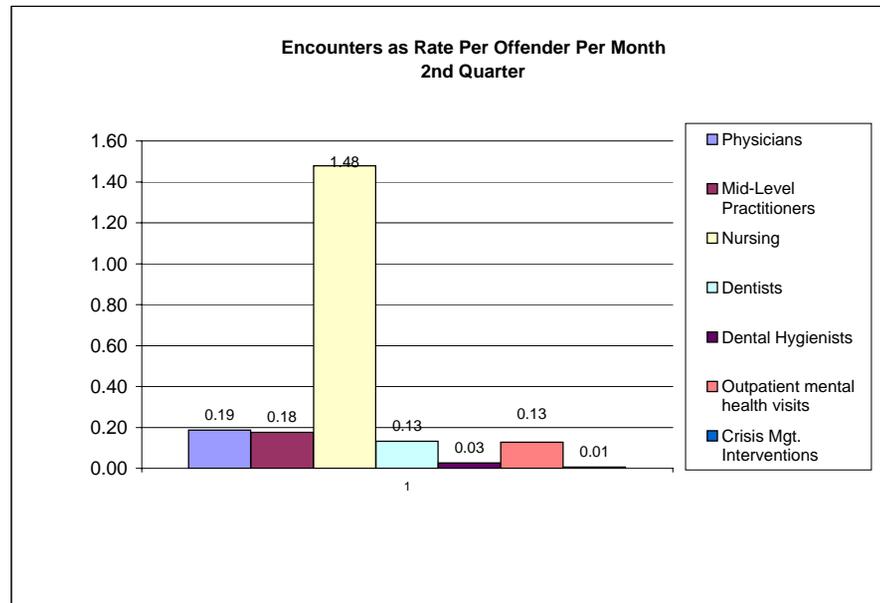
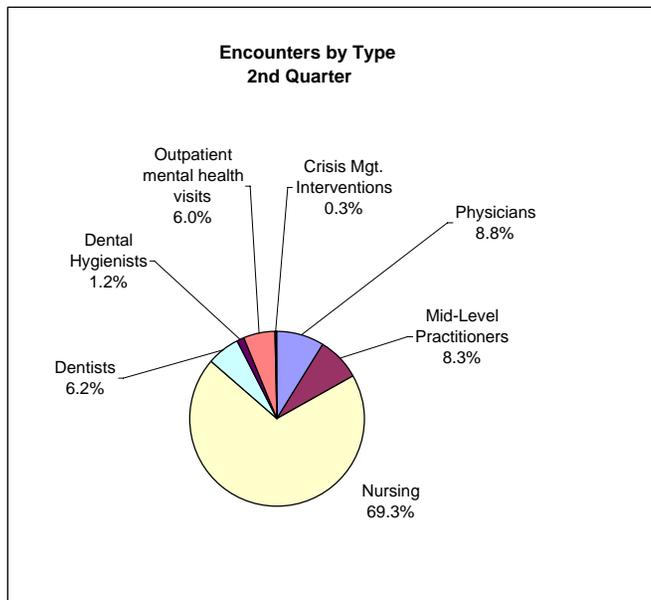


**Correctional Managed Health Care
MEDICAL DIRECTOR'S REPORT**

**SECOND QUARTER
FY 2007**

Medical Director's Report: 2nd Quarter

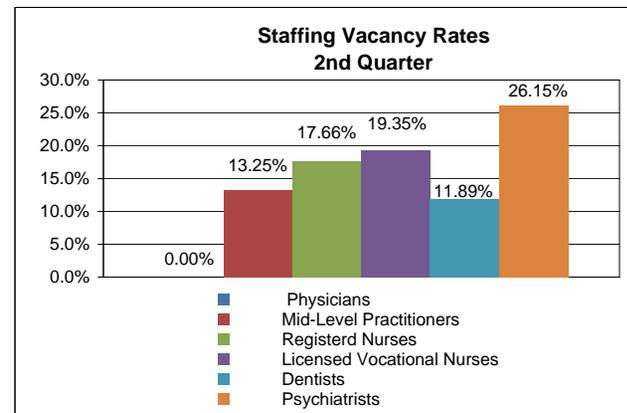
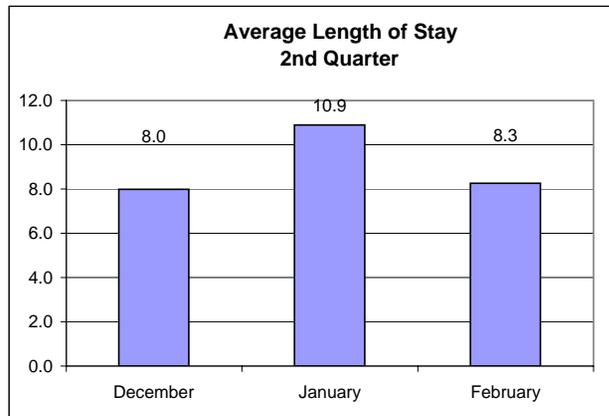
Average Population	December	January	February	Quarterly Average				
	31,639.32	31,612.39	31,596.37	31,616.03				
Medical Encounters	Number	Rate Per Offender						
Physicians	5,487	0.173	6,240	0.197	5,994	0.190	5,907	0.187
Mid-Level Practitioners	5,195	0.164	6,081	0.192	5,432	0.172	5,569	0.176
Nursing	45,290	1.431	51,396	1.626	43,571	1.379	46,752	1.479
Sub-Total	55,972	1.769	63,717	2.016	54,997	1.741	58,229	1.842
Dental Encounters								
Dentists	3,834	0.121	4,437	0.140	4,265	0.135	4,179	0.132
Dental Hygienists	687	0.022	975	0.031	798	0.025	820	0.026
Sub-Total	4,521	0.143	5,412	0.171	5,063	0.160	4,999	0.158
Mental Health Encounters								
Outpatient mental health visits	3,947	0.125	4,101	0.130	4,064	0.129	4,037	0.128
Crisis Mgt. Interventions	162	0.005	198	0.006	173	0.005	178	0.006
Sub-Total	4,109	0.130	4,299	0.136	4,237	0.134	4,215	0.133
Total Encounters	64,602	2.042	73,428	2.323	64,297	2.035	67,442	2.133



Medical Director's Report (page 2): 2nd Quarter

	December	January	February	Quarterly Average
<i>Medical Inpatient Facilities</i>				
Average Daily Census	79.24	150.21	83.71	104.39
Number of Admissions	210	280	246	245.33
Average Length of Stay	7.98	10.89	8.26	9.04
Number of Clinic Visits	497	510	449	485.33
<i>Mental Health Inpatient Facilities</i>				
Average Daily Census	547	547	548	547.33
PAMIO/MROP Census	434	439	432	435.00
<i>Specialty Referrals Completed</i>				
	1064	1362	1128	1184.67
<i>Telemedicine Consults</i>				
	232	325	289	282.00

<i>Health Care Staffing</i>	Average This Quarter			Percent Vacant
	Filled	Vacant	Total	
Physicians	24.74	0	24.74	0.00%
Mid-Level Practitioners	24.48	3.74	28.22	13.25%
Registered Nurses	161.25	34.58	195.83	17.66%
Licensed Vocational Nurses	312.42	74.95	387.37	19.35%
Dentists	18.52	2.5	21.02	11.89%
Psychiatrists	8.7	3.08	11.78	26.15%



Consent Item 4

Summary of CMHCC Joint Committee / Work Group Activities

**Correctional Managed Health Care
Joint Committee/Work Group Activity Summary
for June 2007 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

System Leadership Council

Chair: Dr. Denise DeShields

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: February 8, 2007

Key Activities:

- (1) Reviewed monthly detailed Access to Care Indicator data for the First Quarter of FY 2007. Discussed compliance issues and corrective actions taken.

ATC Indicators	Percent of Facilities with Quarterly Average 80% Compliance or Above
#1: SCR physically triaged within 48 hrs (72 hrs Fri and Sat)	100%
#2: Dental chief complaint documented in MR at time of triage	100%
#3: Referral to dentist (nursiong/dental triage) seen within 7 days of SCR receipt	95.2%
#4: SCR/referrals (mental health) physically triaged within 48 hrs (72 hrs Fri/Sat)	99.9%
#5: MH chief complaint documented in the MR at time of triage	100%
#6: Referred outpatient MH status offenders seen within 14 days of referral/triage	99.9%
#7: SCR for medical services physically triaged within 48 hrs (72 hrs Fri/Sat)	98.1%
#8: Medical chief complaint documented in MR at time of triage	100%
#9: Referrals to MD, NP or PA seen within 7 days of receipt of SCR	97.1%

- (2) Reviewed Statewide SLC Quality of Care Indicator data:
 - Dental X-Ray Focus Study
 - Recording of PUHLES entries for Mental Health outpatients
- (3) Heard an update from CMHCC staff on legislative issues.
- (4) Reviewed Monthly Medical Grievance Exception Reports.
- (5) Discussed sick call request procedures, clipper shave passes, transit medication, operational review audit appeals processes, directly observed therapy and other systemwide issues.
- (6) Reviewed FY 2008 proposed indicator changes.

Joint Policy and Procedure Committee

Co-Chairs: Allen Sapp, CMHCC staff and Dr. Mike Kelley, TDCJ Health Services Division

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

Meeting Date: April 12, 2007

Key Activities:

- (1) Approved policy revisions to F-47.1, Therapeutic Diets.
- (2) Approved revisions to policy E-38.1, Sick Call.
- (3) Approved revisions to policy E-40.1, Direct Medical Orders.
- (4) Approved revisions to policy E-39.1, Health Evaluation and Documentation of Offenders in Segregation.

(5) Approved revisions to policy B-14.3, Employee TB Testing.

(6) Approved Quarterly policy review and related revisions to Sections A (Governance and Administration) and Section F (Health Promotion and Disease Prevention).

(7) Discussed procedures relating to policy distribution processes and obtaining updated signature pages for accreditation audits.

(8) Assigned review of Sections G (Special Needs and Services), H (Health Records) and I (Medical-Legal Issues) for next quarterly review cycle.

Joint Pharmacy and Therapeutics Committee

Chair: Dr. Monte Smith

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

Meeting Dates: March 8, 2007

A. Key Activities

(1) Received and reviewed reports from the following P&T subcommittees:

- Psychiatry
- HIV
- GERD/Dyspepsia/Ulcers
- TYC Seizures
- DMG Triage
- Diabetes
- Chronic Angina

(2) Reviewed and discussed monthly reports as follows:

- Adverse drug reactions
- Pharmacy clinical activity
- Non-formulary deferrals
- Utilization related reports on:
 - HIV interventions
 - HIV utilization
 - Hepatitis C utilization

(3) Follow-up discussion related to enfuvirtide (Fuzeon) patients.

(4) Deletion of Epzicom from the formulary.

(5) Reviewed action requests related to unit dose pseudoephedrine.

(6) Discussed development of a new disease management guideline for warfarin.

(7) Reviewed request to change drug templates for albuterol HFA and NSAID.

(8) Reviewed OTC medications available in commissaries.

(9) Reviewed change to HIV DMG calling for referral for dental evaluation and oral hygiene patient education.

Joint Infection Control Committee

Chair: Dr. Mike Kelley

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

Meeting Date: April 12, 2007

Key Activities:

- (1) Review of preventive medicine statistics related to hepatitis, tuberculosis, syphilis, chlamydia, gonorrhea, HIV and MRSA.
- (2) Review of HIV sero-conversion investigation.
- (3) Review and approval of update to Infection Control policy B-14.18.
- (4) Discussion and update on pandemic flu response planning activities.
- (5) Reviewed and made no changes to policies B-14.1, Infection Control Program; B-14.2, Infection Control Committee; B-14.4, Prevention of Hepatitis B Virus Infection; B-14.5, Occupational Exposure Counseling and Testing; and B-14.06, Management of Offender Bloodborne Exposures.
- (6) Reviewed and recommended updates to policy B-14.3, Employee TB Testing for review by Policy and Procedures Committee.
- (7) Reviewed and approved changes to policy B-14.07, Immunizations based on input from Pharmacy and Therapeutics to add Hepatitis A vaccination for HIV positive offenders to bring policy in line with national guidelines.
- (8) Reviewed and approved changes to policy B-14.10, Tuberculosis to update reporting forms.
- (9) Reviewed and approved changes to policy B-14.25, Special Medical Waste Management to clarify certain rules relating to transport of medical waste.

Joint Dental Work Group

Co-Chairs: Dr. Sonny Wells and Dr. Brian Tucker

Purpose: Charged with the review, monitoring and evaluation of dental policies and practices.

Meeting Date: March 29, 2007

Key Activities:

- (1) Review of dental staffing data.
- (2) Discussion of non-compliance report issues.
- (3) Review of access to care reports.
- (3) Review of dental x-ray focus study.
- (4) Review of oral surgery referrals
- (5) Discussion of formulary related issues.
- (6) Heard reports from regional dental directors
- (7) Heard updates from Periodontal Coordinator and Dental Hygiene Program Manager.

Joint Mortality and Morbidity Committee

Chair: Dr. Mike Kelley

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

Meeting Dates: February 7, 2007 (24 cases); March 7, 2007 (34 cases); April 11, 2007 (42 cases); May 9, 2007 (23 cases)

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

Tab B



Update on 80th Legislative Session

Presentation to
Correctional Managed Health
Care Committee
June 2007



End of Session Totals

- House Bills
 - 4140 filed
 - 955 passed (23.1%)
- Senate Bills
 - 2058 filed
 - 526 passed (25.6%)
- House or Senate Joint Resolutions
 - 176 filed
 - 17 passed (9.7%)



Legislative Tracking

- Tracked/Monitored 192 separate bills relating to state government and/or health care
- Staff monitored, attended, provided information and resource testimony throughout session
- Legislative Sine Die May 28th.
- 41 of the tracked bills passed.

Thank you to all who assisted in providing information, support and resource testimony during the legislative session.



Appropriations Bills

- FY 2006-2007 Emergency Funding (HB 15)
 - \$12.9M to reimburse projected shortfalls
- FY 2008-2009 Funding (HB 1)
 - +\$88.7M for biennium in GR funding
 - +\$10.4M in GO bond funds for HG repairs
- Total Program Operations Funding:
 - \$412.5M in FY 2008
 - \$425.7M in FY 2009



SB 909-Sunset Bill

- Bill implements recommendations from the Sunset Advisory Commission review of TDCJ, CMHCC and BPP.
- Changes next Sunset review date for TDCJ to 2011 (4 years); removes separate Sunset date for CMHCC — calling for review in conjunction with TDCJ review.
- Section by Section summary of applicable provisions provided in separate attachment.



SB 453-Mandatory HIV Testing @Intake

- Requires that all TDCJ offenders be tested for HIV at intake as well as prior to release
- Will result in additional testing at intake, but already testing about 80%

HB 2389-Right of a Minor to Consent to Treatment

- Provides that minors convicted and sent to TDCJ may consent to medical treatment



HB 429 – Study of Health Care Costs of Older Offenders

- Requires a study of certain elderly offender health care costs and preparation of estimates of potential savings if those offenders were released to the community on parole.

HB 2611 – MRIS Eligibility for State Jail Offenders

- Establishes mechanisms to consider and permit release of state jail offenders on Medically Recommended Intensive Supervision



SB 839-Sharing of Information

- Clarifies provisions relating to the sharing and confidentiality of information related to providing continuity of care (TCOOMMI and other agencies, including correctional health care)

HB 199-Mother/Infant Residential Care

- Establishes authority for TDCJ to contract for residential care services for offender mothers and newborn infants to be together
- To extent possible, to model federal program



Other Legislation Passed

- HB 246-quarterly reports on AIDS/HIV by DSHS
- HB 921-sharing of information among state agencies
- HB 111-prohibiting medical, psychiatric and other research on children in TYC
- HB 1370-relating to the Interagency Coordinating Council for HIV and Hepatitis
- HB 1944-elimination of sexual assault against inmates in TDCJ facilities
- HB 2426-Sunset bill for Board of Nurse Examiners
- HB 3473-relating to consent for medical treatment



Other Legislation Passed

- SB 29-relating to collection of data on health professionals by the statewide health coordinating council
- SB 138-promoting the retention and graduation of students enrolled in professional nursing programs
- SB 201-tuition exemptions for certain professional nursing program preceptors and their children
- SB 415-risk assessment program for Type 2 diabetes
- SB 993-relating to nursing peer review and regulation of practice of nursing



Specific Bill Information

- Available at Texas Legislature Online:
 - *www.capitol.state.tx.us*
 - Search by author, by bill number, by subject

**Summary of SB 909 (Omnibus Sunset Bill for TDCJ, CMHCC and BPP)
Provisions relating to Correctional Managed Health Care**

Bill Section	Statutory Reference	Synopsis	Sunset Reference	Comments
Sec. 7	Sec. 15, Art. 42.12 Code of Criminal Proc	Provides judges with the authority to release state jail confines on medically recommended intensive supervision. Requires TCOOMMI and CMHCC to cooperate in preparing case summaries and medical reports on such cases.	Issue 6, Rec. 6.1 and 6.2	This provision would extend current practice for institutional division offenders into the state jail population. No significant impact is projected on workloads.
Sec.13	Subtitle C, Title 3, Govt. Code, new Chap. 328	Creates the Criminal Justice Legislative Oversight Committee to provide objective research, analysis and recommendations to help guide state criminal justice policies.	Issue 2, Rec. 2.1	This legislative oversight committee would be empowered to oversee and conduct policy analysis and research similar to that previously performed by the Criminal Justice Policy Council.
Sec. 24	Subchapter B, Chap. 501 Govt. Code, new Section 501.059	Requires that TDCJ assess women serving sentences of two years or less and who are of child-bearing age (18-44) to determine their risk for an alcohol-exposed pregnancy. TDCJ employees are to be trained in the use of an objective screening tool that is to be administered during the diagnostic process or other time determined by TDCJ. In addition, TDCJ must provide a brief substance abuse intervention and an educational brochure describing the risks of consuming alcohol during pregnancy.	Additional Issue added by Sunset Commission Member	While bill specifies TDCJ staff to conduct the assessment, some coordination with medical staff, especially during intake may be anticipated.
Sec. 24	Subchapter B, Chap. 501 Govt. Code, new Section 501.064	Requires that TDCJ make certain specified information about the health care program available to offenders, including: <ul style="list-style-type: none"> • a description of the level, type & variety of services available • the formulary used • health care policies & procedures • process for filing inmate grievances related to health care 	Issue 10, Rec. 10.2	TDCJ Health Services is already working to make this information available through the facility law libraries.

Bill Section	Statutory Reference	Synopsis	Sunset Reference	Comments
Sec. 25	Sec. 501.132 Govt. Code	This section eliminates the need for a separate Sunset review of the CMHCC and requires that the Committee be reviewed in conjunction with the Sunset review of TDCJ (next scheduled in the draft bill for 2019).	Issue 9, Rec. 9.1	This removes a separate Sunset date for the Committee and links it to TDCJ's Sunset process, essentially reflecting the actual process during the last two Sunset reviews.
Sec. 26	New Sec. 501.1325, Govt. Code	Adds standard provision requiring that the CMHCC, UTMB and TTUHSC comply with and implement management recommendations included in the Sunset Commission report.	Issue 10, Rec. 10.3	Only management action recommended relates to joint effort to provide more useful information in response to grievances.
Sec. 27	Sec. 501.137 Govt. Code	Changes current law to require that the Governor appoint a <u>public</u> member physician to chair the CMHCC.	Issue 9, Rec. 9.3	Change was recommended by Sunset to ensure that none of the three parties to the partnership preside over the CMHCC.
Sec. 28	Sec. 501.148(a), Govt. Code	Amends and clarifies the duties of the CMHCC to include: <ul style="list-style-type: none"> • developing statewide policies for delivery of care • maintaining the contracts • communicating with TDCJ and the legislature on the financial needs of the system • allocating funding made available by legislative appropriations • monitoring expenditures of UTMB & TTUHSC for compliance with statutory and contractual requirements • serving as a dispute resolution forum • addressing problems found through monitoring, including requiring corrective actions • identifying and addressing long-term needs of the health care system; and, • reporting to the TBCJ quarterly on the CMHCC's decisions, financial status and corrective actions taken 	Issue 9, Rec. 9.2	These provisions generally update the current CMHCC duties to better reflect current operations. Removed from current CMHCC duties are: <ul style="list-style-type: none"> • determining a capitation rate reflecting the true cost of care, including catastrophic reserves • language referencing that the CMHCC act as a "independent third party" for allocating funding and dispute resolution <p>New obligations for providing regular reports to the Board of Criminal Justice are added.</p>

Bill Section	Statutory Reference	Synopsis	Sunset Reference	Comments
Sec. 29	Sec. 501.150 Govt. Code	This section removes the current limitation on TDCJ monitoring quality of care. It continues to require that TDCJ and the university providers cooperate in such monitoring and use the clinical resources of the university providers to the greatest extent feasible. It provides authority for TDCJ to require health care providers to take corrective action. It requires that a listing and status of corrective actions be provided to both the CMHCC and the TBCJ.	Issue 9, Rec. 9.4	This change removes the statutory limitation on TDCJ's monitoring responsibility relating to quality of care issues and clarifies TDCJ's authority to require corrective action. This would enable TDCJ to expand or modify its monitoring as determined necessary.
Sec. 30	Sec. 501.151(a) and (b) Govt. Code	Clarifies that the CMHCC must only maintain a file on complaints filed by a member of the general public (and not from offenders) and requires that information on how complaints are investigated and resolved be made available to the public.	Across the Board Sunset Rec. 9, modified for CMHCC.	This simply clarifies that the CMHCC does not have to maintain duplicative complaint files for offender complaints referred to the grievance process. It also requires information on the complaint review process to be made generally available.
Sec. 31	New Section 501.153, Govt. Code	This section requires the CMHCC to adopt policies relating to the use of alternative dispute resolution procedures outlined in Chapter 2009, Govt. Code in accordance with model guidelines established by the State Office of Administrative Hearings.	Across the Board Sunset Rec. 11, modified for CMHCC.	This will require the CMHCC to designate a person to be trained to coordinate and serve as a resource for alternative dispute resolution.
Sec. 31	New Section 501.154, Govt. Code	Requires that the CMHCC adopt a policy for the use of appropriate technology to improve the ability to perform its functions, including making it possible for the public to interact with the CMHCC through the internet.	Across the Board Sunset Rec. 10, modified for CMHCC.	The CMHCC staff, with the assistance of UTMB technology staff is finalizing a formal CMHCC website and web presence.

Bill Section	Statutory Reference	Synopsis	Sunset Reference	Comments
Sec. 31	New Section 501.155, Govt. Code	<p>Requires that the CMHCC make certain information available to the public through it's website and upon written request, including:</p> <ul style="list-style-type: none"> • its contracts • a description of the level, type & variety of services available • the formulary used • health care policies & procedures • QA statistics & data (as permitted by law) • general information on costs of care • monthly & quarterly financial reports • statistical information on offender deaths and prevalence of disease • process for filing grievances • statistics on grievances and type of grievances • contact information for filing complaints • information on regulation & discipline of health care professionals • unit specific health care system descriptions • agendas and minutes for CMHCC meetings. <p>The section also requires the CMHCC website to be linked to each partner agency and to work with TDCJ to ensure no security threat results from disclosure of any of the information.</p>	Issue 10, Rec. 10.1	Much of this data is already being populated on the new CMHCC website and processes for maintaining the website are being developed.
Sec. 32	Sec. 507.028 Govt. Code	Requires that TDCJ similarly assess women in state jails to determine their risk for an alcohol-exposed pregnancy as outlined in Sec. 24 for institutional division offenders.	Additional Issue added by Sunset Commission Member	While bill specifies TDCJ staff to conduct the assessment, some coordination with medical staff, especially during intake is anticipated.

Bill Section	Statutory Reference	Synopsis	Sunset Reference	Comments
Sec. 50	NA	This section requires TDCJ to conduct a study on the numbers of various segments of the TDCJ population who may pose no significant risk of recidivism or danger to society. Included in potential study populations is an inmate's age and health condition.	NA	TDCJ will conduct study as it relates to a number of issues beyond offender age and health status, however assistance and coordination with healthcare providers is anticipated.
Sec. 57	NA	This section requires the screening for potential fetal alcohol exposure be in place by March 1, 2008.	NA	None.
Sec. 58	NA	This section specifies that the information required from the TDCJ to be made available to offenders be in place not later than March 1, 2008.	NA	None.
Sec. 59	NA	This section specifies that the information required from the CMHCC to be made public be in place not later than January 1, 2008.	NA	None.

CORRECTIONAL MANAGED HEALTH CARE

Summary of Key Contract Changes

FY 2008-2009

Correctional Managed Health Care Summary of Key Contract Changes FY 2008-2009

The CMHCC staff and the contract review teams from TDCJ, UTMB and TTUHSC have been working diligently on reviewing and updating the correctional health care contracts for the FY 2008-2009 biennium since February. In early June, an agreement in principle was reached on contract language and the contracts are now being finalized for submission through the formalized approval processes.

The CMHCC contracts will be very similar to the prior contracts in terms of the level of services; however a number of significant changes and additions have been made to address changes made through legislation, changes resulting from the Sunset process, auditor recommendations and other issues brought to the contract discussions by each of the parties. In addition, a number of non-substantive editing changes were made to enhance organization, update references and improve readability. Key changes to the contracts are noted below. This listing is not intended to be all inclusive of the modifications to the contracts, but rather to provide a brief summary of the substantive areas of change.

- Basic services to be provided are essentially the same as in the FY 2006-07 contracts except that:
 - Changes in statutory requirements for HIV testing at intake have been incorporated.
 - Funding for the resumption of the Hepatitis B vaccination program was approved by the 80th Legislature and added to the services to be provided.
- Provisions added to the contract to outline University Provider participation in emergency preparedness training and response.
- Language was added to existing autopsy services language to clarify responsibilities. Also added language for the TDCJ Office of Inspector General, after conducting a custodial death investigation, to request an autopsy be performed by an independent Medical Examiner.
- Made a number of changes to reflect updated language on roles and responsibilities resulting from the Sunset review of the correctional managed health care program:
 - Updated listing of services provided by CMHCC to include revised language on allocation of funding and monitoring of expenditures by the University Providers.
 - Added language requiring that the CMHCC provide the Texas Board of Criminal Justice with a report at its meetings updating the Board on the CMHCC's policy decisions, financial status and corrective actions.
 - Amended provisions to reflect the expanded role of the TDCJ Health Services Division in monitoring quality of care and related authority to require corrective actions.
- Clarified responsibilities relating to housekeeping and maintenance services for unit medical facilities.

- Amended provisions relating to credentialing of medical staff and obtaining security clearances to require notice to TDCJ and the CMHCC of certain disciplinary actions taken against medical staff and establishing improved processes for obtaining security clearances for new hires.
- Updated language relating to the protection and sharing of protected health care information among the parties to ensure necessary access to such information is made available and confidentiality protections are maintained.
- Updated appropriations rider references and language; included references to study of aging offender costs required by HB 429 and a study of health care staffing required by appropriations rider.
- Added language referencing bond funding for repairs and renovation of the UTMB/TDCJ Hospital in Galveston: establishing how approval of funding would be coordinated between UTMB and TDCJ; adding provisions of the appropriations rider requiring certain approvals; requiring that the funds be used exclusively for the purpose intended; providing access to documentation on project costs and schedules; and requiring separate, detailed cost information be maintained on the project.
- Added language relating to the contingent transfer and funding of the Marlin VA hospital to the state for the purpose of serving as a mental health inpatient facility for female offenders.
- Updated language relating to financial reporting and monitoring by the CMHCC.
- Added provisions clarifying responsibilities for the placement and discharge of offender patients in infirmary settings.
- Added provisions requiring a joint review of health care staffing coverage at TDCJ facilities to be accomplished within the first six months of the contract to examine means for extending staff coverage at facilities.
- Added language formalizing the sharing of copies of inquiries and responses to inquiries relating to correctional health care.
- Added provisions requiring mutual notification between the parties of litigation involving offender health care and establishing reporting processes to coordinate such notifications on an ongoing basis.

**Summary prepared by:
Allen Sapp, CMHCC
June 8, 2007**

Tab C

Correctional Managed Health Care Committee

Key Statistics Dashboard

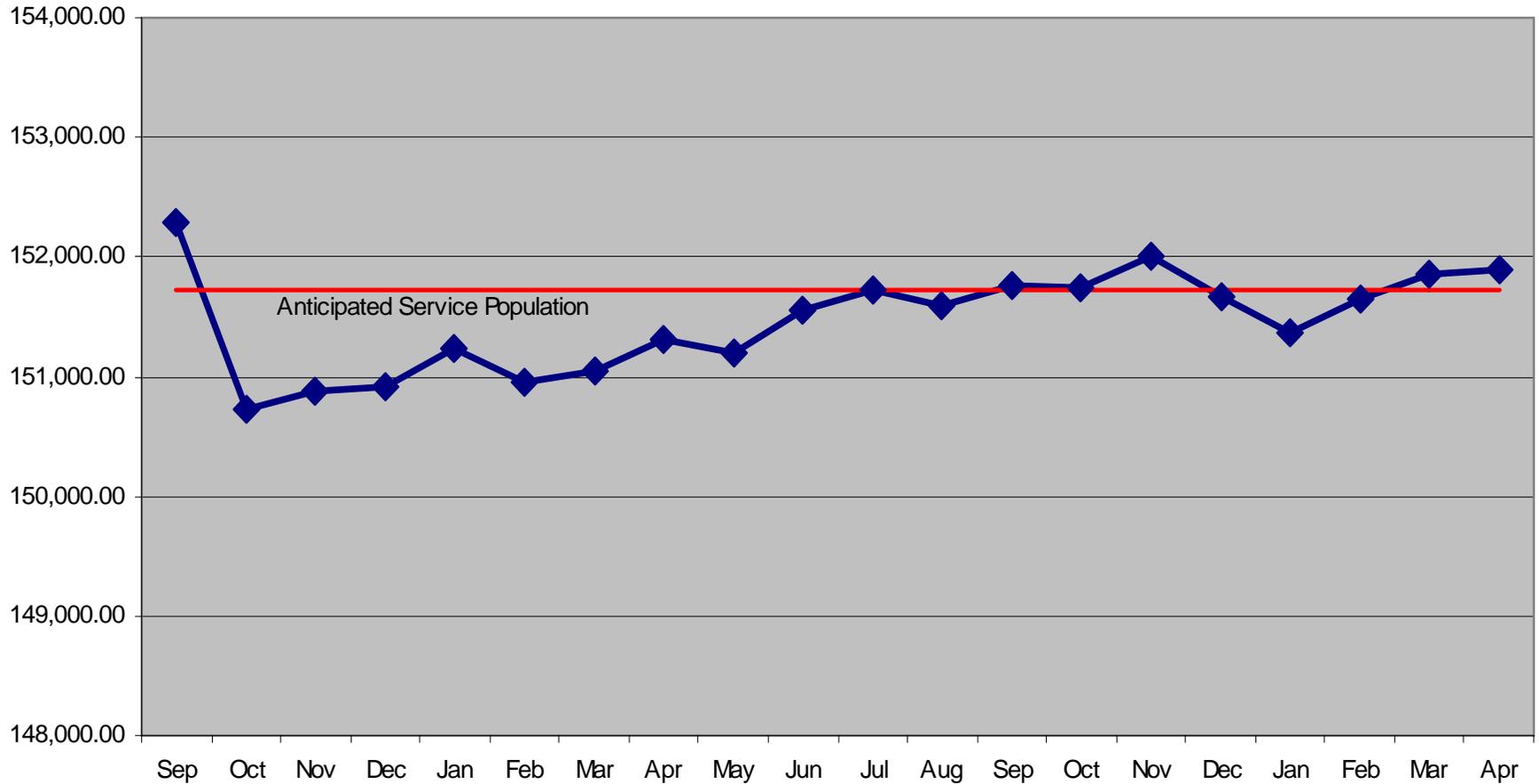
June 2007

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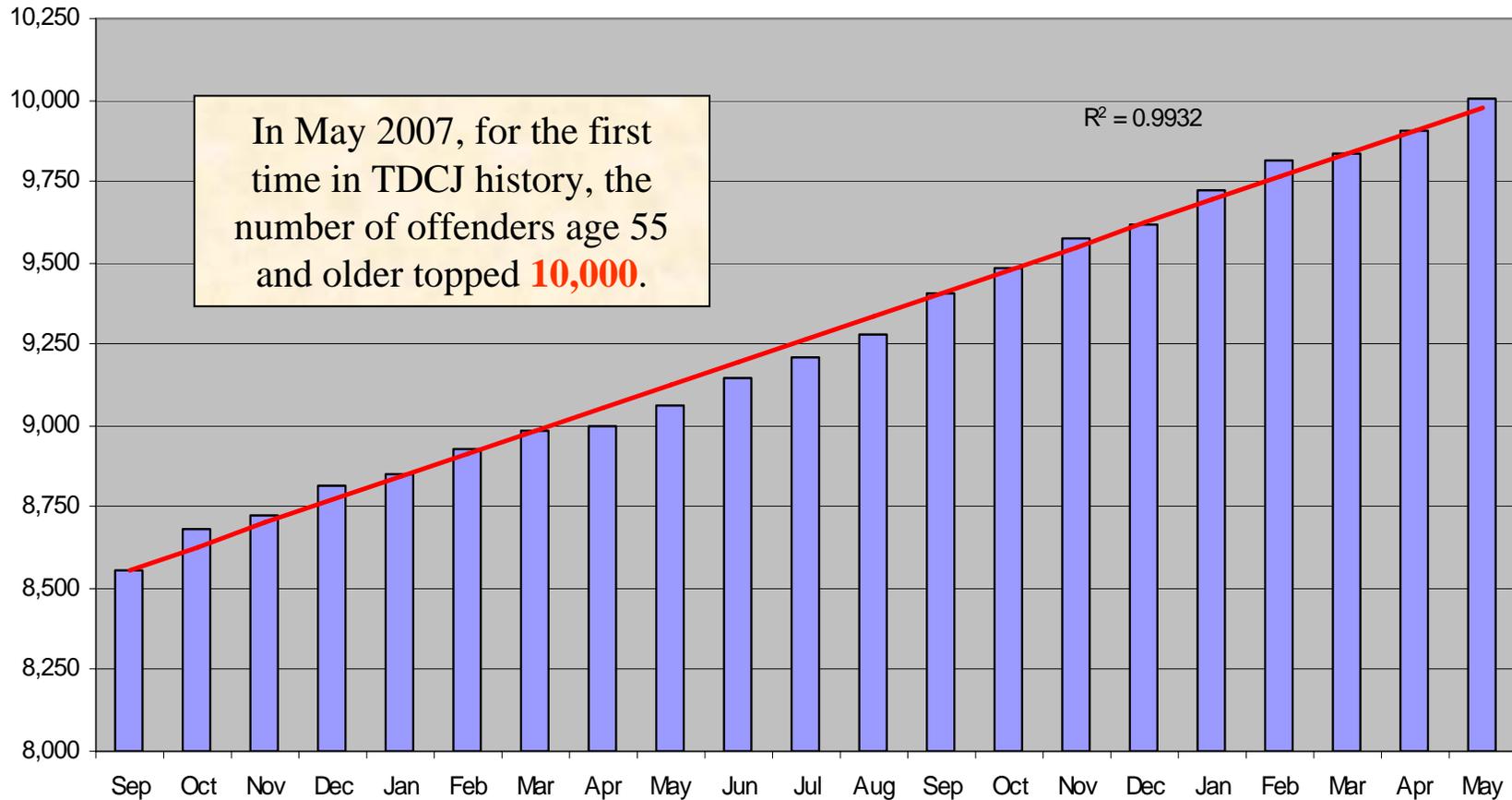
CMHC Service Population FY 2006-2007 to Date



