



**CORRECTIONAL MANAGED HEALTH CARE
COMMITTEE
AGENDA**

March 27, 2009

9:00 a.m.

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

MINUTES

**CORRECTIONAL MANAGED HEALTH CARE COMMITTEE
December 9, 2008**

Chairperson: James D. Griffin, M.D.

CMHCC Members Present: Elmo Cavin, Jeannie Frazier, Cynthia Jumper, Lannette Linthicum, M.D., Ben G. Raimer, M.D., Desmar Walkes, M.D.

CMHCC Members Absent: Bryan Collier, Larry Revill

Partner Agency Staff Present: Karen Sexton, R.N, Ph.D., FACHE, Owen Murray, D. O., Joe Penn, M.D., John Allen, Gary Eubanks, Steve Smock, Scott Reinecke, The University of Texas Medical Branch; Denise DeShields, M.D., Larry Elkins, Bradley Mathews, Texas Tech University Health Sciences Center; Nathaniel Quarterman, Ron Steffa, Robert Williams, M.D., Dee Wilson, Mary Gotcher, R.N., George Crippen, R.N., LaToya Straugter, Billie Burns, Shirley Nelson, Cathy Martinez, Texas Department of Criminal Justice; Allen Hightower, David McNutt, Lynn Webb, Tati Buentello, CMHCC Staff.

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

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>I. Call to Order</p> <p>- James D. Griffin, M.D.</p> <p>II. Recognitions and Introductions</p> <p>- James D. Griffin, M.D.</p>	<p>Dr. Griffin called the CMHCC meeting to order at 9:05 a.m. then noted that a quorum was present and the meeting would be conducted in accordance with Chapter 551 of the Texas Government Code, the Open Meetings Act.</p> <p>Dr. Griffin recognized and congratulated Dr. Lannette Linthicum who was selected to serve as the American Correctional Association (ACA) Chair of the Commission on Accreditation for Corrections.</p> <p>Dr. Griffin next called on Dr. Linthicum to provide the Resolution of Appreciation being presented to the family of Linda Cooper, R.N.</p>	<p>Dr. Linthicum stated that Linda Cooper, RN served as Nurse Manager of Clinical Contract Monitoring and was the Director of Clinical Services for the TDCJ Health Services Department. Dr. Linthicum asked that the Resolution of Appreciation (Attachment 1) for Ms. Cooper being presented posthumously be adopted by the committee as an expression of appreciation for her outstanding service to the Texas Correctional Health Care Program.</p> <p>She noted that Ms. Cooper will be greatly missed by her peers, colleagues and friends.</p>	<p>Ms. Jeannie Frazier moved to adopt the Resolution of Appreciation as presented by Dr. Linthicum. Dr. Ben Raimer seconded the motion. The motion passed by unanimous vote.</p>

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<p>III. Approval of Excused Absence</p> <p>- James Griffin, M.D.</p>	<p>Dr. Griffin next noted that Mr. Larry Reville and Dr. Desmar Walkes were absent from the September 20, 2008 CMHCC meeting due to scheduling conflicts. He then stated that he would entertain a motion to excuse their absence.</p>		<p>Dr. Raimer moved to approve Mr. Larry Reville and Dr. Desmar Walkes absence from the September 30, 2008 CMHCC meeting. Dr. Cynthia Jumper seconded the motion. The motion passed by unanimous vote.</p>
<p>IV. Consent Items</p> <p>- James Griffin, M.D.</p>	<p>Dr. Griffin then stated next on the agenda was the approval of the consent items to include the Minutes from the September 30, 2008 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) to pull for separate discussion.</p> <p>Hearing no further comments, Dr. Griffin stated that he would entertain a motion on approving the consent items as presented in the agenda booklet.</p>		<p>Mr. Elmo Cavin moved to approve the consent items as presented at Tab A of the agenda packet. Dr. Ben Raimer seconded the motion. The motion passed by unanimous vote.</p>
<p>V. Executive Director's Report</p> <p>- Allen Hightower</p>	<p>Dr. Griffin next called on Mr. Hightower to provide the Executive Director's Report.</p> <p>Mr. Hightower noted that the Executive Director's report is provided at Tab B of the agenda packet.</p> <p>Mr. Hightower reported that the cost data by facility was obtained from both UTMB and TTUHSC and presented to TDCJ in preparation for the Legislative Budget Board Uniform Cost Project.</p> <p>He further reported as required, the CMHCC submitted to the State Comptroller's Office, the annual financial report schedules for the Committee which is now referred to as a new state agency #013.</p>	<p>Mr. Cavin asked if the Annual Financial Report (AFR) was on the transfer of funds for the committee?</p> <p>Mr. Webb responded that it was on the transfer of funds.</p>	

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<p>Executive Director's Report (Cont.)</p>	<p>Mr. Hightower then noted that the committee staff will be presenting the "Best Practices of Correctional Managed Health Care", at the next Texas Board of Criminal Justice (TBCJ) Committee meeting on Health Services. He further stated that he would also be providing the CMHCC FY 2008 Fourth Quarter Financial Report at the regularly scheduled TBCJ meeting scheduled for December 2, 2008.</p> <p>He then reported that the committee staff continues to participate in weekly meetings with UTMB and TDCJ concerning the status of Hospital Galveston and the post Hurricane Ike updates.</p> <p>Mr. Hightower then stated that the committee staff provided results of the SB 909 implementation review reported to the Sunset Commission for their January 2009 meeting which will then forwarded to the 81st Legislature.</p> <p>Mr. Hightower concluded by stating that the 81st Legislature will convene on January 13, 2009 but pre-filing of legislation already started in mid-November. As in the past, the committee staff will be tracking bills with potential impact on the correctional health care program.</p>	<p>Mr. Cavin asked if more specific Hospital Galveston updates will be provided by UTMB later on the agenda?</p> <p>Dr. Griffin responded that Dr. Murray will include the Post Ike updates when he provides the UTMB Medical Director's Report.</p>	
<p>VI. Performance & Financial Status Updates</p> <p>- David McNutt</p>	<p>Hearing no further comments, Dr. Griffin thanked Mr. Hightower for the report then called on Mr. McNutt to provide the performance and financial status.</p> <p>Mr. McNutt reported that over the course of FY 2007-2008, the service population remained stable with the average population in FY 2007 being 151,813 compared to 151,712 in FY 2008 which is only a difference of 101.</p> <p>He further reported that the aging offenders continues to increase with the over 55+ population at the end of FY 2008 being 10,361 compared to 9,791 in FY 07 which is about a 5.8% growth.</p> <p>The psychiatric inpatient census remained consistent averaging 1,971 at the end of FY 2008 which Mr. McNutt noted is governed by the number of available beds. The outpatients census remained steady with an average of 20,237 representing 13.3% of the service population.</p>		

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<p>- Performance & Financial Status Update (Cont.)</p>	<p>Mr. McNutt further noted that the average FY 2008 medical access to care remained consistent being within the 97% - 98% range for indicators #7 and #8 but took a slight dip to the 95% range for indicator #9. The mental health care remained fairly stable except for indicator #6 which took a dip in the last quarter of FY 2008. He again stated that even though the graphs look as though there is a big variance, these are still within the compliance rates.</p> <p>Mr. McNutt next reported that the average UTMB physician vacancy rate for FY 2008 Fourth Quarter was 17.19%; mid-level practitioners at 11.50%; RN's averaged 11.23%; LVN's at 15.46%; Dentists at 14.29% and Psychiatrists at 21.43%.</p> <p>The TTUHSC sector physician vacancy rate for the same quarter averaged at 14.83%; mid-level practitioners at 12.53%; RN's averaged at 22.27%; LVN's at 22.08%; Dentists at 16.08% and 19.20% for Psychiatrists.</p> <p>He then noted that the timelines of medical summaries for MRIS for June was at 99% then dropped to 92% in July and came back up to 98% in August.</p> <p>Mr. McNutt concluded by stating that the statewide revenue vs. expenses by month for FY 2008 showed as being in the red of year to date FY 2008.</p> <p>Hearing no further comments, Dr. Griffin thanked Mr. McNutt for the report. Dr. Griffin then asked Mr. McNutt to provide the overview of the TTUHSC Audit Report.</p>	<p>Ms. Frazier stated that it would be helpful if Mr. McNutt would note what each of the indicators stood for in his charts.</p> <p>Mr. McNutt responded that he would include it in his future reports. He then stated that access to care indicator for:</p> <p>Indicator #6: Referred outpatient mental health status offenders to be seen within 14 days</p> <p>Indicator #7: sick call request for medical services physically triaged within 48 hrs (72 hrs for Friday/Saturday)</p> <p>Indicator #8: Medical chief complaint documented in medical record at time of triage.</p> <p>Indicator #9: Referrals to MD, NP or PA seen within 7-days of receipt of sick call requests.</p>	
<p>- VII. Audit Report: TTUHSC Pharmaceutical Pilot Study at Allred Unit</p>	<p>Mr. McNutt stated that the TTUHSC audit report is included at Tab D of the agenda packet.</p> <p>Mr. McNutt recalled that TTUHSC management earlier performed an audit on the monitoring controls related to pharmacy billing. Based on that recommendation,</p>		

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<p data-bbox="92 282 399 342">- TTUHSC Audit Report (Cont.)</p> <p data-bbox="92 984 422 1013">VIII. Mental Health Update</p> <p data-bbox="128 1045 323 1075">- Joe Penn, M.D.</p>	<p data-bbox="464 282 1062 678">TTUHSC implemented a pilot study at the Jordan Unit and the Allred Unit to enhance monitoring controls and develop unit protocols. He noted that the information captured by the pilot study at the Allred Unit for the formulary and non-formulary pharmaceuticals is sufficient and can be used to aid in the reconciliation of the quantities received at the unit to the monthly invoice from UTMB. The management concurred with the recommendation. Mr. Larry Elkins, Executive Director, TTUHSC-CMHC responded that effective September 1, 2008 they would execute the process the information captured by the pilot study for the formulary and non-formulary pharmaceuticals.</p> <p data-bbox="464 711 1062 862">Mr. McNutt stated there was a slight problem executing the process at the start date due to Hurricane Ike. He then concluded by noting that this audit met the 200 hours of internal audit services for TTUHSC as required by the CMHCC contractual agreement.</p> <p data-bbox="464 894 1062 954">Hearing no further comments Dr. Griffin thanked Mr. McNutt for the report.</p> <p data-bbox="464 987 1062 1047">Dr. Griffin next called on Dr. Joe Penn to provide the Mental Health Update.</p> <p data-bbox="464 1079 1062 1198">Dr. Penn stated that a separate handout was provided to the committee titled, "Mental Health Update: Suicide Prevention Efforts, Planning and Recommendation" (Attachment 2).</p> <p data-bbox="464 1230 1062 1468">Dr. Penn reported that suicide is the leading cause of death in a correctional setting nationwide. Page 2 of the handout shows the suicide data from the year 2000 through December, 2008 within the TDCJ system, which he noted does not include data on attempted suicides. He stated that there is significant variability from year to year and noted 32 suicides in 2007 and that number dropped to 18 in 2008.</p>		

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<p>- Mental Health Update (Cont.)</p>	<p>Dr. Penn further reported that there are numerous clinical risk factors for attempted suicides in a correctional setting to include a history of mental illness; mental health treatment; history of previous suicide attempts; being housed in single cell; loss of or perceived loss of resources and resource support and hopelessness. To further complicate the screening, assessment and management of potential suicidal offenders; there are those who may not have had a current or recent history of mental illness. He stated that they may be fearful for their safety, conflict with other offenders, problems with rules and discipline of confinement or environmental stress factor. He then noted that the last three pages of the handout is a section taken from NCCHC's suicide prevention within a correctional setting.</p> <p>Dr. Penn then thanked Dr. Linthicum and Mr. Nathaniel Quarterman for their assistance and efforts in taking the stance towards suicide prevention in the correctional setting. The Joint Mental Health Committee and staff consisting of representatives from UTMB / TTUHSC / TDCJ convened two retreats; one held in April and the second held in July to look over existing policy and procedures. They identified some of the challenges to include properly training staff to identify the different signs of potential suicidal offenders and to have communication between correctional custody and health care staff. Though good recommendations came out of the retreats, Dr. Penn concluded by requesting the committee's consideration for a feasibility study and funding for an outside consultant on this issue.</p> <p>Dr. Griffin asked if there were any comments or questions?</p>	<p>Dr. Linthicum noted that TDCJ had one of the highest suicide rates nationwide but now have a standard suicide prevention task force. She further stated that the drop in the number of suicides from 32 in 2007 to 18 in 2008 is the result of concentrated efforts of Mr. Quarterman, his security staff, and the health services providers working together.</p> <p>Dr. Walkes asked if the recommendations that came out of the two retreats be used as part of the feasibility study?</p>	

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<p>- Mental Health Update (Cont.)</p>		<p>Dr. Penn responded that they did, but it would also be beneficial to have outside objective measures as to what can be done better in the event there is some litigation issues.</p> <p>Ms. Frazier asked for clarification on the types of litigation being referenced and whether the cost of hiring outside consultant would avoid litigation costs?</p> <p>Dr. Linthicum responded that during the Ruiz case the issues were about mentally ill patients being housed inappropriately in administrative segregation status instead of being housed in mental health facilities. That is one of the reasons why the master's level psychologist she reports in the TDCJ Medical Director's report monitors the Ad Seg offenders as they are artificially locked down for 23 of the 24 hours which causes mental regression.</p> <p>Mr. Quarterman then noted out of the 197,000 offenders in the Federal Prison System, they had 7 suicides. Having consultants come in to look at the different best practices being used nationwide would benefit Texas.</p> <p>Dr. Linthicum added that the Federal Bureau of Prisons have a program called the suicide buddy program. When an offender is suicidal or exhibits suicidal behavior they are placed in a room that is encased by plexi-glass. They have another properly trained offender to observe and document every 15 minutes as to what the suicidal offender is doing and notify staff.</p> <p>Dr. Jumper noted Texas Tech have unfilled psychiatrists and mental health nurses positions and are facing difficulties filling those until they can get their salaries competitive enough to recruit and retain those health care providers. She would be more willing to have an outside consultant come in when Tech is fully staffed.</p>	

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<p>- Mental Health Update (Cont.)</p>		<p>Dr. Raimer recommended that Dr. Linthicum, Dr. Penn and Dr. Butler from Texas Tech together with Mr. Quarterman report back with the types of programming they are looking at and the potential cost for doing this.</p> <p>Dr. Walkes asked if some of what was recommended out of the two retreats have been implemented to help reduce the suicide rates and wanted to have that said on record.</p> <p>Dr. Linthicum responded that they have started and have moved forward on some of those recommendation including the establishment of the psychiatric observation beds on certain units.</p> <p>After further discussions, Dr. Griffin asked that Dr. Penn and his working group report back to the committee with specific recommendations on areas that have immediate impact in terms of facility needs; staffing needs; as well as what is required long term, so that the committee staff can bring this up with the state leadership.</p>	
<p>IX. TCOOMI Update: FY 2008 Annual MRIS Report</p> <p>- Dee Wilson</p>	<p>Hearing no further comments, Dr. Griffin thanked Dr. Penn for the update.</p> <p>Dr. Griffin next called on Ms. Wilson to provide the TCOOMMI Update.</p> <p>Ms. Wilson noted that her report is provided at Tab H of the agenda packet.</p> <p>Ms. Wilson reported that the MRIS program provides for the early parole review and release of certain categories of offenders who are mentally ill, mentally retarded, elderly, terminally ill, long term care or physically handicapped. The purpose of MRIS is to release offenders who pose minimal public safety</p>		

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<p>- TCOOMMI Update (Cont.)</p>	<p>risk from incarceration to a more cost effective alternatives.</p> <p>Ms. Wilson further reported that the approval rate as noted on the graph on page 114 of the agenda book, looks as though the approval rate increased in FY 2008. However, she stated that there were twice as many presented to the board in FY 2008 compared to FY 2007. So the number of overall approvals actually went down from FY 2007 to FY 2008 in percentages.</p> <p>Ms. Wilson next reported that the trend in medical staff making referrals in the last four years as noted in the graph on page 117 went up from 19% in FY 2005 to 44% in FY 2008 which is a significant increase. The graph on page 118 shows that the 82% rate of referrals approved by the unit medical staff is right on target.</p> <p>There were 151 terminally ill offenders considered for MRIS in FY 2008 and 253 long term care offenders. She noted that the breakout by diagnosis is provided at page 199 of the agenda packet.</p> <p>Ms. Wilson then reported that there were a total of 83 deaths during the MRIS process in FY 2008 compared to 52 in FY 2007. She then noted that questions will be asked during the legislative session as to why there were so many deaths during the process.</p> <p>She concluded by stating that since the program's inception on December 1999, 1,244 offenders have been released. The chart on page 125 depicts the current status of each offender released.</p> <p>Hearing no further discussion, Dr. Griffin thanked Ms. Wilson for the update. Dr. Griffin next called on Ms. Mary Gotcher to provide the Overview of the Joint Nursing Committee.</p>	<p>Dr. Raimer stated that he would get the data on the UTMB deaths during the MRIS process back to Ms. Wilson.</p> <p>Dr. Linthicum again noted that part of the issue with the Parole Board not willing to vote out a person even when the medical staff diagnosis that person as being terminally ill is because the patient is not in hospice; not in assisted living; not in infirmary; but out in general population living independently and may have committed the crime with the diagnosis.</p>	

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<p>X. Overview of the Joint Nursing Committee</p> <p>- Mary Gotcher, RN, MSN</p>	<p>Ms. Gotcher thanked the committee the opportunity to present the overview of the Joint Nursing Committee. She then stated that the committee membership is comprised with representation and also works in partnership with TDCJ, UTMB and TTUHSC and meets every two months.</p> <p>The Joint Nursing Committee's functions include identification of common nursing issues and concerns; establishing consistency in nursing policy and procedures; safety committee for nursing peer review referrals; critical incident review, and improvement plans.</p> <p>Ms. Gotcher then reported that some of the completed projects the committee worked on was the conversion to safety needle products by both UTMB and TTUHSC; review and revision of the UTMB Nursing Policy Manual, collaborative staffing study for nursing services with TDCJ, and collaborative emergency response video for employee training and orientation.</p> <p>Ms. Gotcher then noted that some of the current projects that the Joint Nursing Committee is working on is the Joint Commission Standards for Evaluation of Inpatient Psychiatric Facilities at Jester IV and Skyview facilities. Ms. Gotcher further noted that they are also looking at the LVN scope of practice issues; emergency documentation revision to urgent care, and infirmary care policy revision with TDCJ to update to current UTMB Nursing Services Infirmary Policy.</p> <p>Ms. Gotcher concluded by stating that she would be happy to entertain any questions.</p> <p>Dr. Griffin asked if there were any other comments or questions. Hearing none, Dr. Griffin thanked Ms. Gotcher for the update.</p> <p>Dr. Griffin then stated that the next agenda item was the summary of critical correctional health care personnel vacancies and called on Dr. Murray first to provide the UTMB update.</p>	<p>Dr. Raimer thanked and commended the nursing staff who worked with security officers for the emergency response training video which he noted is a risk management issue.</p> <p>Dr. Linthicum then thanked and recognized Mr. Gary Eubanks, the committee chair who worked with Mr. Mike Upshaw who is the Training Director for the academy in putting together this training video.</p>	

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<p>XI. Summary of Critical Correctional Health Care Personnel Vacancies</p> <p>- Owen Murray, D. O. (UTMB)</p> <p>- Denise DeShields, M.D. (TTUHSC)</p> <p>- Lannette Linthicum, M.D (TDCJ)</p>	<p>Dr. Murray reported that UTMB continues to have health care provider shortages and have been using tools such as telemedicine to meet outpatient needs of the population. He further reported that UTMB continues to look at alternative ways to recruit and retain staff.</p> <p>Dr. Griffin thanked Dr. Murray for the update then called on Dr. DeShields to provide the TTUHSC update on key personnel issues.</p> <p>Dr. DeShields reported that the 5% physician vacancy rate jumped up to 15% over the last quarter and the vacancy rates for psychiatrist remain in the 18 – 22% range. She stated that Texas Tech continues to utilize the national recruiting services, putting job vacancies in various publications, having job fairs, but again competing with the freeworld salaries continues to be a challenge.</p> <p>Dr. DeShields stated as she also reported at the last meeting, they filled the Mental Health Director position for the PAMIO program which was vacant for over two years. She concluded by stating Texas Tech also hired a new Northern Regional Medical Director who will be on board the middle of November and this is the position that was vacated by Dr. Revill who recently retired.</p> <p>Dr. Griffin thanked Dr. DeShields for the update then called on Dr. Linthicum to provide the TDCJ key personnel issues.</p> <p>Dr. Linthicum reported that TDCJ also faces the same difficulties recruiting and retaining nursing staff as reported by her colleagues. She further reported that they also have multiple postings and advertise in journals and newspapers.</p> <p>Dr. Griffin thanked Dr. Linthicum for the update then called on Mr. John Allen to provide the dental augmentation report.</p>		

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<p data-bbox="113 164 422 220">XII. Dental Augmentation Report</p> <p data-bbox="155 253 302 277">- John Allen</p>	<p data-bbox="464 164 1087 521">Mr. Allen noted that the dental augmentation report is found at Tab E of the agenda packet. He reported that there are nine district and special dentists positions but only seven of the nine positions are currently filled. These include two dental directors overseeing the Northern and Southern Districts then introduced Dr. Scott Reinke, the new Northern Dental Director who replaced Dr. Sonny Wells who recently retired. He further clarified the other as being specialized dentists such as periodontist. Mr. Allen then noted that there are 77 onsite facility dentists with a 12% vacancy rate as of November, 2008.</p> <p data-bbox="464 561 1087 708">Mr. Allen next stated that 15% of the dentists in the UTMB sector are over the age of 65 as most of the dentist that are hired are those in mid to post career stage. He further stated that 36% are over the age of 60 and 70% over the age of 55.</p> <p data-bbox="464 740 1087 919">The current salaries for a district dentist averages at \$131,000 and facility dentist averages at \$114,000. Mr. Allen noted that this in comparison to the salaries provided by the Pay Group Organization which UTMB uses shows a national average salary between \$132,000 and \$151,000.</p> <p data-bbox="464 951 1087 1227">Mr. Allen further stated that in order to compete with the freeworld market in recruiting and retaining dentists he is requesting the committee's approval to increase the salaries to an additional cost of \$830,000 as funding allows and noted that the breakout of the fiscal impact is provided at page 102 of the agenda packet. He concluded by stating that UTMB will continue to monitor agency and dental vacancy rates and report back to the Committee.</p>	<p data-bbox="1106 951 1661 1073">Ms. Frazier asked if there are issues within the existing University of Texas System's salary structure that first needs to be addressed before the committee makes a recommendation?</p> <p data-bbox="1106 1105 1661 1195">Mr. Allen responded that the UTMB program is the only dental employer and the University of Texas in Houston only has the dental school.</p> <p data-bbox="1106 1227 1661 1284">Ms. Frazier then asked if Texas Tech also needs to increase their dental salaries?</p> <p data-bbox="1106 1317 1661 1438">Dr. DeShields responded that Texas Tech increased their dental salaries by around \$40,000 back in September in order to compete with the market.</p>	<p data-bbox="1682 951 2009 1130">Dr. Ben Raimer made a motion to allow UTMB to move forward with the salary augmentation plan as outlined at Tab E and as presented by Mr. John Allen.</p> <p data-bbox="1682 1162 2009 1219">Ms. Frazier seconded the motion.</p> <p data-bbox="1682 1252 2009 1341">Dr. Griffin asked if there were any other comments before calling this to a vote?</p>

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<ul style="list-style-type: none"> - Dental Augmentation Report (Cont.) 			<p>Dr. Lannette Linthicum stated she would abstain from voting due to conflict of interest based on the staffing study she conducted.</p> <p>After further discussion, the motion passed by unanimous vote.</p>
<p>XIII. Medical Director's Report (TDCJ)</p>	<p>Dr. Griffin next called on Dr. Linthicum to provide the TDCJ Medical Director's report.</p>		
<p>Lannette Linthicum, M. D.</p>	<p>Dr. Linthicum stated that the TDCJ Medical Director's Report is provided at Tab G and begins on page 103 of the agenda packet.</p>		
<ul style="list-style-type: none"> - Office of Professional Standards 	<p>During the fourth quarter of FY 2008, Dr. Linthicum reported that twelve facilities were audited. She then highlighted some of the audits which are listed on pages 104-106 of the agenda packet. Dr. Linthicum noted that corrective actions for most have been received and pending approval by staff.</p>		
<ul style="list-style-type: none"> - Grievances and Patient Liaison Correspondences. 	<p>Dr. Linthicum next reported that the Patient Liaison Program and the Step II Grievance Program received a total of 3,006 correspondences and of those total number, 268 or 8.92% action requests were generated.</p>		
<ul style="list-style-type: none"> - Quality Improvement (QI) Access to Care 	<p>The Quality Improvement / Quality Monitoring staff performed 86 access to care audits this quarter. Dr. Linthicum further reported that 774 indicators were reviewed and 23 indicators fell below the 80% threshold.</p>		
<ul style="list-style-type: none"> - Capital Assets Monitoring 	<p>The Capital Assets Contract Monitoring Office audited seven units and those audits are conducted to determine compliance with the Health Services Policy and State Property Accounting Inventory procedures.</p>		

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<ul style="list-style-type: none"> - Office of Preventive Medicine 	<p>Dr. Linthicum then reported that the Office of Preventive Medicine monitors the incidence of infectious diseases for TDCJ. For this fourth quarter, there were 201 reports of suspected Syphilis compared with 181 in the previous quarter; 1,037 Methicillin-Resistant Staphylococcus cases were reported compared to 1,302 during the same quarter of FY 2007. There was an average of 25 Tuberculosis cases under management per month during this quarter compared to 21 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 then reported that five training sessions have been held attended by seven units so far this year with 65 medical staff receiving training. This position also audits the documentation and services provided by medical personnel for each sexual assault reported.</p>		
<ul style="list-style-type: none"> - Mortality and Morbidity 	<p>The Mortality and Morbidity Committee reviewed 141 deaths. Of those 141 deaths, 27 were referred to peer review committees and those breakdowns are found on page 107 of the agenda packet.</p>	<p>Ms. Frazier asked if suicides are included in the 141 deaths reported?</p> <p>Dr. Linthicum responded that it was and that every death in TDCJ is reviewed by the Mortality and Morbidity Committee.</p>	
<ul style="list-style-type: none"> - Mental Health Services Monitoring 	<p>The Mental Health Services Monitoring and Liaison with County Jails identified 45 offenders with immediate mental health needs prior to TDCJ intake.</p> <p>Dr. Linthicum added that the MHMR history was reviewed for 24,679 offenders brought into TDCJ-ID/SJ through the intake process. She further noted that 396 offenders with high risk factors (very young or old or have long sentences) transferred into TDCJ-ID were interviewed which resulted in 25 referrals.</p> <p>The master's level psychiatrist made 20 Administrative Segregation visits this quarter and observed 4,720 offenders, interviewed 2,558 offenders and referred 20 for further evaluations.</p>		

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<p>- Health Services Liaison Utilization Review</p>	<p>During the fourth quarter FY 2008, a total of 68 hospital discharges and 41 inpatient facility discharge audits were conducted. Dr. Linthicum stated that the summary of the audits are available in the charges provided at page 108 of the agenda packet.</p>	<p>Ms. Frazier asked why 100% of the facilities lacked documentation in Just as noted on the chart provided on page 108?</p> <p>Dr. Linthicum responded that if the discharge summary or transfer summaries are missing, it is counted as non-compliance. She further noted that this issue of not having the proper documentation when they come back from the freeworld hospitals are being looked at by the Joint Medical Director's workgroup as this information needs to be scanned into the EMR for the purpose of continuity of care.</p> <p>Dr. Griffin asked if the documentations are being submitted by Hospital Galveston?</p> <p>Dr. Linthicum responded that Hospital Galveston and TDCJ have access to EMR and the information is in place.</p> <p>Dr. Raimer asked if placing a checklist for the discharge nurse would help insure that these documentations are provided?</p> <p>Dr. Linthicum stated that both Dr. Murray and Dr. DeShields are working on getting the proper documentation from the freeworld hospitals.</p> <p>Dr. Griffin then asked if it was still an issue of getting the Uniform Health Services Forms as well?</p> <p>Dr. Linthicum responded that they are still not getting the Uniform Health Services Forms which comes from the county jails and they continue to work with the Sheriffs on this.</p> <p>Ms. Wilson added that the Sunset legislation was changed so that the Uniform Health Services Forms be a part of the pen packets. The problem is the lack of staffing at the county jails who fill out these forms but that they are working on getting this submitted with the pen packets.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>- Medical Director's Report (TTUHSC – Cont.)</p>	<p>Dr. DeShields reported that personnel vacancy rates were discussed earlier but added that the nursing vacancies rates are at 22% in West Texas where historically they have been between 10% – 13%. Texas Tech also continue to face challenges due to significant nursing shortages and noted that a full time employee costs 1 ½ to 2 times less than what the contractors are being paid to fill these vacant positions.</p> <p>Dr. DeSheilds then reported on the impact of Hurricane Ike in West Texas. She stated that the EMR system went down in West Texas for two weeks after Hurricane Ike hit Galveston and that they had no access to medical records for 32,000 offenders during that time. This was then compounded with the time being spent to scan the medical data for those two weeks once the EMR came back on line.</p> <p>Dr. DeShields further reported that 25 patients from Hospital Galveston were transferred to the Montford Facility which brought it to its full capacity medically for the first time and it was a little over a week before they were able to transfer those patients to the infirmary beds. She concluded by noting that Texas Tech still maintain 21 of those offender patients.</p> <p>Hearing no further discussion, Dr. Griffin thanked Dr. DeShields for the update.</p>	<p>Dr. Linthicum thanked Dr. DeShields and Texas Tech for taking those 25 acute care offender patients as the Montford facility is the only unit in TDCJ system that provides the highest level of medical care.</p> <p>Mr. Hightower added that the committee will need to inform the legislators the difference between acute beds and infirmary beds and how many are needed.</p> <p>Dr. Linthicum stated that she had that information broken down and will make those available to the committee.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p data-bbox="100 191 411 250">- Medical Directors Report (UTMB) Cont.</p> <p data-bbox="142 282 394 308">- Owen Murray, D. O.</p>	<p data-bbox="443 191 1129 250">Dr. Griffin then called on Dr. Owen Murray to provide the UTMB Medical Director’s Report.</p> <p data-bbox="443 282 1129 341">Dr. Murray stated that he was asked to update the committee on the recovery phase after Hurricane Ike.</p> <p data-bbox="443 373 1129 587">Dr. Murray reported that the Hospital Galveston building did remarkably well with only damages to the elevators but the question still remain as to what extent UTMB will resume in terms of prison healthcare on the island. Staff in Galveston from the specialist standpoint are ready to deal with the level of needed hospital care but Dr. Murray stated that they are being very cautious as to not jeopardize patient medical care.</p> <p data-bbox="443 620 1129 834">He further noted one of the lessons learned is that offender healthcare in the freeworld is difficult to come by even on short term basis and this is not related to patient care or availability of beds but due to security and PR issues. Dr. Murray again thanked Texas Tech, UT Tyler, Huntsville Memorial Hospital, Conroe Regional Medical, Mainland Hospital in Texas City for taking in offender patients during this time.</p> <p data-bbox="443 867 1129 1347">Dr. Murray next reported that they are looking at other avenues for patient care such as ambulatory surgery at the Dickenson Surgery Center and using Hospital Galveston to holdover patients prior to them having their procedures done. Huntsville Memorial Hospital also stepped forward and are finishing the last phases of getting a 9 unit bed which is the starting point as the census for the TDCJ units in the Huntsville area goes anywhere from zero to five patients at any given time. Initially, those 9 beds will take those patients who are in the Houston Hospitals. Dr. Murray did note that the key is to balance out their census by knowing what the needs for the Huntsville area will be; then use the other available beds for offender patients from other areas. Dr. Murray further reported that the two Cancer Centers in Huntsville are providing radiation and oncology care and chemotherapy is being provided at the Estelle Unit.</p> <p data-bbox="443 1380 1129 1464">He further reported that the Obstetrics and Gynecology patients were moved from Texas City to Gatesville where Hillcrest Hospital stepped up to care for their obstetrics patients.</p>	<p data-bbox="1159 1380 1633 1438">Dr. Linthicum added that fifty babies were delivered within a two month period.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>- Medical Directors Report (UTMB) Cont.</p>	<p>Dr, Murray concluded by stating that UTMB will be moving some of the lower risk pregnancies back to Texas City and have the OB staff from UTMB freeworld side care for these patients in the interim and deliver the babies at the Mainland Hospital.</p>	<p>Dr. Sexton reiterated that so many people stepped up to help meet UTMB’s commitment of providing inpatient care to the offender population and expressed her appreciation also to TDCJ for providing security during this transitional period.</p> <p>She again noted that the elevators are critical in providing patient health care and will start slowly by bringing 32 patients back at this time.</p> <p>Dr. Sexton further stated that the University of Texas Board of Regents hired a consulting group to look at the situation in Galveston as it relates to correctional health care business; their educational programs, and then make recommendations on the future of UTMB in relation to their clinical programs. She noted that this report will come out in January.</p> <p>Ms. Frazier asked if the John Sealy beds will be opening the same time with Hospital Galveston?</p> <p>Dr. Sexton responded that their plan is to open all of their inpatient services which include both the correctional managed care and freeworld side.</p> <p>Dr. Raimer added that most people forget that the TDCJ Hospital does not have an operating room or other equipment needed for patient care.</p> <p>Dr. Sexton agreed that there is some misconception that Hospital Galveston is a free standing prison hospital but it is simply just beds and does not support inpatient care which is handled on the freeworld side.</p> <p>Dr. Griffin asked what the cost estimate would be in terms of the impact of Hurricane Ike?</p> <p>Dr. Sexton responded that they are looking at about \$710M dollars. She further noted that the maximum insurance that they were able to get was</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p data-bbox="94 164 338 250">- UTMB Medical Director's Update (Cont.)</p> <p data-bbox="94 802 380 894">- XIV. Financial Report - Lynn Webb</p>	<p data-bbox="417 711 1129 768">After further discussions, Dr. Griffin thanked Dr. Murray for the update.</p> <p data-bbox="417 802 1129 859">Dr. Griffin next called on Lynn Webb to provide the CMHC Financial Report.</p> <p data-bbox="417 893 1129 950">Mr. Webb stated that the Fourth Quarter FY 2008 Financial Report is found at Tab J of the agenda packet.</p> <p data-bbox="417 984 1129 1195">As represented at Table 2 on page 145, Mr. Webb stated that the average offender population has remained stable at 151,712 for FY 2008. Consistent with trends over the last several years, the number of offenders in the service population aged 55 or older has continued to rise at a faster rate than the overall offender population to 10,361 as of FY 2008. This is an increase of 572 or 5.8% compared to this same quarter a year ago.</p> <p data-bbox="417 1229 1129 1317">Mr. Webb next reported that the overall HIV+ population has remained stable throughout the last two years at 2,503 through FY 2008 or about 1.6% of the population serviced.</p> <p data-bbox="417 1351 1129 1463">Overall health care costs through the fourth quarter FY 2008 totaled \$477.5M. On a combined basis, Mr. Webb noted that this amount exceeded overall revenues earned by the university providers by approximately \$14.7M or 3.2%.</p>	<p data-bbox="1159 164 1703 342">for \$100M with a \$50M dollar deductible. She noted that they will be asking for assistance from the state leadership to provide the cash needed to start rebuilding with the FEMA promised dollars which they will be getting within the next three to five years.</p> <p data-bbox="1159 376 1703 524">Dr. Sexton added that not only has this impacted Galveston but hospitals in the Houston area and beyond are also feeling the impact as they are having to receive patients that would have normally gone to UTMB.</p> <p data-bbox="1159 558 1703 677">Dr. Griffin noted that it would help the committee staff to have not only have costs but the strategies needed to deliver health care so that they can bring it up at the upcoming Legislative hearings.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>- Financial Updates (Cont.)</p>	<p>He then reported that UTMB's total revenue through the quarter was \$366.3M; expenditures totaled \$381M, resulting in a net loss of \$14.7M. Texas Tech's revenue through this quarter was \$96.5M; expenditures totaled \$96.5M, resulting in a net gain of \$39.296.</p> <p>Mr. Webb further reported that of the \$477.5M in expenses reported through the fourth quarter, onsite services comprised \$228.7M or about 47.9% of the expenses; pharmacy services totaled \$46.8M or 9.8% of total expenses; offsite services accounted for \$141.6M or 29.6% of the total expenses; mental health services totaled \$43.7M or 9.2% and indirect support expenses accounted for \$16.7M or about 33.5% of the total costs.</p> <p>He then noted that Table 5 on page 149 of the agenda packet shows that the total cost per offender per day for all health care services statewide through the fourth quarter 2008 was \$8.60, compared to \$7.76 for the same quarter FY 2007. The average cost per offender per day for the last four fiscal years was \$7.56.</p> <p>Mr. Webb further reported at Table 6 on page 150 shows that older offenders had a documented encounter with medical staff a little under three times as often as younger offenders. Hospital costs received to date this fiscal year for older offenders averaged approximately \$4,040 per offender vs. \$671 for younger offenders.</p> <p>He then stated that older offenders were utilizing health care resources at a rate more than six times higher than the younger offender. While comprising only about 6.8% of the overall service population, older offenders account for 30.6% of the hospitalization costs received to date. Older offenders are represented over four times more often in the dialysis population than younger offenders and dialysis costs continue to be significant, averaging about \$21.6K per patient per year. Mr. Webb added that providing dialysis treatment for an average of 188 patients through all of FY 2008 cost \$4.1M.</p> <p>Table 9 on page 153 shows that the total drugs costs through this quarter totaled \$35.6M. Of this, \$17.1M or just over \$1.4M per month was for HIV medication costs which was about 48.2% of the total drug cost. Psychiatric drug costs were approximately \$1.3M or about 3.7% of overall drug costs and Hepatitis C drug costs were \$1.6M and represented 4.6% of the total drug costs.</p>		

Agenda / Presenter	Presentation	Discussion	Action
<p>- Financial Update (Cont.)</p>	<p>Mr. Webb again noted that it is a legislative requirement that both UTMB and Texas Tech report if they hold any monies in reserve for correctional managed health care.</p> <p>UTMB reports that they hold no such reserves and report a total operating shortfall of \$14,720,961 through the end of FY 2008. UTMB stated that with the current trends, they expect to have a \$10.5M shortfall for FY 2008 and this projection was used in forecasting budget numbers in the submitted LAR.</p> <p>Texas Tech reports that they hold no such reserves and report a total operating gain of \$39,296 through the end of FY 2008, however, TTUHSC forecasted a breakeven bottom line for FY 2008 which was used in the submitted and forecasted budgeted LAR numbers.</p> <p>A summary analysis of the ending balances revenue and payments through August 31, 2008 for all CMHCC accounts are included in this report on page 154 at Table 10. The summary indicates that the net unencumbered balance on all CMHCC accounts on August 31, 2007 was \$85,531.94. Mr. Webb noted that this amount has lapsed back to the State Treasury according to Rider 69 of Senate Bill 1 of the 79th Legislature and paid back in November 2008.</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. The testing of detail transactions performed on UTMB's financial information for July and August 2008 found most of the back-up documentation not recoverable due to the flooding at UTMB from Hurricane Ike. The remaining recoverable transactions selected which had documentation have not been sent due to office relocation issues.</p> <p>Mr. Webb further reported that the testing of detail transaction performed at TTUHSC's financial information for July and August, 2008 found no discrepancies and all transactions selected had appropriate documentation sent for verification.</p> <p>Mr. Webb concluded by stating that he would be happy to entertain any questions.</p>		

Agenda / Presenter	Presentation	Discussion	Action
<p>- Financial Update (Cont.)</p>	<p>Dr. Griffin asked if there were any comments or questions. Hearing none, thanked Mr. Webb for the report.</p>		
<p>XV. Public Comment - James Griffin, M.D.</p>	<p>Dr. Griffin stated that the next agenda is where the Committee at each regular meeting provides an opportunity to receive public comments. Dr. Griffin noted that there were no such request at this time.</p>		
<p>XVI. Date / Location of Next Meeting - James Griffin, M.D.</p>	<p>Dr. Griffin then noted that the next CMHCC meeting is scheduled for 9:00 a.m. on March 27, 2009 to be held at the Dallas Love Field Main Terminal Multi-Purpose Conference Room unless otherwise noted.</p>		
<p>XVI. Adjournment</p>	<p>Dr. Griffin asked if there were any other comments, hearing none, adjourned the meeting.</p>		

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

Date:

ATTACHMENT 1



Resolution of Appreciation

Linda M. Cooper, RN, MSN

WHEREAS, Linda M. Cooper, RN, MSN, began her career with the Texas Department of Criminal Justice on April 20 of 1987 and has been actively involved in leadership roles within the Health Services Department; and

WHEREAS, Mrs. Cooper excelled academically having attained an Associate Degree in Nursing from Cardinal Strich University, Milwaukee, Wisconsin, Bachelor of Science Degree in Nursing, and a Masters Degree of Science Degree in Nursing from Regis University in Denver, Colorado; and

WHEREAS, Mrs. Cooper had worked for more than 21 years in a variety of progressively responsible clinical and administrative positions in the health care field; and

WHEREAS, Mrs. Cooper has served as Nurse Manager of Clinical Contract Monitoring and Director of Clinical Services. In that capacity, she supervised all aspects of the Quality Improvement and Contract Monitoring Services. She was also responsible for the oversight of the auditing and monitoring offender patient healthcare provided by the University of Texas Medical Branch and Texas Tech University Health Sciences Center, and held various nursing positions to include State Coordinator of Infectious Diseases; and

WHEREAS, Mrs. Cooper has served on a variety of workgroups and standing committees including the Joint Nursing Committee, Policy and Procedures Committee, Joint Mortality and Morbidity Committee, Pharmacy and Therapeutics Committee, and the System Leadership Committee; to name a few; and

WHEREAS, the Texas Correctional Health Care Program has greatly benefited from her demonstrated leadership, clinical expertise, and dedication both on a professional and personal basis; and

WHEREAS, the Correctional Managed Health Care Committee, its staff and its partner agencies wish to gratefully acknowledge the many contributions and distinguished professional career of Mrs. Cooper and she will be greatly missed by her peers, colleagues and friends.

