



**CORRECTIONAL MANAGED HEALTH CARE
COMMITTEE
AGENDA**

June 10, 2008

9:00 a.m.

Love Field Main Terminal
Multi-Purpose Conference Room
8008 Cedar Springs Road
Dallas, Texas

CORRECTIONAL MANAGED HEALTH CARE COMMITTEE

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AGENDA

- I. Call to Order
- II. Recognitions and Introductions
- III. Approval Excused Absence
- IV. Consent Items
 1. Approval of Minutes, March 25, 2008
 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
- VI. Performance and Financial Status Dashboard
- VII. Summary of Critical Correctional Health Care Personnel Vacancies
 1. The University of Texas Medical Branch
 2. Texas Tech University Health Sciences Center
 3. Texas Department of Criminal Justice

EACH ITEM ABOVE INCLUDES DISCUSSION AND ACTION AS NECESSARY

VIII. Medical Director's Updates

1. Texas Department of Criminal Justice
2. Texas Tech University Health Sciences Center
3. The University of Texas Medical Branch
 - Financial Update
 - Mother / Infant Bonding Program

IX. Presentation from Joint Work Group Committee: Joint Dental Work Group Committee

X. Financial Reports

1. FY 2008 Second Quarter Financial Report
2. Financial Monitoring Update

XI. Public Comment

XII. Date / Location of Next CMHCC Meeting

XIII. Adjourn

Consent Item 1

Approval of Minutes, March 25, 2008

MINUTES

**CORRECTIONAL MANAGED HEALTH CARE COMMITTEE
March 25, 2008**

- Chairperson:** James D. Griffin, M.D.
- CMHCC Members Present:** Elmo Cavin, Bryan Collier, Jeannie Frazier, Cynthia Jumper, M.D., Lannette Linthicum, M.D., Ben G. Raimer, M.D., Desmar Walkes, M.D.
- CMHCC Members Absent:** Larry Revill
- Partner Agency Staff Present:** John Allen, Owen Murray, D. O., Joe Penn, M.D., The University of Texas Medical Branch; Denise DeShields, Gary Tonniges, Larry Elkins, Jerry Hoover, Texas Tech University Health Sciences Center; Nathaniel Quarterman, Michael Kelley, M.D., Dee Wilson, Jerry McGinty, George Crippen, R.N., Cathy Martinez, Rebecka Berner, Robert William, M.D., Texas Department of Criminal Justice; Allen Hightower, David McNutt, Lynn Webb, Tati Buentello, CMHCC Staff .
- Others Present:** Kyle Mitchell, Office of the Governor; Michael Murray, GlaxoSmithKline, Helga Dill, Joan Covici, Texas Cure; Martha Ann Dafft, Representing Self
- Location:** Love Field Main Terminal Conference Room A, 8008 Cedar Springs Road, Dallas, Texas

Agenda Topic / Presenter	Presentation	Discussion	Action
I. Call to Order - James D. Griffin, M.D.	Dr. Griffin called the CMHCC meeting to order at 9:00 a.m. in accordance with Chapter 551 of the Texas Government Code, the Open Meetings Act. He noted that a quorum was present then thanked everyone for attending.		
II. Recognitions and Introductions - James D. Griffin, M.D.	Dr. Griffin recognized and introduced Mr. Kyle Mitchell, Office of the Governor - Budget, Planning and Policy, then welcomed him to the meeting. Dr. Griffin next asked Dr. Owen Murray to introduce Dr. Joseph Penn. Dr. Owen Murray stated that it was a pleasure to introduce Dr. Penn, the newly selected Mental Health Director. Prior to accepting this position, Dr. Penn worked at the Rhode Island Hospital's Child and Family Psychiatry Department. Dr. Penn received his M.D. from UTMB in 1992 and his postgraduate training include receiving Residency in General, Child and Adolescent Psychiatry at Brown University and a Fellowship on Forensic Psychiatry from Yale University.	Dr. Griffin thanked Dr. Murray for the introduction and on behalf of the committee welcomed Dr. Penn in his new position as the UTMB Mental Health Director.	

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<p>III. Approval of Excused Absence</p> <ul style="list-style-type: none"> - James D. Griffin, M.D. 	<p>Dr. Griffin next noted that Dr. Lannette Linthicum was absent from the December 4, 2007 CMHCC meeting due to scheduling conflicts then stated that he would entertain a motion to excuse her absence.</p>		<p>Ms. Jeannie Frazier moved to approve Dr. Lannette Linthicum's absence from the December 4, 2007 CMHCC meeting. Dr. Jumper seconded the motion. Motion passed by unanimous vote.</p>
<p>IV. Consent Items</p> <ul style="list-style-type: none"> - James D. Griffin, M.D. 	<p>Dr. Griffin then stated next on the agenda was the approval of the consent items to include the Minutes from the December 4, 2007 CMHCC meeting; the TDCJ Health Services Monitoring Report; both UTMB and TTUHSC Medical Director's report and the Summary of Joint Committee Activities. He asked the members if they had any specific consent item(s) they would like pulled for separate discussion?</p> <p>Hearing no further discussions, Dr. Griffin stated that he would entertain a motion.</p>	<p>Dr. Linthicum noted that on page 137, under the Summary of CMHCC Joint Committees, the charge stating the purpose of the Nursing Committee was incorrect. She asked that this be corrected to reflect that the Nursing Committee is charged with the review, monitoring and evaluation of nursing policies and practices.</p> <p>Dr. Griffin noted that the CMHC staff would make the correction.</p>	<p>Mr. Elmo Cavin moved to approve the consent items as presented in the agenda packet with the correction to reflect that the Joint Nursing Committee is charged with the review, monitoring and evaluation of nursing policies and practices as noted by Dr. Linthicum.</p> <p>Ms. Jeannie Fraizer seconded the motion. Motion passed by unanimous vote.</p>
<p>V. Executive Director's Report</p> <ul style="list-style-type: none"> - Allen Hightower - Contract Amendment for San Saba and Marlin 	<p>Dr. Griffin then called on Mr. Allen Hightower to present the Executive Director's Report.</p> <p>Mr. Hightower thanked Chairman Griffin and stated that his report is found at Tab A of the agenda packet.</p> <p>The contract amendment adding the San Saba and Marlin facilities has been executed. Mr. Hightower noted that San Saba began accepting offenders in February, 2008 and that Marlin is scheduled to open in April, 2008.</p>		

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<ul style="list-style-type: none"> - Senate Criminal Justice Committee Meeting 	<p>Mr. Hightower then reported that the Senate Criminal Justice Committee met on January 24th to review homicides and medical care within the Texas Department of Criminal Justice (TDCJ). Testifying before the Committee was Dr. Ben Raimer and Dr. Glenda Adams with UTMB; Mr. Brad Livingston and Dr. Lannette Linthicum with TDCJ. He further noted that Dr. Denise DeShields, Texas Tech University Health Sciences Center (TTUHSC), and the CMHCC committee staff were also in attendance as resource witnesses.</p>		
<ul style="list-style-type: none"> - Staffing Study as per HB 1, Article 4, Rider 87 	<p>Rider 87 requires TDCJ to perform a staffing study for health and psychiatric care for each facility within the Correctional Institutional Division. Mr. Hightower further reported that Dr. Linthicum has initiated this study in conjunction with staff from UTMB and TTUHSC with the intent to complete the study prior to submission of the Legislative Appropriations request for TDCJ.</p>		
<ul style="list-style-type: none"> - Appropriations Request Planning 	<p>Mr. Hightower next noted that it is approaching that time again to begin preparations for putting together an appropriations request for the next biennium. He stated that the CMHCC staff will be contacting the partner agencies in soliciting input and supporting data to use in formulating this request. He further stated that staff will be distributing the instructions and timeframes once they become available.</p>		
<ul style="list-style-type: none"> - Senate Criminal Justice Hearing on the Sunset Bill 	<p>Mr. Hightower then noted that the Senate Criminal Justice Committee has tentatively scheduled a hearing related to its interim charge for April 2, 2008. This hearing will address monitoring the implementation of SB 909, Sunset Bill. CMHCC staff and staff from the partner agencies will be in attendance and Mr. Hightower stated that he would report back on this at the June meeting.</p> <p>Mr. Hightower concluded by stating that he would entertain questions at this time.</p> <p>Hearing no further comments or discussion, Dr. Griffin thanked Mr. Hightower for the report.</p>		

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<p>VI. Performance and Financial Status Update</p> <p>- David McNutt</p>	<p>Dr. Griffin next called on Mr. McNutt to provide the performance and financial status update.</p> <p>Mr. McNutt reported that the average service population for the first quarter of FY 2008 was 151,638 compared to 151,834 for the first quarter average in FY 2007 which was slightly above the anticipated average service population of 151,717.</p> <p>Mr. McNutt then noted that the aging offenders continue to increase for the biennium. There was an increase of about 6% of those offenders 55+ when comparing the numbers from the first quarter average for FY 2008 to the first quarter average for FY 2007.</p> <p>For the psychiatric inpatient census, Mr. McNutt again noted that this is determined by the number of available beds and these numbers decreased some for this quarter compared to the first quarter in FY 2007.</p> <p>The psychiatric outpatient census remained consistent in comparison to the first quarter of FY 2007. He further reported that the number of psychiatric outpatient census consists of about 13.5% of the service population.</p> <p>Mr. McNutt next noted for the first quarter FY 2008, the medical access to care for September and October remained between 98% - 99% then dropped to the 97% - 98% range in November. The mental health access to care numbers remained consistent for indicators #4 & #5, but indicator #6 went from 99% to 97%. The dental access to care remained between the 97% - 98% range. Mr. McNutt further clarified that even though the charts show the trends going down, it is misleading as the indicators are still within the 95% - 96% range.</p> <p>The UTMB percent of vacancy rates dropped for physicians, mid-level providers, RN's, LVN's and the</p>		

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<p>- Performance and Financial Status Update (Cont.)</p>	<p>psychiatrist, but noted the dental vacancy rate increased as shown on page 149 of the agenda packet. Mr. McNutt further stated that compared to the last quarter of FY 2007 the vacancy rates have improved except for the dentist category.</p> <p>For the TTUHSC vacancy rates; the physician, the mid-level providers and the psychiatrist have decreased some from the last quarter but the vacancy rates for the RN's, LVN's and dentist increased from what was reported for the last quarter of FY 2007 with the RN's being even higher than what was reported for the second quarter of FY 2007 as shown on page 150.</p> <p>Mr. McNutt then reported that the percent of timely MRIS summaries for the first quarter of FY 2008 was below the targeted level of 95% with the months of September and November being at above 90% and between 85% - 90% for October.</p> <p>The statewide expenses for the months of September and October showed that the revenue was higher than expenses, whereas in November, Mr. McNutt noted that the expenses were higher than the revenue due to the higher costs of both pharmacy and offsite care.</p> <p>He then reported that the statewide loss / gain by month for the overall expenses was \$1.5M in September, \$2M in October and a negative \$1.7M in November. The cumulative loss /gain for the September and October was \$3.6M and a negative effect in November at \$1.9M.</p> <p>Mr. McNutt concluded by stating the he is open to answer questions at this time.</p>	<p>Dr. Kelley stated that a policy was passed in November that addresses the response to sick call requests. He further noted that normally written responses are not included but they are now starting to evaluate those written responses for their appropriateness. These written responses will now be included to the access to care indicators which Dr. Kelley noted will affect the compliance rates.</p>	

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<p>- Performance and Financial Status Update (Cont.)</p>		<p>Dr. Griffin asked that a note be included to those access to care indicators addressing the change in policy, so that it will be a reminder as to why the compliance rate has shifted.</p> <p>Mr. McNutt responded that he would include the notation on his future reports.</p> <p>Mr. Hightower added that the rising offsite costs; the difficulty of placing people offsite; competing with free-world hospitals, and nationwide nursing shortages are just some of the challenges faced by the Committee. He further noted that TDCJ is also having difficulties recruiting security staff in various remote locations.</p> <p>Dr. Raimer added that UTMB faces the same difficulties in recruiting and retaining health care providers and nursing staff in certain geographical areas. He further noted with the continuing growth of the offender population over 55 will lead to higher incidences of heart disease, liver disease and cancer patients who will be needing those additional beds and require more access to health care. He recommended looking at some type of statewide bed management system where the patient does not have to stay in the hospital but can be transported to where there is an available bed whether it be in the UTMB or TTUHSC sector.</p> <p>Dr. Linthicum also added that the Joint Medical Director's Committee at their last meeting discussed the infirmary bed and capacity issues. Currently there are over 700 infirmary beds statewide and she noted that once the Marlin facility is online, there will be an additional 300 infirmary beds available. The challenge facing the CMHCC program is how to effectively utilize those beds that are located on units that are in the medically underserved areas and health professional shortage areas which then affects</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>- Performance and Financial Update (Cont.)</p>		<p>the universities efforts to recruit and retain health care staff to provide those necessary services.</p> <p>Dr. Linthicum further noted that the CMHCC program is at a point in the delivery system of having to look at models of clinical excellence as in the case of the HIV / AIDS patient placement and looking at a more centralized system rather than just as a Texas Tech or a UTMB health care delivery system.</p> <p>Ms. Frazier asked what the possibility was of making the Southern Regional Medical Facility at the Carole Young unit for that purpose as it in close proximity to Galveston?</p> <p>Mr. Nathaniel Quarterman responded that the Carole Young Unit is not designed for that type of patient care and security level is not suitable to place additional offenders.</p> <p>Dr. Griffin asked that the Medical Director's look further into the models of clinical excellence and statewide coordination efforts then report back to the Committee with their recommendations.</p>	
<p>VII. Summary of Key Personnel Vacancies</p> <p>- Owen Murray, M.D. (UTMB)</p>	<p>Hearing no further discussions, Dr. Griffin thanked Mr. McNutt for the update.</p> <p>Dr. Griffin then called on Dr. Owen Murray to provide the update on UTMB's key personnel vacancies.</p> <p>Dr. Murray reported that UTMB as noted by Dr. Raimer earlier, continues to have nursing and provider shortages and have been using tools such as telemedicine to meet outpatient needs of the population. He then reported that they are still facing nursing vacancies in the Beeville and Palestine areas and the Inpatient Mental Health Director at Jester IV recently left creating a vacancy. UTMB continues to look at alternative ways of recruiting and retaining staff.</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<ul style="list-style-type: none"> - Summary of Key Personnel Vacancies (Cont.) - Denise DeShields, M.D. (TTUHSC) - Lannette Linthicum, M.D. (TDCJ) 	<p>Dr. Griffin thanked Dr. Murray then called on Dr. DeShields to provide the TTUHSC's update on key personnel vacancies.</p> <p>Dr. DeShields reported the search continues for a PAMIO Mental Health Director and this position has been vacant for over two years. Texas Tech recently hired two national recruiting agencies to help with this effort. She added that even though the vacancy rates are less than what it would appear, a lot of those vacancies are covered by contract. She then noted that the vacancy rates for dental looks higher because of the lower number of total dentist positions.</p> <p>Dr. DeShields concluded by noting that Texas Tech is facing difficulties recruiting nurses in remote locations such as the Ft. Stockton area as well as the Lubbock area due to competition with other major hospitals who pay higher salaries with better benefits.</p> <p>Dr. Griffin thanked Dr. DeShields for the report. Hearing no further comments called on Dr. Linthicum to provide the update for TDCJ.</p> <p>Dr. Linthicum reported that TDCJ also faces the same difficulties and challenges of recruiting nurses. SB 909 includes a mandate for TDCJ to monitor quality of care, but have not been able to recruit the necessary RN's for those positions. She did however note that one vacant physician position was filled and introduced Dr. Robert Williams, a Board Certified internist who will oversee the Office of Health Services Monitoring.</p> <p>Dr. Linthicum added that offers were made for the two RN positions for the Office of Professional Standards. She further noted that they currently have two RN's out of the seven needed for the Office of Health Services Monitoring and those vacant positions have been posted. Dr. Linthicum concluded by stating that their Public Health Technician position that was converted to an LVN has been filled.</p>		

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<p>VIII. Medical Director's Report (TDCJ)</p> <ul style="list-style-type: none"> - Lannette Linthicum, M.D. - Office of Professional Standards - Capital Assets Contract Monitoring Office - Office of Preventive Medicine 	<p>Dr. Griffin thanked Dr. Linthicum for the update after having no further discussions. He then asked her to provide the TDCJ Medical Director's Report.</p> <p>During the first quarter of FY 2008, Dr. Linthicum reported that nine operational review audits were conducted. The Patient Liaison Program and the Step II Grievance Program received a total of 3,098 correspondences and of those total number, 125 or 4.03% action requests were generated.</p> <p>The Quality Improvement / Quality Monitoring staff performed 42 access to care audits this quarter. Dr. Linthicum further reported that 378 indicators were reviewed from the 42 access to care audits and 27 indicators fell below the 80% threshold.</p> <p>The Capital Assets Contract Monitoring Office audited nine units and those audits are conducted to determine compliance with the Health Services Policy and State Property Accounting Inventory procedures.</p> <p>Dr. Linthicum next reported that the Office of Preventive Medicine monitors the incidence of infectious diseases for TDCJ. For this first quarter, there were 171 reports of suspected syphilis compared with 169 in the previous quarter; 918 Methicillin-Resistant Staphylococcus cases were reported compared to 981 during the same quarter of FY 2007. There was an average of 19 Tuberculosis cases under management per month during this quarter which is similar to the average of 20 per month during the same quarter of the previous fiscal year.</p> <p>Dr. Linthicum noted again that the Office of Preventive Medicine also began reporting the activities of the Sexual Assault Nurse Examiner Coordinator which is funded through the Safe Prisons Program. She reported that 12 training sessions have been held on 11 units as of this date with 86 medical staff receiving training. This position also audits the documentation and services provided by medical</p>		

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<ul style="list-style-type: none"> - Office of Preventive Medicine (Cont.) - Mortality and Morbidity 	<p>personnel for each sexual assault reported and there have been 137 chart reviews performed for the period of September through November, 2007.</p> <p>The Mortality and Morbidity Committee reviewed 117 deaths. Of these, 117 deaths, seven were referred to peer review committees and those breakdowns are found on page 163 of the agenda packet.</p>	<p>Ms. Frazier asked if there were any missing lines on the referral chart on page 163 as the total only adds up to seven but noted that the total reflects ten.</p> <p>Dr. Michael Kelly responded that the total is incorrect and should read seven instead of ten.</p> <p>Dr. Griffin stated that there has been continued interest on grievances and mortality and morbidity reviews and asked that the committee be updated on these two areas.</p> <p>Dr. Raimer asked the Chairman what type of data he would like reported?</p> <p>Dr. Griffin responded that the Committee as an oversight body needs to be made aware of the types of grievances filed by the offender, the offender's family or friends without any unique identifiers that raises provider related issues or system based issues.</p> <p>Dr. Raimer then expressed concerns about the confidentiality issues relating to this.</p> <p>Dr. Griffin responded that again, the data would not have any unique identifiers and at the same time the Committee members will be aware of the issue when questioned by either the state leadership, family members or the various advocacy groups and be able to respond accordingly.</p>	

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- Mental Health Services Monitoring	Dr. Linthicum next reported briefly on Mental Health Services and Monitoring. She noted that the average compliance for access to care for the mental health indicators #4 & #5 for the first quarter was 96.8% and the average compliance for indicator #6 was 100% as noted earlier by Mr. McNutt.		
- Clinical Administration	During this first quarter, ten percent of the combined UTMB and TTUHSC hospital and infirmary discharges were audited and Dr. Linthicum noted that the summary chart of those audits are found on pages 163 and 164 of the agenda packet.		
- Accreditation	Dr. Linthicum next reported that nine additional TDCJ facilities were accredited by the American Correctional Association (ACA) during the first quarter of FY 2008.		
- Research, Evaluation and Development Group	<p>Dr. Linthicum concluded her report by stating that the summary of current and pending research projects is found under the consent items in the agenda packet.</p> <p>Hearing no further questions, Dr. Griffin thanked Dr. Linthicum for the report.</p>		
- Medical Directors Report (TTUHSC)	Dr. Griffin next called on Dr. Deshields to provide TTUHSC Medical Director's Report.		
- Denise DeShields, M.D.	Dr. DeShields stated that she would report on meeting the position vacancies and the challenges of recruiting and retaining staff. She then stated that Texas Tech is looking into salary differentials particularly at the Regional Medical Facility at Montford; made some across the board salary adjustments for nurses; and are also looking at innovative approaches such as bonus's and educational incentives. The RMF has between 30%–33% vacancies and the shifts are covered by contracted agencies which is costly to the state.	<p>Mr. John Allen asked how the bonuses are working?</p> <p>Dr. DeShields responded this is still in the discussion stage in order to better compete with free-world hospitals that are offering between a \$5,000 – \$10,000 sign on bonuses.</p> <p>Dr. Walkes asked if they have looked into offering scholarships with the stipulation of paying back any loans by working for the system?</p> <p>Dr. DeShields responded that they have looked at those potential alternative options particularly on educational benefits where the individual comes in as</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>- Medical Directors Report (UTMB) Cont.</p>	<p>The Executive Vice President / Chief Business and Finance Officer will be responsible over the Human Resources Office, Facilities, Information Services, Finance Office and the Business Development and Marketing Department.</p> <p>The Executive Vice-President / CEO Health System will oversee the outpatient based clinics, campus based clinics, the hospitals and Correctional Managed Health Care. Dr. Raimer added that Dr. Owen Murray will assume the position as the Medical Director for Corrections and Chief Physician Executive and Mr. John Allen will be in charge of Operations for the Correctional Managed Health Care.</p> <p>Dr. Raimer then noted that there will be a national search for the position of Executive Vice-President for the Health System and for the Chief Business and Finance Officer. The reorganization process is expected to continue through June.</p> <p>Dr. Raimer then noted that his role has also changed and that he is now the Senior Vice President for Health Policy and Legislative Affairs. He concluded by stating that all of the changes from this re-organization process is available on the UTMB website at http://www.utmb.edu.</p> <p>Dr. Griffin asked if there were any questions or comments. Hearing none, thanked both Dr. Murray and Dr. Raimer for the updates.</p>		
<p>IX. Updates to Hepatitis Policy</p> <p>- Michael Kelley, M.D.</p>	<p>Dr. Kelley stated that at the last CMHCC meeting, the Committee had asked him to provide the data on the cost estimates for updating the Hepatitis Policy which he will be presenting. He then noted that the report is provided at Tab F of the agenda packet.</p> <p>Dr. Kelley reported that the entire Hepatitis Policy was rewritten and reformatted into two separate documents. The first contain the policy requirements and the other is the technical reference providing background information which also serves as a resource for clinical decision making.</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>- Update to Hepatitis Policies (Cont.)</p>	<p>The first change adds requirements for baseline testing, chronic care follow-up and criteria to consider antiviral treatment for Hepatitis B that are distinct from Hepatitis C. This follows the American Association for the Study of Liver Disease guidelines. Dr. Kelley stated that he did not expect the number of people being treated to change as the criteria for treatment are similar to what have been used previously.</p> <p>Dr. Kelley then noted that the criteria for considering an offender with Hepatitis C for antiviral treatment have changed considerably. The basic criterion is a new indicator, the AST Platelet Ration Index (APRI) which correlates with fibrosis in the liver. Those individuals with APRI scores below 0.42 will generally not be considered for treatment and those scores over 1.2 will be considered for treatment without a liver biopsy. He added that those with scores in-between will have a liver biopsy and be treated according to the test results.</p> <p>Dr. Kelley continued by stating that a new section has been added for management of advanced liver disease. Included is a screening for hepatocellular carcinoma by ultrasound every six months; considering referral for liver transplant evaluation; instructions to obtain an advance directive; consider for hospice placement, and referral for Medically Recommended Intensive Supervision (MRIS).</p> <p>Another change is that re-treatment may now be considered for offenders who were treated with standard interferon or interferon monotherapy who relapsed after treatment or did not respond to treatment with standard interferon.</p> <p>Dr. Kelley then noted that a side by side look at the issues within the current policy and the proposed policy is found at page 167 of the agenda packet.</p> <p>Dr. Kelley next reported that the cost estimate assesses the relative cost of three strategies for the management of patients with chronic Hepatitis C. He did note however, that the dollar figures do not take into account the cost of staff time or the blood tests required to be sure that the individual is a good candidate. He stated that those were not included as it should be the same with</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>- Updates to Hepatitis Policy (Cont.)</p>	<p>any approach taken.</p> <p>Strategy A reflects the current policy which considers a patient a candidate for treatment if they have at least two ALT levels more than a month apart that are two or more times greater than the upper limit of normal. Strategy B reflects the proposed policy which considers a patient a candidate for treatment if they have an APRI score greater than 0.42 and treated according to their biopsy results. Strategy C reflects a strict interpretation of the NIH Consensus Conference statement of 2002 which recommends biopsy of all HCV positive patients with persistently elevated ALT levels and treatment according to biopsy results.</p> <p>Dr. Kelley stated that to come up with the results, he took the cohort which is the number based on an estimated 400 new cases reported each month. He reduced that number by 40% to 240 as that proportion is approximately the number of offenders released within six months of their Hepatitis C diagnosis. The numbers provided are calculated based on the current cost of liver biopsy and drugs divided proportionately between Texas Tech University at 20% of the patients and UTMB with 80% of the patients. Dr. Kelley also noted that the liver biopsy costs for UTMB differ depending on whether the procedure is done by radiology or by gastroenterology. Treatments are divided between those with genotypes 2 and 3 (31%) who receive six month treatment and those with other genotypes (69%) who receive 12 months treatment. The cost comparison does not account for patients who start treatment and later refuse or those for whom treatment is stopped because of non-response or drug toxicity assuming those factors apply proportionately across all three strategies.</p> <p>On page 170 of the agenda packet, Dr. Kelly noted that Table 1 provides the baseline assumption; Table 2 shows the number who would have a liver biopsy and receive treatment under each strategy per month; and Table 3 shows the monthly cost for biopsy and treatment for each of the strategies subdivided by whether the UTMB biopsies are done by radiology or gastroenterology. He added that even though the columns are headed UTMB, the cost also includes the Texas Tech sector. Dr. Kelley then noted that the percentage listed for the relative cost under B - Proposed Policy is reversed and should read +48% for UTMB Radiology and +40% for UTMB Gastroenterology.</p>		

Agenda / Presenter	Presentation	Discussion	Action
<p>- Updates to Hepatitis Policy (Cont.)</p>	<p>Dr. Kelley further reported that the proposed policy would cost approximately 40% more for diagnostic work-up and treatment care compared to what is currently being spent. The NIH consensus would be at 91% and at 76% as indicated at Table 3 on page 170.</p> <p>To answer why the workgroup proposed a policy that provides fewer treatment at a greater cost, Dr. Kelley stated that the workgroup felt that using ALT levels alone to determine treatment is not advocated by any recognized authorities. The work group also felt the treatments would be better targeted using either the proposed policy or the NIH Consensus strategy, giving better long-term outcomes in prevention of end-stage liver disease and hepatocellular carcinoma whereby saving more lives.</p>	<p>Dr. Linthicum added that Dr. Ned Snyder, Hepatologist at UTMB worked closely with the workgroup on the proposed policy.</p> <p>Ms. Frazier noted that Texas Tech's amount is double in cost and asked if those individuals would go to UTMB for biopsies?</p> <p>Dr. Kelley responded that having a center of excellence would cut down on costs considerably.</p> <p>Dr. DeShields added that due to lack of resources in West Texas they do not perform that many biopsies. She further stated that the amount shown is the total cost at the hospitals and not just physician costs.</p> <p>Dr. Griffin asked what is the capacity that the system can actually execute?</p> <p>Dr. Linthicum noted it is already at capacity and they are adding to that number.</p>	

Agenda / Presenter	Presentation	Discussion	Action
<p>- Updates on Hepatitis Policies (Cont.)</p>		<p>Dr. DeShields further recalled that a seroprevalence study found that 30% have this disease which is a large percent of the population.</p> <p>Dr. Murray further noted that an alternative system will need to be set-up as well as finding new ways to deliver those services. He stated that the treatment is unique and require specific locations to provide the training similar to what was done at the Stiles Facility with the housing of the HIV population.</p> <p>Dr. Linthicum noted that the current treatment of Hepatitis C is not up to the standard of care. She added that the Committee needs to show that progress is being made in good faith effort to meet those national standards.</p> <p>Dr. Murray agreed and said what they are doing now is developing a potential pool of patients that are going to need biopsies; developing a pool of patients who are already qualified for therapy; and develop pools of patients who do not qualify for therapy. The next step would then be to set-up a site to provide training and the placement of patients to administer this care. He further stated by September 2008 that they would have the technical pieces in place and see how many would qualify under the recommended APRI scores prior to the start of the next legislative session.</p> <p>Mr. Cavin again expressed concerns on the potential costs associated with this treatment change.</p> <p>Dr. Linthicum then recommended and asked if the Committee would approve the proposed policy with the stipulation that adequate resources are identified.</p> <p>After further discussions, Dr. Griffin stated that he would entertain a motion.</p>	<p>Dr. Cynthia Jumper moved that the Committee adopt the proposed policy as presented by the Joint Hepatitis Work Group with the stipulation that adequate resources are identified.</p>

Agenda / Presenter	Presentation	Discussion	Action
<p>- Update to the Hepatitis C Policies (Cont.)</p> <p>X. TCOOMMI Update</p> <p>- Dee Wilson</p>	<p>Dr. Griffin next called on Ms. Wilson to provide the TCOOMMI update.</p> <p>Ms. Wilson stated on page 203 of the agenda packet is the Continuity of Care Statistical Report for FY 2007. She noted that Continuity of Care programs are designed to conduct pre-release screenings and referrals for aftercare medical or psychiatric treatment services for adult offenders with special needs and that this is a large portion of what TCOOMMI is responsible with.</p> <p>During FY 2007, she reported that they processed over 5,000 offender referrals and most of the diagnosis being psychiatric rather than medical type. Of the State Jail flat discharges, 80% do not show up for follow-up appointments.</p> <p>Ms. Wilson next noted that the FY 2007 Annual Medically Recommended Intensive Supervision (MRIS) Report is found at Tab G of the agenda packet. She stated that MRIS program provides for early parole review and release of certain categories of offenders who are mentally ill, mentally retarded, terminally ill, elderly, needing long term care or physically handicapped and who pose minimal public safety risk to be released from incarceration to a more cost effective alternatives. The question most frequently asked is how many deaths occurred during the MRIS process. Ms. Wilson reported that there</p>		<p>Ms. Jeannie Frazier seconded the motion.</p> <p>Dr. Griffin asked that the members in favor of this motion indicate by raising their hand. Motion passed by unanimous vote.</p> <p>Dr. Griffin then asked that the work group report back on their progress at the September 17th CMHCC meeting.</p>

