



**CORRECTIONAL MANAGED HEALTH CARE  
COMMITTEE  
AGENDA**

March 9, 2010

9:00 a.m.

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

## **CORRECTIONAL MANAGED HEALTH CARE COMMITTEE**

March 9, 2010

9:00 a.m.

Frontiers of Flight Museum, Conference Room #1  
6911 Lemmon Ave.  
Dallas, Texas

- I. Call to Order
- II. Recognitions and Introductions
- III. Approval Excused Absence
- IV. Consent Items
  1. Approval of Minutes, December 1, 2009
  2. TDCJ Health Services Monitoring Reports
    - Operational Review Summary Data
    - Grievance and Patient Liaison Statistics
    - Preventive Medicine Statistics
    - Utilization Review Monitoring
    - Capital Assets Monitoring
    - Accreditation Activity Summary
    - Active Biomedical Research Project Listing
    - Administrative Segregation Mental Health Monitoring
  3. University Medical Director's Report
    - The University of Texas Medical Branch
    - Texas Tech University Health Sciences Center
  4. Summary of CMHCC Joint Committee / Work Group Activities
- V. Executive Director's Report
- VI. CMHCC FY 2010 First Quarter Performance and Financial Status Report

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EACH ITEM ABOVE INCLUDES DISCUSSION AND ACTION AS NECESSARY

- VII. Summary of Critical Correctional Health Care Personnel Vacancies
  - 1. Texas Department of Criminal Justice
  - 2. Texas Tech University Health Sciences Center
  - 3. The University of Texas Medical Branch
- VIII. Wheelchair Policy
- IX. Managed Health Care Appropriation Transfer Between Fiscal Years, Rider 83 of TDCJ Appropriations Article V, 81<sup>st</sup> Legislature
- X. Medical Director's Updates
  - 1. The University of Texas Medical Branch
  - 2. Texas Tech University Health Sciences Center
  - 3. Texas Department of Criminal Justice
    - Health Services Division FY 2010 First Quarter Report
- XI. Joint Work Group Committee Overview: Dental Work Group
- XII. Financial Reports
  - 1. FY 2010 First Quarter Financial Report
  - 2. Financial Monitoring Report
- XIII. Public Comment
- XIV. Date / Location of Next CMHCC Meeting
- XV. Adjourn

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EACH ITEM ABOVE INCLUDES DISCUSSION AND ACTION AS NECESSARY

# Consent Item 1

Approval of Minutes, December 1, 2009

**MINUTES**  
**CORRECTIONAL MANAGED HEALTH CARE COMMITTEE**  
**December 1, 2009**

**Chairperson:** James D. Griffin, M.D.

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

**CMHCC Members Absent:** Bryan Collier

**Partner Agency Staff Present:** Owen Murray, D. O., Lauren Sheer, Steve Alderman, Anthony Williams, M.D., Scott Reinecke, D.D.S., Billy Horton, D.D.S., The University of Texas Medical Branch; Denise DeShields, M.D., Texas Tech University Health Sciences Center; Ron Steffa, Robert Williams, M.D., Texas Department of Criminal Justice; David Nelson, Texas Board of Criminal Justice; Allen Hightower, David McNutt, Lynn Webb, Tati Buentello, Stephanie Harris, CMHCC Staff.

**Others Present:** Cindi Carr, Glaxo Smithkline Vaccine Division, Lynne Baker, Viiv, Mary Goetel, Martha Daff

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

Agenda Topic / Presenter	Presentation	Discussion	Action
<b>I. Call to Order</b> - James D. Griffin, M.D.	Dr. Griffin called the CMHCC meeting to order at 9:00 a.m. then noted that a quorum was present and the meeting would be conducted in accordance with Chapter 551 of the Texas Government Code, the Open Meetings Act.		
<b>II. Recognitions and Introductions</b> - James D. Griffin, M.D.	Dr. Griffin introduced Donna K. Sollenberger who was recently named Executive Vice President and Chief Executive Officer for UTMB Health Systems and is responsible for providing operational and financial oversight for UTMB's patient care enterprise that includes the hospital complex, a network of campus and community based clinics and correctional managed health care program. Prior to joining UTMB she was CEO of the Baylor Clinic and Hospitals and Executive Vice President for Baylor College of Medicine in Houston. Ms. Sollenberger previously served as president and CEO of the University of Wisconsin Hospitals and Clinics which won numerous national awards. She was selected as one of the Top 25 Women in Healthcare by Modern Healthcare magazine. Prior to joining the University of Wisconsin Hospitals and Clinics, she was the executive vice president and chief operation officer of City of Hope Hospital, in Los		

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<p><b>III. Approval of Excused Absence</b></p> <p>- <b>James D. Griffin, M.D.</b></p> <p><b>IV. Approval of Consent Items</b></p> <p>- <b>James D. Griffin, M.D.</b></p>	<p>Angeles, California, vice president for hospital and clinics at The University of Texas M.D. Anderson Cancer Center and chief administrative officer of surgery at the Southern Illinois University School of Medicine. She earned her bachelor's and master's degrees from the University of Illinois in Springfield, Illinois.</p> <p>Dr. Griffin on behalf of the Committee and staff welcomed Ms. Sollenberger to the meeting.</p> <p>Dr. Griffin hearing no further comments stated that he would now entertain a motion to approve the excused absence of Desmar Walkes, M.D. who was unable to attend the September 9, 2009 CMHCC meeting due to scheduling conflict.</p> <p>Dr. Griffin stated next on the agenda is the approval of the consent items to include the Minutes from the September 8, 2009 CMHCC meeting: TDCJ Health Services Monitoring Report; both UTMB and TTUHSC Medical Director's Report; and the Summary of Joint Committee Activities. He then asked the members if they had any specific consent items(s) to pull out for separate discussion?</p> <p>Hearing no further comments, Dr. Griffin stated that he would now entertain a motion on approving the consent items.</p>		<p>Dr. Ben Raimer moved to approve Dr. Desmar Walkes absence from the September 8, 2009 CMHCC meeting. Dr. Linthicum seconded the motion which prevailed by unanimous vote.</p> <p>Mr. Elmo Cavin moved to approve the consent items as presented at Tab A of the agenda booklet. Dr. Raimer seconded the motion. The motion passed by unanimous vote.</p>

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<p><b>V. Executive Director's Report</b></p> <p><b>- Allen Hightower</b></p>	<p>Dr. Griffin then called on Mr. Hightower to provide the Executive Director's report.</p> <p>Mr. Hightower then acknowledged and thanked David Nelson with the Texas Board of Criminal Justice for his interest and support.</p> <p>Mr. Hightower noted that the 80th Legislative Session the Sunset Bill required the staff to meet with the Texas Department of Criminal Justice at their board meetings to keep them abreast of what was happening within the Correctional Managed Health Care program, which he, David McNutt, and Lynn Webb do at the TDCJ regular board meetings.</p> <p>He then briefly reported that HB4586 of the 81<sup>st</sup> Legislative Session directed "TDCJ and the Correctional Managed Health Care Committee shall identify and evaluate mechanisms to lower the cost of, or increase the quality of care in, health or pharmacy services and submit a report to the Legislative Board and the Governor no later than May 1, 2010".</p> <p>UTMB, TTUHSC, TDCJ and CMHCC staff had submitted ideas to the Chairman. Several ideas for improved quality of care would require new construction and or additional staffing. Before our in-depth study is undertaken; the economic climate of the State of Texas must be considered for the 82<sup>nd</sup> Legislature, as increased appropriations could be extremely difficult to obtain.</p> <p>Since the last meeting, all three master contracts for the FY2010-2011 biennium were completed and fully executed in a timely manner. The cooperation and assistance of everyone involved in the contracting process was greatly appreciated.</p> <p>Cost data by facility was obtained from TTUHSC and UTMB and submitted to the TDCJ in preparation for the Legislative Budget Board's Uniform Cost Project.</p> <p>The CMHCC was required to submit the annual financial report to the Comptroller of Public Accounts for FY 2009.</p>	<p>Dr. Walkes asked on cost containment why Texas Tech could not get their 340B pricing?</p> <p>Mr. Hightower responded that it's a qualification, basically you have to have a disproportionate share hospital that is your hospital to qualify and Texas Tech does not have this type of hospital. It took allot to get UTMB qualified.</p>	

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<p><b>VI. Performance and Financial Status Report</b></p> <p>- David McNutt</p>	<p>Dr. Griffin stated to let the minutes reflect that Mr. Cavin, Dr. Jumper from TTUHSC and Mr. David Nelson from TDCJ Board, and also Dr. Walkes.</p> <p>Hearing no further comments, Dr. Griffin thanked Mr. Hightower for the report then called on Mr. McNutt to provide the performance review update.</p> <p>Mr. McNutt noted that the Performance Dashboard is provided at Tab C page 77 thru 92 of the board agenda. He then reported that through the fourth quarter FY 2009, the service population 150,568 at the end of this quarter compared to 151,712 for the same time period a year ago which is a decrease of 1,144. Those numbers should go up this fiscal year because TDCJ will not be contracting county beds, so those inmates should be moving back into UTMB and Texas Tech sector, you should see those numbers going back in September.</p> <p>The aging offenders as you can see over a two year period for the biennium continues to grow, and Mr. McNutt reported that the number of offenders 55+ at the end of fourth quarter FY2009 was 11,033 as compared to fourth quarter FY2008 of 10,361 which is an increase of about 6.5%.</p> <p>The psychiatric inpatient census remained consistent at the 1,900 bed level which was noted is governed largely by the number of available beds. Through the fourth quarter of FY 2009, the average number of psychiatric outpatients was 19,373 representing 12.9% of the service population.</p> <p>Mr. McNutt noted that the definition of the nine access to care indicators are included on page 98 of the agenda packet for reference. He then reported that the medical access to care indicators remained within the 90% - 95%</p>	<p>Dr. Cavin stated that there are three critical pieces to the qualification process. One is the hospital disproportionate share; two is the medical staff has to be contained within that structure and reportable to that CEO; three the medical records also have to be in the hands of the prescribing doctors. So those are the three major qualifications.</p>	

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<p><b>VI. Performance and Financial Status Report (cont.)</b></p>	<p>range; the mental health access to care stayed within the 98-100% range; and dental access to care remained consistently between 99% - 100% range.</p> <p>Mr. McNutt continued by stating that the UTMB sector physician vacancy rate for this quarter was 7.04%; mid-level practitioners at 7.75%; RN's at 11.78%; LVN's at 9.70%, dentists at 7.35% and psychiatrists at 5.56% which he noted looked a little better than what was reported for the previous quarter.</p> <p>TTUHSC sector physician vacancy rate for the same quarter averaged at 10.68%; mid-level practitioners at 11.84%; RN's at 19.84%; LVN's at 19.48%; dentists at 22.79%, and psychiatrists at 46.99%.</p> <p>The timeliness in the Medically Recommended Intensive Supervision Program (MRIS) medical summaries for June was 95%, July 91% and August was 87% for the fourth quarter FY 2009.</p> <p>Mr. McNutt next reported the statewide cumulative loss/gain for the month of August had a net loss of 12.7 million dollars. The statewide loss/gain by month, we gained 25.4 million for the month of August because of the SAR payment. SAR is given to the universities where the money had been transferred during the month of August in the amount of 33 million dollars.</p> <p>Mr. McNutt next reported that the statewide revenue v. expenses by month, which the revenue has doubled more than what it normally would because of the SAR showing up in the month of August.</p> <p>Mr. McNutt added that during our December meeting Dr. Raimer had asked a question about gender breakout of the mental health census. On to page 82 in your agenda you will see an end of the month breakdown of gender as part of every board agenda.</p>	<p>Dr. Walkes had several questions on MRIS items. Can they be broken up by deaths and early parole, Access to Care Indicators, and vacancy of positions, etc?</p> <p>Mr. McNutt responded that Dee Wilson would have to answer questions on MRIS, and she was not present at this meeting. And on Access to Care he responded that the money didn't have that much to do with that.</p> <p>Dr. Raimer also responded that the amount of funding that is there, the jobs are already filled. The services are already there and it will become an issue later on.</p>	



Agenda Topic / Presenter	Presentation	Discussion	Action
<p data-bbox="86 167 457 224"><b>VII. Summary of Critical Personnel Vacancies (cont.)</b></p> <p data-bbox="86 870 373 927">- <b>Owen Murray, D.O. (UTMB)</b></p>	<p data-bbox="499 139 1115 318">people despite the fact that we just cannot keep up with the market. We continue to advertise and are looking into new avenues like residency programs for people that are about to graduate and let them know about the correctional opportunities available and the advantages of working in the system.</p> <p data-bbox="499 350 1115 407">Dr. Griffin thanked Dr. DeShields for the update and then called on Dr. Murray.</p> <p data-bbox="499 902 1115 1468">Dr. Murray reported that the economy has actually been good for us. Over the past 12 months we have had a greater ability to hire people of all levels. And certainly been able to find nurse practioners and nurses. We continue to work on training programs. We've solicited and are now getting solicitations from some PA programs. The latest one is with Arizona to send some students to Texas to train. That has really worked well for us on the recruiting side and again our issue is the limitation of size. We only have so many providers doing the work, but it would be nice to have some trainers. It takes additional time and energy to provide adequate oversight and meet their training requirements. On the mental health side Dr. Penn is not only working with UTMB, but Baylor and a couple of other programs to see if we can stimulate some interest at Skyview and Jester IV. Baylor used to work with us and residents discontinued the program for whatever reasons and we certainly will try to revisit that option because the points</p>	<p data-bbox="1144 139 1675 196">psychiatrist. Our starting base was \$140,000 and we are now up to \$210,000.</p> <p data-bbox="1144 228 1675 837">Dr. Linthicum added that she spoke to the Joint Mental Health Working Group, whom the chair is Dr. Joseph Penn, Mental Health Director. Since we are in partnership with the university medical schools, I asked to consider approaching the chairs of psychiatry particularly in forensic psychiatry and think about setting up a pre-sponsorship rotation to our units. Hopefully we could do a six to eight week rotation of residence throughout inpatient health units and maybe we could improve thru that type of rotation. I have talked with Dr. Dials and he will be starting something with Texas Tech with the psychology residents. I think we need to do the same thing with psychiatric physicians. We already have the university facility that can provide the oversight to them because Dr. Penn and his staff are all board certified. Mental health is one of our most crucial areas that we are facing significant challenges.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p data-bbox="86 167 466 224"><b>VII. Summary of Critical Personnel Vacancies (cont.)</b></p> <p data-bbox="86 321 466 378"><b>VIII. Update: HB 4586 (Section 16a-16b), 81<sup>st</sup> Legislature</b></p> <p data-bbox="86 410 405 435">- <b>James D. Griffin, M.D.</b></p>	<p data-bbox="499 139 1115 253">are well taken that we have access to a population and inpatient environment that is fairly unique and certainly something from a training standpoint that a lot of institutions aren't able to provide internally.</p> <p data-bbox="499 321 1115 894">Dr. Griffin stated agenda item VIII is the update that Mr. Hightower covered for HB 4586 that the Texas Department of Criminal Justice and Correctional Managed Health Care Committee shall identify and evaluate mechanisms to lower the cost of, or increase the quality of care in, health or pharmacy services and submit a report to the Legislative Budget Board and the governor no later than May 1, 2010. In the last few minutes we have discussed some of the limitations in lowering the cost or maybe lowering the rate of rise. I think that our report will reflect this somewhat. We have asked for and received input from each of our member partners about what things we should be included in this particular document. We have the ability to start distribution of that list to our members so that we can have further discussions. We may need to have another meeting to compile this information in a somewhat logical discussion of what we report back to the LBB and the governor's office.</p>	<p data-bbox="1144 748 1671 805">Mr. Nelson stated that he understood that there may be an opportunity for public input.</p> <p data-bbox="1144 837 1671 1016">Dr. Griffin states probably in January as a target date. We have had inquiries from governmental bodies, agencies about an opportunity for the general public to discuss and bring forth concerns. It will be held within the secretary of states rules of posting.</p> <p data-bbox="1144 1049 1671 1138">Mr. Nelson asked if there was a committee within the Correctional Managed Health Care in charge of this study.</p> <p data-bbox="1144 1170 1671 1349">Dr. Griffin stated that it will be the committee staff and we already have input from each of the partner agencies and then we have our three public members. This will be put together, presented to the board. A draft will be distributed prior to that time.</p> <p data-bbox="1144 1382 1671 1471">Dr. Murray added that since he's been with the system 15 years and watched it matured in a rather sophisticated way. We have telemedicine,</p>	

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<p><b>VIII. Update: HB 4586 (Section 16a-16b), 81<sup>st</sup> Legislature (cont.)</b></p>		<p>worked thru staffing patterns, programmatic issues, a formulary process, etc. We have all things needed to manage costs and improve quality. What do we really have in our control to lower the costs? Unless you decrease our service population it is going to be very difficult for us to come up with some cost saving measures. Look at Michigan they have some proactive early releases targeting that population that is growing 6-8% over age 55. The reality is the care they require is extremely expensive and there really is no way to not provide that. At some point in time, reality has to set in, and we really have to look at some of out of the box thinking. I know this is Texas and letting people out early or finding other means to control their behavior other than prison is not necessarily something that is easy to do, but I do think we are going to have to entertain some of those possibilities.</p> <p>Dr. Raimer Mr. Chairman I certainly agree with Dr. Murray. The reason some of the universities were asked to provide this healthcare is because it was getting totally out of control in the early 90's. It was an idea to bring university management systems into this in a true partnership with TDCJ and it has been realized the working relationship has been superb over the years as we have learned how to deal with the offender and his needs. Dr. Linthicum has brought an extraordinary knowledge in management skills to that equation. We can go thru the exercise to the legislature what we can do, but Dr. Murray hit the nail on the head, unless you can find a way to empty some the prison beds, the cost of care will continue to rise. The cost of ERS &amp; TRS system is already 50 million over budget this year so why would we think that the prison system would be any less, particularly since we have a gold standard with the U.S. Supreme Court in the management of prisoners. We have to meet that standard or go back under federal oversight. I think we need to</p>	

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<p><b>VIII. Update: HB 4586 (Section 16a-16b), 81<sup>st</sup> Legislature (cont.)</b></p>		<p>use this report as an opportunity to compare Texas to what other states are doing. We still have one of the lowest rates per offender per day in the whole United States.</p> <p>Dr. Griffin added about the staffing and in the hectic pace in intensity of a Legislative Session. That on some important items, adequate attention, is not paid to them. Now we have a forum to bring forth items to stand alone and we can have a reasonable narrative as to its value. No because cost will go up, but its value for the cost that is suspended, on terms of the taxpayer. So this is a unique opportunity to not call the code on the staffing study. But actually give it another round of epic if its separate and the physicians know what I'm talking about its talking code. But to raise this somewhat dead body and say that it still has life and I think this is a unique opportunity and we should not squander the opportunity to bring this very important document to the important eyes who actually make the decisions and who can put it at a higher priority level.</p> <p>Mr. Cavin added it is also important for the committee to understand that TDCJ and this committee are not picked on by the Legislature. This is a charge to higher education so the coordinating board has formed a committee of about 18 I think. The first meeting is this Thursday and Friday back here in Dallas. And with a series of meetings all the way thru May, I think there is a total of seven meetings that pertain to this issue. I'll have to attend as it pertains to higher education.</p> <p>Dr. Linthicum stated that it's not just a study, the Texas House of Representatives has released their interim charges and we are on the appropriations interim charge to be looked at.</p> <p>Dr. Linthicum added that she has been doing correctional medicine 23 years, probably longer</p>	

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<p><b>VIII. Update: HB 4586 (Section 16a-16b), 81<sup>st</sup> Legislature (cont.)</b></p>		<p>than anyone at this table. I went straight from my residency here, I was national health services coordinator, and I was assigned to the Texas prison system. Managed Health Care was put into place because number one there was an unprecedented explosion in the offender population both in terms of numbers and in terms of geography to build prisons all over the state of Texas. We have 118 institutions that are geographically dispersed across the state and it was a matter of looking at the TDCJ fundamental mission which was that of maintaining public safety. The CMHC program was brought in first and foremost not because of spiraling health care cost but because of the unprecedented expansion in the inmate population. We expand all the way to Dalhart, Texas &amp; down to the border practically Edinburg. And these prisons were going up in medically underserved areas and health professional shortage areas so recruitment and retention had become extremely difficult for us at TDCJ. The universities were supposed to be in a better situation than TDCJ to setup these health care systems to recruit and retain health care professionals. John Sharp, the comptroller at the time, did these performance reviews, one was "Against The Grain" and he concluded in one of those performance reviews that a managed health system inside of the Texas Department of Criminal Justice would work in helping in those areas. And then there was a state audit that looked at it and then we got the enabling legislation.</p> <p>Mr. Hightower added that litigation was a part of it too. The one thing that everybody came to the same conclusion was that license medical practitioners should make medical decisions and security people should make security decisions.</p> <p>Dr. Griffin concluded in saying that everyone knows that there is a very important function to this committee, we have new challenges and we</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p data-bbox="71 164 470 253"><b>VIII. Update: HB 4586 (Section 16a-16b), 81<sup>st</sup> Legislature (cont.)</b></p> <p data-bbox="71 776 457 894"><b>IX. Medical Director's Reports</b> - <b>Owen Murray, D.O. (UTMB)</b></p>	<p data-bbox="485 654 1121 711">Dr. Griffin next called on Dr, Murray to provide the UTMB Medical Director's report.</p> <p data-bbox="485 743 1121 1044">Dr. Murray started with that his topics were somewhere along the lines of some of the issues already discussed. Bryan Collier, Dr. Linthicum and I when we meet with TDCJ was given this same presentation. House Appropriations, Senate Committee, LBB were given the same kind of overview to show them where UTMB is at and how we got here. This was not given as a handout because it contained some financial numbers that are projections, but will be available to anyone that wants a copy.</p> <p data-bbox="485 1076 1121 1466">Dr. Murray concurred and went on to give a little history as it relates to some of the FTE issues that were discussed. When CMC took over facility operations the FTEs and the funds associated with those FTEs at the facility came with them. Unexpended funds from 1994-1998 approximately \$30-40 million dollars were returned to the state. A majority of that money was lapse salary dollars from positions that we couldn't fill or we choose not to fill to a different staffing model. The next biennium we actually had reserved funds that were applied to the next biennium's budget. Again, we inherited a system that was fully funded from a FTE standpoint. After the second biennium, the state basically</p>	<p data-bbox="1129 134 1675 532">have to be adaptable to those changes within the context of the state limitations. We can recite back to how we got to be where we were but this is where we are. And we have to plot a reasonable course that they can understand and appreciate and look at the pros &amp; cons in terms of where we're going to put the taxpayers dollars and at what risks are there if they don't. I think this is an opportunity that we have to put forth with that narrative. The expertise that knows the historical perspective should be embedded in that report as well, so they will know why we are at this precarious position that we are right now.</p> <p data-bbox="1129 565 1675 621">Dr. Raimer agreed he liked that plan and to move forward with it.</p> <p data-bbox="1129 1019 1623 1044">Dr. Griffin stated that it is part of the record.</p>	

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<p data-bbox="79 167 457 224"><b>IX. Medical Director's Reports (cont.)</b></p>	<p data-bbox="499 136 1121 834">said we're not going to give you money that you're not going to spend so we will fund you for your cost.. That's how we got into this methodology of being funded for our cost and so that they look at our last year and that is the start of our budget. And then we ask for additional items that we think are a necessity to meet the biennium's clinical needs. Basically for UTMB and CMC the supplemental appropriations represents a loan that UTMB and CMC to get them through the two years. You can see those have varied over the last three biennium's with the largest one being 46.6 million in FY08-09. It wasn't perfect but it was working until Hurricane Ike, again although the university would certainly like to continue this and certainly Bill and Donna can comment a little more about this. The case services of the university were seriously depleted just supporting the post Ike recovery and so from that standpoint you look at where our projected losses are for this year almost 96-97 million. The cash reserves through the university to undo those losses are just not there. Again I think that is the point we've been making. One of the questions is how did we get here and how did we get into such a deep hole.</p> <p data-bbox="499 870 1121 1468">Historically we've gotten our number right and usually the first thing we ask for from the legislature in our request is an adjustment to the base. They've usually been very good about funding that adjustment to the base to make us whole. In 2009 the bottom line is our operations were completely disrupted and our ability to track all what was going on offsite was just not where historically it had been and it took us way late into the game before we really were able to put together firm numbers about what we actually expended in 2009 and unfortunately the legislative session ends in June and all the dollars that we expended did not get covered in that SAR process. So as it shows we ended up FY09 despite that 33 million dollar SAR with a 12.8 million dollar loss. 2.5 million of that came from monies that we had asked for in the SAR process but the legislature choose not to fund. There is an additional 20 million dollars of monies that were given to us in the SAR but unfortunately due to the timing did not get rolled into the base, so that's the biggest problem that we faced just starting off not getting</p>	<p data-bbox="1142 961 1675 1468">Dr. Raimer stated that it's a very important cause to think about that as we forecast each biennium budget base on what was expended the past 2 years. Since we didn't have that number correct going in, the legislature did not fund us adequately. For the future based on that , there is a huge deficit there. In addition to the deficit that they acknowledge of over 50 million dollars during that time the appropriations committee was meeting. So there are two issues if not three. The carryover of 12 plus million that was not funded from the previous biennium plus the shortage of the base funding plus an acknowledge shortage of the funding of the biennium's. So there are three different pots of money that made a huge impact on UTMB's cash reserves and its ability to move forward.</p>	

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<p><b>IX. Medical Director's Reports (cont.)</b></p>	<p>that 20 million getting it rolled back into the base for FY10-11 which put us in a 40 million dollar hole right off.</p> <p>As Dr. Raimer explained you don't always get what you ask for from the legislature but for us what we ask for in terms of increases in offsite care, increases for salaries, capital, the hepatitis B biopsy program was as very interesting one We ask for money and as a committee already committed to. We presented the change in our hepatitis C program we knew what those costs were upfront we put those cost in our legislative request and then it was denied and unfortunately we're not changing our process, we're not doing any less liver biopsies, we're still doing that but the dollars that we asked for weren't given to us. The problem is if we don't get the money, we still do the process, we still hire the people. We've been doing it basically for us on UTMB's borrowed money and hopefully we'll get that back at the end of the biennium. So given what we got right now you can kind of see we've ended up with a 12.8 million dollar loss in FY09, 41.5 projected for FY10 and 57.1. And I caution those are numbers that are projections and they reflect no management intervention and I am going to get to some suggestions on what we can do to potentially reduce those numbers.</p> <p>I think Dr. Linthicum made some very good points that despite where our staffing is right now, we're still failing in certain areas across the board from an audit standpoint. To think we need less staff is probably not a good conclusion. The staffing study I think reflects where we do need to be and I think if you look at the graph you're going to see what the financial impact of that is going to be. Again the increasing levels cost of care of age over 55 and I don't want to leave off we focus often on over age 55 and expanding hepatitis C coverage and treatment. HIV is beginning to ratchet it up because of the more complicated HIV patients we're taking in. Recidivism is high with that group compliance is an issue once they get back onto the streets and so we struggle now</p> <p>And talking with Dr. Parr, who is our virologist is that we're having more and more complicated regiments of</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p><b>IX. Medical Director's Reports (cont.)</b></p>	<p>medication that is just driving up costs and once again I think everyone has talked about and Dr. Linthicum has made a good point about the growing mental health issue and treatment in our system, so the next slide kind of shows our FTE growth because again part of our loss came from FY09, part of our growth of employees we benefited from the economy and if you look at where we were on 4/1/09 and we had about 3,200 employees about 165 million dollars. If you look we jumped up about 88 positions or so at that time to 9/1/09. If we had gotten all of the money that we knew we spend in FY09 added to our FY10 and 11 budget we would have been able to basically afford that 3,290. But, that is not our full staffing if you look at what kind of exercise we went through when we were doing the staffing study we really would from that base line our base line would really be more from 35 to 37 and reflects those vacancies that you've seen posted. To go from there 170 to 183 that's 13 million dollars of staffing we don't have. We're paying for some it thru agencies. We don't have that money to go to that 100% staffing. The last bar looks from a UTMB standpoint a big ticket item 67 plus million dollars we did talk about phasing in over 3 biennium's. Moving into the direction of that 45 hundred and if we truly want to be compliant and meet the standards that are in our contract we have no other choice but to move in that direction. Unfortunately if we continue down the road with over 55, we're adding the Marlin VA, were going to add security and more beds and more personnel needing to take care of this.</p> <p>Again in our discussion with LBB, Senate Finance and House Appropriations they all said first was to look at all these issues that was to come back to the committee so that's what we're doing now. In our contract anything that has a million dollar impact whether it's a plus or minus it really does need to be run by the committee, and so our senior group of leaders got together and what do we need to do on a short time basis to help litigate some of these growing losses. We were given money for capital and obviously we could differ and again all of these strategies are deferral. Money for merit raises, about 3.5 million for this year, we can chose not to do these and roll back those into operations. We have been</p>		

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<p><b>IX. Medical Director's Reports (cont.)</b></p>	<p>filling only the critical vacant positions and we can continue down this road. If there is some dollars to be saved at a cost, those items Dr. Linthicum mentioned in terms of quality of care. We can hire doctors, we can hire nurses but allot of times it's all those other personnel that help those doctors and nurses that get level of work done. This is something again that Dr. Linthicum, Dr. DeShields and I do not agree on and that's deferring our Hepatitis B program that has been beneficial to the state. It's about 11 million dollars of savings we've come up with.</p> <p>From an action item standpoint what we need from the committee is the approval to use the FY10 monies for operations. The fact that we are funded by strategy and if anyone came to the conclusion if that applies to CMC or not. We've heard lots of testimony when agencies have gone outside their strategies; they often times face the wrath of the legislature for spending money in ways that they thought were more material than the legislature.</p> <p>When you look we were given money for capital, market increases to the extent that we want to roll those over to operations. It is something we can do this fiscal year.</p> <p>We have a hiring freeze right now and can continue that and the deferral of Hepatitis B immunization program for FY10 and 11.</p> <p>We do need the initiation of the spend forward process; I know we have talked about that and need to discuss further.</p> <p>And UTMB did end up losing 12.8 million dollars, moving forward in the legislative process but having the committee support on how to address a 12.8 million shortfall.</p>	<p>Mr. Elger stated that UTMB trying to play banker may have worked when the numbers were smaller. The size of the projections on top of the cash out flow getting back from Ike and will be reimbursed by FEMA. We are in a very difficult challenge in trying to live within resources with much depleted case reserves that dropped down during Ike when trying to carry people longer than we should have considering all the expenses that we were not reimbursed for. This can't continue, something is going to have to happen soon.</p> <p>Mrs. Sollenberger added where we looked at where we might be able to have some of the savings but as you look at the list its deferring what eventually will need to be done. We have a cash flow issue, we can't forward fund all of the revenues to fund to get us back on our feet from Ike. And also have this large of a deficit, so how can we bring some of these costs down. UTMB and the work of the people within the correctional managed care have done an amazing job. When you break it down cost per inmate for care is low and so how much more can we do. I think it is a CMC issue and for us how much more can we float in terms of our cash issues.</p> <p>Dr. Walkes is there a percentage paid to the facilities that are spending and to be paid back from the state. Does the state have to pay a percentage?</p>	

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<p><b>IX. Medical Director's Reports (cont.)</b></p>		<p>Mr. Hightower stated it's all the states money anyway.</p> <p>Dr. Griffin added that we pay in advance of the quarter that services are rendered, so that is very important to know the funding cycle. For UTMB that's 90 million at the beginning of that quarter that's delivered before those services are done.</p> <p>Dr. Walkes asked it's not as much as we know that is required to do the job that we are asking for them to do.</p> <p>Dr. Griffin answered it's 12.8 for the previous biennium that we are short. 90 million upfront, so there's still some operating capital before services are rendered.</p> <p>Dr. Walkes added but in this case there was a catastrophic event that impacted them in a way that they were not able to provide the service that we asked them to provide.</p> <p>Dr. Linthicum responded that for 4 months when Hospital Galveston was closed a lot of the services were not delivered because we were monitoring it. We had backlog that was unbelievable for diagnostic procedures, surgeries, specialty care. It just came to a stand still, the only that was being provided from September 23<sup>rd</sup> to January 5<sup>th</sup> when UTMB reopened was basically acute care. The entire specialty diagnostic care was not provided for four months. We had tremendous backlog and we're still plowing thru those backlogs.</p> <p>Dr. Walkes asked how was that being addressed.</p> <p>Dr. Griffin replied those have been questions that have been asked if those services were not delivered. Where did those resources go and so</p>	

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<p><b>IX. Medical Director's Reports (cont.)</b></p>	<p>Dr. Griffin asked Dr. Murray if there was anything else he wanted to ask the committee in terms of your report.</p> <p>Dr. Murray responded time was ticking and some of these things we've been doing in light of sharing this with the committee. Some of these things in terms of acknowledging and moving forward on the spend forward authority. Obviously making some kind of committee decision about the Hepatitis B program and approving or at least figuring out a strategy to look at whether or not legitimately we can move monies from capital and from salary increases into operations.</p> <p>As I mentioned we've held off on those so that the fact of doing them but we need the committee acknowledgement that we are doing that even though it will take some time to get some clarification from the legislature. Those deficits are real and are accruing everyday.</p>	<p>those are important questions. Part of the reason and Dr. Raimer spoke that the base not being adjusted because of the inability to give the numbers to the legislature. So there was reason for that base not to be adjusted.</p> <p>Dr. Raimer added that there was a lot offsite care provided during that time and when that care was provided as you know there is billings lag with those hospitals. Sometimes its three to six months before hospitals will give you a clean for what the charges were. So, Mr. Alderman simply could not get bills fast enough to predict cost from that offsite care. There has been a systematic plan to go back and address all the elective health care needs of offenders.</p> <p>Mr. Cavin wants some assurance and clarification from the legislature of this action. I feel uncomfortable approving when I know what legislative intent was on these items. I know legislative intent was so many dollars for equipment. We want to spend it on some other expense category; obviously we're violating legislative intent. I understand the reason for this but I'm looking more at the process. I don't know I'm not involved in a state agency, outside of a higher education. I know state agency function different than higher education. I know that when we have a special line item in appropriation that comes to us then we know that we spend for that line item only. I don't know the authority of this body to say you don't have to spend that money on equipment go ahead and spend it on operations. Or you have money appropriated for merit increases. I thought you were already given the fiscal 2010 merit increases. Because that's the year we're in. So I'm not sure how you had the money 3.5 million, how's that even available. I thought that money would have already been awarded September 1<sup>st</sup>.</p> <p>Dr. Murray replied the majority of our people are on a calendar cycle.</p>	

