



**CORRECTIONAL MANAGED HEALTH CARE  
COMMITTEE  
AGENDA**

December 1, 2009

9:00 a.m.

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

# **CORRECTIONAL MANAGED HEALTH CARE COMMITTEE**

December 1, 2009

9:00 a.m.

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

- I. Call to Order
- II. Recognitions and Introductions
- III. Approval Excused Absence
- IV. Consent Items
  1. Approval of Minutes, September 8, 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 2009 Fourth 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. Update: House Bill 4586, 81<sup>st</sup> Legislative Session

IX. Medical Director's Updates

1. The University of Texas Medical Branch
  - CMC FY 2010-2011 Financial Update
  - Inpatient Clinical Operations
2. Texas Tech University Health Sciences Center
  - Montford Bed Space Update
3. Texas Department of Criminal Justice
  - Health Services Division FY 09 Fourth Quarter Report

X. Joint Work Group Committee Overview: System Leadership Council

XI. Texas Correctional Office on Offenders for Medical or Mental Impairments (TCOOMMI)

XII. Financial Reports

1. FY 2009 Fourth Quarter Financial Report
2. Financial Monitoring Report

XIII. Public Comment

XIV. Date / Location of Next CMHCC Meeting

XV. Adjourn

# Consent Item 1

Approval of Minutes, September 8, 2009

**MINUTES**

**CORRECTIONAL MANAGED HEALTH CARE COMMITTEE  
September 8, 2009**

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

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

**CMHCC Members Absent:** Desmar Walkes, M.D.

**Partner Agency Staff Present:** Owen Murray, D. O., Stephanie Zepeda, The University of Texas Medical Branch; Denise DeShields, M.D., Texas Tech University Health Sciences Center; Rick Thaler, Ron Steffa, Robert Williams, M.D., George Crippen, R.N., MSN, Dee Wilson, Texas Department of Criminal Justice; David Nelson, Janice Lord, Texas Board of Criminal Justice; Allen Hightower, David McNutt, Lynn Webb, Tati Buentello, Stephanie Harris, CMHCC Staff.

**Others Present:** Cathy Corey, Abbott-Institutional Managing

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

Agenda Topic / Presenter	Presentation	Discussion	Action
<p><b>I. Call to Order</b></p> <p>- <b>James D. Griffin, M.D.</b></p> <p><b>II. Recognitions and Introductions</b></p> <p>- <b>James D. Griffin, M.D.</b></p>	<p>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.</p> <p>Introduction of New Staff Members:</p> <p>Mr. Hightower introduced Stephanie Harris who joined the CMHCC staff in the role of Administrative Associate on August 17, 2009. He further noted that she comes with more than 25 years of administrative support experience and will be a valuable addition to the CMHCC staff.</p> <p>Mr. Bryan Collier then introduced Rick Thaler who was recently named as the Director of the TDCJ's Correctional Institution Division replacing Mr. Nathaniel Quarterman who recently retired. He added that Mr. Thaler recently served as the Director of Manufacturing and Logistics Division and has over 29 years of state service working his way through the correctional ranking structure.</p> <p>Dr. Griffin on behalf of the Committee and staff welcomed Ms. Harris and Mr. Thaler to the meeting.</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p data-bbox="92 224 420 280"><b>Introductions / Recognitions Cont.</b></p> <p data-bbox="92 345 420 467"><b>III. Approval of Excused Absence</b> - <b>James Griffin, M.D.</b></p> <p data-bbox="92 557 420 678"><b>IV. Approval of Consent Items</b> - <b>James Griffin, M.D.</b></p> <p data-bbox="92 1109 420 1230"><b>V. Executive Director's Report</b> - <b>Allen Hightower</b></p>	<p data-bbox="464 224 1136 313">Dr. Griffin then acknowledged and thanked Mr. David Nelson and Ms. Janice Lord with the Texas Board of Criminal Justice for attending the meeting.</p> <p data-bbox="464 345 1136 500">Dr. Griffin hearing no further comments stated that he would now entertain a motion to approve the excused absences of Ben G. Raimer, M.D. and Desmar Walkes, M.D. who were unable to attend the June 9, 2009 CMHCC meeting due to scheduling conflicts.</p> <p data-bbox="464 557 1136 776">Dr. Griffin stated next on the agenda is the approval of the consent items to include the Minutes from the June 9, 2009 CMHCC meeting; the 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 item(s) to pull out for separate discussion?</p> <p data-bbox="464 833 1136 889">Hearing no further comments, Dr. Griffin stated that he would now entertain a motion on approving the consent items.</p> <p data-bbox="464 1109 1136 1166">Dr. Griffin then called on Mr. Hightower to provide the Executive Director's Report.</p> <p data-bbox="464 1206 1136 1320">Mr. Hightower noted that a listing of the bills and riders passed during the 81<sup>st</sup> Legislative Session which impacts the correctional health care program is provided at Tab B (pgs 90-92) of the agenda packet.</p> <p data-bbox="464 1352 1136 1442">He then briefly reported on Rider 82, Managed Health Care Loan Repayment and stated that this does not apply to those health care providers serving the offender population.</p>	<p data-bbox="1157 557 1587 678">Mr. Cavin stated that the inpatient bed number noted at the end of the third paragraph on page 25 of the June 9<sup>th</sup> minutes should be 550 instead of 1500.</p> <p data-bbox="1157 711 1587 833">Dr. Griffin responded that the committee staff will make the change to reflect the corrected inpatient number.</p> <p data-bbox="1157 1352 1587 1474">Dr. Murray noted that Rider 82 requires that at least 25% of the patients seen be Medicaid eligible or CHIP (Children's Health Insurance Program) which</p>	<p data-bbox="1610 345 2011 532">Mr. Elmo Cavin moved to approve Dr. Ben Raimer and Dr. Desmar Walkes absence from the June 9, 2009 CMHCC meeting. Dr. Jumper seconded the motion which prevailed by unanimous vote.</p> <p data-bbox="1610 833 2011 1019">Dr. Ben Raimer moved to approve the consent item with the correction to the inpatient bed number to reflect 550 as noted by Mr. Cavin. Mr. Elger seconded the motion. The motion passed by unanimous vote.</p>

Agenda Topic / Presenter	Presentation	Discussion	Action
<p><b>Executive Director's Report (Cont.)</b></p>	<p>Mr. Hightower then reported that Rider 83 states that CMHCC may transfer appropriations with prior approval from the Governor's Office and the Legislative Budget Board (LBB) in an amount not to exceed \$20M for FY 2011 to FY 2010 if the costs of providing correctional managed health care exceed available funding due to increases in prison population, increases in medical care needs among the prison population or increases in health care staffing costs, or for any other emergency expenditure requirements including public calamity.</p> <p>Mr. Hightower next noted that House Bill 4586 appropriated \$48,144,918 in supplemental funding to help the university providers address projected losses during this current biennium. HB 4586, Section 16(b) also requires TDCJ and CMHCC to 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 Governor's Office and LBB no later than May 1, 2010. Mr. Hightower further stated that he would get clarification from Representative Warren Chisum who authored the bill as to the specifics of what is required of this study.</p> <p>Mr. Hightower concluded his report by stating that the FY2010-2011 contract negotiations are still ongoing and that an extension to the FY2008-09 contract is being processed to cover the month of September 2009.</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>excludes the CMHCC patient population.</p> <p>Dr. Raimer agreed and stated that the intent for the enabling legislation was to help recruit health care providers to underserved population but the focus this time was on Medicaid eligible patients which does not apply to CMHCC.</p> <p>Dr. Raimer asked how the study required under HB 4586 will be undertaken?</p> <p>Dr. Griffin responded that once Mr. Hightower gets the specific requirements for the study that he would request input and recommendations from the three Medical Directors; then put together an interim group to meet at a later date to work out the methodology.</p> <p>Mr. Nelson agreed and added that it would be beneficial to start looking at how to approach this study early as May 1, 2010 is not that far in the future.</p>	

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<p><b>VI. Performance and Financial Status Report</b></p> <p>- <b>David McNutt</b></p>	<p>Mr. McNutt noted that the Performance Dashboard is provided at Tab C of the agenda packet. He then reported that through the 3<sup>rd</sup> Quarter FY 2009, the offender population has slightly declined overall to 150,572 at the end of this quarter compared to 151,736 for the same time period a year ago which is a decrease of 1,164 or 0.77%.</p> <p>The aging offenders continue to rise at a steady rate and Mr. McNutt reported that the number of offenders 55+ at the end of third quarter FY2008 was 10,291 compared to 10,929 this third quarter FY 2009 which is an increase of about 6.2%.</p> <p>The psychiatric inpatient census remained consistent at the 1,900 bed level which he again noted is governed largely to the number of available beds. Through the third quarter of FY 2009, the average number of psychiatric outpatients was 19,030 representing 12.6% of the service population.</p> <p>Mr. McNutt again 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 94% - 98% range; the mental health access to care stayed within the 97-99% range; and dental access to care remained consistently between 98% - 99% range.</p> <p>Mr. McNutt continued by stating that the UTMB sector physician vacancy rate for this quarter was 13.43%; mid-level practitioners at 9.30%; RN's at 12.55%; LVN's at 11.70%, dentists at 8.96% and psychiatrists at 5.88% which he noted are slightly lower than what was reported for the previous quarter.</p> <p>TTUHSC sector physician vacancy rate for the same quarter averaged at 14.82%; mid-level practitioners at 9.35%; RN's at 17.75%; LVN's at 23.26%; dentists at 16.39%, and psychiatrists at 38.35%.</p>	<p>Dr. Raimer asked if it would be possible to get the gender breakout of the mental health census.</p> <p>Mr. McNutt responded that he would get the data for the next reporting period.</p> <p>Dr. Linthicum added that she asked Mr. McNutt to continue reporting the access to care data in this current format until she had a chance to discuss alternative methods for reporting the specialty care areas.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p data-bbox="100 224 453 280">- Performance and Financial Status Update (Cont.)</p> <p data-bbox="100 621 390 678"><b>VII. Summary of Critical Personnel Vacancies</b></p> <p data-bbox="100 743 390 800">- Owen Murray, D.O. (UTMB)</p> <p data-bbox="100 1174 432 1230">- Denise DeShields, M.D. (TTUHSC)</p>	<p data-bbox="485 224 1182 313">The timeliness in the Medically Recommended Intensive Supervision Program (MRIS) medical summaries was above the 95% targeted level for the 3<sup>rd</sup> Quarter FY 2009.</p> <p data-bbox="485 345 1182 435">Mr. McNutt next reported that for the statewide revenue v. expenses by month provided on page 107 of the agenda packet shows that the expenses exceeded the revenue for this quarter.</p> <p data-bbox="485 467 1182 589">Mr. McNutt concluded by reporting that the overall health costs through the third quarter of FY 2009 totaled \$382.7M. On a combined basis, this amount is above overall revenues earned by the university providers by approximately \$24.2M or 6.7%.</p> <p data-bbox="485 621 1182 711">Dr. Griffin thanked Mr. McNutt for the report then called on Dr. Murray to provide the UTMB Correctional Health Care Vacancy updates.</p> <p data-bbox="485 743 1182 1044">Dr. Murray again stated that the critical personnel vacancies as reported by Mr. McNutt earlier is an ongoing issue of concern for UTMB. He did note that the percent of physician vacancy rate decreased slightly this quarter to 13.4% compared to 15.15% for the second quarter of FY09, but the RN and LVN vacancy rates still remain in the 11-12% range. UTMB continues to seek out innovative ways to recruit and retain staff which has been a challenge due to the overall shortage of qualified health care providers and the salaries not being up to market levels.</p> <p data-bbox="485 1076 1182 1141">Dr. Griffin thanked Dr. Murray for the update then called on Dr. DeShields to provide the TTUHSC personnel vacancy update.</p> <p data-bbox="485 1174 1182 1352">Dr. DeShields also reported that Texas Tech continues to struggle retaining and recruiting health care providers in West Texas. She further noted that the PAMIO Director who was to start in July as reported at the last meeting will instead start in November. Tech continues to utilize local advertising, career fairs, agency contacts to find qualified applicants.</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p data-bbox="94 162 441 219">- Lannette Linthicum, M.D. (TDCJ)</p> <p data-bbox="94 584 367 641"><b>VIII. Infection Control Manual Policies</b></p> <p data-bbox="94 673 441 706">- <b>Lannette Linthicum, M.D.</b></p>	<p data-bbox="489 162 1178 186">Dr. Griffin thanked Dr. DeShields then called on Dr. Linthicum.</p> <p data-bbox="489 219 1178 430">Dr. Linthicum reported that TDCJ had difficulties retaining health care providers particularly nurses and again expressed concerns of competing against each other to recruit qualified staff due to statewide nursing shortages as noted by Dr. Murray. Dr. Linthicum concluded by stating on a positive note that they hired Dr. Kathryn Buskirk to serve as one of two part time physician.</p> <p data-bbox="489 462 1178 552">Hearing no further comments, Dr. Griffin thanked Dr. Linthicum for the report then asked that she brief the committee on the Infection Control Manual policies.</p> <p data-bbox="489 584 1178 795">Dr. Linthicum recalled at the June 9, 2009 CMHCC meeting, Dr. Kelley had presented and received approval to change and update the Infection Control Policy B-14.11, Human Immunodeficiency Virus (HIV). In July, as a result of Health Services collaboration with TCOOMMI and field services for special needs offenders, it was necessary to amend the CMHCC HIV policy to reflect actual practice in the discharge planning.</p> <p data-bbox="489 828 1178 950">Dr. Linthicum further reported that a copy of the original policy as approved at the June meeting and a copy of the policy showing the July changes are provided at Tab E of the agenda packet.</p> <p data-bbox="489 982 1178 1039">Dr. Griffin hearing no further comments stated that he would entertain a motion.</p>		<p data-bbox="1684 982 2007 1372">Dr. Ben Raimer moved to approve Infection Control Policy B-14.11, Human Immunodeficiency Virus (HIV) be amended by modifying Procedure XIII Discharge Planning to reflect the actual practice as provided at Tab E of the agenda packet. Mr. Bryan Collier seconded the motion. The motion passed by unanimous vote.</p>

<b>Agenda Topic / Presenter</b>	<b>Presentation</b>	<b>Discussion</b>	<b>Action</b>
<p><b>IX. Purchase H1N1 / Swine Flu Vaccines</b></p>	<p>Dr. Griffin next called on Stephanie Zepeda to brief the Committee on the purchasing of H1N1 / Swine Flu vaccines.</p> <p>Ms. Zepeda recalled at the June 26, 2007 CMHCC meeting, the Committee authorized the purchase of 15,900 courses of Tamiflu® to create an antiviral stockpile for patients and healthcare workers as part of the pandemic flu readiness plan. The current stockpile provides treatment courses for the universities' healthcare workers and 7.8% of the offender patient population.</p> <p>Ms. Zepeda further reported that Dr. Michael Kelley's original request at the June 2007 meeting targeted 25% of the population in terms of preparation and this was based on the historical attack rate of pandemic flu of 15% - 35%.</p> <p>The Joint Infection Control Committee met back on August 13, 2008 to review the current preparation readiness plan and put together an environmental control measures for units; identified number of Centers for Disease Control (CDC) priority groups that would receive the new H1N1 vaccine and pre-registration process for the H1N1 vaccine.</p> <p>Ms. Zepeda noted that this will be a Federally distributed product at no cost to the State but resources will still be required to insure personnel time, medical supplies such as syringes, alcohol swaps, disposable containers that will add associated cost to the two universities. It has been evaluated that approximately 49,000 high risk offender patients; 36,000 correctional officers, and</p>		

Agenda Topic / Presenters	Presentation	Discussion	Action
<p>- H1N1 / Swine Flu Vaccines (Cont.)</p>	<p>approximately 3,500 medical personnel will receive the flu vaccine. Ms. Zepeda reported that this is roughly 90,000 doses that have to be dispensed twice. The anticipated availability will be mid-October.</p> <p>The other recommendation from the Joint Infection Control Committee was to increase the antiviral stockpile to allow treatment for up to 25% of the patient population in the event of pandemic flu which would require the purchase of an additional 26,160 courses. The cost projection assumes 80% of the supply would be for UTMB sector and 20% for the Texas Tech sector. Ms. Zepeda added that even though the shelf life of the antiviral varies, it is approximately four (4) years.</p> <p>Ms. Zepeda then referred to the last two pages of the handout that was distributed titled, "Pandemic Influenza Preparation" (provided at Attachment 1) which shows two cost projections.</p> <p>Option 1 selected TamiFlu® as the antiviral of choice as in the past due to it being world formulation and easily administered. This option would cost approximately \$1.7M.</p> <p>Option 2 looks at purchasing TamiFlu® and Relenza® which is a different antiviral type. Ms. Zepeda noted that the disadvantage of Relenza® is having to stockpile inhaler and may have significant impact on the respiratory system. This option is less expensive at a cost of approximately \$1.4M.</p>	<p>Dr. Griffin asked if Relenza® is similar to an asthma inhaler.</p> <p>Ms. Zepeda responded that it was.</p> <p>Dr. Griffin then expressed concerns with the inhaler therapy due to the proper usage methods and requiring properly trained staff to administer the inhalers.</p>	

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<p>- H1N1 / Swine Flu Vaccine (Cont.)</p>	<p>Ms. Zepeda continued reporting by stating that clinical diagnosis is currently being used where the clinical physician will treat flu like symptom as the flu to prevent it from spreading within the correctional setting rather than laboratory diagnosis.</p> <p>Ms. Zepeda concluded by stating that because this purchase is over the \$1M threshold, Committee approval is being requested. She again noted that the current stockpile provides treatment courses for the universities healthcare workers and 7.8% of the patient population. The Joint Infection Control Committee reviewed and recommends increasing the antiviral stockpile to allow for treatment for up to 25% of the patient population based on CDC's historical attack rate of 15%- 35% for pandemic flu.</p> <p>Dr. Griffin asked if there were any other questions or comments before he entertained a motion?</p>	<p>Dr. Linthicum stated that UTMB, TTUHSC and TDCJ will have a meeting to coordinate when they will administer the vaccinations; to educate the patient on the prevention of spreading the flu, and the distribution process.</p> <p>Dr. Raimer agreed that choosing the right option and the best method of addressing this problem should be taken into consideration not just for the offender patients but for security staff, their families and the general public.</p> <p>Dr. DeShields asked if the amount being requested include Texas Tech's 1200 subcontracted staff?</p> <p>Mr. McNutt noted that the Committee may want to recommend approval for a higher amount for Dr. DeShields needs at Texas Tech.</p> <p>Dr. Raimer recommended expending up to \$2M if that was agreeable with TDCJ and Texas Tech and adopt the use of Tamiflu in Option 1 as it has been proven to be more effective for this particular case.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>- H1N1 / Swine Flu Vaccine (Cont.)</p>	<p>After further discussions, Dr. Griffin stated that he would entertain a motion.</p>		<p>Dr. Raimer moved to approve Option 1 for the purchase of additional antivirals up to \$2M as needed for pandemic flu preparation based on the recommendation by the Joint Infection Control Committee to allow treatment for up to 25% of the patient population. Dr. Linticum seconded the motion. The motion passed by unanimous vote.</p>
<p><b>X. Medical Director's Report</b></p> <p>- Owen Murray, D.O. (UTMB)</p>	<p>Dr. Griffin next called on Dr. Murray to provide the UTMB Medical Director's report.</p> <p>Dr. Murray reported that Ms. Donna Sollenberger was named as the Executive Vice-President and Chief Executive Officer for the UTMB Health System and will be responsible for providing operational and financial oversight for UTMB's patient care that includes the hospital complex, a network of campus and community based clinics and the Correctional Managed Care program. He stated that this position was recently held by Dr. Karen Sexton on an interim base. Dr. Murray further noted that Ms. Sollenberger will be attending the next CMHCC meeting and will be officially introduced at that time.</p> <p>With the departure of John Allen and under the guidance of Dr. Sexton, the UTMB Correctional Managed Care program made some organization changes. Historically it was divided into two sections, the northern region and the southern region. Under the new organization, there is the inpatient line of services which Mr. Tony Williams together with Dr. Glenda Adams will oversee such as utilization review, infirmary management, inpatient case management and other clinical operations at a specialized level. Then there is the traditional outpatient level of services and Mr. Bryan Schneider will oversee the clinical support services. Dr. Murray added that the Director of Employee &amp; Customer Services position is currently vacant.</p> <p>Dr. Murray concluded by providing a copy of the revised UTMB organizational chart (Attachment 1).</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<ul style="list-style-type: none"> <li>- Medical Director's Report (Cont.)</li> </ul>	<p>Dr. Griffin thanked Dr. Murray for the report then called on Dr. DeShields to provide the TTUHSC Medical Director's Report.</p>		
<ul style="list-style-type: none"> <li>- Denise DeShields, M.D. (TTUHSC)</li> </ul>	<p>Dr. DeShields reported that the Texas Tech sector is currently in the process of conducting a Human Resources Job Satisfaction Survey for the correctional managed health care program. She stated this will provide useful information to improve the internal programs and the report should be available on October.</p> <p>Dr. DeShields concluded by stating that she would provide an update on the Montford Facility at the next meeting.</p>		
<ul style="list-style-type: none"> <li>- Lannette Linthicum, M.D. (TDCJ)</li> </ul>	<p>Dr. Griffin thanked Dr. DeShields for the report then called on Dr. Linthicum to provide the TDCJ Medical Director's Report.</p>		
<ul style="list-style-type: none"> <li>- Operational Review Audit</li> </ul>	<p>During the third quarter of FY 2009, Dr. Linthicum reported that eleven facilities were audited and those results are available on pages 136 – 138 of the agenda packet.</p>	<p>Dr. Griffin asked what options are available to either revise or simplify the Emergency Room forms that goes with the offender for the critical medical information noted on Item 5.11?</p> <p>Dr. Linthicum responded that the Emergency Room forms are to be filled out with the patient's medical information to include assessment, medication administered, disposition with the appropriate signatures. These forms goes with the offender when they are transferred from one location to another. The nurses are the primary ones filling these forms out but because they are short staffed sometimes these forms are either not completely filled out or not filled out at all.</p> <p>Dr. Griffin stated this is critical medical information for the care of</p>	

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<ul style="list-style-type: none"> <li>- Grievances and Patient Liaison Correspondences.</li> <li>- Quality Improvement / Access to Care</li> <li>- Capital Assets Monitoring</li> <li>- Office of Preventive Medicine</li> </ul>	<p>She then reported that the Patient Liaison Program and the Step II Grievance Program received a total of 2,946 correspondences. Of the total number of correspondences received, 530 or 17.99% 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% hreshold</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 inventory procedures.</p> <p>Dr. Linthicum next reported that the Office of Preventive Medicine monitors the incidence of infectious diseases for TDCJ. For the third quarter of FY 2009, there were 168 cases of suspected syphilis; 625 Methicillin-Resistant Staphylococcus Aureus (MRSA) cases were reported compared to 948 during the same quarter of FY 2008. There was an average of 18 Tuberculosis (TB) cases under management per month during this quarter, compared to an average of 23 per month during the third quarter of the FY 2008.</p>	<p>these patients and asked if these audits are announced prior to their arrival?</p> <p>Dr. Linthicum responded that there is a schedule for these audits.</p>	

Agenda Topic/Presenter	Presentation	Discussion	Action
<ul style="list-style-type: none"> <li>- Office of Preventive Medicine</li> </ul>	<p>Dr. Linthicum then stated that the Office of Preventive Medicine's Sexual Assault Nurse Examiner (SANE) Coordinator provided 3 training sessions, attended by 2 facilities with 22 medical staff trained.</p> <p>Currently, Peer Education Programs are available at 109 of the 112 facilities housing CID offenders.</p>		
<ul style="list-style-type: none"> <li>- Mortality and Morbidity Committee</li> </ul>	<p>The Mortality and Morbidity Committee reviewed 116 deaths. Of those 116 deaths, 14 were referred to peer review committees and 1 was referred to utilization review.</p>		
<ul style="list-style-type: none"> <li>- Mental Health Services Monitoring</li> </ul>	<p>The Mental Health Services Monitoring and Liaison with County Jails identified 55 offenders with immediate mental health needs prior to TDCJ intake.</p> <p>Dr. Linthicum added that the MHMR history was reviewed for 20,038 offenders brought into TDCJ-ID/SJ. Intake facilities were provided with critical mental health data, not otherwise available for 2,246 offenders.</p> <p>There were 436 offenders with high risk factors (very young, old, or long sentences) transferring into the Correctional Institution Division interviewed which resulted in 12 referrals.</p> <p>During the third quarter of FY 2009, 21 Administrative Segregation facilities were audited; 4,147 offenders were observed; 2,504 of them interviewed, and 13 offenders referred to the university providers for further evaluation.</p>		

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<ul style="list-style-type: none"> <li>- Clinical Administration</li>   <li>- Accreditation</li>   <li>- Biomedical Research Projects</li> </ul>	<p>During the third quarter of FY 2009, ten percent of the combined UTMB and TTUHSC hospital and infirmary discharges were audited. The breakout of the summary of the audits are provided at page 140- 141 of the agenda packet.</p> <p>Dr. Linthicum next reported that the American Correctional Association Panel of Commissioners awarded ACA accreditation to the Coffield, Mountain View and Carole Young facilities and re-accreditation was awarded to LeBlanc, Lopez, Sayle, Segovia, Telford and Terrell facilities.</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 65-69 of the agenda packet.</p> <p>Dr. Griffin thanked Dr. Linthicum for the report then asked if there were any questions or comments?</p>	<p>Mr. Nelson asked who is responsible for the corrective action on audits that are non-compliant?</p> <p>Dr. Linthicum responded that the university providers submits the corrective action after the medical unit staff and unit health administrators review the audit result.</p> <p>Ms. Lord then asked which areas concerns Dr. Linthicum the most?</p> <p>Dr. Linthicum responded one of the significant challenges faced by all three partners is staffing shortages and professional level health care providers.</p> <p>Dr. DeShields added that in West Texas it is difficult for the two RN's to do the monitoring, filling out reports and take care of the needs of the patients. Nurses are the first responders and when you lose that component it becomes a huge concern.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>- Medical Director's Report (TDCJ – Cont.)</p>		<p>Dr. Raimer further noted that the nursing staff are already working overtime as the Board of Nurses have changed the level of what the LVN's can perform.</p> <p>Ms. Lord then asked if Hospital Galveston was ACA accredited?</p> <p>Dr. Murray responded that ACA is not a hospital based accreditation but is accredited by the Joint Commission (JACHO).</p> <p>After some further discussions, Dr. Griffin asked Dr. Linthicum to provide a sample corrective action plan as part of the TDCJ Medical Director's report.</p> <p>Dr. Linthicum responded that she would provide that information with her next report.</p>	
<p><b>XI. TCOOMMI Update</b></p> <p><b>- Dee Wilson</b></p>	<p>Dr. Griffin next called on Ms. Dee Wilson to provide the TCOOMMI Update</p> <p>Ms. Wilson reported on page 144 of the agenda packet shows the FY 2008 and FY 2009 to date MRIS data comparison of those referrals that were presented to the Board of Pardons and Paroles. She further noted that the approval rate had decreased from 90 being approved in FY 2008 compared to 43 being approved in FY 2009 to date.</p> <p>Ms. Wilson then noted that the slide on page 145 provides the FY2008 and FY 2009 to date MRIS data comparison of those referrals that were presented to the State Jails. These increased from 13 approved in FY 2008 compared to 14 approved in FY 2009 to date.</p>	<p>Dr. Linthicum added that Parole Board panel not only looks at the medical criteria but also looks at whether the offender can still commit a crime even though they have been diagnosed with a terminal illness or have physical handicaps. There are many cancer patients living independently in general population and have had physically handicapped offenders commit crimes.</p> <p>Ms. Wilson agreed and noted that the MRIS program provides for the early parole review and release of certain categories of offenders who are mentally ill, mentally retarded, elderly, terminally ill, long term care, physically handicapped who pose minimal public safety risk.</p>	





Agenda Topic / Presenter	Presentation	Discussion	Action
<p>- Financial Report (Cont.)</p>	<p>Mr. Webb further reported that the overall health care costs through the third quarter of FY 2009 totaled \$382.7M. On a combined basis, this amount is above overall revenues earned by the university providers by approximately \$24.2M or 6.7%.</p> <p>UTMB's total revenue through the second quarter was \$284.1M; expenditures totaled \$307.0M, resulting in a net loss of \$22.9M. Texas Tech's total revenue through the same quarter was \$74.4M; expenditures totaled \$75.7M, resulting in a net loss of \$1.3M.</p> <p>Mr. Webb then noted that of the \$382.7M in expenses reported through the thirdquarter FY 2009, onsite services comprised of \$183.6M or about 48.0% of expenses; pharmacy services totaled \$37.8M or about 9.9% of total expenses; offsite services accounted for \$116.1M or 30.3% of total expenses; mental health services totaled \$34.7M or 9.1% of the total costs and indirect support expenses accounted for \$10.5M or about 2.7% of the total costs.</p> <p>Table 5 on page 167 shows that the total cost per offender per day for all health care services statewide through the third quarter FY 2009 was \$9.31; compared to \$8.50 through the same quarter in FY2008. The average cost per offender per day for the last four fiscal years was \$7.86</p> <p>Mr. Webb noted again that the older offenders access the health care delivery system at a much higher acuity and frequency than younger offenders. Hospital costs received to date this fiscal year for older offenders averaged approximately \$2,871 per offender vs. \$463 for younger offenders. While comprising only about 7.3% of the overall service population, older offenders account for 32.7% of the hospitalization costs. Older offenders are represented four times more often in the dialysis population averaging about \$21.3K per patient per year. Providing dialysis treatment for an average of 188 patients through this quarter cost \$3,005,098.</p>		

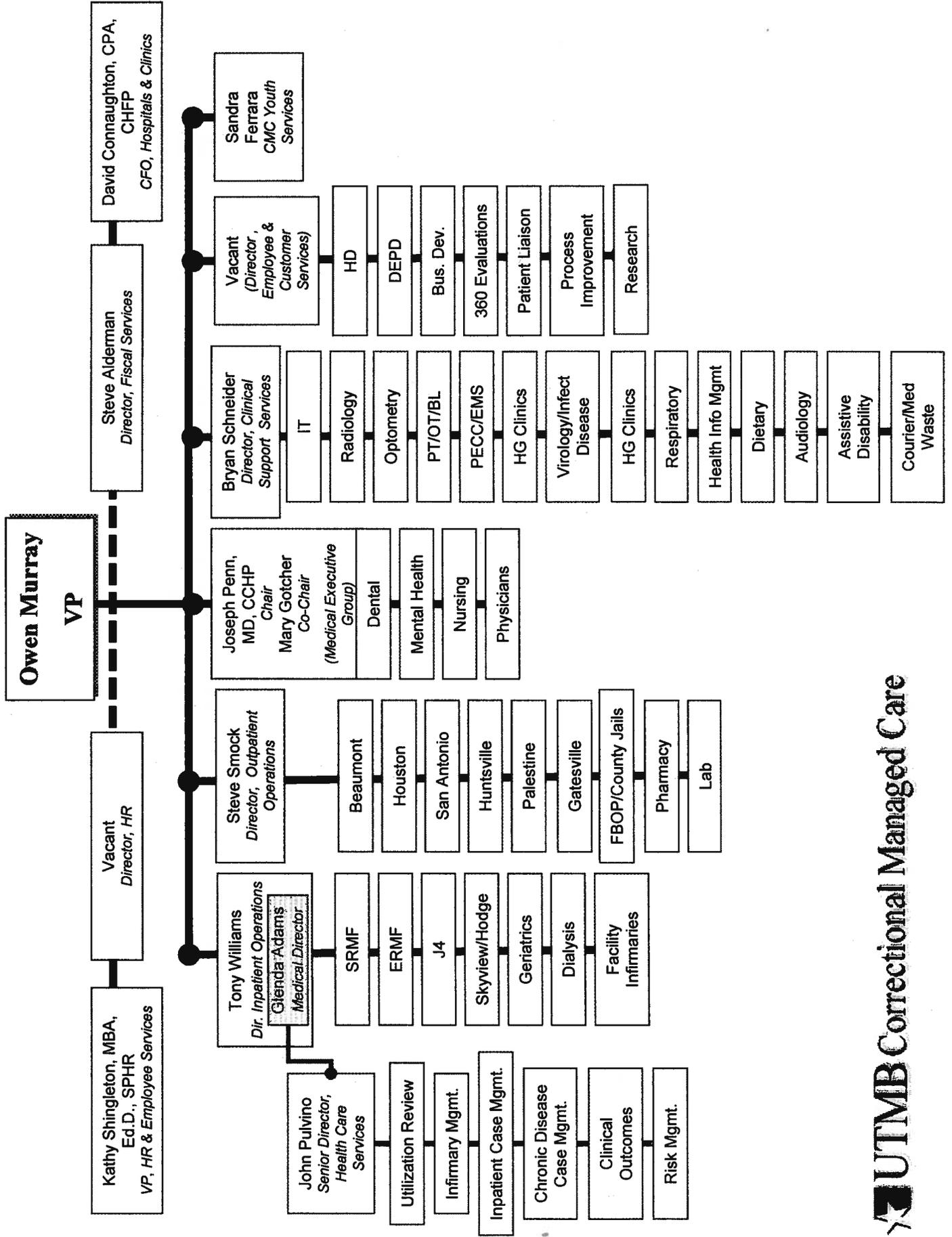
Agenda Topic / Presenter	Presentation	Discussion	Action
<p>- Financial Report <b>(Cont.)</b></p>	<p>The total drug costs through the third quarter FY 2009 totaled \$27.9M. Of this, \$13.2M was for HIV medication costs which was about 47.2% of the total drug costs; psychiatric drug costs were approximately \$897K or about 3.2%; and Hepatitis C drug costs were \$1.1M and represented about 3.9% of the total drug cost.</p> <p>Mr. Webb again noted that it is a legislative requirement that both UTMB and Texas Tech report if they hold any monies in reserve for correctional managed health care.</p> <p>UTMB stated that they hold no such reserves and report a total shortfall of \$22.9M through the end of this quarter. UTMB projected a \$46.6M operating shortfall for FY 2009 which was used in the submitted and forecasted SAR numbers.</p> <p>Texas Tech reports that they hold no such reserves and report a total operating shortfall of \$1.3M through this third quarter. Texas Tech forecasted a \$1.6M operating shortfall for FY2009 which was used in the submitted and forecasted budgeted SAR numbers.</p> <p>A summary analysis of the ending balances revenue and payments through May 31<sup>st</sup> FY 2009 is provided at Table 10 on page 172. The summary indicates that the net unencumbered balance on all CMHCC accounts on May 31, 2009 was 14,307.44,</p> <p>Mr. Webb concluded by stating that detailed transaction level data from both providers is being tested on a monthly basis to verify reasonableness, accuracy, and compliance with policies and procedures.</p>	<p>Dr. Griffin then noted that it would be beneficial to start discussion with the university partners in terms of how we will be presenting the funding data.</p> <p>Mr. McNutt stated that in addition to the legislative requirements in SB 1, Rider 83 for the Managed Care Appropriation</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>- <b>XIV. Public Comments</b> <b>James Griffin, M.D.</b></p> <p>- <b>XV. Date / Location of Next Meeting</b> <b>James Griffin, M.D.</b></p> <p><b>XVI. Adjourn</b></p>	<p>Dr. Griffin then stated that the next agenda item is where the Committee at each regular meeting provides an opportunity to receive public comments. Dr. Griffin noted that there were no such request at this time.</p> <p>Dr. Griffin next noted that the next CMHC meeting is scheduled for 9:00 a.m. on December 1, 2009 to be held at the Dallas Love Field Main Terminal Conference Room.</p> <p>Dr. Griffin asked if there were any other questions. Hearing none, adjourned the meeting.</p>	<p>transfer of funds between fiscal years; ,it was noted in the CMHCC contract under Article III.B.4 that the university providers must have approval of the CMHCC prior to requesting the spend forward authority.</p> <p>Dr. Raimer stated that the university providers are significantly under funded and it would be difficult to finish out FY 2010 or the entire biennium without approaching close to \$15M shortfall which does not include the additional workforce recommended by Dr. Linthicum. He then thanked Chairman Griffin for recommending that we start addressing this issue.</p>	

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

Date:

# ATTACHMENT 1



# Attachment 2

# *Pandemic Influenza Preparations*

*For the  
Correctional Managed  
Health Care Committee  
September 8, 2009*

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# *Background*

- CMHCC authorized the purchase of antivirals during the June 2007 meeting as part of pandemic readiness plan
- 15,900 courses of Tamiflu® purchased to create an antiviral stockpile for patients & healthcare workers
- Current stockpile provides treatment courses for the universities' healthcare workers & 7.8% of the patient population
  - CDC target for stockpile is 25%
  - CDC target based on historical attack rate of pandemic flu of 15% to 35%

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# *Pandemic Flu Preparations*

- Joint Infection Control Committee reviewed preparations at its August 13, 2008 meeting
- Issued environmental control measures for units
- Identified number of CDC priority groups that would receive new H1N1 vaccine for prevention of swine flu
  - DSHS will coordinate vaccine distribution
  - Vaccine will be made available at no cost
  - Anticipated availability is mid-October
- Recommended increase in antiviral stockpile to allow for treatment for up to 25% of the patient population

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# *Antiviral Stockpile*

- Increase in supply to treat 25% of the patient population in the event of pandemic flu would require the purchases of an additional 26,160 courses
- Cost projection assumes 80% of the supply is for the UTMB sector and 20% is for the Texas Tech sector
- Shelf-life of medications is approximately 4 years

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# *Cost Projection*

## Option 1

Drug	Strength	Usual Treatment Dose	Area	Cost of Course	Cost to Increase Stockpile to Treat 25% Patients (26,160 courses)
Tamiflu®	75mg	1 capsule bid x 5 days	UTMB	\$61.12	\$1,279,119.36
Tamiflu®	75mg	1 capsule bid x 5 days	TT	\$81.36	\$425,675.52
Total			TDCJ		\$1,704,794.88

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# Cost Projection

## Option 2

Drug	Strength	Usual Treatment Dose	Area	Cost of Course	Cost to Increase Stockpile to Treat 25% Patients (26,160 courses)
Tamiflu®	75mg	1 capsule bid x 5 days	UTMB	\$61.12	\$857,009.97
Tamiflu®	75mg	1 capsule bid x 5 days	TT	\$81.36	\$285,202.60
Relenza®	5mg/blister for inhalation	2 inhalations bid x 5 days	UTMB	\$28.92	\$199,728.46
Relenza®	5mg/blister for inhalation	2 inhalations bid x 5 days	TT	\$53.21	\$91,870.26
Total			TDCJ		\$1,433,811.29

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## Consent Item 2

TDCJ Health Services  
Monitoring Reports

## ATTACHMENT 1

Rate of Compliance with Standards by Operational Categories  
Fourth Quarter, Fiscal Year 2009  
June, July and August 2009

Unit	Operations/ Administration			General Medical/Nursing			CID			Dental			Mental Health			Fiscal		
	Items with 80% Compliance	<i>n</i>		Items with 80% Compliance	<i>n</i>		Items with 80% Compliance	<i>n</i>		Items with 80% Compliance	<i>n</i>		Items with 80% Compliance	<i>n</i>		Items with 80% Compliance	<i>n</i>	
Bartlett State Jail	100%	54	54	81%	21	26	87%	27	31	100%	24	24	100%	12	12	100%	11	11
Central	98%	52	53	78%	21	27	54%	14	26	92%	22	24	100%	10	10	100%	12	12
Hilltop	98%	51	52	96%	24	25	100%	29	29	90%	18	20	100%	11	11	90%	9	10
Kyle	100%	55	55	81%	21	26	100%	35	35	96%	23	24	100%	8	8	100%	11	11
Mountain View	98%	52	53	84%	21	25	95%	20	21	90%	18	20	100%	14	14	70%	7	10
Murray	100%	53	53	84%	27	32	76%	22	29	95%	19	20	100%	11	11	100%	8	8
Sayle	96%	51	53	81%	21	26	53%	9	17	82%	18	22	100%	8	8	100%	11	11
Stiles	98%	52	53	84%	27	32	55%	17	31	96%	24	25	93%	14	15	91%	10	11
Travis State Jail	100%	52	52	77%	20	26	97%	32	33	96%	24	25	92%	12	13	100%	11	11
Vance	98%	48	49	70%	16	23	63%	10	16	80%	20	25	100%	3	3	100%	12	12
Woodman	96%	51	53	94%	29	31	100%	32	32	100%	20	20	100%	12	12	100%	10	10

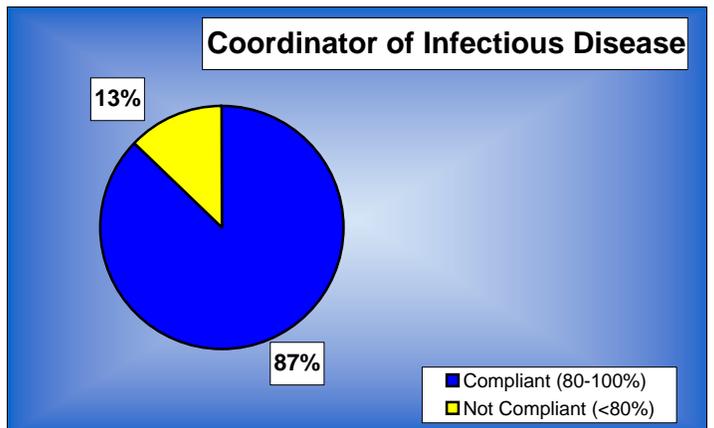
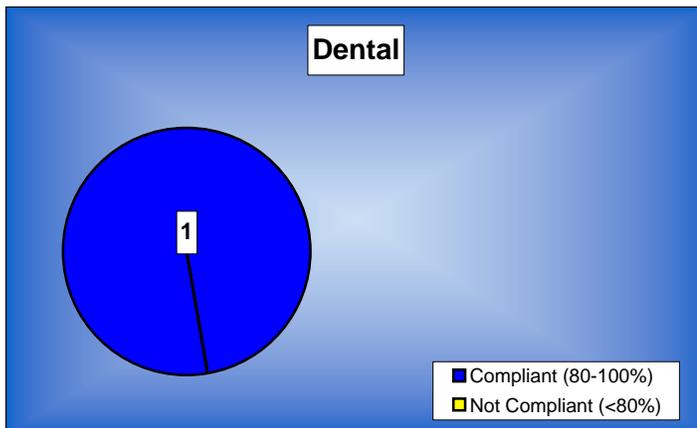
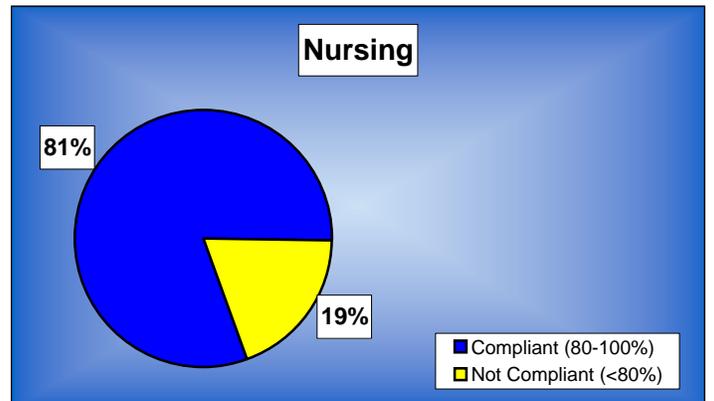
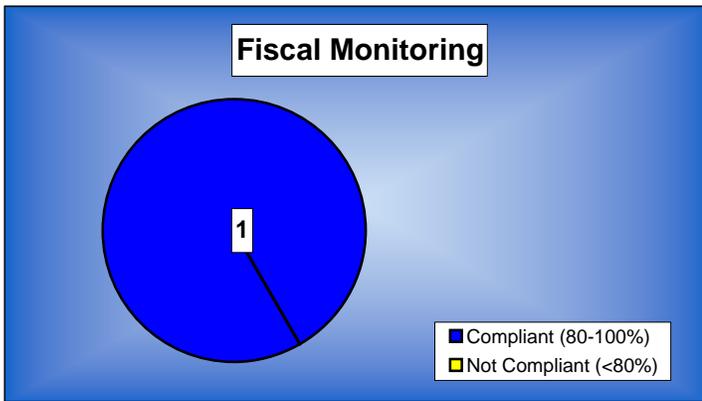
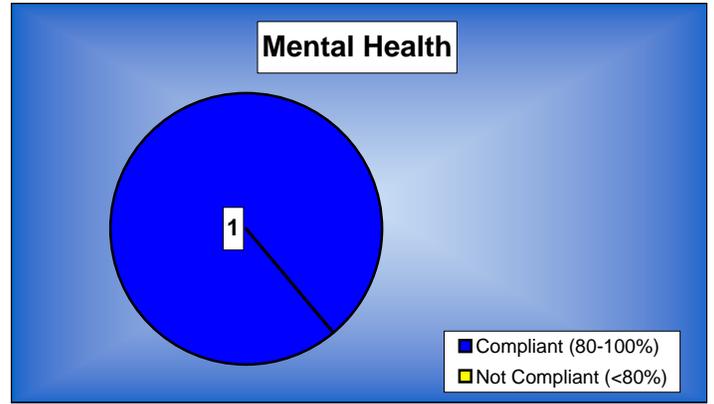
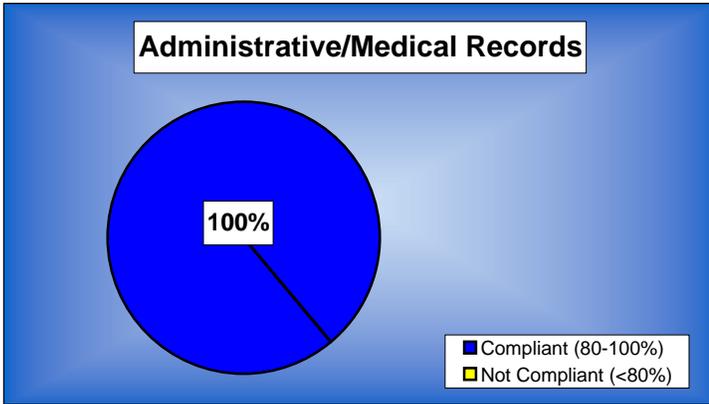
*n* = number of applicable items audited.