Agenda / Presenter	Presentation	Discussion	Action
<p>- TCOOMMI Update (Cont.)</p>	<p>were 52 deaths as noted at the table on page 213 for FY 2007. The quality assurance process being developed with the two medical universities will help identify this issue. Ms. Wilson concluded by stating that she will continue to update the Committee at future meetings on the mortality reports as well as the Continuity of Care process.</p>	<p>Dr. Jumper asked about the table on page 214 as to why an offender would refuse MRIS consideration which would place them outside of the prison system?</p> <p>Ms. Wilson responded that some of the offenders have been in prison for so long and may not have any family outside that they prefer to serve out their time.</p>	
<p>XI. System Leadership Council Committee</p>	<p>Hearing no further discussions, Dr. Griffin thanked Ms. Wilson for the update.</p> <p>Dr. Griffin then noted that the next agenda item is to rotate the Chairmanship for the System Leadership Council. He then stated that Dr. DeShields had completed her one year term and is now back to Dr. Linthicum to assume the Chair.</p> <p>Hearing no further discussions, Dr. Griffin next called on Dr. Kelley to provide the Overview of the Joint Mortality Review Committee.</p>		
<p>XI. Overview of the Joint Mortality Review Committee</p> <p>- Mike Kelley, M.D.</p>	<p>Dr. Kelley stated that his presentation is provided at Tab H of the agenda packet which starts on page 217.</p> <p>Dr. Kelley noted that the Joint Mortality Committee performs medical record review of every offender deaths except executions. This includes medical records review on nursing quality of care; provider quality of care; systemic issues that affect care, and also looks at security issues that affect care. The Committee also makes referrals on quality care issues to the appropriate university peer review or to the appropriate party.</p>		

Agenda / Presenter	Presentation	Discussion	Action
<p>- Overview of Joint Mortality Review Committee (Cont.)</p>	<p>He further noted that the Committee also develop consensus on the cause of death based on chart review and when available, autopsy results.</p> <p>Dr. Kelley then stated that the Committee functions as a quality improvement medical committee as defined in the Texas Health & Safety Code, Chapter 161.031. He further stated that the proceedings are confidential; are not subject to subpoena or the open records request, and the meetings are also not subject to the Open Meetings Law.</p> <p>Dr. Kelley next reported that the record review process begins when the unit medical director writes the death summary and the charts are then sent to Medical Records Archives. When all the records are received, the case is assigned to the committee members. The membership of this Committee are licensed MD/DO's, PA's, ANP's or RN's. He further stated that on the average, a member reviews between two to three cases per month. Once the entire records are reviewed, it is then presented at their monthly meeting with a recommendation of whether or not it will be referred to the peer review committee.</p> <p>He then noted that 402 cases were presented to the Joint Mortality Review Committee in 2007. Of those 402 cases, 28 were referred to the Provider Peer Review, 20 to nursing, one case to free-world facility peer review, and 4 cases to Allied Mental Health. Dr. Kelley then reported that overall, only 35 cases were referred to peer review as some cases were referred to more than one committee and stated that the 2007 activities are listed on pages 222 and 223 of the agenda packet.</p> <p>He further reported that there is currently a backlog of 208 cases not assigned out of 3,562 deaths since the Committee was formed and 69 charts assigned but not yet presented. He noted that the unassigned chart backlog was due to incomplete records.</p>		

Agenda / Presenter	Presentation	Discussion	Action
<p>XIII. Financial Reports</p> <p>- Lynne Webb</p>	<p>Dr. Kelley concluded by stating that the Committee is working to improve the time it takes to complete this medical review process.</p> <p>Hearing no further discussions, Dr. Griffin thanked Dr. Kelley for the update.</p> <p>Dr. Griffin next called on Mr. Lynn Webb to provide the financial report.</p> <p>Mr. Webb noted that the financial summary will cover data from the 1st Quarter FY 2008 and that the report being presented is found at Tab I of the agenda packet.</p> <p>He then reported that Table 2 on page 236 shows that the average daily offender population has remained stable at 151,638 through November 2007. The number of offenders in the service population aged 55 or older has continued to rise at a faster rate than the overall population at 10,120. Through November, the average number of older offenders increased by 632 or 6.6% compared to this same month a year ago. The overall HIV+ population has remained relatively stable at 2,471 or about 1.6% of the population served.</p> <p>Overall healthcare costs through November totaled \$111.2M. On a combined basis, this amount was below overall revenues earned by the university providers by approximately \$1.9M or 1.7%. UTMB's total revenue through this quarter was \$89.1M; expenditures totaled \$87.7M resulting in a net gain of \$1.4M. Texas Tech's total revenue this quarter was \$23.9M; expenditures totaled 23.4M, resulting in a net gain of \$0.5M.</p>	<p>Dr. Griffin asked that the Joint Mortality Review Committee work on the backlog issue and provide the CMHCC Committee with an update on how this can be processed in a more timely manner.</p> <p>Ms. Frazier also asked that the Joint Mortality Committee reflect the number of mortality and morbidity cases; identify those that need immediate action by the peer review groups; and note when it was completed, to show that these cases are being addressed accordingly and in a timely fashion.</p>	

Agenda / Presenter	Presentation	Discussion	Action
<p>- First Quarter FY 2008 Financial Report (Cont.)</p>	<p>Of the \$111.2M in expenses reported through November, Mr. Webb noted that onsite services comprised \$54.3M or about 48.9% of total expenses; pharmacy services totaled \$10.7M or 9.6% of total expenses; offsite services accounted for \$31.7M or 28.5%; mental health services totaled \$10.3M or 9.3%; and indirect support expenses accounted for \$4.2M or about 3.7% of the total costs.</p> <p>The total costs per offender per day for all health care services statewide through November, 2007 was \$8.06 compared to \$7.76 through the end of FY 2007. The average cost per day per offender for the last four fiscal years was \$7.56.</p> <p>Mr. Webb again noted that older offenders access the health care delivery system at a much higher acuity and frequency than younger offenders. Table 6 on page 242 shows that encounter data through the first quarter indicates that older offenders had a documented encounter with medical staff about three times as often as younger offenders. Table 7 on page 243 indicates that offsite costs received to date this quarter for older offenders averaged approximately \$835 per offender compared to \$141 for younger offenders. He further noted that older offenders were utilizing health care resources at a rate almost six times higher than the younger offenders. While comprising only about 6.7% of the overall service population, older offenders account for 29.8% of the hospitalization costs received to date.</p> <p>Mr. Webb then reported that at Table 9 on page 245, shows the drug costs through the first quarter totaled \$10.1M. Of this, \$4.8M or just over \$1.6M per month was for HIV medication costs which was about 47.5% of the total drug costs. Psychiatric drug costs were approximately \$0.5M or about 5.3% of overall drug costs and Hepatitis C drug costs were \$0.4M which represented about 3.6% of the total drug costs.</p> <p>He further stated that it is a legislative requirement that both UTMB and TTUHSC report if they hold any monies in reserve for correctional managed health care. UTMB reports that they hold no such reserves and report a total operating gain of \$1,429,391. Texas Tech reports that they hold no such reserves and report a total operating gain of \$481,722. Both universities indicated that this gain above budgeted amounts will decrease when the full impact of wage adjustments approved by the legislature are realized.</p>		

Agenda/Presenter	Presentation	Discussion	Action
<p>- Financial Monitoring</p> <p>XIV. Public Comments</p> <p>- Ms. Helga Dill</p>	<p>Table 10 on page 246 shows a summary analysis of the ending balances revenue and payments through November, 2007 for all CMHCC accounts. Mr. Webb further reported that the FY 2006 unencumbered ending fund balance as of August 31, 2007 of \$35,601.16 was lapsed back to the State General Revenue Fund in November 2007 as required by Rider 69.</p> <p>Mr. Webb next reported that the detailed transaction level data from both providers is being tested on a monthly basis to verify reasonableness, accuracy, and compliance with policies and procedures. Both universities had relocation expense discrepancy requiring corrections or adjustment.</p> <p>Mr. Webb stated that concluded his report and would be happy to entertain any questions.</p> <p>After further discussions, Dr. Griffin thanked Mr. Webb for the report.</p> <p>Dr. Griffin stated that the next agenda item is for public comments then called on Ms. Helga Dill.</p> <p>Ms. Dill introduced herself as representing Texas Cure and noted that she provided copies of the letter she would be reading from to the Committee staff.</p>	<p>Dr. Raimer again asked the Committee to reconsider allowing moving expenses to be part of the recruiting or incentive package.</p> <p>Mr. Cavin agreed with Dr. Raimer that moving expenses should be an allowable expense but acknowledged that the Committee does have an agreement with the State Auditor's Office not to include relocation expenses.</p> <p>Ms. Frazier added that with all three partner agencies facing difficulties meeting the challenges of recruiting health care providers and competing with the freeworld hospitals may want to create a recruitment tool that would include such things as scholarships, sign-on bonus and perhaps include relocation cost and provide this to the State Leadership.</p>	

Agenda / Presenter	Presentation	Discussion	Action
<p>- Ms. Helga Dill</p>	<p>Ms. Dill recalled back on the recently published death of an offender at Estelle as being just one of many incidents that occur on that unit. She further stated that the health care providers were not the ones to blame for that death but they still have the responsibility of reporting those injuries to the appropriate staff. She had reported these inhumane conditions to state leadership and the leadership at TDCJ with no results and added that she would like to discuss this further with Mr. Quarterman.</p> <p>Ms. Dill next requested assistance in restoring recreation to those at the Geriatric Facility at the RMF. She further stated that the recreation area does not have any seating available for those offenders who can not stand or walk for any amount of time, but there are tables and benches that can be moved from the visitation area that are not being in use for this purpose.</p> <p>She also noted that many are insulin dependent and are not going outside as it interferes with the time they have to receive their shots. Ms. Dill stressed the importance of chronically ill offenders getting exercise and fresh air then asked how she can get assistance on this. She then thanked the Committee for allowing her to make the remarks.</p> <p>Dr. Griffin thanked Ms. Dill for the remarks and acknowledged that her written comments were provided to the Committee for future reference.</p> <p>Dr. Griffin then called on Ms. Joan Civici.</p>	<p>Dr. Lintihicum asked for clarification on what part of the Sheltered Geriatric Housing area Ms. Dill was referring to.</p> <p>Ms. Dill responded those in general population.</p>	
<p>- Ms. Joan Covici</p>	<p>Ms. Covici stated that she was also with Texas Cure and was here to talk about sanitation issues, preventive care, nutrition, education and a reduced atmosphere of stress for the offenders.</p> <p>She stated that the sanitation issue concerns the hours when offenders are allowed to take showers. Ms. Covici recommended that those who work or recreate in the day be allowed to take showers in the evening as opposed to first thing in the morning so that then can feel clean before they go to bed.</p> <p>She then asked if it was possible to do a study on those potential offenders with Hepatitis C or liver problems to see if a change in their diet as recommended by a nutritionist will be a preventative for future liver or other diseases.</p> <p>Ms. Covici next thanked Mr. Quarterman for allowing a book to be available on the study done at Stanford concerning prison guard and offender behaviors which she felt would be a valuable educational reading material.</p>	<p>Dr. Griffin noted that all clinical trials involving offenders go through the institutional review committee boards.</p>	

Agenda / Presenter	Presentation	Discussion	Action
<p data-bbox="92 164 317 220">- Ms. Joan Covici (Cont.)</p> <p data-bbox="92 1016 369 1073">XV. Date and Location of Next Meeting</p> <p data-bbox="123 1109 375 1133">- James Griffin, M.D.</p>	<p data-bbox="415 164 1226 253">Ms. Covici concluded by asking the Committee to be supportive in implementing some of her recommendations and thanked them for the opportunity to speak.</p> <p data-bbox="415 285 1226 342">Dr. Griffin thanks Ms. Covici for her comments then called on Ms. Marthanne Dafft.</p> <p data-bbox="415 375 1226 431">Ms. Dafft again stated that she represents herself and thanked the Committee for their hard work.</p> <p data-bbox="415 464 1226 553">She stated that she was concerned for her son's mental health relapsing when his father passed away after a long illness but he was placed on some additional anxiety medication and he seems to be stabilizing with that.</p> <p data-bbox="415 586 1226 764">Ms. Dafft then stated that she attended the PACT Conference where she spoke with Dr. Linthicum on her son's condition after the death of his father. Dr. Linthicum referred her to Ms. Ortiz who then had the Chaplain from Huntsville contact her and placed her son where he was able to receive additional support and fellowship to help him through this difficult time.</p> <p data-bbox="415 797 1226 886">Ms. Dafft wanted to especially thank Dr. Linthicum for listening to her concerns, the Committee for allowing the public to speak and stated that she has learned so much by just attend the meetings.</p> <p data-bbox="415 919 1226 976">Dr. Griffin stated that the Committee and staff really appreciated her attending on a regular basis and thanked her for the comments.</p> <p data-bbox="415 1008 1226 1097">Dr. Griffin then noted that the next meeting is scheduled for 9:00 a.m. on June 10th to be held at the Dallas Love Field Main Terminal Conference Room.</p> <p data-bbox="415 1130 1129 1162">He again noted the following CMHCC meeting dates for CY 2008:</p> <p data-bbox="663 1195 1016 1284" style="text-align: center;"> Tuesday, June 10, 2008 Wednesday, September 17, 2008 Tuesday, December 9, 2008 </p>		

Agenda / Presenter	Presentation	Discussion	Action
<p>XVI. Adjournment</p> <p>- James Griffin, M.D.</p>	<p>Dr. Griffin asked if there were any comments or questions, then thanked everyone for attending.</p> <p>Hearing no further discussions, Dr. Griffin adjourned the meeting.</p>		

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

Date:

Consent Item 2

TDCJ Health Services
Monitoring Reports

ATTACHMENT 1

Rate of 100% Compliance with Standards by Operational Categories																		
Second Quarter, Fiscal Year 2008																		
December 2007, January and February 2008																		
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>	
Bridgeport (GEO)	100%	53	53	76%	16	21	79%	15	19	100%	16	16	100%	5	5	100%	11	11
Holliday Facility	98%	52	53	55%	11	20	72%	23	32	100%	12	12	92%	11	12	100%	11	11
Lewis Facility	100%	53	53	46%	10	22	90%	27	30	100%	16	16	64%	7	11	100%	11	11
Lewis High Security	N/A	N/A	N/A	75%	9	12	88%	27	31	81%	13	16	N/A	N/A	N/A	N/A	N/A	N/A
Lopez Facility	100%	53	53	50%	11	22	72%	21	29	100%	16	16	73%	8	11	100%	11	11
Polunsky Facility	93%	50	54	66%	19	29	56%	18	32	93%	14	15	56%	9	16	60%	6	10
Segovia Facility	100%	53	53	50%	11	22	80%	24	30	100%	15	15	80%	4	5	100%	11	11
Willacy Facility	98%	51	52	55%	11	20	67%	18	27	100%	15	15	64%	7	11	100%	11	11

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 =
$$\frac{\text{number of audited items in each category that were 100\% compliance with the Standard}}{\text{number of items audited}}$$

ATTACHMENT 2

Percent Compliance Rate on Selected Items Requiring Medical Records Review
Second Quarter, Fiscal Year 2008
December 2007, January and February 2008

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>
Bridgeport (GEO)	100%	12	12	97%	155	160	97%	58	60	100%	70	70	100%	31	31
Holiday Facility	94%	96	102	95%	302	317	99%	70	71	100%	56	56	99%	138	139
Lewis Facility	100%	14	14	81%	81	100	98%	59	60	96%	67	70	95%	98	103
Lewis High Security	N/A	N/A	N/A	96%	67	70	100%	36	36	96%	67	70	N/A	N/A	N/A
Lopez Facility	100%	15	15	72%	177	246	98%	59	60	71%	50	70	93%	92	99
Polunsky Facility	68%	17	25	96%	408	425	83%	40	48	91%	73	80	93%	184	198
Segovia Facility	100%	14	14	85%	205	241	100%	61	61	100%	71	71	96%	47	49
Willacy Facility	75%	15	20	90%	217	240	84%	52	62	93%	70	75	94%	87	93

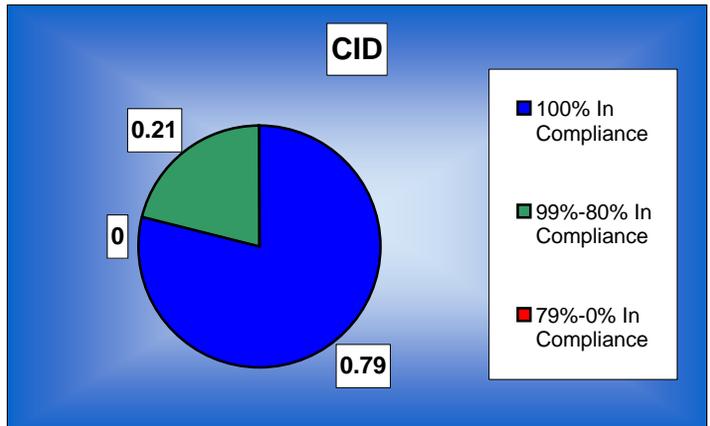
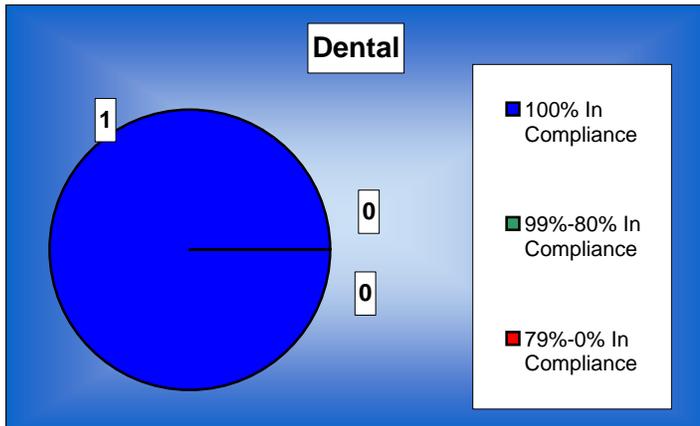
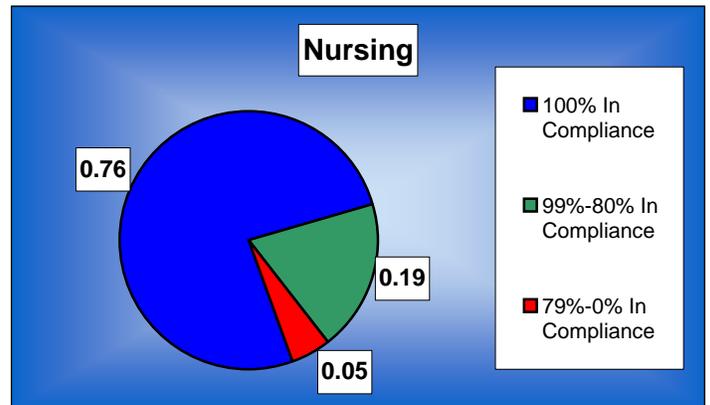
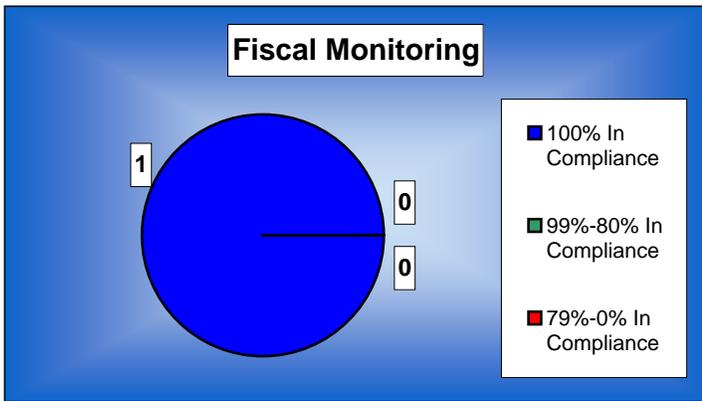
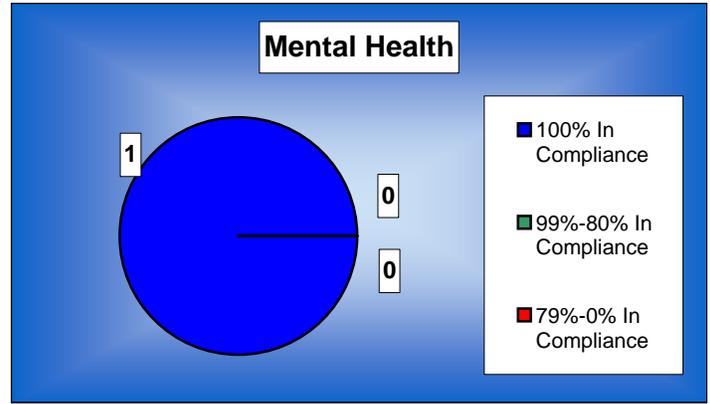
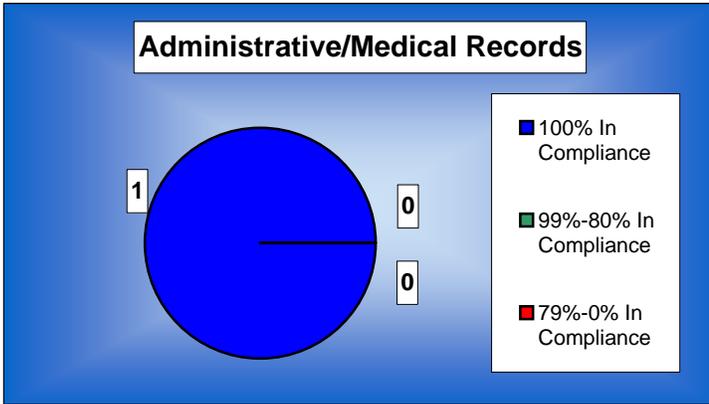
n = number of records audited for each question.

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.

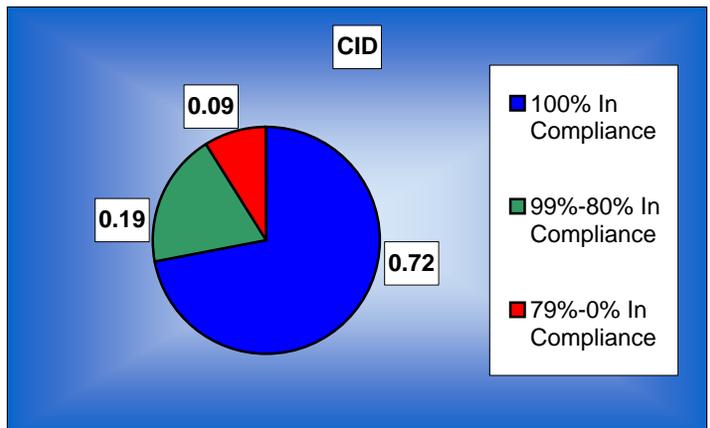
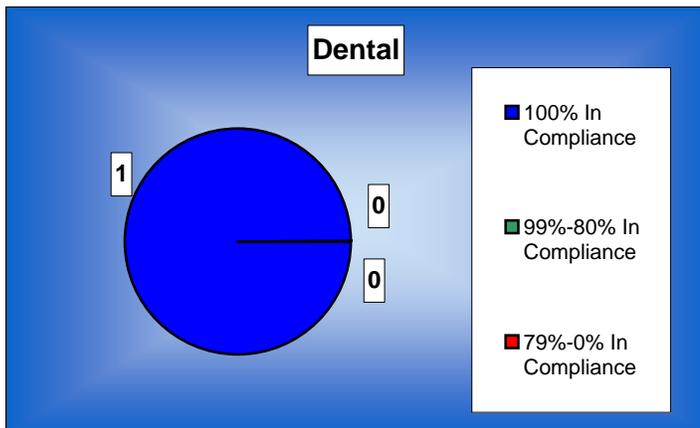
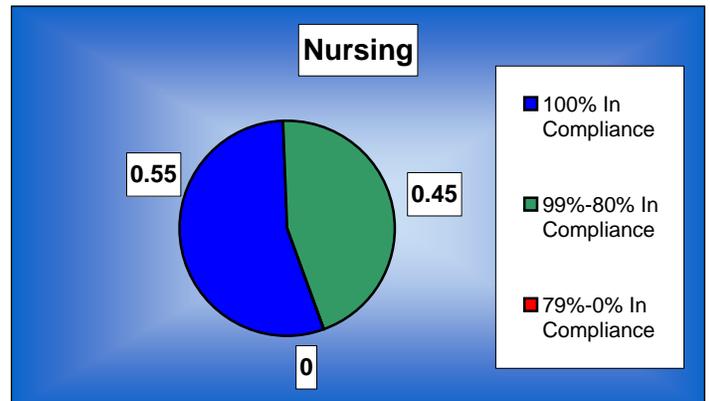
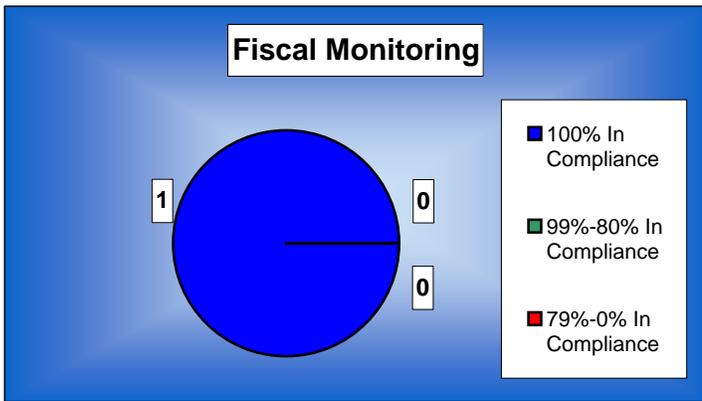
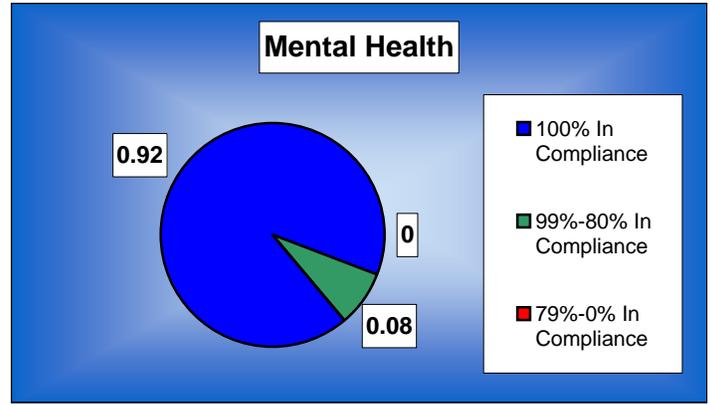
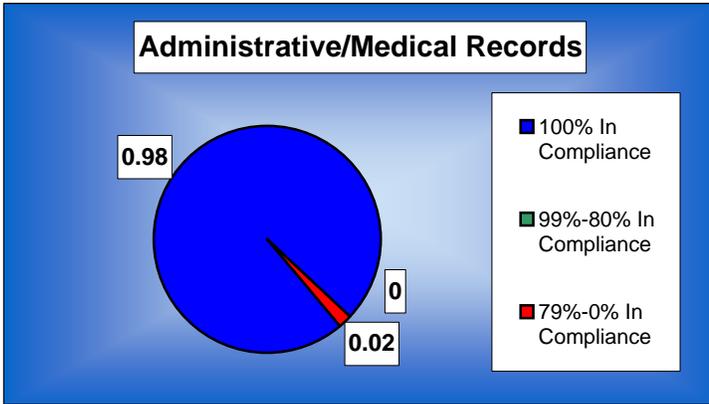
Average Percent Compliance Rate = $\frac{\text{Sum of medical records audited that were in compliance} \times 100}{\text{Number of records audited}}$

*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.