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<p><b>IX. Medical Director's Reports (cont.)</b></p>		<p>Mr. Cavin noted that he still didn't feel comfortable that what the legislature intended thinking that this body has the authority to override legislative intent.</p> <p>Dr. Griffin responded with point well taken. And we don't have the motion on the floor.</p> <p>Dr. Griffin stated that we need to divide the question. Can you put the action items up on the screen since.</p> <p>Dr. Linthicum noted that as a committee member she didn't even have anything in front of her.</p> <p>Dr. Griffin I think there is only a couple of things. You have six items listed. I think one and two in terms of action items. This committee in the chair's opinion today we don't have the ability to do that.</p> <p>Number one on the list was to approve the use of FY10 capital monies for operations. So I think we would have to ask the committee staff to investigate what the limitations of our authority is as it relates to item one and two which was to approve the use of FY10 market increases for operations.</p> <p>Number three, I will accept a motion for this item to propose a hiring freeze with further information to be supplied to the committee what positions are we freezing. I will entertain that motion.</p> <p>Number four on our list is to approve the deferral of Hepatitis B immunization program for FY10 and 11. We can discuss that and see where it goes on its own merits. That can be voted up or down.</p> <p>Number five is to approve the initiation of the spend forward process. I don't think that we have to approve that. I think the committee staff</p>	<p>Dr. Raimer said that he would make a move to adopt Dr. Murray's recommendations.</p>

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<p><b>IX. Medical Director's Reports (cont.)</b></p>		<p>can initiate questions and concerns from every board member and the organizations they represent about the overall financial management of the UTMB system as it relates to the correctional managed health care. Those questions being we would ask for a response. That point we could address those particular issues. Because the spend forward is for the whole system not just for UTMB. I think Texas Tech might have some serious questions about how that's divided up.</p> <p>And then number six is to support UTMB in seeking redress of 12.8 million FY09 losses. I think a reasonable approach to that would be to ask UTMB to give us their particular strategy and give us what that means. And we can address those particular items.</p> <p>Dr. Griffin noted that he would now accept a motion for three and four.</p> <p>Dr. Griffin you can only make a motion to and the vote decides to go up or down and we have to get a second.</p> <p>Dr. Griffin noted that it was never second.</p> <p>Dr. Griffin Items three and four. We don't the authority to address one and two. Five we can handle that as a committee standpoint asking for members of the committee put forth their questions to get more information.</p> <p>Dr. Raimer If we go the Legislative Budget Board and ask this question. Then the LBB is likely to say, what did your committee say about this. What's the committee's intent? I understand where you're coming from on behalf of the committee. But actually the LBB is very likely to say what was your committee feeling on each of these six items.</p> <p>Dr. Griffin responded if we don't entertain only</p>	<p>Dr. Walkes would like to make a motion not to approve the deferral of Hepatitis B immunization program.</p> <p>Dr. Raimer asked to restructure is original motion.</p>

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<p><b>IX. Medical Director's Reports (cont.)</b></p>		<p>three and four that would be the committees' stance because I don't think we will address one and two. Because we may not have the authority to do this. Three I think is valid, four I'll accept a motion for that as well. Five would be my strategy and the committees staff strategy to handle that in that is to allow committee members to submit their concerns, ask for response from UTMB on those and then we would move that. Even if that requires a special meeting of the committee.</p> <p>Dr. Murray stated that one and two you're going to budget one way or the other. The in tenses of that is that we are going to come and request the approval for 3.5 million dollars for marketing increases and 2.5 million dollars for capital purchases that we legitimately have run by your office.</p> <p>Dr. Griffin stated that we needed to investigate that.</p> <p>Mr. Cavin addressed Dr. Murray in stating that that he was uncomfortable because we're having to make a choice and I understand that things are very different for Texas Tech and us in the particular budget issue. So I'm not asking that Texas Tech be bound by any of these decisions at all for their enterprise.</p> <p>After more discussion Dr. Griffin noted that we did not get a second on his motion.</p> <p>Dr. Linthicum stated that she didn't even know what the motion is.</p> <p>Mr. Cavin explained that the motion was that we approve Dr. Murray's recommendations on the basis of line by line.</p> <p>Dr. Griffin states that he would accept a motion for each of those items separately. I would have to recognize someone for each of those. I will</p>	<p>Mr. Elmo Cavin moved to second Dr. Raimer's motion.</p>

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<p><b>IX. Medical Director's Reports (cont.)</b></p>		<p>only accept motions for three and four.</p> <p>Dr. Raimer understands that the chair is taking items one, two, five and six off the table and we can't vote on them.</p> <p>Dr. Griffin stated that we have received a motion that UTMB be allowed to exercise their proposed hiring freeze and any further discussion on that.</p> <p>Dr. Linthicum would like to know how the hiring freeze would affect the care of services at the unit level. Does this include unit level staff. I would want much more detail as it relates to TDCJ level health care.</p> <p>Dr. Raimer stated he thinks that we're just now crossing a line. This board is starting to manage UTMB's correctional health care. It's just done that. If we cross that line and instruct Dr. Murray to do that all bets are off on this contract. Dr. Murray has previously stated that he will determine which are the critical positions that are posted and he will do that. Dr. Linthicum's role is to monitor that and report to this board whether those outcomes are acceptable or not. But not to take on the position of determining who Dr. Murray will hire for this. If that occurs then the next step will be for this board to take over operation of all those units itself like it did prior to 1994.</p> <p>Dr. Linthicum added that with all due respect the 81st Legislature thru the Sunset process amended our statute and required the Texas Department of Criminal Justice not only to ensure access to care statutorily, to investigate medical grievances statutorily, to conduct</p>	<p>Dr. Ben Raimer moved to approve items three and four as presented by Dr. Murray.</p> <p>Mr. Gerard Evenwel seconds the motion. The motion passed by unanimous vote.</p>



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<p><b>IX. Medical Director's Reports (cont.)</b></p>	<p>implement and maintain an enhanced Quality Improvement System for CMC end state renal disease (ESRD) Patient Management System, enhance inpatient mental health bed management systems to adequately identify patient demand and optimize bed capacity, and establish a program to treat in-prison geriatric communities offenders who are 55 years o age or older.</p> <p>Beds and Services:  Infirmiry beds (current capacity 472)  Inpatient Mental Health Beds (current capacity 1,132)  Utilization Review  Dialysis (current capacity 175)  Geriatric  Organic Patients (Alzheimer/Dementia)  Oncology Patients</p> <p>CMC FY2009 - 911 and ER Visits: HUB Facilities made up 55% of all 911/ER visits in FY09. HUB 911 visits totaled 1,436 (43%), HUB ER visits totaled 1,914 (57%).</p> <p>HUB Impact on 911/ER visits. Only 9% of total HUB evaluations resulted in ER transfers. 64% of FY09 ER transfers were evaluated by CMC HUB staff prior to transfer.</p> <p>Mr. Williams further reported Offsite Admission Snapshot, Average Offsite Length of Stay, Infirmiry Placements of HB Discharges.</p> <p>Also Bed Placement Challenges: custody, dialysis patient (C. Young, Texas City and Huntsville), respiratory isolation, mental health needs, physical therapy, wheelchair dependent, oncology patient and G2 greater custody extended care patient.</p> <p>Bed Placement Challenges (April - September 2009) - custody, dialysis, isolation, mental health, physical therapy, oncology, WC dependent, and other.</p> <p>CMC Infirmiry Average Daily Census was 95% capacity.  Average days to move a discharged infirmiry patient. In August it was 4.9 , Sept. it was 3.4 and Oct. was 2.3.</p>	<p>Dr. Linthicum stated that the whole picture is not being presented here. The major issue to moving patients out is medical transportation. The universities have a very limited number of</p>	

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<p><b>IX. Medical Director's Reports (cont.)</b></p>	<p>Ongoing Initiatives: are to publish monthly offsite infirmary dashboard, develop monthly mental health inpatient dashboard, transition infirmary care information system to AS400/EMR, develop care plans for the top 10 diagnoses for infirmary admissions, enhance mental health bed tracking system, transition oncology patients back to UTMB and accurately maintain the VAIS.</p> <p>Dr. Griffin thanked Dr.. Williams for your report and I think that some of the issues that Dr. Linthicum brings up really allows us to highlight the importance of some of the communication that we've had post Ike in the weekly conference calls. And I would encourage from a public member that these continue on a weekly basis and not be stretched out because there are continuous concerns. Any other comments on Dr. Williams report.</p>	<p>vehicles for medical transportation and you are relying on TDCJ to transport most of these discharge people. We operate on a chain bus schedule, so if you discharge after the chain bus has left which has been the case on allot of these circumstances then that person has to wait until the next day. That has to be reflected on this report as well. Because we've been monitoring that. The numbers reflect its all custody.</p> <p>And the other issue about the custody, is that every one of these infirmaries all the 2250 units are maximum security units. Every 2250 prototype unit has 17 infirmary beds, 15 medical surgery, 2 respiratory isolation, so those units are able to accommodate every custody. The Estelle Regional Medical facility is able to accommodate every custody including death row. The only regional medical facility that is not able to accommodate all custodies is the southern regional medical facility which is at Carol Young. The outlying units that have infirmary beds they've all been designated for the long term care assisted living type patients. So, I for one would like to understand more about why the bed placement challenge overwhelming is due to custody. I don't understand that.</p> <p>Dr. Murray Dr. Griffin last week there had been some discussion with Mrs. Sollenberger about hospital management and we moved Bryan Schneider and Troy Siebert over to work with Jennifer Zirkle who's been the sole acting administrator for the Hospital Galveston. They are now a team and are going to manage all the operations including the clinics.</p> <p>Dr. Griffin responded just to complete and for</p>	

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<p data-bbox="71 164 468 224"><b>IX. Medical Director's Reports (cont.)</b></p> <p data-bbox="92 500 468 589">- <b>Denise DeShields, M.D. (TTUHSC) Montford Bed Space Update</b></p>	<p data-bbox="485 440 1083 467">Dr. Griffin then called on Dr. DeShields for her report.</p> <p data-bbox="485 500 1119 954">Dr. DeShields reported that one of the areas in Texas Tech that has been uniquely impacted by the heightened acuity in aging offenders has been at the Montford. Just for committee reminder the Montford facility has 550 inpatient psych beds, 400 trustee beds, 44 long term care beds, 50 ward beds, 4 ICU beds, and 30 holding beds. One of the things we've noticed over the last fiscal year is that there's been a steady increase in volume of patients coming thru the Montford both for inpatient services, for dialysis and for outpatient specialty consultation. We've been innovated with our bed utilization but have been especially challenged with holding beds with patients coming in for specialty service at the Montford. Because these beds are now being occupied by longer term patients.</p> <p data-bbox="485 987 1119 1468">This is particularly true of our dialysis patients. We typically don't place dialysis patients. We are now being forced to put these patients probably 10 to 14 of them will occupy spaces in either the ward long term or in the hold area, because they don't meet the criteria for trustee placement which is where they were originally designated to go. We've been in contact with Mr. Zeller, who's the TDCJ Regional Director for the Montford Unit and more recently with Dr. Linthicum. Some of the things we've thought about are utilizing any available space in the trusty pods for holding and also looking at the criteria for the trusty placement. In addition were looking at a system 15 years ago could handle the volume and because of the heighten acuity and the aging offenders we are now at a critical point. In regards of getting offenders in and getting them out. Also, we are</p>	<p data-bbox="1129 136 1671 435">clarity sake in terms of the entire UTMB report which includes your report. In terms of the action items, I request that UTMB supply to the committee December 8<sup>th</sup>, a week from now a detailed narrative on each of these items that we can redistribute the board members and the institution they represent. And by December 22<sup>nd</sup> that our members give responses and comments related to your document and then we can entertain a special meeting.</p>	

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<p><b>IX. Medical Director's Reports (cont.)</b></p>	<p>looking at issues with regard to security. Security has been overwhelmed with the number of transports that we have to do for ER and offsite specialty care and also for cancer treatment.</p> <p>We will be in continued contact with TDCJ health services and security to try to rectify some of these issues but we wanted the committee to be aware that there are some involving issues with the bed space management at the Montford.</p>	<p>Dr. Linthicum responded that the biggest thing that would help the Texas Tech sector, is the dialysis. Dialysis is done at Montford, Estelle, and Carol Young. Those patients really need to meet security criteria for trusty camp many of them don't because that's the only GP custody is at Montford. The rest of Montford is an inpatient psychiatric facility. And with a limited number of psychiatric beds we can't take beds out of the psychiatric inpatient count to make room for dialysis patients. So what ends up happening is that they end up occupying Montford infirmary beds. It's not a good situation.</p> <p>Denise and I are working on this with security to come up with something creative so we can maybe move out these dialysis patients.</p> <p>Dr. Griffin asked how many days and times a day do they do dialysis.</p> <p>Dr. DeShields responded 6 days a week, 3 times a day. We have a maximum capacity for 42 patients. Historically over the past 3-5 year we've averaged 18 to 22 patients. We're now consistently staying between 32-34 patients. So we're approaching capacity but we don't have the space to deal with them.</p> <p>Dr. Griffin asked what the average dialysis run time.</p> <p>Dr. Linthicum responded three hours, Monday, Wednesday, Friday and Tuesday, Thursday, Saturday is usually the schedule.</p>	

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<p><b>IX. Medical Director's Reports (cont.)</b></p> <p>- <b>Lannette Linthicum, M.D. (TDCJ)</b></p> <p>- <b>Operational Review Audit</b></p> <p>- <b>Grievances and Patient Liaison</b></p> <p>- <b>Quality Improvement Access to Care Audits</b></p>	<p>Dr. DeShields wanted to add on a good note even though this happened in the first quarter I wanted to mention that all Hurricane Ike patients have been liberated from Texas Tech.</p> <p>Dr. Griffin thanked Dr. DeShields for the report and then called on Dr. Linthicum to provide TDCJ Medical Director's Report.</p> <p>My report is on pages 112 – 129. During the fourth quarter of FY 2009, Dr. Linthicum reported that eleven facilities were audited and those results are available on pages 112-114 of the agenda packet.</p> <p>One item I would like to highlight was Item 6.46 on page 114 which requires an offender who entered TDCJ on or after 07/01/2007 mandatory intake HIV testing was required by the legislature and also we have a statute that requires pre-release testing. We're continuing to have some challenges in this area where we're not getting these things done and reported as required. We've had meetings with the outpatient, UTMB team and we plan to meet with Texas Tech team and we're working very hard to insure accuracy in this reporting because this is often something that the legislature during the times of the session wants numbers.</p> <p>She then reported that the Grievances and Patient Liaison Program and the Step II Grievance Program received a total of 3,364 correspondences. Of the total number of correspondences received, 452 or 13.44% action requests were generated.</p> <p>Quality Improvement / Quality Monitoring staff performed 115 access to care audits for this quarter. A total of 1,035 indicators were reviewed and 29 indicators fell below the 80% threshold.</p> <p>The Capital Assets Contract Monitoring Office audited eleven units during this quarter and these audits are conducted to determine compliance with the Health Services Policy and State Property Accounting policy</p>	<p>Dr. Griffin added his congratulations on that accomplishment.</p>	

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<p data-bbox="155 167 464 224"><b>Medical Director's Reports (cont.)</b></p> <p data-bbox="86 228 443 253">- <b>Capital Assets Monitoring</b></p> <p data-bbox="86 380 401 404">- <b>Office of Public Health</b></p> <p data-bbox="86 959 422 984">- <b>Mortality and Morbidity</b></p> <p data-bbox="86 1110 407 1167">- <b>Mental Health Services Monitoring</b></p>	<p data-bbox="499 136 1117 193">inventory procedures. Audit findings concluded the eleven units audited were within the compliance range.</p> <p data-bbox="499 228 1117 529">Dr. Linthicum next reported that the Office of Preventive Medicine monitors the incidence of infectious diseases for TDCJ. For the fourth quarter of FY 2009, there were 140 cases of suspected syphilis; 721 Methicillin-Resistant Staphylococcus Aureus (MRSA) cases were reported compared to 1,037 during the same quarter of FY 2008. There was an average of 20 Tuberculosis (TB) cases under management per month during this quarter, compared to an average of 25 per month during the fourth quarter of the FY 2008.</p> <p data-bbox="499 565 1117 678">Dr. Linthicum then stated that the Office of Preventive Medicine's Sexual Assault Nurse Examiner (SANE) Coordinator provided 9 training sessions, attended by 7 facilities with 30 medical staff trained.</p> <p data-bbox="499 714 1117 771">Currently, Peer Education Programs are available at 108 of the 112 facilities housing CID offenders.</p> <p data-bbox="499 807 1117 920">The Mortality and Morbidity Committee reviewed 119 deaths. Of those 119 deaths, 15 were referred to peer review committees and 1 was referred to utilization review.</p> <p data-bbox="499 956 1117 1045">The Mental Health Services Monitoring and Liaison with County Jails identified 35 offenders with immediate mental health needs prior to TDCJ intake.</p> <p data-bbox="499 1081 1117 1195">Dr. Linthicum added that the MHMR history was reviewed for 20,229 offenders brought into TDCJ-ID/SJ. Intake facilities were provided with critical mental health data, not otherwise available for 2,470 offenders.</p> <p data-bbox="499 1230 1117 1344">There were 294 offenders with high risk factors (very young, old, or long sentences) transferring into the Correctional Institution Division interviewed which resulted in 18 referrals.</p> <p data-bbox="499 1380 1117 1469">During the fourth quarter of FY 2009, 18 Administrative Segregation facilities were audited, 4,522 offenders were observed, 2,666 of them interviewed, and 19 offenders</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p><b>IX. Medical Director's Reports (cont.)</b></p> <p>- <b>Clinical Administration</b></p> <p>- <b>Accreditation</b></p> <p>- <b>Biomedical Research Projects</b></p>	<p>referred to the university providers for further evaluation.</p> <p>During the fourth quarter of FY 2009, 10 percent of the combined UTMB and TTUHSC hospital and infirmary discharges were audited. The breakout of the summary of the audits is provided at page 116- 117 of the agenda packet.</p> <p>Dr. Linthicum next reported that the American Correctional Association Panel of Commissioners awarded ACA accreditation to the San Saba, and Marlin facilities and re-accreditation was awarded to Allred, Connally, Darrington, Ferguson, Gurney, Lewis, Holliday, Rudd and Hobby Units.</p> <p>Dr. Linthicum concluded by stating that the summary and pending research projects as provided by the TDCJ Executive Services are included in the consent items on pages 53-55 of the agenda packet.</p> <p>During the last meeting of the committee Mr. Chairman you asked if I would include a sample of a corrective action plan and how that flows, please see pages 120-129 for that sample.</p> <p>Dr. Griffin thanked Dr. Linthicum for the report then asked if there were any questions or comments?</p> <p>Dr. Griffin then called on Dr. Williams to report an update on the System Leadership Council.</p> <p>Dr. Williams began with an overview of the System Leadership Council. The role of the SLC is to fulfill a</p>	<p>Mr. Nelson asked if there was a time frame within each step as to when it needed to be completed.</p> <p>Dr. Linthicum responded yes that it was on the documentation that after the audit the corrective plan had to be submitted within 30 days. Also, if it is accepted we close it out and if not we keep going until we come to an agreement with the corrective action plan.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p><b>X. Joint Work Group Committee Overview: System Leadership Council</b></p> <p><b>- Robert Williams, M.D.</b></p>	<p>responsibility of the correctional health care committee. It's the managed health care committee's responsibility to oversee quality of care and access to care and they've delegated that responsibility to SLC and SLC then reports back to this committee.</p> <p>Our mission is to monitor quality of care, access to care. Our goal is to ensure that we're meeting regulatory standards as well as community standards of care and that we're providing a constitutionally established access to care.</p> <p>On pages 134-135 you will find the SLC Structure and Composition of medical directors from all partners and representation from dental and nursing.</p> <p>The quarterly agenda covers access to care. We have quality of care indicators that SLC assigns on an annual basis. CMHCC staff provides updates. TDCJ Health Services presents the monthly grievance exceptions reports, quarterly sick call verification audits and safe prisons update. Other pertinent issues related to the provision and monitoring of the offender health care that are presented are EMR, sick call requests, joint nursing reports, security issues, etc.</p> <p>During scheduled quarterly meeting, SLC will review consolidated quarterly QI reports from all CMHC operated medical units, discuss special issues regarding the correctional health care program and submit quarterly report to the CMHCC.</p> <p>Dr. Williams went on to review the SLC traditional functions, Access to Care (ATC) Indicators, SLC Quality of Care Indicators, Previous SLC Quality Indicators, Compliance Actions FY2008-2009 ATC Indicators, Compliance Actions FY2008-2009 Quality of Care Indicators, and FY2010 Compliance Monitoring.</p> <p>Dr. Griffin thanked Dr. Williams for his report.</p> <p>Dr. Griffin announced that it was Dr. Murray's time to chair the System Leadership Council for the year.</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p><b>XI. TCOOMMI Update</b></p> <ul style="list-style-type: none"> <li>- <b>April Zamora, Dee Wilson</b></li> </ul> <p><b>XII. Financial Report</b></p> <ul style="list-style-type: none"> <li>- <b>Lynn Webb</b></li> </ul>	<p>Dr. Griffin stated that Dee Wilson and April Zamora could not attend due to scheduling conflicts. Next is Financial Reporting Update presented by Mr. Webb.</p> <p>Mr. Webb stated that the financial summary will cover all data for the 4th quarter FY 2009 ending August 31, 2009. This report is found in your packet at <u>Tab I</u>.</p> <p><u>Population Indicators on pages 159 and 160</u>  The average daily offender population has declined slightly to 150,568 for the 4th quarter FY2009. Through this same quarter a year ago (FY 2008), the daily population was 151,712, a decrease of 1,144 or (0.75%).</p> <p>Consistent with trends over the last several years, the number of offenders in the service population aged 55 or older has continued to rise at a faster rate than the overall offender population to 11,033 as of 4<sup>th</sup> quarter FY2009. This is an increased of 672 or about 6.5% from 10,361 as compared to this same first quarter a year ago.</p> <p>The overall HIV+ population has remained relatively stable throughout the last two years at 2,472 through 4<sup>th</sup> quarter FY2009 (or about 1.64% of the population served).</p> <p>The two mental health caseload measures have remained relatively stable:  The average number of psychiatric inpatients within the system was 1,914 through the 4<sup>th</sup> quarter of FY2009. This inpatient caseload is limited by the number of available inpatient beds in the system.  Through the 4<sup>th</sup> quarter of FY2009, the average number of mental health outpatient visits was 19,373 representing 12.9% of the service population.</p> <p><u>Health Care Costs (Table 3 and page 161 and 162)</u>  Overall health costs through the 4<sup>th</sup> quarter of FY2009 totaled \$524.3M. On a combined basis, this amount is above overall revenues earned by the university</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p><b>XII. Financial Report (cont.)</b></p>	<p>providers by approximately \$12.8M or 2.5%. UTMB's total revenue through the fourth quarter was \$410.5M; expenditures totaled \$423.3M, resulting in a net loss of \$12.8M.</p> <p>Texas Tech's total revenue through the 4<sup>th</sup> quarter was \$101.0M; expenditures totaled \$101.0M, resulting in a net gain of \$38K.</p> <p>Examining the healthcare costs in further detail on (Table 4 and page 163) indicates that of the \$524.3M in expenses reported through the 4<sup>th</sup> quarter of FY 2009: Onsite services comprised \$248.3M, or about 47.4% of expenses: Pharmacy services totaled \$51.3M, about 9.8% of total expenses: Offsite services accounted for \$164.3M or 31.3% of total expenses: Mental health services totaled \$46.6M or 8.9% of the total costs: and Indirect support expenses accounted for \$13.8M, about 2.6% of the total costs.</p> <p>Table 5 and page 164 shows that the total cost per offender per day for all health care services statewide through the fourth quarter FY 2009, was \$9.54, compared to \$8.60 through the fourth quarter of the FY 2008. The average cost per offender per day for the last four fiscal years was \$7.86. As a point of reference healthcare costs was \$7.64 per day in FY03. This would equate to a 24.9% increase since FY03 or approximately 4.1% increase per year average, well below the national average.</p> <p><u>Aging Offenders</u> Older offenders access the health care delivery system at a much higher acuity and frequency than younger offenders: Table 6 and page 165 shows that encounter data through the 4<sup>th</sup> quarter indicates that older offenders  had a documented encounter with medical staff a little under three times as often as younger offenders. Table 7 and page 166 indicates that hospital costs received to date this Fiscal Year for older offenders</p>	<p>Dr. Linthicum stated one request that she's had in the past and would like to request it again. On page 163 if the charts could be broken down by universities.</p> <p>Mr. Webb answered that they were broken down in the details of pages 161 and 162.</p> <p>Dr. Linthicum stated that she was a visual type person and would like to see each university on a separate page.</p> <p>Mr. Webb complied and would do that.</p> <p>Dr. Raimer asked if the health care cost includes medical, dental, everything.</p> <p>Mr. Webb responded yes that it included everything.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p><b>XII. Financial Report (cont.)</b></p>	<p>averaged approximately \$4,698 per offender vs. \$765 for younger offenders.</p> <p>Regarding hospitalization costs shown in <u>Chart 15</u>, the older offenders were utilizing health care resources at a rate more than six times higher than the younger offenders. While comprising only about 7.3% of the overall service population, older offenders account for 32.7% of the hospitalization costs received to date.</p> <p>Also, per <u>Table 8 and page 167</u>, older offenders are represented over four times more often in the dialysis population than younger offenders. Dialysis costs continue to be significant, averaging about \$21.5K per patient per year. Providing dialysis treatment for an average of 191 patients through the fourth quarter of FY 2009 cost \$4,113,375.</p> <p><u>Drug Costs</u> Please note that <u>Table 9 and page 168</u> shows that total drug costs through the 4<sup>th</sup> quarter FY2009 totaled \$38.2M. Of this, \$17.8M (or over \$1.5M per month) was for HIV medication costs, which was about 46.5% of the total drug cost. Psychiatric drugs costs were approximately \$1.1M, about 3.0% of overall drug costs. Hepatitis C drug costs were \$1.5M and represented about 4.0% of the total drug cost.</p> <p><u>Reporting of Fund Balances</u> It is legislative requirement that both UTMB and Texas Tech are required to report if they hold any monies in reserve for correctional managed health care.</p> <p>UTMB reports that they hold no such reserves and report a total operating shortfall of \$12.8M through the end of the 4<sup>th</sup> quarter of FY2009. A Supplemental Appropriations Request (SAR) was deposited during the quarter for \$31.8 Million to offset much of the operating shortfall for FY 2009.</p> <p>Texas Tech reports that they hold no such reserves and report a total operating gain of \$38,496 through the 4<sup>th</sup> quarter FY2009. A Supplemental Appropriations</p>		



Agenda Topic / Presenter	Presentation	Discussion	Action
<p><b>XIII. Public Comments (cont.)</b></p>	<p>public comments request that we would like to limit this to three to five minutes and please respect the confidentiality of elements of your report is you want to make any notes. Ms. Dafft you are recognized.</p> <p>Ms. Dafft wanted to apologize for not making the last several board meetings. But she wanted to report that her son is doing very well. She had some issues with the unit staff not communicating with her. Dr. DeShield's office was very supportive and helpful in getting the communication issue cleared up. I am very thankful and appreciative of this group, this is allot of work and the average person does not realize the dedication of this group. I also want to compliment Dr. Reinecke, I am a dental assistant and active in the Dallas County Dental Assistant Society and he came to our Annual Assistants Dallas Meeting and made a two hour CE on the prison system as related to the dental assistants. This was one our largest attendance functions that we've had in about six months. He brought forward ideas and issues involving the correctional system in dentistry that most of our dental assistants did not have any knowledge. There is an opportunity of employment out there and the way he presented it, he really loves his work. I was very excited to see someone from prison system particularly in my profession come forward with such an interesting and productive presentation. I did bring a copy and I am the editor for our local organization and he is on the front page of our newsletter. I appreciate you all and thank you.</p> <p>Dr. Griffin thanked Ms. Dafft for her comments and even though she may not have been here physically we know your spirit was here with support. And we are gratified by your physical presence today. I don't have any other public presentations.</p>		



## Consent Item 2

TDCJ Health Services  
Monitoring Reports

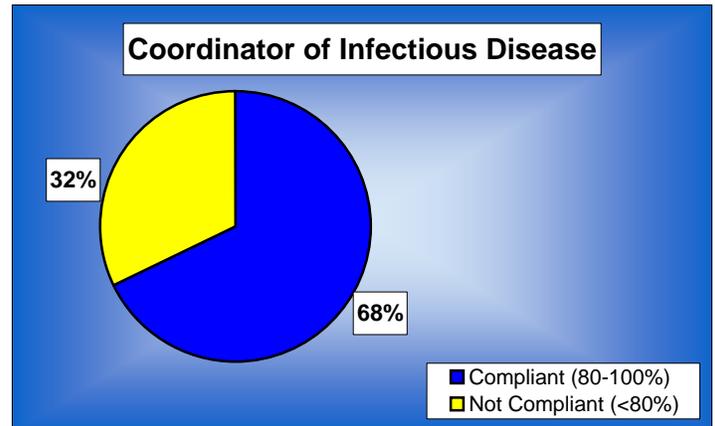
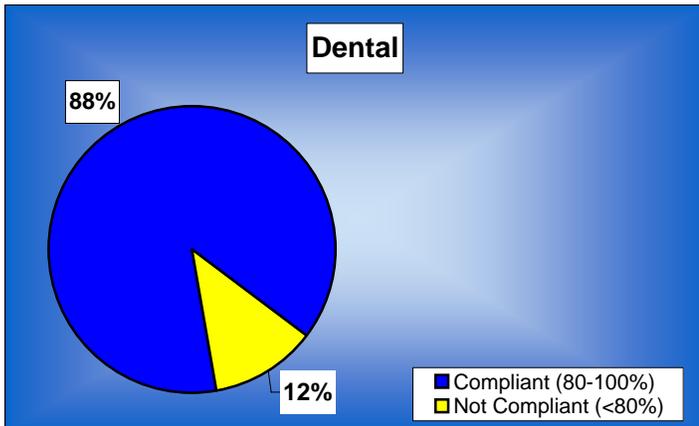
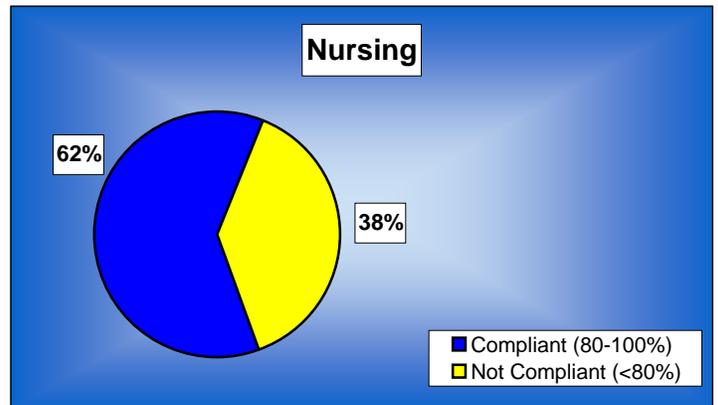
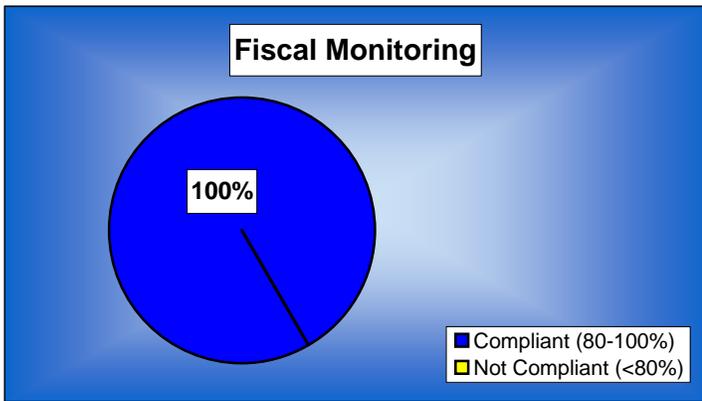
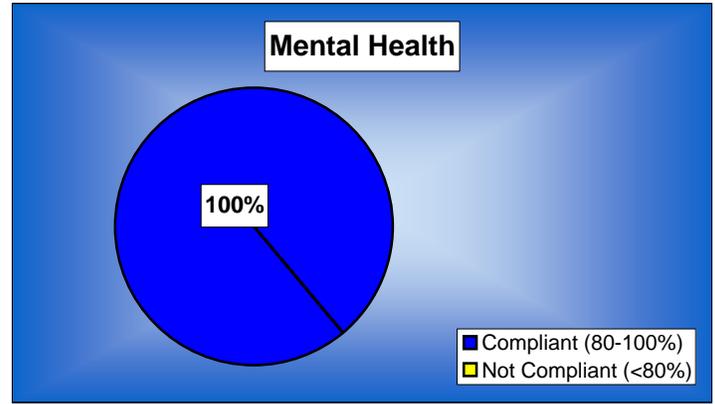
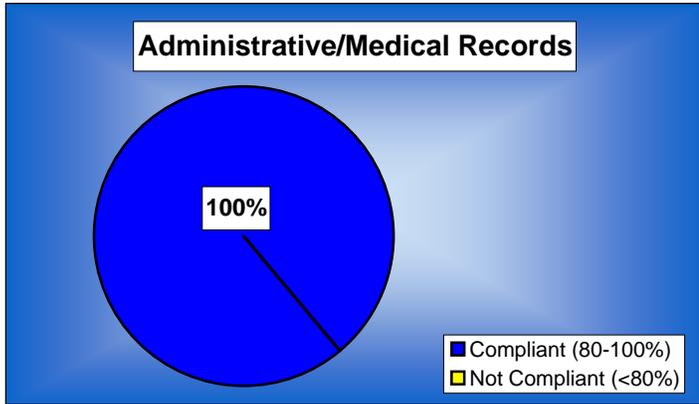
## ATTACHMENT 1

Rate of Compliance with Standards by Operational Categories  
 First Quarter, Fiscal Year 2010  
 September, October and November 2009

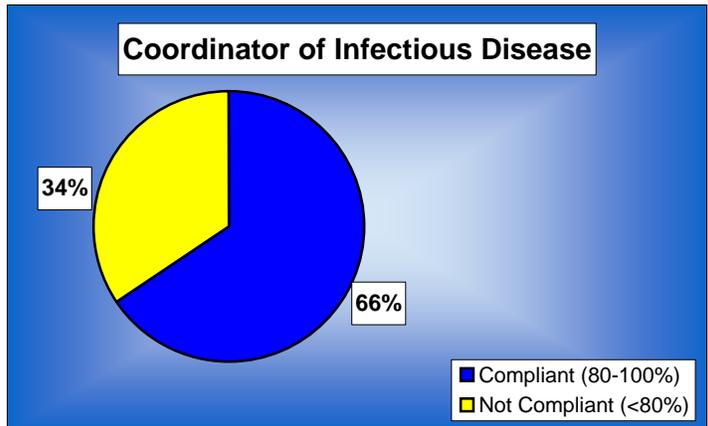
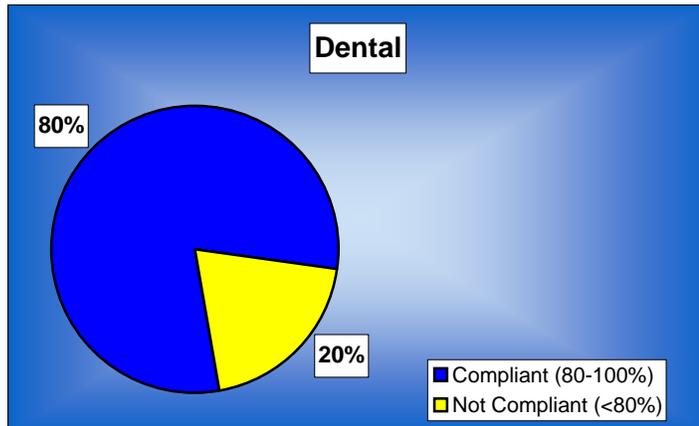
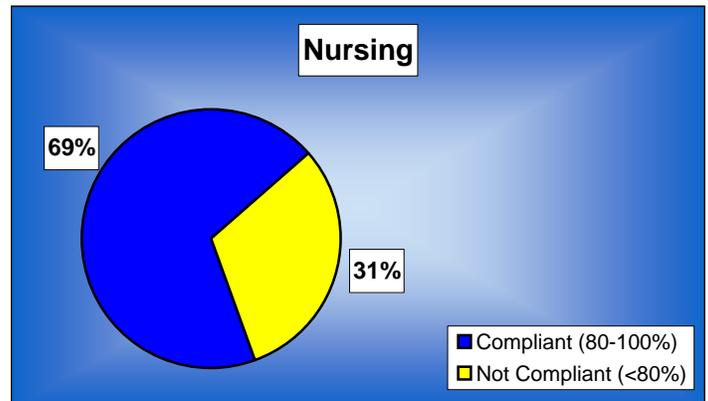
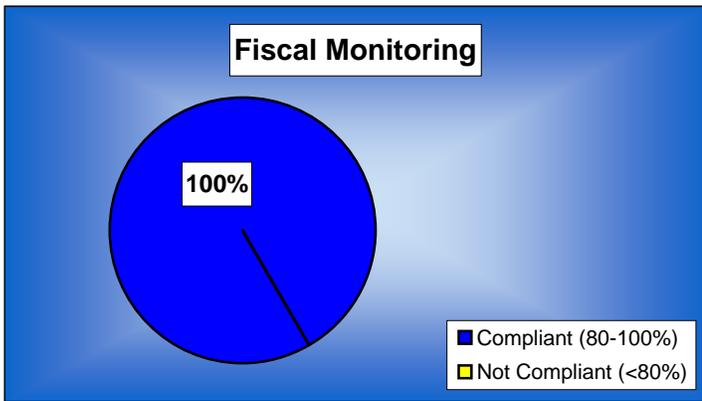
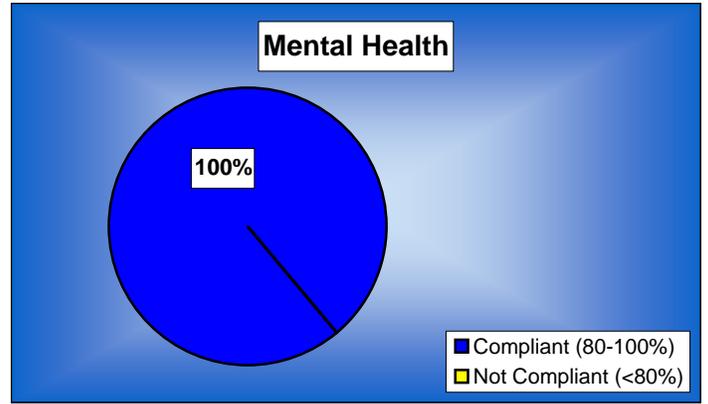
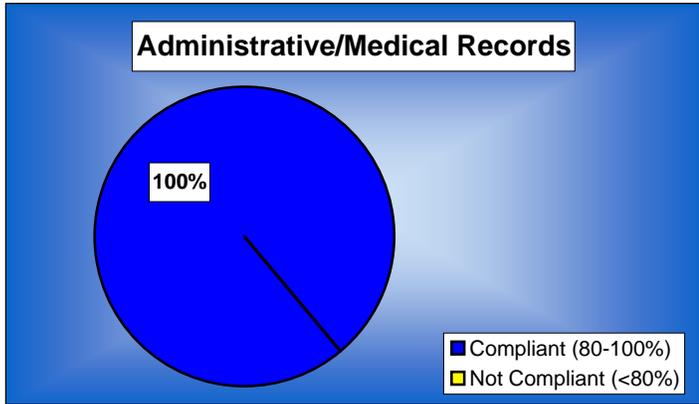
Unit	Operations/ Administration			General Medical/Nursing			Coordinator of Infectious Disease			Dental			Mental Health			Fiscal		
	<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance	
Briscoe	53	53	100%	26	16	62%	28	19	68%	25	22	88%	8	8	100%	10	10	100%
Byrd	52	51	98%	25	23	92%	20	8	40%	25	22	100%	12	11	92%	10	11	91%
Cotulla	48	48	100%	26	18	69%	29	19	66%	15	12	80%	8	8	100%	10	10	100%
Goree	53	53	100%	26	25	96%	24	21	88%	25	24	96%	10	11	91%	9	9	100%
Halbert	53	53	100%	27	16	59%	29	28	97%	22	22	100%	4	3	75%	11	11	100%
Lindsey State Jail	47	45	96%	26	23	88%	19	13	68%	22	22	100%	16	14	88%	9	9	100%
Robertson	52	52	100%	32	16	50%	30	21	70%	25	22	88%	19	18	95%	8	8	100%
Wynne	52	52	100%	26	22	85%	25	11	44%	25	24	96%	12	12	100%	12	12	100%

*n* = number of applicable items audited.