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Offenders Age 55+ FY 2006-2007 to Date

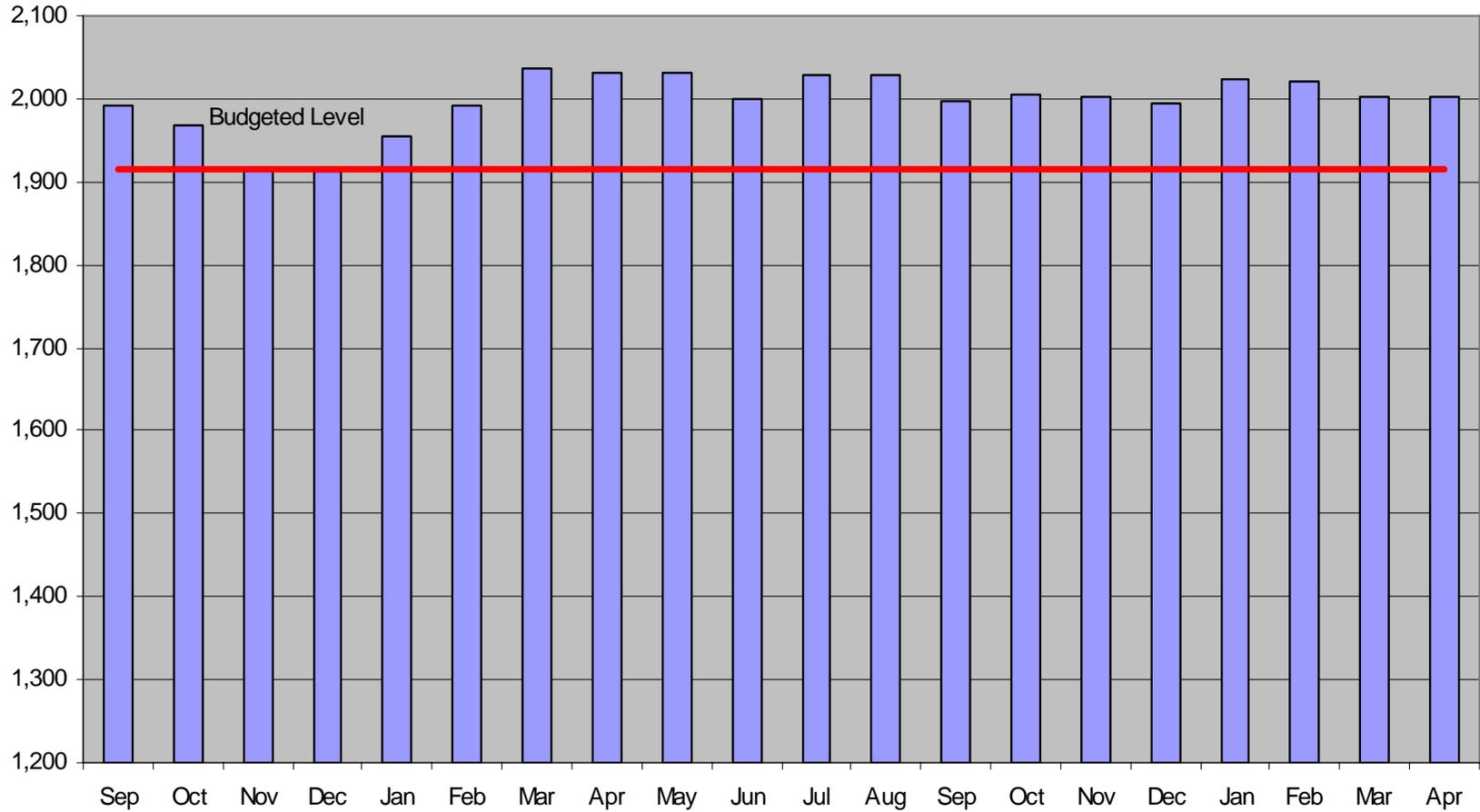


In May 2007, for the first time in TDCJ history, the number of offenders age 55 and older topped **10,000**.

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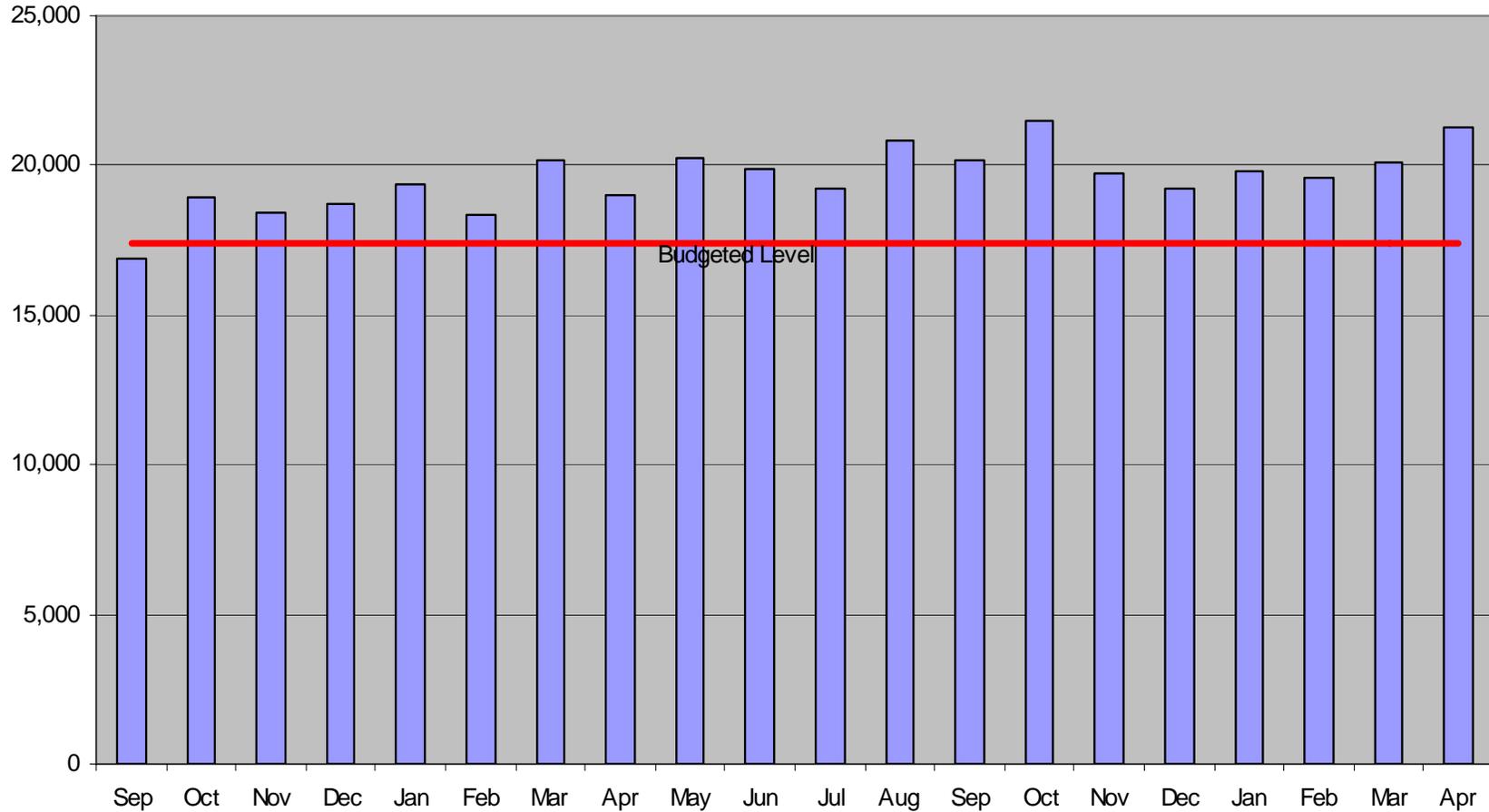
Psychiatric Inpatient Census



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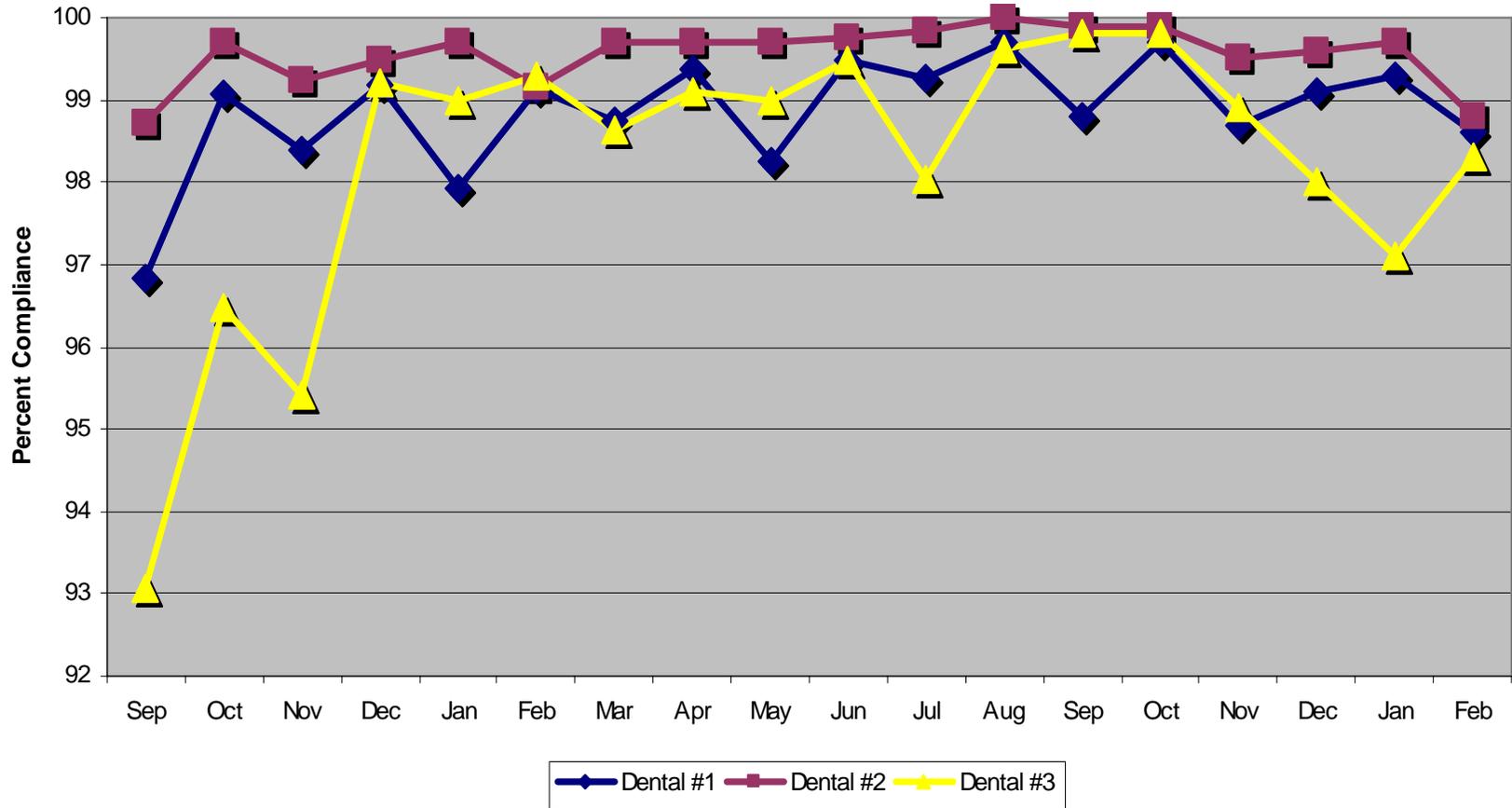
Psychiatric Outpatient Census



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Health Care*



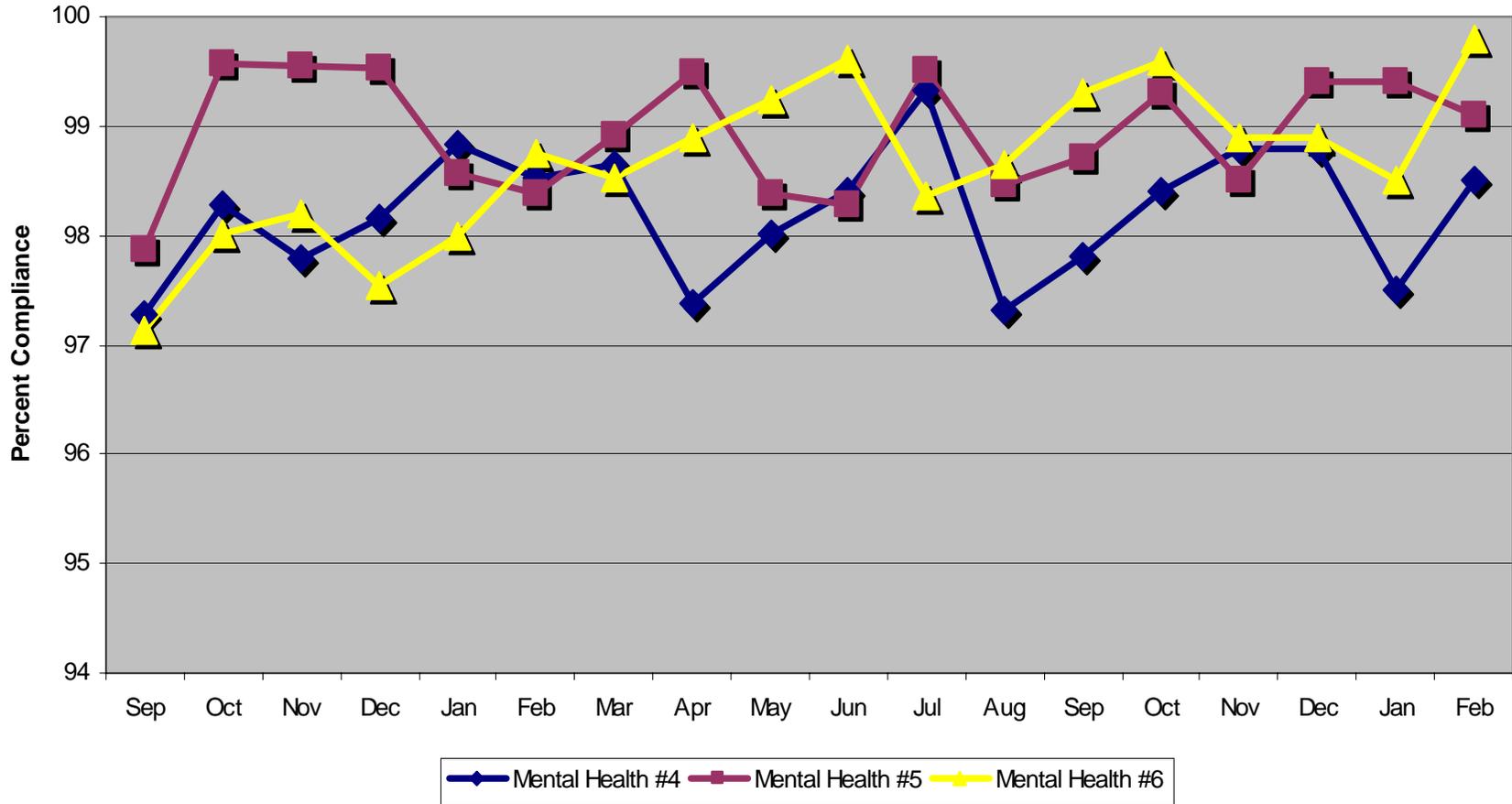
Dental Access to Care Indicators FY 2006-2007 to Date



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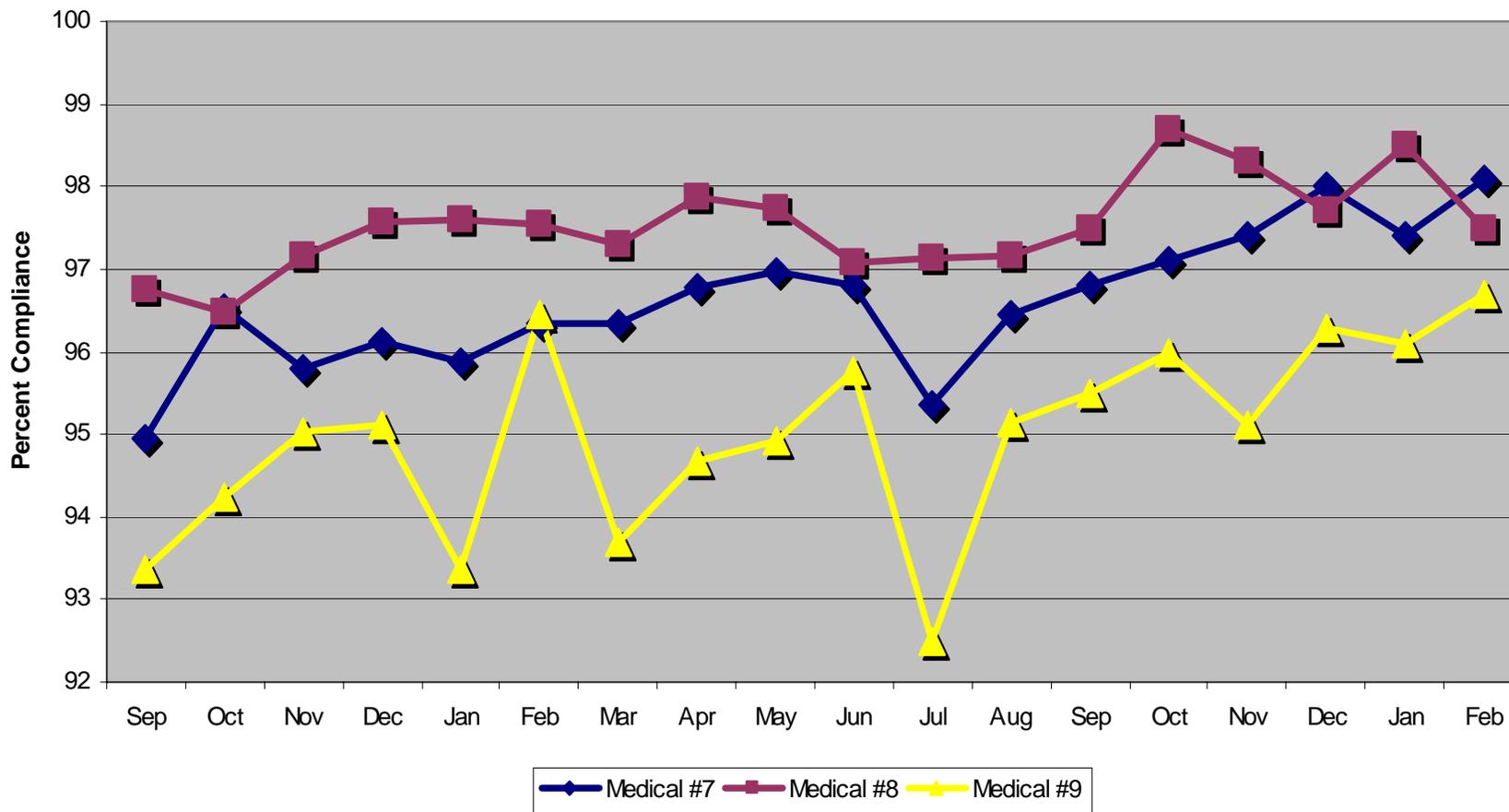
Mental Health Access to Care Indicators FY 2006-2007 to Date



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Medical Access to Care Indicators FY 2006-2007 to Date

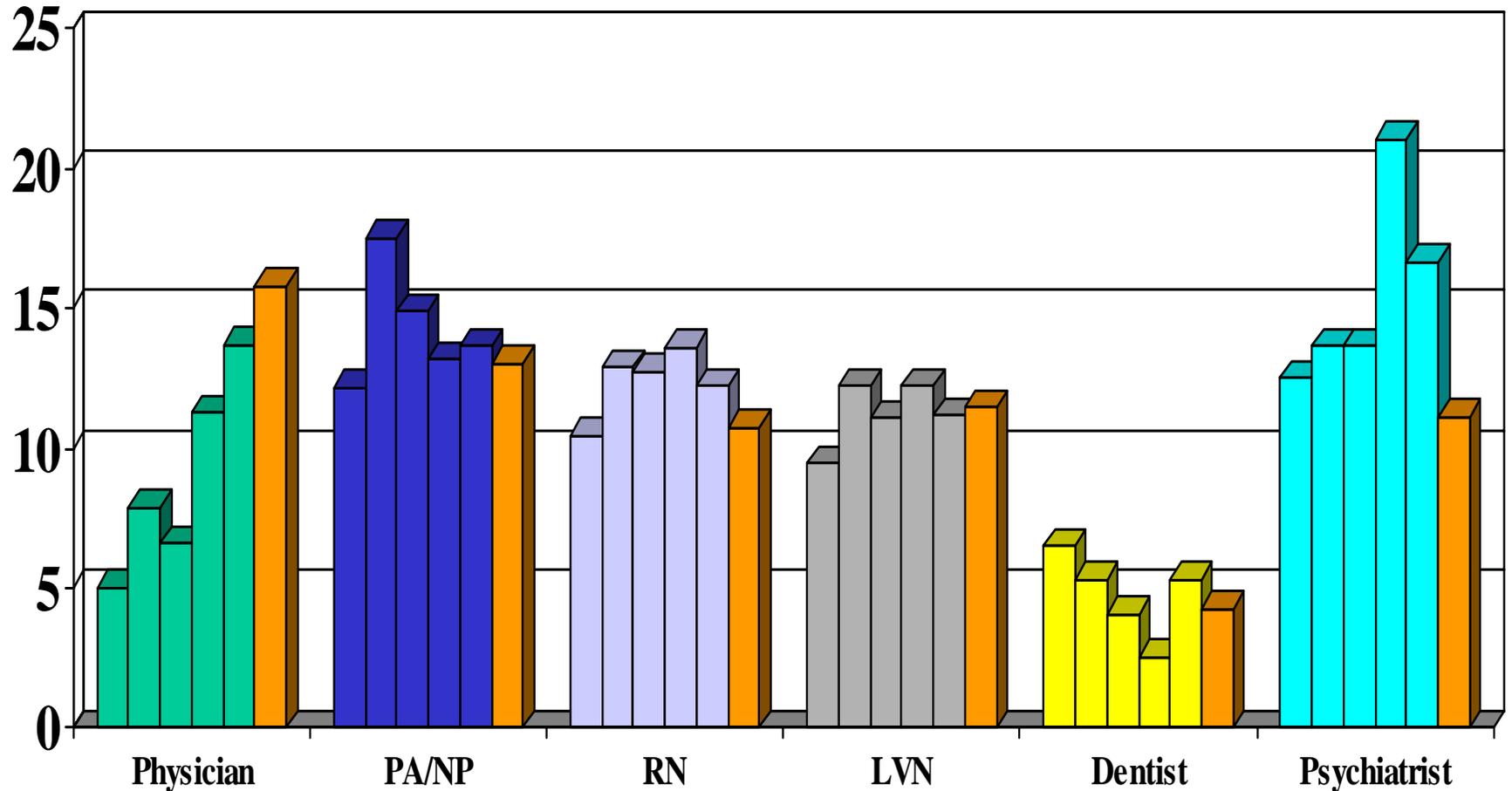


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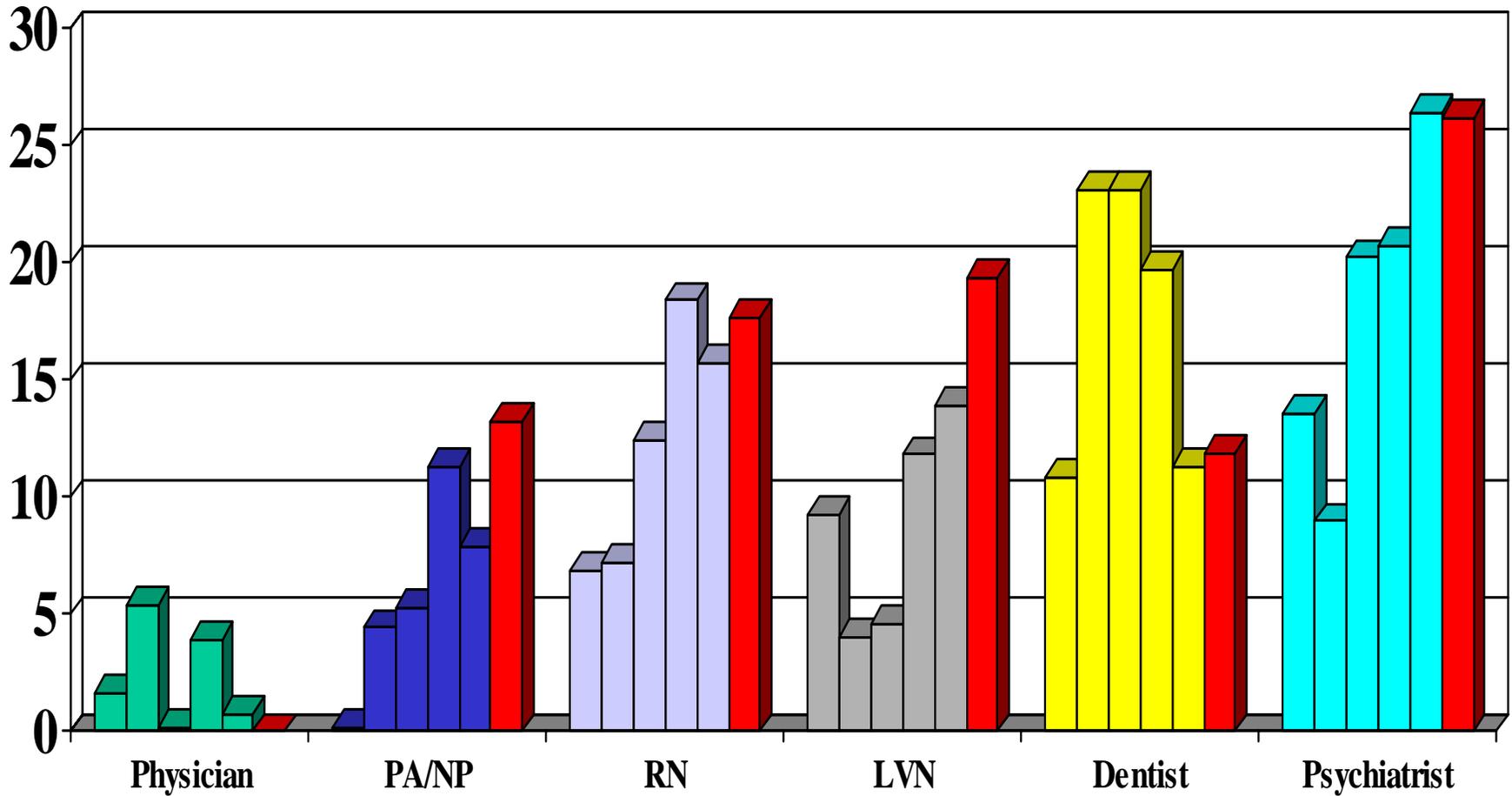
UTMB Vacancy Rates (%) by Quarter FY 2006-FY 2007



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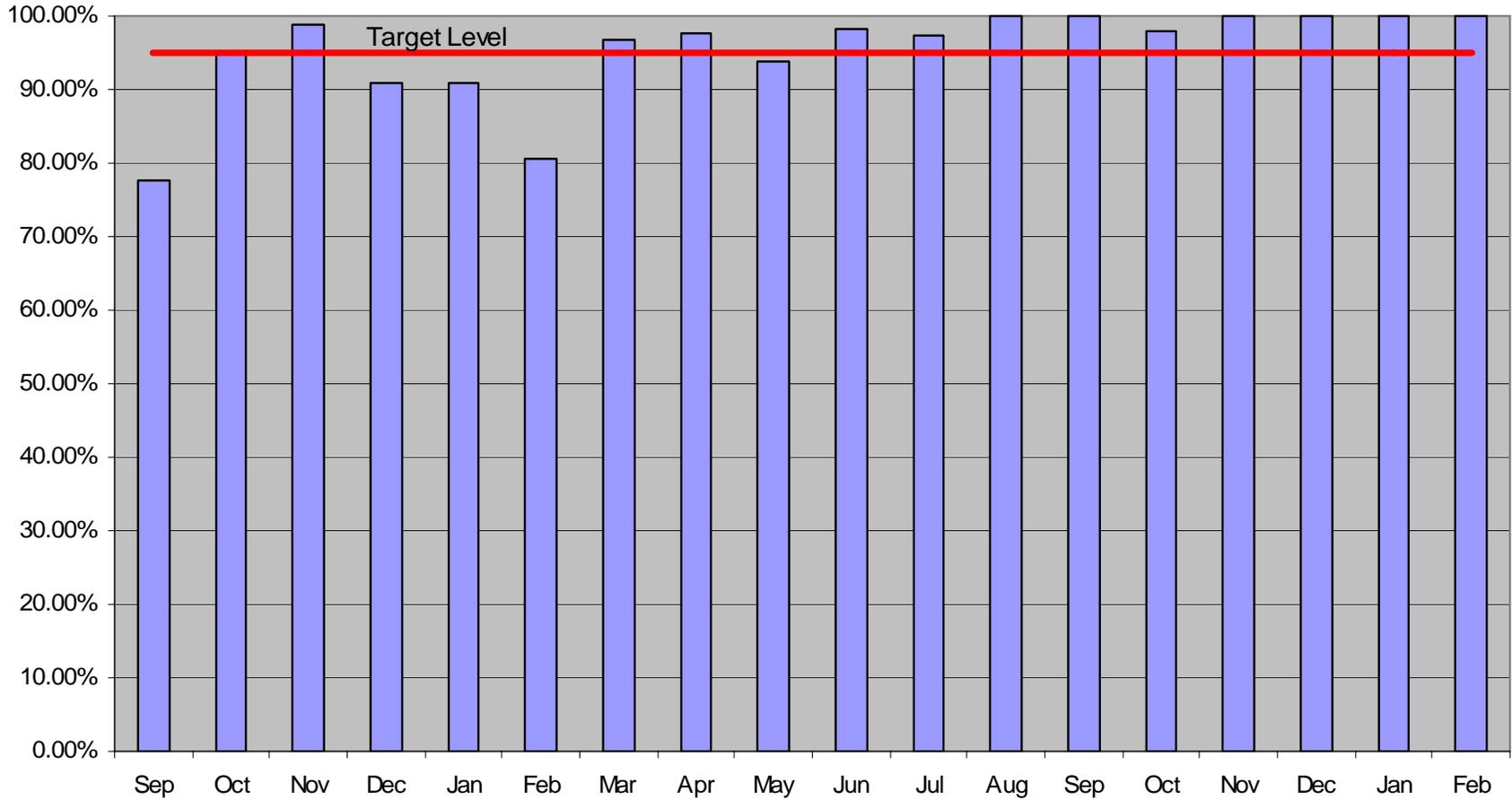
TTUHSC Vacancy Rates (%) by Quarter FY 2006-FY 2007