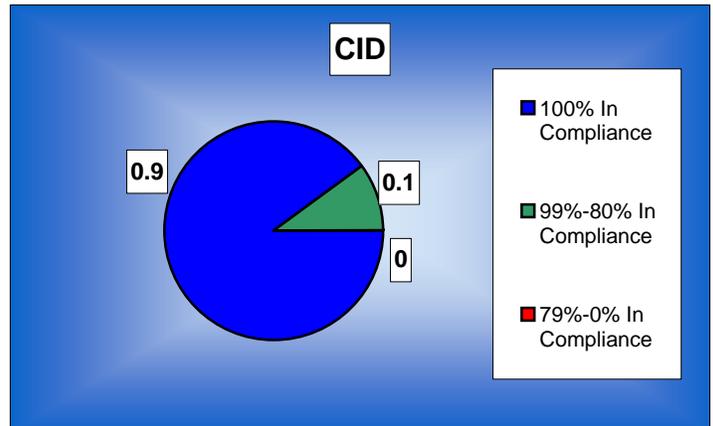
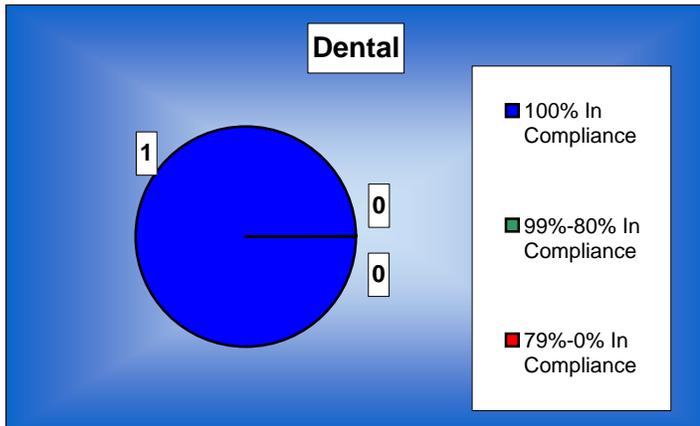
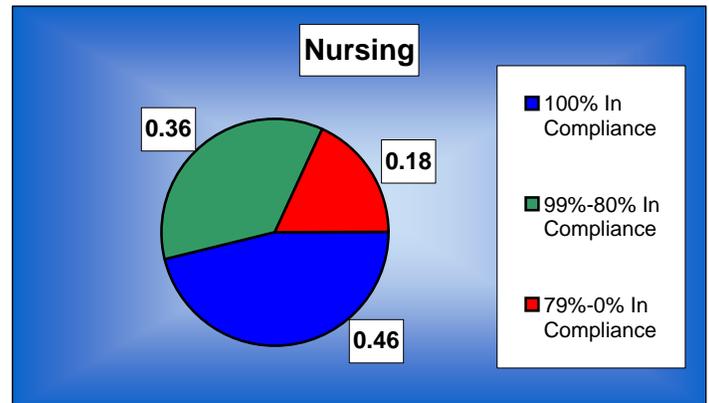
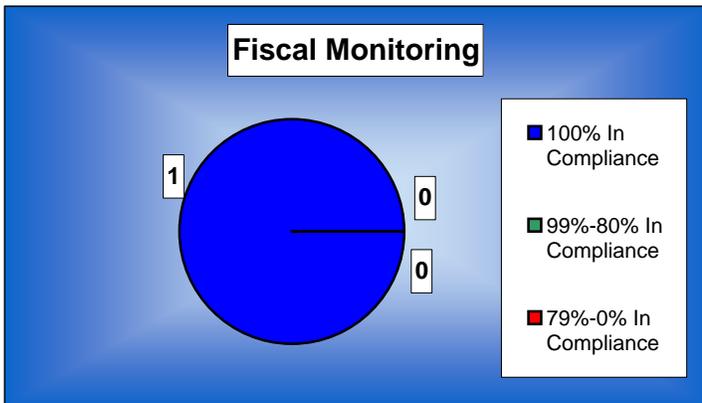
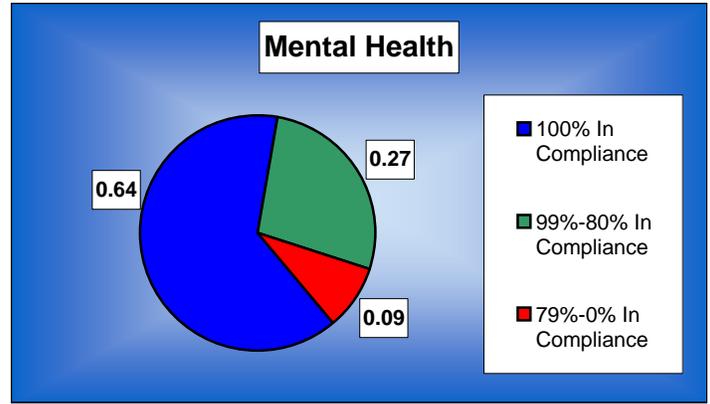
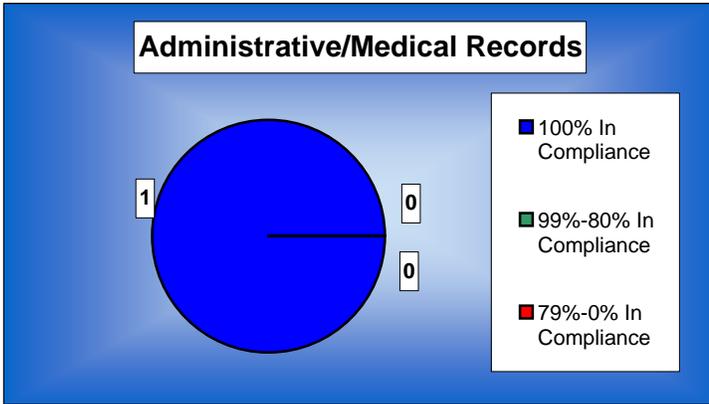
**Quarterly Reports for
Compliance Rate By Operational Categories
Bridgeport (GEO) Facility
January 8, 2008**



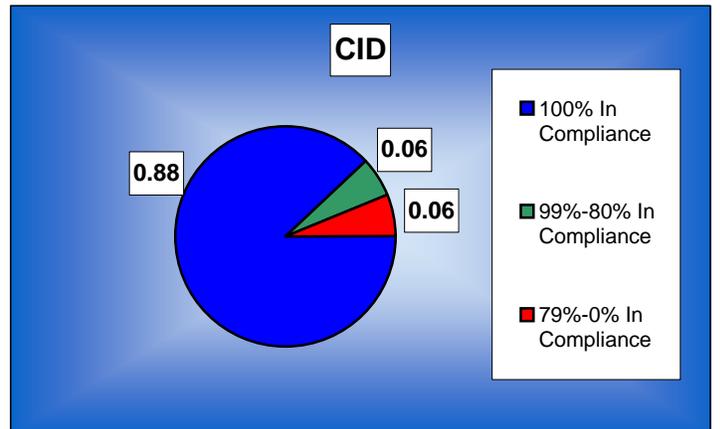
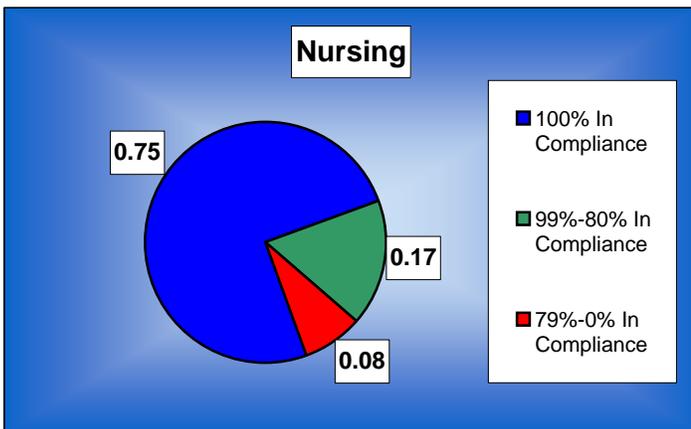
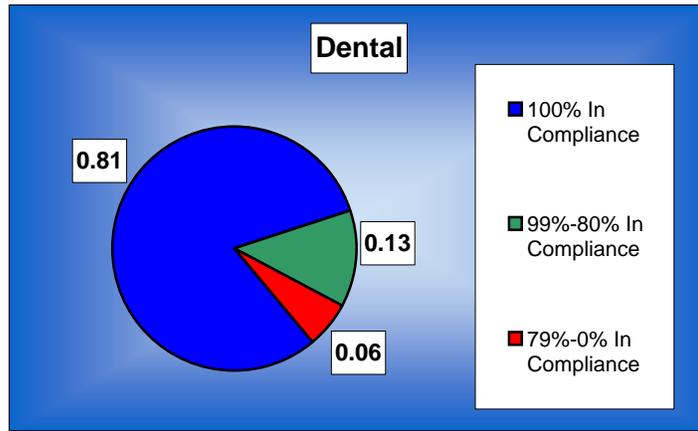
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Compliance Rate By Operational Categories
Holliday Facility
December 4, 2007**



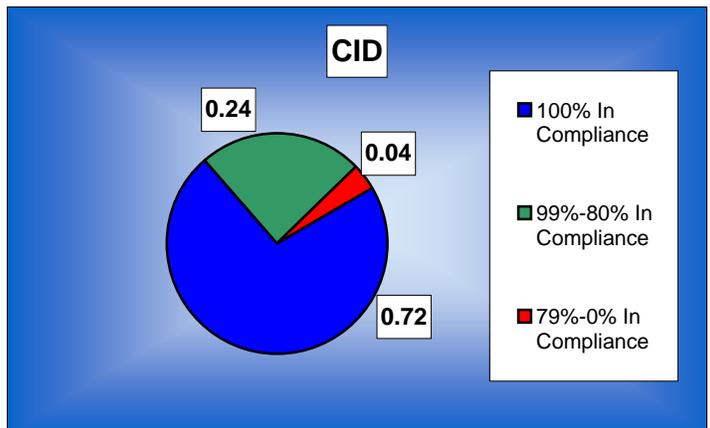
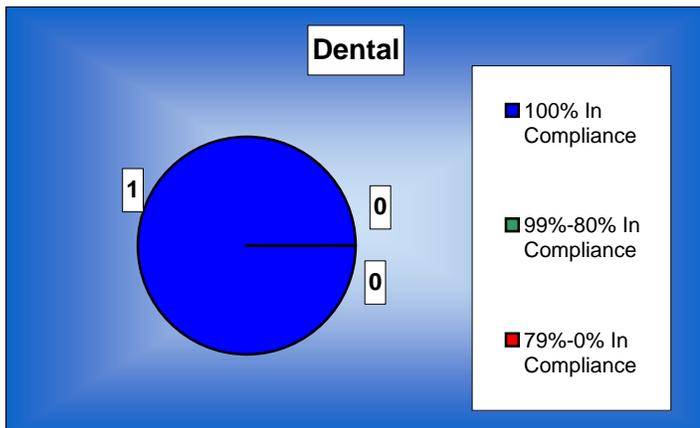
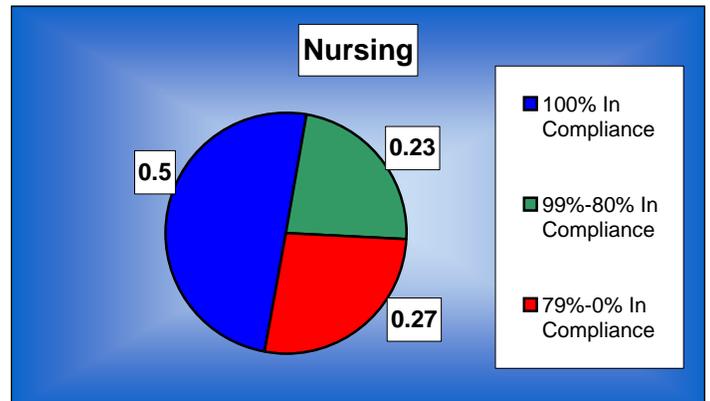
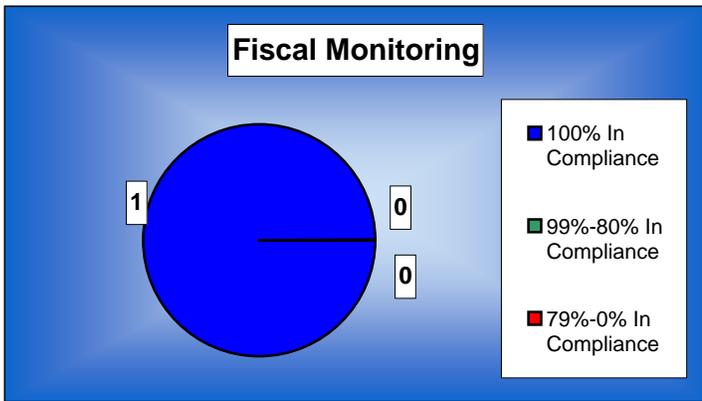
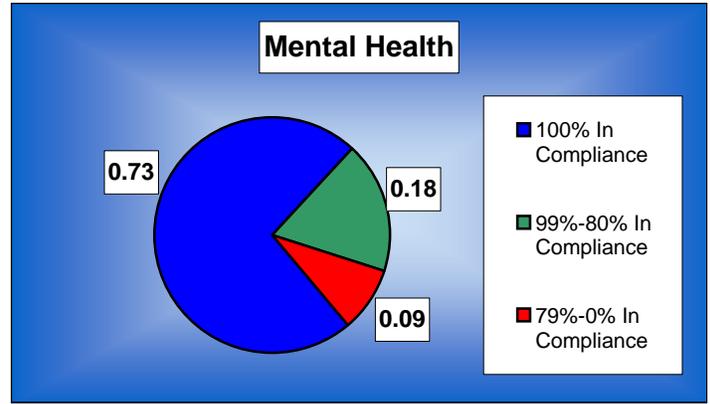
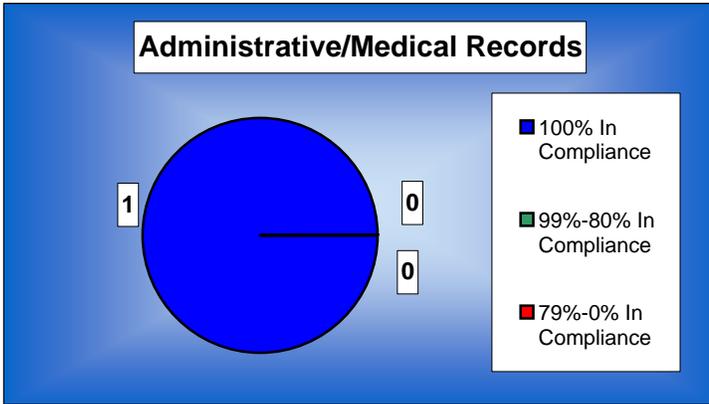
**Quarterly Reports for
Compliance Rate By Operational Categories
Lewis Facility
January 9, 2008**



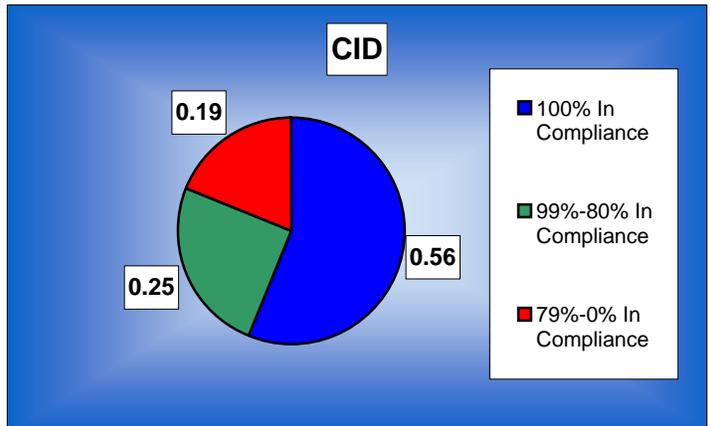
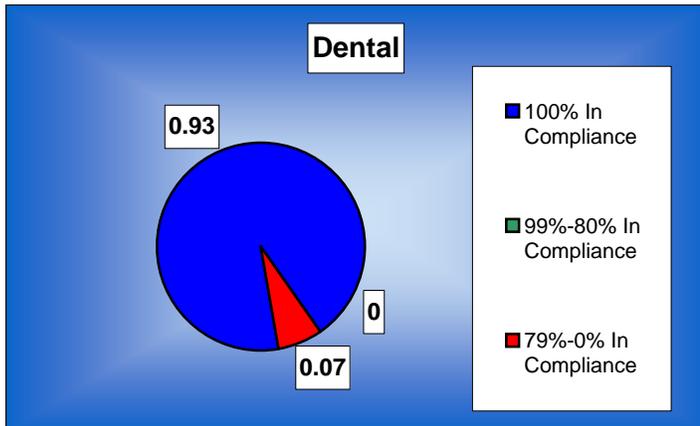
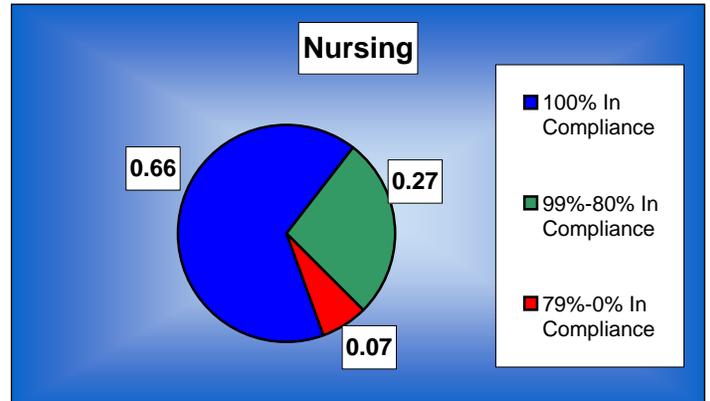
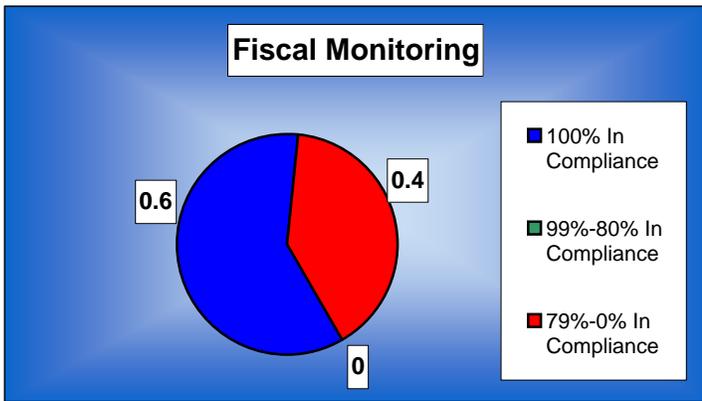
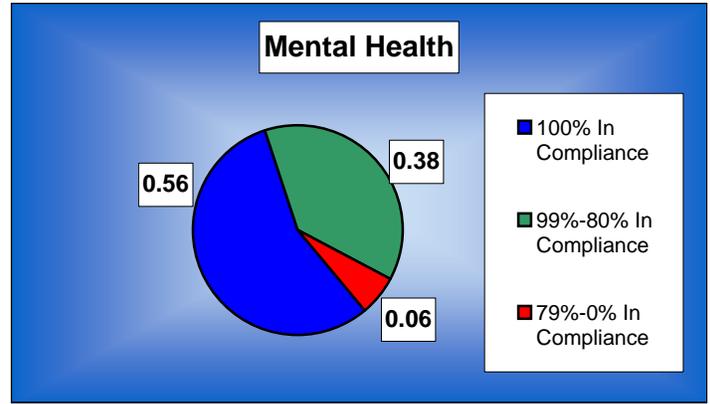
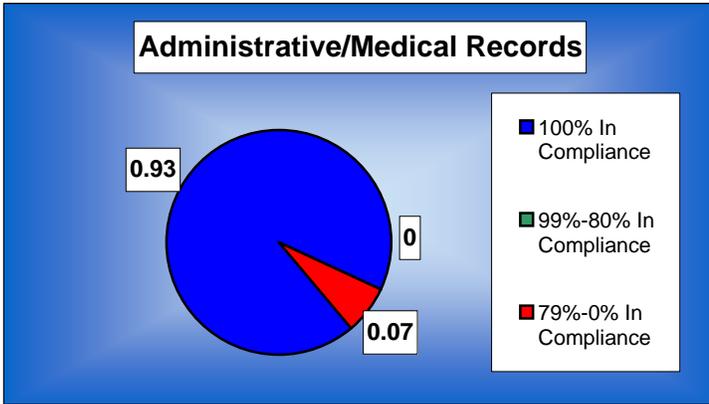
Quarterly Reports for
Compliance Rate By Operational Categories
Lewis High Security Facility
January 9, 2008



**Quarterly Reports for
Compliance Rate By Operational Categories
Lopez Facility
February 6, 2008**

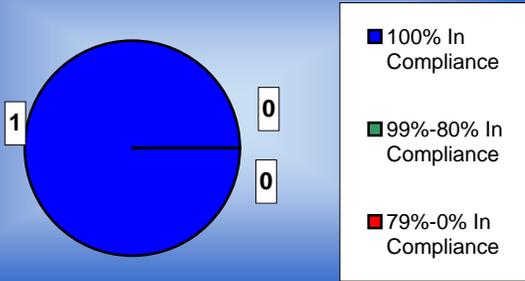


**Quarterly Reports for
Compliance Rate By Operational Categories
Polunsky Facility
December 5, 2007**

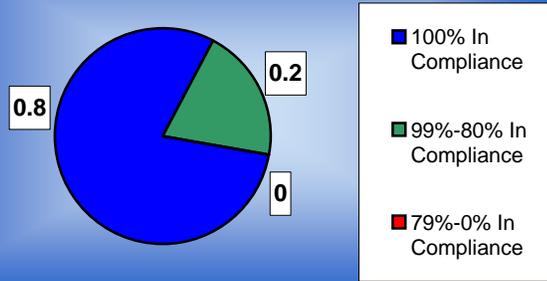


Quarterly Reports for
Compliance Rate By Operational Categories
Segovia Facility
February 7, 2008

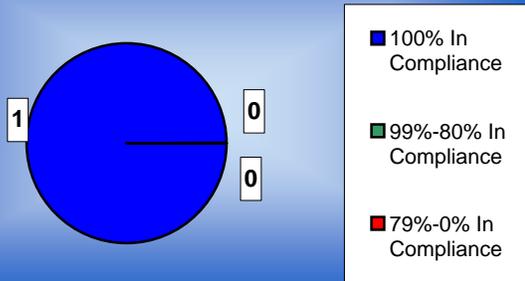
Administrative/Medical Records



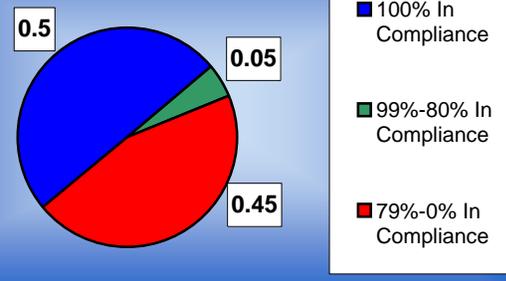
Mental Health



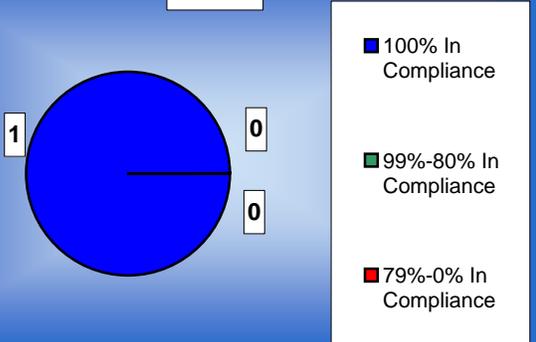
Fiscal Monitoring



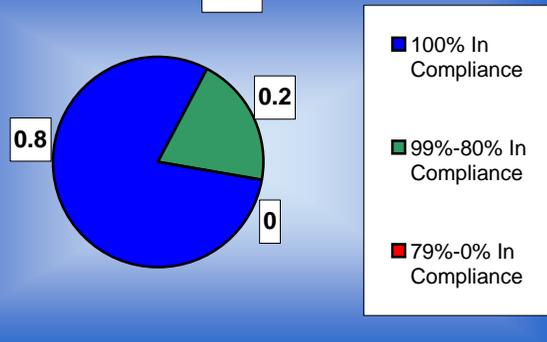
Nursing



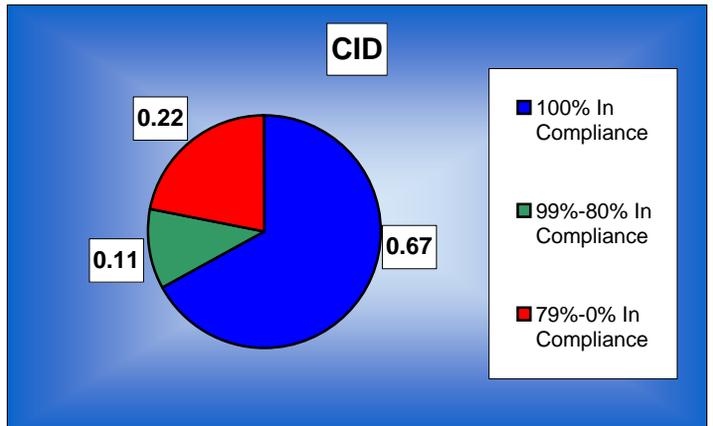
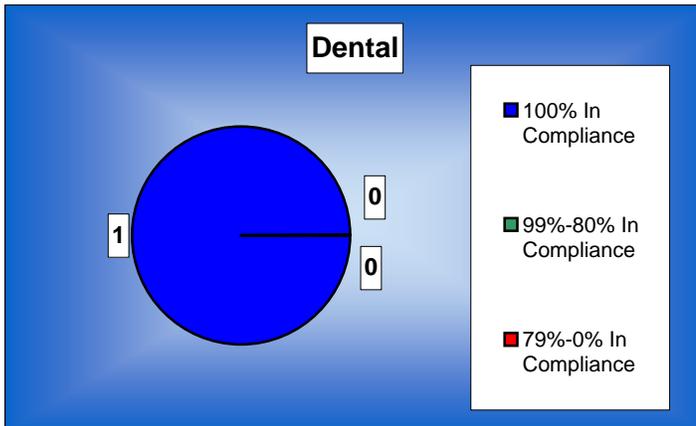
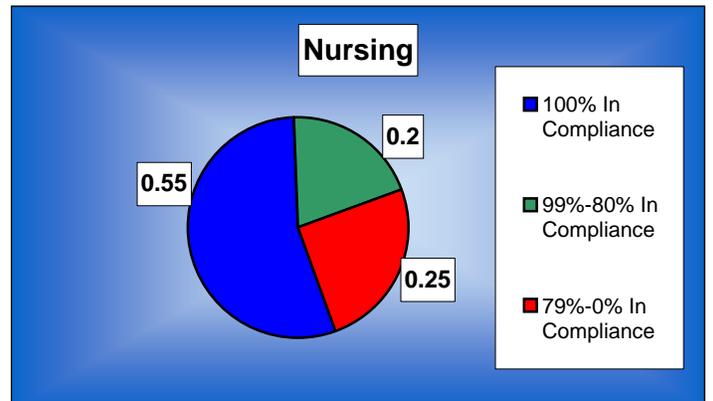
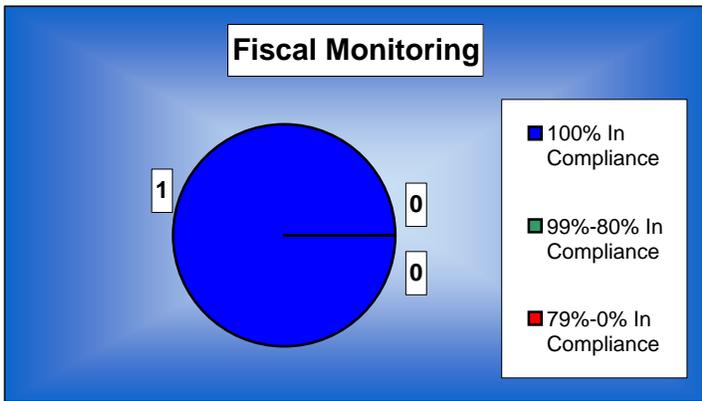
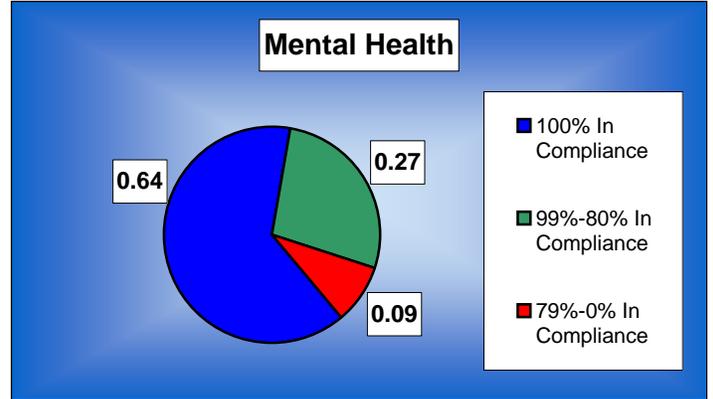
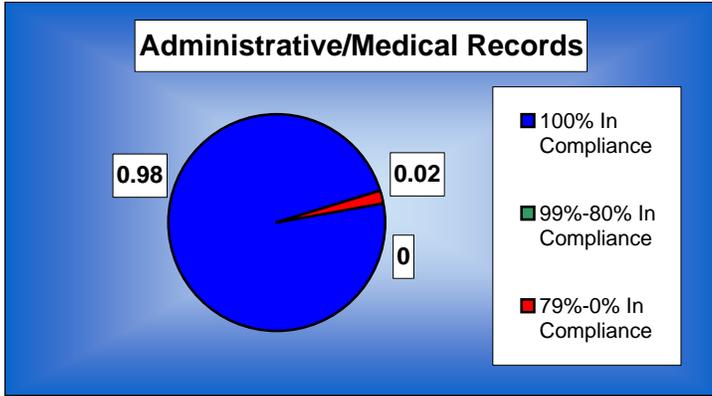
Dental



CID



**Quarterly Reports for
Compliance Rate By Operational Categories
Willacy Facility
February 5, 2008**



PATIENT LIAISON AND STEP II GRIEVANCE STATISTICS

QUALITY OF CARE/PERSONNEL REFERRALS AND ACTION REQUESTS

STEP II GRIEVANCE PROGRAM (GRV)									
FY2008	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	% of Total Action Requests Referred	Total # of Action Requests Referred to TTUHSC-CMHC	% of Total Action Requests Referred	Total # of Action Requests Referred to PRIVATE FACILITIES	% of Total Action Requests Referred
December	475	21	4.42%	15	3.16%	6	1.26%	0	0.00%
January	483	23	4.76%	18	3.73%	5	1.04%	0	0.00%
February	468	38	8.12%	31	6.62%	7	1.50%	0	0.00%
Totals:	1426	82	5.75%	64	4.49%	18	1.26%	0	0.00%

PATIENT LIAISON PROGRAM (PLP)									
FY2008	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	% of Total Action Requests Referred	Total # of Action Requests Referred to TTUHSC-CMHC	% of Total Action Requests Referred	Total # of Action Requests Referred to PRIVATE FACILITIES	% of Total Action Requests Referred
December	319	2	0.63%	0	0.00%	2	0.63%	0	0.00%
January	502	4	0.80%	3	0.60%	1	0.20%	0	0.00%
February	446	25	5.61%	19	4.26%	6	1.35%	0	0.00%
Totals:	1267	31	2.45%	22	1.74%	9	0.71%	0	0.00%

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

Month: December 2007

Reports Received	This Month	Same Month Last Year	Year to Date	Last Year to Date
Chlamydia	0	6	54	60
Gonorrhea	2	5	35	29
Syphilis	41	51	648	762
Hepatitis A	0	0	0	0
Hepatitis B (acute cases)	0	1	15	27
Hepatitis C	209	391	4220	4563
HIV Screens (non-pre-release)	8269	6027	73759	69696
HIV Screens (pre-release)	2587	2377	37928	40745
HIV + pre-release tests	9	2	53	78
HIV Infections	52	58	567	604
AIDS	12	11	209	111
Methicillin-Resistant <i>Staph Aureus</i>	298	273	5267	5527
Methicillin-Sensitive <i>Staph Aureus</i>	99	79	1788	1757
Occupational Exposures (TDCJ Staff)	9	6	148	220
Occupational Exposures (Medical Staff)	5	2	55	70
HIV CPX Initiation	3		59	
Tuberculosis skin tests – intake (#positive)	259	263	3498	4320
Tuberculosis skin tests – annual (#positive)	35	55	705	742
Tuberculosis cases				
(1) Diagnosed during intake and attributed to county of origin	0	0	4	6
(2) Entered TDCJ on TB medications	0	0	19	17
(3) Diagnosed during incarceration in TDCJ	2	1	16	16
TB cases under management	18	13		
Peer Education Programs	0	2	95	75
Peer Education Educators	0	29	716	483
Peer Education Participants	1957	1302	40532	21706
Sexual Assault In-Service (sessions/units)	0	2/2	45/39	66/104
Sexual Assault In-Service Participants	0	14	270	585
Alleged Assaults & Chart Reviews	43	40	172	169

NOTE: Some category totals may change to reflect late reporting.
Date Compiled: 5/28/08

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

Month: January 2008

Reports Received	This Month	Same Month Last Year	Year to Date	Last Year to Date
Chlamydia	6	3	6	3
Gonorrhea	1	3	1	3
Syphilis	57	59	57	59
Hepatitis A	0	0	0	0
Hepatitis B (acute cases)	0	0	0	0
Hepatitis C	403	279	403	279
HIV Screens (non-pre-release)	5450	5627	5450	5627
HIV Screens (pre-release)	2963	2776	2963	2776
HIV + pre-release tests	12	6	12	6
HIV Infections	70	61	70	61
AIDS	10	94	10	94
Methicillin-Resistant <i>Staph Aureus</i>	284	330	284	330
Methicillin-Sensitive <i>Staph Aureus</i>	106	102	106	102
Occupational Exposures (TDCJ Staff)	9	14	9	14
Occupational Exposures (Medical Staff)	9	4	9	4
HIV CPX Initiation	4	3	4	3
Tuberculosis skin tests – intake (#positive)	144	344	144	344
Tuberculosis skin tests – annual (#positive)	27	70	27	70
Tuberculosis cases				
(1) Diagnosed during intake and attributed to county of origin	0	0	0	0
(2) Entered TDCJ on TB medications	0	2	0	2
(3) Diagnosed during incarceration in TDCJ	2	1	2	1
TB cases under management	15	13		
Peer Education Programs	0	4	95	79
Peer Education Educators	0	44	716	527
Peer Education Participants	1864	1143	1864	1143
Sexual Assault In-Service (sessions/units)	0	5/8	0	5/8
Sexual Assault In-Service Participants	0	45	0	45
Alleged Assaults & Chart Reviews	36	56	36	56

NOTE: Some category totals may change to reflect late reporting.
Date Compiled: 5/28/08

Office of Health Services Liaison Utilization Review Monitoring

Facilities Audited with Deficiencies Noted—2008 Second Quarter Report

Medical Provider	University	Number of Audits	Number of Deficiencies	Comments (See Footnotes)
Brownfield Regional	TTUHSC			
Cogdell Memorial	TTUHSC	1	1	B
Ector County Memorial	TTUHSC	1	1	B
Hendrick Memorial	TTUHSC	6	2	B
Hospital Del Sol	TTUHSC			
Hospital Galveston	UTMB	78	62	1=A; 61=B; 2=C; 1=D; 5=F
Mitchell County	TTUHSC			
Northwest Texas	TTUHSC	2	1	B, F
Pampa Regional	TTUHSC	1	1	F
Pecos County	TTUHSC			
Scenic Mountain	TTUHSC			
Thomason	TTUHSC			
University Medical	TTUHSC	5	5	B
United Regional 11 th St.	TTUHSC			

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

Medical Provider	University	Number of Audits	Number of Deficiencies	Comments (See Footnotes)
Allred	TTUHSC			
Beto	UTMB	4	2	B
Clements	TTUHSC	2	1	E
Connally	UTMB			
Estelle	UTMB	5	1	B
Hughes	UTMB			
Jester 3	UTMB	1		
Montford	TTUHSC	17	3	1=A; 1=B; 2=F
Polunsky	UTMB			
Robertson	TTUHSC	3	2	B
Stiles	UTMB	1	1	B
Telford	UTMB	1	1	F
CT Terrell	UTMB			
Young	UTMB	7	5	5=B; 1=E

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

Footnotes:	
A	The patient was not medically stable when returned to general population.
B	Vital signs were not record in the electronic medical record for the date of discharge so it is not possible to verify that these offenders were stable when they returned to general population.
C	The level of medical services available at the facility were insufficient.
D	The patient was unable to ambulate the distances required to access the dining hall, shower and unit medical department upon discharge.
E	The patient required unscheduled medical care related to the admitting diagnosis within the first seven days after discharge.
F	Was pertinent documentation regarding the inpatient stay included in the electronic medical record (i.e., results of diagnostic tests, discharge planning, medication recommendations and/or treatments, etc.)?