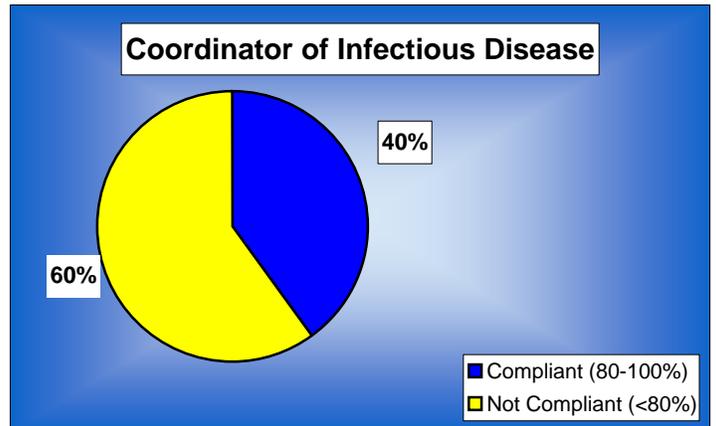
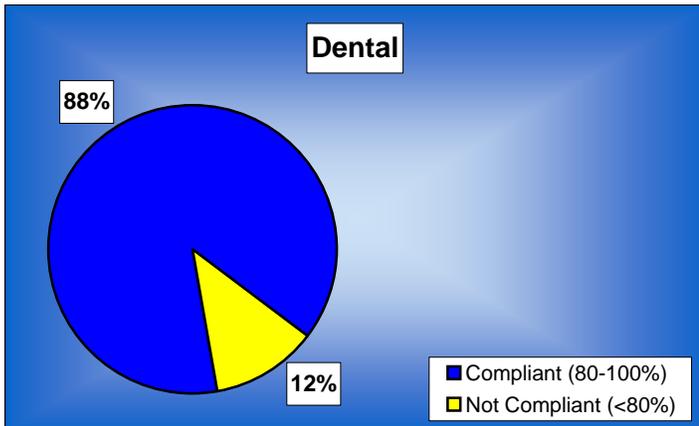
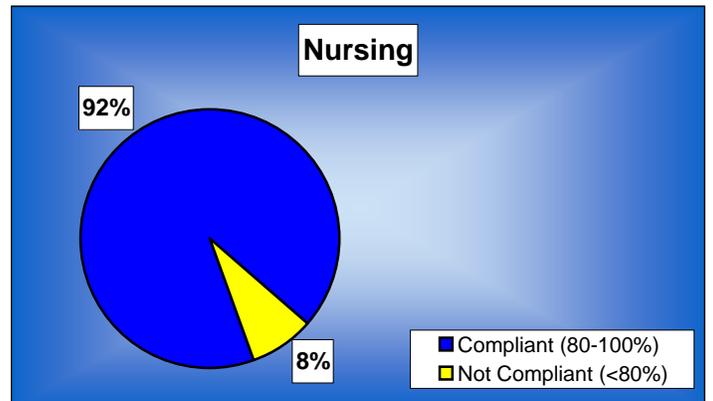
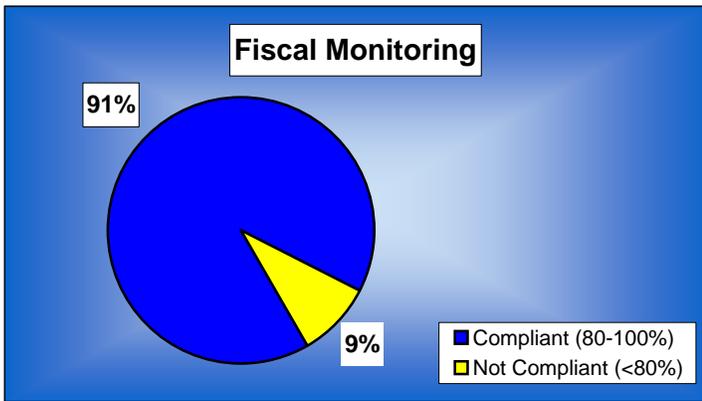
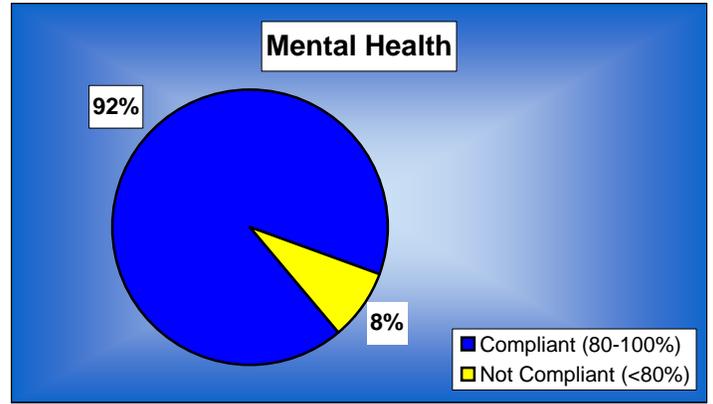
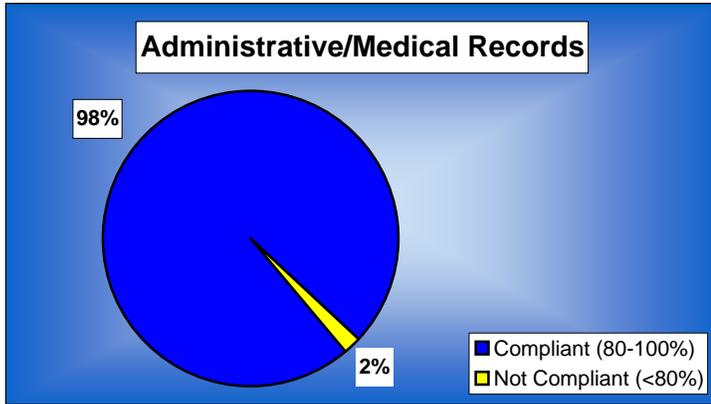
Compliance Rate By Operational Categories for  
**BRISCOE FACILITY**  
October 1, 2009



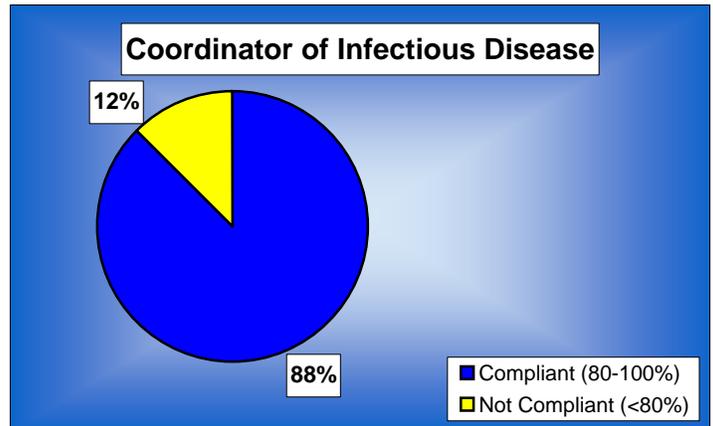
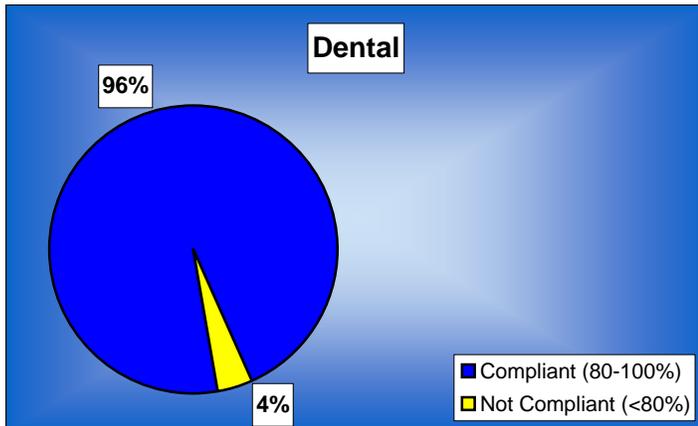
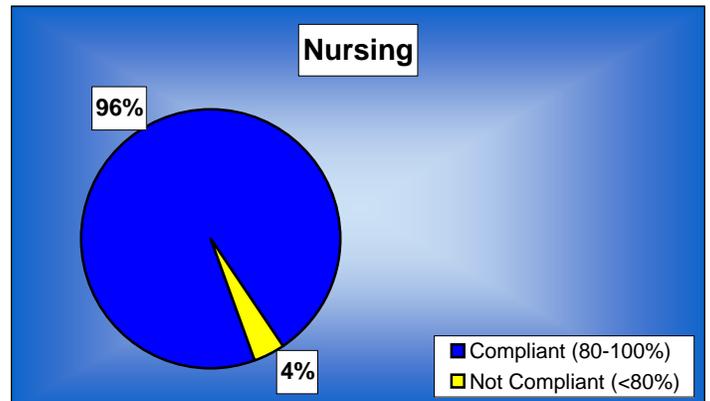
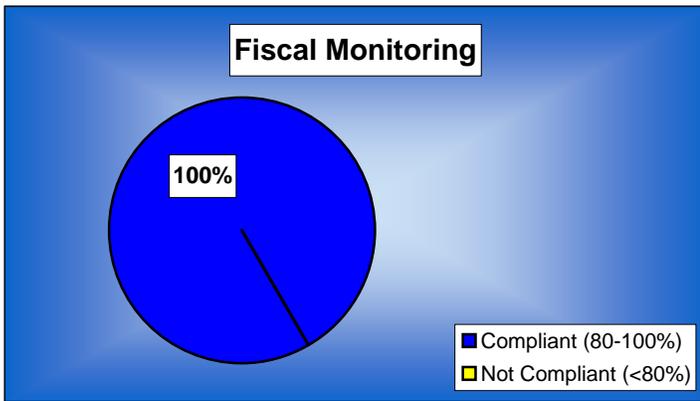
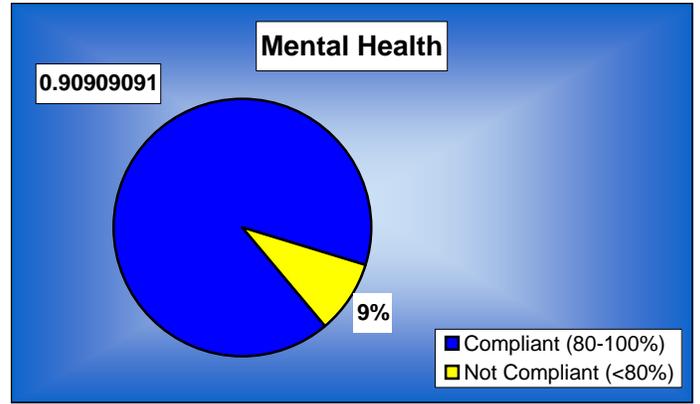
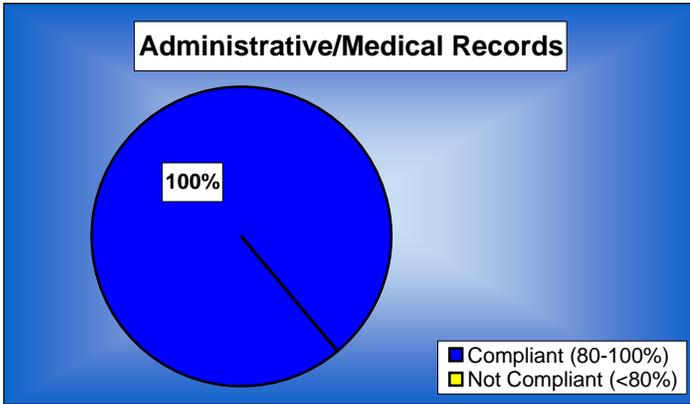
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October 1, 2009**



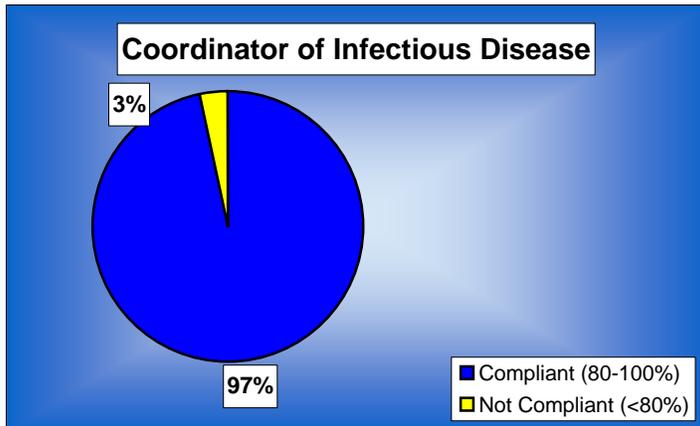
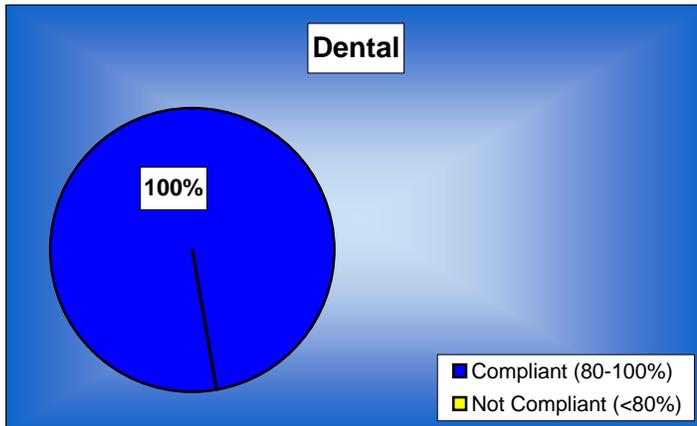
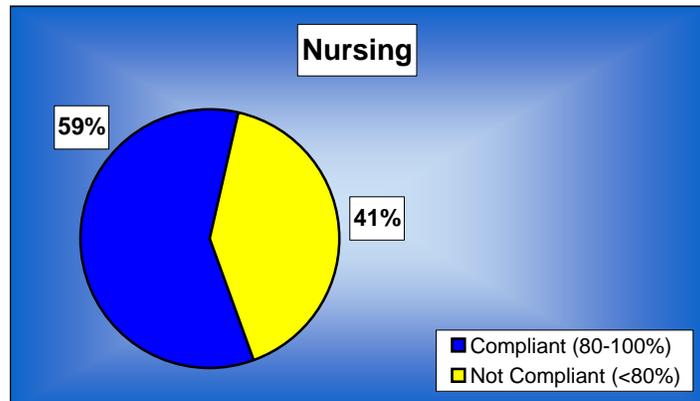
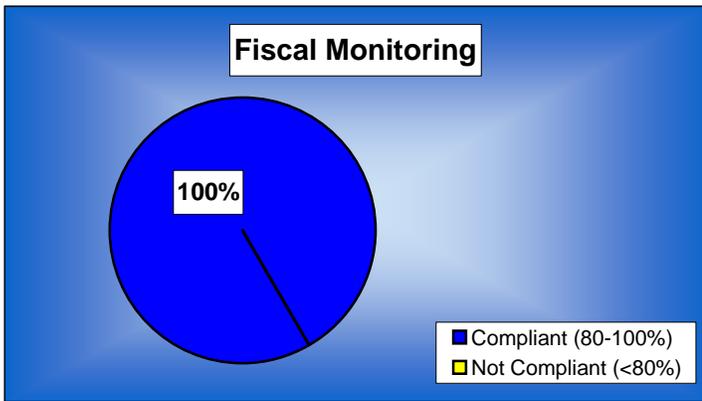
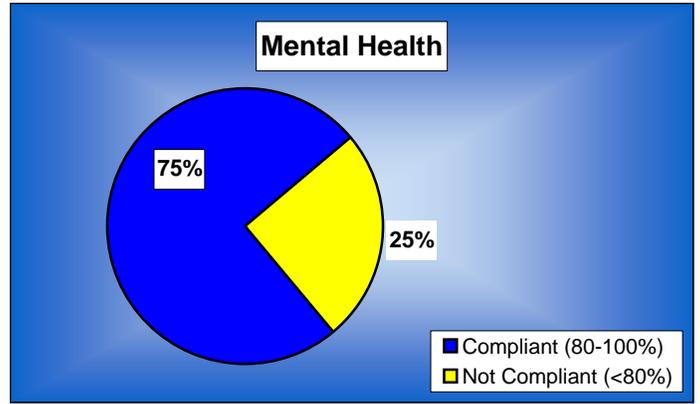
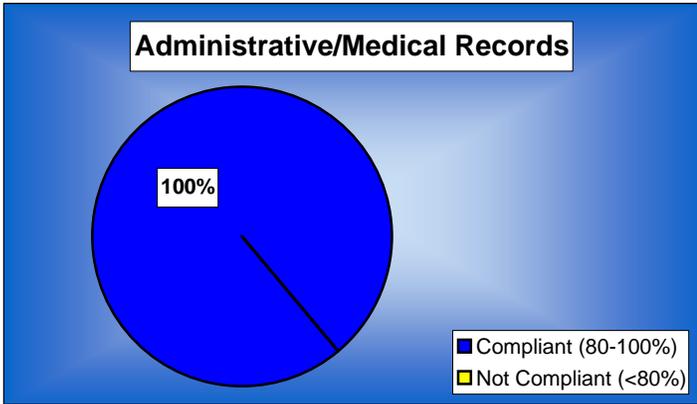
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BYRD FACILITY  
October 5, 2009**



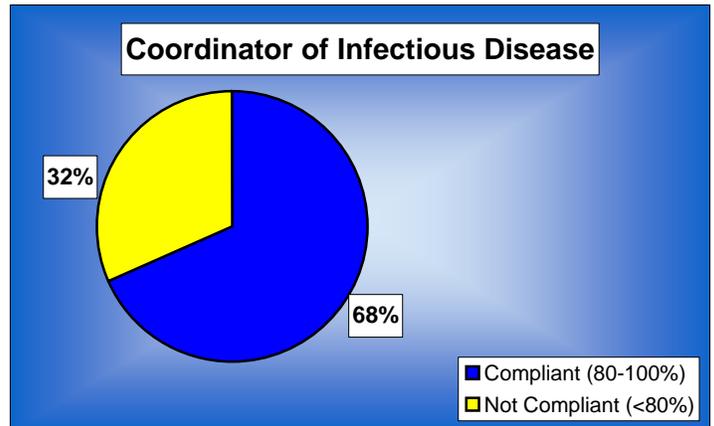
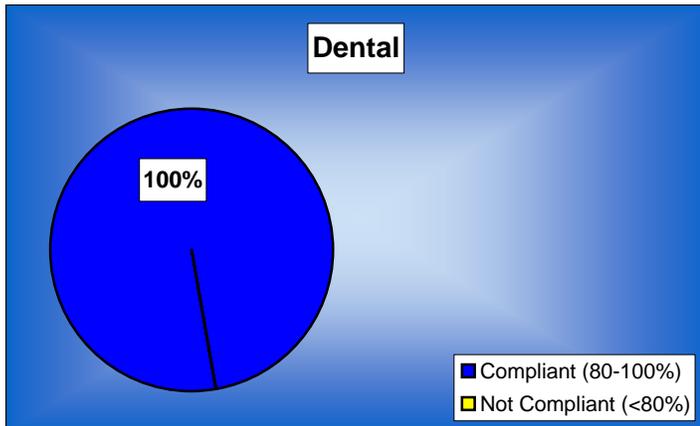
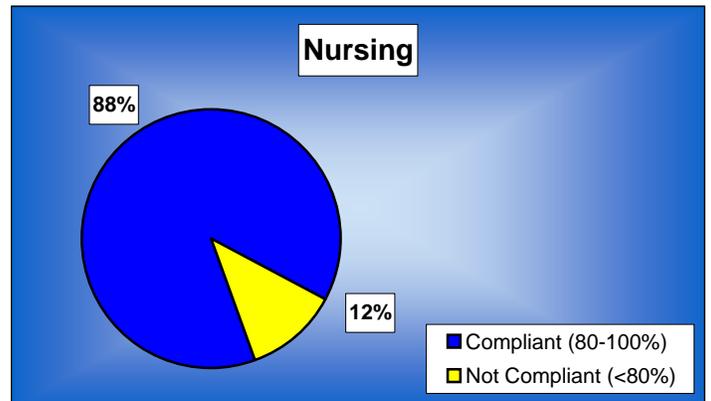
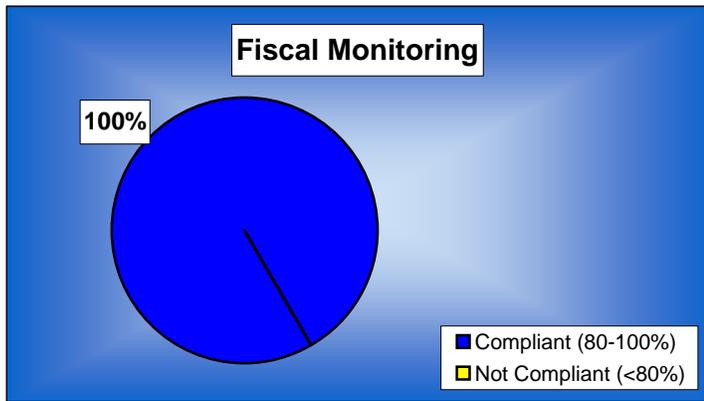
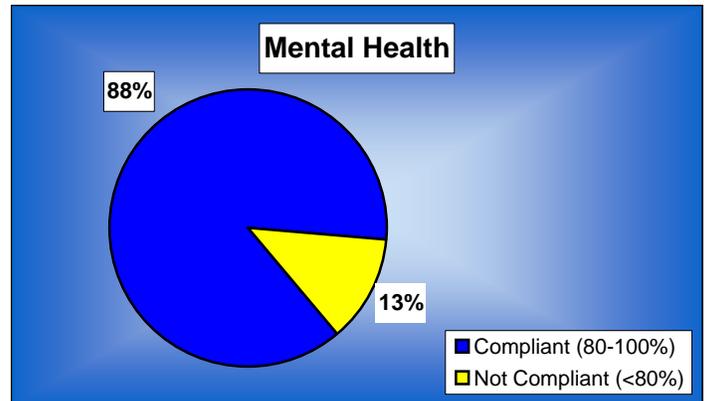
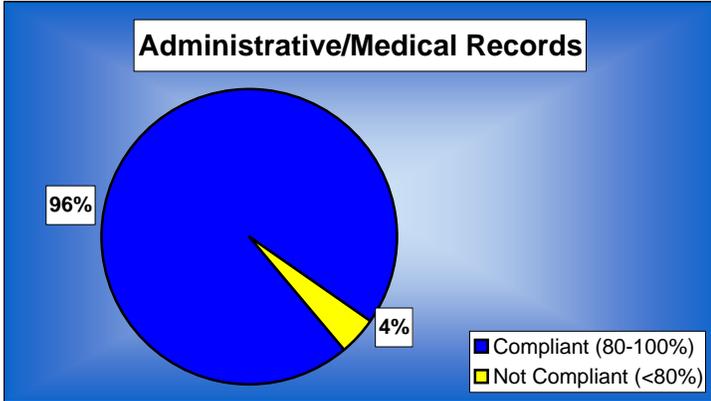
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**GOREE FACILITY**  
September 3, 2009



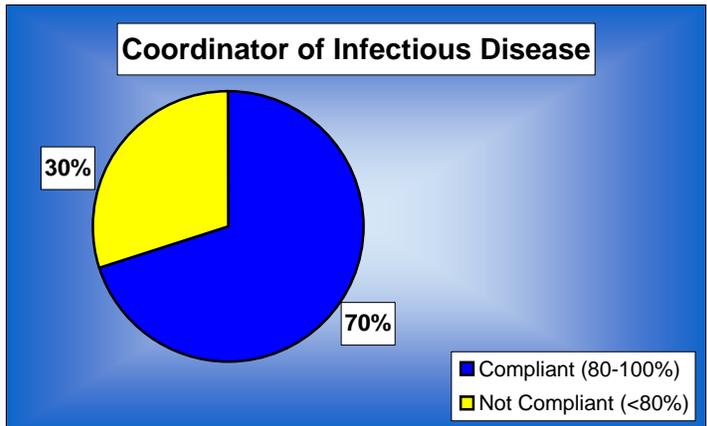
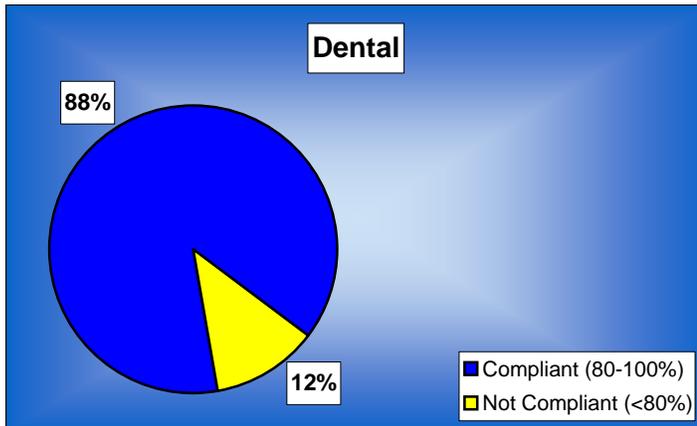
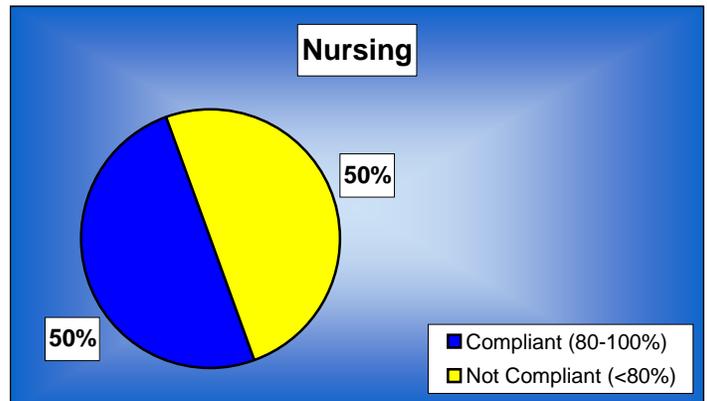
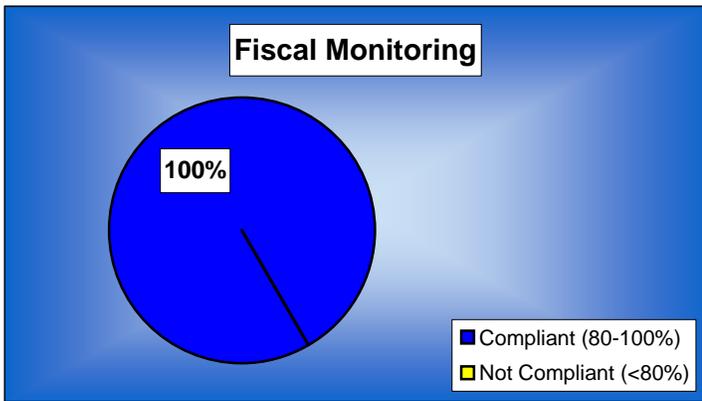
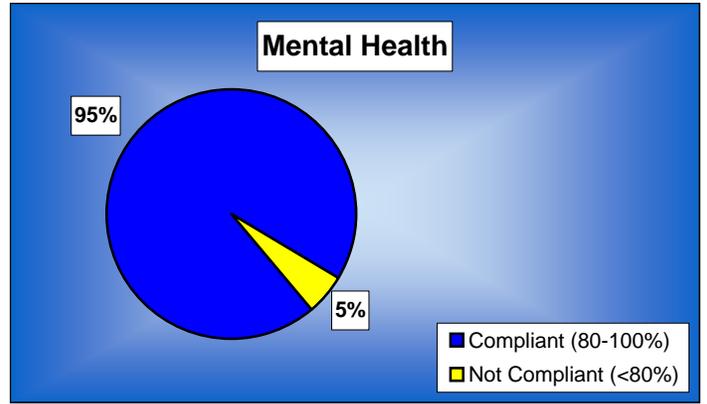
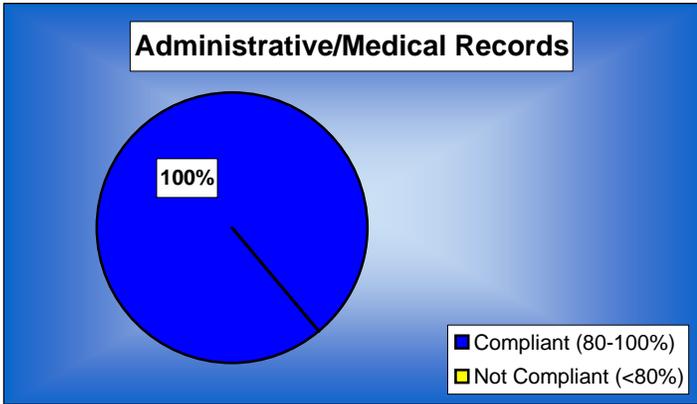
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November 3, 2009**



