



**CORRECTIONAL MANAGED HEALTH CARE
COMMITTEE
AGENDA**

September 7, 2010

9:00 a.m.

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

CORRECTIONAL MANAGED HEALTH CARE COMMITTEE

September 7, 2010

9:00 a.m.

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

- I. Call to Order
- II. Recognitions and Introductions
- III. Approval Excused Absence
- IV. Consent Items
 1. Approval of Minutes, June 8, 2010
 2. TDCJ Health Services Monitoring Reports
 3. University Medical Director's Report
 4. Summary of CMHCC Joint Committee / Work Group Activities
- V. Executive Director's Report
 - Legislative Appropriations Request Process
 - Joint Budget Hearing Update
 - State Auditor Meeting Update
 - Legislative Budget Board Meeting Update
- VI. CMHCC FY 2010 Third Quarter Performance and Financial Status Report
- VII. Overview of FY 2012-2013 Legislative Appropriations Request
- VIII. Summary of Critical Correctional Health Care Personnel Vacancies

EACH ITEM ABOVE INCLUDES DISCUSSION AND ACTION AS NECESSARY

IX. Medical Director's Updates

1. Texas Department of Criminal Justice
 - Operational Review Audit Updates
 - Quality of Care Audit: Diabetes
 - Grievance and Patient Liaison Statistics
 - Quality Improvement Access to Care Audits
 - Capital Assets Monitoring
 - Office of Public Health Updates
 - Mortality and Morbidity Updates
 - Mental Health Services Monitoring & Liaison Updates
 - Updates on Clinical Administration
 - Updates on Accreditation
 - Biomedical Research Projects Updates
2. The University of Texas Medical Branch
 - UTMB Payment Rates for Offender Health Care Services
 - UTMB Dental Staffing Model
 - UTMB Updates
3. Texas Tech University Health Sciences Center
 - TTUHSC Update on Population Indicators
 - TTUHSC Report on Offender Encounter Rates
 - TTUHSC Medical & Mental Health Inpatient Facility Census
 - TTUHSC Health Care Staffing Updates
 -

- X. Reentry and Integration Division Report
- Reentry and Integration Division Overview
 - Texas Correctional Office on Offenders for Medical or Mental Impairments (TCOOMMI) Updates

- XI. TDCJ Health Services Division, Chronic Disease Mellitus Report

- XII. Vascular Access in TDCJ and UTMB – CMC Overview

XIII. Financial Reports

1. FY 2010 Third Quarter Financial Report
2. Financial Monitoring Update

XIV. Public Comment

XV. Date / Location of Next CMHCC Meeting

XVI. Adjourn

Consent Item 1

Approval of Minutes, June 8, 2010

MINUTES

**CORRECTIONAL MANAGED HEALTH CARE COMMITTEE
June 8, 2010**

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., Steve Alderman, Anthony Williams, Gary Eubanks, Billy Horton, Mary Gotcher, Lauren Sheer, Carrie King, Kelly Coates, The University of Texas Medical Branch; Denise DeShields, M.D., Larry Elkins Texas Tech University Health Sciences Center; Rick Thaler, Jerry McGinty, Ron Steffa, Robert Williams, M.D., George Crippen, R.N., MSN, Bobby Lumpkin, Raymond Pyeatt,, Texas Department of Criminal Justice; David Nelson, Janice Lord, Texas Board of Criminal Justice; Allen Hightower, David McNutt, Lynn Webb, Stephanie Harris, CMHCC Staff.

Others Present: Daniel Harper, Senate Finance Committee,; Deborah Hujar, Legislative Budget Board; Cathy Corey, Abbott-Institutional Managing; Steve Timmons, MHM Services, Inc.; Kim Groghan, Tympany; Abigail Pinto, Logan Farmer, Medical Students

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

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>I. Call to Order</p> <ul style="list-style-type: none"> - James D. Griffin, M.D. 	<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>II. Recognitions and Introductions</p> <ul style="list-style-type: none"> - James D. Griffin, M.D. 	<p>Dr. Griffin thanked everyone for attending the meeting then introduced Ms. Abigail Pinto and Ms. Logan Farmer; both medical students who are accompanying him to learn the different aspects of the medical profession.</p>		
<p>III. Approval of Excused Absence</p> <p>James Griffin, M.D</p>	<p>Dr. Griffin stated that he would now entertain a motion to approve the excused absences of Mr. Elmo Cavin and Desmar Walkes, M.D. who were unable to attend the March 9, 2010 CMHCC meeting due to scheduling conflicts.</p>		<p>Dr. Cynthia Jumper moved to approve Mr. Elmo Cavin and Dr. Desmar Walkes absence from the March 9, 2010 CMHCC meeting. Dr. Ben Raimer seconded the motion which prevailed by unanimous vote.</p>

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>Performance and Financial Status Report (Cont.)</p>	<p>The psychiatric inpatient census remained consistent at the 1,917 bed level which he again noted is governed largely by the number of available inpatient beds. Through the second quarter of FY 2010, the average number of psychiatric outpatient visits was 20,911 representing 13.8% of the service population.</p> <p>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 98-99% 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 10.67%; mid-level practitioners at 12.21%; RN's at 9.34%; LVN's at 9.54%, dentists at 4.35% and psychiatrists at 8.70%.</p> <p>TTUHSC sector physician vacancy rate for the same quarter averaged at 30.61%; mid-level practitioners at 18.73%; RN's at 20.07%; LVN's at 16.12%; dentists at 19.4%, and psychiatrists at 31.81%.</p> <p>The timeliness in the Medically Recommended Intensive Supervision Program (MRIS) medical summaries was 96% in December, 2009 but dropped to 90% in January then back up to 95% in February, 2010.</p> <p>Mr. McNutt next reported that for the statewide revenue v. expenses by month provided on page 116 of the agenda packet shows that the expenses again exceeded the revenue for this quarter.</p> <p>Mr. McNutt concluded by reporting that the overall health care costs through the second quarter of FY 2010 totaled \$274.2M. On a combined basis, this amount is above overall revenues earned by the university providers by approximately \$14.1M or 5.10%.</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>VII. Summary of Critical Personnel Vacancies</p> <ul style="list-style-type: none"> <li data-bbox="121 375 457 435">- Lannette Linthicum, M.D. (TDCJ) <li data-bbox="121 558 457 618">- Denise DeShields, M.D. (TTUHSC) 	<p>Dr. Griffin thanked Mr. McNutt for the report. He then asked Dr. Linthicum to provide the TDCJ Correctional Health Care Vacancy updates, followed by Dr. DeShields for TTUHSC and Dr. Murray for UTMB vacancy updates.</p> <p>Dr. Linthicum reported that TDCJ is in the process of interviewing for the vacant LVN Public Health Position. She then concluded by stating that a decision memorandum was submitted to the Budget Office requesting for approval to fill the vacant Associate Psychologist position.</p> <p>Dr. DeShields reported that Texas Tech continues with their efforts to fill vacancies through advertising with local and national publications; the Timeline National Recruiting agency; and have recently submitted a request and have been granted exception to entertain other recruiting agencies to expand their efforts. Dr. DeShields concluded by noting that the PAMIO Medical Director position is once again vacant as the person selected was unable to fill that position.</p> <p>Dr. Murray next reported that UTMB is recruiting across the board and continues to utilize recruiting agencies to find viable candidates to fill position vacancies. He then noted that the infrastructure of telemedicine is an advantage but there is still the need to have healthcare providers on-site.</p> <p>Dr. Murray concluded by stating that UTMB continues to look for alternate strategies for recruiting and retaining health care providers such as paying geographic hardship disadvantages to attract providers.</p> <p>Dr. Griffin hearing no further discussions, thanked the three Medical Directors for their updates</p>	<p>Dr. Griffin asked if the impact of telemedicine usage is tracked by FTE's?</p> <p>Dr. Murray responded that telemedicine originally was designed to meet the needs for sub-specialty care on the facilities and to help reduce the patient load at Hospital Galveston. He noted that telemedicine is currently used for both medical and mental health treatments. Dr. Murray further responded that the encounter data broken out by specialty or primary care on the facilities are tracked but the number of FTE's are not currently being tracked at this time.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>- Overview of Nursing Care Model (Cont.)</p>	<p>Mr. Eubanks next referred to a separate document that was passed out (Attachment B) which provides the layout of the RN work-force by district. He noted there are six districts within the UTMB sector and that the shaded boxes represents where the RN Managers are housed throughout those district. He further stated that the non-shaded boxes represented facilities that have RN coverage.</p> <p>This delivery system modification was based on the facility site; acuity and the types of patient services being provided. He then noted that they standardized the hours of operation and the nursing delivery system which is in compliant with the Nurse Practice Act and ACA Standards that is consistent with models used in most community and state outpatient care settings.</p> <p>Mr. Eubanks stated that he would briefly go over the different nursing skills between the RN compared with the LVNs for those not in the health care field.</p> <p>The RN determines the patients health status and health needs through interpretation of health data and preventive health practice in collaboration with inter-disciplinary health care team members. RN's also assess as well as treat patients utilizing nursing protocols.</p> <p>The LVN's collect clinical information but can not independently utilize nursing treatment protocols; requires provider or RN interaction for all patient encounters; and the LVN must have resource personnel accessible by phone or other similar means. Mr Eubanks then noted that direct onsite supervision is not required. He further stated that the resources available to LVN's include on-site providers; on-call providers; HUB providers which there are nine HUB facilities staffed 24 hours a day; RN nurse managers; district RN's, district providers; and by calling 911 on an emergency.</p> <p>Mr. Eubanks next reported that nurse education and accountability programs focused on enhancing RN and LVN nursing skills will be provided such as the newly created 12-month curriculum for new nurses; the newly created Rapid</p>		