THEREFORE BE IT RESOLVED, that the Committee adopt this resolution as an expression of our sincere appreciation for her outstanding service to the Texas Correctional Health Care Program and present to her family a framed copy of this resolution.

Adopted this 9th day of December in the Year 2008, by the
Correctional Managed Health Care Committee

James D. Griffin, M.D.
Chairman, CMHCC

Allen R. Hightower
Executive Director, CMHC

ATTACHMENT 2

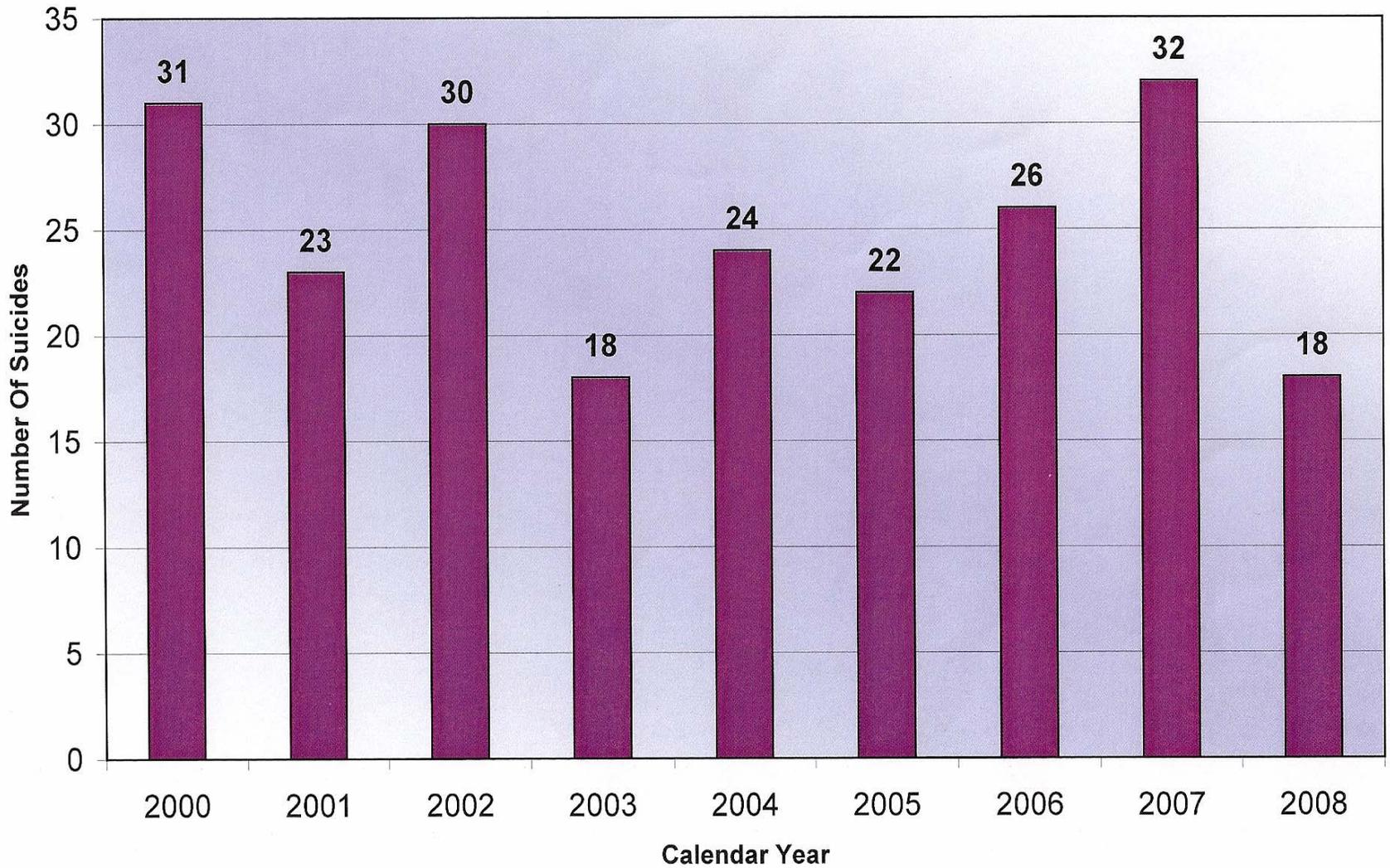
Joseph V Penn, MD CCHP
Director, Mental Health Services UTMB CMC

Dana Butler, MD
Director, Mental Health Services, Texas Tech Health Sciences Center CMC

Mental Health Update: Suicide Prevention Efforts, Planning, and New Recommendations

1. TOCJ suicide statistics 2000 - 2008 -
 - 32 completed suicides in 2007
 - 18 completed suicides in 2008 (as of 12/05/08)
2. Risk factors for suicide attempts/completed suicide
3. Components of an effective correctional suicide prevention program (NCCHC Prison Health Standards 2009 Handout)
4. UTMB/TOCJ/Texas Tech Suicide Retreats
 - Buffalo Ranch, TX, April 8 & 9, 2008 and Rusk, TX, July 30 & 31, 2008
 - Acknowledgments/recognition: Dr. Linthicum and Mr. Quarterman
 - Bed crunch: Lack of inpatient psychiatric beds (Jester IV and Skyview)
 - Revisions to policies and procedures (inpatient versus outpatient TDCJ units)
5. Joint Mental Health Committee UTMB/Texas Tech/TOCJ
6. Recommendations for approval/approval of funding for independent consultant(s) or team of consultants

Suicides 2000-2008 *



*As of 12/5/08

SUICIDE PREVENTION PROGRAM

Standard

The facility identifies suicidal inmates and intervenes appropriately.

Compliance Indicators

1. A suicide prevention program includes the following outcomes:
 - a. facility staff identify suicidal inmates and immediately initiate precautions,
 - b. suicidal inmates are evaluated promptly by the designated health professional who directs the intervention and assures follow-up as needed,
 - c. actively suicidal inmates are placed on constant observation, and
 - d. *potential/* *suicidal* inmates are monitored on an irregular schedule with no more than 15 minutes between checks. If, however, the potentially suicidal inmate is placed in isolation, constant observation is required.
2. Key components of a suicide prevention program include the following:
 - a. training,
 - b. identification,
 - c. referral,
 - d. evaluation,
 - e. treatment,
 - f. housing and monitoring.
 - g. communication.
 - h. intervention.
 - i. notification.
 - J. review and
 - k. debriefing.
3. The use of other inmates in any way (e.g. companions, suicide-prevention aides) is not a substitute for staff supervision.

4. Treatment plans addressing suicidal ideation and its reoccurrence are developed, and patient follow-up occurs as clinically indicated.
5. The responsible health authority approves the facility's suicide prevention plan; training curriculum for staff, including development of intake screening for suicide potential and referral protocols; and training for staff conducting the suicide screening at intake.
6. All aspects of the standard are addressed by written policy and defined procedures.

Definition

Potentially suicidal inmates are not actively suicidal but express suicidal ideation and/or have a recent history of self-destructive behavior. They should be observed at staggered intervals not to exceed every 15 minutes (e.g., 5,10,7 minutes).

Discussion

This standard is intended to ensure that suicides are prevented if at all possible. When suicides do occur, appropriate corrective action is identified and implemented to prevent future suicides. While inmates may become suicidal at any point during their stay, high-risk periods include immediately upon admission; following new legal problems (e.g., new charges, additional sentences, institutional proceedings, denial of parole); after the receipt of bad news regarding self or family (e.g., serious illness, the loss of a loved one); after suffering humiliation (e.g., sexual assault) or rejection; or pending release after a long period of incarceration. Inmates in specialized single-cell housing are also at increased risk of suicide. In addition, inmates in the early stages of recovery from severe depression may be at risk. Recent research points out that adolescent suicides in correctional settings have different high-risk periods compared to adults.

Key components of a suicide prevention program include the following:

1. **Training.** All staff members who work with inmates are trained to recognize verbal and behavioral cues that indicate potential suicide and how to respond appropriately. Initial and at least biennial training are provided, although annual training is highly recommended.
2. **Identification.** The receiving screening form contains observation and interview items related to potential suicide risk. If a staff member identifies someone who is potentially suicidal, the inmate is placed on suicide precautions and is referred immediately to mental health staff.
3. **Referral.** There are procedures for referring potentially suicidal inmates and those who have attempted suicide to mental health care clinicians or facilities. The procedures specify a time frame for response to the referral.
4. **Evaluation.** An evaluation, conducted by a qualified mental health professional, determines the level of suicide risk, level of supervision needed, and

need for transfer to an inpatient mental health facility or program. Patients are reassessed regularly to identify any change in condition indicating a need for a change in supervision level or required transfer or commitment. The evaluation includes procedures for periodic follow-up assessment after the individual's discharge from suicide precautions.

5. Treatment. Strategies and services to address the underlying reasons (e.g., depression, auditory commands) for the inmate's suicide ideation are to be considered. The strategies include treatment needs when the patient is at heightened risk to suicide as well as follow-up treatment interventions and monitoring strategies to reduce the likelihood of relapse.
6. Housing. Unless constant supervision is maintained, a suicidal inmate is not isolated but is housed in the general population, mental health unit, or medical infirmary, and located in close proximity to staff. All cells or rooms housing suicidal inmates are as suicide-resistant as possible (e.g., without protrusions of any kind that would enable hanging).
7. Monitoring. There are procedures for monitoring an inmate identified as potentially suicidal. Regular, documented supervision is maintained, usually every 15 minutes or more frequently if necessary. Although several protocols exist for monitoring suicidal inmates, when an actively suicidal inmate is housed alone in a room, supervision through continuous monitoring by staff should be maintained. Other supervision aids (e.g., closed circuit television, inmate companions or watchers) can be used as a supplement to, but never as a substitute for, staff monitoring.
8. Communication. Procedures for communication between mental health care, health care, and correctional personnel regarding inmate status are in place to provide clear and current information. These procedures include communication between transferring authorities (e.g., county facility, medical/psychiatric facility) and facility correctional personnel.
9. Intervention. There are procedures addressing how to handle a suicide attempt in progress, including appropriate first-aid measures.
10. Notification. Procedures state when correctional administrators, outside authorities, and family members are notified of potential, attempted, or completed suicides.
11. Reporting. Procedures for documenting the identification and monitoring of potential or attempted suicides are detailed, as are procedures for reporting a completed suicide.
12. Review. There are procedures for mental health, medical, and administrative review if a suicide or a serious suicide attempt (as defined by the suicide plan) occurs. See P-A-10 Procedure in the Event of an Inmate Death for details.
13. Debriefing. There are procedures for offering timely debriefing to all affected personnel and inmates. Debriefing is a process whereby individuals are given an opportunity to express their thoughts and feelings about an incident (e.g., suicide or attempt), develop an understanding of stress symptoms resulting from the incident, and develop ways to deal with those

symptoms. Debriefing can be done by an in-house response team or outside consultants prepared to handle these highly stressful situations. There are different approaches to the debriefing process, including some highly confrontational or "forced interventions" methods. Such methods are not intended under this standard.

A psychological autopsy for each suicide should be completed within 30 days of the event. The typical psychological autopsy is based on a detailed review of all file information on the inmate, a careful examination of the suicide site, and interview with staff, inmates, and family members familiar with the deceased. (See P-A-I 0 Procedure in the Event of an Inmate Death and Appendix C Guide to Developing and Revising Suicide Prevention Protocols.)

Optional Recommendations

Because suicide is a leading cause of death in correctional facilities nationwide, an active approach to the management of suicidal inmates is recommended. In facilities where 24-hour mental health staff coverage is not present, designated health and/or custody staff should be able to initiate suicide precautions until the mental health clinician on call can be contacted for further orders. On the other hand, only designated qualified mental health care professionals should be authorized to remove an inmate from suicide precautionary measures.

Where feasible, persons trained in debriefing procedures should be used. Practical guidelines on the debriefing process are available from organizations such as the International Critical Incident Stress Foundation.

ATTACHMENT 1

Rate of 100% Compliance with Standards by Operational Categories
 First Quarter, Fiscal Year 2009
 September, October, and November 2008

Unit	Operations/ Administration			General Medical/Nursing			CID			Dental			Mental Health			Fiscal		
	Items with 100% Compliance	<i>n</i>	<i>n</i>															
Daniel Facility	98%	52	53	20%	4	20	85%	28	33	85%	17	20	73%	8	11	100%	11	11
Dominguez Facility	96%	43	45	55%	11	20	71%	22	31	90%	18	20	64%	7	11	100%	10	10
Rudd Facility	96%	51	53	32%	7	22	78%	18	23	90%	18	20	60%	3	5	100%	11	11
Smith Facility	98%	52	53	30%	5	17	90%	28	31	90%	18	20	36%	4	11	100%	11	11
Smith High Security	N/A	N/A	N/A	16%	3	19	57%	8	14	75%	15	20	N/A	N/A	N/A	100%	11	11
Wallace Facility	100%	53	53	75%	15	20	94%	29	31	73%	16	22	100%	5	5	100%	11	11
Ware Facility	98%	52	53	70%	14	20	88%	22	25	95%	19	20	100%	5	5	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															
First Quarter, Fiscal Year 2009															
September, October, and November 2008															
Unit	Operations/ Administration			General Medical/Nursing			CID/TB			Dental			Mental Health		
		Items in Compliance	<i>n</i>		Items in Compliance	<i>n</i>			<i>n</i>		Items in Compliance	<i>n</i>		Items in Compliance	<i>n</i>
Daniel Facility	100%	11	11	74%	268	364	95%	76	80	89%	78	88	96%	96	100
Dominguez Facility	95%	129	136	85%	287	337	96%	82	85	86%	102	119	94%	124	132
Rudd Facility	15%	2	13	89%	244	274	97%	58	60	85%	83	98	96%	45	47
Smith Facility	100%	11	11	84%	299	358	83%	62	75	98%	108	110	85%	116	136
Smith High Security	N/A	N/A	N/A	73%	214	295	87%	13	15	72%	69	96	N/A	N/A	N/A
Wallace Facility	100%	13	13	95%	269	283	97%	58	60	85%	93	110	100%	50	50
Ware Facility	94%	16	17	92%	255	277	98%	93	95	98%	102	104	100%	50	50

n = number of records audited for each question.

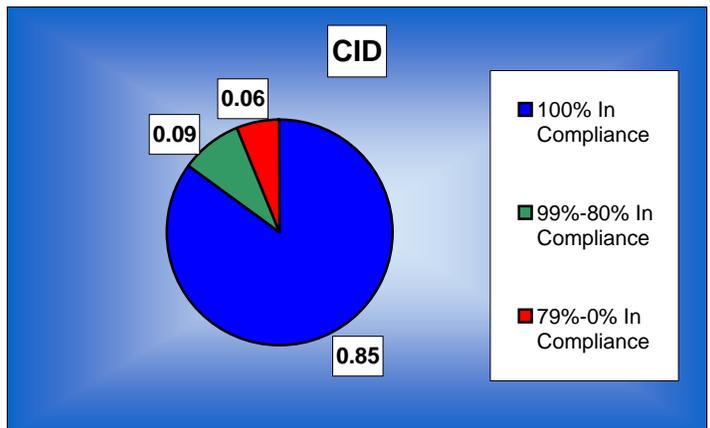
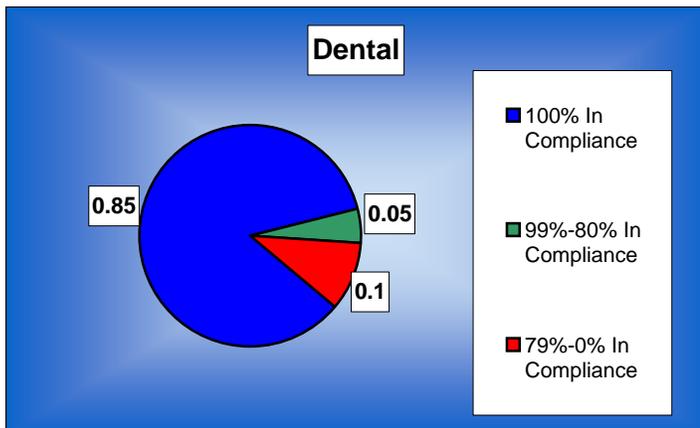
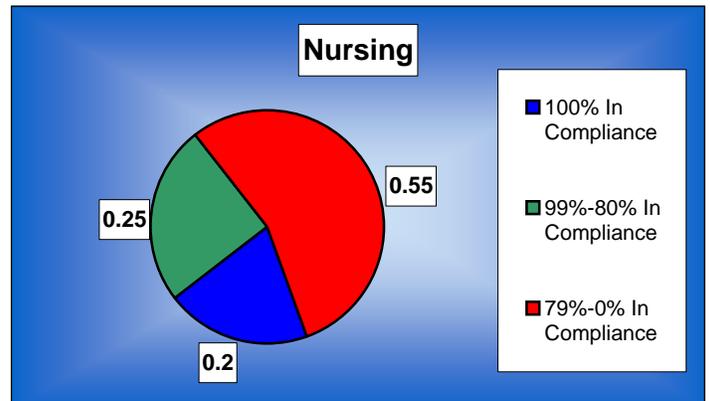
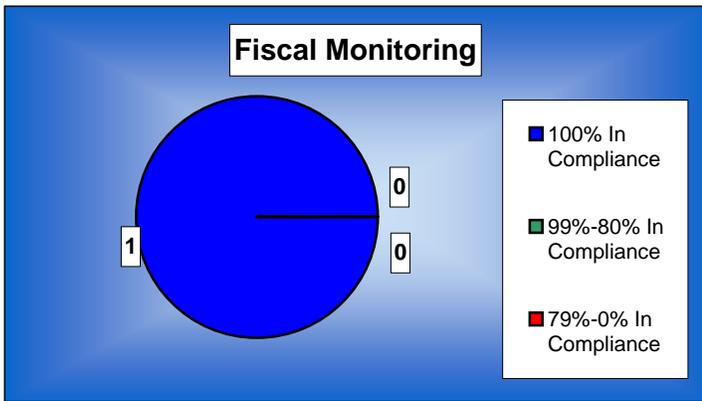
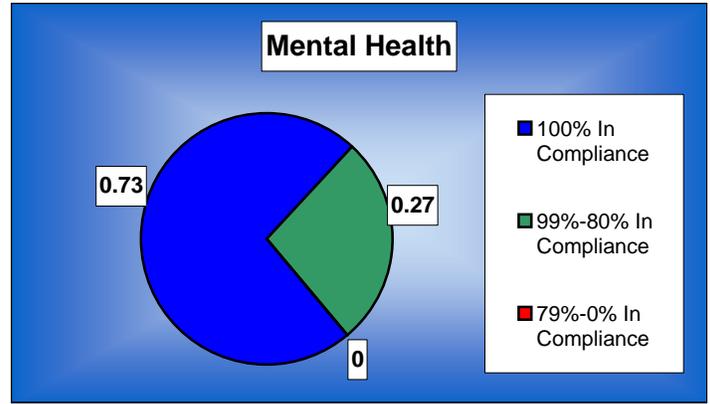
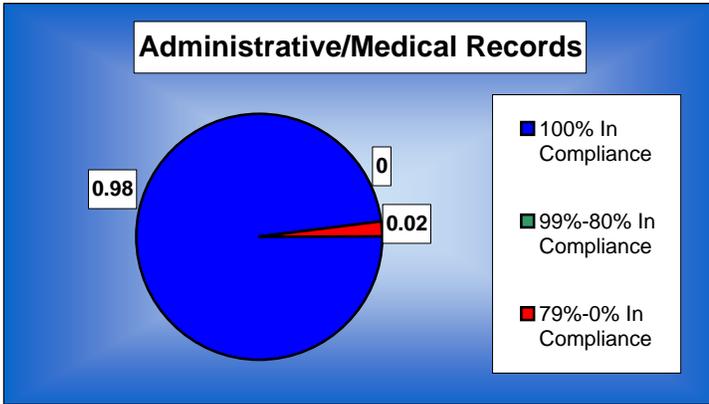
Note: Selected items requiring medical record review are reflected in this table.

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

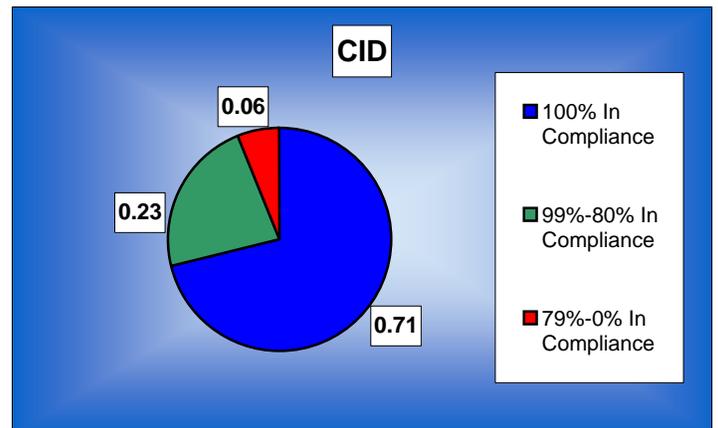
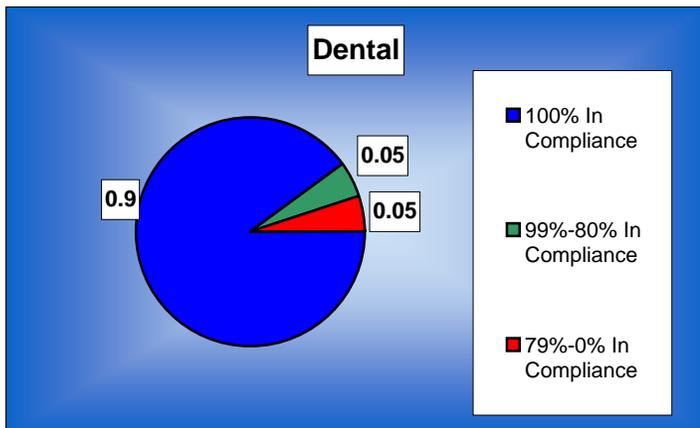
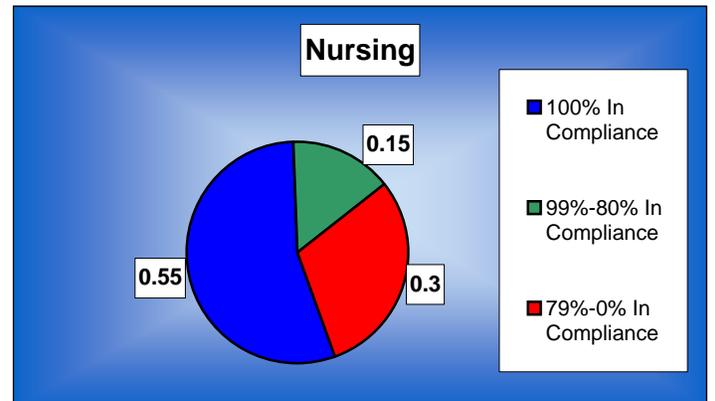
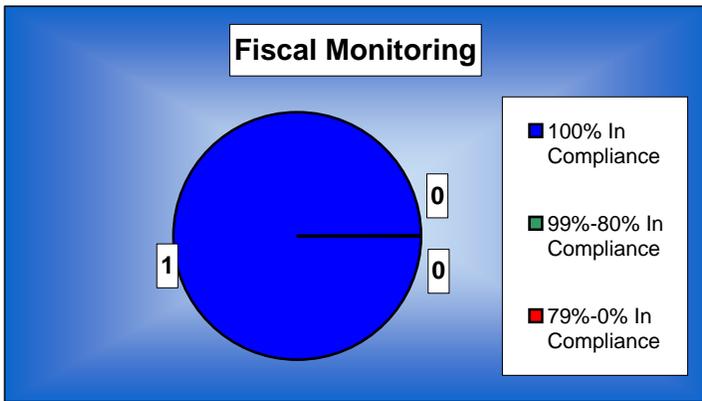
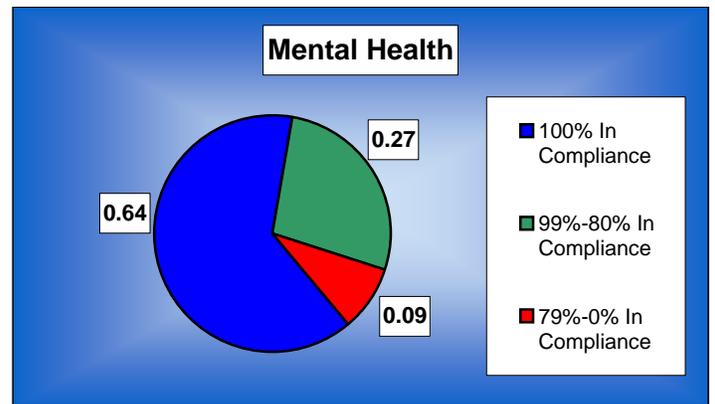
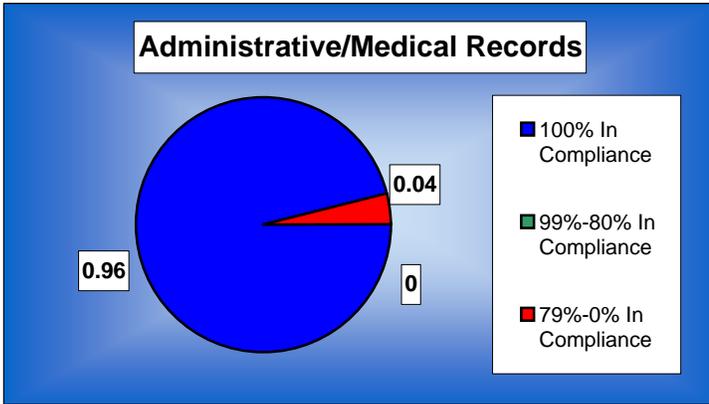
Average Percent Compliance Rate = $\frac{\text{Sum of medical records audited that were in compliance} \times 100}{\text{Number of records audited}}$

*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.

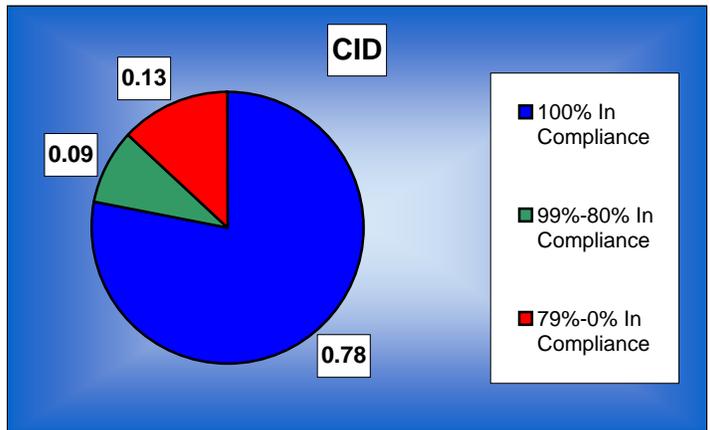
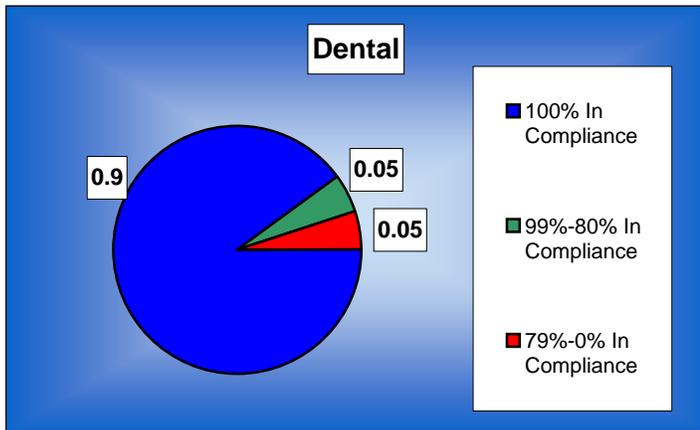
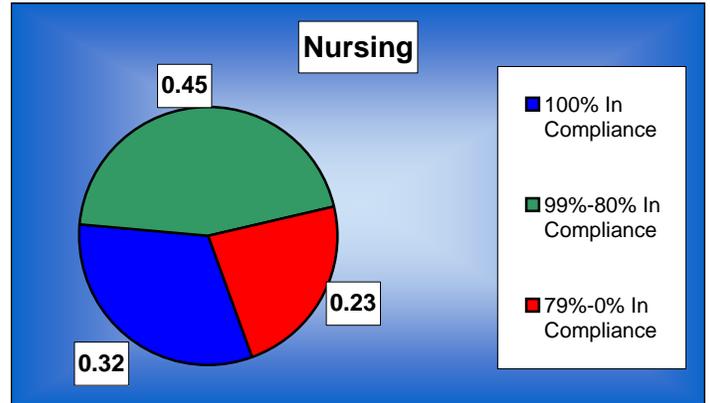
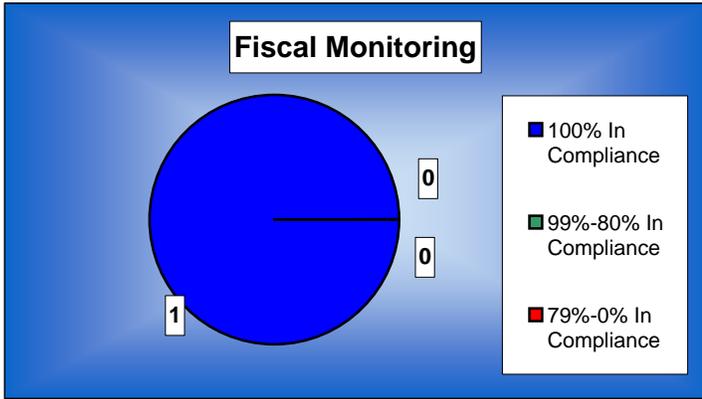
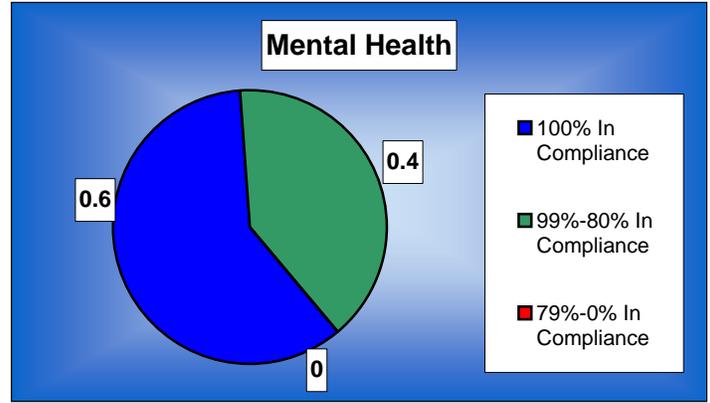
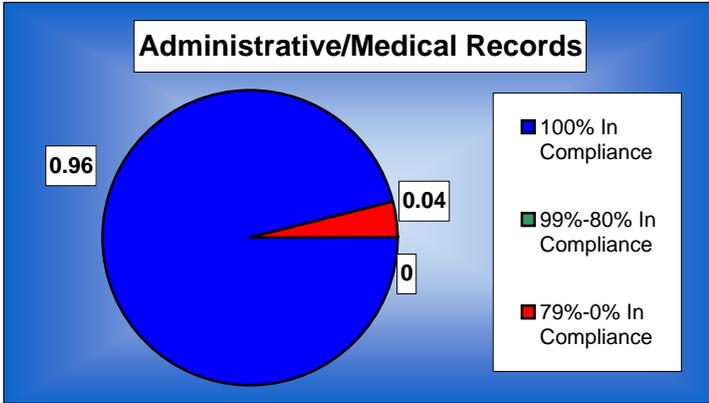
**Quarterly Reports for
Compliance Rate By Operational Categories
Daniel Facility
September 10, 2008**



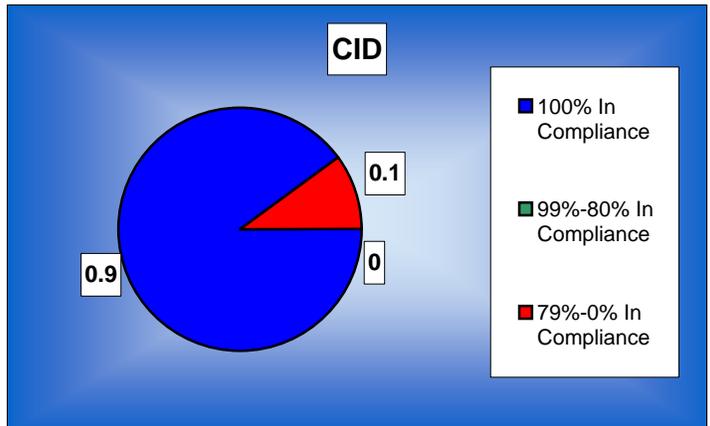
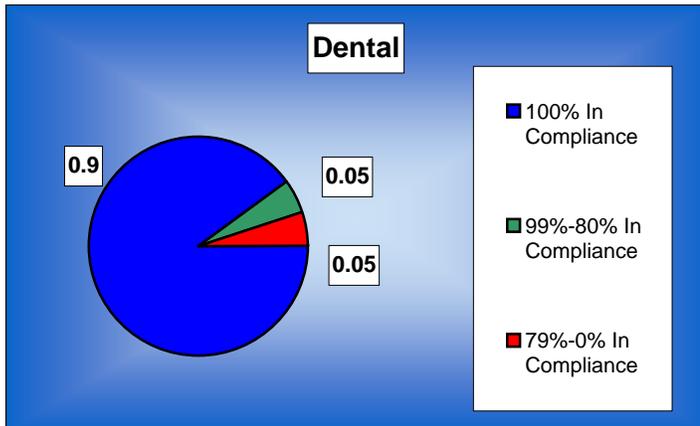
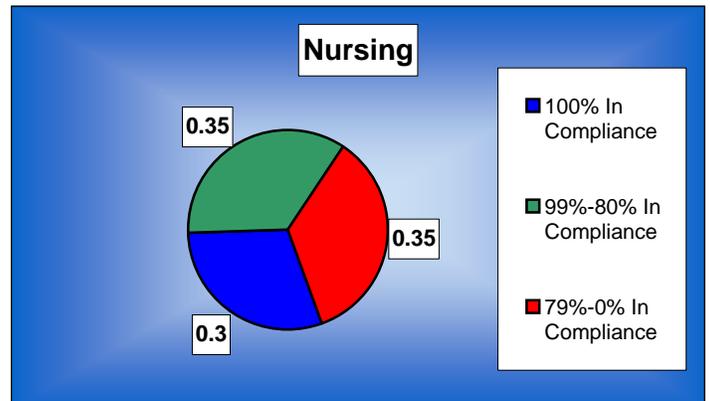
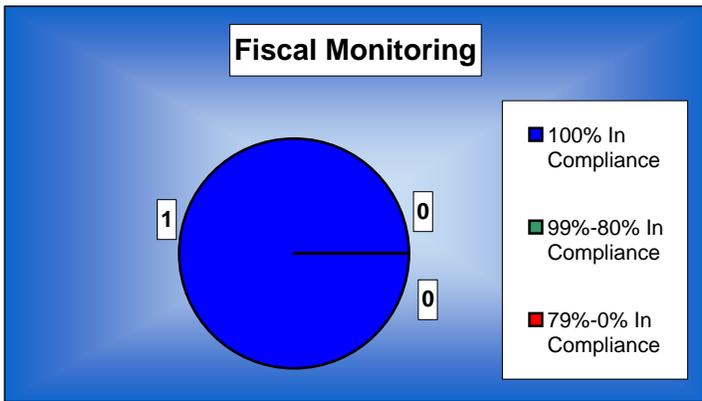
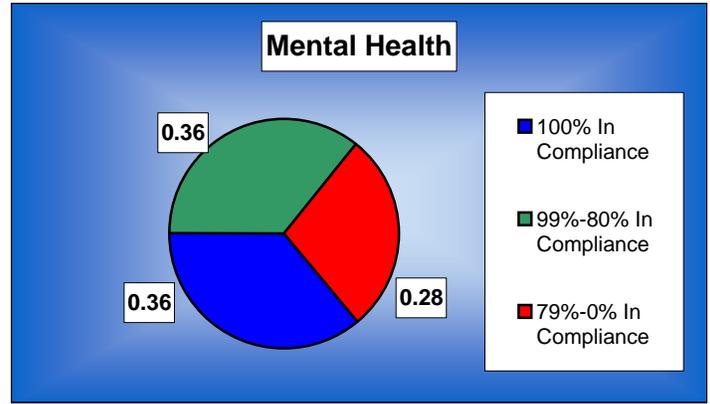
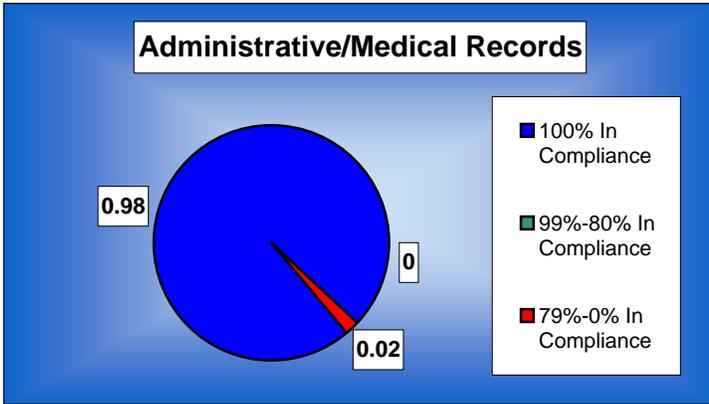
**Quarterly Reports for
Compliance Rate By Operational Categories
Dominguez Facility
October 8, 2008**



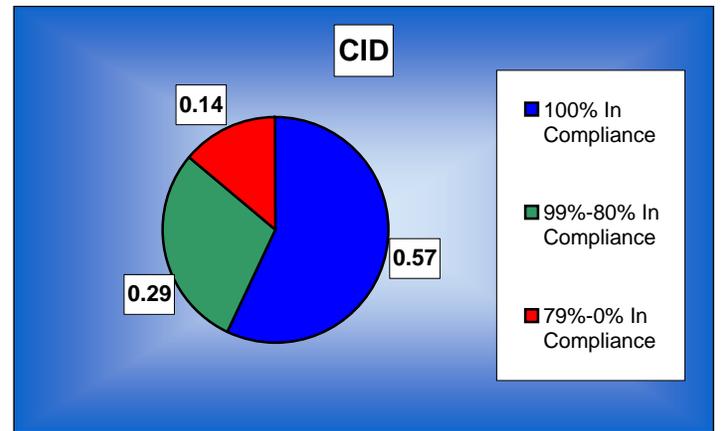
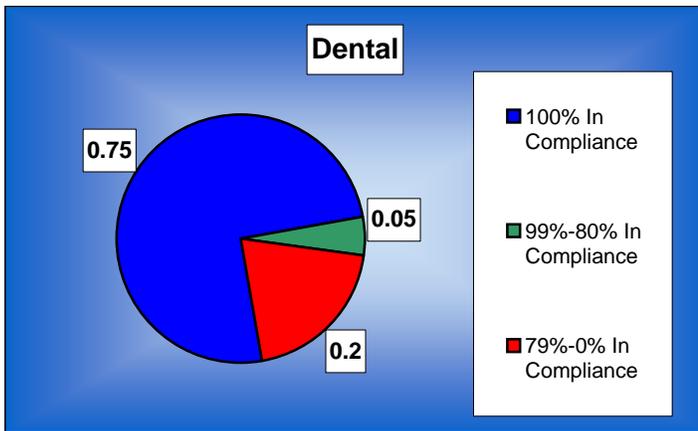
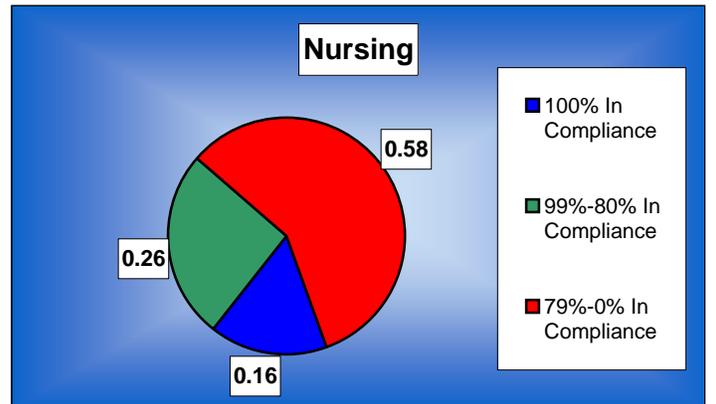
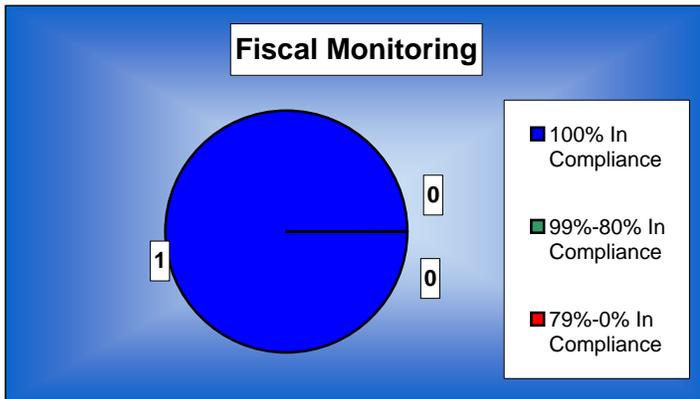
**Quarterly Reports for
Compliance Rate By Operational Categories
Rudd Facility
September 10, 2008**