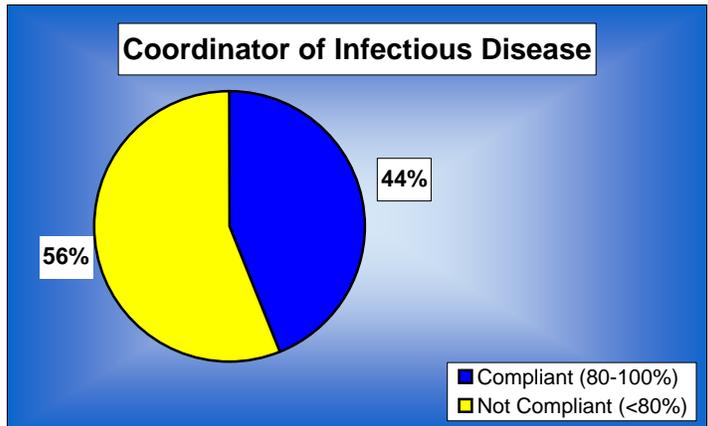
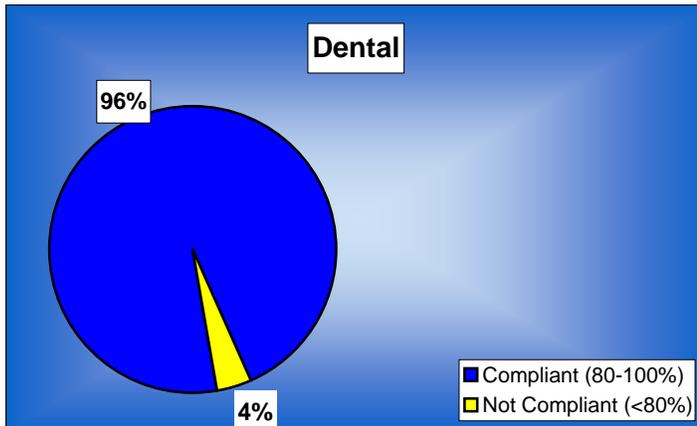
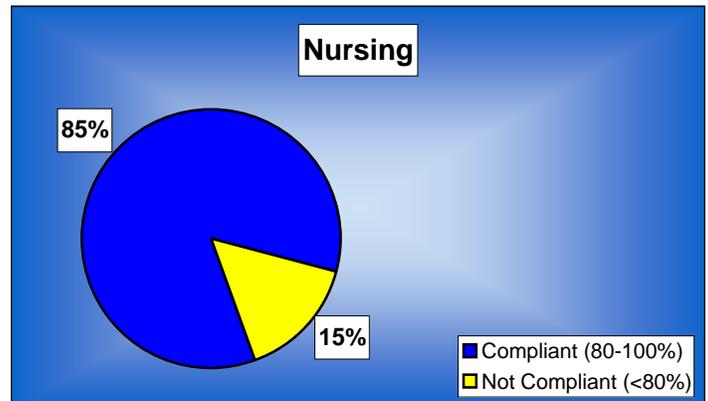
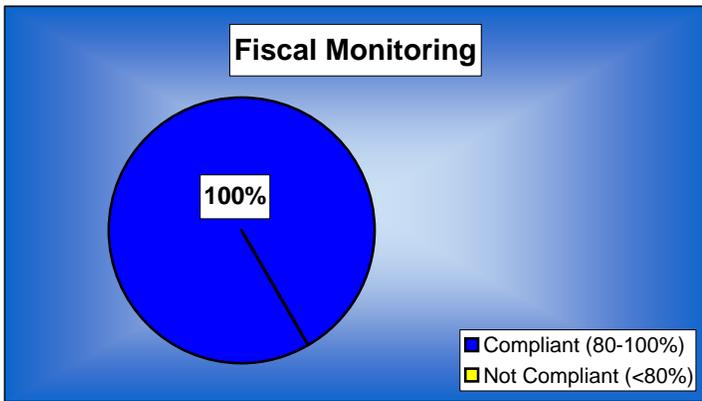
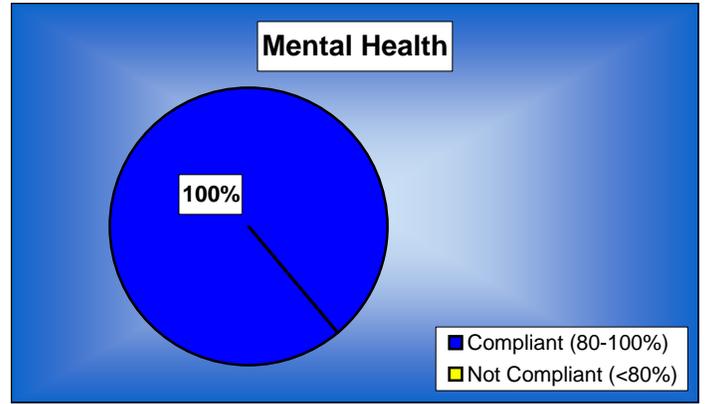
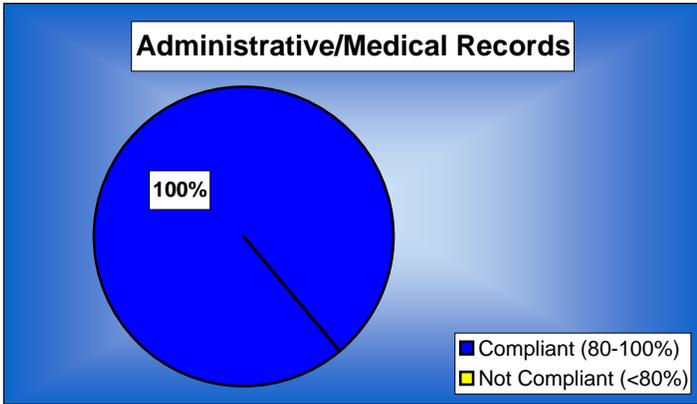
Compliance Rate By Operational Categories for  
**LINDSEY STATE JAIL**  
November 2, 2009



Compliance Rate By Operational Categories for  
**ROBERTSON FACILITY**  
September 1, 2009



Compliance Rate By Operational Categories for  
**WYNNE FACILITY**  
September 3, 2009



# PATIENT LIAISON AND STEP II GRIEVANCE STATISTICS QUALITY OF CARE/PERSONNEL REFERRALS AND ACTION REQUESTS

First Quarter, FY-2010 (September, October, and November 2009)

STEP II GRIEVANCE PROGRAM (GRV)												
Fiscal Year 2010	Total number of <b>GRIEVANCE</b> Correspondence Received Each Month	Total number of Action Requests (Quality of Care, Personnel, and Process Issues)	Percent of Action Requests from Total number of <b>GRIEVANCE</b> Correspondence	Total number of Action Requests Referred to <b>University of Texas Medical Branch-Correctional Managed Health Care</b>			Total number of Action Requests Referred to <b>Texas Tech University Health Sciences Center-Correctional Managed Health Care</b>			Total number of Action Requests Referred to <b>PRIVATE FACILITIES</b>		
				Percent of Total Action Requests Referred	QOC*	QOC*	Percent of Total Action Requests Referred	QOC*	QOC*	Percent of Total Action Requests Referred	QOC*	QOC*
September	496	112	22.58%	65	15.73%	13	19	5.04%	6	0	0.00%	0
October	569	77	13.53%	92	20.56%	25	12	2.81%	4	1	0.18%	0
November	511	76	14.87%	44	11.15%	13	11	3.72%	8	0	0.00%	0
<b>Totals:</b>	<b>1,576</b>	<b>265</b>	<b>16.81%</b>	<b>201</b>	<b>12.75%</b>	<b>51</b>	<b>42</b>	<b>2.66%</b>	<b>18</b>	<b>1</b>	<b>0.06%</b>	<b>0</b>

PATIENT LIAISON PROGRAM (PLP)												
Fiscal Year 2010	Total number of <b>Patient Liaison Program</b> Correspondence Received Each Month	Total number of Action Requests (Quality of Care, Personnel, and Process Issues)	Percent of Action Requests from Total number of <b>Patient Liaison Program</b> Correspondence	Total number of Action Requests Referred to <b>University of Texas Medical Branch-Correctional Managed Health Care</b>			Total number of Action Requests Referred to <b>Texas Tech University Health Sciences Center-Correctional Managed Health Care</b>			Total number of Action Requests Referred to <b>PRIVATE FACILITIES</b>		
				Percent of Total Action Requests Referred	QOC*	QOC*	Percent of Total Action Requests Referred	QOC*	QOC*	Percent of Total Action Requests Referred	QOC*	QOC*
September	523	55	10.52%	28	7.65%	12	9	2.29%	3	3	0.57%	0
October	548	51	9.31%	40	8.21%	5	6	1.09%	0	0	0.00%	0
November	374	44	11.76%	33	11.23%	9	1	0.27%	0	1	0.27%	0
<b>Totals:</b>	<b>1,445</b>	<b>150</b>	<b>10.38%</b>	<b>101</b>	<b>6.99%</b>	<b>26</b>	<b>16</b>	<b>1.11%</b>	<b>3</b>	<b>4</b>	<b>0.28%</b>	<b>0</b>
<b>GRAND TOTAL=</b>	<b>3,021</b>	<b>415</b>	<b>13.74%</b>									

\*QOC= Quality of Care

**Texas Department of Criminal Justice**  
**Office of Public Health**  
**Monthly Activity Report**

**Month: September 2009**

Reportable Condition	Reports			
	This Month	Same Month Last Year	Year to Date *	Last Year to Date *
Chlamydia	2	1	54	30
Gonorrhea	1	0	18	19
Syphilis	72	56	531	561
Hepatitis A	0	0	0	0
Hepatitis B (acute cases)	0	0	7	7
Hepatitis C	470	182	2781 (3)	3009 (5)
Human Immunodeficiency Virus Screens (non-pre-release)	6470	3987	65035	51235
Human Immunodeficiency Virus Screens (pre-release)	3658	2013	33744	30746
Human Immunodeficiency Virus + pre-release tests	3	0	24	46
Human Immunodeficiency Virus Infections (total new)	35	59	394	541
AIDS	2	11	116	136
Methicillin-Resistant <i>Staph Aureus</i>	202	133	2429	3259
Methicillin-Sensitive <i>Staph Aureus</i>	111	56	1259	1351
Occupational Exposures (TDCJ Staff)	2	9	73	122
Occupational Exposures (Medical Staff)	1	5	50	56
Human Immunodeficiency Virus CPX Initiation	1	4	18	44
Tuberculosis skin tests – intake (#positive)	256	71	2980	2284
Tuberculosis skin tests – annual (#positive)	54	26	498	420
Tuberculosis cases				
(1) Diagnosed during intake and attributed to county of origin	0	1	2	6
(2) Entered TDCJ on Tuberculosis medications	2	0	8	9
(3) Diagnosed during incarceration in TDCJ	2	0	19	19
Tuberculosis cases under management	23	25		
Peer Education Programs	0	0	108	107
Peer Education Educators	18	0	1608	866
Peer Education Participants	6007	2673	58715	36741
Sexual Assault In-Service (sessions/units)	1/1	4/1	14/11	16/14
Sexual Assault In-Service Participants	13	55	77	148
Alleged Assaults & Chart Reviews	51	57	487	460
Bloodborne Exposure Labs (Offenders)	6	4	42	29

\* Year to date totals are for the calendar year.

NOTE: Year to date data may not equal sum of monthly data because of late reporting. Hepatitis C cases in parentheses are acute cases and are also included in the total number reported. Only acute cases are reportable to the Department of State Health Services.

**Texas Department of Criminal Justice  
Office of Public Health  
Monthly Activity Report**

**Month: October 2009**

Reportable Condition	Reports			
	This Month	Same Month Last Year	Year to Date *	Last Year to Date *
Chlamydia	4	2	58	31
Gonorrhea	2	2	20	21
Syphilis	39	85	570	643
Hepatitis A	0	0	0	0
Hepatitis B (acute cases)	0	1	7	8
Hepatitis C	405	197	3186 (3 )	3206 (5 )
Human Immunodeficiency Virus Screens (non-pre-release)	7181	5824	72095	57059
Human Immunodeficiency Virus Screens (pre-release)	3592	2781	37336	33527
Human Immunodeficiency Virus + pre-release tests	2	0	26	46
Human Immunodeficiency Virus Infections (total new)	43	33	489	541
Acquired Immune Deficiency Syndrome (AIDS)	7	3	61	204
Methicillin-Resistant <i>Staph Aureus</i>	194	70	2621	3344
Methicillin-Sensitive <i>Staph Aureus</i>	75	29	1343	1385
Occupational Exposures (TDCJ Staff)	5	9	82	131
Occupational Exposures (Medical Staff)	6	2	57	62
Human Immunodeficiency Virus CPX Initiation	4	0	20	44
Tuberculosis skin tests – intake (#positive)	378	56	3124	2535
Tuberculosis skin tests – annual (#positive)	39	171	510	491
Tuberculosis cases				
(1) Diagnosed during intake and attributed to county of origin	0	0	0	0
(2) Entered TDCJ on Tuberculosis medications	2	1	11	10
(3) Diagnosed during incarceration in TDCJ	2	5	20	24
Tuberculosis cases under management	24	23		
Peer Education Programs	0	0	108	107
Peer Education Educators	155	0	1763	792
Peer Education Participants	6287	2418	65002	38261
Sexual Assault In-Service (sessions/units)	2/2	11/9	16/13	27/23
Sexual Assault In-Service Participants	13	78	90	226
Alleged Assaults & Chart Reviews	74	64	551	524
Bloodborne Exposure Labs (Offenders)	4	8	46	37

\* Year to date totals are for the calendar year.

NOTE: Year to date data may not equal sum of monthly data because of late reporting. Hepatitis C cases in parentheses are acute cases and are also included in the total number reported. Only acute cases are reportable to the Department of State Health Services.

**Texas Department of Criminal Justice  
Office of Public Health  
Monthly Activity Report**

**Month: November 2009**

Reportable Condition	Reports			
	This Month	Same Month Last Year	Year to Date *	Last Year to Date *
Chlamydia	3	1	61	32
Gonorrhea	0	3	20	24
Syphilis	54	60	628	704
Hepatitis A	0	0	0	0
Hepatitis B (acute cases)	0	0	7	8
Hepatitis C	243	217	3429 (3 )	3423 (5 )
Human Immunodeficiency Virus Screens (non-pre-release)	5650	7447	78260	71695
Human Immunodeficiency Virus Screens (pre-release)	3174	3494	40568	37029
Human Immunodeficiency Virus + pre-release tests	0	6	29	52
Human Immunodeficiency Virus Infections (total new)	45	40	536	580
Acquired Immune Deficiency Syndrome (AIDS)	0	1	130	210
Methicillin-Resistant <i>Staph Aureus</i>	153	124	2804	3618
Methicillin-Sensitive <i>Staph Aureus</i>	85	79	1438	1541
Occupational Exposures (TDCJ Staff)	5	7	89	147
Occupational Exposures (Medical Staff)	1	7	61	71
Human Immunodeficiency Virus CPX Initiation	3	2	25	49
Tuberculosis skin tests – intake (#positive)	125	349	3635	3126
Tuberculosis skin tests – annual (#positive)	38	59	590	557
Tuberculosis cases				
(1) Diagnosed during intake and attributed to county of origin	1	1	3	7
(2) Entered TDCJ on Tuberculosis medications	0	1	11	11
(3) Diagnosed during incarceration in TDCJ	2	0	22	24
Tuberculosis cases under management	24	22		
Peer Education Programs	0	0	108	108
Peer Education Educators	83	0	1846	942
Peer Education Participants	5133	3151	70135	42397
Sexual Assault In-Service (sessions/units)	2/2	4/2	18/15	31/25
Sexual Assault In-Service Participants	8	14	98	240
Alleged Assaults & Chart Reviews	47	43	599	567
Bloodborne Exposure Labs (Offenders)	3	0	49	37

\* Year to date totals are for the calendar year.

NOTE: Year to date data may not equal sum of monthly data because of late reporting. Hepatitis C cases in parentheses are acute cases and are also included in the total number reported. Only acute cases are reportable to the Department of State Health Services.

**Office of Health Services Liaison Utilization Review Audit  
Hospital and Inpatient Facilities Audited with Deficiencies Noted  
First Quarter Report FY-2010 (September, October, November 2009)**

<b>Hospital</b>	<b>University</b>	<b>Audits Performed*</b>	<b>Deficiencies Noted</b>	<b>Comments (See Key)</b>
Angleton/Danbury	UTMB			
Bayshore	UTMB			
Ben Taub	UTMB			
Brackenridge	UTMB			
Christus Spohn	UTMB	1	1	E=1
Cogdell Memorial	TTUHSC	1	0	N/A
Conroe Regional	UTMB	5	5	A=5; C=3; E=5
Coryell Memorial	UTMB	1	0	N/A
Electra Medical Center	TTUHSC			
ETMC/Jacksonville	UTMB			
ETMC/Trinity	UTMB			
ETMC/Tyler	UTMB			
Faith Community	UTMB			
Falls County/Marlin	UTMB			
Hendrick Memorial	TTUHSC	4	3	A=1; E=3
Hillcrest Baptist	UTMB			
Hospital Galveston	UTMB	106	33	A=25; C=7; D=6; E=12
Huntsville Memorial	UTMB	2	2	A=1; E=1
John Peter Smith	UTMB			
LBJ/Houston	UTMB			
Mainland Memorial	UTMB			
McAllen Medical Center	UTMB	1	1	E=1
Medical Center/College Sta.	UTMB			
Memorial Hermann/Beaumont	UTMB			
Memorial Hermann/Houston	UTMB	5	4	A=1; C=1; E=4
Memorial Hermann/Sugarland	UTMB			
Methodist/Houston	UTMB	2	2	A=1; E=2
Mitchell County Hospital	TTUHSC	2	1	E=1
Northwest Texas	TTUHSC	4	4	A=1*; E=4
Oak Bend	UTMB	1	1	E=1
Palestine Regional	UTMB	1	1	A=1; E=1
Pampa	TTUHSC			
Parkland Hospital	UTMB			
Pecos	TTUHSC	1	1	E=1
Red River Hospital	UTMB	1	1	E=1
Scott & White/Dallas	UTMB			
Scott & White/Temple	UTMB	2	2	E=2
St. Joseph's/College Sta.	UTMB	1	1	A=1; C=1; E=1
St. Luke's/Sugarland	UTMB			
Thomason	TTUHSC			
Trinity Mother Frances	UTMB			
United Regional/11 <sup>th</sup> St.	TTUHSC	1	1	E=1
University HCS/San Antonio	UTMB	2	2	A=2; C=1; E=2
University Medical Center	TTUHSC	5	5	A=5; C=3; E=3
UT Tyler	UTMB	4	4	A=1; D=1; 3=4
Valley Baptist	UTMB			
Wadley Regional	UTMB			
Woodland Heights	UTMB	1	1	E=1

**Office of Health Services Liaison Utilization Review Audit**  
**Hospital and Inpatient Facilities Audited with Deficiencies Noted**  
**First Quarter Report FY-2010 (September, October, November 2009)**  
(Continued)

Inpatient Facility	University	Audits Performed*	Deficiencies Noted	Comments (See Key)
Allred	TTUHSC			
Beto	UTMB	4	4	A=4(1*); C=1; D=1
Clements	TTUHSC	8	5	A=5; C=2; E=4
Connally	UTMB	1	1	A=1
Estelle	UTMB	9	6	A=6; C=2
Hughes	UTMB	3	3	A=3; E=2
Jester 3	UTMB	2	1	D=1
Luther	UTMB	1	1	C=1
McConnell	UTMB	2	2	A=2; C=1
Michael	UTMB			
Montford	TTUHSC	21	18	A=18; B=1; C=10; E=16
Pack	UTMB	1	1	A=1
Polunsky	UTMB	2	2	A=2
Robertson	TTUHSC	11	10	A=10; C=1; E=8
Stiles	UTMB	2	2	A=1; D=1
Telford	UTMB			
CT Terrell	UTMB			
UT Tyler	UTMB	2	1	A=1; C=1; E=2
Carole Young	UTMB	5	2	A=2

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

A	On the day of discharge, were vital signs within normal limits for the patient's condition? <i>Data recorded in this category includes vital signs not within normal limits for the patient's condition indicated by an asterisk (*). The rest of the deficiencies are shown to be patients whose vital signs were not recorded on the day of discharge by either the discharging or receiving facility, so stability was not able to be determined.</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?

TTUHSC = Texas Tech University Health Science Center

UTMB = University of Texas Medical Branch

**FIXED ASSETS CONTRACT MONITORING AUDIT  
BY UNIT  
FIRST QUARTER, FISCAL YEAR 2010**

<b>September</b>	<b>Numbered Property On Inventory Report</b>	<b>Total Number of Deletions</b>	<b>Total Number of Transfers</b>	<b>Total Number of New Equipment</b>
<b>Goree</b>	34	0	3	8
<b>Robertson</b>	63	0	0	1
<b>Wynne</b>	23	0	0	4

<b>October</b>	<b>Numbered Property On Inventory Report</b>	<b>Total Number of Deletions</b>	<b>Total Number of Transfers</b>	<b>Total Number of New Equipment</b>
<b>Byrd</b>	32	1	0	5
<b>Briscoe</b>	33	0	0	0
<b>Cotulla</b>	14	0	0	3

<b>November</b>	<b>Numbered Property On Inventory Report</b>	<b>Total Number of Deletions</b>	<b>Total Number of Transfers</b>	<b>Total Number of New Equipment</b>
<b>Halbert</b>	19	0	1	1
<b>Lindsey</b>	25	1	0	1

**CAPITAL ASSETS AUDIT  
FIRST QUARTER, FISCAL YEAR 2010**

<b>Audit Tools</b>	<b>September</b>	<b>October</b>	<b>November</b>	<b>Total</b>
<b>Total number of units audited</b>	3	3	2	8
<b>Total numbered property</b>	120	79	44	243
<b>Total number out of compliance</b>	0	0	0	0
<b>Total % out of compliance</b>	0.00%	0.00%	0.00%	0.00%

**AMERICAN CORRECTIONAL ASSOCIATION  
ACCREDITATION STATUS REPORT  
First Quarter FY-2010**

**University of Texas Medical Branch**

Unit	Audit Date	% Compliance	
		Mandatory	Non-Mandatory
Powledge	September 2009	100%	97.9%
Murray	October 2009	100%	99.5%
Hughes	October 2009	100%	98.4%
Stringfellow	November 2009	100%	97.9%

**Texas Tech University Health Science Center**

Unit	Audit Date	% Compliance	
		Mandatory	Non-Mandatory
Neal	September 2009	100%	98.3%
Tulia	September 2009	100%	99.3%
Montford	October 2009	100%	99.6%
Middleton	November 2009	100%	98.8%

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

**FY-2010 First Quarterly Report: September, October, and November**

**Project Number:** 408-RM03

**Researcher:**

John Petersen

**IRB Number:**

02-377

**IRB Expiration Date:**

30-Jun-09

**Research Began:**

03-Jun-03

**Title of Research:**

Serum Markers of Fibrosis in Chronic Hepatitis C

**Data Collection Began:**

01-Jul-03

**Proponent:**

University of Texas Medical Branch at Galveston

**Data Collection End:**

03-Jul-08

**Project Status:**

Data Analysis

**Progress Report Due:**

01-Mar-10

**Projected Completion:**

31-Jul-08

This project was formerly under Dr. Ned Snyder of UTMB.

**Units:** Hospital Galveston

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**Project Number:** 450-RM04

**Researcher:**

Everett Lehman

**IRB Number:**

04.DSHP

**IRB Expiration Date:**

14-Jul-08

**Research Began:**

30-Sep-04

**Title of Research:**

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

**Data Collection Began:**

16-Nov-04

**Proponent:**

Centers for Disease Control & Prevention/Nat'l Inst. for Occupational

**Data Collection End:**

30-Nov-04

**Project Status:**

Pending Final Product Review

**Progress Report Due:**

17-Oct-10

**Projected Completion:**

30-Jun-09

7/14/09 Comments from Dr. Kelley's manuscript review were sent to Mr. Lehman. Project will be remain open pending receipt of publication.

**Units:** Lychner, Stringfellow.

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**Project Number:** 475-RM05

**Researcher:**

Robert Morgan

**IRB Number:**

L05-077

**IRB Expiration Date:**

27-Feb-09

**Research Began:**

01-Aug-05

**Title of Research:**

Tailoring Services for Mentally Ill Offenders

**Data Collection Began:**

20-Jan-06

**Proponent:**

Texas Tech University

**Data Collection End:**

31-Jul-07

**Project Status:**

Pending Final Product Review

**Progress Report Due:**

10-Mar-10

**Projected Completion:**

30-Jun-10

9/10/09: Received manuscripts for review

**Units:** Montford, Crain.

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**Project Number:** 527-MR07

<b><u>Researcher:</u></b> Roger Soloway	<b><u>IRB Number:</u></b> 05-277	<b><u>IRB Expiration Date:</u></b> 30-Jun-08	<b><u>Research Began:</u></b> 12-Apr-07
<b><u>Title of Research:</u></b> Capsule endoscopy versus traditional EGD for variceal screening: a head-to-head comparison			<b><u>Data Collection Began:</u></b> 12-Mar-07 12-Mar-07
<b><u>Proponent:</u></b> UTMB			<b><u>Data Collection End:</u></b> 31-Jul-08
<b><u>Project Status:</u></b> Data Analysis		<b><u>Progress Report Due:</u></b> 11-Mar-10	<b><u>Projected Completion:</u></b>

This project was formerly under Dr. Ned Snyder.

**Units:** UTMB

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**Project Number:** 542-MR07

<b><u>Researcher:</u></b> Jacques Baillargeon	<b><u>IRB Number:</u></b> 07-277	<b><u>IRB Expiration Date:</u></b> 31-Aug-08	<b><u>Research Began:</u></b> 13-Apr-07
<b><u>Title of Research:</u></b> Psychiatric Barriers to Outpatient Care in Released HIV-infected Offenders			<b><u>Data Collection Began:</u></b> 02-Jan-08
<b><u>Proponent:</u></b> UTMB			<b><u>Data Collection End:</u></b>
<b><u>Project Status:</u></b> Pending Final Product Review		<b><u>Progress Report Due:</u></b> 09-Sep-09	<b><u>Projected Completion:</u></b> 02-Oct-08

11/23/09 Manuscript for third publication submitted to Health Services & TCOOMMI/Reentry & Integration

**Units:** UTMB

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**Project Number:** 564-MR08

<b><u>Researcher:</u></b> Amy Harzke	<b><u>IRB Number:</u></b> Exempt	<b><u>IRB Expiration Date:</u></b> N/A	<b><u>Research Began:</u></b> 19-Nov-08
<b><u>Title of Research:</u></b> Causes of death among Texas prisoners, 1983-2004			<b><u>Data Collection Began:</u></b> 19-Nov-08
<b><u>Proponent:</u></b> Correctional Managed Care, University of Texas Medical Branch			<b><u>Data Collection End:</u></b>
<b><u>Project Status:</u></b> Formulating Results (Data collection is complete)		<b><u>Progress Report Due:</u></b> 13-May-10	<b><u>Projected Completion:</u></b> 31-Jul-10

**Units:** System Wide

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**Project Number:** 568-RM08

**Researcher:**

Julito Uy

**IRB Number:**

L08-184

**IRB Expiration Date:**

21-Jul-10

**Research Began:**

24-Nov-08

**Title of Research:**

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

**Data Collection Began:**

05-Feb-09

05-Feb-09

**Proponent:**

Texas Tech University

**Data Collection End:**

25-Nov-09

**Project Status:**

Formulating Results (Data collection is complete)

**Progress Report Due:**

27-Feb-10

**Projected Completion:**

11/25/09 Data pull request for number of transfers in and out of the unit, for final analysis.

**Units:** Clements

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**Project Number:** 584-RM09

**Researcher:**

Sreeram Parupudi

**IRB Number:**

Exempt

**IRB Expiration Date:**

N/A

**Research Began:**

25-Jun-09

**Title of Research:**

Case Report: Endoscopic Removal of Long Rigid Foreign Bodies from Duodenum

**Data Collection Began:**

25-Jun-09

**Proponent:**

Texas Tech University

**Data Collection End:**

25-Jun-09

**Project Status:**

Pending Final Product Review

**Progress Report Due:**

01-Apr-10

**Projected Completion:**

31-Jan-10

10/02/09 Email from researcher indicating that the report is nearly finished and will be submitted to the World Journal of Gastroenterology. He will submit his first draft to Executive Services.

**Units:** UTMB

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

**FY-2010 First Quarterly Report: September, October, and November**

**Project Number:** 567-RM08

**Researcher:**  
Cynthia Mundt

**IRB Number:**  
2009-03-013

**Applicaton Received:**  
06-Nov-08

**Completed Application:**  
07-Dec-09

**Title of Research:**

Treatment Amenability of Youths Convicted  
of Crimes in Texas as Adults

**Peer Panel Schedule:**  
27-Oct-09

**Proponent:**  
Sam Houston State University

**Panel Recommendations:**  
Approved with Conditions

**Project Status:**  
Pending Receipt of Research Agreement

**Detail:**

Researcher will interview adult offenders previously convicted and incarcerated as juveniles, in order to assess their amenability to mental health treatment and identify special needs for this population.

**TDCJ Office of Mental Health Monitoring & Liaison  
1st Quarter FY 2010  
(September, October, November 2009)**

**Administrative Segregation**

Units Audited		Observed	Interviewed	Referred	ATC 4/5	ATC 6
Formby		28	22	0	100%	100%
Clements		445	341	0	100%	100%
McConnell		472	264	1	100%	100%
Ferguson		389	177	0	100%	100%
Connally		498	287	1	100%	100%
Coffield		594	305	0	100%	100%
Wynne		283	150	1	100%	100%
Mountain View		27	27	1	100%	NA
Lewis		408	248	1	100%	100%
Polunsky		415	261	1	92%	100%
Murray		78	81	0	100%	100%
Hughes		477	326	0	100%	100%
Powledge		13	13	0	100%	100%
Cole		12	12	0	100%	100%
Lindsey		2	2	0	100%	100%
Bradshaw		8	8	0	NA	NA
Lopez		4	4	0	NA	NA
Hutchins		21	21	0	100%	100%
Dawson		5	5	0	100%	100%
Dominguez		19	19	0	100%	100%
Sanchez		8	8	0	100%	100%
Total	Units 21	4136	2581	6	2 Units NA 1 Units 92% 18 Units 100%	3 Units NA 18 Units 100%

**County Jail Texas Uniform Health Status Update Forms**

Reviewed	3,105
Deficiencies	891

**Mental Health Mental Retardation (MHMR) Client Access Registration System (CARE)**

Offenders Reviewed	19,530
Offenders Referred	2,724

**High Risk Offenders (Older/Long Sentences)**

Assessed	276
Referred	19

**Boot Camp Offenders**

Assessed	38
Approved for Placement	38

**Substance Abuse Felony Program**

Units Audited	2	In Compliance	2
Behavioral Discharge Reviews	45	Discharges Appropriate	41

**County Jail Liaison**

Admissions of Mentally Ill Offenders Facilitated	49
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# Consent Item 3(a)

University Medical Director's Report

The University of Texas Medical Branch



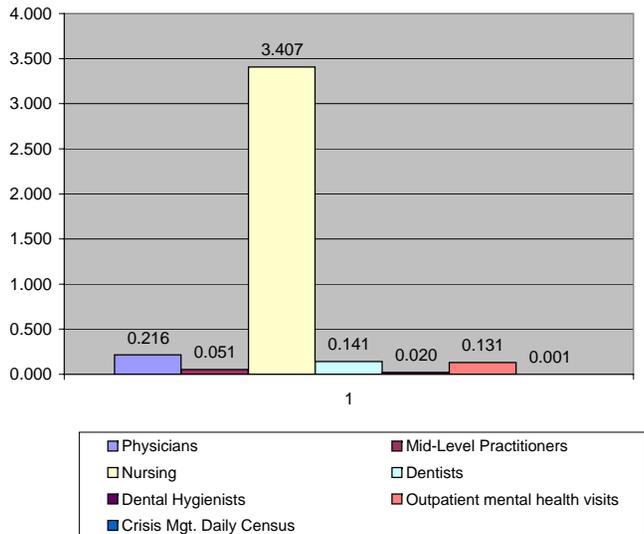
**Correctional Health Care  
MEDICAL DIRECTOR'S REPORT**

**FIRST QUARTER  
FY2010**

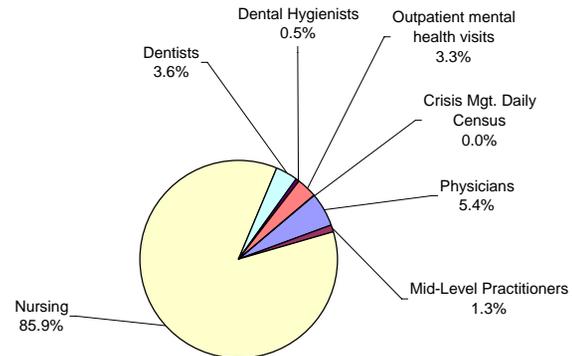
**Medical Director's Report:**

<i>Average Population</i>	September		October		November		Qtly Average	
	120,815		120,705		120,246		120,589	
	Number	Rate Per Offender						
<b>Medical encounters</b>								
Physicians	26,562	0.220	27,569	0.228	23,924	0.199	<b>26,018</b>	<b>0.216</b>
Mid-Level Practitioners	6,305	0.052	6,553	0.054	5,707	0.047	<b>6,188</b>	<b>0.051</b>
Nursing	376,473	3.116	421,800	3.494	434,182	3.611	<b>410,818</b>	<b>3.407</b>
<b>Sub-total</b>	<b>409,340</b>	<b>3.388</b>	<b>455,922</b>	<b>3.777</b>	<b>463,813</b>	<b>3.857</b>	<b>443,025</b>	<b>3.674</b>
<b>Dental encounters</b>								
Dentists	17,962	0.149	18,278	0.151	14,702	0.122	<b>16,981</b>	<b>0.141</b>
Dental Hygienists	2,218	0.018	2,729	0.023	2,219	0.018	<b>2,389</b>	<b>0.020</b>
<b>Sub-total</b>	<b>20,180</b>	<b>0.167</b>	<b>21,007</b>	<b>0.174</b>	<b>16,921</b>	<b>0.141</b>	<b>19,369</b>	<b>0.161</b>
<b>Mental health encounters</b>								
Outpatient mental health visits	15,139	0.125	16,897	0.140	15,426	0.128	<b>15,821</b>	<b>0.131</b>
Crisis Mgt. Daily Census	71	0.001	71	0.001	63	0.001	<b>68</b>	<b>0.001</b>
<b>Sub-total</b>	<b>15,210</b>	<b>0.126</b>	<b>16,968</b>	<b>0.141</b>	<b>15,489</b>	<b>0.129</b>	<b>15,889</b>	<b>0.132</b>
<b>Total encounters</b>	<b>444,730</b>	<b>3.681</b>	<b>493,897</b>	<b>4.092</b>	<b>496,223</b>	<b>4.127</b>	<b>478,283</b>	<b>3.966</b>

**Encounters as Rate Per Offender Per Month**



**Encounters by Type**

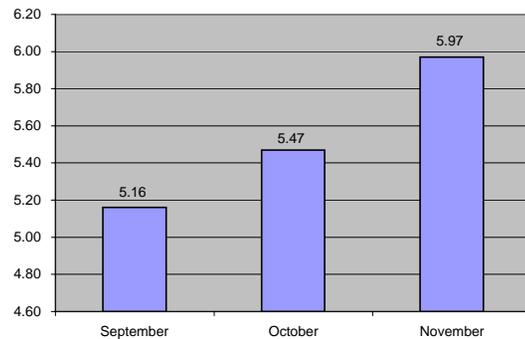


**Medical Director's Report (Page 2):**

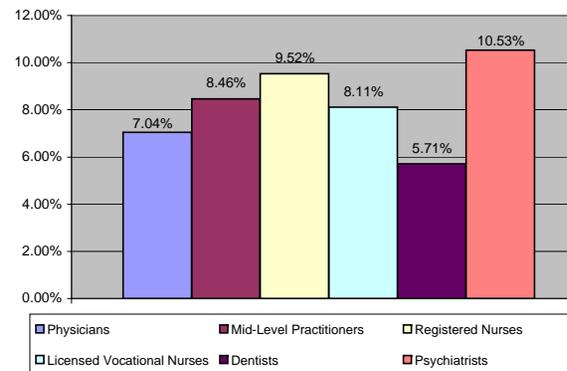
	September	October	November	Qtly Average
<b>Medical Inpatient Facilities</b>				
Average Daily Census	83.00	89.00	94.00	<b>88.67</b>
Number of Admissions	292.00	327.00	310.00	<b>309.67</b>
Average Length of Stay	5.16	5.47	5.97	<b>5.53</b>
Number of Clinic Visits	1,807.00	1,868.00	1,586.00	<b>1,753.67</b>
<b>Mental Health Inpatient Facilities</b>				
Average Daily Census	1,027.73	1,022.99	999.63	<b>1,016.78</b>
PAMIO/MROP Census	683.00	690.58	680.34	<b>684.64</b>
<b>Telemedicine Consults</b>	<b>6,399</b>	<b>7,777</b>	<b>6,329</b>	<b>6,835.00</b>