Agenda Topic / Presenters	Presentation	Discussion	Action
<p>- Overview of Nursing Care Model (Cont.)</p>	<p>Assessment Program to enhance nurses ability to quickly assess emergency situations; newly created annual evaluation which is similar to the mandatory Clinical Knowledge and Assessment Program currently required by the provider. The Care of Emergent Patient (COEP) and the Clinical Skills Review (CSR), he noted are already in place.</p> <p>In addition, Mr. Eubanks reported that UTMB will track global off-site utilization; the number of HUB transfers; mortality rates; the number of nurses referred to Peer Review; and the number of “safe harbor” claims after the reduction in force takes place to ensure continued monitoring of quality outcomes.</p>	<p>Dr. Linthicum again expressed her concerns about still having only 8 hour RN coverage on-site out of 24 hours. The LVN’s or an unlicensed personnel will solely be on the unit the rest of the time from Monday through Friday. She further noted that there are no on-site RN coverage during the weekend for the outpatient units. This would place more demands for those inpatient units with infirmary beds that have 24 hour coverage.</p> <p>Dr. Linthicum further noted with the huge geographical area covered by UTMB, the issue of transporting patients to HUB facilities would rely on TDCJ security staff. She further stated that there are still some issues that need to be addressed as the prison facility is a self contained community where the nurses are the first responders.</p> <p>Dr. Murray responded that they are looking at having on-call providers available using telemedicine on the weekends for the LVN’s.</p> <p>Dr. Linthicum then asked how the FTE provider covering multiple facilities and is also shared for example with the Texas Youth Commission be able to handle the added demands of being on-call providers for the LVN’s? She also asked for clarification of whether FTE’s are still being shared with the Federal Bureau of Prisons.</p> <p>Dr. Murray noted that UTMB did not share FTE’s; physicians or mid-level practitioners with the Federal Bureau of Prisons for the last five years. He then noted that Dr. Linthicum is correct in that</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>- Overview of Nursing Care Model (Cont.)</p>	<p>After further discussions, Dr. Griffin asked Dr. Murray to continue with the Post RIF – Dental Program.</p> <p>Dr. Murray stated that the dental program will have a significant departure from how the program is currently modeled. He noted that Priority 1 care would be for urgent / emergent care for those patients who are in pain, have an infection or the inability to chew. They will continue with the medically necessary prosthetics and intake processing of new offenders. Priority 2 would limit interceptive care, limited or focused treatment plan but will still be compliant with the ACA Mandatory Standards. He further noted that this is a proposed post-reduction in force dental program and again stated that this is significantly different from what was reported by Dr. Bill Horton on Dental Services Program at prior CMHCC meetings.</p>	<p>given the location of some of the TYC facilities and the TDCJ facilities, that the providers may split 20% of their time between the two agencies.</p> <p>He further stated that to help alleviate some of the concerns, he would furnish the layout of the provider coverage including the weekend and across the week to show the minimal times the LVN's may be practicing by themselves on a specific unit.</p> <p>Dr. Raimer clarified for the record that those 20% going to another agency is being accounted for so that there is no misunderstanding that UTMB is inappropriately using funds from one agency to subsidize another.</p> <p>Dr. Linthicum further noted the need to be include a relief factor in the staffing model in the event the nurse gets sick or is on vacation. She again expressed her concern of not having sufficient number of nursing staff to address the day to day demands on the unit.</p> <p>Mr. Collier stated that as with the nursing staffing model, the dental program needs to address some unresolved issues.</p> <p>Dr. Linthicum added that providing routine dental care is an integral part of the dental program; not just treating acute or emergent care. She agreed with Mr. Collier that there are still unresolved issues with the proposed dental program that needs to be addressed further.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>- UTMB Cost Reduction Measures</p>	<p>Dr. Murray continued by stating that the UTMB cost reduction measures are outlined on the fourth page of the handout document he referred to earlier titled “CMC Cost Reduction Plan” and noted that he would briefly go over some of these measures.</p> <p>The first on the list he noted was to delay capital expenditures which will have a cost savings of \$1,694,000 in FY 2010. He further noted that this primarily related to the need of replacing aging radiology equipments. He however noted that the current equipment being used are still operational but the issue of maintaining and finding replacement parts for that equipment is an ongoing problem.</p> <p>Dr. Murray then stated that given the way the economy is today, people are more understanding for the need to eliminate salary increases but this does not improve from the retention standpoint or with employee satisfaction. He further noted that this would make it even more difficult in the years to come to compete with the local market as they would fall further behind the salary curve.</p> <p>Dr. Murray further reported that the next item is the limiting of Hepatitis B vaccination to only high-risk patients will have a cost savings of \$1.5M both in FY 2010 and FY 2011 and Dr. Murray added that Texas is one of the few states that currently have this program.</p>	<p>Dr. Griffin again stated that those Legislative funds should be utilized only for those intended purposes.</p> <p>Dr. Murray agreed.</p> <p>Dr. Griffin then noted that it is important to open communications with the employees to get accurate information and asked how that was being performed.</p> <p>Dr. Murray responded that they continue to have home town meetings; the district managers interact with their employees on a regular basis; and through the use of online resources such as EMR as a means of communication.</p> <p>Dr. Griffin asked how high risk patients are defined?</p> <p>Dr. Murray responded that high risk patients are those who are clinically defined by the Hepatologist group.</p> <p>Dr. Linthicum noted that the National Standards requires vaccination against Hepatitis B and further noted that several other states are also providing this program with the availability of federal funding.</p> <p>Dr. Raimer responded that he was not aware of available federal funding for this program and that he will have staff look into this.</p>	

Agenda Topic / Presenter		Discussion	Action
<p>- UTMB Cost Reduction Measures (Cont.)</p>	<p>Dr. Murray then noted other cost reduction measure would be to reduce travel; reduce CME allocations; provide over the counter (OTC) medication in unit commissary; and, extend time for scheduling prosthetics and limit footwear.</p> <p>Dr. Murray added there is the limitation of providing OTC medication as there are approximately 50% of those offender patients who are indigent.</p> <p>Dr. Murray next stated that by eliminating the 15-bed infirmary expenses at UT Tyler would be a cost saving in both FY 2010 and 2011. He further noted that TDCJ helped expand bed capacity on several units and are now able to perform similar infirmary care as provided by UT Tyler and other free-world hospitals. UTMB is able to manage the patient flow with the average census for the last few months being ten or below.</p> <p>He concluded by stating the last cost reduction measures would be to modify the outpatient staffing model with a savings of \$2,424,448 in FY 2010 and \$19,476,028 in FY 2011.</p> <p>Dr. Griffin asked if there were any other discussions?</p>	<p>Dr. Griffin asked if the budget number for providing OTC medication in unit commissary took into account those indigent patient population?</p> <p>Dr. Murray responded that it did.</p> <p>Mr. Collier asked for clarification on what the next step was that the Committee was taking with this.</p> <p>Dr. Raimer also asked if the cost reduction plan proposed by UTMB reached a consensus on everything except the dental plan and the nursing plan contingent upon Mr. Eubanks meeting with the Board of Nursing Examiners?</p> <p>Dr. Griffin responded that there was agreement that any action on the nursing care model is contingent upon Mr. Eubanks meeting with the Board of Nursing Examiners and getting their endorsement. He further added that a request was made for a written nursing plan with the specific hours of operations and how it will be implemented for further review.</p>	

Agenda Topic / Presenter		Discussion	Action
<ul style="list-style-type: none"> - UTMB Cost Reduction Measures (Cont.) IX. Medical Directors Update - Dr. Denise DeShields (TTUHSC) - Dr. Owen Murray (UTMB) - Lannette Linthicum, M.D. (TDCJ) - Operational Review Audit 	<p>Dr. Griffin stated that the next agenda item is the Medical Director's Report and called on Dr. DeShields to provide the TTUHSC update.</p> <p>Dr. DeShields noted that the TTUHSC Second Quarter FY 2010 is provided on pages 82 - 84 of the agenda packet. In addition, she reported that the nursing leadership at the Montford Unit was able to markedly reduce the use of agency nurses.</p> <p>Dr. Griffin thanked Dr. DeShields for the update then called on Dr. Murray.</p> <p>Dr. Murray stated that he did not have anything further to add to the UTMB Medical Director's Report.</p> <p>Dr. Griffin thanked Dr. Murray then called on Dr. Linthicum to provide the TDCJ Medical Director's Report.</p> <p>Dr. Linthicum noted that the TDCJ Medical Director's Report starts on page 121 of the agenda packet.</p> <p>During the second quarter of FY 2010, Dr. Linthicum reported that eleven operational review audits were conducted. The summary of the items found below 80 percent compliance during those eleven operational review audits and the corrective action to ensure future compliance are found on pages 123 and 124 of the agenda packet.</p>	<p>Dr. Griffin then added that the dental plan will need to be addressed further to come up with a plan agreeable to all parties.</p> <p>After further discussions, Dr. Griffin thanked Dr. Murray for the update.</p>	

Agenda Topic/Presenter	Presentation	Discussion	Action
<ul style="list-style-type: none"> - Grievances and Patient Liaison Correspondences. 	<p>She then reported that the Patient Liaison Program and the Step II Grievance Program received a total of 2,741 correspondences. Of the total number of correspondences received, 332 or 12.11% action requests were generated.</p>		
<ul style="list-style-type: none"> - Quality Improvement / Access to Care Audits 	<p>The Patient Liaison Program nurses and investigators performed 115 sick call request verification audits. Dr. Linthicum noted that this audit was formerly known as Access to Care audits. A random sample of sick call requests were also audited by the Office of Professional Standards staff. She then added that of the 11 facilities audited, a total of 1,035 indicators were reviewed and 201 or 3% fell below the 80% threshold.</p>		
<ul style="list-style-type: none"> - Capital Assets Monitoring 	<p>The Capital Assets Contract Monitoring Office audited eleven units during this quarter and these audits are conducted to monitor compliance with the Health Services Policy and State Property Accounting policy regarding inventory procedures.</p>		
<ul style="list-style-type: none"> - Office of Public Health 	<p>Dr. Linthicum next reported that the Office of Public Health monitors the incidence of infectious diseases for TDCJ. For the second quarter of FY 2010, there were 160 cases of suspected syphilis; 440 Methicillin-Resistant Staphylococcus Aureus (MRSA) cases were reported compared to 828 during the same quarter of FY 2009. There was an average of 22 Tuberculosis (TB) cases under management per month during this quarter, compared to an average of 23 per month during the second quarter of the FY 2009.</p>		