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

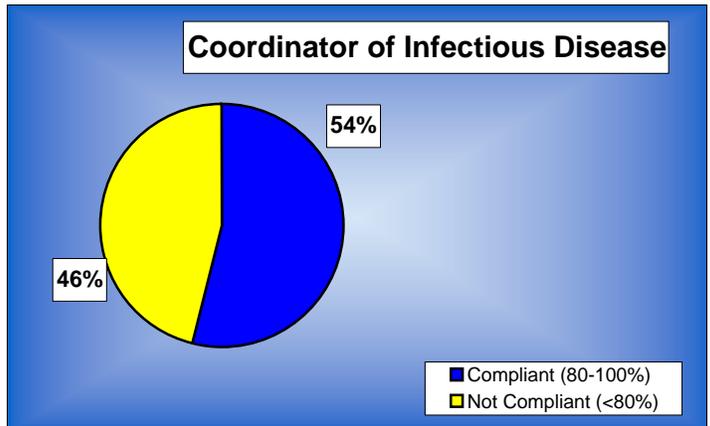
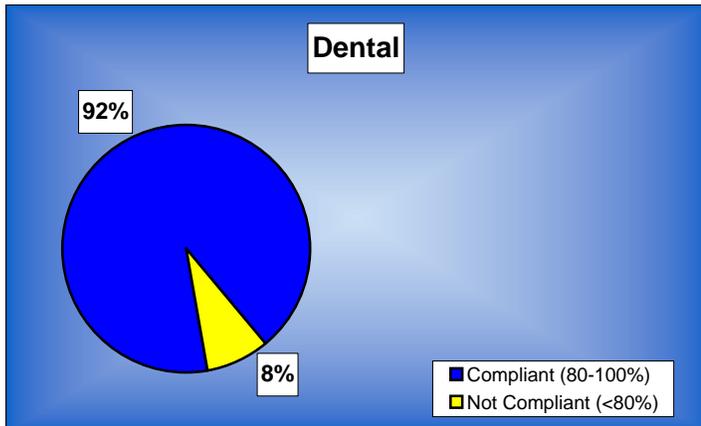
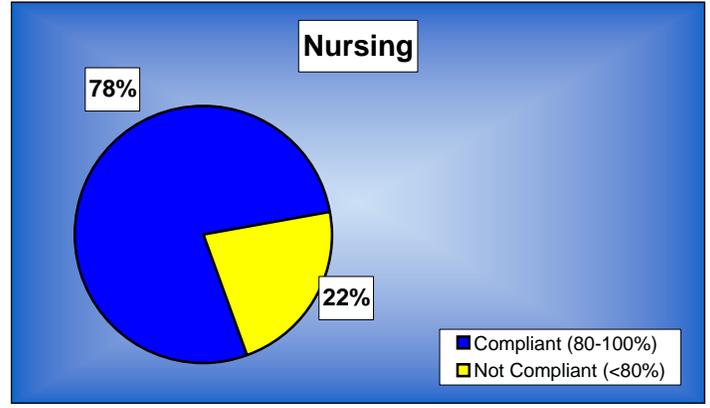
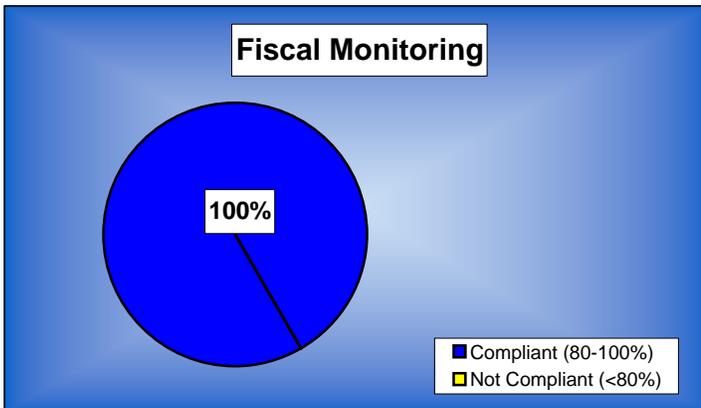
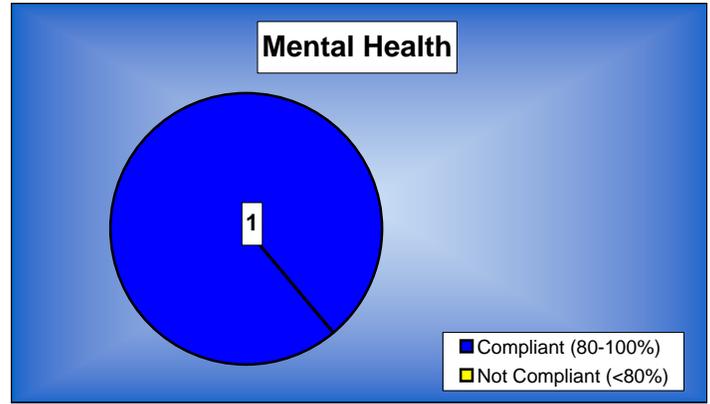
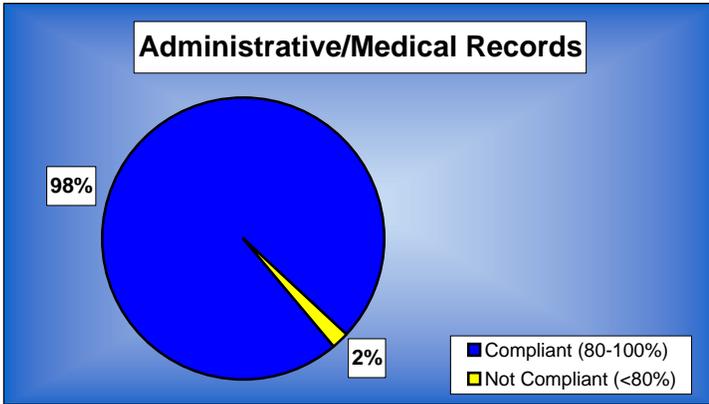
This table represents the percent of audited items that were 100% in compliance by Operational Categories.

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

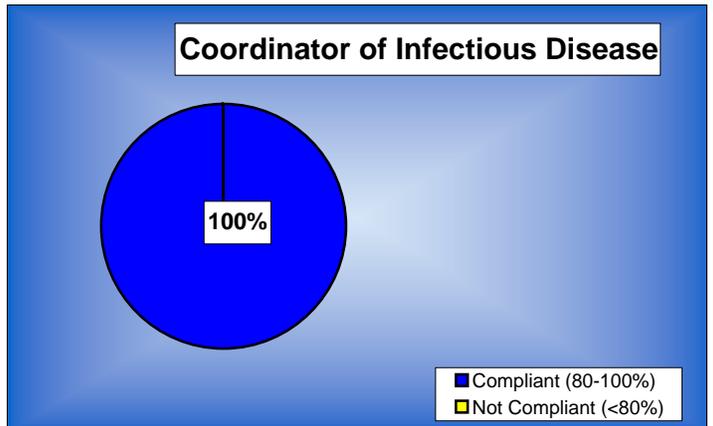
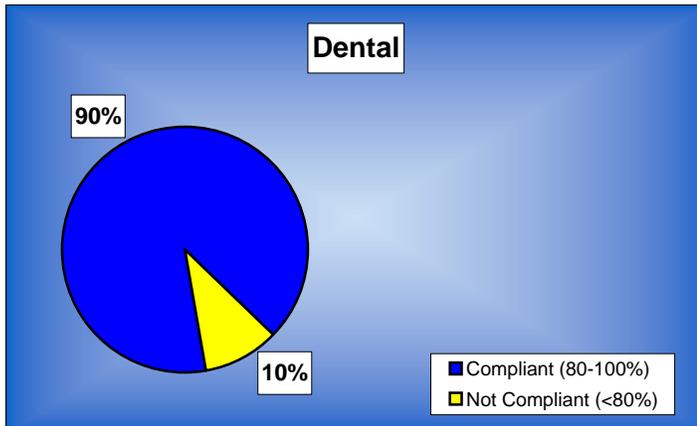
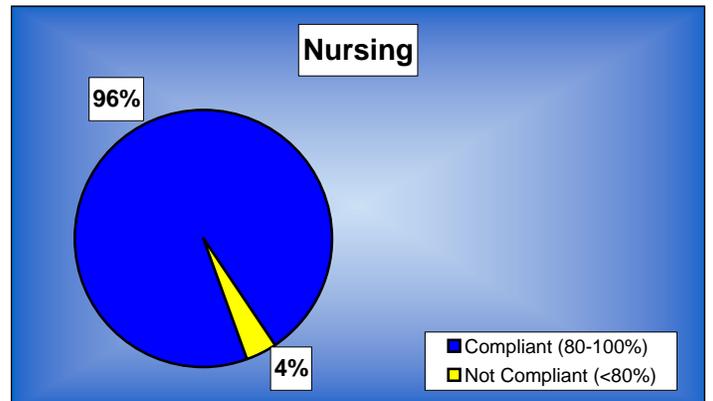
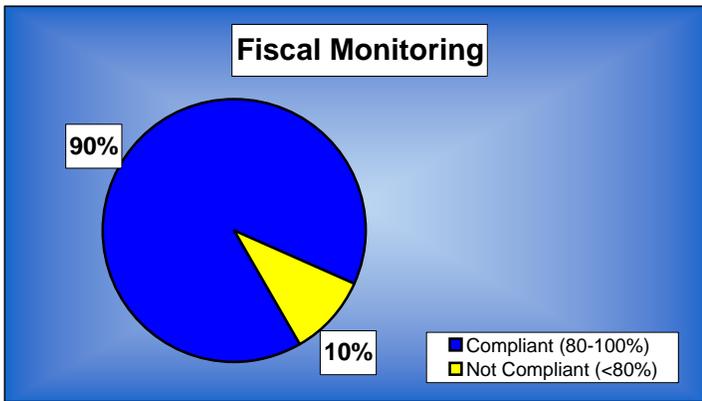
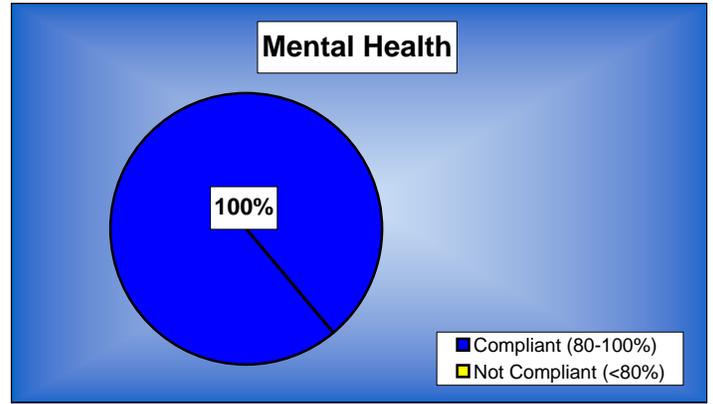
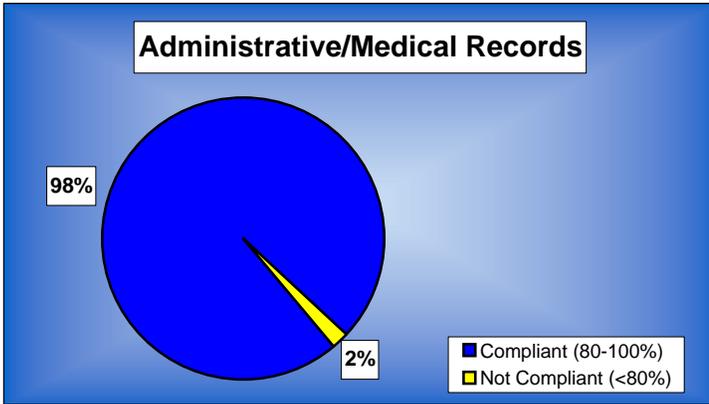
Quarterly Reports for  
Compliance Rate By Operational Categories  
Bartlett State Jail  
August 5, 2009



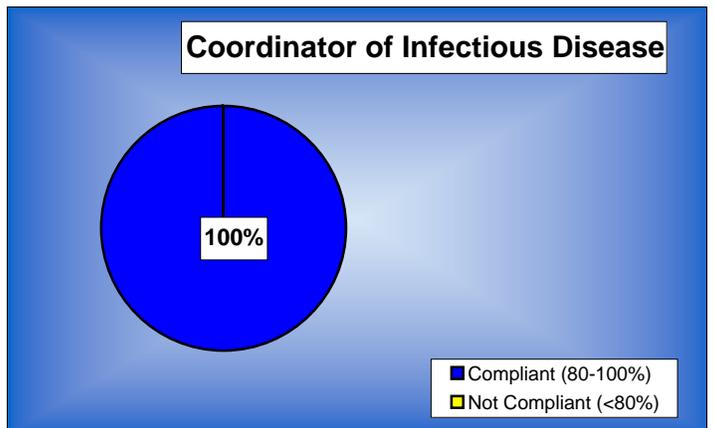
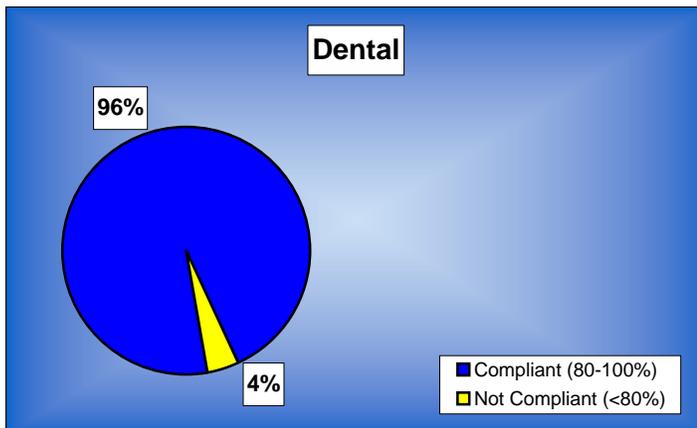
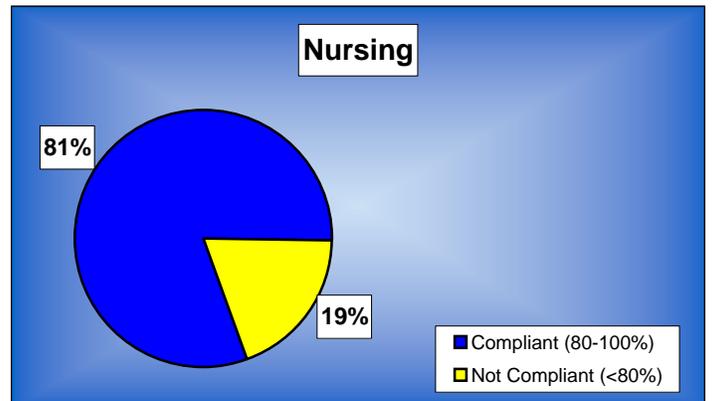
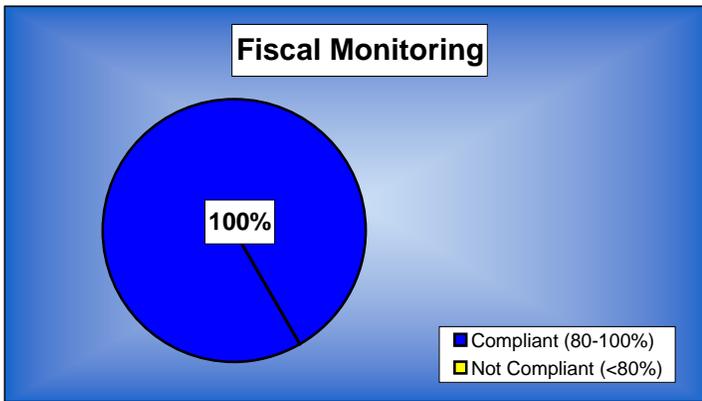
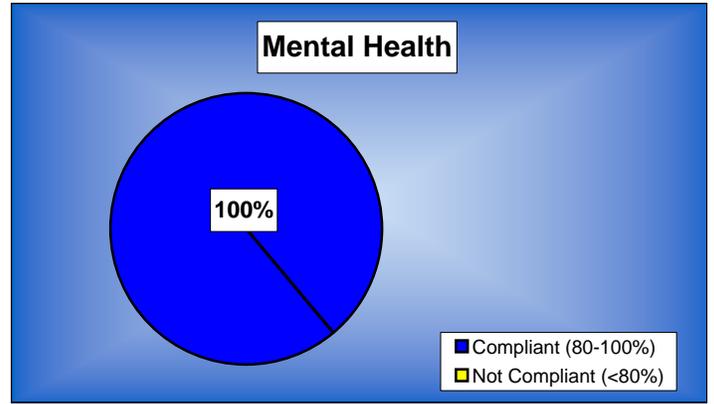
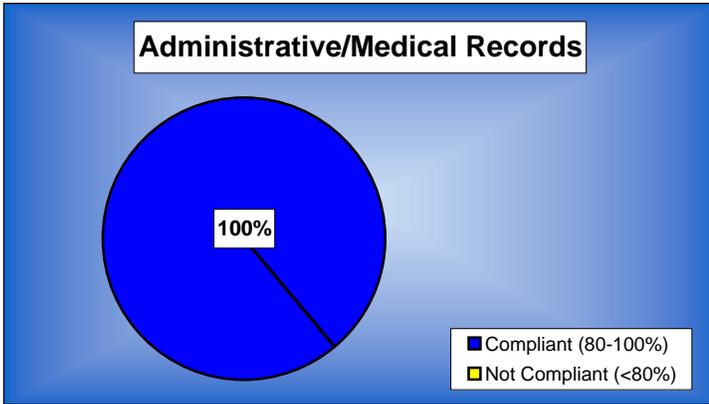
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July 7, 2009



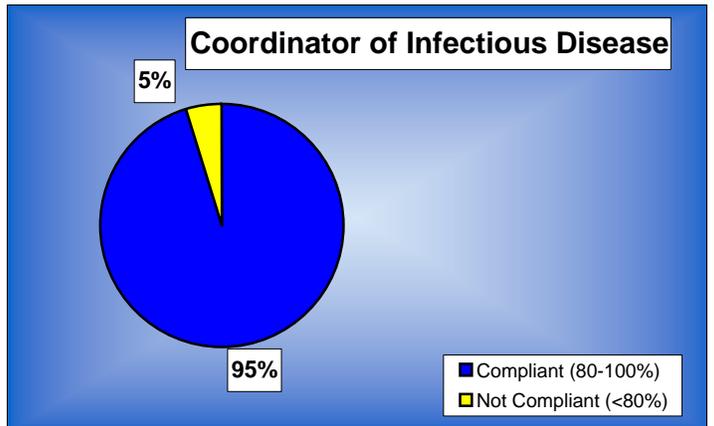
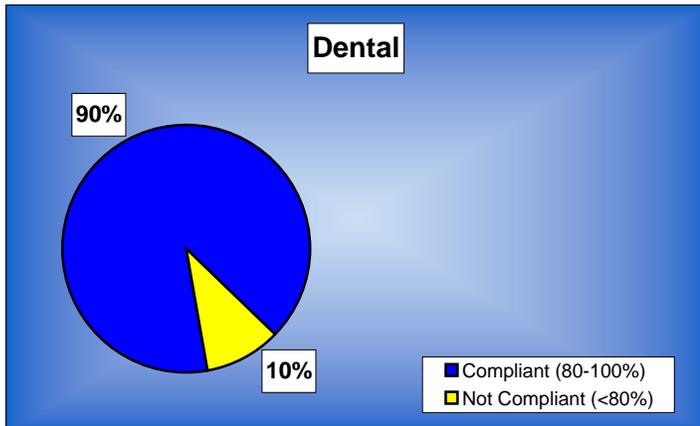
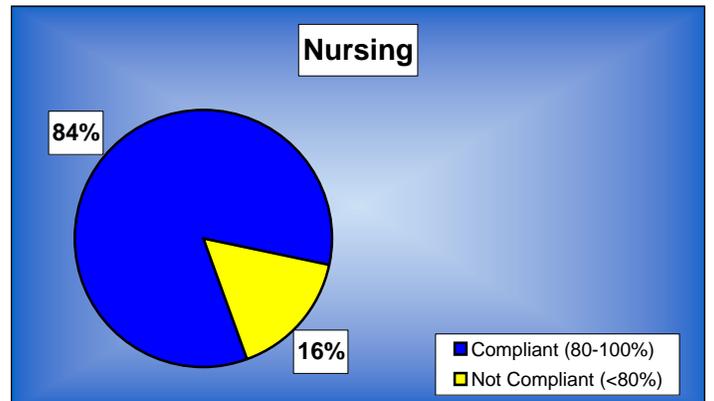
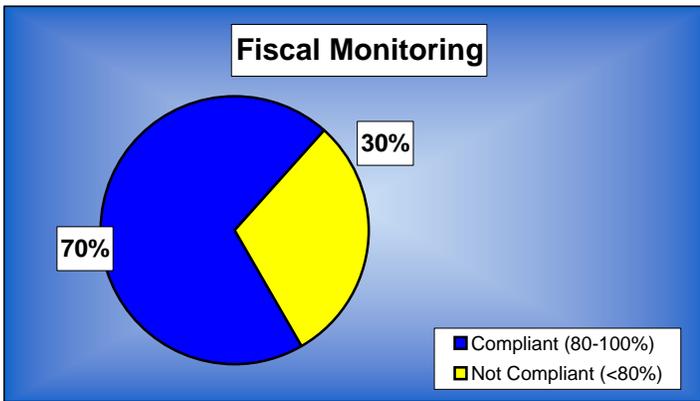
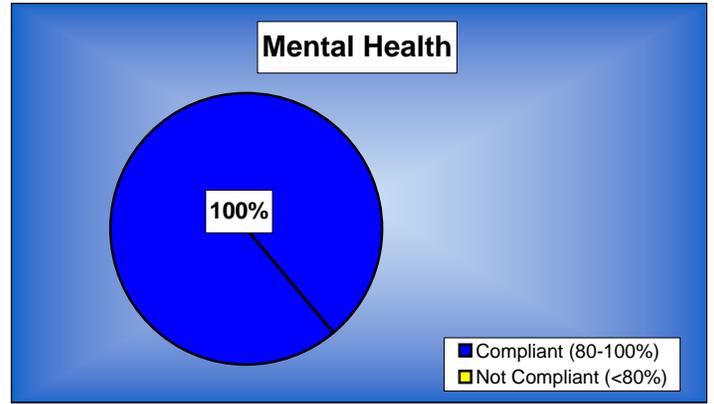
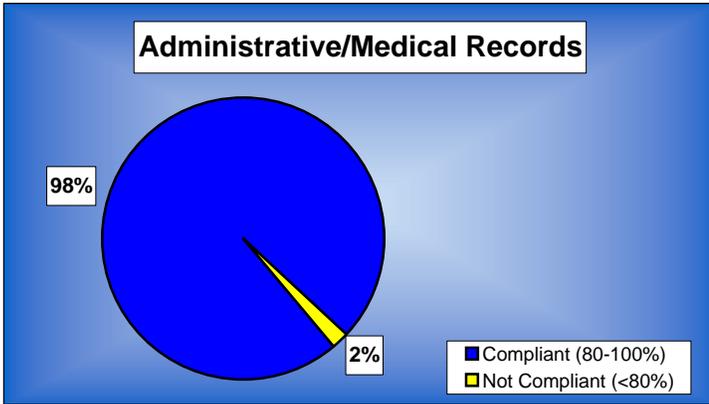
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June 3, 2009



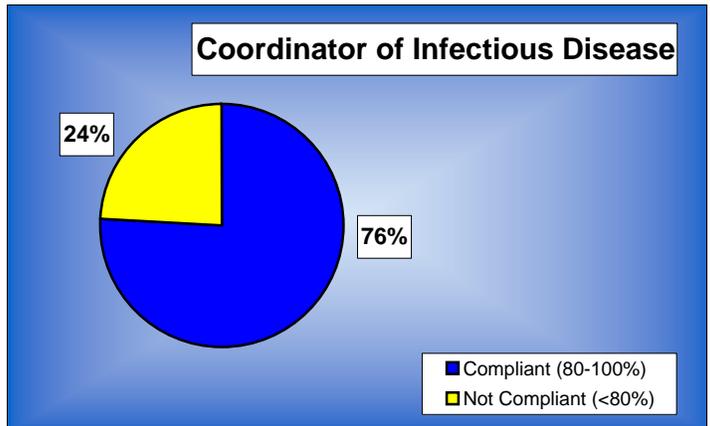
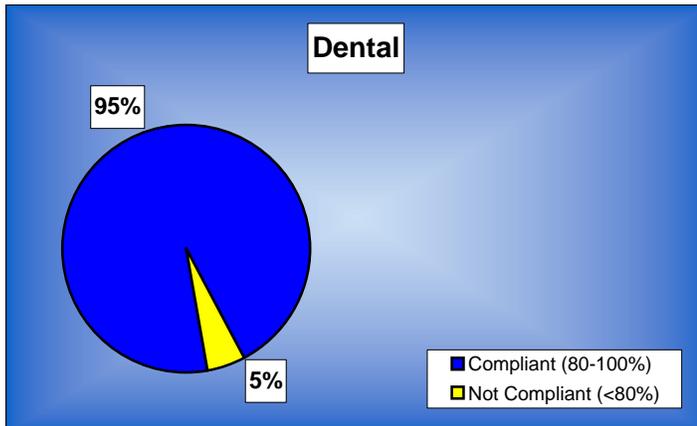
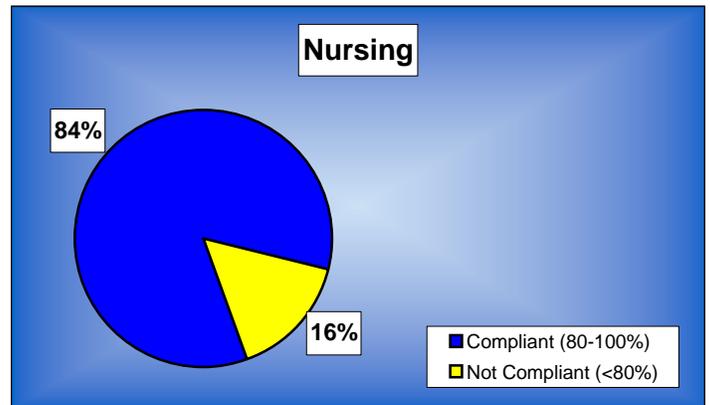
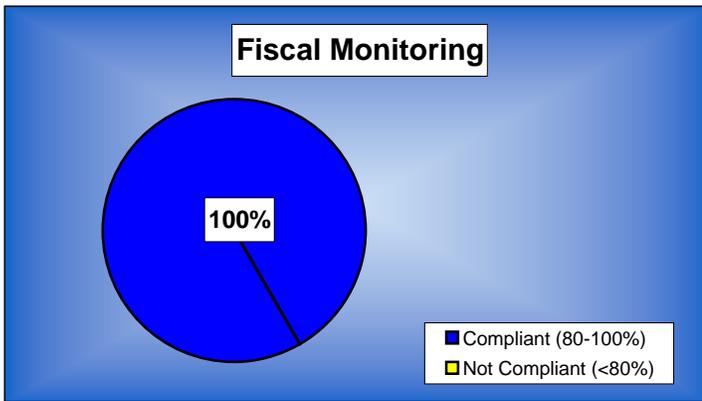
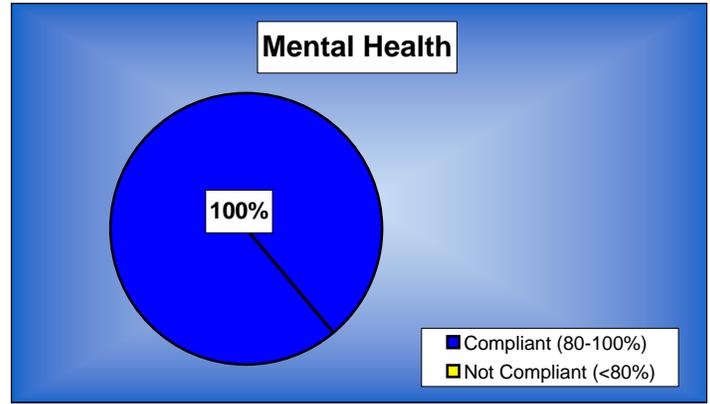
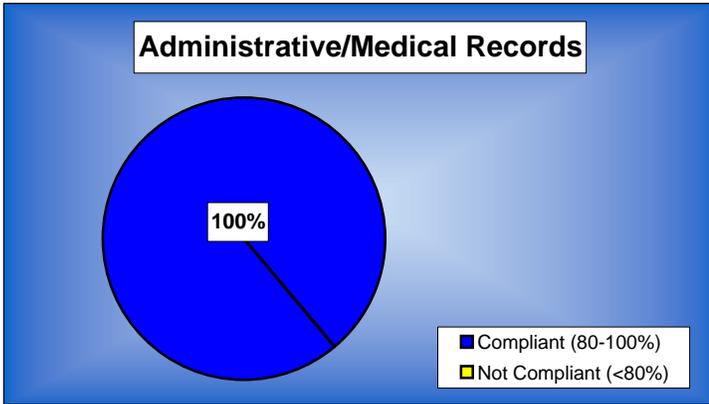
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August 6, 2009



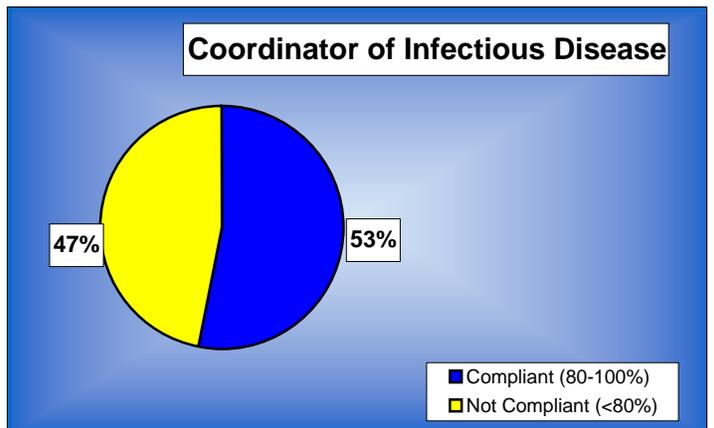
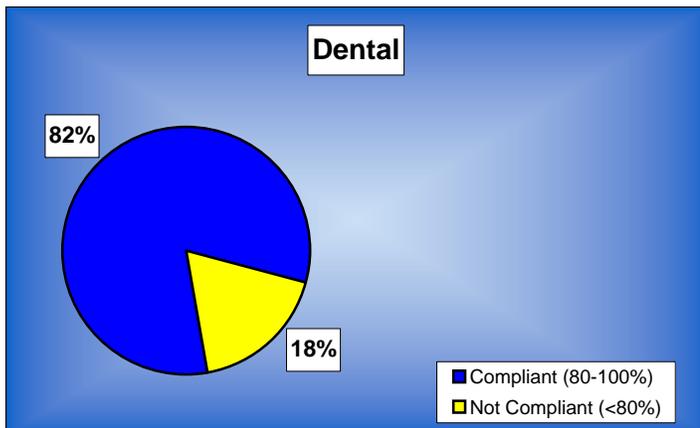
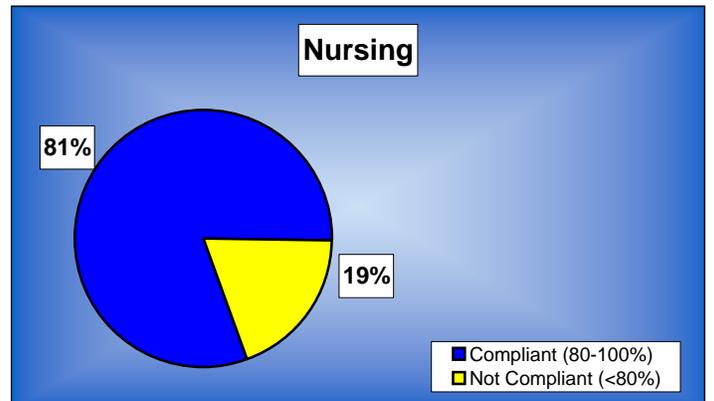
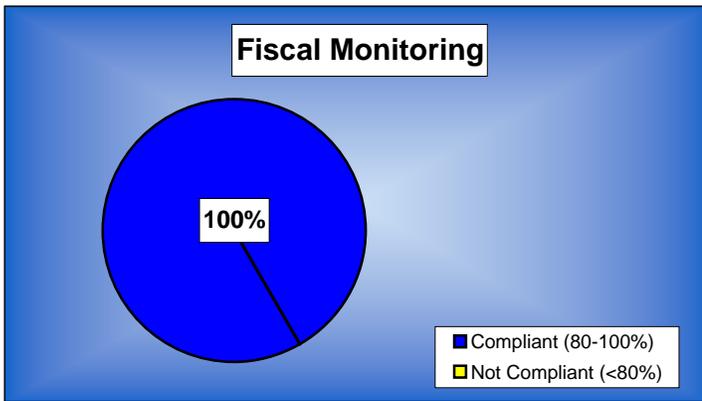
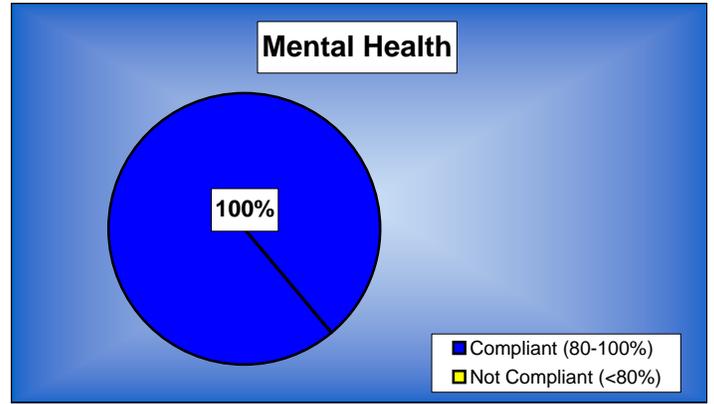
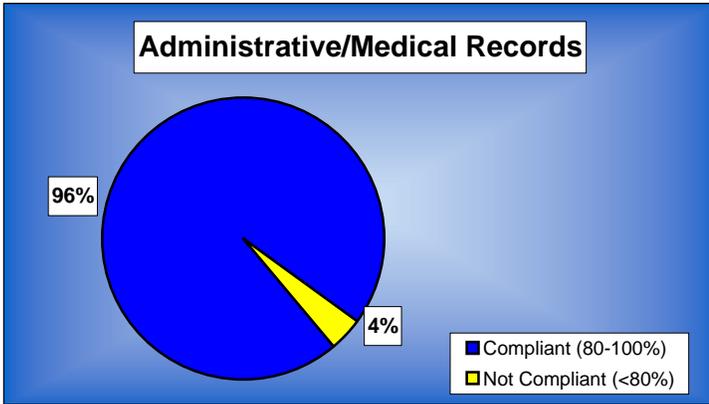
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June 2, 2009