<b>Health Care Staffing</b>	<b>Average This Quarter</b>			<b>Percent Vacant</b>
	<b>Filled</b>	<b>Vacant</b>	<b>Total</b>	
Physicians	66.00	5.00	71.00	7.04%
Mid-Level Practitioners	119.00	11.00	130.00	8.46%
Registered Nurses	380.00	40.00	420.00	9.52%
Licensed Vocational Nurses	578.00	51.00	629.00	8.11%
Dentists	66.00	4.00	70.00	5.71%
Psychiatrists	17.00	2.00	19.00	10.53%

**Average Length of Stay**



**Staffing Vacancy Rates**



# Consent Item 3(b)

University Medical Director's Report

Texas Tech University  
Health Sciences Center

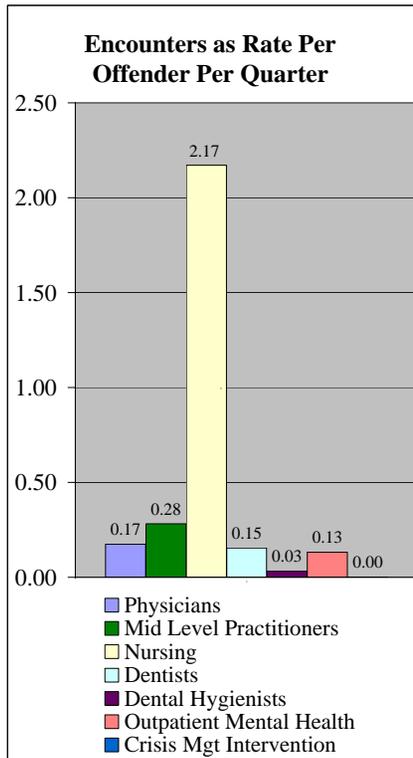


**Correctional Managed Health Care  
MEDICAL DIRECTOR'S REPORT**

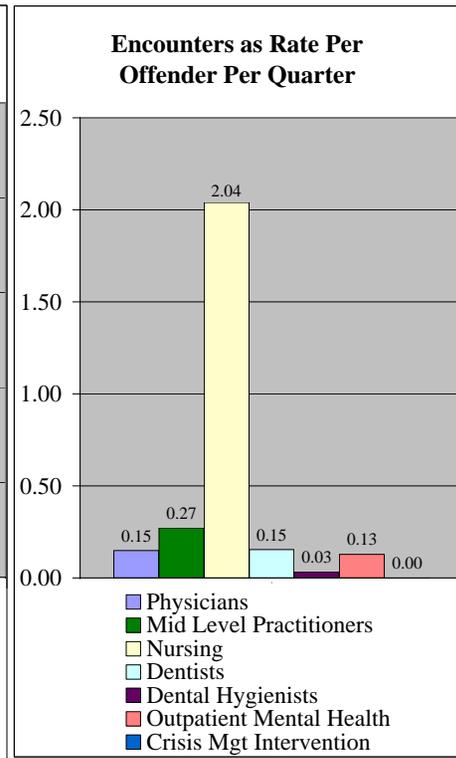
**FIRST QUARTER  
FY 2010**

Medical Director's Report:

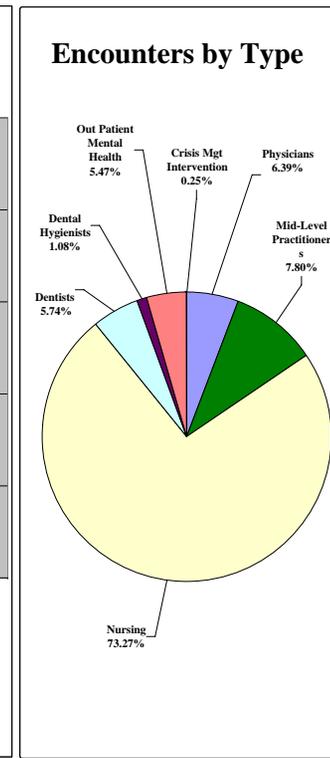
	September		October		November		Quarterly Average	
<i>Average Population</i>	30,958.35		30,887.30		31,041.90		30,962.52	
	Rate Per Offender		Rate Per Offender		Per Offender		Rate Per Offender	
	Number	r	Number	r	Number	r	Number	r
<i>Medical Encounters</i>								
Physicians	4,689	0.151	4,591	0.149	4,584	0.148	4,621	0.149
Mid-Level Practitioners	8,517	0.275	9,287	0.301	7,359	0.237	8,388	0.271
Nursing	68,393	2.209	62,190	2.013	58,846	1.896	63,143	2.039
Sub-Total	<b>81,599</b>	<b>2.636</b>	<b>76,068</b>	<b>2.463</b>	<b>70,789</b>	<b>2.280</b>	<b>76,152</b>	<b>2.459</b>
<i>Dental Encounters</i>								
Dentists	5,057	0.163	5,015	0.162	4,276	0.138	4,783	0.154
Dental Hygienists	1,093	0.035	1,008	0.033	818	0.026	973	0.031
Sub-Total	<b>6,150</b>	<b>0.199</b>	<b>6,023</b>	<b>0.195</b>	<b>5,094</b>	<b>0.164</b>	<b>5,756</b>	<b>0.186</b>
<i>Mental Health Encounters</i>								
Outpatient Mental Health Visits	4,032	0.130	4,150	0.134	3,639	0.117	3,940	0.127
Crisis Mgt. Interventions	44	0.001	37	0.001	39	0.001	40	0.001
Sub-Total	<b>4,076</b>	<b>0.132</b>	<b>4,187</b>	<b>0.136</b>	<b>3,678</b>	<b>0.118</b>	<b>3,980</b>	<b>0.129</b>
<i>Total Encounters</i>	<b>91,825</b>	<b>2.966</b>	<b>86,278</b>	<b>2.793</b>	<b>79,561</b>	<b>2.563</b>	<b>85,888</b>	<b>2.774</b>



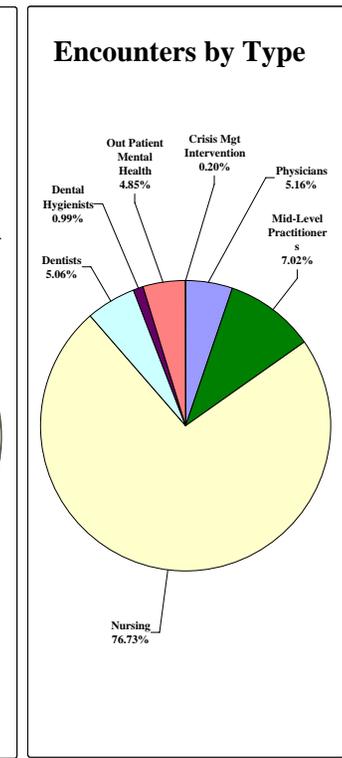
4th Quarter 2009



1st Quarter



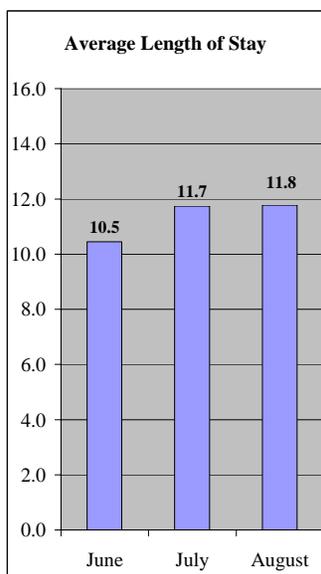
4th Quarter



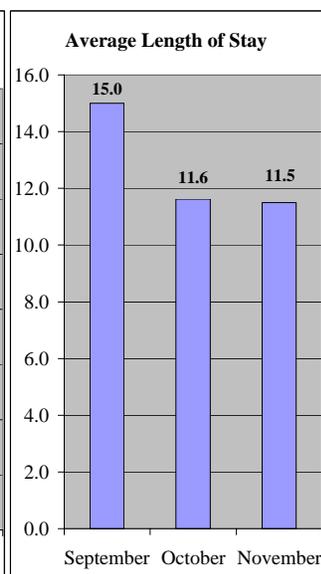
1st Quarter

Medical Director's Report (page 2):

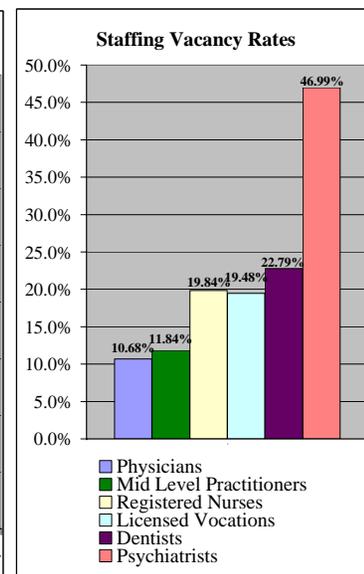
	September	October	November	Quarterly Average
<b>Medical Inpatient Facilities</b>				
Average Daily Census	118.26	117.48	113	<b>116.25</b>
Number of Admissions	260	234	241	<b>245.00</b>
Average Length of Stay	15	11.62	11.5	<b>12.71</b>
Number of Clinic Visits	729	692	484	<b>635.00</b>
<b>Mental Health Inpatient Facilities</b>				
Average Daily Census	493	488	510	<b>497.00</b>
PAMIO/MROP Census	422	411	405	<b>412.67</b>
<b>Specialty Referrals Completed</b>	<b>1116</b>	<b>958</b>	<b>928</b>	<b>1000.67</b>
<b>Telemedicine Consults</b>	<b>397</b>	<b>348</b>	<b>382</b>	<b>375.67</b>
<b>Health Care Staffing</b>				
	Average This Quarter			Percent
	Filled	Vacant	Total	Vacant
Physicians	20.8	6.66	27.46	24.25%
Mid-Level Practitioners	26.5	5.6	32.1	17.45%
Registered Nurses	140.77	37.51	178.28	21.04%
Licensed Vocational Nurses	294.19	61.9	356.09	17.38%
Dentists	17.32	3.51	20.83	16.85%
Psychiatrists	7.64	3	10.64	28.20%



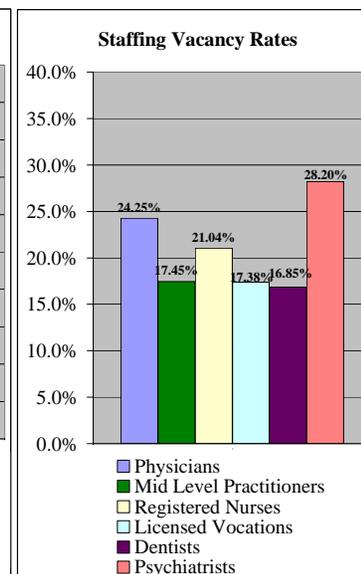
4th Quarter



1st Quarter 2010



4th Quarter



1st Quarter 2010

## Consent Item 4

Summary of CMHCC Joint  
Committee \ Work Groups

**Correctional Managed Health Care  
Joint Committee/Work Group Activity Summary  
for March 2010 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 11, 2010

Key Activities:

(1) Approval of Minutes

### **Reports from Champions/Discipline Directors:**

(2) Dental Services / Mental Health Services / Nursing Services / Medical Staff / Sick Call Request Verification Audit –SCRVA

FY 2010 SLC Indicators:

- Periodontal Type
- Mental Health PULHES
- Refusal of Treatment (ROT)
- Missed Appointments (No Shows)

### **Standing Issues:**

- (3) Monthly Grievance Exception Report
- (4) New SLC Indicators
- (5) Hospital and Infirmery Discharge Surveys

### **Miscellaneous/Open for Discussion Participants:**

- (6) CMHCC Updates
- (7) Nursing Working Group Update
- (8) ATC Methodology
- (9) Hand Washing Audit

- (10) SLC Email Account
- (11) SAFE Prisons Program

### **Joint Policy and Procedure Committee**

Co-Chair: Dr. Robert Williams, 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 14, 2010

Key Activities:

#### **Old Business:**

- (1) A-08.10 Referral to the Program for the Aggressive Mentally Ill Offenders (PAMIO)
- (2) B-14.3 Employee TD Testing – Dr. Linthicum did not approve the policy changes from the October, 2009 meeting and has communicated the following: Change title of policy to “TDCJ Employee TD Testing” and request that each University draft their own specific policy for Employee TD Testing. Refer to CMHC 2010.
- (3) B-14.30 Respiratory Protection (NEW) – Tabled – Pending decision from Joint Medical Directors Meeting
- (4) G-51.2 Admission to a Geriatric Center

#### **New Business:**

**Section E is scheduled for review. The following policies have been submitted for revision:**

- (5) H-61.1 Confidentiality and Release of Information
- (6) I-71.1 Attachment C Instructions for completing refusal of treatment form

#### **Section E Packet from Mike Jones:**

- (7) E-32.1 Receiving, Transfer and Continuity of Care Screening
- (8) E34.3 Use of Force Procedure
- (9) E-38.1 Sick Call
- (10) E-39.1 Health Evaluation and Documentation Offenders in Segregation
- (11) E-40.1 Direct Medical Orders

- (12) E-42.2 Missed Clinic Appointments
- (13) E-43.2 Drug Therapy Management by a Pharmacist

### **Joint Pharmacy and Therapeutics Committee**

Chair: Dr. Glenda Adams

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

Meeting Dates: January 14, 2010

Key Activities:

- (1) Approval of Minutes from November 12, 2009 Meeting
- (2) Reports from Subcommittees:
  - DMG Triage
  - GERD
  - Pain
  - Psychiatry
- (3) Reviewed and discussed monthly reports as follows:
  - Adverse Drug Reaction Report
  - Pharmacy Clinical Activity Reports
  - Non-Formulary Deferral Reports
  - Drug Recalls – (October-December, 2009)
  - Quarterly Medication Error Reports – 1<sup>st</sup> Quarter (September-November, 2009) FY10
    - UTMB Sector – Outpatient Services
    - UTMB Sector – Inpatient Services
    - Texas Tech Sector
    - Northwest District 4<sup>th</sup> Qtr. FY09
  - Utilization related reports on:
    - HIV Utilization

- Hepatitis C Utilization
- Hepatitis B Utilization
- Psychotropic Utilization
- Policy Review Schedule

**Old Business:**

(4) Drug Overdose Algorithms

**New Business:**

(5) New P&T Member – Dr. Hendricks

(6) Action Requests

- Allow refills on stannous floride
- Allow floor stock of Clozapine at Jester 4 Facility
- Remove Barium Sulfate Suspension (Readi-Cat) 2.1% w/v and Iodixanol (Visipaque) contract media from the formulary
- Hepatitis C discharge medications
- Annual dilated eye exam in diabetics
- Revise asthma DMG due to new formulary inhaled Corticosteroid
- Update Pharmacy Warehouse (M-List/T-List)

(5) Drug Category Review

- Cardiovascular Agents
- Psychotropic Agents

(6) Manufacturer Shortages and Discontinuations

- Glucola Oral Glucose Tolerance Test
- Erythromycin 0.5% Ophthalmic Ointment
- Generic Ciprofloxacin tablest (all strengths) and Acyclovir 400 mg and 800 mg tablet

(7) FDA Medication Safety Advisories

- Valproate Sodium and Related Products (Valproic Acid and Divalproex Sodium): Risk of Birth Defects
- Potential Association between Lexiva (Fosamprenavir Calcium) and Myocardial Infarction and Dyslipidemia in HIV Infected Adults

- Risk of Sudden Death, Cardiac Dysrhythmias, and Conduction Disturbances associated with Norpramin (Desipramine)
- Clopidogrel (Plavix) and Omeprazole (Prilosec) drug interaction
- Byetta (Exenatide) and Renal Failure

(6) Reviewed Policy and Procedures Revisions:

- Manual Signature Page
- P&P 10-05
- P&P 10.45
- 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 25.15
- P&P 30.05

**Joint Infection Control Committee**

Chair: Dr. Carol Coglianese

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

Meeting Date: February 11, 2010

Key Activities:

- (1) Reviewed and Approved Minutes
- (2) Update on Preventive Medicine

**Old Business – None**

**New Business**

- (3) Policy B-14.21 Isolation Procedures
- (4) Policy B-14.30 Respiratory Protection (new)
- (5) Policy B-14.26 Foodborne Illness
- (6) Policy Review
  - B-14.50 Housing and Job Restrictions – Rename the policy from TDCJ Health Services Division Infection Control Manual to Correctional Managed Health Care Infection Control Manual.
  - Table of Contents – Rename the Table of Contents from TDCJ Health Services Division Infection Control Manual to Correctional Managed Health Care Infection Control Manual to reflect the 2009 Signature Page.
  - B-14.2 TDCJ Infection Control Committee – Up for discussion is the renaming of the policy, due to this being a joint committee.
  - B-14.3 Employee TB Testing – has been Tabled at the Directors level; Update department name.
  
- B-14.1; B-14.4 through B-14.07 – Update department name throughout policies; Office of Public Health.
- (7) Adjourn
  - Next Meeting – April 8, 2010
  - Policies to be reviewed are B-14.10 through B-14.19

**Joint Dental Work Group**

Chair: Dr. Brian Tucker

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

Meeting Date: January 6, 2010

Key Activities:

### **Systems Director Meeting**

- (1) Approval of Minutes, Division and Department Directors, TDCJ Health Services Director, Dr. Manuel “Bubba” Hirsch
- (2) Western Sector Dental Services Director, TTUHSC, Dr. Brian Tucker
- (3) Eastern Sector Dental Services Directors, UTMB-CMC, Dr. Scott Reinecke and Dr. Billy Horton
- (4) Dental Utilization Quality Review Committee, Chairperson: Dr. Jerry Toole

### **UTMB-CMC Director’s Meeting**

- (5) Approval of Minutes, District Director Meeting
- (6) Dental Hygiene Manager, Ms. Pam Myers
- (7) Formulary Committee, Chairperson, Dr. John Beason
- (8) Eastern Sector Dental Services
  - Huntsville District
  - Northeast District
  - Northwest District
  - San Antonio District
  - Houston District
  - Beaumont District
  - FBOP

### **Joint Mortality and Morbidity Committee**

Chair: Dr. Robert Williams

Key Activities:

- (1) Review and discussion of reports on offender deaths and determinations as to the need for peer review.

**Purpose:**

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

**Meeting Dates:**

- October, 2009 (review of 28 cases)
- November, 2009 (review of 31 cases)
- December, 2009 (review of 44 cases)
- January, 2010 (review of 32 cases) (Meeting was interrupted by 2 hrs. due to a bat problem in bldg.)

**Joint Nursing Work Group**

Chair: Mary Goetcher, RN

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

Meeting Date: February 11, 2010

**Old Business:**

- (1) Discussion on Code Sheet Instructions

**New Business:**

- (2) Policy Review - DOT
- (3) Review of H1N1
- (4) Policy – NP Boils/Abscesses
- (5) Suicide Retreat: Ad. Seg.
- (6) Peer Review Referrals – Safety Committee
- (7) ER Form
- (8) EMR “To Do Date” Scheduling

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## CORRECTIONAL MANAGED HEALTH CARE COMMITTEE

1300 11<sup>th</sup> Street, Suite 415, Huntsville, Texas 77340

(936) 437-1972 ♦ Fax: (936) 437-1970

*Allen R. Hightower*  
*Executive Director*

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To: Chairman James D. Griffin, M.D.                      Date: March 1, 2010  
Members, CMHCC

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.

### 5 Percent Savings in Priority Increments

On February 15<sup>th</sup> the CMHC submitted to TDCJ a plan to reduce the budget 5% for FY10 and FY11. TDCJ submitted this with their proposed reductions to the Legislative Budget Board and the Office of the Governor's Budget Planning and Policy Division. Items identified but not limited to include delay of the Marlin VA facility, delay of purchasing of capital equipment, reduce indirect expenses/hiring freeze, suspend over the counter medications, eliminate dietary services, close the infirmary at UT-Tyler, provide offenders leaving the system with paper prescriptions instead of a 10 day supply, reduce optometry services, and suspend voluntary and routine HIV and Hepatitis C testing. Other actions that would be taken and may have a significant impact on the health care system include: reduce coverage and hours at most TDCJ facilities, modify outpatient staffing, and reductions to dental and mental health services.

### Appropriations Hearing

On March 8<sup>th</sup>, the appropriations committee will hear testimony on their interim charge No. 1: monitor the performance of state agencies and institutions, including operating budgets, plans to carry out legislative initiatives, caseload, projections, performance measure attainment, implementation of all rider provisions and other matters affecting the fiscal condition of the state. The current revenue outlook, supplemental needs in the current biennium and 5% reduction plans. The CMHCC has been requested to testify.

*Correctional Managed  
Health Care Committee*

**Key Statistics Dashboard**

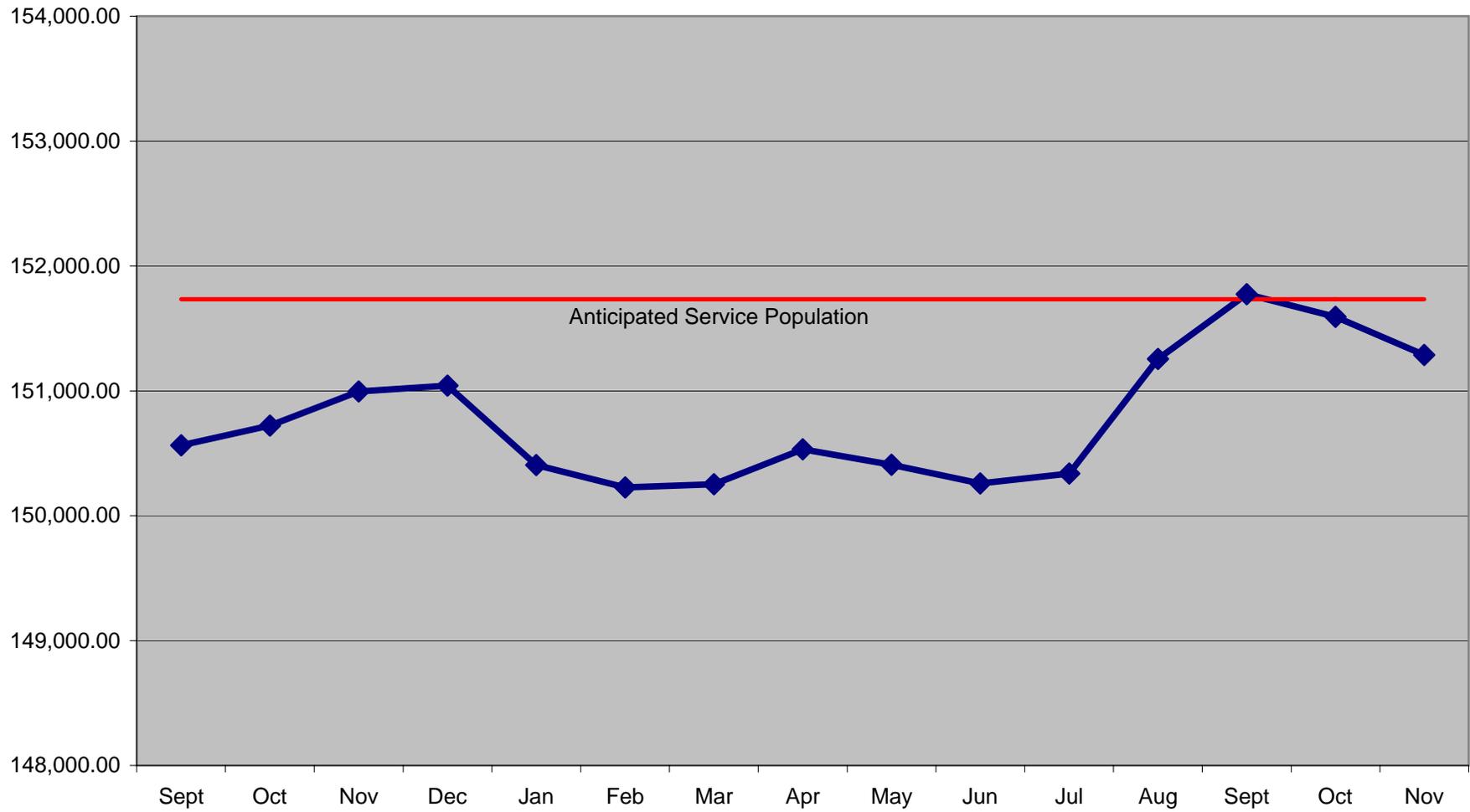
**March 2010**

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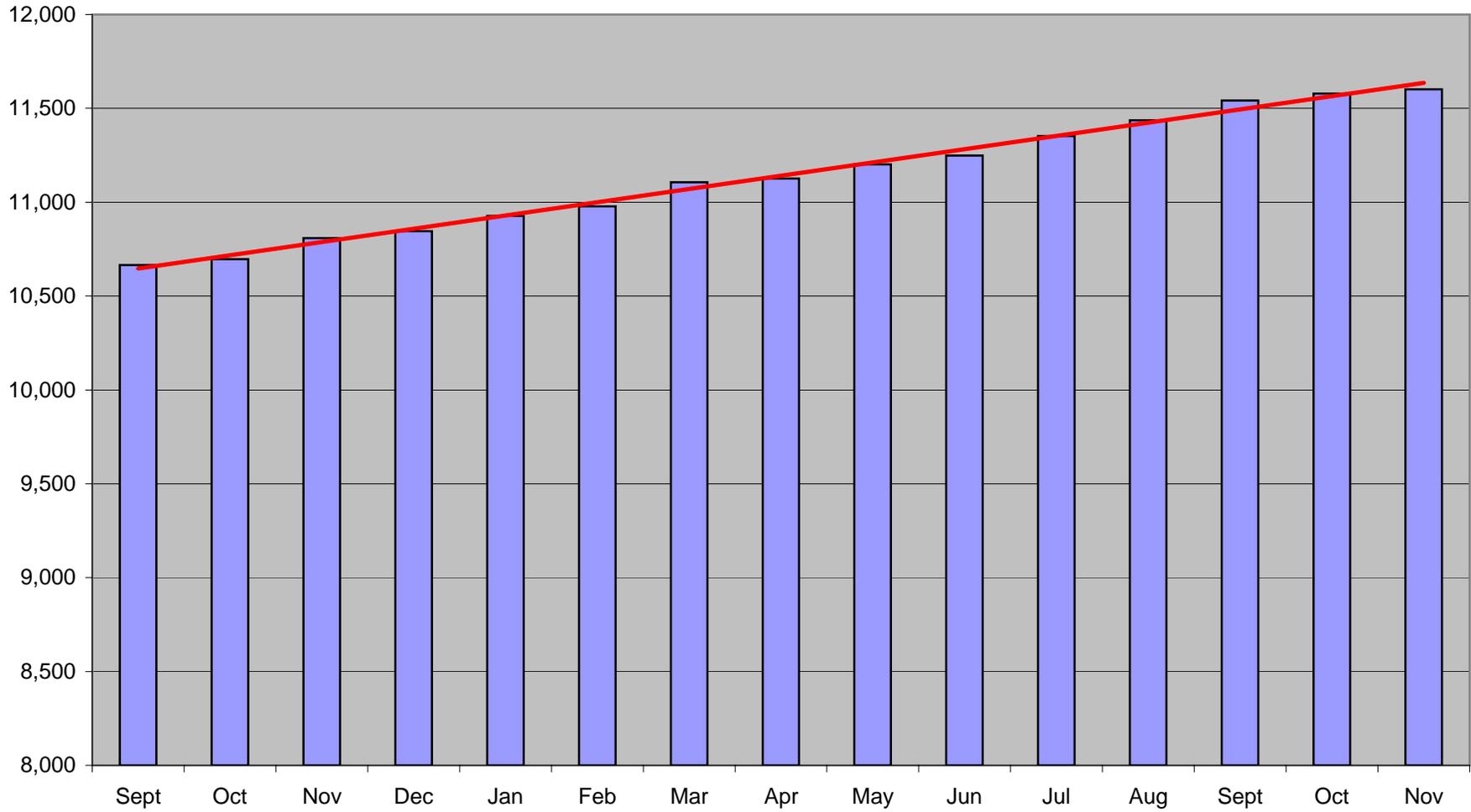
*Correctional Managed  
Health Care*



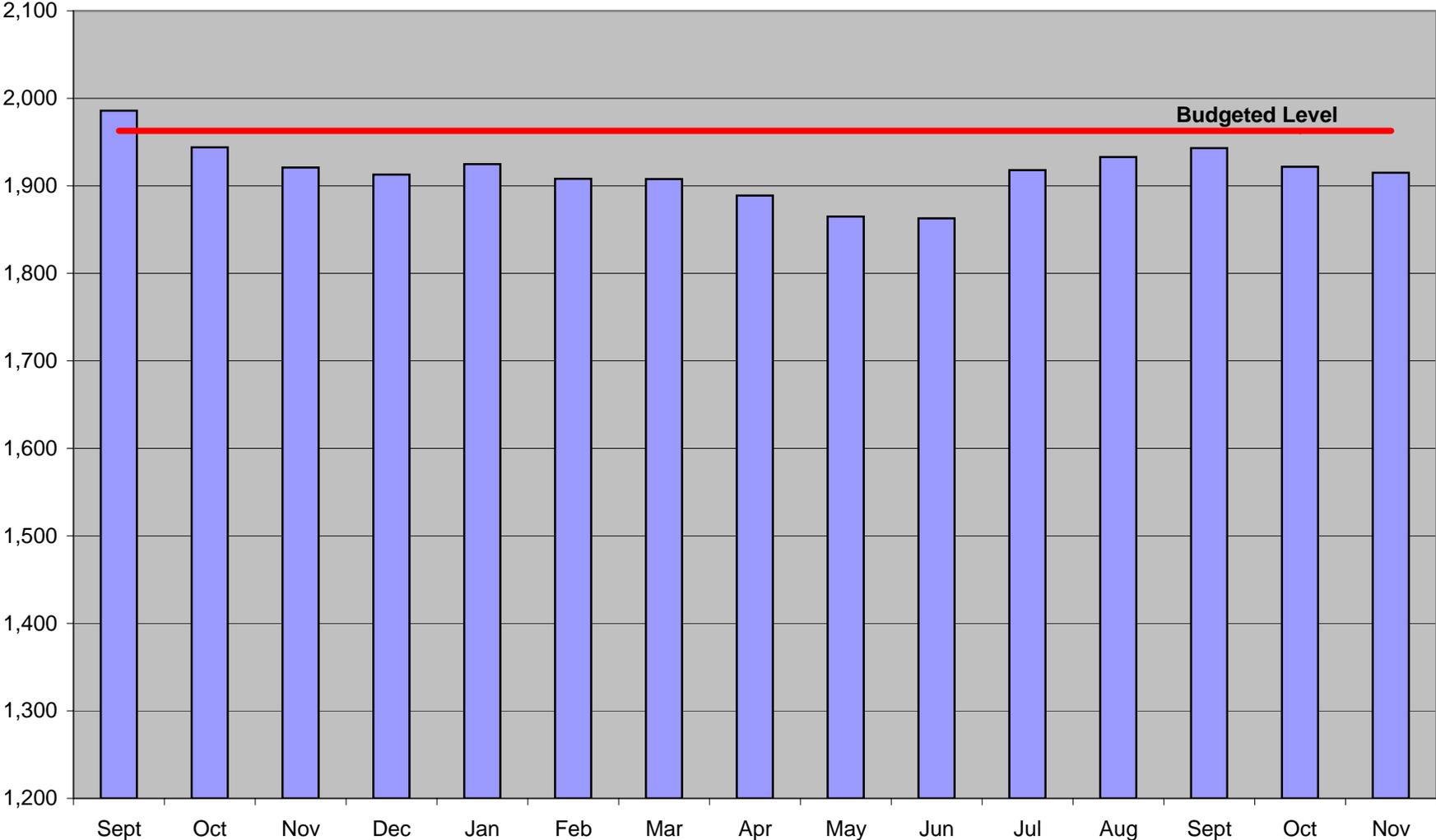
## CMHC Service Population FY 2009-2010 to Date



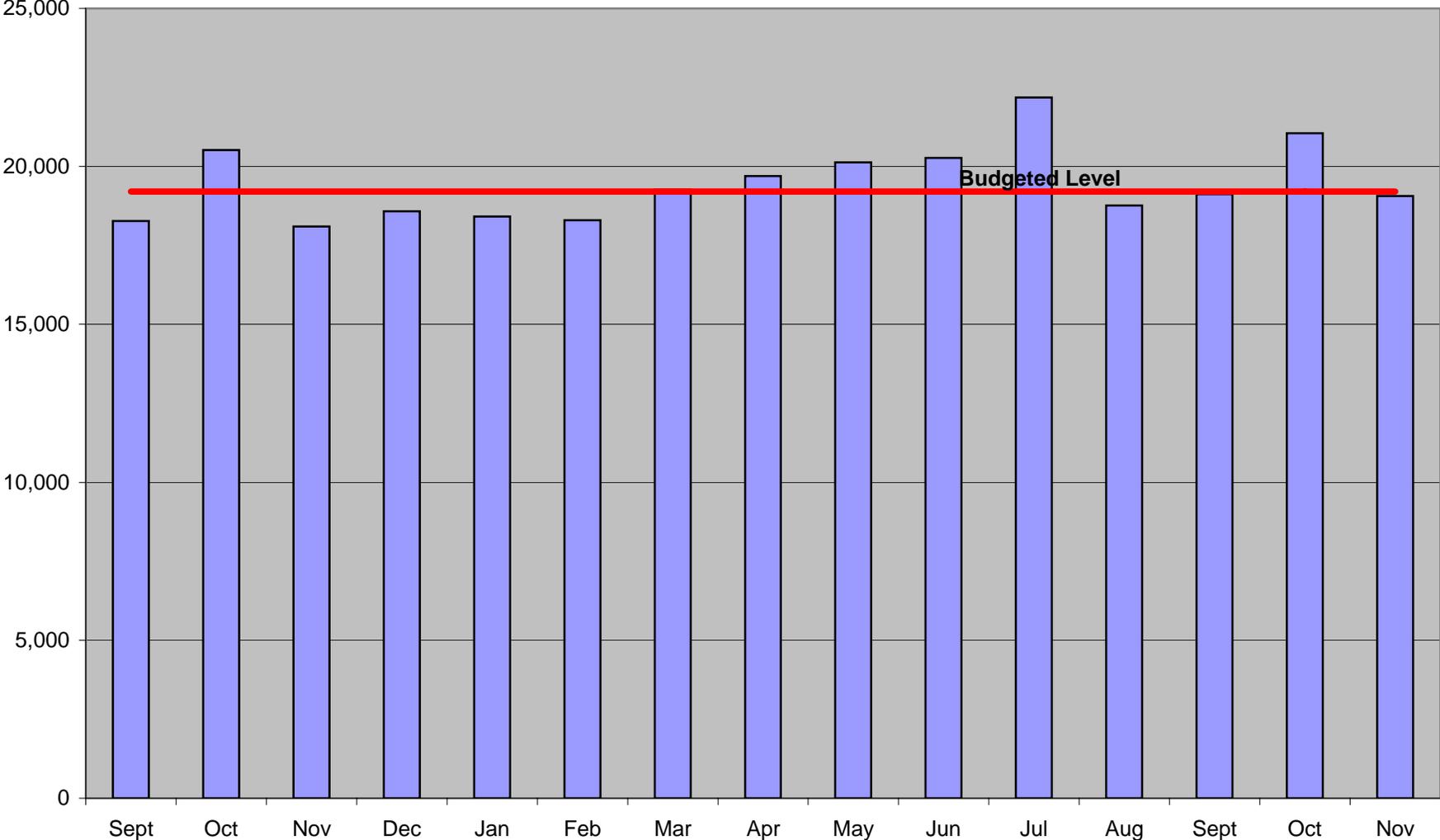
## Offenders Age 55+ FY 2009-2010 to Date