Agenda Topic/Presenter	Presentation	Discussion	Action
<p>- Office of Public Health (Cont.)</p>	<p>Dr. Linthicum then stated that the Office of Public Health began reporting the activities of the Sexual Assault Nurse Examiner (SANE) in FY 2006. This position collaborates with the Safe Prisons Program and is trained and certified as SANE. During the second quarter FY 2010, seven training sessions were held and attended by 88 medical staff. She further noted that there have been 145 chart reviews of alleged sexual assaults performed for this quarter.</p> <p>Currently, Peer Education Programs are available at 108 of the 112 facilities housing CID offenders. During this quarter, 16,087 offenders attended classes presented by peer educators and this was a 1.07% increase from the 15,071 attendees in the second quarter of FY 2009.</p>		
<p>- Mortality and Morbidity Committee</p>	<p>The Mortality and Morbidity Committee reviewed 223 deaths. Of those 223 deaths, 21 were referred to peer review committees and one was referred to utilization review.</p>		
<p>- Mental Health Services Monitoring and Liaison</p>	<p>The Mental Health Services Monitoring and Liaison with County Jails identified the immediate mental health needs of 36 offenders approved for expedited admission to TDCJ due to psychiatric conditions.</p> <p>Dr. Linthicum added that the MHMR history was reviewed for 17,908 offenders brought into TDCJ-ID/SJD. She further noted that 3,133 offenders were identified as having a documented history of mental illness and this information was provided to the appropriate intake / receiving facilities. Intake facilities were provided with critical mental health data not otherwise available for 2,562 offenders. Continuity of care was audited for 27 intake / receiving facilities and 16 of those facilities met or exceeded 80% compliance.</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
- Clinical Administration	<p>During the second quarter of FY 2010, 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 128 of the agenda packet.</p>		
- Accreditation	<p>Dr. Linthicum next reported that the American Correctional Association Panel of Commissioners awarded ACA accreditation to Boyd, Hamilton, Havins, Neal, Pack, Powledge and Tulia facilities.</p>		
- Biomedical Research Projects	<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 75-79 of the agenda packet.</p> <p>Dr. Griffin hearing no other comments, thanked Dr. Linthicum for the report and called on Mr. Webb to provide the FY 2010 Second Quarter Financial Report.</p>		
- Financial Reports - Lynn Webb	<p>Mr. Webb noted that the financial summary will cover all data for the Second Quarter FY 2010 ending May 31, 2010 and the report is provided at Tab F of the agenda packet.</p> <p>As represented on Table 2 on page 139, Mr. Webb noted that the average daily population has increased slightly to 151,254 for this quarter as reported earlier by Mr. McNutt. Through this same quarter a year ago, the daily population was 150,659 which is an increase of 595 or 0.39%.</p> <p>Consistent with trends over the last several years, the number of offenders in the service population aged 55 or older has continued to rise at a faster rate than the overall offender population to 11,642 as of 2nd Quarter FY 2010. Mr. Webb noted that this was an increase of 821 or about 7.6% compared to 10,821 same quarter a year ago.</p> <p>The overall HIV+ population has remained relatively stable throughout the last few years at 2,416 through the second quarter FY 2010 or about 1.60% of the population serviced.</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>- Financial Report (Cont.)</p>	<p>The two mental health caseload measures have remained relatively stable with the average number of psychiatric inpatients within the system at 1,917 through this quarter and Mr. Webb again noted that the inpatient caseload is limited by the number of available inpatient beds in the system. The average number of mental health outpatient visits was 20,911 representing 13.8% of the service population.</p> <p>Mr. Webb further reported that the overall health costs through the Second Quarter of FY 2010 totaled \$274.2M. On a combined basis, this amount is above overall revenues earned by the university providers by approximately \$14.1M or 5.1%.</p> <p>He next noted that UTMB's total revenue through the second quarter was \$207.1M and the expenditures totaled \$219.6M resulting in a net shortfall of \$12.5M.</p> <p>Texas Tech's total revenue through the second quarter was \$53.0M and the expenditures totaled at \$54.6M resulting in a net shortfall of \$1.6M.</p> <p>He then stated that Table 4 and 4a provided on pages 143 and 144 indicates that of the \$274.2M in expenses reported through the 2nd Quarter of FY 2010, onsite services comprised \$129.7M or about 47.3% of the total expenses; Pharmacy Services totaled \$26.9M or about 9.8% of total expenses; offsite services accounted for \$86.7M or 31.6% of total expenses; Mental Health Services totaled \$24.3M or 8.9% of the total costs; and, indirect support expenses accounted for \$6.6M or about 2.4% of the total costs.</p> <p>As requested at the last quarterly meeting, Mr. Webb noted that Table 4a was constructed to provide the breakout of expenses by the UTMB and Texas Tech sectors.</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>- Financial Report (Cont.)</p>	<p>Mr. Webb further reported that Table 5 on page 145 indicates that the total cost per offender per day for all health care services statewide through the Second Quarter FY 2010 was \$9.96, compared to \$8.89 through this quarter or an increase of 12.0% over the past fiscal year. The average cost per offender per day for the last four fiscal years was \$8.38.</p> <p>Mr. Webb then noted that the healthcare cost was \$7.64 per day in FY 2003 and this would equate to an average of 30.4% increase since FY 2003. He further added that the approximate 4.7% increase per year average was still well below the national average.</p> <p>Older offenders continue to access the health care delivery system at a much higher acuity and frequency than younger offenders. Table 6 on page 146 shows that encounter data through this quarter indicates that older offenders had documented encounter with medical staff a little under three times as often as younger offenders.</p> <p>Table 7 on page 147 indicates that hospital costs received to date this fiscal year for older offenders averaged approximately \$2,041 per offender vs. \$310 for younger offenders.</p> <p>Hospitalization costs provided at Chart 15 shows that the older offenders were utilizing health care resources at a rate more than six times higher than the younger offenders. While comprising only about 7.7% of the overall service population, older offenders accounted for 35.4% of the hospitalization costs received to date.</p> <p>Table 8 on page 148 shows older offenders are represented five times more often in the dialysis population than younger offenders. Dialysis costs continue to be significant, averaging about \$23.2K per patient per year. Providing dialysis treatment for an average of 194 patients through the second quarter of FY 2010 cost \$2.2M.</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>- Financial Report (Cont.)</p>	<p>Total drug costs through the 2nd Quarter FY 2010 totaled \$20.3M as provided at Table 9 on page 149. Of this total, \$9.5M or under \$1.6M per month was for HIV medical costs which was about 46.7% of the total drug cost; psychiatric drug costs were approximately \$990K or about 4.9% of the overall drug costs; Hepatitis C drug costs were \$1.3M and represented about 6.6% of the total drug cost.</p> <p>Mr. Webb again noted that it is a legislative requirement that both UTMB and TTUHSC are required to report if they hold any monies in reserve for correctional managed health care.</p> <p>UTMB reports that they hold no such reserves and report a total operating shortfall of \$12.5M through the end of the 2nd Quarter of Fiscal Year 2010.</p> <p>TTUHSC reports that they hold no such reserves and report a total operating shortfall of \$1.6M through the 2nd Quarter FY 2010.</p> <p>He then reported that a summary analysis of the ending balances revenue and payments through February 28, 2010 provided at Table 10 on page 150 for all CMHCC accounts are included in this report. The summary indicates that the net unencumbered balance on all CMHCC account on Feb. 28, 2010 was negative \$117,361,372.69. It should be noted that this negative balance is due to the advanced third quarter payment and that this balance will increase over the course of the third quarter.</p> <p>Mr. Webb next reported that the detailed transaction level data for both providers is being tested on a monthly basis to verify reasonableness, accuracy and compliance with policies and procedures.</p> <p>The testing of detail transactions performed on TTUHSC's financial information for Jan. 2010 through February 2010 found all tested transactions with appropriate backup and found that all tested</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>- Financial Report (Cont.)</p>	<p>transactions to be verified.</p> <p>The testing of detail transactions performed on UTMB's financial information for January 2010 through February 2010 found all tested transactions with appropriate backup and found all tested transactions to be verified.</p> <p>Mr. Webb noted that concluded his report. Dr. Griffin asked if there were any questions?</p>	<p>Mr. Collier asked what the reimbursement rates for the hospital and professional services were.</p> <p>Mr. Webb responded that it varied depending on the particular provider and are negotiated case by case. He further added that there are different payments for each DRG depending on what the patient was being treated for.</p> <p>Mr. Elger added that Hospital Galveston calculated similar to Medicaid based cost and if they followed the Medicaid rules and added the DRG, it would be a little less than what we get paid from Medicaid.</p> <p>After further discussions, Dr. Griffin noted there are still questions on the methodology and asked that UTMB provide clarification as to how the reimbursement rates are being calculated.</p> <p>Mr. Elger responded that he would provide that information.</p>	
<p>XI. Public Comments</p> <p>- Dr. Griffin</p>	<p>Dr. Griffin noted 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 requests at this time.</p>		
<p>XII. Date / Location of Next CMHCC Meeting</p> <p>- Dr. Griffin</p>	<p>Dr. Griffin then noted that the next CMHC meeting is scheduled for 9:00 a.m. on September 7, 2010 to be held at the Frontiers of Flight Museum Conference Room #1, 6911 Lemmon Avenue in Dallas.</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
XVI. Adjourn	Dr. Griffin asked if there were any other questions. Hearing none, adjourned the meeting.		