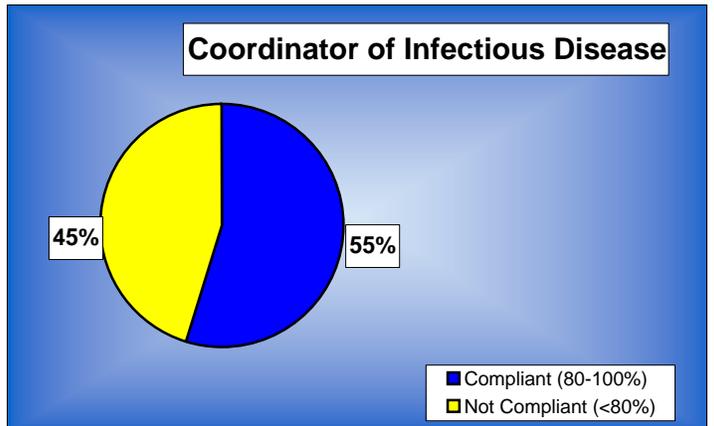
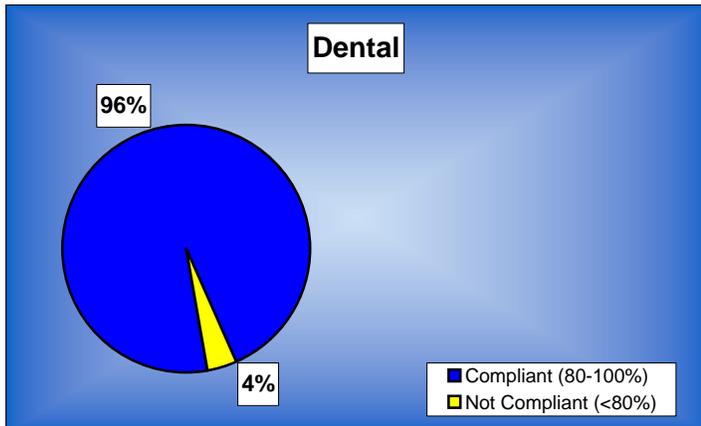
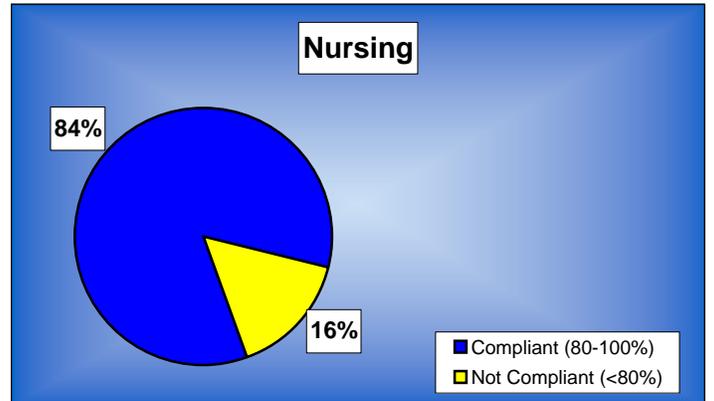
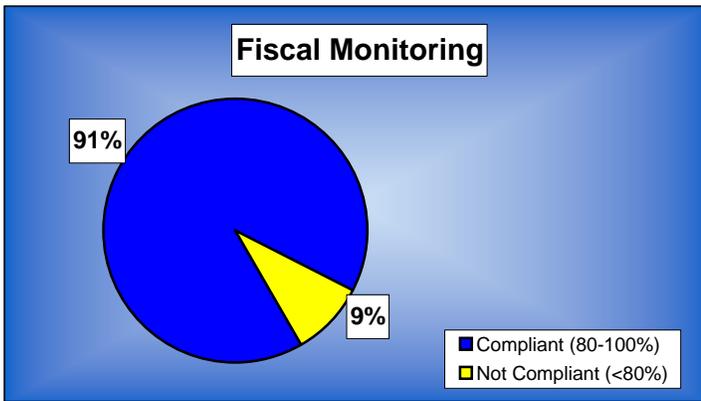
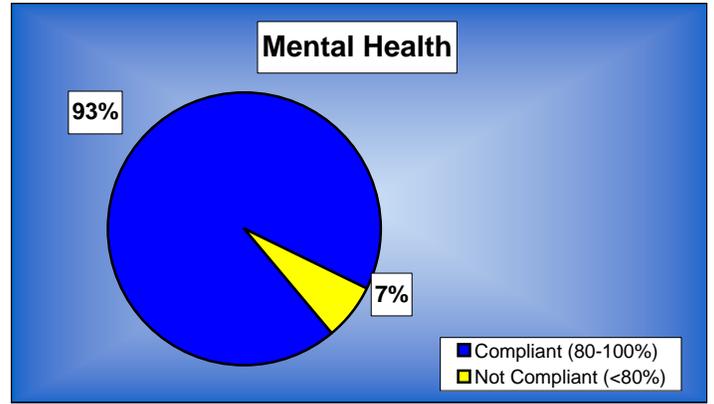
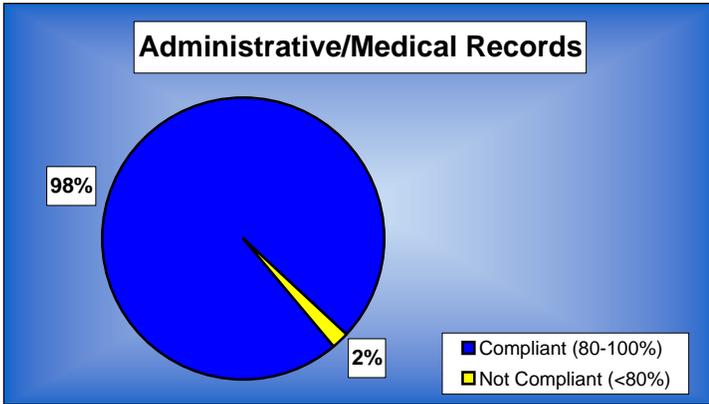
Quarterly Reports for  
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Murray Facility  
June 3, 2009



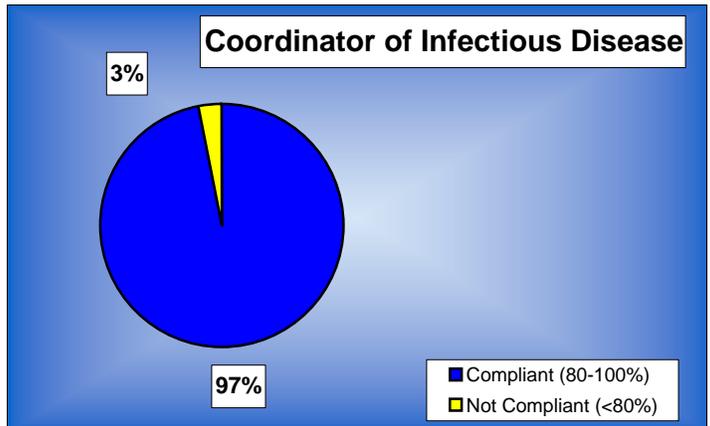
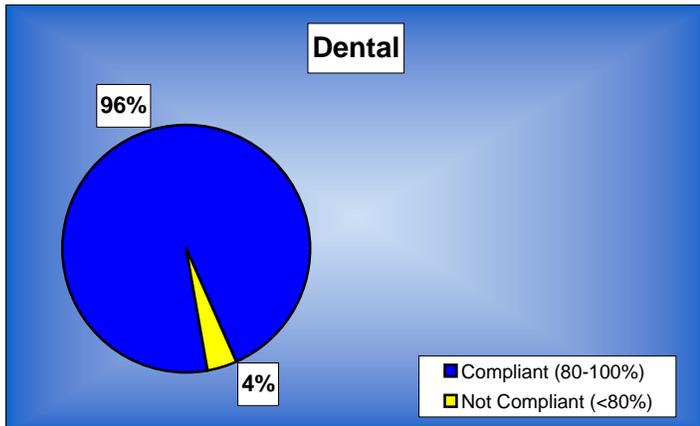
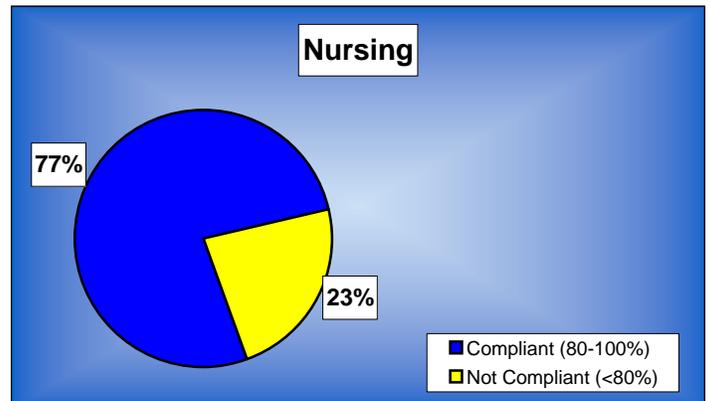
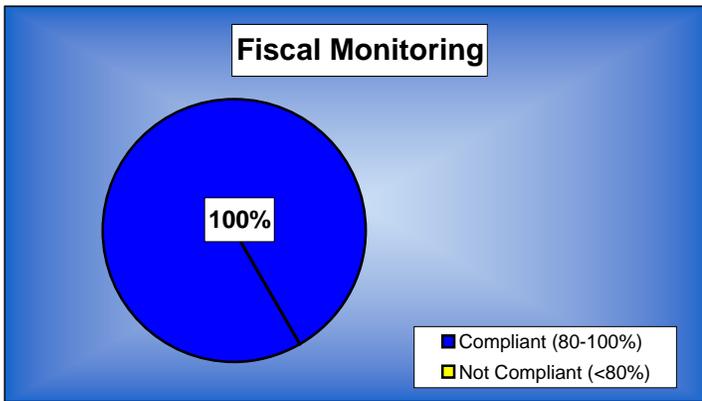
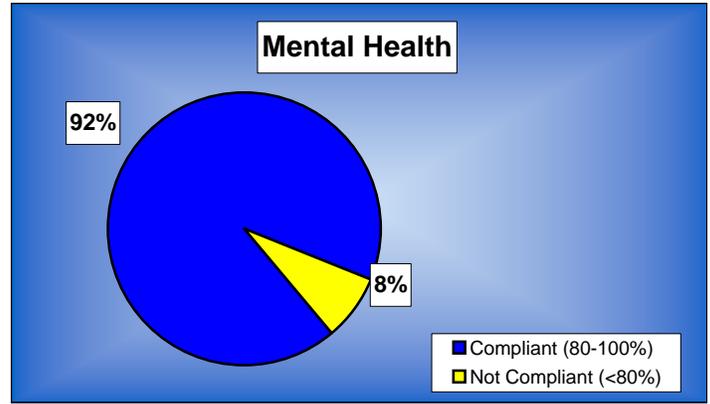
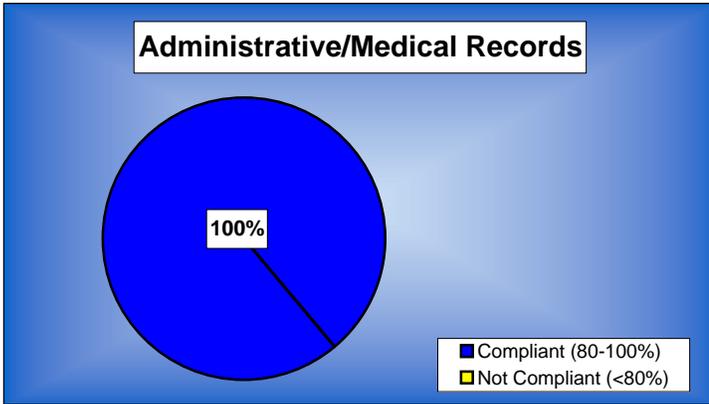
Quarterly Reports for  
Compliance Rate By Operational Categories  
Sayle Facility  
August 3, 2009



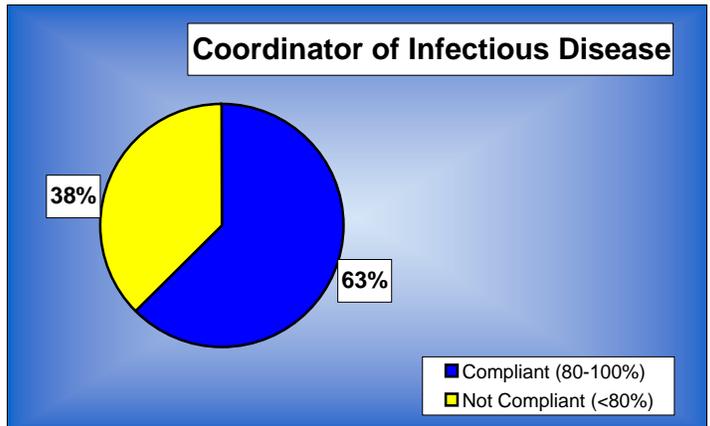
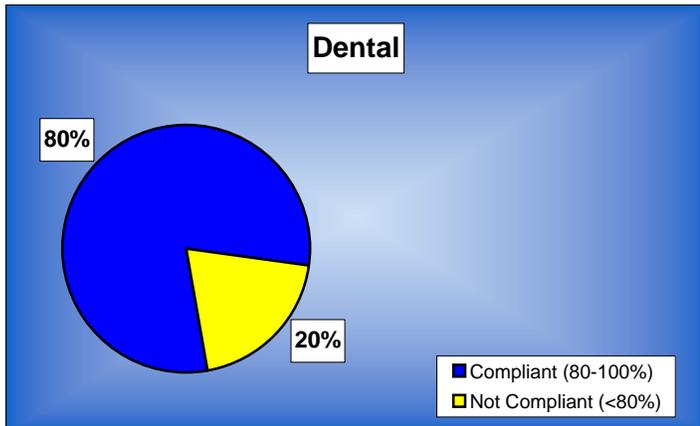
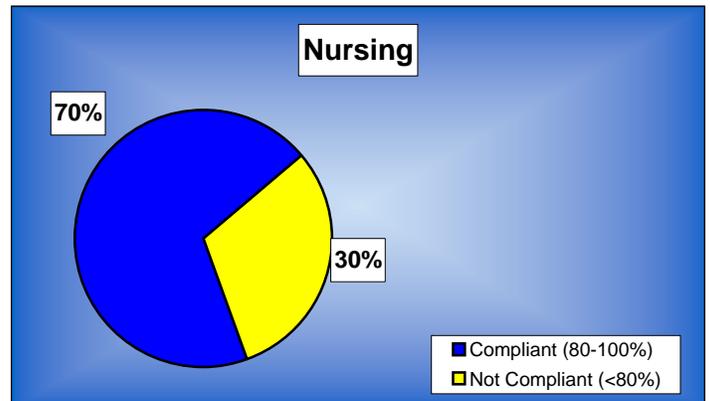
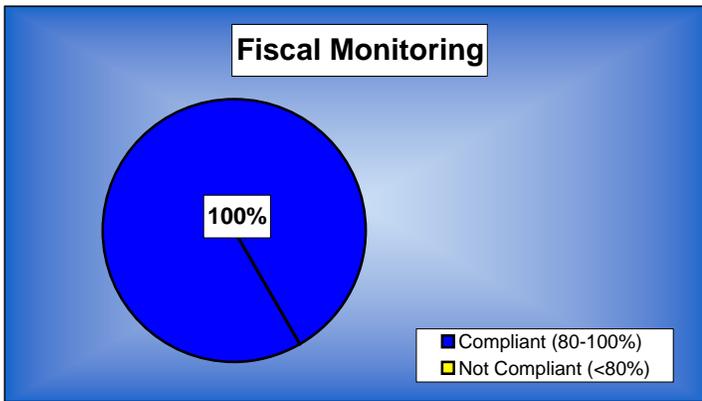
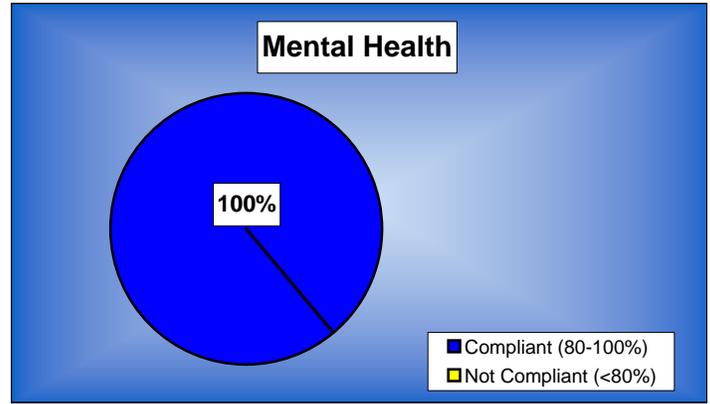
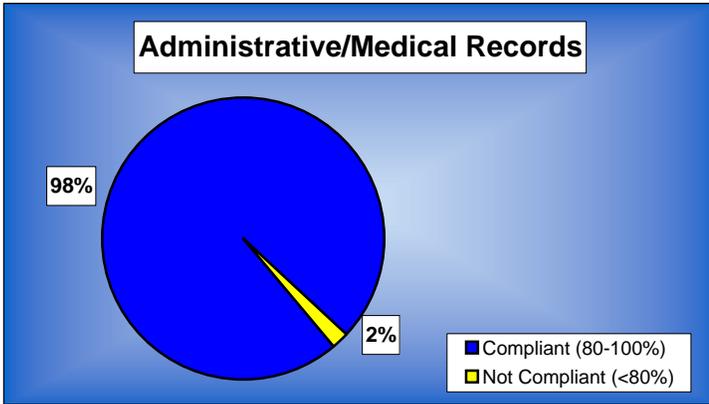
Quarterly Reports for  
Compliance Rate By Operational Categories  
Stiles Facility  
July 9, 2009



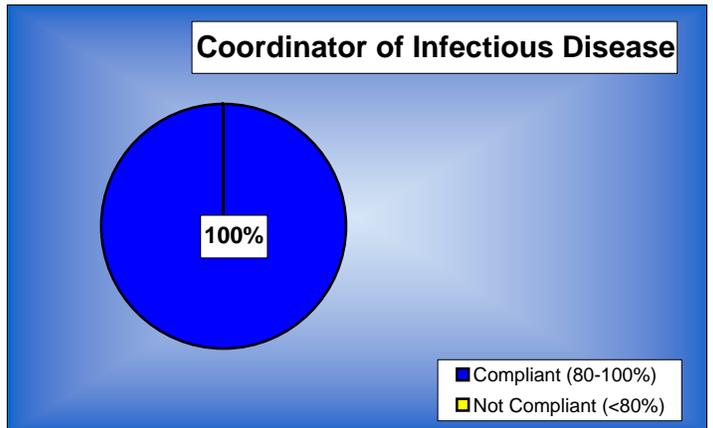
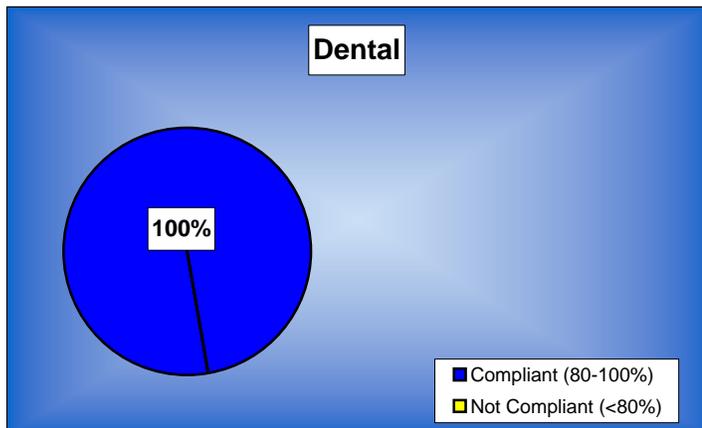
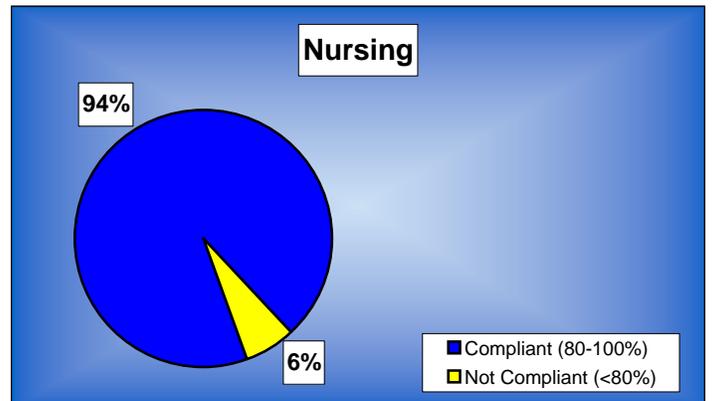
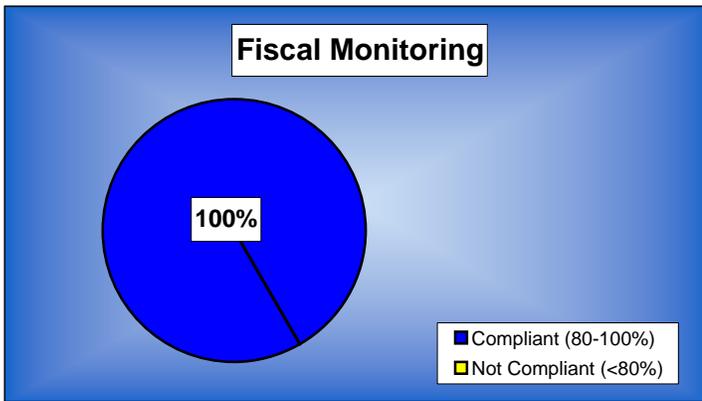
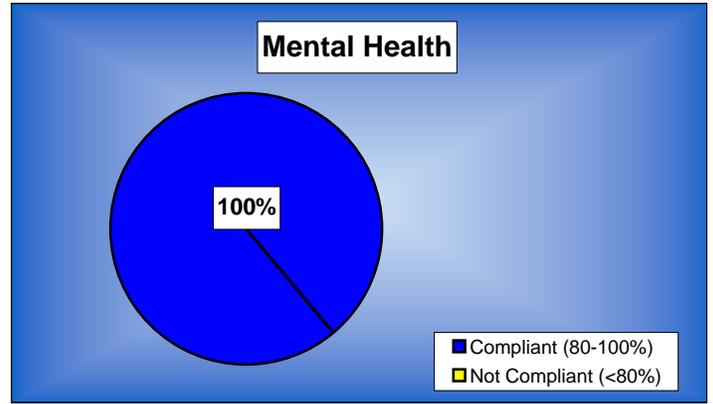
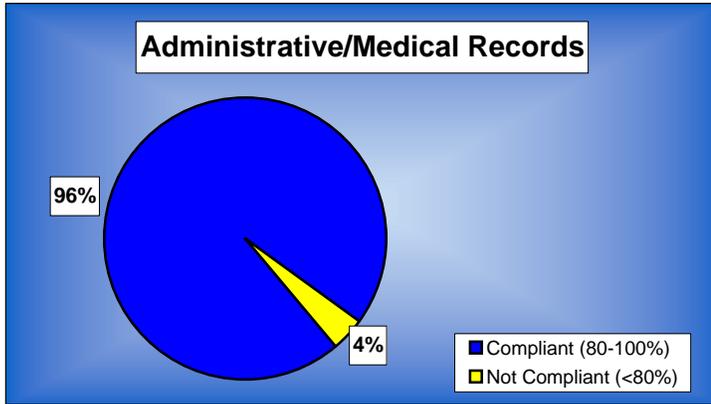
Quarterly Reports for  
Compliance Rate By Operational Categories  
Travis State Jail  
August 5, 2009



Quarterly Reports for  
Compliance Rate By Operational Categories  
Vance Facility  
July 7, 2009



Quarterly Reports for  
Compliance Rate By Operational Categories  
Woodman State Jail  
June 4, 2009



# PATIENT LIAISON AND STEP II GRIEVANCE STATISTICS

## QUALITY OF CARE/PERSONNEL REFERRALS AND ACTION REQUESTS

STEP II GRIEVANCE PROGRAM (GRV)									
FY2009	Total # of GRV Correspondence Received Each Month	Total # of Action Requests (Quality of Care, Personnel, and Process Issues)	% of Action Requests from Total # of GRV Correspondence	Total # of Action Requests Referred to UTMB-CMHC		Total # of Action Requests Referred to TTUHSC-CMHC		Total # of Action Requests Referred to PRIVATE FACILITIES	
					% of Total Action Requests Referred		% of Total Action Requests Referred		% of Total Action Requests Referred
June	547	82	14.99%	66	12.07%	16	2.93%	0	0.00%
July	661	102	15.43%	68	10.29%	30	4.54%	4	0.61%
August	596	106	17.79%	87	14.60%	19	3.19%	0	0.00%
<b>Totals:</b>	<b>1,804</b>	<b>290</b>	<b>16.08%</b>	<b>221</b>	<b>12.25%</b>	<b>65</b>	<b>3.60%</b>	<b>4</b>	<b>0.22%</b>

PATIENT LIAISON PROGRAM (PLP)									
FY2009	Total # of PLP Correspondence Received Each Month	Total # of Action Requests (Quality of Care, Personnel, and Process Issues)	% of Action Requests from Total # of PLP Correspondence	Total # of Action Requests Referred to UTMB-CMHC		Total # of Action Requests Referred to TTUHSC-CMHC		Total # of Action Requests Referred to PRIVATE FACILITIES	
					% of Total Action Requests Referred		% of Total Action Requests Referred		% of Total Action Requests Referred
June	477	39	8.18%	34	7.13%	4	0.84%	1	0.21%
July	510	55	10.78%	47	9.22%	8	1.57%	0	0.00%
August	573	68	11.87%	44	7.68%	24	4.19%	0	0.00%
<b>Totals:</b>	<b>1,560</b>	<b>162</b>	<b>10.38%</b>	<b>125</b>	<b>8.01%</b>	<b>36</b>	<b>2.31%</b>	<b>1</b>	<b>0.06%</b>
<b>GRAND TOTAL=</b>	<b>3,364</b>	<b>452</b>	<b>13.44%</b>						

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

**Month: June 2009**

Reportable Condition	Reports Received		Cases Confirmed	
	This Month	Same Month Last Year	Year to Date	Last Year to Date
Chlamydia	6	0	12	19
Gonorrhea	1	0	33	17
Syphilis	46	18	366	322
Hepatitis A	0	0	0	0
Hepatitis B (acute cases)	1	0	5	3
Hepatitis C	387	405	1827	2156
HIV Screens (non-pre-release)	7890	7460	43983	39587
HIV Screens (pre-release)	3427	3961	22556	21229
HIV + pre-release tests	1	1	17	42
HIV Infections (total new)	26	51	273	373
AIDS	2	56	91	112
Methicillin-Resistant <i>Staph Aureus</i>	176	378	1544	2325
Methicillin-Sensitive <i>Staph Aureus</i>	89	161	806	966
Occupational Exposures (TDCJ Staff)	6	17	36	87
Occupational Exposures (Medical Staff)	9	6	35	44
HIV CPX Initiation	1	5	11	31
Tuberculosis skin tests – intake (#positive)	253	103	1919	1658
Tuberculosis skin tests – annual (#positive)	48	32	340	266
Tuberculosis cases				
(1) Diagnosed during intake and attributed to county of origin	0	0	0	4
(2) Entered TDCJ on TB medications	0	2	2	6
(3) Diagnosed during incarceration in TDCJ	2	2	13	15
TB cases under management	17	23		
Peer Education Programs	0	1	108	102
Peer Education Educators	137	16	1424	805
Peer Education Participants	7220	2810	40057	24546
Sexual Assault In-Service (sessions/units)	0	1/1	4/3	9/10
Sexual Assault In-Service Participants	0	2	32	67
Alleged Assaults & Chart Reviews	57	56	318	344
BBE Labs (Offenders)	5	5	27	17

NOTE: Year to date data may not equal sum of monthly data because of late reporting.  
Hepatitis C cases in parenthesis 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: July 2009**

Reportable Condition	Reports Received		Cases Confirmed	
	This Month	Same Month Last Year	Year to Date	Last Year to Date
Chlamydia	5	7	40	30
Gonorrhea	2	1	14	16
Syphilis	49	136	413	458
Hepatitis A	0	0	0	0
Hepatitis B (acute cases)	1	1	6	4
Hepatitis C	413	155	2240 (3)	2310 (4)
HIV Screens (non-pre-release)	7455	7784	51438	47371
HIV Screens (pre-release)	4058	3926	26614	25114
HIV + pre-release tests	6	1	19	43
HIV Infections (total new)	79	46	350	408
AIDS	14	35	107	150
Methicillin-Resistant <i>Staph Aureus</i>	314	273	1761	3217
Methicillin-Sensitive <i>Staph Aureus</i>	149	113	920	1038
Occupational Exposures (TDCJ Staff)	15	10	49	90
Occupational Exposures (Medical Staff)	9	7	41	30
HIV CPX Initiation	4	6	15	27
Tuberculosis skin tests – intake (#positive)	333	132	2252	1790
Tuberculosis skin tests – annual (#positive)	54	51	394	317
Tuberculosis cases				
(1) Diagnosed during intake and attributed to county of origin	0	0	0	4
(2) Entered TDCJ on TB medications	3	2	5	8
(3) Diagnosed during incarceration in TDCJ	3	3	16	18
TB cases under management	20	26		
Peer Education Programs	0	4	108	106
Peer Education Educators	109	52	1533	857
Peer Education Participants	6417	1231	46470	25777
Sexual Assault In-Service (sessions/units)	0	1/1	4/3	9/10
Sexual Assault In-Service Participants	0	2	32	67
Alleged Assaults & Chart Reviews	56	56	374	344
BBE Labs (Offenders)	5	5	32	17

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

Hepatitis C cases in parenthesis 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: August 2009**

Reportable Condition	Reports Received		Cases Confirmed	
	This Month	Same Month Last Year	Year to Date	Last Year to Date
Chlamydia	12	3	52	29
Gonorrhea	3	1	17	19
Syphilis	45	47	459	505
Hepatitis A	0	0	0	0
Hepatitis B (acute cases)	1	3	7	7
Hepatitis C	88	517	2328	2827
HIV Screens (non-pre-release)	7521	7066	58959	54437
HIV Screens (pre-release)	3459	3627	30073	28741
HIV + pre-release tests	2	2	25	33
HIV Infections (total new)	58	43	408	451
AIDS	6	10	114	194
Methicillin-Resistant <i>Staph Aureus</i>	231	386	2197	3532
Methicillin-Sensitive <i>Staph Aureus</i>	100	143	1096	1140
Occupational Exposures (TDCJ Staff)	12	12	66	106
Occupational Exposures (Medical Staff)	5	6	47	33
HIV CPX Initiation	2	3	17	39
Tuberculosis skin tests – intake (#positive)	270	182	2627	2213
Tuberculosis skin tests – annual (#positive)	41	62	441	391
Tuberculosis cases				
(1) Diagnosed during intake and attributed to county of origin	2	1	2	5
(2) Entered TDCJ on TB medications	1	1	6	9
(3) Diagnosed during incarceration in TDCJ	1	1	17	19
TB cases under management	22	25		
Peer Education Programs	0	1	108	107
Peer Education Educators	57	9	1590	866
Peer Education Participants	6234	3250	52708	29027
Sexual Assault In-Service (sessions/units)	9/7	3/3	13/10	12/13
Sexual Assault In-Service Participants	30	26	64	93
Alleged Assaults & Chart Reviews	63	59	437	403
BBE Labs (Offenders)	5	8	37	25

NOTE: Year to date data may not equal sum of monthly data because of late reporting.  
Hepatitis C cases in parenthesis 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  
Fourth Quarter Report FY-2009 (June, July, and August)**

Hospital	University	Audits Performed*	Deficiencies Noted	Comments (See Key)
Angleton/Danbury	UTMB	1	1	A=1; E=1
Brackenridge	UTMB	1	1	A=1; C=1; E=1
Conroe Regional	UTMB	7	5	A=3; C=2; E=5
ETMC/Tyler	UTMB	7	5	A=4; C=1; E=5
Hendrick Memorial	TTUHSC	6	4	A=4; C=2; E=3
Hillcrest Baptist	UTMB	1	1	E=1
Hospital Galveston	UTMB	104	71	A=67; C=18; D=2
Huntsville Memorial	UTMB	7	6	D=1; E=6
Mainland Memorial	UTMB	3	3	A=2; E=2
McAllen Medical Center	UTMB	1	1	E=1
Memorial Hermann/Beaumont	UTMB	2	1	A=1; E=1
Memorial Hermann/NE	UTMB	1	1	E=1
Mitchell County Hospital	TTUHSC	2	2	A=2
Northwest Texas	TTUHSC	3	3	A=2; E=3
Palestine Regional	UTMB	2	2	A=2; C=1; E=2
Pampa	TTUHSC	1	1	E=1
Parkland Hospital	UTMB	1	0	N/A
Scott & White/Dallas	UTMB	1	1	A=1; C=1; E=1
South Texas Regional	UTMB	1	1	A=1; E=1
St. Joseph's/College Sta.	UTMB	2	2	A=1; C=1; E=2
United Regional/11 <sup>th</sup> St.	TTUHSC	3	3	A=1; E=3
University HCS/San Antonio	UTMB	1	1	C=1; E=1
University Medical Center	TTUHSC	5	5	A=5; C=2; E=3
UT Tyler	UTMB	5	4	A=2; C=2; E=4

Inpatient Facility	University	Audits Performed*	Deficiencies Noted	Comments (See Key)
Allred	TTUHSC			
Beto	UTMB	6	5	A=5; C=2; E=1
Clements	TTUHSC	9	9	A=9; C=4; E=4
Connally	UTMB	1	0	N/A
Estelle	UTMB	10	6	A=5; C=1
Hughes	UTMB	1	0	N/A
Jester 3	UTMB	1	0	N/A
Montford	TTUHSC	14	13	A=12; C=3; E=13
Polunsky	UTMB	2	1	A=1
Robertson	TTUHSC	1	1	A=1
Stiles	UTMB	1	1	A=1
UT Tyler	UTMB	4	4	A=3; E=4
Carole Young	UTMB	8	3	A=3; C=1

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?
B	Were the level of medical services available at the receiving facility sufficient to meet the offender's current needs?
C	Was the medical record reviewed by qualified health care staff and referred to an appropriate medical provider (if applicable) on the day of arrival at the unit?
D	Did the patient require unscheduled medical care related to the admitting diagnosis within the first seven days after discharge?
E	Was the discharge summary available in the offender's electronic medical record (including results of diagnostic tests, discharge planning, medication recommendations and/or treatments, etc.) within 24 hours of arriving at the unit?

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

<b>June</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>Hilltop</b>	42	0	1	8
<b>Mountain View</b>	41	0	1	0
<b>Murray</b>	43	0	0	0
<b>Woodman</b>	41	0	0	0

<b>July</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>Central</b>	20	0	0	0
<b>Vance</b>	18	0	9	1
<b>Stiles</b>	35	0	9	1

<b>August</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>Bartlett</b>	20	0	0	2
<b>Travis</b>	43	0	0	0
<b>Kyle</b>	16	0	0	5
<b>Sayle</b>	16	0	0	1

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

<b>Audit Tools</b>	<b>June</b>	<b>July</b>	<b>August</b>	<b>Total</b>
<b>Total number of units audited</b>	4	4	4	12
<b>Total numbered property</b>	167	73	95	335
<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  
Fourth Quarter FY-2009**

**University of Texas Medical Branch**

Unit	Audit Date	% Compliance	
		Mandatory	Non-Mandatory
Hobby/Marlin	June 2009	100 %	98.0%
Hamilton	July 2009	100%	98.8%
Boyd	August 2009	100 %	99.2%
Pack	August 2009	100%	98.5%

**Texas Tech University Health Science Center**

Unit	Audit Date	% Compliance	
		Mandatory	Non-Mandatory
Havins	July 2009	100 %	98.4%

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

**FY-2009 Fourth Quarterly Report: June, July, and August**

**Project Number: 408-RM03**

**Researcher:**  
Ned Snyder

**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

**Data Collection End:**  
03-Jul-08

**Proponent:**  
University of Texas Medical Branch at Galveston

**Projected Completion Date:**  
31-Jul-08

**Project Status:**  
Continued Data Analysis. Continuing to produce and publish articles; meanwhile, Dr. Snyder has requested the project be transferred to Dr. John Petersen

**Progress Report Due:**  
01-Mar-10

**Units:** Hospital Galveston

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**Project Number: 450-RM04**

**Researcher:**  
Everett Lehman

**IRB Number:**  
04.DSHP FS.02XP

**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

**Data Collection End:**  
30-Nov-04

**Proponent:**  
Centers for Disease Control and Prevention/Nat'l Institute for

**Projected Completion Date:**  
30-Jun-09

**Project Status:**  
Manuscript Has Been Reviewed, Pending Final Product

**Progress Report Due:**  
17-Oct-09

**Units:** 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

**Data Collection End:**  
31-Jul-07

**Proponent:**  
Texas Tech University

**Projected Completion Date:**  
01-Jan-08

**Project Status:**  
Data Collection

**Progress Report Due:**  
10-Mar-10

**Units:** Crain, Montford

**Project Number: 515-MR07**

Researcher:  
Jacques Baillargeon

IRB Number:  
06-249

IRB Expiration Date:  
30-Jun-09

Research Began:  
27-Oct-07

Title of Research:  
Disease Prevalence and Health Care Utilization in the Texas Prison System

Data Collection Began:  
05-Mar-07

Data Collection End:  
05-Mar-07

Proponent:  
UTMB

Projected Completion Date:  
31-Dec-09

Project Status:  
Manuscripts Being Reviewed

Progress Report Due:  
06-Sep-09

Units: Data Collection

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**Project Number: 527-MR07**

Researcher:  
Ned Snyder

IRB Number:  
05-277

IRB Expiration Date:  
30-Jun-08

Research Began:  
12-Apr-07

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

Data Collection Began:  
12-Mar-07

Data Collection End:  
31-Jul-08

Proponent:  
UTMB

Projected Completion Date:  
31-Jul-09

Project Status:  
Data Collection

Progress Report Due:  
17-Jan-09

Units: UTMB

---

**Project Number: 542-MR07**

Researcher:  
Jacques Baillargeon

IRB Number:  
07-277

IRB Expiration Date:  
31-Aug-08

Research Began:  
13-Apr-07

Title of Research:  
Psychiatric Barriers to Outpatient Care in Released HIV-infected Offenders

Data Collection Began:  
02-Jan-08

Data Collection End:

Proponent:  
UTMB

Projected Completion Date:  
02-Oct-08

Project Status:  
Pending Final Product Review (NIH Grant requirement of one more article from this protocol)

Progress Report Due:  
09-Sept-09

Units: Data Analysis

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

**FY-2009 Fourth Quarterly Report: June, July, and August**

**Project Number:** 567-AR08

**Researcher:** Cynthia Mundt  
**IRB Number:** Awaiting SHSU IRB

**Applicaton Received:**  
Thursday, November 06, 2008

**Title of Research:**  
Treatment Amenability of Youths Convicted of Crimes in Texas as Adults

**Completed Application:**

**Peer Panel Schedule:**  
Thursday, May 28, 2009

**Proponent:**  
Sam Houston State University

**Panel Recommendations:**  
Approved with Conditions

**Project Status:**  
Pending HS Approval (2<sup>nd</sup> review)

**Detail:**  
A revised proposal has been submitted by the researcher which meets the conditions of approval. No offender under age 18 will be interviewed and the MAYSI-II scales have been eliminated from the study.

---

**Project Number:** 585-RM09

**Researcher:** Andrew Watson  
**IRB Number:**

**Applicaton Received:**

**Title of Research:**  
"Quality of Life and Symptom Distress Among Patients in Prison Hospice Care"

**Completed Application:**

**Peer Panel Schedule:**

**Proponent:**  
University of Texas Medical Branch at Galveston

**Panel Recommendations:**

**Project Status:**  
Pending HS Approval

**Detail:**  
Preliminary Review by Dr. Linthicum and Dr. Kelley - Denied June 10, 2009. To be reconsidered in meeting with Dr. Linthicum.

---

**Project Number:** 592-RM09

**Researcher:** Corey Bayliss  
**IRB Number:**

**Applicaton Received:**  
29-Jul-09

**Title of Research:**  
The Detection of Malingered Mental Retardation

**Completed Application:**

**Peer Panel Schedule:**

**Proponent:**  
Sam Houston State University

**Panel Recommendations:**

**Project Status:**  
Pending HS Approval (2<sup>nd</sup> review)

**Detail:**  
Proposal was sent to Health Services for preview. The problem was noted with obtaining true informed consent from a mentally retarded offender. project was denied on August 4, 2009. Currently, the project is being reconsidered by Mental Health Services.