# Psychiatric Inpatient Census



# Psychiatric Outpatient Census



TDCJ MENTAL HEALTH CENSUS BY GENDER

<b>September-09</b>	<b>AVERAGE DAILY POPULATION</b>			<b>LAST DAY CENSUS</b>	
<b>Facility</b>	<b>Inpatient</b>	<b>Outpatient</b>	<b>MROP</b>	<b>Male</b>	<b>Female</b>
SKYVIEW	507.30			447.00	52.00
JESTER IV	501.20			451.00	9.00
MT. VIEW	19.23				19.00
GATESVILLE (Valley)			76.40		76.00
HODGE			606.60	607.00	
CASELOAD		16,606.00		13,711.00	2,895.00
	1,027.73	16,606.00	683.00		

<b>October-09</b>	<b>AVERAGE DAILY POPULATION</b>			<b>LAST DAY CENSUS</b>	
<b>Facility</b>	<b>Inpatient</b>	<b>Outpatient</b>	<b>MROP</b>	<b>Male</b>	<b>Female</b>
SKYVIEW	505.03			444.00	53.00
JESTER IV	500.61			491.00	7.00
MT. VIEW	17.35				17.00
GATESVILLE (Valley)			71.97		72.00
HODGE			618.61	619.00	
CASELOAD		16,905.00		13,958.00	2,947.00
	1,022.99	16,905.00	690.58		

<b>November-09</b>	<b>AVERAGE DAILY POPULATION</b>			<b>LAST DAY CENSUS</b>	
<b>Facility</b>	<b>Inpatient</b>	<b>Outpatient</b>	<b>MROP</b>	<b>Male</b>	<b>Female</b>
SKYVIEW	493.60			443.00	45.00
JESTER IV	492.50			484.00	6.00
MT. VIEW	13.53				13.00
GATESVILLE (Valley)			72.77		73.00
HODGE			607.57	608.00	
CASELOAD		15,427.00		12,767.00	2,660.00
	999.63	15,427.00	680.33		

Note: Gender Census Report is based on the population on the last day of the month  
 Outpatient data is obtained from the EMR Unique Encounter Report

## Access to Care Indicators

- #1. 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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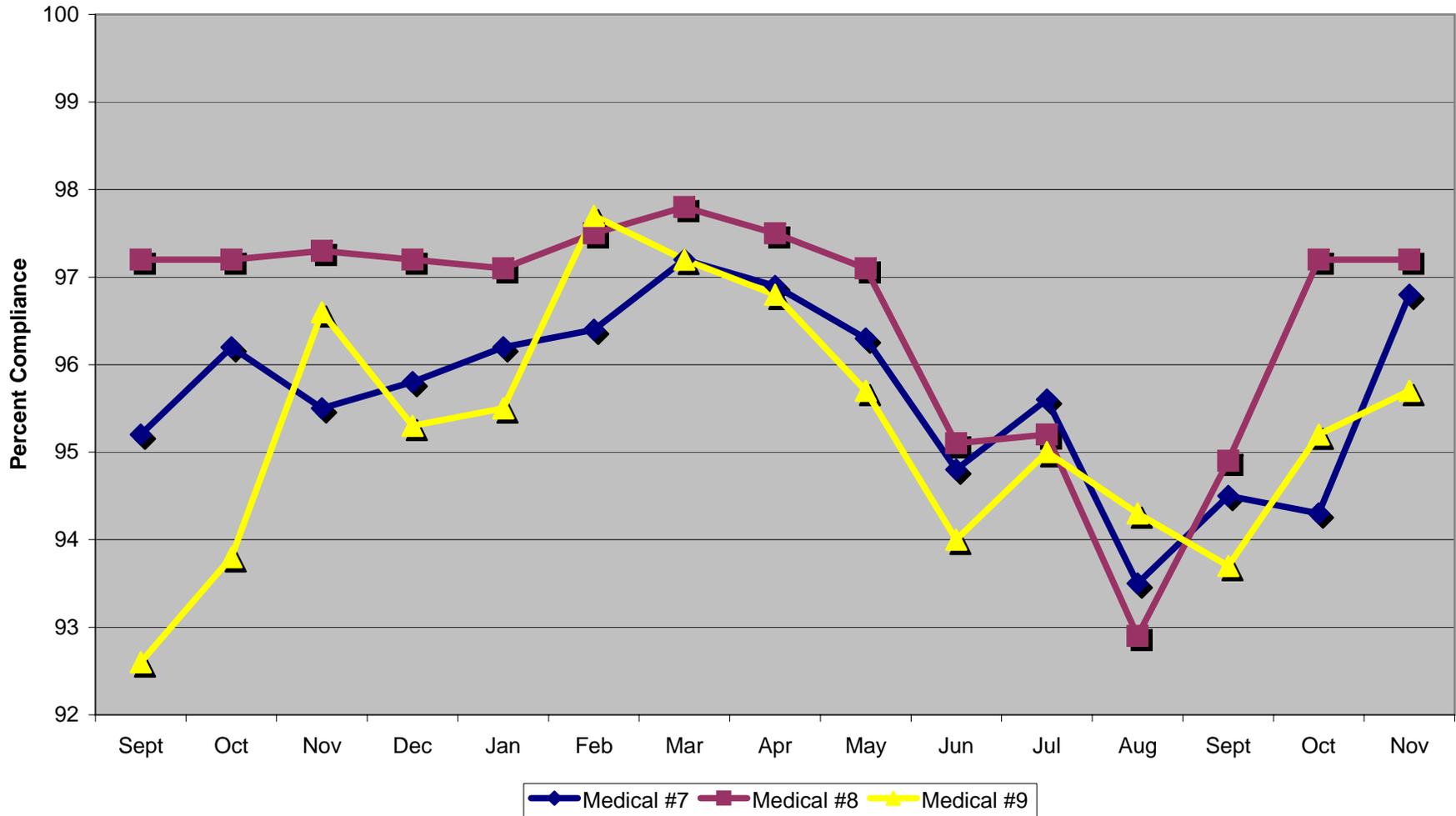
*Health Care*



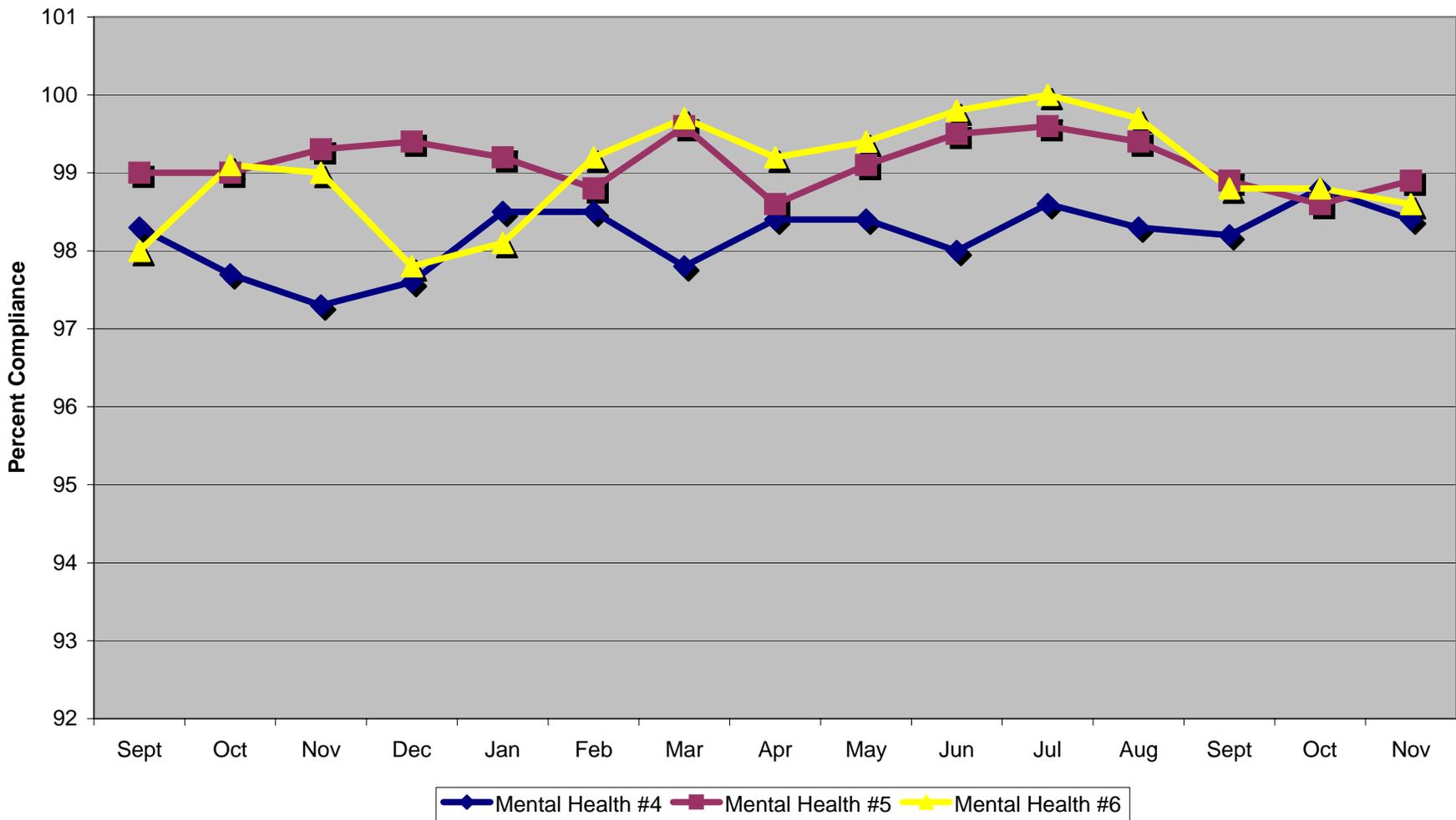
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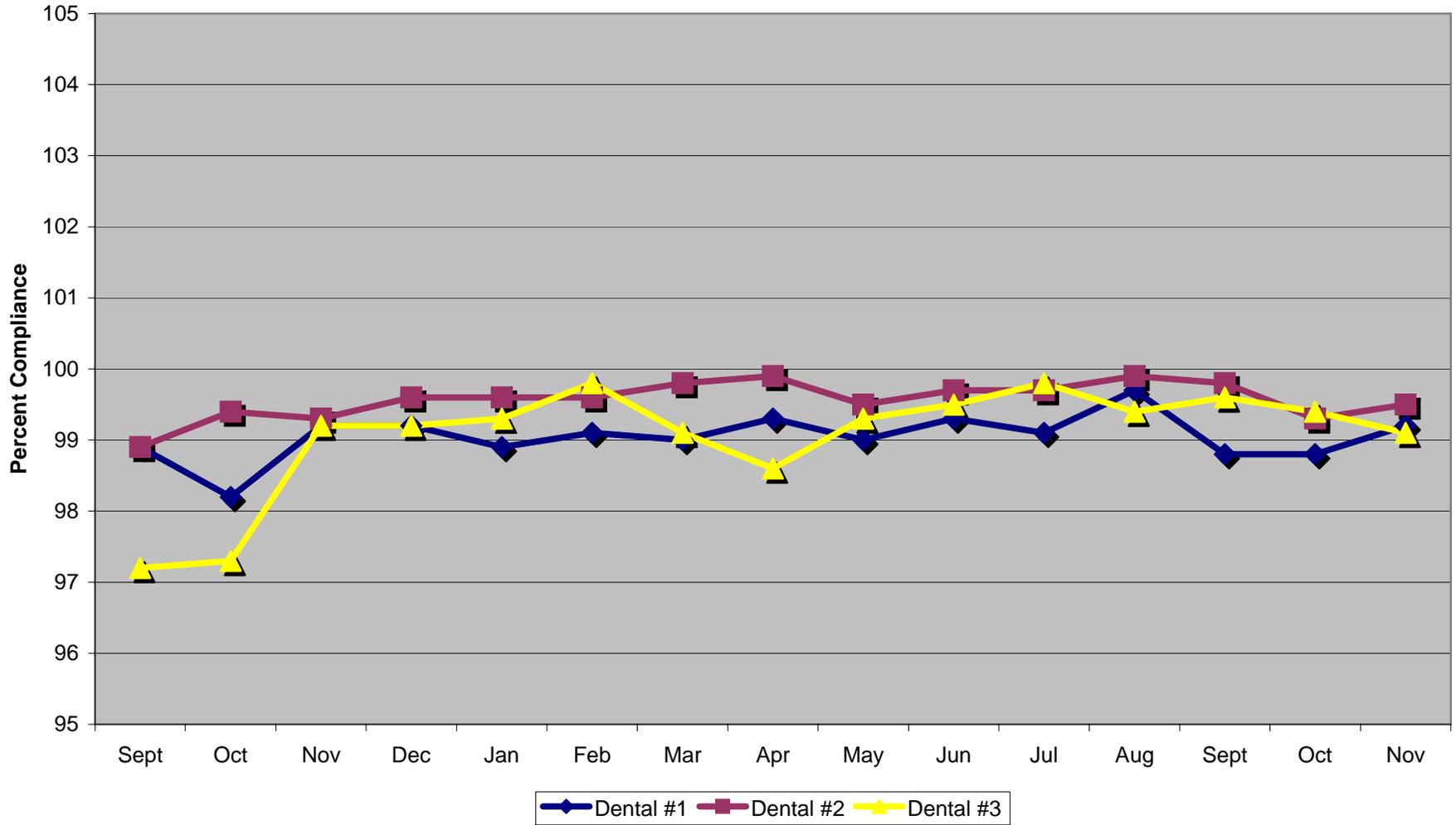
## Medical Access to Care Indicators FY 2009-2010 to Date



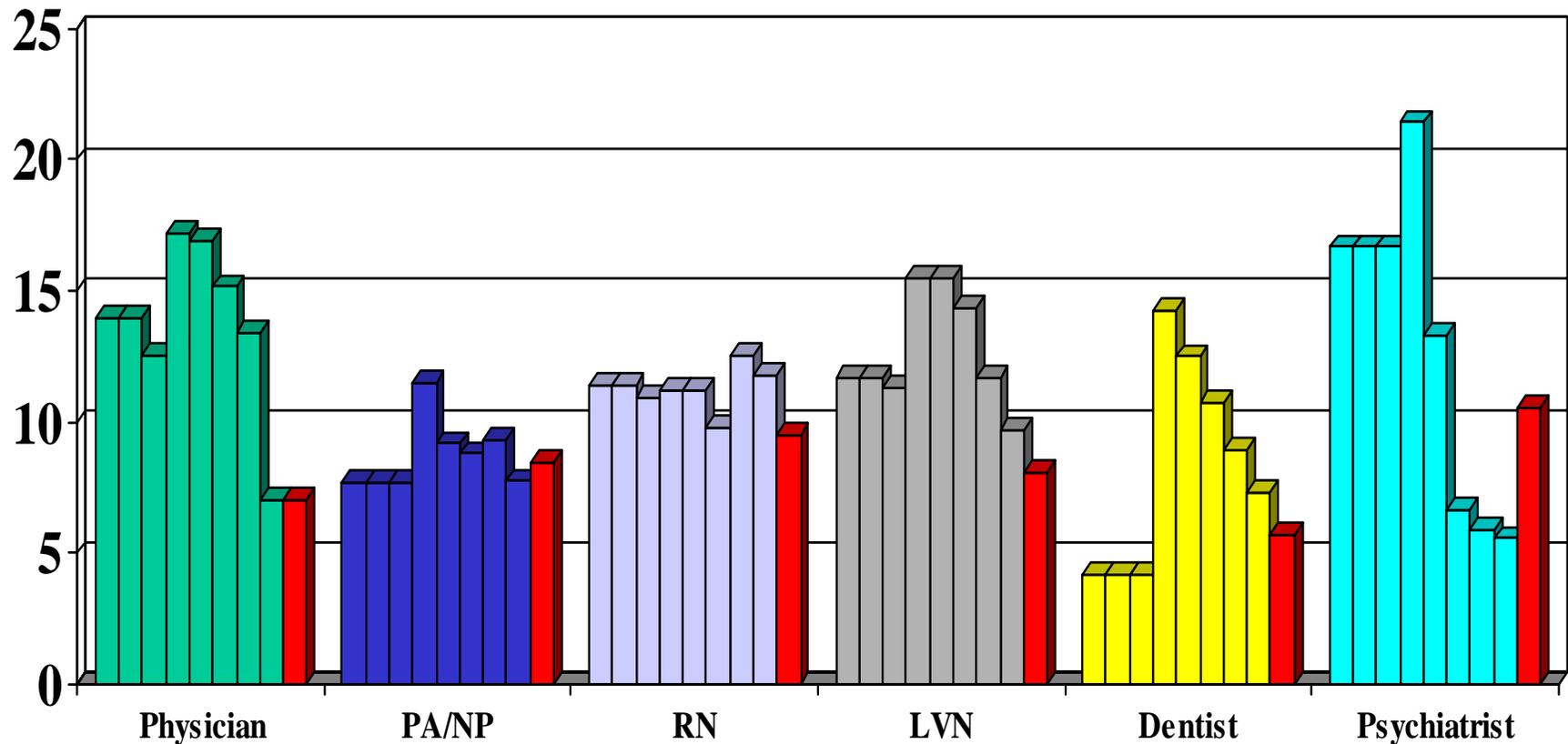
## Mental Health Access to Care Indicators FY 2009-2010 to Date



## Dental Access to Care Indicators FY 2009-2010 to Date



## UTMB Vacancy Rates (%) by Quarter FY 2009 - FY 2010



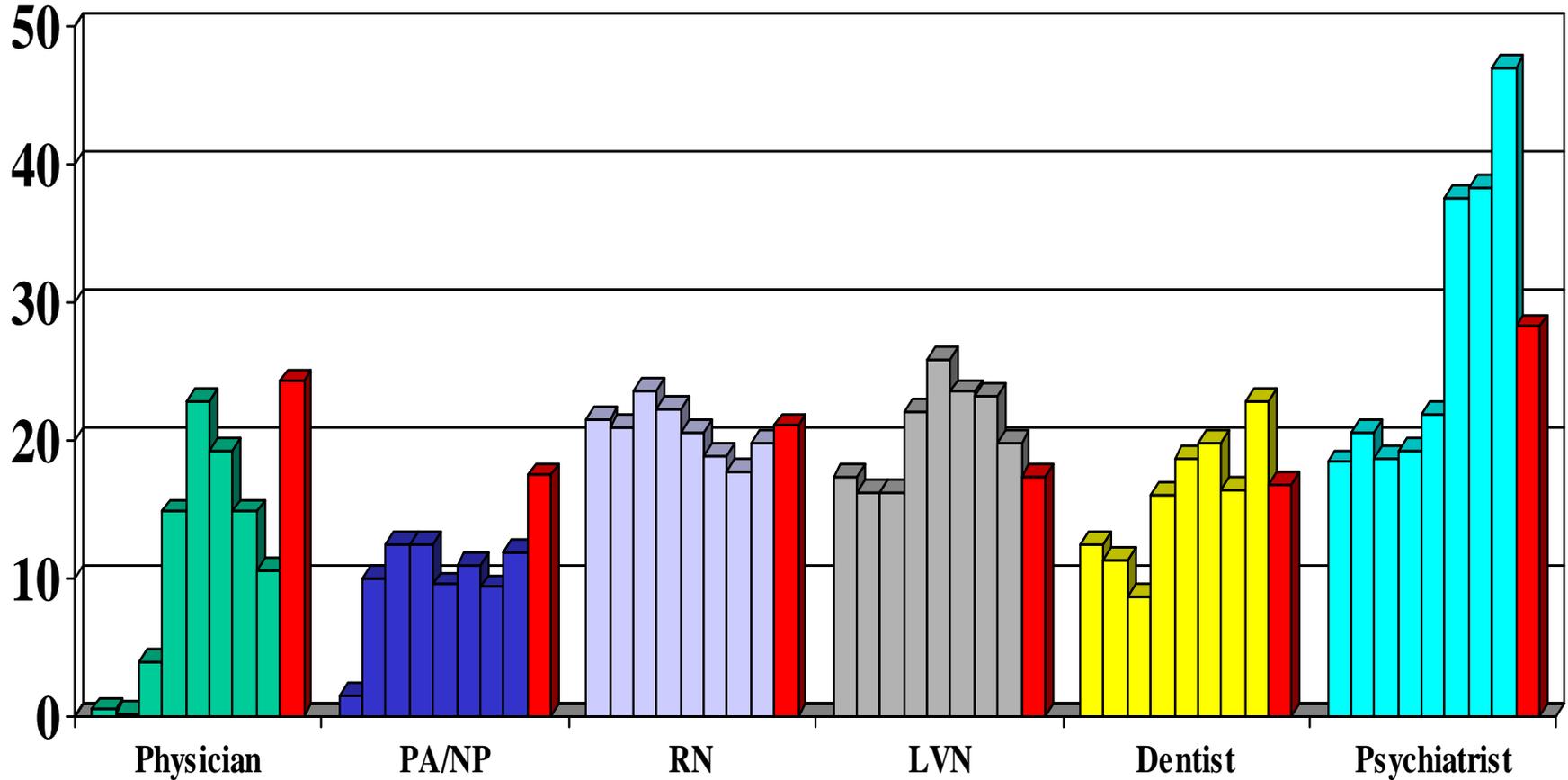
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# TTUHSC Vacancy Rates (%) by Quarter FY 2009 - FY 2010



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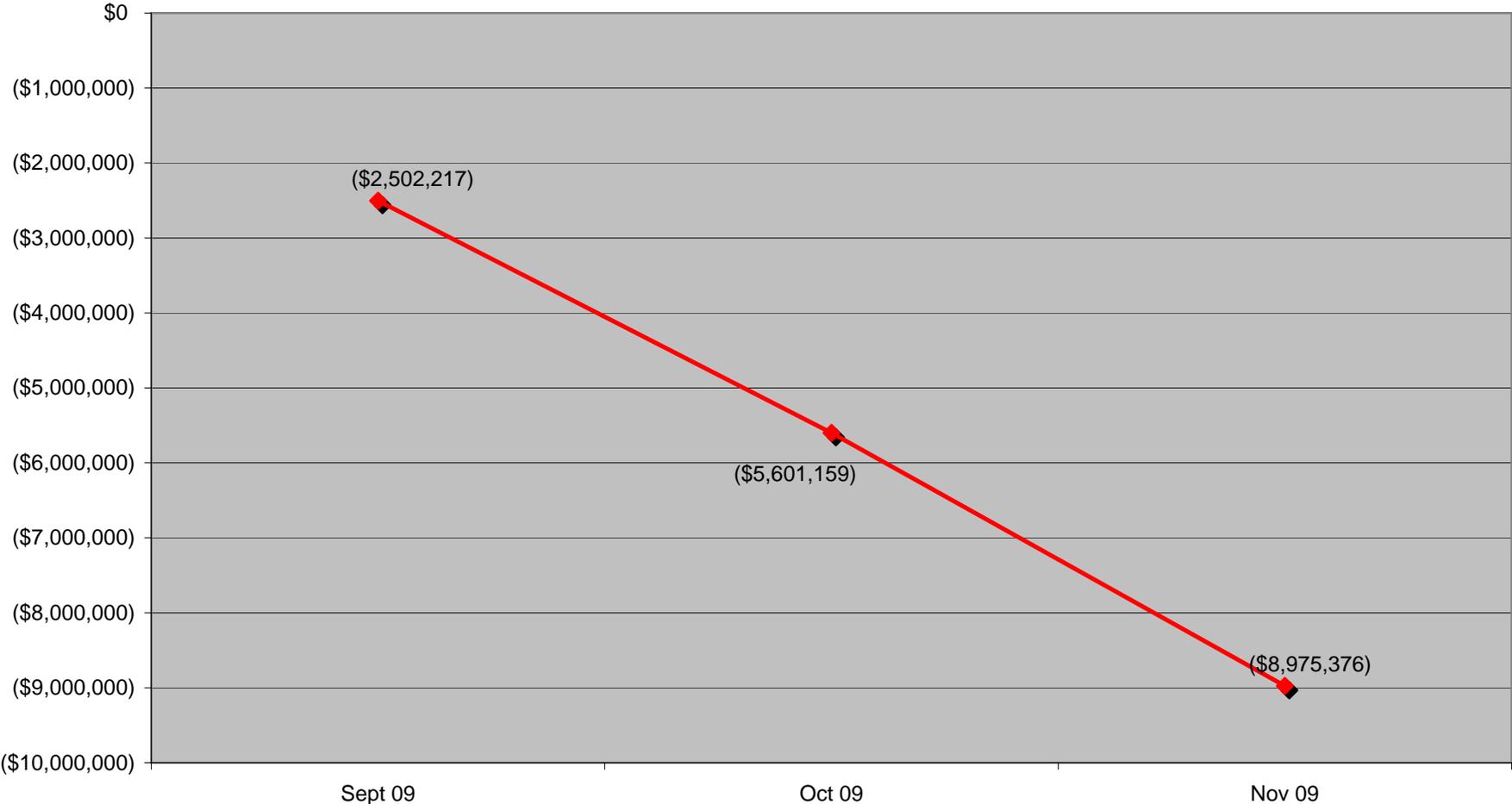


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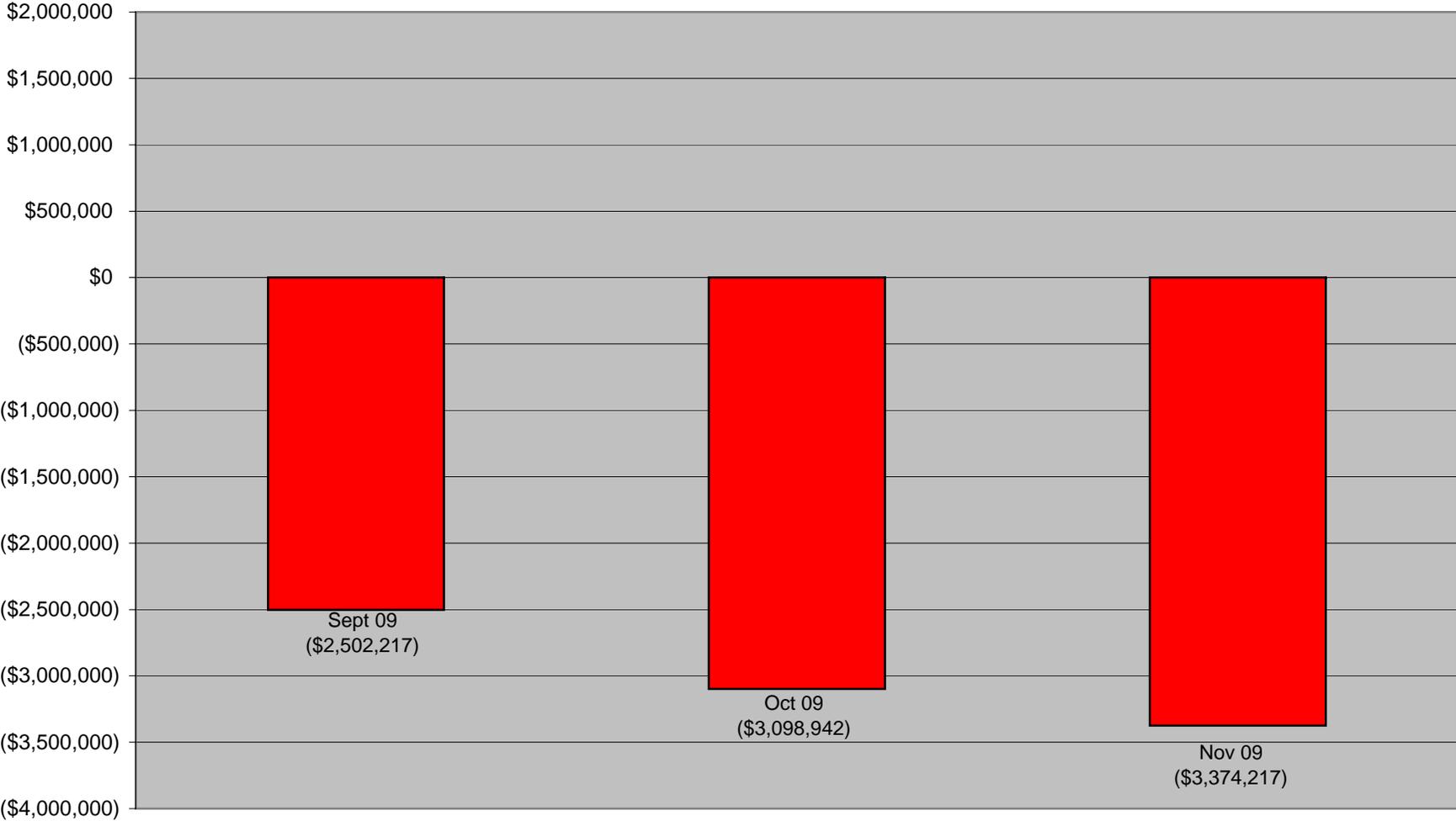
## Percent of Timely MRIS Summaries FY 2009-2010



# Statewide Cumulative Loss/Gain FY 2010



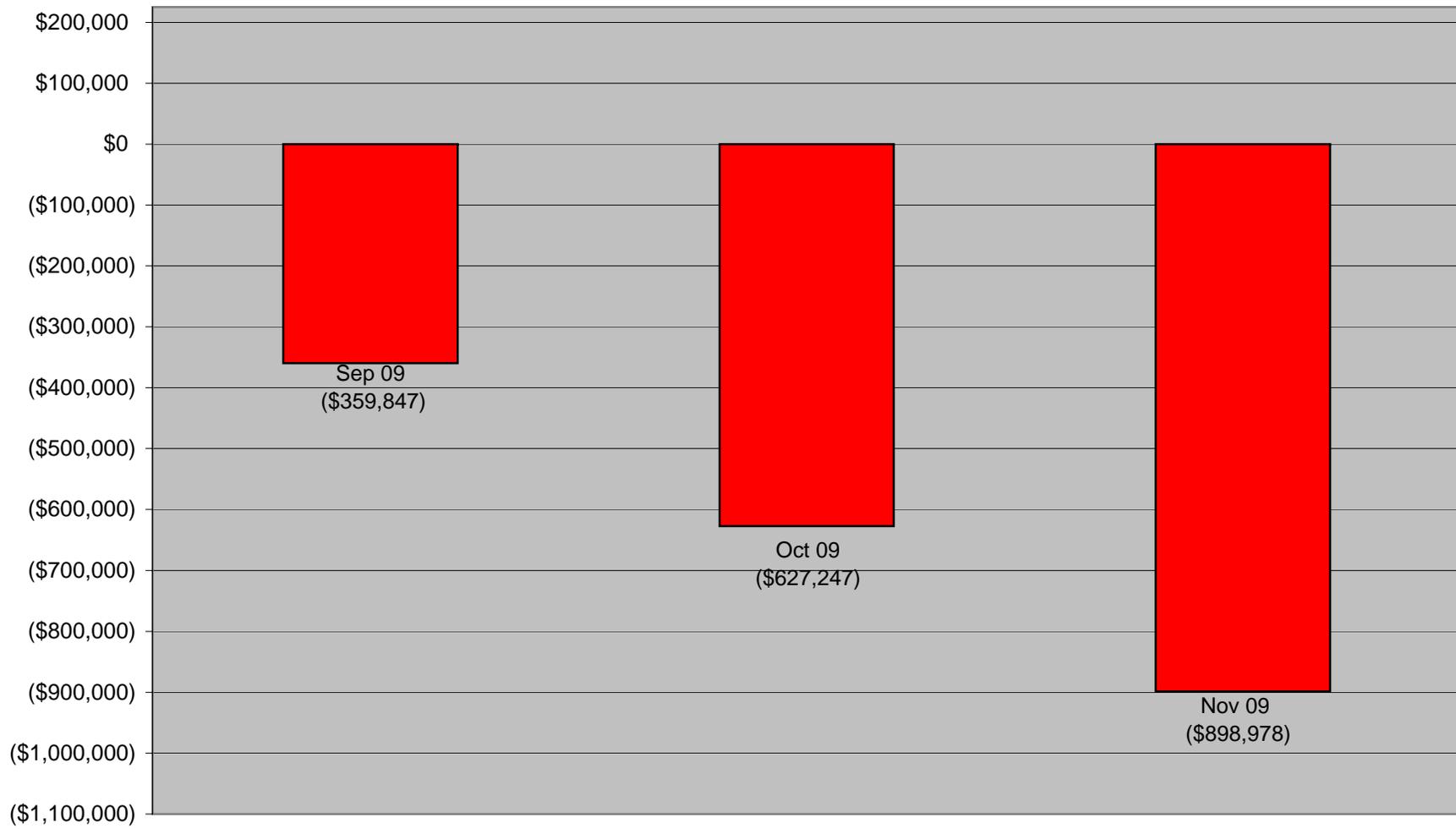
# Statewide Loss/Gain by Month FY 2010



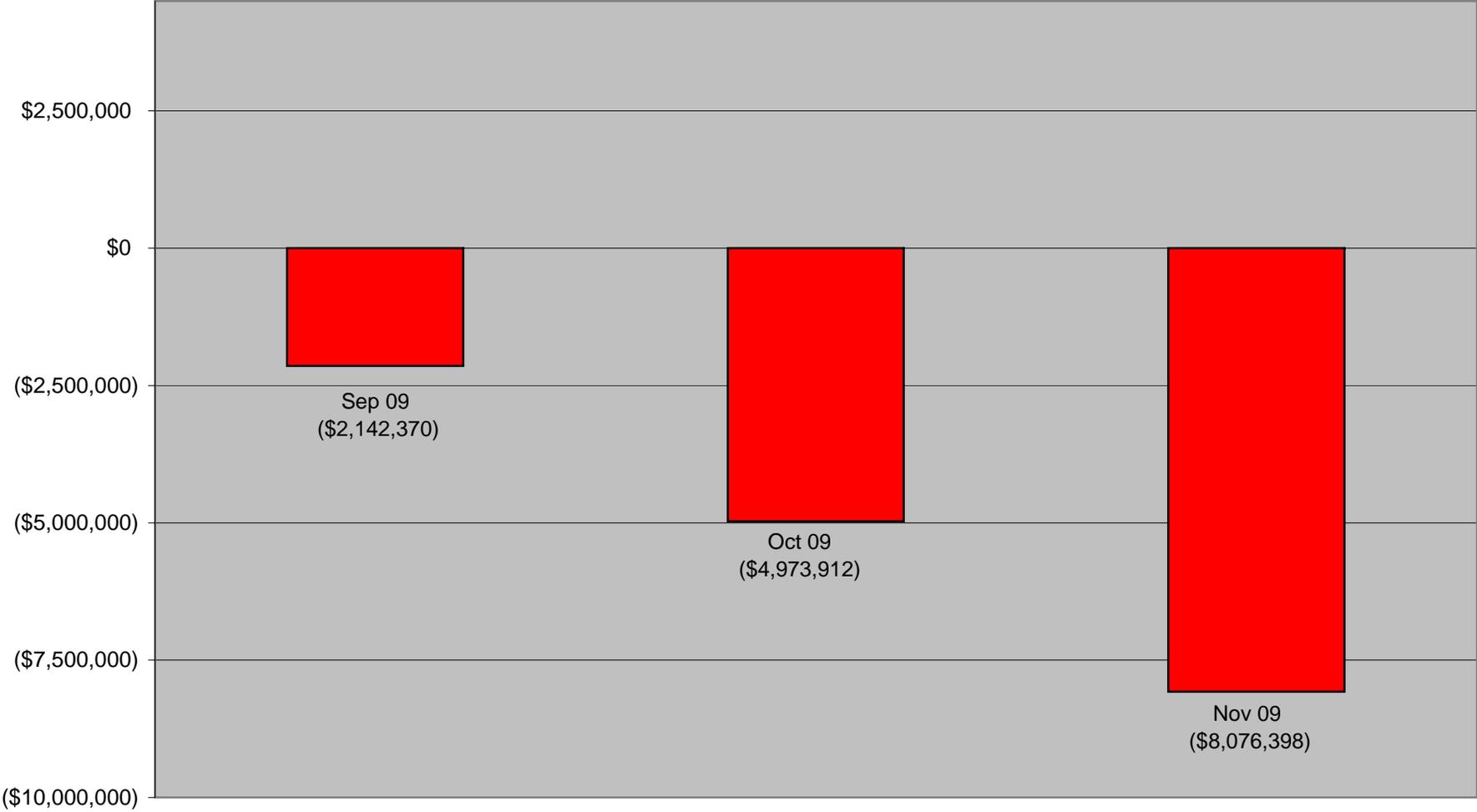
## Statewide Revenue v. Expenses by Month FY 2010



## TTUHSC Cumulative Loss/Gain FY 2010



**UTMB Cumulative Loss/Gain  
FY 2010**



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

**As of March 2010**

<b>Title of Position</b>	<b>CMHCC Partner Agency</b>	<b>Vacant Since (mm/yyyy)</b>	<b>Actions Taken to Fill Position</b>
Nurse II-Contract Monitoring (RN)	TDCJ	2/1/10	Held interview on 2/16; applicant in clearance
Manager IV-Public Health (RN)	TDCJ	8/1/09	New position; Posted 8/24/09, closed 9/2/09; applicant declined.
LVN III-OPS	TDCJ	1/31/10	Held interview on 2/17; applicant in clearance
Correctional Physician	TTUHSC	10/2008	Continued advertisement in local and national publications; Timeline Recruiting Agency utilization.
PAMIO Medical Director	TTUHSC	02/2009	Position accepted 5/2009. Awaiting Texas license.
Staff Psychiatrists	TTUHSC	03/2009	3 vacancies, 1 hire. Continued advertisement in local and national publications; Timeline Recruiting Agency utilization.