**CAPITAL ASSETS CONTRACT MONITORING AUDIT
BY UNIT
SECOND QUARTER, FISCAL YEAR 2008**

December	Numbered Property On Inventory Report	Total Number of Deletions	Total Number of Transfers	Total Number of New Equipment
Holliday	58	0	0	0
Polunsky	77	0	0	0

January	Numbered Property On Inventory Report	Total Number of Deletions	Total Number of Transfers	Total Number of New Equipment
Lewis	59	0	0	0
Bridgeport (GEO)	15	0	1	0

February	Numbered Property On Inventory Report	Total Number of Deletions	Total Number of Transfers	Total Number of New Equipment
Willacy	18	0	0	2
Lopez	26	0	0	6
Segovia	27	0	0	1

**CAPITAL ASSETS AUDIT
SECOND QUARTER, FISCAL YEAR 2008**

Audit Tools	December	January	February	Total
Total number of units audited	2	2	3	7
Total numbered property	135	74	71	280
Total number out of compliance	0	0	0	0
Total % out of compliance	0.00%	0.00%	0.00%	0.00%

**AMERICAN CORRECTIONAL ASSOCIATION
ACCREDITATION STATUS REPORT
Second Quarter FY-2008**

University of Texas Medical Branch

Unit	Audit Date	% Compliance	
		Mandatory	Non-Mandatory
Beto	January 2008	100 %	97.5
Stiles	January 2008	100%	98.4
Halbert	January 2008	100 %	99.0
Wynne	February 2008	100%	97.4
Glossbrenner	February 2008	100 %	99.5
Woodman	February 2008	100%	99.0

Texas Tech University Health Science Center

Unit	Audit Date	% Compliance	
		Mandatory	Non-Mandatory
Daniel	December 2007	100 %	99.3
Formby/Wheeler	February 2008	100 %	99.0

Executive Services
Active Monthly Research Projects – Medical
Health Services Division
April 2008

Project Number: 408-RM03

Researcher:
Ned Snyder

IRB Number:
02-377

IRB Expires:
June 30, 2008

Research Began:
June 03, 2003

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

Data Collection Began:
July 1, 2003

Proponent:
University of Texas Medical Branch at Galveston

Data Collection End:
July 03, 2008

Project Status:
Data Analysis

Progress Report Due:
August 12, 2008

Projected Completion Date:
July 31, 2008

Units: Hospital Galveston

Project Number: 433-RM04

Researcher:
Ned Snyder

IRB Number:
03-357

IRB Expires:
July 31, 2008

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:
July 31, 2008

Project Status:
Data Collection

Progress Report Due:
August 12, 2008

Projected Completion Date:
July 31, 2008

Units: UTMB

Project Number: 450-RM04

Researcher:
Everett Lehman

IRB Number:
04.DSHEFS.02XP

IRB Expires:
July 14, 2008

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:
June 30, 2006

Project Status:
Formulating Results; Data Collection Complete

Progress Report Due:
May 14, 2008

Projected Completion Date:
September 1, 2007

Units: Lychner, Stringfellow

Project Number: 475-RM05

Researcher:

Robert Morgan

IRB Number:

L05-077

IRB Expires:

February 27, 2009

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

Progress Report Due:

September 18, 2008

Projected Completion Date:

January 1, 2008

Units: Gatesville, Montford

Project Number: 486-RM05

Researcher:

William O'Brien

IRB Number:

05-298

IRB Expires:

August 31, 2007

Research Began:

January 17, 2006

09/05/07: E-mail requesting current approval.

10/19/07: E-mail second request for new IRB.

01/08/08: As of this date, I have not received a new IRB from Dr. Williams.

(see Project Status)

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

Progress Report Due:

July 18, 2007

10/22/07: Received e-mail from Dr. O'Brien, the sponsor has withdrawn support, and now it will be funded by Merck, and not Tibotec. Dr. O'Brien will submit a revision of the proposal for renewal.

09/05/07: E-mail requesting updated progress report.

10/19/07: E-mail second request for update.

01/08/08: As of this date, I have not received an updated Progress Report.

03/04/08: E-mail request to Dr. O'Brien for revised proposal and a Progress Report as soon as possible.

(see Project Status)

03/04/08: Received e-mail from Dr. O'Brien, he is no longer with UTM. Project has been transferred to Dr. White.

03/05/08: E-mail to Dr. O'Brien requesting contact information for Dr. White.

04/21/08: E-mail to Dr. O'Brien and Dr. White requesting Final Report as required by Research Agreement.

Units: Hospital Galveston

Project Number: 490-RM06

<u>Researcher:</u> Sharon Melville	<u>IRB Number:</u> Exempt	<u>IRB Expires:</u> IRB Exempt	<u>Research Began:</u> March 1, 2006
<u>Title of Research:</u> Medical Monitoring Project (MMP)			<u>Data Collection Began:</u> August 11, 2006
<u>Proponent:</u> Texas Department of State Health Services; US Center for Disease Control (CDC)			<u>Data Collection End:</u> April 30, 2010
<u>Project Status:</u> Data Collection	<u>Progress Report Due:</u> October 22, 2008		<u>Projected Completion Date:</u> April 30, 2010
<u>Units:</u> System-wide			

Project Number: 499-RM06

<u>Researcher:</u> Albert D. Wells	<u>IRB Number:</u> 06-307	<u>IRB Expires:</u> August 31, 2008	<u>Research Began:</u> April 4, 2007
<u>Title of Research:</u> Past Drug Use Among Recently Incarcerated Offenders in TDCJ and Oral Health Ramifications			<u>Data Collection Began:</u> May 1, 2007
<u>Proponent:</u> University of Texas Medical Branch, Galveston			<u>Data Collection End:</u> June 7, 2007
<u>Project Status:</u> A draft of the report has been reviewed by UTMB statisticians and technical writers. Currently the project information is being prepared for submission to technical journals for possible publication.	<u>Progress Report Due:</u> September 30, 2008		<u>Projected Completion Date:</u> August 31, 2008
<u>Units:</u> Data Collection			

Project Number: 503-RM06

<u>Researcher:</u> William O'Brien	<u>IRB Number:</u> 06-189	<u>IRB Expires:</u> April 30, 2008 <i>(see Project Status)</i>	<u>Research Began:</u> October 23, 2006
<u>Title of Research:</u> 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)			<u>Data Collection Began:</u> October 26, 2006
<u>Proponent:</u> University of Texas Medical Branch at Galveston			<u>Data Collection End:</u> October 31, 2008
<u>Project Status:</u> Data Collection 04/21/08: E-mail to Dr. O'Brien and Dr. White requesting Final Report as required by Research Agreement.	<u>Progress Report Due:</u> July 16, 2007 09/05/07: E-mail requesting updated progress report. 10/19/07: E-mail second request for progress report. 01/08/08: As of this date, I have not received an updated Progress Report. 03/05/08: E-mail to Dr. O'Brien, has this project been transferred to Dr. White. <i>(see Project Status)</i>		<u>Projected Completion Date:</u> To be determined by trial sponsor
<u>Units:</u> UTMB			

Project Number: 513-MR07

Researcher:

H. Morgan Scott

IRB Number:

Exempt

IRB Expires:

IRB 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 Analysis

Progress Report Due:

September 6, 2008

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

IRB Expires:

July 31, 2008

Research Began:

October 27, 2006

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:

December 31, 2007

Project Status:

Data Analysis

Progress Report Due:

September 6, 2008

Projected Completion Date:

December 31, 2009

Units:

Data Collection

Project Number: 523-MR07

Researcher:

Robert Morgan

IRB Number:

L06-193

IRB Expires:

August 22, 2007

Research Began:

April 17, 2007

09/05/07: E-mail requesting current approval.

09/06/07: Received e-mail from Dr. Morgan, as data collection is complete, no need for new IRB.

Title of Research:

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

Data Collection Began:

April 23, 2007

Proponent:

Texas Tech University, Department of Psychology

Data Collection End:

May 7, 2007

Project Status:

Data collection is complete. Currently analyzing data and as they complete the data analyses, research reports will be submitted.

Progress Report Due:

September 13, 2008

Projected Completion Date:

November 30, 2008

Units:

Montford

Project Number: 527-MR07**Researcher:**

Ned Snyder

IRB Number:

05-277

IRB Expires:

June 30, 2008

Research Began:

April 17, 2007

Title of Research:

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

Data Collection Began:

March 12, 2007

Proponent:

University of Texas Medical Branch, Galveston

Data Collection End:

July 31, 2008

Project Status:

Data Collection

Progress Report Due:

September 10, 2008

Projected Completion Date:

July 31, 2008

Units: UTMB**Project Number: 541-MR07****Researcher:**

Michael Davis

IRB Number:

07-007

IRB Expires:

February 16, 2008

Research Began:

To be determined

Title of Research:

Effects of telecardiology on cardiovascular disease management: Recent review of health outcomes

Data Collection Began:

To be determined

Proponent:

UTMB

Data Collection End:

To be determined

Project Status:

11/13/07: Research Agreement prepared sent to Dr. Davis for signature.

Progress Report Due:

N/A

Projected Completion Date:

To be determined

03/07/08: E-mail to Dr. Davis asking about research agreement, was there a problem or if he did not received the agreement.

*03/17/08: Re-sent Research Agreement to Dr. Davis (first class mail).**05/20/08: Have not received the Research Agreement from Dr. Davis.***Units:** Data Collection**Project Number: 542-MR07****Researcher:**

Dr. Jacques Baillargeon

IRB Number:07-277**IRB Expires:**

August 31, 2008

Research Began:

To be determined

Title of Research:

Psychiatric Barriers to Outpatient Care in Released HHIV-Infected Offenders

Data Collection Began:

To be determined

Proponent:

University of Texas Medical Branch

Data Collection End:

To be determined

Project Status:

03/05/08: E-mail to Dr. Baillargeon comments and concerns from Dr. Kelley (Peer Review Panel) for revised protocol.

Progress Report Due:**Projected Completion Date:**

To be determined

Units: Data Collection

Medical Research Projects Pending Approval April 2008

Project Number: 544-MR07

Researcher:

Dr. Roger Soloway

IRB Number:

07-171

IRB Expires:

June 30, 2008

Application Received:

September 27, 2007

Title of Research:

Prevention of Hepatocellular Carcinoma Recurrence with Pegylated Alpha-Interferon + Ribavirin in Chronic Hepatitis C after Definitive Treatment

Completed Application Received:

Proponent:

University of Texas Medical Branch at Galveston

Peer Panel Scheduled:

Not Scheduled

Project Status:

02/29/08: Mailed Research Agreement to Dr. Soloway

Progress Report Due:

May 30, 2008

Peer Panel Recommendations:

Units: UTMB

Project Number: 549-RML07

Researcher:

Dr. Jacques Baillargeon

IRB Number:

07-318

IRB Expires:

September 30, 2008

Application Received:

December 4, 2007

Title of Research:

Psychiatric Barriers to Outpatient Care in Released HIV-monoinfected and HIV/HCV coinfecting Offenders

Completed Application Received:

Proponent:

University of Texas Medical Branch, Galveston

Peer Panel Scheduled:

Project Status:

01/31/08: Received approval with conditions from Dr. Kelley (Peer Review Panel).

Progress Report Due:

Peer Panel Recommendations:

Units: Data Collection

Last printed 0/0/0000 0:00:00 AM

**TDCJ HEALTH SERVICES
ADMINISTRATIVE SEGREGATION MENTAL HEALTH AUDITS
SECOND QUARTER FY 2008**

UNIT	DATE(S) (Audit dates)	ATC 4 & 5 (48-72 Hrs)	ATC 6 (14 Days)	REF'D (Referred for evaluation)	REQ. FWD (Requests Forwarded)	OFFENDERS		STAFF
						SEEN	INTERVIEWED	INTERVIEWED
						Total	MHS Caseload/Non- caseload	MHS/Security
MICHAEL	12/4&5/07	92%	100%	0	8	493	86/112	6/6
DARRINGTON	12/11/07	83%	100%	1	3	210	34/52	2/6
RAMSEY 1	12/13/07	100%	100%	0	1	44	14/30	2/5
ESTELLE	12/19&27/07	100%	100%	2	7	566	72/157	1/6
TELFORD	1/7&8/08	100%	100%	1	6	499	47/159	3/6
STILES	1/17&22/08	100%	100%	1	8	494	78/156	4/6
EASTHAM	1/24/08	100%	100%	0	0	424	34/136	3/6
SMITH (ECB)	1/29&30/08	100%	100%	0	7	506	134/117	3/6
ROBERTSON	2/6&7/08	100%	100%	0	6	465	81/113	5/6
ALLRED (ECB)	2/12&13/08	100%	100%	0	8	453	60/142	3/6
ALLRED (12 Bldg.)	2/14&28/08	83%	100%	2	12	495	128/130	2/6
ELLIS	2/20/08	100%	100%	1	1	104	15/60	2/4
FERGUSON	2/26/08	100%	100%	0	6	412	23/124	3/6
TOTAL		1,258	1300	8	73	5,165	806/1,488	39/75
AVERAGE		96.76%	100%	0.62	5.62	397.3	62.0/114.5	3.0/5.77

Consent Item 3(a)

University Medical Director's Report

The University of Texas Medical Branch



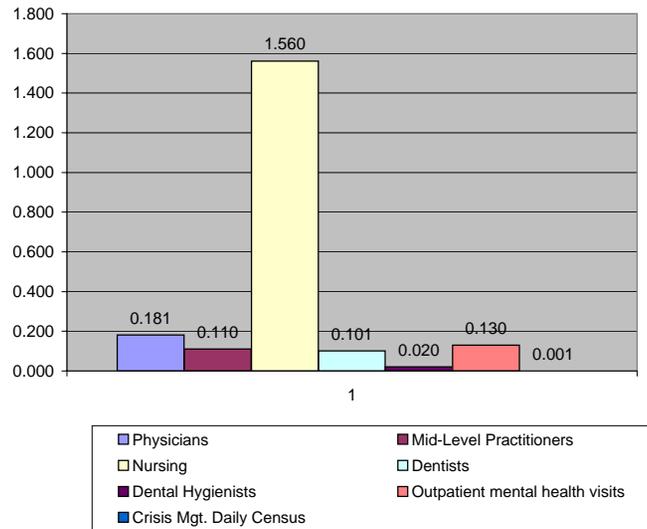
**Correctional Health Care
MEDICAL DIRECTOR'S REPORT**

**SECOND QUARTER
FY 2008**

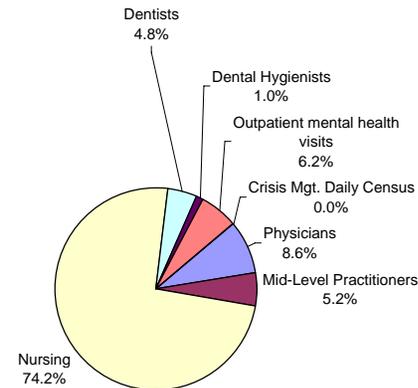
Medical Director's Report:

<i>Average Population</i>	December		January		February		Qtly Average	
	120,531		120,537		120,605		120,558	
	Number	Rate Per Offender						
Medical encounters								
Physicians	18,138	0.150	23,445	0.195	23,738	0.197	21,774	0.181
Mid-Level Practitioners	11,838	0.098	14,669	0.122	13,303	0.110	13,270	0.110
Nursing	170,837	1.417	200,432	1.663	193,082	1.601	188,117	1.560
Sub-total	200,813	1.666	238,546	1.979	230,123	1.908	223,161	1.851
Dental encounters								
Dentists	10,566	0.088	13,309	0.110	12,803	0.106	12,226	0.101
Dental Hygienists	1,986	0.016	2,747	0.023	2,643	0.022	2,459	0.020
Sub-total	12,552	0.104	16,056	0.133	15,446	0.128	14,685	0.122
Mental health encounters								
Outpatient mental health visits	14,705	0.122	16,681	0.138	15,558	0.129	15,648	0.130
Crisis Mgt. Daily Census	72	0.001	73	0.001	72	0.001	72	0.001
Sub-total	14,777	0.123	16,754	0.139	15,630	0.130	15,720	0.130
Total encounters	228,142	1.893	271,356	2.251	261,199	2.166	253,566	2.103

Encounters as Rate Per Offender Per Month



Encounters by Type

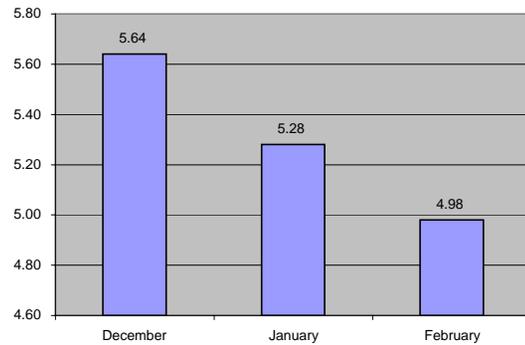


Medical Director's Report (Page 2):

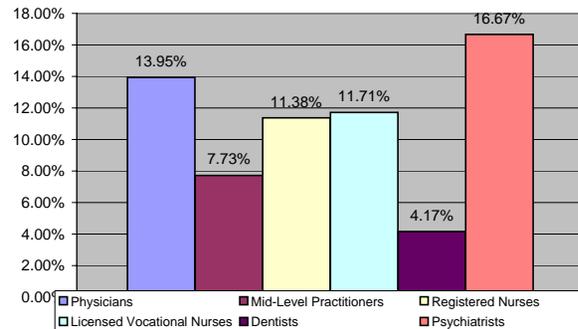
	December	January	February	Qtly Average
Medical Inpatient Facilities				
Average Daily Census	93.00	95.00	90.00	92.67
Number of Admissions	394.00	429.00	407.00	410.00
Average Length of Stay	5.64	5.28	4.98	5.30
Number of Clinic Visits	1,341.00	1,897.00	1,713.00	1,650.33
Mental Health Inpatient Facilities				
Average Daily Census	1,025.49	1,036.48	1,034.73	1,032.23
PAMIO/MROP Census	698.62	701.71	699.96	700.10
Specialty Referrals Completed	541.00	523.00	596.00	553.33
Telemedicine Consults	414	543	525	494.00

Health Care Staffing	Average This Quarter			Percent Vacant
	Filled	Vacant	Total	
Physicians	61.70	10.00	71.70	13.95%
Mid-Level Practitioners	107.50	9.00	116.50	7.73%
Registered Nurses	366.00	47.00	413.00	11.38%
Licensed Vocational Nurses	671.00	89.00	760.00	11.71%
Dentists	69.00	3.00	72.00	4.17%
Psychiatrists	15.00	3.00	18.00	16.67%

Average Length of Stay



Staffing Vacancy Rates



Consent Item 3(b)

University Medical Director's Report

Texas Tech University
Health Sciences Center



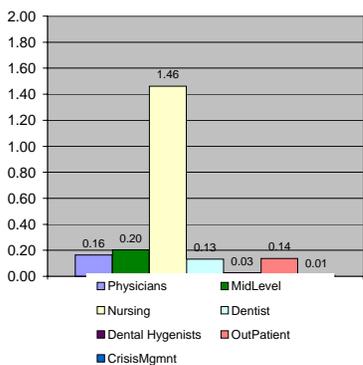
**Correctional Managed Health Care
MEDICAL DIRECTOR'S REPORT**

**SECOND QUARTER
FY 2008**

Medical Director's Report:

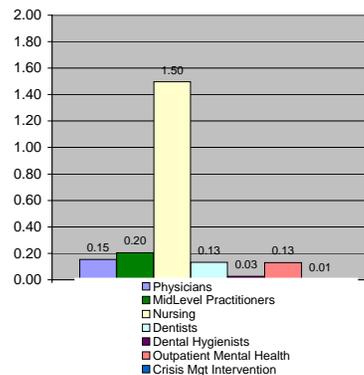
Average Population	December	January	February	Quarterly Average
	31,137.65	31,181.63	31,119.02	31,146.10
Medical Encounters	Rate Per	Rate Per	Rate Per	Rate Per
	Number Offender	Number Offender	Number Offender	Number Offender
Physicians	4,236 0.136	4,910 0.157	5,176 0.166	4,774 0.153
Mid-Level Practitioners	5,892 0.189	6,683 0.214	6,540 0.210	6,372 0.205
Nursing	45,888 1.474	47,813 1.533	46,090 1.481	46,597 1.496
Sub-Total	56,016 1.799	59,406 1.905	57,806 1.858	57,743 1.854
Dental Encounters				
Dentists	3,557 0.114	4,620 0.148	4,285 0.138	4,154 0.133
Dental Hygienists	678 0.022	837 0.027	910 0.029	808 0.026
Sub-Total	4,235 0.136	5,457 0.175	5,195 0.167	4,962 0.159
Mental Health Encounters				
Outpatient mental health visits	3,656 0.117	4,267 0.137	4,182 0.134	4,035 0.130
Crisis Mgt. Interventions	135 0.004	176 0.006	174 0.006	162 0.005
Sub-Total	3,791 0.122	4,443 0.142	4,356 0.140	4,197 0.135
Total Encounters	64,042 2.057	69,306 2.223	67,357 2.164	66,902 2.148

Encounters as Rate Per Offender Per Quarter



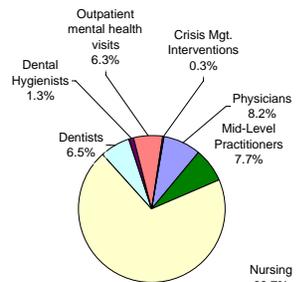
1st Quarter 2008

Encounters as Rate Per Offender Per Quarter



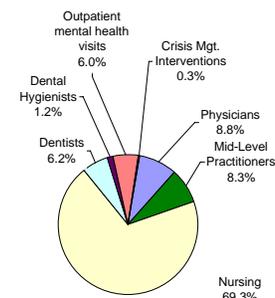
2nd Quarter 2008

Encounters by Type



1st Quarter 2008

Encounters by Type



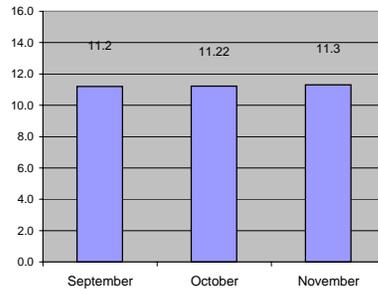
2nd Quarter 2008

Medical Director's Report (page 2):

	December	January	February	Quarterly Average
Medical Inpatient Facilities				
Average Daily Census	97.26	96.39	93.44	95.70
Number of Admissions	198	292	255	248.33
Average Length of Stay	12.61	11.71	9.9	11.41
Number of Clinic Visits	663	891	745	766.33
Mental Health Inpatient Facilities				
Average Daily Census	526	521	513	520.00
PAMIO/MROP Census	419	357	424	400.00
Specialty Referrals Completed				
	1093	1469	1341	1301.00
Telemedicine Consults				
	216	330	295	280.33

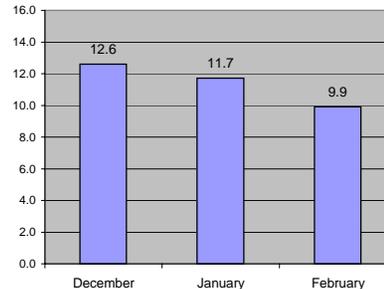
Health Care Staffing	Average This Quarter			Percent Vacant
	Filled	Vacant	Total	
Physicians	24.33	0.04	24.37	0.16%
Mid-Level Practitioners	25.37	2.8	28.17	9.94%
Registered Nurses	150.75	39.79	190.54	20.88%
Licensed Vocational Nurses	308.63	59.56	368.19	16.18%
Dentists	18.86	2.42	21.28	11.37%
Psychiatrists	9.77	2.53	12.3	20.57%

Average Length of Stay



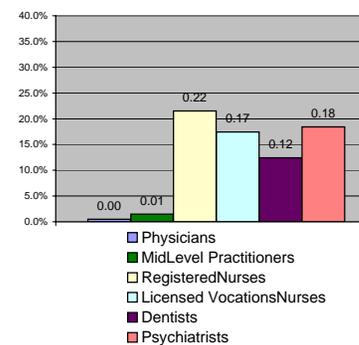
1st Quarter 2008

Average Length of Stay



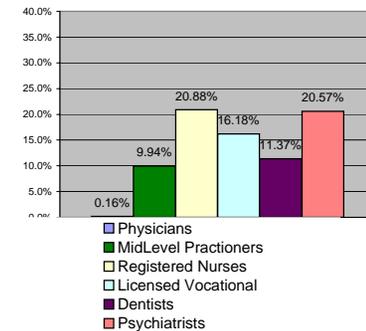
2nd Quarter 2008

Staffing Vacancy Rates



1st Quarter 2008

Staffing Vacancy Rates



2nd Quarter 2008

Consent Item 4

Summary of CMHCC Joint Committee /
Work Groups

**Correctional Managed Health Care
Joint Committee/Work Group Activity Summary
for June 2008 CMHCC Meeting**

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

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

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

Workgroup activity covered in this report includes:

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

System Leadership Council

Chair: Dr. Lannette Linthicum

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

Meeting Date: May 8, 2008

Key Activities:

- (1) Reviewed monthly detailed Access to Care Indicator data for the First Quarter of FY 2008. 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)	99.0%
#2: Dental chief complaint documented in MR at time of triage	100.0%
#3: Referral to dentist (nursing/dental triage) seen within 7 days of SCR receipt	96.2%
#4: SCR/referrals (mental health) physically triaged within 48 hrs (72 hrs Fri/Sat)	97.1%
#5: MH chief complaint documented in the MR at time of triage	100.0%
#6: Referred outpatient MH status offenders seen within 14 days of referral/triage	96.2%
#7: SCR for medical services physically triaged within 48 hrs (72 hrs Fri/Sat)	96.2%
#8: Medical chief complaint documented in MR at time of triage	99.0%
#9: Referrals to MD, NP or PA seen within 7 days of receipt of SCR	89.5%

- (2) Reviewed Statewide SLC Quality of Care Indicator data:
 - Infection Control
 - Mental Health PULHES
 - Monitoring CD4 Viral Load Analysis
 - Transient Offender Post-Operative Antibiotics
- (3) Heard an update on Correctional Managed Health Care Committee
- (4) Reviewed Monthly Medical Grievance Exception Reports.
- (5) Discussed issues related to SAFE Prisons Program
- (6) Discussed issues related to EMR
- (7) Heard an update on Nursing Work Group
- (8) Sub-Committee for New SLC Indicators

Joint Policy and Procedure Committee

Co-Chair: 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 10, 2008

Key Activities:

- (1) Approved policy revisions to A-02.2, Treatment of Injuries Incurred in the Line of Duty
- (2) Discussed policy revisions to A-06.2, Professional & Vocational Nurse Peer Review Process

- (3) Approved revisions to policy D-28.4, First Aid Kits
- (4) Reviewed draft to policy E-31.4, Extraordinary Healthcare Determination
- (5) Reviewed revisions to policy E-41.2, Emergency Response During Hours of Operations
- (6) Reviewed revisions to policies:
 - A-01.1, Access to Care
 - A-02.1, Responsible Health Authority
 - A-03.1, Medical Autonomy
 - A-04.1, Administrative Meetings
 - A-04.2, Health Services Statistical Report
 - A-06.1, Quality Improvement / Quality Management Program
 - A-08.1, Decision Making – Mental Health Patients
 - A-08.3, Referral of Offenders to the Mentally Retarded Offender Program (MROP)
 - A-08.4, Offender Medical & Mental Health Classification
 - A-08.5, Coordination with Windham School System
 - A-08.7, PUHLES System of Offender Medical & Mental Health Classification
 - A-08.10, Referral to the Program for the Aggressive Mentally Ill Offender (PAMIO)
 - A-09.1, Privacy of Care
 - A-10.1, Serious, Critical Medical condition & Notification of Next of Kin
 - A-11.1, Procedure in the Event of an Offender Death
 - A-12.1, Grievance Mechanism
 - A-12.2, Patient Liaison Program
 - F-46.1, Health Education & Promotion
 - F-48.1, Exercise Program
 - F-50.1, Tobacco Free Environment
- (8) Approved revisions to policy A-05.1, Health Services Policies
- (9) Approved revisions to policy A-08.2, Transfer of Offenders with Acute Conditions
- (10) Corrections to policy A-08.6, Medically Recommended Intensive Supervision Screening

- (11) Approved revisions to policy A08.8, Medical Passes
- (12) Approved revisions to policy A-13.1, Physician Peer Review
- (13) Discussed revisions to policy E-32.1, Receiving, Transfer & Continuity of Care Screening
- (14) Approved revisions to policy E-34.2, Periodic Physical Examination
- (15) Discussed revisions to policy F-47.1, Therapeutic Diets
- (16) Discussed revisions to policy F-49.1, Personal Hygiene
- (17) Discussed revisions to policy G51.5, Certified American Language Interpreter Services
- (18) Approved revisions to I-68.4, Medical Consultation for the Offender Drug Testing Program

Joint Pharmacy and Therapeutics Committee

Chair: Dr. Sheri Talley

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

Meeting Dates: May 8, 2008

A. Key Activities

- (1) Received and reviewed reports from the following P&T subcommittees:
 - Psychiatry
 - Coronary Artery Disease
 - Disease Management Guideline Triage

- Drug Withdrawal
- HIV
- Respiratory

2) Reviewed and discussed monthly reports as follows:

- Adverse Drug Reaction Reports
- Pharmacy Clinical Activity Reports
- Non-formulary Deferral Reports
- Drug Recalls
- Utilization related reports on:
 - HIV Interventions
 - HIV Utilization
 - Hepatitis C Utilization
- Quarterly Medication Incident Reports

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

(4) Follow-up discussion related to non-formulary medication conversion chart.