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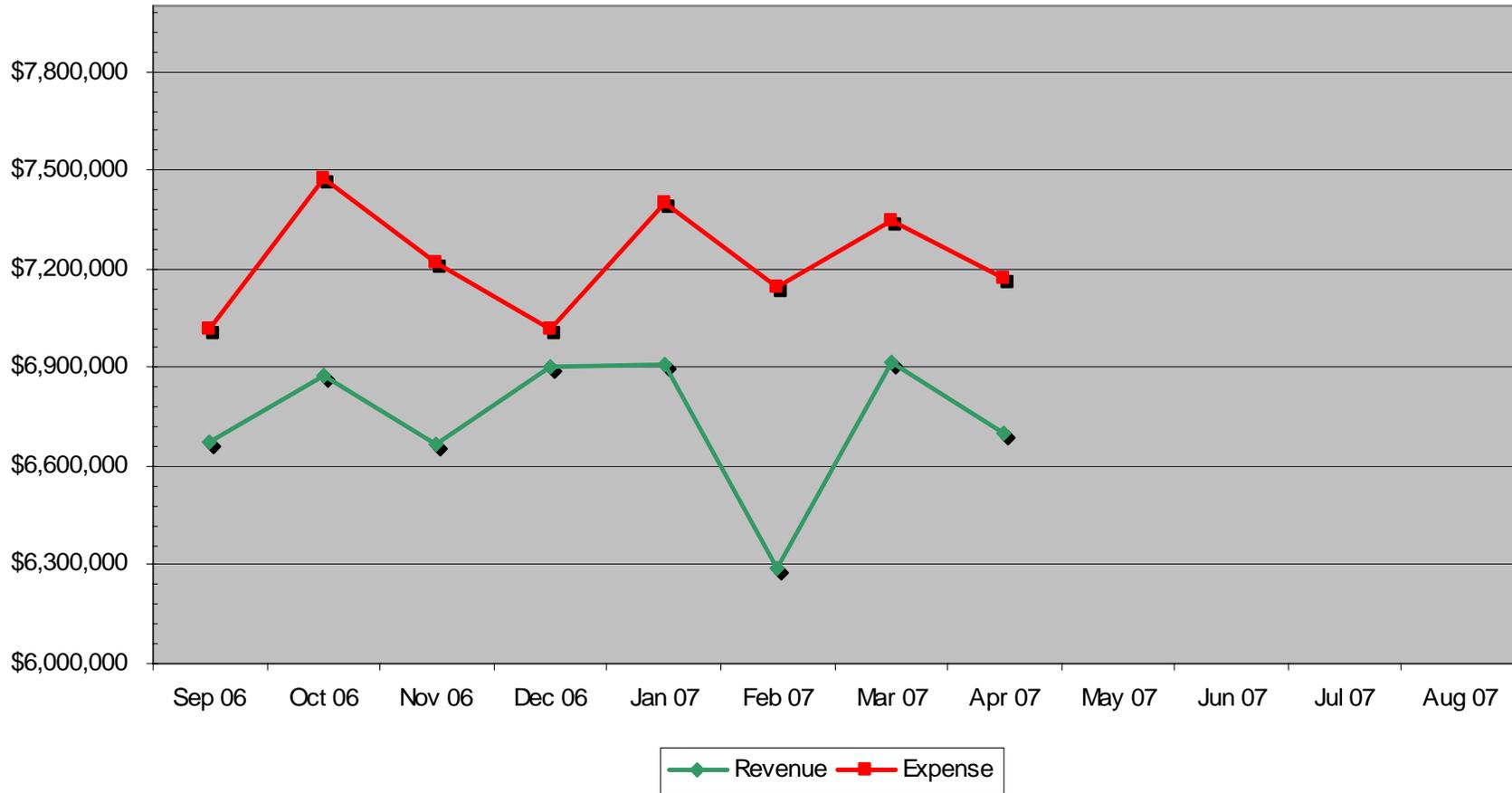
Percent of Timely MRIS Summaries



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TTUHSC Revenue v. Expenses by Month FY 2007

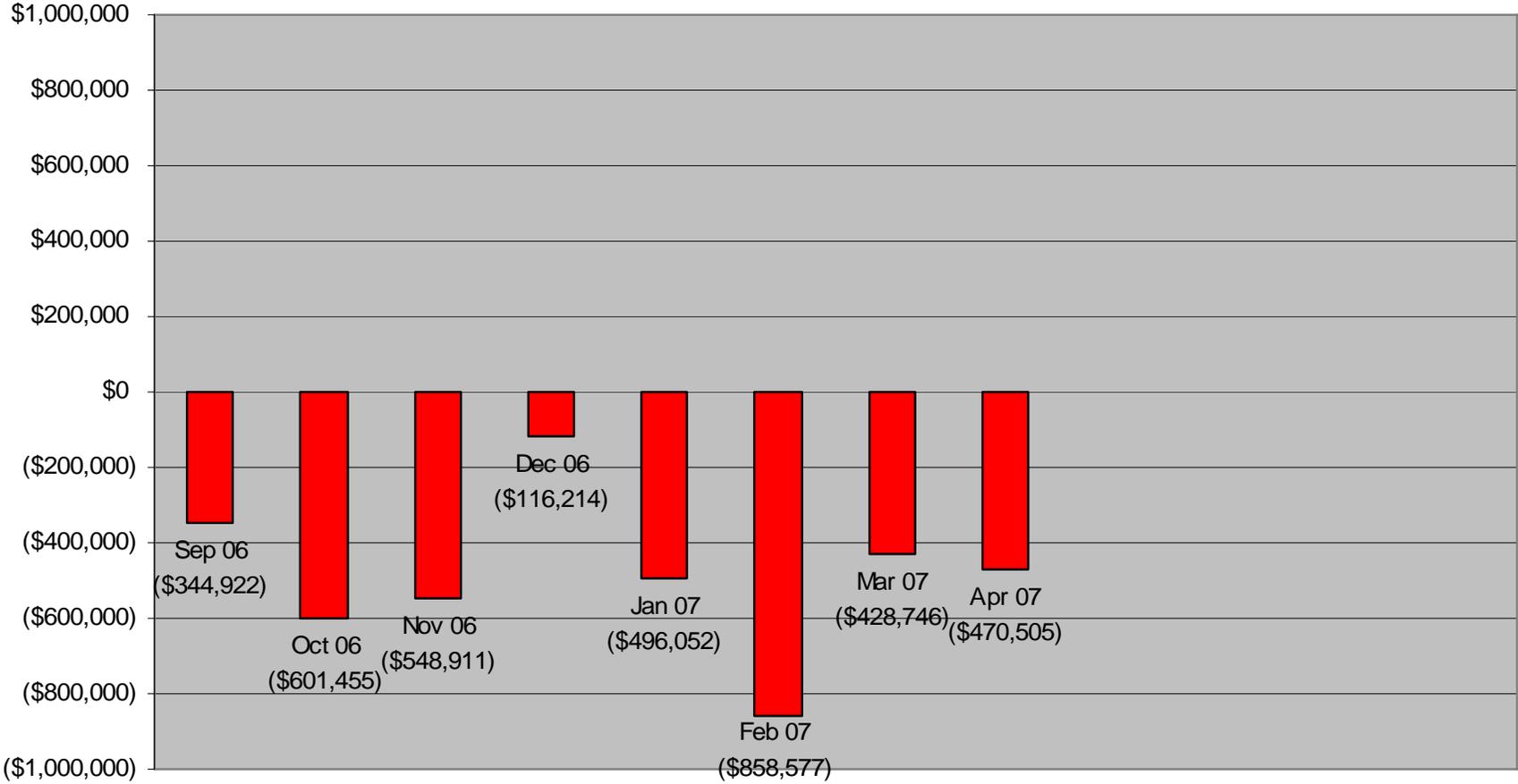


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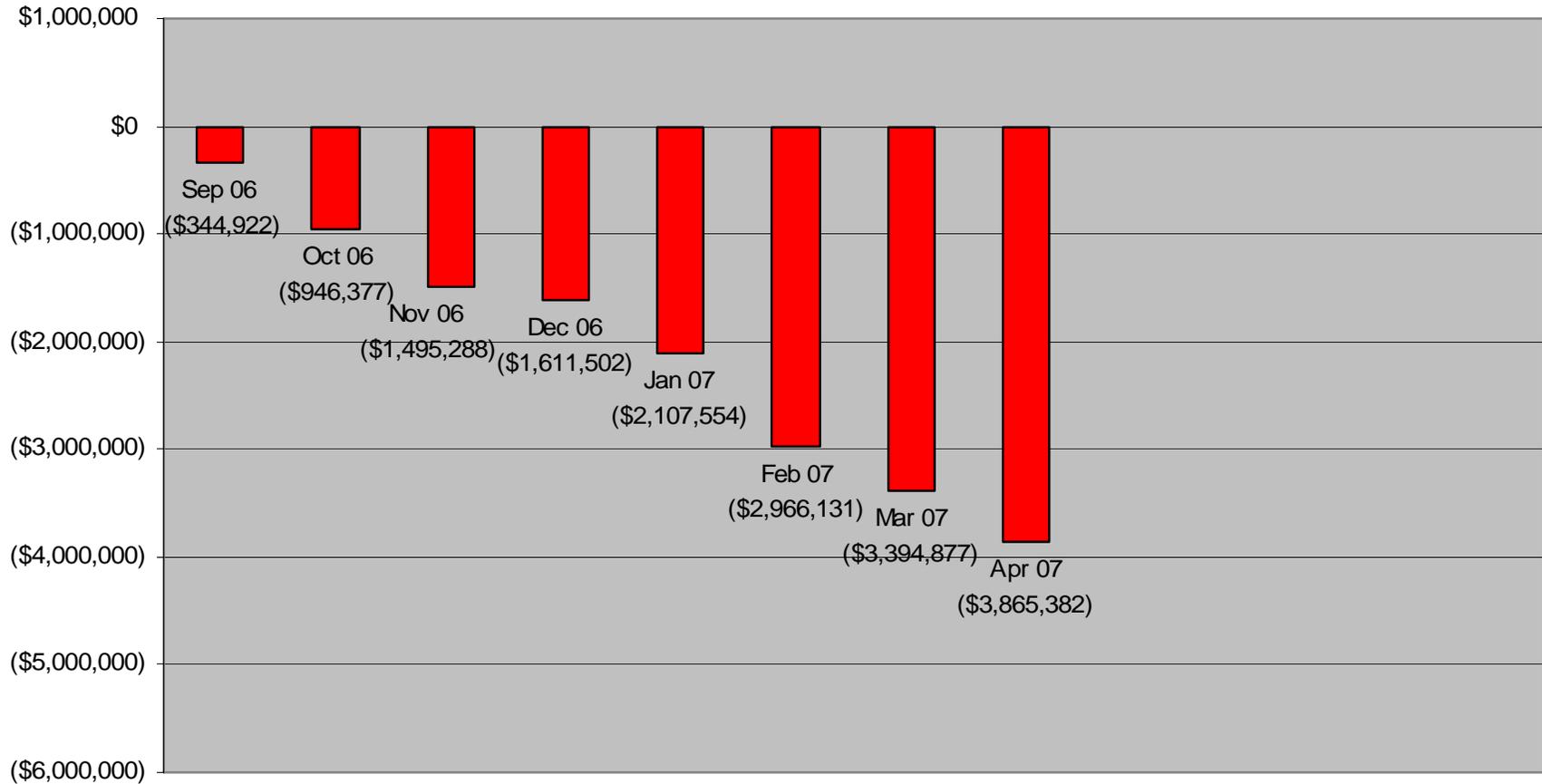
TTUHSC Loss/Gain by Month FY 2007



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TTUHSC Cumulative Loss/Gain FY 2007

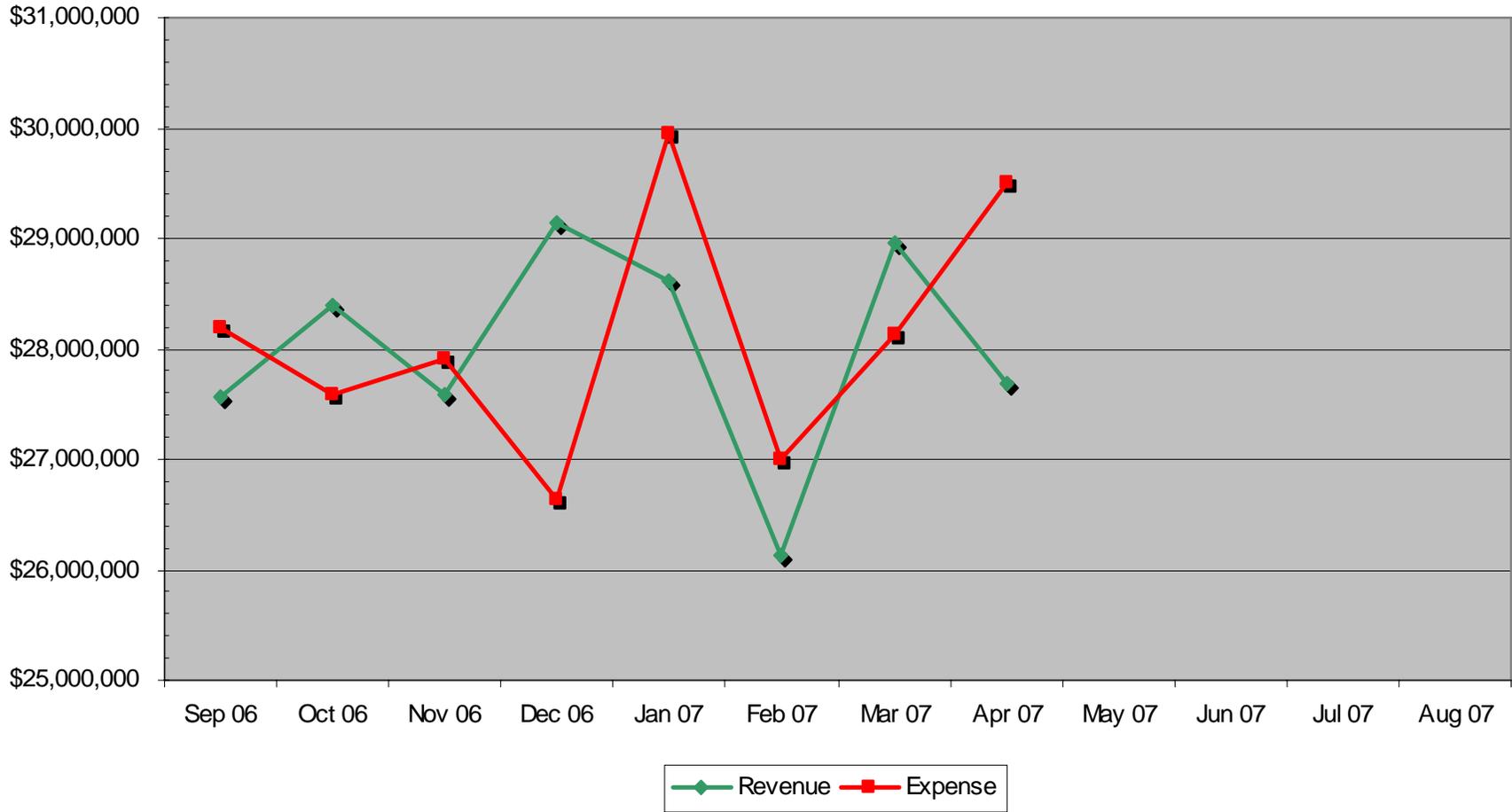


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TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER

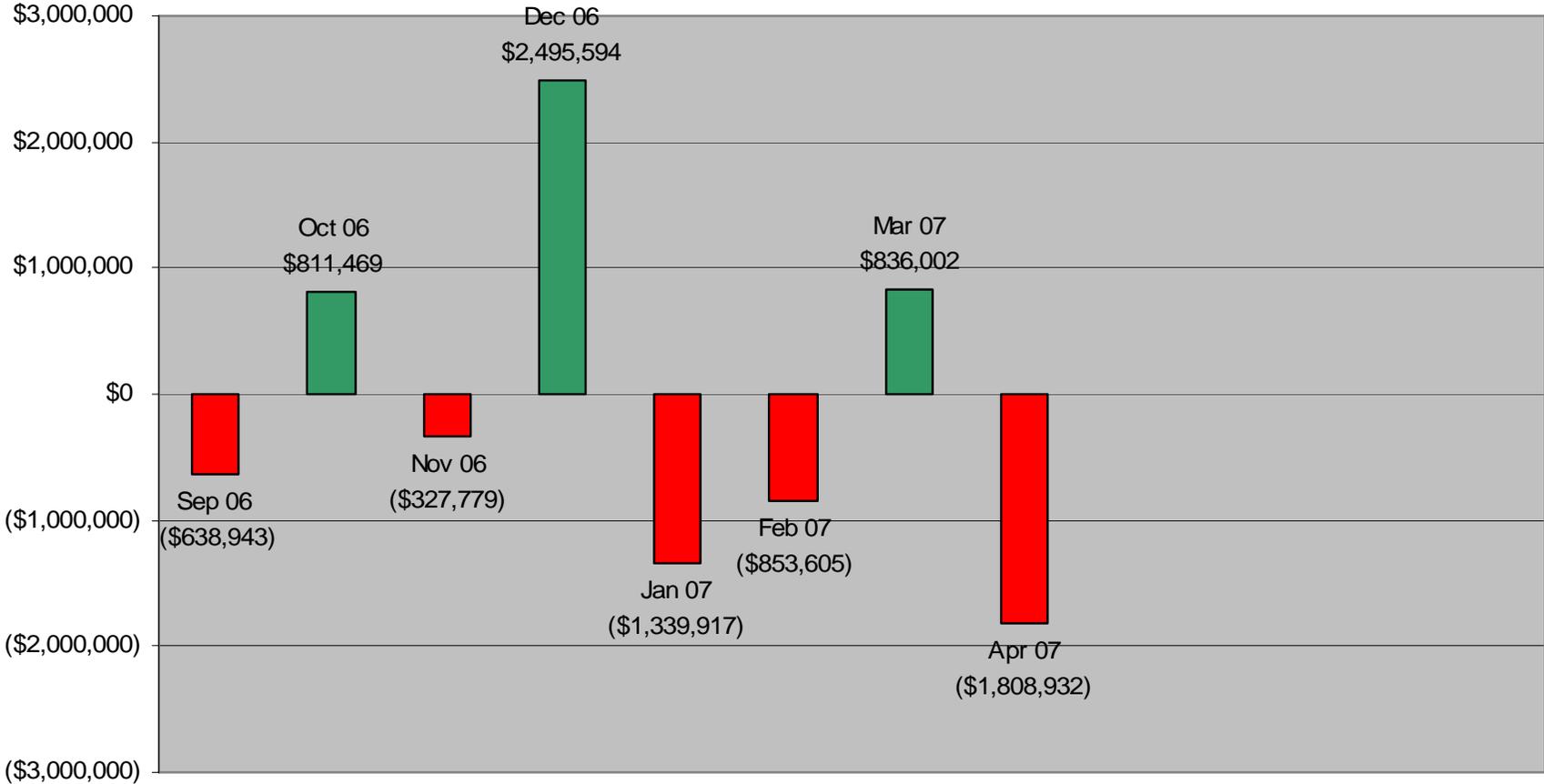
UTMB Revenue v. Expenses by Month FY 2007



*Correctional Managed
Health Care*



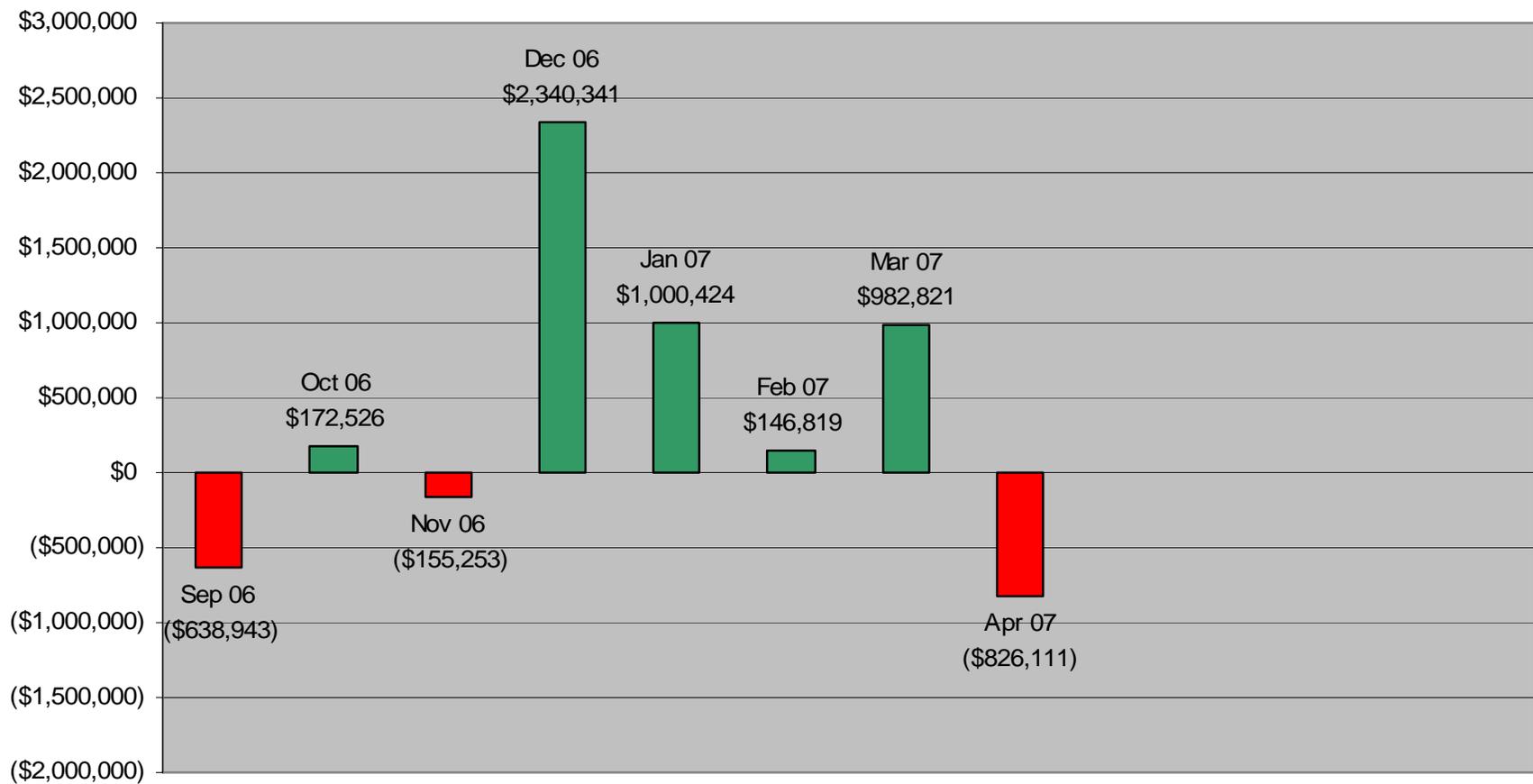
UTMB Loss/Gain by Month FY 2007



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UTMB Cumulative Loss/Gain FY 2007

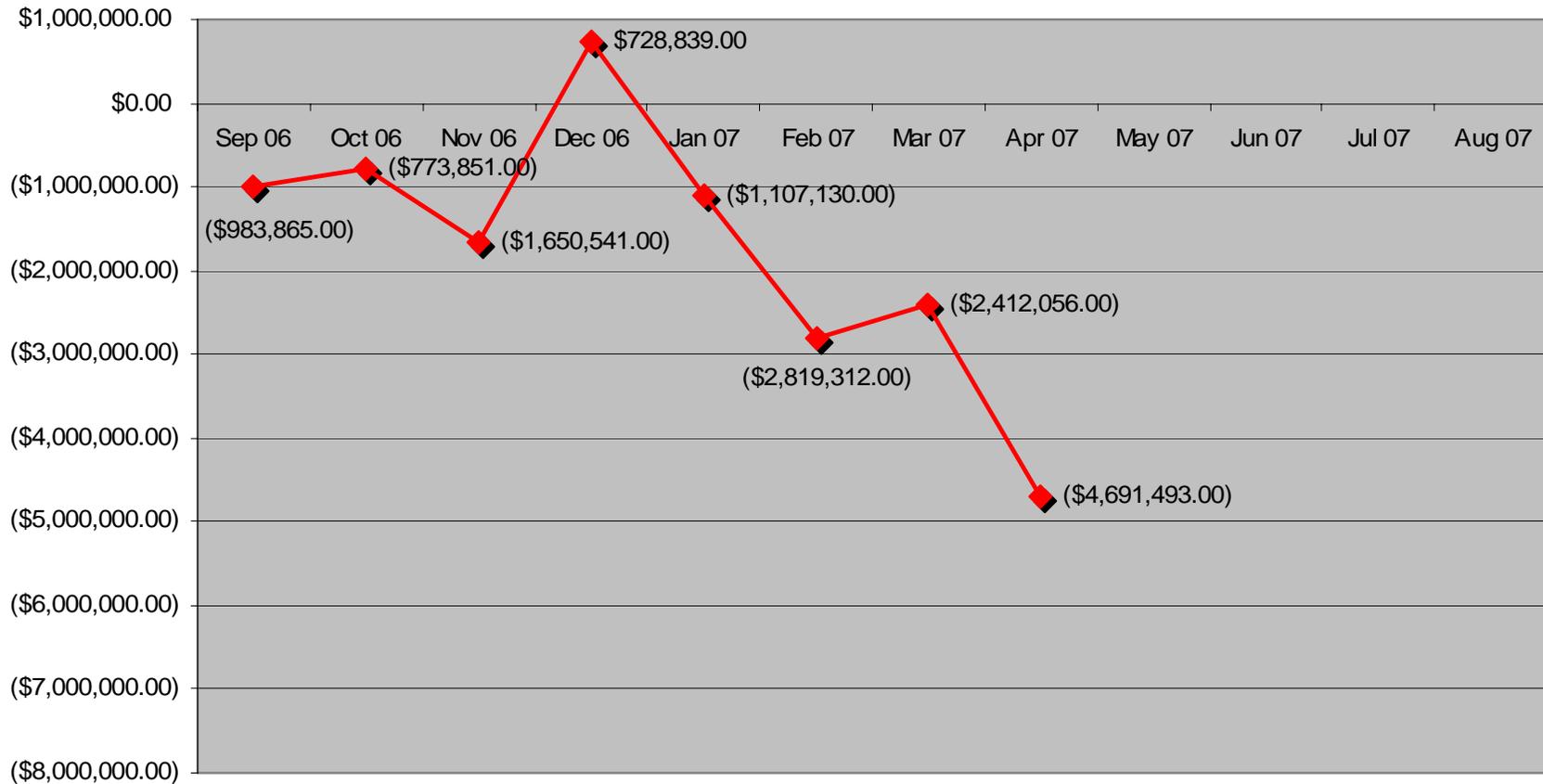


*Correctional Managed
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Statewide Cumulative Loss/Gain FY 2007



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Tab D



**TEXAS DEPARTMENT OF
CRIMINAL JUSTICE**

***HEALTH SERVICES DIVISION
MEDICAL DIRECTOR'S REPORT***

Second Quarter FY-2007

Lannette Linthicum, M.D., CCHP-A, FACP

TDCJ Medical Director's Report

Office of Health Services Monitoring (OHSM)

Operational Review Audit (ORA)

During the second quarter of FY-2007, 13 Operational Review Audits were conducted at the following facilities: Briscoe, C. Moore, Cole, Cotulla, East Texas ISF, Gurney, Jester I, Jester III, Jester IV, Lockhart, Luther, Michael, and South Texas ISF.

The ten items most frequently found out of compliance were:

1. Item 5.08 requires the medical record of each offender receiving a therapeutic diet have a Provider's Order. 11 of the 13 facilities were not in compliance with this requirement.
2. Item 6.39 requires offenders who have been diagnosed with Methicillin-Resistant Staphylococcus Aureus (MRSA), Diabetes or Human Immunodeficiency Virus (HIV) Infection with an additional diagnosis of Methicillin-Sensitive Staphylococcus Aureus (MSSA), MRSA or Serious MSSA, to be placed on Directly Observed Therapy (DOT). If DOT was not utilized, documentation reflecting compliance checks every forty-eight (48) hours must be present. Ten of the 13 facilities were not in compliance with this requirement.
3. Item 5.05 requires offenders be triaged within 48-72 hours of receipt of a Sick Call Request. Nine of the 13 facilities were not in compliance with this requirement.
4. Item 5.06 requires offenders who are referred from triage be seen by a provider within seven days of receipt of the sick call request. Nine of the 13 facilities were not in compliance with this requirement.
5. Item 5.11 requires Emergency Room Forms (HSM-16), to be filled out completely and legibly to include assessment, intervention, medications administered, disposition and signature. Nine of the 13 facilities were not in compliance with this requirement.
6. Item 5.10 requires medical records of offenders who receive therapeutic diets in excess of seven days, reflect that nutritional counseling has been provided within 30 days, including the diet type and duration. Eight of the 13 facilities were not in compliance with this requirement.
7. Item 4.05 requires Mental Health diagnosis alert codes to be entered into the TDCJ mainframe, consistent with the Mental Health diagnosis on the Problem List and current treatment diagnoses. Eight of the 13 facilities were not in compliance with this requirement.
8. Item 5.19 requires the medical provider document on the HSM-4, physical exams annually, on male offenders sixty (60) years of age or older. Eight of the 13 facilities were not in compliance with this requirement.
9. Item 4.02 requires that offenders identified as having potential mental health needs, have a Mental Health Evaluation completed by a Qualified Mental Health Professional within 14 days of identification/referral. Seven of the 13 facilities were not in compliance with this requirement.
10. Item 5.17 requires offenders with chronic illness have a documented Individual Treatment Plan, which includes instruction about diets, exercise, medication type, frequency of diagnostic testing and follow-up evaluations (as applicable). Seven of the 13 facilities were not in compliance with this requirement.

Office of Professional Standards (OPS)

A total of 2,616 correspondences were received and 186 Action Requests were generated during the second quarter of FY-2007. Patient Liaison Program received 1,387 correspondences and generated 75 Action Requests. Step II Grievance received 1,229 correspondences and generated 111 Action Requests.

Quality Improvement (QI) Access to Care Audits

During the second quarter of FY-2007, 44 Access to Care (ATC) audits were conducted with a total of 396 indicators reviewed. Of those indicators, 71 fell below 80 percent compliance representing 18 percent of non-compliance.

Capital Assets Monitoring

The Capital Assets Contract Monitoring Office audited 11 units during the second quarter FY-2007. These audits are conducted to determine compliance with the Health Services Policy and State Property Accounting (SPA) policy inventory procedures. Audit findings documented that six of the 11 units audited were within the compliance range. Five units findings were not within the acceptable range.

Office of Preventive Medicine

The Preventive Medicine Program monitors the incidence of infectious disease within Texas Department of Criminal Justice. The following is a summary of this monitoring for the second quarter of FY-2007:

- There were 156 reports of suspected syphilis this quarter. 18,201 routine Human Immunodeficiency Virus (HIV) screens conducted and 7,257 offenders identified for pre-release HIV tests for a total of 25,458 HIV tests performed. 159 new cases of HIV were identified and 120 new Auto Immune Deficiency Syndrome (AIDS) cases were identified. 10 offenders have been found to be HIV positive in pre-release testing during the second quarter FY-2007.
- 828 Methicillin Resistant Staphylococcus Aureus (MRSA) cases were identified in second quarter FY-2007 compared to 953 identified cases during the same quarter of fiscal year 2006.
- There was an average of 14 Tuberculosis (TB) cases under management per month during this quarter versus an average of 22 per month during the same quarter of the previous fiscal year.
- Last year, the Office of Preventive Medicine began reporting the activities of the Sexual Assault Nurse Examiner (SANE) Coordinator. This position is funded through the Safe Prisons Program and is trained and certified as a SANE. Although we do not teach the SANE Curriculum because of restrictions imposed by the State Attorney General's Office, the position provides in-service training to unit providers in the performance of medical examination, evidence collection and documentation, and use of the sexual assault kits. The position audits the documentation and services provided by medical personnel for each sexual assault reported to us by the Office of the Attorney General. In 2006, providers on 104 of the 106 Texas Department of Criminal Justice-Correctional Institution Division units received in-service training. In 2006, chart audits were done on 169 of alleged assaults. In the first two months of 2007, 101 chart audits were completed.

Mortality and Morbidity

In the second quarter of FY-2007 the Mortality and Morbidity Committee reviewed 107 deaths. Of these, 13 cases were referred to peer review committees. The chart below is a breakdown of those cases.