**TDCJ Office of Mental Health Monitoring & Liaison  
4<sup>th</sup> Quarter 2009 (June, July, and August)**

**Administrative Segregation**

<b>Unit</b>	<b>Observed</b>	<b>Interviewed</b>	<b>Referred</b>	<b>ATC 4/5</b>	<b>ATC 6</b>	
Darrington	234	131	0	100%	100%	
Michael	472	339	0	92%	100%	
Ramsey I	58	58	0	100%	100%	
Estelle	539	291	2	100%	100%	
Telford	409	218	0	100%	100%	
Stiles	468	282	0	100%	100%	
Eastham	351	209	0	100%	100%	
Smith	473	308	1	100%	100%	
Robertson	456	200	1	100%	100%	
Allred ECB	430	187	1	92%	100%	
Allred 12 Bldg	467	344	2	92%	100%	
Ellis	97	97	0	92%	100%	
Pack	14	14	1	100%	100%	
Lychner	21	21	0	100%	N/A	
Gist	19	19	1	100%	100%	
Clemens	2	2	0	100%	N/A	
Bartlett	3	3	0	NA	NA	
Travis	9	9	0	100%	100%	
<b>Totals</b>	Units 18	4147	2,504	13	1 x NA 4 x 92% 13 x 100%	3 x NA 15 X 100%

**TTUHSU**

Reviewed	3,257
Problems	1,013

**CARE**

Reviewed	20,229
Problems	2,470

**SPECIAL CIRCUMSTANCES**

Reviewed	294
Problems	18

**BOOT CAMP**

Reviewed	54
Problems	1

**SAFP**

Units Audited	2	In Compliance	2
Discharge Reviews	5	Discharge Appropriate	5

**COUNTY JAIL LIAISON**

Admissions Facilitated	35
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# Consent Item 3(a)

University Medical Director's Report

The University of Texas Medical Branch



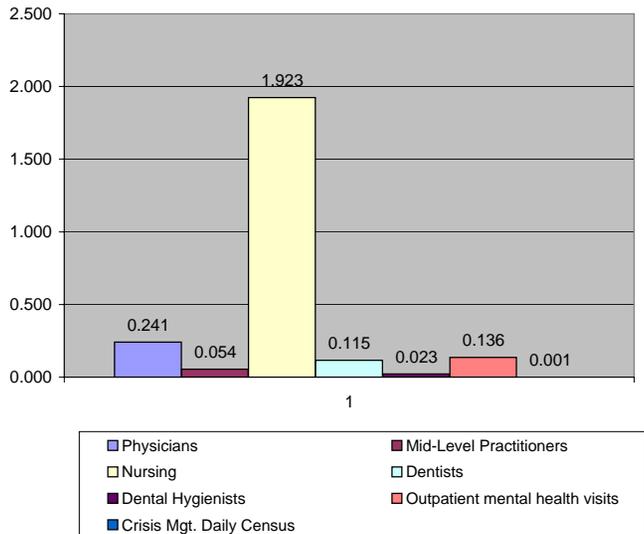
**Correctional Health Care  
MEDICAL DIRECTOR'S REPORT**

**FOURTH QUARTER  
FY 2009**

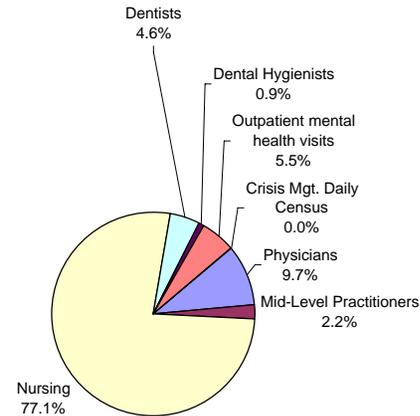
**Medical Director's Report:**

Average Population	June		July		August		Qtrly Average	
	119,618		119,688		120,488		119,931	
	Number	Rate Per Offender						
<b>Medical encounters</b>								
Physicians	29,696	0.248	30,112	0.252	26,985	0.224	<b>28,931</b>	<b>0.241</b>
Mid-Level Practitioners	6,550	0.055	6,280	0.052	6,645	0.055	<b>6,492</b>	<b>0.054</b>
Nursing	231,547	1.936	232,019	1.939	228,282	1.895	<b>230,616</b>	<b>1.923</b>
<b>Sub-total</b>	<b>267,793</b>	<b>2.239</b>	<b>268,411</b>	<b>2.243</b>	<b>261,912</b>	<b>2.174</b>	<b>266,039</b>	<b>2.218</b>
<b>Dental encounters</b>								
Dentists	14,253	0.119	14,082	0.118	13,159	0.109	<b>13,831</b>	<b>0.115</b>
Dental Hygienists	2,732	0.023	3,009	0.025	2,526	0.021	<b>2,756</b>	<b>0.023</b>
<b>Sub-total</b>	<b>16,985</b>	<b>0.142</b>	<b>17,091</b>	<b>0.143</b>	<b>15,685</b>	<b>0.130</b>	<b>16,587</b>	<b>0.138</b>
<b>Mental health encounters</b>								
Outpatient mental health visits	16,244	0.136	17,916	0.150	14,750	0.122	<b>16,303</b>	<b>0.136</b>
Crisis Mgt. Daily Census	74	0.001	80	0.001	77	0.001	<b>77</b>	<b>0.001</b>
<b>Sub-total</b>	<b>16,318</b>	<b>0.136</b>	<b>17,996</b>	<b>0.150</b>	<b>14,827</b>	<b>0.123</b>	<b>16,380</b>	<b>0.137</b>
<b>Total encounters</b>	<b>301,096</b>	<b>2.517</b>	<b>303,498</b>	<b>2.536</b>	<b>292,424</b>	<b>2.427</b>	<b>299,006</b>	<b>2.493</b>

**Encounters as Rate Per Offender Per Month**



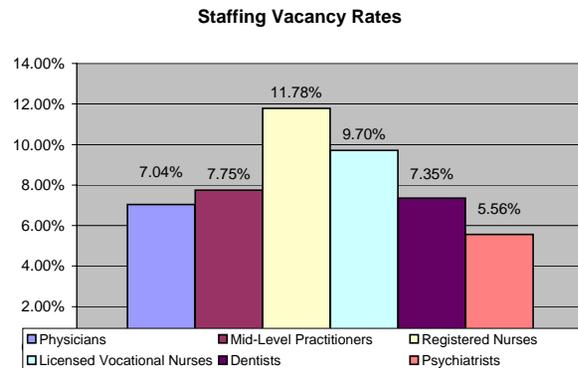
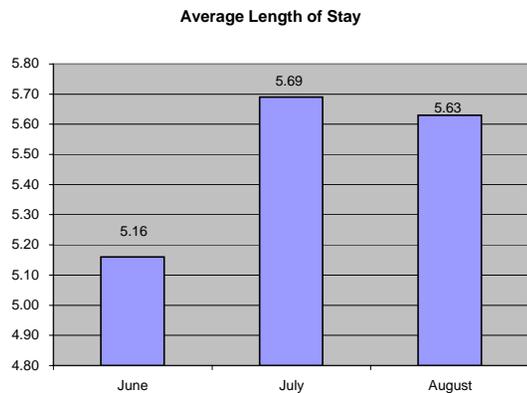
**Encounters by Type**



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

	June	July	August	Qtly Average
<b>Medical Inpatient Facilities</b>				
Average Daily Census	87.00	97.00	90.00	<b>91.33</b>
Number of Admissions	356.00	378.00	356.00	<b>363.33</b>
Average Length of Stay	5.16	5.69	5.63	<b>5.49</b>
Number of Clinic Visits	2,810.00	3,080.00	2,833.00	<b>2,907.67</b>
<b>Mental Health Inpatient Facilities</b>				
Average Daily Census	1,003.14	1,011.42	1,011.09	<b>1,008.55</b>
PAMIO/MROP Census	688.87	688.94	681.16	<b>686.32</b>
<b>Telemedicine Consults</b>	<b>6,404</b>	<b>6,851</b>	<b>5,751</b>	<b>6,335.33</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	10.00	129.00	7.75%
Registered Nurses	397.00	53.00	450.00	11.78%
Licensed Vocational Nurses	577.00	62.00	639.00	9.70%
Dentists	63.00	5.00	68.00	7.35%
Psychiatrists	17.00	1.00	18.00	5.56%



# Consent Item 3(b)

University Medical Director's Report

Texas Tech University  
Health Sciences Center

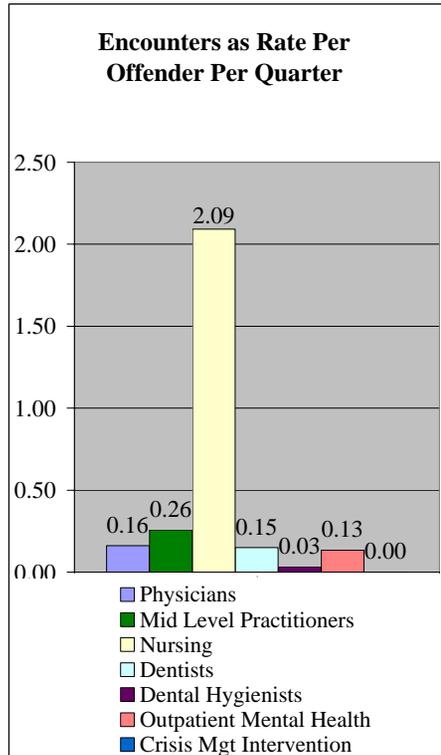


**Correctional Managed Health Care  
MEDICAL DIRECTOR'S REPORT**

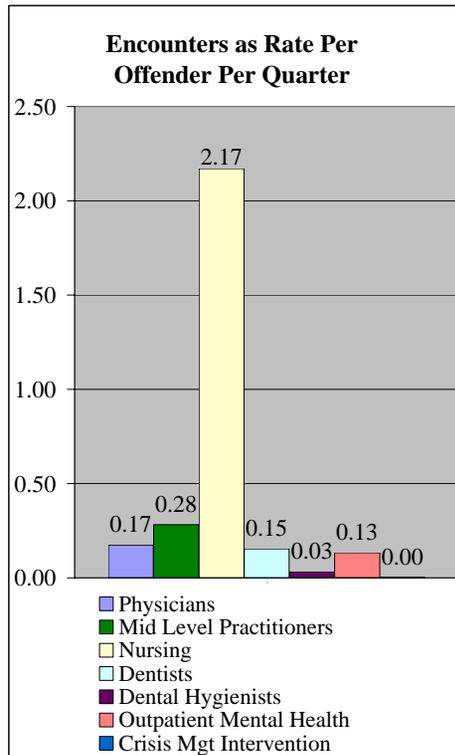
**FOURTH QUARTER  
FY 2009**

Medical Director's Report:

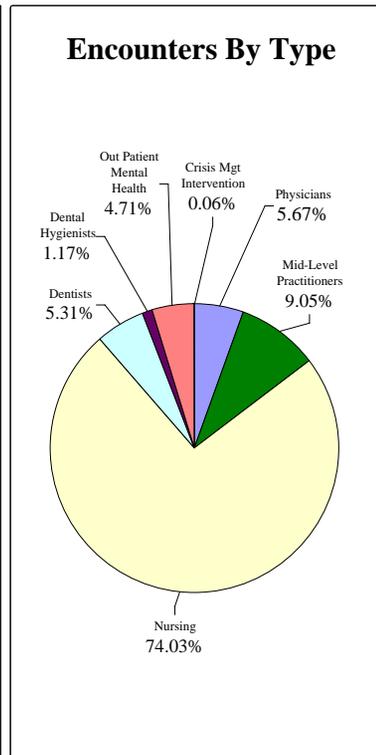
	June		July		August		Quarterly Average	
<i>Average Population</i>	30,640.38		30,648.76		30,766.65		30,685.26	
<i>Medical Encounters</i>	Rate Per		Rate Per		Rate Per		Rate Per	
	Number	Offender	Number	Offender	Number	Offender	Number	Offender
Physicians	5,337	0.174	5,298	0.173	5,433	0.177	5,356	0.175
Mid-Level Practitioners	9,031	0.295	8,439	0.275	8,501	0.276	8,657	0.282
Nursing	65,259	2.130	67,270	2.195	67,300	2.187	66,610	2.171
Sub-Total	79,627	2.599	81,007	2.643	81,234	2.640	80,623	2.627
<i>Dental Encounters</i>	Rate Per		Rate Per		Rate Per		Rate Per	
	Number	Offender	Number	Offender	Number	Offender	Number	Offender
Dentists	4,972	0.162	4,474	0.146	4,779	0.155	4,742	0.155
Dental Hygienists	967	0.032	957	0.031	1,059	0.034	994	0.032
Sub-Total	5,939	0.194	5,431	0.177	5,838	0.190	5,736	0.187
<i>Mental Health Encounters</i>	Rate Per		Rate Per		Rate Per		Rate Per	
	Number	Offender	Number	Offender	Number	Offender	Number	Offender
Outpatient mental health visits	4,027	0.131	4,262	0.139	3,919	0.127	4,069	0.133
Crisis Mgt. Interventions	40	0.001	51	0.002	53	0.002	48	0.002
Sub-Total	4,067	0.133	4,313	0.141	3,972	0.129	4,117	0.134
<i>Total Encounters</i>	89,633	2.925	90,751	2.961	91,044	2.959	90,476	2.949



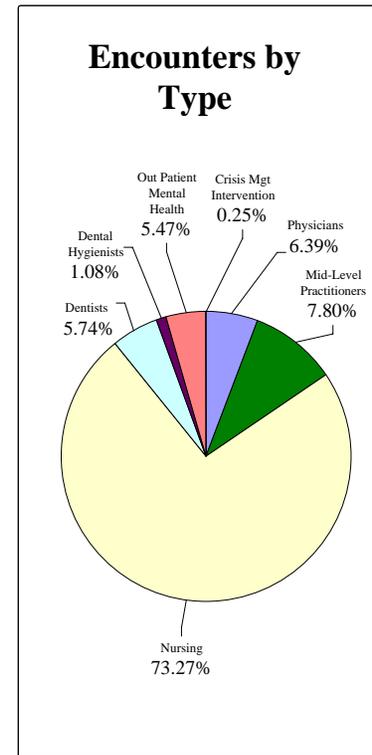
3rd Quarter



4th Quarter 2009



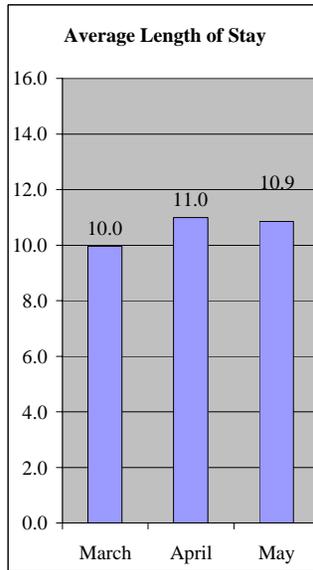
3rd Quarter 2009



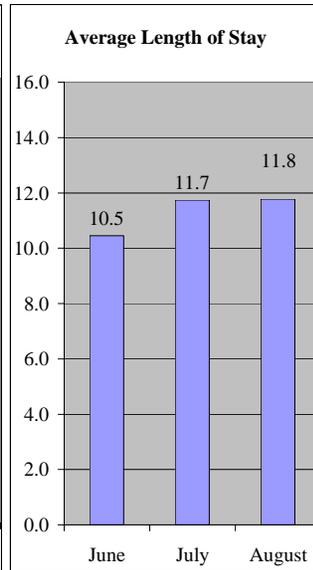
4th Quarter 2009

Medical Director's Report (page 2):

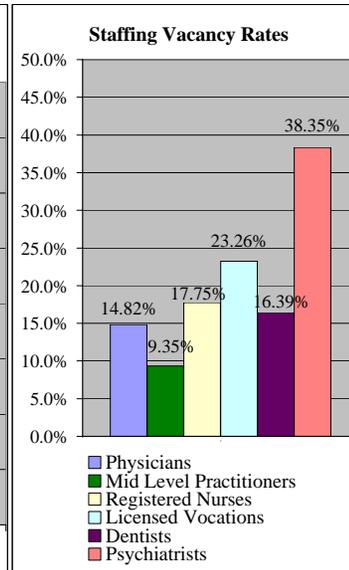
	June	July	August	Quarterly Average
<i>Medical Inpatient Facilities</i>				
Average Daily Census	118.07	118.54	123.49	<b>120.03</b>
Number of Admissions	339	267	248	<b>284.67</b>
Average Length of Stay	10.45	11.74	11.78	<b>11.32</b>
Number of Clinic Visits	684	762	730	<b>725.33</b>
<i>Mental Health Inpatient Facilities</i>				
Average Daily Census	463	506	507	<b>492.00</b>
PAMIO/MROP Census	397	401	415	<b>404.33</b>
<i>Specialty Referrals Completed</i>	926	1060	1183	<b>1056.33</b>
<i>Telemedicine Consults</i>	563	316	295	<b>391.33</b>
<i>Health Care Staffing</i>				
	Average This Quarter			Percent Vacant
	Filled	Vacant	Total	
Physicians	22.33	2.67	25	10.68%
Mid-Level Practitioners	27.84	3.74	31.58	11.84%
Registered Nurses	142.18	35.18	177.36	19.84%
Licensed Vocational Nurses	283.16	68.5	351.66	19.48%
Dentists	15.28	4.51	19.79	22.79%
Psychiatrists	5.64	5	10.64	46.99%



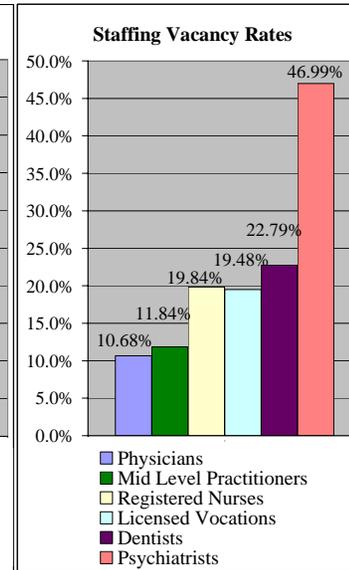
3rd Quarter 2009



4th Quarter 2009



3rd Quarter 2009



4th Quarter 2009

## Consent Item 4

Summary of CMHCC Joint  
Committee \ Work Groups

**Correctional Managed Health Care  
Joint Committee/Work Group Activity Summary  
for December 2009 CMHCC Meeting**

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

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

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

Workgroup activity covered in this report includes:

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

## **System Leadership Council**

Chair: Dr. Lannette Linthicum

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

Meeting Date: November 12, 2009

### Key Activities:

- (1) Approved Minutes
- (2) Reports from Champions/Discipline Directors – Dental Services / Medical Staff / Mental Health Services / Nursing Services / OPS Data
- (3) Report on ATC Methodology Audit
- (4) FY 2009 SLC Indicators:
  - o Infection Control
  - o Mental Health PULHES
  - o Monitoring CD4 Viral Load Analysis
- (5) Monthly Grievance Exception Report
- (6) New SLC Quality of Care Indicators Updates
- (7) Discussion on Hospital and Infirmery Discharge Surveys
- (8) Discussion on Mortality and Morbidity Committee
- (9) Heard an update on Complete Intake History, Physicals

(10) SAFE Prisons Program

(11) Nursing Working Group Update

(12) Hand Washing Audit

### **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: October 8, 2009

#### Key Activities:

- (1) Reviewed revisions to policy A-08.10 Referral to the Program for the Aggressive Mentally Ill Offenders (PAMIO)
- (2) Reviewed revisions to policy B-14.3 Respiratory Protection
- (3) Reviewed revisions to policy E-34.2 Periodic Physical Examination
- (4) Reviewed revisions to policy E-37.1 Daily Triaging of Health Complaints
- (5) Reviewed revisions to policy G-51.2 Admission to Geriatric Center
- (6) Approved revisions to policy I-68.2 DNA Specimen Collection
- (7) Approved revisions to policy I-71.1 Attachment C – Instruction for Completing the Refusal of Treatment Form, Offenders Right to Refuse Treatment, Department's Right to Compel Treatment

## **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: September 10, 2009

### A. Key Activities

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

- Benzodiazepine Withdrawal
- CAD
- GERD
- HIV
- Medication Errors
- Pain
- Psychiatry
- Respiratory

(2) Reviewed and discussed monthly reports as follows:

- Pharmacy Clinical Activity Reports
- Non-Formulary Deferral Reports
- Drug Recalls – (June - July, 2009)
- Utilization related reports on:
  - HIV Utilization
  - Hepatitis C Utilization
  - Hepatitis B Utilization

(3) Action Request (Old Business)

- Clarification of Medical Administration During Computer Breakdown (Down-time)
- Mid-level Prescribing of Controlled Substances
- Update Pharmacy Warehouse M-List

(4) Action Requests (New Business):

- IV Contrast for Fluoroscopy
- Floor Stock Request
  - Factor VIII At Jester III
  - Chlordiazepoxide at Beto Facility
- Preparation for H1N1 Virus
- Tuberculosis Patient Education
- Patient Safety Goals
- KOP Medication Distribution Program

(5) Category Review:

- Membership Change – TDCJ Nursing Representative
- Formulary Addition Request – Levetiracetam (Keppra®)
- Disease Management Guidelines – Drug Overdose Algorithms
- Medication Safety Advisories
  - Mycophenolate (Cellcept®) and Puer Red Cell Aplasia Risk
  - Immunosuppressant Drugs: Required Labeling Changes
  - Propoxyphene Overdose

(6) Reviewed Policy and Procedures Revisions:

- P&P 05-05
- P&P 05-10
- P&P 05-15

- P&P 10-05
- P&P 10-10
- P&P 10-20
- P&P 10-25
- P&P 10-30
- P&P 75-30

### **Joint Infection Control Committee**

Chair: Dr. Carol Coglianesi

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

Meeting Date: October 8, 2009

#### Key Activities:

(1) Reviewed and Approved Minutes

(2) Update on Preventive Medicine

(3) Discussion on New Business

- New Vaccine Immunization Schedule Forms for N1N1 and Seasonal Influenza
- H1N1 Update:
  - Tamiflu Hub Site Update
  - Tamiflu Strategic Stockpile Update
  - H1N1 Vaccine Update
  - Seasonal Influenza Vaccine Update
- Standard Operating Procedure for the Fall H1N1 Season

### **Joint Dental Work Group**

Chair: Dr. Brian Tucker

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

Meeting Date: July 8, 2009

#### Key Activities:

- (1) Private Practitioner Policy Review
- (2) Report from the TDCJ Health Services Director / Eastern Sector Dental Services / Western Dental Director
- (3) Approval of Minutes, Division and Department Directors / District Director Meeting
- (4) Dental Utilization Quality Review Committee Update
- (5) Report from the Formulary Committee
- (6) Report from the Dental Hygiene Manager

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

Chair: Dr. Robert Williams

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

Meeting Dates: June , 2009 (review of 55 cases), July, 2009 (review of 34 cases) and August, 2009 (review of 42 cases)

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

## **Joint Nursing Work Group**

Chair: Mary Goetcher, RN

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

Meeting Date: October 8, 2009

### Key Activities:

- (1) Discussion and review of ER Records
- (2) Discussion and review on Protected Status for Meeting
- (3) Report on Serious Incident Review
- (4) Reviewed Policy Revisions
- (5) Discussion and review of H1N1 – N95 Masks
- (6) Discussion list from TDCJ Division Director of Health Services



# CORRECTIONAL MANAGED HEALTH CARE

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

Allen R. Hightower  
Executive Director

---

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

Date: November 6, 2009

From: Allen Hightower, Executive Director

Subject: Executive Director's Report

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

## HB 4586, 81<sup>st</sup> Legislative Session

HB 4586 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 Budget Board and the Governor no later than May 1, 2010".

Each of the university providers, TDCJ and CMHCC staff have submitted their ideas as possibilities for further study to the Chairman. Several of the 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.

Many cost containment measures are already in place. However, health care presents many unique problems in the correctional setting. Health care costs in the correctional setting is a problem throughout the United States. The CMHCC have to be able to balance costs with what is good correctional health care practices which in a lot of ways is a contradiction within itself. We are constantly striving to provide better health care and yet keep the cost at a manageable level.

FY 2010-2011 CMHCC Contracts:

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.

Legislative Budget Board Uniform Cost Project:

Cost data by facility was obtained from TTUHSC and UTMB and submitted to TDCJ in preparation for the Legislative Budget Board's Uniform Cost Project. This will provide costs for FY 2009 by facility.

Annual Financial Reporting Requirements (AFR):

The CMHCC was required to submit the annual financial report schedules for the Committee for FY 2009.

# *Correctional Managed Health Care Committee*

## Key Statistics Dashboard

**December 2009**

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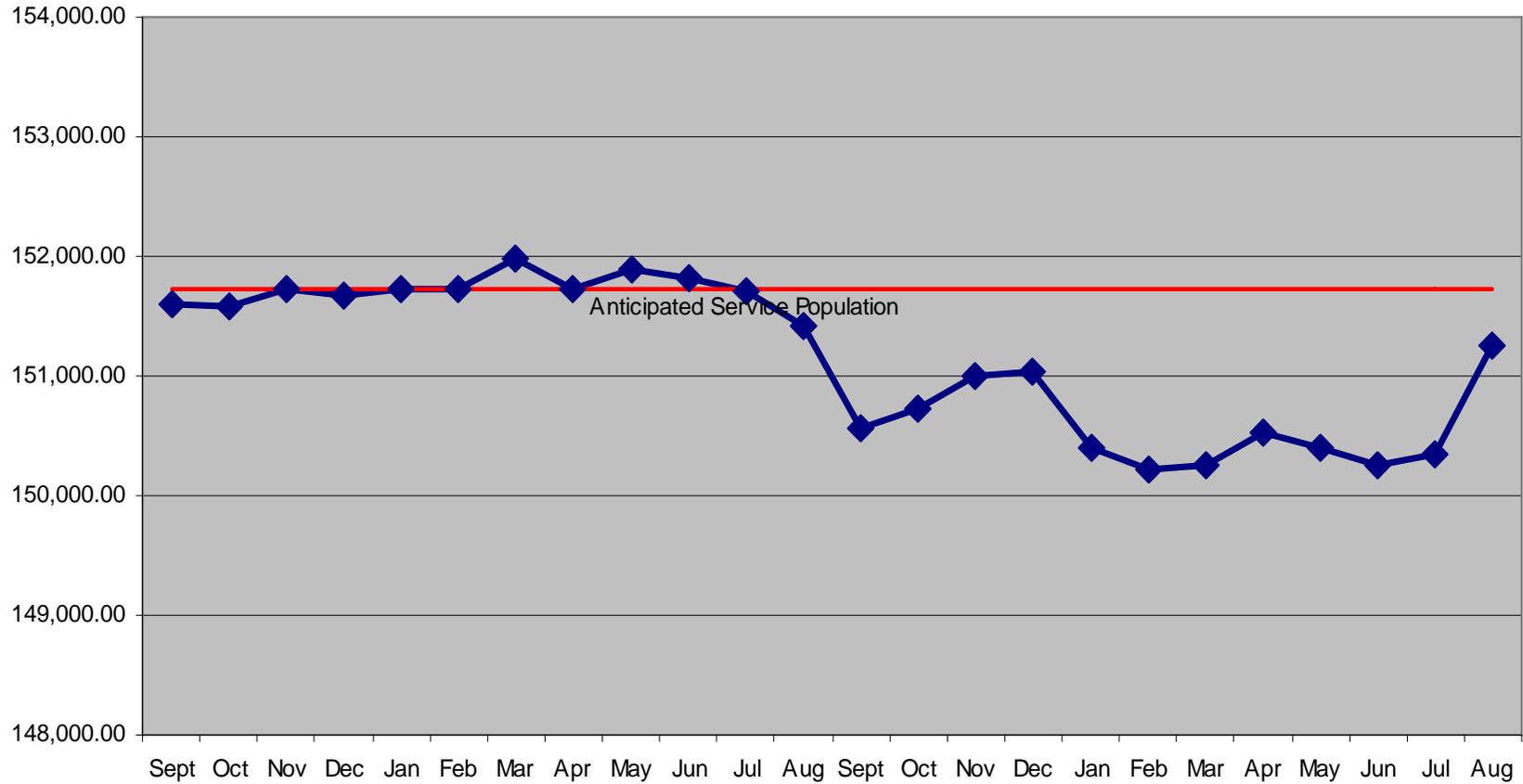
*Correctional Managed  
Health Care*



TEXAS TECH UNIVERSITY  
HEALTH SCIENCES CENTER

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## CMHC Service Population FY 2008-2009 to Date

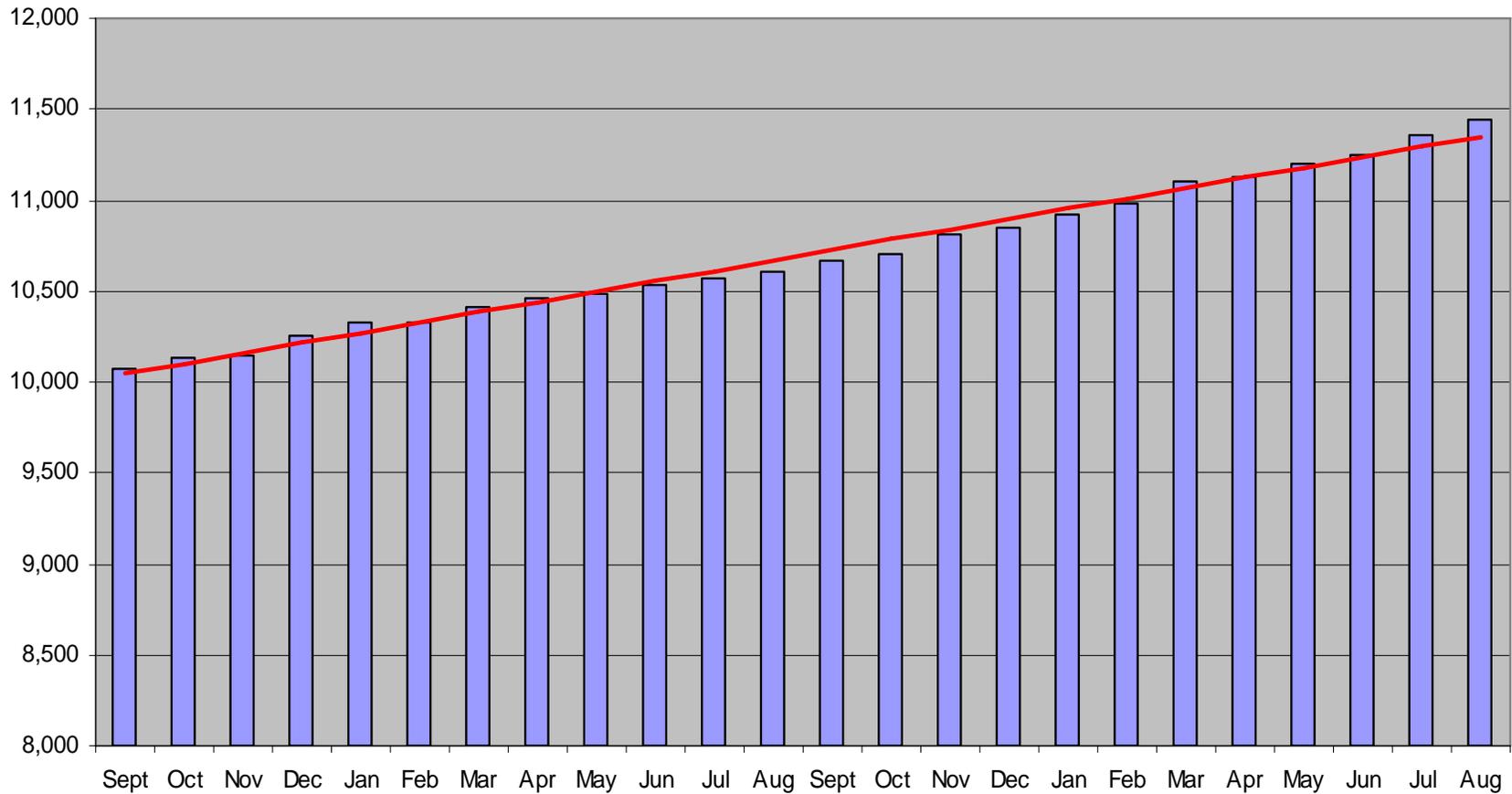


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## Offenders Age 55+ FY 2008-2009 to Date



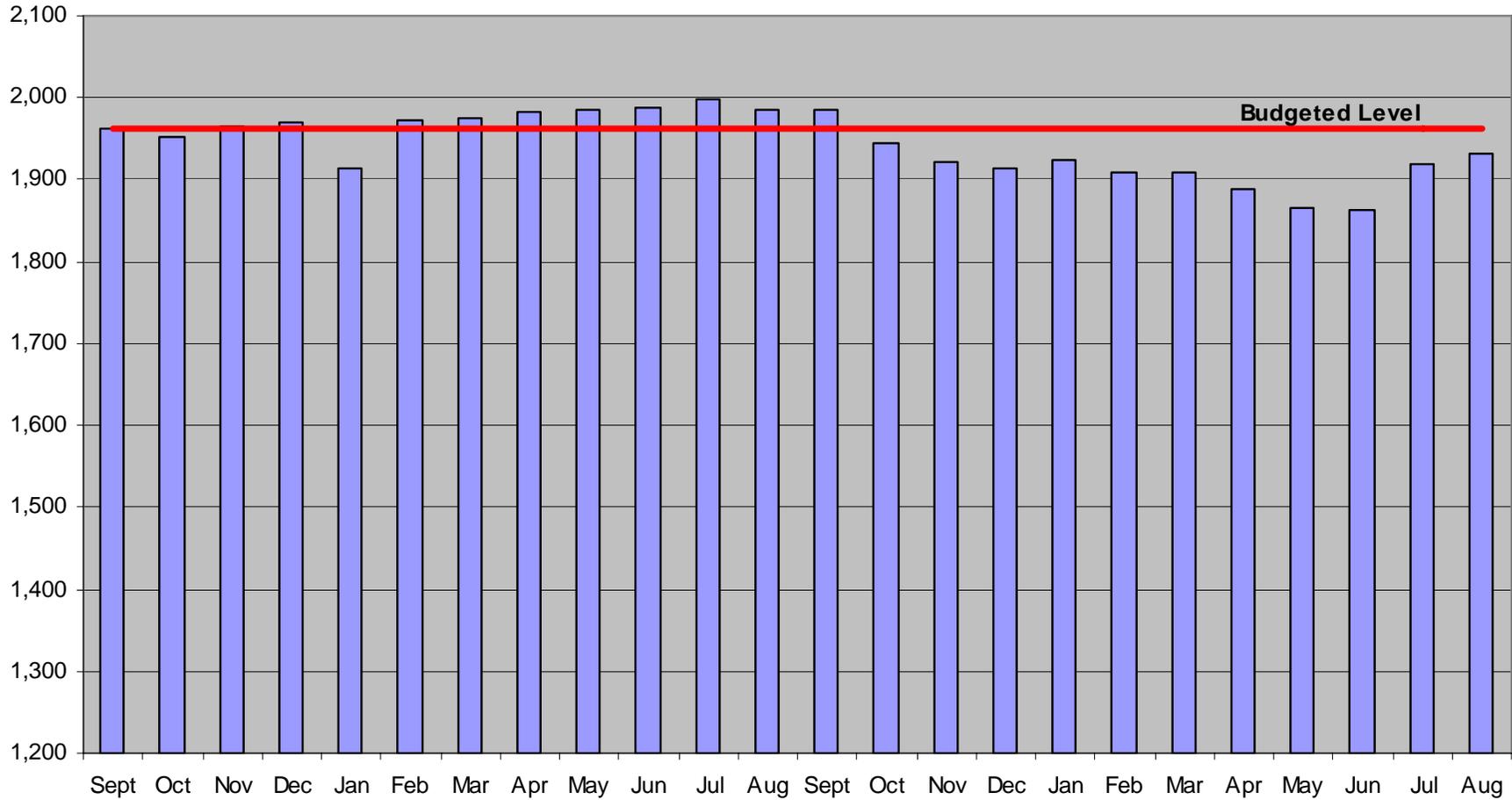
*Correctional Managed*

*Health Care*



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# Psychiatric Inpatient Census



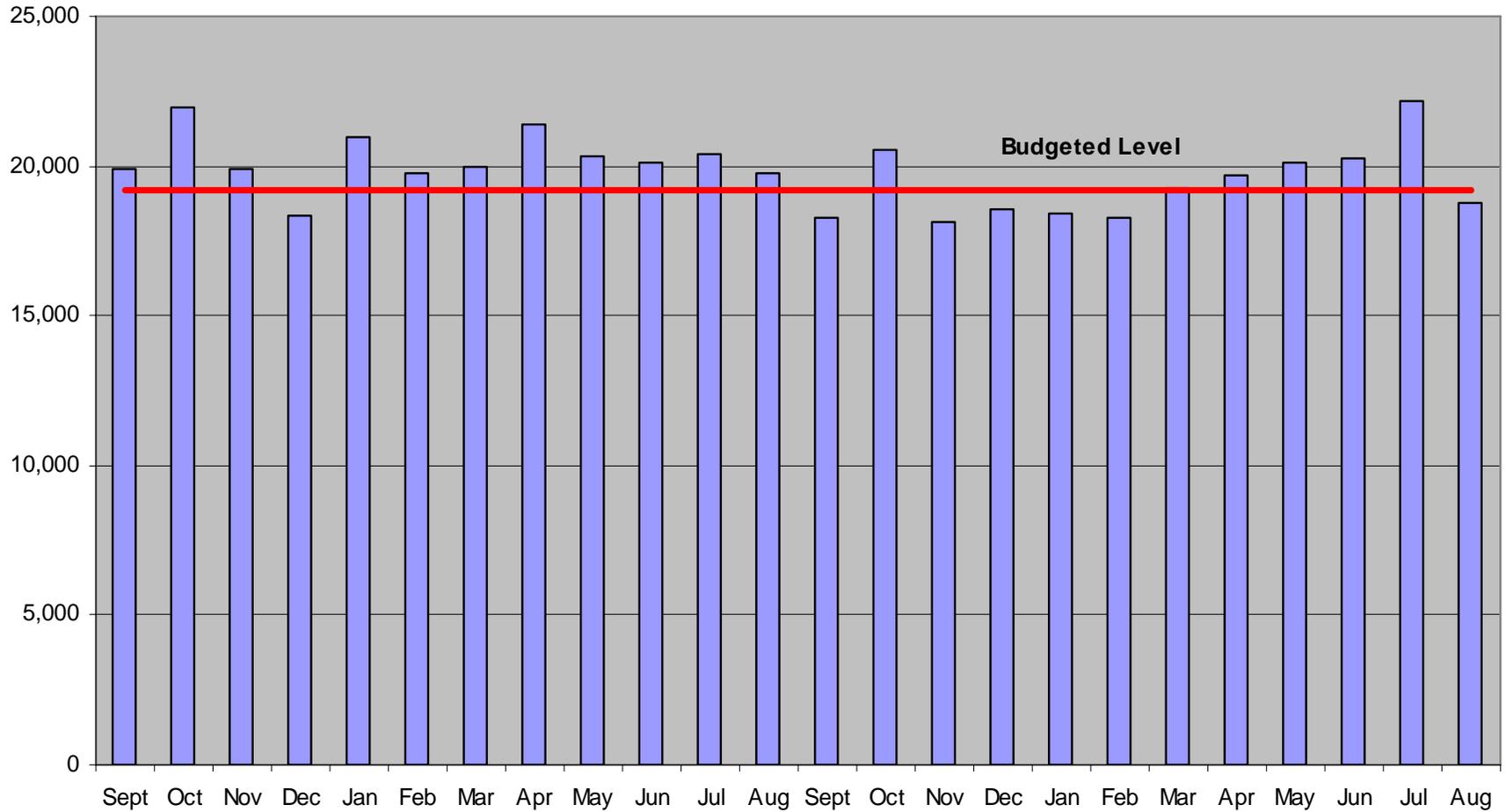
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*Health Care*



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# Psychiatric Outpatient Census



*Correctional Managed*

*Health Care*



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HEALTH SCIENCES CENTER

## 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 Triageed 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 Triageed 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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*Correctional Managed*