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

Date:

ATTACHMENT 1

Cost Reduction Measures

Initiative	FY10 Cost Savings	FY11 Proj Cost Savings
Delay Capital Expenditures	\$1,694,000	
Eliminate FY10/11 Salary Increase	\$3,200,000	\$5,200,000
Reduce use of agency personnel	\$600,000	\$2,400,000
Limit Hep B vaccination to only high risk pts	\$1,500,000	\$1,500,000
Reduce Travel	\$25,000	\$100,000
Reduce CME Allocations	\$25,500	\$102,000
Provide OTC meds in unit Commissary	\$162,500	\$650,000
Extend time for scheduling prosthetics and limit footwear	\$56,750	\$227,000
Eliminate UT Tyler Infirmary Expenses	\$78,750	\$630,000
Modify Outpatient Staffing Model	\$2,424,448	\$19,476,028
Total	\$9,766,948	\$30,285,028

Guiding Principles for Staff Reductions

- Minimize correctional officers making medical decisions
- No decrease in subspecialty or hospital care
- Minimize impact of hours of operation
- Maintain RN presence in high acuity facilities
- Remain compliant with state professional boards
- Minimize impact on mental health services
- Minimize impact on provider practice

Reduction In Force Overview

- 363 employees
- Dentists 30%
- Dental Support 20%
- Clinical Support 13%
- Nursing 6%
- Providers 2%
- Savings is approximately \$22M over 14 months

Overview of Nursing Care Model

- Less than 1% change in hours of operation
- 87% of all facilities will have on site RN coverage
- 98% of all facilities will have an RN on campus
- Only 2 facilities Keegans (667) and Goodman (558) will have LVN coverage only
- Compliant with Nurse Practice Act and ACA standards
- Model is consistent with that used in most community and state settings

Nursing Skill Differences

RN

- Determine the health status and health needs of patients through interpretation of health data and preventive health practice in collaboration with interdisciplinary health care team members.
- Utilizes a systematic approach to provide individualized, goal-directed nursing care
- Assesses and treats patients utilizing nursing protocols

LVN

- Can perform focused assessments and collect clinical information
- Cannot independently utilize nursing treatment protocols
- Requires provider or RN interaction for all patient encounters
- Direct (onsite or on-unit) supervision is not required. The LVN must have a resource person accessible telephonically or by some other similar means

Resources Available to LVNs

- **Onsite providers**
- **On call providers**
- **HUB providers and RN's**
- **New Call Center RN's**
- **District RN's**
- **District providers**

Nurse Education and Accountability Program

- **New program focused on enhancing nursing skills**
 - **Care of Emergent Patient (COEP)**
 - **Clinical Skills Review (CSR)**
 - **Newly created 12 month curriculum for new nurses**
 - **Rapid Assessment Program (new) to enhance nurses' ability to quickly assess emergency situations**
 - **Newly created annual evaluation (similar to current mandatory Clinical Knowledge and Assessment Program providers are required to take) for LVNs**

Nurse Education and Accountability Program

Outcomes Measures

- **Outcomes**
 - **CMC will track the following measures to ensure that quality outcomes are being monitored after the reductions take place:**
 - **Global offsite utilization**
 - **Number of HUB Transfers**
 - **Mortality**
 - **Number of nurses referred to Peer Review**
 - **Number of Safe Harbor claims**

Post-RIF Dental Program

- Urgent/Emergent (Priority 1) care
- Medically necessary prosthetics
- Intake processing of new offenders
- Reduced interceptive care (P2)
- Only limited or focused treatment plans will be created
- Compliant with ACA mandatory standards

Post RIF Issues

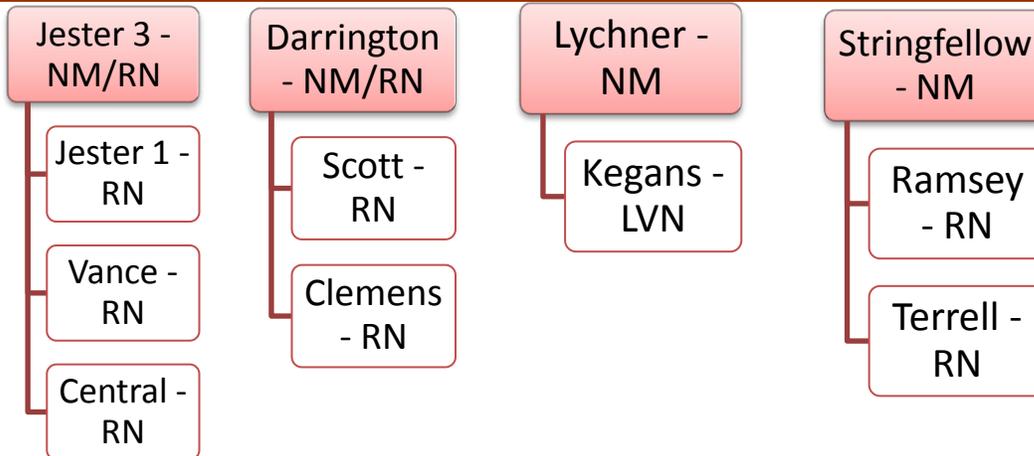
- **Shift management**
- **Reduction in dental services**
- **Change in facility operations**
- **Staff workload**
- **Offender expectations**
- **Current policies**
- **Practice differences**

FY 12-13 10% Budget Reduction

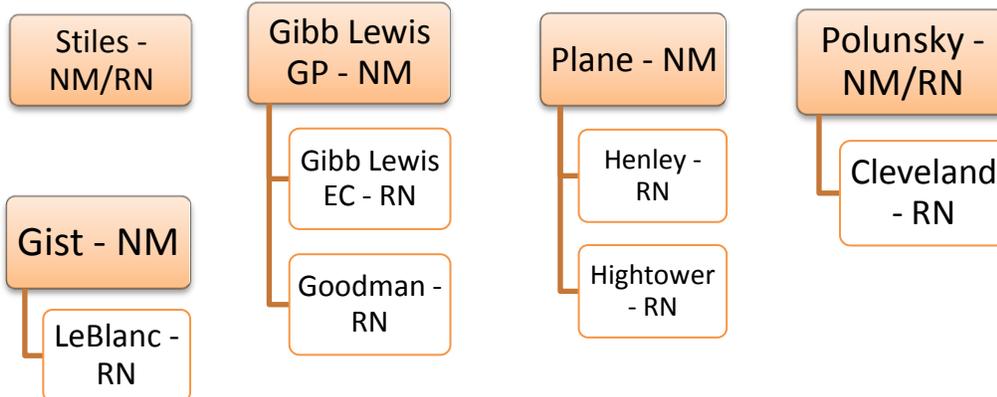
- **30% reduction in medical providers**
- **50% reduction in Mental Health services**
- **20% reduction in LVNs**
- **Elimination of RT, PT, and DEPD**
- **Elimination of all dental hygienists**
- **50% reduction in remaining unit administration**
- **25% reduction UR department**