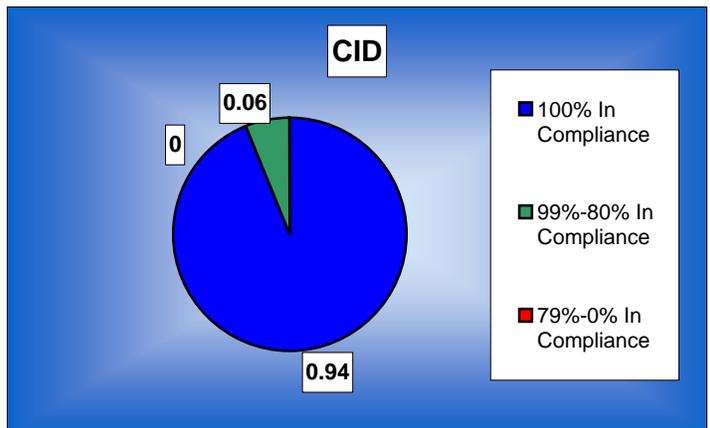
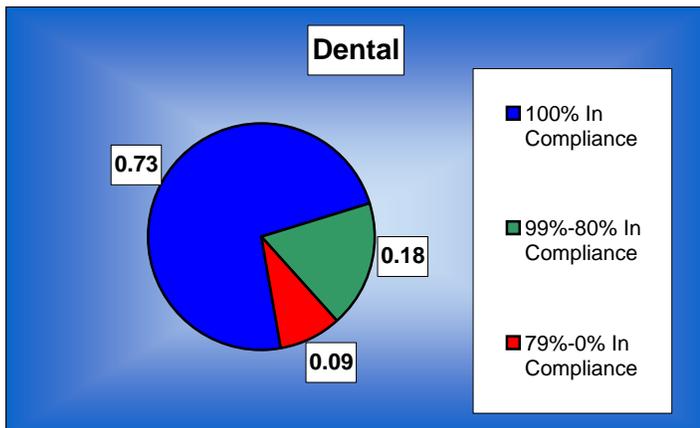
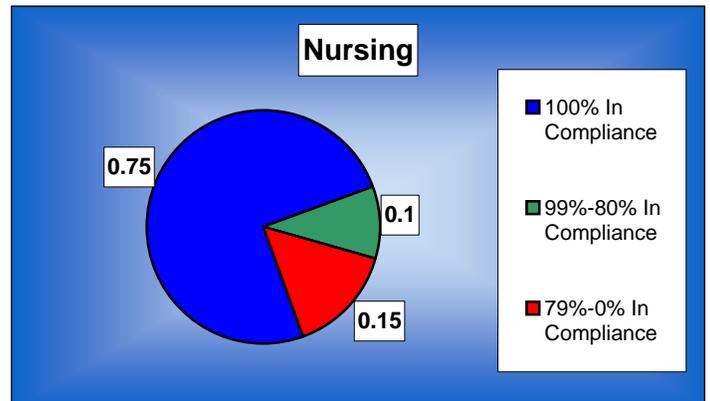
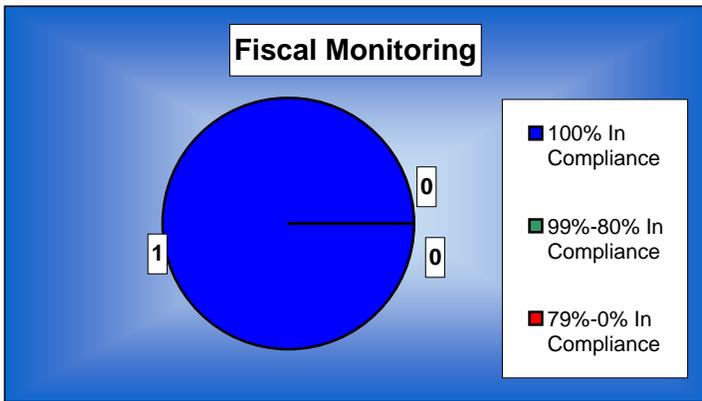
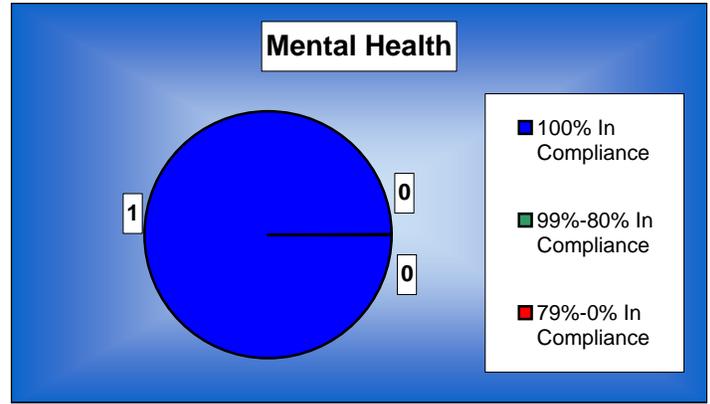
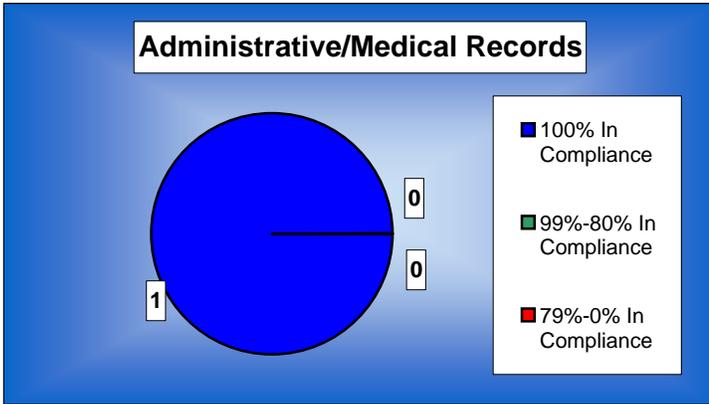
Quarterly Reports for Compliance Rate By Operational Categories Smith Facility September 9, 2009



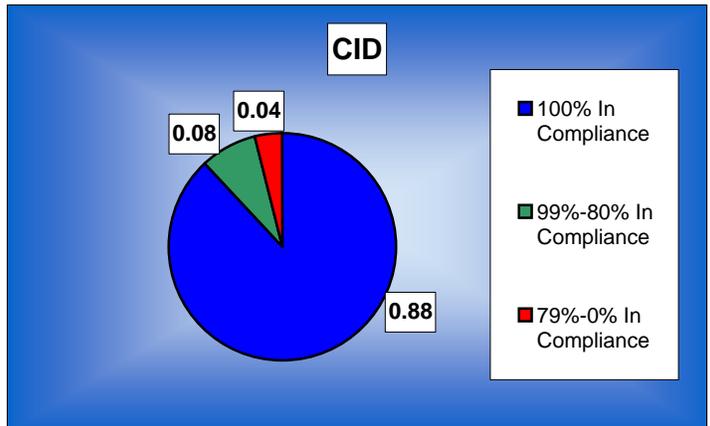
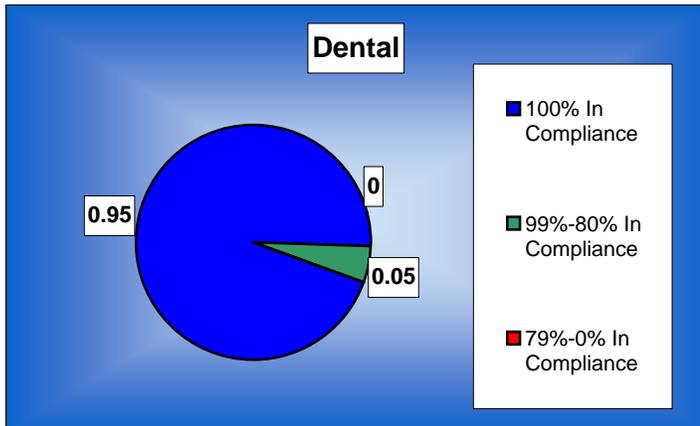
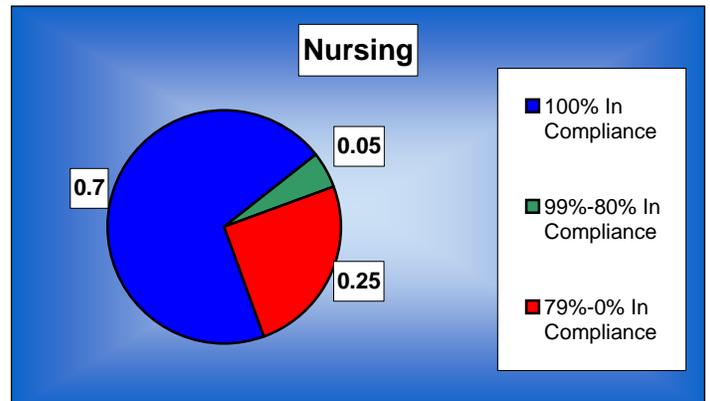
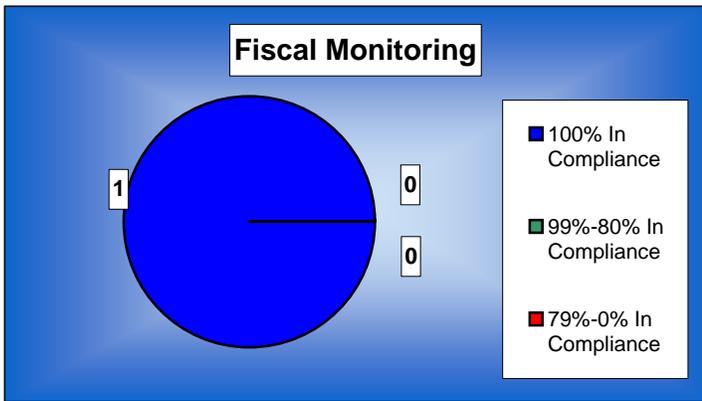
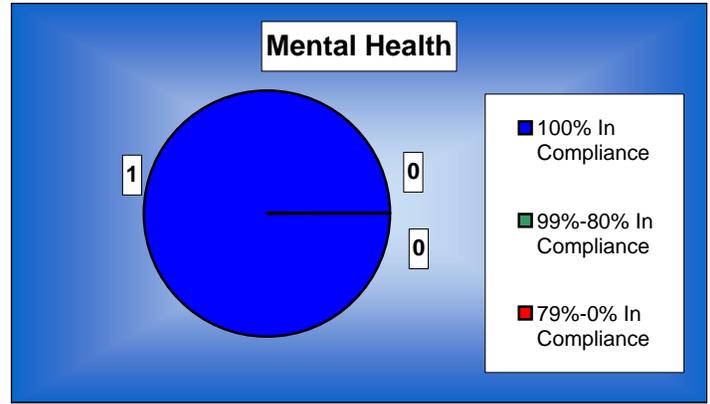
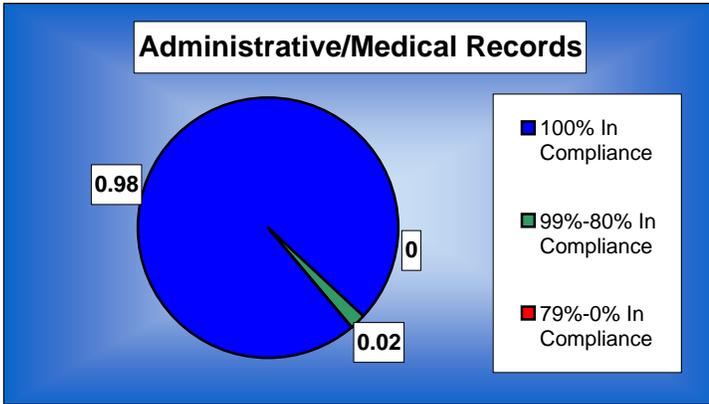
Quarterly Reports for
Compliance Rate By Operational Categories
Smith High Security Facility
September 9, 2008



**Quarterly Reports for
Compliance Rate By Operational Categories
Wallace Facility
October 8, 2008**



**Quarterly Reports for
Compliance Rate By Operational Categories
Ware Facility
October 8, 2008**



PATIENT LIAISON AND STEP II GRIEVANCE STATISTICS

QUALITY OF CARE/PERSONNEL REFERRALS AND ACTION REQUESTS

STEP II GRIEVANCE PROGRAM (GRV)									
FY2009	Total # of GRV Correspondence Received Each Month	Total # of Action Requests (Quality of Care, Personnel, and Process Issues)	% of Action Requests from Total # of GRV Correspondence	Total # of Action Requests Referred to UTMB-CMHC		Total # of Action Requests Referred to TTUHSC-CMHC		Total # of Action Requests Referred to PRIVATE FACILITIES	
					% of Total Action Requests Referred		% of Total Action Requests Referred		% of Total Action Requests Referred
September	496	40	8.06%	34	6.85%	5	1.01%	1	0.20%
October	535	54	10.09%	42	7.85%	12	2.24%	0	0.00%
November	376	48	12.77%	39	10.37%	8	2.13%	1	0.27%
Totals:	1,407	142	10.09%	115	8.17%	25	1.78%	2	0.14%

PATIENT LIAISON PROGRAM (PLP)									
FY2009	Total # of PLP Correspondence Received Each Month	Total # of Action Requests (Quality of Care, Personnel, and Process Issues)	% of Action Requests from Total # of PLP Correspondence	Total # of Action Requests Referred to UTMB-CMHC		Total # of Action Requests Referred to TTUHSC-CMHC		Total # of Action Requests Referred to PRIVATE FACILITIES	
					% of Total Action Requests Referred		% of Total Action Requests Referred		% of Total Action Requests Referred
September	438	37	8.45%	32	7.31%	5	1.14%	0	0.00%
October	504	49	9.72%	34	6.75%	13	2.58%	2	0.40%
November	395	58	14.68%	53	13.42%	0	0.00%	5	1.27%
Totals:	1,337	144	10.77%	119	8.90%	18	1.35%	7	0.52%
Grand Total	2,744	286							

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

Month: September 2008

Reports Received	This Month	Same Month Last Year	Year to Date	Last Year to Date
Chlamydia	1	5	30	40
Gonorrhea	0	5	19	28
Syphilis	56	56	561	492
Hepatitis A	0	0	0	0
Hepatitis B (acute cases)	0	1	7	12
Hepatitis C	182	355	3009	3184
HIV Screens (non-pre-release)	3987	5951	51235	55081
HIV Screens (pre-release)	2013	2227	30746	30414
HIV + pre-release tests	0	2	46	30
HIV Infections (total new)	59	36	541	432
AIDS	11	4	136	160
Methicillin-Resistant <i>Staph Aureus</i>	133	323	3259	4036
Methicillin-Sensitive <i>Staph Aureus</i>	56	106	1351	1322
Occupational Exposures (TDCJ Staff)	9	11	122	117
Occupational Exposures (Medical Staff)	5	5	56	38
HIV CPX Initiation	4	5	44	41
Tuberculosis skin tests – intake (#positive)	71	160	2284	2572
Tuberculosis skin tests – annual (#positive)	26	32	420	560
Tuberculosis cases				
(1) Diagnosed during intake and attributed to county of origin	1	0	6	4
(2) Entered TDCJ on TB medications	0	1	9	16
(3) Diagnosed during incarceration in TDCJ	0	2	19	11
TB cases under management	25	20		
Peer Education Programs	0	0	107	94
Peer Education Educators	0	0	866	702
Peer Education Participants	2673	2715	34299	29887
Sexual Assault In-Service (sessions/units)	4/1	3/3	16/14	36/31
Sexual Assault In-Service Participants	55	11	148	195
Alleged Assaults & Chart Reviews	57	42	460	456
BBE Labs (Offenders)	4	N/A	29	N/A

NOTE: Year to date data may not equal sum of monthly data because of late reporting.

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

Month: October 2008

Reports Received	This Month	Same Month Last Year	Year to Date	Last Year to Date
Chlamydia	2	9	31	49
Gonorrhea	2	3	21	31
Syphilis	85	66	643	558
Hepatitis A	0	0	0	0
Hepatitis B (acute cases)	1	3	8	15
Hepatitis C	197	346	3206	3530
HIV Screens (non-pre-release)	5824	5615	57059	59875
HIV Screens (pre-release)	2781	2828	33527	32228
HIV + pre-release tests	0	3	46	33
HIV Infections (total new)	33	20	541	511
AIDS	3	9	204	182
Methicillin-Resistant <i>Staph Aureus</i>	70	327	3344	4486
Methicillin-Sensitive <i>Staph Aureus</i>	29	106	1385	1482
Occupational Exposures (TDCJ Staff)	9	5	131	122
Occupational Exposures (Medical Staff)	2	4	62	42
HIV CPX Initiation	0	4	44	45
Tuberculosis skin tests – intake (#positive)	56	123	2535	2821
Tuberculosis skin tests – annual (#positive)	171	32	491	606
Tuberculosis cases				
(1) Diagnosed during intake and attributed to county of origin	0	0	6	4
(2) Entered TDCJ on TB medications	1	1	10	17
(3) Diagnosed during incarceration in TDCJ	5	1	24	12
TB cases under management	23	18		
Peer Education Programs	0	1	107	95
Peer Education Educators	0	14	792	716
Peer Education Participants	2418	4083	38261	35249
Sexual Assault In-Service (sessions/units)	11/9	6/5	27/23	42/36
Sexual Assault In-Service Participants	78	49	226	244
Alleged Assaults & Chart Reviews	64	51	524	507
BBE Labs (Offenders)	8	N/A	37	N/A

NOTE: Year to date data may not equal sum of monthly data because of late reporting.

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

Month: November 2008

Reports Received	This Month	Same Month Last Year	Year to Date	Last Year to Date
Chlamydia	1	5	32	54
Gonorrhea	3	2	24	33
Syphilis	60	49	704	607
Hepatitis A	0	0	0	0
Hepatitis B (acute cases)	0	0	8	15
Hepatitis C	217	483	3423	4012
HIV Screens (non-pre-release)	7447	5615	71695	65490
HIV Screens (pre-release)	3494	2828	37029	35341
HIV + pre-release tests	6	11	52	44
HIV Infections (total new)	40	63	580	515
AIDS	1	15	210	197
Methicillin-Resistant <i>Staph Aureus</i>	124	268	3618	4869
Methicillin-Sensitive <i>Staph Aureus</i>	79	79	1541	1628
Occupational Exposures (TDCJ Staff)	7	9	147	123
Occupational Exposures(Medical Staff)	7	5	71	55
HIV CPX Initiation	2	7	49	56
Tuberculosis skin tests – intake (#positive)	349	84	3126	2999
Tuberculosis skin tests – annual (#positive)	59	33	557	654
Tuberculosis cases				
(1) Diagnosed during intake and attributed to county of origin	1	0	7	4
(2) Entered TDCJ on TB medications	1	2	11	19
(3) Diagnosed during incarceration in TDCJ	0	2	24	14
TB cases under management	22	18		
Peer Education Programs	0	0	108	95
Peer Education Educators	0	0	942	716
Peer Education Participants	3151	2745	42397	38503
Sexual Assault In-Service (sessions/units)	4/2	3/3	31/25	45/39
Sexual Assault In-Service Participants	14	26	240	270
Alleged Assaults & Chart Reviews	43	44	567	551
BBE Labs (Offenders)	0	N/A	37	N/A

NOTE: Year to date data may not equal sum of monthly data because of late reporting.

**Office of Health Services Liaison Utilization Review Audit
Hospital and Inpatient Facilities Audited with Deficiencies Noted
First Quarter Report 2009**

Hospital	University	Audits Performed*	Deficiencies Noted	Comments (See Key)
Angleton-Danbury	UTMB	2	2	A=1; E=1
Ben Taub	UTMB	2	4	A=1; C=1; E=2
Christus Spohn	UTMB	2	1	E=1
Cogdell Memorial	TTUHSC	1	1	E=1
Conroe Regional	UTMB	11	22	A=9; C=6; E=7
East Texas Medical Center	UTMB	8	10	A=3; C=1; E=6
Electra Medical Center	TTUHSC	1	2	A=1; E=1
Hendrick Memorial	TTUHSC	2	2	E=2
Hillcrest Baptist	UTMB	8	11	A=4; B=1; C=1 E=5
Huntsville Memorial	UTMB	3	5	A=1; B=1; C=1; E=2
LBJ/Houston	UTMB	3	3	D=1; E=2
McAllen Medical Center	UTMB	3	4	A=1; E=3
Medical Center College Station	UTMB	1	1	E=1
Memorial Hermann Beaumont	UTMB	7	13	A=5; C=2; E=6
Memorial Hermann Sugarland	UTMB	1	3	A=1; C=1; E=1
Methodist/Houston	UTMB	6	10	A=4; C=2; E=6
Mitchell County	TTUHSC	1	1	E=1
Northwest Texas	TTUHSC	5	5	E=5
Palestine Regional	UTMB	7	12	A=4; C=2; E=6
Parkland Hospital	UTMB	2	1	E=1
Red River Hospital	UTMB	1	1	C=1
Scott & White	UTMB	2	3	A=1; E=2
St. Joseph/Bryan	UTMB	3	3	E=3
Trinity Mother Frances	UTMB	2	4	A=1; C=1; E=2
United Regional/11 th St.	TTUHSC	1	1	E=1
University Medical Center	TTUHSC	2	6	A=2; C=2; E=2
UT San Antonio	UTMB	1	0	
UT Tyler	UTMB	7	12	A=3; C=3; E=6

Inpatient Facility	University	Audits Performed*	Deficiencies Noted	Comments (See Key)
Allred	TTUHSC			
Beto	UTMB	4	4	A=2; C=1; E=1
Clements	TTUHSC	4	6	A=3; B=1; C=1; E=1
Connally	UTMB	4	1	A=1
Estelle	UTMB	2	0	
Hughes	UTMB	1	0	
Jester 3	UTMB	1	0	
Montford	TTUHSC	22	43	A=16; C=9; E=18
Polunsky	UTMB	1	2	A=1; C=1
Robertson	TTUHSC	5	8	A=4; C=2; E=2
Stiles	UTMB	1	0	
Telford	UTMB			
CT Terrell	UTMB	2	0	
Carole Young	UTMB	2	4	A=3; E=1

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

Audit Key

A	On the day of discharge, were vital signs within normal limits for the patient's condition? <i>*All the deficiencies listed as "A" were due to no vital signs being recorded on the day of discharge.</i>
B	Were the level of medical services available at the receiving facility sufficient to meet the offender's current needs?
C	Was the medical record reviewed by qualified health care staff and referred to an appropriate medical provider (if applicable) on the day of arrival at the unit?
D	Did the patient require unscheduled medical care related to the admitting diagnosis within the first seven days after discharge?
E	Was the discharge summary available in the offender's electronic medical record (including results of diagnostic tests, discharge planning, medication recommendations and/or treatments, etc.) within 24 hours of arriving at the unit?

**FIXED ASSETS CONTRACT MONITORING AUDIT
BY UNIT
FIRST QUARTER, FISCAL YEAR 2009**

September	Numbered Property On Inventory Report	Total Number of Deletions	Total Number of Transfers	Total Number of New Equipment
Daniel	27	0	0	0
Smith	21	0	0	0
Smith H.S.	30	0	0	0
Rudd	20	0	0	0

October	Numbered Property On Inventory Report	Total Number of Deletions	Total Number of Transfers	Total Number of New Equipment
Wallace	26	0	0	0
Ware	25	0	0	0
Dominguez	51	0	0	0

**CAPITAL ASSETS AUDIT
FIRST QUARTER, FISCAL YEAR 2009**

Audit Tools	September	October	Total
Total number of units audited	4	3	7
Total numbered property	98	102	200
Total number out of compliance	0	0	0
Total % out of compliance	0.00%	0.00%	0.00%

**AMERICAN CORRECTIONAL ASSOCIATION
ACCREDITATION STATUS REPORT
First Quarter FY-2009**

University of Texas Medical Branch

Unit	Audit Date	% Compliance	
		Mandatory	Non-Mandatory
Mountain View	October 2008	100%	98.6
LeBlanc	October 2008	100%	97.9
Lopez/Segovia	October 2008	100%	98.8
Luther	November 2008	100 %	97.2
Young	November 2008	100%	98.6

Texas Tech University Health Science Center

Unit	Audit Date	% Compliance	
		Mandatory	Non-Mandatory

**Executive Services
Active Monthly Research Projects – Medical
Health Services Division**

FY 09 / 1st Quarterly Report : September – November 2008

Project Number: 408-RM03

Researcher:

Ned Snyder

IRB Number:

02-377

IRB Expires:

June 30, 2009

Research Began:

June 3, 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:

January 17, 2009

Projected Completion Date:

July 31, 2008

Units: Hospital Galveston

Project Number: 433-RM04

Researcher:

Ned Snyder

IRB Number:

03-357

IRB Expires:

June 30, 2009

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:

February 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:

Data Analysis

Progress Report Due:

January 23, 2009

Projected Completion Date:

September 1, 2007

Contact with participants is completed.

Study activities involve only data

Analysis or report writing.

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

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)

Research Began:

January 17, 2006

Title of Research:

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

Data Collection Began:

January 17, 2006

Proponent:

University of Texas Medical Branch at Galveston

Data Collection End:

November 30, 2007

Project Status:

Data Analysis / Data Collection

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.

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

03/04/08: Received e-mail from Dr. O'Brien, he is no longer with UTMB. 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 Dr. O'Brien and Dr. White requesting Final Report as required by Research Agreement.

04/22/08: E-mail from Dr. White, there are no results. The industry sponsor has chosen not to support this research project.

11/30/08 Project closed; No activity

Progress Report Due:

July 18, 2007

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.

(see Project Status)

Projected Completion Date:

November 31, 2008

Units: Hospital Galveston

Project Number: 490-RM06

Researcher:

Sharon Melville

IRB Number:

Exempt

IRB Expires:

IRB Exempt

Research Began:

March 1, 2006

Title of Research:

Medical Monitoring Project (MMP)

Data Collection Began:

August 11, 2006

Proponent:

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

Data Collection End:

April 30, 2010

Project Status:

Data Collection

Progress Report Due:

October 22, 2008

Projected Completion Date:

April 30, 2010

Units: System-wide

Project Number: 499-RM06

Researcher:

Albert D. Wells

IRB Number:

06-307

IRB Expires:

September 2, 2009

Research Began:

April 4, 2007

Title of Research:

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

Data Collection Began:

May 1, 2007

Proponent:

University of Texas Medical Branch, Galveston

Data Collection End:

June 7, 2007

Project Status:

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. Executive Services has not received the 2 required copies.

Progress Report Due:

September 30, 2008

Projected Completion Date:

August 31, 2008

Units: Data Analysis

Project Number: 503-RM06

Researcher:

William O'Brien

Transferred to Dr. White

IRB Number:

06-189

IRB Expires:

April 30, 2008

(see Project Status)

Research Began:

August 2, 2006

Title of Research:

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

Data Collection Began:

October 26, 2006

Proponent:

University of Texas Medical Branch at Galveston

Data Collection End:

October 31, 2008

Project Status:

Data Collection

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

04/21/08: E-mail from Dr. White, no subjects were enrolled at our site and the trial still has patients on it at other sites so no results are available.

07/08/08: E-mail to Dr. White requesting new IRB and updated Progress Report.

Progress Report Due:

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.

(see Project Status)

Projected Completion Date:

To be determined by trial sponsor

Units: 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:

February 7, 2009

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:

June 30, 2009

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:

06/18/08: Dissertation mailed to Dr. Kelley for review.

6/26/08; Manuscript review complete.

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

*07/08/08: E-mail to
Dedra Hicks
requesting new IRB.*

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:**January 17, 2009****Projected Completion Date:**

July 31, 2008

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

Michael Davis

IRB Number:

07-007

IRB Expires:

February 16, 2008

(see Project Status)

Research Began:

DNA

Title of Research:

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

Data Collection Began:

DNA

Proponent:

University of Texas Medical Branch

Data Collection End:

DNA

Project Status:

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

Progress Report Due:

N/A

Projected Completion Date:

DNA

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 signed Research Agreement from Dr. Davis.

07/08/08: IRB has expired and still have not received signed 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:

April 13, 2007

Title of Research:

Psychiatric Barriers to Outpatient Care in Released HHIV-Infected Offenders

Data Collection Began:

April 13, 2007

Proponent:

University of Texas Medical Branch

Data Collection End:

To be determined

Project Status:**Manuscript Review Received 9/29/08****Progress Report Due:**

N/A

Projected Completion Date:

October 2, 2008

Units: Data Collection

Project Number: 544-MR07

Researcher:

Dr. Roger Soloway

IRB Number:

07-171

IRB Expires:

June 30, 2008

Research Began:

March 19, 2008

Title of Research:

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

Data Collection Begin:

March 19, 2008

Proponent:

University of Texas Medical Branch at Galveston

Data Collection End:

To Be Determined

Project Status:

07/08/08: E-mail to Dedra Hicks requesting new IRB and updated Progress Report.

Progress Report Due:

May 30, 2008

Projected Completion Date:

To Be Determined

Units: UTMB

Project Number: 549-RML07

Researcher:

Dr. Jacques Baillargeon

IRB Number:

07-318

IRB Expires:

September 30, 2008

Research Begin:

January 31, 2008

Title of Research:

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

Data Collection Begin:

January 31, 2008

Proponent:

University of Texas Medical Branch, Galveston

Data Collection End:

To Be Determined

Project Status:

Data Collection

Progress Report Due:

July 1, 2009

Projected Completion Date:

To Be Determined

Units: Data Collection

**Executive Services
Pending Research Projects – Medical
Health Services Division**

FY '09 First Quarterly Report: September – November 2008

Project Number: 568-RM08

Researcher:

Julito Uy

IRB Number:

24-Nov-08

IRB Expires:

June 30, 2009

Research Began:

September 9, 2008

Title of Research:

A prevalence Study on Obesity and Associated Morbidity among male
Offenders in a Texas State Correctional Facility

Data Collection Began:

Proponent:

Texas Tech University

Data Collection End:

Project Status:

Pending Letter of Advisement

Progress Report Due:

May 19, 2009

Projected Completion Date:

Units:

**TDCJ HEALTH SERVICES
ADMINISTRATIVE SEGREGATION MENTAL HEALTH AUDITS
FIRST QUARTER FY 2009**

UNIT	DATE(S)	ATC 4 & 5	ATC 6	REF'D	REQ. FWD	OFFENDERS		STAFF
						SEEN	INTERVIEWED	INTERVIEWED
	(Audit dates)	(48-72 Hrs)	(14 Days)	(Referred for evaluation)	(Requests Forwarded)	Total	MHS Caseload/Non-caseload	MHS/Security
CONNALLY	9/3&4/08	100%	100%	0	10	488	95/159	4/6
ROBERTSON	9/9&10/8	92%	60%	1	8	481	86/153	6/6
CLEMENTS (ECB)	9/17&9/18/08	100%	100%	3	12	444	211/115	5/6
McCONNELL	9/24&25/08	100%	100%	0	7	485	71/151	4/6
WYNNE	10/7/08	92%	100%	0	6	319	32/101	3/6
COFFIELD	10/14&30/08	100%	N/A	1	7	587	67/197	5/6
MOUNTAIN. VIEW	10/27/2008	100%	N/A	0	2	26	8/18	3/4
LEWIS (ECB)	11/5&6/2008	100%	100%	2	9	436	69/190	1/6
POLUNSKY	11/12&17/08	82%	100%	2	8	428	59/187	4/6
MURRAY	11/18/08	100%	100%	0	3	119	7/35	3/4
HUGHES	11/24&12/2/08	100%	100%	0	15	491	76/284	2/6
TOTAL		1,066	860900	9	87	4,304	781/1,590	37/61.9
AVERAGE		96.90%	95.56%	.82	7.91	391.3	71/144.6	3.36/5.64



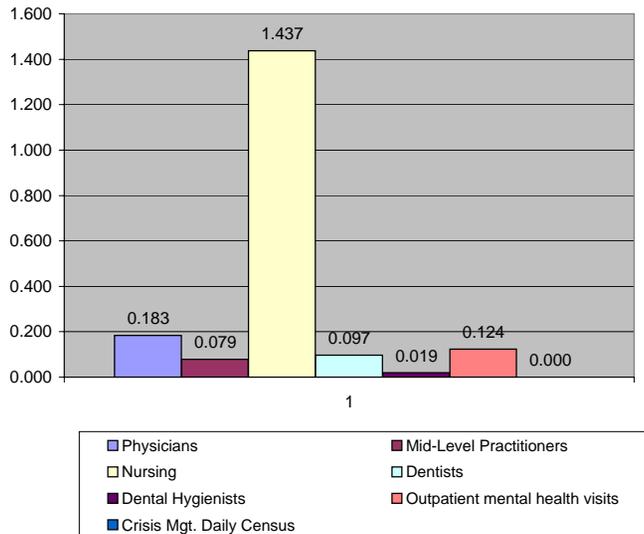
**Correctional Health Care
MEDICAL DIRECTOR'S REPORT**

**FIRST QUARTER
FY 2009**

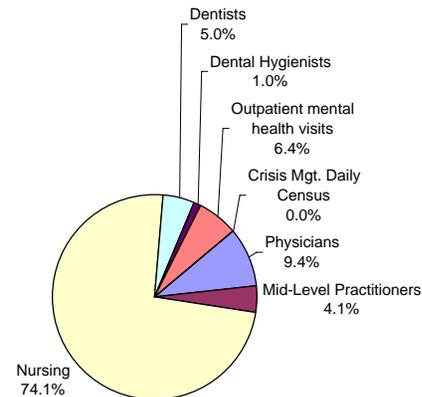
Medical Director's Report:

<i>Average Population</i>	September		October		November		Qtly Average	
	119,973		120,078		120,299		120,117	
	Number	Rate Per Offender	Number	Rate Per Offender	Number	Rate Per Offender	Number	Rate Per Offender
Medical encounters								
Physicians	19,155	0.160	25,651	0.214	21,204	0.176	22,003	0.183
Mid-Level Practitioners	7,860	0.066	10,484	0.087	10,007	0.083	9,450	0.079
Nursing	145,821	1.215	187,928	1.565	184,225	1.531	172,658	1.437
Sub-total	172,836	1.441	224,063	1.866	215,436	1.791	204,112	1.699
Dental encounters								
Dentists	11,845	0.099	11,714	0.098	11,383	0.095	11,647	0.097
Dental Hygienists	2,208	0.018	2,312	0.019	2,304	0.019	2,275	0.019
Sub-total	14,053	0.117	14,026	0.117	13,687	0.114	13,922	0.116
Mental health encounters								
Outpatient mental health visits	13,919	0.116	16,222	0.135	14,456	0.120	14,866	0.124
Crisis Mgt. Daily Census	64	0.001	60	0.000	54	0.000	59	0.000
Sub-total	13,983	0.117	16,282	0.136	14,510	0.121	14,925	0.124
Total encounters	200,872	1.674	254,371	2.118	243,633	2.025	232,959	1.939

Encounters as Rate Per Offender Per Month



Encounters by Type



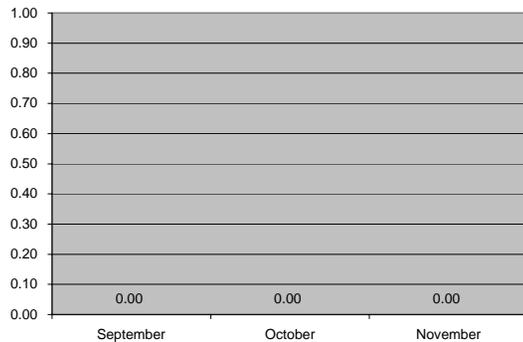
Medical Director's Report (Page 2):

	September	October	November	Qtly Average
Medical Inpatient Facilities				
Average Daily Census	*	*	*	#VALUE!
Number of Admissions	*	*	*	#VALUE!
Average Length of Stay	*	*	*	#VALUE!
Number of Clinic Visits	*	*	*	#VALUE!
Mental Health Inpatient Facilities				
Average Daily Census	1,541.76	1,013.93	1,013.90	1,189.86
PAMIO/MROP Census	690.23	691.48	701.90	694.54
Specialty Referrals Completed	*	*	*	#VALUE!
Telemedicine Consults	*	*	*	#VALUE!

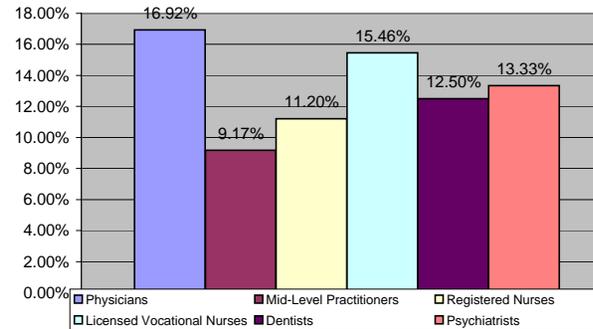
* Information Not Available Due to Hurricane Ike

Health Care Staffing	Average This Quarter			Percent Vacant
	Filled	Vacant	Total	
Physicians	54.00	11.00	65.00	16.92%
Mid-Level Practitioners	109.00	11.00	120.00	9.17%
Registered Nurses	428.00	54.00	482.00	11.20%
Licensed Vocational Nurses	514.00	94.00	608.00	15.46%
Dentists	56.00	8.00	64.00	12.50%
Psychiatrists	13.00	2.00	15.00	13.33%

Average Length of Stay



Staffing Vacancy Rates



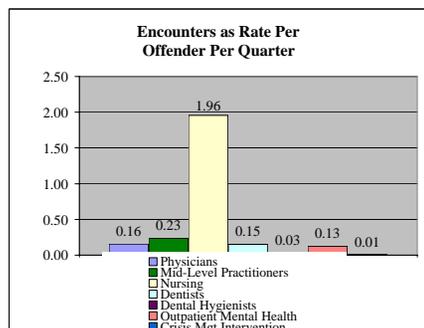


**Correctional Managed Health Care
MEDICAL DIRECTOR'S REPORT**

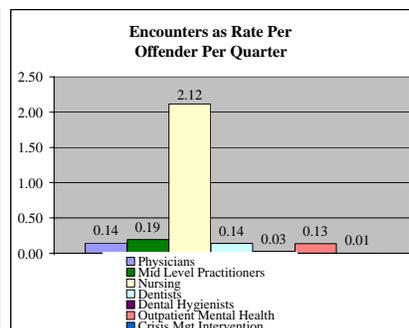
**FIRST QUARTER
FY 2009**

Medical Director's Report:

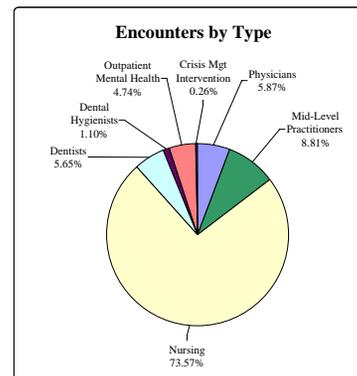
	September		October		November		Quarterly Average	
Average Population	30,590.02		30,644.31		30,695.07		30,643.13	
Medical Encounters	Number	Rate Per Offender	Number	Rate Per Offender	Number	Rate Per Offender	Number	Rate Per Offender
Physicians	4,471	0.146	4,879	0.159	3,730	0.122	4,360	0.142
Mid-Level Practitioners	5,488	0.179	6,063	0.198	6,240	0.203	5,930	0.194
Nursing	60,565	1.980	69,003	2.252	65,020	2.118	64,863	2.117
Sub-Total	70,524	2.305	79,945	2.609	74,990	2.443	75,153	2.453
Dental Encounters	Number	Rate Per Offender	Number	Rate Per Offender	Number	Rate Per Offender	Number	Rate Per Offender
Dentists	4,353	0.142	4,123	0.135	4,354	0.142	4,277	0.140
Dental Hygienists	819	0.027	796	0.026	892	0.029	836	0.027
Sub-Total	5,172	0.169	4,919	0.161	5,246	0.171	5,112	0.167
Mental Health Encounters	Number	Rate Per Offender	Number	Rate Per Offender	Number	Rate Per Offender	Number	Rate Per Offender
Outpatient Mental Health Visits	4,356	0.142	4,294	0.140	3,645	0.119	4,098	0.134
Crisis Mgt. Interventions	152	0.005	187	0.006	164	0.005	168	0.005
Sub-Total	4,508	0.147	4,481	0.146	3,809	0.124	4,266	0.139
Total Encounters	80,204	2.622	89,345	2.916	84,045	2.738	84,531	2.759



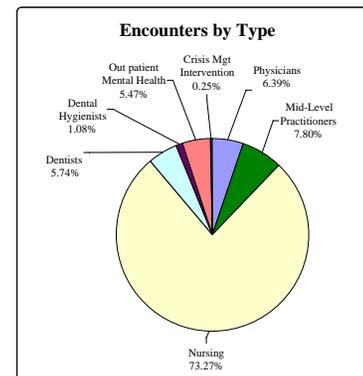
4th Quarter 2008



1st Quarter 2009



4th Quarter 2008

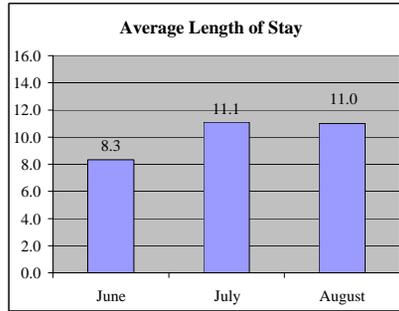


1st Quarter 2009

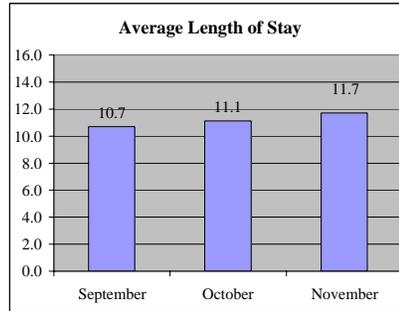
Medical Director's Report (page 2):

	September	October	November	Quarterly Average
Medical Inpatient Facilities				
Average Daily Census	113.2	111.81	109.8	111.60
Number of Admissions	223	265	191	226.33
Average Length of Stay	10.7	11.13	11.7	11.18
Number of Clinic Visits	612	729	610	650.33
Mental Health Inpatient Facilities				
Average Daily Census	529	516	504	516.33
PAMIO/MROP Census	412	414	403	409.67
Specialty Referrals Completed				
	891	972	835	899.33
Telemedicine Consults				
	377	425	391	397.67

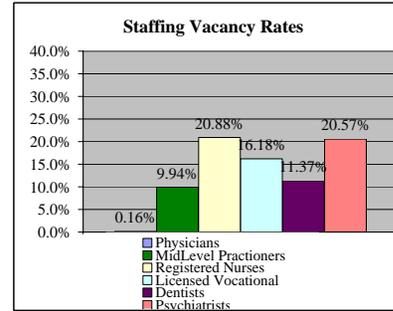
Health Care Staffing	Average This Quarter			Percent Vacant
	Filled	Vacant	Total	
Physicians	19.29	5.71	25	22.84%
Mid-Level Practitioners	27.91	2.94	30.85	9.53%
Registered Nurses	138.57	35.85	174.42	20.55%
Licensed Vocational Nurses	260.13	90.88	351.01	25.89%
Dentists	16.29	3.75	20.04	18.71%
Psychiatrists	8.31	2.33	10.64	21.90%



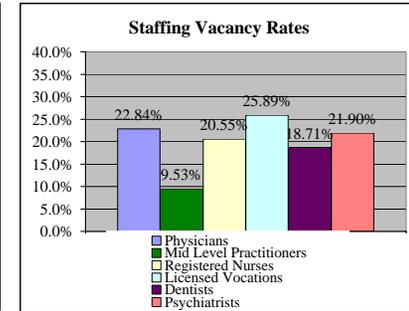
4th Quarter 2008



1st Quarter 2009



4th Quarter 2008



1st Quarter 2009

**Correctional Managed Health Care
Joint Committee/Work Group Activity Summary
for March 2009 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: February 12, 2009

Key Activities:

(1) Reviewed Statewide SLC Quality of Care Indicator data:

- Infection Control
- Mental Health PULHES
- Monitoring CD4 Viral Load Analysis

(2) Heard reports on Access to Care – Dental Services / Medical Staff / Mental Health Services / Nursing Services / OPS Data

(3) Heard an update on Correctional Managed Health Care Committee

(4) Reviewed Monthly Grievance Exception Reports.