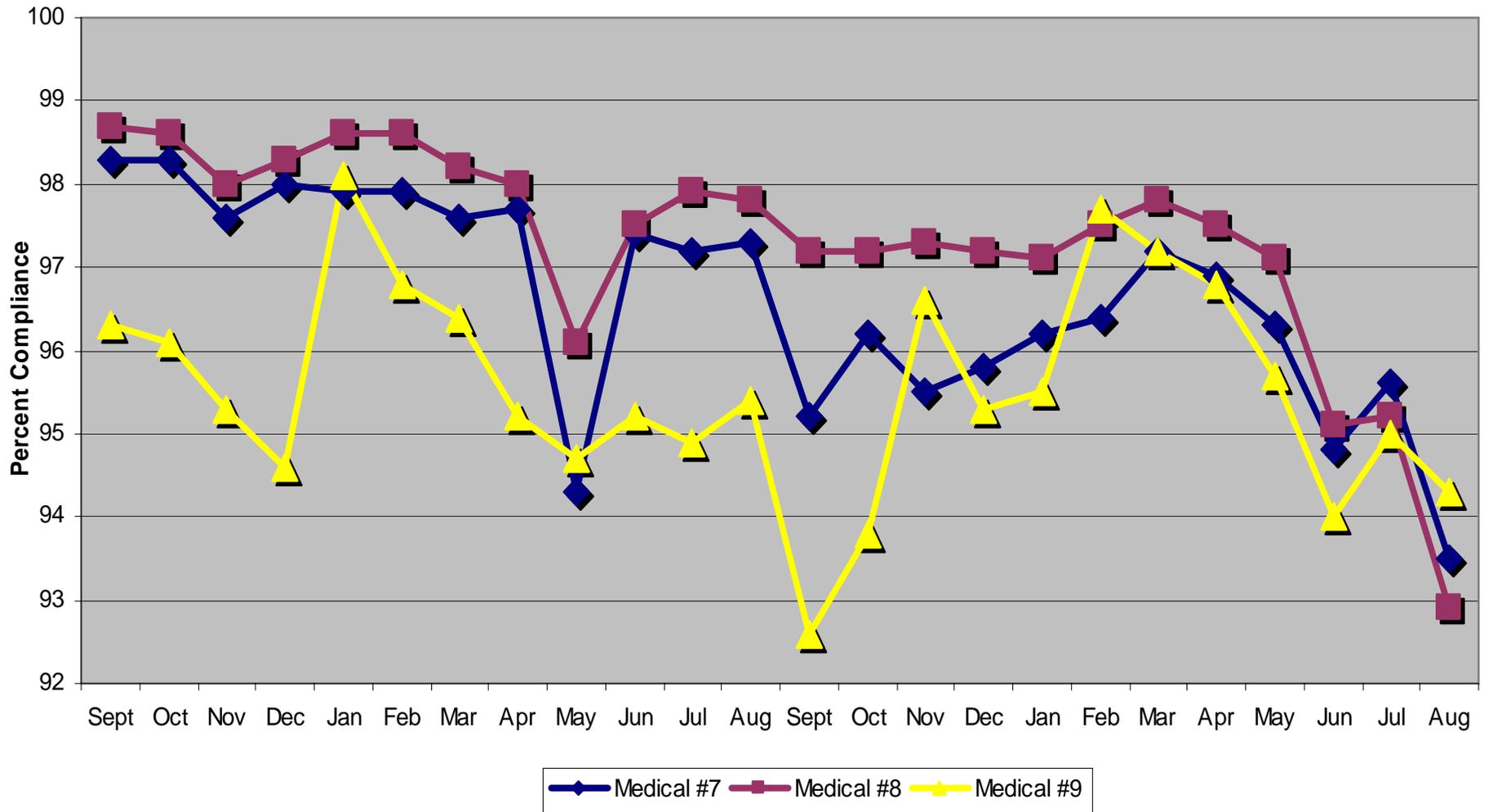
*Health Care*



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HEALTH SCIENCES CENTER

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## Medical Access to Care Indicators FY 2008-2009 to Date

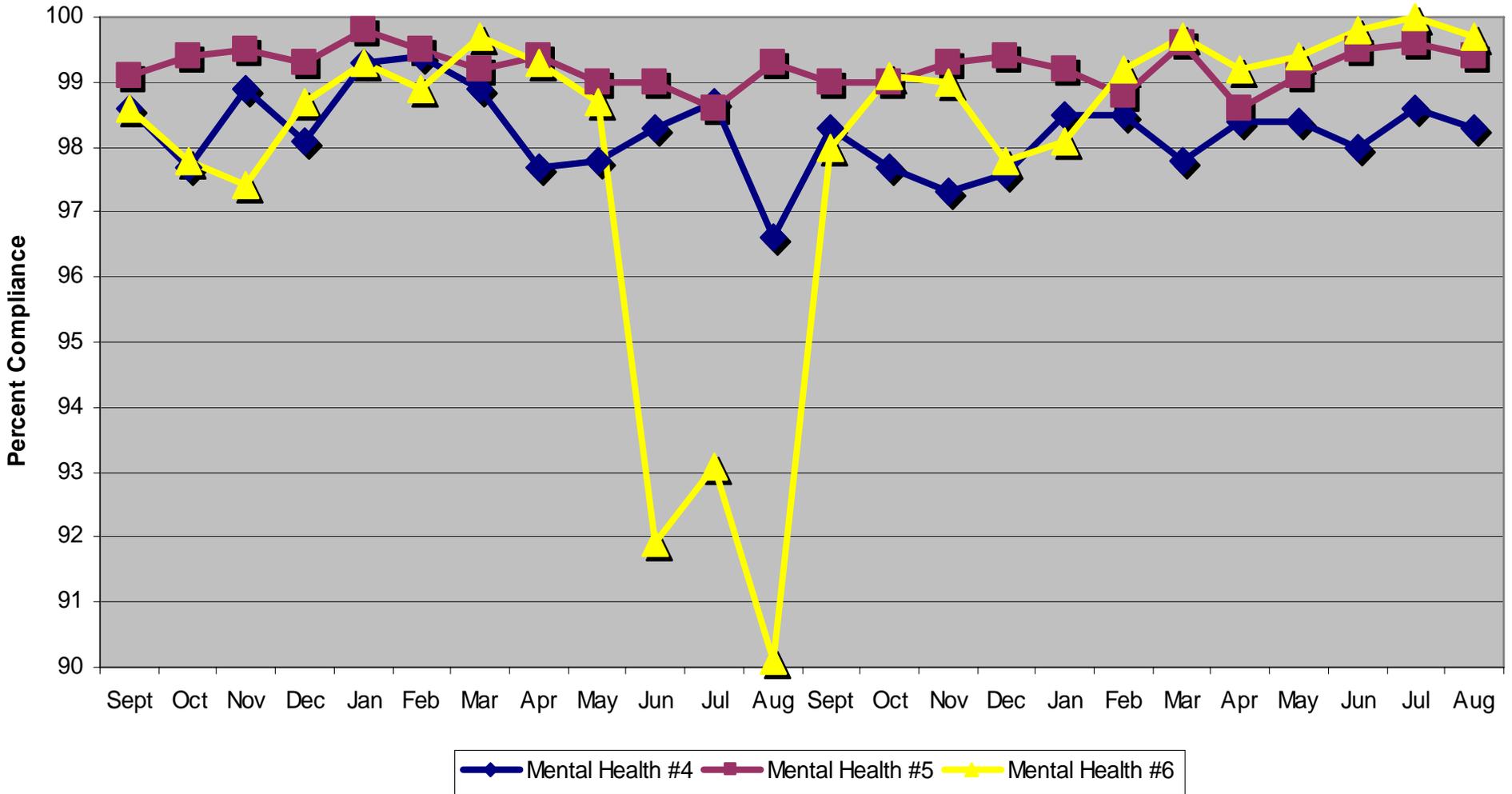


*Correctional Managed  
Health Care*



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HEALTH SCIENCES CENTER

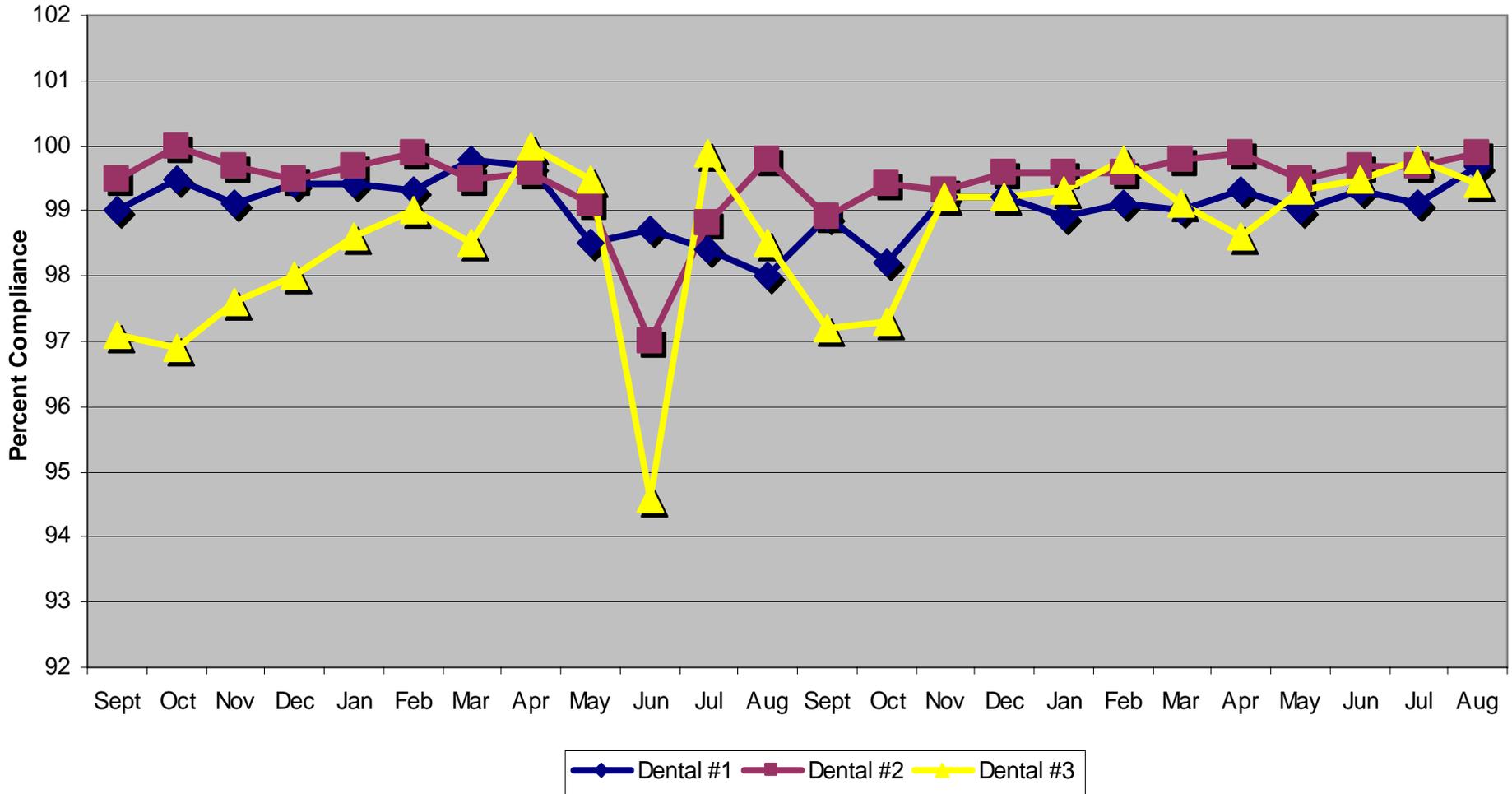
## Mental Health Access to Care Indicators FY 2008-2009 to Date



*Correctional Managed  
Health Care*



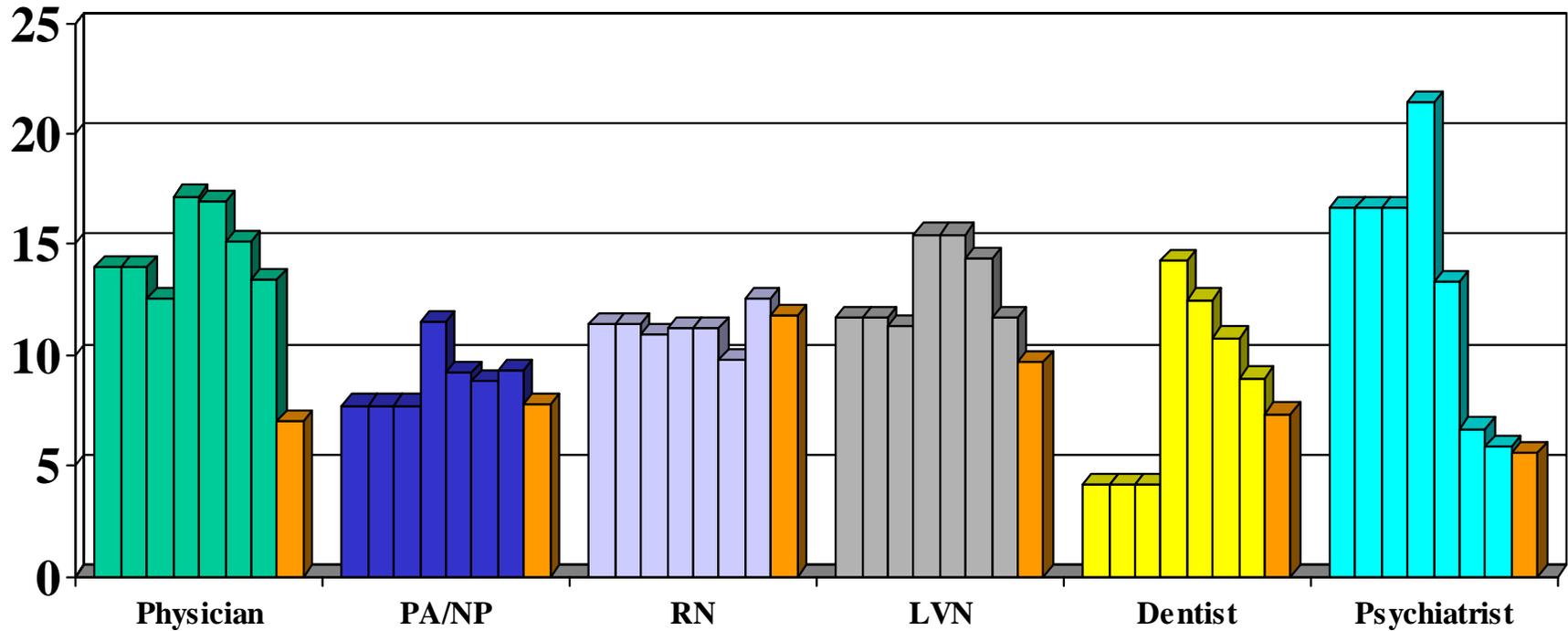
## Dental Access to Care Indicators FY 2008-2009 to Date



*Correctional Managed  
Health Care*



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

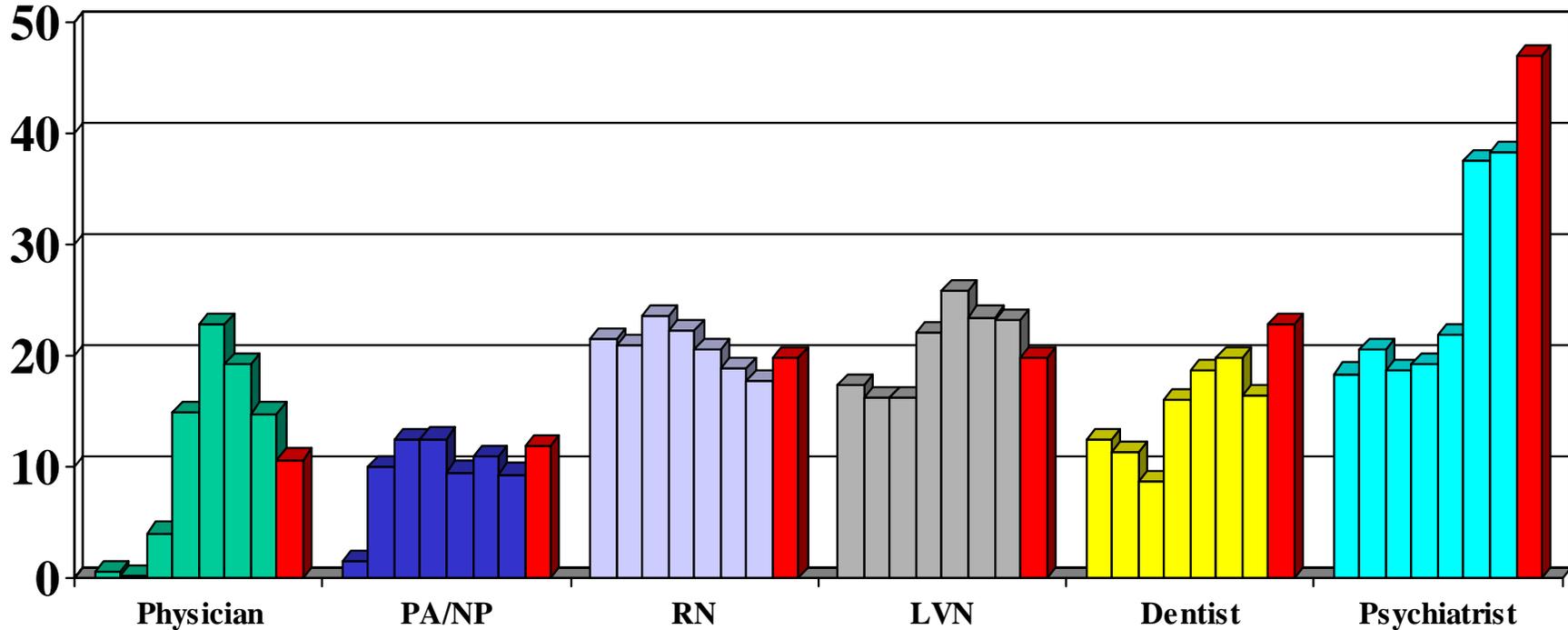


*Correctional Managed  
Health Care*



TEXAS TECH UNIVERSITY  
HEALTH SCIENCES CENTER

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



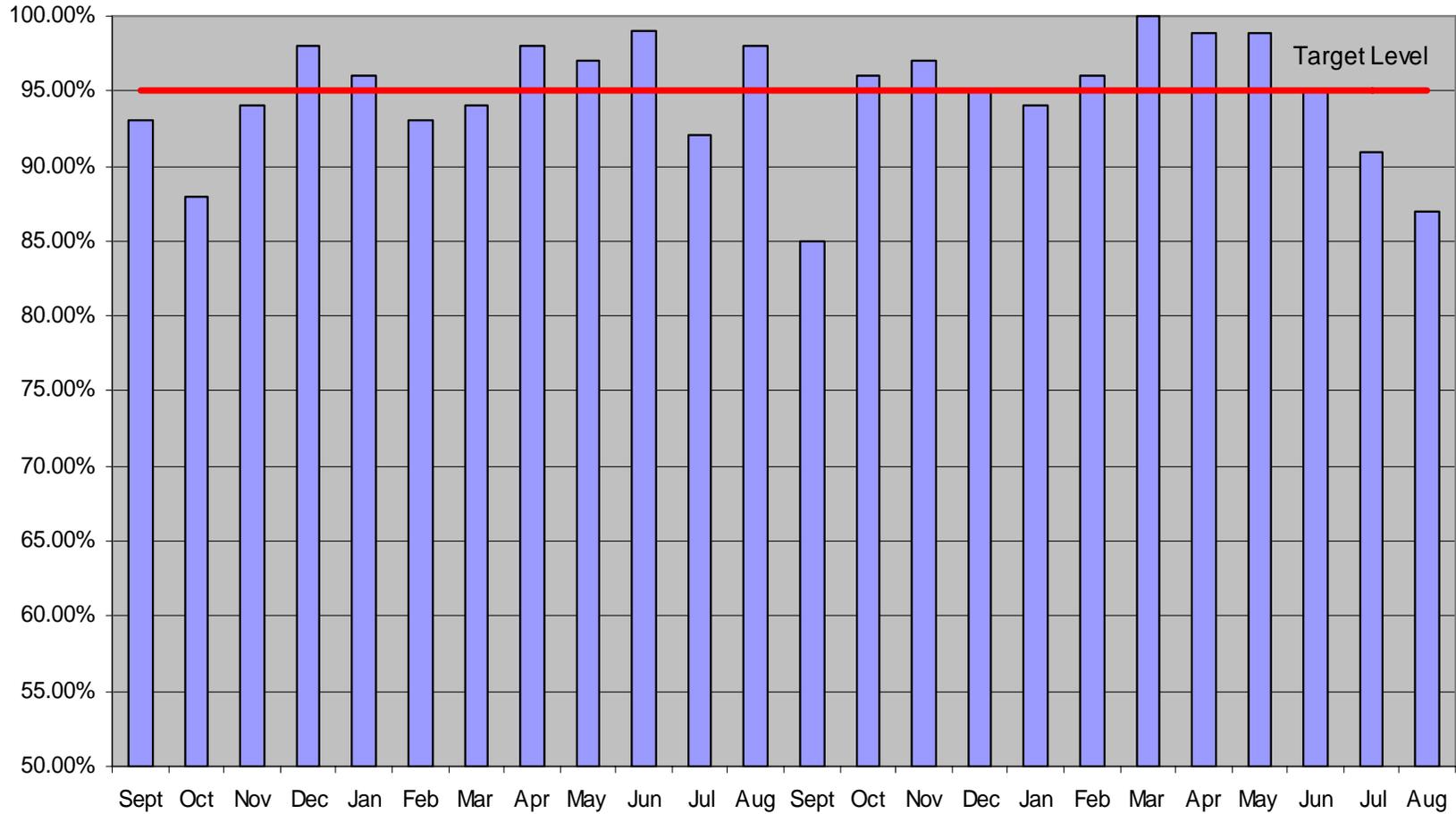
*Correctional Managed*

*Health Care*



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HEALTH SCIENCES CENTER

## Percent of Timely MRIS Summaries FY 2008-2009



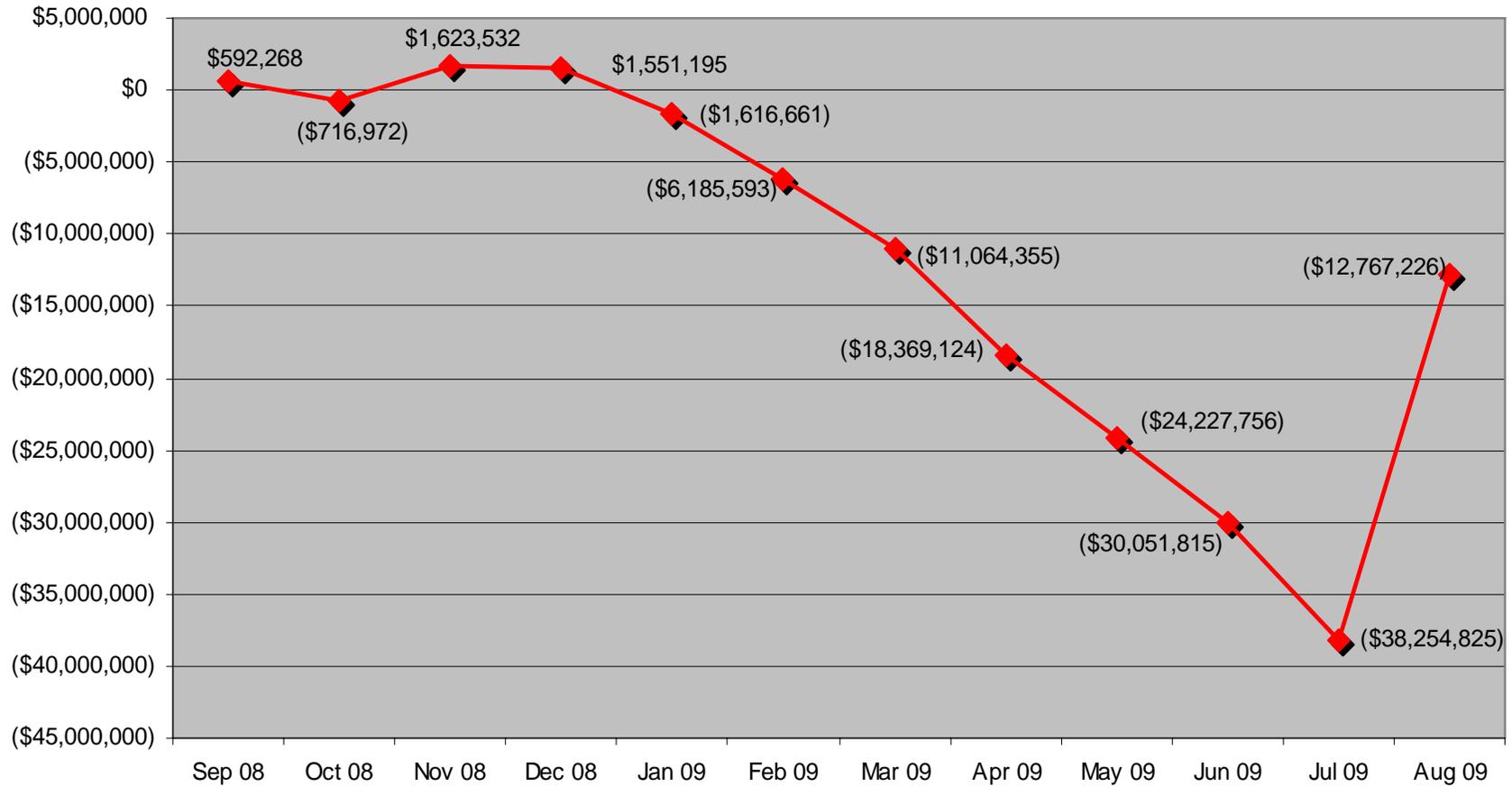
*Correctional Managed*

*Health Care*



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## Statewide Cumulative Loss/Gain FY 2009



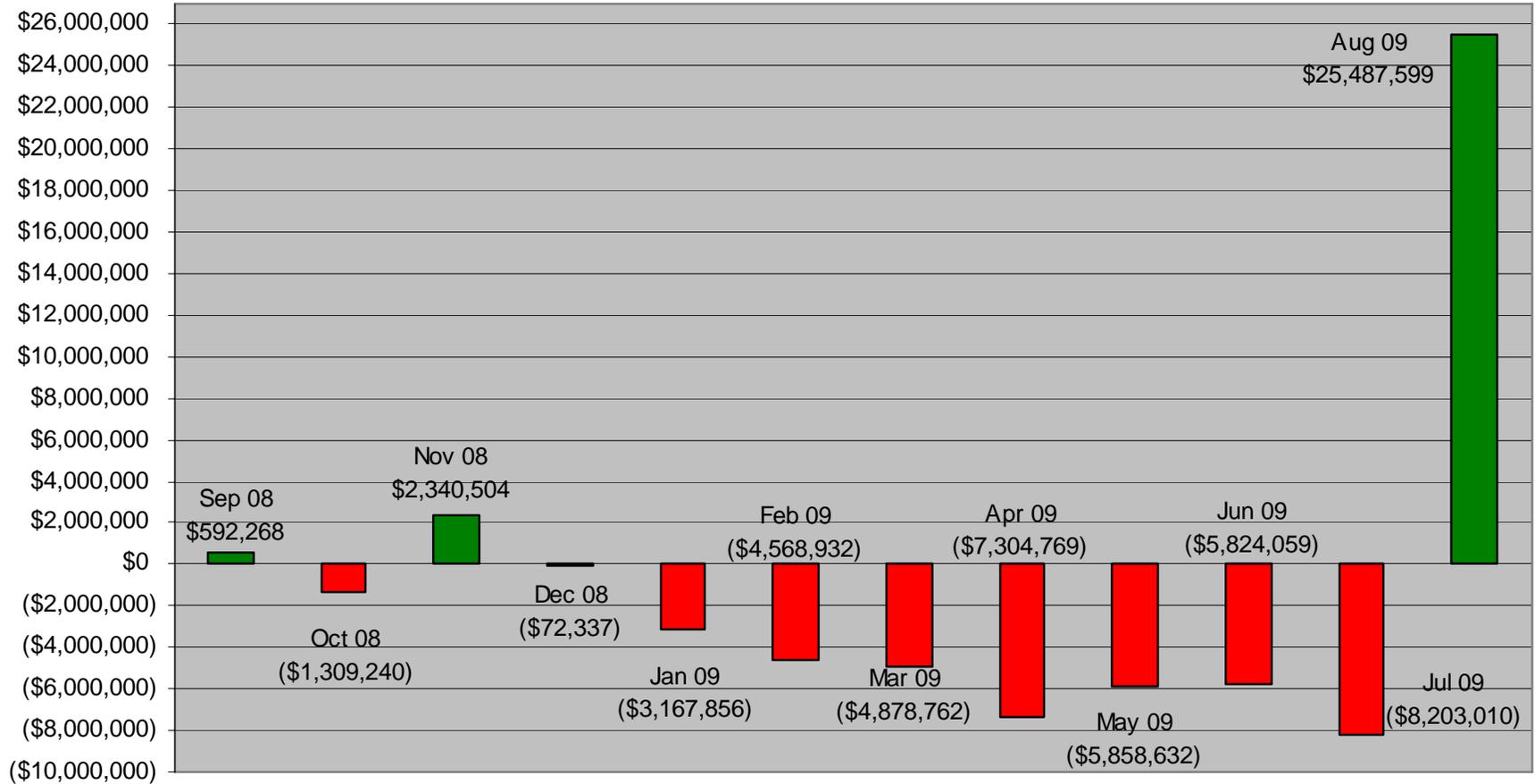
*Correctional Managed*

*Health Care*



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## Statewide Loss/Gain by Month FY 2009

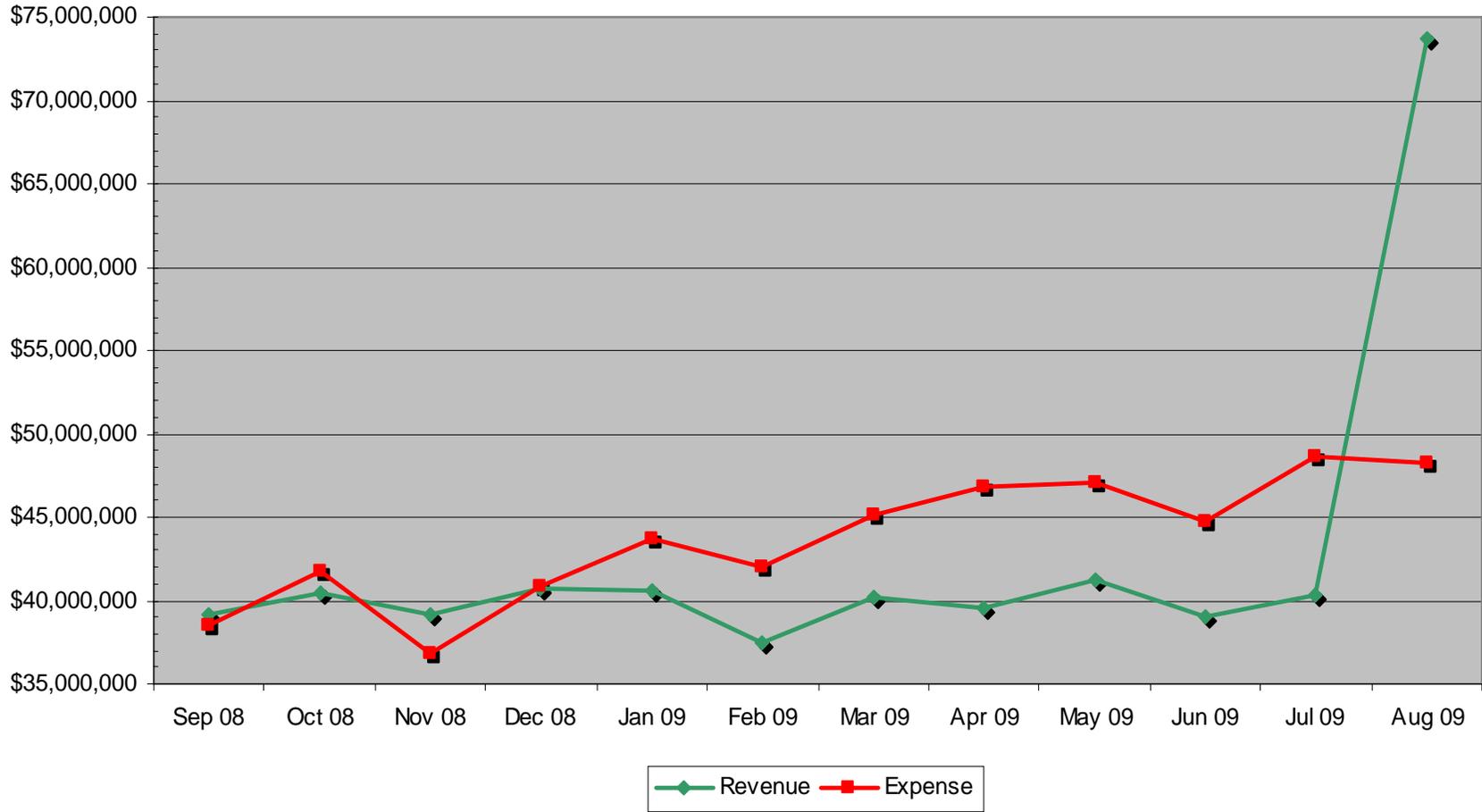


*Correctional Managed  
Health Care*



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## Statewide Revenue v. Expenses by Month FY 2009



*Correctional Managed  
Health Care*



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

**As of November 2009**

<b>Title of Position</b>	<b>CMHCC Partner Agency</b>	<b>Vacant Since (mm/yyyy)</b>	<b>Actions Taken to Fill Position</b>
Physician III Infection Control	TDCJ	10/01/2009	Posted 11/02/2009 - Closed 11/09/2009; 1 Applicant
Nurse II- Health Services Liaison (RN)	TDCJ	10/25/2009	Held Interview on 11/06/2009; Applicant in Clearance
Manager IV – Public Health (RN)	TDCJ	08/01/2009	New Position; Posted 08/24.2009 – Closed 09/02/2009; Applicant Denied
Manager IV Contract Monitoring (RN)	TDCJ	11/15/2009	Requesting Approval to Post and Fill
Correctional Physician	TTUHSC	10/02/2008	Continued Advertisement in Local and National Publications. Timeline Recruiting Agency Utilization
PAMIO Medical Director	TTUHSC	02/2009	Position Accepted 05/02/2009. Awaiting Texas License

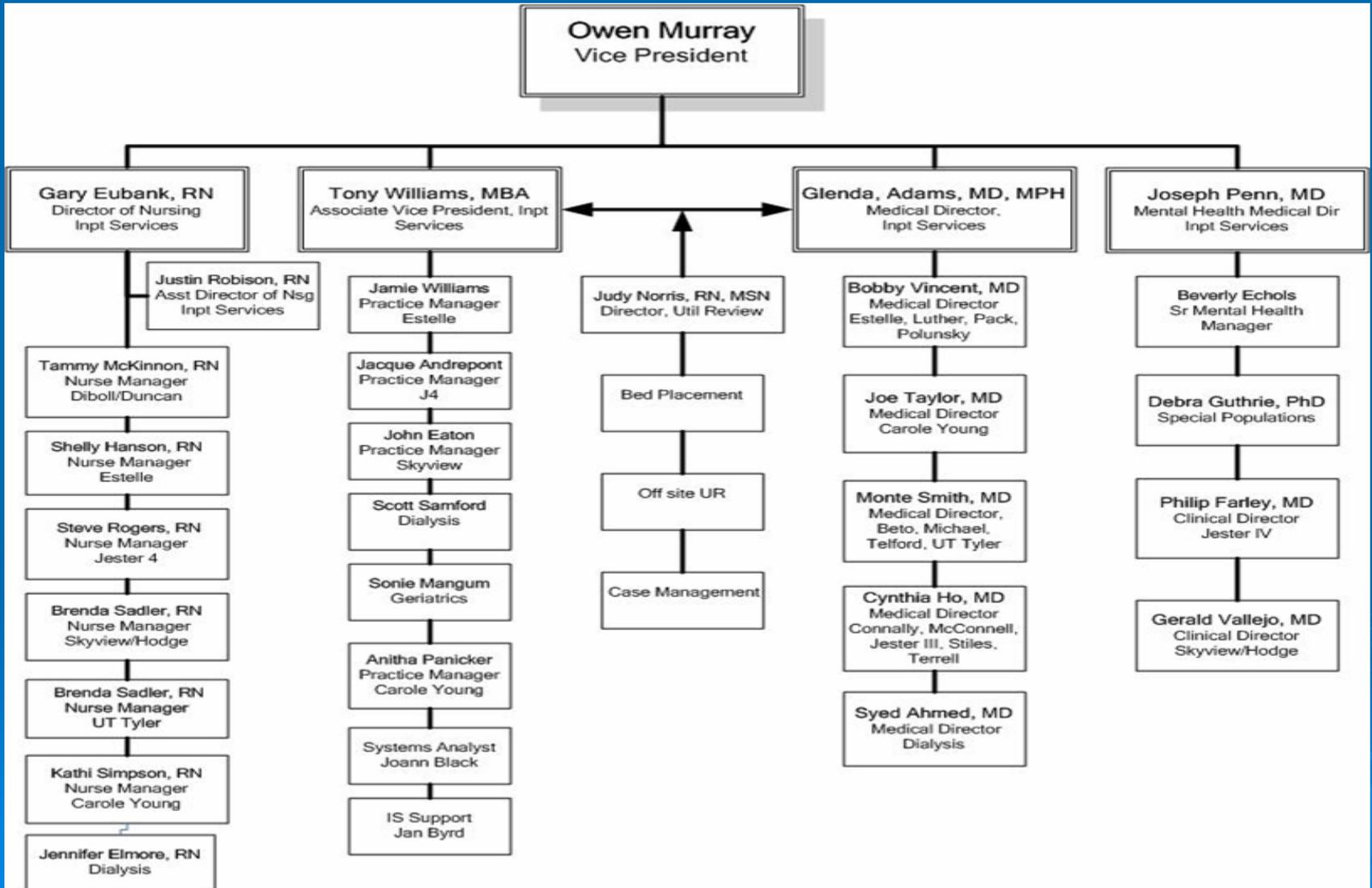
<b>Title of Position</b>	<b>CMHCC Partner Agency</b>	<b>Vacant Since (mm/yyyy)</b>	<b>Actions Taken to Fill Position</b>
Staff Psychiatrist	TTUHSC	03/2009	3 Vacancies. 1 Hire. Continued Advertisement in local and National Publications. Timeline Recruiting Agency Utilization
Extenders	TTUHSC	12/2008	Continued Advertisement in Local and National Publications. Timeline Recruiting Agency Utilization
Dentists	TTUHSC	1/2009	Continued Advertisement in Local and National Publications. Timeline Recruiting Agency Utilization
Psychiatrists	UTMB CMC	04/01/2009	Local and National Advertising, Conference, Contract with Timeline National Recruiting and Other Agency Staffing
Dentists	UTMB CMC	03/23/2009	Local and National Advertising, Affiliation with Agency Recruiters
Physician I-III	UTMB CMC	09/01/2009	Local and National Advertising, Conferences, Timeline National Recruiting and Other Agency
Mid Level Practitioners (PA/FNP)	UTMB - CMC	09/01/2009	Local and National Advertising, Conferences, Intern Programs with Numerous PA Schools

# CMC Inpatient Services Update



Anthony Williams, MBA  
Associate Vice President – CMC Inpatient Services

# Inpatient Service Team



# Fiscal Year 2010 Goals

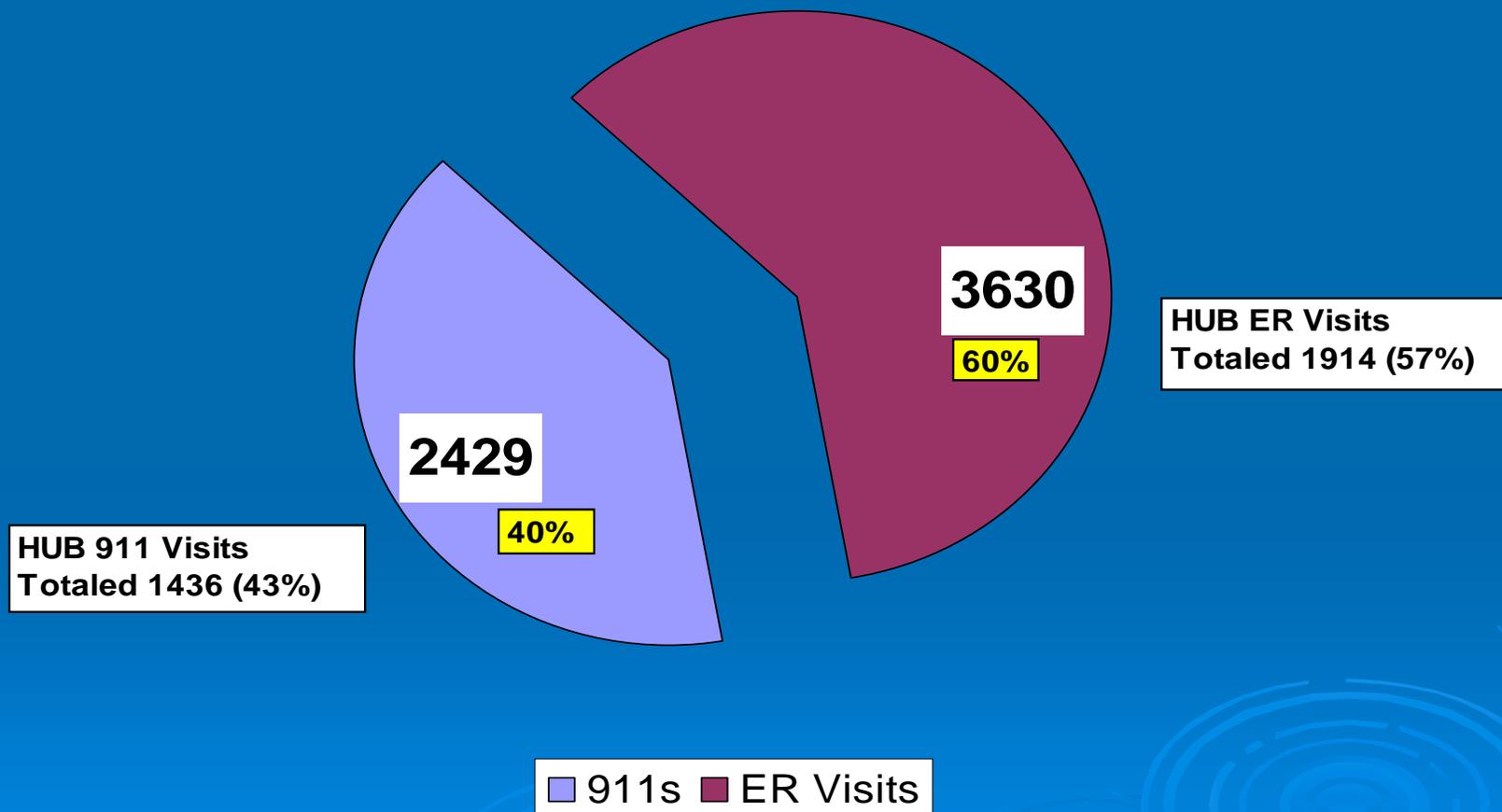
- Increase the number of available TDCJ infirmary bed days by improving the current patient management system.
- Transition work flow processes for certain TDCJ patient populations to increase specialty clinic access and volume.
- Re-design, implement and maintain an enhanced Quality Improvement System for CMC End Stage Renal Disease (ESRD) Patient Management System.
- Enhance inpatient mental health bed management systems to adequately identify patient demand and optimize bed capacity.
- Establish a program to treat in-prison geriatric communities offenders who are 55 years of age or older.