(5) Reviewed action request to revise the bipolar depression disease management guidelines.

(6) Follow-up discussion on midlevel prescribing of narcotics.

(11) Follow-up discussion on Braden Scale, wound care assessment, and CGI form availability on EMR

(12) Discussion on membership change

(13) Discussion on Formulary Addition Requests (moisturizer / Moxifloxacin (Vigamox®) 0.5% ophthalmic solution

(14) Action Request

- Podofilox (Condylox®)
- Intravenous sedation protocol for dialysis
- Commissary addition request for Lipoic Acid and Selenium supplements.

(15) Manufacturer Discontinuations – Osmolite

(16) Reviewed Policy and Procedures Revisions:

- P&P 50-15: Medication Administration by Nursing Personnel
- P&P 55-10: Drug Therapy Management by a Pharmacy
- P&P 55-15: Therapeutic Interchange
- P&P 55-20: Clozapine Protocol
- P&P 60-05: Emergency Drugs
- P&P 60-10: Requisition of Drugs by EMS
- P&P 65-05: Credential Requirements for Administration of Medication

(18) New floor stock and warehouse report available on Infopac

(19) Committee member contact information.

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 10, 2008

Key Activities:

(1) Heard an update on Preventive Medicine

(2) Follow-up discussion on TB Testing

- (3) Discussion on MRSA
- (4) Discussion on Strategic National Stockpile
- (5) Discussion on Quarantine
- (6) Discussion and review of the new Hepatitis B Policies
- (7) Reviewed action request on Policy B-14.22, wearing of artificial nails
- (8) Reviewed the following policies:
 - Policy B-14.1, Infection Control Plan
 - Policy B-14.2, TDCJ Infection Control Committee
 - Policy B-14.3, Employee TB Skin Test
 - Policy B-14.4, Prevention of Hepatitis B Virus (HBV Infection in TDCJ Facilities
 - Policy B-14.5, Occupational Exposure Counseling
 - Policy B-14.06, Management of Offender Bloodborne Exposures
 - Policy B-14.07, Immunizations
 - Policy B-14.10, Tuberculosis

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: May 21, 2008

Key Activities:

- (1) Policy and Procedures Review:
 - o Sections G, H, I
 - o Draft Policy E44.2: Examination of Offenders by Private Practitioners

- Draft Policy E36.1: Dental Treatment Priorities
- Policy E36.7: Dental Clinic Operations Reporting
- Policy B15.1B: Chemical and Hazardous Material Control

- (2) Review of Emergency Drugs
- (3) Review of Coronary Artery Disease Checklist
- (4) Review of Access to Care Training
- (5) Review of Toothbrush Specifications
- (6) Marcaine Update
- (7) Update on the Feb / March Dental X-Ray Focus Study
- (8) TDA Survey Expanded Duties
- (9) Policy Recommendations:
 - Add HIV Status to Health History
 - Separate Health History Form Designed for Patients
- (10) Develop Protocol for Lost / Missing Instruments for Dental Services Manual

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 13, 2008 (review of 34 cases), March 12, 2008 (review of 30 cases) and April 9, 2008 (review of 41 cases).

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

Joint Nursing Work Group

Chair: Mary Goetcher, RN

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

Meeting Date: May 7, 2008

Key Activities:

- (1) Heard updates to the Texas Nurses Association (TNA) on topics including Hospital Nurse Staffing, Nursing Fatigue and Environmental Health
- (2) Heard updates on Staffing Study
- (3) Heard discussion on DMS Nursing Services
- (4) Reviewed revisions for the UTMB Nursing Policies
- (5) Discussion and review of the Narcotic Administration Flow Sheet



CORRECTIONAL MANAGED HEALTH CARE

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

Allen R. Hightower
Executive Director

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

Date: May 28, 2008

From: Allen Hightower, Executive Director

Subject: Executive Director's Report

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

Senate Bill 909, Sunset Bill

Senate Bill 909, the Sunset Bill requires that CMHCC provide reports to the Board of Criminal Justice on the Committee's policy decisions, financial status and corrective actions. Briefings were provided at the TDCJ Board meeting on March 27th and May 20, 2008.

Senate Criminal Justice Committee

Testimony was provided April 2nd addressing the implementation of SB 909, Sunset Bill. Most of the requirements of SB 909 involved making healthcare information accessible to the public through the Committee's website.

Senate Finance Committee

CMHCC staff attended legislative hearings regarding budget oversight of the TDCJ budget which included Correctional Managed Health Care on April 22, 2008.

House Appropriations Subcommittee on Criminal Justice

CMHCC staff provided testimony on April 29th regarding the status of Correctional Managed Health Care.

Appropriations Request

The University providers are in the process of submitting and justifying their exception list for the Legislative Appropriations Request.

ARH:dm

Correctional Managed Health Care Committee

Key Statistics Dashboard

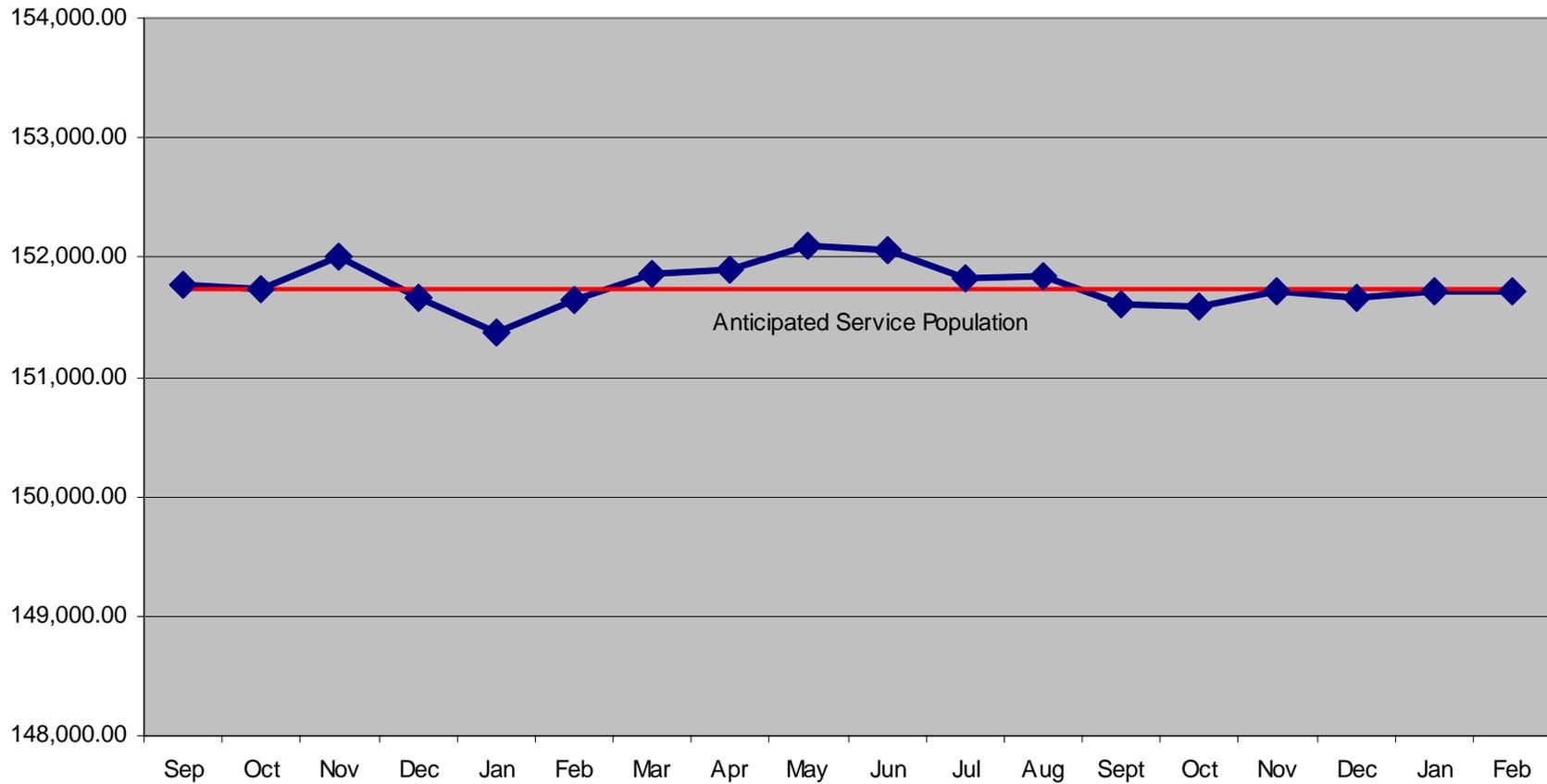
June 2008

*Correctional Managed
Health Care*



TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER

CMHC Service Population FY 2007-2008 to Date

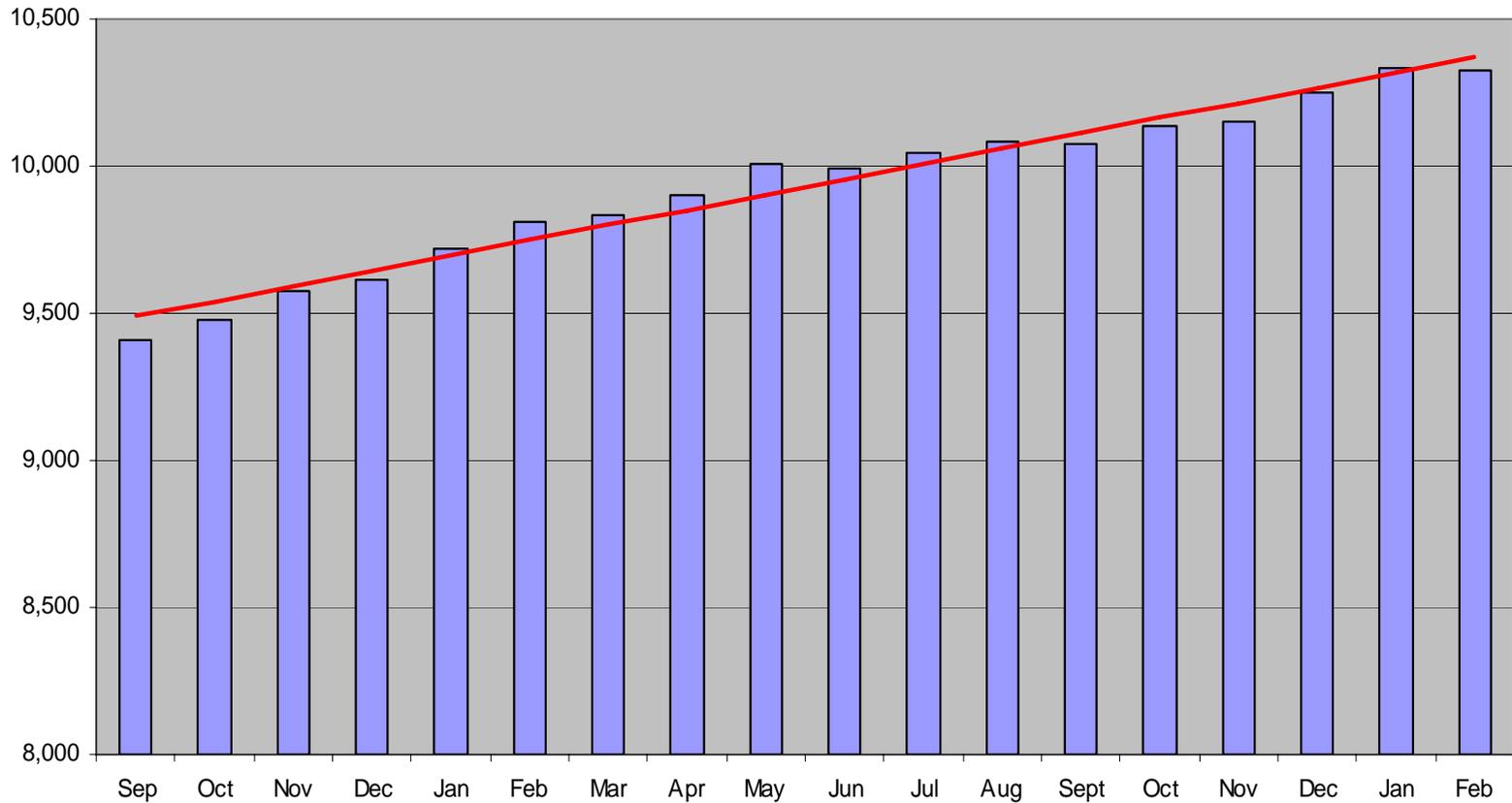


*Correctional Managed
Health Care*



TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER

Offenders Age 55+ FY 2007-2008 to Date



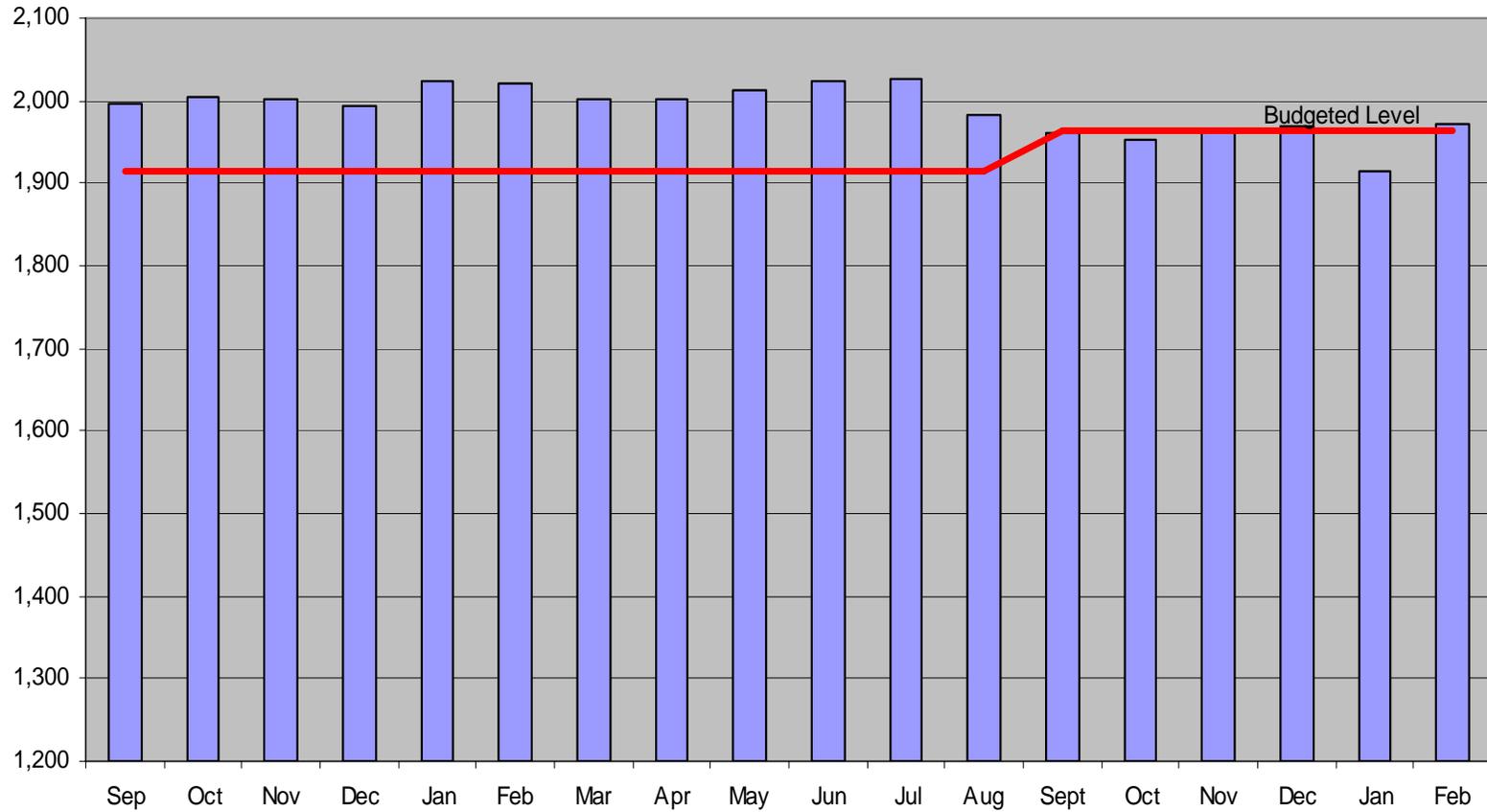
Correctional Managed

Health Care



TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER

Psychiatric Inpatient Census FY 2007 - 2008 to Date



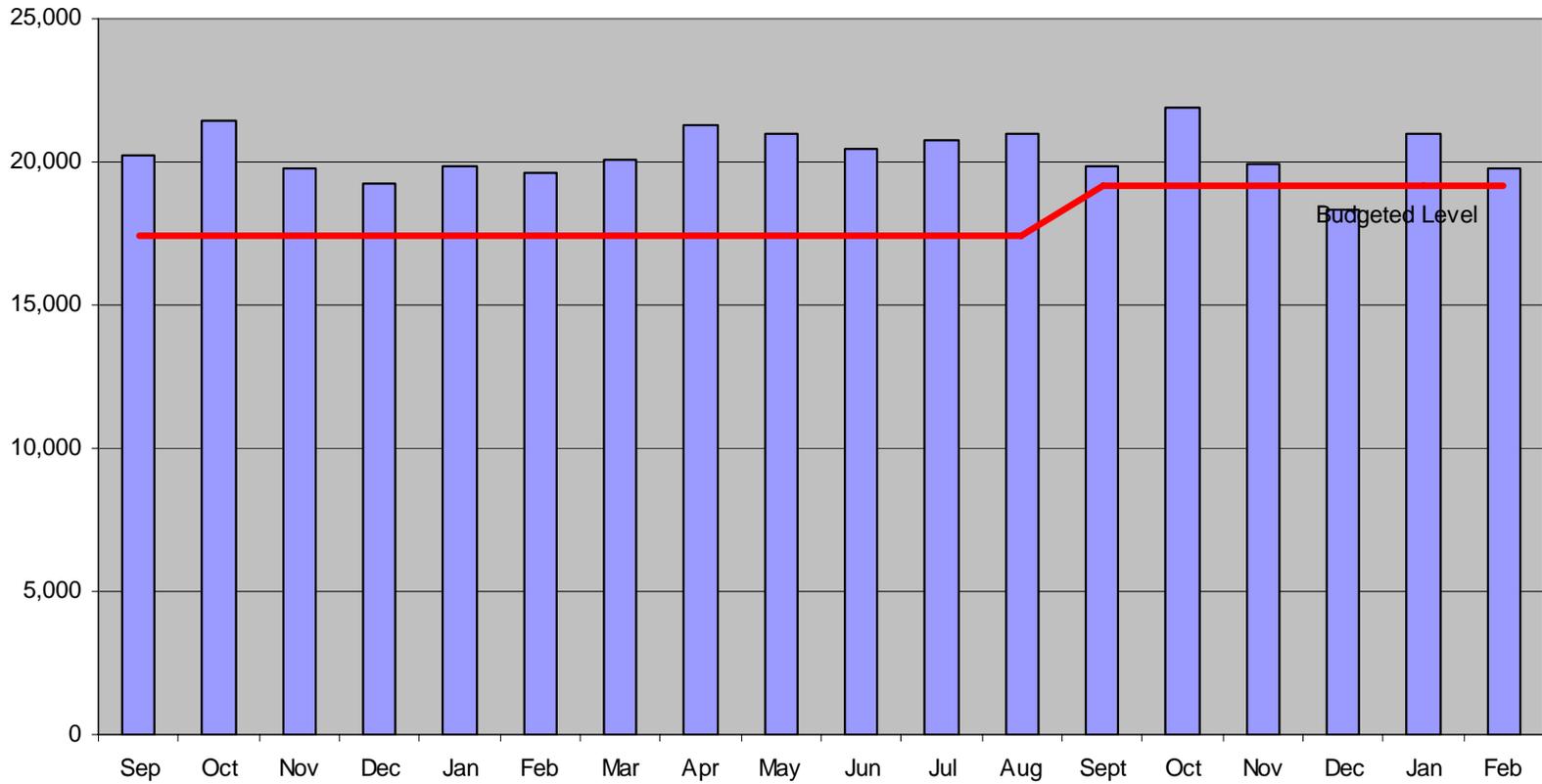
Correctional Managed

Health Care



TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER

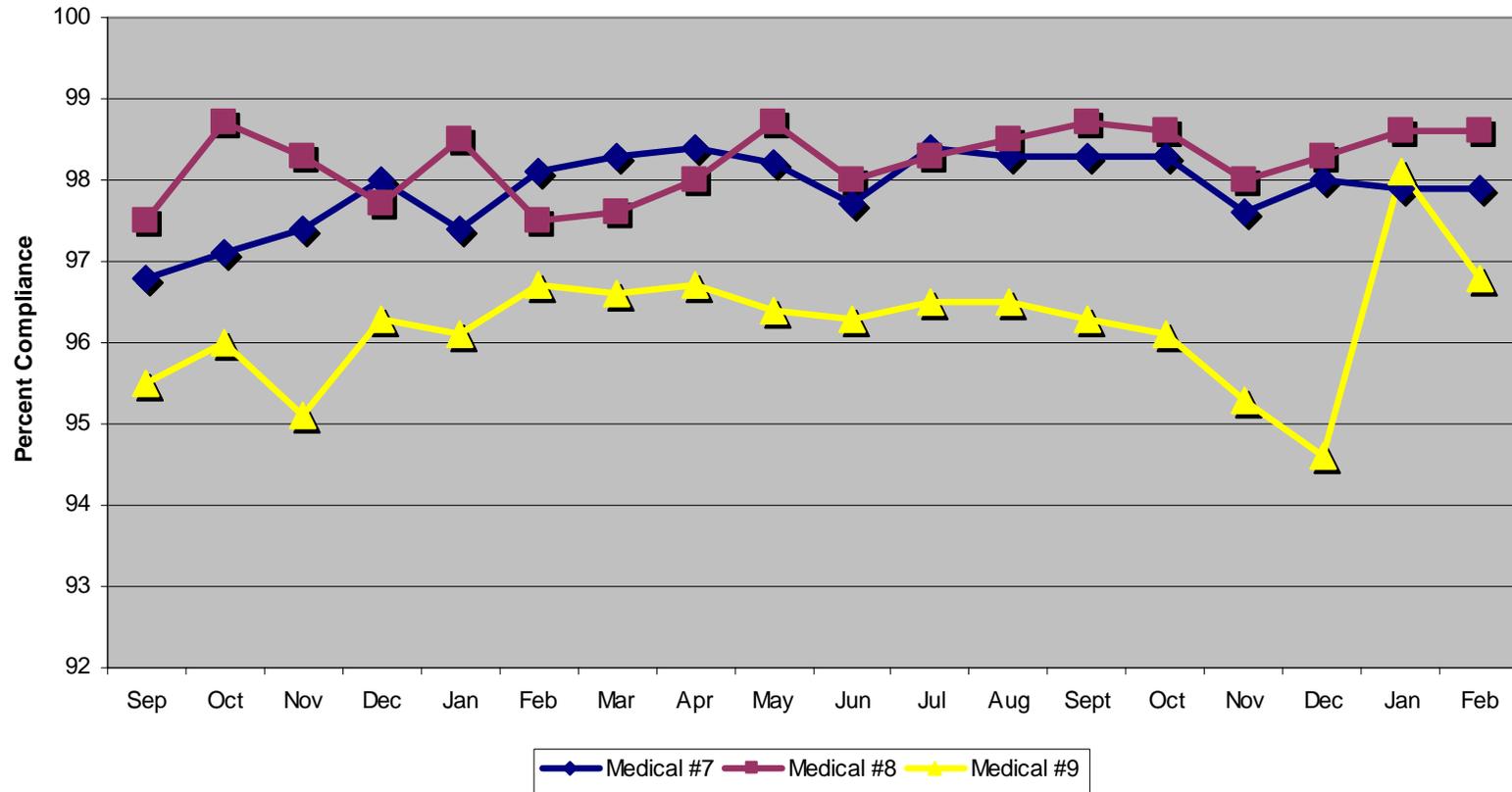
Psychiatric Outpatient Census FY 2007-2008 to Date



*Correctional Managed
Health Care*



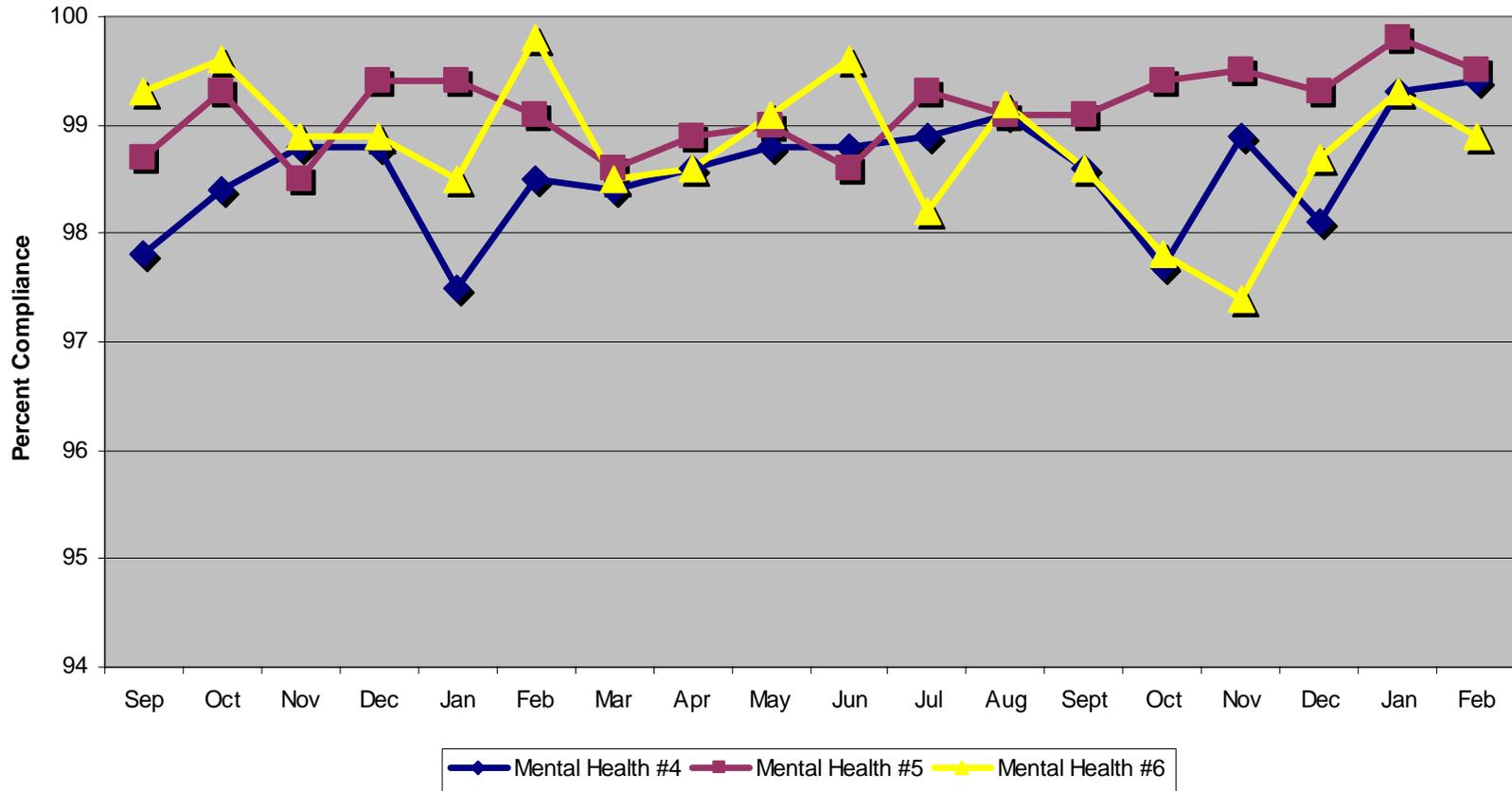
Medical Access to Care Indicators FY 2007-2008 to Date