ATTACHMENT 2

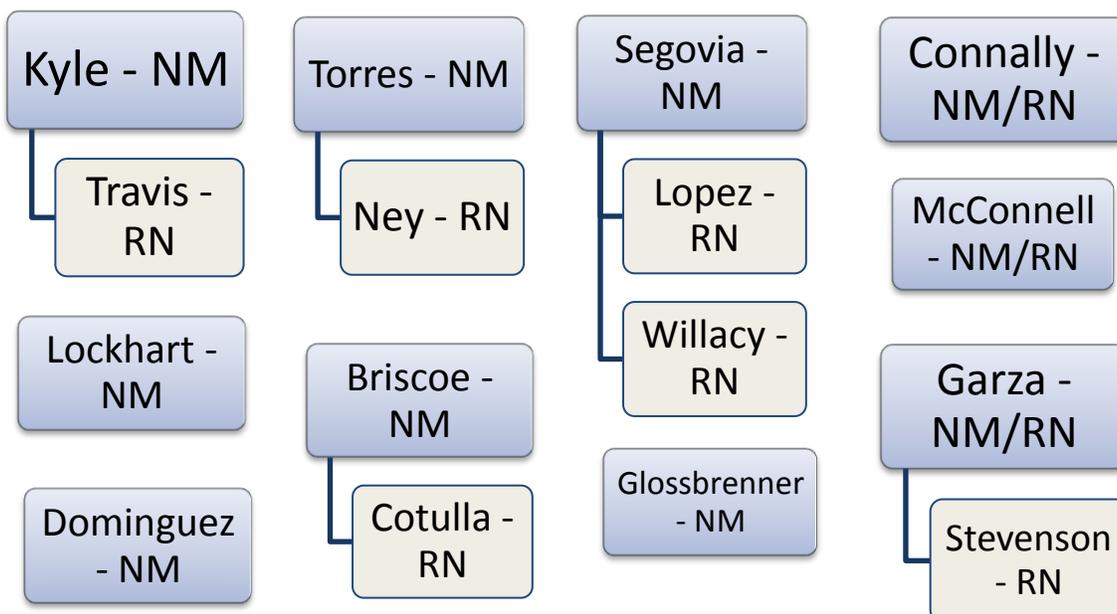
Houston District



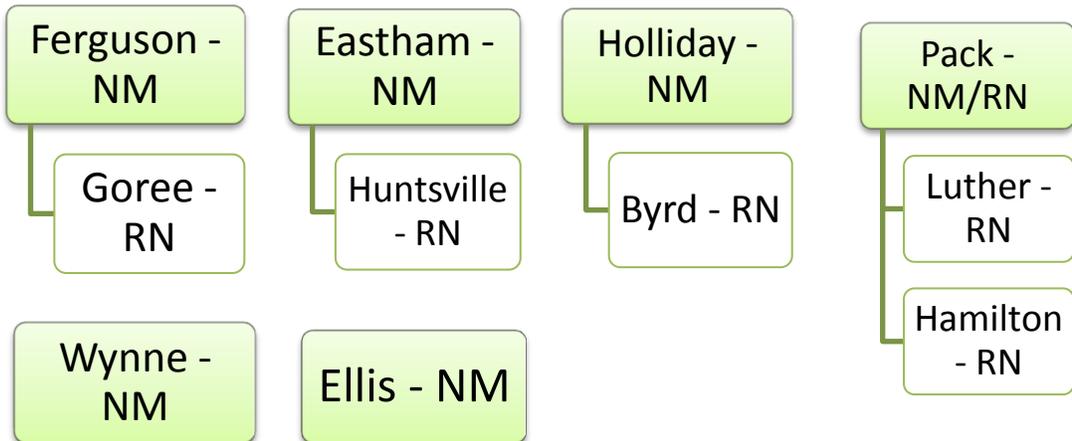
Beaumont District



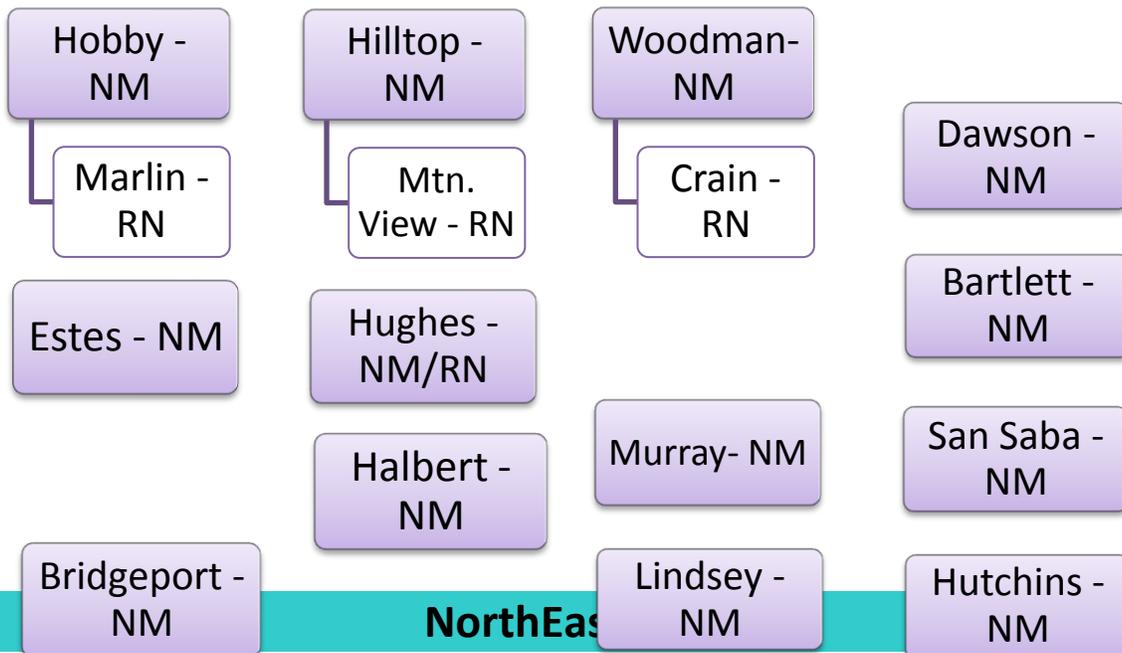
San Antonio District



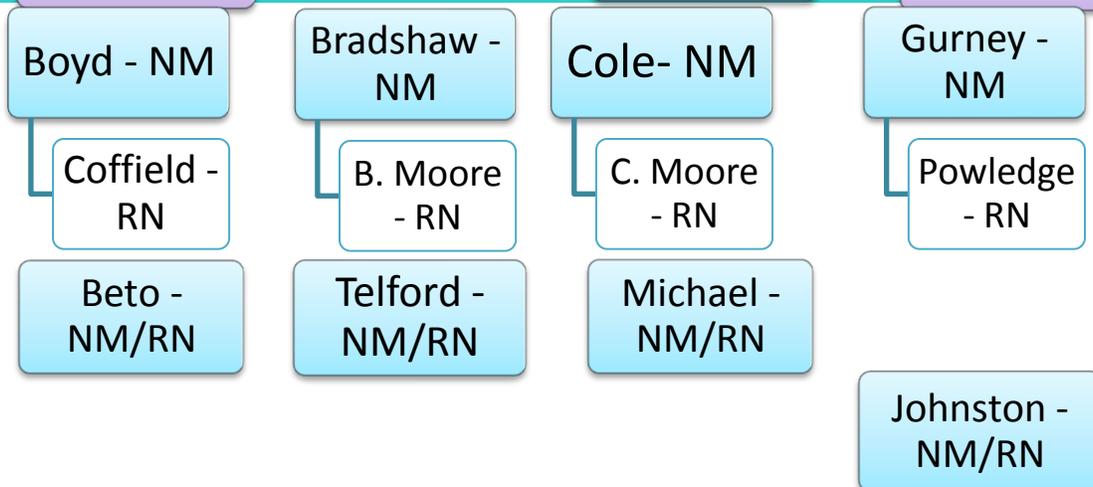
Hunstville District



NorthWest District



NorthEast



Duncan & Diboll

Diboll - NM

Duncan -
RN

Consent Item 2

TDCJ Health Services
Monitoring Reports

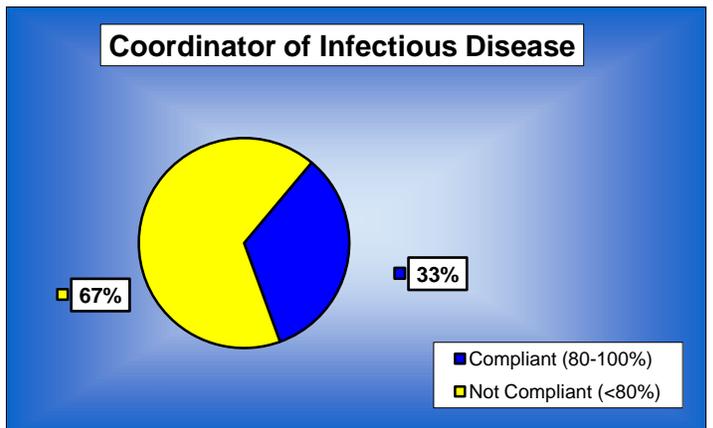
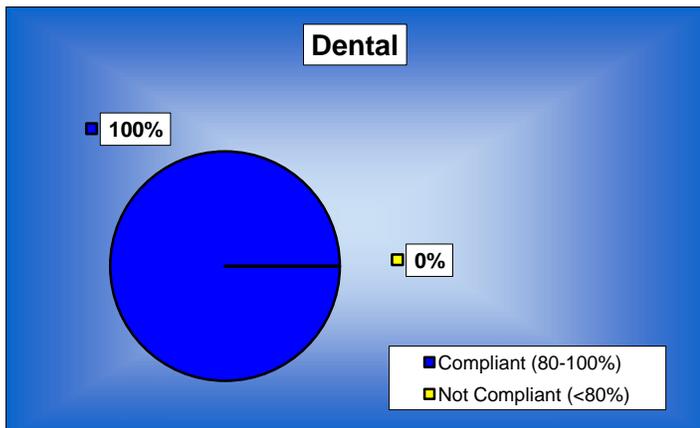
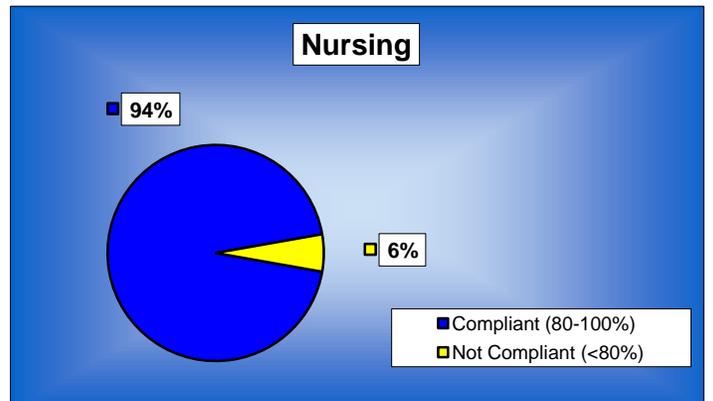
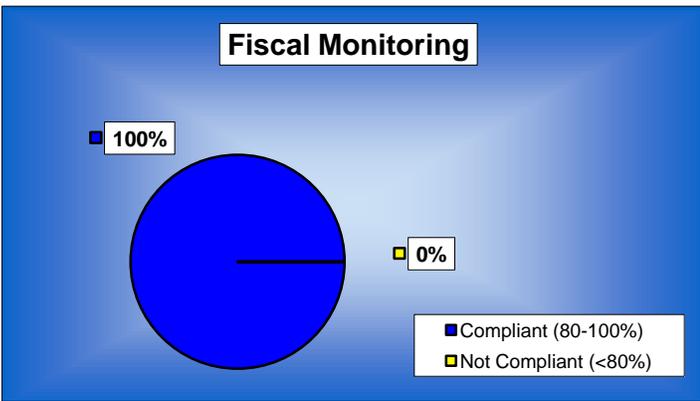
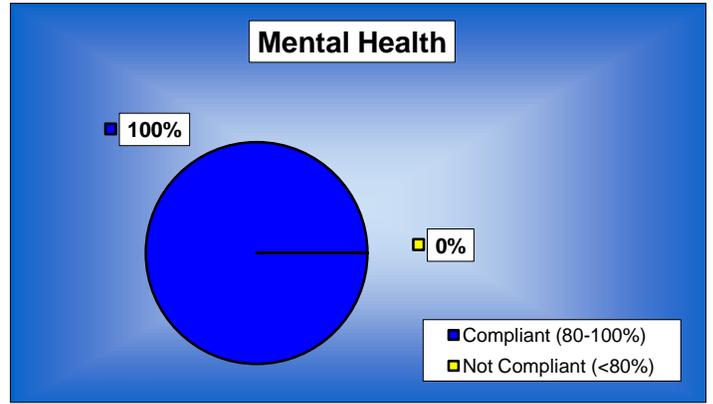
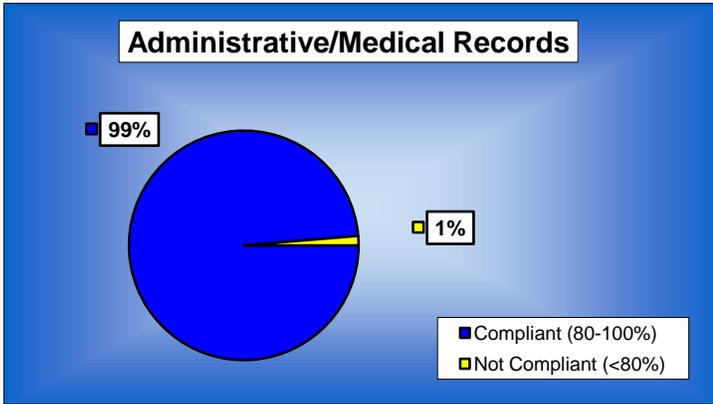
ATTACHMENT 1