# Beds and Services

- Infirmatory 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

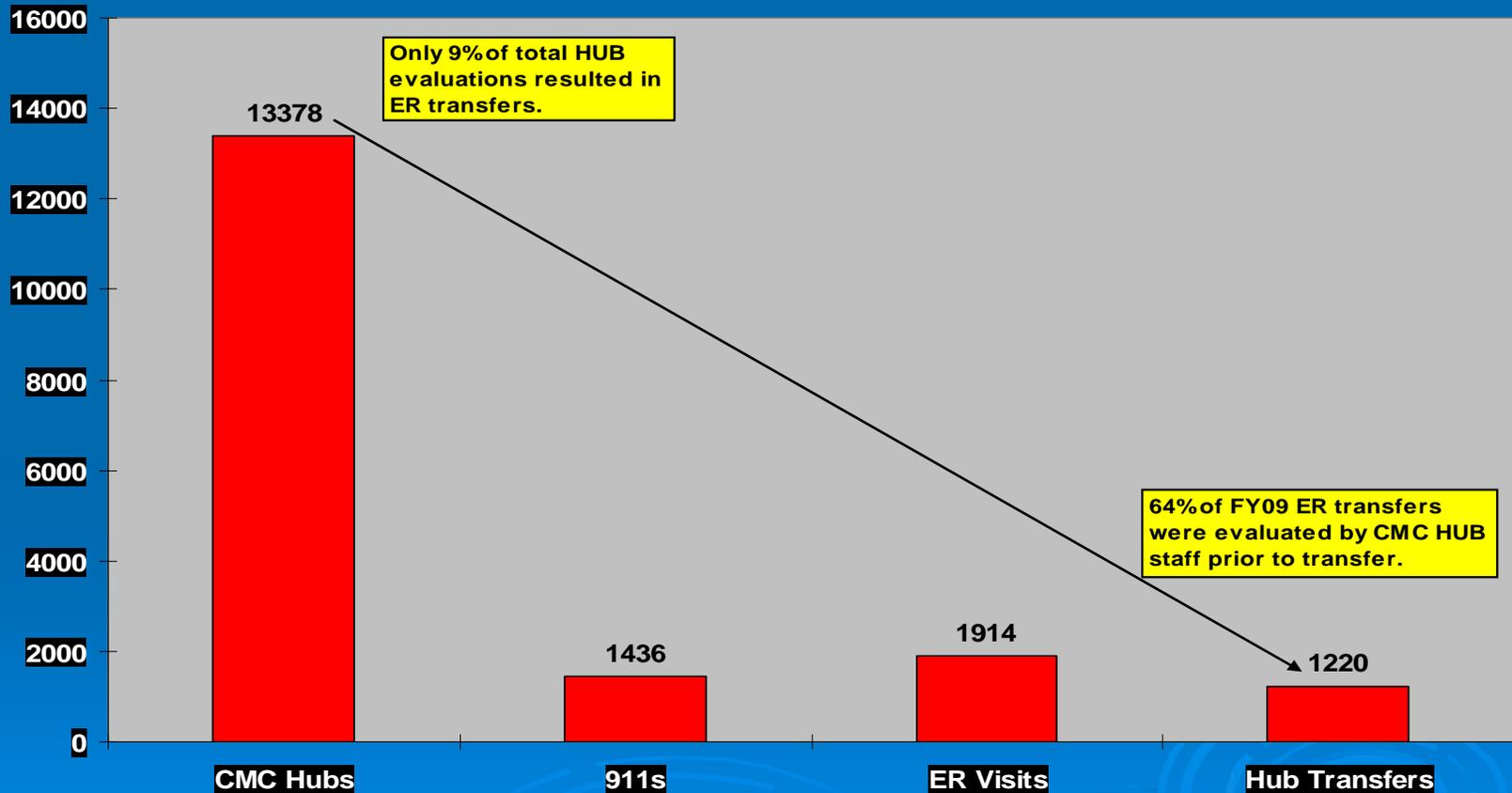
# CMC Fiscal Year 2009 - 911 and ER Visits

(HUB Facilities Made up 55% of all 911/ER Visits in FY09)



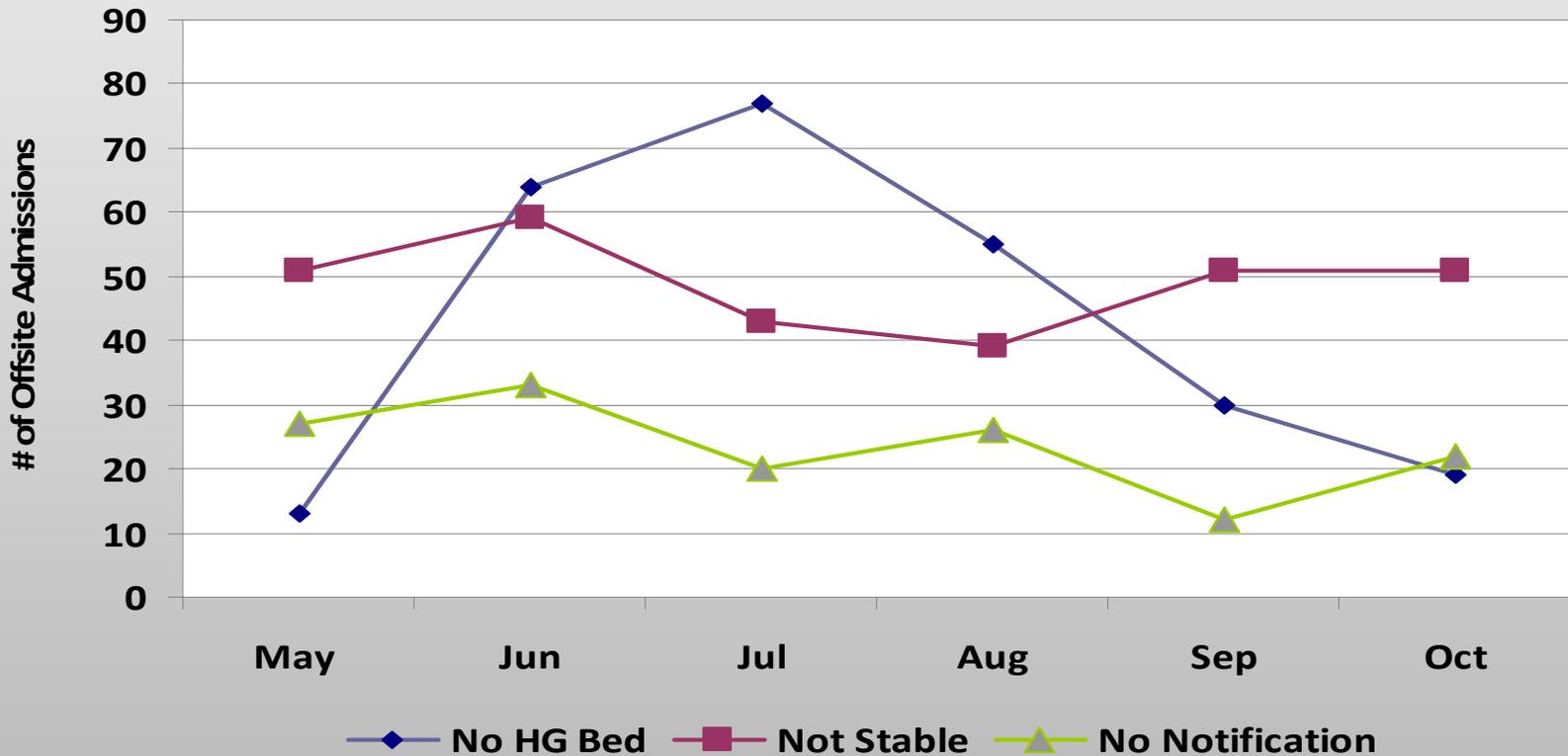
# HUB Impact on 911/ER Visits

## CMC FY 2009 HUB Impact Analysis

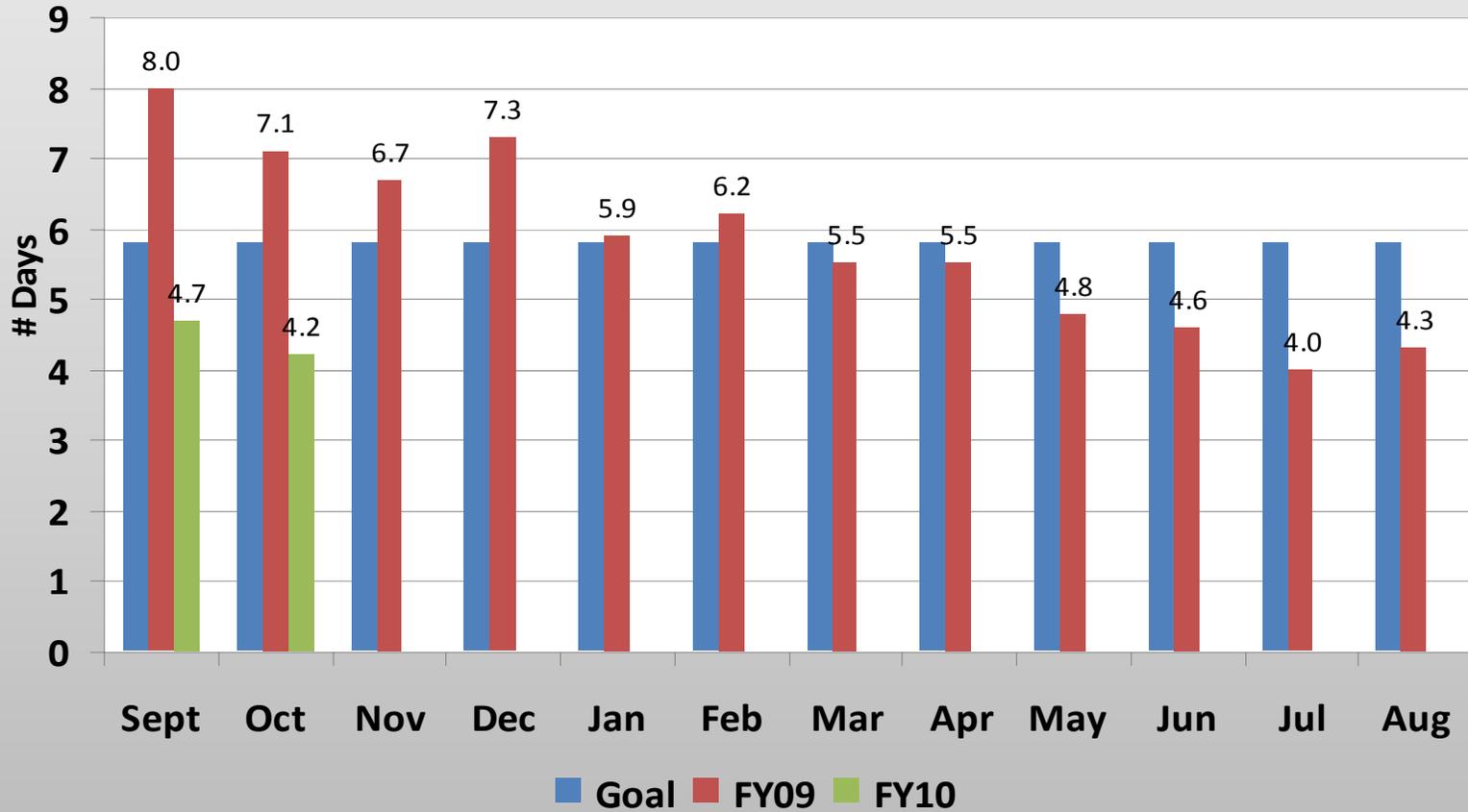


# Offsite Admission Snapshot

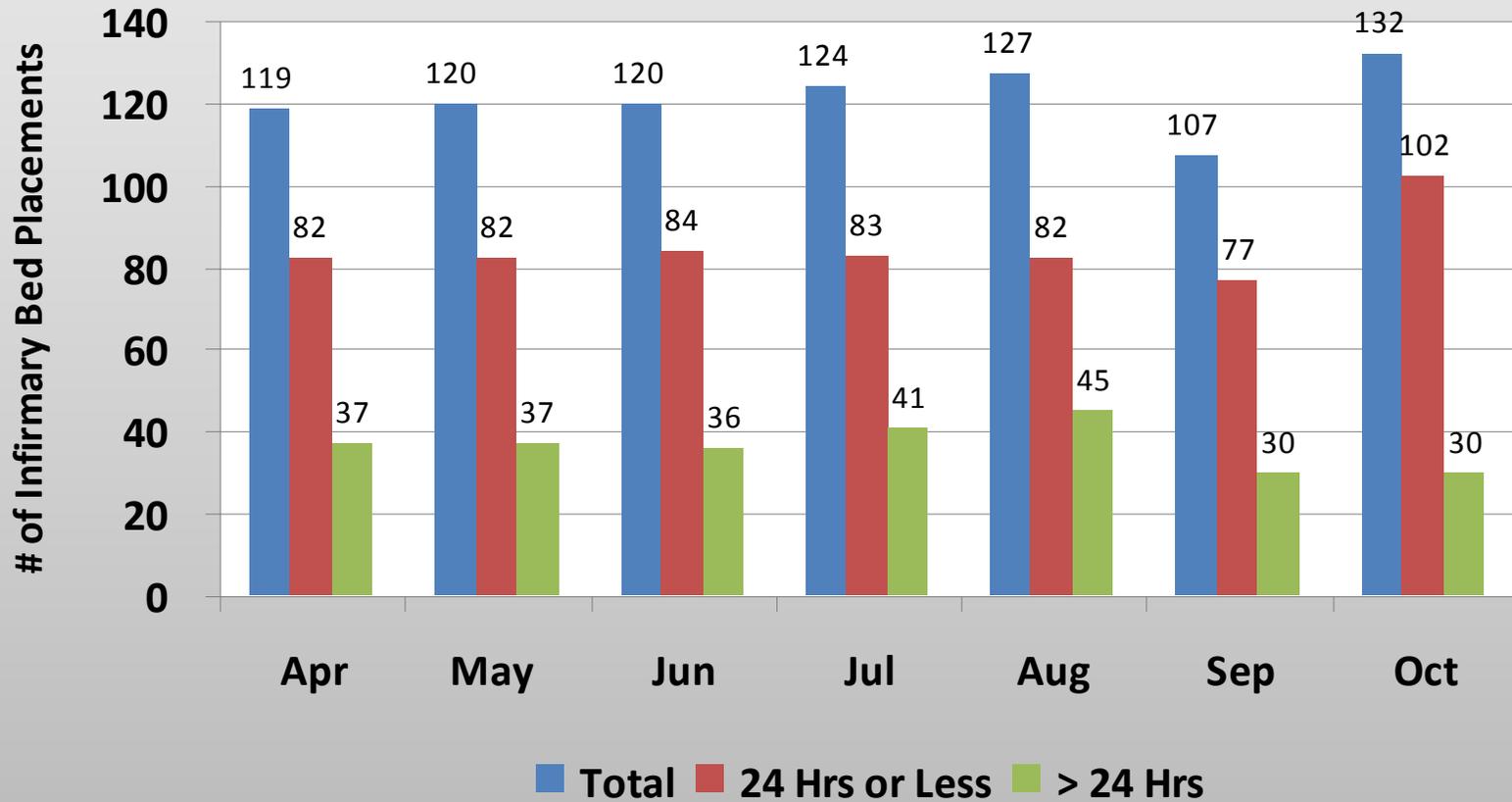
## Top 3 Reasons for Offsite Admissions



# Average Offsite Length of Stay



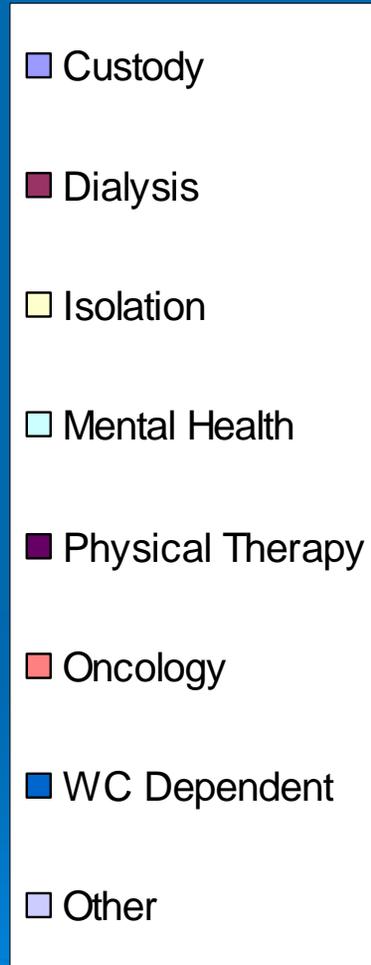
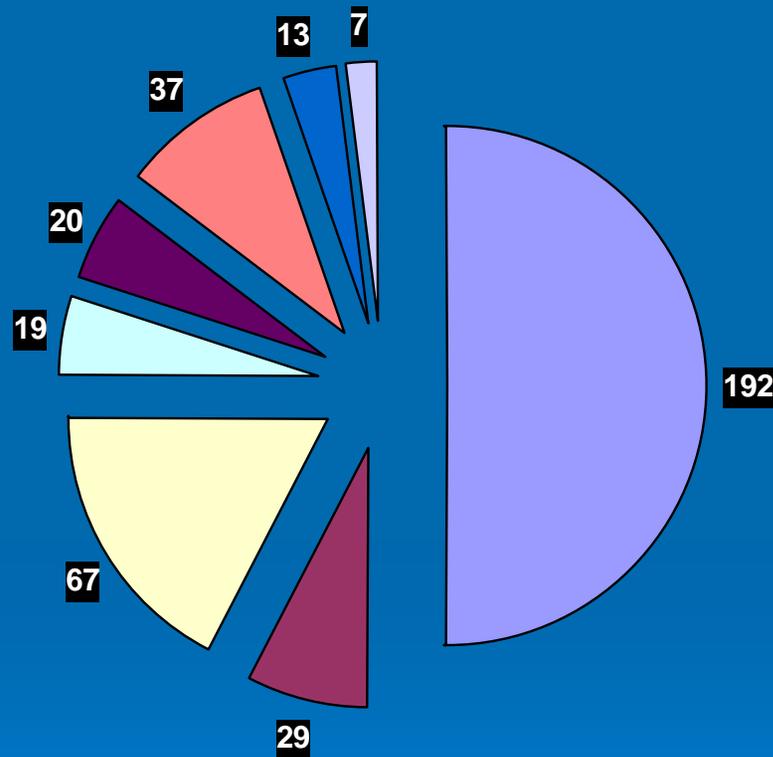
# Infirmery Placements of HG Discharges



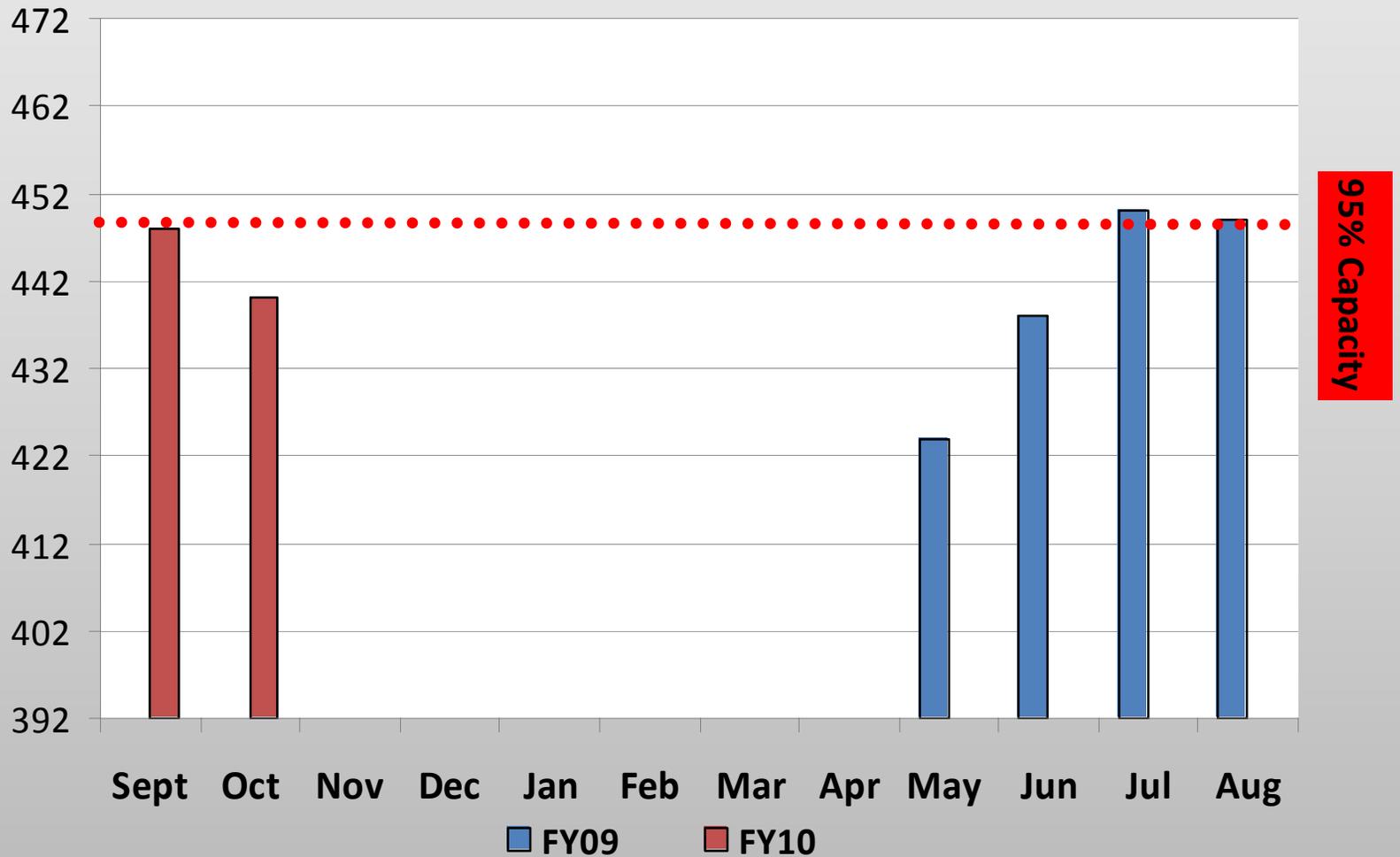
# Bed Placement Challenges

- Custody
- Dialysis Patient
- Respiratory Isolation
- Mental Health Needs
- Physical Therapy
- Wheelchair Dependent
- Oncology Patient
- G2 or Greater Custody Extended Care Patient

# Bed Placement Challenges (Apr-Sep 2009)



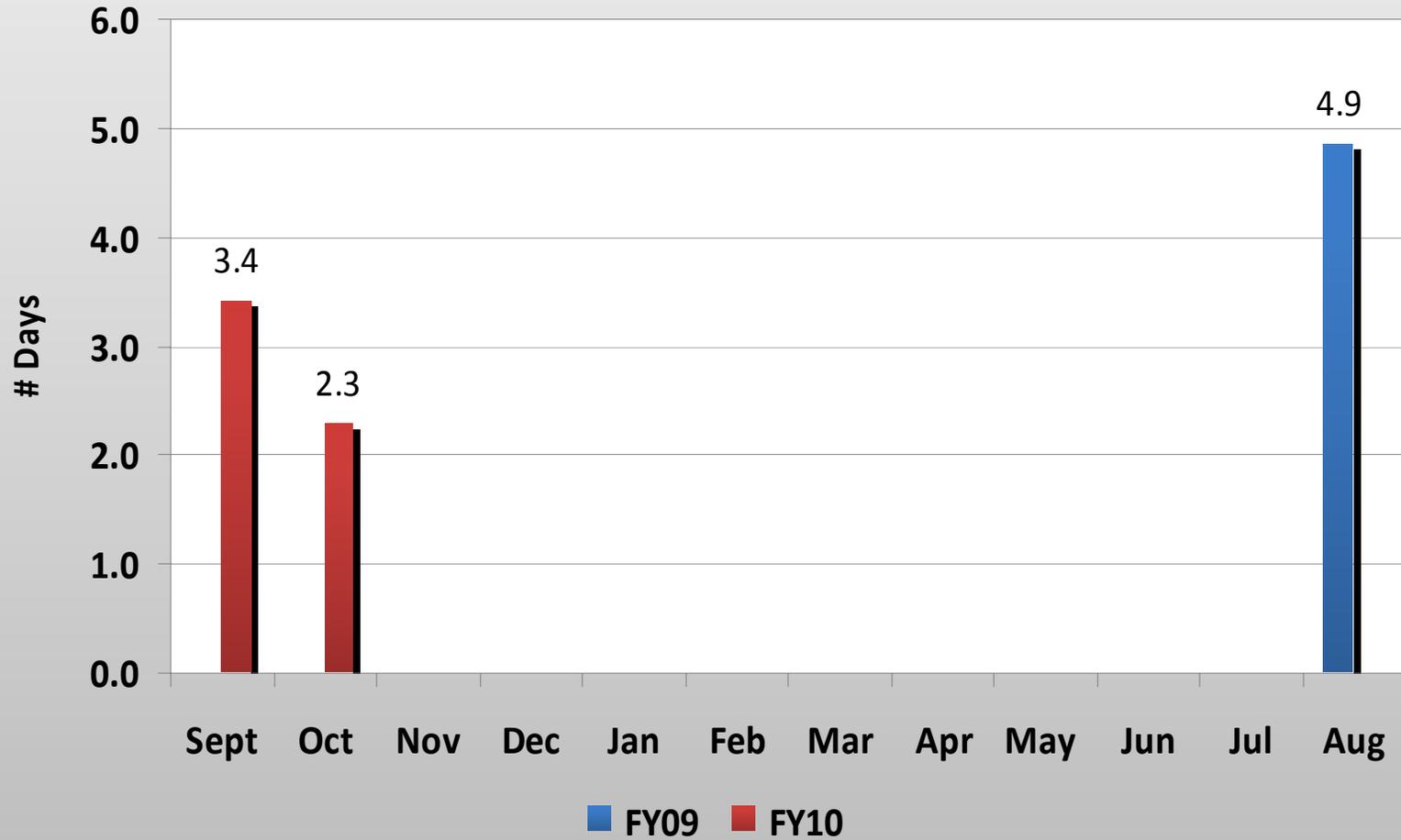
# CMC Infirmary Average Daily Census



**MORNING HEALTH SERVICES REPORT - INFIRMARY DISCHARGES NEEDING UNIT REASSIGNMENT**

PATIENT NAME	LOCATION	INFIRMARY D/C DATE	DAYS DELAY	TDCJ EMAIL NUMBER
BAILEY OLIVER	629157 GC - YOUNG RMF GC-1W10-B	11/6/2009	3	
INF DC - INF DISCHARGE DELAY COMMENTS: D/C'D TO UOA PER UNIT PROVIDER				
BARRERA JOHNNY	1577129 CY - CONNALLY INF CY-07-1	11/6/2009	3	
INF DC - INF DISCHARGE DELAY COMMENTS: INF D/C SUMMARY COMPLETED ON 11/06/09.				
BUTLER-STONE DEBBIE	1586198	11/6/2009	3	
INF DC - INF DISCHARGE DELAY COMMENTS: INPATIENT D/C SUMMARY COMPLETD ON 11/06/09.				
CHAPA GENARO	1258172 B1 - BETO INF B1-118-2	11/5/2009	4	
INF DC - INF DISCHARGE DELAY COMMENTS: D/C TO UOA-P 11				
ESPINOZA DEANA	1508197 AH - HUGHES INF AH-06-01	11/4/2009	5	
INF DC - INF DISCHARGE DELAY COMMENTS: D/C RETURNED TO UNIT PROVIDER 11/4 TO UPDATE PULHES				
FLANIGAN WILLIAM	1043030 E2 - ESTELLE RMF E2-S212-A	11/4/2009	5	
INF DC - INF DISCHARGE DELAY COMMENTS: SUBMITTED TO CRO ON 11/4				
GREEN STEVE	1285008 B1 - BETO INF B1-108-2	11/6/2009	3	
INF DC - INF DISCHARGE DELAY COMMENTS: D/C FROM INF. BEING RELEASED FROM TDCJ ON 11/9/09 PER UNIT PROVIDER.				
HALL JOSEPH	692194 E2 - ESTELLE RMF E2-E124-1	11/5/2009	4	
INF DC - INF DISCHARGE DELAY COMMENTS: D/C TO J4 PER UNIT PROVIDER				
MERCED JOSEF	1428474 TO - TELFORD INF TO-03-03	11/4/2009	5	
INF DC - INF DISCHARGE DELAY COMMENTS: SUBMITTED TO CRO ON 11/5				
MORGAN BRUCE	1479632 E2 - ESTELLE RMF E2-E108-A	11/3/2009	6	
INF DC - INF DISCHARGE DELAY COMMENTS: AWAITING BOTTOM ROW/BUNK				
ODOM DONALD	364485 E2 - ESTELLE RMF E2-S214-C	11/4/2009	5	
INF DC - INF DISCHARGE DELAY COMMENTS: E2 ASSIGNED AWAITING BOTTOM ROW/BOTTOM BUNK				
RIOS PROSPERO	533098 AH - HUGHES INF AH-05-01	11/4/2009	5	
INF DC - INF DISCHARGE DELAY COMMENTS: SUBMITTED TO CRO ON 11/4/09				

## Average Days to Move A Discharged Infirmiry Patient



# Ongoing Initiatives

- Publish Monthly Offsite Infirmery Dashboard
- Develop Monthly Mental Health Inpatient Dashboard
- Transition Infirmery Care Information System to AS400/EMR
- Develop Care Plans for the Top 10 Diagnoses for Infirmery Admissions
- Enhance Mental Health Bed Tracking System
- Transition Oncology Patients back to UTMB
- Accurately Maintain the VAIS



**TEXAS DEPARTMENT OF  
CRIMINAL JUSTICE**

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

***Fourth Quarter FY-2009***

***Lannette Linthicum, MD, CCHP-A, FACP***

Revised Nov. 24, 2009

# TDCJ Medical Director's Report

## Office of Health Services Monitoring (OHSM)

### Operational Review Audit (ORA)

- During the fourth quarter of FY 2009 (June, July, and August), 11 Operational Review Audits were conducted at the following facilities: Bartlett State Jail, Central, Hilltop, Kyle, Mountain View, Murray, Sayle, Stiles, Travis State Jail, Vance, and Woodman. The 10 items most frequently out of compliance follow:

1. Item 5.20 requires facilities document on the Physical Exams form (HSM-4), every three years on male offenders 50 to 59 years of age (includes digital rectal exam and fecal occult blood testing). Seven of the 11 facilities were not in compliance with this requirement. The seven facilities out of compliance were: Bartlett State Jail, Central, Kyle, Sayle, Stiles, Travis State Jail, and Vance. 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.
2. Item 6.36 requires the influenza vaccine be offered annually to the following offenders:
  - Certain chronic disease offenders for example, heart disease, moderate to severe asthma (i.e., history of hospitalization, emergency treatment for asthma, or chronic medication for asthma), Chronic Obstructive Pulmonary Disease (COPD), diabetes, all offenders with immunocompromising diseases (i.e., HIV infection, most cancers, end-stage renal disease, sickle cell disease, etc.).
  - All offenders 55 years of age and older.
  - Pregnant females after first trimester.

Influenza vaccinations must be documented on the Coordinator of Infectious Disease Abstract of Immunizations (HSM-2). If vaccinations are refused, there must be a signed Refusal of Treatment Form (HSM-82). Seven of the 11 facilities were not in compliance with this requirement. The seven facilities out of compliance were: Central, Mountain View, Murray, Sayle, Stiles, Vance, and Woodman. Corrective actions were requested from the seven facilities. The corrective action plan for the Woodman Unit has been accepted and the audit process for this unit is closed. At the time of this report, the six remaining facilities are preparing facility-specific corrective actions to ensure future compliance.

3. Item 3.08 requires incoming health records be reviewed by dental staff for priority one conditions. Six of the 11 facilities were not in compliance with this requirement. The six facilities out of compliance were: Kyle, Mountain View, Murray, Sayle, Stiles, and Travis State Jail. 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.
4. Item 5.07 requires facilities' manager of health services and unit health administrator, or his/her designee follow established procedures to ensure that each offender receiving a special diet is included on the Master Diet List, which is routinely provided to the facility's food services manager. Five of the 11 facilities were not in compliance with this requirement. The five facilities out of compliance were: Central, Kyle, Sayle, Travis State Jail, and Vance. 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.

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

5. Item 5.11 requires Emergency Room forms (HSM-16) be filled out completely and legibly, to include assessment, intervention, medications administered, disposition, and appropriate signatures or co-signatures. Six of the 11 facilities were not in compliance with this requirement. The six facilities out of compliance were: Bartlett State Jail, Central, Kyle, Sayle, Travis State Jail and Vance. 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.
6. Item 5.19 requires the medical provider document on the Physical Exams form (HSM-4) physical exams annually on male offenders 60 years of age or older, to include digital rectal exam and fecal occult blood testing. Six of the 11 facilities were not in compliance with this requirement. The six facilities out of compliance were: Bartlett State Jail, Central, Kyle, Sayle, Stiles, and Vance. 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 6.37 requires the pneumococcal vaccine be offered to the following offenders:
  - Certain chronic diseases (i.e., heart disease, emphysema, COPD, and diabetes); note that asthma is not included unless it is associated with COPD, emphysema or long-term systemic steroid use.
  - All offenders with chronic illnesses specifically associated with an increased risk of pneumococcal disease or its complications (i.e., splenic dysfunction, anatomic asplenia, Hodgkin's Disease, multiple myeloma, cirrhosis, alcoholism, renal failure, and Cerebrospinal Fluid [CSF] leaks) and vaccination conditions associated with immunosuppression (i.e., Human Immunodeficiency Virus [HIV] infection, most cancers, sickle cell disorder).
  - All offenders sixty-five years of age or older.

Pneumococcal vaccinations must be documented on the Coordinator of Infectious Disease Abstract of Immunizations (HSM-2). If the vaccination is refused there must be a signed Refusal of Treatment form (HSM-82) in the Electronic Medical Records (EMR). Six of the 11 facilities were not in compliance with this requirement. The six facilities out of compliance were: Bartlett State Jail, Central, Sayle, Stiles, Travis State Jail and Vance. 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.
8. Item 5.04(2) requires the facility's self-reported Access to Care data accurately reflect documentation regarding the timely provider assessment of patients who have submitted a sick call request. Four of the 11 facilities were not in compliance with this requirement. The four facilities out of compliance were: Bartlett State Jail, Central, Kyle and Travis State Jail. Corrective actions were requested from the four facilities. At the time of this report, the four facilities are preparing facility-specific corrective actions to ensure future compliance.
9. Item 5.42 requires facilities to provide care for detoxification or withdrawals from alcohol or other drugs or transfer the offender to an acute-care hospital facility for detoxification. Four of the 11 facilities were not in compliance with this requirement. The four facilities out of compliance were: Vance, Murray, Woodman, and Central. Corrective actions were requested from the four facilities. The corrective action plan for the Woodman Unit has been accepted and the audit process for this unit is closed. At the time of this report, the three remaining facilities are preparing facility-specific corrective actions to ensure future compliance.

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

10. Item 6.46 requires an offender who entered the Texas Department of Criminal Justice (TDCJ) on or after July 1, 2007, and has not had a HIV test performed within 30 days of entry, that there is a signed refusal for intake HIV testing in the EMR and the offender has been referred to the unit disciplinary officer. Four of the 11 facilities were not in compliance with this requirement. The four facilities out of compliance were: Murray, Stiles, Vance and Central. Corrective actions were requested from the four facilities. At the time of this report, the four facilities are preparing facility-specific corrective actions to ensure future compliance.

## **Grievances and Patient Liaison Correspondence**

During the fourth quarter of FY 2009 (June, July and August), the Patient Liaison Program and the Step II Grievance Program received 3,364 correspondences: Patient Liaison Program with 1,560 and Step II Grievance with 1,804. Of the total number of correspondences received, 452 (13.44 percent) Action Requests were generated by the Patient Liaison Program and the Step II Grievance Program. The combined percentage of sustained offender grievances for the Step II medical grievances was nine percent for the fourth quarter of FY-2009. Performance measure expectation is six percent or less (Article IX, Correctional Managed Health Care contract). The percentage of sustained Step II medical grievances from the University of Texas Medical Branch (UTMB) was 10 percent and eight percent for Texas Tech University Health Science Center (TTUHSC) for the fourth quarter of FY 2009.

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

During the fourth quarter of FY 2009 (June, July and August), the Patient Liaison Program nurses and investigators performed 115 Sick Call Request Verification (SCRV) audits at 111 units. At some units, High Security areas were counted as a separate audit. This audit was formerly known as Access to Care audits. The SCRVA 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 111 facilities audited, a total of 1,035 indicators were reviewed and 27 of them fell below the 80 percent threshold, which represents three percent.

## **Capital Assets Monitoring**

The Fixed Assets Contract Monitoring officer audited 11 units during the fourth quarter 2009. These audits are conducted to determine compliance with the Health Services Policy and State Property Accounting (SPA) policy inventory procedures. Audit findings determined the 11 units audited were within the compliance range.

## **Office of Public Health**

The Public Health Program monitors the incidence of infectious disease within the TDCJ. The following is a summary of this monitoring for the fourth quarter of FY 2009:

- 140 cases of suspected syphilis were reported in the fourth quarter FY 2009, compared to 201 in the same quarter in FY 2008. 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.

### Office of Public Health (Cont'd.)

- 721 Methicillin-Resistant Staphylococcus Aureus (MRSA) cases were reported in this quarter, compared to 1,037 during the same quarter FY 2008. There has been a gradual decrease since the beginning of FY 2008 in the incidence of MRSA cases, while the incidence of Methicillin-Sensitive Staphylococcus Aureus (MSSA) has remained relatively stable.
- There was an average of 20 Tuberculosis (TB) cases under management per month during the fourth quarter FY 2009, compared to an average of 25 per month during the fourth quarter FY 2008.
- 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 TDCJ does not teach the SANE Curriculum because of restrictions imposed by the State Attorney General's Office, the position provides inservice training to facility providers in the performance of medical examination, evidence collection and documentation, and use of the sexual assault kits. During the fourth quarter FY 2009, nine training sessions were held, attended by seven facilities, and 30 medical staff were trained. This position also audits the documentation and services provided by medical personnel for each sexual assault reported. There have been 176 chart reviews of alleged sexual assaults performed for the fourth quarter FY 2009. Chart reviews identified 14 deficiencies out of compliance with policies. Corrective action plans were requested and received for these deficiencies. All corrective action plans were closed. Fifteen baseline labs were drawn on exposed victims.
- Currently, Peer Education Programs are available at 108 of the 112 facilities housing Correctional Institutions Division offenders. During the fourth quarter FY 2009, 19,871 offenders attended classes presented by peer educators. This is a 37 percent increase from the 7,291 attendees in the fourth quarter FY 2008. The four units that do not have Peer Education Programs are Hospital Galveston, the Mineral Wells Facility, San Saba Facility, and Travis State Jail.