Peer Review Committee	Number of Cases Referred
Physician & Nursing Peer Review	5
Nursing Peer Review	2
Physician Peer Review	4
Mental Health Peer Review	2
Total	13

Clinical Administration

Health Services Liaison Utilization Review Monitoring

During the second quarter of FY-2007 ten percent of the combined UTMB and TTUHSC hospital (2,103) and infirmary (473) discharges were audited. The chart below is a summary of the audits showing the number of cases with deficiencies and the percentage.

Hospital Discharges

Month	Unstable Discharges ¹ (Cases with deficiencies)	Readmissions ² (Cases with deficiencies)	Lacking Documentation (Cases with deficiencies)
December 2006	0	0	0
January 2007	0	2 (<1%)	3 (<1%)
February 2007	0	0	0

Infirmary Discharges

Month	Unstable Discharges ¹ (Cases with deficiencies)	Readmissions ² (Cases with deficiencies)	Lacking Documentation (Cases with deficiencies)
December 2006	0	0	0
January 2007	0	0	1 (<1%)
February 2007	0	0	0

¹ Discharged patient offenders were unable to function in a general population setting.

² Discharged patient offenders required emergency acute care or readmission to tertiary level care within a 7 day period.

Accreditation

On January 20, 2007, American Correctional Association accreditation hearings were held at the 2007 ACA Winter Conference in Tampa, Florida. A total of seven TDCJ units were presented to the ACA Panel of Commissioners. Initial accreditation was awarded to the following units: Hamilton, Havins, Neal, Pack, Powledge and Tulia. Reaccreditation was awarded to the Boyd Unit. The agency now has a total of 54 accredited units, the Baten Unit and the Correctional Training Academy.

Administrative Segregation Audits

Administrative Segregation Mental Health audits were conducted at 12 Facilities:

Allred (12 bldg), Allred (High Security), Darrington, Eastham, Ellis, Estelle, Michael, Ramsey I, Robertson, Smith (High Security), Stiles, and Telford.

- Nine facilities had a compliance of 100 percent for Access to Care to Mental Health.
- One facility had a compliance of 92 percent.
- One facility had a compliance of 83 percent.
- One facility had a compliance of 67 percent.

Research, Evaluation and Development (RED) Group

The following is a summary of current and pending research projects as reported by the RED Group:

- Health Services Division Active Monthly Medical Research Projects - 12
- Medical Research Projects Pending Approval - 1
- Correctional Institution Division Active Monthly Medical Research Projects – 21.

Tab E

**TEXAS CORRECTIONAL OFFICE ON OFFENDERS WITH MEDICAL OR MENTAL IMPAIRMENTS
CONTINUITY OF CARE STATISTICAL REPORT
APRIL 2007**

I. REFERRALS / SOURCES

A. Offenders Referred by Referral Source

Monthly I.T. Data Report	154
Parole Division (HV Placement; ISF)	1
BPP Condition "P"	43
TCOOMMI - MRIS	7
Unit Staff (classification, medical, psych)	11
Family/Self	0
Regional COC Worker	3
OD Field Services	1
Health Services Liaison	0
Flat/State Jail discharge post card	330
TOTAL	550

II. RELEASES BY RELEASE TYPE / DIAGNOSIS

Mandatory Supervision	81
Parole	98
Flat Discharge	50
State Jail Discharge	109
TOTAL	338

Medical

HIV	20
Dialysis	7
Other	3
TOTAL	30

Psychiatric

Bipolar	78
Major Depression	130
Schizophrenia	83
Mentally Retarded	3
BPP imposed "P"	14
Other	0
TOTAL	308

III. SAFP RELEASES BY DIAGNOSIS

Bipolar	19
Major Depression	11
Schizophrenia	6
Mentally Retarded	1
Other	0
TOTAL	37

**MRIS Referrals
APRIL 2007
By Internal and External Source**

Total Monthly Referrals	<u>75</u>
Eligible	52
Ineligible	23

Eligible Offender Status:

Deceased Pending Response from Provider	1
BPP Denied MRIS	2
Pending BPP Decision	1
Active Detainer	1
Deceased Pending Presentation to BPP	1
Pending Response from Provider	3
Offender Referred to Unit Medical via Post Card	11
Clinical Criteria Not Met	13
Pending Presentation to BPP	18
MRIS Approved	1

Ineligible Offender Status:

Parole Approved	4
Not an Inmate (State Jail Confinee)	1
Sex Offender	17
3G/Not LTC or TI	1

Breakdown of Total Referrals by Internal (Unit Medical) and External (All Other) Source

Total Internal Referrals	<u>30</u>
Eligible	18
Ineligible	12

Eligible Offender Status for Internal Referrals:

BPP Denied MRIS	2
Active Detainer	1
Pending BPP Decision	1
Deceased Pending Presentation to BPP	1
Pending Presentation to BPP	12
Clinical Criteria Not Met	1

Ineligible Offender Status for Internal Referrals:

Parole Approved	2
Not an Inmate (State Jail Confinee)	1
Sex Offender	9

Total External Referrals	<u>45</u>
Eligible	34
Ineligible	11

Eligible Offender Status for External Referrals:

Deceased Pending Response from Provider	1
Pending Response from Provider	3
Pending Presentation to BPP	6
Offender Referred to Unit Medical via Post Card	11
Clinical Criteria Not Met	12
MRIS Approved	1

Ineligible Offender Status for External Referrals:

Parole Approved	2
3G/Not LTC or TI	1
Sex Offender	8

Tab F

An Overview of the Joint Infection Control Committee

*For the
Correctional Managed Health
Care Committee
June 26, 2007*

*Correctional Managed
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Joint Infection Control Committee Functions

- Monitor the incidence of infections
- Review, evaluate and make recommendations regarding factors within TDCJ that may have a bearing on infection control
- Recommend control measures to the TDCJ Director of Health Services
- Develop infection control policies

Joint Infection Control Committee Membership

- TDCJ Director of Preventive Medicine (Chair)
- Preventive Medicine staff
- University medical directors and directors of nursing
- University dental directors
- Director of Pharmacy Services
- TDCJ Representatives
 - Laundry and Food Service
 - Transportation
 - Risk Management

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Infection Control Manual

- System wide resource
- Policies reviewed annually
- Sections
 - Employee health
 - Management and control of specific diseases
 - Disease reporting and infection control practices
 - Miscellaneous
 - Offender occupational and housing issues
 - Foodborne outbreak procedures

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Health Care



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Policy development

- Literature review
- National and state guidelines
 - CDC, DSHS
 - NCCHC, ACA
- Special policies
 - HIV
 - Hepatitis
 - Joint working committee with medical specialist representation

Recent Special Interest Items

- HIV seroconversions
- Pandemic influenza preparedness
- Medical employee TB skin testing
- Testing of respiratory isolation rooms
- Use of safety needles
- Drug utilization for occupational post exposure prophylaxis
- *Staph aureus* susceptibility patterns

Tab G

Tamiflu Cost Projections

Table 1: Subsidized Price

Drug	Strenth	Usual Dose	Unit Cost	Cost/Person	Cost 25% TDCJ Pt	UTMB Health Care Workers	TT Health Care Workers	Total Cost
Oseltamivir (Tamiflu®)	75mg	1 capsule po bid x 5 days	\$1.44	\$14.40	\$547,200.00	\$43,200.00	10,454.40	\$600,854.40

Table 2: Contract Price

Drug	Strenth	Usual Dose	Unit Cost	Cost/Person	Cost 25% TDCJ Pt	UTMB Health Care Workers	TT Health Care Workers	Total Cost
Oseltamivir (Tamiflu®)	75mg	1 capsule po bid x 5 days	\$1.94	\$19.40	\$737,200.00	\$58,200.00	14,084.40	\$809,484.40

Table 3: Wholesaler Price

UTMB Sector								
Drug	Strenth	Usual Dose	Unit Cost	Cost/Person	Cost 25% TDCJ Pt	UTMB Health Care Workers	TT Health Care Workers	Total Cost
Oseltamivir (Tamiflu®)	75mg	1 capsule po bid x 5 days	\$4.04	\$40.40	\$1,228,160.00	\$195,900.00	NA	\$1,424,060.00
Texas Tech Sector								
Drug	Strenth	Usual Dose	Unit Cost	Cost/Person	Cost 25% TDCJ Pt	UTMB Health Care Workers	TT Health Care Workers	Total Cost
Oseltamivir (Tamiflu®)	75mg	1 capsule po bid x 5 days	\$6.53	\$65.30	\$496,280.00	NA	47,407.80	\$543,687.80
Total					\$1,724,440.00	\$195,900.00	47,407.80	\$1,967,747.80

Notes:

1. Treatment should begin within 2 days of symptom onset
2. Prophylaxis should begin within 2 days of contact with an infected individual
3. Estimate would treat 25% TDCJ patients, approximately 38,000 patients or 380,000 doses
4. Estimate would treat 3,000 UTMB CMC health care workers, approximately 30,000 doses
5. Estimate would treat 726 Texas Tech health care workers, approximately 7,260 Doses
6. DSHS subsidized cost per dose \$1.44
7. DSHS contract cost per dose \$1.94
8. Estimated shelf life of Tamiflu is 5 years
9. Table 3 is current cost of Tamiflu from wholesaler and assumes UTMB would treat 80% and Texas Tech would treat 20% of patients. PHS pricing cannot be used by UTMB employees would use Novation costs.

Tab H

CORRECTIONAL MANAGED HEALTH CARE INFECTION CONTROL MANUAL	Effective Date: 7/1/07	NUMBER: B-14.11
	Replaces: 9/1/06	
	Formulated: 12/96	Page 1 of 11
HUMAN IMMUNODEFICIENCY VIRUS (HIV) INFECTION		

INTRODUCTION

The Department of Health and Human Services (HHS) and the Henry J. Kaiser Foundation sponsored the panel on clinical procedures for the treatment of HIV infection. Similarly, the office of AIDS Research of the National Institute of Health (NIH) sponsored the NIH panel to define principles of therapy of HIV infection. This panel was asked to delineate the scientific principles, based on our understanding of the biology and pathogenesis of HIV infection and disease, that should be used to guide the most effective use of antiretroviral therapy and viral load testing in clinical practice. Two documents were published, The Report of the NIH Panel to Define Principles of Therapy for HIV Infection developed by the NIH panel and the Guidelines for the Use of Antiretroviral Agents in HIV Infected Adults developed by the HHS panel. Together, these reports summarize new data and provide both the scientific basis and specific guidelines for the treatment of HIV infected persons. These recommendations have been incorporated in Health Services policy B-14.11 Human Immunodeficiency Virus (HIV) Infection. The goal of this policy is to assist the facility clinicians and offenders in making informed decisions about treatment **options** so that:

1. Effective antiretroviral therapy is introduced, before extensive immune system damage has occurred.
2. Viral load monitoring is used as an essential tool to determine an HIV infected individuals risk of disease progression and response to antiretroviral therapy.
3. Combinations of antiretroviral drugs are used to suppress HIV replication to below the limits of detection of sensitive viral load assays.
4. Patient adherence to the complicated regimen combination antiretroviral therapy currently required to achieve durable suppression of HIV replication is encouraged by patient-provider relationships that provide education and support concerning the goals, strategies and requirements of antiretroviral therapy.

The treatment recommendations in this policy are meant to serve as **guidelines**. The guidelines are **not** intended to substitute for the judgement of a physician with expertise in the care of HIV infected individuals. The treatment of all HIV infected offenders, where possible, should be directed by a physician with experience in the care of these patients. When this is not possible, the offender should be scheduled for consultation with an infectious disease specialist. This may be accomplished via telemedicine where available. If the offender refuses, contact the Infectious Disease clinic to obtain a **verbal** ITP or contact an experienced HIV treatment practitioner for ITP recommendations which may include pharmacotherapy consultation from clinical pharmacists.

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HUMAN IMMUNODEFICIENCY VIRUS (HIV) INFECTION		

POLICY: Screening and evaluation of inmates at risk for HIV will be standardized. HIV counseling will be conducted by a licensed health care provider or an employee who has completed a TDCJ Health Services-approved training course in HIV counseling. All offenders with a positive HIV test must receive post counseling and HIV negative offenders should receive information about the meaning of the negative test and risk reduction. The following basic management protocol for inmates with AIDS or HIV infection should be followed.

PROCEDURES

I. HIV ANTIBODY TESTING

A. ROUTINE ANTIBODY TESTING. HIV antibody testing will be available to all inmates upon request. Requests for voluntary tests need not be honored any more frequently than every six months. Because TDCJ wishes to encourage HIV screening, HIV tests should be considered to be TDCJ-directed testing and not subject to co-pay. HIV testing shall be done on all offenders entering TDCJ unless the offender specifically refuses testing. (I.e., they should be informed they will be tested unless they refuse) or if they are documented to be already infected. Routine testing should also be offered to individuals in the following categories whenever they are identified during their incarceration, if they have not previously been tested:

- Unprotected sexual activity with multiple sex partners.
- Injection drug users (specifically, sharing of unsterilized drug injection equipment) and their sexual partners.
- Inmates who are on dialysis.
- Hemophiliacs.
- Psychiatric inpatients who are acutely psychotic and display clinical symptoms consistent with AIDS-related dementia complex (at the discretion of the treating psychiatrist).
- Inmates who report a previous positive HIV test that has not been confirmed in TDCJ.
- Inmates who sexually assault other inmates during incarceration.
- As required by the Texas Department of Health if determined to be in the best interest of the public health.
- Inmates with a confirmed history of TB disease or a PPD ≥ 5 mm., syphilis, or any other sexually transmitted disease. (e.g. Genital herpes, genital warts-human papilloma virus, chlamydia, trichomoniasis, cervical dysplasia/CIN.)

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HUMAN IMMUNODEFICIENCY VIRUS (HIV) INFECTION		

B. MANDATORY TESTING. An offender may refuse routine testing. Special requests for permission to compel testing may be submitted to the Division Director for Health Services for approval in accordance with TDCJ Administrative Directive (A.D.) 6.60, Section V.B.

Mandatory testing of an offender who exposes a staff member to blood or body fluids will be done according to procedures in Correctional Managed Health Care Policy B-14.5. The order for mandatory testing requires approval from the TDCJ Health Services Division. Use of force to obtain blood for this testing is not permitted without a court order. Instead, the offender disciplinary process must be used when an offender does not comply with an order for mandatory testing.

Mandatory testing for HIV must be done prior to the release of an offender from a TDCJ Correctional Institutions Division (TDCJ-CID) facility in accordance with Sections 501.054(i) and 507.023(b) of the Texas Government Code. Processes for this are found in Procedure XII, below.

Every offender who is not already known to be HIV positive must be tested for HIV infection during the intake evaluation, as required by Section 501.054 of the Texas Government Code. Although the test is mandatory under law, consent for testing must still be obtained. If the offender refuses to consent to testing, he offender must be informed that the test is required by state law and that they will be referred for a major disciplinary case if they do not cooperate with testing. If the offender still refuses, the unit Practice Manager or equivalent position will refer the offender to the unit disciplinary officer for action, according to disciplinary processes in place on the unit.

II. CONSENT FOR HIV ANTIBODY TESTING. A *verbal informed consent* must be obtained prior to drawing a blood sample to test for the presence of HIV. Documentation of the verbal consent and required counseling (see Section I) will be recorded by the clinician on the clinical note form (HSM-1) in the inmate's medical record.

III. INITIAL EVALUATION OF HIV+ INDIVIDUALS

A. **Medical history**, including sexual history. If offender was known to be HIV positive prior to entering TDCJ, or on a previous TDCJ incarceration, obtain records of previous treatment.

B. **Physical examination** [including vitals, weight, general exam, neurologic examination and pelvic exam with PAP and GC/Chlamydia cultures]

C. **Baseline diagnostic testing**

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HUMAN IMMUNODEFICIENCY VIRUS (HIV) INFECTION		

1. CBC with differential
 2. Chemistry profile to include LFTs, serum creatinine, fasting blood sugar and lipid profile
 3. Chronic Hepatitis serology: , e.g., HBV, HCV HbsAg, Anti-HBs, anti-HBc total antibody, anti-HCV and anti-HAV total antibody.
 4. Syphilis screen, e.g., RPR
 5. Urine analysis
 6. Calculated estimate of creatinine clearance (see disease management pathway)
 7. CMV and toxoplasmosis titers
 8. CD4⁺ lymphocyte analysis: baseline with confirmation performed 2-3 weeks after baseline
 9. HIV RNA viral load determination
 10. Varicella-Zoster Immune Status
 11. Chest X-ray
 12. PPD skin test
- D. Newly identified offenders with HIV infection should receive an initial dose of pneumococcal vaccine if not previously vaccinated, or a booster dose if they have not previously had one and more than 5 years have elapsed since their initial dose. They must be offered hepatitis A and/or hepatitis B vaccination if they are susceptible.

Tests performed within 6 months prior to the diagnosis of HIV infection may be considered baseline and do not need to be repeated unless clinically indicated or required by other sections of this policy.

V. CLASSIFICATION OF HIV INFECTION: The classification system for HIV infection among adults categorizes persons on the basis of clinical conditions associated with HIV infection and CD4⁺ T-lymphocyte counts. The system is based on three ranges of CD4⁺ T-lymphocyte counts, the percentage of total lymphocyte count represented by the CD4⁺ count, and three clinical categories. ([Table 1](#) and [Attachment A](#)).

All HIV+ individuals will be classified by appropriate Health Services staff according to the 1993 CDC Revised Classification System for HIV Infection and recorded on the Master Problem List and PULHES upon initial evaluation and periodically thereafter as conditions change. Classification categories dependent on the CD4+ count should be based on the patient's **lowest** CD4+ count.

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HUMAN IMMUNODEFICIENCY VIRUS (HIV) INFECTION		

TABLE 1

**1993 Revised Classification System for HIV Infection
and Expanded AIDS Surveillance Case Definition for Adults***

CD4⁺T-CELL CATEGORIES	CLINICAL CATEGORIES		
	(A) Asymptomatic, acute (primary) HIV, or PGL **	(B) Symptomatic, not (A) or (C) conditions	(C) AIDS- indicator conditions***
(1) $\geq 500/\mu\text{l}$	A1	B1	C1
(2) 200 – 499/ μl	A2	B2	C2
(3) $<200/\mu\text{l}$ or $< 14\%$ **** AIDS-indicator T-cell count	A3	B3	C3

* Persons with AIDS-indicator conditions (Category C) as well as those with CD4⁺T-lymphocyte counts less than 200/ μl (categories A3 or B3) are reportable as AIDS cases.

** PGL = persistent generalized lymphadenopathy. Clinical Category A includes acute (primary) HIV infection.

*** See Attachment A and Table II

**** CD4⁺ count as percentage of total lymphocyte count

An appropriate medical alert code must be entered on every offender with HIV infection. The following codes apply:

- 0420 – Asymptomatic HIV infection (CDC Classification A1, A2)
- 0421 – Symptomatic HIV infection (CDC Classification (B1, B2)
- 0422 – AIDS (CDC Classification A3, B3, C1, C2, C3)

VI. INDICATIONS FOR PLASMA HIV RNA TESTING The amount of HIV in a persons blood is the viral load. Plasma HIV RNA levels indicates the magnitude of HIV replication and its associated rate of CD4⁺positive T cell destruction, while CD4⁺positive T cell counts indicate the extent of HIV induced immune damage already suffered.

The laboratory parameters of plasma HIV RNA (viral load) and the CD4⁺ positive T cell count as well as the clinical condition of the patient gives the practitioner important information about the **virologic** and **immunologic** status of the patient and the risk of disease progression to AIDS.

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HUMAN IMMUNODEFICIENCY VIRUS (HIV) INFECTION		

The viral load test is the essential parameter in decisions to **initiate** or **change** antiretroviral therapies. Measurement of the plasma HIV RNA level using quantitative methods may be performed as outlined in Table II.

Table II. Indications for Plasma HIV RNA Testing*		
Clinical Indication	Information	Use
Syndrome consistent with acute HIV infection	Establishes diagnosis when HIV antibody test is negative or indeterminate	Diagnosis
Initial evaluation of newly diagnosed HIV infection	Baseline viral load set point	Decision to start or defer therapy
Every 3-4 months In patients not on therapy	Changes in viral load	Decision to start therapy
4 weeks after initiation of antiretroviral therapy	Initial assessment of drug efficacy	Decision to continue or change therapy
3-4 months after start of therapy	Maximal effect of therapy	Decision to continue or change therapy
Every 3-4 months In patients on therapy	Durability of antiretroviral effect	Decision to continue or change therapy
Clinical event or decline in CD4 ⁺ T cells	Association with changing or stable viral load	Decision to continue, initiate, or change therapy

* Acute illness (e.g., bacterial pneumonia, tuberculosis, HSV, PCP) and immunizations can cause increases in plasma HIV RNA for 2-4 weeks; viral load testing; should not be performed during this time.

HIV RNA should be measured using the same laboratory and the same assay.

VII. TREATMENT

- A. See the [HIV Clinical Pathway](#) for guidelines for initiating antiretroviral therapy and for prophylactic therapy of patients with AIDS.

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HUMAN IMMUNODEFICIENCY VIRUS (HIV) INFECTION		

- B. A virtual phenotype test will be done before initiating treatment in a treatment naïve patient. Virtual phenotypes may be done at other times as determined by the specialty consultant.

VIII. COMPREHENSIVE FOLLOW-UP FOR HIV+ INDIVIDUALS:

- A. **Housing:** HIV+ individuals should be housed *according to their behavior* and the housing guidelines established in A.D. 6.60, Section X (i.e., single cells, dormitory, general population, etc.) and Infection Control Manual Policy B-14.50.

When indicated according to the above-referenced policies, the unit **medical director** should update the inmate's *Health Summary for Classification* (HSM-18) to reflect special housing (house patient with like medical condition). Should inmates with HIV infection, chronic HBV or chronic HCV require special housing they should be housed with another inmate with like condition. HIV+ inmates should *not* be housed with those who have hepatitis B or C unless they are already coinfecting with the same organisms.

- B. HIV infected individuals should be evaluated in chronic disease clinic at least every six months, unless more frequent clinical monitoring is indicated or they are being seen more frequently in infectious disease clinic. Patients with CD4⁺ counts <500/μl **will** be referred to a designated physician or infectious disease specialist. Specialist evaluations may be done by telemedicine. Referrals for patients who are candidates for initiating treatment according to the current HIV Clinical Pathway will have an expedited referral.
- C. HIV infected individuals with CD4⁺ < 100 should be referred to ophthalmology clinic for a retinal examination to rule out HIV retinopathy and CMV retinitis.
- D. For security reasons, the unit health authority may report to the warden, upon request, the names of inmates with a possible blood borne infectious disease (i.e., HBV, HCV, HIV). The physician **must not** disclose the specific infectious disease the inmate has.
- E. All AIDS cases must be **reported** to the Office of Preventive Medicine by the CID nurse according to the revised surveillance case definition. In addition, all positive HIV antibody and confirmatory tests, and all CD4⁺ count and/or HIV RNA test results must be reported to the Office of Preventive Medicine. Reporting and confidentiality of HIV antibody results will be governed by the provisions of the Texas Communicable Disease Prevention and Control Act (Art. 81.001 et seq, *Texas Health and Safety Code*). All HIV information shall be sent by U.S. mail, double enveloped, and labeled "**Medically Confidential**".

CORRECTIONAL MANAGED HEALTH CARE INFECTION CONTROL MANUAL	Effective Date: 7/1/07	NUMBER: B-14.11
	Replaces: 9/1/06	
	Formulated: 12/96	Page 8 of 11
HUMAN IMMUNODEFICIENCY VIRUS (HIV) INFECTION		

- F. Inmates with confirmed positive HIV test results shall **not** be assigned to **work** in the medical department, in order to protect the inmate from exposure to communicable diseases. There are no other work restrictions, except as dictated by the patient's clinical status.
- G. HIV-infected individuals may require **counseling and support systems**, consisting of: physicians, psychiatrists, psychologists, dentists, nurses, chaplains, patient advocates and correctional counselors. These individuals may be involved as deemed necessary on a case-by-case determination.

X. ADHERENCE TO TREATMENT AND DISCONTINUATION OF THERAPY – PREVENTING DRUG RESISTANCE

- A. Antiretroviral medications will be administered by directly administered therapy (DAT). The drugs will not be given KOP.
- B. Adherence to therapy will be monitored, and offenders will be counseled about the importance for adherence, and encouraged to improve adherence to therapy.
- C. Adherence will be measured after each month of therapy. If adherence to any of the antiretroviral drugs falls below 90%, the patient will be counseled and adherence reassessed in one month. Counseling should be documented in the medical record. If adherence is below 90%, also consider the possibility of drug intolerance and consider changing treatment regimen if necessary.
- D. If adherence is below 85% for two consecutive months the patient should be referred to the clinical pharmacist whenever possible for adherence counseling. Repeated referrals to the clinical pharmacist are not required if the patient continues to be non-compliant. See paragraph X.F, below.
- E. If compliance remains below 85% for 2 months or more, an expedited referral to a designated physician or infectious disease specialist will be made. This appointment may be at the referral center or by telemedicine or digital medical service (DMS). Patients referred for compliance problems will be reviewed by the specialist every 2-4 weeks to determine the subsequent management of the case and possible discontinuation of antiretroviral treatment. Only the consultant may discontinue antiretroviral medications for low compliance.
- F. If antiretroviral medications are stopped for noncompliance, the patient should generally be off treatment for 3 months. During the first 2 months off treatment the patient should receive at least 2 documented counseling sessions for drug compliance. These sessions may be provided by any licensed medical professional. During the third month off medications the patient should demonstrate ability to comply with treatment by presenting to the pill line as if he or she were receiving antiretroviral therapy. This compliance trial should be entered into the PH70 screen as “Compliance Check” x 30 days, non-KOP, with the dosing interval the same as the

CORRECTIONAL MANAGED HEALTH CARE INFECTION CONTROL MANUAL	Effective Date: 7/1/07	NUMBER: B-14.11
	Replaces: 9/1/06	
	Formulated: 12/96	Page 9 of 11
HUMAN IMMUNODEFICIENCY VIRUS (HIV) INFECTION		

previous antiretroviral treatment regimen. Since this is not a medication order, it can be entered on the authority of a nurse.

- H. Consideration should also be given to discontinuing antiretroviral drugs when the offender is not benefiting from the treatment. If this is done, it should be done in consultation with an infectious disease specialist.

XI. TREATMENT FAILURE

- A. If the viral load becomes detectable while on antiretroviral therapy after being non-detectable, or if the viral load increases by a factor of 3 or more, the patient should be evaluated within one month by a designated physician or infectious disease specialist. If an appointment cannot be scheduled within that time frame, telephone consultation should be obtained. Therapy should continue unchanged pending the specialty evaluation.
- B. Before determining that consultation is necessary:
 1. Assess compliance and counsel for improvement if necessary.
 2. Determine whether the patient wishes to continue treatment

XII. PRE-RELEASE TESTING

- A. Every offender incarcerated in TDCJ-CID must be tested for HIV prior to release unless they are already known to be infected with HIV. Offenders leaving on bench warrant are not included as they are expected to return to TDCJ without being released. Although a test done within the last 6 months of incarceration may be counted as a pre-release test, every effort must be made to test offenders as close to the time of discharge as possible while still allowing time to inform the offender of the result (if positive) and to notify the Texas Department of State Health Services to carry out partner notification prior to release.
- B. Offenders who require testing can be identified by running the HIVRL report for your unit. This report is found under the SO00 screen on the mainframe. It is updated daily with offenders scheduled to be released within the next 6 months. It is very important to obtain this list at least weekly because offenders being released under discretionary mandatory supervision will not appear on the list until 7-14 days before their release.
- C. It is the responsibility of the unit of assignment prior to release to perform the HIV test. However, an offender who is not tested on his last assigned unit must be tested as soon as he is identified, even if they are in transit or have already arrived at the unit from which they are being released.
- D. Highest priority for testing should be those scheduled for release within the next month.
- E. Offenders must receive pre-test counseling and give consent for the test, even though

CORRECTIONAL MANAGED HEALTH CARE INFECTION CONTROL MANUAL	Effective Date: 7/1/07	NUMBER: B-14.11
	Replaces: 9/1/06	
	Formulated: 12/96	Page 10 of 11
HUMAN IMMUNODEFICIENCY VIRUS (HIV) INFECTION		

it is mandatory. Verbal consent is acceptable if it is documented in the medical record and the test is done more than 30 days before release. If the test is done less than 30 days before release, a written consent must be obtained using the “Consent for Pre-release HIV Testing” form. Post release locating information must be recorded on this form in case the offender must be contacted after release to receive a positive result.

- F. If an offender refuses mandatory pre-release testing, the refusal must be documented in the medical record. The offender must be informed that the test is required by state law and that they will be referred for a major disciplinary case if they do not cooperate with testing. If the offender still refuses, the unit Practice Manager or equivalent position will refer the offender to the unit disciplinary officer for action, according to disciplinary processes in place on the unit.
- G. The HIV test must be designated as a pre-release HIV test. A specific “Pre-release HIV Test” is available when ordering the test on the EMR. Otherwise, “pre-release test” must be recorded on the laboratory request slip.
- H. The date of the HIV test must be entered by updating the MEDI screen. It is vital to do this promptly, as the information cannot be entered after the offender is released. The information may also be entered through the AD option under the HI00 screen on the mainframe.
- I. Offenders with a positive result must receive individual post-test counseling. Because release is imminent, this counseling must be offered promptly when the result is received. During counseling the offender must receive information about services available in their area. In addition, partner elicitation must be carried out and include at a minimum the name and address of a spouse or significant other to whom the offender will be returning after release.
- J. Positive pre-release HIV results and partner information must be reported to the Office of Preventive Medicine within one business day.

XIII. REPORTING

- A. Positive HIV antibody and western blot results must be reported to the Office of Preventive Medicine within 7 days of receipt.
- B. CD4+ counts and viral loads must be reported to the Office of Preventive Medicine within 7 days at the following intervals:
 - a. Initial results
 - b. Results that indicate a change in CDC classification
 - c. First occurrence of a CD4 count below 500
 - d. First occurrence of a CD4 count below 350
 - e. First occurrence of a viral load over 100,000
 - f. Initial undetectable viral load result
 - g. A detectable viral load after becoming undetectable on treatment

XIV. DISCHARGE PLANNING

CORRECTIONAL MANAGED HEALTH CARE INFECTION CONTROL MANUAL	Effective Date: 7/1/07	NUMBER: B-14.11
	Replaces: 9/1/06	
	Formulated: 12/96	Page 11 of 11
HUMAN IMMUNODEFICIENCY VIRUS (HIV) INFECTION		

- A. 3-6 months before the projected release date, counseling about preparing for continuity of care after release should be initiated with the offender. Discharge plans are prepared for HIV positive offenders during this time frame by the Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI). Offenders should be encouraged to cooperate with the TCOOMMI Continuity of Care worker, and to consider contacting community based organizations in their community prior to release.
- B. Prior to release the offender should be provided copies of his last HIV chronic care note, last infectious disease clinic note, latest viral load and CD4+ results and his medication pass.
- C. The medical certification page of the [Texas HIV Medication Program](#) application should be filled out and given to the offender along with the medical records listed in XII.B. This form requires the signature of a physician or midlevel staff, but can be filled out by anyone having access to and understanding of the information required.

XIII. EDUCATION AND TRAINING OF STAFF AND INMATES:

Refer to TDCJ Administrative Directive 6.60, Section XI.

Tab I

Appropriations Summary

Presented to the
Correctional Managed Health
Care Committee
June 2007





FY 2006-2007
Supplemental
Appropriations

FY 2006-2007 Supplemental Appropriations Request

- ◆ Original request for Supplemental Appropriations was projected in early FY 2006 at \$31.8M.
 - Revised downward at end of FY 2006 to \$21.1M
 - Revised downward again to \$12.9M in March 2007
- ◆ HB 15 provides \$12.9M in supplemental appropriations for the university provider projected financial losses in FY 2006-2007.



FY 2006-2007 Supplemental Appropriations Allocations

	FY 2006	FY 2007	Total*
UTMB	(\$859,381)	\$6,000,000	\$5,140,619
TTUHSC	\$2,000,000	\$5,800,000	\$7,800,000
TOTALS	\$1,140,619	\$11,800,000	\$12,940,619

*Based on University Provider projections and subject to execution of contract amendments and a final end of year reconciliation against actuals.