Rate of Compliance with Standards by Operational Categories
Third Quarter, Fiscal Year 2010
March, April and May 2010

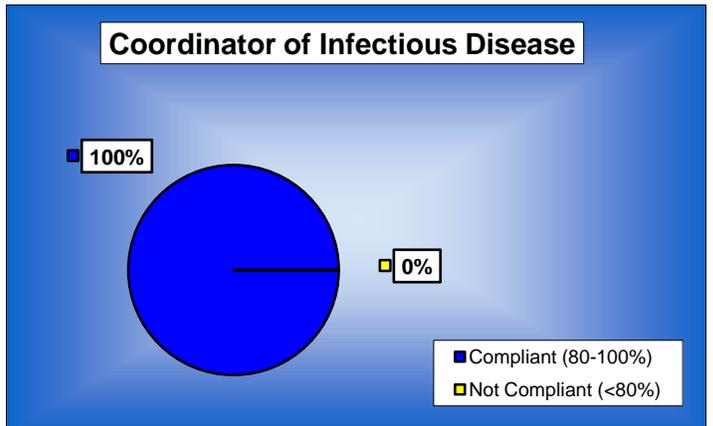
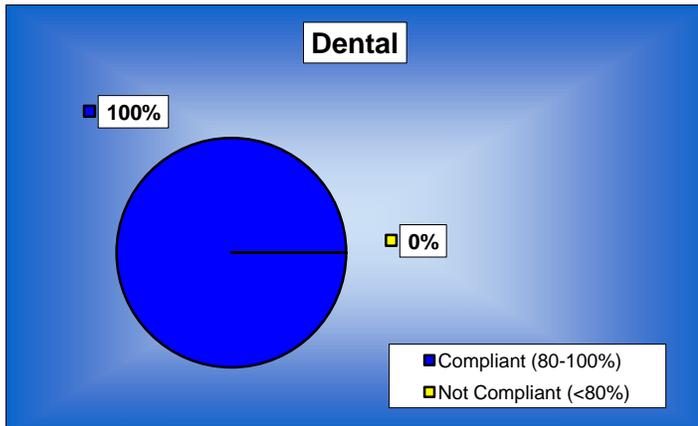
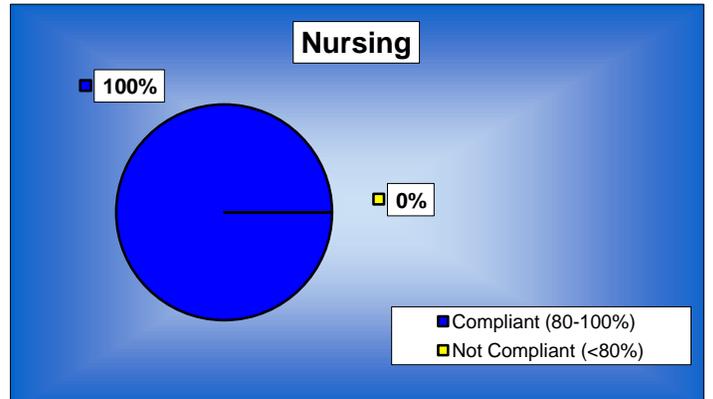
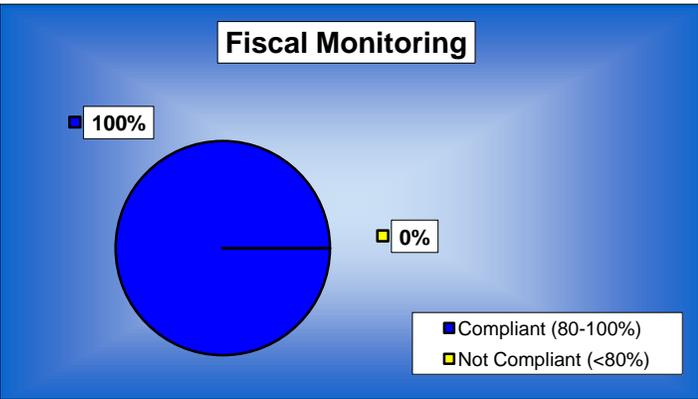
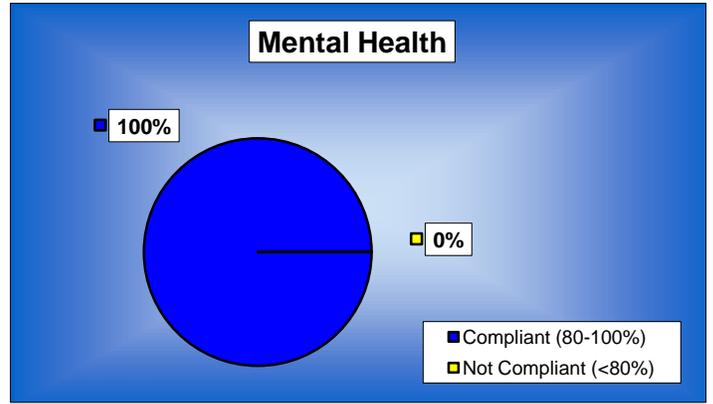
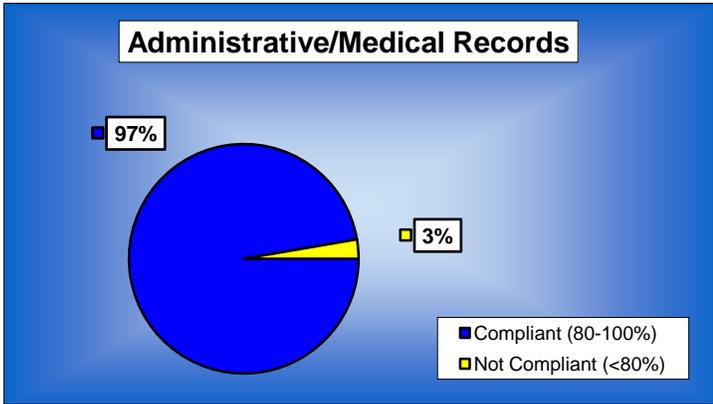
Unit	Operations/ Administration			General Medical/Nursing			Coordinator of Infectious Disease			Dental			Mental Health			Fiscal		
	<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance	
Gist State Jail	76	72	95%	33	25	76%	36	13	36%	22	19	86%	21	18	86%	8	8	100%
Havins	74	70	95%	31	29	94%	24	22	92%	21	21	100%	11	11	100%	7	7	100%
Hodge	49	43	88%	28	25	89%	22	12	55%	21	19	90%	23	18	78%	12	12	100%
LeBlanc	77	72	94%	31	27	87%	24	15	63%	21	21	100%	19	16	84%	10	10	100%
Middleton	77	73	95%	36	22	61%	26	19	73%	21	19	90%	21	21	100%	7	7	100%
Skyview	76	71	93%	19	15	79%	25	14	56%	3	3	100%	41	34	83%	12	12	100%

n = number of applicable items audited.