### Mortality and Morbidity

There were 119 deaths reviewed by the Mortality and Morbidity Committee during the months of June, July, and August 2009. Of those 119 deaths, 15 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	5
Nursing Peer Review	3
Provider Peer Review	7
<b>Total</b>	<b>15</b>

### Mental Health Services Monitoring & Liaison

The following is a summary of the activities performed by the Office of Mental Health Monitoring and Liaison during the fourth quarter of FY 2009.

**Mental Health Services Monitoring & Liaison (Cont'd.)**

- Liaison with County Jails identified the immediate mental health needs of 35 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 20,229 offenders brought into the TDCJ Correctional Institutions Division. Intake facilities were provided with critical mental health data, not otherwise available, for 2,470 offenders.
- 3,257 Texas Uniform Health Status Update forms were reviewed which identified 1,013 deficiencies (primarily incomplete data).
- 294 offenders with high risk factors (over 60 years old, or a sentences of over 40 years non-aggravated or 25 years aggravated) transferring into the Correctional Institutions Division were interviewed and resulted in 18 referrals.
- 54 offenders were screened for TDCJ Boot Camp. One offender was found to have mental health needs that made him inappropriate for Boot Camp.
- 18 Administrative Segregation facilities were audited. 4,522 offenders were observed, 2,666 of them interviewed and 19 were referred to the university providers for further evaluation. Access to Care (ATC) 4 (timely triage), and ATC 5 (documentation of Sick Call Requests), met or exceeded 80 percent compliance for 17 facilities. One unit, Bartlett, had no mental health Sick Call Requests. For ATC 6 (referral from triage), compliance was 100 percent for 15 facilities. The Bartlett, Clemens, and Lychner U\units had no referrals from triage.
- Two Special Needs Substance Abuse Felony Punishment Program (SAFP) facilities, Hackberry and Jester I, were audited for Continuity 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 five behavioral discharges reviewed and were determined to be appropriate.

**Clinical Administration**

During the fourth quarter of FY 2009, 10 percent of the combined UTMB and TTUHSC hospital and infirmary discharges were audited. A total of the 170 hospital discharges and 67 inpatient facility discharge audits were conducted. The chart below is the summary of the audits showing the number of cases with deficiencies and the percentage.

**TTUHSC 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)
June	7% (4)	0	7% (4)
July	5% (3)	0	9% (5)
August	11% (6)	0	9% (5)

**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)
June	51% (29)	7% (4)	29% (17)
July	54% (30)	0	19% (11)
August	47% (26)	4% (2)	12% (7)

**TOTAL: Combined Hospital Discharges (TTUSHC 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)
June	58% (33)	7% (4)	36% (21)
July	59% (33)	0	28% (16)
August	58% (32)	4% (2)	21% (12)

**TTUHSC 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)
June	54% (13)	0	25% (6)
July	26% (5)	0	16% (3)
August	54% (13)	0	33% (8)

**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)
June	29% (7)	4% (1)	8% (2)
July	21% (4)	0	0
August	29% (7)	0	13% (3)

**TOTAL: Combined Infirmiry Discharges (TTUHSC 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)
June	83% (20)	4% (1)	33% (8)
July	47% (9)	0	16% (3)
August	83% (20)	0	46% (11)

## Footnotes:

- <sup>1</sup> Discharged patient offenders were unable to function in a general population setting, 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**

The American Correctional Association (ACA) Panel of Commissioners met at the Correctional Accreditation Managers Association (CAMA) Conference in Nashville, Tennessee, on August 7 through August 12, 2009. The ACA Panel awarded initial accreditation to the San Saba and Marlin units. In addition, nine facilities received reaccreditation; they were the Allred, Connally, Darrington, Ferguson, Gurney, Lewis, Holliday, Rudd, and Hobby units.

**Biomedical Research Projects**

The following is a summary of current and pending research projects as reported by the TDCJ Executive Services:

- Correctional Institutions Division Active Monthly Research Projects – 44
- Correctional Institutions Division Pending Monthly Research Projects – 4
- Health Services Division Active Monthly Medical Research Projects – 9
- Health Services Division Pending Medical Research Projects – 3

# Attachment 1

## Sample: Corrective Action Plan

6.34 (3) Are all HCV infected patients that don't have a documented contraindication for antiviral therapy with an APRI score greater than 0.42 or with abnormal liver function (Prothrombin Time, Total Bilirubin, or Albumin), referred to the designated physician, clinic, or appropriately treated according to CMHC Hepatitis C evaluation and treatment pathway? References: Correctional Managed Health Care Policy and Procedure Manual: G-51.1, G-51.10, NCCCHC P-B-01, P-G-01, ACA 4-4356, Correctional Managed Health Care Infection Control Manual B-14.13

**Records reviewed: 12**                      **Applicable: 12**                      **In compliance: 11**                      **Not in compliance: 1**  
**Percent in compliance:**                      95%  
**Items of non-compliance:**                      At the time of the audit, TDCJ # 1538388 was missing a referral to physician or clinic as required by the CMHC Hepatitis C Evaluation and Treatment pathway.  
**Recommendations:**                      Refer the above offender to the designated physician or clinic and provide documentation to TDCJ Health Services. In-service staff on CMHC Policy B-14.13. Provide a copy of the in-service agenda and the attendance record to TDCJ Health Services.

6.35 If the provider determines treatment is not indicated for Hepatitis C; is the reason documented in the medical record? References: Correctional Managed Health Care Policy and Procedure Manual: G-51.1, G-51.10, NCCCHC P-B-01, P-G-01, ACA 4-4356, Correctional Managed Health Care Infection Control Manual B-14.13

**Records reviewed: 12**                      **Applicable: 12**                      **In compliance: 11**                      **Not in compliance: 1**  
**Percent in compliance:**                      95%  
**Items of non-compliance:**                      At the time of the audit, TDCJ # 1538388 was missing documentation to suggest treatment for Hepatitis C was not indicated.  
**Recommendations:**                      Provide documentation of why treatment is not indicated. Send documentation to TDCJ Health Services. Provide in-service on CMHC Policy B-14.13. Send copy of in-service agenda and attendance roster to TDCJ Health Services.

6.36 Is the influenza vaccine offered annually to the following offenders: Certain chronic disease offenders (e.g., heart disease, moderate to severe asthma (i.e., history of hospitalization or emergency treatment for asthma or chronic medication for asthma), COPD, diabetes, all offenders with immunocompromising diseases (e.g., HIV infection, most cancers, end-stage renal disease, sickle cell disease, etc.). All offenders 55 years of age and older, pregnant females, after first trimester, and are the influenza vaccinations documented on the HSM-2. If the vaccination is refused is there a signed Refusal of Treatment Form (HSM-82)? References: Correctional Managed Health Care Policy and Procedure: H-60.1, CDC Update on Adult Immunization, NCCCHC P-B-01, P-H-01, ACA 4-4354, Correctional Managed Health Care Infection Control Manual B-14.7

**Records reviewed: 20**                      **Applicable: 20**                      **In compliance: 12**                      **Not in compliance: 8**  
**Percent in compliance:**                      60%  
**Items of non-compliance:**                      At the time of the audit, TDCJ #'s 1551618, 1537060, 1533165, 1538390, 1548259, 1545079, 1543879, and 1537229 did not have documentation of receiving the influenza vaccine.  
**Recommendations:**                      Develop a detailed written plan delineating how your unit will ensure compliance with CMHC Policy B-14.07. Provide a copy of this plan for approval by TDCJ Health Services. In-service staff on CMHC Policy and the unit-specific plan for compliance. Provide a copy of the in-service agenda and attendance roster to TDCJ Health Services.

\_\_\_\_\_ Unit

(Please Type Unit Name Here)

## CORRECTIVE ACTION PLAN RESPONSE FORM

Date: \_\_\_\_\_

Department: General Medical /CID Nursing

CAP Due Date: \_\_\_\_\_

Prepared by: \_\_\_\_\_

Title: \_\_\_\_\_

<b>DEFICIENCY</b>  Audit Question Referenced	<b>CORRECTIVE ACTION TAKEN</b>  (A plan of action indicating specifically how and when deficiencies were corrected)	<b>DATE CORRECTIVE ACTION COMPLETED:</b>  Inservice Rosters, Which Include Date of Inservice and Subject <i>MUST BE ATTACHED!</i>

**Note:** Health Services staff must use this form for responding to all audit deficiencies.

Note: Health Services staff must use this form for responding to all audit deficiencies.

DEFICIENCY  Audit Question Referenced	CORRECTIVE ACTION TAKEN  (A plan of action indicating specifically how and when deficiencies were corrected)	Date Corrective Action Completed:  Inservice Rosters (which includes; Date of In-service and Subject MUST BE ATTACHED!
6.36	<p>At the time of the audit, TDCJ 1551618, 1537060, 15331665, 1538390, 1548259, 1545079, 1543879 and 11537229 did not have documentation of receiving the influenza vaccine.</p> <p><i>DWP - NOT accepted</i></p>	<p>WM did not receive adequate amount of flu vaccine. We requested additional but pharmacy responded no further flu vaccine available CID will document in EMR when any vaccines are not available.</p> <p>Staff In-Service on CMHC Policy B 14.07</p> <p>Attendance Roster attached</p>
6.37  <i>NOT accepted</i>	<p>At the time of the audit, TDCJ 1551618 and 1567624 did not have supporting documentation that a pneumococcal vaccine was offered.</p> <p><i>1551618 - Needs pneumovax</i> <i>1567624 - " "</i></p>	<p>CID will make time for Policy and Procedure Update review monthly. Intake review for pneumonia vaccine now includes long term steroid use to include inhalers.</p> <p>Staff In-Service on CMHC Policy B 14.07</p> <p>Attendance Roster Attached</p>
6.39	<p>At the time of the audit, TDCJ 1412817 did not have Directly Observed Therapy (DOT) or documentation reflecting compliance of therapy in the medical record.</p>	<p>Staff In-Service on CMHC Policy B 14.16</p> <p>Attendance Roster attached</p>

Attention

1st  
CAP Response

Unit - Woodman  
8/17/09

This blue sheet is to be completed by any auditor where a detailed written plan was requested for the ORA/CAP. After the auditor has reviewed the CAP Response, a yellow sticker should be placed on the page of the detailed written plan which will be discussed with Dr. Williams and the auditor.

The flagged detailed written plan has been reviewed for the:

ORA Services	Questions	Auditor	Approved by Dr. Williams or Dr. Montross
Administrative			
Dental			
Mental Health			
Nursing			
CID	6.36	Paula Reed	not accepted

*Lucia*  
8/18/09

*Carol Ann, please coordinate a meeting with Dr. Williams and the above listed auditors as soon as possible.*

Thank you

**Texas Department of Criminal Justice  
Health Services Division  
Inter-Office Communication**

 **COPY**

**To:** Johnnie Williams  
Practice Manager  
Woodman Facility

**Date:** August 24, 2009

**From:** Robert Williams, MD   
Director of Clinical Services

**Subject:** Second Request for Audit  
Additional Documentation/  
Clarification for the  
Woodman Facility

---

The Corrective Action Plan Responses submitted by the **Woodman** medical staff have been reviewed and are not acceptable.

**On question 6.36** the detailed written plan did not meet requirements. The recommendation is that the facility provide a **detailed** written plan which states the following:

- 1.) Identify specific problems or obstacles limiting compliance on your unit.
- 2.) Write the plan or process to correct what is causing the non-compliance problem.
- 3.) Assign someone to be responsible (the job title or specific position).
- 4.) Include in the plan an evaluation process (who will measure what and when, for how long, and to whom will they report be submitted).

On question **6.37** both offenders still need pneumococcal vaccine, the facility will need to provide the vaccine or obtain a signed HSM-82 on the offenders and documentation sent to TDCJ Health Services.

**DUE DATE: September 1, 2009**

c: File

CID - Annual Influenza Vaccinations  
Detailed Written Plan for Deficiency 6.36

A. Identify Specific problems or obstacles limiting compliance on your unit.

WM did not received adequate amount of flue vaccine.  
Requested from in adequate time, but vaccine was not available from Pharmacy.

There was no documentation in the patient's charts that the vaccine was offered and not available for dispensing.

B. Write plan or process to correct what is causing the non-compliance.

C. Assign someone to be responsible (the job title or specific position).

Beginning immediately:

The assigned Intake nurse completes the following for each offender received.

1. HSM-13
2. CID Abstract of Immunizations.
3. Based on CMC Policy E-34.1, each offender is seen by a Provider on the unit for their health assessment. Health issues are identified for chronic conditions and high risk:
  1. Heart Disease
  2. Emphysema & COPD
  3. Diabetes
  4. Asthma (only if associated with emphysema, COPD and long term steroid use)
  5. Splenic dysfunction & anatomic asplenia
  6. Hodgkin's disease, multiple myeloma
  7. Cirrhosis, Alcoholism, Renal failure, CSF leaks
  8. Conditions associated with immunosuppressant
  9. HIV
  10. Cancers
  11. Sickle cell
  12. All offenders 65 years old.

Based on CMC Policy B-14.07, the Chronic Conditions are coded for those with high risk conditions.

At the beginning of Flu season, the assigned CID Nurse will have the high risk codes list generated. Based on the above conditions

CID will review and compile a list of all eligible to receive the vaccines, they will then review and classify further to High, Med, and Low. A reminder will be created in each patient chart according to their list.

When the unit receives the vaccines from the Pharmacy, the assigned CID Nurse will generate a reminder list and complete Lay-Ins for the injections.

The injections will be documented in each chart. If a refusal is obtained it will be documented and scanned into chart.

The CID Nurse will continue to give the injections according to High first, Med second, and Low Last until all of the available vaccine is dispensed. If the availability of the Vaccine runs out before all of the eligible patient's have received it, the

1. CID Nurse will supply the information to the assigned Med. Tech to place the order through the Huntsville Pharmacy for the remaining needed vaccine.
2. If/when the assigned Med Tech receives notification from Huntsville that the original order will not be filled due to the non-availability of the vaccine, the Med Tech will notify the assigned CID Nurse with a copy of the manifest.
3. The assigned CID Nurse will follow up with the Huntsville Pharmacy to inquire when/if the vaccine will be available for dispensing.

The assigned CID Nurse will notify Preventative Medicine to inform them of the shortage and follow up with an e-mail. When the above steps have been completed, the CID Nurse will document in the remaining patient's charts "Vaccine not available".

- D. Include in the plan an evaluation process (who will measure what and when, for how long and to whom the report will be submitted to).

1. The CID Nurse will leave the open reminder in EMR for monitoring patient's who did not receive the vaccine. This will be used for tracking for the unit and for the any change in unit of assignment. The number of patient's to receive the vaccine, number of injections given, and number of patient's needing to receive will be documented on the CID Monthly QIQM report during the flu season.
2. The CID Nurse will continue to provide the vaccine information on their QIQM reports, and keep available copies for review as needed and keep Nurse Manager aware of all issues.

This process will remain in effect indefinitely.

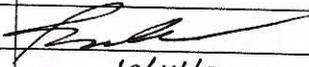
Attention

Unit - Woodman

Closed 3rd  
10/14/09

This yellow sheet is to be completed by any auditor where a detailed written plan was requested for the ORA/CAP. After the auditor has reviewed the CAP Response, a yellow sticker should be placed on the page of the detailed written plan which will be discussed with Dr. Williams and the auditor.

The flagged detailed written plan has been reviewed for the:

ORA Services	Questions	Auditor	Approved by Dr. Williams or Dr. Montross
Administrative			
Dental			
Mental Health			
Nursing			
CID	6.36	Rula Reed	 10/14/9

*Carol Ann, please coordinate a meeting with Dr. Williams and the above listed auditors as soon as possible.*

*Thank you*

# CORRECTIVE ACTION PLAN STAFF COMMENTS

UNIT: Woodman – 3<sup>RD</sup> CAP Response

DATE: September 21, 2009

<b>DO NOT WRITE IN THIS SPACE!</b> Reserved for Compliance Office Use Only
<input type="checkbox"/> Documentation Provided  Requested Missing Documentation
<input type="checkbox"/> Documentation/Clarification Requested

<b>DO NOT WRITE IN THIS SPACE!</b> Reserved for
<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved  Inadequate CAP Response  Return for Further CAP Response

REVIEWER	QUESTION #	COMMENTS/ADDITIONAL INFORMATION REQUIRED OR CLARIFICATION NEEDED	ACCEPTABLE/ NOT ACCEPTABLE
Paula Reed, RN (CID)	6.36		<input type="checkbox"/> ACCEPTABLE  <input type="checkbox"/> NOT ACCEPTABLE
Robert Williams, MD		  10/14/09	<input checked="" type="checkbox"/> ACCEPTABLE  <input type="checkbox"/> NOT ACCEPTABLE

**Reviewers** – Please be very specific as to ALL items to close out the report.

**Note for future reference:**

The Auditor recommendations to unit staff must be SPECIFIC as to exactly what is needed for each item that the unit must develop a corrective action plan for. This clarity is needed to close out the CAP responses from the units.

# *An Overview of the System Leadership Council (SLC)*

*Correctional Managed Health Care Committee Meeting*

*December 1, 2009*

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*Correctional Managed  
Health Care*



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# *A Delegated Authority*

Monitoring and reporting on the quality of health care activities by the University Partners is a cooperative effort.

The CMHCC has delegated authority and accountability of the Quality Improvement Plan to the System Leadership Council (SLC).

## SLC Purpose

To provide a streamlined, integrated, clinically-driven Quality Improvement Program (QIP) that demonstrates quality activities are consistently applied that meet or exceed regulatory requirements and community standards of care.

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## *System Leadership Council (SLC)*

- ▶ **SLC:** A multidisciplinary committee composed of clinical and administrative directors who have primary oversight for the health care delivery systems of the Correctional Managed Health Care program.
- ▶ **Mission:** To monitor Access To Care and Quality of Care through processes of ongoing monitoring and evaluation that assess the adequacy of the care provided and to institute corrective action as needed.
- ▶ Meetings are held in Huntsville quarterly.
- ▶ The SLC provides reports to the CMHCC.

# *SLC Structure and Composition*

Chairperson: Appointed annually by the presiding chair of the CMHCC.

Members:

TDCJ Health Services Division Director

TTUHSC Executive Medical Director

UTMB Vice President Correctional Managed Care

TTUHSC Dental Services Director

UTMB Dental Services Director

TDCJ Health Services Dental Director

TTUHSC Nursing Director

UTMB Inpatient Nursing Director

UTMB Outpatient Nursing Director

TDCJ Health Services, Chief Nursing Officer

TTUHSC Director of Mental Health Services

UTMB Director of Mental Health Services

TDCJ Health Services Director of Mental Health

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# *SLC Structure and Composition (continued)*

SLC Members (continued):

Pharmacy, Director

TDCJ Health Services, Infection Control Physician

CMHCC Staff Representative

TTUHSC Director of Quality Improvement

TDCJ Health Services, Director Clinical Services

TDCJ Health Services Manager of Health Services Monitoring

TDCJ Health Services Chief of Professional Standards

TDCJ Health Services Manager of Health Services Liaison

TTUHSC and UTMB Regional Physicians

TTUHSC and UTMB Regional Nurses

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# *SLC Quarterly Agenda*

- ▶ Reports are presented from University Discipline Directors on the nine (9) Access To Care (ATC) Indicators.
- ▶ Reports are presented on Quality of Care Indicators by assigned Champions.
- ▶ CMHCC staff provide updates.
- ▶ TDCJ Health Services presents the Monthly Grievance Exception Reports.
- ▶ TDCJ Health Services presents the Quarterly Sick Call Verification Audits.
- ▶ TDCJ Health Services presents a Safe Prisons Update.
- ▶ Other pertinent issues related to the provision and monitoring of offender health care are presented (e.g. EMR, sick call requests, Joint Nursing Reports, security issues etc.)

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# *SLC Quarterly Agenda (continued)*

During its scheduled quarterly meeting, the SLC will:

- ▶ Review consolidated quarterly QI reports from all CMHC operated medical units.
- ▶ Discuss reports on special issues regarding the correctional managed health care program.
- ▶ Submit the quarterly report to the CMHCC.

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# *SLC Functions*

SLC traditional functions include:

- ▶ Provide direction and support for the Quality Improvement Plan (QIP).
- ▶ Use data collected to identify potential aspects of care for system-wide improvement.
- ▶ Facilitate information flow to the unit medical facilities.
- ▶ Provide support and direction to the facility leadership councils (FLC).
- ▶ Receive and evaluate reports; recommend corrective actions.
- ▶ Review and evaluate the QIP annually.

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# *Access To Care (ATC) Indicators*

- ▶ There are nine (9) Access to Care Indicators.
- ▶ Three (3) ATC Indicators per discipline:

**Dental**

**Mental Health**

**Medical/Nursing**

- ▶ The Access to Care Indicators monitor compliance with CMHC policy governing sick call and daily triaging of health care complaints.
- ▶ Discipline Directors from UTMB and TTUHSC review quarterly Access to Care indicator reports from their respective facilities.
- ▶ The discipline director makes a verbal report to SLC
- ▶ The discipline director outlines corrective actions for any noted deficiencies.

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# *SLC Quality of Care Indicators*

- ▶ Quality of Care indicators are selected and developed by the SLC.
- ▶ SLC members submit indicators at the end of each fiscal year for the committee's consideration for adoption.
- ▶ The submitted indicators are selected by committee vote for the next fiscal year.

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# *Previous SLC Quality Indicators*

- ▶ FY 2008 – (4 indicators)
  1. MRSA
  2. Antibiotic Medication
  3. HIV/CD4
  4. Updated PULHES Mental Health designator
  
- ▶ FY 2009 – (3 indicators)
  1. MRSA
  2. HIV/CD4
  3. Updated PULHES Mental Health designator

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# *Compliance Actions FY 2008-2009*

## *ATC Indicators*

### Issues

### Action

Staff Shortage

Recruiting and Retention Strategies

Sick Call Processing

Regular reiteration of Sick Call process

EMR reminders

Continual EMR training of staff on application of EMR reminders

ATC Audit

Revision of ATC Audit methodology to more accurately measure and monitor the Sick Call process

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# *Compliance Actions FY 2008-2009*

## *Quality of Care Indicators*

<u>Indicator</u>	<u>Issue</u>	<u>Action</u>
<b>MRSA</b>	Obtaining cultures	Units are required to culture “draining skin lesions”
<b>HIV/CD4</b>	Monitoring HIV disease	All units housing HIV offenders are required to obtain HIV viral load and CD4 counts every 6 months
<b>Antibiotics</b>	Transient medications	The administration of oral post-operative medications while in transient housing was verified
<b>PULHES</b>	Updating mental health designator	Emphasis placed on updating information used by TDCJ Classification and Records Office to facilitate safe housing placements and work assignment

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# *FY 2010 Compliance Monitoring*

▶ (9) ATC Indicators

▶ (4) SLC (Quality of Care) Indicators

Quality of Care – Updated PULHES Mental Health designator

Quality of Care – Refusal of Treatment

Quality of Care – Periodontal Typing

Quality of Care – No Shows

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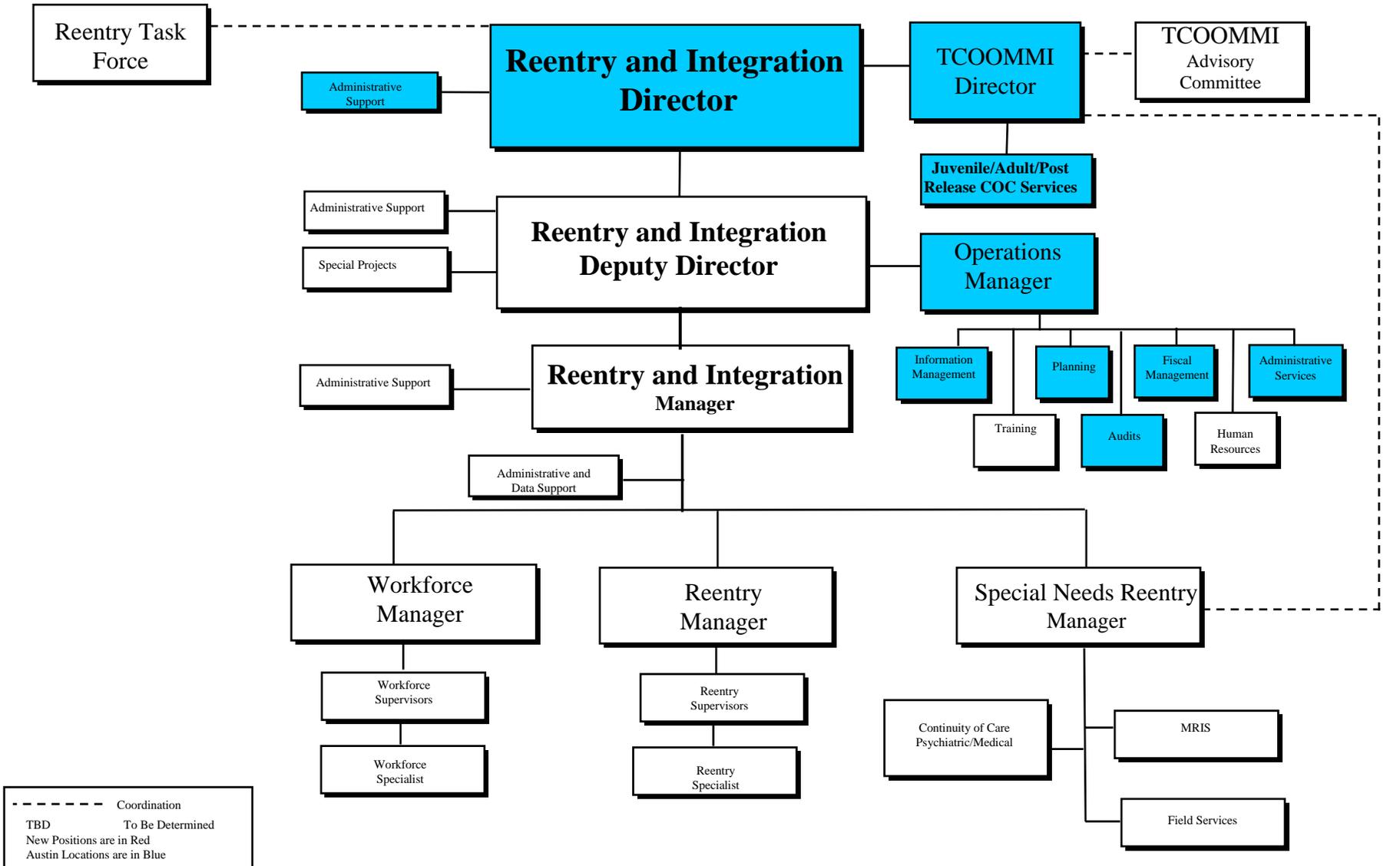
# Reentry and Integration Division (RID)



Presentation to  
Correctional Managed Health Care Committee

December 1, 2009

# TDCJ – Reentry and Integration Division Organizational Chart



## For offenders identified as having the highest needs and the greatest risk to reoffend Reentry Coordinators Shall:

- Coordinate with internal programs (education, treatment, medical, employment, supervision) on identifying continued post-release needs.
- Identify, secure and/or schedule (if applicable) post-release appointments with community service providers.
- Communicate with supervising officers (if applicable) of the offenders post-release service plan, needs and if applicable appointments.
- Coordinate with parole/probation on documenting post-release services access.
- Assist and/or coordinate in collecting and/or expanding our personal offender information obtained at initial point of criminal justice placement on supervision or in correctional facilities.
- Coordinate identification document collection/verification process.



# **Correctional Managed Health Care**

## **Quarterly Report FY 2009 Fourth Quarter**

**September 2008 – August 2009**

## Summary

This report is submitted in accordance with Rider 46; page V-24, House Bill 1, 80<sup>th</sup> Legislature, Regular Session 2007. The report summarizes activity through the fourth quarter of FY 2009. Following this summary are individual data tables and charts supporting this report.

### **Background**

During Fiscal Year 2009, approximately \$461.1 million within the TDCJ appropriation has been allocated for funding correctional health care services. This funding included:

- \$384.9M in general revenue appropriations in strategy C.1.8 (Managed Health Care, medical services)
- \$42.8M in general revenue appropriations in strategy C.1.7. (Psychiatric Care).
- \$33.4M supplemental appropriations from HB 4586.

Of this funding, \$460.5M (99.9%) was allocated for health care services provided by UTMB and TTUHSC and \$587K (0.1%) for the operation of the Correctional Managed Health Care Committee.

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

The total supplemental appropriation was for \$48,144,918. Therefore, the additional \$14,720,961 has been applied to FY 2008 and was entirely allocated to UTMB as their over budget amount.

## ***Report Highlights***

### **Population Indicators**

- Through the fourth quarter of this fiscal year, the correctional health care program remained essentially stable in the overall offender population served by the program. The average daily population served through the fourth quarter of FY 2009 was 150,568. Through this same quarter a year ago (FY 2008), the average daily population was 151,712, a decrease of 1,144 (0.75%). While overall growth was relatively stable, the number of offenders age 55 and over has continued to steadily increase.
- Consistent with the trend for the last several years, the number of offenders in the service population aged 55 or older has continued to rise at a faster rate than the overall population. Through the fourth quarter of FY 2009, the average number of older offenders in the service population was 11,033. Through this same quarter a year ago (FY 2008), the average number of offenders age 55 and over was 10,361. This represents an increase of 672 or about 6.5% 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 2,472 (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 1,914 through the fourth quarter of FY 2009, as compared to 1,971 through the same quarter a year ago (FY 2008). The inpatient caseload is limited by the number of available inpatient beds in the system.
  - Through the fourth quarter of FY 2009, the average number of mental health outpatients was 19,373 representing 12.9% of the service population.

## **Health Care Costs**

- Overall health costs through the fourth quarter of FY 2009 totaled \$524.3M. This amount is above the overall revenues earned by the university providers by \$12.8M.
- UTMB's total revenue through the quarter was \$410.5M. Their expenditures totaled \$423.3M, resulting in a net loss of \$12.8M. On a per offender per day basis, UTMB earned \$9.38 in revenue and expended \$9.67 resulting in a loss of \$0.29 per offender per day.
- TTUHSC's total revenue through the fourth quarter was \$101.0M. Expenditures totaled \$101.0M, resulting in a net gain of \$38,496. On a per offender per day basis, TTUHSC earned \$9.04 in revenue, but expended \$9.04 resulting in a breakeven of \$0.00 per offender per day.
- Examining the health care costs in further detail indicates that of the \$524.3M in expenses reported through the fourth quarter of the year:
  - Onsite services (those medical services provided at the prison units) comprised \$248.3M representing about 47.4% of the total health care expenses:
    - Of this amount, 80.5% was for salaries and benefits and 19.5% for operating costs.
  - Pharmacy services totaled \$51.3M representing approximately 9.8% of the total expenses:
    - Of this amount 16.9% was for related salaries and benefits, 3.9% for operating costs and 79.2% for drug purchases.
  - Offsite services (services including hospitalization and specialty clinic care) accounted for \$164.3M or 31.3% of total expenses:
    - Of this amount 53.7% was for estimated university provider hospital, physician and professional services; and 46.3% for Freeworld (non-university) hospital, specialty and emergency care.
  - Mental health services totaled \$46.6M or 8.9% of the total costs:
    - Of this amount, 96.8% was for mental health staff salaries and benefits, with the remaining 3.2% for operating costs.
  - Indirect support expenses accounted for \$13.8M and represented 2.6% of the total costs.

- The total cost per offender per day for all health care services statewide through the fourth quarter of FY 2009 was \$9.54. However, when benchmarked against the average cost per offender per day for the prior four fiscal years of \$7.86, the cost has increased significantly higher (21.4%). 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.
  - For UTMB, the cost per offender per day was \$9.67. This is significantly higher than the average cost per offender per day for the last four fiscal years of \$7.94.
  - For TTUHSC, the cost per offender per day was \$9.04, significantly higher than the average cost per offender per day for the last four fiscal years of \$7.58.
  - Differences in cost between UTMB and TTUHSC relate to the differences in mission, population assigned and the acuity level of the offender patients served.

### **Aging Offenders**

- As consistently noted in prior reports, the aging of the offender population has a demonstrated impact on the resources of the health care system. Offenders age 55 and older access the health care delivery system at a much higher level and frequency than younger offenders:
  - Encounter data through the fourth quarter of FY 2009 indicates that offenders aged 55 and over had a documented encounter with medical staff almost 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 \$4,698 per offender. The same calculation for offenders under age 55 totaled about \$765. In terms of hospitalization, the older offenders were utilizing health care resources at a rate more than six times higher than the younger offenders. While comprising about 7.3% of the overall service population, offenders age 55 and over account for 32.7% of the hospitalization costs received to date.
  - A third examination of dialysis costs found that, proportionately, older offenders are represented more than four times more often in the dialysis population than younger offenders. Dialysis costs continue to be significant, averaging about \$21.5K per patient per year. Providing medically necessary dialysis treatment for an average of 191 patients through the fourth quarter of FY2009 cost \$4.1M.

### **Drug Costs**

- Total drug costs through the fourth quarter of FY 2009 totaled \$38.2M.
  - Pharmaceutical costs related to HIV care continue to be the largest single component of pharmacy expenses.
    - Through this quarter, \$17.8M in costs (or \$1.5M per month) for HIV antiretroviral medication costs were experienced. This represents 46.5% of the total drug cost during this time period.
    - Expenses for psychiatric drugs are also being tracked, with approximately \$1.1M being expended for psychiatric medications through the fourth quarter, representing 3.0% of the overall drug cost.
    - Another pharmacy indicator being tracked is the cost related to Hepatitis C therapies. These costs were \$1.5M and represented about 4.0% of the total drug cost.

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

- In accordance with Rider 46, page V-24, House Bill 1, 80th Legislature, Regular Session 2007, 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 loss for FY 2009 of \$12,805,722 through the year end. TTUHSC reports that they hold no such reserves and report a total gain for FY 2009 of \$38,496.
- A summary analysis of the ending balances, revenue and payments through the fourth quarter for all CMHCC accounts is included in this report. That summary indicates that the ending balance on all CMHCC accounts on August 31, 2009 was \$30,072.62. In accordance with Rider 67, TDCJ Appropriations, House Bill 1, 80<sup>th</sup> Legislature, the CMHCC end of year balance will be returned to TDCJ for return to the State General Revenue Fund.

### ***Financial Monitoring***

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

The testing of detail transactions performed on TTUHSC's financial information for June through August 2009 resulted in one non-allowable transaction that required and received the posted correction to the General Ledger.

The testing of detail transactions performed on UTMB's financial information for June through August 2009 resulted in two classification errors that received the required correction entries to the General Ledger.

### ***Concluding Notes***

The combined operating loss for the university providers through the fourth quarter of FY 2009 is \$12,767,226. This closes the second year of Biennium with a combined operating loss. The university providers are continuing to monitor their expenditures closely, while seeking additional opportunities to reduce costs in order to minimize these operating losses.

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**Table 1**  
**Correctional Managed Health Care**  
**FY 2009 Budget Allocations**

**Distribution of Funds**

<u>Allocated to</u>	<u>FY 2009</u>
<b>University Providers</b>	
<b>The University of Texas Medical Branch</b>	
Medical Services	\$335,808,287
Mental Health Services	\$25,619,350
Marlin VA (contingent upon facility transfer)	\$4,843,986
Subtotal UTMB	\$366,271,623
<b>Texas Tech University Health Sciences Center</b>	
Medical Services	\$81,884,011
Mental Health Services	\$12,337,000
Subtotal TTUHSC	\$94,221,011
<b>SUBTOTAL UNIVERSITY PROVIDERS</b>	
	\$460,492,634
<b>Correctional Managed Health Care Committee</b>	\$586,750
<b>TOTAL DISTRIBUTION</b>	
	<b>\$461,079,384</b>

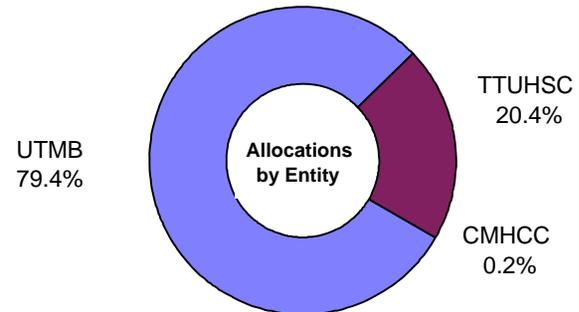
**Source of Funds**

<u>Source</u>	<u>FY 2009</u>
<b>Legislative Appropriations</b>	
HB 1, Article V, TDCJ Appropriations	
Strategy C.1.8. Managed Health Care	\$382,901,675
Strategy C.1.7 Psychiatric Care	\$37,956,350
Marlin VA (contingent upon facility transfer)	\$4,843,986
Amendment #1 Marlin and San Saba Facilities	\$1,953,416
HB 4586 Supplemental Appropriations(1)	\$33,423,957
<b>TOTAL</b>	<b>\$461,079,384</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.**

(1) The total supplemental appropriations was for \$48,144,918. Therefore, the additional \$14,720,961 has been applied to FY 2008 and was entirely allocated to UTMB as their over budget amount.