(5) Discussed issues related to SAFE Prisons Program

(6) Heard an update on Nursing Work Group

(7) Subcommittee for New SLC Indicators

Joint Policy and Procedure Committee

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

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

Meeting Date: January 9, 2009

Key Activities:

- (1) Reviewed revisions to policy A-08.4 Offender Medical and Mental Health Classification
- (2) Approved revisions to policy A-11.1 Procedures in the Event of an Offender Death
- (3) Approved revisions to policy C-19.1 Continuing Education / Staff Development
- (4) Approved revisions to policy E-32.1 Receiving, Transfer and Continuity of Care Screening
- (5) Reviewed revisions to policy E-36.1 Dental Treatment Priorities
- (6) Approved revisions to policy E-37.1 Daily Triaging of Health Complains
- (7) Approved revisions to policy E-38.1 Sick Call
- (8) Approved revisions to policy #-40.1 Direct Medical Orders
- (9) Approved revisions to policy E-41.1 Emergency Services
- (10) Approved revisions to policy E-41.2 Emergency Response During Hours of Operations
- (11) Approved revisions to policy E-42.1 Offender Transport and Transfer
- (12) Approved revisions to policy E-42.3 Transportation of Infirmary and Assisted Living Patients
- (13) Approved revisions to policy E-43.1 Advanced Practice Nurse / Physician Assistant Protocols
- (14) Approved revisions to policy E-43.2 Drug Therapy by a Pharmacist
- (15) Approved revisions to policy E-44.1 Continuity of Care
- (16) Approved Minutes from October 9, 2008 Policy and Procedures Committee Meeting

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: March 12, 2009

A. Key Activities

- (1) Received and reviewed reports from the following P&T subcommittees:
 - HIV
 - Medication Errors
 - Psychiatry
 - Razor Blade Ingestion
 - Respiratory
 - Disease Management Guideline (DMG) Triage

- (2) Reviewed and discussed monthly reports as follows:
 - Pharmacy Clinical Activity Reports
 - Non-formulary Deferral Reports
 - TDCJ Quarterly Medication Errors
 - Drug Recalls – (January – February, 2009)
 - Utilization related reports on:
 - HIV Utilization
 - Hepatitis C Utilization
 - Hepatitis B Utilization

- (3) Discussion related to Category Review – Endocrinology Agents

- (4) Discussion on Digoxin Patient Education Sheet

- (5) Discussion on Formulary Addition Request
 - Barium Sulfate Contrast (Readi-Cat®) – CT Center
 - Chlordiazepoxide (Librium) 5 mg and 10 mg capsules

- (6) Discussion on Metoclopramide (Reglan®) Black Box Warning

- (7) Action Request (Old Business)
 - Revise the Bipolar Depression Disease Management Guidelines

- Conscious Sedation Protocol for Interventional Radiologist Use at Estelle
- Policy and Procedures Revision
 - Medication Administration By Nursing Personnel
 - Credential Requirements for Administration of Medication
 - Injectable Medication Administration During Lockdown
- Follow-up CGI Form Availability on EMR
- New Treatment Guidelines:
 - Anemia Management in Pre-Dialysis Patients
 - Alzheimer's, Parkinson's, Severe Pain

Action Requests (New Business)

- Request to Add Hepatitis A as Floor Stock
- Change to Prior Authorization Agent
 - Dantrolene (Dantrium®) for Spinal Cord Injury
 - Diazepam (Valium®) for Spinal Cord Injury
 - Body Lotion (Lubrisoft®) for Dermatologic Diagnosis

(9) Reviewed Policy and Procedures Revisions:

- P&P 15-40
- P&P 15-45
- P&P 20-05
- P&P 20-10
- P&P 20-15
- P&P 25-05
- P&P 25-10
- P&P 30-05

- P&P 30-10
- P&P 35-05
- P&P 40-03
- P&P 40-05
- P&P 40-10
- P&P 40-15
- P&P 50-05
- P&P 50-10

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: February 12, 2009

Key Activities:

(1) Discussion on Norovirus

(2) Discussion on Invasive Strep

(3) Reviewed the following policies:

- Policy B-14.10, Tuberculosis
- Policy B-14.11, HIV Pre Test Counseling
- Policy B-14.26, Foodborne Illness
- Policy B-14.19, Disease Reporting
- Policy B-14-31 through B-14.50

Joint Dental Work Group

Chair: Dr. Brian Tucker

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

Meeting Date: January 7, 2009

Key Activities:

- (1) Report from the Dental Utilization Quality Review Committee
- (2) Report from the TDCJ Health Services Director / Western Sector Dental Director / Eastern Sector Director
- (3) Report from the Dental Hygiene Manager

Review and discussions on the following:

- Peridontics
- Endodontics
- Prosthodontics

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: September , 2008 (review of 40 cases), October 2008 (review of 28 cases) and November, 2008 (review of 38 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: March 11, 2009

Key Activities:

- (1) Heard Safety Committee Report
- (2) Reviewed Infirmery Policy
- (3) Heard Report on Inpatient Psych
- (4) Reviewed revisions on the New Code Form
- (5) Discussion and review of Pharmacy Audit – Nursing Policy
- (6) Discussion and review of Pharmacy Quality Improvement Audit for Nursing



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: March 16, 2009

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:

Legislative Appropriations Requests

CMHCC staff continues to work with the partner agencies and the appropriate legislative offices on supporting the FY 2010-2011 Legislative Appropriations Request (LAR). As of this writing, the correctional managed health care appropriations request has been presented to both the full Senate Finance Committee and the full House Appropriations Committee. Additional presentations have been made to both the House Appropriations Subcommittee on Criminal Justice and the Senate Finance Workgroup on Criminal Justice.

The recommendations of the House Appropriations Subcommittee on Criminal Justice were presented and adopted by the full House Appropriations Committee. Under those recommendations \$116.9M was approved in Article 11. This includes all of Item 1 (\$56.8M adjustment to base); Item 2 (\$30.9M market adjustment); Item 3 (\$19.1M increased hospital and specialty cost); and Item 4 (\$5.7M for Hepatitis biopsy). Funding recommendations from the Senate Finance Committee were left pending at the full \$181.1M.

While no specific actions have yet been taken on the Supplemental Appropriations Request (estimated at \$38.9M), both the Senate Finance and House Appropriations Committee have been made aware of and have acknowledged the supplemental request. It is anticipated that the Supplemental Appropriation will be worked through the respective committees later in this session.

81st Legislative Session:

The 81st Legislature convened in mid-January. As with past legislative sessions, the CMHCC staff is tracking bills with potential impact on the correctional health care program and to date, more than 7000 bills have been filed. At this time, approximately 82 bills are being tracked and a listing of those bills are attached to this report for your reference.

If prior sessions are any indication, we will be tracking the progress of several hundred bills by the end of the session. Should you need information about the status of any bill being considered, please let us know and we will provide that information to you. In many cases, we will be providing written comments to various parties requesting them and will be coordinating those efforts with the respective partner agencies as well as coordinating the provision of resource testimony as may be needed.

ARH:tb



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Bill Tracking Index
03-17 -2009 - 15:33:35

Bill	Track	Pos	Caption	Assigned
HB 6	Priority--CMHCC Priority	(None)	Natural disaster damages	
HB 233	Watch-CMHCC	(None)	Health care translators	
HB 241	Of Interest	(None)	Retirement at teaching institutions	
HB 285	Monitor-CMHCC Interest	(None)	Cigarettes in prisons	
HB 320	Watch-CMHCC	(None)	Sexual exploitation and mental health	
HB 389	Of Interest	(None)	Physician credentialing	
HB 427	Monitor-CMHCC Interest	(None)	Delegation of authority to pharmacists	
HB 490	Monitor-CMHCC Interest	(None)	Indigent health care	
HB 591	Priority--CMHCC Priority	(None)	Employment protections for nurses	
HB 607	Of Interest	(None)	Physical therapist	
HB 686	Of Interest	(None)	Teacher Retirement benefits	
HB 689	Of Interest	(None)	State contribution to teacher retirement	
HB 696	Monitor-CMHCC Interest	(None)	Delegating prescribing acts	
HB 757	Watch-CMHCC	(None)	Public access to information	
HB 7§§	Of Interest	(None)	Four-day week for state employees	
HB 789	Watch-CMHCC	(None)	Criminal justice policy statement	
<u>HB 800</u>	Monitor-CMHCC Interest	(None)	Nurse prescriptive authority	
HB 930	Watch-CMHCC	(None)	Criminal justice policy statement	
HB 944	Priority--CMHCC Priority	(None)	In-prison geriatric communities	
HB 1107	Monitor-CMHCC Interest	(None)	Advanced practice registered nurses	
tiEL1t90	Watch-CMHCC	(None)	Prohibiting human cloning	
HB 1191	Of Interest	(None)	Teacher Retirement System	
<u>liB 1206</u>	Of Interest	(None)	Wireless communication while driving	
IjB 1233	Watch-CMHCC	(None)	Psychoactive meds for criminal defendants	
riB 1246	Watch-CMHCC	(None)	Government purchasing preference	
li-n05	Watch-CMHCC	(None)	Drawing blood and a search warrant	
HB 1362	Monitor-CMHCC Interest	(None)	Reporting of Staphylococcus	
ri_B 1510	Priority--CMHCC Priority	(None)	Sudden Infant Death Syndrom pamphlet	
<u>HB 1795</u>	Watch-CMHCC	(None)	Newborn Screening Advisory Committee	
HB 1868	Priority--CMHCC Priority	(None)	Condoms for inmates	
<u>HB 202~</u>	Watch-CMHCC	(None)	Authority of a psychologist	
<u>HB 2027</u>	Monitor-CMHCC Interest	(None)	Revised Uniform Anatomical Gift Act	
fjB <u>2248</u>	Monitor-CMHCC Interest	(None)	Emergency management plan	
<u>HB 2256</u>	Monitor-CMHCC interest	(None)	Physician, hospital, benefit plan contracts	
<u>HB 2288</u>	Monitor-CMHCC Interest	(None)	Government employee licenses	
HB 2381	Monitor-CMHCC Interest	(None)	Pharmacy prices for state agencies	

HB 2585 Monitor-CMHCC Interest (None) Advance directives
IJB 2599 Monitor-CMHCC Interest (None) Diagnostic imaging

Bill	Track	Pos Caption	Assigned
<u>HB262§</u>	Monitor-CMHCC Interest	(None) Unreported assault medical exam	
H- <u>2700</u>	Monitor-CMHCC Interest	(None) Monitoring controlled substances	
<u>HB 2709</u>	Monitor-CMHCC Interest	(None) Nurse prescriptive authority	
<u>HB 2718</u>	Monitor-CMHCC Interest	(None) Certified nurse aide registry	
<u>HB2719</u>	Priority--CMHCC Priority	(None) Nurse employment lawsuits	
<u>HB 2964</u>	Monitor-CMHCC Interest	(None) Health care and treatment decisions	
<u>HB 3123</u>	Priority--CMHCC Priority	(None) Inmates with certain illnesses	
<u>HB 33(J)</u>	Monitor-CMHCC Interest	(None) Fatality review and investigation information	
HE3)~--Q	Monitor-CMHCC Interest	(None) Treatment decisions	
HJ3:3 ⁸⁶ 9	Watch-CMHCC	(None) Texas Youth Commission	
SB-4	Watch-CMHCC	(None) Sexual exploitation and mental health	
SB 35	Of Interest	(None) Mortality review	
<u>SB 20f</u>	Watch-CMHCC	(None) Physicians in underserved areas	
-B <u>203</u>	Monitor-CMHCC Interest	(None) MRSA infection rates reporting	
SB 208	Of Interest	(None) Regulation of human cells	
<u>SB 312</u>	Monitor-CMHCC Interest	(None) Certification of medical examiners	
SB 425	Watch-CMHCC	(None) Conditions in confinement facilities	
SB 472	Priority--CMHCC Priority	(None) Employment protections for nurses	
SB 525	Watch-CMHCC	(None) Alien physicians	
SB 532	Monitor-CMHCC Interest	(None) Nurse prescriptive authority	
SB 536	Watch-CMHCC	(None) Regulation of dental hygiene	
SB 544	Of Interest	(None) Public smoking	
<u>SB 680</u>	Monitor-CMHCC Interest	(None) Delegating prescribing acts	
SB 704	Monitor-CMHCC Interest	(None) Pharmacy prices for state agencies	
SB71~	Watch-CMHCC	(None) HIV testing for defendants	
SB 737	Of Interest	(None) State budgeting transparency study	
SB 739	Of Interest	(None) Legislative Budget Board performance review	
S- <u>145</u>	Of Interest	(None) State travel policies	
SB 775	Monitor-CMHCC Interest	(None) Clinical lab science professionals	
SB <u>790</u>	Of Interest	(None) Clinical practice hours	
SB 791	Monitor-CMHCC Interest	(None) Certified nurse aide registry	
<u>SB§33</u>	Of Interest	(None) State employees on military leave	
<u>SB 863</u>	Of Interest	(None) Information technology	
-87Z	Of Interest	(None) HIVtesting	
SB 976	Priority--CMHCC Priority	(None) Condoms for inmates	
<u>SB 1000</u>	Priority--CMHCC Priority	(None) Practice of nursing	
S~11~	Of Interest	(None) Death penalty and mental retardation	
SB 111~	Monitor-CMHCC Interest	(None) Optometry	
	Watch-CMHCC	(None)	

SB 1171 Monitor-CMHCC Interest (None) Health-related information
Monitor-CMHCC Interest (None) Maintenance and service of medical devices
SB 1193 Monitor-CMHCC Interest (None) Person first respectful language
SB 1395 Of Interest (None) Tampering with forensic analysis records
~B1±i Of Interest (None) Pharmacy benefit manager contracts
~
~141§

Bill	Track	Pos	Caption	Assigned
	Total Entries:	82		
	Total Bills:	81		

- End of Index -

Correctional Managed Health Care Committee

Key Statistics Dashboard

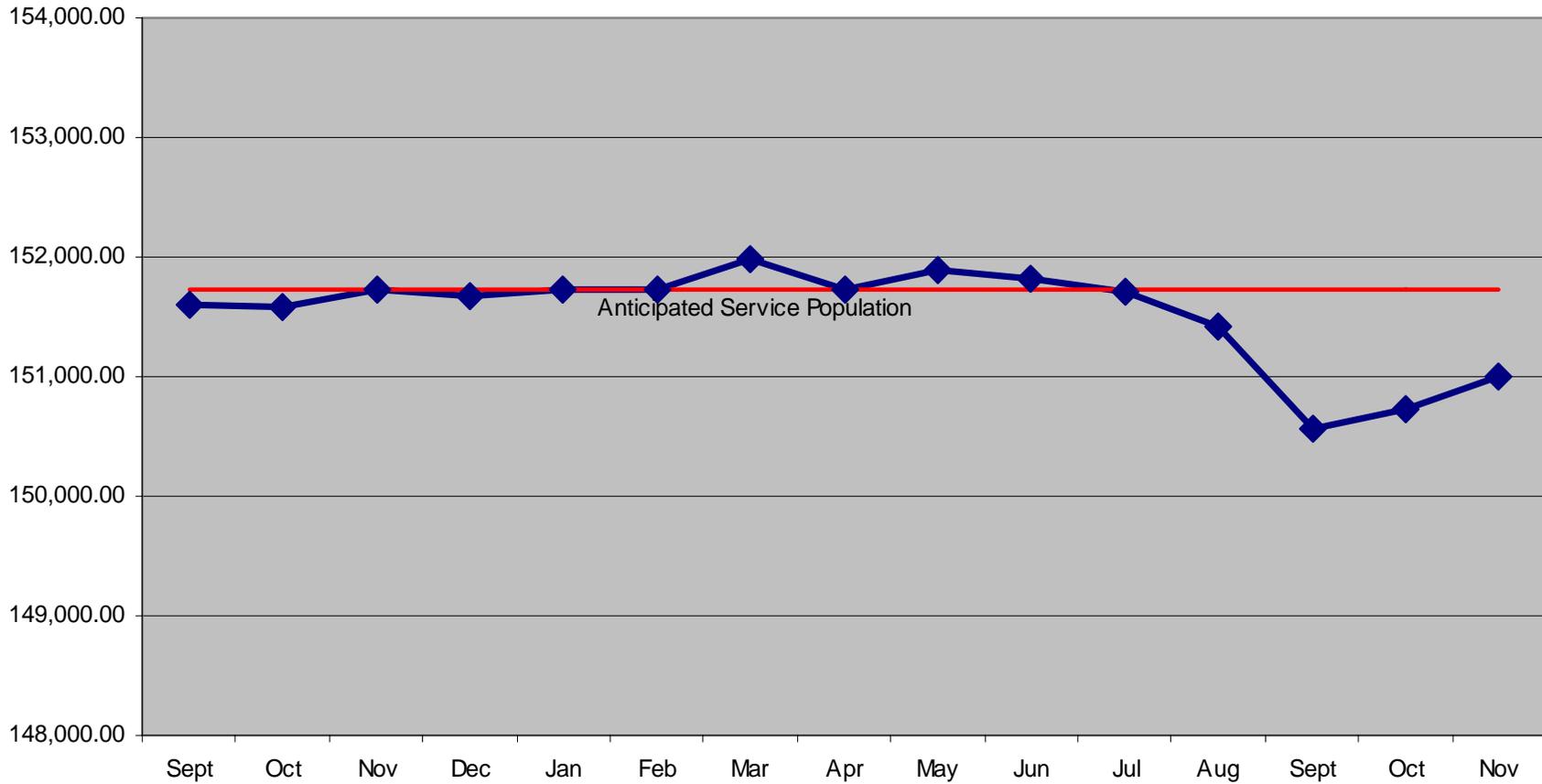
March 2009

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CMHC Service Population FY 2008-2009 to Date



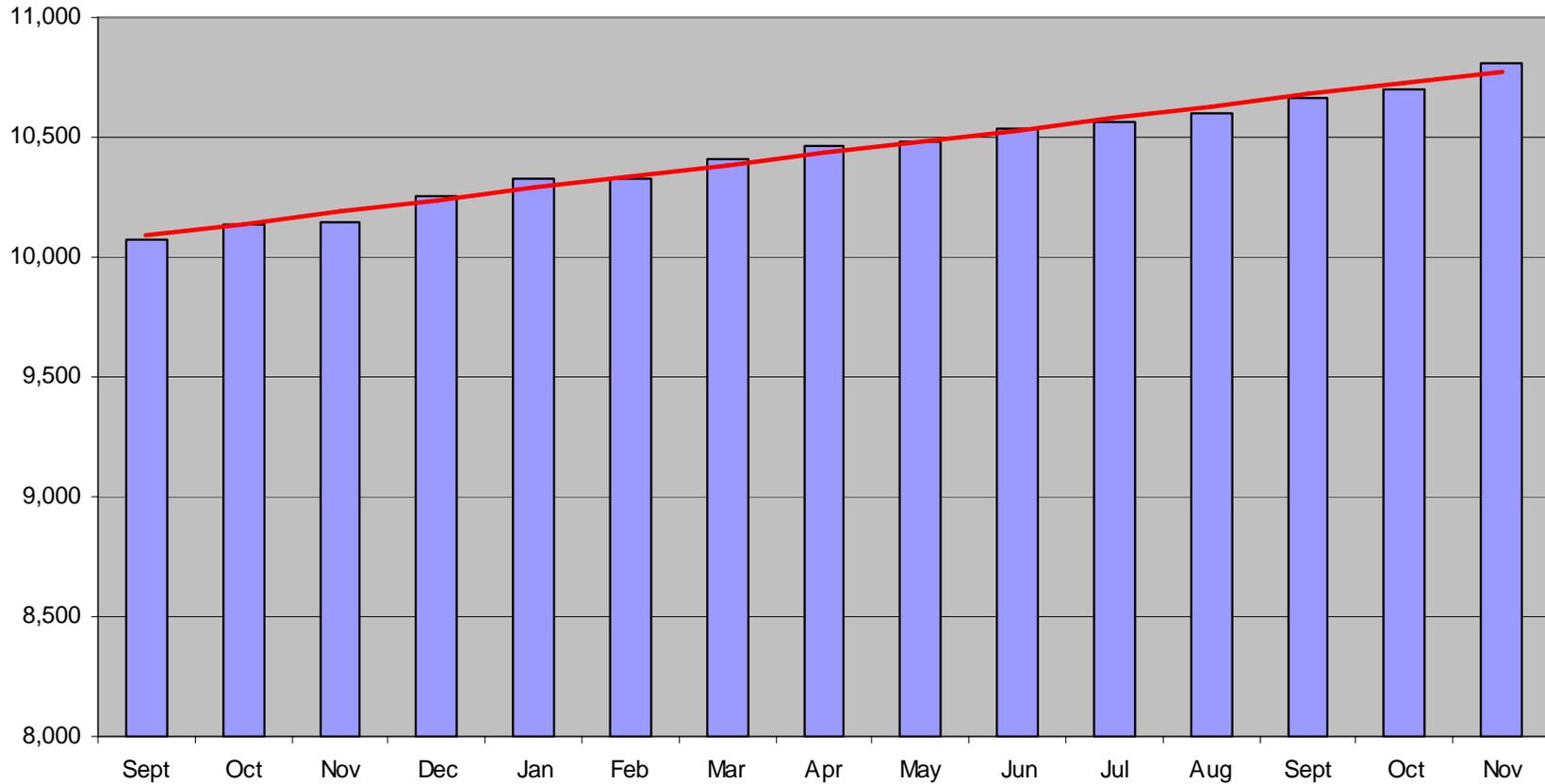
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HEALTH SCIENCES CENTER

Offenders Age 55+ FY 2008-2009 to Date



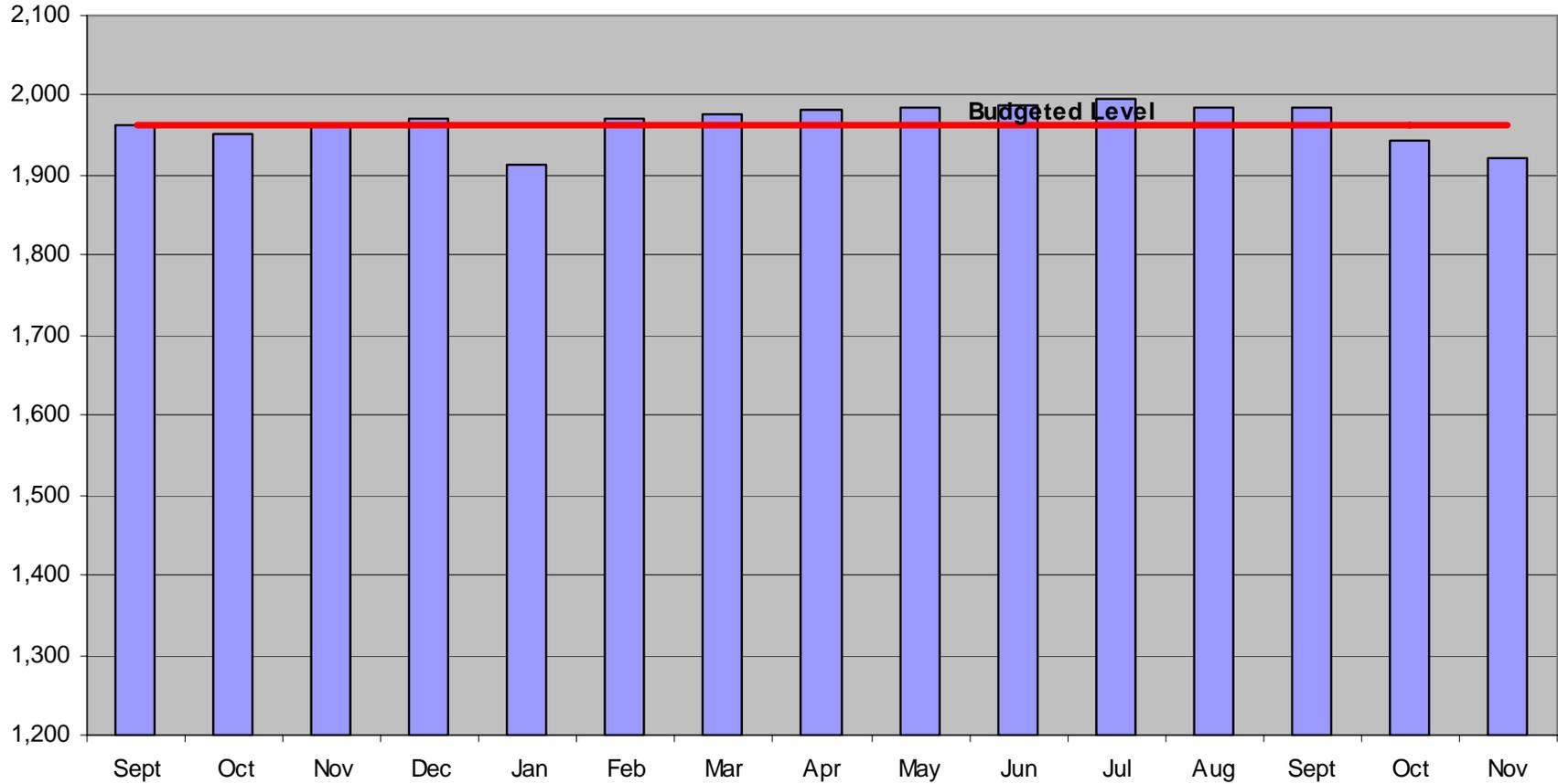
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Psychiatric Inpatient Census (FY 2008-2009 to Date)



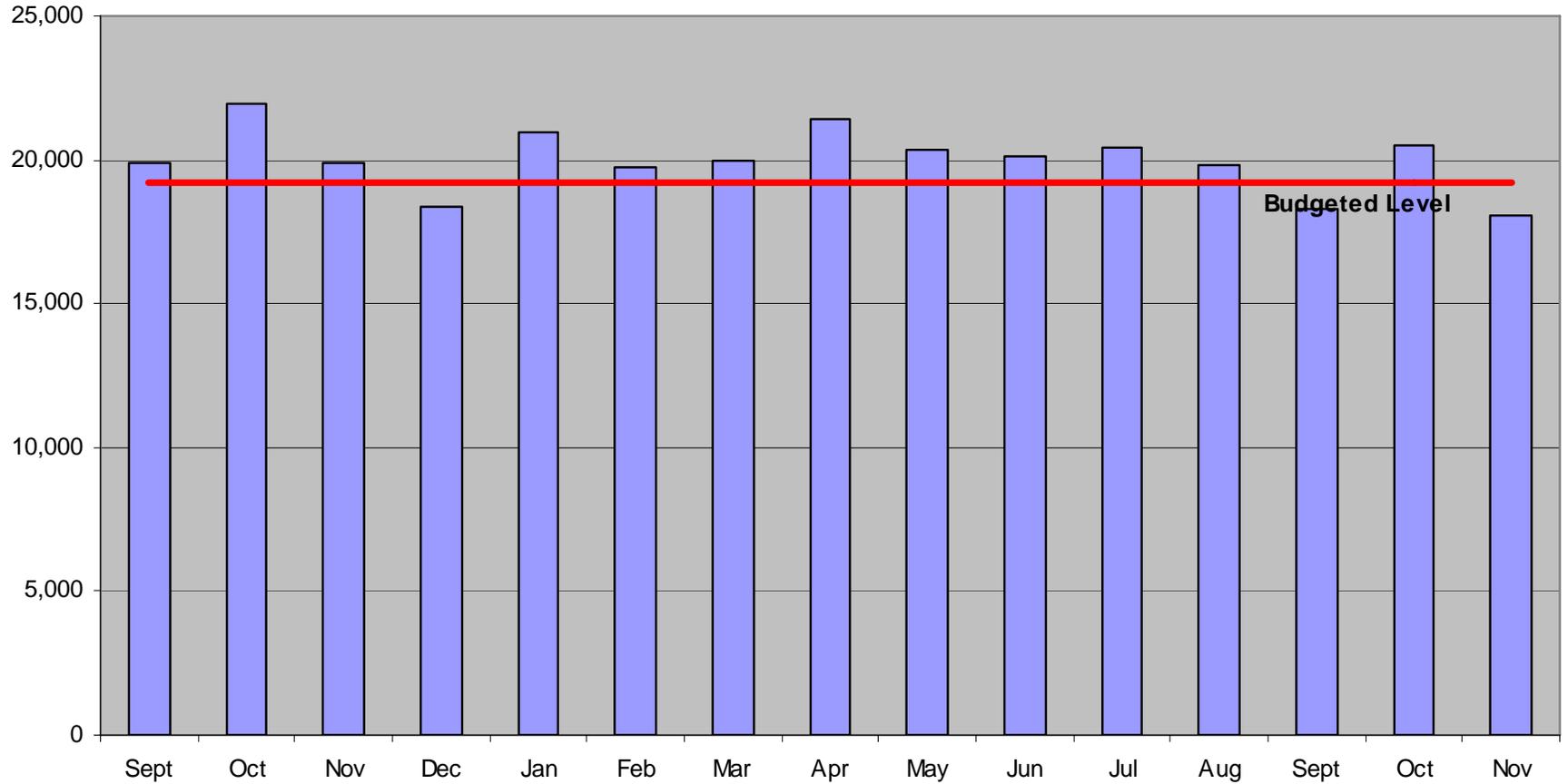
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Psychiatric Outpatient Census (FY 2008 - 2009 to Date)



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Access to Care Indicators

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

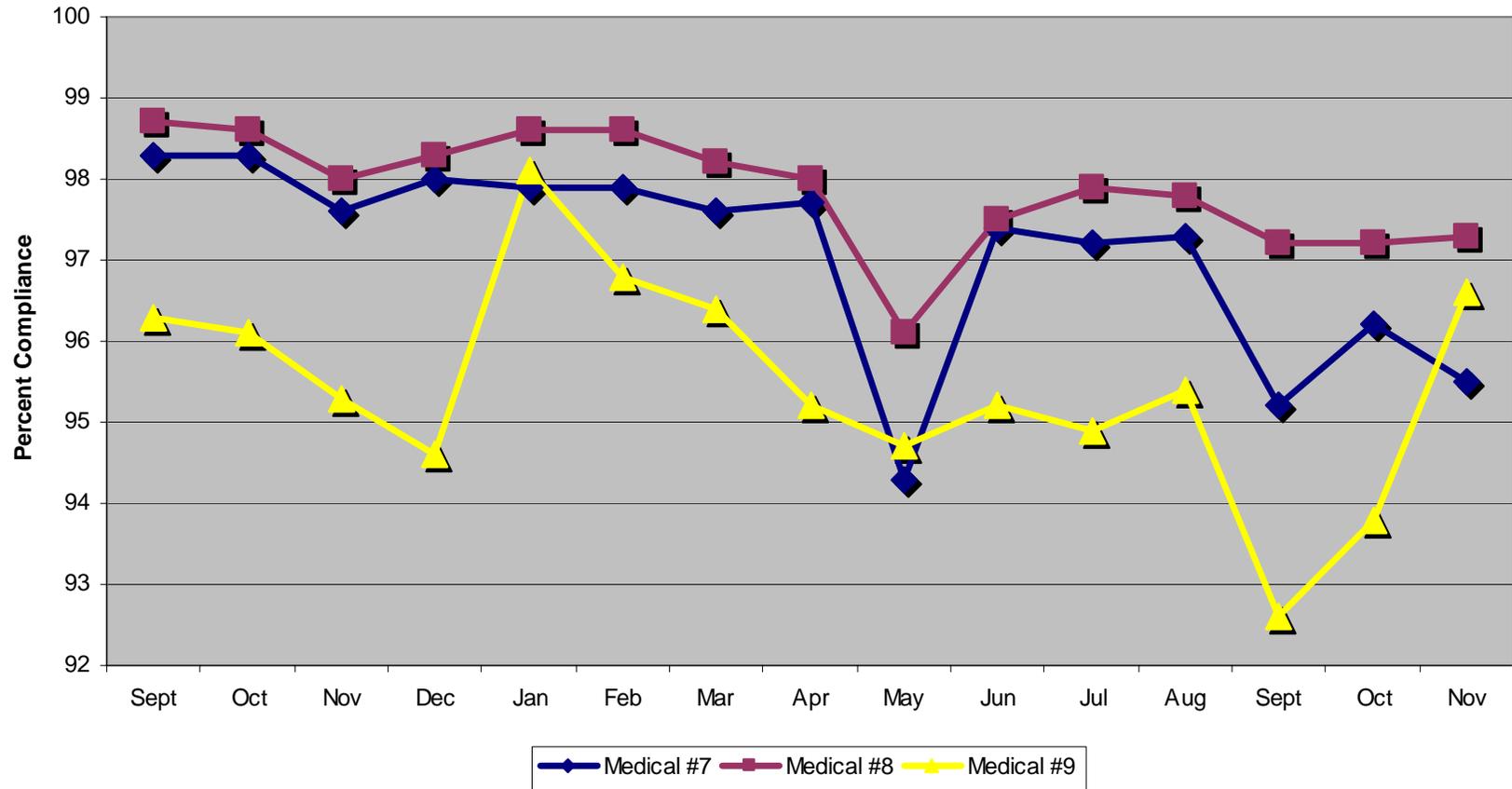
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Medical Access to Care Indicators FY 2008-2009 to Date

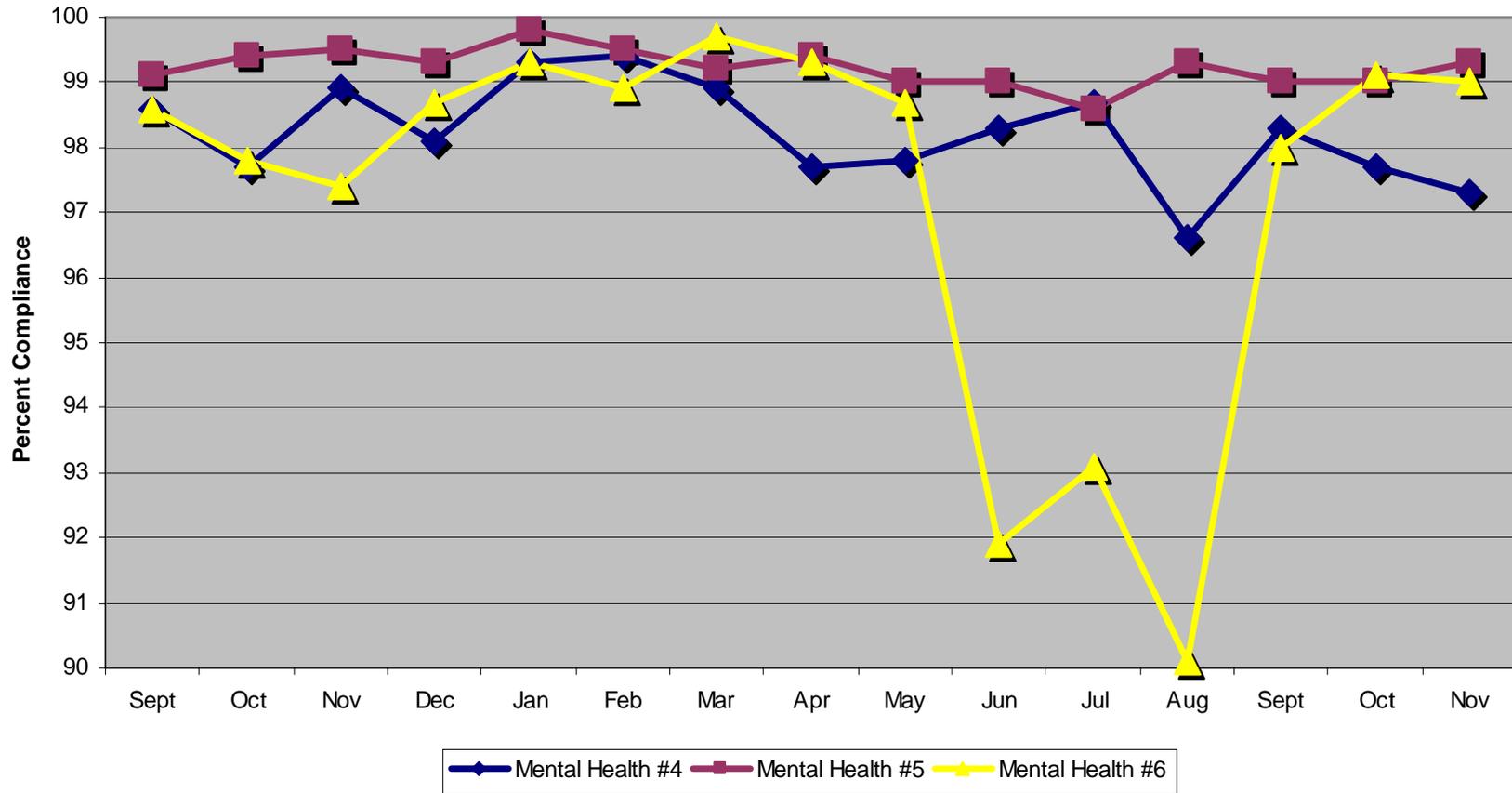


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Mental Health Access to Care Indicators FY 2008-2009 to Date

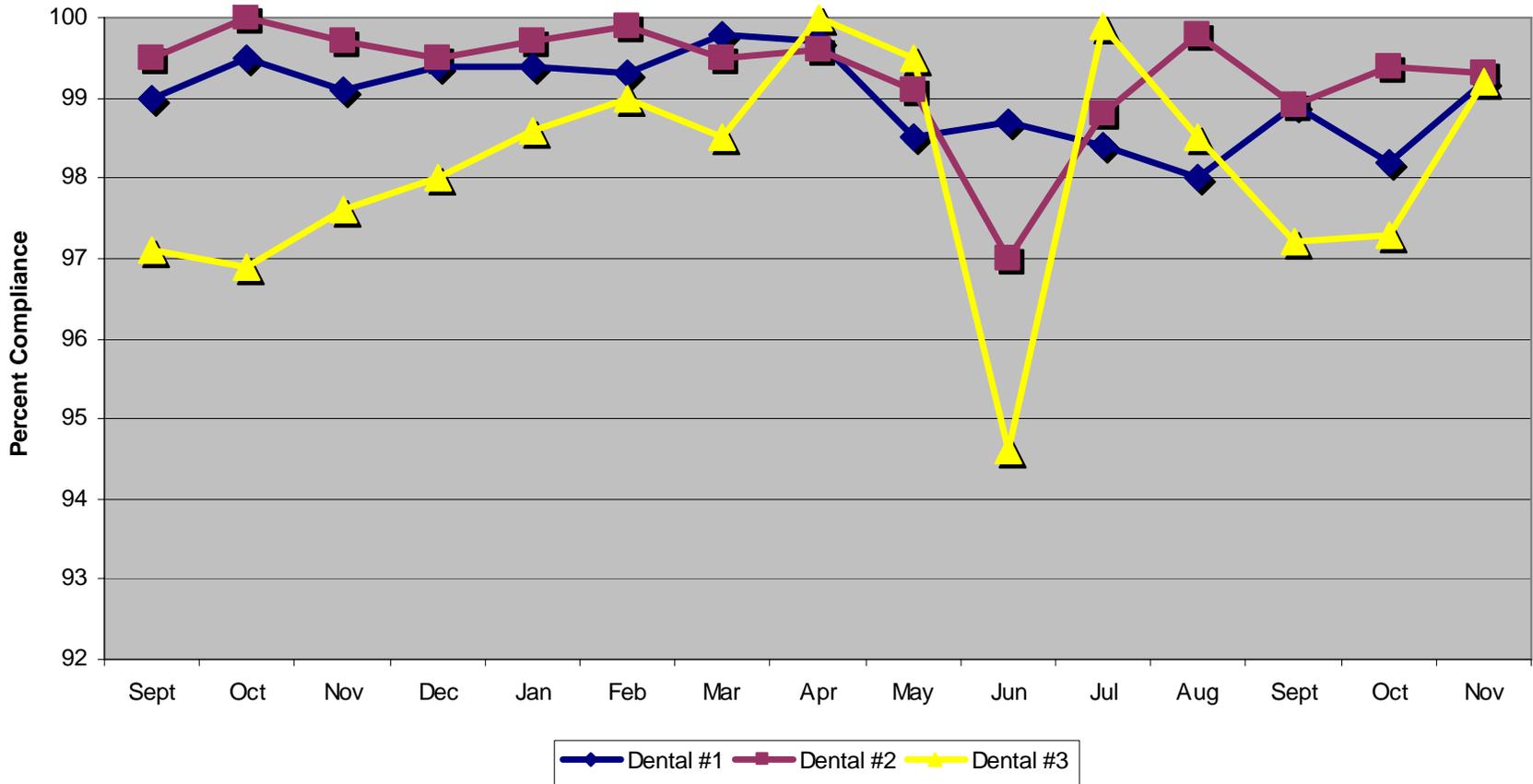


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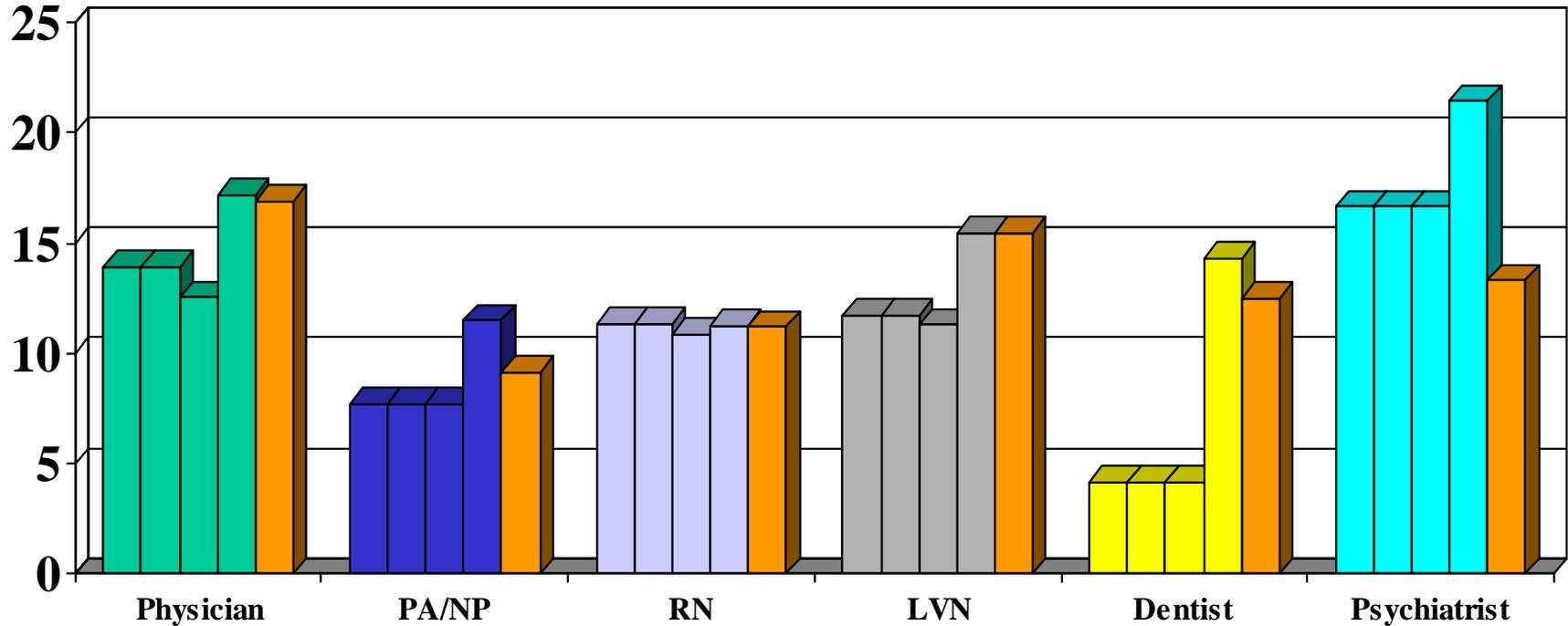
Dental Access to Care Indicators FY 2008-2009 to Date