*Correctional Managed
Health Care*



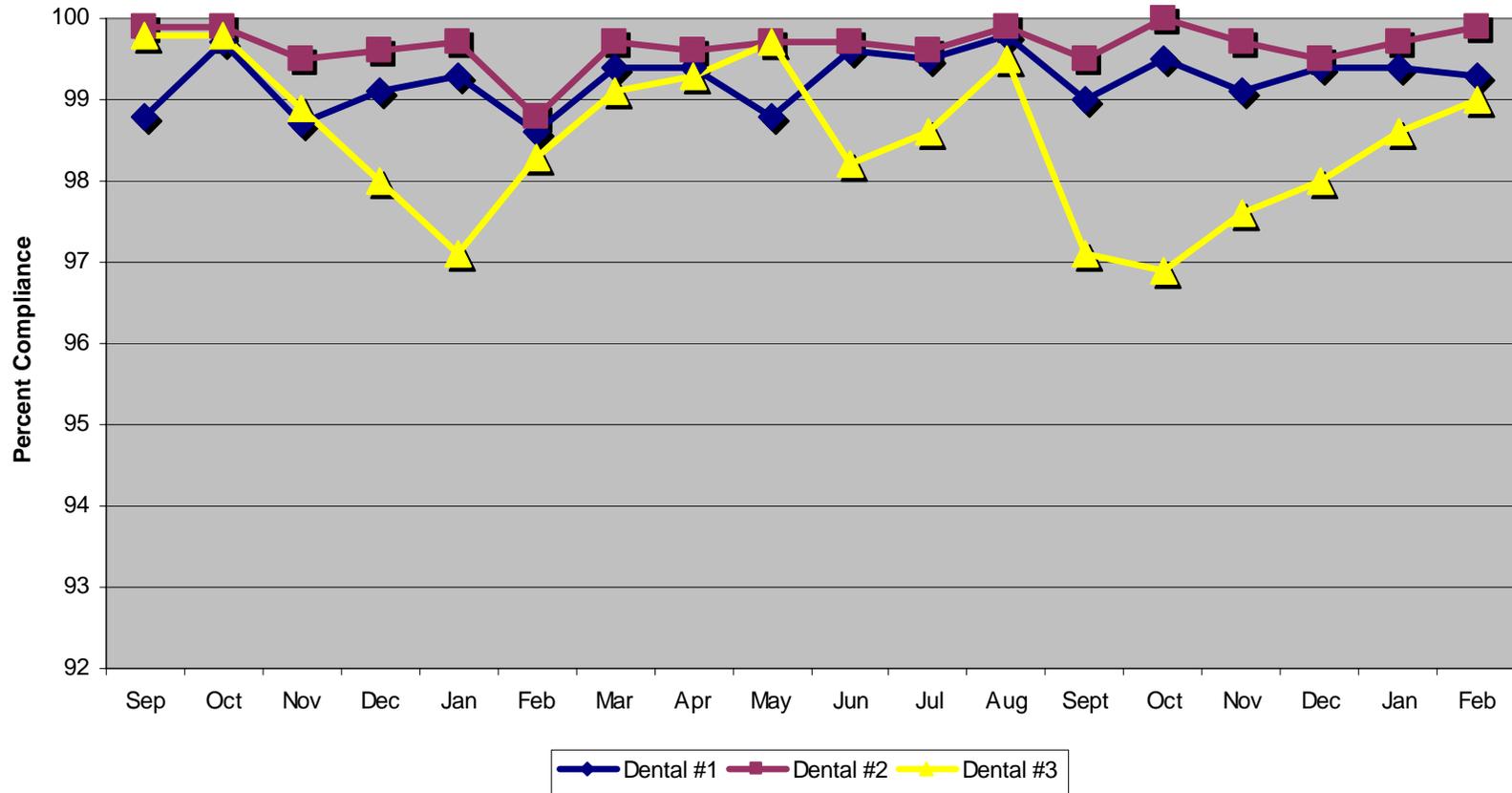
Mental Health Access to Care Indicators FY 2007-2008 to Date



*Correctional Managed
Health Care*



Dental Access to Care Indicators FY 2007-2008 to Date



*Correctional Managed
Health Care*

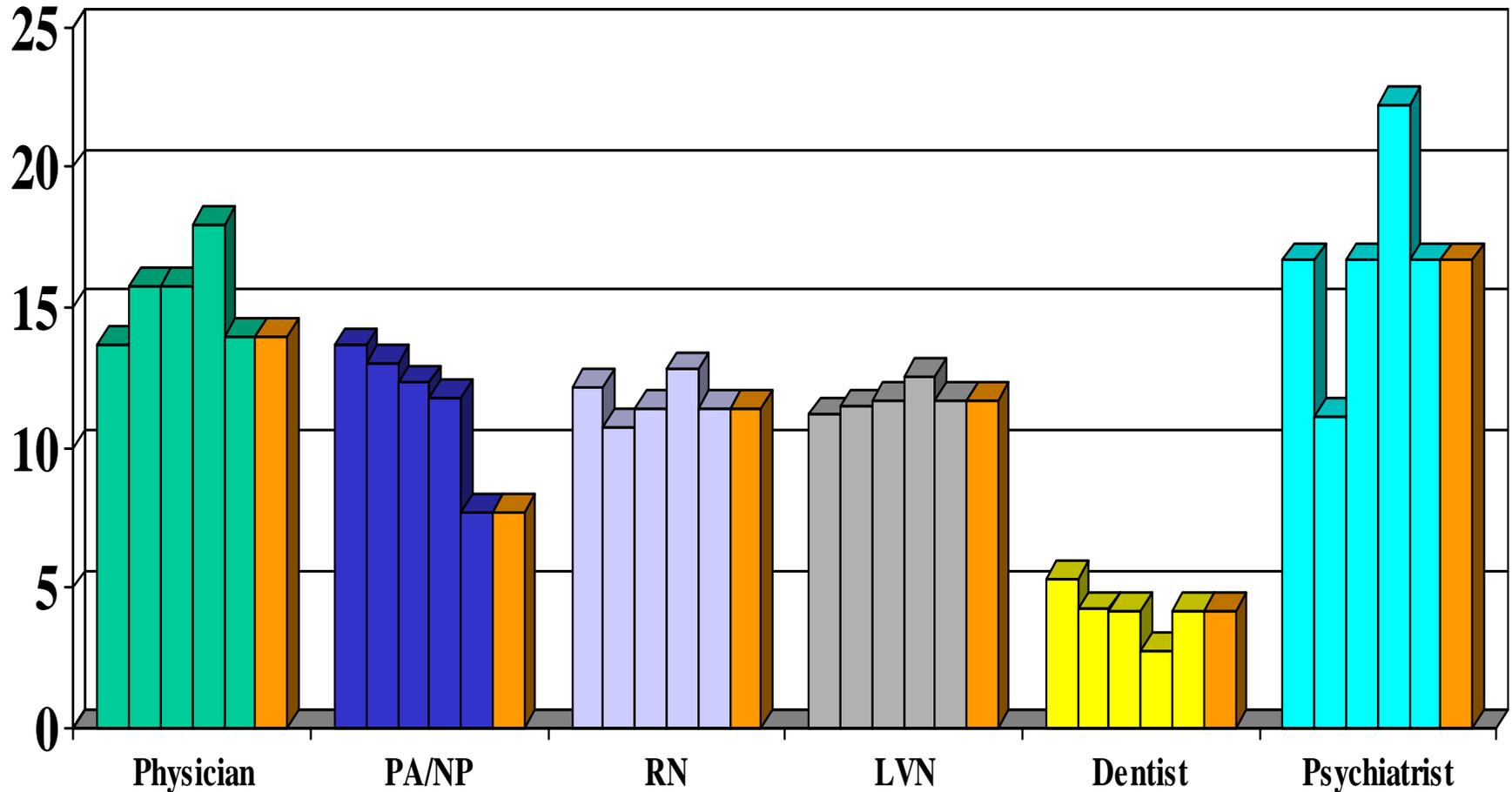


Access to Care Audits

NOTE:

Written responses previously were excluded from access to care audits. Beginning with the Third Quarter FY 2008, they will be included to verify that written responses are not being used in situations when an offender must be seen for evaluation. This is expected to initially lower access to care scores.

UTMB Vacancy Rates (%) by Quarter FY 2007-FY 2008

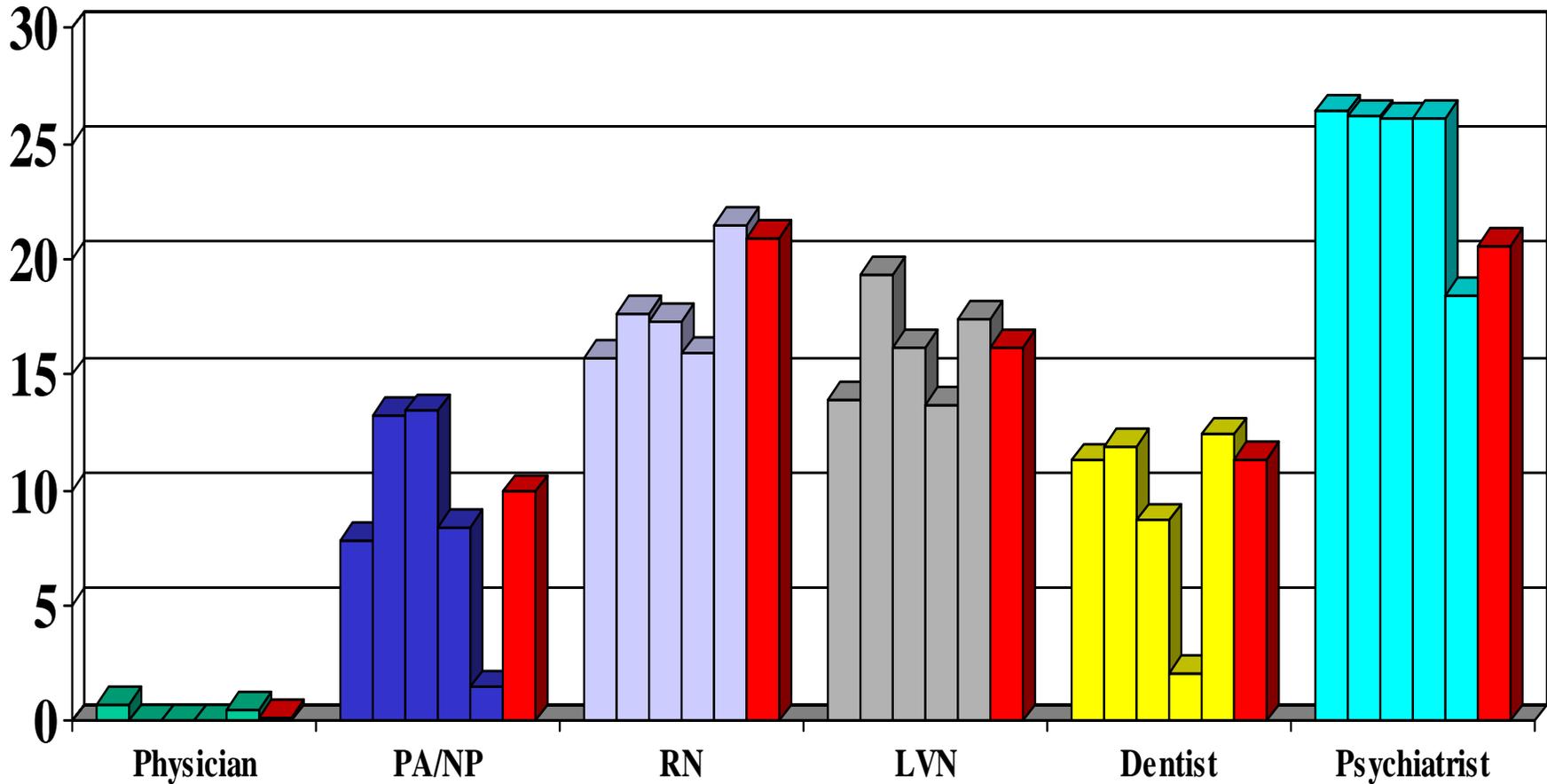


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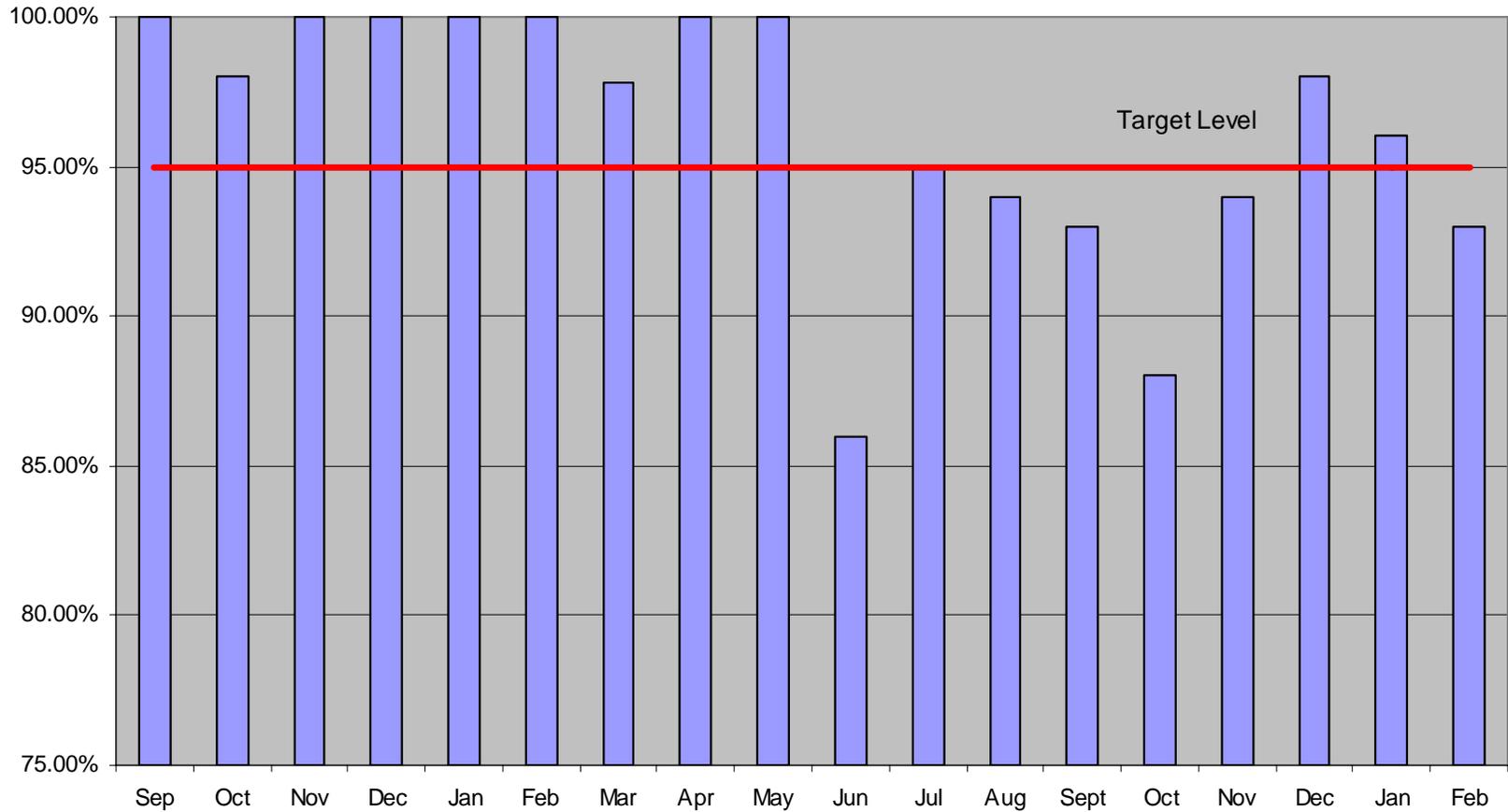
TTUHSC Vacancy Rates (%) by Quarter FY 2007-FY 2008



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Percent of Timely MRIS Summaries



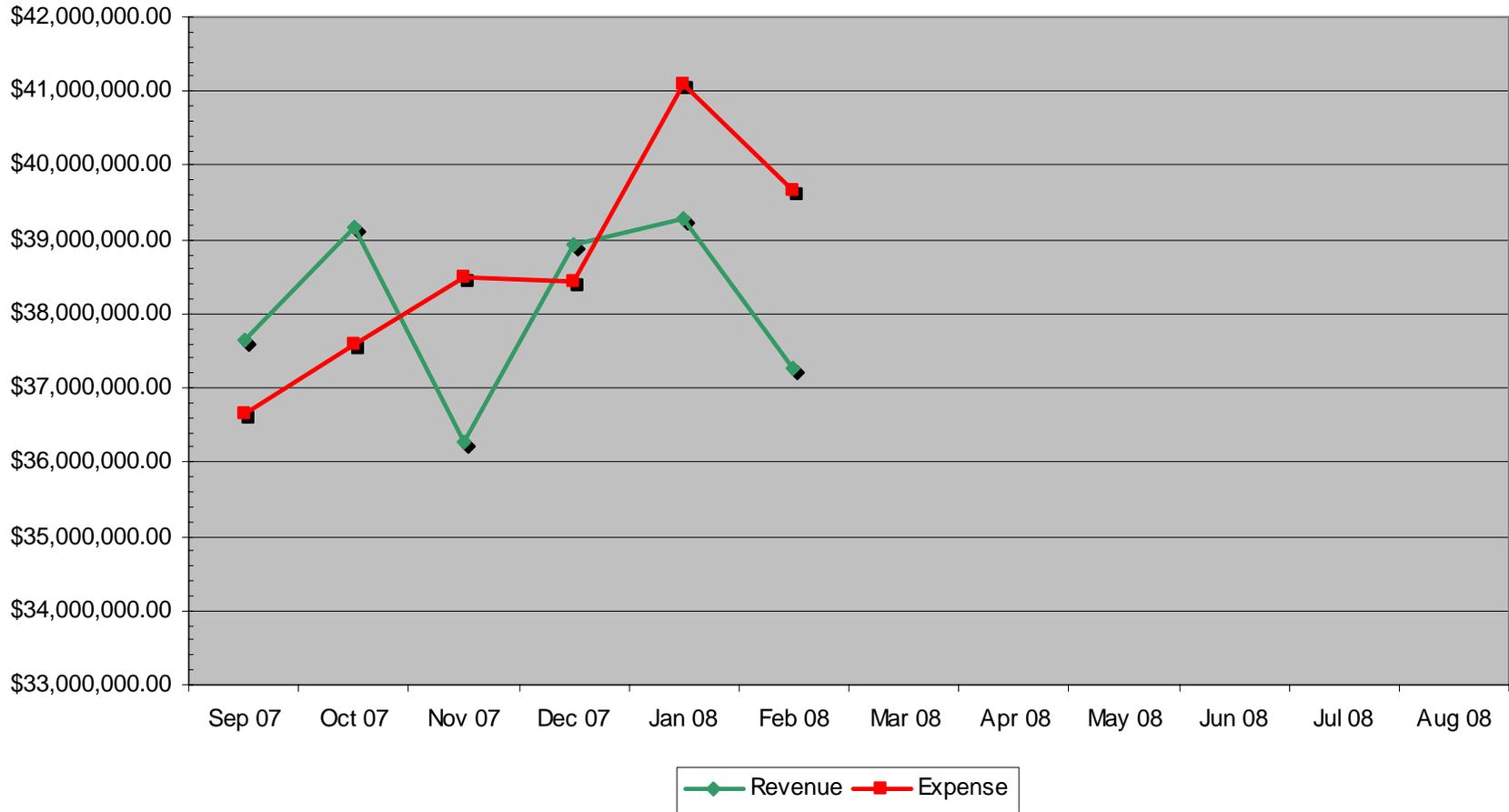
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Statewide Revenue v. Expenses by Month FY 2008

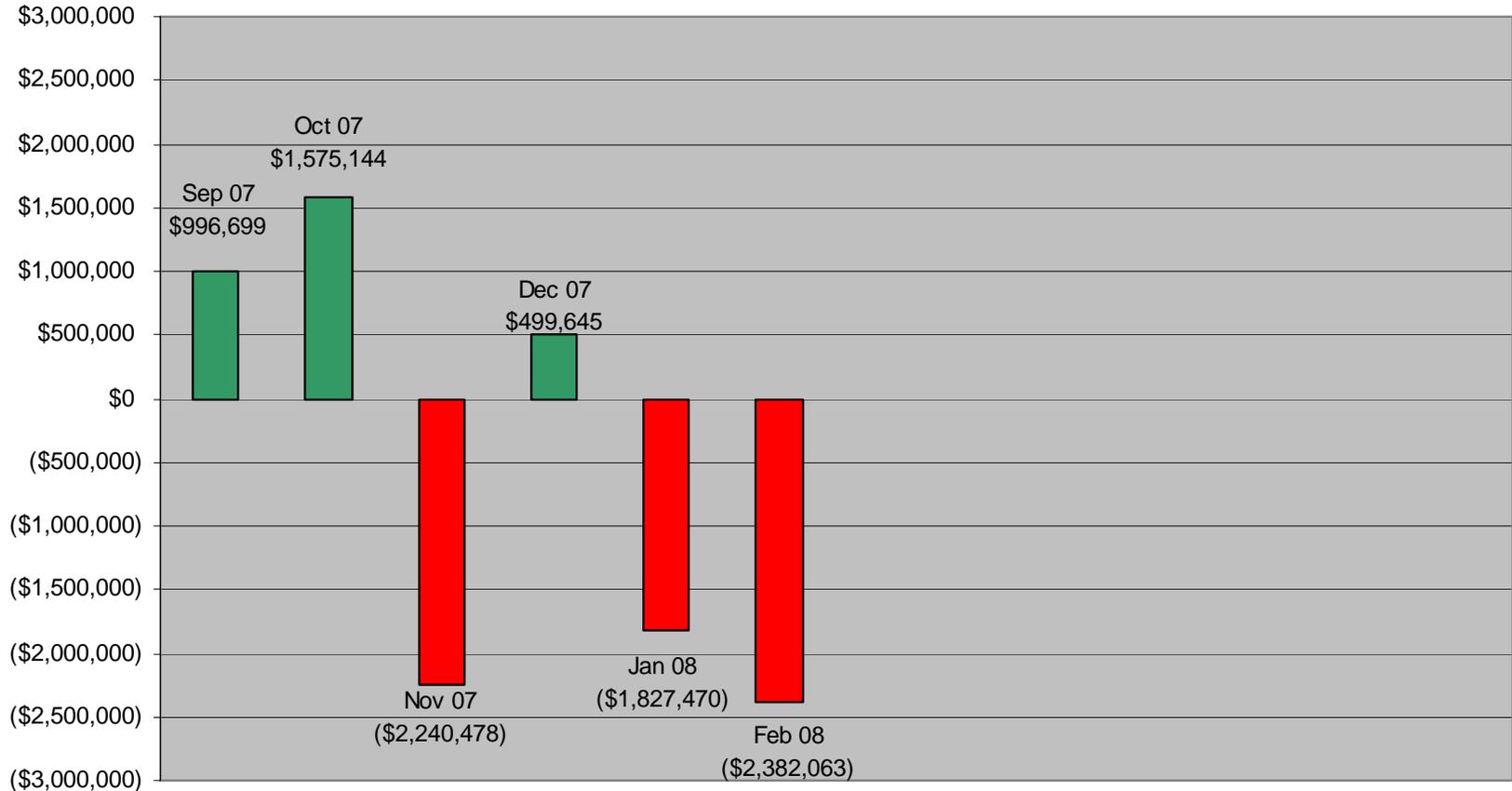


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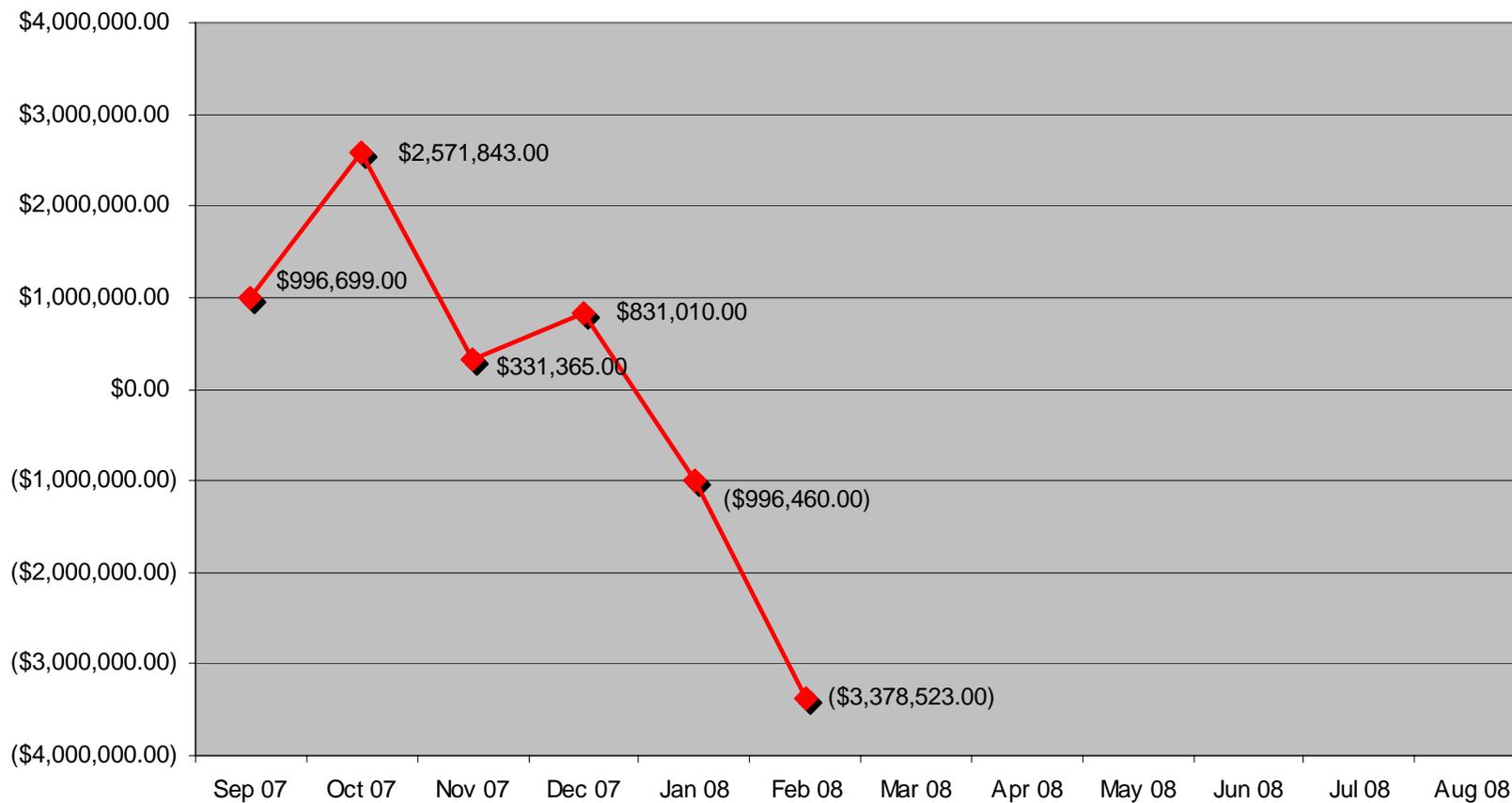
Statewide Loss/Gain by Month FY 2008



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Statewide Cumulative Loss/Gain FY 2008



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

As of May 2008

Title of Position	CMHCC Partner Agency	Vacant Since (mm/yyyy)	Actions Taken to Fill Position
Physician I – II	UTMB – CMC	9/2006	Local and National Advertising, Conferences; currently 13 vacancies system-wide including Hospital Galveston and TYC
Mid-Level Practitioners (PA and FNP)	UTMB – CMC	9/2006	Local and National Advertising, Career Fairs, Conferences. Currently 12 openings system-wide, concentrated in Beeville and Palestine areas and includes Mental Health Services.
PAMIO Mental Health Director	TTUHSC	10/2005	Enhanced advertisement and recruitment through newly contracted agencies.
Correctional Physician	TTUHSC	08/2007	Enhanced advertisement and recruitment through newly contracted agencies.
Physician II	TDCJ	9/2007	Multiple postings and advertisement in journals and newspapers; 3/1/08: continue to post and recruit applicants. 4/1/08: continue posting/recruitment.

Title of Position	CMHCC Partner Agency	Vacant Since (mm/yyyy)	Actions Taken to Fill Position
Nurse II – Contract and Quality Monitor	TDCJ	1/2008	Retirement. 12/6/07: Salary increased per DM; 1/17/08: Changed job description; 1/25/08: Posted; 3/12/08: Waiting on applicant clearance. Filled as of 3/17/08
Nurse II – Contract and Quality Monitor	TDCJ	9/2007	Posted 8/15/07, 9/11/07, 9/21/07, 10/1/07, and 10/17/07. No applicants. Division Director has requested an across the board salary increase for all RN II positions. 12/6/07: Salary increase approved; 1/17/08: Chg job description; 1/25/08: Posted; 3/12/08: Waiting on applicant clearance. Filled as of 4/21/08
Nurse II – Contract and Quality Monitor	TDCJ	9/2007	Posted 8/15/07, 9/11/07, 9/21/07, 10/1/07, and 10/17/07. No applicants. Division Director has requested an across the board salary increase for all RN II positions. 12/6/07: Salary increase approved; 1/17/08: Chg job description; 1/25/08: Posted; 3/12/08: Waiting on applicant clearance.
Nurse II – Special Investigations	TDCJ	9/2007	Posted 8/15/07, 9/11/07, 9/21/07, 10/1/07, and 10/17/07. No applicants. Division Director has requested an across the board salary increase for all RN II positions. 12/6/07: Salary increase approved; 1/17/08: Chg job description; 1/25/08: Posted; 3/12/08: Waiting on applicant clearance. Filled as of 4/1/08

Title of Position	CMHCC Partner Agency	Vacant Since (mm/yyyy)	Actions Taken to Fill Position
Nurse II - Special Investigations	TDCJ	9/2007	Posted 8/15/07, 9/11/07, 9/21/07, 10/1/07, and 10/17/07. No applicants. Division Director has requested an across the board salary increase for all RN II positions. 12/6/07: Salary increase approved; 1/17/08: Chg job description; 1/25/08: Posted; 3/12/08: Filled as of 4/21/08.
Nurse II – Contract and Quality Monitor	TDCJ	8/2007	Posted 8/08/07, 8/24/07, 9/12/07, 9/21/07, 10/1/07, 10/17/07 and 10/26/07. No applicants. Division Director has requested an across the board salary increase for all RN II positions. 12/6/07: Salary increase approved; 1/17/08: Chg job description; 1/25/08: Posted; 3/12/08: New Hire to begin 3/17/08 (1 st app declined), waiting on next selected applicant clearance.
LVN III-Off of Prof. Standards (Montford)	TDCJ	4/2008	Employee resigned 4/1/08. Hold for possible move to another unit.
Nurse II – Contract and Quality Monitor (2 part- time positions)	TDCJ	6/2007	Posted 8/8/07, 8/24/07, 9/12/07, 10/1/07, and 10/17/07. No applicants. Division Director has requested an across the board salary increase for all RN II positions. 12/6/07: Salary increase approved; 1/17/08: Chg job description; 2/13/08: Convert full time RN into 2 part time RN positions; 3/12/08: In process of posting. 4/1/08: Posted, 1 applicant who also applied for full time position.