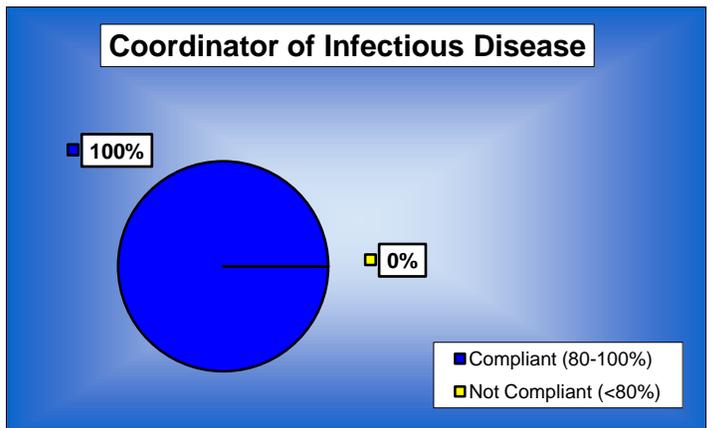
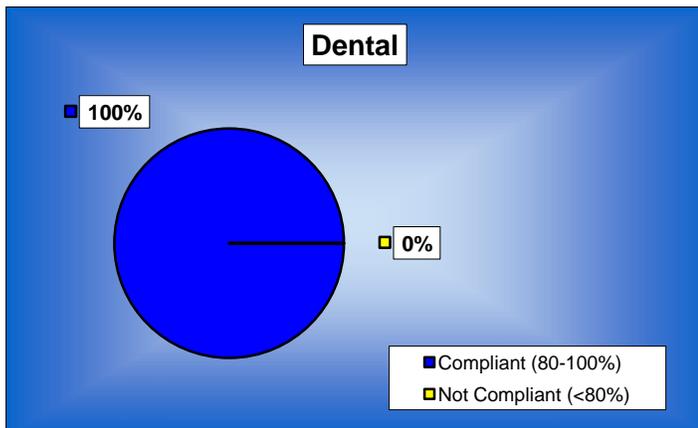
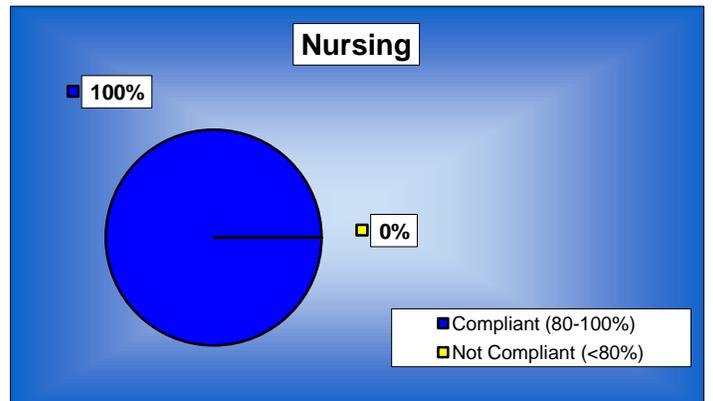
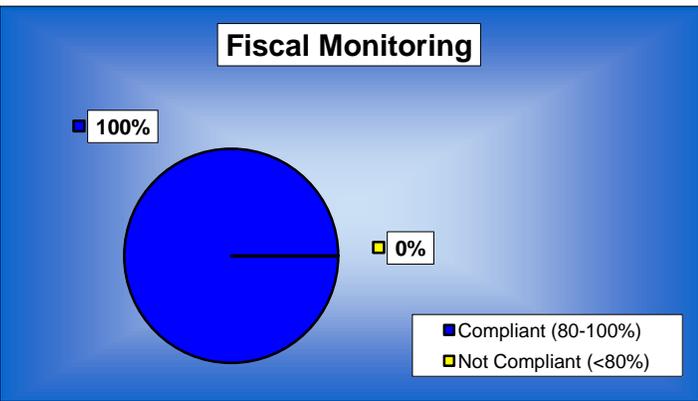
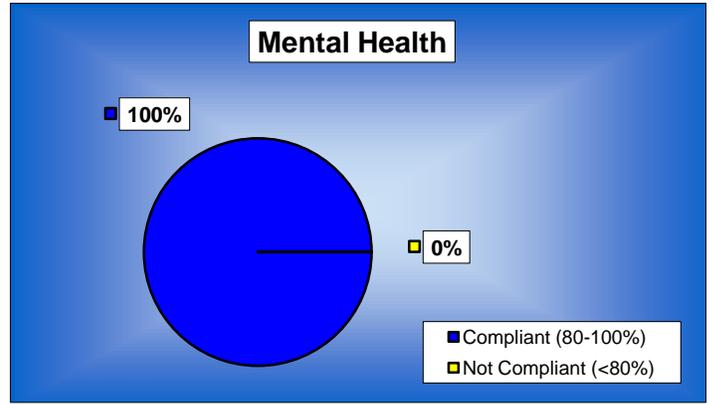
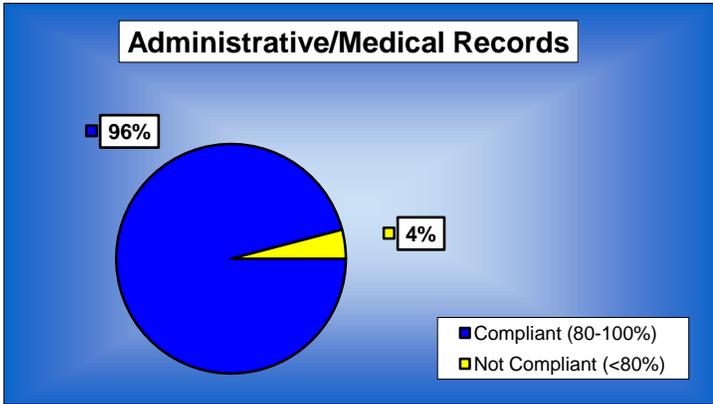
Compliance Rate By Operational Categories for
GIST STATE JAIL
March 9, 2010



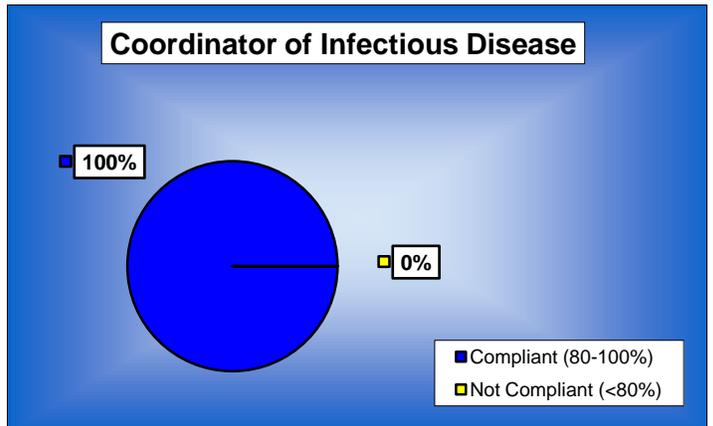
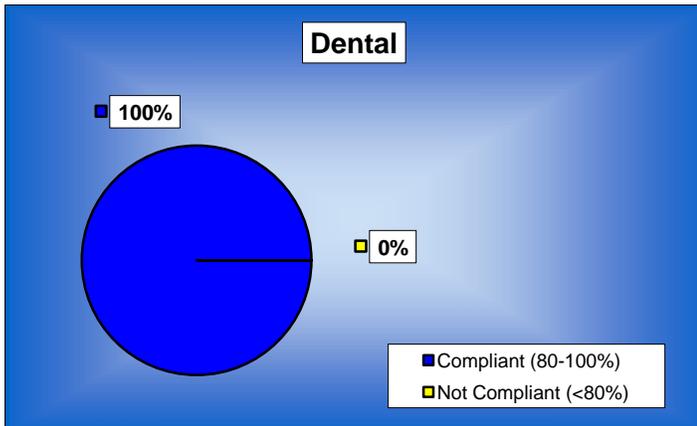
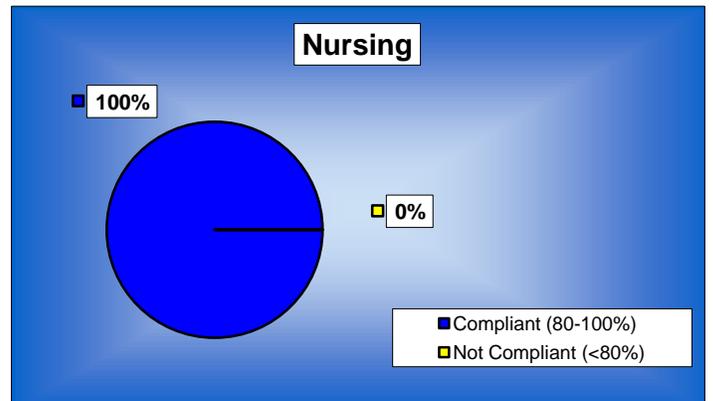
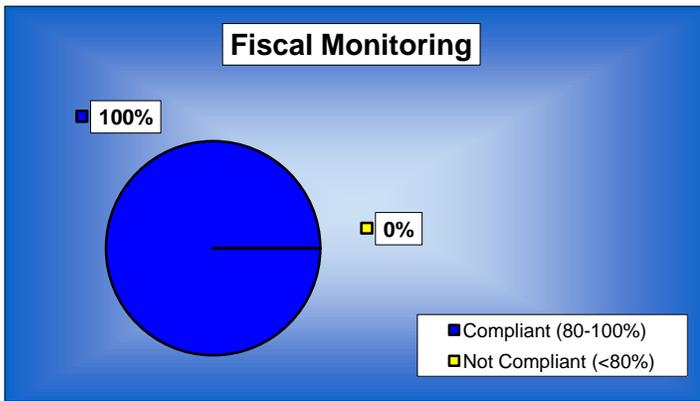
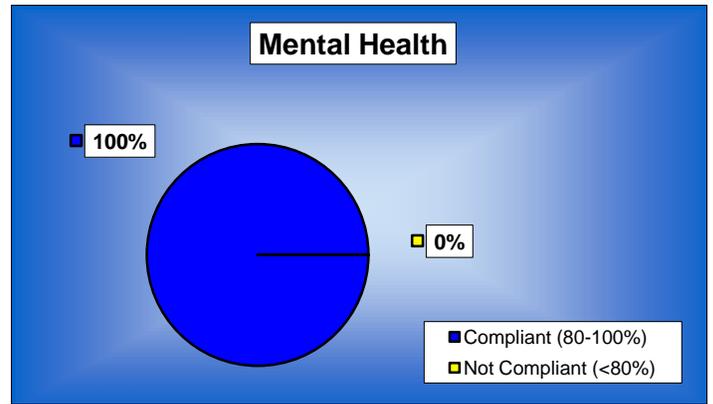
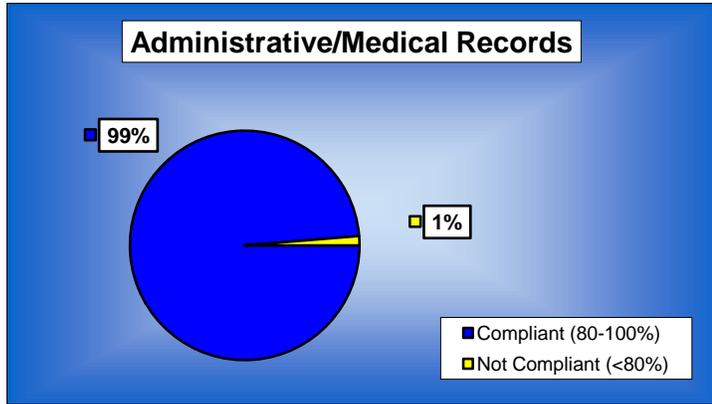
Compliance Rate By Operational Categories for
HAVINS FACILITY
April 5, 2010