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UTMB Vacancy Rates (%) by Quarter FY 2008 - FY 2009



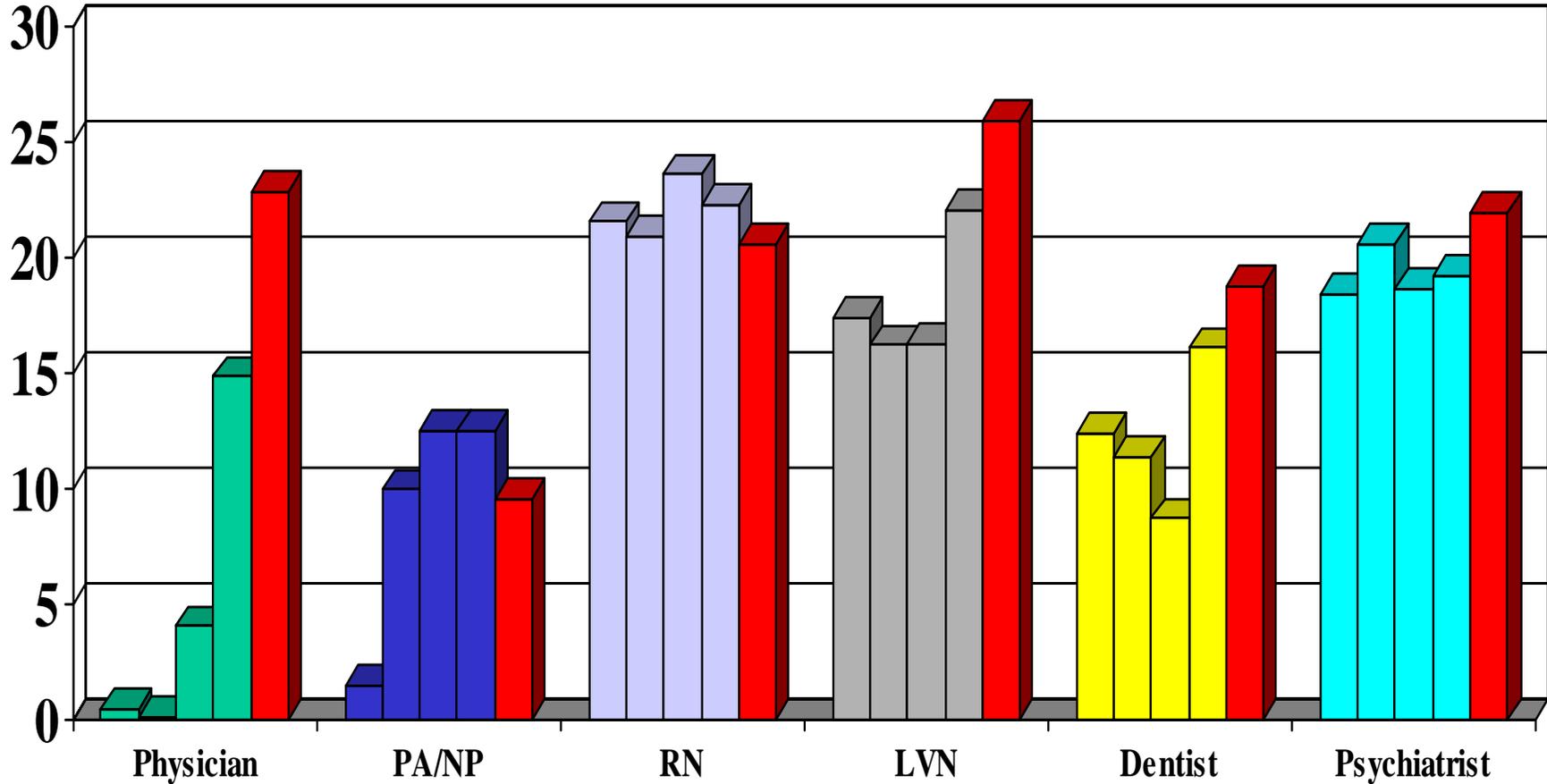
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TTUHSC Vacancy Rates (%) by Quarter FY 2008 - FY 2009



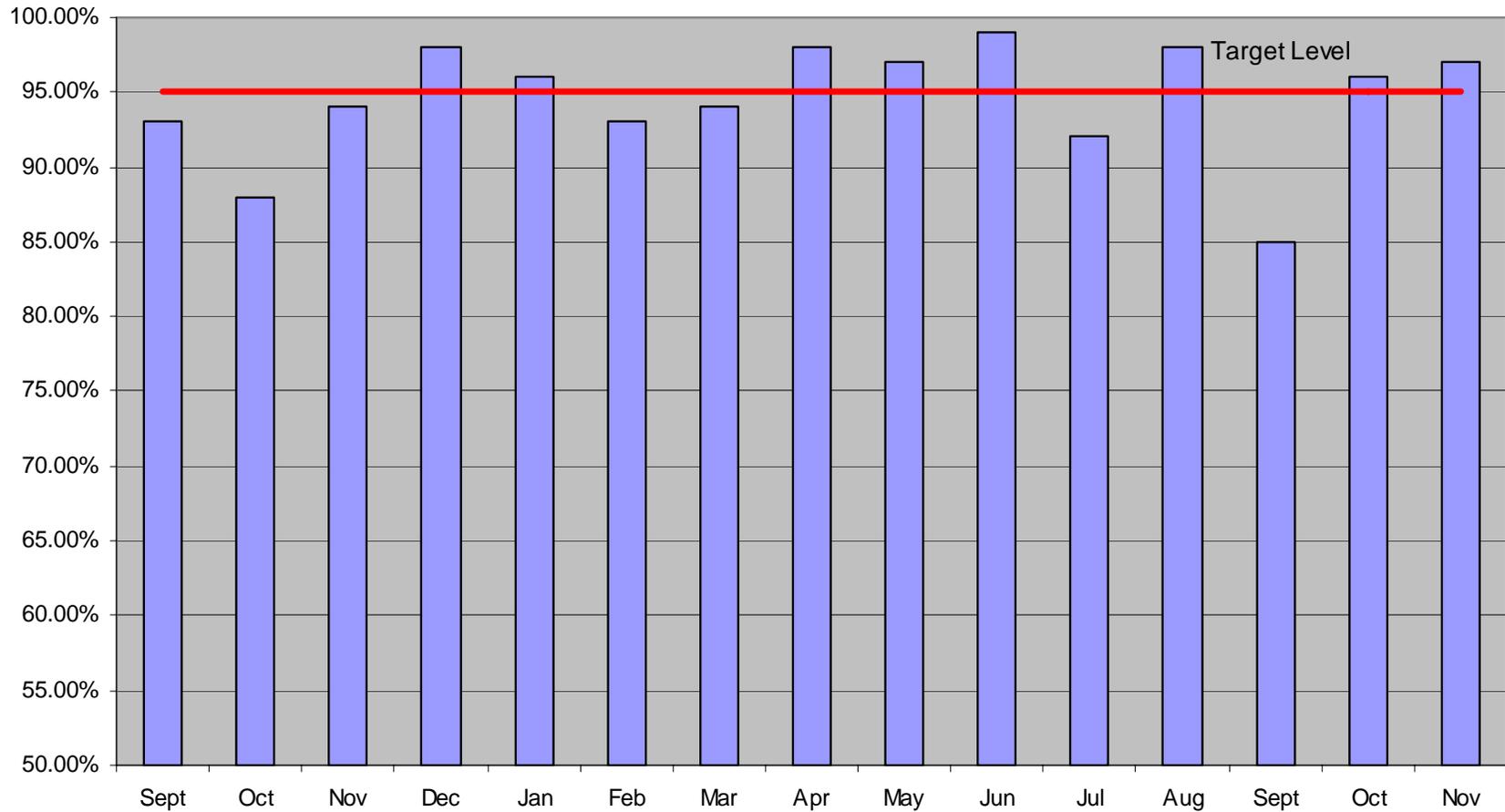
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Percent of Timely MRIS Summaries FY 2008-2009



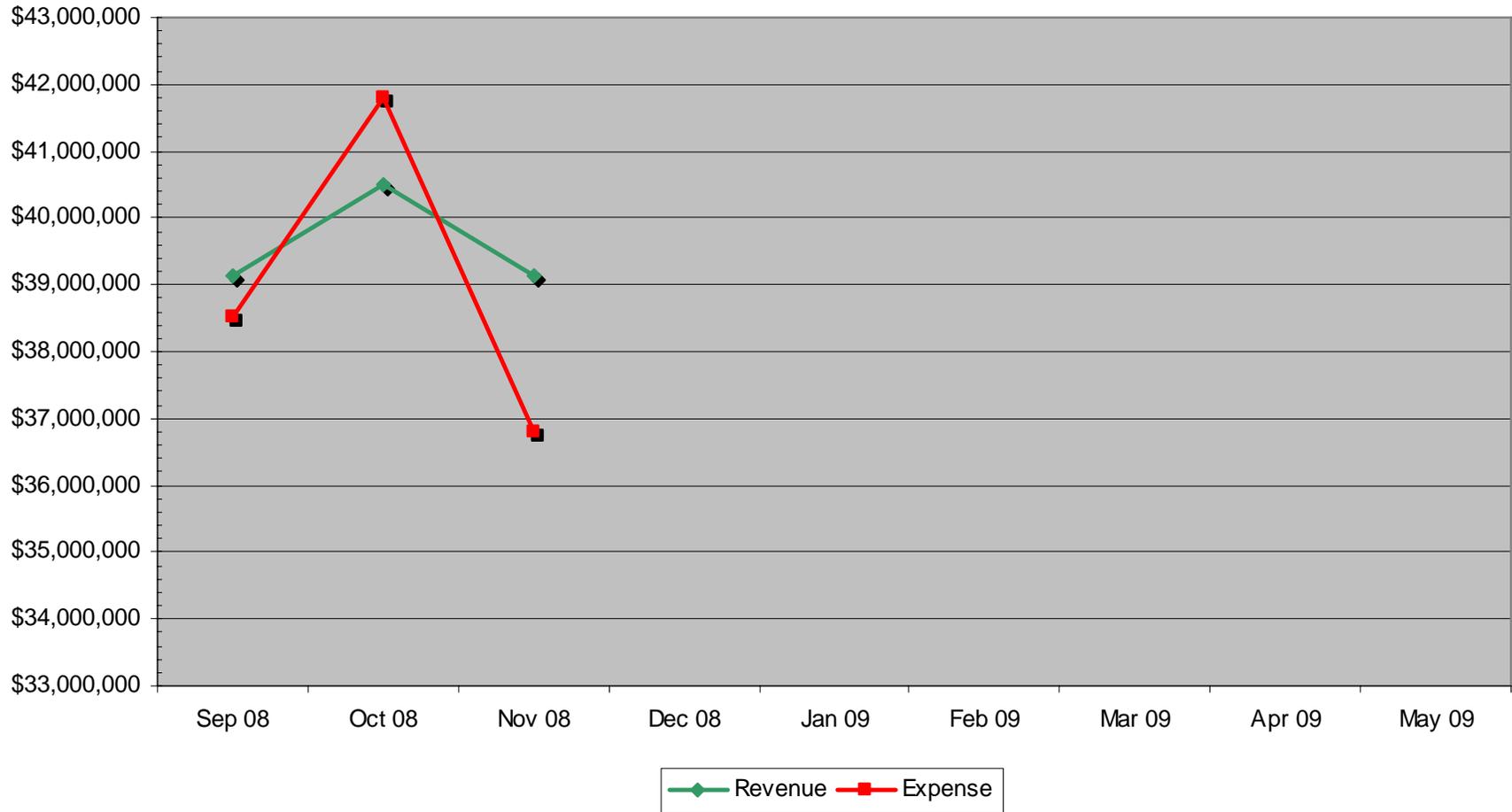
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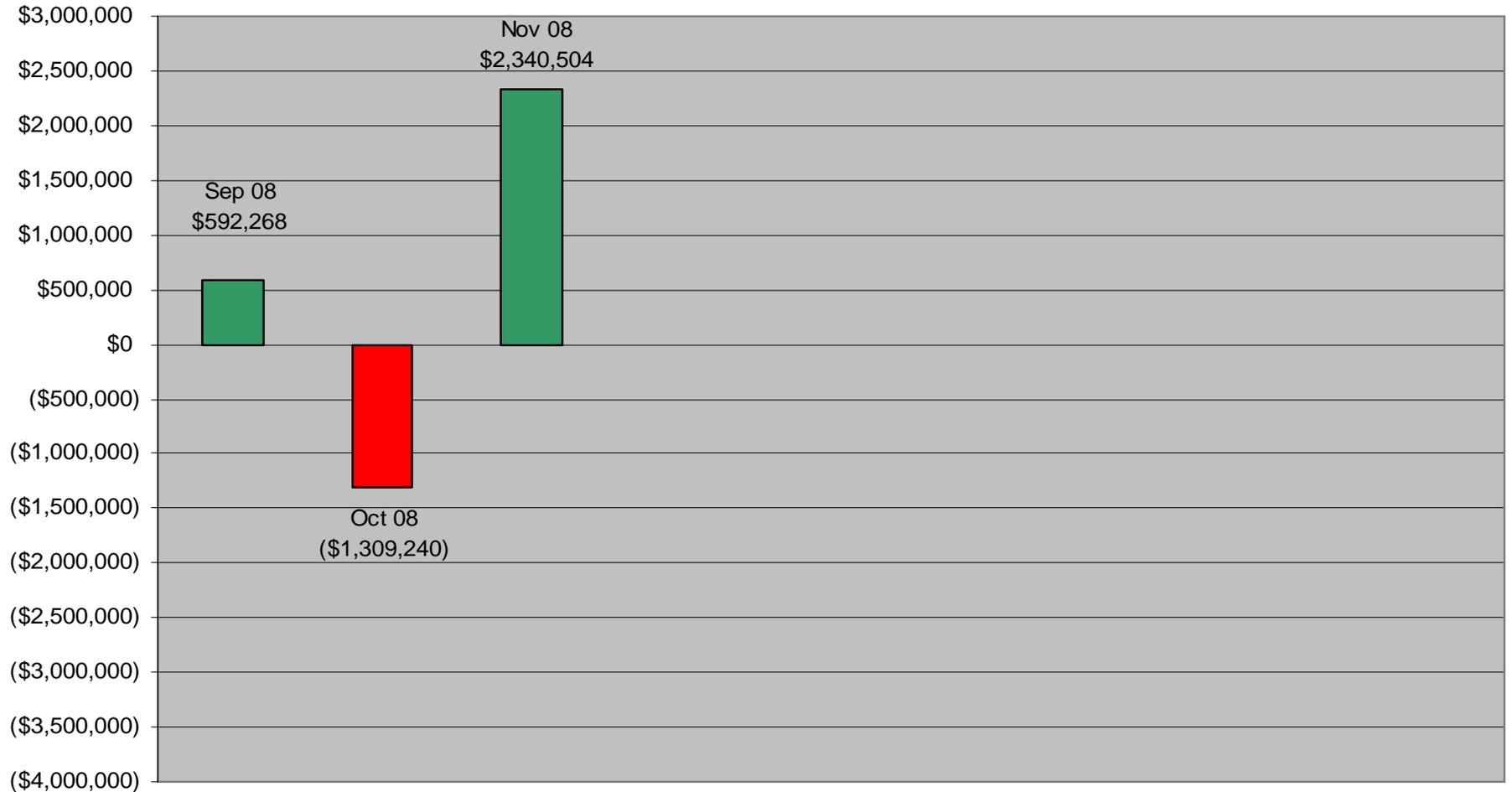
Statewide Revenue v. Expenses by Month FY 2009



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Statewide Loss/Gain by Month FY 2009



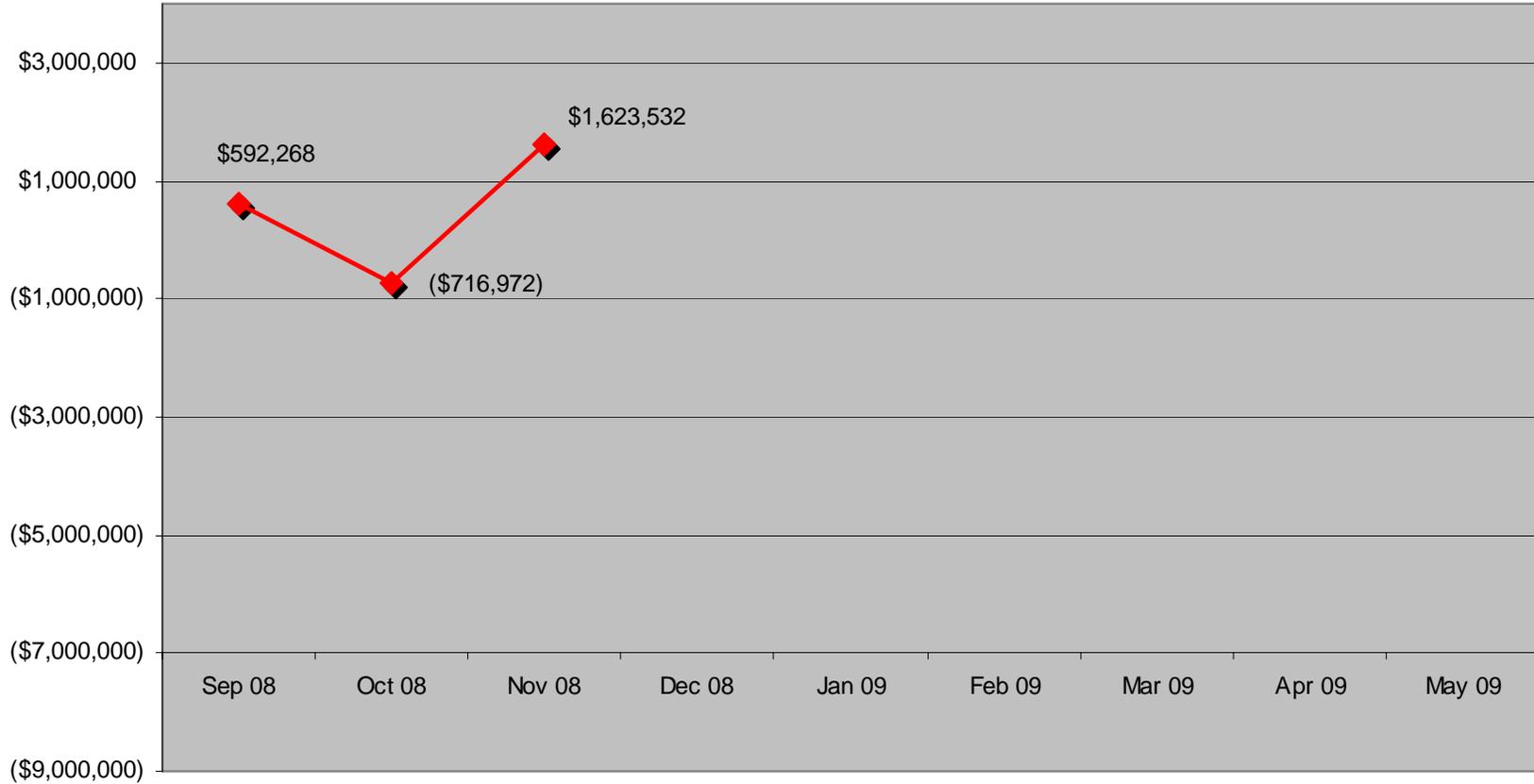
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Statewide Cumulative Loss/Gain FY 2009



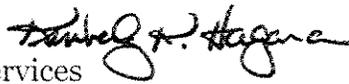
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TEXAS TECH UNIVERSITY
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MEMORANDUM

TO: John Allen
Assistant Vice President, Chief Operating Officer
Correctional Managed Care (CMC)

FROM: Kimberly K. Hagara, CPA, CIA 
Associate Vice President, Audit Services

DATE: November 10, 2008

SUBJECT: Correctional Managed Care (CMC) Pharmacy Review
Audit Control Number 2008-005

Attached is the final audit report regarding the Correctional Managed Care (CMC) Pharmacy Review. This audit will be presented at the Institutional Audit Committee meeting scheduled for December 16, 2008.

We appreciate the cooperation and assistance of you team during the course of this review. If you have any questions or comments regarding the audit, please feel free to contact me at (409)392-5042.

Attachment

c: Karen H. Sexton, RN, PhD, FACHE
Stephen W. Alderman
Stephanie D. Zepeda



The University of Texas Medical Branch
Office of Audit Services

Audit Report

Correctional Managed Care (CMC) Pharmacy Review

Audit Control Number 2008-005

October 2008

The University of Texas Medical Branch
Office of Audit Services
301 University Boulevard, Suite 4.100
Galveston, Texas 77555-0150

**CMC Pharmacy Services
Audit Control Number: 2008-005**

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CMC Pharmacy Services

Audit Control Number: 2008-005

Executive Summary

The University of Texas Medical Branch Correctional Managed Care (CMC) provides pharmacy services to patients statewide within the Texas Department of Criminal Justice (TDCJ), the Texas Youth Commission (TYC), and the Federal Bureau of Prisons (FBOP). Additionally, CMC provides pharmacy services to correctional facilities in three counties.

CMC Pharmacy Services is a large, complex, decentralized operation that continues to develop and mature its business operations. The Central Pharmacy located in Huntsville relies on multiple automated and manual systems to order, receive, inventory, reclaim, and track both over-the-counter and prescription medications. During fiscal year 2000, CMC decided to replace the TDCJ mainframe used to process orders with a custom application developed for CMC. Software acceptance testing of the new "Pharmacy Replacement System" (PRS) occurred in 2003; implementation of the new application in the respective correctional facilities is still in progress.

Health clinic staff at each correctional unit order, inventory, and administer medications received from the Central Pharmacy. The Central Pharmacy provides guidance and oversight to clinic nursing staff through quarterly site visits. Pharmacy operations receive additional support and guidance from the CMC Pharmacy and Therapeutics Committee and the Pharmacy and Operations Committee.

Opportunities exist to improve overall general controls to assist in monitoring and oversight of operations. We encourage Central Pharmacy and unit management to strengthen inventory controls including safeguarding of assets, segregation of duties and reconciliations, developing or updating policies and procedures and enhancing information systems.

Key stakeholders within CMC are aware of these opportunities for improvement and are in various stages of developing and implementing plans to enhance internal control processes and operational activities within the Central Pharmacy and TDCJ units.

CMC Pharmacy Services

Audit Control Number: 2008-005

Background

The University of Texas Medical Branch Correctional Managed Care (CMC) provides pharmacy services to patients statewide within the Texas Department of Criminal Justice (TDCJ), the Texas Youth Commission (TYC), and the Federal Bureau of Prisons (FBOP). Additionally, CMC provides pharmacy services to correctional facilities in three counties.

The Central Pharmacy located in Huntsville processes and ships approximately 16,000 medication orders daily. This high-volume, complex operation comprised of 28 pharmacists and 65 support personnel relies on multiple automated and manual systems to order, receive, inventory, reclaim, and track both over-the-counter and prescription medications. During fiscal year 2000, CMC decided to replace the TDCJ mainframe used to process orders with a custom application developed for CMC by a software company located in San Antonio. Software acceptance testing of the new "Pharmacy Replacement System" (PRS) occurred in 2003; implementation of the new application in the respective correctional facilities is still in progress.

Health clinic staff at each correctional unit order, inventory, and administer medications received from the Central Pharmacy. The Central Pharmacy provides guidance and oversight to clinic nursing staff through quarterly site visits. Pharmacy operations receive additional support and guidance from the CMC Pharmacy and Therapeutics Committee and the Pharmacy and Operations Committee.

During fiscal year 2007, CMC expended approximately \$39 million for pharmaceuticals. TDCJ represented 94% of the total expenditures with the remaining 7% spread among FBOP (2.9%), TYC (0.94%) and the county facilities (2.16%).

Audit Objectives

The primary objective of this audit was to review the internal control processes and operational activities related to CMC Central Pharmacy operations and select TDCJ units.

Scope of Work and Methodology

The audit scope included current CMC pharmacy operational activities and controls for the Central Pharmacy and the TDCJ Jester III, Stiles and Wynne units. The review also included pharmaceutical distribution and controls for parole and discharged inmates at the Huntsville (Walls) unit.

Audit methodology included conducting a risk assessment, interviewing key CMC finance operations, Central Pharmacy and unit personnel, observing current operations, reviewing policies and procedures, reviewing supporting documentation, and limited testing of TDCJ billing and Central Pharmacy expenditures, purchases and receiving information.

CMC Pharmacy Services
Audit Control Number: 2008-005

The audit was conducted in accordance with the *International Standards for the Professional Practice of Internal Auditing* as promulgated by the Institute of Internal Auditors.

Audit Results

Central Pharmacy

Policies and Procedures

Central Pharmacy has established extensive policies and procedures related to its operational activities; however, those related to controlled substances, disaster planning, medication area inspections, and procuring, distributing, transporting, dispensing, reclaiming, and destroying warehouse and unit medications were either incomplete or outdated. Additionally, no written policies and procedures were available for preparing documentation to support invoicing, inventory stock levels and turnover, warehouse shipping/staging areas, and business continuity.

Recommendation:

The Director of Pharmacy Services should review the established policies and procedures against critical/significant pharmacy operations to ensure all necessary policies and procedures are documented, current, communicated to all staff, and enforced to ensure compliance.

Management's Response:

Policies that are currently contained in the Operations Manual will be reviewed, updated and elaborated on as needed.

In addition, the policies will be reviewed on an annual basis to ensure they are kept current. Policies will be reviewed and/or revised more frequently as deemed necessary if significant changes to operational or workflow procedures are required. A review schedule has been developed, a subject matter expert identified and a proportionate amount of policies will be reviewed each month. The subject matter expert will update the policy as needed, it will be reviewed by the Assistant Director of Operations, and then it will be reviewed and approved by the Director of Pharmacy. Pharmacy staff will be informed through email and work-group meetings. Supervisors will monitor policy compliance on an ongoing basis, address noncompliance, and report any deficiencies noted during Pharmacy Management Team meetings. Staff retraining will be conducted and individual employee coaching sessions will be documented as needed.

The Director of Pharmacy, with the assistance of pharmacy personnel, will review operations and document current processes through written policies for all functions deemed critical such as the preparation of documentation to support invoicing, management of inventory stock levels and turnover, preparation and tracking of shipments, pharmacy security, and business continuity.

Implementation Date: Implementation dates are provided below:

CMC Pharmacy Services

Audit Control Number: 2008-005

- review and update of current policies will be completed by January 31, 2009,
- establishment of an ongoing process to ensure policies remain current and in force is completed,
- review and identification of critical operations that necessitate formal written policy will be completed by September 30, 2009, and
- written policies will be developed for all critical operations and staff informed by January 31, 2009.

Inventory Controls

Effective inventory controls help reduce risk of error or inappropriate actions. Our review of current practices indicated Central Pharmacy does not compare the total dollar value entered in the receiving database to invoices, monitor inventory stock levels, log incoming shipments, or review and/or reconcile UTMB courier manifests and commercial carrier reports for outgoing shipments to Central Pharmacy records. Incoming shipments are reconciled to the invoices, but not to the original order. Additionally, opportunities exist to strengthen segregation of duty controls for the storeroom clerks who can requisition, receive, and issue non-controlled pharmaceuticals and supplies.

We tested ten transactions for appropriate receiving documentation. Four of the ten did not have initials of the receiver, the date and/or packing slip/invoice.

Recommendation:

The Director of Pharmacy should strengthen controls related to receiving, recording, monitoring, and issuing of non-controlled pharmaceuticals and medical supplies. These controls should include appropriately segregating duties to ensure an effective and efficient control environment.

Management's Response:

The total dollar value entered in the receiving database is now being compared to the total dollar value of the invoice instead of only comparing the value of the individual products listed on the invoice.

All shelves where bulk inventory is kept have been labeled with wholesaler order entry information and will be updated with par levels as needed to assist in the monitoring of inventory stock levels. Information on all transactions processed by the Pharmacy (e.g., medication orders and reclamation data) will be transmitted daily to the Pharmacy's wholesaler. This information will be used by the wholesaler's software system to automatically create a suggested order that can be reviewed and modified by the purchaser as needed.

Stores clerks will perform a physical reconciliation of shipping containers to verify that the number of outgoing containers by delivery route is correct and matches the number of containers listed on the Route Manifest for courier deliveries and eShip Global report for commercial carrier deliveries. Courier drivers continue to be required to sign the Route Manifest to indicate shipping containers have been picked up and commercial carrier drivers will now be required to sign the eShip Global report. The Pharmacy will

CMC Pharmacy Services

Audit Control Number: 2008-005

also work with the eShip Global vendor on a programming change to have the report list the Pharmacy's license plate tote number on the report. Courier manifests for all routes and commercial carrier reports of containers shipped are reconciled now.

All incoming shipments of medications are now being reconciled to the original orders and invoices. For orders from the wholesalers, the purchaser receives electronic reconciliation from the wholesaler's order entry system for any items that are ordered, but cannot be sent due to backorder or insufficient quantity in stock. For other orders, accounting staff will reconcile the original order to the invoice.

Staff that receive orders were reminded to date and initial each page of an invoice and/or packing slip to document receipt. Pharmacy accounting staff will monitor compliance and report any deficiencies to the respective supervisor. Staff retraining will be conducted and individual employee coaching sessions will be documented as needed.

Stores clerks no longer requisition their own orders. Orders are requisitioned by another staff member.

Implementation Date: Implementation dates are provided below.

- Comparing the total dollar value entered in the receiving database to the original invoice is complete.
- Placement of inventory labels on shelving for bulk items is complete.
- Work is in progress to implement the auto-order from the prime vendor based on usage and is due to be completed by September 30, 2008.
- Addition of the tote license plate number is due to be completed by October 31, 2008.
- Reconciliation of courier manifest and commercial carrier reports is complete.
- A process to document and monitor the dating and initialing of invoices has been implemented.
- Segregation of stores clerks' duties is complete.

Physical Security of Inventory

Physical security controls help prevent or timely detect unauthorized access to, use of, or disposition of pharmacy assets. We noted all Central Pharmacy personnel, as well as the parole and discharge clerks from the Huntsville (Walls) unit, have access to the pharmacy warehouse, and that the doors are not locked between the Pharmacy warehouse and receiving dock until the end of the day. Additionally, Central Pharmacy management does not change the access code to the pharmacy production area on a regular basis.

Within the warehouse, pharmaceuticals are easily accessible throughout the area, and filled boxes and totes in the shipping, reclamation, and receiving dock areas are unattended and/or unsealed. Additionally, a Central Pharmacy supervisor without vault responsibilities has keys to the controlled substances vault.

CMC Pharmacy Services

Audit Control Number: 2008-005

Recommendation:

The Director of Pharmacy should strengthen existing security controls to limit access to the warehouse, receiving dock, and controlled substances vault based upon the roles and responsibilities of Pharmacy and other TDCJ employees.

Management's Response:

Security controls were reviewed. A new policy was written and employees were in-serviced to address security and strengthen current controls. Only employees of the Department of Pharmacy have authorized access to the production area of the Department. UTMB CMC employees (e.g., couriers, unit staff) and TDCJ parole and discharge clerks are no longer permitted in the production area of the Pharmacy. They will not be allowed in the production area unless it is for a job related function and they have obtained a visitor's badge and are under the supervision of pharmacy staff. Under no circumstances are unidentified persons allowed in any area of the Pharmacy. Guests are issued a visitor's badge upon entry into the building and are not permitted in the production area. Special provisions for guests to access the production area may be made at certain times with prior management approval (e.g., tours, maintenance work), but they must be escorted by Pharmacy staff at all times. Stores clerks were reminded that receiving dock doors should be closed and locked when not in use to limit access to the building.

As noted in the audit, there is a security door between the administrative and production areas of the Pharmacy. A security code must be entered into a key pad to enter the production area where medications are stored and prepared for delivery. To avoid the need to update the security code on a periodic basis and as personnel leave the employment of the Pharmacy, the security mechanism is going to be changed from a key pad to a fob system. The fob system eliminates the ongoing maintenance of a security code. An employee's fob will be inactivated and retrieved when they are separated. A purchase order has been obtained and actual installation is pending.

The doors between the pharmacy warehouse and receiving dock are now being locked when not in use to limit access to the production area. Delivery personnel are permitted limited access to the warehouse when operating heavy equipment to deliver products that are received in pallets. Access to the receiving dock is restricted to drivers and associates actively engaged in the delivery or pick up of shipments. They are supervised by pharmacy staff at all times.

Supervisors will monitor policy compliance on an ongoing basis and correct any deficiencies immediately. Staff retraining will be conducted and individual employee coaching sessions will be documented as needed.

Access to the controlled substances vault continues to be limited to staff assigned to work in that area. Only management team members with direct reporting line authority now have access. This includes the supervisors of the staff assigned to work in the area, the Assistant Director the supervisors report to, and the Director of Pharmacy. Managerial back up support is needed in the event several people are out simultaneously.

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Implementation Date: Implementation dates are provided below.

- Review of security controls and establishment of written policy is complete.
- Distribution of the new security policy and pharmacy staff in-service is complete.
- Removal of the key pad security mechanism from the production doors and installation of a new fob security mechanism is scheduled for August 19, 2008.
- Restriction of vault access to managers based on their roles within the Department is complete.

Recommendation:

The Director of Pharmacy should assess current workflow processes in consideration of the physical layout of the warehouse to identify additional opportunities to protect pharmaceuticals from unauthorized access or loss.

Management's Response:

Workflow will be reviewed on an ongoing basis to look for opportunities to improve processes and controls.

Containers for outgoing shipments (i.e., to customers) will be sealed in the area of the Pharmacy that is preparing the order to prevent unauthorized access and to ensure that there are no unsealed containers in the shipping area.

- Containers on the distribution sorter that contain patient medication orders are now sealed once full and before they are placed on the takeaway belt and sent to the staging (i.e., shipping) area.
- Containers with bulk stock items that are filled in the Pharmacy Warehouse and Floor Stock areas continue to be sealed once full and before they are sent to the staging (i.e., shipping) area.
- Containers with orders for controlled substances continue to be sealed in the vault before they are placed with all other outgoing containers in the shipping area.

Incoming reclamation is now sealed at all times except when being actively processed inside the reclamation room. Containers are no longer opened on the receiving dock unless they contain refrigerated medications. Containers with refrigerated medications are opened immediately upon receipt and the medications are placed in the refrigerator. Incoming reclamation is brought inside the reclamation area and presorted. Presorted containers are marked with the presort date and then resealed. The sealed presorted containers are stored outside the reclamation room in the Pharmacy warehouse or outside the reclamation room in the production area if there is no room available in the Pharmacy warehouse. Presorted containers are brought into the reclamation room to be processed on the reclamation sorter as time and workloads permit. Medications that must be destroyed (e.g., expired) are placed inside biohazard boxes, sealed and then disposed. Medications that are credited for return to stock are placed in sealed totes next to the distribution sorters for final processing. Once sorted by location in the pharmacy on the distribution sorter, the medications are returned to stock for reuse.

There is not sufficient room in the Pharmacy to keep all unprocessed reclamation containers in one isolated area due to the volume of medications that are returned from

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the units. Containers are stored in all available areas and as close to the reclamation room as possible.

UTMB CMC is currently reviewing options to address the physical layout limitations of the existing Pharmacy building. The opening of a second physical location is under consideration. A second location would provide the following benefits:

1. physical space to receive and quarantine reclamation in one area until it can be processed for return into stock resulting in improved controls,
2. ability to maintain separate physical inventories for the UTMB Sector at 340B pricing and the Texas Tech Sector at Novation pricing which would result in better inventory management and eliminate the need to keep a separate virtual inventory,
3. improved business continuity and interruption recovery plan in the event the current Pharmacy building is incapacitated due to a natural disaster or other emergency, and
4. improved recruitment for professional staff (i.e., pharmacists) if the new facility is located closer to a major metropolitan area such as Houston.

Implementation Date: Implementation dates are provided below.

- The sealing of containers on the distribution sorter is complete.
- The sealing of reclamation containers when they are not in use is complete.
- The opening of reclamation containers on the receiving dock has been stopped.
- The feasibility study for a second pharmacy location will be completed by December 31, 2008.

Information Systems

Interviews with Central Pharmacy and unit personnel indicate major deficiencies in the current information systems. Examples include lack of adequate automation with appropriate interfaces, an inadequate system for tracking and processing the large volume of pharmaceuticals received by Central Pharmacy for possible reclamation, four separate ordering systems, a stand-alone database for receipt of pharmaceuticals, and an excel spreadsheet for controlled substances inventory. Additionally, there were no backup procedures for the controlled substance inventory; however, after discussion with Audit Services, Central Pharmacy management initiated backup procedures.

Recommendation:

CMC management should create a cross-functional work group comprised of Central Pharmacy, IS, and managers responsible for unit pharmacy operations to conduct a comprehensive review of CMC Pharmacy processes and systems and identify opportunities to streamline processes and upgrade or replace existing hardware and software systems that support these processes.

Management's Response:

CMC will create a cross-functional work group to conduct a comprehensive review of the current processes and systems used in managing medication distribution within TDCJ.

Implementation Date: September 1, 2008.

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PRS System Implementation

In 2000, CMC management approved the design and development of a custom “Pharmacy Replacement System” (PRS) to address deficiencies in the current systems. Interviews with key Information Systems (IS) and Central Pharmacy personnel indicate PRS software acceptance testing occurred in 2003, and actual implementation began in 2004 at the Beaumont federal prison site. Implementation planning for the TDCJ units began in 2004, with the first implementation occurring in 2006. The implementation plan then ceased after three installations due to implementation difficulties and requests for additional software modifications. While reassessing the implementation plan, implementation priorities changed to favor non-TDCJ sites, and the TDCJ implementation plan subsequently halted.

IS personnel indicate a current, detailed PRS implementation plan is not in place. Lack of sufficient resources further hamper implementation efforts; currently, one person is dedicated to PRS implementation. A second position is vacant.

Recommendation:

CMC management should ensure a detailed PRS installation plan for TDCJ is developed and implemented, and includes acquisition of sufficient IS resources to provide current and future support. Management should also ensure key personnel receive implementation progress reports on a regular basis.

Management’s Response:

A cross-functional group comprised of Central Pharmacy staff, IS staff and managers responsible for unit pharmacy operations exists and is called the PRS Deployment Committee. The Committee meets monthly and smaller subcommittees may meet more often to address and discuss issues that are more technical in nature. The group’s primary function has been to evaluate and enhance the PRS software, plan and coordinate software and hardware installation, develop training materials, and develop an installation plan for the TDCJ units.

Work on an installation plan for TDCJ units is in progress. The plan will be presented to CMC TDCJ Operational Leadership for review and feedback. Their recommendations will be incorporated into the plan and then it will be submitted to Senior Leadership for final approval.

Progress reports will be provided to key personnel on a monthly basis at the regularly scheduled Senior Leadership meeting.

Implementation Date: Implementation dates are provided below.

- PRS installation plan will be presented to Operational Leadership for comments on August 21, 2008.
- PRS installation plan will be submitted to Senior Leadership for final approval by August 31, 2008.
- Implementation will begin by October 1, 2008.
- Progress reports will be provided monthly at Senior Leadership meetings and will

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begin at the next regularly scheduled meeting.

PRS System Functionality

Although expectations were that the PRS System would replace several of the existing systems, its current version will not address all of the CMC Pharmacy needs. Due to an inadequately designed, time-consuming business process for the PRS non-formulary ordering, a manual work around was developed and deployed.

Additionally, the Director of Pharmacy Services indicated PRS in its current version does not have the capabilities to replace the TDCJ mainframe system's bulk and floor stock ordering module or the reclamation system.

Recommendation:

CMC management should explore the option of acquiring additional or alternative information systems and equipment to address the current inventory, receiving and billing needs of Central Pharmacy and the units. Additionally, CMC management should consider modifying the PRS non-formulary process and creating interfaces between information systems.