**TEXAS DEPARTMENT OF
CRIMINAL JUSTICE**

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

Second Quarter FY-2008

Lannette Linthicum, MD, CCHP-A, FACP

TDCJ Medical Director's Report

Office of Health Services Monitoring (OHSM)

Operational Review Audit (ORA)

- ◆ During the second quarter of FY-2008 (December, January and February), eight Operational Review Audits were conducted at the following facilities: Bridgeport, Holliday, Lewis, Lewis High Security, Lopez, Polunsky, Segovia, and Willacy. The 13 items most frequently out of compliance follow:
 1. Item 5.11 requires Emergency Room Forms (HSM-16), to be filled out completely and legibly to include assessment, intervention, medications administered, disposition of patient and signatures of medical staff. Eight of the eight facilities were not in compliance with this requirement. The eight facilities out of compliance were: Bridgeport, Holliday, Lewis, Lewis High Security, Lopez, Polunsky, Segovia and Willacy. Corrective actions were requested from the eight facilities, all of which have been submitted. The Bridgeport Facility Corrective Action Plan was approved on 03/26/07, Polunsky Facility Corrective Action Plan was approved on 04/11/08, and the Willacy Facility Corrective Action Plan was approved on 04/22/08. Five of the eight facility audits remain open.
 2. Item 5.16 requires nursing staff document on the HSN-1 (Nursing Incoming Chain Review) that a review was conducted within 12 hours of the offender's arrival at the facility. This documentation must identify the following: housing assignments, work, disciplinary, and mental health restrictions, prescribed medications, and medical treatment. Six of the eight facilities were not in compliance with this requirement. The six facilities out of compliance were: Bridgeport, Holliday, Lewis, Lewis High Security, Segovia and Willacy. Corrective actions have been requested from the six facilities, all of which have been submitted. The Bridgeport Facility Corrective Action Plan was approved on 03/26/07, and the Willacy Facility Corrective Action Plan was approved on 04/22/08. Four of the six facility audits remain open.
 3. Item 5.17 requires offenders with chronic illnesses to have a documented Individual Treatment Plan, which includes instructions about diet, exercise, medication type, frequency of diagnostic testing and follow-up evaluations (as applicable). Six of the eight facilities were not in compliance with this requirement. The six facilities out of compliance were: Holliday, Lewis, Lopez, Polunsky, Segovia and Willacy. Corrective actions were requested from the six facilities, all of which have been submitted. The Polunsky Facility Corrective Action Plan was approved on 04/11/08 and the Willacy Facility Corrective Action Plan was approved on 04/22/08. Four of the six facility audits remain open.
 4. Item 5.19 requires the medical provider document on the Report of Physical Exam (HSM-4), physical exams annually, on male offenders sixty (60) years of age or older, which includes digital rectal exam, and fecal occult blood testing. Six of the eight facilities were not in compliance with this requirement. The six facilities out of compliance were: Bridgeport, Lewis, Lopez, Polunsky, Segovia and Willacy. Corrective actions were requested from the six facilities, all of which have been submitted. The Bridgeport Facility Corrective Action Plan was approved on 03/26/07, Polunsky Facility Corrective Action Plan was approved on 04/11/08, and the Willacy Facility Corrective Action Plan was approved on 04/22/08. Three of the six facility audits remain open.

Operational Review Audit (ORA) Cont'd.

5. Item 6.34 requires the Correctional Managed Health Care Protocol for Chronic Hepatitis C, to be initiated after an offender has two elevated ALT levels, which are two times the upper limits of normal over a period of six months or longer. Five of the eight facilities were not in compliance with this requirement. The five facilities out of compliance were: Holliday, Lewis, Lewis High Security, Lopez and Polunsky. Corrective actions were requested from the five facilities, all of which have been submitted. The Polunsky Facility Corrective Action Plan was approved on 04/11/08. Four of the five facility audits remain open.
6. Item 6.37 requires the pneumococcal vaccine to be offered to offenders with certain chronic diseases (e.g., heart disease, emphysema, COPD, diabetes.) Note that asthma is not included unless it is associated with COPD, emphysema or long term systemic steroid use. Five of the eight facilities were not in compliance with this requirement. The five facilities out of compliance were: Holliday, Lopez, Polunsky, Segovia and Willacy. Corrective actions were requested from the five facilities, all of which have been submitted. The Polunsky Facility Corrective Action Plan was approved on 04/11/08, and the Willacy Facility Corrective Action Plan was approved on 04/22/08. Three of the five facility audits remain open.
7. Item 6.39 requires offenders who have been diagnosed with Methicillin-Resistant Staphylococcus (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. Five of the eight facilities were not in compliance with this requirement. The five facilities out of compliance were: Bridgeport, Holliday, Lewis High Security, Polunsky, and Willacy. Corrective actions were requested from the five facilities all of which have been submitted. The Bridgeport Facility Corrective Action Plan was approved on 03/26/07, Polunsky Facility Corrective Action Plan was approved on 04/11/08, and the Willacy Facility Corrective Action Plan was approved on 04/22/08. Two of the five facility audits remain open.
8. Item 6.40 requires Syphilis cases be reported at the time of diagnosis on the Syphilis Monitoring Record (HSM-85) to preventive Medicine Department, and in addition, the stage must be identified on each report. Five of the eight facilities were not in compliance with this requirement. The five facilities out of compliance were: Holliday, Lewis High Security, Lopez, Polunsky and Segovia. Corrective actions were requested from the five facilities, all of which have been submitted. The Polunsky Facility Corrective Action Plan was approved on 04/11/08. Four of the five facility audits remain open.
9. Item 4.03 requires offenders who submit requests or are referred for service, are physically triaged by mental health services or medical staff within 48 to 72 hours of receipt of the request or referral. Four of the eight facilities were not in compliance with this requirement. The four facilities out of compliance were: Lopez, Polunsky, Segovia and Willacy. Corrective actions were requested from the four facilities, all of which have been submitted. The Polunsky Facility Corrective Action Plan was approved on 04/11/08, and the Willacy Facility Corrective Action Plan was approved on 04/22/08. Two of the four facility audits remain open.
10. Item 4.10 requires offenders who have been receiving mental health treatment be assessed by mental health staff within one work day of placement in segregation. Four of the eight facilities were not in compliance with this requirement. The four facilities out of compliance were: Lewis, Lopez, Polunsky, and Willacy. Corrective actions were requested from the four facilities, all of which have been submitted. Polunsky Facility Corrective Action Plan was approved on 04/11/08,

Operational Review Audit (ORA) Cont'd.

and the Willacy Facility Corrective Action Plan was approved on 04/22/08. Two of the four facility audits remain open.

11. Item 5.09 requires the medical record of each offender receiving a therapeutic diet contain the type, duration, and that the order does not exceed 365 days. Four of the eight facilities were not in compliance with this requirement. The four facilities out of compliance were: Holliday, Lopez, Polunsky and Segovia. Corrective actions were requested from the four facilities, all of which have been submitted. The Polunsky Facility Corrective Action Plan was approved on 04/11/08. Three of the four facility audits remain open.
12. Item 5.12 requires all offenders placed in administrative segregation, to have their medical record reviewed and have a physical examination completed within twelve hours. Four of the eight facilities were not in compliance with this requirement. The four facilities out of compliance were: Lopez, Polunsky, Segovia and Willacy. Corrective actions were requested from the four facilities, all of which have been submitted. The Polunsky Facility Corrective Action Plan was approved on 04/11/08, and the Willacy Facility Corrective Action Plan was approved on 04/22/08. Two of the four facility audits remain open.
13. Item 5.14 requires the dated and signed Certification and Record of Segregation Visits form to be completed and must have a current housing list attached. Four of the eight facilities were not in compliance with this requirement. The four facilities out of compliance were: Holliday, Lopez, Polunsky and Segovia. Corrective actions were requested from the four facilities, all of which have been submitted. Polunsky Facility Corrective Action Plan was approved on 04/11/08. Three of the four facility audits remain open.

Grievances and Patient Liaison Correspondence

During the second quarter of FY-2008 (December, January, and February), the Patient Liaison Program and the Step II Grievance Program received 2,693 correspondences: Patient Liaison Program with 1,267 and Step II Grievance with 1,426. Of the total number of correspondence received, 113 (4.2 percent) Action Requests were generated by the Patient Liaison Program and the Step II Grievance Program.

Quality Improvement (QI) Access to Care Audits

During this second quarter, the Quality Improvement/Quality Monitoring (QI/QM) staff performed 84 Access to Care audits. The Access to Care audits that were conducted looked at verification of facility information and a random sample conducted by the Office of Professional Standards (OPS) staff. Of the 84 facilities, representing a total of 756 indicators reviewed, 29 of them fell below the 80 percent threshold representing four percent. This is a noted decrease from previous quarters.

Capital Assets Monitoring

The Capital Assets Contract Monitoring Office audited seven units during the second quarter. These audits are conducted to determine compliance with the Health Services Policy and State Property Accounting (SPA) policy inventory procedures. Audit findings document that each of the seven units audited were within the compliance range: Bridgeport, Holliday, Lewis, Lopez, Polunsky, Segovia and Willacy.

Office of Preventive Medicine

The Preventive Medicine Program monitors the incidence of infectious disease within the Texas Department of Criminal Justice. The following is a summary of this monitoring for the second quarter of FY-2008:

- 157 reports of suspected syphilis this quarter, compared with 171 in the previous quarter. These figures represent a slight overestimation of actual number of cases, as some of the suspected cases will later turn out to be resolved prior infection rather than new cases.
- 860 Methicillin-Resistant Staphylococcus Aureus (MRSA) cases were reported compared to 828 during the same quarter of fiscal year 2007.
- There was an average of 18 Tuberculosis (TB) cases under management per month during this quarter, versus an average of 14 per month during the same quarter of the previous fiscal year.
- Last FY-2006, 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 inservice training to unit providers in the performance of medical examination, evidence collection and documentation, and use of the sexual assault kits. Three training sessions have been held on two units so far this year, with 17 medical staff receiving training. This position also audits the documentation and services provided by medical personnel for each sexual assault reported. There have been 87 chart reviews performed for the period of January and February 2008. Three baseline labs were drawn. Eleven deficiencies were found not compliant with policy. Corrective action responses were received on all deficiencies. If indicated, prophylactic medication is offered and during this quarter, five prophylaxis were given
- Peer Education currently has programs on all Institutional Division Facilities that TDCJ operates. At this time, TDCJ is initiating Peer Education Programs in the Private Prison Facilities. Currently, three of the 12 facilities have Peer Education Programs.

Mortality and Morbidity

There were 105 deaths reviewed by the Mortality and Morbidity Committee during the months of December 2007, and January and February 2008. Of those 105 deaths, ten were referred to peer review committees and one was referred to utilization review.

Peer Review Committee	Number of Cases Referred
Physician & Nursing Peer Review	2
Nursing Peer Review	2
Physician Peer Review	6
Utilization Review	1
Total	11

Mental Health Services Monitoring & Liaison

The following is a summary of the activities performed by the Office of Mental Health Monitoring and Liaison (OMH M&L) during the 2nd quarter of FY-2008.

- 142 contacts with County Jails identified 265 offenders with immediate mental health needs prior to TDCJ intake.
- The Mental Health/Mental Retardation (MHMR) history was reviewed for 19,031 offenders brought into TDCJ ID/SJ. Intake facilities were provided with critical mental health data, not otherwise available, for 958 offenders.
- 2,930 Texas Uniform Health Status Update forms were reviewed, which identified 928 deficiencies (primarily incomplete data).
- 427 offenders with high risk factors (very young, old, or long sentences) transferring into Institutional Division were interviewed resulting in 54 referrals.
- 70 offenders were screened for TDCJ Boot Camp.
- 19 Administrative Segregation facilities were visited. 5,261 offenders were observed, 2,389 were interviewed, and nine referred for further evaluation. Access to Care was above 80% for 18 facilities, and 14 of those facilities were 100 percent. One facility had Access to Care below 80% due to a small sample size.

Clinical Administration

Health Services Liaison Utilization Review Monitoring

During the second quarter of FY-2008 ten percent of the combined UTMB and TTUHSC hospital and infirmary discharges were audited. A total of 94 hospital discharges and 42 infirmary discharge audits were conducted. The chart below is a summary of the audits showing the percentage of cases with deficiencies.

Hospital Discharges

Month	Unstable Discharges ¹ (Cases with deficiencies)	Readmissions ² (Cases with deficiencies)	Lack documentation (Cases with deficiencies)
December	2 %	5 %	< 1 %
January	0	2 %	0
February	0	0	0

Infirmary Discharges

Month	Unstable Discharges ¹ (Cases with deficiencies)	Readmissions ² (Cases with deficiencies)	Lack documentation (Cases with deficiencies)
December	0	0	2 %
January	2 %	2 %	< 5 %
February	0	0	0

Footnotes:

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 May 17, 2008 the CAMA Conference was held in Alexandria, Virginia. A total of six units were presented to the panel of commissioners for initial accreditation: Lychner/Kegans, Travis County, Byrd, Clements, Beto, and Stiles. The Agency now has a total of 81 accredited units, Baten ISF, and Correctional Training Academy.

Research, Evaluation and Development (RED) Group

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

- Correctional Institution Division Active Monthly Medical Research Projects – 28,
- Academic Longitudinal Research Projects – 5,
- Academic Research Projects pending approval – 14, and
- Health Services Division Active Monthly Medical Research Projects – 16.

An Overview of the Dental Work Group Committee

***For the
Correctional Managed Health
Care Committee
June 10, 2008***

***Presenter: Albert D. Wells D.D.S.
UTMB Dental Director***

***Correctional Managed
Health Care***



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Committee Membership

Dental Directors

TDCJ: M. B. Hirsch D.D.S.

TTUHSC: Brian Tucker D.D.S.

UTMB: Albert Wells D.D.S.

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Committee Membership (Continued)

- **District Dental Directors**
- **Specialty Coordinators**
- **Manager, Dental Hygiene Program**
 - **Pam Myers RDH**
- **Others are invited when applicable**
 - **Formulary Committee**
 - **Other Disciplines Representatives**

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Meetings

Normally scheduled every two months

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Committee Functions

- **Quality Review**

- **Clinical Audit Reports**
 - **TDCJ Operational Review Audits**
 - **University Quality Assurance Audits**
 - **Monthly Audits of Each Facility**

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University Quality Assurance Audits

Objectives:

- **A treatment plan is present for those who request routine care.**
- **The plan includes all aspects of care for which the patient is eligible.**
- **Oral hygiene / preventive care is a component of the plan.**

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University Quality Assurance Audits (Continued)

- **Treatment will be provided at the sick call visit for priority 1 and 2 care needs.**
- **A definitive periodontal type is established.**
- **All patients scheduled for a dental follow up have care initiated within established time frames.**

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Dental Resources Utilization

Monthly Reports:

- **Statistical data on productivity**
 - **Facility**
 - **District**
 - **University**

- **Staffing Reports**
- **Non Compliance Reports**
- **Access to Care Reports**

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Dental Services Manual Review

- **Update Dental Procedures**
 - **Same schedule as CMC Policy & Procedures Committee**

- **Process Improvement**
 - **CMC Policy Change**
 - **Staff Suggestions**
 - **EMR, equipment or other technological change**
 - **State Board of Dental Examiners/Occupations Code**

Process Change

- **Based on scientific and professional advancement / recommendations**
- **Literature review of professional journals**
- **Recommendation / Parameters for Care Developed by Professional Groups**
 - **American Dental Association**
 - **American Dental Hygiene Association**
 - **Specialty Groups**

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Process Change (Continued)

Example:

- **Disease Management Guidelines**
 - **Diabetes**
 - **HIV**
 - **Cardiac Care**

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Additional Topics

- **TDCJ/University Updates**
- **Director Reports**
- **District Director Reports**
- **Specialty Coordinators**
- **Dental Hygiene Program Manager**

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Correctional Managed Health Care

Quarterly Report FY 2008 Second Quarter

September 2007 – February 2008

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 2008. Following this summary are individual data tables and charts supporting this report.

Background

During Fiscal Year 2008, approximately \$412.5 million within the TDCJ appropriation has been allocated for funding correctional health care services. This funding included:

- \$369.4M in general revenue appropriations in strategy C.1.8 (Managed Health Care, medical services)
- \$43.1M in general revenue appropriations in strategy C.1.3. (Psychiatric Care).

Of this funding, \$411.9M (99.9%) was allocated for health care services provided by UTMB and TTUHSC and \$586K (0.1%) for the operation of the Correctional Managed Health Care Committee.

In addition and based on the 80th Legislative Session, UTMB is to receive \$10.4M in General Obligation Bonds for repairs to the TDCJ Hospital in Galveston in FY 2008. These payments are made directly to the university providers. Benefit reimbursement amounts and expenditures are included in the reported totals provided by the universities. Funding in the amount of \$4.8M for year FY 2009 is appropriated for psychiatric care at the Marlin VA Hospital contingent upon transfer of the facility to the State. As a result of the legislature TDCJ received the Marlin and San Saba facilities from TYC. The contract for medical services was increased \$979,384 in FY 2008.

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 2008 was 151,671. Through this same quarter a year ago (FY 2007), the average daily population was 151,700, a decrease of 29 (0.02%). 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 2008, the average number of older offenders in the service population was 10,211. Through this same quarter a year ago (FY 2007), the average number of offenders age 55 and over was 9,602. This represents an increase of 609 or about 6.3% 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 2,477 (or about 1.6% of the population served).
- Two mental health caseload measures have also remained relatively stable:
 - The average number of psychiatric inpatients within the system was 1,956 through the second quarter of FY 2008, as compared to 2,008 through the same quarter a year ago (FY 2007). The inpatient caseload is limited by the number of available inpatient beds in the system.
 - Through the second quarter of FY 2008, the average number of mental health outpatients was 20,125 representing 13.3% of the service population.

Health Care Costs

- Overall health costs through the second quarter of FY 2008 totaled \$231.9M. This amount exceeded overall revenues earned by the university providers by \$3,378,523 or 1.48%.
- UTMB's total revenue through the quarter was \$180.6M. Their expenditures totaled \$184.1M, resulting in a net loss of \$3.5M. On a per offender per day basis, UTMB earned \$8.24 in revenue and expended \$8.40 resulting in a shortfall of \$0.16 per offender per day.

- TTUHSC's total revenue through the second quarter was \$47.9M. Expenditures totaled \$47.8M, resulting in a net gain of \$112K. On a per offender per day basis, TTUHSC earned \$8.44 in revenue, but expended \$8.42 resulting in a gain of \$0.02 per offender per day.
- Examining the health care costs in further detail indicates that of the \$231.9M in expenses reported through the second quarter of the year:
 - Onsite services (those medical services provided at the prison units) comprised \$111.8M representing about 48.2% of the total health care expenses:
 - Of this amount, 80.2% was for salaries and benefits and 19.8% for operating costs.
 - Pharmacy services totaled \$22.1M representing approximately 9.5% of the total expenses:
 - Of this amount 15.4% was for related salaries and benefits, 4.7% for operating costs and 79.9% for drug purchases.
 - Offsite services (services including hospitalization and specialty clinic care) accounted for \$68.3M or 29.5% of total expenses:
 - Of this amount 80.4% was for estimated university provider hospital, physician and professional services; and 19.6% for Freeworld (non-university) hospital, specialty and emergency care.
 - Mental health services totaled \$21.4M or 9.2% of the total costs:
 - Of this amount, 95.8% was for mental health staff salaries and benefits, with the remaining 4.2% for operating costs.
 - Indirect support expenses accounted for \$8.3M 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 2008 was \$8.40. The average cost per offender per day for the prior four fiscal years was \$7.56.
 - For UTMB, the cost per offender per day was \$8.40. This is higher than the average cost per offender per day for the last four fiscal years of \$7.67.
 - For TTUHSC, the cost per offender per day was \$8.42, significantly higher than the average cost per offender per day for the last four fiscal years of \$7.18.
 - 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 2008 indicates that offenders aged 55 and over had a documented encounter with medical staff a little over 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 \$1,618 per offender. The same calculation for offenders under age 55 totaled about \$265. 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 6.7% of the overall service population, offenders age 55 and over account for more than 30.6% of the hospitalization costs received to date.
 - A third examination of dialysis costs found that, proportionately, older offenders are represented over three times more often in the dialysis population than younger offenders. Dialysis costs continue to be significant, averaging about \$22K per patient per year. Providing medically necessary dialysis treatment for an average of 185 patients through the second quarter of FY2008 cost \$2.1M.

Drug Costs

- Total drug costs through the second quarter of FY 2008 totaled \$18.9M.
 - Pharmaceutical costs related to HIV care continue to be the largest single component of pharmacy expenses.
 - Through this quarter, \$9.0M in costs (or just under \$1.5M per month) for HIV antiretroviral medication costs were experienced. This represents 47.4% of the total drug cost during this time period.
 - Expenses for psychiatric drugs are also being tracked, with approximately \$1.7M being expended for psychiatric medications through the second quarter, representing 9.1% of the overall drug cost.
 - Another pharmacy indicator being tracked is the cost related to Hepatitis C therapies. These costs were \$0.8M and represented by 4.4% 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 shortfall of \$3,490,143 through this quarter. TTUHSC reports that they hold no such reserves and report a total gain of \$111,620.
- 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 29, 2008 was a negative \$80,743,328.49. It should be noted that this balance will increase over the course of the third quarter.

Financial Monitoring

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

The testing of detail transactions performed on TTUHSC's financial information for February, 2008, found no discrepancies. All previous Moving and Relocation Expense transactions have all been reversed from Operating Expenses with appropriate documentation sent for verification.

The testing of detail transactions performed on UTMB's financial information for February, 2008, found no discrepancies. All previous Moving and Relocation Expense transactions have all been reversed from Operating Expenses with appropriate documentation sent for verification.

Concluding Notes

The combined operating loss for the university providers through the second quarter of FY 2008 is \$3,378,523. UTMB stated that they had inadvertently understated the Hospital Services expense by the amount that the Hospital receives as a revenue source from State Paid Benefits for the first two quarters of FY 2008. This caused the cumulative loss for UTMB to change from \$179K to \$3.5M.

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Table 1
Correctional Managed Health Care
FY 2008 Budget Allocations

Distribution of Funds

<u>Allocated to</u>	<u>FY 2008</u>
University Providers	
The University of Texas Medical Branch	
Medical Services	\$297,021,951
Mental Health Services	\$25,619,350
Subtotal UTMB	\$322,641,301
Texas Tech University Health Sciences Center	
Medical Services	\$77,909,117
Mental Health Services	\$12,337,000
Subtotal TTUHSC	\$90,246,117
SUBTOTAL UNIVERSITY PROVIDERS	
	\$412,887,418
Correctional Managed Health Care Committee	\$585,718
TOTAL DISTRIBUTION	\$413,473,136

Source of Funds

<u>Source</u>	<u>FY 2008</u>
Legislative Appropriations	
HB 1, Article V, TDCJ Appropriations	
Strategy C.1.8. Managed Health Care	\$369,399,163
Strategy C.1.7 Psychiatric Care	\$43,094,589
Amendment #1 Marlin and San Saba Facilities	\$979,384
TOTAL	\$413,473,136

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

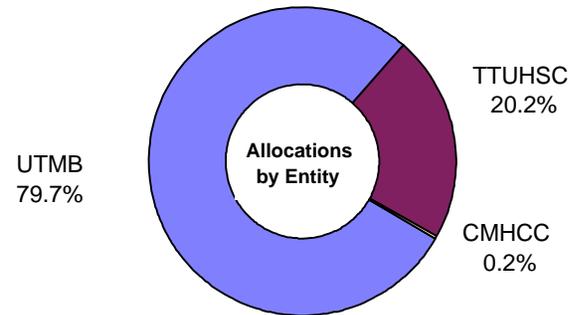


Table 2
FY 2008
Key Population Indicators
Correctional Health Care Program

Indicator	Sep-07	Oct-07	Nov-07	Dec-07	Jan-08	Feb-08	Population Year to Date Avg.
Avg. Population Served by CMHC:							
UTMB State-Operated Population	108,399	108,504	108,781	108,656	108,640	108,705	108,614
UTMB Private Prison Population*	11,797	11,793	11,757	11,875	11,897	11,900	11,836
UTMB Total Service Population	120,196	120,174	120,538	120,531	120,537	120,605	120,451
TTUHSC Total Service Population	31,409	31,293	31,183	31,138	31,182	31,119	31,221
CMHC Service Population Total	151,605	151,467	151,721	151,669	151,719	151,724	151,671
Population Age 55 and Over							
UTMB Service Population Average	8,253	8,351	8,356	8,429	8,493	8,488	8,395
TTUHSC Service Population Average	1,821	1,786	1,794	1,824	1,837	1,835	1,816
CMHC Service Population Average	10,074	10,137	10,150	10,253	10,330	10,323	10,211
HIV+ Population	2,491	2,462	2,459	2,458	2,474	2,517	2,477
Mental Health Inpatient Census							
UTMB Psychiatric Inpatient Average	1,050	1,021	1,014	1,025	1,036	1,035	1,030
TTUHSC Psychiatric Inpatient Average	912	931	950	945	878	937	926
CMHC Psychiatric Inpatient Average	1,962	1,952	1,964	1,970	1,914	1,972	1,956
Mental Health Outpatient Census							
UTMB Psychiatric Outpatient Average	16,041	17,303	15,563	14,705	16,681	15,558	15,975
TTUHSC Psychiatric Outpatient Average	3,831	4,617	4,347	3,656	4,267	4,182	4,150
CMHC Psychiatric Outpatient Average	19,872	21,920	19,910	18,361	20,948	19,740	20,125

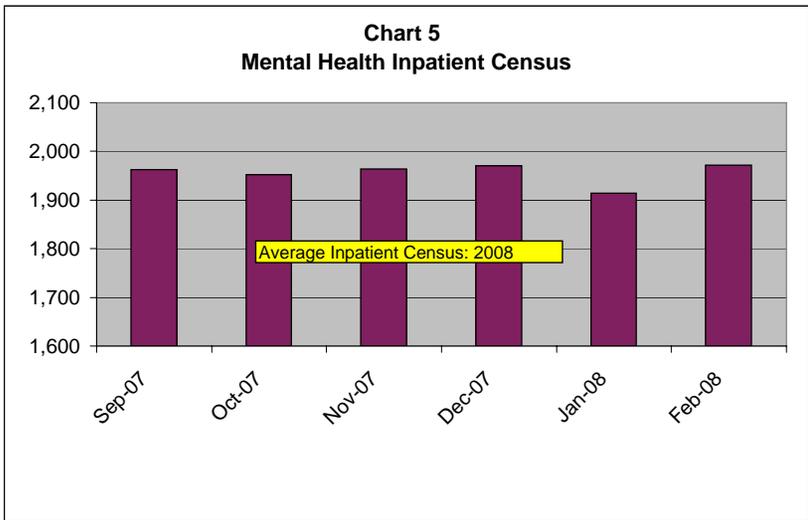
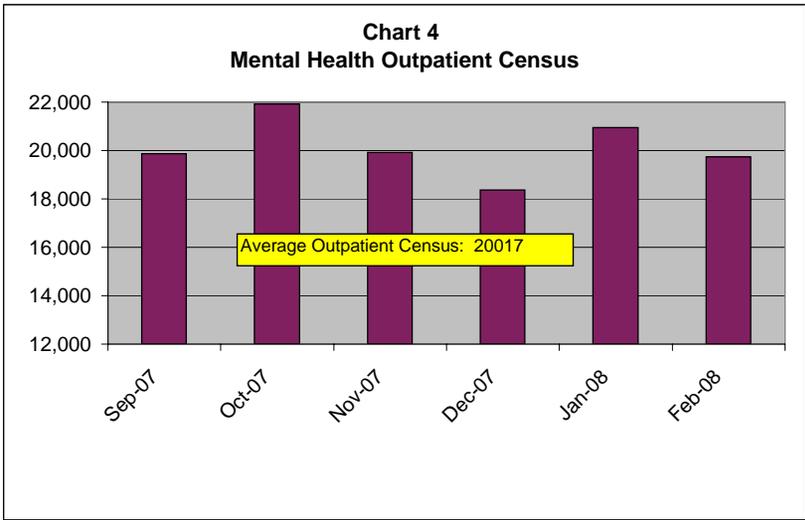
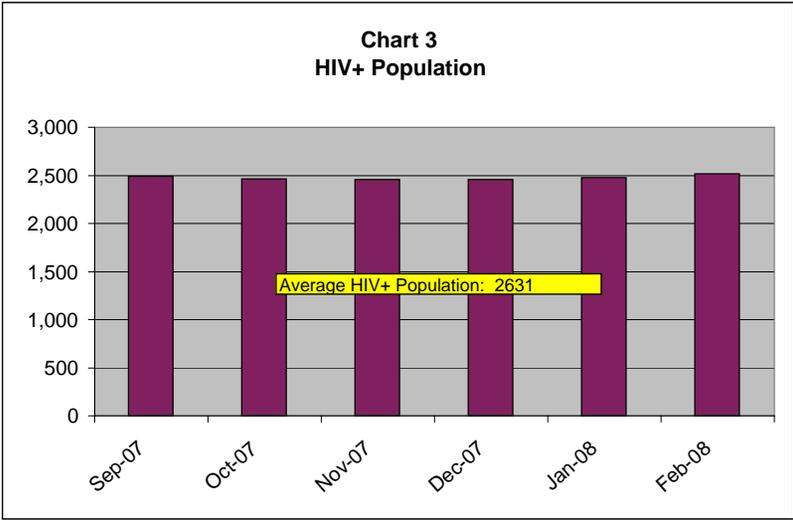
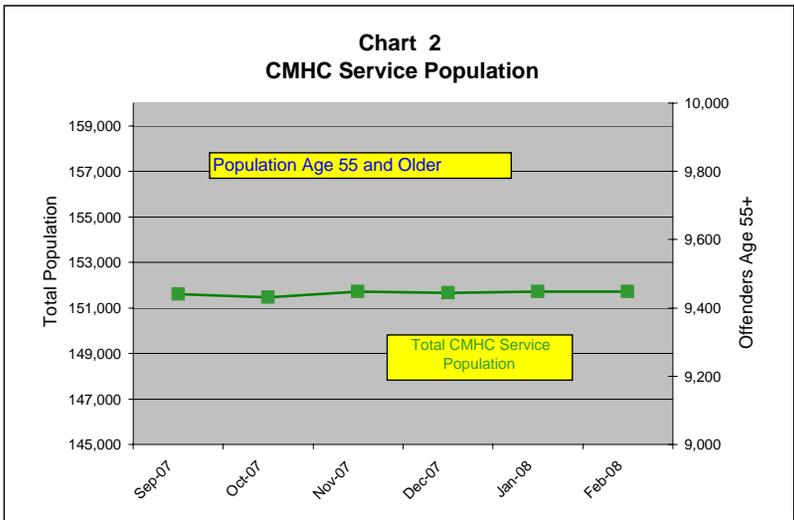


Table 3
Summary Financial Report: Medical Costs
Fiscal Year 2008 through Quarter 2 (Sep 2007 - Feb 2008)