FY 2008-2009
Appropriations

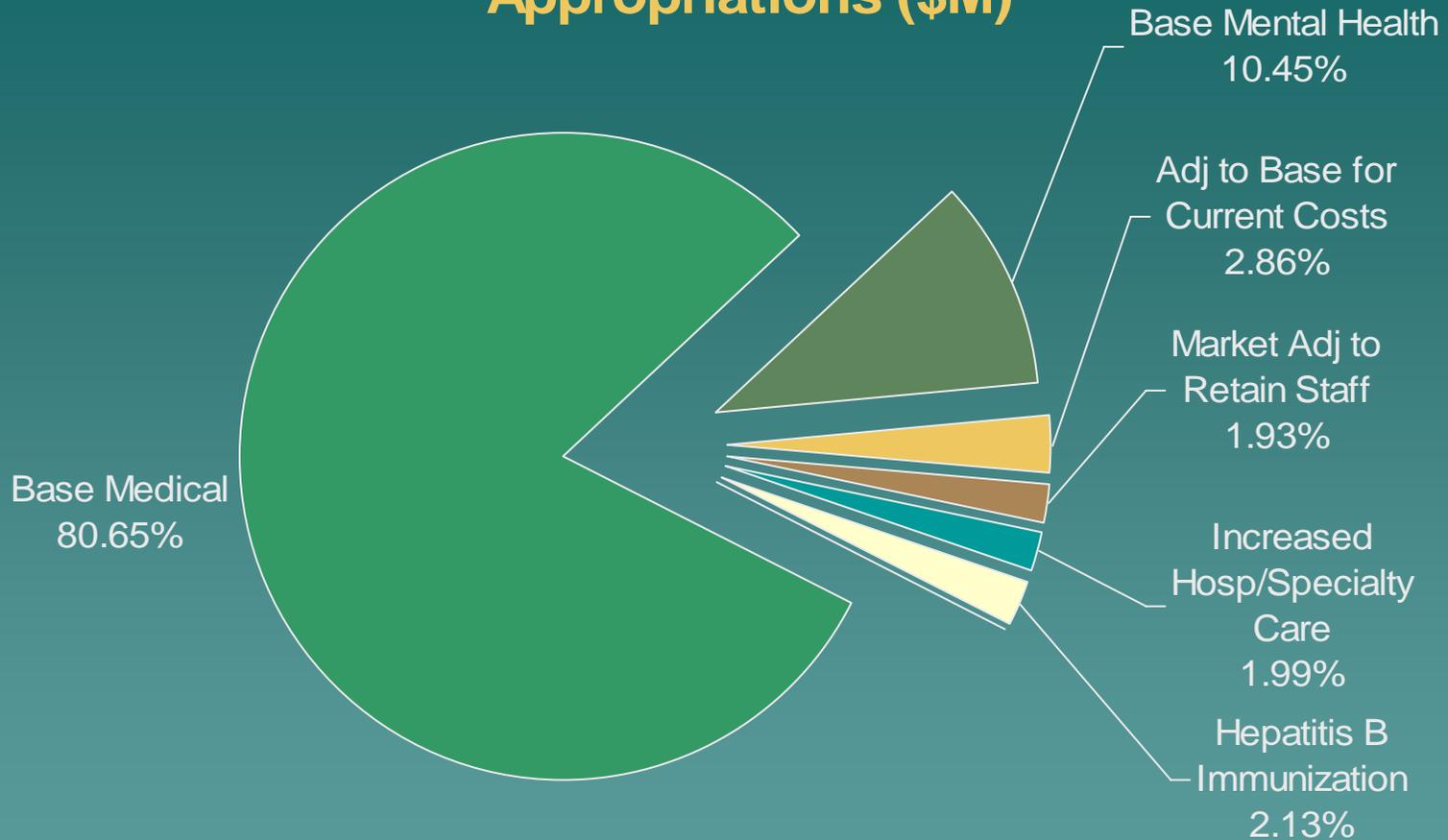
FY 2008-09 Appropriations

Summary by Strategy	HB 1 Appropriations Bill		
	FY 2008	FY 2009	Total
C.1.7. Psychiatric Care	\$43,094,589	\$43,094,589	\$86,189,178
Marlin VA Hospital Inpatient Care (contingent)	\$0	\$4,843,986	\$4,843,986
C.1.7 Total	\$43,094,589	\$47,938,575	\$91,033,164
C. 1.8 Managed Health Care Baseline	\$332,656,232	\$332,656,231	\$665,312,463
Exception Items			
1-Adjustment to Base	\$11,800,000	\$11,800,000	\$23,600,000
2-Market Adjustment to Retain Staff	\$7,951,000	\$13,782,600	\$21,733,600
3-Increased Hosp/Spec Care Costs	\$8,220,346	\$15,458,307	\$23,678,653
4-Increased Pharmacy Costs	\$0	\$0	\$0
5-Critical Capital Equip Replacement	\$0	\$0	\$0
6-Other Increased Operating Costs	\$0	\$0	\$0
Subtotal Requested Exception Items	\$27,971,346	\$41,040,907	\$69,012,253
Hep B Vaccine Program	\$8,771,585	\$4,066,298	\$12,837,883
C.1.8 Total	\$369,399,163	\$377,763,436	\$747,162,599
OPERATING TOTALS	\$412,493,752	\$425,702,011	\$838,195,763
7-TDCJ Hospital Repairs (GO Bonds)	\$10,400,000	UB	\$10,400,000

Totals represent operating funds and do not include GO Bond funding dedicated to TDCJ Hospital Galveston repair and renovation.



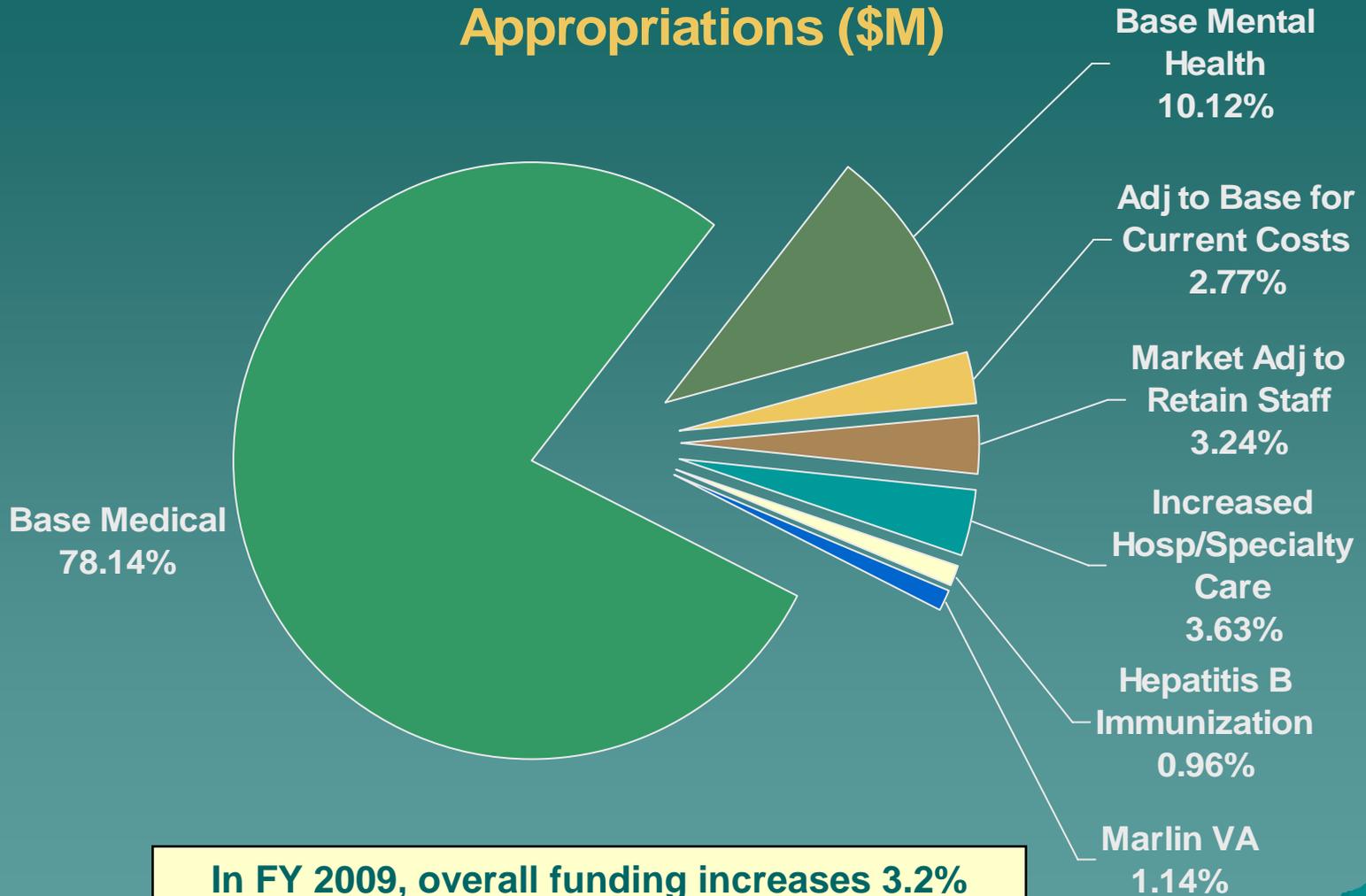
FY 2008 Appropriations (\$M)



**In FY 2008, overall funding increases 9.8%
above FY 2007**



FY 2009 Appropriations (\$M)



In FY 2009, overall funding increases 3.2% above FY 2008 Budgeted



Appropriation Riders

- ◆ Rider 17: *Employee Medical Care Rider* —continued from prior years—no change
- ◆ Rider 46: *CMHCC Reporting Rider* —continued from prior years—no change
- ◆ Rider 47: *\$5M Operational Shortfall Rider* —continued from prior years—no change
- ◆ Rider 67: *Limitation of Expenditure Rider* —continued from prior years—no change
- ◆ Rider 80: *Marlin VA Hospital Conversion* —rider providing contingent funding for use of Marlin VA Hospital as 200-bed inpatient mental health facility.
- ◆ Rider 87: *Health and Mental Healthcare Staffing* — Requiring a detailed staffing analysis be conducted for each TDCJ facility to detail healthcare staffing needs.





FY 2006-2007
Budget
Allocations

Key Assumptions

- ◆ Medical and Mental Health Services capitation to be a sum-certain payment based on population to be served with variance (+/- 2%)
- ◆ As in prior years, allocations utilize mental health appropriations for medical allocations to fund psychiatric medications through pharmacy and other overlap of services between medical and mental health functions (nursing, triage, records, etc.)
- ◆ Increased funding allocated based on LAR support detail by university for each item funded. Hepatitis B vaccination program funding allocated by population.
 - Funding increases provide for base adjustments to reflect 2007 costs; market adjustments for retention of staff; increased hospital and specialty care costs, including Montford RMF expansion; resumption of Hepatitis B vaccination program and Marlin VA 200-bed inpatient mental health facility.
- ◆ Funding for Marlin VA conversion in FY 2009 is contingent upon federal transfer of facility and acceptance by the State.
- ◆ G.O. Bond funding for TDCJ/UTMB Hospital funded through separate agreement with TDCJ and not included in the allocations.



Distribution of Funds

Allocated to	FY 2008	FY 2009
The University of Texas Medical Branch		
Medical Services	\$296,042,567	\$302,006,571
Mental Health Services	\$25,619,350	\$25,619,350
Marlin VA (contingent upon transfer of facility)	\$0	\$4,843,986
Subtotal UTMB	\$321,661,917	\$332,469,907
Texas Tech University Health Sciences Center		
Medical Services	\$77,909,117	\$80,308,354
Mental Health Services	\$12,337,000	\$12,337,000
Subtotal TTUHSC	\$90,246,117	\$92,645,354
SUBTOTAL UNIVERSITY PROVIDERS	\$411,908,034	\$425,115,261
Correctional Managed Health Care Committee	\$585,718	\$586,750
TOTAL DISTRIBUTION	\$412,493,752	\$425,702,011



G.O. Bond funding for TDCJ/UTMB Hospital funded through separate agreement with TDCJ and not included in these allocations.

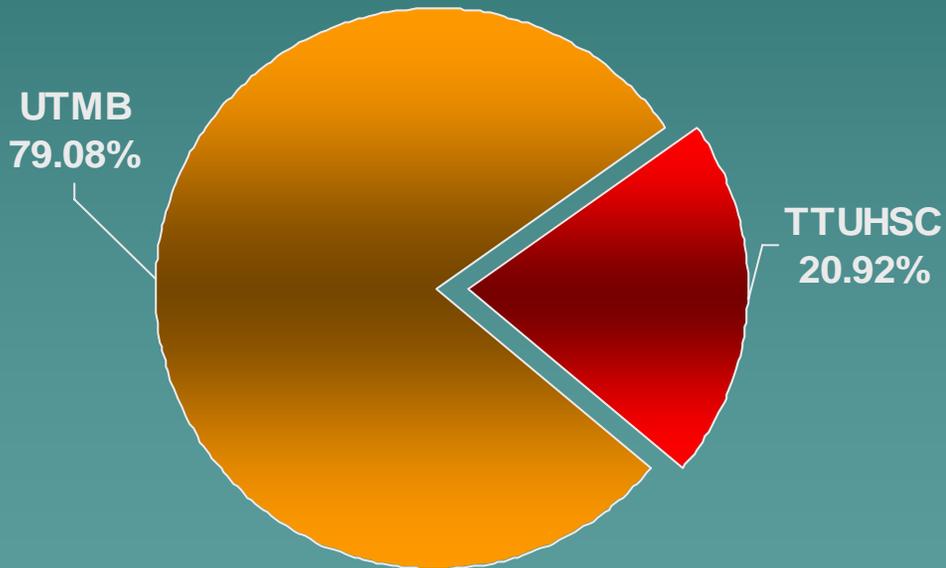
Allocation Detail

Detail by University	FY 2008	FY 2009	Total
1-Adjustment to Base (See Note)	\$11,800,000	\$11,800,000	\$23,600,000
UTMB	\$6,000,000	\$6,000,000	\$12,000,000
TTUHSC	\$5,800,000	\$5,800,000	\$11,600,000
2-Market Adjustments to Retain Staff	\$7,951,000	\$13,782,600	\$21,733,600
UTMB	\$4,685,000	\$9,508,600	\$14,193,600
TTUHSC	\$3,266,000	\$4,274,000	\$7,540,000
3-Increased Hosp/Specialty Care Costs	\$8,220,346	\$15,458,307	\$23,678,653
UTMB	\$4,653,200	\$9,510,200	\$14,163,400
TTUHSC	\$3,567,146	\$5,948,107	\$9,515,253
8-Hep B Vaccine	\$8,771,585	\$4,066,298	\$12,837,883
UTMB	\$6,929,552	\$3,212,375	\$10,141,928
TTUHSC	\$1,842,033	\$853,923	\$2,695,955
9-Marlin VA Mental Health IP Facility	\$0	\$4,843,986	\$4,843,986
UTMB	\$0	\$4,843,986	\$4,843,986
TTUHSC	\$0	\$0	\$0
OPERATING TOTALS	\$36,742,931	\$49,951,191	\$86,694,122
UTMB	\$22,267,752	\$33,075,161	\$55,342,914
TTUHSC	\$14,475,179	\$16,876,030	\$31,351,208
7-Hospital Galveston Repairs (GO Bonds)	\$10,400,000	UB	\$10,400,000

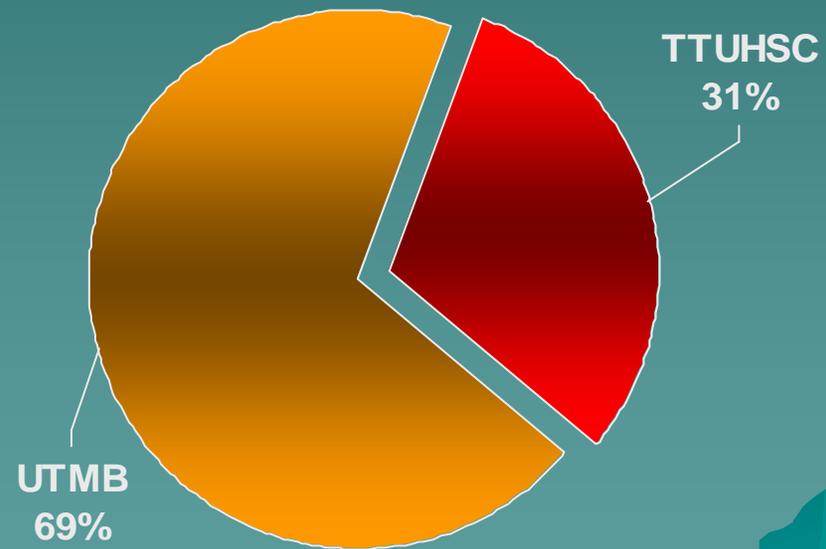
G.O. Bond funding for TDCJ/UTMB Hospital funded through separate agreement with TDCJ and not included in these totals.

Distribution of Funds

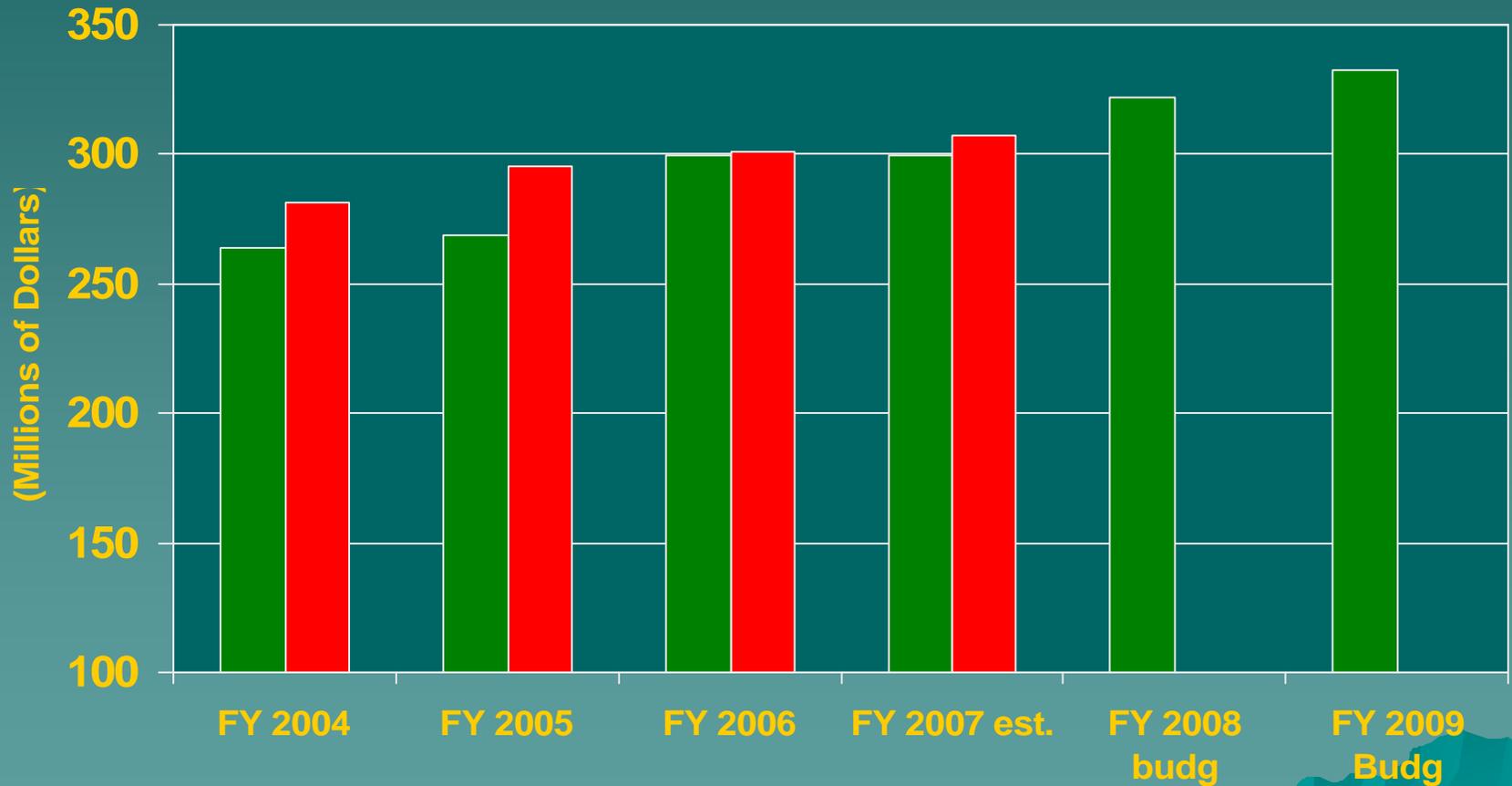
Medical Services



Mental Health Services

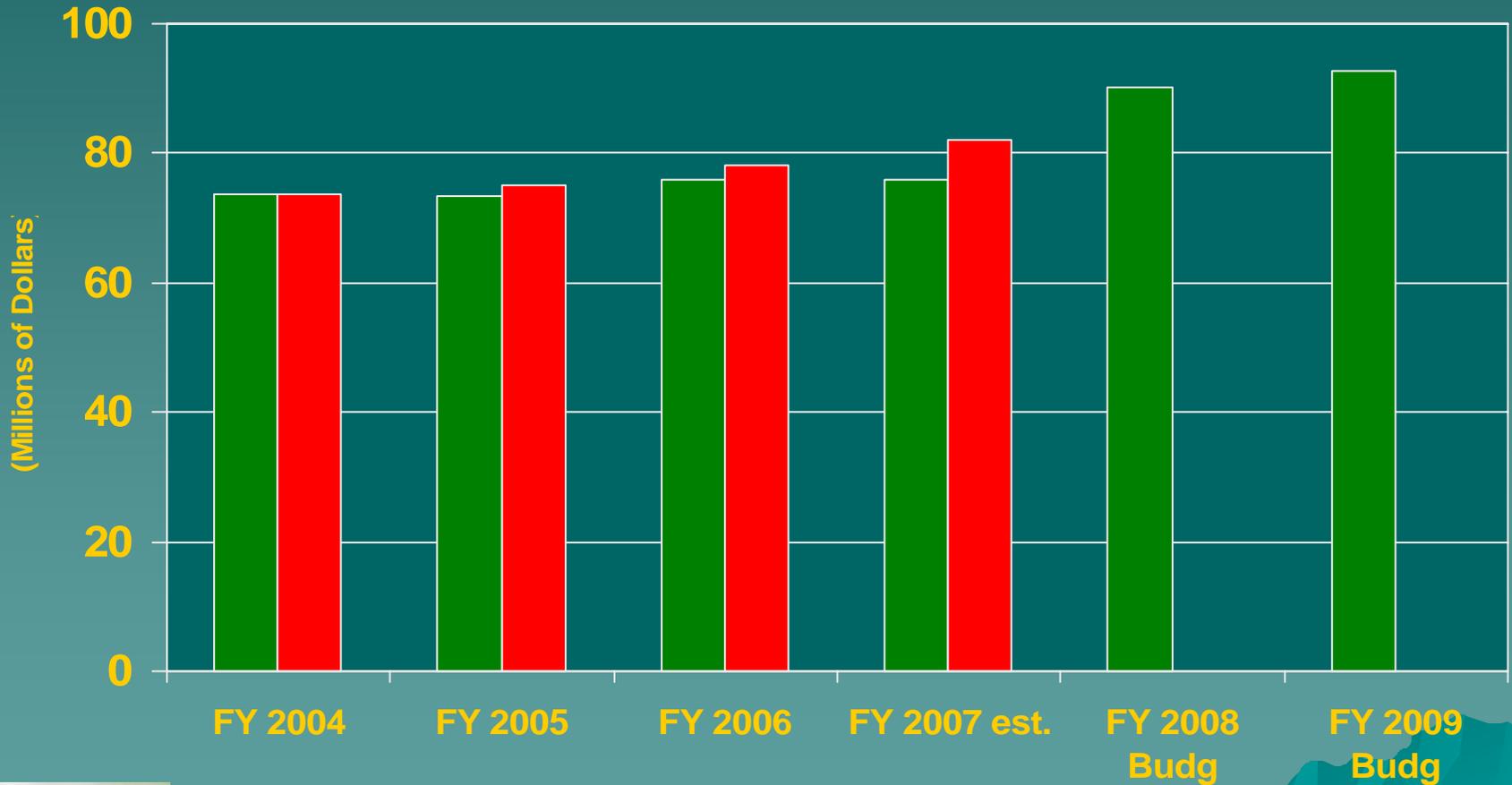


UTMB Allocations Compared to Prior Four Years Allocations/Expenses



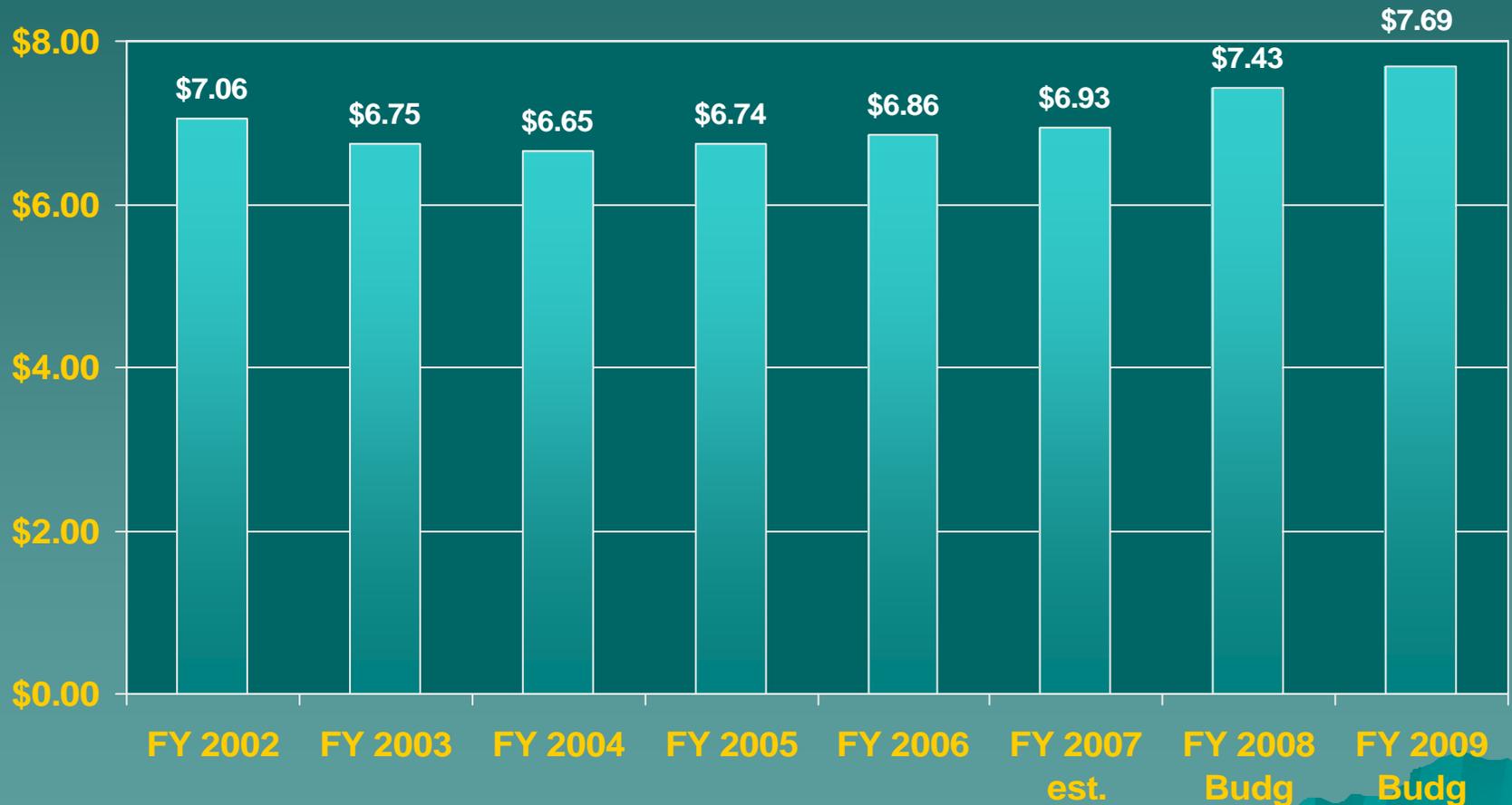
Note: Excludes Benefit Reimbursements Funded Separately

TTUHSC Allocations Compared to Prior Four Year Allocations/Expenses



Note: Excludes Benefit Reimbursements Funded Separately

Total Estimated Cost Per Offender Per Day



Note: Excludes Benefit Reimbursements Funded Separately

FY 2008 – 2009 Budget Allocations

Background:

House Bill 1, 80th Legislature, provides appropriations for the correctional health care program.

Allocations of the appropriations for the biennium have been developed based on actual costs and projected needs. These proposed allocations are outlined in the presentation and budget allocation materials accompanying this motion.

Statutory authority for the CMHCC to allocate funds for correctional health care is found in Sec. 501.148(a)(4) of the Texas Government Code.

Requested Motion:

That, pursuant to its authority under Section 501.148(a)(4) of the Government Code:

- 1) the Committee approve the Fiscal Year 2008-2009 budget allocations and accompanying budget assumptions as presented;**
- 2) that the CMHCC authorize its staff to make any final adjustments to the projected populations used in developing these allocations that may be necessary and to adjust the projected allocations accordingly; and,**
- 3) that the Committee authorize the staff to finalize the contractual arrangements for the next biennium in accordance with these budget allocations.**

**Correctional Managed Health Care
FY 2008-2009 Budget Allocations**

Distribution of Funds

<u>Allocated to</u>	<u>FY 2008</u>	<u>FY 2009</u>
University Providers		
The University of Texas Medical Branch		
Medical Services	\$296,042,567	\$302,006,571
Mental Health Services	\$25,619,350	\$25,619,350
Marlin VA (contingent upon transfer of facility)	\$0	\$4,843,986
Subtotal UTMB	\$321,661,917	\$332,469,907
Texas Tech University Health Sciences Center		
Medical Services	\$77,909,117	\$80,308,354
Mental Health Services	\$12,337,000	\$12,337,000
Subtotal TTUHSC	\$90,246,117	\$92,645,354
SUBTOTAL UNIVERSITY PROVIDERS	\$411,908,034	\$425,115,261
Correctional Managed Health Care Committee	\$585,718	\$586,750
TOTAL DISTRIBUTION	\$412,493,752	\$425,702,011

Source of Funds

<u>Source</u>	<u>FY 2008</u>	<u>FY 2009</u>
Legislative Appropriations		
SB 1, Article V, TDCJ Appropriations		
Strategy C.1.8. Managed Health Care	\$369,399,163	\$377,763,436
Strategy C.1.7 Psychiatric Care	\$43,094,589	\$47,938,575
TOTAL	\$412,493,752	\$425,702,011

**FY 2008-2009 Budget
Allocation Assumptions
Correctional Managed Health Care**

The distribution of funds for the correctional managed health care program in Fiscal Years 2008 and 2009 is predicated on the following assumptions:

1. The budget allocations are calculated using a projected average daily population, plus or minus two percent for each university provider sector. Payments for medical and mental health services will be made on a sum-certain basis as long as the overall sector population remains within the population limits established.
2. The TDCJ offender population is currently at or near capacity and is projected to remain so throughout the budget period. Any capacity additions beyond the official capacities for TDCJ facilities included in the contract documents require discussions between the CMHCC, the applicable university provider and TDCJ on additional funding needs.
3. The distribution of funds in the FY 2008-2009 budget allocates all funding provided in the base appropriations for correctional health care contained in strategies C.1.7 and C.1.8 of the TDCJ appropriation, HB 1, 80th Legislature. These allocations acknowledge that funding for the expansion of mental health inpatient capacity at the Marlin VA Hospital is contingent upon transfer of the facility from the federal authorities and acceptance of the facility by the State. General Obligation Bond funding contained in Article IX, Section 19.70 HB 1, 80th Legislature for repair and renovation of the TDCJ Hospital in Galveston is not included in these allocations, but will be the subject of a separate agreement between UTMB and TDCJ.
4. The parties acknowledge that the funding provided by the 80th Legislature for the correctional health care program, in addition to providing an adjustment to the base level of funding for services to reflect current costs, also includes increased funding for the following purposes: market adjustments to recruit and retain health care staff; funding for increased costs of hospital and specialty care, including full operation of the Montford Regional Medical Facility; funding for the resumption of the offender Hepatitis B vaccination program; and, contingent FY 2009 funding for the operation of an inpatient mental health facility at the Marlin VA hospital.
5. As in prior budget cycles, the budget anticipates that the costs associated with psychiatric medications and the sharing of functions between medical and mental health services are paid from mental health funding and these allocations transfer funds from mental health to medical services for that purpose.
6. The university providers retain the flexibility to allocate the amounts paid pursuant to each capitation calculation in any manner necessary to meet their obligations under these arrangements.
7. Each partner agency will remain responsible for any reimbursements for their employees required relating to unemployment benefits or worker's compensation payments as required by Article IX, HB 1, 80th Legislature.
8. Each partner agency will be responsible for providing financial data and assistance as necessary to comply with the financial reporting and financial monitoring responsibilities of the CMHCC relating to the correctional managed health care program.
9. These allocations are intended to fund the level of services outlined in the contracts for FY 2008-2009. Any change to these requirements must be considered based on their potential fiscal impact. Proposed changes to the services provided must include a fiscal estimate indicating the projected costs or savings involved and identifying a source of additional funding, if required.
10. Rider 47, TDCJ Appropriations, HB 1, 80th Legislature provides authority for the transfer of up to \$5M in additional funding from TDCJ to the correctional health care program to address operational shortfalls. Such transfers may be made upon agreement of TDCJ and the CMHCC, with supporting documentation provided to the Governor and Legislative Budget Board. In the event that TDCJ and the CMHCC disagree on the amounts of transfers necessary, the Governor and Legislative Budget Board will make a final decision.