Management's Response:

CMC will create a cross-functional work group to conduct a comprehensive review of the current processes and systems used in managing medication distribution within TDCJ.

The PRS Deployment Committee has recommended that the PRS non-formulary process be enhanced based on feedback from TDCJ users. It is being utilized by the Beaumont federal facilities. It is on the current priority list for software changes. A Pharmacy and IS meeting has been scheduled to review current priorities and develop a plan for implementation.

Implementation Date: Implementation dates are provided below.

- Members of the work group will be identified by September 1, 2008.
- The PRS non-formulary process will be reviewed at the Pharmacy and IS meeting scheduled on September 17-18, 2008.

Oversight and Monitoring

Our observations of Central Pharmacy activities and discussions with management indicate inadequate supervisory oversight in the floor stock, non-formulary, bulk storage, reclamation, missing medications and shipping/staging areas. Additionally, supervisory approval for prime vendor orders is undocumented.

Recommendation:

The Director of Pharmacy should develop and implement monitoring activities for all critical pharmacy processes. Additionally, the Director of Pharmacy should identify

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personnel responsible for monitoring and ensure these responsibilities are performed on a regular basis.

Management's Response:

Key service metrics and monitoring activities will be developed and implemented for all critical pharmacy processes. The goal is to develop metrics that will aid in decision making and planning, measure quality, and/or measure productivity. Supervisors will be responsible for monitoring and oversight of their respective areas. Service metrics will be reported on a monthly basis to the Director of Pharmacy in the format of a dashboard and discussed at Pharmacy Management Team meetings.

The Pharmacy has created additional supervisory oversight in the filling stations and prepack area through the use of Senior Technologist positions. This program will continue to be expanded as resources permit. The Pharmacy is also working on expanding the supervisory roles of Senior Pharmacists who will be responsible for the oversight of key areas.

Implementation Date: Metrics will be identified for key service areas by October 1, 2008. The methodology for collecting data on the metrics will be developed by November 1, 2008. The first dashboard is due by December 1, 2008.

Recommendation:

Document the supervisory approval of prime vendor orders.

Management's Response:

Supervisory approval of all prime vendor orders is now being documented.

Implementation Date: Implementation has been completed.

Expenditure Testing

Audit Services reviewed five pharmaceutical expenditure transactions totaling approximately \$2.8 million for proper approval and adequate supporting documentation. The expenditures appeared to be appropriate and support operational activities; however, two expenditures did not have documentation of CMC approval. Supporting invoices/packing slips were available for four of the five expenditures tested; however, the receiver did not sign two invoices/packing slips.

Recommendation:

CMC Pharmacy and Finance management should ensure all transactions receive documented supervisory review and approval. Supervisory review should include ensuring the transactions have sufficient supporting documentation.

Management's Response:

The Pharmacy Accounting Department will review all expenditures and ensure that all transactions have sufficient supporting documentation including supervisory approval

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for the purchase, initialed and dated invoices and/or packing slips, and supervisory approval of payment.

Implementation Date: Implementation has been completed.

Other Observations

Central Pharmacy warehouse halls and walkways are crowded with boxes, which could result in a safety hazard for employees and a fire hazard for the pharmacy. Pharmacy management should identify opportunities to reduce crowding of halls and walkways that may impede safe entry and egress to work areas.

TDCJ Units

Policies and Procedures

Our observation of the inventory, ordering and receiving processes at the select units indicated a lack of consistency and standardization from unit to unit. Additionally, there are no policies or procedures documenting a unit's inventory process including inventory stock levels, inventory turnover, and ordering and receiving of medications.

The unit personnel indicated medications for transferring inmates are returned to the Central Pharmacy and reissued to the accepting unit rather than shipped with the inmate as required by the Transfer of Medication policy (15-15). A committee comprised of CMC Operations and unit management is working with security personnel to resolve this issue.

Recommendation:

The Director of Pharmacy Services, in conjunction with the Nursing Services Directors and appropriate unit-level management, should develop, implement, communicate and enforce unit policies and procedures for the inventory, ordering and receiving processes.

Management's Response:

The Facility Nurse Managers will review the following policies and procedures in their staff meetings and have each nursing staff member sign a document indicating their understanding of these policies and procedures by January 31, 2009.

1. Strengthen inventory standards and controls for stock medication / Physical inventory analysis and establishment.
 - a. A detailed process on the establishment of inventory standards and controls for stock medications was instituted through a Pharmacy Best Practices initiative with a CMC wide implementation of Phase I by no later than May 31, 2008.
 - i. Managed Health Care Medication Aide Orientation Manual, Section 7 – Establishing PAR Levels for Floor Stock and Warehouse Items defines the process of inventory standards.
 - ii. Managed Health Care Medication Aide Orientation Manual, Section 1 – Organization of Pill Windows defines the process of

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- inventory control as the inventory stock will be evaluated weekly and ordered according to established PAR levels.
- b. Analysis is conducted every six months by nursing leadership to ensure PAR levels remain appropriate maintaining no more than a two week supply on the facility.
 - c. Managed Health Care Medication Aide Orientation Manual, Section 12 – Monthly Reports and Inspections establishes requirement for internal monthly pharmacy audits performed at the facility level. An audit tool has also been created by UTMB-CMC Pharmacy and is utilized at each facility to conduct quarterly pharmacy audits according to CMC Pharmacy Policy and Procedure Manual 75-15 Pharmacy Medication Area Audit and Inspections. Nursing leadership is responsible for initiating a corrective action plan for any deficiencies reported.
2. Reclamation of outdated medications & expired medication process.
 - a. CMC Pharmacy Policy and Procedure Manual 15-30 Disposition of Outdated Drugs and 15-35 Reclamation and Destruction of Medications defines a clear process for the reclamation of outdated medications as well as the disposition of expired medications.
 - b. Proposed Nursing Policy D. 27.3 “Medication Inventory Process” (see addendum A) addresses this issue by requiring an inventory list of all medications being returned to be sent with the medications. The employee preparing the return as well as nursing administration or designee will verify the items to be returned by signing and dating the form. Once this policy is approved, each facility nurse manager will present this policy to their staff and have each staff member sign a document indicating their understanding of this policy.
 3. Reconciliation of goods received vs. goods ordered.
 - a. Managed Health Care Medication Aide Orientation Manual, Section 2 – Pill Window Maintenance IV states medications received will be compared against the manifest and the Pharmacy will be notified for any order not received within two business days.
 - b. This manifest requires the employee reconciling the order to sign and date. Proposed Nursing Policy D. 27.3 “Medication Inventory Process” (Attachment A) addresses this issue by requiring the signature and date of nursing administration or designee verifying reconciliation. Once this policy is approved, each facility nurse manager will present this policy to their staff and have each staff member sign a document indicating their understanding of this policy.

Implementation Date: January 31, 2009

Recommendation:

CMC Operations and unit management committee should continue to meet with security personnel to address the transferring of medication between units.

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Management's Response:

The Facility Nurse Managers will review the following policies and procedures in their staff meetings and have each nursing staff member sign a document indicating their understanding of these policies and procedures by January 31, 2009.

1. Transferring of Medications.
 - a. CMC Pharmacy Policy and Procedure Manual 15-15 Transfer of Medication defines a clear process for the transfer of medications between facilities. A Transient Medication CAT team has been established to address the need to transfer medications with offender patients as they transfer from facility to facility. The CAT team will have their plan of action communicated to Sr. Leadership on or before January 31, 2009.

Implementation Date: January 31, 2009

Inventory Controls

We interviewed unit personnel and observed operational processes to control pharmaceutical inventory noting a physical inventory of stock, documentation of items returned to central pharmacy for reclamation, and dissemination of reports to assist in monitoring purchases, reclamations and inventory levels does not occur.

Additionally, several units do not count and/or reconcile the receipt of goods to their order, document medications administered for cell-side pill distribution, maintain medication administration logs for stock medications in the emergency or treatment rooms or reconcile the medication logs to inventory. Additionally, at one unit, a Registered Nurse (RN) is not performing narcotic counts for working stock, and one unit's pill room maintained expired medications.

Opportunities exist to strengthen segregation of duty controls for the Patient Care Assistants (PCAs) who control the medical inventory from receipt to distribution, while also being responsible for bulk and stock medications orders. In some instances, limited staffing has hampered efforts to segregate duties.

Recommendation:

Unit management should strengthen controls over inventory by establishing standards for the performance of physical inventories, documentation of reclamation items, comparing goods received to those ordered, and documenting cell-side pill distribution. A risk based analysis, considering pharmaceutical cost and volume, could assist in determining the cost benefit for physical inventories and reclamation documentation at each unit.

Additionally, maintain and reconcile inventory to medication logs for stock medications, expired medications should be disposed of according to policy, and a RN should perform narcotics counts.

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Management's Response:

The Facility Nurse Managers will review the following policies and procedures in their staff meetings and have each nursing staff member sign a document indicating their understanding of these policies and procedures by January 31, 2009.

1. Strengthen inventory standards and controls for stock medication / Physical inventory analysis and establishment.
 - a. A detailed process on the establishment of inventory standards and controls for stock medications was instituted through a Pharmacy Best Practices initiative with a CMC wide implementation of Phase I by no later than May 31, 2008.
 - i. Managed Health Care Medication Aide Orientation Manual, Section 7 – Establishing PAR Levels for Floor Stock and Warehouse Items defines the process of inventory standards.
 - ii. Managed Health Care Medication Aide Orientation Manual, Section 1 – Organization of Pill Windows defines the process of inventory control as the inventory stock will be evaluated weekly and ordered according to established PAR levels.
 - b. Analysis is conducted every six months by nursing leadership to ensure PAR levels remain appropriate maintaining no more than a two week supply on the facility.
 - c. Managed Health Care Medication Aide Orientation Manual, Section 12 – Monthly Reports and Inspections establishes requirement for internal monthly pharmacy audits performed at the facility level. An audit tool has also been created by UTMB-CMC Pharmacy and is utilized at each facility to conduct quarterly pharmacy audits according to CMC Pharmacy Policy and Procedure Manual 75-15 Pharmacy Medication Area Audit and Inspections. Nursing leadership is responsible for initiating a corrective action plan for any deficiencies reported.
2. Reclamation of outdated medications & expired medication process.
 - a. CMC Pharmacy Policy and Procedure Manual 15-30 Disposition of Outdated Drugs and 15-35 Reclamation and Destruction of Medications defines a clear process for the reclamation of outdated medications as well as the disposition of expired medications.
 - b. Proposed Nursing Policy D. 27.3 “Medication Inventory Process” (see addendum A) addresses this issue by requiring an inventory list of all medications being returned to be sent with the medications. The employee preparing the return as well as nursing administration or designee will verify the items to be returned by signing and dating the form. Once this policy is approved, each facility nurse manager will present this policy to their staff and have each staff member sign a document indicating their understanding of this policy.
3. Reconciliation of goods received vs. goods ordered.
 - a. Managed Health Care Medication Aide Orientation Manual, Section 2 – Pill Window Maintenance IV states medications received will be compared against the manifest and the Pharmacy will be notified for any order not received within two business days.

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- b. This manifest requires the employee reconciling the order to sign and date. Proposed Nursing Policy D. 27.3 "Medication Inventory Process" (see addendum A) addresses this issue by requiring the signature and date of nursing administration or designee verifying reconciliation. Once this policy is approved, each facility nurse manager will present this policy to their staff and have each staff member sign a document indicating their understanding of this policy.
- 4. Documentation of cell-side medication distribution.
 - a. Correctional Managed Health Care Policy Manual E39.1 Health Evaluation and Documentation Offenders in Segregation section II., B. states "Offenders confined in segregation will be given all prescribed medications and treatments as ordered, and observed as frequently as ordered".
 - b. Assurance of documentation is achieved through Managed Health Care Nursing Services Policy Manual D-27.1 Medication Administration stating:
 - i. All inpatient medications, parenteral fluids and additives administered to patients shall be documented on the patient's Medication Administration Record (MAR). Accurate documentation shall include: Medication, Dosage, Route, Date, Time, and Initials and signature of person administering the medication.
 - ii. All outpatient facilities will document medications on the CRT or EMR per current practice.
 - iii. The person administering the medication will record the medicines as soon as they are given and enter them in the computer. Documentation may also be required on the MAR and Diabetic and DOT flow sheets. Nursing Leadership has developed a monthly performance improvement indicator audit of administrative segregation medication compliance that will be implemented on or before January 31, 2009 (Attachment B & C).
- 5. Stock medication log and reconciliation.
 - a. CMC Pharmacy Policy and Procedure Manual 40-10 Distribution of Patient Medication section V and VI identify the process of floor and emergency stock medication administration and documentation as "V. Floor stock items or emergency stock items must be administered from facility supplies by a RN, LVN, or Certified Medication Aide according to statutes and regulations, standards and administrative protocols. VI. A log shall be maintained for documenting each dose of medication or item used from floor stock and/or emergency stock (Attachment D). This log shall be verified by Nursing Leadership on a quarterly basis, to be initiated on or before January 31, 2009.
- 6. Narcotic Counts.
 - a. CMC Pharmacy Policy and Procedure Manual 20-15 Controlled Substances Record Keeping states, "Designated nursing personnel must inventory all controlled substances in the working administration stock during each change of shift and note the correct count by signing their name. In the event that there is a discrepancy in count, off-going staff must stay until the problem is resolved. Notify the highest ranking warden or officer on duty at the time".

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- b. UTMB-CMC does not require a Registered Nurse to perform narcotic counts as the primary nursing workforce consists of Licensed Vocational Nurses. Many smaller facilities have no Registered Nurses on staff other than the nursing manager. Nursing personnel in the policy refers to registered nurse, licensed vocational nurse or patient care assistant.

Implementation Date: January 31, 2009

Recommendation:

Unit management should appropriately segregate duties to ensure an effective and efficient internal control environment. Units with limited staffing should identify and implement appropriate compensating controls.

Management's Response:

The Facility Nurse Managers will review the following policies and procedures in their staff meetings and have each nursing staff member sign a document indicating their understanding of these policies and procedures by January 31, 2009.

- a. Effective and efficient internal controls.
- o The facility nurse manager is responsible for the allocation of all work in relation to the scheduling of human resources. In accordance with Managed Health Care Nursing Services Policy Manual C-25.3 Nursing Assignments requires that, "The assigned Team Leader/Charge Nurse is responsible for posting daily written assignment schedules at the beginning of each shift". These assignment schedules provide ongoing accountability of duty assignments and are maintained for a period of three years.

Implementation Date: by January 31, 2009

Physical Security of Inventory

We observed several instances of non-compliance at several units with the Storage of Pharmaceuticals policy (15-10) related to locking of cabinets and refrigerators storing stock medications.

Additionally, the access list for the pill room at one unit includes non-medical staff, and the employee receiving shipments and delivering them to the pill room was not on the access list as required by the Medication Area Security policy (15-05).

Recommendation:

Unit management should establish sufficient access control procedures, in compliance with established policies, to ensure assets are safeguarded and physically secured to prevent loss.

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Management's Response:

The Facility Nurse Managers will review the following policies and procedures in their staff meetings and have each nursing staff member sign a document indicating their understanding of these policies and procedures by January 31, 2009.

- a. CMC Pharmacy Policy and Procedure Manual 15-10 requirements for storage of pharmaceuticals. Policy is compliant with recommendations.
- b. CMC Pharmacy Policy and Procedure Manual 15-5 describes personnel that are allowed access to Pill Rooms. Access is limited to nursing staff and Pharmacists and is compliant with recommendations. Nurse Managers will be instructed to maintain an accurate access list for compliance.

Implementation Date: January 31, 2009

Oversight and Monitoring

Interviews with unit personnel and observation of pharmacy inventory operations indicate a lack of supervisory review of floor and bulk stock orders, receiving documentation and verification of shipping documents to original orders.

Recommendation:

Unit supervisors should review floor and bulk stock orders, receiving documents, and verifications of shipping documents to original orders. The unit supervisors should document their review by initialing or signing the documentation.

Management's Response:

The Facility Nurse Managers will review the following policies and procedures in their staff meetings and have each nursing staff member sign a document indicating their understanding of these policies and procedures by January 31, 2009.

- a. Reconciliation of goods received vs. goods ordered.
 - o Managed Health Care Medication Aide Orientation Manual, Section 2 – Pill Window Maintenance IV states medications received will be compared against the manifest and the Pharmacy will be notified for any order not received within two business days.
 - o This manifest requires the employee reconciling the order to sign and date. Proposed Nursing Policy D. 27.3 “Medication Inventory Process” (see addendum A) addresses this issue by requiring *the signature and date of nursing administration or designee verifying reconciliation*. Once this policy is approved, each facility nurse manager will present this policy to their staff and have each staff member sign a document indicating their understanding of this policy.

Implementation Date: January 31, 2009

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Other Observations

During the parole and discharge process at the Walls unit, we observed that the Parole and Discharge clerks do not verify inmate identification prior to distributing discharge medications. Additionally, the clerks give medication advice to inmates who have questions about their medications, which is beyond the scope of their authority since the clerks are neither licensed nor certified, to provide such advice.

Recommendation:

The Walls practice manager should ensure the Parole and Discharge clerks verify inmate identification prior to distributing discharge medications and refer inmates with medication questions to appropriately licensed personnel.

Management's Response:

The Facility Practice Managers will ensure the Parole and Discharge clerks verify inmate identification prior to distributing discharge medications and refer inmates with medication questions to appropriately licensed personnel.

- a. CMC Pharmacy Policy and Procedure Manual 25-10 will be amended on or before January 31, 2009 to indicate that the designated person distributing medications will verify patient identification and any medication questions will be referred to licensed nursing personnel.

Implementation Date: January 31, 2009

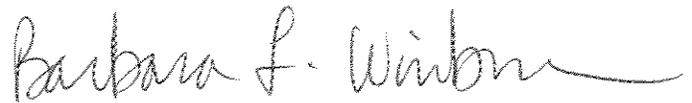
Conclusion

CMC Pharmacy Services is a large, complex, decentralized operation that continues to develop and mature its business operations. Opportunities exist to improve overall general controls to assist in monitoring and oversight of operations. We encourage Central Pharmacy and unit management to strengthen inventory controls including safeguarding of assets, segregation of duties and reconciliations, developing or updating policies and procedures and enhancing information systems.

We greatly appreciate the assistance provided by the staff of Central Pharmacy, Operations and Finance and TDCJ units and hope that the information presented in our report is beneficial.



Kimberly K. Hagara, CPA, CIA
Associate Vice President, Audit Services



Barbara L. Winburn, RHIA, CIA
Audit Services Manager

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Attachment A: Medication Inventory Process

MANAGED HEALTH CARE NURSING SERVICES POLICY MANUAL	Effective Date: 9/08	NUMBER: D-27.3 PROPOSED
	Revised: 9/08	
	Replaces:	
	Formulated: 9/08	
MEDICATION INVENTORY PROCESS		

PURPOSE: To outline the standards for medication inventory processes to include inventory stock levels, inventory turnover, and ordering and receiving of medications at all facilities.

POLICY: Inventory Stock Levels

In accordance with Managed Health Care Medication Aide Orientation Manual, Section 7, "How to Develop PAR Levels" and Pharmacy Best Practices, PAR levels will be established for the following:

1. Medication Floor Stock – Each pill window will maintain no more than one blister pack card for any drug unless the medication is issued only from stock. Examples include but are not limited to INH and Pyridoxine.
2. Pharmacy Warehouse Stock – Each facility will utilize the pharmacy report computer printout IVM00142-IMV to establish the minimum (1 week supply) and maximum (2 week supply) stock levels. These stock levels will be reevaluated by each facility every six months.

Inventory Turnover

Each facility will ensure that expiration dates of all stock medications are labeled or highlighted upon receipt from pharmacy.

Stock medications will be organized with medications expiring soonest at the front and any extra stock cards turned backwards.

Outdated (expired) medications will be identified and returned to pharmacy in accordance with CMC Pharmacy Policy and Procedure Manual 15-30 "Disposition of Outdated Drugs" and 15-35 "Reclamation and

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Destruction of Medications”. An inventory list of all medications being returned to pharmacy will be sent with the medication. Nursing administration or designee will verify, sign, and date inventory list with the employee preparing the medications for return. A copy of the signed inventory list will be maintained on the facility for a period of 90 days.

Ordering and Receiving of Medications

In accordance with Managed Health Care Medication Aide Manual, Section 2 “Pill Window Maintenance”, all medications received will be compared against the manifest and reconciled with the original order. Nursing administration or designee will verify, sign, and date the manifest with the employee reconciling the received medications. A copy of signed manifest will be maintained on the facility for a period of 90 days.

Central Pharmacy will be notified of any order discrepancy by the employee identifying the discrepancy within 2 business days.

References:

Managed Health Care Medication Aide Orientation Manual
Pharmacy Best Practices
CMC Pharmacy Policy and Procedure Manual

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Attachment B: Proposed Nursing QI Indicator

CONTINUITY OF CARE

FACILITY INDICATOR: Offenders assigned to Administrative Segregation will receive all prescribed medication as ordered. KOP blister packs will be delivered in a timely manner, without interruption of treatment.

PURPOSE: This report will determine if the nursing staff is providing appropriate care by administering medications to Ad. Seg. Patients in accordance with TDCJ Health Services and Correctional Managed Care policies E-39.1.

GOAL: Minimum of 80 % compliance

METHODOLOGY:

- A. Obtain a printed copy of HSA-68, Certificate and Record of Segregation Visits, or the facility's classification roster for all Ad Seg patients for the month to be audited.
- B. Determine the total number of Ad Seg patients prescribed medication during the audit month by reviewing the FORVUS, PH-40 or PH-70 Medication Profile or the medication print pass. Facilities which are not utilizing FORVUS will review the printed MAR instead.
- C. Once patients to be audited have been identified, determine the sample size, which will be 5% or 25 samples, whichever is less. Samples will be evenly spread though the pool to obtain samples from the total population:

<u># Patients</u>	<u>Sample Size</u>
Less than 10	All
11 - 199	10
200 - 299	15
300 - 399	20
400 +	25

- D. Determine the number of ordered doses of prescribed medicines and KOP blister packs, and compare to the number of administered doses by reviewing the FORVUS, PH-40 or PH-70 compliance record or the printed MAR. Determine % compliance by dividing administered doses by ordered doses.
- E. Complete all information contained in the audit tool, (worksheet).
- F. Report information to the Continuity of Care Champion by the 10th of each month following the audited month.

CMC Pharmacy Services
Audit Control Number: 2008-005

Attachment C: Continuity of Care Worksheet

Month/Year Being Audited: _____ Sample Size: _____ Facility: _____
 Total # in Pool: _____

TDCJ #	PATIENT'S NAME	# Total Doses of MEDICATION	# Total Doses Administered	WAS PERCENT OF COMPLIANCE 80% or Greater		COMMENTS
				Yes	NO	
1						
2						
3						
4						
5						
6						
7						
8						
9						
1						

INDICATOR # Compliant: _____ # Not Compliant _____ % Compliant: _____

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

As of March 2009

Title of Position	CMHCC Partner Agency	Vacant Since (mm/yyyy)	Actions Taken to Fill Position
Physician	UTMB CMC	9/1/2007	Local and National Advertising, Conferences; Contract with Timeline National Recruiting, Direct Mailing
Mid Level Practitioners (PA and FNP)	UTMB CMC	9/1/2007	Local and National Advertising, Career Fairs, Conferences Contracts with Numerous Placement Agencies
Dentists	UTMB CMC	6/1/2007	Local and National Advertising, Conferences; Contracts with Placement Agencies
Physical Therapists	UTMB CMC	11/1/2008	Local Advertising, Direct Mails to Texas State Licensed Therapists
Correctional Physician	TTUHSC	08/2007	Enhanced Advertisement and Recruitment through Newly Contracted Agencies
Physician II	TDCJ	09/01/2007	Multiple Postings and Advertisement in Journals and Newspapers; 3/1/08: Continue to post and Recruit Applicants. 4/1/08: Continue Posting / Recruitment. 5/1/08: Hold, Waiting on Decision to

Physician II (Cont.)			Change to Two (2) Part-time Positions with Contingency to Create Second Part-time When There is Interest. One (1) applicant interviewed, in the process of clearance 2/27/2009.
Nurse II	TDCJ	03/02/2009	In the Process of Posting Position



**TEXAS DEPARTMENT OF
CRIMINAL JUSTICE**

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

First Quarter FY-2009

Lannette Linthicum, MD, CCHP-A, FACP

TDCJ Medical Director's Report

Office of Health Services Monitoring (OHSM)

Operational Review Audit (ORA)

- During the first quarter of FY-2009 (September, October, and November), seven Operational Review Audits were conducted at the following facilities: Daniel, Dominguez, Rudd, Smith, Smith High Security, Wallace, and Ware. The nine items most frequently out of compliance follow:
 1. Item 3.11 requires the dental clinic to comply with infection control guidelines, such as use of personal protective equipment. Seven of the seven facilities were not in compliance with this requirement. The following facilities were out of compliance: Daniel, Dominguez, Rudd, Smith, Smith High Security, Wallace and Ware. All seven facilities have submitted corrective actions. The corrective action plans of the following facilities have been accepted and the audit process for these facilities is closed: Daniel, Wallace and Ware. The action plans of the following facilities have been submitted with TDCJ Health Services approval pending as of the date of this report: Dominguez, Rudd, Smith, and Smith High Security.
 2. Item 5.04 (2) requires the facility's self-reported Access to Care Audit data accurately reflect compliance with Correctional Managed Health Care (CMHC) policy E-37.1 regarding the timely assessment of patients who have submitted a sick call request for a medical complaint. Seven of the seven facilities were not in compliance with this requirement. The following facilities were out of compliance: Daniel, Dominguez, Rudd, Smith, Smith High Security, Wallace and Ware. All seven facilities have submitted corrective actions. The corrective action plans of the following facilities have been accepted, and the audit process for these facilities is closed: Daniel, Wallace and Ware. The action plans of the following facilities have been submitted with TDCJ Health Services approval pending as of the date of this report: Dominguez, Rudd, Smith, and Smith High Security.
 3. Item 5.11 requires Emergency Room Forms (HSM-16), to be filled out completely and legibly to include assessment, intervention, medications administered, disposition, and signature. Seven of the seven facilities were not in compliance with this requirement. The following facilities were out of compliance: Daniel, Dominguez, Rudd, Smith, Smith High Security, Wallace, and Ware. All seven facilities have submitted corrective actions. The corrective action plans of the following facilities have been accepted, and the audit process for these facilities is closed: Daniel, Wallace, and Ware. The action plans of the following facilities have been submitted with TDCJ Health Services approval pending as of the date of this report: Dominguez, Rudd, Smith, and Smith High Security.
 4. Item 5.20 requires physical exams be documented on the HSM-4 every three years, on males fifty (50) to fifty-nine (59) years of age, to include digital rectal exam and fecal occult blood testing. Seven of the seven facilities were not in compliance with this requirement. The following facilities were out of compliance: Daniel, Dominguez, Rudd, Smith, Smith High Security, Wallace and Ware. The corrective action plans of the following facilities have been accepted, and the audit process for these facilities is closed: Daniel, Wallace, and Ware. The action plans of the following facilities have been submitted with TDCJ Health Services approval pending as of the date of this report: Dominguez, Rudd, Smith, and Smith High Security.

Operational Review Audit (ORA) Cont'd.

5. Item 6.37 requires the pneumococcal vaccine be offered to offenders with certain chronic diseases (e.g., heart disease, emphysema, COPD, diabetes.) Asthma is not included unless it is associated with COPD, emphysema or long term systemic steroid use. Seven of the seven facilities were not in compliance with this requirement. The following facilities were out of compliance: Daniel, Dominguez, Rudd, Smith, Smith High Security, Wallace, and Ware. The corrective action plans of the following facilities have been accepted, and the audit process for these facilities is closed: Daniel, Wallace, and Ware. The action plans of the following facilities have been submitted with TDCJ Health Services approval pending as of the date of this report: Dominguez, Rudd, Smith, and Smith High Security.
6. Item 5.16 requires nursing staff document on the HSN-1 (Nursing Incoming Chain Review) that a review was conducted within twelve (12) hours of the offender's arrival at the facility for housing, work assignments, work restrictions, disciplinary restrictions, mental health restrictions, prescribed medications, and treatment. Six of the seven facilities were not in compliance with this requirement. The following facilities were out of compliance: Daniel, Rudd, Smith, Smith High Security, Wallace, and Ware. All six facilities have submitted corrective actions. The corrective action plans of the following facilities have been accepted, and the audit process for these facilities is closed: Daniel, Wallace, and Ware. The action plans of the following facilities have been submitted with TDCJ Health Services approval pending as of the date of this report: Rudd, Smith, and Smith High Security.
7. Item 5.19 requires the medical provider document on the HSM-4, physical exams annually, on male offenders sixty (60) years of age or older, to include digital rectal exam and fecal occult blood testing. Six of the seven facilities were not in compliance with this requirement. The following facilities were out of compliance: Daniel, Dominguez, Rudd, Smith, Smith High Security, and Ware. The corrective action plans of the following facilities have been accepted, and the audit process for these facilities is closed: Daniel and Ware. The action plans of the following facilities have been submitted with TDCJ Health Services approval pending as of the date of this report: Dominguez, Rudd, Smith, and Smith High Security.
8. Item 3.04 (2) requires the facility's self-reported Access to Care Audit data accurately reflect compliance with Correctional Managed Health Care (CMHC) policy E-38.1 regarding the timely assessment of patients who have submitted a sick call request for a dental complaint. Five of the seven facilities were not in compliance with this requirement. The following facilities were out of compliance: Daniel, Dominguez, Rudd, Smith High Security, and Wallace. All five facilities have submitted corrective actions. The corrective action plans of the following facilities have been accepted, and the audit process for these facilities is closed: Daniel and Wallace. The action plans of the following facilities have been submitted with TDCJ Health Services approval pending as of the date of this report: Dominguez, Rudd, and Smith High Security.
9. Item 5.02 (2) requires the facility's self-reported Access to Care Audit data accurately reflect compliance with CMHC policy E-37.1 regarding the timely triaging of patients who have submitted a sick call request. Five of the seven facilities were not in compliance with this requirement. The following facilities were out of compliance: Daniel, Rudd, Smith, Smith High Security, and Wallace. All five facilities have submitted corrective actions. The corrective action plans of the following facilities have been accepted, and the audit process for these facilities is closed: Daniel and Wallace. The action plans of the following facilities have been submitted with TDCJ Health Services approval pending as of the date of this report: Rudd, Smith and Smith High Security.

Grievances and Patient Liaison Correspondence

During the first quarter of FY-2009 (September, October, and November), the Patient Liaison Program and the Step II Grievance Program received 2,744 correspondences. The Patient Liaison Program had 1,337 and Step II Grievance had 1,407. Of the total number of correspondence received, 286 (10.42 percent) Action Requests were generated by the Patient Liaison Program and the Step II Grievance Program.

Quality Improvement (QI) Access to Care Audits

During the first quarter of FY-2009 (September, October, and November), the Patient Liaison Program nurses and investigators performed 114 Access to Care (ATC) audits. The ATC audits looked at verification of facility information and a random sample conducted by the Office of Professional Standards (OPS) staff and continued facility education at each facility. Of the 114 facilities, representing a total of 1,026 indicators reviewed, 41 of them fell below the 80 percent threshold representing four (4) percent.

Capital Assets Monitoring

The Capital Assets Contract Monitoring Office audited seven facilities during the first 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 seven of the seven facilities audited were within the compliance range: Daniel, Dominguez, Rudd, Smith, Smith High Security, Wallace and Ware.

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 first quarter of FY-2009:

- 201 reports of suspected syphilis this quarter, the same as 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 infections rather than new cases.
- 327 Methicillin-Resistant Staphylococcus Aureus (MRSA) cases were reported compared to 918 during the same quarter of FY-2008.
- There was an average of 23 Tuberculosis (TB) cases under management per month during this quarter, compared to an average of 19 per month during the first quarter of the FY-2008.
- In FY-2006, the Office of Preventive Medicine began reporting the activities of the Sexual Assault Nurse Examiner (SANE) Coordinator. This position collaborates with the Safe Prisons Program and is trained and certified as a SANE. Although we do not teach the SANE Curriculum because of restrictions imposed by the State Attorney General's Office, the position provides inservice training to facility providers in the performance of medical examination, evidence collection and documentation, and use of the sexual assault kits. During the first quarter FY-2009, 19 training sessions have been held, attended by 12 facilities, with 147 medical staff trained. This position also audits the documentation and services provided by medical personnel for each sexual assault reported. There have been 164 chart reviews performed for the first quarter FY-2009. 12 baseline labs were drawn. 12 deficiencies were found not compliant with policy. Appropriate corrective action responses were received on all deficiencies.
- Currently Peer Education Programs are on all Institutional Division Facilities that TDCJ operates. The Office of Preventive Medicine is currently expanding this program into the Private Prison Facilities.

Mortality and Morbidity

There were 106 deaths reviewed by the Mortality and Morbidity Committee during the months of September, October, and November 2008. Of those 106 deaths, 16 were referred to peer review committees and one was referred to utilization review.

Peer Review Committee	Number of Cases Referred
Physician & Nursing Peer Review	7
Nursing Peer Review	1
Physician Peer Review	8
Total	16

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 first quarter of FY-2009.

- Liaison with County Jails identified the immediate mental health needs of 14 offenders approved for expedited admission to TDCJ due to psychiatric conditions. This information was provided to the appropriate TDCJ facility prior to intake.
- The Mental Health/Mental Retardation (MHMR) history was reviewed for 19,527 offenders brought into TDCJ ID/SJ. Intake facilities were provided with critical mental health data, not otherwise available, for 2,504 offenders.
- 2,765 Texas Uniform Health Status Update forms were reviewed, which identified 1,023 deficiencies (primarily incomplete data).
- 350 offenders with high risk factors (very young, old, or long sentences) transferring into Institutional Division were interviewed which resulted in 19 referrals.
- 61 offenders were screened for TDCJ Boot Camp.
- 19 Administrative Segregation facilities were audited. 4,312 offenders were observed, 2,451 of them were interviewed, and 10 offenders were referred for further evaluation. Access to Care (ATC) was above 80 percent compliance for 17 facilities and two (2) facilities had no mental health Sick Call Requests. ATC-6 (Referral from Triage) compliance was 100 percent except for one facility which had a compliance of 60 percent. The following facility was out of compliance: Robertson.

Clinical Administration

Health Services Liaison Utilization Review Monitoring

During the first quarter of FY-2009 10 percent of the combined UTMB and TTUHSC hospital and infirmary discharges were audited. A total of 105 hospital discharges and 47 inpatient facility discharge audits were conducted. The chart below is a summary of the audits showing the number of cases with deficiencies and the percentage.

Hospital Discharges

Month	Unstable Discharges ¹ (Cases with deficiencies)	Readmissions ² (Cases with deficiencies)	Lack documentation (Cases with deficiencies)
September	1	1	19
October	3	3	26
November	2	2	34

Infirmary Discharges

Month	Unstable Discharges ¹ (Cases with deficiencies)	Readmissions ² (Cases with deficiencies)	Lack documentation (Cases with deficiencies)
September	0	0	6
October	0	0	9
November	0	0	6

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

The American Correctional Association Panel of Commissioners did not meet in the first quarter of FY-2009. These accreditations were presented in January 2009 and will be reported in the second quarter of FY-2009.

Biomedical Research Projects

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

- Correctional Institution Division (CID) Active Monthly Medical Research Projects – 44,
- CID Academic Research Projects pending approval – 8,
- Health Services Division Active Monthly Medical Research Projects – 16, and
- Health Services Division Pending Medical Research Projects – 1.

*An Update on the Joint
Pharmacy and Therapeutics Committee
&
Overview of Pharmacy Operations*

*For the
Correctional Managed
Health Care Committee
March 27, 2009*

*Correctional Managed
Health Care*



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Joint P&T Committee Functions

- Develop medication formulary
- Develop drug use policies & procedures
- Ensure safe & effective drug therapy
- Ensure cost-effective drug therapy
- Develop educational programs relating to drug use
- Develop medication use evaluation studies, review results, & implement changes if needed
- Develop quality assurance programs related to drug use
- Meets bimonthly

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Joint P&T Committee Membership

➤ Chairperson

- Appointed by TDCJ Health Services Division Medical Director
- 2 year term and may not serve more than 2 consecutive terms
- Nonpartisan facilitator that votes only to break a tie

➤ Permanent members

- TDCJ Health Services Division Medical Director or designee
- TDCJ Director of Preventive Medicine
- University Medical Directors or designees
- Texas Tech University Regional Medical Directors
- UTMB University Division and District Medical Directors (up to 4 designees)
- Texas Tech Director of Pharmacy
- UTMB Director of Pharmacy (Secretary)
- UTMB Assistant Directors of Pharmacy

➤ Appointed members

- University Directors of Nursing
- University Dental Directors
- University Mental Health Services Directors

➤ Other appointments

- Ex-officio members
- Term may not exceed tenure of Chairperson

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Recent Action Items of Interest

- Bid for Hepatitis B vaccine
- Change in lipid lowering formulary agent to generic
- Bid approval pending for agents used in the treatment of chronic hepatitis C
- New practice tools developed
 - Checklist for secondary prevention of coronary artery disease
 - Non-formulary conversion chart
 - Braden rating scale added to EMR
 - Wound care assessment form added to EMR
- Revision of key policies to strengthen inventory controls

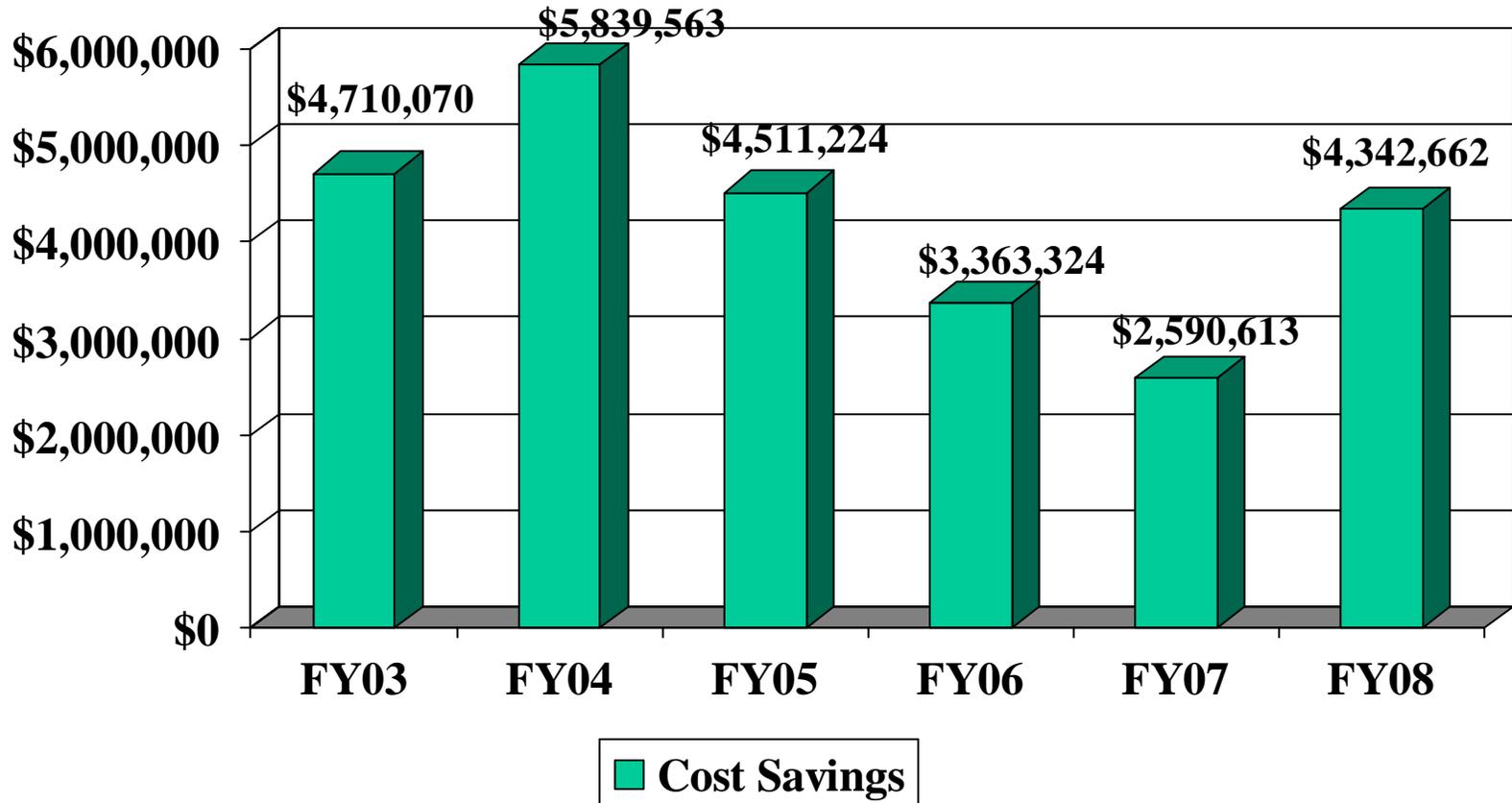
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Estimated Cost Avoidance



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Pharmacy Services



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Overview of Operations

- Pharmacy procurement and distribution provided by UTMB CMC Department of Pharmacy statewide to about 150,000 TDCJ offenders
- Clinical pharmacy services and consultation provided by UTMB and TTUHSC within their sectors
- Medications prescribed, filled and distributed using computerized systems
- Pharmacy and Therapeutics Committee provides oversight of standard formulary and development of disease management guidelines

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Staff Statistics

- 1 Director
- 3 Assistant Directors
- 3 Supervisors
- 25 Staff Pharmacists
- 9 Clinical Pharmacists
- 55 Technicians
- 26 Warehouse Clerks
- 3 Administrative Support
- 5 Accounting Staff
- 1 Resident

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Service Statistics

- Dispense average 17,000 medication orders daily
 - Dispensed > 4 million (4,039,850) to in FY08
- Fill average 62 stock orders daily
 - 22 warehouse orders daily
 - 40 floor stock orders daily
- 200-250 clinical encounters daily
 - Patient encounters (clinic visits)
 - Clinical interventions
 - Nonformulary consults
- Onsite audits conducted for all units quarterly

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Challenges

- Drug costs
- Increased demand for care & changing standards of care, such as
 - Hepatitis C & HIV
 - Psychiatric Medications (TMAP)
 - Diabetes and Cardiovascular diseases
 - Dialysis
- Large population that has grown rapidly
- Increased prevalence of disease
 - Aging of the Texas prison inmate population
 - Increasing hospitalization demands related to chronic diseases conditions
- Implementation of Best Practices & Technology
- Staffing
- Legislation, Regulatory Agencies & Accreditation Bodies

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Strategies Used to Maximize Services

- Computerization (physician electronic order entry)
- Centralization of drug distribution services
- Automation of drug distribution services
- Purchasing initiatives (340B program)
- Texas State Board of Pharmacy initiatives
- Development of formulary management program
 - Strict formulary controls
 - Use of disease management guidelines

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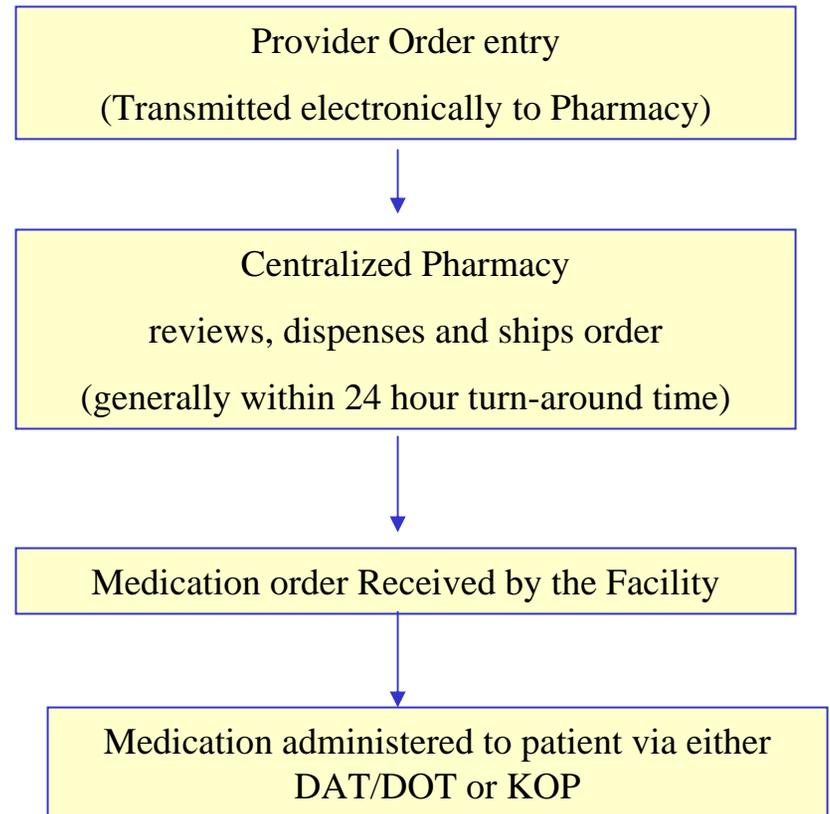
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Medication Delivery System

- A computerized ordering system provides a template for each medication with normal dose and frequency to reduce order entry errors.
- The computer system flags potential drug-drug interactions at the time of prescribing.
- A copy of all current active medications is printed and placed on the patient record so that each provider is aware of all medications being taken by the patient. (now EMR)
- Access to automated prescribing system is restricted to licensed providers through use of identification security.