<b>Title of Position</b>	<b>CMHCC Partner Agency</b>	<b>Vacant Since (mm/yyyy)</b>	<b>Actions Taken to Fill Position</b>
Extenders	TTUHSC	12/2008	Continued advertisement in local and national publications; Timeline Recruiting Agency utilization.
Dentists	TTUHSC	01/2009	Continued advertisement in local and national publications; Timeline Recruiting Agency utilization.
Psychiatrists	UTMB CMC	9/11/2009	Local and National Advertising, Conference, Contract with Timeline National Recruiting and other Agency Staffing
Dentists	UTMB CMC	11/04/2009	Local and National Advertising, Affiliation with Agency Recruiters
Physician I-III	UTMB CMC	9/1/2009	Local and National Advertising, Conferences, Timeline National Recruiting and other agency
Mid Level Practitioners (PA and FNP)	UTMB CMC	9/1/2009	Local and National Advertising, Career Fairs, Conferences, Intern programs with numerous PA schools
Psychiatrists	UTMB CMC	9/11/2009	Local and National Advertising, Conference, Contract with Timeline National Recruiting and other Agency Staffing



**TEXAS DEPARTMENT OF  
CRIMINAL JUSTICE**

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

***First Quarter FY-2010***

***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-2010 (September, October, and November 2009), eight Operational Review Audits were conducted at the following facilities: Briscoe, Byrd, Cotulla, Goree, Halbert, Lindsey State Jail, Robertson, and Wynne. The eight items most frequently out of compliance follow: (**Attachments 1 and 2**).
1. Item **5.07** requires the Manager of Health Services/Unit Health Administrator, or his/her designee follow established procedures to ensure that each offender requiring a special diet be included on the Master Diet List. Five of the eight facilities were not in compliance with this requirement. The five facilities out of compliance were: Briscoe, Cotulla, Lindsey State Jail, Robertson and Wynne. Corrective actions were requested from the five facilities. At the time of this report, the five facilities are preparing facility-specific corrective actions to ensure future compliance.
  2. Item **5.11** requires Emergency Rooms Forms (HSM-16) be filled out completely and legibly, and include all of the following: assessment, intervention, medications administered, disposition, and appropriate signatures/co-signatures. Seven of the eight facilities were not in compliance with this requirement. The seven facilities out of compliance were: Briscoe, Cotulla, Goree, Halbert, Lindsey State Jail, Robertson and Wynne. Corrective actions were requested from the seven facilities. At the time of this report, the seven facilities are preparing facility-specific corrective actions to ensure future compliance.
  3. Item **5.15** requires offenders in disciplinary segregation be seen by nursing staff daily. Five of the eight facilities were not in compliance with this requirement. The five facilities out of compliance were: Briscoe, Cotulla, Halbert, Robertson and Wynne. Corrective actions were requested from the five facilities. At the time of this report, the five facilities are preparing facility-specific corrective actions to ensure future compliance.
  4. Item **6.33 (1)** requires an Aspartate aminotransferase to Platelet Ratio Index (APRI) score to be calculated at least annually for all patients diagnosed with Hepatitis C Virus (HCV). Five of the eight facilities were not in compliance with this requirement. The five facilities out of compliance were: Briscoe, Byrd, Cotulla, Robertson and Wynne. Corrective actions were requested from the five facilities. At the time of this report, the five facilities are preparing facility-specific corrective actions to ensure future compliance.
  5. Item **6.34 (3)** requires all HCV infected patients with an APRI score greater than 0.42 or with abnormal liver function (Prothrombin Time, Total Bilirubin, or Albumin) that do not have a documented contraindication for antiviral therapy be referred to the designated physician or clinic and be appropriately treated according to Correctional Managed Health Care (CMHC) Hepatitis C Evaluation and Treatment Pathway (CMHC Policy B-14.13). Six of the eight facilities were not in compliance with this requirement. The six facilities out of compliance were: Briscoe, Byrd, Cotulla, Goree, Lindsey State Jail, and Wynne. Corrective actions were requested from the six facilities. At the time of this report, the six facilities are preparing facility-specific corrective actions to ensure future compliance.

## **Operational Review Audit (ORA) Cont'd.**

6. Item **6.35** requires that if treatment for Hepatitis C is determined to not be indicated, the reason must be documented in the medical record. Six of the eight facilities were not in compliance with this requirement. The six facilities out of compliance were: Briscoe, Byrd, Cotulla, Goree, Lindsey State Jail and Wynne. Corrective actions were requested from the six facilities. At the time of this report, the six facilities are preparing facility-specific corrective actions to ensure future compliance.
7. Item **6.36** requires the influenza vaccine be offered annually to offenders with certain chronic diseases\*, all offenders 55 years of age or older, and pregnant females after the first trimester. Vaccinations are to be documented on the Abstract of Immunizations Form (HSM-2) when administered. If the vaccination is refused, refusal must be documented with a signed Refusal of Treatment Form (HSM-82). Five of the eight facilities were not in compliance with this requirement. The five facilities out of compliance were: Briscoe, Byrd, Cotulla, Robertson and Wynne. Corrective actions were requested from the five facilities. At the time of this report, the five facilities are devising facility-specific corrective actions to ensure future compliance.

*\* Diseases for which influenza vaccine is indicated: heart disease, moderate to severe Asthma, Chronic Obstructive Pulmonary Disease (COPD), Diabetes, immunocompromised conditions such as Human Immunodeficiency Virus (HIV) infection, most cancers, End-Stage Renal Disease, and Sickle Cell Disease.*

8. Item **6.37** requires the pneumococcal vaccine be offered to offenders with certain chronic diseases and conditions\*, and all offenders 65 years of age or older. Vaccinations are to be documented on the Abstract of Immunizations Form (HSM-2) when administered. If the vaccination is refused, the refusal must be documented with a signed Refusal of Treatment Form (HSM-82). Six of the eight facilities were not in compliance with this requirement. The six facilities out of compliance were: Briscoe, Byrd, Cotulla, Halbert, Robertson and Wynne. Corrective actions were requested from the six facilities. At the time of this report, the six facilities are preparing facility-specific corrective actions to ensure future compliance.

*\* Diseases and conditions for which the pneumococcal vaccine is indicated: heart disease, Emphysema, COPD, Diabetes, Splenic Dysfunction, Anatomic Asplenia, HIV infection, most cancers, Sickle Cell Disorder, Cirrhosis, alcoholism, Renal Failure, and Cerebrospinal Fluid (CSF) leaks. (Note that asthma is not included unless it is associated with COPD, emphysema or long-term systemic steroid use).*

## **Grievances and Patient Liaison Correspondence**

During the First Quarter of FY-2010 (September, October and November 2009), the Patient Liaison Program and the Step II Grievance Program received 3,021 correspondences: Patient Liaison Program had 1,576 and Step II Grievance had 1,445. Of the total number of correspondences received, 415 (13.74 percent) Action Requests were generated by the Patient Liaison Program and the Step II Grievance Program. The University of Texas Medical Branch (UTMB) and Texas Tech University Health Science Center (TTUHSC) combined percentage of sustained offender grievances for the Step II medical grievances was six percent for the First Quarter of FY-2010. Performance measure expectation is six percent or less (Article IX, Correctional Managed Health Care contract). The percentage of sustained Step II medical grievances from UTMB was six percent and four percent for TTUHSC for the First Quarter of FY-2009.

## **Quality Improvement (QI) Access to Care Audits**

During the First Quarter of FY-2010 (September, October and November 2009), the Patient Liaison Program nurses and investigators performed 34 Sick Call Request Verification audits (SCRV). At some units, Expansion Cell Block areas were counted as a separate audit. This audit was formerly known as Access to Care audits. The SCRIV audits looked at verification of facility information. A random sample of Sick Call Requests was also audited by the Office of Professional Standards (OPS) staff. At each facility, the OPS staff continued education of the medical staff. Of the 34 facilities audited, a total of 306 indicators were reviewed and 11 of them fell below the 80 percent threshold, which represents four percent.

## **Capital Assets Monitoring**

The Fixed Assets Contract Monitoring officer audited eight units for the operational review audits during the First Quarter FY-2010, which were: Briscoe, Byrd, Cotulla, Goree, Halbert, Lindsey State Jail, Robertson, and Wynne. These audits are conducted to monitor compliance with the Health Services Policy and State Property Accounting (SPA) policy regarding inventory procedures. All eight units were within the required compliance range.

## **Office of Public Health**

The Office of Public Health 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-2010:

- 165 cases of suspected syphilis were reported in the First Quarter FY-2010, compared to 201 in the same quarter in FY-2009. These figures represent a slight overestimation of actual number of cases, as some of the suspected cases will later be determined to be resolved prior infections, rather than new cases.
- 549 Methicillin-Resistant Staphylococcus Aureus (MRSA) cases were reported in this quarter, compared to 327 during the same quarter FY-2009. Despite the apparent increase for FY-2010, the year-to-date numbers have decreased from 3,618 for 2008 to 2,804 for 2009. The incidence of Methicillin-Sensitive Staphylococcus Aureus (MSSA) has remained stable at about 1,400 to 1,500 reports per year.
- There was an average of 24 Tuberculosis (TB) cases under management per month during the First Quarter FY-2010, compared to an average of 23 per month during the First Quarter FY-2009.
- In FY-2006, the Office of Public Health 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 the SANE Coordinator does not teach the SANE Curriculum because of restrictions imposed by the State Attorney General's Office, this person 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-2010, five training sessions were held and 34 medical staff were trained from the following units: Willacy, Segovia, Lopez, Skyview/Hodge, and San Saba. This position also audits the documentation and services provided by medical personnel for each sexual assault reported. There have been 172 chart reviews of alleged sexual assaults performed for the First Quarter FY-2010. Chart reviews identified four non-compliance issues with policies. The following units had one deficiency each: Beto, Clemens, Hughes, and Neal. Corrective action plans were requested and received for these

### Office of Public Health (Continued)

deficiencies. All corrective action plans were closed. 13 baseline labs were drawn on exposed victims.

- Currently, Peer Education Programs are available at 108 of the 112 facilities housing Correctional Institution Division offenders. During the First Quarter FY-2010, 17,427 offenders attended classes presented by peer educators. This was a 47 percent increase from the 8,242 attendees in the First Quarter FY-2009. The four units that do not have Peer Education Programs are Hospital Galveston, Mineral Wells Facility, San Saba Facility, and Travis State Jail.

### Mortality and Morbidity

There were 103 deaths reviewed by the Mortality and Morbidity Committee during the months of September, October, and November 2009. Of those 103 deaths, eight were referred to peer review committees and one was referred to utilization review.

A referral to a peer review committee does not necessarily indicate that substandard care was provided. It is a request for the Correctional Managed Health Care provider to review the case through their respective quality assurance process. Referrals may also be made to address systemic issues to improve the delivery of health care.

Peer Review Committee	Number of Cases Referred
Provider & Nursing Peer Review	2
Nursing Peer Review	3
Provider Peer Review	3
<b>Total</b>	<b>8</b>

### 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-2010.

- Liaison with County Jails identified the immediate mental health needs of 49 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 (MH/MR) history was reviewed for 19,530 offenders brought into TDCJ Correctional Institution Division and the State Jail Division. Intake facilities were provided with critical mental health data, not otherwise available, for 2,724 offenders.
- 3,105 Texas Uniform Health Status Update forms were reviewed which identified 891 deficiencies (i.e. primarily incomplete data).
- 276 offenders with high risk factors (i.e. over 60 years old, or sentences of over 40 years non-aggravated or 25 years aggravated) and not on the mental health caseload who were transferring through the Byrd Facility caseload into the Correctional Institutional Division were interviewed and resulted in 19 referrals.

## Mental Health Services Monitoring & Liaison (Continued)

- 38 offenders were screened for TDCJ Boot Camp. All offenders were found appropriate for TDCJ Boot Camp.
- 21 Administrative Segregation facilities were audited. 4,136 offenders were observed, 2,581 of them were interviewed and six were referred to the university providers for further evaluation. Access to Care (ATC) 4, (i.e. timely triage) and ATC 5, (i.e. documentation of Sick Call Requests), met or exceeded 80 percent compliance for 19 facilities. Two units, Bradshaw and Lopez, had no mental health Sick Call Requests. ATC 6, (i.e. referral from triage), compliance was 100 percent for 18 facilities. The Bradshaw, Lopez, and Mountain View Units had no referrals from triage.
- Two Special Needs Substance Abuse Felony Punishment Program (SAFP) facilities, Estelle and Henley, were audited for Continuity and Quality of Care. The records of 10 offenders from each unit were reviewed. Continuity of Care was met or exceeded 80 percent for both units. In August 2009, the Office of Mental Health Monitoring and Liaison began auditing all behavioral discharges from Special Needs SAFP facilities. There were 45 behavioral discharges reviewed and it was recommended four cases to be denied.

## Clinical Administration

During the First Quarter of FY-2010, 10 percent of the combined UTMB and TTUHSC hospital and infirmary discharges were audited. A total of the 157 hospital discharges and 74 inpatient facility discharges were audited. The chart below summarizes the audits performed and the number of cases with deficiencies and their percentages.

### Texas Tech Hospital Discharges

Month	Unstable Discharges <sup>1</sup> (Cases with deficiencies)	Acute Problems <sup>2</sup> (Cases with deficiencies)	Lack Documentation <sup>3</sup> (Cases with deficiencies)
September	5% (4)	0	8% (6)
October	3% (2)	0	9% (5)
November	2% (1)	0	4% (2)

### UTMB Hospital Discharges

Month	Unstable Discharges <sup>1</sup> (Cases with deficiencies)	Acute Problems <sup>2</sup> (Cases with deficiencies)	Lack Documentation <sup>3</sup> (Cases with deficiencies)
September	2% (6)	<1% (3)	<18% (3)
October	3% (16)	0	4% (20)
November	3% (17)	1% (5)	2% (14)

### Total Combined Hospital Discharges (Texas Tech and UTMB)

Month	Unstable Discharges <sup>1</sup> (Cases with deficiencies)	Acute Problems <sup>2</sup> (Cases with deficiencies)	Lack Documentation <sup>3</sup> (Cases with deficiencies)
September	2% (10)	<1% (3)	2% (9)
October	3% (18)	0	4% (25)
November	3% (18)	1% (5)	3% (16)

### Texas Tech Infirmary Discharges

Month	Unstable Discharges <sup>1</sup> (Cases with deficiencies)	Acute Problems <sup>2</sup> (Cases with deficiencies)	Lack Documentation <sup>3</sup> (Cases with deficiencies)
September	7% (9)	0	5% (6)
October	7% (10)	0	7% (10)
November	9% (13)	1% (2)	8% (11)

UTMB Infirmiry Discharges

Month	Unstable Discharges <sup>1</sup> (Cases with deficiencies)	Acute Problems <sup>2</sup> (Cases with deficiencies)	Lack Documentation <sup>3</sup> (Cases with deficiencies)
September	6% (7)	2% (2)	1% (1)
October	7% (8)	1% (1)	2% (2)
November	8% (8)	0	0

**Total Combined Infirmiry Discharges (Texas Tech and UTMB)**

Month	Unstable Discharges <sup>1</sup> (Cases with deficiencies)	Acute Problems <sup>2</sup> (Cases with deficiencies)	Lack Documentation <sup>3</sup> (Cases with deficiencies)
<b>September</b>	7% (16)	1% (2)	3% (7)
<b>October</b>	7% (18)	<1% (1)	5% (12)
<b>November</b>	8% (21)	4% (2)	5% (11)

Footnotes:

- <sup>1</sup> Discharged patient offenders had vital signs recorded outside normal limits for the patient's condition or vital signs were not recorded on the day of discharge so patient stability was not able to be determined (Audit question A).
- <sup>2</sup> Discharged patient offenders required emergency acute care or readmission to tertiary level care within a 7 day period (Audit questions B and D).
- <sup>3</sup> The discharge summary was not available in the offender's medical record within 24 hours of arriving at the unit (Audit question E).

**Accreditation**

There were no American Correctional Association (ACA) Conferences during this time period.

**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 Institutions Division Active Monthly Research Projects – 31,
- Correctional Institutions Division Pending Monthly Research Projects – 6,
- Health Services Division Active Monthly Medical Research Projects – 8, and
- Health Services Division Pending Medical Research Projects – 1.

# ***An Overview of the Dental Work Group Committee***

***For the  
Correctional Managed Health  
Care Committee  
March 9, 2010***

***Presenter: Billy Horton D.D.S.  
UTMB Dental Director***

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***Correctional Managed  
Health Care***



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# ***Committee Membership***

## **Dental Directors**

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

**TTUHSC: Brian Tucker D.D.S.**

**UTMB: Billy Horton D.D.S.**

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# ***Committee Membership (Continued)***

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

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# *Meetings*

**The Dental Work Group Committee is scheduled to meet every two months.**

**The System Dental Directors and TDCJ Dental Director will be meeting quarterly on the same day as the System Leadership Council.**

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# ***Committee Functions***

- **Provide oversight of the Dental Program to assure quality and humane care is provided at reasonable costs**
- **Policy review and revision**
- **Clinical Audit Reports**
  - **TDCJ Operational Review and Dental Quality of Care Audits**
  - **ACA accreditation findings and reports**
  - **University Quality Assurance Audits**
  - **Monthly Audits of Each Facility**

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*Health Care*



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# *Policy/Process Change*

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

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# *University Quality Assurance Audits*

## **Objectives:**

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

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# ***University Quality Assurance Audits (Continued)***

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

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# ***Dental Resources Utilization***

## **Monthly Reports:**

- **Statistical data on productivity**
  - **Facility**
  - **District**
  - **University**
  
- **Staffing Reports**
- **Non Compliance Reports**
- **Access to Care Reports**

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# ***Dental Services Manual Review***

- **Update Dental Procedures**
  - **Same schedule as CMC Policy & Procedures Committee**
  
- **Process Improvement**
  - **CMC Policy Change**
  - **Dental Subcommittee**
  - **Staff Suggestions**
  - **EMR, equipment or other technological change**
  - **State Board of Dental Examiners/Occupations Code**

# ***Additional Topics***

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

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*Correctional Managed*

*Health Care*



TEXAS TECH UNIVERSITY  
HEALTH SCIENCES CENTER

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# **Correctional Managed Health Care**

## **Quarterly Report FY 2010 First Quarter**

**September 2009 – November 2009**

## **Summary**

This report is submitted in accordance with Rider 41, page V-21, Senate Bill 1, 81<sup>st</sup> Legislature, Regular Session 2009. The report summarizes activity through the first quarter of FY 2010. Following this summary are individual data tables and charts supporting this report.

### ***Background***

During Fiscal Year 2010, approximately \$466.4 million within the TDCJ appropriation has been allocated for funding correctional health care services. This funding included:

- \$425.0M in general revenue appropriations in strategy C.1.8 (Managed Health Care, medical services)
- \$41.4M in general revenue appropriations in strategy C.1.7. (Psychiatric Care).

Of this funding, \$465.7M (99.9%) was allocated for health care services provided by UTMB and TTUHSC. \$669K (0.1%) was allocated for funding of the operation of the Correctional Managed Health Care Committee.

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 increase in the overall offender population served by the program. The average daily population served through the first quarter of FY 2010 was 151,551. Through this same quarter a year ago (FY 2009), the average daily population was 150,760, an increase of 791 (0.5%). While overall growth was slightly higher, 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 2010, the average number of older offenders in the service population was 11,574. Through this same quarter a year ago (FY 2009), the average number of offenders age 55 and over was 10,724. This represents an increase of 850 or about 7.9% 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 2,430 (or about 1.6% of the population served).
- Two mental health caseload measures have also remained relatively stable:
  - The average number of psychiatric inpatients within the system was 1,927 through the first quarter of FY 2010, as compared to 1,950 through the same quarter a year ago (FY 2009). The inpatient caseload is limited by the number of available inpatient beds in the system.
  - Through the first quarter of FY 2010, the average number of mental health outpatients was 19,744 representing 13.0% of the service population.

## **Health Care Costs**

- Overall health costs through the first quarter of FY 2010 totaled \$139.9M. This amount was above overall revenues earned by the university providers by \$8,975,376 or 6.9%.
- UTMB's total revenue through the quarter was \$104.3M. Their expenditures totaled \$112.4M, resulting in a net loss of \$8.1M. On a per offender per day basis, UTMB earned \$9.50 in revenue, but expended \$10.24 resulting in a net loss of \$0.74 per offender per day.
- TTUHSC's total revenue through the first quarter was \$26.6M. Expenditures totaled \$27.5M, resulting in a net loss of \$898,978. On a per offender per day basis, TTUHSC earned \$9.44 in revenue, but expended \$9.76 resulting in a net loss of \$0.32 per offender per day.
  
- Examining the health care costs in further detail indicates that of the \$139.9M in expenses reported through the first quarter of the year:
  - Onsite services (those medical services provided at the prison units) comprised \$65.1M representing about 46.5% of the total health care expenses:
    - Of this amount, 80.4% was for salaries and benefits and 19.6% for operating costs.
  - Pharmacy services totaled \$14.1M representing approximately 10.1% of the total expenses:
    - Of this amount 16.2% was for related salaries and benefits, 3.4% for operating costs and 80.4% for drug purchases.
  - Offsite services (services including hospitalization and specialty clinic care) accounted for \$45.7M or 32.7% of total expenses:
    - Of this amount 75.6% was for estimated university provider hospital, physician and professional services; and 24.4% for Freeworld (non-university) hospital, specialty and emergency care.
  - Mental health services totaled \$12.2M or 8.7% of the total costs:
    - Of this amount, 95.9% was for mental health staff salaries and benefits, with the remaining 4.1% for operating costs.
  - Indirect support expenses accounted for \$2.7M and represented 2.0% of the total costs.

- The total cost per offender per day for all health care services statewide through the first quarter of FY 2010 was \$10.14. The average cost per offender per day for the prior four fiscal years was \$8.38. As a point of reference healthcare costs was \$7.64 per day in FY03. This would equate to a 32.7% increase since FY03 or approximately 5.2% increase per year average, well below the national average.
  - For UTMB, the cost per offender per day was \$10.24. This is significantly higher than the average cost per offender per day for the last four fiscal years of \$8.46.
  - For TTUHSC, the cost per offender per day was \$9.76. This is significantly higher than the average cost per offender per day for the last four fiscal years of \$8.09.
  - 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 2010 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 \$671 per offender. The same calculation for offenders under age 55 totaled about \$125. In terms of hospitalization, the older offenders were utilizing health care resources at a rate over five times higher than the younger offenders. While comprising about 7.6% of the overall service population, offenders age 55 and over account for more than 30.8% of the hospitalization costs received to date.
  - A third examination of dialysis costs found that, proportionately, older offenders are represented more than five times more often in the dialysis population than younger offenders. Dialysis costs continue to be significant, averaging about \$22K per patient per year. Providing medically necessary dialysis treatment for an average of 193 patients through the first quarter of FY2010 cost \$1,056,842.

### **Drug Costs**

- Total drug costs through the first quarter of FY 2010 totaled \$10.8M.
  - Pharmaceutical costs related to HIV care continue to be the largest single component of pharmacy expenses.
    - Through this quarter, \$4.6M in costs (or just over \$1.5M per month) for HIV antiretroviral medication costs were experienced. This represents 42.7% of the total drug cost during this time period.
    - Expenses for psychiatric drugs are also being tracked, with approximately \$0.5M being expended for psychiatric medications through the first quarter, representing 4.6% of the overall drug cost.
    - Another pharmacy indicator being tracked is the cost related to Hepatitis C therapies. These costs were \$1.2M and represented about 11.4% of the total drug cost.

### ***Reporting of Fund Balances***

- In accordance with Rider 41, page V-21, Senate Bill 1, 81st Legislature, Regular Session 2009, 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 loss of \$8,076,398 through this quarter. TTUHSC reports that they hold no such reserves and report a total net loss of \$898,978.
- 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, 2009 was <\$5,355.91> due to CMHCC Operating Account personnel changes as compared to budget allocations.
- The FY 2009 unencumbered ending fund balance, as of August 31, 2009, was \$30,072.62. The total amount of the FY 2009 fund balance was lapsed back to the State General Revenue Fund in November 2009, as required by Rider 67.

## ***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. 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 through November, 2009, 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, 2009, resulted in two classification errors and found all tested transactions except one to be verified.

## ***Concluding Notes***

The combined operating loss for the university providers through the first quarter of FY 2010 is \$8,975,376. 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 2010 Budget Allocations**

**Distribution of Funds**

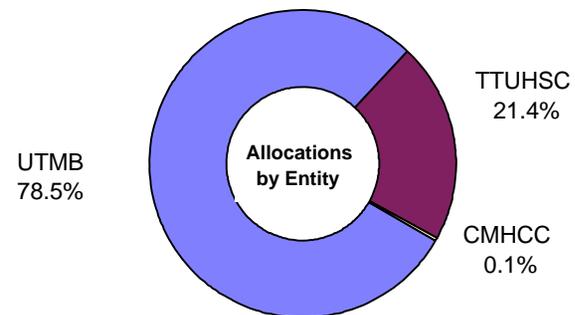
<u>Allocated to</u>	<u>FY 2010</u>
<b>University Providers</b>	
<b>The University of Texas Medical Branch</b>	
Medical Services	\$337,982,054
Mental Health Services	\$28,084,575
Subtotal UTMB	\$366,066,629
<b>Texas Tech University Health Sciences Center</b>	
Medical Services	\$86,347,837
Mental Health Services	\$13,286,944
Subtotal TTUHSC	\$99,634,781
<b>SUBTOTAL UNIVERSITY PROVIDERS</b>	
	\$465,701,410
<b>Correctional Managed Health Care Committee</b>	\$669,053
<b>TOTAL DISTRIBUTION</b>	<b>\$466,370,463</b>

**Source of Funds**

<u>Source</u>	<u>FY 2010</u>
<b>Legislative Appropriations</b>	
SB 1, Article V, TDCJ Appropriations	
Strategy C.1.8. Managed Health Care	\$424,998,944
Strategy C.1.7 Psychiatric Care	\$41,371,519
<b>TOTAL</b>	<b>\$466,370,463</b>

**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.

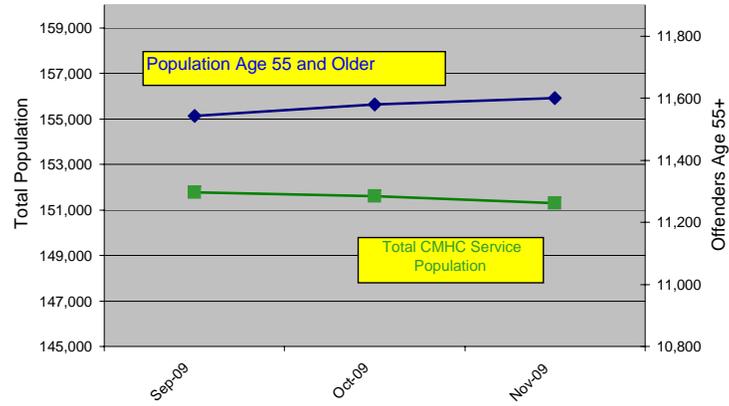
**Chart 1**



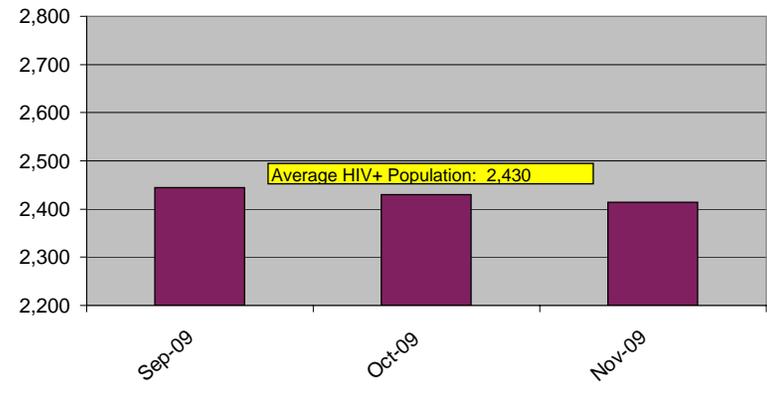
**Table 2  
FY 2010  
Key Population Indicators  
Correctional Health Care Program**

Indicator	Sep-09	Oct-09	Nov-09	Population Year to Date Avg.
<b>Avg. Population Served by CMHC:</b>				
UTMB State-Operated Population	108,963	108,894	108,450	108,769
UTMB Private Prison Population*	11,852	11,811	11,796	11,820
UTMB Total Service Population	120,815	120,705	120,246	120,588
TTUHSC Total Service Population	30,958	30,887	31,042	30,963
<b>CMHC Service Population Total</b>	<b>151,773</b>	<b>151,592</b>	<b>151,287</b>	<b>151,551</b>
<b>Population Age 55 and Over</b>				
UTMB Service Population Average	9,564	9,595	9,608	9,589
TTUHSC Service Population Average	1,978	1,984	1,993	1,985
<b>CMHC Service Population Average</b>	<b>11,542</b>	<b>11,579</b>	<b>11,601</b>	<b>11,574</b>
<b>HIV+ Population</b>	<b>2,445</b>	<b>2,430</b>	<b>2,414</b>	<b>2,430</b>
<b>Mental Health Inpatient Census</b>				
UTMB Psychiatric Inpatient Average	1,028	1,023	1,000	1,017
TTUHSC Psychiatric Inpatient Average	915	899	915	910
<b>CMHC Psychiatric Inpatient Average</b>	<b>1,943</b>	<b>1,922</b>	<b>1,915</b>	<b>1,927</b>
<b>Mental Health Outpatient Census</b>				
UTMB Psychiatric Outpatient Average	15,139	16,897	15,426	15,821
TTUHSC Psychiatric Outpatient Average	3,981	4,150	3,639	3,923
<b>CMHC Psychiatric Outpatient Average</b>	<b>19,120</b>	<b>21,047</b>	<b>19,065</b>	<b>19,744</b>