Correctional Managed Health Care
FY 2008-2009 Legislative Appropriations Summary (May 28, 2007)

Summary by Strategy	Conf Committee HB 1 Adopted		
	FY 2008	FY 2009	Total
C.1.7. Psychiatric Care	\$43,094,589	\$43,094,589	\$86,189,178
Marlin VA Hospital Inpatient Care*	\$0	\$4,843,986	\$4,843,986
C.1.7 Total	\$43,094,589	\$47,938,575	\$91,033,164
C.1.8 Managed Health Care			
Baseline	\$332,656,232	\$332,656,231	\$665,312,463
Exception Items			
1-Adjustment to Base (See Note)	\$11,800,000	\$11,800,000	\$23,600,000
2-Market Adj to Retain Staff	\$7,951,000	\$13,782,600	\$21,733,600
3-Increased Hosp/Spec Care Costs	\$8,220,346	\$15,458,307	\$23,678,653
4-Increased Pharmacy Costs	\$0	\$0	\$0
5-Critical Capital Equip Replacement	\$0	\$0	\$0
6-Other Increased Operating Costs	\$0	\$0	\$0
Subtotal Exception Items	\$27,971,346	\$41,040,907	\$69,012,253
Hep B Vaccine Program*	\$8,771,585	\$4,066,298	\$12,837,883
C.1.8 Total	\$369,399,163	\$377,763,436	\$747,162,599
OPERATING TOTALS	\$412,493,752	\$425,702,011	\$838,195,763

G.O. Bonds--Hospital Galveston	\$10,400,000	UB	\$10,400,000
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Exception Item Detail by University	Conf Committee HB 1 Adopted		
	FY 2008	FY 2009	Total
1-Adjustment to Base (See Note)	\$11,800,000	\$11,800,000	\$23,600,000
UTMB	\$6,000,000	\$6,000,000	\$12,000,000
TTUHSC	\$5,800,000	\$5,800,000	\$11,600,000
2-Market Adj to Retain Staff	\$7,951,000	\$13,782,600	\$21,733,600
UTMB	\$4,685,000	\$9,508,600	\$14,193,600
TTUHSC	\$3,266,000	\$4,274,000	\$7,540,000
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UTMB	\$4,653,200	\$9,510,200	\$14,163,400
TTUHSC	\$3,567,146	\$5,948,107	\$9,515,253
8-Hep B Vaccine*	\$8,771,585	\$4,066,298	\$12,837,883
UTMB	\$6,929,552	\$3,212,375	\$10,141,928
TTUHSC	\$1,842,033	\$853,923	\$2,695,955
9-Marlin VA Mental Health IP Facility*	\$0	\$4,843,986	\$4,843,986
UTMB	\$0	\$4,843,986	\$4,843,986
TTUHSC	\$0	\$0	\$0
OPERATING TOTALS	\$36,742,931	\$49,951,191	\$86,694,122
UTMB	\$22,267,752	\$33,075,161	\$55,342,914
TTUHSC	\$14,475,179	\$16,876,030	\$31,351,208

7-Hospital Galveston Repairs	\$10,400,000	UB	\$10,400,000
UTMB	\$10,400,000	\$0	\$10,400,000

*Items added by Legislative Action	GO Bond Authority Not included in above totals which represent GR.		
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Note: Exception Item #1-Adjustment to Base was estimated originally using Nov 2006 projections of FY 07 Costs; Updated estimates in March 2007 lowered this number from \$36.6M to \$23.6M.

**Correctional Managed Health Care
FY 2008-2009
Budgeted Cost Per Day Summary**

	FY 2008	FY 2009
LBB Population Target	151,734	151,734
Medical Services Cost/Inmate/Day*		
University Provider Services	\$6.73	\$6.90
CMHCC	\$0.01	\$0.01
Medical Cost/Inmate/Day	\$6.74	\$6.91
Mental Health Services Cost/Inmate/Day*		
University Provider Services	\$0.68	\$0.77
Mental Health Cost/Inmate/Day	\$0.68	\$0.77
Total Cost/Inmate/Day*		
University Provider Services	\$7.42	\$7.68
CMHCC	\$0.01	\$0.01
Total Cost/Inmate/Day	\$7.43	\$7.69

*Cost Per Day excludes employee benefit costs allocated directly to the universities.

**Correctional Managed Health Care
TECH Funding Detail: FY 2008-2009 Biennium**

FY 2008	Medical Services	Mental Health Detail			Mental Health Total	TOTALS
		Inpatient	Outpatient	PAMIO		
Rate	\$6.7461				\$1.0683	
Quarter 1 (91 days)	\$19,370,846	\$1,365,000	\$804,440	\$906,360	\$3,075,800	\$22,446,646
Quarter 2 (91 days)	\$19,370,846	\$1,350,000	\$795,600	\$896,400	\$3,042,000	\$22,412,846
Quarter 3 (92 days)	\$19,583,712	\$1,380,000	\$813,280	\$916,320	\$3,109,600	\$22,693,312
Quarter 4 (92 days)	\$19,583,712	\$1,380,000	\$813,280	\$916,320	\$3,109,600	\$22,693,312
Totals	\$77,909,117	\$5,475,000	\$3,226,600	\$3,635,400	\$12,337,000	\$90,246,117

FY 2009	Medical Services	Mental Health Detail			Mental Health Total	TOTALS
		Inpatient	Outpatient	PAMIO		
Rate	\$6.9729				\$1.0712	
Quarter 1 (91 days)	\$20,022,083	\$1,365,000	\$804,440	\$906,360	\$3,075,800	\$23,097,883
Quarter 2 (90 days)	\$19,802,060	\$1,350,000	\$795,600	\$896,400	\$3,042,000	\$22,844,060
Quarter 3 (92 days)	\$20,242,106	\$1,380,000	\$813,280	\$916,320	\$3,109,600	\$23,351,706
Quarter 4 (92 days)	\$20,242,106	\$1,380,000	\$813,280	\$916,320	\$3,109,600	\$23,351,706
Totals	\$80,308,354	\$5,475,000	\$3,226,600	\$3,635,400	\$12,337,000	\$92,645,354

Budget Allocation	FY 2008	FY 2009
Medical Services	\$77,909,117	\$80,308,354
Mental Health	\$12,337,000	\$12,337,000
Total	\$90,246,117	\$92,645,354

Performance Factors	FY 2008-09
Avg. Population	31,554
Max. Capacity	32,185
MH Inpatient	523
MH Outpatient	4,200
PAMIO	425

**Correctional Managed Health Care
UTMB Funding Detail: FY 2008-2009 Biennium**

FY 2008	Medical Services	Mental Health Detail			Mental Health Total	GRAND TOTALS
		Inpatient	Outpatient	MROP		
Rate	\$6.7304				\$0.5824	
Quarter 1 (91 days)	\$73,606,212	\$2,730,000	\$3,075,800	\$581,490	\$6,387,290	\$79,993,502
Quarter 2 (91 days)	\$73,606,212	\$2,700,000	\$3,042,000	\$575,100	\$6,317,100	\$79,923,312
Quarter 3 (92 days)	\$74,415,071	\$2,760,000	\$3,109,600	\$587,880	\$6,457,480	\$80,872,551
Quarter 4 (92 days)	\$74,415,071	\$2,760,000	\$3,109,600	\$587,880	\$6,457,480	\$80,872,551
Totals	\$296,042,567	\$10,950,000	\$12,337,000	\$2,332,350	\$25,619,350	\$321,661,917

FY 2009	Medical Services	Mental Health Detail			Mental Health Total	GRAND TOTALS
		Inpatient	Outpatient	MROP		
Rate	\$6.8848				\$0.5840	
Quarter 1 (91 days)	\$75,294,789	\$2,730,000	\$3,075,800	\$581,490	\$6,387,290	\$81,682,079
Quarter 2 (90 days)	\$74,467,374	\$2,700,000	\$3,042,000	\$575,100	\$6,317,100	\$80,784,474
Quarter 3 (92 days)	\$76,122,204	\$2,760,000	\$3,109,600	\$587,880	\$6,457,480	\$82,579,684
Quarter 4 (92 days)	\$76,122,204	\$2,760,000	\$3,109,600	\$587,880	\$6,457,480	\$82,579,684
Totals	\$302,006,571	\$10,950,000	\$12,337,000	\$2,332,350	\$25,619,350	\$327,625,921

Marlin VA FY 2009 Contingent Funding*	\$4,843,986	\$0	\$0	\$4,843,986	\$332,469,907
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Budget Allocation	FY 2008	FY 2009
Medical Services	\$296,042,567	\$302,006,571
Base Mental Health	\$25,619,350	\$25,619,350
Marlin VA Contingent Funding	\$0	\$4,843,986
Total	\$321,661,917	\$332,469,907

Performance Factors	FY 2008-09
Avg. Population	120,180
Max. Capacity	122,584
MH Inpatient	1,015
MH Outpatient	15,000
Marlin VA IP	200
MROP	710

*Marlin VA Hospital funding, including startup and equipment costs is contingent upon the transfer of the facility from the federal government and acceptance of the facility by the State of Texas and will require renovations by TDCJ.

Tab J



Correctional Managed Health Care

Quarterly Report FY 2007 Second Quarter

September 2006 – February 2007

Summary

This report is submitted in accordance with Rider 46, page V-20, Senate Bill 1, 79th Legislature, Regular Session 2005. The report summarizes activity through the second quarter of FY 2007. Following this summary are individual data tables and charts supporting this report.

Background

During Fiscal Year 2007, approximately \$375.8 million within the TDCJ appropriation has been allocated for funding correctional health care services. This funding included:

- \$313.2M in general revenue appropriations in strategy C.1.8 (Managed Health Care, medical services)
- \$17.5M in supplemental appropriations from HB10
- \$43.1M in general revenue appropriations in strategy C.1.7. (Psychiatric Care).
- \$2.0M in general revenue funding from C.3.1 (Contract Prisons/Private State Jails) provided by TDCJ for the addition of health services for the privately-operated facilities to the CMHCC service population. This transfer of responsibility from the private prison operators to the CMHCC resulted in a net savings to the TDCJ appropriations.

Of this funding, \$375.2M (99.8%) was allocated for health care services provided by UTMB and TTUHSC and \$584.9K (0.2%) for the operation of the Correctional Managed Health Care Committee.

UTMB and TTUHSC receive partial reimbursement for certain benefit payments through other appropriations made for that purpose. These payments are made directly to the university providers. 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 remained essentially stable in the overall offender population served by the program. The average daily population served through the second quarter of FY 2007 was 151,700. Through this same quarter a year ago (FY 2006), the average daily population was 151,164, an increase of 536 (0.4%). 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 2007, the average number of older offenders in the service population was 9602. Through this same quarter a year ago (FY 2006), the average number of offenders age 55 and over was 8761. This represents an increase of 841 or about 9.6% more older offenders than a year ago.
- The overall HIV+ population has remained relatively stable throughout the last two years and continued to remain so through this quarter, averaging 2,631 (or about 1.7% of the population served).
- Two mental health caseload measures have also remained relatively stable:
 - The average number of psychiatric inpatients within the system was 2,008 through the second quarter of FY 2007, as compared to 1,956 through the same quarter a year ago (FY 2006). The inpatient caseload is limited by the number of available inpatient beds in the system.
 - Through the second quarter of FY 2007, the average number of mental health outpatients was 20,017 representing 13.2% of the service population.

Health Care Costs

- Overall health costs through the second quarter of FY 2007 totaled \$210.6M. This amount exceeded overall revenues earned by the university providers by \$2.8M or 1.4%.
- UTMB's total revenue through the quarter was \$167.4M. Their expenditures totaled \$167.3M, resulting in a net gain of \$0.1M. On a per offender per day basis, UTMB earned \$7.70 in revenue and expended \$7.70 resulting in a gain of \$0.01 per offender per day, rounded to the nearest penny.

- TTUHSC's total revenue through the second quarter was \$40.3M. Expenditures totaled \$43.3M, resulting in a net loss of \$3.0M. On a per offender per day basis, TTUHSC earned \$7.05 in revenue, but expended \$7.56 resulting in a shortfall of \$0.52 per offender per day.
- Examining the health care costs in further detail indicates that of the \$210.6M in expenses reported through the second quarter of the year:
 - Onsite services (those medical services provided at the prison units) comprised \$99.9M representing about 47.4% of the total health care expenses:
 - Of this amount, 78.0% was for salaries and benefits and 22.0% for operating costs.
 - Pharmacy services totaled \$20.9M representing approximately 9.9% of the total expenses:
 - Of this amount 14.8% was for related salaries and benefits, 7.0% for operating costs and 78.2% for drug purchases.
 - Offsite services (services including hospitalization and specialty clinic care) accounted for \$63.4M or 30.1% of total expenses:
 - Of this amount 76.5% was for estimated university provider hospital, physician and professional services; and 23.5% for Freeworld (non-university) hospital, specialty and emergency care.
 - Mental health services totaled \$18.9M or 9.0% of the total costs:
 - Of this amount, 97.7% was for mental health staff salaries and benefits, with the remaining 2.3% for operating costs.
 - Indirect support expenses accounted for \$7.5M and represented 3.6% of the total costs.
- The total cost per offender per day for all health care services statewide through the second quarter of FY 2007 was \$7.67. The average cost per offender per day for the prior four fiscal years was \$7.53.
 - For UTMB, the cost per offender per day was \$7.70. This is slightly higher than the average cost per offender per day for the last four fiscal years of \$7.66.
 - For TTUHSC, the cost per offender per day was \$7.56, significantly higher than the average cost per offender per day for the last four fiscal years of \$7.05.
 - 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 2007 indicates that offenders aged 55 and over had a documented encounter with medical staff about 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 \$1476 per offender. The same calculation for offenders under age 55 totaled about \$255. In terms of hospitalization, the older offenders were utilizing health care resources at a rate more than four times higher than the younger offenders. While comprising about 6.3% of the overall service population, offenders age 55 and over account for more than 28% of the hospitalization costs received to date.
 - A third examination of dialysis costs found that, proportionately, older offenders are represented almost four times more often in the dialysis population than younger offenders. Dialysis costs continue to be significant, averaging about \$19K per patient per year. Providing medically necessary dialysis treatment for an average of 187 patients through the second quarter of FY2007 cost \$1.8M.

Drug Costs

- Total drug costs through the second quarter of FY 2007 totaled \$15.0M.
 - Pharmaceutical costs related to HIV care continue to be the largest single component of pharmacy expenses.
 - Through this quarter, \$7.4M in costs (or just over \$1.2M per month) for HIV antiretroviral medication costs were experienced. This represents 49.3% of the total drug cost during this time period.
 - Expenses for psychiatric drugs are also being tracked, with approximately \$0.7M being expended for psychiatric medications through the second quarter, representing 4.8% of the overall drug cost.
 - Another pharmacy indicator being tracked is the cost related to Hepatitis C therapies. These costs were \$0.6M and represented about 4.0% of the total drug cost.

Reporting of Fund Balances

- In accordance with Rider 46, page V-20, Senate Bill 1, 79th Legislature, Regular Session 2005, 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 gain of \$146,819 through this quarter. TTUHSC reports that they hold no such reserves and report a total shortfall of \$2,966,131.
- 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, 2007 was \$1,786,025.14. It should be noted that this balance is projected to decrease over the course of the fiscal year.
- UTMB has experienced difficulties with the October implementation of a new Payroll system. This payroll conversion has resulted in a significant amount of payroll expense being expensed to a default university suspense account rather than the employees' assigned account/class. This issue has affected all areas of UTMB, including Correctional Managed Care. Per discussion with UTMB representatives, this problem is currently being resolved and an adjustment will be made in April to the general ledger to correctly reflect employees' payroll expenses to date.

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 February, 2007, is pending additional requested information.

The testing of detail transactions performed on UTMB's financial information for February, 2007, resulted in the reclassification of applicable waste disposal services expenses to non-TDCJ accounts.

Concluding Notes

The combined operating loss for the university providers through the second quarter of FY 2007 is \$2.8 M. The university providers are continuing to monitor their expenditures closely, while seeking additional opportunities to reduce costs in order to minimize their operating losses.

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**Table 1
Correctional Managed Health Care
FY 2007 Budget Allocations**

Distribution of Funds

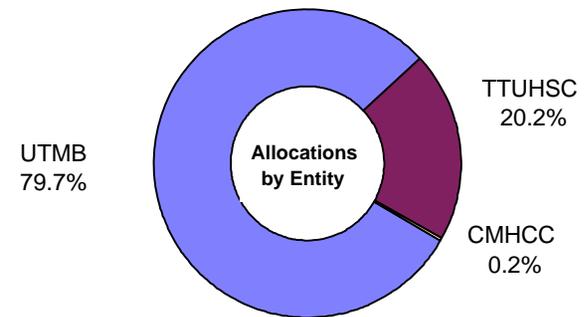
<u>Allocated to</u>	<u>FY 2007</u>
University Providers	
The University of Texas Medical Branch	
Medical Services	\$273,775,733
Mental Health Services	\$25,619,350
Subtotal UTMB	\$299,395,083
Texas Tech University Health Sciences Center	
Medical Services	\$63,433,828
Mental Health Services	\$12,337,000
Subtotal TTUHSC	\$75,770,828
SUBTOTAL UNIVERSITY PROVIDERS	
	\$375,165,911
Correctional Managed Health Care Committee	\$584,909
TOTAL DISTRIBUTION	\$375,750,820

Source of Funds

<u>Source</u>	<u>FY 2007</u>
Legislative Appropriations	
SB 1, Article V, TDCJ Appropriations	
Strategy C.1.8. Managed Health Care	\$313,174,719
Strategy C.1.7. Psychiatric Care	\$43,094,589
Strategy C.3.1. Contract Prisons/Private St. Jails*	\$1,981,512
HB 10 Supplemental Appropriations	\$17,500,000
TOTAL	\$375,750,820

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 2007
Key Population Indicators
Correctional Health Care Program**

Indicator	Sep-06	Oct-06	Nov-06	Dec-06	Jan-07	Feb-07	Population Year to Date Avg.
Avg. Population Served by CMHC:							
UTMB State-Operated Population	108,444	108,358	108,500	108,214	107,951	108,255	108,287
UTMB Private Prison Population*	11,802	11,817	11,807	11,809	11,812	11,797	11,807
UTMB Total Service Population	120,246	120,174	120,307	120,023	119,763	120,051	120,094
TTUHSC Total Service Population	31,520	31,568	31,700	31,639	31,612	31,596	31,606
CMHC Service Population Total	151,766	151,742	152,007	151,662	151,375	151,648	151,700
Population Age 55 and Over							
UTMB Service Population Average	7,704	7,760	7,832	7,862	7,967	8,035	7,860
TTUHSC Service Population Average	1,704	1,721	1,743	1,754	1,753	1,778	1,742
CMHC Service Population Average	9,408	9,481	9,575	9,616	9,720	9,813	9,602
HIV+ Population	2,679	2,706	2,679	2,693	2,507	2,524	2,631
Mental Health Inpatient Census							
UTMB Psychiatric Inpatient Average	1,037	1,034	1,039	1,014	1,038	1,042	1,034
TTUHSC Psychiatric Inpatient Average	960	971	964	981	986	980	974
CMHC Psychiatric Inpatient Average	1,997	2,005	2,003	1,995	2,024	2,022	2,008
Mental Health Outpatient Census							
UTMB Psychiatric Outpatient Average	15,648	16,654	15,426	15,278	15,741	15,544	15,715
TTUHSC Psychiatric Outpatient Average	4,557	4,807	4,333	3,947	4,101	4,064	4,302
CMHC Psychiatric Outpatient Average	20,205	21,461	19,759	19,225	19,842	19,608	20,017

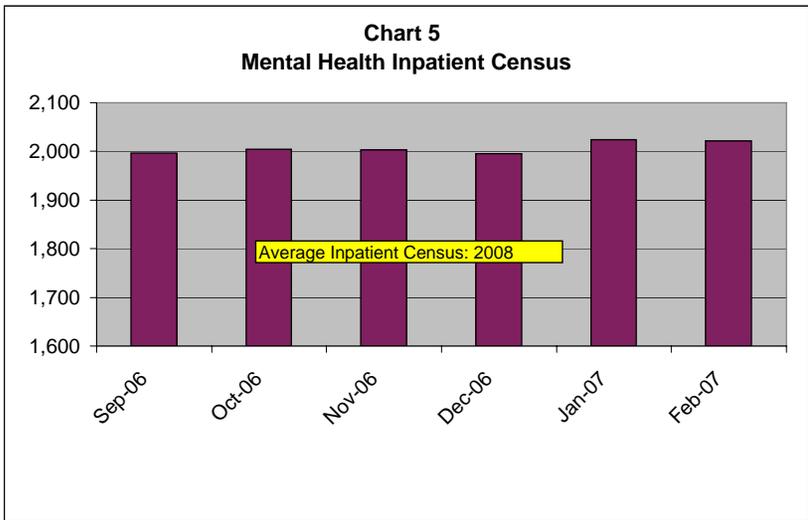
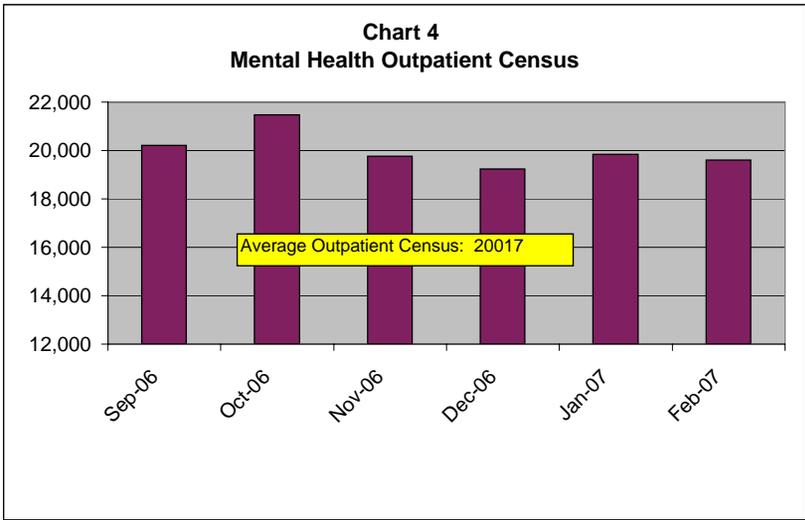
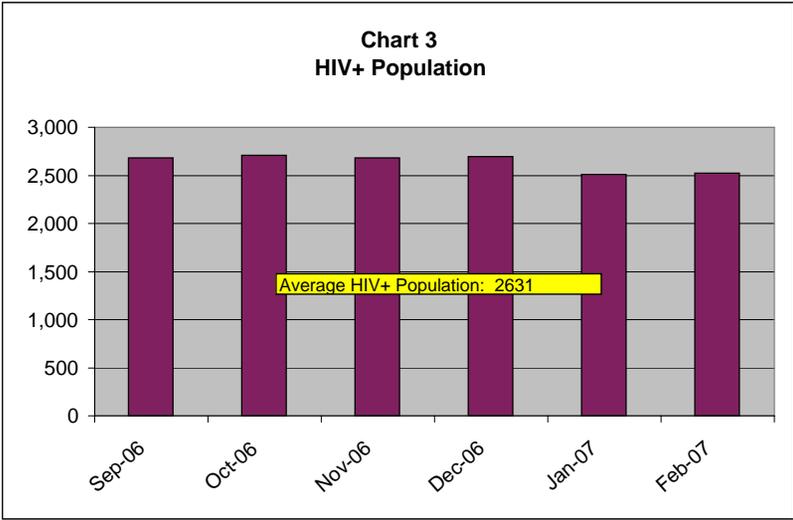
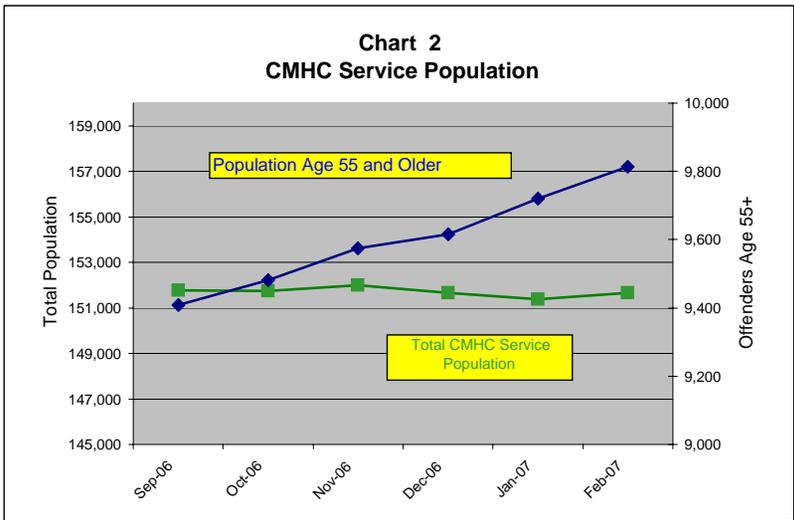


Table 3
Summary Financial Report: Medical Costs
Fiscal Year 2007 through Quarter 2 (Sep 2006 - Feb 2007)

Days in Year: 181

	Medical Services Costs			Medical Cost Per Day Calculations		
	UTMB	TTUHSC	TOTAL	UTMB	TTUHSC	TOTAL
Population Served	120,094	31,606	151,700			
Revenue						
Capitation Payments	\$135,762,760	\$31,961,228	\$167,723,988	\$6.25	\$5.59	\$6.11
State Reimbursement Benefits	\$16,485,534	\$1,572,359	\$18,057,893	\$0.76	\$0.27	\$0.66
Non-Operating Revenue	\$109,753	\$0	\$109,753	\$0.01	\$0.00	\$0.00
Total Revenue	\$152,358,047	\$33,533,587	\$185,891,634	\$7.01	\$5.86	\$6.77
Expenses						
Onsite Services						
Salaries	\$57,431,301	\$4,732,633	\$62,163,934	\$2.64	\$0.83	\$2.26
Benefits	\$14,570,210	\$1,126,735	\$15,696,945	\$0.67	\$0.20	\$0.57
Operating (M&O)	\$7,737,429	\$649,198	\$8,386,627	\$0.36	\$0.11	\$0.31
Professional Services	\$0	\$1,612,564	\$1,612,564	\$0.00	\$0.28	\$0.06
Contracted Units/Services	\$0	\$10,261,789	\$10,261,789	\$0.00	\$1.79	\$0.37
Travel	\$399,370	\$38,404	\$437,774	\$0.02	\$0.01	\$0.02
Electronic Medicine	\$0	\$83,548	\$83,548	\$0.00	\$0.01	\$0.00
Capitalized Equipment	\$1,241,456	\$0	\$1,241,456	\$0.06	\$0.00	\$0.05
Subtotal Onsite Expenses	\$81,379,766	\$18,504,871	\$99,884,637	\$3.74	\$3.23	\$3.64
Pharmacy Services						
Salaries	\$1,914,230	\$557,465	\$2,471,695	\$0.09	\$0.10	\$0.09
Benefits	\$585,966	\$33,864	\$619,830	\$0.03	\$0.01	\$0.02
Operating (M&O)	\$1,141,859	\$303,455	\$1,445,314	\$0.05	\$0.05	\$0.05
Pharmaceutical Purchases	\$12,957,268	\$3,371,811	\$16,329,079	\$0.60	\$0.59	\$0.59
Professional Services	\$0	\$0	\$0	\$0.00	\$0.00	\$0.00
Travel	\$7,960	\$4,812	\$12,772	\$0.00	\$0.00	\$0.00
Subtotal Pharmacy Expenses	\$16,607,283	\$4,271,407	\$20,878,690	\$0.76	\$0.75	\$0.76
Offsite Services						
University Professional Services	\$6,940,207	\$488,857	\$7,429,064	\$0.32	\$0.09	\$0.27
Freeworld Provider Services	\$6,152,793	\$5,949,914	\$12,102,707	\$0.28	\$1.04	\$0.44
UTMB or TTUHSC Hospital Cost	\$36,295,493	\$4,741,883	\$41,037,376	\$1.67	\$0.83	\$1.49
Estimated IBNR	\$2,005,390	\$821,011	\$2,826,401	\$0.09	\$0.14	\$0.10
Subtotal Offsite Expenses	\$51,393,883	\$12,001,665	\$63,395,548	\$2.36	\$2.10	\$2.31
Indirect Expenses	\$4,701,083	\$1,969,748	\$6,670,831	\$0.22	\$0.34	\$0.24
Total Expenses	\$154,082,015	\$36,747,691	\$190,829,706	\$7.09	\$6.42	\$6.95
Operating Income (Loss)	(\$1,723,968)	(\$3,214,104)	(\$4,938,072)	(\$0.08)	(\$0.56)	(\$0.18)

Table 3 (Continued)
Summary Financial Report: Mental Health Costs
Fiscal Year 2007 through Quarter 2 (Sep 2006 - Feb 2007)

Days in Year: 181

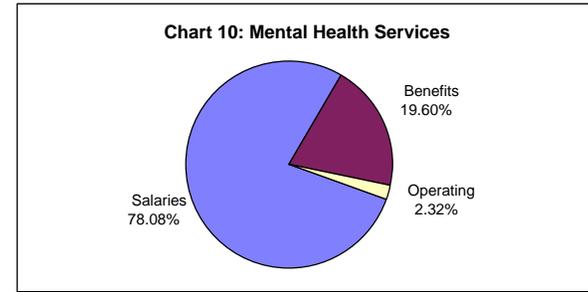
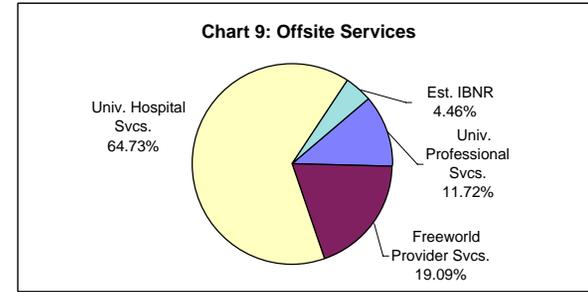
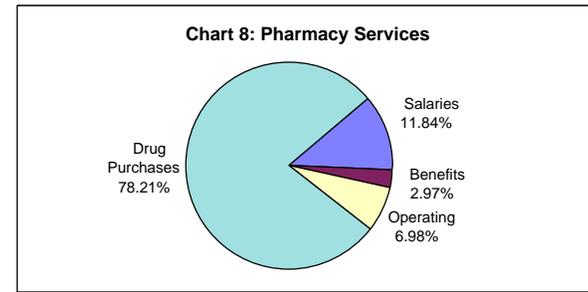
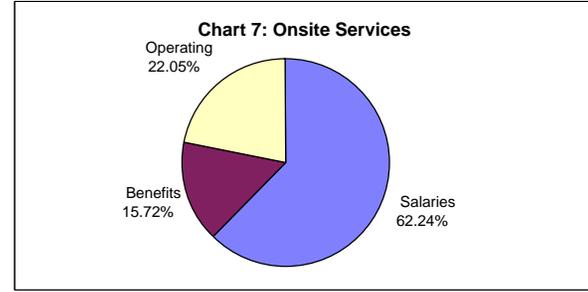
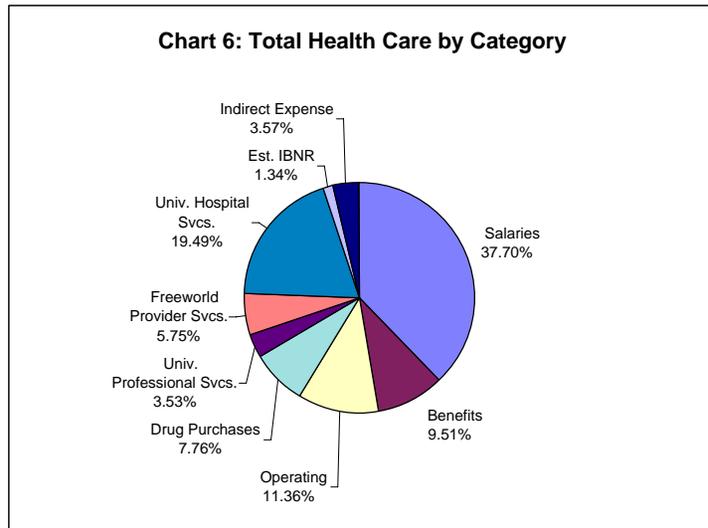
	Mental Health Services Costs			Mental Health Cost Per Day Calculations		
	UTMB	TTUHSC	TOTAL	UTMB	TTUHSC	TOTAL
Population Served	120,094	31,606	151,700			
Revenue						
Capitation Payments	\$12,704,390	\$5,612,800	\$18,317,190	\$0.58	\$0.98	\$0.67
State Reimbursement Benefits	\$2,363,759	\$1,164,093	\$3,527,852	\$0.11	\$0.20	\$0.13
Other Misc Revenue	\$0	\$0	\$0	\$0.00	\$0.00	\$0.00
Total Revenue	\$15,068,149	\$6,776,893	\$21,845,042	\$0.69	\$1.18	\$0.80
Expenses						
Mental Health Services						
Salaries	\$10,013,332	\$4,733,342	\$14,746,674	\$0.46	\$0.83	\$0.54
Benefits	\$2,477,472	\$1,223,951	\$3,701,423	\$0.11	\$0.21	\$0.13
Operating (M&O)	\$108,444	\$78,675	\$187,119	\$0.00	\$0.01	\$0.01
Professional Services	\$0	\$116,718	\$116,718	\$0.00	\$0.02	\$0.00
Contracted Units/Services	\$0	\$0	\$0	\$0.00	\$0.00	\$0.00
Travel	\$60,855	\$9,166	\$70,021	\$0.00	\$0.00	\$0.00
Electronic Medicine	\$0	\$0	\$0	\$0.00	\$0.00	\$0.00
Capitalized Equipment	\$64,560	\$0	\$64,560	\$0.00	\$0.00	\$0.00
Subtotal Mental Health Expenses	\$12,724,663	\$6,161,852	\$18,886,515	\$0.59	\$1.08	\$0.69
Indirect Expenses	\$472,699	\$367,068	\$839,767	\$0.02	\$0.06	\$0.03
Total Expenses	\$13,197,362	\$6,528,920	\$19,726,282	\$0.61	\$1.14	\$0.72
Operating Income (Loss)	\$1,870,787	\$247,973	\$2,118,760	\$0.09	\$0.04	\$0.08