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PRS Deployment Schedule

Area	Business Days Required	Implementation Start Date	Implementation End Date
UTMB Sector	285	2/4/09	10/26/09
San Saba unit pilot site	23	2/4/09	3/18/09
Houston District	46	2/27/09	5/4/09
Huntsville District	44	4/7/09	6/8/09
Beaumont District	43	5/13/09	7/13/09
Northeast District	43	6/18/09	8/17/09
Northwest District	43	7/22/09	9/21/09
San Antonio District	43	8/26/09	10/26/09
Texas Tech Sector	155	9/14/09	3/1/10
Tulia unit pilot site	30	9/14/09	10/23/09
Northern Region	61	10/19/09	1/18/10
Southern Region	64	11/30/09	3/1/10
TDCJ	440	9/14/09	3/1/10

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340B Drug Pricing Program

- ↓ SB 347, Regular Session, 2001 required a good faith effort to qualify for PHS pricing through the federal 340B program using Tub's status as a Disproportionate Share Hospital
- Federal approval granted April & program began May 2002
- Provides substantial savings on covered outpatient drugs purchased by specified federally funded entities serving the most vulnerable patient populations
- Reduced the CMC pharmacy cost from prior years by as much as a third, depending on drug class
- Key requirements:
 - Must be patient of an eligible entity
 - Health Care Providers are employees of eligible entity
 - Medical records must be maintained by eligible entity

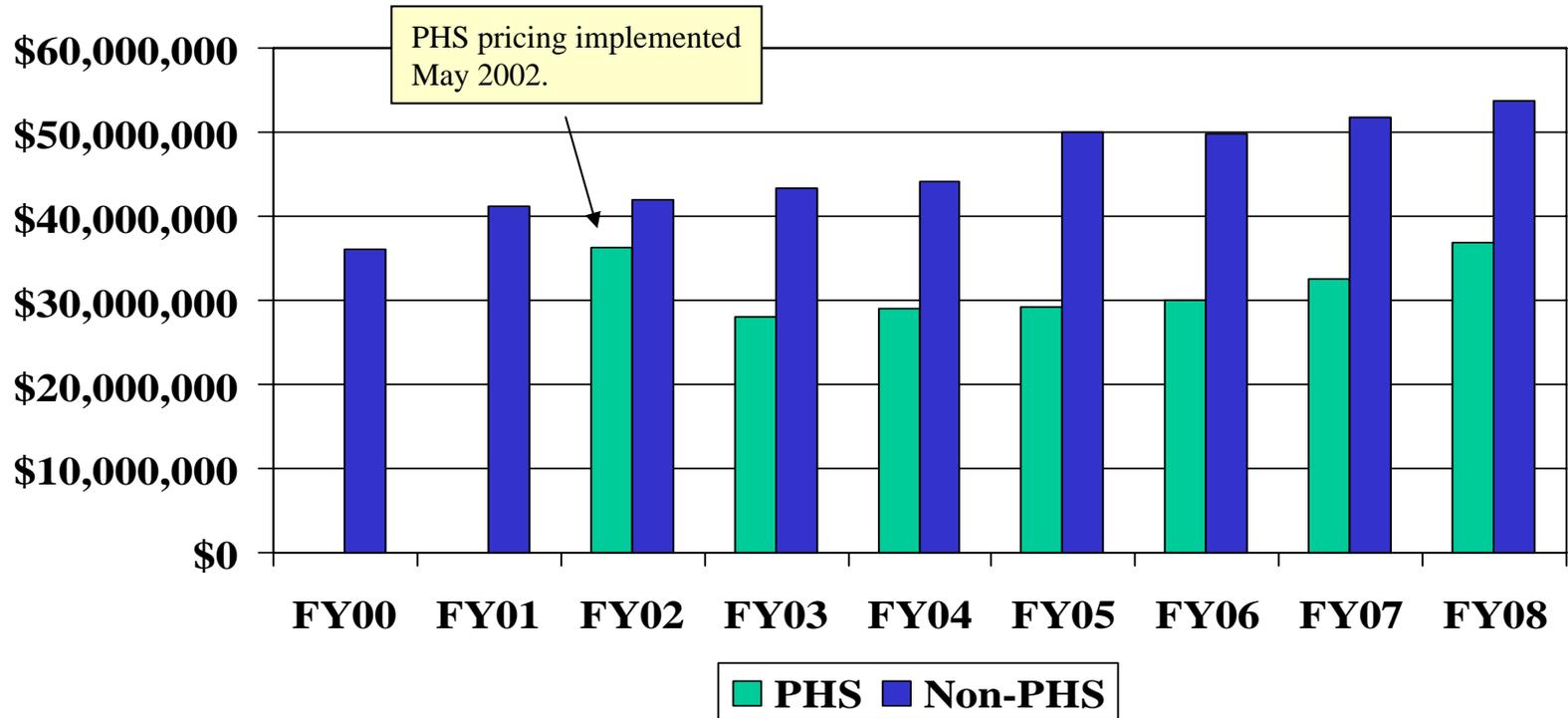
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Pharmacy Costs



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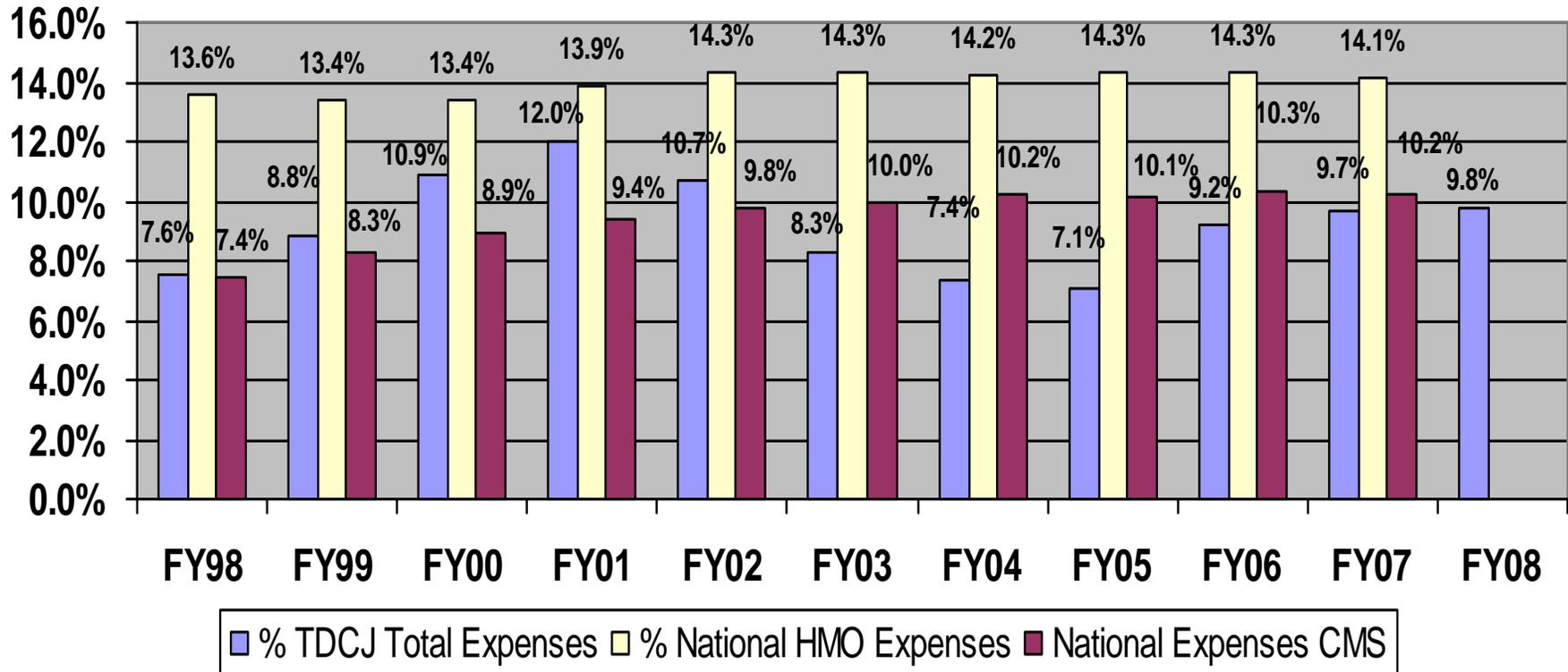
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Pharmacy Costs

Drugs as Percentage of Total Health Care Costs



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Major Pharmacy Cost Drivers

- HIV
- Chronic hepatitis C
- Psychotropic agents
- Chronic Care Medications
 - Cardiovascular agents
 - Ant diabetic agents
 - Respiratory agents

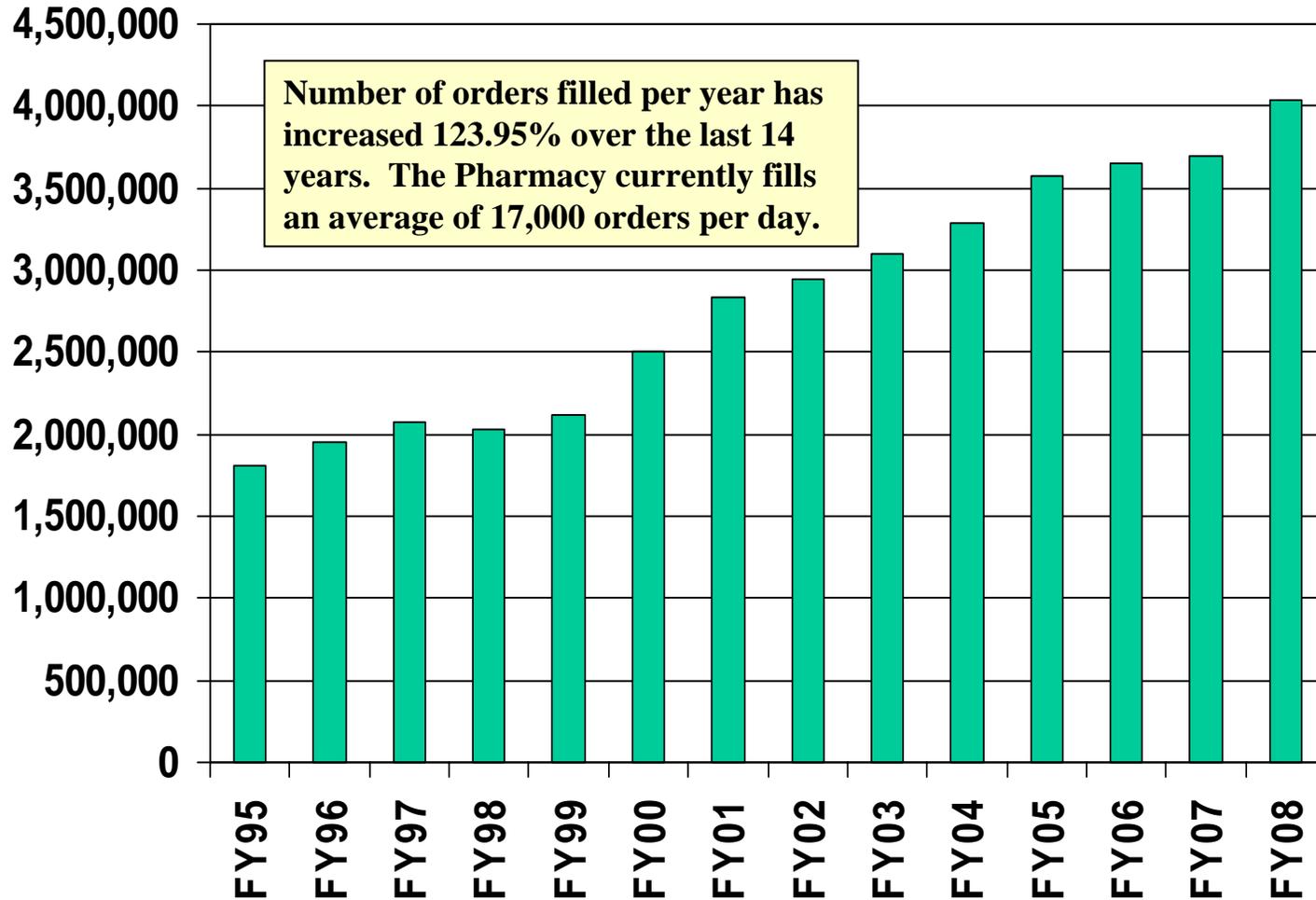
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Total Number of Prescriptions Filled



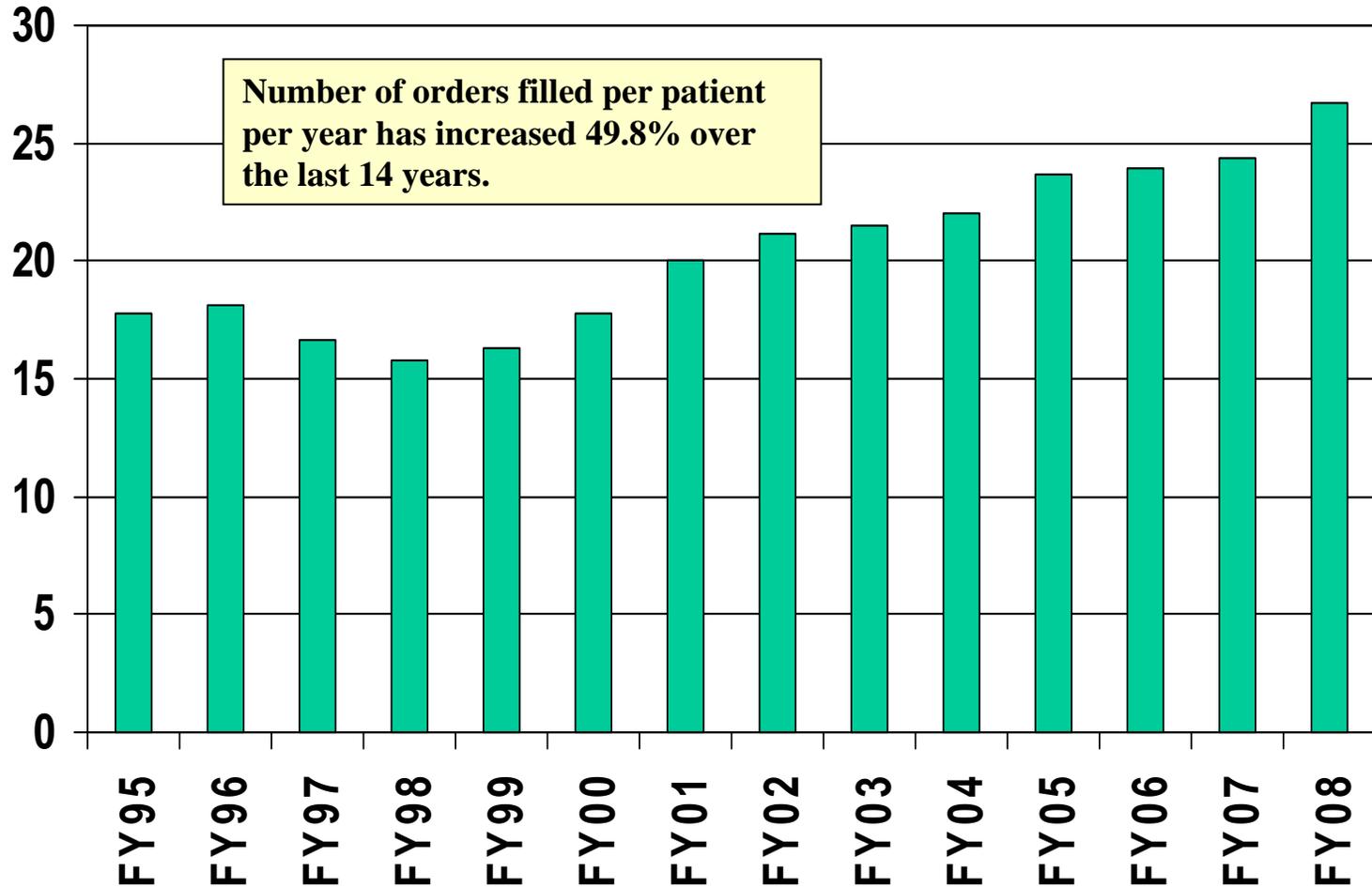
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Number of Prescriptions Per Member Per Year



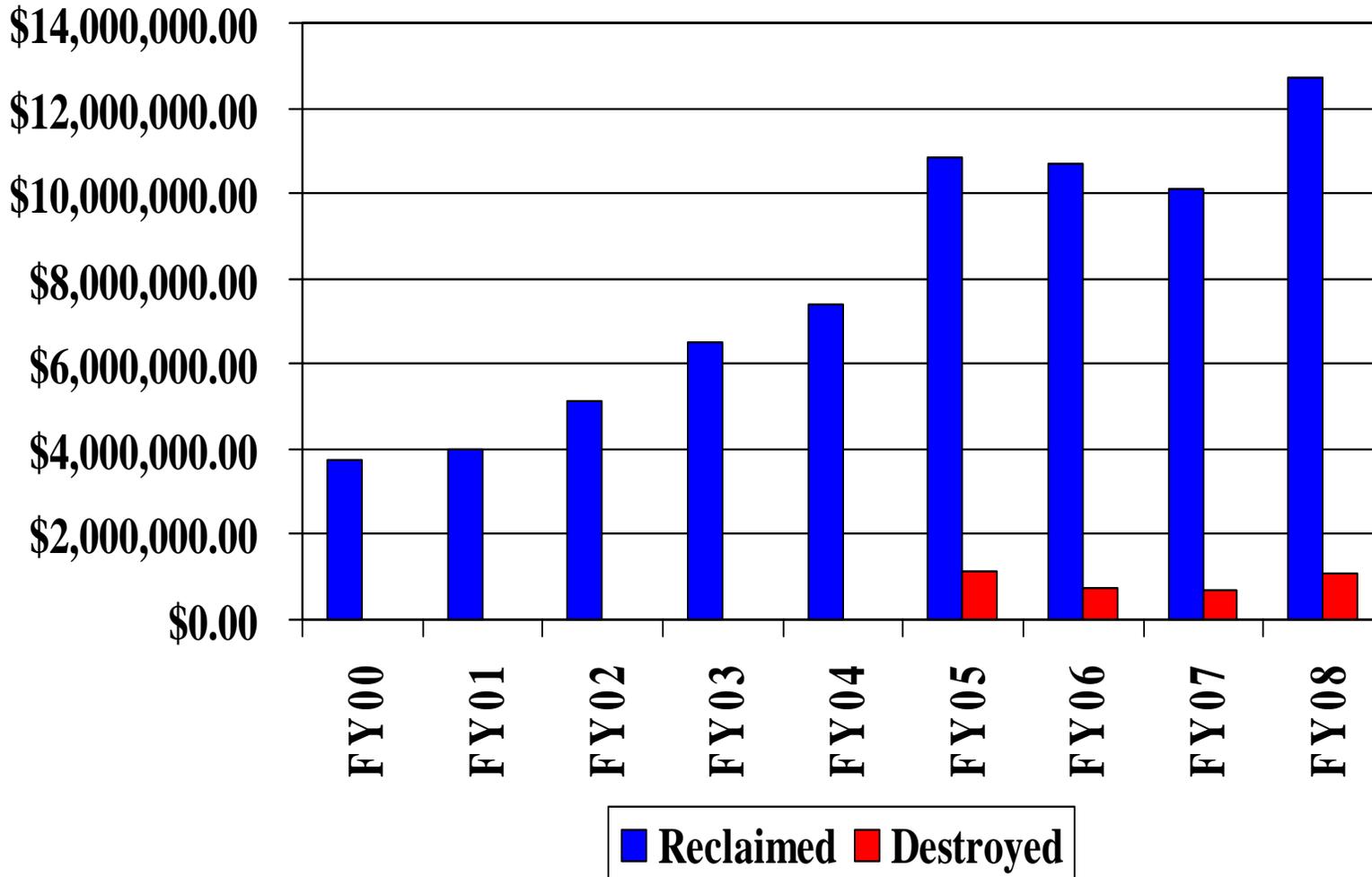
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Return Trends



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Roles & Responsibilities of Pharmacists

- Review medication orders
- Identify & resolve drug-related problems
- Provide drug information & clinic consultations
- Support P&T and formulary management program
- Audit prison unit medication rooms quarterly
- Train & supervisor pharmacy support staff
- Educate health care staff such as nurses and practitioners

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Major Staffing Challenges

- Workload
 - Fill an average of 17,000 orders per day
 - Total number of orders filled per year has increased 124% over the last 14 years.
 - Over the past 14 years the number of medication orders dispensed PMPY has increased 49.8%
 - Workload has increased 57% over the last 14 years
- Competitive market
 - Salary
 - Rural location
 - Correctional practice
 - Lack of correction ally trained pharmacists

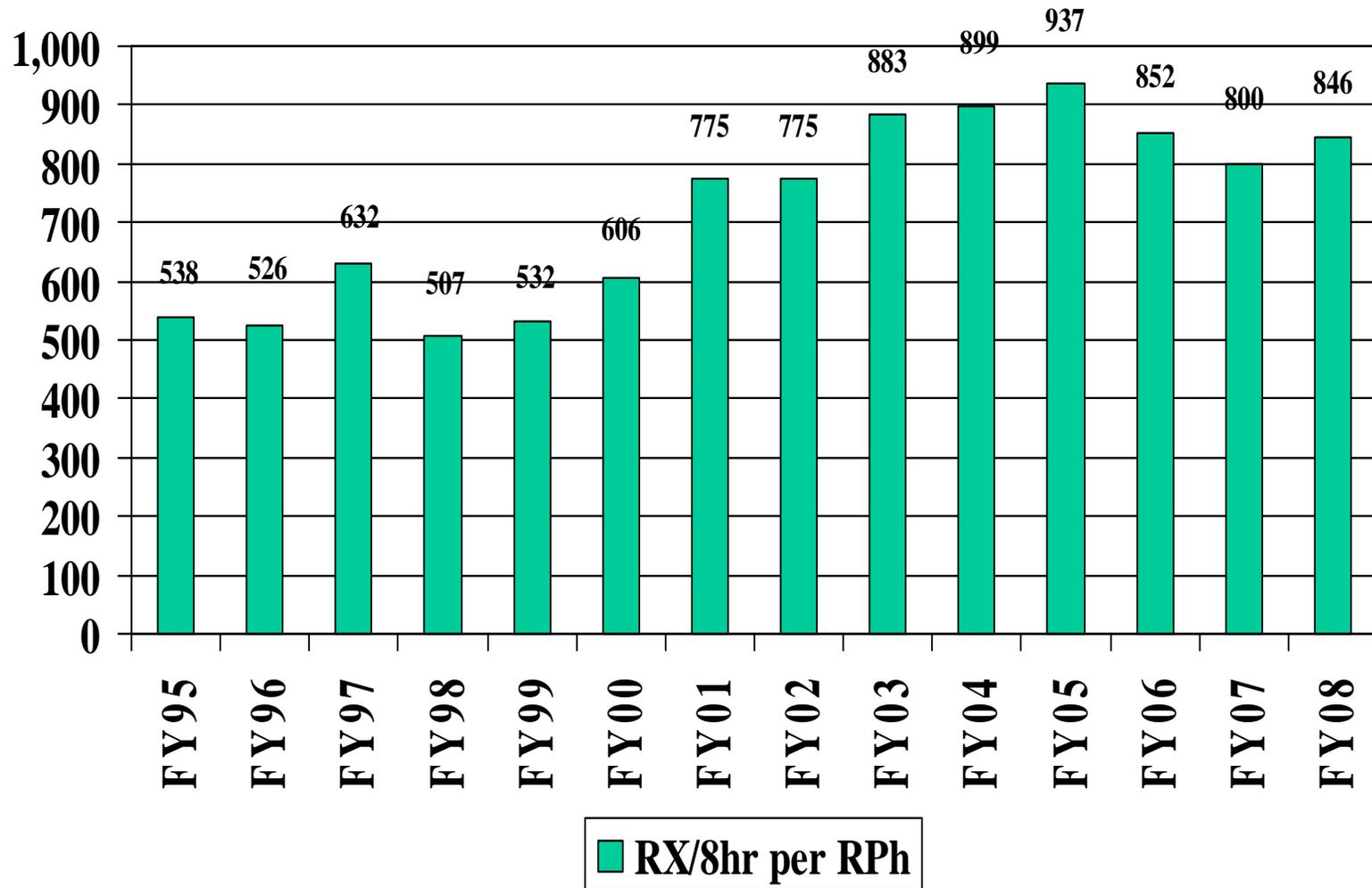
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Pharmacist Workload



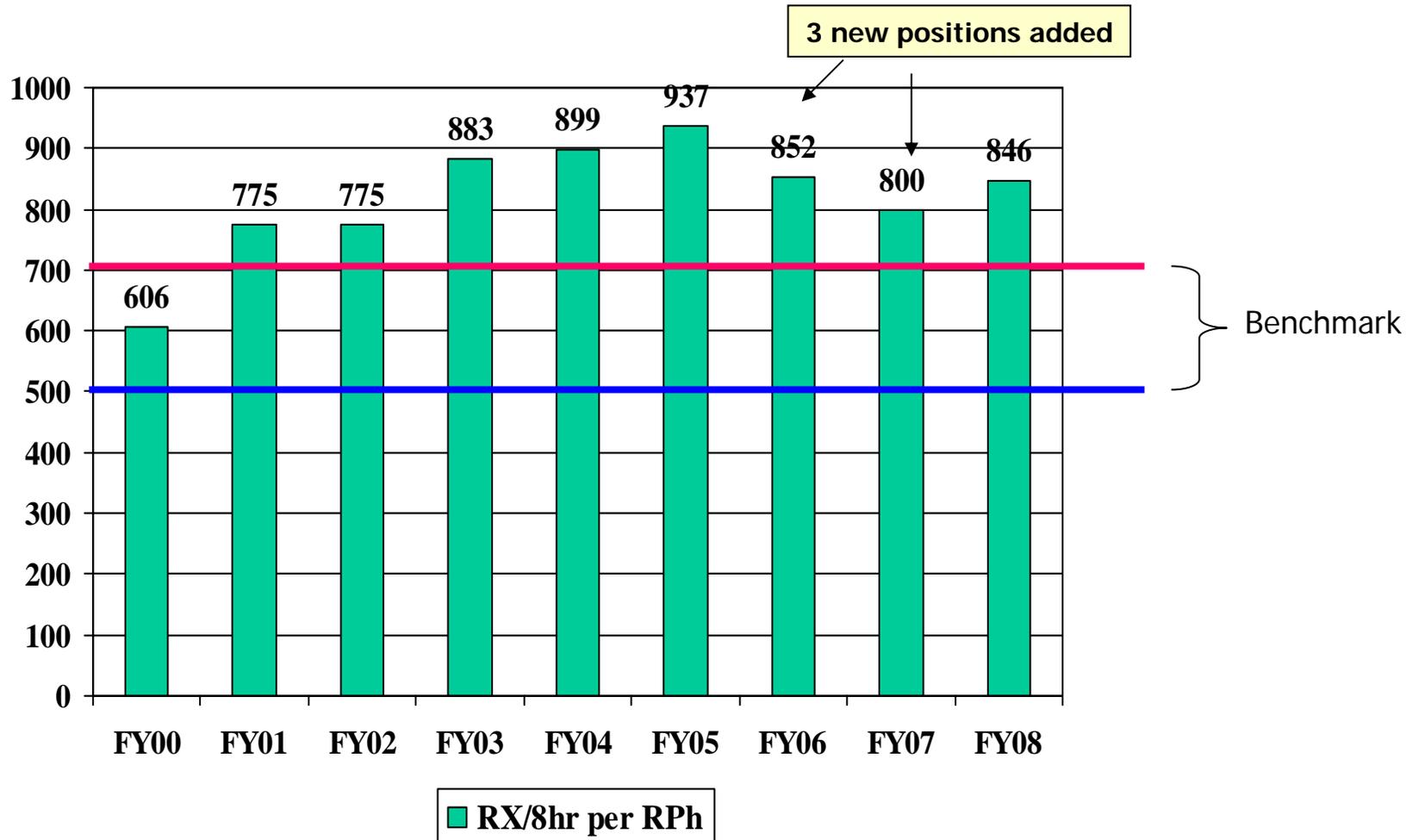
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Pharmacist Workload: FY00 – FY08



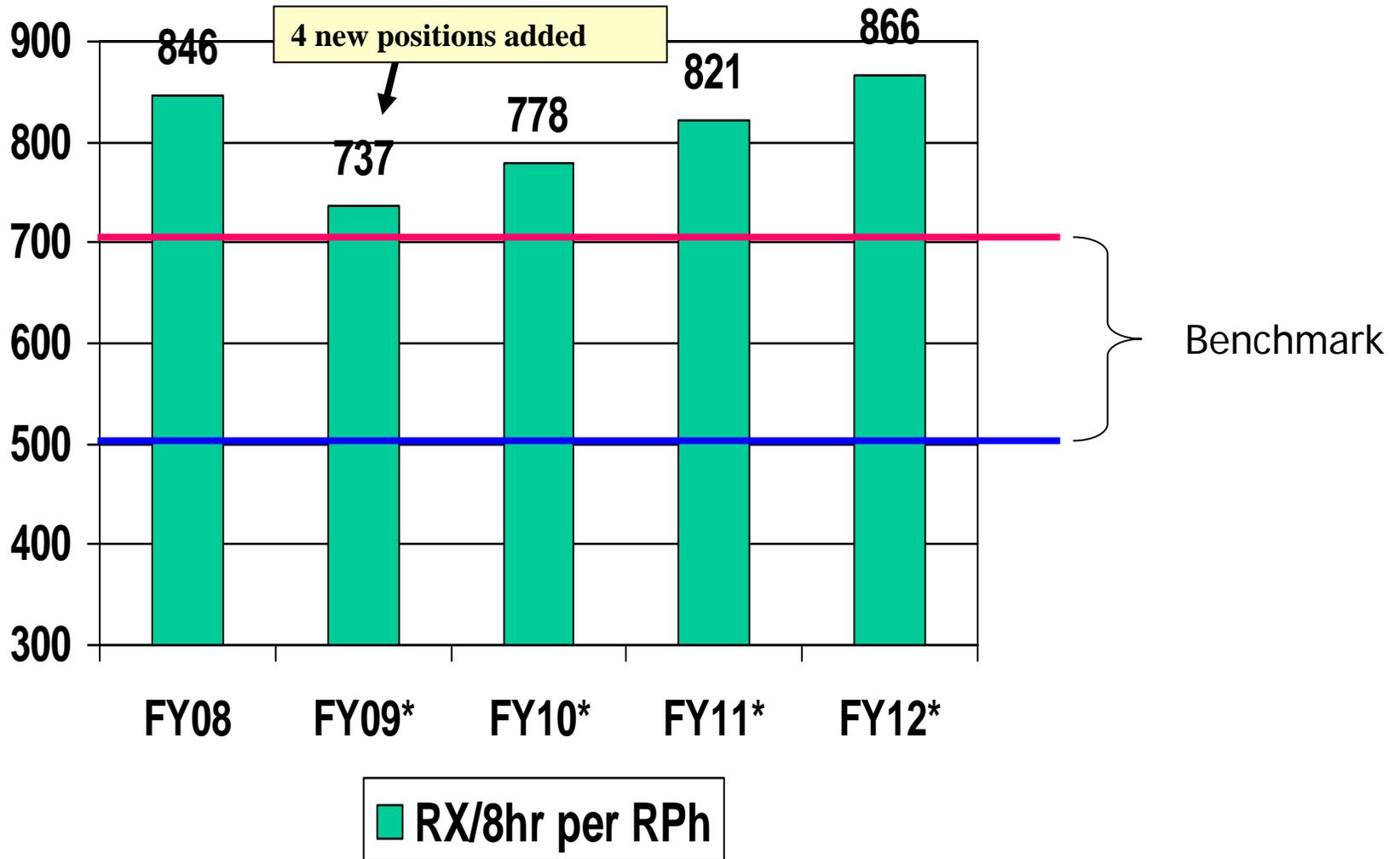
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Pharmacist Workload Projected to FY12



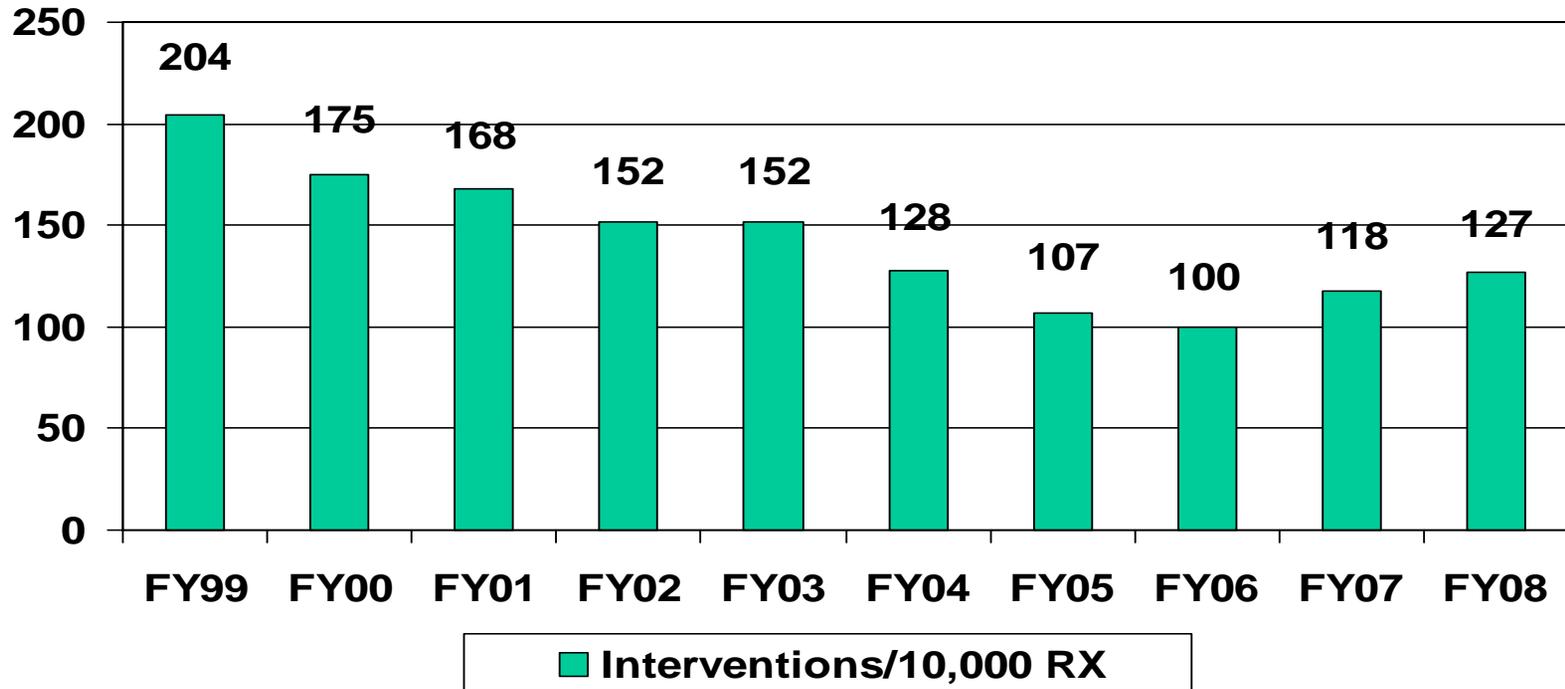
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Pharmacist Interventions



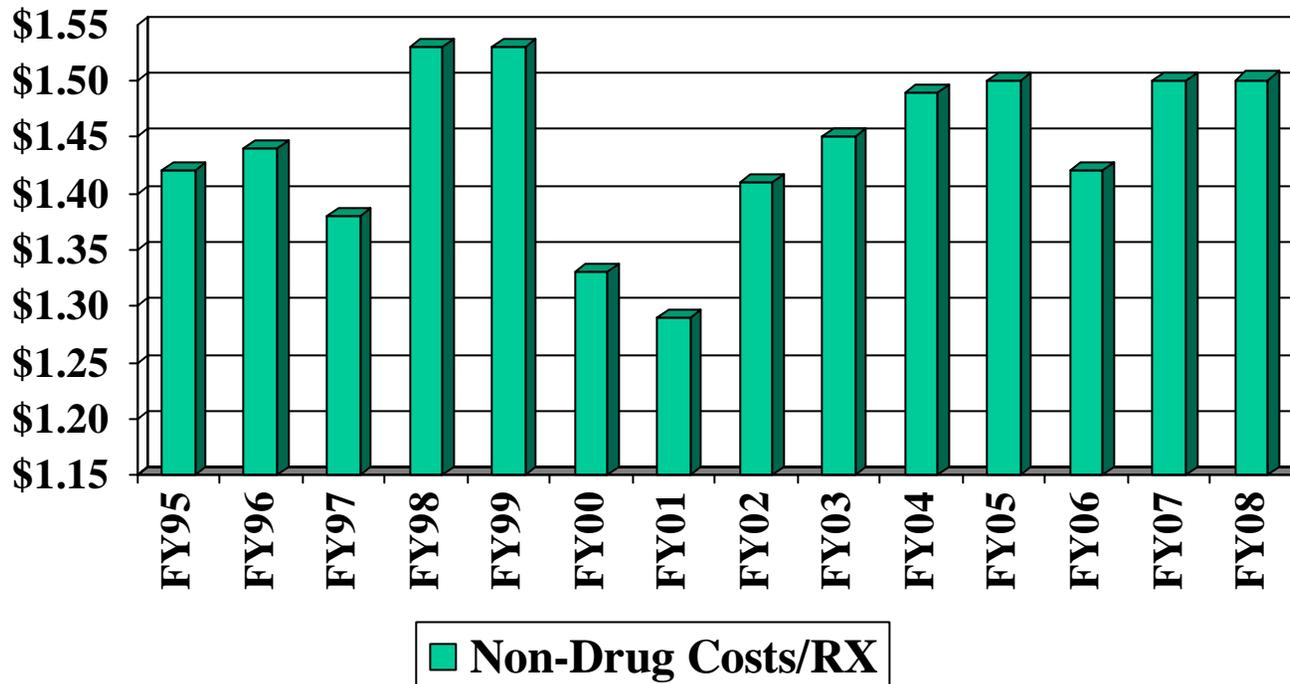
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Pharmacy Non-Drug Costs Per Prescription



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Correctional Managed Health Care

Quarterly Report FY 2009 First Quarter

September 2008 – November 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 first quarter of FY 2009. Following this summary are individual data tables and charts supporting this report.

Background

During Fiscal Year 2009, approximately \$427.7 million within the TDCJ appropriation has been allocated for funding correctional health care services. This funding included:

- \$384.9M in general revenue appropriations in strategy C.1.8 (Managed Health Care, medical services)
- \$42.8M in general revenue appropriations in strategy C.1.7. (Psychiatric Care).

Of this funding, \$427.1M (99.9%) was allocated for health care services provided by UTMB and TTUHSC and \$587K (0.1%) for the operation of the Correctional Managed Health Care Committee.