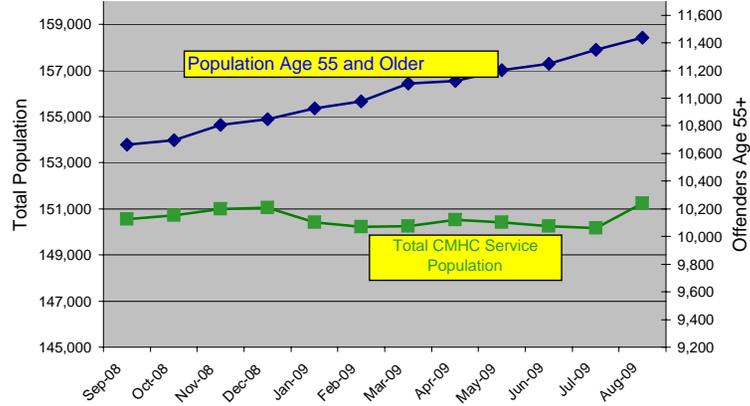
**Chart 1**



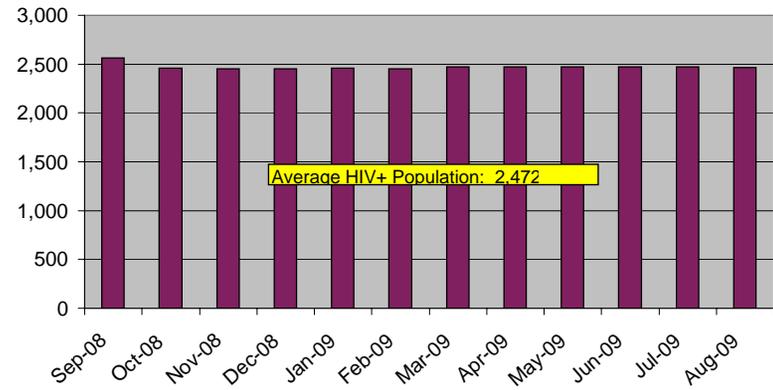
**Table 2**  
**FY 2009**  
**Key Population Indicators**  
**Correctional Health Care Program**

Indicator	Sep-08	Oct-08	Nov-08	Dec-08	Jan-09	Feb-09	Mar-09	Apr-09	May-09	Jun-09	Jul-09	Aug-09	Population Year to Date Avg.
<b>Avg. Population Served by CMHC:</b>													
UTMB State-Operated Population	108,091	108,181	108,404	108,525	107,950	107,945	107,806	108,017	107,833	107,707	107,599	108,614	108,056
UTMB Private Prison Population*	11,882	11,897	11,894	11,880	11,873	11,894	11,908	11,909	11,914	11,912	11,911	11,874	11,896
UTMB Total Service Population	119,973	120,078	120,299	120,405	119,824	119,839	119,714	119,926	119,747	119,618	119,510	120,488	119,952
TTUHSC Total Service Population	30,590	30,644	30,695	30,638	30,583	30,386	30,538	30,606	30,661	30,640	30,649	30,767	30,616
<b>CMHC Service Population Total</b>	<b>150,563</b>	<b>150,722</b>	<b>150,994</b>	<b>151,043</b>	<b>150,406</b>	<b>150,225</b>	<b>150,252</b>	<b>150,531</b>	<b>150,409</b>	<b>150,259</b>	<b>150,159</b>	<b>151,254</b>	<b>150,568</b>
<b>Population Age 55 and Over</b>													
UTMB Service Population Average	8,728	8,769	8,868	8,899	8,993	9,046	9,176	9,189	9,247	9,280	9,366	9,476	9,086
TTUHSC Service Population Average	1,937	1,928	1,941	1,947	1,934	1,933	1,930	1,937	1,955	1,968	1,986	1,961	1,946
<b>CMHC Service Population Average</b>	<b>10,665</b>	<b>10,697</b>	<b>10,809</b>	<b>10,846</b>	<b>10,927</b>	<b>10,979</b>	<b>11,106</b>	<b>11,126</b>	<b>11,202</b>	<b>11,248</b>	<b>11,352</b>	<b>11,437</b>	<b>11,033</b>
<b>HIV+ Population</b>	<b>2,566</b>	<b>2,460</b>	<b>2,451</b>	<b>2,450</b>	<b>2,458</b>	<b>2,449</b>	<b>2,475</b>	<b>2,472</b>	<b>2,474</b>	<b>2,474</b>	<b>2,470</b>	<b>2,464</b>	<b>2,472</b>
<b>Mental Health Inpatient Census</b>													
UTMB Psychiatric Inpatient Average	1,045	1,014	1,014	1,023	1,034	1,016	1,023	1,014	1,001	1,003	1,011	1,011	1,017
TTUHSC Psychiatric Inpatient Average	941	930	907	890	891	892	885	875	864	860	907	922	897
<b>CMHC Psychiatric Inpatient Average</b>	<b>1,986</b>	<b>1,944</b>	<b>1,921</b>	<b>1,913</b>	<b>1,925</b>	<b>1,908</b>	<b>1,908</b>	<b>1,889</b>	<b>1,865</b>	<b>1,863</b>	<b>1,918</b>	<b>1,933</b>	<b>1,914</b>
<b>Mental Health Outpatient Census</b>													
UTMB Psychiatric Outpatient Average	13,919	16,222	14,456	14,657	15,100	14,521	15,171	15,680	15,682	16,244	17,916	14,750	15,360
TTUHSC Psychiatric Outpatient Average	4,356	4,294	3,645	3,926	3,313	3,775	4,091	4,018	4,445	4,027	4,262	4,010	4,014
<b>CMHC Psychiatric Outpatient Average</b>	<b>18,275</b>	<b>20,516</b>	<b>18,101</b>	<b>18,583</b>	<b>18,413</b>	<b>18,296</b>	<b>19,262</b>	<b>19,698</b>	<b>20,127</b>	<b>20,271</b>	<b>22,178</b>	<b>18,760</b>	<b>19,373</b>

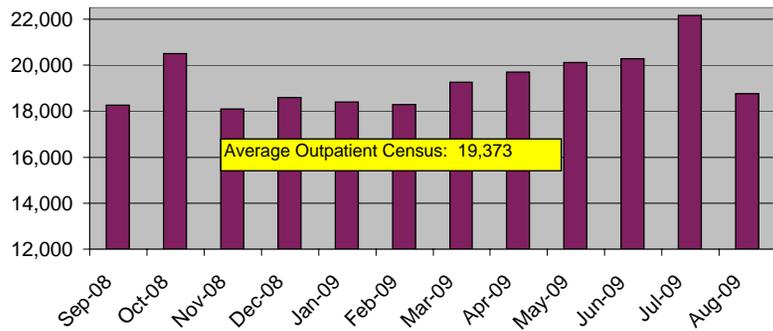
**Chart 2  
CMHC Service Population**



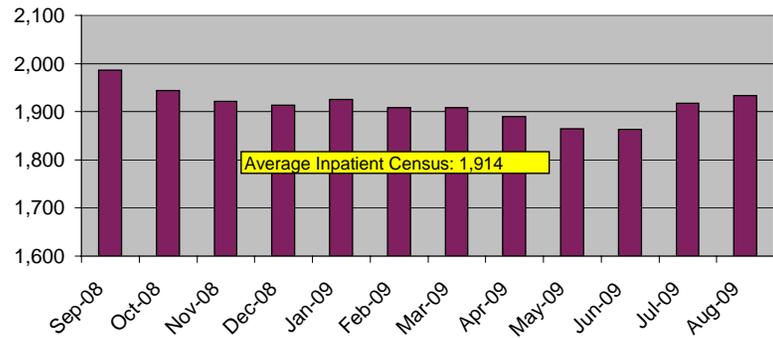
**Chart 3  
HIV+ Population**



**Chart 4  
Mental Health Outpatient Census**



**Chart 5  
Mental Health Inpatient Census**



**Table 3**  
**Summary Financial Report: Medical Costs**  
**Fiscal Year 2009 through Quarter 4 (Sep 2008 - August 2009)**

Days in Year: 365

	Medical Services Costs			Medical Cost Per Day Calculations		
	UTMB	TTUHSC	TOTAL	UTMB	TTUHSC	TOTAL
<b>Population Served</b>	<b>119,952</b>	<b>30,616</b>	<b>150,568</b>			
<b>Revenue</b>						
Capitation Payments	\$303,956,944	\$79,858,354	\$383,815,298	\$6.94	\$7.15	\$6.98
Supplemental Appropriation-HB 4586*	\$30,332,700	\$1,575,657	\$31,908,357	\$0.69	\$0.14	\$0.58
State Reimbursement Benefits	\$41,129,174	\$4,149,950	\$45,279,124	\$0.94	\$0.37	\$0.82
Non-Operating Revenue	\$2,296,638	\$1,943	\$2,298,581	\$0.05	\$0.00	\$0.04
<b>Total Revenue</b>	<b>\$377,715,456</b>	<b>\$85,585,904</b>	<b>\$463,301,360</b>	<b>\$8.63</b>	<b>\$7.66</b>	<b>\$8.43</b>
<b>Expenses</b>						
<b>Onsite Services</b>						
Salaries	\$147,568,497	\$12,493,303	\$160,061,800	\$3.37	\$1.12	\$2.91
Benefits	\$36,725,435	\$3,054,589	\$39,780,024	\$0.84	\$0.27	\$0.72
Operating (M&O)	\$19,874,168	\$1,623,895	\$21,498,063	\$0.45	\$0.15	\$0.39
Professional Services	\$0	\$2,552,730	\$2,552,730	\$0.00	\$0.23	\$0.05
Contracted Units/Services	\$0	\$21,783,592	\$21,783,592	\$0.00	\$1.95	\$0.40
Travel	\$1,309,971	\$121,958	\$1,431,929	\$0.03	\$0.01	\$0.03
Electronic Medicine	\$0	\$315,274	\$315,274	\$0.00	\$0.03	\$0.01
Capitalized Equipment	\$487,711	\$411,675	\$899,386	\$0.01	\$0.04	\$0.02
<b>Subtotal Onsite Expenses</b>	<b>\$205,965,782</b>	<b>\$42,357,016</b>	<b>\$248,322,798</b>	<b>\$4.70</b>	<b>\$3.79</b>	<b>\$4.52</b>
<b>Pharmacy Services</b>						
Salaries	\$5,542,400	\$1,461,583	\$7,003,983	\$0.13	\$0.13	\$0.13
Benefits	\$1,629,533	\$54,298	\$1,683,831	\$0.04	\$0.00	\$0.03
Operating (M&O)	\$1,230,196	\$707,589	\$1,937,785	\$0.03	\$0.06	\$0.04
Pharmaceutical Purchases	\$33,777,257	\$6,859,760	\$40,637,017	\$0.77	\$0.61	\$0.74
Professional Services	\$0	\$0	\$0	\$0.00	\$0.00	\$0.00
Travel	\$39,346	\$17,010	\$56,356	\$0.00	\$0.00	\$0.00
<b>Subtotal Pharmacy Expenses</b>	<b>\$42,218,732</b>	<b>\$9,100,240</b>	<b>\$51,318,972</b>	<b>\$0.96</b>	<b>\$0.81</b>	<b>\$0.93</b>
<b>Offsite Services</b>						
University Professional Services	\$12,000,744	\$962,023	\$12,962,767	\$0.27	\$0.09	\$0.24
Freeworld Provider Services	\$60,686,742	\$15,421,674	\$76,108,416	\$1.39	\$1.38	\$1.38
UTMB or TTUHSC Hospital Cost	\$55,297,777	\$12,522,998	\$67,820,775	\$1.26	\$1.12	\$1.23
Estimated IBNR	\$7,177,302	\$250,000	\$7,427,302	\$0.16	\$0.02	\$0.14
<b>Subtotal Offsite Expenses</b>	<b>\$135,162,565</b>	<b>\$29,156,695</b>	<b>\$164,319,260</b>	<b>\$3.09</b>	<b>\$2.61</b>	<b>\$2.99</b>
<b>Indirect Expenses</b>	<b>\$7,377,162</b>	<b>\$4,961,060</b>	<b>\$12,338,222</b>	<b>\$0.17</b>	<b>\$0.44</b>	<b>\$0.22</b>
<b>Total Expenses</b>	<b>\$390,724,241</b>	<b>\$85,575,011</b>	<b>\$476,299,252</b>	<b>\$8.92</b>	<b>\$7.66</b>	<b>\$8.67</b>
<b>Operating Income (Loss)</b>	<b>(\$13,008,785)</b>	<b>\$10,893</b>	<b>(\$12,997,892)</b>	<b>(\$0.30)</b>	<b>\$0.00</b>	<b>(\$0.24)</b>

\*--Supplemental Appropriations for FY2008 not included of \$14,720,961

**Table 3 (Continued)**  
**Summary Financial Report: Mental Health Costs**  
**Fiscal Year 2009 through Quarter 4 (Sep 2008 - August 2009)**

Days in Year: 365

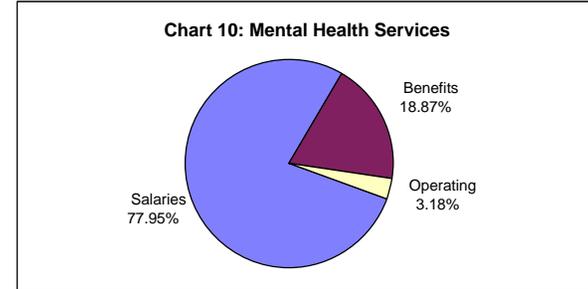
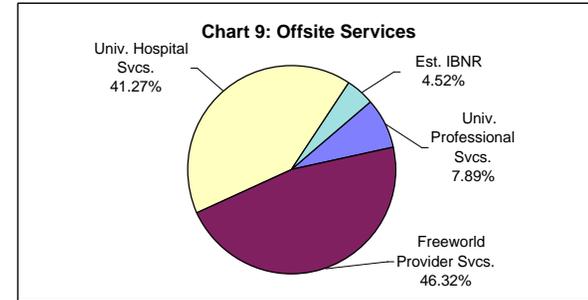
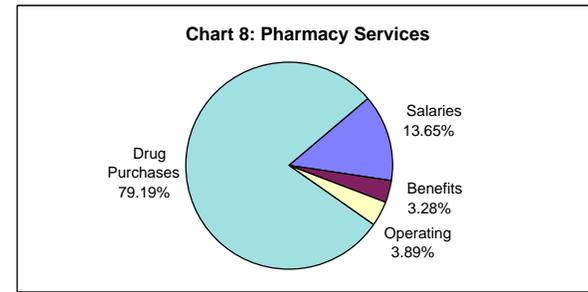
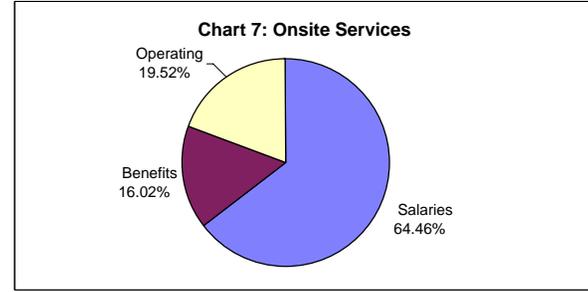
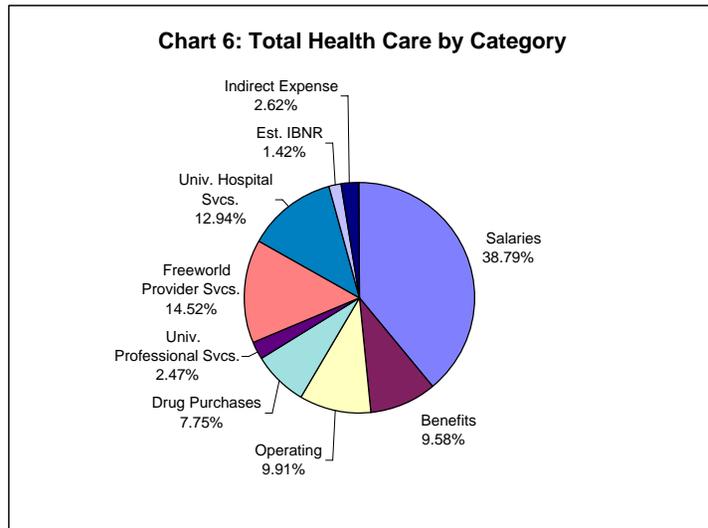
	Mental Health Services Costs			Mental Health Cost Per Day Calculations		
	UTMB	TTUHSC	TOTAL	UTMB	TTUHSC	TOTAL
<b>Population Served</b>	<b>119,952</b>	<b>30,616</b>	<b>150,568</b>			
<b>Revenue</b>						
Capitation Payments	\$25,619,350	\$12,787,000	\$38,406,350	\$0.59	\$1.14	\$0.70
Supplemental Appropriation-HB 4586	\$1,515,600	\$0	\$0	\$0.03	\$0.00	\$0.00
State Reimbursement Benefits	\$5,684,058	\$2,646,318	\$8,330,376	\$0.13	\$0.24	\$0.15
Other Misc Revenue	(\$1,374)	\$0	(\$1,374)	(\$0.00)	\$0.00	(\$0.00)
<b>Total Revenue</b>	<b>\$32,817,634</b>	<b>\$15,433,318</b>	<b>\$46,735,352</b>	<b>\$0.75</b>	<b>\$1.38</b>	<b>\$0.85</b>
<b>Expenses</b>						
<b>Mental Health Services</b>						
Salaries	\$25,182,831	\$11,141,100	\$36,323,931	\$0.58	\$1.00	\$0.66
Benefits	\$5,983,131	\$2,808,258	\$8,791,389	\$0.14	\$0.25	\$0.16
Operating (M&O)	\$492,676	\$236,272	\$728,948	\$0.01	\$0.02	\$0.01
Professional Services	\$0	\$448,461	\$448,461	\$0.00	\$0.04	\$0.01
Contracted Units/Services	\$0	\$0	\$0	\$0.00	\$0.00	\$0.00
Travel	\$257,460	\$31,404	\$288,864	\$0.01	\$0.00	\$0.01
Electronic Medicine	\$0	\$0	\$0	\$0.00	\$0.00	\$0.00
Capitalized Equipment	\$16,800	\$0	\$16,800	\$0.00	\$0.00	\$0.00
<b>Subtotal Mental Health Expenses</b>	<b>\$31,932,898</b>	<b>\$14,665,495</b>	<b>\$46,598,393</b>	<b>\$0.73</b>	<b>\$1.31</b>	<b>\$0.85</b>
<b>Indirect Expenses</b>	<b>\$681,673</b>	<b>\$740,220</b>	<b>\$1,421,893</b>	<b>\$0.02</b>	<b>\$0.07</b>	<b>\$0.03</b>
<b>Total Expenses</b>	<b>\$32,614,571</b>	<b>\$15,405,715</b>	<b>\$48,020,286</b>	<b>\$0.74</b>	<b>\$1.38</b>	<b>\$0.87</b>
<b>Operating Income (Loss)</b>	<b>\$203,063</b>	<b>\$27,603</b>	<b>(\$1,284,934)</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>(\$0.02)</b>

**All Health Care Summary**

	All Health Care Services			Cost Per Offender Per Day		
	UTMB	TTUHSC	TOTAL	UTMB	TTUHSC	TOTAL
Medical Services	\$377,715,456	\$85,585,904	\$463,301,360	\$8.63	\$7.66	\$8.43
Mental Health Services	\$32,817,634	\$15,433,318	\$48,250,952	\$0.75	\$1.38	\$0.88
<b>Total Revenue</b>	<b>\$410,533,090</b>	<b>\$101,019,222</b>	<b>\$511,552,312</b>	<b>\$9.38</b>	<b>\$9.04</b>	<b>\$9.31</b>
Medical Services	\$390,724,241	\$85,575,011	\$476,299,252	\$8.92	\$7.66	\$8.67
Mental Health Services	\$32,614,571	\$15,405,715	\$48,020,286	\$0.74	\$1.38	\$0.87
<b>Total Expenses</b>	<b>\$423,338,812</b>	<b>\$100,980,726</b>	<b>\$524,319,538</b>	<b>\$9.67</b>	<b>\$9.04</b>	<b>\$9.54</b>
<b>Operating Income (Loss)</b>	<b>(\$12,805,722)</b>	<b>\$38,496</b>	<b>(\$12,767,226)</b>	<b>(\$0.29)</b>	<b>\$0.00</b>	<b>(\$0.23)</b>

**Table 4**  
**FY 2009 4th Quarter**  
**UTMB/TTUHSC EXPENSE SUMMARY**

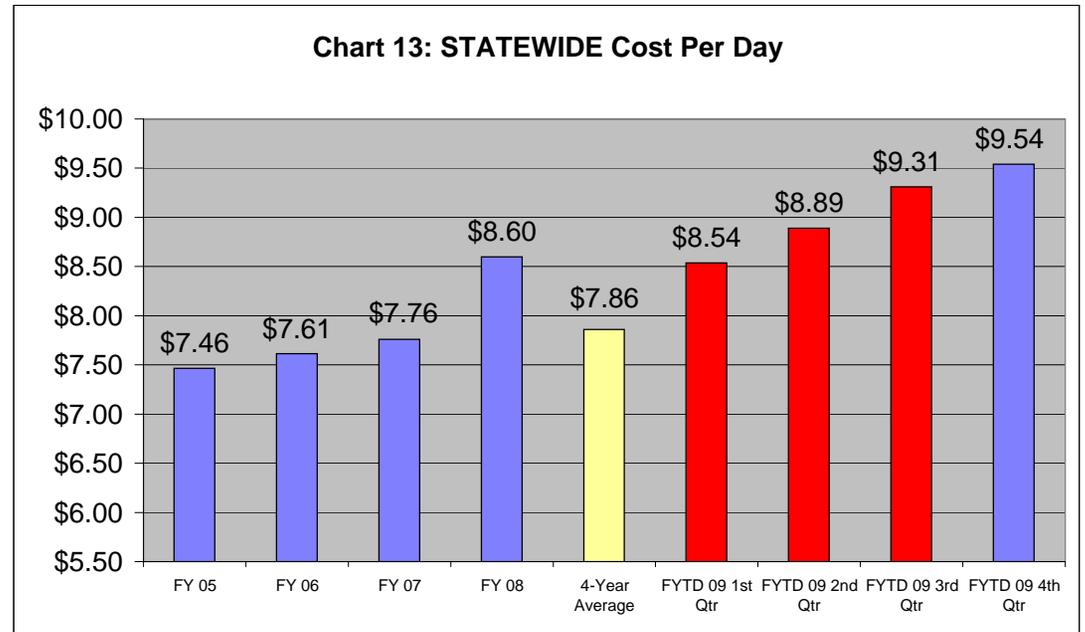
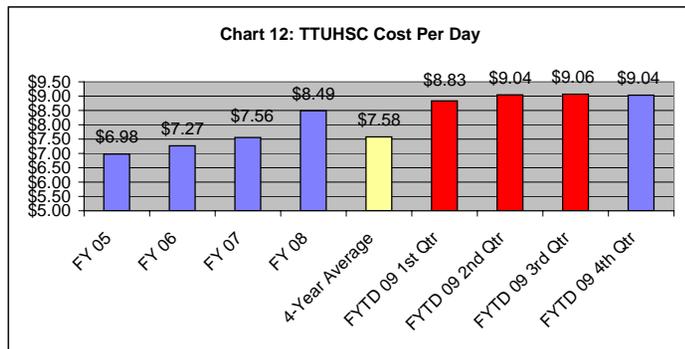
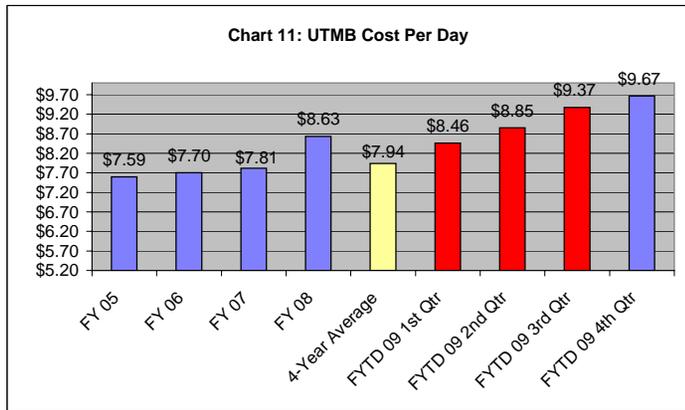
Category	Expense	Percent of Total
<b>Onsite Services</b>	<b>\$248,322,798</b>	<b>47.36%</b>
Salaries	\$160,061,800	
Benefits	\$39,780,024	
Operating	\$48,480,974	
<b>Pharmacy Services</b>	<b>\$51,318,972</b>	<b>9.79%</b>
Salaries	\$7,003,983	
Benefits	\$1,683,831	
Operating	\$1,994,141	
Drug Purchases	\$40,637,017	
<b>Offsite Services</b>	<b>\$164,319,260</b>	<b>31.34%</b>
Univ. Professional Svcs.	\$12,962,767	
Freeworld Provider Svcs.	\$76,108,416	
Univ. Hospital Svcs.	\$67,820,775	
Est. IBNR	\$7,427,302	
<b>Mental Health Services</b>	<b>\$46,598,393</b>	<b>8.89%</b>
Salaries	\$36,323,931	
Benefits	\$8,791,389	
Operating	\$1,483,073	
<b>Indirect Expense</b>	<b>\$13,760,115</b>	<b>2.62%</b>
<b>Total Expenses</b>	<b>\$524,319,538</b>	<b>100.00%</b>



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

	FY 05	FY 06	FY 07	FY 08	4-Year Average	FYTD 09 1st Qtr	FYTD 09 2nd Qtr	FYTD 09 3rd Qtr	FYTD 09 4th Qtr
<b>Population</b>									
UTMB	119,322	119,835	120,235	120,648	120,010	120,117	120,070	119,978	119,952
TTUHSC	31,437	31,448	31,578	31,064	31,382	30,643	30,589	30,593	30,616
Total	150,759	151,283	151,813	151,712	151,392	150,760	150,659	150,572	150,568
<b>Expenses</b>									
UTMB	\$330,672,773	\$336,934,127	\$342,859,796	\$381,036,398	\$347,875,774	\$92,490,864	\$193,410,886	\$307,047,071	\$423,338,812
TTUHSC	\$80,083,059	\$83,467,550	\$87,147,439	\$96,482,145	\$86,795,048	\$24,625,338	\$50,348,949	\$75,704,712	\$100,980,726
Total	\$410,755,832	\$420,401,677	\$430,007,235	\$477,518,543	\$434,670,822	\$117,116,202	\$243,759,835	\$382,751,783	\$524,319,538
<b>Cost/Day</b>									
UTMB	\$7.59	\$7.70	\$7.81	\$8.63	\$7.94	\$8.46	\$8.85	\$9.37	\$9.67
TTUHSC	\$6.98	\$7.27	\$7.56	\$8.49	\$7.58	\$8.83	\$9.04	\$9.06	\$9.04
<b>Total</b>	<b>\$7.46</b>	<b>\$7.61</b>	<b>\$7.76</b>	<b>\$8.60</b>	<b>\$7.86</b>	<b>\$8.54</b>	<b>\$8.89</b>	<b>\$9.31</b>	<b>\$9.54</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



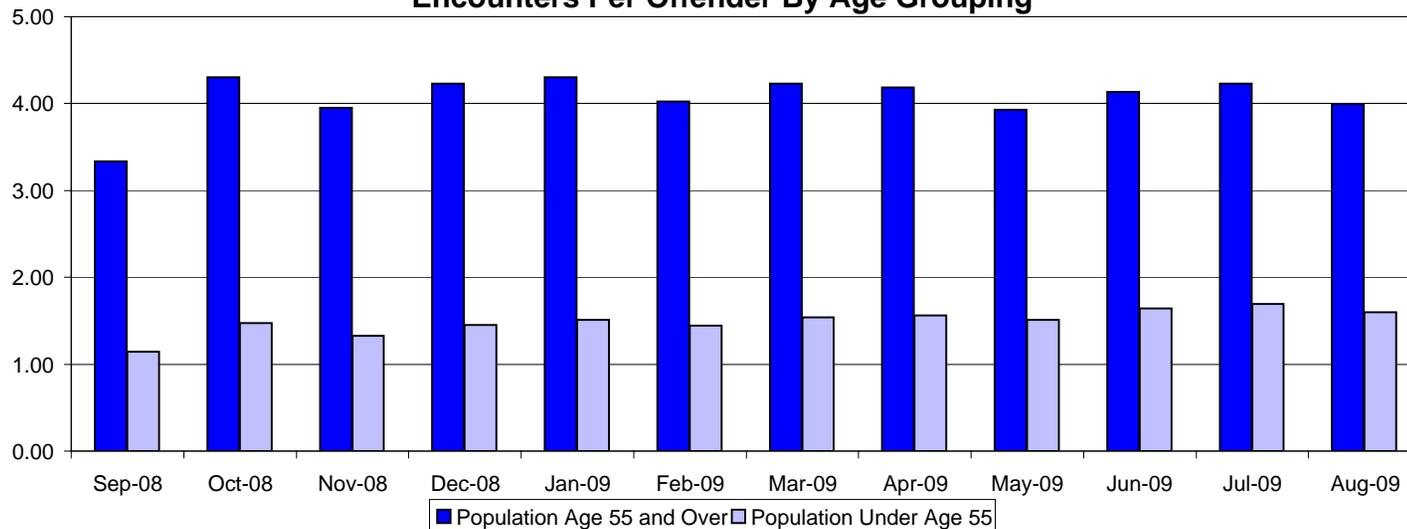
**Table 6  
Medical Encounter Statistics\* by Age Grouping**

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Month	Encounters			Population			Encounters Per Offender		
	Age 55 and Over	Under Age 55	Total	Age 55 and Over	Under Age 55	Total	Age 55 and Over	Under Age 55	Total
Sep-08	29,137	127,506	156,643	8,728	111,245	119,973	3.34	1.15	1.31
Oct-08	37,767	163,966	201,733	8,769	111,309	120,078	4.31	1.47	1.68
Nov-08	35,018	148,190	183,208	8,868	111,431	120,299	3.95	1.33	1.52
Dec-08	37,671	161,652	199,323	8,899	111,506	120,405	4.23	1.45	1.66
Jan-09	38,673	167,016	205,689	8,993	110,831	119,824	4.30	1.51	1.72
Feb-09	36,400	160,000	196,400	9,046	110,793	119,839	4.02	1.44	1.64
Mar-09	38,816	170,120	208,936	9,176	110,538	119,714	4.23	1.54	1.75
Apr-09	38,467	173,204	211,671	9,189	110,737	119,926	4.19	1.56	1.77
May-09	36,318	166,906	203,224	9,247	110,500	119,747	3.93	1.51	1.70
Jun-09	38,348	181,320	219,668	9,280	110,338	119,618	4.13	1.64	1.84
Jul-09	39,596	186,143	225,739	9,366	110,144	119,510	4.23	1.69	1.89
Aug-09	37,848	177,506	215,354	9,476	111,012	120,488	3.99	1.60	1.79
Average	37,005	165,294	202,299	9,086	110,865	119,952	4.07	1.49	1.69

\*Detailed data available for **UTMB** Sector only (representing approx. 79% of total population). Includes all medical and dental onsite visits. Excludes mental health vi

**Chart 14  
Encounters Per Offender By Age Grouping**

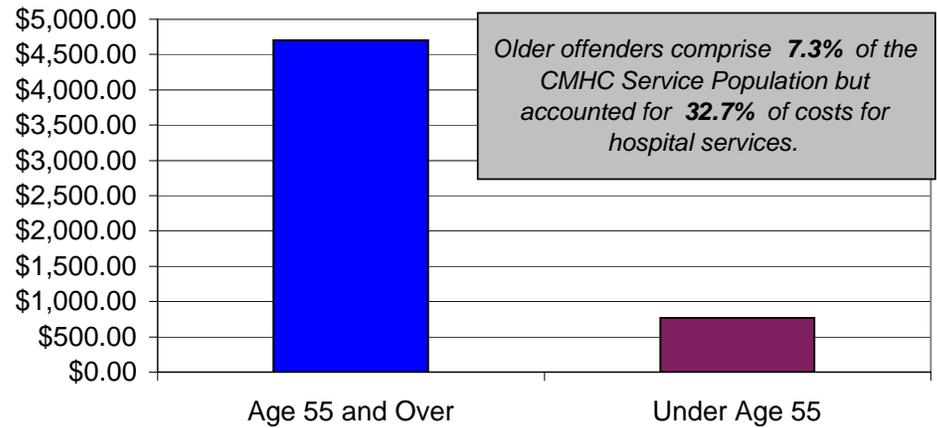


**Table 7**  
**FY 2009 4th Quarter**  
**Offsite Costs\* To Date by Age Grouping**

Age Grouping	Cost Data	Total Population	Total Cost Per Offender
Age 55 and Over	\$51,834,288	11,033	\$4,698.18
Under Age 55	\$106,728,509	139,535	\$764.89
<b>Total</b>	<b>\$158,562,798</b>	<b>150,568</b>	<b>\$1,053.10</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**

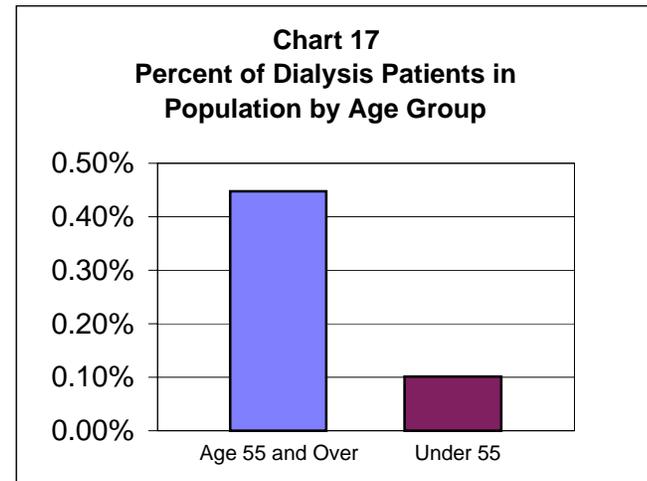
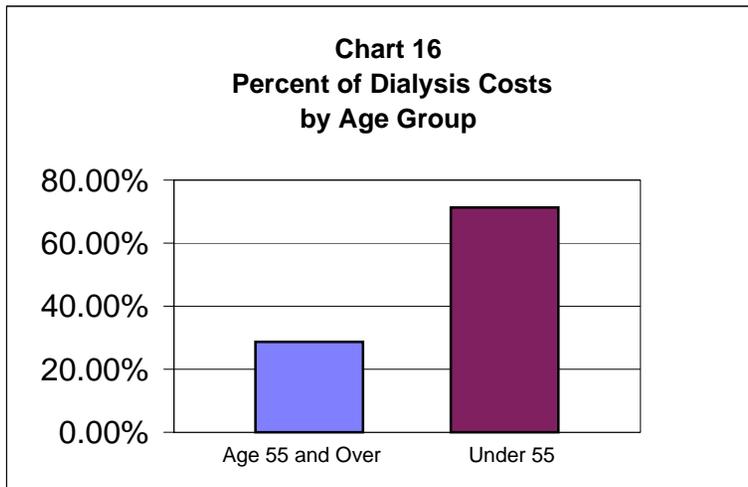


**Table 8**  
**Through FY 2009 4th Quarter**  
**Dialysis Costs by Age Grouping**

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	\$1,180,017	28.69%	11,033	7.33%	49	0.45%
Under Age 55	\$2,933,358	71.31%	139,535	92.67%	142	0.10%
<b>Total</b>	<b>\$4,113,375</b>	<b>100.00%</b>	<b>150,568</b>	<b>100.00%</b>	<b>191</b>	<b>0.13%</b>

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

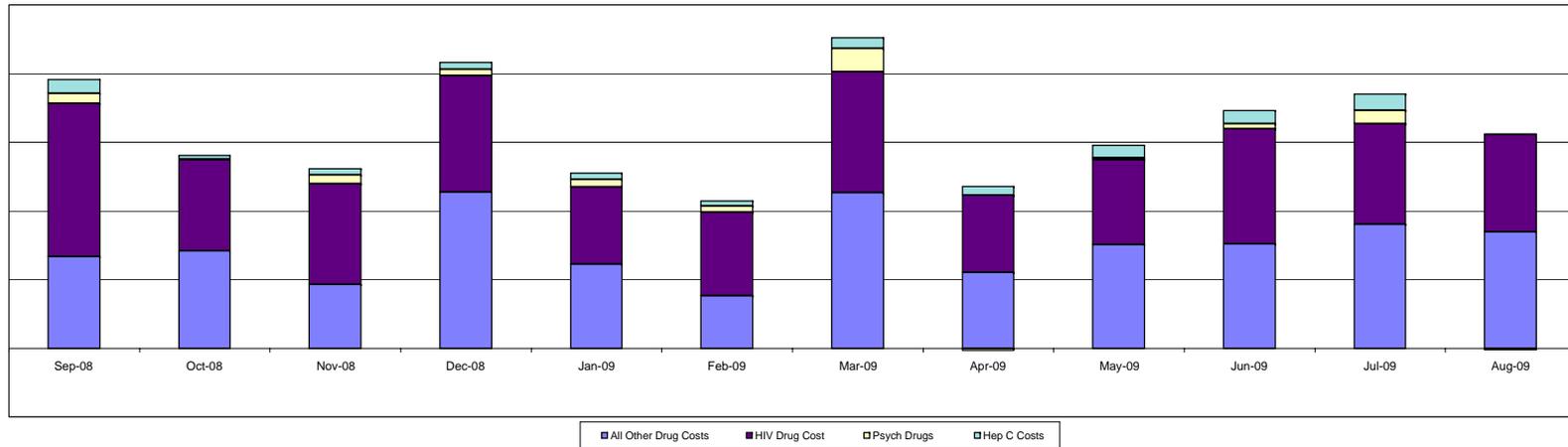
\$21,517



**Table 9  
Selected Drug Costs FY 2009**

Category	Sep-08	Oct-08	Nov-08	Dec-08	Jan-09	Feb-09	Mar-09	Apr-09	May-09	Jun-09	Jul-09	Aug-09	Total Year-to-Date
<b>Total Drug Costs</b>	\$3,914,978	\$2,803,459	\$2,610,535	\$4,162,628	\$2,547,596	\$2,144,655	\$4,520,818	\$2,314,038	\$2,956,192	\$3,458,773	\$3,697,257	\$3,092,609	\$38,223,539
<b>HIV Medications</b>													
HIV Drug Cost	\$2,232,714	\$1,326,580	\$1,470,304	\$1,700,599	\$1,131,214	\$1,220,780	\$1,761,017	\$1,128,059	\$1,233,276	\$1,679,100	\$1,461,308	\$1,419,177	\$17,764,128
HIV Percent of Cost	57.03%	47.32%	56.32%	40.85%	44.40%	56.92%	38.95%	48.75%	41.72%	48.55%	39.52%	45.89%	46.47%
<b>Psychiatric Medications</b>													
Psych Drug Cost	\$145,692	\$12,015	\$130,147	\$86,408	\$104,690	\$88,198	\$342,836	-\$41,481	\$28,804	\$70,094	\$197,908	-\$29,199	\$1,136,110
Psych Percent of Cost	3.72%	0.43%	4.99%	2.08%	4.11%	4.11%	7.58%	-1.79%	0.97%	2.03%	5.35%	-0.94%	2.97%
<b>Hepatitis C Medications</b>													
Hep C Drug Cost	\$203,994	\$53,482	\$86,963	\$106,573	\$93,261	\$78,899	\$158,245	\$130,485	\$185,394	\$196,005	\$234,869	\$15,237	\$1,543,407
Hep C Percent of Cost	5.21%	1.91%	3.33%	2.56%	3.66%	3.68%	3.50%	5.64%	6.27%	5.67%	6.35%	0.49%	4.04%
<b>All Other Drug Costs</b>	\$1,332,578	\$1,411,382	\$923,122	\$2,269,048	\$1,218,432	\$756,778	\$2,258,721	\$1,096,975	\$1,508,718	\$1,513,574	\$1,803,172	\$1,687,395	\$17,779,895

**Chart 18  
Drug Costs by Selected Categories**



**Table 10  
Ending Balances 4th Qtr FY 2009**

	Beginning Balance September 1, 2008	Net Activity FY 2009	Ending Balance August 31, 2009
CMHCC Operating Funds	\$31,702.52	(\$3,882.55)	\$27,819.97
CMHCC Medical Services	\$46,317.13	(\$44,407.54)	\$1,909.59
CMHCC Mental Health	\$7,512.29	(\$7,169.23)	\$343.06
<b>Ending Balance All Funds</b>	<b>\$85,531.94</b>	<b>(\$55,459.32)</b>	<b>\$30,072.62</b>

**SUPPORTING DETAIL**

<b>CMHCC Operating Account</b>	
Beginning Balance	\$31,702.52
<b>FY 2008 Funds Lapsed to State Treasury</b>	<b>(\$31,702.52)</b>
<b>Revenue Received</b>	
1st Qtr Payment	\$146,286.33
2nd Qtr Payment	\$144,677.65
3rd Qtr Payment	\$147,893.01
4th Qtr Payment	\$147,893.01
Interest Earned	\$202.84
<b>Subtotal Revenue</b>	<b>\$586,952.84</b>
<b>Expenses</b>	
Salary & Benefits	(\$480,203.47)
Operating Expenses	(\$78,929.40)
<b>Subtotal Expenses</b>	<b>(\$559,132.87)</b>
<b>Net Activity thru Year End</b>	<b>(\$3,882.55)</b>
<b>Total Fund Balance CMHCC Operating</b>	<b>\$27,819.97</b>

**SUPPORTING DETAIL**

<b>CMHCC Capitation Accounts</b>	<b>Medical Services</b>	<b>Mental Health</b>
Beginning Balance	\$46,317.13	\$7,512.29
<b>FY 2008 Funds Lapsed to State Treasury</b>	<b>(\$46,317.13)</b>	<b>(\$7,512.29)</b>
<b>Revenue Detail</b>		
1st Qtr Payment from TDCJ	\$95,803,887.00	\$9,463,090.00
2nd Qtr Payment from TDCJ	\$94,751,098.00	\$9,359,100.00
3rd Qtr Payment from TDCJ	\$96,856,678.00	\$9,567,080.00
4th Qtr Payment from TDCJ	\$96,856,678.00	\$9,567,080.00
Supplemental Payment from TDCJ	\$46,629,318.00	\$1,515,600.00
Interest Earned	\$1,907.59	\$343.06
<b>Revenue Received</b>	<b>\$430,899,566.59</b>	<b>\$39,472,293.06</b>

**Payments to UTMB**

1st Qtr Payment to UTMB	(\$75,781,805.00)	(\$6,387,290.00)
2nd Qtr Payment to UTMB	(\$74,949,038.00)	(\$6,317,100.00)
3rd Qtr Payment to UTMB	(\$76,614,571.00)	(\$6,457,480.00)
4th Qtr Payment to UTMB	(\$76,614,571.00)	(\$6,457,480.00)
Supplemental Payment to UTMB	(\$45,053,661.00)	(\$1,515,600.00)
<b>Subtotal UTMB Payments</b>	<b>(\$349,013,646.00)</b>	<b>(\$27,134,950.00)</b>

**Payments to TTUHSC**

1st Qtr Payment to TTUHSC	(\$20,022,083.00)	(\$3,075,800.00)
2nd Qtr Payment to TTUHSC	(\$19,802,060.00)	(\$3,042,000.00)
3rd Qtr Payment to TTUHSC	(\$20,242,105.00)	(\$3,109,600.00)
4th Qtr Payment to TTUHSC	(\$20,242,105.00)	(\$3,109,600.00)
Supplemental Payment to TTUHSC	(\$1,575,657.00)	\$0.00
<b>Subtotal TTUHSC Payments</b>	<b>(\$81,884,010.00)</b>	<b>(\$12,337,000.00)</b>

**Total Payments Made thru this Qtr** **(\$430,897,656.00)** **(\$39,471,950.00)**

**Net Activity Through This Qtr** **(\$44,407.54)** **(\$7,169.23)**

**Total Fund Balance** **\$1,909.59** **\$343.06**