Days in Year: 182

	Medical Services Costs Originally Stated			Medical Services Costs Restated		
	UTMB	TTUHSC	TOTAL	UTMB	TTUHSC	TOTAL
Population Served	120,451	31,221	151,671	120,451	31,221	151,671
Revenue						
Capitation Payments	\$145,925,945	\$38,991,691	\$184,917,636	\$145,925,945	\$38,991,691	\$184,917,636
State Reimbursement Benefits	\$19,186,558	\$1,829,993	\$21,016,551	\$19,186,558	\$1,829,993	\$21,016,551
Non-Operating Revenue	\$180,077	\$858	\$180,935	\$180,077	\$858	\$180,935
Total Revenue	\$165,292,580	\$40,822,542	\$206,115,122	\$165,292,580	\$40,822,542	\$206,115,122
Expenses						
Onsite Services						
Salaries	\$65,752,706	\$5,577,206	\$71,329,912	\$65,752,706	\$5,577,206	\$71,329,912
Benefits	\$16,984,539	\$1,347,433	\$18,331,972	\$16,984,539	\$1,347,433	\$18,331,972
Operating (M&O)	\$8,049,041	\$564,849	\$8,613,890	\$8,049,041	\$564,849	\$8,613,890
Professional Services	\$0	\$1,298,410	\$1,298,410	\$0	\$1,298,410	\$1,298,410
Contracted Units/Services	\$0	\$11,349,642	\$11,349,642	\$0	\$11,349,642	\$11,349,642
Travel	\$575,425	\$36,886	\$612,311	\$575,425	\$36,886	\$612,311
Electronic Medicine	\$0	\$155,780	\$155,780	\$0	\$155,780	\$155,780
Capitalized Equipment	\$87,744	\$49,843	\$137,587	\$87,744	\$49,843	\$137,587
Subtotal Onsite Expenses	\$91,449,455	\$20,380,049	\$111,829,504	\$91,449,455	\$20,380,049	\$111,829,504
Pharmacy Services						
Salaries	\$2,085,549	\$644,255	\$2,729,804	\$2,085,549	\$644,255	\$2,729,804
Benefits	\$635,105	\$34,874	\$669,979	\$635,105	\$34,874	\$669,979
Operating (M&O)	\$690,220	\$322,741	\$1,012,961	\$690,220	\$322,741	\$1,012,961
Pharmaceutical Purchases	\$14,068,199	\$3,579,071	\$17,647,270	\$14,068,199	\$3,579,071	\$17,647,270
Professional Services	\$0	\$0	\$0	\$0	\$0	\$0
Travel	\$12,269	\$7,300	\$19,569	\$12,269	\$7,300	\$19,569
Subtotal Pharmacy Expenses	\$17,491,342	\$4,588,241	\$22,079,583	\$17,491,342	\$4,588,241	\$22,079,583
Offsite Services						
University Professional Services	\$6,380,634	\$443,532	\$6,824,166	\$6,380,634	\$443,532	\$6,824,166
Freeworld Provider Services	\$6,798,445	\$6,577,135	\$13,375,580	\$6,798,445	\$6,577,135	\$13,375,580
UTMB or TTUHSC Hospital Cost	\$35,813,024	\$5,315,095	\$41,128,119	\$39,124,332	\$5,315,095	\$44,439,427
Estimated IBNR	\$2,881,461	\$782,504	\$3,663,965	\$2,881,461	\$782,504	\$3,663,965
Subtotal Offsite Expenses	\$51,873,564	\$13,118,266	\$64,991,830	\$55,184,872	\$13,118,266	\$68,303,138
Indirect Expenses	\$5,096,994	\$2,398,863	\$7,495,857	\$5,096,994	\$2,398,863	\$7,495,857
Total Expenses	\$165,911,355	\$40,485,419	\$206,396,774	\$169,222,663	\$40,485,419	\$209,708,082
Operating Income (Loss)	(\$618,775)	\$337,123	(\$281,652)	(\$3,930,083)	\$337,123	(\$3,592,960)

Table 3 (Continued)
Summary Financial Report: Mental Health Costs
Fiscal Year 2008 through Quarter 2 (Sep 2007 - Feb 2008)

Days in Year: 182

	Mental Health Services Costs Originally Stated			Mental Health Services Costs Restated		
	UTMB	TTUHSC	TOTAL	UTMB	TTUHSC	TOTAL
Population Served	120,451	31,221	151,671	120,451	31,221	151,671
Revenue						
Capitation Payments	\$12,704,390	\$5,884,793	\$18,589,183	\$12,704,390	\$5,884,793	\$18,589,183
State Reimbursement Benefits	\$2,631,839	\$1,230,595	\$3,862,434	\$2,631,839	\$1,230,595	\$3,862,434
Other Misc Revenue	\$0	\$0	\$0	\$0	\$0	\$0
Total Revenue	\$15,336,229	\$7,115,388	\$22,451,617	\$15,336,229	\$7,115,388	\$22,451,617
Expenses						
Mental Health Services						
Salaries	\$11,139,877	\$5,279,432	\$16,419,309	\$11,139,877	\$5,279,432	\$16,419,309
Benefits	\$2,749,485	\$1,317,305	\$4,066,790	\$2,749,485	\$1,317,305	\$4,066,790
Operating (M&O)	\$432,134	\$80,719	\$512,853	\$432,134	\$80,719	\$512,853
Professional Services	\$0	\$281,868	\$281,868	\$0	\$281,868	\$281,868
Contracted Units/Services	\$0	\$0	\$0	\$0	\$0	\$0
Travel	\$99,456	\$13,479	\$112,935	\$99,456	\$13,479	\$112,935
Electronic Medicine	\$0	\$0	\$0	\$0	\$0	\$0
Capitalized Equipment	\$0	\$0	\$0	\$0	\$0	\$0
Subtotal Mental Health Expenses	\$14,420,952	\$6,972,803	\$21,393,755	\$14,420,952	\$6,972,803	\$21,393,755
Indirect Expenses	\$475,337	\$368,088	\$843,425	\$475,337	\$368,088	\$843,425
Total Expenses	\$14,896,289	\$7,340,891	\$22,237,180	\$14,896,289	\$7,340,891	\$22,237,180
Operating Income (Loss)	\$439,940	(\$225,503)	\$214,437	\$439,940	(\$225,503)	\$214,437

Table 3 (Continued)
Summary Financial Report Totals: Original vs Restated
Fiscal Year 2008 through Quarter 2 (Sep 2007 - Feb 2008)

Days in Year: 182

All Health Care Summary as Originally Stated

	All Health Care Services			Cost Per Offender Per Day		
	UTMB	TTUHSC	TOTAL	UTMB	TTUHSC	TOTAL
Medical Services	\$165,292,580	\$40,822,542	\$206,115,122	\$7.54	\$7.18	\$7.47
Mental Health Services	\$15,336,229	\$7,115,388	\$22,451,617	\$0.70	\$1.25	\$0.81
Total Revenue	\$180,628,809	\$47,937,930	\$228,566,739	\$8.24	\$8.44	\$8.28
Medical Services	\$165,911,355	\$40,485,419	\$206,396,774	\$7.57	\$7.13	\$7.48
Mental Health Services	\$14,896,289	\$7,340,891	\$22,237,180	\$0.68	\$1.29	\$0.81
Total Expenses	\$180,807,644	\$47,826,310	\$228,633,954	\$8.25	\$8.42	\$8.28
Operating Income (Loss)	(\$178,835)	\$111,620	(\$67,215)	(\$0.01)	\$0.02	(\$0.00)

All Health Care Summary as Revised

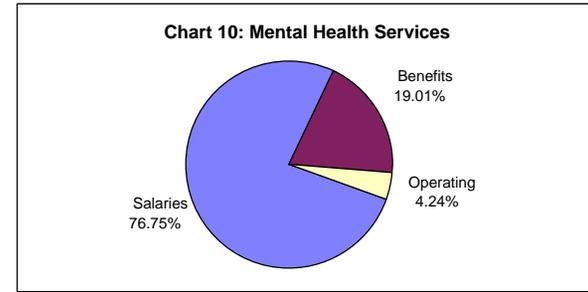
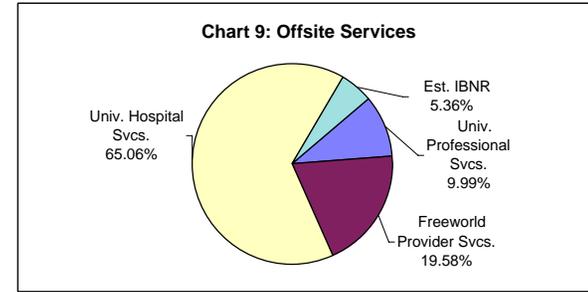
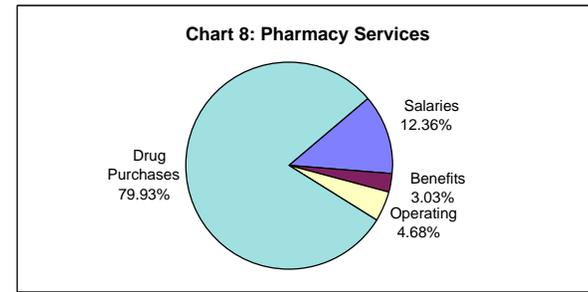
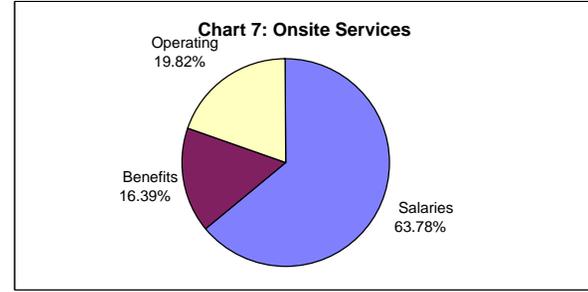
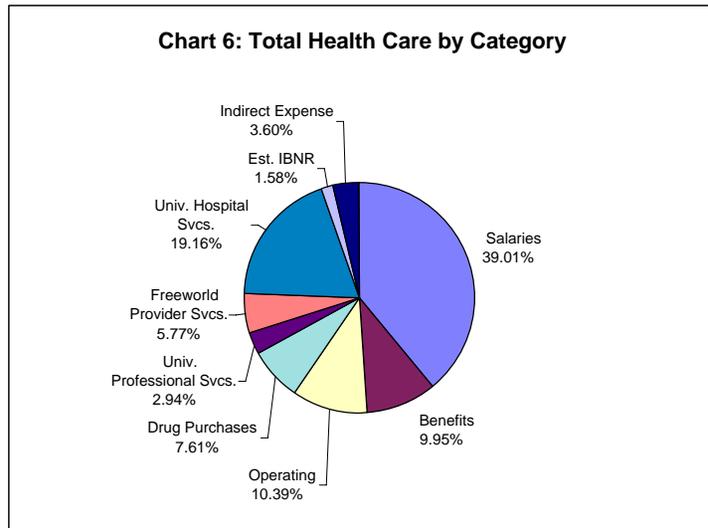
	All Health Care Services			Cost Per Offender Per Day		
	UTMB	TTUHSC	TOTAL	UTMB	TTUHSC	TOTAL
Medical Services	\$165,292,580	\$40,822,542	\$206,115,122	\$7.54	\$7.18	\$7.47
Mental Health Services	\$15,336,229	\$7,115,388	\$22,451,617	\$0.70	\$1.25	\$0.81
Total Revenue	\$180,628,809	\$47,937,930	\$228,566,739	\$8.24	\$8.44	\$8.28
Medical Services	\$169,222,663	\$40,485,419	\$209,708,082	\$7.72	\$7.13	\$7.60
Mental Health Services	\$14,896,289	\$7,340,891	\$22,237,180	\$0.68	\$1.29	\$0.81
Total Expenses	\$184,118,952	\$47,826,310	\$231,945,262	\$8.40	\$8.42	\$8.40
Operating Income (Loss)	(\$3,490,143)	\$111,620	(\$3,378,523)	(\$0.16)	\$0.02	(\$0.12)

Explanation of Restatement of Financial Reports:

UTMB stated that they had inadvertently understated the UTMB Hospital Services expense by the amount the Hospital receives as a revenue source from State Paid Benefits.

**Table 4
FY 2008 2nd Quarter
UTMB/TTUHSC EXPENSE SUMMARY**

Category	Expense	Percent of Total
Onsite Services	\$111,829,504	48.21%
Salaries	\$71,329,912	
Benefits	\$18,331,972	
Operating	\$22,167,620	
Pharmacy Services	\$22,079,583	9.52%
Salaries	\$2,729,804	
Benefits	\$669,979	
Operating	\$1,032,530	
Drug Purchases	\$17,647,270	
Offsite Services	\$68,303,138	29.45%
Univ. Professional Svcs.	\$6,824,166	
Freeworld Provider Svcs.	\$13,375,580	
Univ. Hospital Svcs.	\$44,439,427	
Est. IBNR	\$3,663,965	
Mental Health Services	\$21,393,755	9.22%
Salaries	\$16,419,309	
Benefits	\$4,066,790	
Operating	\$907,656	
Indirect Expense	\$8,339,282	3.60%
Total Expenses	\$231,945,262	100.00%



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

	FY 04	FY 05	FY 06	FY 07	4-Year Average	FYTD 08 1st Qtr	FYTD 08 2nd Qtr
Population							
UTMB	113,729	119,322	119,835	120,235	118,280	120,343	120,451
TTUHSC	31,246	31,437	31,448	31,578	31,427	31,295	31,221
Total	144,975	150,759	151,283	151,813	149,708	151,638	151,671
Expenses							
UTMB	\$313,875,539	\$330,672,773	\$336,934,127	\$342,859,796	331,085,559	87,724,530	184,118,952
TTUHSC	\$78,548,146	\$80,083,059	\$83,467,550	\$87,147,439	82,311,549	23,446,635	47,826,310
Total	\$392,423,685	\$410,755,832	\$420,401,677	\$430,007,235	413,397,107	111,171,165	231,945,262
Cost/Day							
UTMB	\$7.56	\$7.59	\$7.70	\$7.81	\$7.67	\$8.01	\$8.40
TTUHSC	\$6.89	\$6.98	\$7.27	\$7.56	\$7.18	\$8.23	\$8.42
Total	\$7.40	\$7.46	\$7.61	\$7.76	\$7.56	\$8.06	\$8.40

* 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

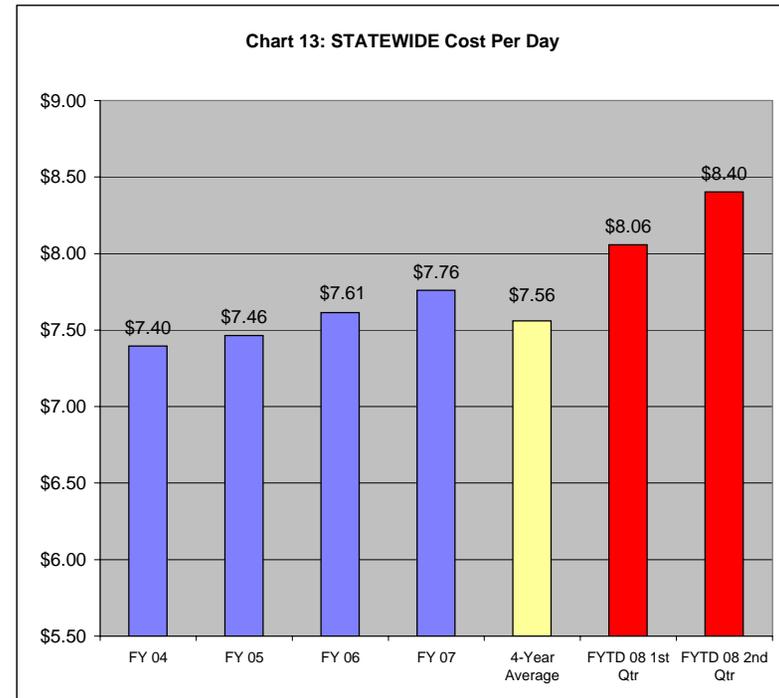
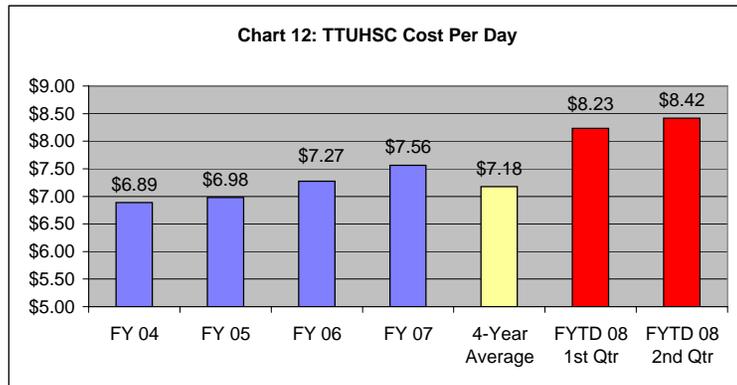
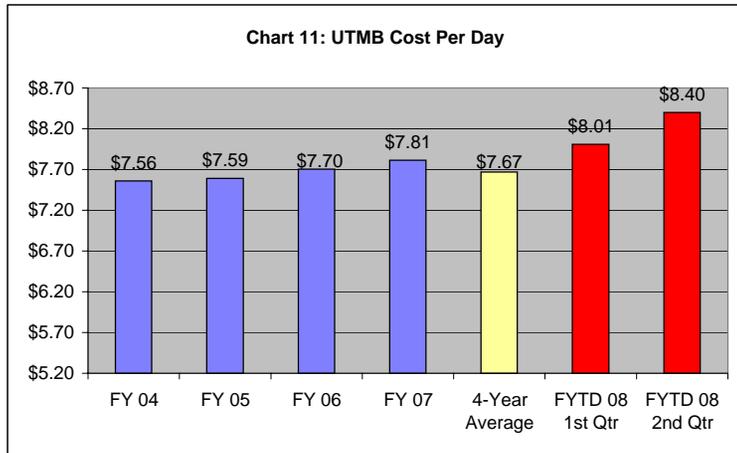


Table 6
Medical Encounter Statistics* by Age Grouping

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-07	35,280	160,062	195,342	8,253	111,943	120,196	4.27	1.43	1.63
Oct-07	41,421	183,058	224,479	8,351	111,823	120,174	4.96	1.64	1.87
Nov-07	37,361	159,805	197,166	8,356	112,182	120,538	4.47	1.42	1.64
Dec-07	34,332	148,243	182,575	8,429	112,102	120,531	4.07	1.32	1.51
Jan-08	40,043	178,381	218,424	8,493	112,044	120,537	4.71	1.59	1.81
Feb-08	37,256	168,406	205,662	8,488	112,117	120,605	4.39	1.50	1.71
Average	37,616	166,326	203,941	8,395	112,035	120,430	4.48	1.48	1.69

*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

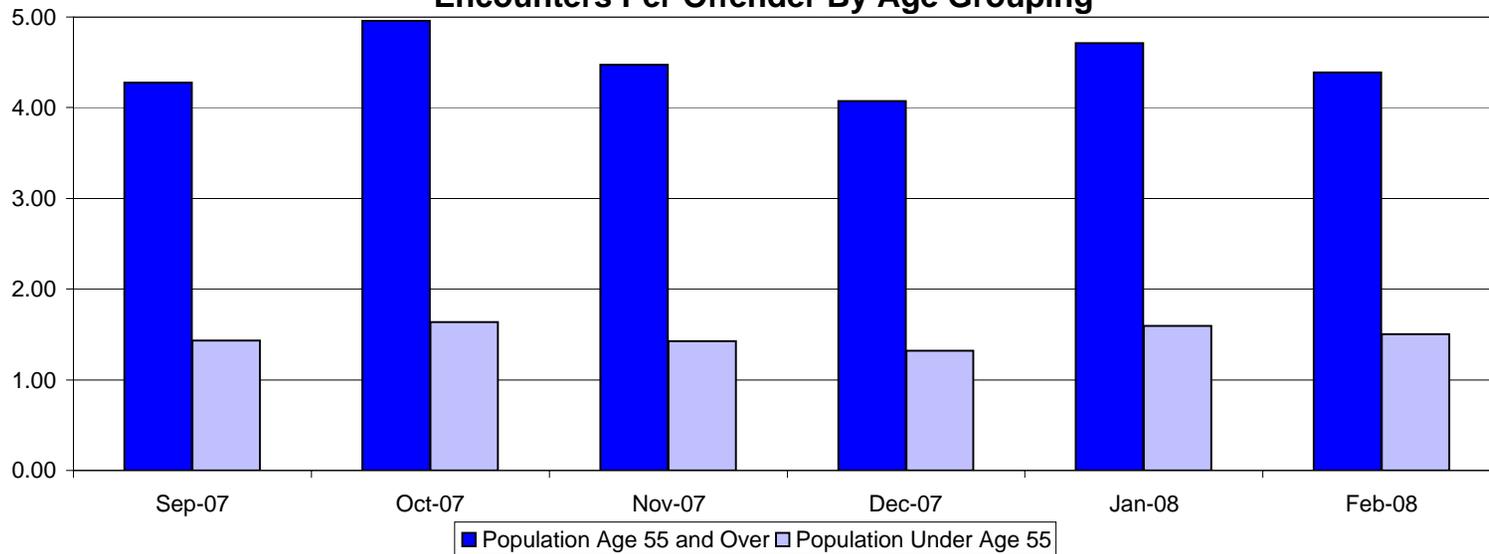
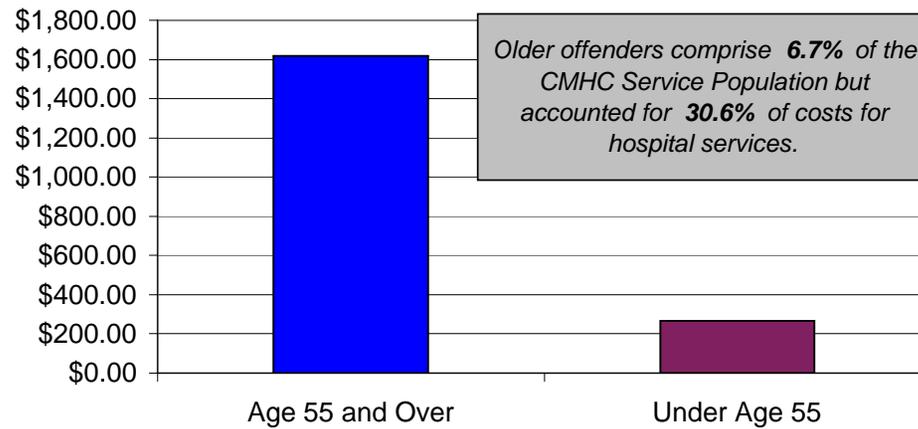


Table 7
FY 2008 2nd Quarter
Offsite Costs* To Date by Age Grouping

Age Grouping	Cost Data	Total Population	Total Cost Per Offender
Age 55 and Over	\$16,524,284	10,211	\$1,618.26
Under Age 55	\$37,489,983	141,460	\$265.02
Total	\$54,014,267	151,671	\$356.13

**Figures represent repricing of customary billed charges received to date for services to institution's which includes any discounts and/or capitation arrangements. Repriced charges are compared against 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

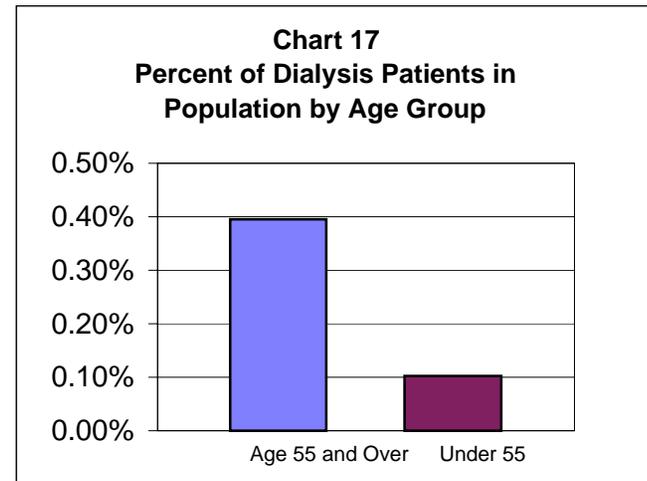
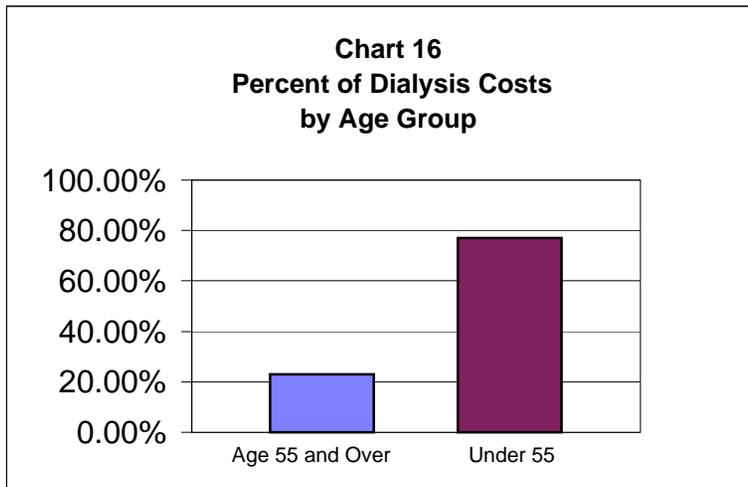


**Table 8
Through FY 2008 2nd Quarter
Dialysis Costs by Age Grouping**

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	\$473,187	22.87%	10,211	6.73%	40	0.39%
Under Age 55	\$1,596,212	77.13%	141,460	93.27%	145	0.10%
Total	\$2,069,399	100.00%	151,671	100.00%	185	0.12%

Projected Avg Cost Per Dialysis Patient Per Year:

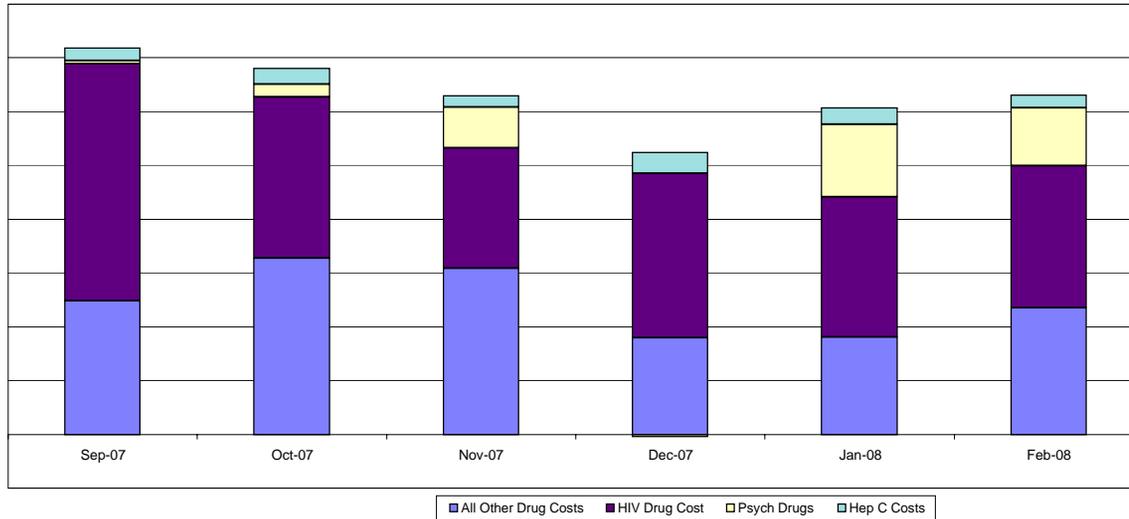
\$22,351



**Table 9
Selected Drug Costs FY 2008**

Category	Sep-07	Oct-07	Nov-07	Dec-07	Jan-08	Feb-08	Total Year-to-Date
<i>Total Drug Costs</i>	\$3,590,199	\$3,400,085	\$3,148,925	\$2,590,814	\$3,036,208	\$3,154,994	\$18,921,225
<i>HIV Medications</i>							
HIV Drug Cost	\$2,197,685	\$1,495,756	\$1,117,502	\$1,525,759	\$1,305,988	\$1,318,780	\$8,961,470
HIV Percent of Cost	61.21%	43.99%	35.49%	58.89%	43.01%	41.80%	47.36%
<i>Psychiatric Medications</i>							
Psych Drug Cost	\$31,560	\$122,726	\$384,064	-\$28,147	\$671,857	\$541,076	\$1,723,136
Psych Percent of Cost	0.88%	3.61%	12.20%	-1.09%	22.13%	17.15%	9.11%
<i>Hepatitis C Medications</i>							
Hep C Drug Cost	\$118,158	\$143,365	\$105,257	\$196,434	\$155,626	\$119,231	\$838,071
Hep C Percent of Cost	3.29%	4.22%	3.34%	7.58%	5.13%	3.78%	4.43%
<i>All Other Drug Costs</i>	\$1,242,797	\$1,638,238	\$1,542,102	\$896,767	\$902,737	\$1,175,908	\$7,398,549

**Chart 18
Drug Costs by Selected Categories**



**Table 10
Ending Balances 2nd Qtr FY 2008**

	Beginning Balance September 1, 2007	Net Activity FY 2008	Ending Balance February 28, 2008
CMHCC Operating Funds	\$22,979.40	\$174,074.17	\$197,053.57
CMHCC Medical Services	\$12,579.46	\$19,616,980.40	\$19,629,559.86
CMHCC Mental Health	\$42.30	\$3,116,969.83	\$3,117,012.13
Ending Balance All Funds	\$35,601.16	\$22,908,024.40	\$22,943,625.56
3rd QTR Advance Payments			
From TDCJ - Medical			(\$93,998,783.00)
From TDCJ - Mental Health			(\$9,567,080.00)
From TDCJ - CMHCC			(\$121,091.05)
Total Unencumbered Fund Balance			(\$80,743,328.49)

SUPPORTING DETAIL

CMHCC Operating Account	
Beginning Balance	\$22,979.40
FY 2007 Funds Lapsed to State Treasury	(\$22,979.40)
Revenue Received	
1st Qtr Payment	\$119,773.95
2nd Qtr Payment	\$223,763.95
3rd Qtr Advance Payment	\$121,091.05
Interest Earned	\$622.80
Subtotal Revenue	\$465,251.75
Expenses	
Salary & Benefits	(\$221,920.72)
Operating Expenses	(\$46,277.46)
Subtotal Expenses	(\$268,198.18)
Net Activity thru this Qtr	\$174,074.17
Total Fund Balance CMHCC Operating	\$197,053.57

RECONCILIATION:

Less: 3rd Qtr Advance Payment from TDCJ	(\$121,091.05)
Total Unencumbered Fund Balance	\$75,962.52

SUPPORTING DETAIL

CMHCC Capitation Accounts	Medical Services	Mental Health
Beginning Balance	\$12,579.46	\$42.30
FY 2007 Funds Lapsed to State Treasury	(\$12,579.46)	(\$42.30)
Revenue Detail		
1st Qtr Payment from TDCJ	\$92,977,058.00	\$9,463,090.00
2nd Qtr Payment from TDCJ	\$92,977,058.00	\$9,359,100.00
3rd Qtr Advance Payment from TDCJ	\$93,998,783.00	\$9,567,080.00
Interest Earned	\$45,847.86	\$7,412.13
Revenue Received	\$279,998,746.86	\$28,396,682.13

Payments to UTMB

1st Qtr Payment to UTMB	(\$73,606,212.00)	(\$6,387,290.00)
2nd Qtr Payment to UTMB	(\$73,606,212.00)	(\$6,317,100.00)
3rd Qtr Payment to UTMB	(\$74,415,071.00)	(\$6,457,480.00)
Subtotal UTMB Payments	(\$221,627,495.00)	(\$19,161,870.00)

Payments to TTUHSC

1st Qtr Payment to TTUHSC	(\$19,370,846.00)	(\$3,075,800.00)
2nd Qtr Payment to TTUHSC	(\$19,370,846.00)	(\$3,042,000.00)
Subtotal TTUHSC Payments	(\$38,741,692.00)	(\$6,117,800.00)

Total Payments Made thru this Qtr	(\$260,369,187.00)	(\$25,279,670.00)
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Net Activity Through This Qtr	\$19,616,980.40	\$3,116,969.83
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Total Fund Balance	\$19,629,559.86	\$3,117,012.13
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RECONCILIATION:

Less: 3rd Qtr Advance Payment from TDCJ	(\$93,998,783.00)	(\$9,567,080.00)
Total Unencumbered Fund Balance	(\$74,369,223.14)	(\$6,450,067.87)