In addition and based on the 80th Legislative Session, UTMB did receive \$10.4M in General Obligation Bonds for repairs to the TDCJ Hospital in Galveston in FY 2008. Included in the strategy C.1.7 Psychiatric Care Funding above is the amount \$4.8M for FY 2009 for psychiatric care at the Marlin VA Hospital contingent upon transfer of the facility to the State. Also, included in the strategy C.1.8 Medical Services Funding above is the \$1.9M authorized under Amendment #1 for the new Marlin and San Saba facilities. These payments are made directly to the university providers according to their contracts. Benefit reimbursement amounts and expenditures are included in the reported totals provided by the universities.

Report Highlights

Population Indicators

- Through the first quarter of this fiscal year, the correctional health care program has taken a slight decline in the overall offender population served by the program. The average daily population served through the first quarter of FY 2009 was 150,760. Through this same quarter a year ago (FY 2008), the average daily population was 151,638, a decrease of 878 (0.6%) primarily in the Texas Tech sector with a 652 population decrease. While overall growth was slightly lower, 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 first quarter of FY 2009, the average number of older offenders in the service population was 10,724. Through this same quarter a year ago (FY 2008), the average number of offenders age 55 and over was 10,120. This represents an increase of 604 or about 6.0% 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 2,492 (or about 1.7% of the population served).
- Two mental health caseload measures have also remained relatively stable:
 - The average number of psychiatric inpatients within the system was 1,950 through the first quarter of FY 2009, as compared to 1,959 through the same quarter a year ago (FY 2008). The inpatient caseload is limited by the number of available inpatient beds in the system.
 - Through the first quarter of FY 2009, the average number of mental health outpatients was 18,964 representing 12.6% of the service population.

Health Care Costs

- Overall health costs through the first quarter of FY 2009 totaled \$117.1M. This amount was below overall revenues earned by the university providers by \$1,623,532 or 1.4%.
- UTMB's total revenue through the quarter was \$94.1M. Their expenditures totaled \$92.5M, resulting in a net gain of \$1.6M. On a per offender per day basis, UTMB earned \$8.61 in revenue, but expended \$8.46 resulting in a net gain of \$0.15 per offender per day.
- TTUHSC's total revenue through the first quarter was \$24.7M. Expenditures totaled \$24.6M, resulting in a net gain of \$53,793. On a per offender per day basis, TTUHSC earned \$8.85 in revenue, but expended \$8.83 resulting in an overage of \$0.02 per offender per day.

- Examining the health care costs in further detail indicates that of the \$117.1M in expenses reported through the first quarter of the year:
 - Onsite services (those medical services provided at the prison units) comprised \$58.0M representing about 49.5% of the total health care expenses:
 - Of this amount, 79.7% was for salaries and benefits and 20.3% for operating costs.
 - Pharmacy services totaled \$12.2M representing approximately 10.5% of the total expenses:
 - Of this amount 16.1% was for related salaries and benefits, 4.4% for operating costs and 79.5% for drug purchases.
 - Offsite services (services including hospitalization and specialty clinic care) accounted for \$32.0M or 27.3% of total expenses:
 - Of this amount 81.1% was for estimated university provider hospital, physician and professional services; and 18.9% for Freeworld (non-university) hospital, specialty and emergency care.
 - Mental health services totaled \$11.3M or 9.6% of the total costs:
 - Of this amount, 97.0% was for mental health staff salaries and benefits, with the remaining 3.0% for operating costs.
 - Indirect support expenses accounted for \$3.6M and represented 3.1% of the total costs.

- The total cost per offender per day for all health care services statewide through the first quarter of FY 2009 was \$8.54. The average cost per offender per day for the prior four fiscal years was \$7.86.
 - For UTMB, the cost per offender per day was \$8.46. This is higher than the average cost per offender per day for the last four fiscal years of \$7.94.
 - For TTUHSC, the cost per offender per day was \$8.83, significantly higher than the average cost per offender per day for the last four fiscal years of \$7.58.
 - 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 first quarter of FY 2009 indicates that offenders aged 55 and over had a documented encounter with medical staff approximately 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 \$670 per offender. The same calculation for offenders under age 55 totaled about \$107. In terms of hospitalization, the older offenders were utilizing health care resources at a rate over six times higher than the younger offenders. While comprising about 7.1% of the overall service population, offenders age 55 and over account for more than 32.5% of the hospitalization costs received to date.
 - A third examination of dialysis costs found that, proportionately, older offenders are represented more than four times more often in the dialysis population than younger offenders. Dialysis costs continue to be significant, averaging about \$20K per patient per year. Providing medically necessary dialysis treatment for an average of 181 patients through the first quarter of FY2009 cost \$923,405.

Drug Costs

- Total drug costs through the first quarter of FY 2009 totaled \$9.3M.
 - Pharmaceutical costs related to HIV care continue to be the largest single component of pharmacy expenses.
 - Through this quarter, \$5.3M in costs (or just under \$1.8M per month) for HIV antiretroviral medication costs were experienced. This represents 57.1% of the total drug cost during this time period.
 - Expenses for psychiatric drugs are also being tracked, with approximately \$0.3M being expended for psychiatric medications through the first quarter, representing 3.1% of the overall drug cost.
 - Another pharmacy indicator being tracked is the cost related to Hepatitis C therapies. These costs were \$0.3M and represented about 3.7% 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 net gain of \$1,569,739 through this quarter. TTUHSC reports that they hold no such reserves and report a total net gain of \$53,793.
- A summary analysis of the ending balances, revenue and payments through the first quarter for all CMHCC accounts is included in this report. That summary indicates that the net unencumbered balance on all CMHCC accounts on November 30, 2008 was <\$7,119.95> due to CMHCC Operating Account personnel changes as compared to budget allocations.
- The FY 2008 unencumbered ending fund balance, as of August 31, 2008, was \$85,531.94. The total amount of the FY 2008 fund balance was lapsed back to the State General Revenue Fund in November 2008, as required by Rider 69.
- UTMB and TTUHSC has indicated that their near breakeven and operating gains respectively, for this first quarter of FY 2009 does not reflect the market adjustments for retention of staff as appropriated by the legislature on the expense side until the second quarter of FY 2009.

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. Due to a delay in receiving UTMB's financial reports, review and testing of the first Quarter financial information is currently in process and final results are not yet available. UTMB reported that this delay resulted from end of year close out processes and issues from Hurricane Ike. Upon completion of the reviews for the first Quarter, the results will be reported in the December monthly report.

The testing of detail transactions performed on TTUHSC's financial information for September and October, 2008, resulted in no discrepancies and found all tested transactions to be verified.

The testing of detail transactions performed on UTMB's financial information for September and October, 2008, resulted in one discrepancy in recording unallowable travel expenses and another transaction for unallowable conference meeting business meals, both requiring correction or adjustment.

Concluding Notes

The combined operating gain for the university providers through the first quarter of FY 2009 is \$1,623,532. The university providers are continuing to monitor their expenditures closely, while seeking additional opportunities to reduce costs in order to minimize any future operating losses.

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Table 1
Correctional Managed Health Care
FY 2009 Budget Allocations

Distribution of Funds

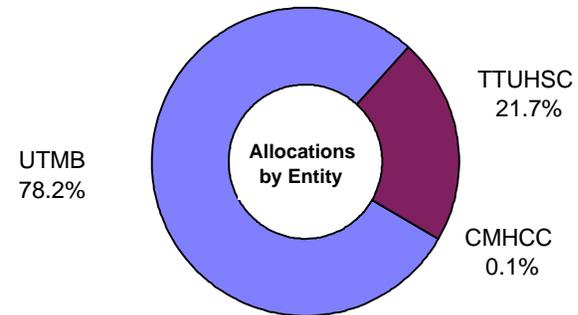
<u>Allocated to</u>	<u>FY 2009</u>
University Providers	
The University of Texas Medical Branch	
Medical Services	\$303,959,987
Mental Health Services	\$25,619,350
Marlin VA (contingent upon facility transfer)	\$4,843,986
Subtotal UTMB	\$334,423,323
Texas Tech University Health Sciences Center	
Medical Services	\$80,308,354
Mental Health Services	\$12,337,000
Subtotal TTUHSC	\$92,645,354
SUBTOTAL UNIVERSITY PROVIDERS	
	\$427,068,677
Correctional Managed Health Care Committee	\$586,750
TOTAL DISTRIBUTION	
	\$427,655,427

Source of Funds

<u>Source</u>	<u>FY 2009</u>
Legislative Appropriations	
HB 1, Article V, TDCJ Appropriations	
Strategy C.1.8. Managed Health Care	\$382,901,675
Strategy C.1.7 Psychiatric Care	\$37,956,350
Marlin VA (contingent upon facility transfer)	\$4,843,986
Amendment #1 Marlin and San Saba Facilities	\$1,953,416
TOTAL	\$427,655,427

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.

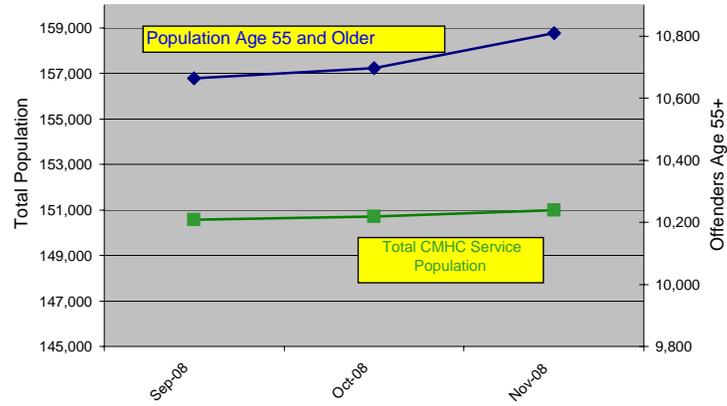
Chart 1



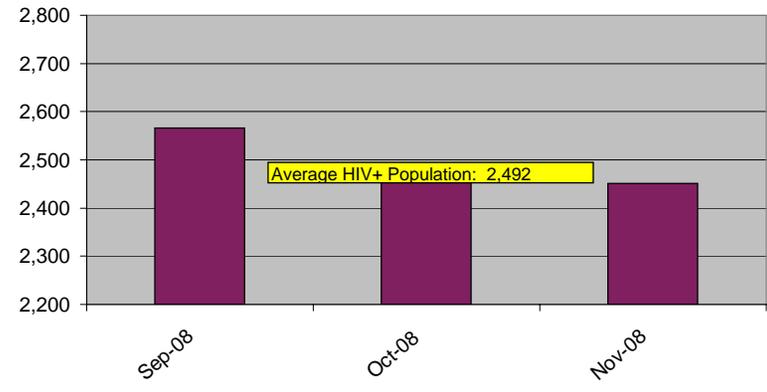
**Table 2
FY 2009
Key Population Indicators
Correctional Health Care Program**

Indicator	Sep-08	Oct-08	Nov-08	Population Year to Date Avg.
Avg. Population Served by CMHC:				
UTMB State-Operated Population	108,091	108,181	108,404	108,225
UTMB Private Prison Population*	11,882	11,897	11,894	11,891
UTMB Total Service Population	119,973	120,078	120,299	120,117
TTUHSC Total Service Population	30,590	30,644	30,695	30,643
CMHC Service Population Total	150,563	150,722	150,994	150,760
Population Age 55 and Over				
UTMB Service Population Average	8,728	8,769	8,868	8,788
TTUHSC Service Population Average	1,937	1,928	1,941	1,935
CMHC Service Population Average	10,665	10,697	10,809	10,724
HIV+ Population	2,566	2,460	2,451	2,492
Mental Health Inpatient Census				
UTMB Psychiatric Inpatient Average	1,045	1,014	1,014	1,024
TTUHSC Psychiatric Inpatient Average	941	930	907	926
CMHC Psychiatric Inpatient Average	1,986	1,944	1,921	1,950
Mental Health Outpatient Census				
UTMB Psychiatric Outpatient Average	13,919	16,222	14,456	14,866
TTUHSC Psychiatric Outpatient Average	4,356	4,294	3,645	4,098
CMHC Psychiatric Outpatient Average	18,275	20,516	18,101	18,964

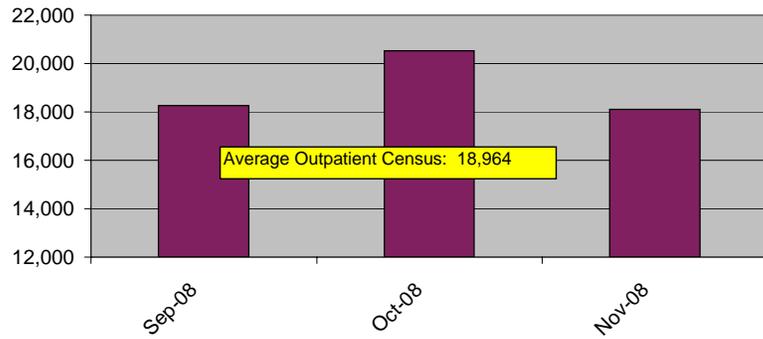
**Chart 2
CMHC Service Population**



**Chart 3
HIV+ Population**



**Chart 4
Mental Health Outpatient Census**



**Chart 5
Mental Health Inpatient Census**

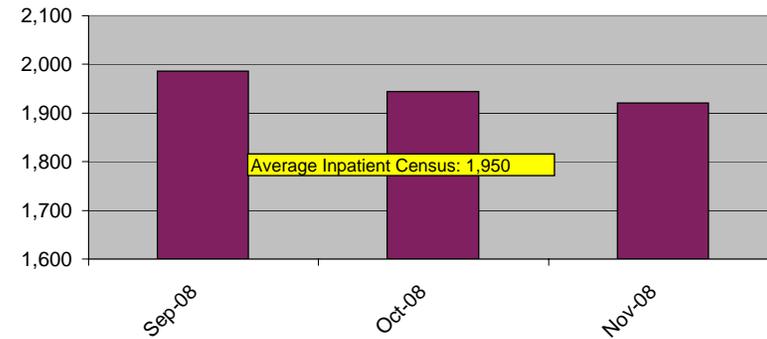


Table 3
Summary Financial Report: Medical Costs
Fiscal Year 2009 through Quarter 1 (Sep 2008 - Nov 2008)

Days in Year: 91

	Medical Services Costs			Medical Cost Per Day Calculations		
	UTMB	TTUHSC	TOTAL	UTMB	TTUHSC	TOTAL
Population Served	120,117	30,643	150,760			
Revenue						
Capitation Payments	\$75,778,764	\$19,909,584	\$95,688,348	\$6.93	\$7.14	\$6.97
State Reimbursement Benefits	\$10,136,161	\$944,591	\$11,080,752	\$0.93	\$0.34	\$0.81
Non-Operating Revenue	\$300,248	\$397	\$300,645	\$0.03	\$0.00	\$0.02
Total Revenue	\$86,215,173	\$20,854,572	\$107,069,745	\$7.89	\$7.48	\$7.80
Expenses						
Onsite Services						
Salaries	\$34,085,875	\$2,999,332	\$37,085,207	\$3.12	\$1.08	\$2.70
Benefits	\$8,477,936	\$708,639	\$9,186,575	\$0.78	\$0.25	\$0.67
Operating (M&O)	\$4,818,380	\$455,483	\$5,273,863	\$0.44	\$0.16	\$0.38
Professional Services	\$0	\$601,292	\$601,292	\$0.00	\$0.22	\$0.04
Contracted Units/Services	\$0	\$5,429,667	\$5,429,667	\$0.00	\$1.95	\$0.40
Travel	\$283,500	\$26,340	\$309,840	\$0.03	\$0.01	\$0.02
Electronic Medicine	\$0	\$103,940	\$103,940	\$0.00	\$0.04	\$0.01
Capitalized Equipment	\$34,018	\$0	\$34,018	\$0.00	\$0.00	\$0.00
Subtotal Onsite Expenses	\$47,699,709	\$10,324,693	\$58,024,402	\$4.36	\$3.70	\$4.23
Pharmacy Services						
Salaries	\$1,247,686	\$341,228	\$1,588,914	\$0.11	\$0.12	\$0.12
Benefits	\$369,360	\$11,178	\$380,538	\$0.03	\$0.00	\$0.03
Operating (M&O)	\$319,912	\$211,176	\$531,088	\$0.03	\$0.08	\$0.04
Pharmaceutical Purchases	\$8,025,961	\$1,711,248	\$9,737,209	\$0.73	\$0.61	\$0.71
Professional Services	\$0	\$0	\$0	\$0.00	\$0.00	\$0.00
Travel	\$7,411	\$1,304	\$8,715	\$0.00	\$0.00	\$0.00
Subtotal Pharmacy Expenses	\$9,970,331	\$2,276,134	\$12,246,465	\$0.91	\$0.82	\$0.89
Offsite Services						
University Professional Services	\$894,841	\$342,437	\$1,237,278	\$0.08	\$0.12	\$0.09
Freeworld Provider Services	\$2,666,999	\$3,370,945	\$6,037,944	\$0.24	\$1.21	\$0.44
UTMB or TTUHSC Hospital Cost	\$5,226,315	\$2,840,305	\$8,066,620	\$0.48	\$1.02	\$0.59
Estimated IBNR	\$16,217,931	\$404,638	\$16,622,569	\$1.48	\$0.15	\$1.21
Subtotal Offsite Expenses	\$25,006,086	\$6,958,325	\$31,964,411	\$2.29	\$2.50	\$2.33
Indirect Expenses	\$1,992,899	\$1,238,903	\$3,231,802	\$0.18	\$0.44	\$0.24
Total Expenses	\$84,669,025	\$20,798,055	\$105,467,080	\$7.75	\$7.46	\$7.69
Operating Income (Loss)	\$1,546,148	\$56,517	\$1,602,665	\$0.14	\$0.02	\$0.12

Table 3 (Continued)
Summary Financial Report: Mental Health Costs
Fiscal Year 2009 through Quarter 1 (Sep 2008 - Nov 2008)

Days in Year: 91

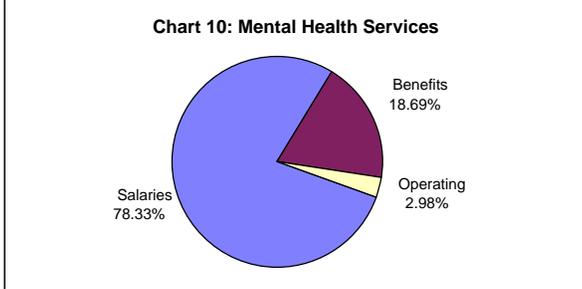
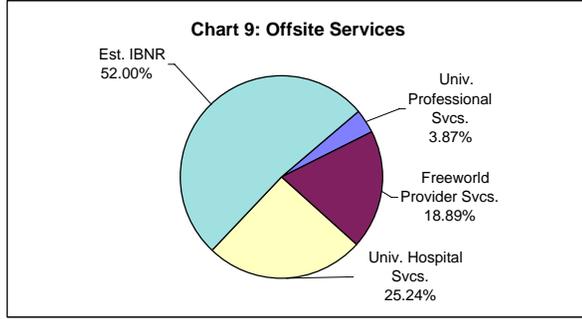
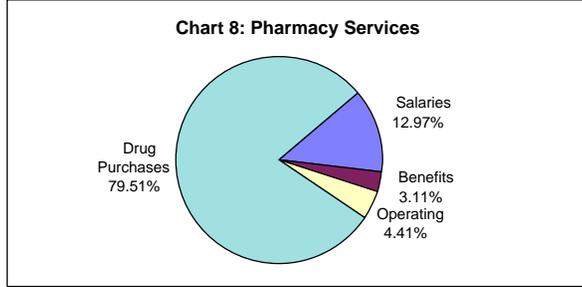
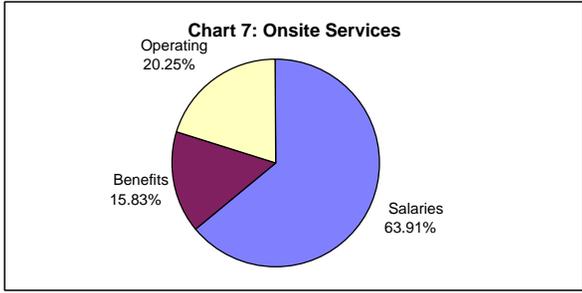
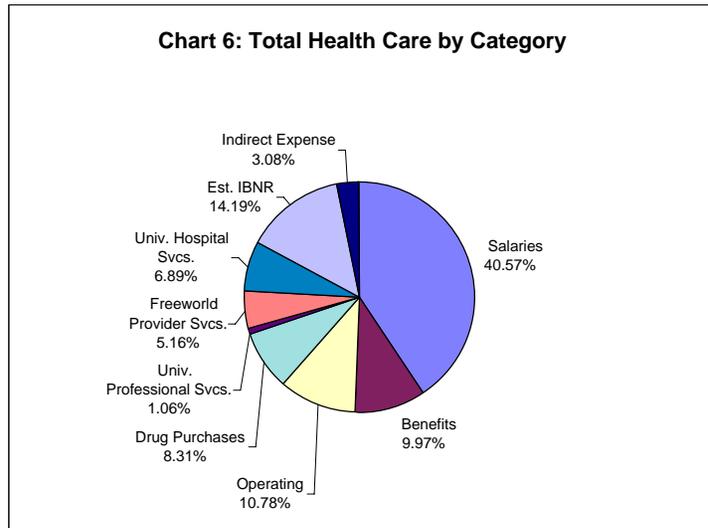
	Mental Health Services Costs			Mental Health Cost Per Day Calculations		
	UTMB	TTUHSC	TOTAL	UTMB	TTUHSC	TOTAL
Population Served	120,117	30,643	150,760			
Revenue						
Capitation Payments	\$6,387,290	\$3,188,300	\$9,575,590	\$0.58	\$1.14	\$0.70
State Reimbursement Benefits	\$1,458,140	\$636,259	\$2,094,399	\$0.13	\$0.23	\$0.15
Other Misc Revenue	\$0	\$0	\$0	\$0.00	\$0.00	\$0.00
Total Revenue	\$7,845,430	\$3,824,559	\$11,669,989	\$0.72	\$1.37	\$0.85
Expenses						
Mental Health Services						
Salaries	\$6,028,241	\$2,806,299	\$8,834,540	\$0.55	\$1.01	\$0.64
Benefits	\$1,418,987	\$688,982	\$2,107,969	\$0.13	\$0.25	\$0.15
Operating (M&O)	\$124,989	\$46,328	\$171,317	\$0.01	\$0.02	\$0.01
Professional Services	\$0	\$98,602	\$98,602	\$0.00	\$0.04	\$0.01
Contracted Units/Services	\$0	\$0	\$0	\$0.00	\$0.00	\$0.00
Travel	\$63,768	\$2,524	\$66,292	\$0.01	\$0.00	\$0.00
Electronic Medicine	\$0	\$0	\$0	\$0.00	\$0.00	\$0.00
Capitalized Equipment	\$0	\$0	\$0	\$0.00	\$0.00	\$0.00
Subtotal Mental Health Expenses	\$7,635,985	\$3,642,735	\$11,278,720	\$0.70	\$1.31	\$0.82
Indirect Expenses	\$185,854	\$184,548	\$370,402	\$0.02	\$0.07	\$0.03
Total Expenses	\$7,821,839	\$3,827,283	\$11,649,122	\$0.72	\$1.37	\$0.85
Operating Income (Loss)	\$23,591	(\$2,724)	\$20,867	\$0.00	(\$0.00)	\$0.00

All Health Care Summary

	All Health Care Services			Cost Per Offender Per Day		
	UTMB	TTUHSC	TOTAL	UTMB	TTUHSC	TOTAL
Medical Services	\$86,215,173	\$20,854,572	\$107,069,745	\$7.89	\$7.48	\$7.80
Mental Health Services	\$7,845,430	\$3,824,559	\$11,669,989	\$0.72	\$1.37	\$0.85
Total Revenue	\$94,060,603	\$24,679,131	\$118,739,734	\$8.61	\$8.85	\$8.66
Medical Services	\$84,669,025	\$20,798,055	\$105,467,080	\$7.75	\$7.46	\$7.69
Mental Health Services	\$7,821,839	\$3,827,283	\$11,649,122	\$0.72	\$1.37	\$0.85
Total Expenses	\$92,490,864	\$24,625,338	\$117,116,202	\$8.46	\$8.83	\$8.54
Operating Income (Loss)	\$1,569,739	\$53,793	\$1,623,532	\$0.15	\$0.02	\$0.12

**Table 4
FY 2009 1st Quarter
UTMB/TTUHSC EXPENSE SUMMARY**

Category	Expense	Percent of Total
Onsite Services	\$58,024,402	49.54%
Salaries	\$37,085,207	
Benefits	\$9,186,575	
Operating	\$11,752,620	
Pharmacy Services	\$12,246,465	10.46%
Salaries	\$1,588,914	
Benefits	\$380,538	
Operating	\$539,803	
Drug Purchases	\$9,737,209	
Offsite Services	\$31,964,411	27.29%
Univ. Professional Svcs.	\$1,237,278	
Freeworld Provider Svcs.	\$6,037,944	
Univ. Hospital Svcs.	\$8,066,620	
Est. IBNR	\$16,622,569	
Mental Health Services	\$11,278,720	9.63%
Salaries	\$8,834,540	
Benefits	\$2,107,969	
Operating	\$336,211	
Indirect Expense	\$3,602,204	3.08%
Total Expenses	\$117,116,202	100.00%



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

	FY 05	FY 06	FY 07	FY 08	4-Year Average	FYTD 09 1st Qtr	FYTD 09 1st Qtr
<small>Less State Paid Bene.</small>							
Population							
UTMB	119,322	119,835	120,235	120,648	120,010	120,117	120,117
TTUHSC	31,437	31,448	31,578	31,064	31,382	30,643	30,643
Total	150,759	151,283	151,813	151,712	151,392	150,760	150,760
Expenses							
UTMB	\$330,672,773	\$336,934,127	342,859,796	381,036,398	347,875,774	92,490,864	80,896,563
TTUHSC	\$80,083,059	\$83,467,550	87,147,439	96,482,145	86,795,048	24,625,338	23,044,488
Total	\$410,755,832	\$420,401,677	430,007,235	477,518,543	434,670,822	117,116,202	103,941,051
Cost/Day							
UTMB	\$7.59	\$7.70	\$7.81	\$8.63	\$7.94	\$8.46	\$7.40
TTUHSC	\$6.98	\$7.27	\$7.56	\$8.49	\$7.58	\$8.83	\$8.26
Total	\$7.46	\$7.61	\$7.76	\$8.60	\$7.86	\$8.54	\$7.58

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

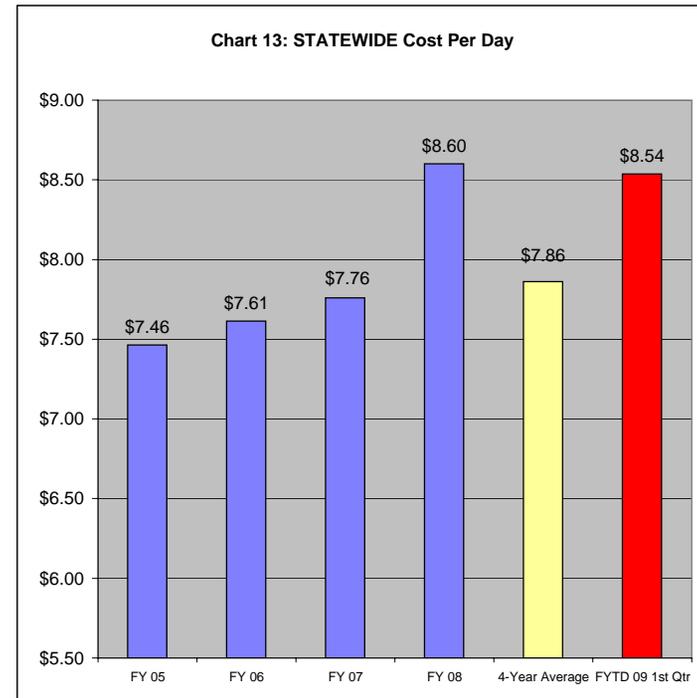
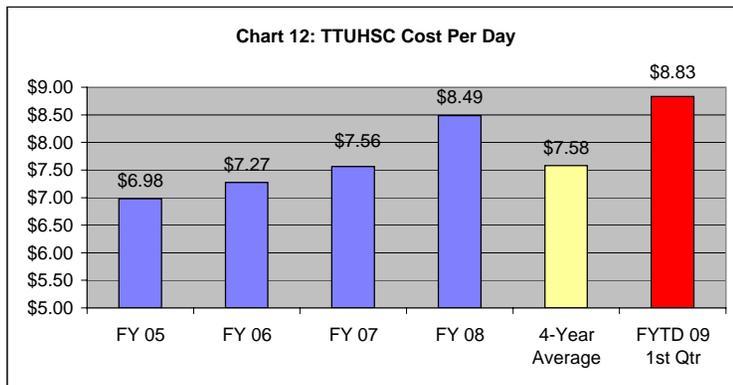
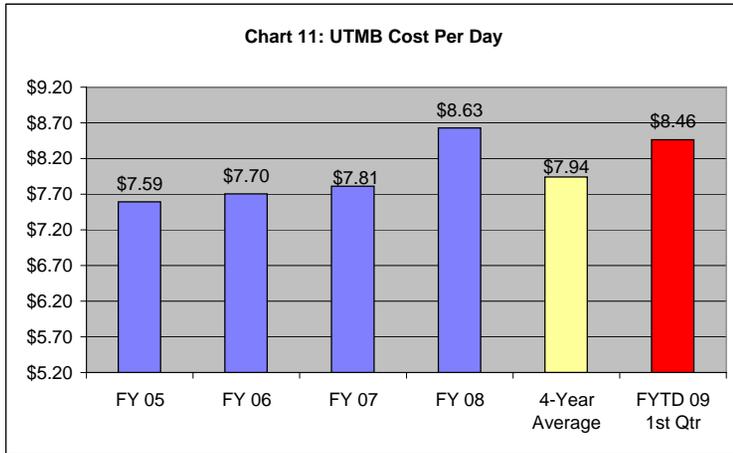


Table 6
Medical Encounter Statistics* by Age Grouping

3

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-08	29,123	127,500	156,623	8,728	111,245	119,973	3.34	1.15	1.31
Oct-08	37,742	163,950	201,692	8,769	111,309	120,078	4.30	1.47	1.68
Nov-08	34,982	148,122	183,104	8,868	111,431	120,299	3.94	1.33	1.52
Average	33,949	146,524	180,473	8,788	111,328	120,117	3.86	1.32	1.50

*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

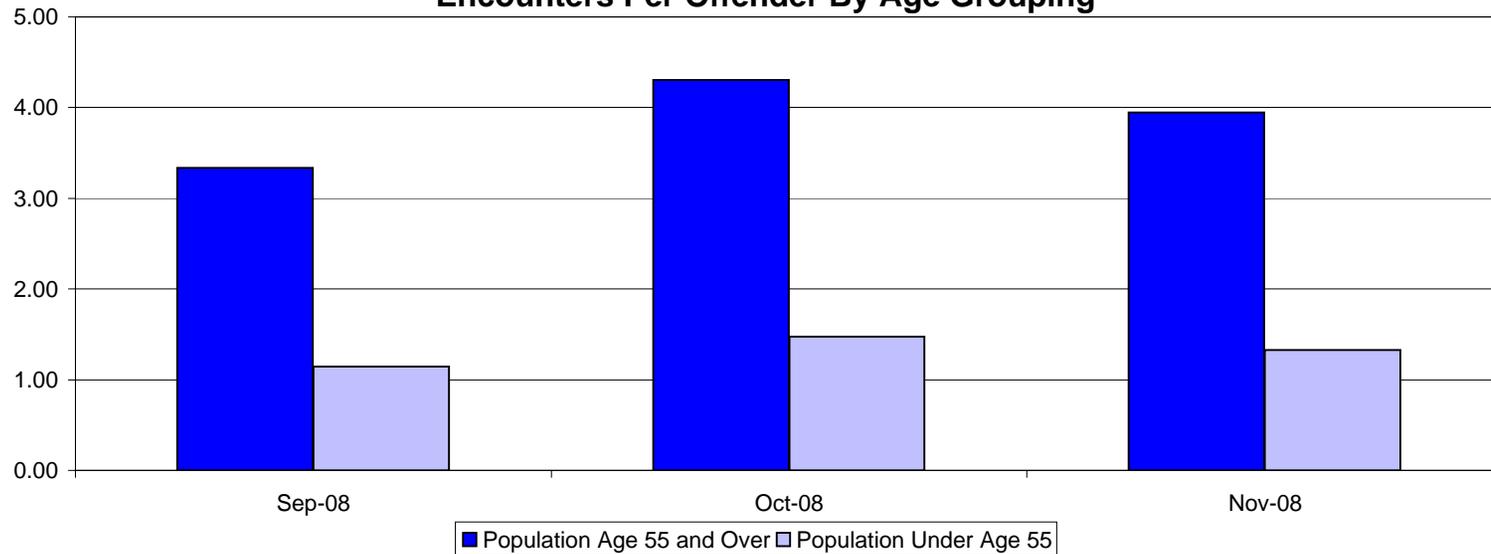
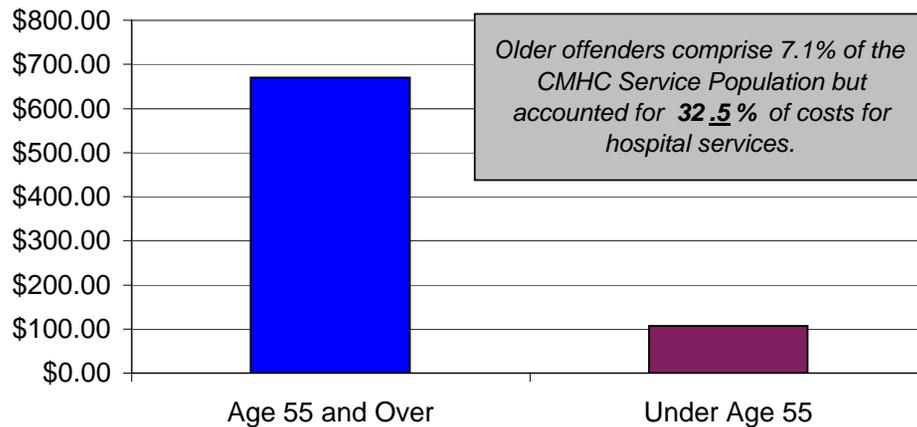


Table 7
FY 2009 1st Quarter
Offsite Costs* To Date by Age Grouping

Age Grouping	Cost Data	Total Population	Total Cost Per Offender
Age 55 and Over	\$7,185,979	10,724	\$670.10
Under Age 55	\$14,901,037	140,036	\$106.41
Total	\$22,087,016	150,760	\$146.50

**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 2009 1st 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	\$258,226	27.96%	10,724	7.11%	46	0.43%
Under Age 55	\$665,179	72.04%	140,036	92.89%	135	0.10%
Total	\$923,405	100.00%	150,760	100.00%	181	0.12%

Projected Avg Cost Per Dialysis Patient Per Year:

\$20,407

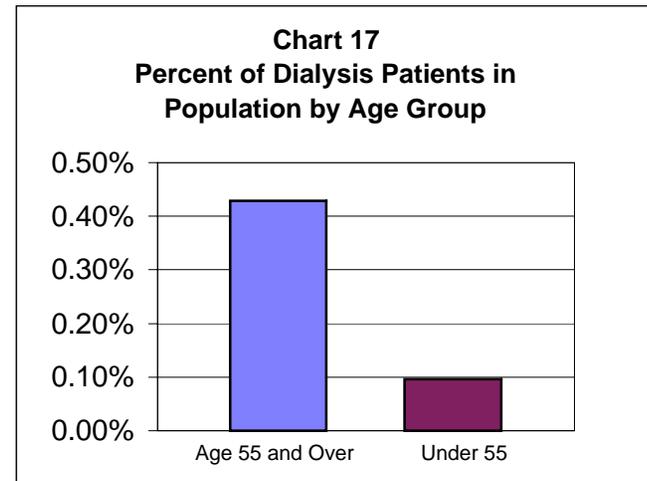
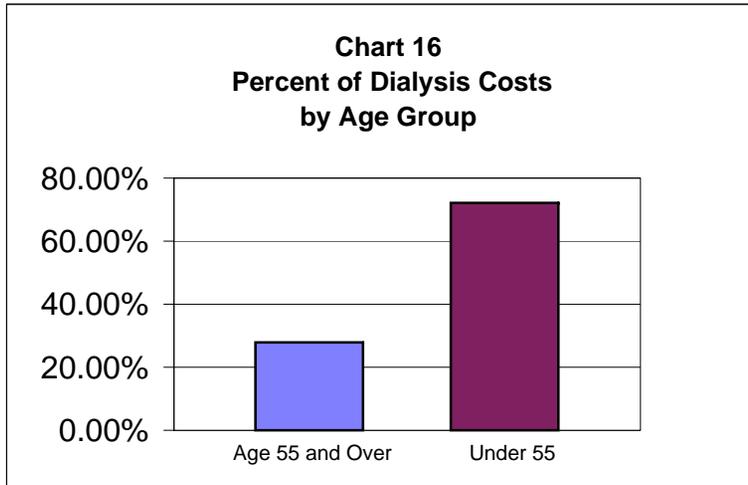
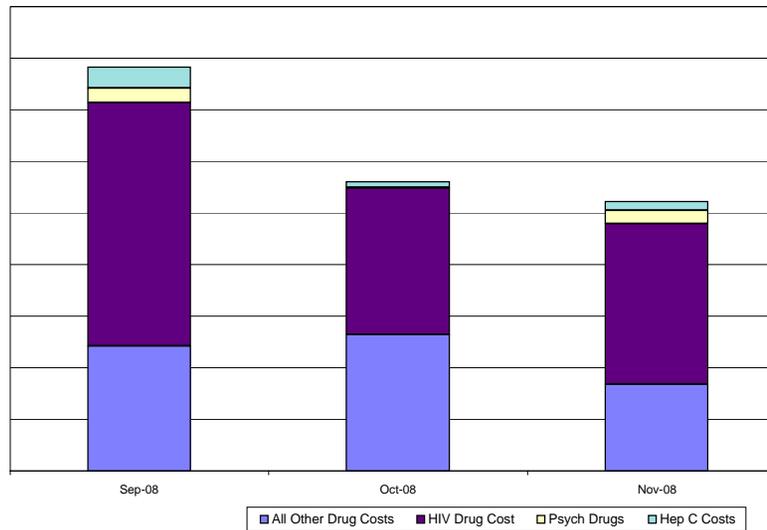


Table 9
Selected Drug Costs FY 2009

Category	Sep-08	Oct-08	Nov-08	Total Year-to-Date
<i>Total Drug Costs</i>	\$3,916,452	\$2,803,459	\$2,610,535	\$9,330,446
<i>HIV Medications</i>				
HIV Drug Cost	\$2,356,168	\$1,417,376	\$1,550,868	\$5,324,411
HIV Percent of Cost	60.16%	50.56%	59.41%	57.06%
<i>Psychiatric Medications</i>				
Psych Drug Cost	\$145,692	\$12,015	\$130,147	\$287,853
Psych Percent of Cost	3.72%	0.43%	4.99%	3.09%
<i>Hepatitis C Medications</i>				
Hep C Drug Cost	\$203,994	\$53,482	\$86,963	\$344,439
Hep C Percent of Cost	5.21%	1.91%	3.33%	3.69%
<i>All Other Drug Costs</i>	\$1,210,599	\$1,320,586	\$842,558	\$3,373,743

Chart 18
Drug Costs by Selected Categories



**Table 10
Ending Balances 1st Qtr FY 2009**

	Beginning Balance September 1, 2008	Net Activity FY 2009	Ending Balance November 30, 2008
CMHCC Operating Funds	\$31,702.52	\$105,812.39	\$137,514.91
CMHCC Medical Services	\$46,317.13	\$19,755,740.87	\$19,802,058.00
CMHCC Mental Health	\$7,512.29	\$3,034,532.50	\$3,042,044.79
Ending Balance All Funds	\$85,531.94	\$22,896,085.76	\$22,981,617.70
2nd QTR Advance Payments From TDCJ - CMHCC			(\$144,677.65)
2nd QTR Advance Payments From TDCJ - UTMB			(\$22,844,060.00)
Total Unencumbered Fund Balance			(\$7,119.95)

SUPPORTING DETAIL

CMHCC Operating Account	
Beginning Balance	\$31,702.52
FY 2008 Funds Lapsed to State Treasury	(\$31,702.52)
Revenue Received	
1st Qtr Payment	\$146,286.33
2nd Qtr Advance Payment	\$144,677.65
Interest Earned	\$140.67
Subtotal Revenue	\$291,104.65
Expenses	
Salary & Benefits	(\$118,054.73)
Operating Expenses	(\$35,535.01)
Subtotal Expenses	(\$153,589.74)
Net Activity thru this Qtr	\$105,812.39
Total Fund Balance CMHCC Operating	\$137,514.91

RECONCILIATION:

Less: 2nd Qtr Advance Payment from TDCJ	(\$144,677.65)
Total Unencumbered Fund Balance	(\$7,162.74)

SUPPORTING DETAIL

CMHCC Capitation Accounts	Medical Services	Mental Health
Beginning Balance	\$46,317.13	\$7,512.29
FY 2008 Funds Lapsed to State Treasury	(\$46,317.13)	(\$7,512.29)
Revenue Detail		
1st Qtr Payment FY 2009 from TDCJ	\$95,316,871.00	\$9,463,090.00
2nd Qtr Advance Payment from TDCJ	\$94,269,434.00	\$9,359,100.00
Interest Earned	\$0.00	\$44.79
Revenue Received	\$189,586,305.00	\$18,822,234.79

Payments to UTMB

1st Qtr Payment FY 2009 to UTMB	(\$75,294,789.00)	(\$6,387,290.00)
2nd Qtr Advance Payment to UTMB	(\$74,467,374.00)	(\$6,317,100.00)
Subtotal UTMB Payments	(\$149,762,163.00)	(\$12,704,390.00)

Payments to TTUHSC

1st Qtr Payment FY 2009 to TTUHSC	(\$20,022,083.00)	(\$3,075,800.00)
Subtotal TTUHSC Payments	(\$20,022,083.00)	(\$3,075,800.00)

Total Payments Made thru this Qtr	(\$169,784,246.00)	(\$15,780,190.00)
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Net Activity Through This Qtr	\$19,755,740.87	\$3,034,532.50
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Total Fund Balance	\$19,802,058.00	\$3,042,044.79
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