All Health Care Summary

	All Health Care Services			Cost Per Offender Per Day		
	UTMB	TTUHSC	TOTAL	UTMB	TTUHSC	TOTAL
Medical Services	\$152,358,047	\$33,533,587	\$185,891,634	\$7.01	\$5.86	\$6.77
Mental Health Services	\$15,068,149	\$6,776,893	\$21,845,042	\$0.69	\$1.18	\$0.80
Total Revenue	\$167,426,196	\$40,310,480	\$207,736,676	\$7.70	\$7.05	\$7.57
Medical Services	\$154,082,015	\$36,747,691	\$190,829,706	\$7.09	\$6.42	\$6.95
Mental Health Services	\$13,197,362	\$6,528,920	\$19,726,282	\$0.61	\$1.14	\$0.72
Total Expenses	\$167,279,377	\$43,276,611	\$210,555,988	\$7.70	\$7.56	\$7.67
Operating Income (Loss)	\$146,819	(\$2,966,131)	(\$2,819,312)	\$0.01	(\$0.52)	(\$0.10)

**Table 4
FY 2007 2nd Quarter
UTMB/TTUHSC EXPENSE SUMMARY**

Category	Expense	Percent of Total
Onsite Services	\$99,884,637	47.44%
Salaries	\$62,163,934	
Benefits	\$15,696,945	
Operating	\$22,023,758	
Pharmacy Services	\$20,878,690	9.92%
Salaries	\$2,471,695	
Benefits	\$619,830	
Operating	\$1,458,086	
Drug Purchases	\$16,329,079	
Offsite Services	\$63,395,548	30.11%
Univ. Professional Svcs.	\$7,429,064	
Freeworld Provider Svcs.	\$12,102,707	
Univ. Hospital Svcs.	\$41,037,376	
Est. IBNR	\$2,826,401	
Mental Health Services	\$18,886,515	8.97%
Salaries	\$14,746,674	
Benefits	\$3,701,423	
Operating	\$438,418	
Indirect Expense	\$7,510,598	3.57%
Total Expenses	\$210,555,988	100.00%



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

	FY 03	FY 04	FY 05	FY 06	4-Year Average	FYTD 07 1st Qtr	FYTD 07 2nd Qtr
Population							
UTMB	105,525	113,729	119,322	119,835	114,603	120,242	120,094
TTUHSC	31,041	31,246	31,437	31,448	31,293	31,596	31,606
Total	136,566	144,975	150,759	151,283	145,896	151,838	151,700
Expenses							
UTMB	\$300,912,092	\$313,875,539	\$330,672,773	\$336,934,127	320,598,633	83,691,562	167,279,377
TTUHSC	\$80,079,315	\$78,548,146	\$80,083,059	\$83,467,550	80,544,518	21,709,909	43,276,611
Total	\$380,991,407	\$392,423,685	\$410,755,832	\$420,401,677	401,143,150	105,401,471	210,555,988
Cost/Day							
UTMB	\$7.81	\$7.56	\$7.59	\$7.70	\$7.66	\$7.65	\$7.70
TTUHSC	\$7.07	\$6.89	\$6.98	\$7.27	\$7.05	\$7.55	\$7.56
Total	\$7.64	\$7.40	\$7.46	\$7.61	\$7.53	\$7.63	\$7.67

* Expenses include all health care costs, including medical, mental health, and benefit costs.
NOTE: The FY04 calculation has been adjusted from previous reports to correctly account for leap year

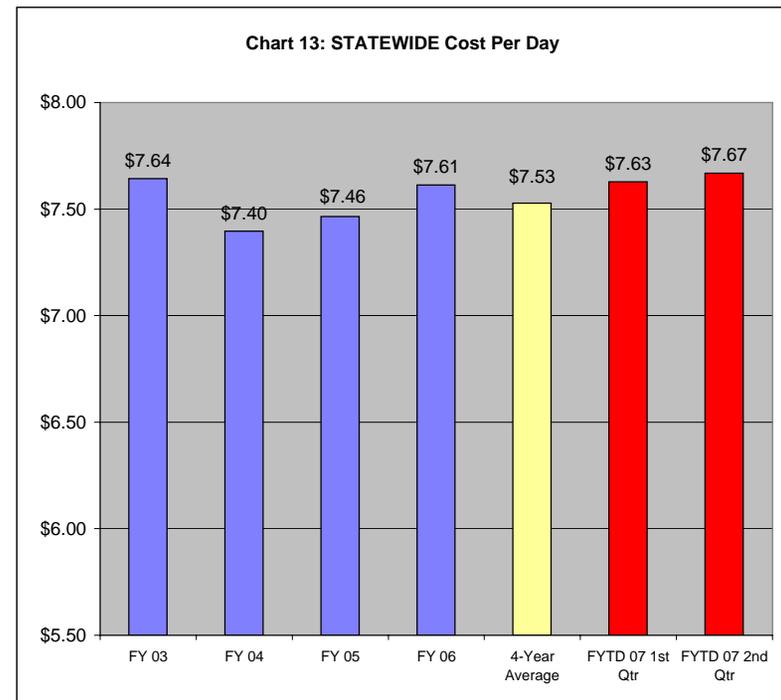
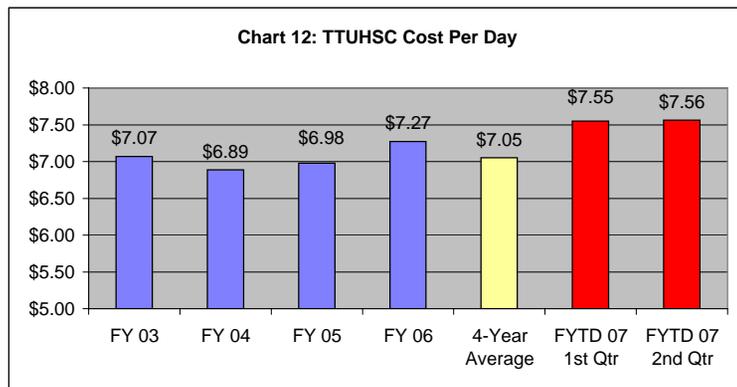
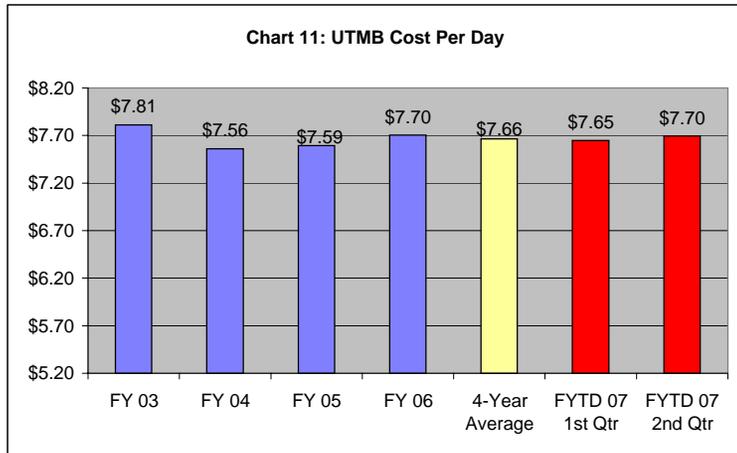


Table 6
Medical Encounter Statistics* by Age Grouping

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-06	35,475	164,823	200,298	7,704	112,542	120,246	4.60	1.46	1.67
Oct-06	37,311	175,600	212,911	7,760	112,414	120,174	4.81	1.56	1.77
Nov-06	36,331	163,865	200,196	7,832	112,475	120,307	4.64	1.46	1.66
Dec-06	34,724	153,470	188,194	7,862	112,161	120,023	4.42	1.37	1.57
Jan-07	35,746	168,145	203,891	7,967	111,796	119,763	4.49	1.50	1.70
Feb-07	33,086	156,408	189,494	8,035	112,016	120,051	4.12	1.40	1.58
Average	35,446	163,719	199,164	7,860	112,234	120,094	4.51	1.46	1.66

*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

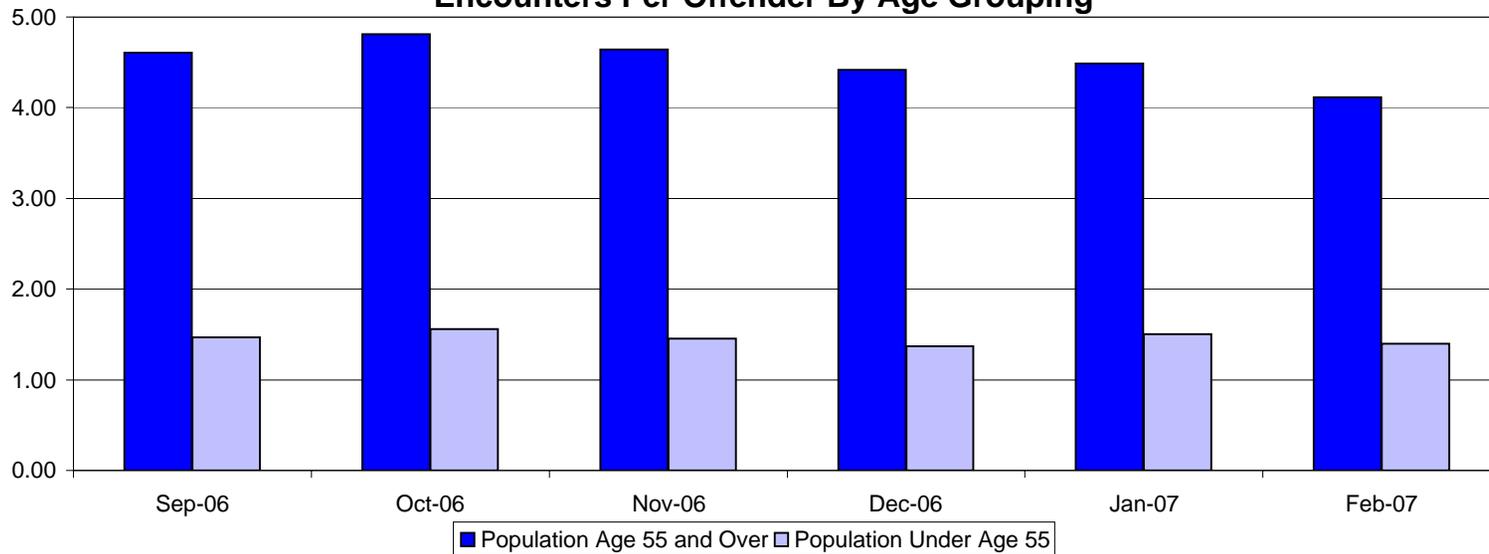
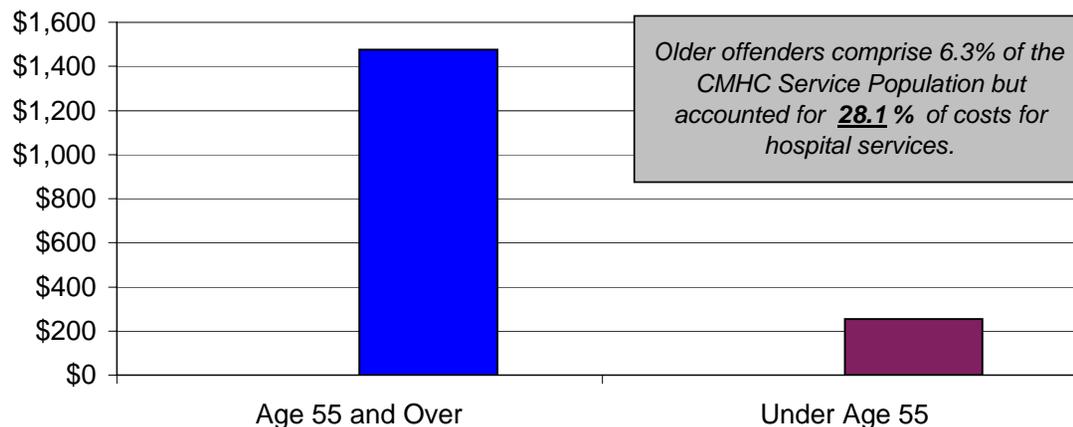


Table 7
FY 2007 2nd Quarter
Offsite Costs* To Date by Age Grouping

Age Grouping	Cost Data	Total Population	Total Cost Per Offender
Age 55 and Over	\$14,170,454	9,602	\$1,475.76
Under Age 55	\$36,234,492	142,098	\$255.00
Total	\$50,404,946	151,700	\$332.27

**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

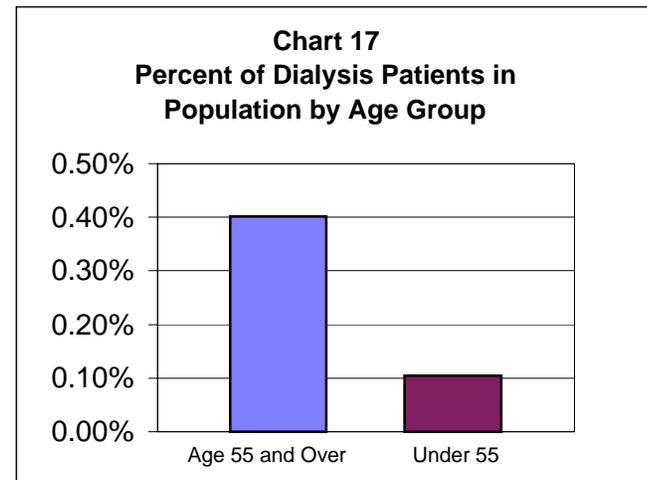
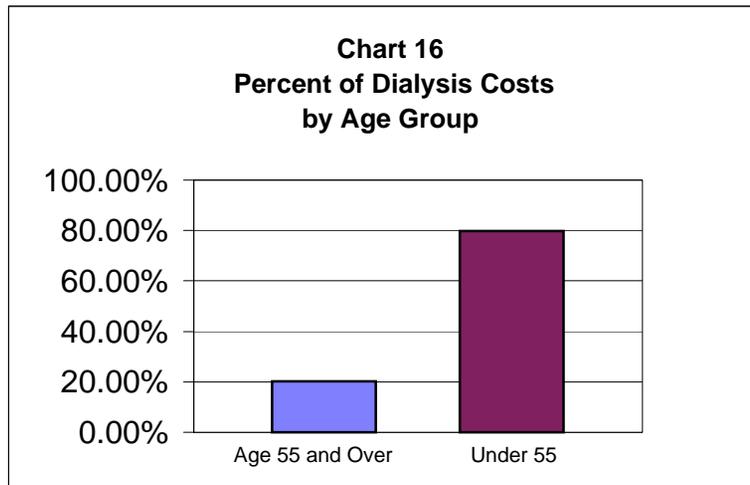


**Table 8
Through FY 2007 2nd Quarter
Dialysis Costs by Age Grouping**

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	\$358,467	20.24%	9,602	6.33%	39	0.40%
Under Age 55	\$1,412,508	79.76%	142,098	93.67%	149	0.10%
Total	\$1,770,975	100.00%	151,700	100.00%	187	0.12%

Projected Avg Cost Per Dialysis Patient Per Year:

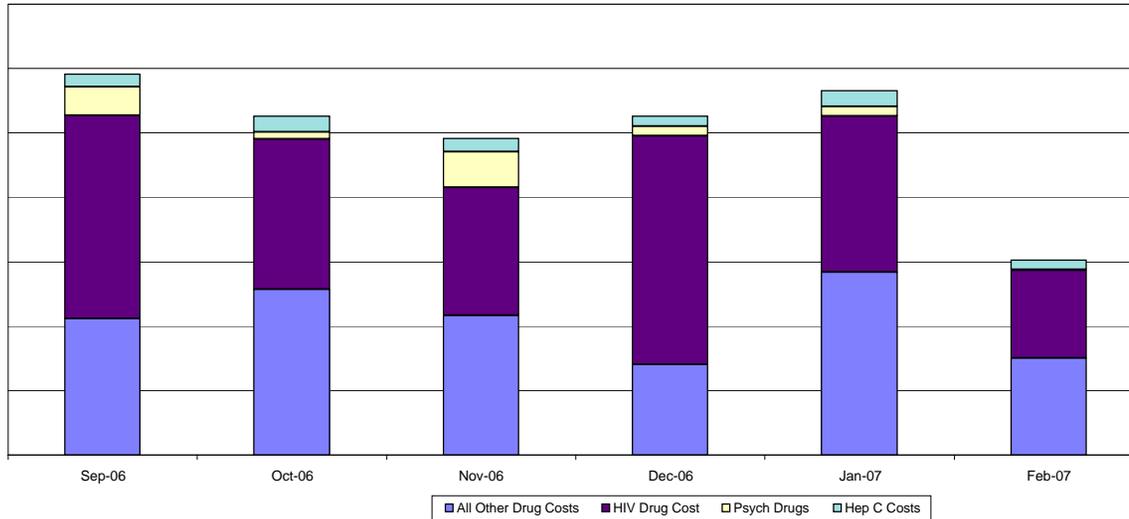
\$18,924



**Table 9
Selected Drug Costs FY 2007**

Category	Sep-06	Oct-06	Nov-06	Dec-06	Jan-07	Feb-07	Total Year-to-Date
<i>Total Drug Costs</i>	\$2,958,564	\$2,628,306	\$2,459,070	\$2,632,161	\$2,828,844	\$1,510,740	\$15,017,685
<i>HIV Medications</i>							
HIV Drug Cost	\$1,578,626	\$1,164,261	\$991,471	\$1,775,787	\$1,210,128	\$684,041	\$7,404,314
HIV Percent of Cost	53.36%	44.30%	40.32%	67.46%	42.78%	45.28%	49.30%
<i>Psychiatric Medications</i>							
Psych Drug Cost	\$224,093	\$57,584	\$276,291	\$77,353	\$78,472	\$2,219	\$716,013
Psych Percent of Cost	7.57%	2.19%	11.24%	2.94%	2.77%	0.15%	4.77%
<i>Hepatitis C Medications</i>							
Hep C Drug Cost	\$99,021	\$119,692	\$107,789	\$79,371	\$122,653	\$72,988	\$601,514
Hep C Percent of Cost	3.35%	4.55%	4.38%	3.02%	4.34%	4.83%	4.01%
<i>All Other Drug Costs</i>	\$1,056,822	\$1,286,768	\$1,083,519	\$699,650	\$1,417,591	\$751,493	\$6,295,844

**Chart 18
Drug Costs by Selected Categories**



**Table 10
Ending Balances 2nd Qtr FY 2007**

	Beginning Balance September 1, 2006	Net Activity FY 2007	Ending Balance February 28, 2007
CMHCC Operating Funds	\$79,112.92	\$200,415.56	\$279,528.48
CMHCC Medical Services	\$734,417.59	\$85,056,571.35	\$85,790,988.94
CMHCC Mental Health	\$527,107.07	\$9,126,105.65	\$9,653,212.72
Ending Balance All Funds	\$1,340,637.58	\$94,383,092.56	\$95,723,730.14
2nd QTR Advance Payments			
From TDCJ - Medical			(\$84,302,390.25)
From TDCJ - Mental Health			(\$9,489,087.50)
From TDCJ - CMHCC			(\$146,227.25)
Total Unencumbered Fund Balance			\$1,786,025.14

SUPPORTING DETAIL

CMHCC Operating Account	
Beginning Balance	\$79,112.92
FY 2006 Funds Lapsed to State Treasury	(\$79,112.92)
Revenue Received	
1st Qtr Payment	\$146,227.25
2nd Qtr Payment	\$146,227.25
3rd Qtr Advance Payment	\$146,227.25
Subtotal Revenue	\$438,681.75
Expenses	
Salary & Benefits	(\$135,036.25)
Operating Expenses	(\$24,117.02)
Subtotal Expenses	(\$159,153.27)
Net Activity thru this Qtr	\$200,415.56
Total Fund Balance CMHCC Operating	\$279,528.48

RECONCILIATION:

Less: 3rd Qtr Advance Payment from TDCJ	(\$146,227.25)
Total Unencumbered Fund Balance	\$133,301.23

SUPPORTING DETAIL

CMHCC Capitation Accounts	Medical Services	Mental Health
Beginning Balance	\$734,417.59	\$527,107.07
FY 2006 Funds Lapsed to State Treasury	(\$734,417.59)	(\$527,107.07)
Revenue Detail		
1st Qtr Payment from TDCJ	\$84,302,390.25	\$9,489,087.50
2nd Qtr Payment from TDCJ	\$84,302,390.25	\$9,489,087.50
3rd Qtr Advance Payment from TDCJ	\$84,302,390.25	\$9,489,087.50
Interest Earned	\$102,805.80	\$4,965.32
Revenue Received	\$253,009,976.55	\$28,472,227.82
Payments to UTMB		
1st Qtr Payment to UTMB	(\$68,256,415.50)	(\$6,384,115.10)
2nd Qtr Payment to UTMB	(\$67,506,345.00)	(\$6,317,100.00)
Subtotal UTMB Payments	(\$135,762,760.50)	(\$12,701,215.10)
Payments to TTUHSC		
1st Qtr Payment to TTUHSC	(\$15,815,009.21)	(\$3,075,800.00)
2nd Qtr Payment to TTUHSC	(\$15,641,217.90)	(\$3,042,000.00)
Subtotal TTUHSC Payments	(\$31,456,227.11)	(\$6,117,800.00)
Total Payments Made thru this Qtr	(\$167,218,987.61)	(\$18,819,015.10)
Net Activity Through This Qtr	\$85,056,571.35	\$9,126,105.65
Total Fund Balance	\$85,790,988.94	\$9,653,212.72

RECONCILIATION:

Less: 3rd Qtr Advance Payment from TDCJ	(\$84,302,390.25)	(\$9,489,087.50)
Total Unencumbered Fund Balance	\$1,488,598.69	\$164,125.22



Correctional Managed Health Care

Monthly Report

March 2007

September 2006 – March 2007

Summary

Beginning with Fiscal Year 2006, the Correctional Managed Health Care Committee (CMHCC) has initiated the distribution of a monthly financial summary report. The purpose of this report is to provide updated and accurate information on the costs of the correctional health care program. This monthly report summarizes activity for the month of March, 2007. Following this narrative are the supporting financial and statistical tables.

Background

During Fiscal Year 2007, approximately \$375.8 million within the TDCJ appropriation has been allocated for funding correctional health care services. This funding included:

- \$313.2M in general revenue appropriations in strategy C.1.8 (Managed Health Care, medical services)
- \$17.5M in supplemental appropriations from HB10
- \$43.1M in general revenue appropriations in strategy C.1.7. (Psychiatric Care).
- \$2.0M in general revenue funding from C.3.1 (Contract Prisons/Private State Jails) provided by TDCJ for the addition of health services for the privately-operated facilities to the CMHCC service population. This transfer of responsibility from the private prison operators to the CMHCC resulted in a net savings to the TDCJ appropriations.

Of this funding, \$375.2M (99.8%) was allocated for health care services provided by UTMB and TTUHSC and \$584.9K (0.2%) for the operation of the Correctional Managed Health Care Committee.

UTMB and TTUHSC receive partial reimbursement for certain benefit payments through other appropriations made for that purpose. These payments are made directly to the university providers. Benefit reimbursement amounts and expenditures are included in the reported totals provided by the universities.

Report Highlights

Population Indicators

- Through March this fiscal year, the correctional health care program remained essentially stable in the overall offender population served by the program. The average daily population served through March of FY 2007 was 151,722. This average was slightly higher than the average through March FY 2006 of 151,146, an increase of 576 (0.4%). Even though the overall population 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 March of FY 2007, the average number of older offenders in the service population was 9635. Through this same month a year ago (FY 2006), the average number of offenders age 55 and over was 8792. This represents an increase of 843 or about 9.6% more older offenders than a year ago.
- The overall HIV+ population has remained relatively stable throughout the last three years and continued to remain so through this month, averaging 2,616 (or about 1.7% of the population served).
- Two mental health caseload measures have also remained relatively stable:
 - The average number of psychiatric inpatients within the system was 2,007 through March of FY 2007, a slight increase from 1,967 through March of FY 2006.
 - Through the month of March FY 2007, the average number of mental health outpatients was 20,027 representing 13.2% of the service population.

Health Care Costs

- Overall health costs through March of FY 2007 totaled \$246.0M.
 - UTMB's total revenue through the month was \$196.4M. Their expenditures totaled \$195.4M, resulting in a net gain of \$1.0M. On a per offender per day basis, UTMB earned \$7.71 in revenue and expended \$7.67 resulting in a gain of \$0.04 per offender per day.
 - TTUHSC's total revenue through the month was \$47.2M. Expenditures totaled \$50.6M, resulting in a net loss of \$3.4M. On a per offender per day basis, TTUHSC earned \$7.05 in revenue, but expended \$7.56 resulting in a shortfall of \$0.51 per offender per day.
- Examining the health care costs in further detail indicates that of the \$246.0M in expenses reported through March:
 - Onsite services (those medical services provided at the prison units) comprised \$117.6M representing about 47.8% of the total health care expenses:

- Pharmacy services totaled \$24.1M representing approximately 9.8% of the total expenses:
- Offsite services (services including hospitalization and specialty clinic care) accounted for \$73.8M or 30.0% of total expenses:
- Mental health services totaled \$22.1M or 9.0% of the total costs:
- Indirect support expenses accounted for \$8.4M and represented 3.4% of the total costs.

The total cost per offender per day for all health care services statewide through March of FY 2007 was \$7.65, a decrease (0.4%) from \$7.68 for FY 2006. However, when benchmarked against the average cost per offender per day for the prior four fiscal years of \$7.53, the cost has increased slightly (1.6%).

- For UTMB, the cost per offender per day was \$7.67, slightly higher than the average cost per day for the last four fiscal years of \$7.66.
- For TTUHSC, the cost per offender per day was \$7.56, significantly higher than the average cost per day for the last four fiscal years of \$7.05.
- Differences in cost between UTMB and TTUHSC relate to the differences in mission, population assigned and the acuity level of the offender patients served.

Reporting of Fund Balances

- A review of revenues and expenditures for FY 2007 indicates that UTMB reports a total gain of \$982,821 through the month. TTUHSC reports a total shortfall of \$3,394,877 through this month.
- A summary analysis of the ending balances, revenue and payments through March for all CMHCC fund accounts is also included in this report. That summary indicates that the net balance on all accounts held by the CMHCC on March 31, 2007 was \$1,023,699.78. It should be noted that this balance is projected to decrease over the remainder of the fiscal year.
- UTMB has experienced difficulties with the implementation of a new Payroll system. This payroll conversion has resulted in a significant amount of payroll expense being expensed to a default university suspense account rather than employees' assigned account/class. This issue has affected all areas of UTMB, including Correctional Managed Care. Per discussion with UTMB representatives, this problem was resolved in early March and an adjustment was made to the general ledger at that time to correctly reflect employees' payroll expenses year to date.

Financial Monitoring

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

The results of the detail transaction testing performed on TTUHSC's and UTMB's financial information for March, 2007, is currently in process. Upon completion, the results of the testing will be reported in the May financial report.

Concluding Notes

The combined *shortfall* for the university providers through March of FY 2007 is \$2,412,056. 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

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Table 5: Ending <u>Balances March FY 2007</u>	10

Table 1
Correctional Managed Health Care
FY 2007 Budget Allocations

<u>Distribution of Funds</u>	
<u>Allocated to</u>	<u>FY 2007</u>
University Providers	
The University of Texas Medical Branch	
Medical Services	\$273,775,733
Mental Health Services	\$25,619,350
Subtotal UTMB	\$299,395,083
Texas Tech University Health Sciences Center	
Medical Services	\$63,433,828
Mental Health Services	\$12,337,000
Subtotal TTUHSC	\$75,770,828
SUBTOTAL UNIVERSITY PROVIDERS	\$375,165,911
Correctional Managed Health Care Committee	\$584,909
TOTAL DISTRIBUTION	\$375,750,820

<u>Source of Funds</u>	
<u>Source</u>	<u>FY 2007</u>
Legislative Appropriations	
SB 1, Article V, TDCJ Appropriations	
Strategy C.1.8. Managed Health Care	\$313,174,719
Strategy C.1.7 Psychiatric Care	\$43,094,589
Strategy C.3.1. Contract Prisons/Private St. Jails*	\$1,981,512
HB 10 Supplemental Appropriations	\$17,500,000
TOTAL	\$375,750,820

*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.