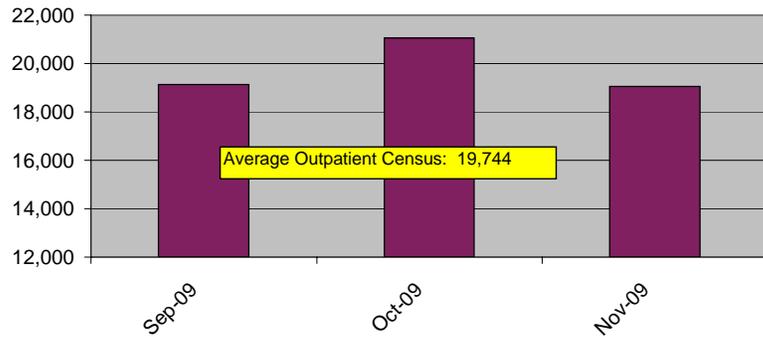
**Chart 2  
CMHC Service Population**



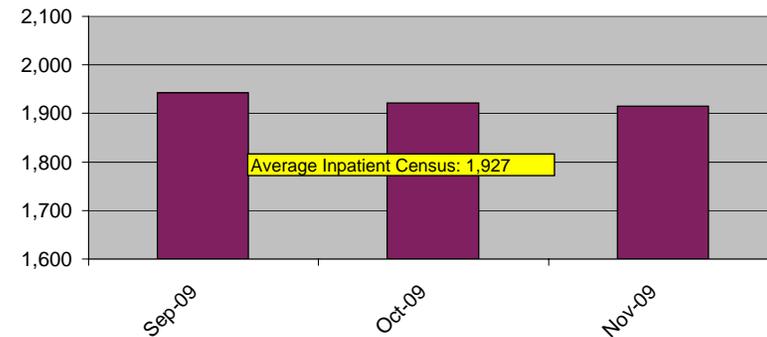
**Chart 3  
HIV+ Population**



**Chart 4  
Mental Health Outpatient Census**



**Chart 5  
Mental Health Inpatient Census**



**Table 3**  
**Summary Financial Report: Medical Costs**  
**Fiscal Year 2010 through Quarter 1 (Sep 2009 - Nov 2009)**

Days in Year: 91

	Medical Services Costs			Medical Cost Per Day Calculations		
	UTMB	TTUHSC	TOTAL	UTMB	TTUHSC	TOTAL
<b>Population Served</b>	<b>120,588</b>	<b>30,963</b>	<b>151,551</b>			
<b>Revenue</b>						
Capitation Payments	\$84,264,019	\$21,527,817	\$105,791,836	\$7.68	\$7.64	\$7.67
State Reimbursement Benefits	\$11,362,561	\$1,086,386	\$12,448,947	\$1.04	\$0.39	\$0.90
Non-Operating Revenue	\$93,676	\$368	\$94,044	\$0.01	\$0.00	\$0.01
<b>Total Revenue</b>	<b>\$95,720,256</b>	<b>\$22,614,571</b>	<b>\$118,334,827</b>	<b>\$8.72</b>	<b>\$8.03</b>	<b>\$8.58</b>
<b>Expenses</b>						
<b>Onsite Services</b>						
Salaries	\$38,404,705	\$3,303,251	\$41,707,956	\$3.50	\$1.17	\$3.02
Benefits	\$9,829,362	\$787,042	\$10,616,404	\$0.90	\$0.28	\$0.77
Operating (M&O)	\$5,229,368	\$380,205	\$5,609,573	\$0.48	\$0.13	\$0.41
Professional Services	\$0	\$845,753	\$845,753	\$0.00	\$0.30	\$0.06
Contracted Units/Services	\$0	\$5,691,153	\$5,691,153	\$0.00	\$2.02	\$0.41
Travel	\$276,501	\$34,691	\$311,192	\$0.03	\$0.01	\$0.02
Electronic Medicine	\$0	\$137,015	\$137,015	\$0.00	\$0.05	\$0.01
Capitalized Equipment	\$65,940	\$90,629	\$156,569	\$0.01	\$0.03	\$0.01
<b>Subtotal Onsite Expenses</b>	<b>\$53,805,876</b>	<b>\$11,269,739</b>	<b>\$65,075,615</b>	<b>\$4.90</b>	<b>\$4.00</b>	<b>\$4.72</b>
<b>Pharmacy Services</b>						
Salaries	\$1,411,524	\$444,109	\$1,855,633	\$0.13	\$0.16	\$0.13
Benefits	\$424,387	\$16,649	\$441,036	\$0.04	\$0.01	\$0.03
Operating (M&O)	\$293,712	\$172,745	\$466,457	\$0.03	\$0.06	\$0.03
Pharmaceutical Purchases	\$9,256,972	\$2,110,534	\$11,367,506	\$0.84	\$0.75	\$0.82
Professional Services	\$0	\$0	\$0	\$0.00	\$0.00	\$0.00
Travel	\$5,285	\$4,396	\$9,681	\$0.00	\$0.00	\$0.00
<b>Subtotal Pharmacy Expenses</b>	<b>\$11,391,880</b>	<b>\$2,748,433</b>	<b>\$14,140,313</b>	<b>\$1.04</b>	<b>\$0.98</b>	<b>\$1.03</b>
<b>Offsite Services</b>						
University Professional Services	\$4,518,462	\$248,626	\$4,767,088	\$0.41	\$0.09	\$0.35
Freeworld Provider Services	\$6,770,033	\$4,362,259	\$11,132,292	\$0.62	\$1.55	\$0.81
UTMB or TTUHSC Hospital Cost	\$20,685,445	\$3,461,149	\$24,146,594	\$1.89	\$1.23	\$1.75
Estimated IBNR	\$5,729,967	(\$50,905)	\$5,679,062	\$0.52	(\$0.02)	\$0.41
<b>Subtotal Offsite Expenses</b>	<b>\$37,703,907</b>	<b>\$8,021,129</b>	<b>\$45,725,036</b>	<b>\$3.44</b>	<b>\$2.85</b>	<b>\$3.32</b>
<b>Indirect Expenses</b>	<b>\$1,106,442</b>	<b>\$1,330,965</b>	<b>\$2,437,407</b>	<b>\$0.10</b>	<b>\$0.47</b>	<b>\$0.18</b>
<b>Total Expenses</b>	<b>\$104,008,105</b>	<b>\$23,370,266</b>	<b>\$127,378,371</b>	<b>\$9.48</b>	<b>\$8.29</b>	<b>\$9.24</b>
<b>Operating Income (Loss)</b>	<b>(\$8,287,849)</b>	<b>(\$755,695)</b>	<b>(\$9,043,544)</b>	<b>(\$0.76)</b>	<b>(\$0.27)</b>	<b>(\$0.66)</b>

**Table 3 (Continued)**  
**Summary Financial Report: Mental Health Costs**  
**Fiscal Year 2010 through Quarter 1 (Sep 2009 - Nov 2009)**

Days in Year: 91

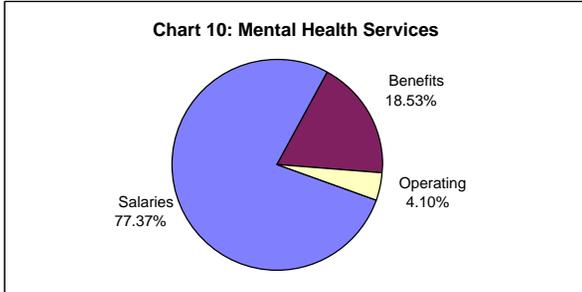
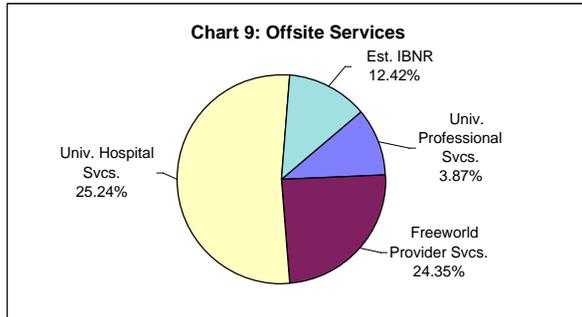
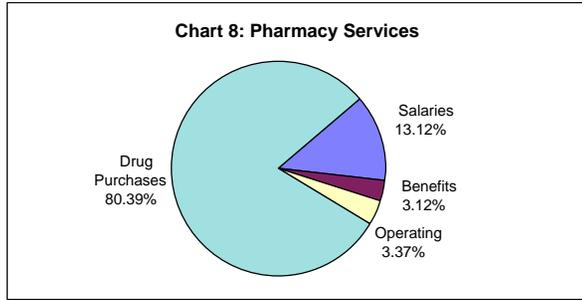
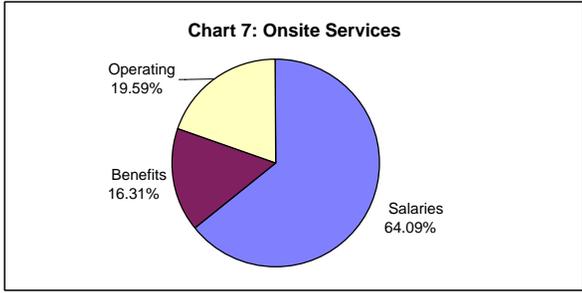
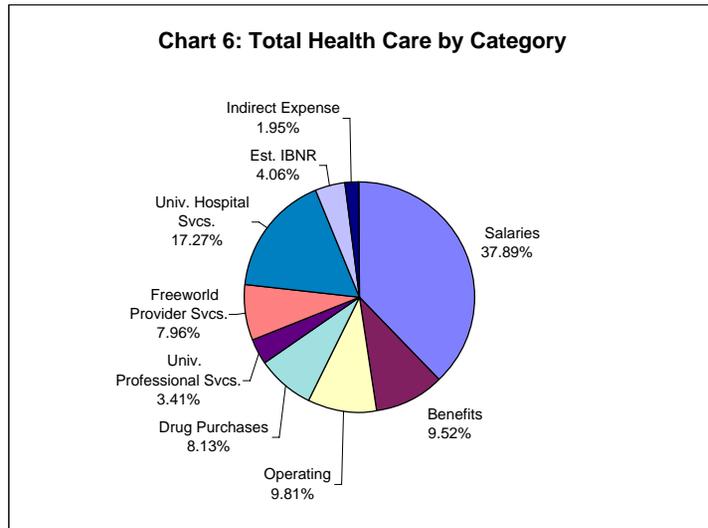
	Mental Health Services Costs			Mental Health Cost Per Day Calculations		
	UTMB	TTUHSC	TOTAL	UTMB	TTUHSC	TOTAL
<b>Population Served</b>	<b>120,588</b>	<b>30,963</b>	<b>151,551</b>			
<b>Revenue</b>						
Capitation Payments	\$7,001,907	\$3,312,635	\$10,314,542	\$0.64	\$1.18	\$0.75
State Reimbursement Benefits	\$1,558,389	\$669,369	\$2,227,758	\$0.14	\$0.24	\$0.16
Other Misc Revenue	\$0	\$0	\$0	\$0.00	\$0.00	\$0.00
<b>Total Revenue</b>	<b>\$8,560,296</b>	<b>\$3,982,004</b>	<b>\$12,542,300</b>	<b>\$0.78</b>	<b>\$1.41</b>	<b>\$0.91</b>
<b>Expenses</b>						
<b>Mental Health Services</b>						
Salaries	\$6,487,296	\$2,934,997	\$9,422,293	\$0.59	\$1.04	\$0.68
Benefits	\$1,541,675	\$714,797	\$2,256,472	\$0.14	\$0.25	\$0.16
Operating (M&O)	\$181,897	\$57,418	\$239,315	\$0.02	\$0.02	\$0.02
Professional Services	\$0	\$210,373	\$210,373	\$0.00	\$0.07	\$0.02
Contracted Units/Services	\$0	\$0	\$0	\$0.00	\$0.00	\$0.00
Travel	\$40,467	\$8,944	\$49,411	\$0.00	\$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
<b>Subtotal Mental Health Expenses</b>	<b>\$8,251,335</b>	<b>\$3,926,529</b>	<b>\$12,177,864</b>	<b>\$0.75</b>	<b>\$1.39</b>	<b>\$0.88</b>
<b>Indirect Expenses</b>	<b>\$97,510</b>	<b>\$198,758</b>	<b>\$296,268</b>	<b>\$0.01</b>	<b>\$0.07</b>	<b>\$0.02</b>
<b>Total Expenses</b>	<b>\$8,348,845</b>	<b>\$4,125,287</b>	<b>\$12,474,132</b>	<b>\$0.76</b>	<b>\$1.46</b>	<b>\$0.90</b>
<b>Operating Income (Loss)</b>	<b>\$211,451</b>	<b>(\$143,283)</b>	<b>\$68,168</b>	<b>\$0.02</b>	<b>(\$0.05)</b>	<b>\$0.00</b>

**All Health Care Summary**

	All Health Care Services			Cost Per Offender Per Day		
	UTMB	TTUHSC	TOTAL	UTMB	TTUHSC	TOTAL
Medical Services	\$95,720,256	\$22,614,571	\$118,334,827	\$8.72	\$8.03	\$8.58
Mental Health Services	\$8,560,296	\$3,982,004	\$12,542,300	\$0.78	\$1.41	\$0.91
<b>Total Revenue</b>	<b>\$104,280,552</b>	<b>\$26,596,575</b>	<b>\$130,877,127</b>	<b>\$9.50</b>	<b>\$9.44</b>	<b>\$9.49</b>
Medical Services	\$104,008,105	\$23,370,266	\$127,378,371	\$9.48	\$8.29	\$9.24
Mental Health Services	\$8,348,845	\$4,125,287	\$12,474,132	\$0.76	\$1.46	\$0.90
<b>Total Expenses</b>	<b>\$112,356,950</b>	<b>\$27,495,553</b>	<b>\$139,852,503</b>	<b>\$10.24</b>	<b>\$9.76</b>	<b>\$10.14</b>
<b>Operating Income (Loss)</b>	<b>(\$8,076,398)</b>	<b>(\$898,978)</b>	<b>(\$8,975,376)</b>	<b>(\$0.74)</b>	<b>(\$0.32)</b>	<b>(\$0.65)</b>

**Table 4  
FY 2010 1st Quarter  
UTMB/TTUHSC EXPENSE SUMMARY**

Category	Expense	Percent of Total
<b>Onsite Services</b>	<b>\$65,075,615</b>	<b>46.53%</b>
Salaries	\$41,707,956	
Benefits	\$10,616,404	
Operating	\$12,751,255	
<b>Pharmacy Services</b>	<b>\$14,140,313</b>	<b>10.11%</b>
Salaries	\$1,855,633	
Benefits	\$441,036	
Operating	\$476,138	
Drug Purchases	\$11,367,506	
<b>Offsite Services</b>	<b>\$45,725,036</b>	<b>32.70%</b>
Univ. Professional Svcs.	\$4,767,088	
Freeworld Provider Svcs.	\$11,132,292	
Univ. Hospital Svcs.	\$24,146,594	
Est. IBNR	\$5,679,062	
<b>Mental Health Services</b>	<b>\$12,177,864</b>	<b>8.71%</b>
Salaries	\$9,422,293	
Benefits	\$2,256,472	
Operating	\$499,099	
<b>Indirect Expense</b>	<b>\$2,733,675</b>	<b>1.95%</b>
<b>Total Expenses</b>	<b>\$139,852,503</b>	<b>100.00%</b>



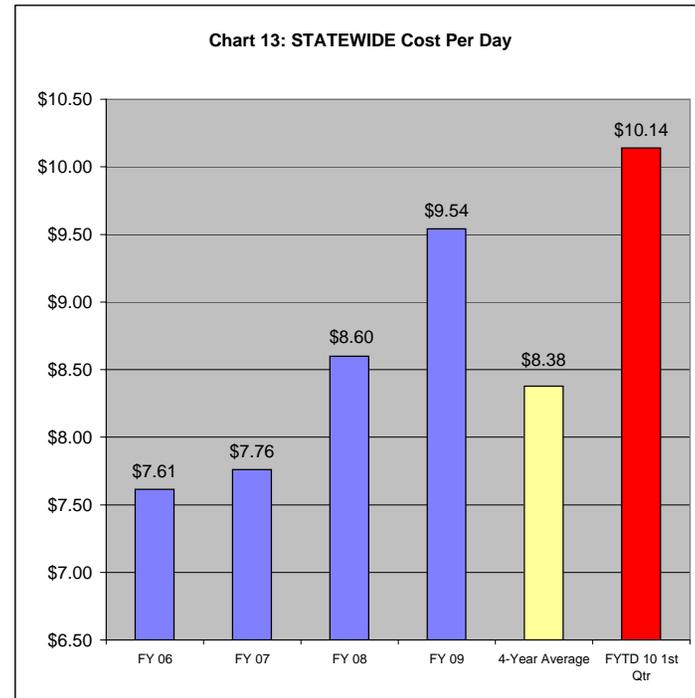
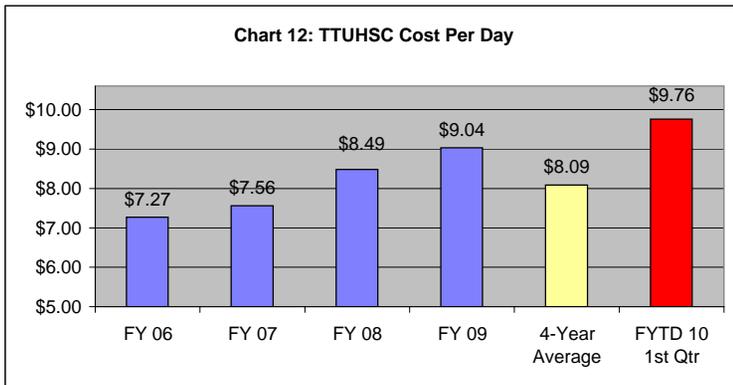
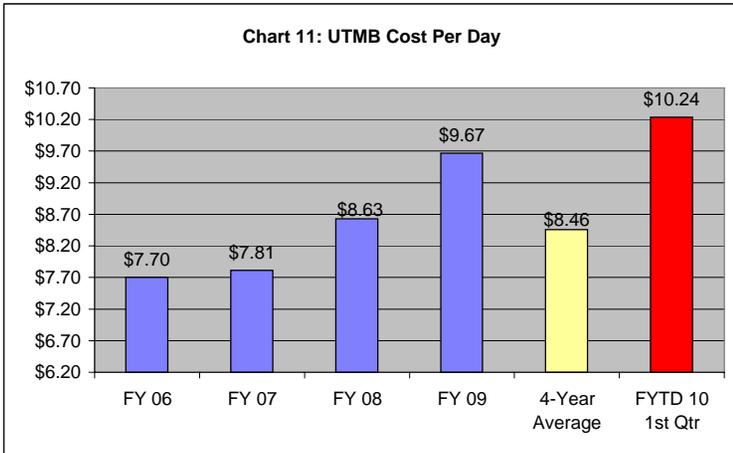
**Table 4a**  
**FY 2010 1st Quarter**  
**UTMB/TTUHSC EXPENSE SUMMARY**

<b>Category</b>	<b>Total Expense</b>	<b>UTMB</b>	<b>TTUHSC</b>	<b>% UTMB</b>
<b>Onsite Services</b>	<b>\$65,075,615</b>	<b>\$53,805,876</b>	<b>\$11,269,739</b>	<b>82.68%</b>
Salaries	\$41,707,956	\$38,404,705	\$3,303,251	
Benefits	\$10,616,404	\$9,829,362	\$787,042	
Operating	\$12,751,255	\$5,571,809	\$7,179,446	
<b>Pharmacy Services</b>	<b>\$14,140,313</b>	<b>\$11,391,880</b>	<b>\$2,748,433</b>	<b>80.56%</b>
Salaries	\$1,855,633	\$1,411,524	\$444,109	
Benefits	\$441,036	\$424,387	\$16,649	
Operating	\$476,138	\$298,997	\$177,141	
Drug Purchases	\$11,367,506	\$9,256,972	\$2,110,534	
<b>Offsite Services</b>	<b>\$45,725,036</b>	<b>\$37,703,907</b>	<b>\$8,021,129</b>	<b>82.46%</b>
Univ. Professional Svcs.	\$4,767,088	\$4,518,462	\$248,626	
Freeworld Provider Svcs.	\$11,132,292	\$6,770,033	\$4,362,259	
Univ. Hospital Svcs.	\$24,146,594	\$20,685,445	\$3,461,149	
Est. IBNR	\$5,679,062	\$5,729,967	(\$50,905)	
<b>Mental Health Services</b>	<b>\$12,177,864</b>	<b>\$8,251,335</b>	<b>\$3,926,529</b>	<b>67.76%</b>
Salaries	\$9,422,293	\$6,487,296	\$2,934,997	
Benefits	\$2,256,472	\$1,541,675	\$714,797	
Operating	\$499,099	\$222,364	\$276,735	
<b>Indirect Expense</b>	<b>\$2,733,675</b>	<b>\$1,203,952</b>	<b>\$1,529,723</b>	<b>44.04%</b>
<b>Total Expenses</b>	<b>\$139,852,503</b>	<b>\$112,356,950</b>	<b>\$27,495,553</b>	<b>80.34%</b>

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

	FY 06	FY 07	FY 08	FY 09	4-Year Average	FYTD 10 1st Qtr
<b>Population</b>						
UTMB	119,835	120,235	120,648	119,952	120,167	120,588
TTUHSC	31,448	31,578	31,064	30,616	31,177	30,963
Total	151,283	151,813	151,712	150,568	151,344	151,551
<b>Expenses</b>						
UTMB	\$336,934,127	\$342,859,796	\$381,036,398	\$423,338,812	\$371,042,283	\$112,356,950
TTUHSC	\$83,467,550	\$87,147,439	\$96,482,145	\$100,980,726	\$92,019,465	\$27,495,553
Total	\$420,401,677	\$430,007,235	\$477,518,543	\$524,319,538	\$463,061,748	\$139,852,503
<b>Cost/Day</b>						
UTMB	\$7.70	\$7.81	\$8.63	\$9.67	\$8.46	\$10.24
TTUHSC	\$7.27	\$7.56	\$8.49	\$9.04	\$8.09	\$9.76
<b>Total</b>	<b>\$7.61</b>	<b>\$7.76</b>	<b>\$8.60</b>	<b>\$9.54</b>	<b>\$8.38</b>	<b>\$10.14</b>

\* 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



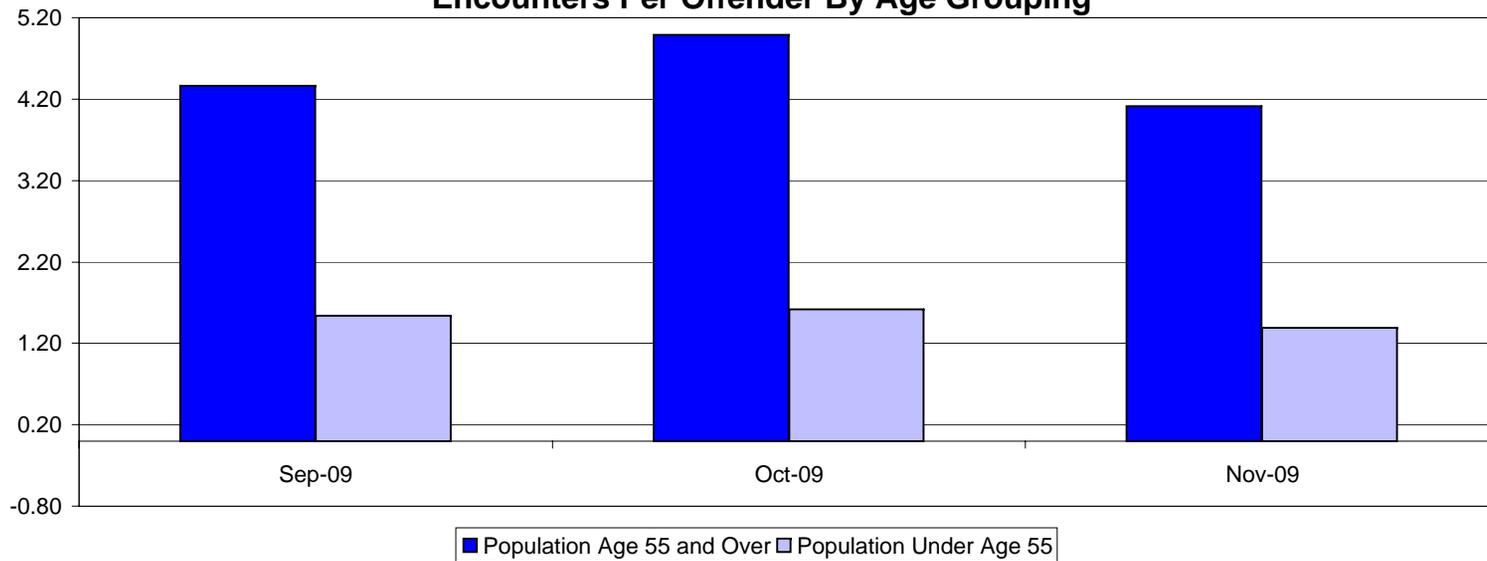
**Table 6**  
**Medical Encounter Statistics\* by Age Grouping**

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-09	41,743	170,954	212,697	9,564	111,251	120,815	4.36	1.54	1.76
Oct-09	47,840	179,693	227,533	9,595	111,110	120,705	4.99	1.62	1.89
Nov-09	39,533	153,861	193,394	9,608	110,638	120,246	4.11	1.39	1.61
Average	43,039	168,169	211,208	9,589	110,999	120,588	4.49	1.52	1.75

\*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**

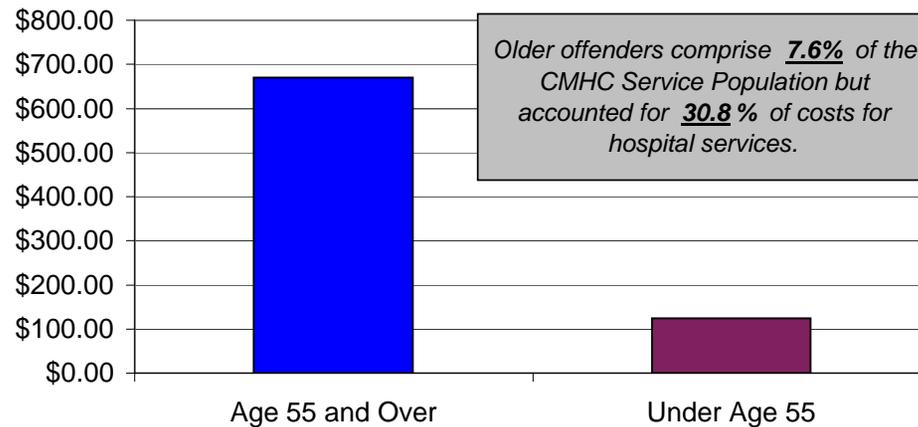


**Table 7**  
**FY 2010 1st Quarter**  
**Offsite Costs\* To Date by Age Grouping**

Age Grouping	Cost Data	Total Population	Total Cost Per Offender
Age 55 and Over	\$7,760,955	11,574	\$670.55
Under Age 55	\$17,463,000	139,977	\$124.76
<b>Total</b>	<b>\$25,223,954</b>	<b>151,551</b>	<b>\$166.44</b>

*\*Figures represent repricing of customary billed charges received to date for services to institution's actual cost, which includes any discounts and/or capitation arrangements. Repriced charges are compared against entire population to illustrate and compare relative difference in utilization of offsite services. Billings have a 60-90 day time lag.*

**Chart 15**  
**Hospital Costs to Date Per Offender**  
**by Age Grouping**

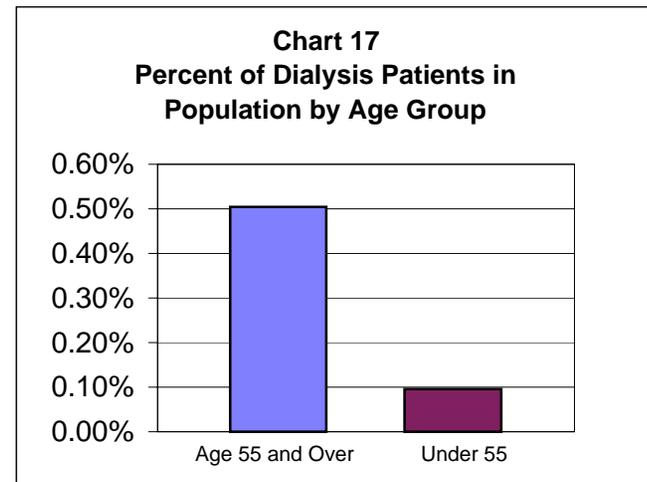
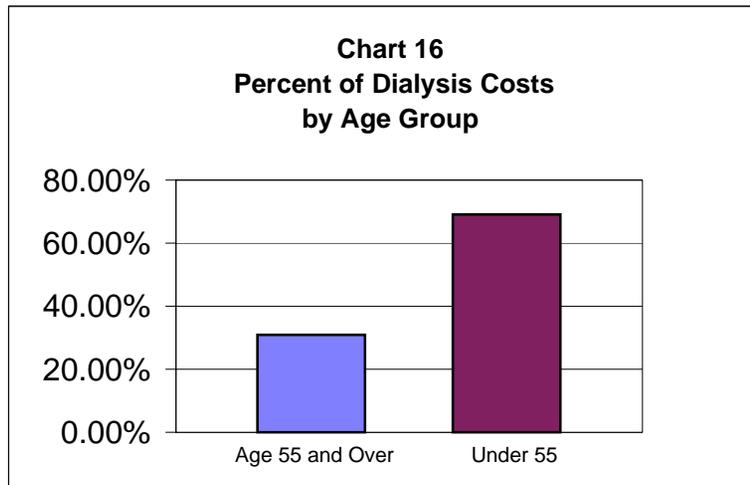


**Table 8**  
**Through FY 2010 1st Quarter**  
**Dialysis Costs by Age Grouping**

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	\$325,902	30.84%	11,574	7.64%	58	0.50%
Under Age 55	\$730,940	69.16%	139,977	92.36%	134	0.10%
<b>Total</b>	<b>\$1,056,842</b>	<b>100.00%</b>	<b>151,551</b>	<b>100.00%</b>	<b>193</b>	<b>0.13%</b>

**Projected Avg Cost Per Dialysis Patient Per Year:**

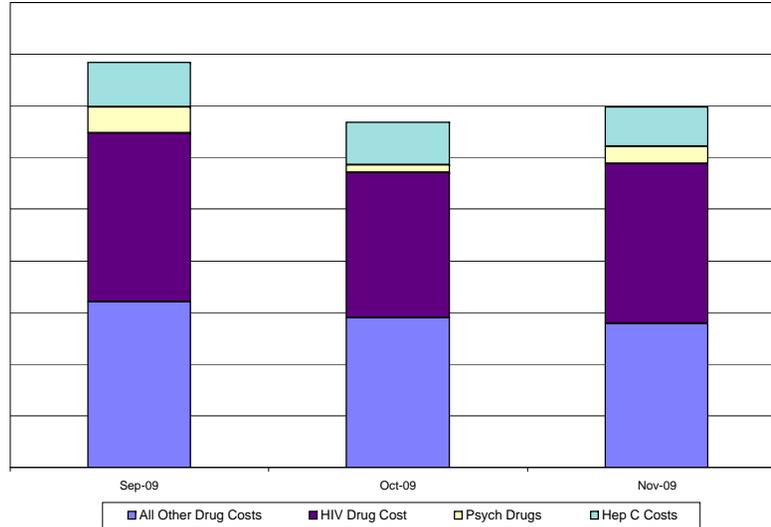
\$21,942



**Table 9  
Selected Drug Costs FY 2010**

<b>Category</b>	<b>Sep-09</b>	<b>Oct-09</b>	<b>Nov-09</b>	<b>Total Year-to-Date</b>
<b><i>Total Drug Costs</i></b>	\$3,922,512	\$3,338,880	\$3,489,219	\$10,750,610
<b><i>HIV Medications</i></b>				
HIV Drug Cost	\$1,636,982	\$1,409,610	\$1,547,399	\$4,593,991
HIV Percent of Cost	41.73%	42.22%	44.35%	42.73%
<b><i>Psychiatric Medications</i></b>				
Psych Drug Cost	\$254,417	\$70,466	\$167,764	\$492,647
Psych Percent of Cost	6.49%	2.11%	4.81%	4.58%
<b><i>Hepatitis C Medications</i></b>				
Hep C Drug Cost	\$430,744	\$412,254	\$380,452	\$1,223,450
Hep C Percent of Cost	10.98%	12.35%	10.90%	11.38%
<b><i>All Other Drug Costs</i></b>	\$1,600,369	\$1,446,550	\$1,393,603	\$4,440,522

**Chart 18  
Drug Costs by Selected Categories**



**Table 10  
Ending Balances 1st Qtr FY 2010**

	Beginning Balance September 1, 2009	Net Activity FY 2010	Ending Balance November 30, 2009
CMHCC Operating Funds	\$27,819.97	\$128,015.09	\$155,835.06
CMHCC Medical Services	\$1,909.59	\$1,361.22	\$3,270.81
CMHCC Mental Health	\$343.06	\$167.30	\$510.36
<b>Ending Balance All Funds</b>	<b>\$30,072.62</b>	<b>\$129,543.61</b>	<b>\$159,616.23</b>
<b>2nd QTR FY 2010 Advance Payments:</b>			
From TDCJ - Medical			(\$104,629,288.19)
From TDCJ - Mental Health			(\$10,201,195.96)
To UTMB - Medical & Mental			\$90,263,003.36
To TTUHSC - Medical & Mental			\$24,567,481.50
From TDCJ - CMHCC			(\$164,972.85)
<b>Total Unencumbered Fund Balance</b>			<b>(\$5,355.91)</b>

**SUPPORTING DETAIL**

<u>CMHCC Operating Account</u>	
Beginning Balance	\$27,819.97
<b>FY 2009 Funds Lapsed to State Treasury</b>	<b>(\$27,819.97)</b>
<b>Revenue Received</b>	
1st Qtr Payment	\$166,805.57
2nd Qtr Advance Payment	\$164,972.85
Interest Earned	\$12.62
Subtotal Revenue	\$331,791.04
<b>Expenses</b>	
Salary & Benefits	(\$134,248.58)
Operating Expenses	(\$41,707.40)
Subtotal Expenses	<b>(\$175,955.98)</b>
<b>Net Activity thru this Qtr</b>	<b>\$128,015.09</b>
<b>Total Fund Balance CMHCC Operating</b>	<b>\$155,835.06</b>

**RECONCILIATION:**

Less: 2nd Qtr Advance Payment from TDCJ	(\$164,972.85)
<b>Total Unencumbered Fund Balance</b>	<b>(\$9,137.79)</b>

**SUPPORTING DETAIL**

<u>CMHCC Capitation Accounts</u>	<u>Medical Services</u>	<u>Mental Health</u>
Beginning Balance	\$1,909.59	\$343.06
<b>FY 2009 Funds Lapsed to State Treasury</b>	<b>(\$1,909.59)</b>	<b>(\$343.06)</b>
<b>Revenue Detail</b>		
1st Qtr Payment FY 2010 from TDCJ	\$105,791,835.84	\$10,314,542.59
2nd Qtr Advance Payment from TDCJ	\$104,629,288.19	\$10,201,195.96
Interest Earned	\$3,270.78	\$511.81
<b>Revenue Received</b>	<b>\$210,424,394.81</b>	<b>\$20,516,250.36</b>
<b>Payments to UTMB</b>		
1st Qtr Payment FY 2010 to UTMB	(\$84,264,018.94)	(\$7,001,906.99)
2nd Qtr Advance Payment to UTMB	(\$83,338,040.71)	(\$6,924,962.96)
<b>Subtotal UTMB Payments</b>	<b>(\$167,602,059.65)</b>	<b>(\$13,926,869.95)</b>
<b>Payments to TTUHSC</b>		
1st Qtr Payment FY 2010 to TTUHSC	(\$21,527,816.90)	(\$3,312,636.00)
2nd Qtr Advance Payment to TTUHSC	(\$21,291,247.45)	(\$3,276,234.05)
<b>Subtotal TTUHSC Payments</b>	<b>(\$42,819,064.35)</b>	<b>(\$6,588,870.05)</b>
<b>Total Payments Made thru this Qtr</b>	<b>(\$210,421,124.00)</b>	<b>(\$20,515,740.00)</b>
<b>Net Activity Through This Qtr</b>	<b>\$1,361.22</b>	<b>\$167.30</b>
<b>Total Fund Balance</b>	<b>\$3,270.81</b>	<b>\$510.36</b>