Table 2
 FY 2007
 Key Population Indicators
 Correctional Health Care Program

Indicator	Sep-06	Oct-06	Nov-06	Dec-06	Jan-07	Feb-07	Mar-07	Population Year to Date Avg.
Avg. Population Served by CMHC:								
UTMB State-Operated Population	108,444	108,358	108,500	108,214	107,951	108,255	108,465	108,312
UTMB Private Prison Population*	11,802	11,817	11,807	11,809	11,812	11,797	11,819	11,809
UTMB Total Service Population	120,246	120,174	120,307	120,022	119,763	120,052	120,283	120,121
TTUHSC Total Service Population	31,520	31,568	31,700	31,639	31,612	31,596	31,571	31,601
CMHC Service Population Total	151,766	151,742	152,007	151,662	151,375	151,648	151,854	151,722
Population Age 55 and Over								
UTMB Service Population Average	7,704	7,760	7,832	7,862	7,967	8,035	8,053	7,888
TTUHSC Service Population Average	1,704	1,721	1,743	1,754	1,753	1,778	1,782	1,748
CMHC Service Population Average	9,408	9,481	9,575	9,616	9,720	9,813	9,835	9,635
HIV+ Population	2,679	2,706	2,679	2,693	2,507	2,524	2,523	2,616
Mental Health Inpatient Census								
UTMB Psychiatric Inpatient Average	1,037	1,034	1,039	1,014	1,038	1,042	1,036	1,034
TTUHSC Psychiatric Inpatient Average	960	971	964	981	986	980	966	973
CMHC Psychiatric Inpatient Average	1,997	2,005	2,003	1,995	2,024	2,022	2,002	2,007
Mental Health Outpatient Census								
UTMB Psychiatric Outpatient Average	15,648	16,654	15,426	15,278	15,741	15,544	16,310	15,800
TTUHSC Psychiatric Outpatient Average	4,557	4,807	4,333	3,947	4,101	4,064	3,779	4,227
CMHC Psychiatric Outpatient Average	20,205	21,461	19,759	19,225	19,842	19,608	20,089	20,027

Table 3
Summary Financial Report: Medical Costs
Fiscal Year 2007 - through March 31, 2007 (Sept 2006- Mar 2007)

Days in Year: 212

	Medical Services Costs			Medical Cost Per Day Calculations		
	UTMB	TTUHSC	TOTAL	UTMB	TTUHSC	TOTAL
Population Served	120,121	31,601	151,722			
Revenue						
Capitation Payments	\$159,014,946	\$37,432,926	\$196,447,872	\$6.24	\$5.59	\$6.11
State Reimbursement Benefits	\$19,569,103	\$1,853,908	\$21,423,011	\$0.77	\$0.28	\$0.67
Other Misc Revenue	\$139,936	\$0	\$139,936	\$0.01	\$0.00	\$0.00
Total Revenue	\$178,723,985	\$39,286,834	\$218,010,819	\$7.02	\$5.86	\$6.78
Expenses						
Onsite Services						
Salaries	\$67,812,151	\$5,569,975	\$73,382,126	\$2.66	\$0.83	\$2.28
Benefits	\$17,126,483	\$1,333,009	\$18,459,492	\$0.67	\$0.20	\$0.57
Operating (M&O)	\$9,240,450	\$810,770	\$10,051,220	\$0.36	\$0.12	\$0.31
Professional Services	\$0	\$1,741,872	\$1,741,872	\$0.00	\$0.26	\$0.05
Contracted Units/Services	\$0	\$12,019,106	\$12,019,106	\$0.00	\$1.79	\$0.37
Travel	\$482,368	\$43,494	\$525,862	\$0.02	\$0.01	\$0.02
Electronic Medicine	\$0	\$121,666	\$121,666	\$0.00	\$0.02	\$0.00
Capitalized Equipment	\$1,289,123	\$0	\$1,289,123	\$0.05	\$0.00	\$0.04
Subtotal Onsite Expenses	\$95,950,575	\$21,639,892	\$117,590,467	\$3.77	\$3.23	\$3.66
Pharmacy Services						
Salaries	\$2,230,781	\$652,126	\$2,882,907	\$0.09	\$0.10	\$0.09
Benefits	\$687,274	\$39,132	\$726,406	\$0.03	\$0.01	\$0.02
Operating (M&O)	\$917,974	\$372,984	\$1,290,958	\$0.04	\$0.06	\$0.04
Pharmaceutical Purchases	\$15,246,486	\$3,959,385	\$19,205,871	\$0.60	\$0.59	\$0.60
Professional Services	\$0	\$0	\$0	\$0.00	\$0.00	\$0.00
Travel	\$9,312	\$6,198	\$15,510	\$0.00	\$0.00	\$0.00
Subtotal Pharmacy Expenses	\$19,091,827	\$5,029,825	\$24,121,652	\$0.75	\$0.75	\$0.75
Offsite Services						
University Professional Services	\$7,850,077	\$562,084	\$8,412,161	\$0.31	\$0.08	\$0.26
Freeworld Provider Services	\$7,347,999	\$7,756,418	\$15,104,417	\$0.29	\$1.16	\$0.47
UTMB or TTUHSC Hospital Cost	\$42,525,845	\$5,487,364	\$48,013,209	\$1.67	\$0.82	\$1.49
Estimated IBNR	\$2,144,649	\$153,657	\$2,298,306	\$0.08	\$0.02	\$0.07
Subtotal Offsite Expenses	\$59,868,570	\$13,959,523	\$73,828,093	\$2.35	\$2.08	\$2.30
Indirect Expenses	\$5,128,255	\$2,306,820	\$7,435,075	\$0.20	\$0.34	\$0.23
Total Expenses	\$180,039,227	\$42,936,060	\$222,975,287	\$7.07	\$6.41	\$6.93
Operating Income (Loss)	(\$1,315,242)	(\$3,649,226)	(\$4,964,468)	(\$0.05)	(\$0.54)	(\$0.15)

Table 3 (Continued)
Summary Financial Report: Mental Health Costs
Fiscal Year 2007 through March 31, 2007 (Sept 2006- Mar 2007)

Days in Year: 212

	Mental Health Services Costs			Mental Health Cost Per Day Calculations		
	UTMB	TTUHSC	TOTAL	UTMB	TTUHSC	TOTAL
Population Served	120,121	31,601	151,722			
Revenue						
Capitation Payments	\$14,880,280	\$6,576,433	\$21,456,713	\$0.58	\$0.98	\$0.67
State Reimbursement Benefits	\$2,788,998	\$1,363,232	\$4,152,230	\$0.11	\$0.20	\$0.13
Other Misc Revenue	\$0	\$0	\$0	\$0.00	\$0.00	\$0.00
Total Revenue	\$17,669,278	\$7,939,665	\$25,608,943	\$0.69	\$1.19	\$0.80
Expenses						
Mental Health Services						
Salaries	\$11,696,433	\$5,550,140	\$17,246,573	\$0.46	\$0.83	\$0.54
Benefits	\$2,903,093	\$1,437,130	\$4,340,223	\$0.11	\$0.21	\$0.13
Operating (M&O)	\$113,815	\$94,095	\$207,910	\$0.00	\$0.01	\$0.01
Professional Services	\$0	\$162,049	\$162,049	\$0.00	\$0.02	\$0.01
Contracted Units/Services	\$0	\$0	\$0	\$0.00	\$0.00	\$0.00
Travel	\$70,535	\$11,966	\$82,501	\$0.00	\$0.00	\$0.00
Electronic Medicine	\$0	\$0	\$0	\$0.00	\$0.00	\$0.00
Capital Expenditures	\$71,687	\$0	\$71,687	\$0.00	\$0.00	\$0.00
Subtotal Mental Health Expenses	\$14,855,563	\$7,255,380	\$22,110,943	\$0.58	\$1.08	\$0.69
Indirect Expenses	\$515,652	\$429,936	\$945,588	\$0.02	\$0.06	\$0.03
Total Expenses	\$15,371,215	\$7,685,316	\$23,056,531	\$0.60	\$1.15	\$0.72
Operating Income (Loss)	\$2,298,063	\$254,349	\$2,552,412	\$0.09	\$0.04	\$0.08

All Health Care Summary

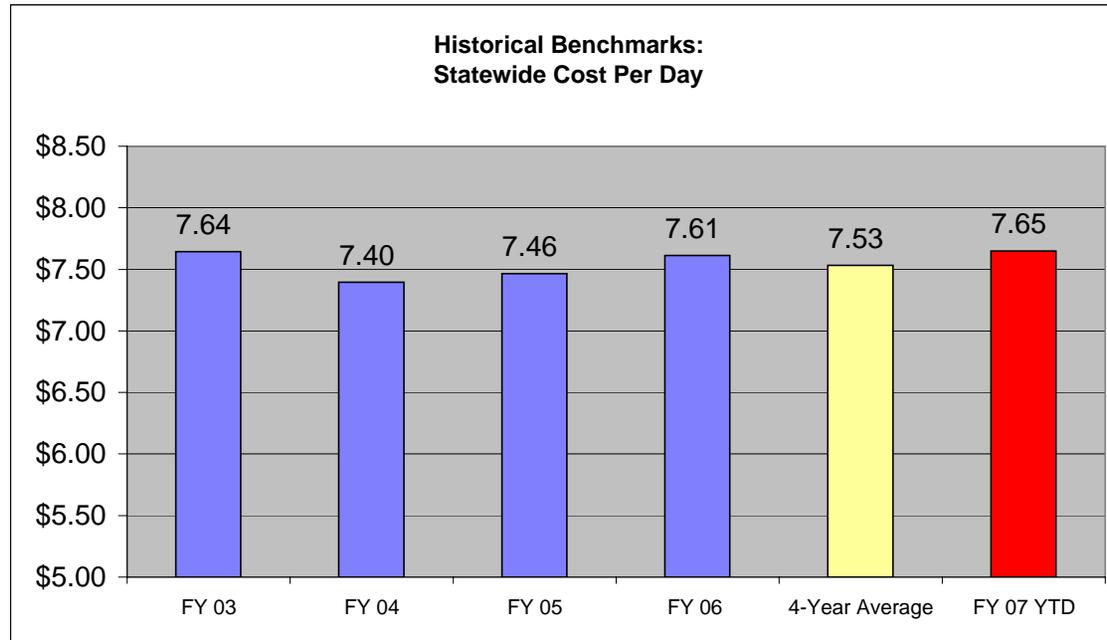
	All Health Care Services			Cost Per Offender Per Day		
	UTMB	TTUHSC	TOTAL	UTMB	TTUHSC	TOTAL
Medical Services	\$178,723,985	\$39,286,834	\$218,010,819	\$7.02	\$5.86	\$6.78
Mental Health Services	\$17,669,278	\$7,939,665	\$25,608,943	\$0.69	\$1.19	\$0.80
Total Revenue	\$196,393,263	\$47,226,499	\$243,619,762	\$7.71	\$7.05	\$7.57
Medical Services	\$180,039,227	\$42,936,060	\$222,975,287	\$7.07	\$6.41	\$6.93
Mental Health Services	\$15,371,215	\$7,685,316	\$23,056,531	\$0.60	\$1.15	\$0.72
Total Expenses	\$195,410,442	\$50,621,376	\$246,031,818	\$7.67	\$7.56	\$7.65
Operating Income (Loss)	\$982,821	(\$3,394,877)	(\$2,412,056)	\$0.04	(\$0.51)	(\$0.07)

**Table 4
Comparison of Total Health Care Costs**

	FY 03	FY 04	FY 05	FY 06	4-Year Average	FY 07 YTD
Population						
UTMB	105,525	113,729	119,322	119,835	114,603	120,121
TTUHSC	31,041	31,246	31,437	31,448	31,293	31,601
Total	136,566	144,975	150,759	151,283	145,896	151,722
Expenses						
UTMB	\$300,912,092	\$313,875,539	\$330,672,773	336,934,127	320,598,633	195,410,442
TTUHSC	\$80,079,315	\$78,548,146	\$80,083,059	83,467,550	80,544,518	50,621,376
Total	\$380,991,407	\$392,423,685	\$410,755,832	420,401,677	401,143,150	246,031,818
Cost/Day						
UTMB	\$7.81	\$7.56	\$7.59	\$7.70	\$7.66	\$7.67
TTUHSC	\$7.07	\$6.89	\$6.98	\$7.27	\$7.05	\$7.56
Total	\$7.64	\$7.40	\$7.46	\$7.61	\$7.53	\$7.65

* Expenses include all health care costs, including medical, mental health, and benefit costs.

NOTE: The calculation for FY 04 has been adjusted from some previous reports to correctly account for leap year



**Table 5
Ending Balances March 31, 2007**

	Beginning Balance September 1, 2006	Net Activity FY 2007	Ending Balance March 31, 2007
CMHCC Operating Funds	\$79,112.92	\$61,393.29	\$140,506.21
CMHCC Medical Services	\$734,417.59	\$62,423.80	\$796,841.39
CMHCC Mental Health	\$527,107.07	(\$440,754.89)	\$86,352.18
Ending Balance All Funds	\$1,340,637.58	(\$316,937.80)	\$1,023,699.78

SUPPORTING DETAIL

CMHCC Operating Account	
Beginning Balance	\$79,112.92
FY 2006 Funds Lapsed to State Treasury	(\$79,112.92)
Revenue Received	
1st Qtr Payment	\$146,227.25
2nd Qtr Payment	\$146,227.25
3rd Qtr Payment	\$146,227.25
Subtotal Revenue	\$438,681.75
Expenses	
Salary & Benefits	(\$269,992.69)
Operating Expenses	(\$28,182.85)
Subtotal Expenses	(\$298,175.54)
Net Activity thru this Qtr	\$61,393.29
Total Fund Balance CMHCC Operating	\$140,506.21

SUPPORTING DETAIL

CMHCC Capitation Accounts	Medical Services	Mental Health
Beginning Balance	\$734,417.59	\$527,107.07
FY 2006 Funds Lapsed to State Treasury	(\$734,417.59)	(\$527,107.07)
Revenue Detail		
1st Qtr Payment from TDCJ	\$84,302,390.25	\$9,489,087.50
2nd Qtr Payment from TDCJ	\$84,302,390.25	\$9,489,087.50
3rd Qtr Payment from TDCJ	\$84,302,390.25	\$9,489,087.50
Interest Earned	\$103,944.77	\$5,184.78
Revenue Received	\$253,011,115.52	\$28,472,447.28
Payments to UTMB		
1st Qtr Payment to UTMB	(\$68,256,415.50)	(\$6,384,115.10)
2nd Qtr Payment to UTMB	(\$67,506,345.00)	(\$6,317,100.00)
3rd Qtr Payment to UTMB	(\$69,006,486.00)	(\$6,457,480.00)
Subtotal UTMB Payments	(\$204,769,246.50)	(\$19,158,695.10)
Payments to TTUHSC		
1st Qtr Payment to TTUHSC	(\$15,815,009.21)	(\$3,075,800.00)
2nd Qtr Payment to TTUHSC	(\$15,641,217.90)	(\$3,042,000.00)
3rd Qtr Payment to TTUHSC	(\$15,988,800.52)	(\$3,109,600.00)
Subtotal TTUHSC Payments	(\$47,445,027.63)	(\$9,227,400.00)
Total Payments Made thru this Qtr	(\$252,214,274.13)	(\$28,386,095.10)
Net Activity Through This Qtr	\$62,423.80	(\$440,754.89)
Total Fund Balance	\$796,841.39	\$86,352.18



Correctional Managed Health Care

Monthly Report

April 2007

September 2006 – April 2007

Summary

Beginning with Fiscal Year 2006, the Correctional Managed Health Care Committee (CMHCC) has initiated the distribution of a monthly financial summary report. The purpose of this report is to provide updated and accurate information on the costs of the correctional health care program. This monthly report summarizes activity for the month of April, 2007. Following this narrative are the supporting financial and statistical tables.

Background

During Fiscal Year 2007, approximately \$375.8 million within the TDCJ appropriation has been allocated for funding correctional health care services. This funding included:

- \$313.2M in general revenue appropriations in strategy C.1.8 (Managed Health Care, medical services)
- \$17.5M in supplemental appropriations from HB10
- \$43.1M in general revenue appropriations in strategy C.1.7. (Psychiatric Care).
- \$2.0M in general revenue funding from C.3.1 (Contract Prisons/Private State Jails) provided by TDCJ for the addition of health services for the privately-operated facilities to the CMHCC service population. This transfer of responsibility from the private prison operators to the CMHCC resulted in a net savings to the TDCJ appropriations.

Of this funding, \$375.2M (99.8%) was allocated for health care services provided by UTMB and TTUHSC and \$584.9K (0.2%) for the operation of the Correctional Managed Health Care Committee.

UTMB and TTUHSC receive partial reimbursement for certain benefit payments through other appropriations made for that purpose. These payments are made directly to the university providers. Benefit reimbursement amounts and expenditures are included in the reported totals provided by the universities.

Report Highlights

Population Indicators

- Through April this fiscal year, the correctional health care program remained essentially stable in the overall offender population served by the program. The average daily population served through April of FY 2007 was 151,743. This average was slightly higher than the average through April FY 2006 of 151,166, an increase of 577 (0.4%). Even though the overall population 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 April of FY 2007, the average number of older offenders in the service population was 9669. Through this same month a year ago (FY 2006), the average number of offenders age 55 and over was 8819. This represents an increase of 850 or about 9.6% more older offenders than a year ago.
- The overall HIV+ population has remained relatively stable throughout the last three years and continued to remain so through this month, averaging 2,603 (or about 1.7% of the population served).
- Two mental health caseload measures have also remained relatively stable:
 - The average number of psychiatric inpatients within the system was 2,006 through April of FY 2007, a slight increase from 1,976 through April of FY 2006.
 - Through the month of April FY 2007, the average number of mental health outpatients was 20,183 representing 13.3% of the service population.

Health Care Costs

- Overall health costs through April of FY 2007 totaled \$282.7M.
 - UTMB's total revenue through the month was \$224.1M. Their expenditures totaled \$224.9M, resulting in a net loss of \$0.8M. On a per offender per day basis, UTMB earned \$7.71 in revenue and expended \$7.74 resulting in a loss of \$0.03 per offender per day.
 - TTUHSC's total revenue through the month was \$53.9M. Expenditures totaled \$57.8M, resulting in a net loss of \$3.9M. On a per offender per day basis, TTUHSC earned \$7.05 in revenue, but expended \$7.56 resulting in a shortfall of \$0.51 per offender per day.
- Examining the health care costs in further detail indicates that of the \$282.7M in expenses reported through April:
 - Onsite services (those medical services provided at the prison units) comprised \$135.2M representing about 47.8% of the total health care expenses:

- Pharmacy services totaled \$27.7M representing approximately 9.8% of the total expenses:
- Offsite services (services including hospitalization and specialty clinic care) accounted for \$84.4M or 29.8% of total expenses:
- Mental health services totaled \$25.8M or 9.1% of the total costs:
- Indirect support expenses accounted for \$9.6M and represented 3.4% of the total costs.

The total cost per offender per day for all health care services statewide through April of FY 2007 was \$7.70, an increase (0.3%) from \$7.68 for FY 2006. However, when benchmarked against the average cost per offender per day for the prior four fiscal years of \$7.53, the cost has increased slightly higher (2.3%).

- For UTMB, the cost per offender per day was \$7.74, slightly higher than the average cost per day for the last four fiscal years of \$7.66.
- For TTUHSC, the cost per offender per day was \$7.56, significantly higher than the average cost per day for the last four fiscal years of \$7.05.
- Differences in cost between UTMB and TTUHSC relate to the differences in mission, population assigned and the acuity level of the offender patients served.

Reporting of Fund Balances

- A review of revenues and expenditures for FY 2007 indicates that UTMB reports a total shortfall of \$829,111 through the month. TTUHSC reports a total shortfall of \$3,865,382 through this month.
- A summary analysis of the ending balances, revenue and payments through April for all CMHCC fund accounts is also included in this report. That summary indicates that the net balance on all accounts held by the CMHCC on April 30, 2007 was \$983,922.48. It should be noted that this balance is projected to decrease over the remainder of the fiscal year.

Financial Monitoring

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

The results of the detail transaction testing performed on TTUHSC's and UTMB's financial information for April, 2007, is currently in process. Upon completion, the results of the testing will be reported in the May financial report.

Concluding Notes

The combined *shortfall* for the university providers through April of FY 2007 is \$4,691,493. The university providers are continuing to monitor their expenditures closely, while seeking additional opportunities to reduce costs in order to minimize their operating losses. .

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Table 1
Correctional Managed Health Care
FY 2007 Budget Allocations

<u>Distribution of Funds</u>	
<u>Allocated to</u>	<u>FY 2007</u>
University Providers	
The University of Texas Medical Branch	
Medical Services	\$273,775,733
Mental Health Services	\$25,619,350
Subtotal UTMB	\$299,395,083
Texas Tech University Health Sciences Center	
Medical Services	\$63,433,828
Mental Health Services	\$12,337,000
Subtotal TTUHSC	\$75,770,828
SUBTOTAL UNIVERSITY PROVIDERS	\$375,165,911
Correctional Managed Health Care Committee	\$584,909
TOTAL DISTRIBUTION	\$375,750,820

<u>Source of Funds</u>	
<u>Source</u>	<u>FY 2007</u>
Legislative Appropriations	
SB 1, Article V, TDCJ Appropriations	
Strategy C.1.8. Managed Health Care	\$313,174,719
Strategy C.1.7 Psychiatric Care	\$43,094,589
Strategy C.3.1. Contract Prisons/Private St. Jails*	\$1,981,512
HB 10 Supplemental Appropriations	\$17,500,000
TOTAL	\$375,750,820

*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.

Table 2
 FY 2007
 Key Population Indicators
 Correctional Health Care Program

Indicator	Sep-06	Oct-06	Nov-06	Dec-06	Jan-07	Feb-07	Mar-07	Apr-07	Population Year to Date Avg.
Avg. Population Served by CMHC:									
UTMB State-Operated Population	108,444	108,358	108,500	108,214	107,951	108,255	108,465	108,459	108,331
UTMB Private Prison Population*	11,802	11,817	11,807	11,809	11,812	11,797	11,819	11,811	11,809
UTMB Total Service Population	120,246	120,174	120,307	120,022	119,763	120,052	120,283	120,271	120,140
TTUHSC Total Service Population	31,520	31,568	31,700	31,639	31,612	31,596	31,571	31,620	31,603
CMHC Service Population Total	151,766	151,742	152,007	151,662	151,375	151,648	151,854	151,891	151,743
Population Age 55 and Over									
UTMB Service Population Average	7,704	7,760	7,832	7,862	7,967	8,035	8,053	8,100	7,914
TTUHSC Service Population Average	1,704	1,721	1,743	1,754	1,753	1,778	1,782	1,802	1,755
CMHC Service Population Average	9,408	9,481	9,575	9,616	9,720	9,813	9,835	9,902	9,669
HIV+ Population	2,679	2,706	2,679	2,693	2,507	2,524	2,523	2,512	2,603
Mental Health Inpatient Census									
UTMB Psychiatric Inpatient Average	1,037	1,034	1,039	1,014	1,038	1,042	1,036	1,041	1,035
TTUHSC Psychiatric Inpatient Average	960	971	964	981	986	980	966	961	971
CMHC Psychiatric Inpatient Average	1,997	2,005	2,003	1,995	2,024	2,022	2,002	2,002	2,006
Mental Health Outpatient Census									
UTMB Psychiatric Outpatient Average	15,648	16,654	15,426	15,278	15,741	15,544	16,310	16,951	15,944
TTUHSC Psychiatric Outpatient Average	4,557	4,807	4,333	3,947	4,101	4,064	3,779	4,323	4,239
CMHC Psychiatric Outpatient Average	20,205	21,461	19,759	19,225	19,842	19,608	20,089	21,274	20,183

Table 3
Summary Financial Report: Medical Costs
Fiscal Year 2007 - through April 30, 2007 (Sept 2006- Apr 2007)

Days in Year: 242

	Medical Services Costs			Medical Cost Per Day Calculations		
	UTMB	TTUHSC	TOTAL	UTMB	TTUHSC	TOTAL
Population Served	120,140	31,603	151,743			
Revenue						
Capitation Payments	\$181,517,061	\$42,730,832	\$224,247,893	\$6.24	\$5.59	\$6.11
State Reimbursement Benefits	\$22,248,816	\$2,134,750	\$24,383,566	\$0.77	\$0.28	\$0.66
Other Misc Revenue	\$163,456	\$0	\$163,456	\$0.01	\$0.00	\$0.00
Total Revenue	\$203,929,333	\$44,865,582	\$248,794,915	\$7.01	\$5.87	\$6.78
Expenses						
Onsite Services						
Salaries	\$78,544,544	\$6,407,141	\$84,951,685	\$2.70	\$0.84	\$2.31
Benefits	\$19,683,375	\$1,537,276	\$21,220,651	\$0.68	\$0.20	\$0.58
Operating (M&O)	\$10,320,488	\$918,962	\$11,239,450	\$0.35	\$0.12	\$0.31
Professional Services	\$0	\$1,932,872	\$1,932,872	\$0.00	\$0.25	\$0.05
Contracted Units/Services	\$0	\$13,720,501	\$13,720,501	\$0.00	\$1.79	\$0.37
Travel	\$596,479	\$52,855	\$649,334	\$0.02	\$0.01	\$0.02
Electronic Medicine	\$0	\$131,748	\$131,748	\$0.00	\$0.02	\$0.00
Capitalized Equipment	\$1,307,201	\$0	\$1,307,201	\$0.04	\$0.00	\$0.04
Subtotal Onsite Expenses	\$110,452,087	\$24,701,355	\$135,153,442	\$3.80	\$3.23	\$3.68
Pharmacy Services						
Salaries	\$2,584,069	\$751,076	\$3,335,145	\$0.09	\$0.10	\$0.09
Benefits	\$790,135	\$46,369	\$836,504	\$0.03	\$0.01	\$0.02
Operating (M&O)	\$1,054,790	\$419,481	\$1,474,271	\$0.04	\$0.05	\$0.04
Pharmaceutical Purchases	\$17,517,819	\$4,541,791	\$22,059,610	\$0.60	\$0.59	\$0.60
Professional Services	\$0	\$0	\$0	\$0.00	\$0.00	\$0.00
Travel	\$12,335	\$7,644	\$19,979	\$0.00	\$0.00	\$0.00
Subtotal Pharmacy Expenses	\$21,959,148	\$5,766,361	\$27,725,509	\$0.76	\$0.75	\$0.76
Offsite Services						
University Professional Services	\$9,064,226	\$669,742	\$9,733,968	\$0.31	\$0.09	\$0.27
Freeworld Provider Services	\$8,643,033	\$8,493,834	\$17,136,867	\$0.30	\$1.11	\$0.47
UTMB or TTUHSC Hospital Cost	\$48,137,862	\$6,254,395	\$54,392,257	\$1.66	\$0.82	\$1.48
Estimated IBNR	\$2,636,587	\$469,704	\$3,106,291	\$0.09	\$0.06	\$0.08
Subtotal Offsite Expenses	\$68,481,708	\$15,887,675	\$84,369,383	\$2.36	\$2.08	\$2.30
Indirect Expenses	\$5,890,899	\$2,634,702	\$8,525,601	\$0.20	\$0.34	\$0.23
Total Expenses	\$206,783,842	\$48,990,093	\$255,773,935	\$7.11	\$6.41	\$6.97
Operating Income (Loss)	(\$2,854,509)	(\$4,124,511)	(\$6,979,020)	(\$0.10)	(\$0.54)	(\$0.19)

Table 3 (Continued)
Summary Financial Report: Mental Health Costs
Fiscal Year 2007 through April 30, 2007 (Sept 2006- Apr 2007)

Days in Year: 242

	Mental Health Services Costs			Mental Health Cost Per Day Calculations		
	UTMB	TTUHSC	TOTAL	UTMB	TTUHSC	TOTAL
Population Served	120,140	31,603	151,743			
Revenue						
Capitation Payments	\$16,985,980	\$7,506,267	\$24,492,247	\$0.58	\$0.98	\$0.67
State Reimbursement Benefits	\$3,166,391	\$1,554,410	\$4,720,801	\$0.11	\$0.20	\$0.13
Other Misc Revenue	\$0	\$0	\$0	\$0.00	\$0.00	\$0.00
Total Revenue	\$20,152,371	\$9,060,677	\$29,213,048	\$0.69	\$1.18	\$0.80
Expenses						
Mental Health Services						
Salaries	\$13,519,232	\$6,332,799	\$19,852,031	\$0.46	\$0.83	\$0.54
Benefits	\$3,333,993	\$1,640,181	\$4,974,174	\$0.11	\$0.21	\$0.14
Operating (M&O)	\$518,967	\$108,677	\$627,644	\$0.02	\$0.01	\$0.02
Professional Services	\$0	\$215,511	\$215,511	\$0.00	\$0.03	\$0.01
Contracted Units/Services	\$0	\$0	\$0	\$0.00	\$0.00	\$0.00
Travel	\$84,275	\$13,604	\$97,879	\$0.00	\$0.00	\$0.00
Electronic Medicine	\$0	\$0	\$0	\$0.00	\$0.00	\$0.00
Capital Expenditures	\$75,169	\$0	\$75,169	\$0.00	\$0.00	\$0.00
Subtotal Mental Health Expenses	\$17,531,636	\$8,310,772	\$25,842,408	\$0.60	\$1.09	\$0.70
Indirect Expenses	\$592,337	\$490,776	\$1,083,113	\$0.02	\$0.06	\$0.03
Total Expenses	\$18,123,973	\$8,801,548	\$26,925,521	\$0.62	\$1.15	\$0.73
Operating Income (Loss)	\$2,028,398	\$259,129	\$2,287,527	\$0.07	\$0.03	\$0.06

All Health Care Summary

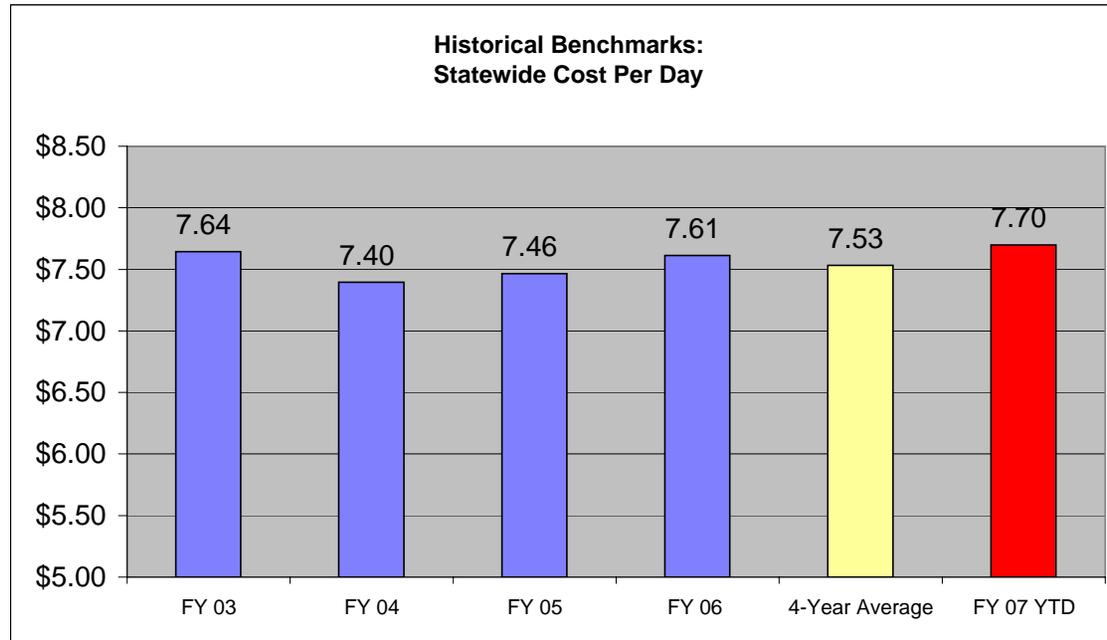
	All Health Care Services			Cost Per Offender Per Day		
	UTMB	TTUHSC	TOTAL	UTMB	TTUHSC	TOTAL
Medical Services	\$203,929,333	\$44,865,582	\$248,794,915	\$7.01	\$5.87	\$6.78
Mental Health Services	\$20,152,371	\$9,060,677	\$29,213,048	\$0.69	\$1.18	\$0.80
Total Revenue	\$224,081,704	\$53,926,259	\$278,007,963	\$7.71	\$7.05	\$7.57
Medical Services	\$206,783,842	\$48,990,093	\$255,773,935	\$7.11	\$6.41	\$6.97
Mental Health Services	\$18,123,973	\$8,801,548	\$26,925,521	\$0.62	\$1.15	\$0.73
Total Expenses	\$224,907,815	\$57,791,641	\$282,699,456	\$7.74	\$7.56	\$7.70
Operating Income (Loss)	(\$826,111)	(\$3,865,382)	(\$4,691,493)	(\$0.03)	(\$0.51)	(\$0.13)

**Table 4
Comparison of Total Health Care Costs**

	FY 03	FY 04	FY 05	FY 06	4-Year Average	FY 07 YTD
Population						
UTMB	105,525	113,729	119,322	119,835	114,603	120,140
TTUHSC	31,041	31,246	31,437	31,448	31,293	31,603
Total	136,566	144,975	150,759	151,283	145,896	151,743
Expenses						
UTMB	\$300,912,092	\$313,875,539	\$330,672,773	336,934,127	320,598,633	224,907,815
TTUHSC	\$80,079,315	\$78,548,146	\$80,083,059	83,467,550	80,544,518	57,791,641
Total	\$380,991,407	\$392,423,685	\$410,755,832	420,401,677	401,143,150	282,699,456
Cost/Day						
UTMB	\$7.81	\$7.56	\$7.59	\$7.70	\$7.66	\$7.74
TTUHSC	\$7.07	\$6.89	\$6.98	\$7.27	\$7.05	\$7.56
Total	\$7.64	\$7.40	\$7.46	\$7.61	\$7.53	\$7.70

* Expenses include all health care costs, including medical, mental health, and benefit costs.

NOTE: The calculation for FY 04 has been adjusted from some previous reports to correctly account for leap year



**Table 5
Ending Balances April 30, 2007**

	Beginning Balance September 1, 2006	Net Activity FY 2007	Ending Balance April 30, 2007
CMHCC Operating Funds	\$79,112.92	\$20,298.04	\$99,410.96
CMHCC Medical Services	\$734,417.59	\$63,528.83	\$797,946.42
CMHCC Mental Health	\$527,107.07	(\$440,541.97)	\$86,565.10
Ending Balance All Funds	\$1,340,637.58	(\$356,715.10)	\$983,922.48

SUPPORTING DETAIL

CMHCC Operating Account	
Beginning Balance	\$79,112.92
FY 2006 Funds Lapsed to State Treasury	(\$79,112.92)
Revenue Received	
1st Qtr Payment	\$146,227.25
2nd Qtr Payment	\$146,227.25
3rd Qtr Payment	\$146,227.25
Interest Earned	\$1,989.33
Subtotal Revenue	\$440,671.08
Expenses	
Salary & Benefits	(\$308,983.49)
Operating Expenses	(\$32,276.63)
Subtotal Expenses	(\$341,260.12)
Net Activity thru this Qtr	\$20,298.04
Total Fund Balance CMHCC Operating	\$99,410.96

SUPPORTING DETAIL

CMHCC Capitation Accounts	Medical Services	Mental Health
Beginning Balance	\$734,417.59	\$527,107.07
FY 2006 Funds Lapsed to State Treasury	(\$734,417.59)	(\$527,107.07)
Revenue Detail		
1st Qtr Payment from TDCJ	\$84,302,390.25	\$9,489,087.50
2nd Qtr Payment from TDCJ	\$84,302,390.25	\$9,489,087.50
3rd Qtr Payment from TDCJ	\$84,302,390.25	\$9,489,087.50
Interest Earned	\$105,049.80	\$5,397.70
Revenue Received	\$253,012,220.55	\$28,472,660.20
Payments to UTMB		
1st Qtr Payment to UTMB	(\$68,256,415.50)	(\$6,384,115.10)
2nd Qtr Payment to UTMB	(\$67,506,345.00)	(\$6,317,100.00)
3rd Qtr Payment to UTMB	(\$69,006,486.00)	(\$6,457,480.00)
Subtotal UTMB Payments	(\$204,769,246.50)	(\$19,158,695.10)
Payments to TTUHSC		
1st Qtr Payment to TTUHSC	(\$15,815,009.21)	(\$3,075,800.00)
2nd Qtr Payment to TTUHSC	(\$15,641,217.90)	(\$3,042,000.00)
3rd Qtr Payment to TTUHSC	(\$15,988,800.52)	(\$3,109,600.00)
Subtotal TTUHSC Payments	(\$47,445,027.63)	(\$9,227,400.00)
Total Payments Made thru this Qtr	(\$252,214,274.13)	(\$28,386,095.10)
Net Activity Through This Qtr	\$63,528.83	(\$440,541.97)
Total Fund Balance	\$797,946.42	\$86,565.10