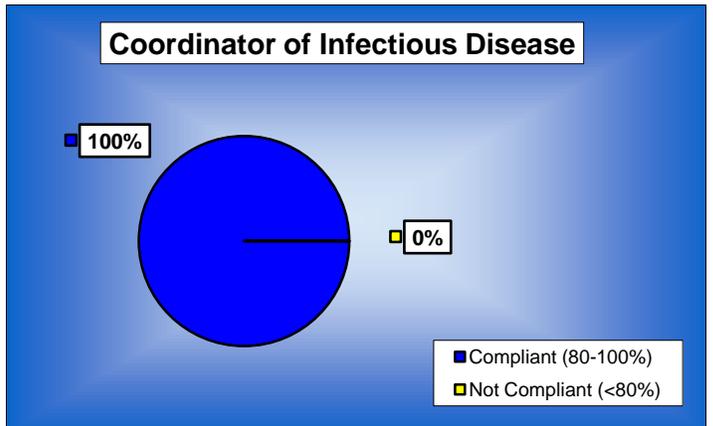
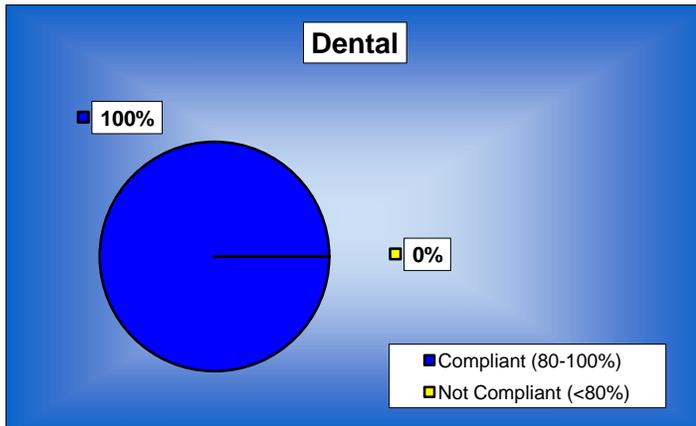
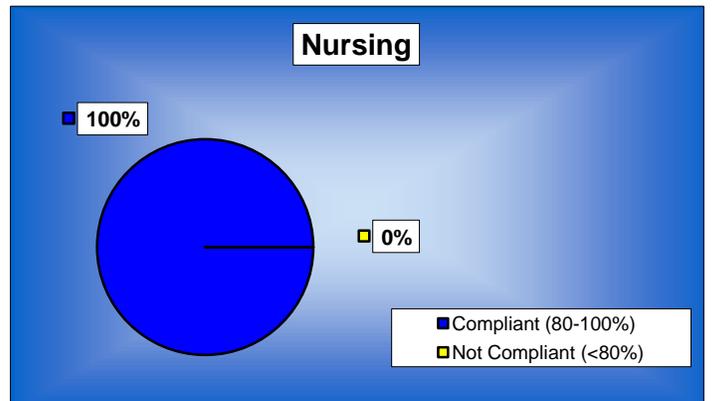
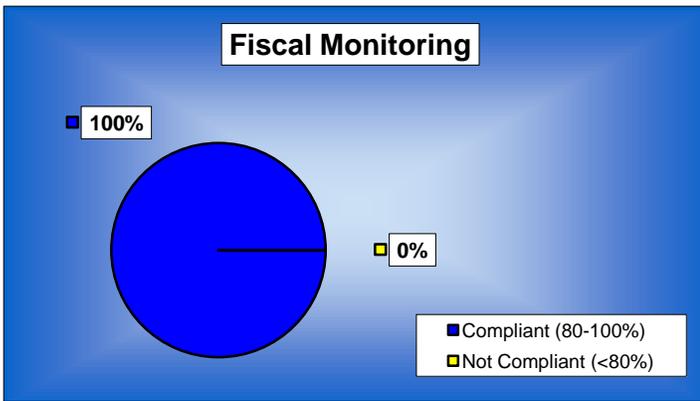
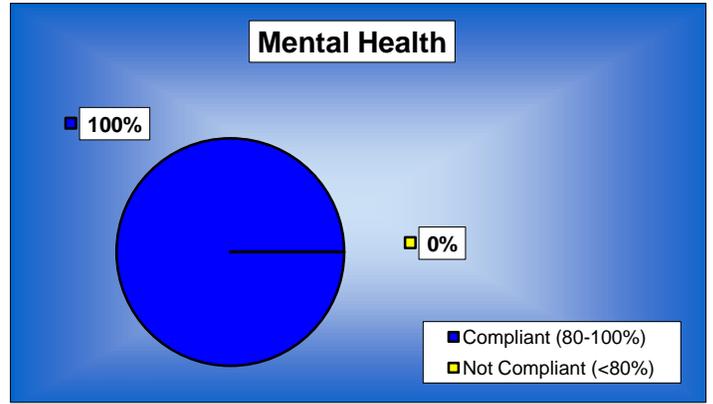
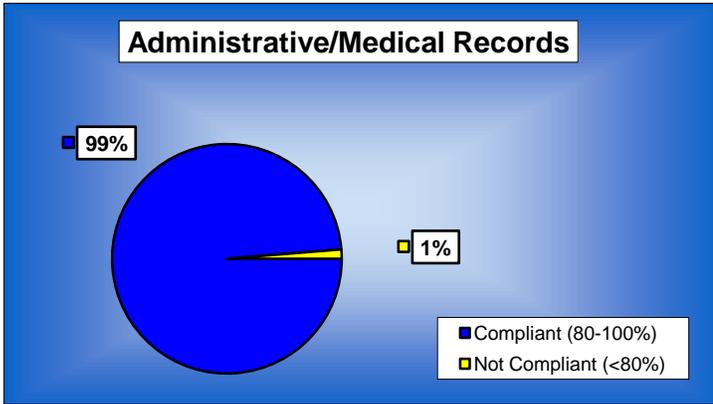
Compliance Rate By Operational Categories for
HODGE FACILITY
April 7, 2010



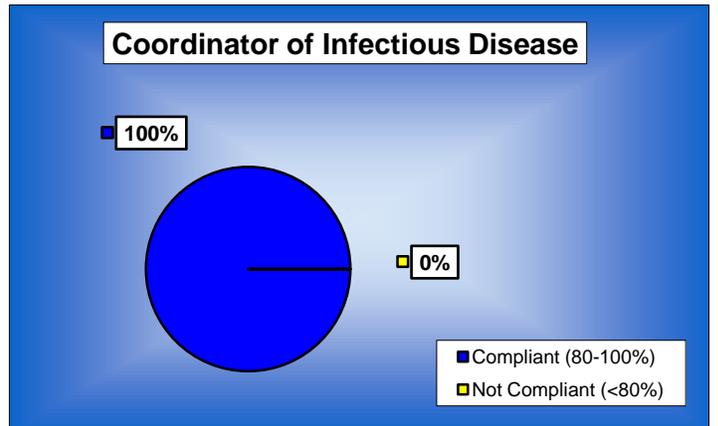
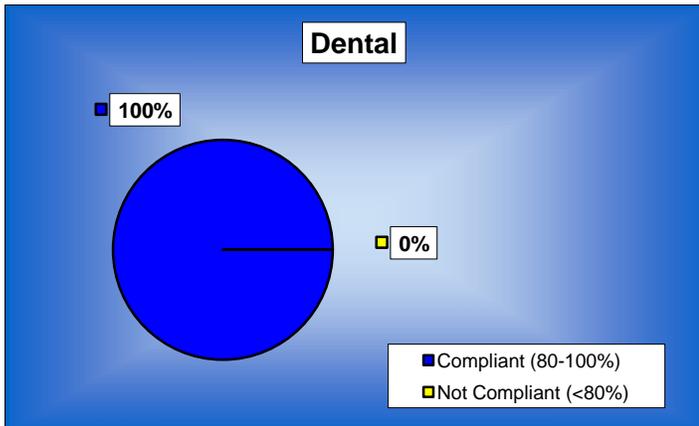
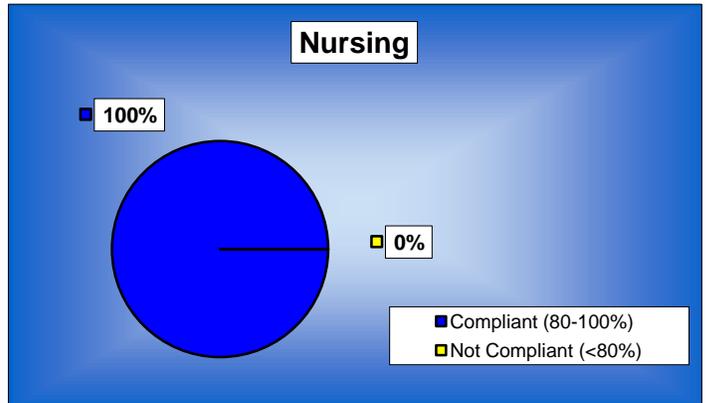
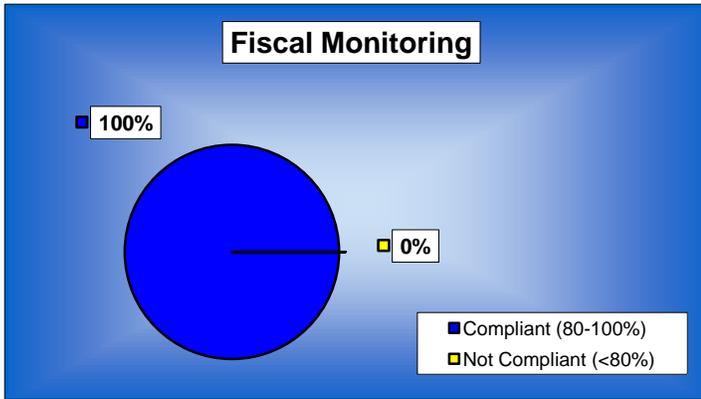
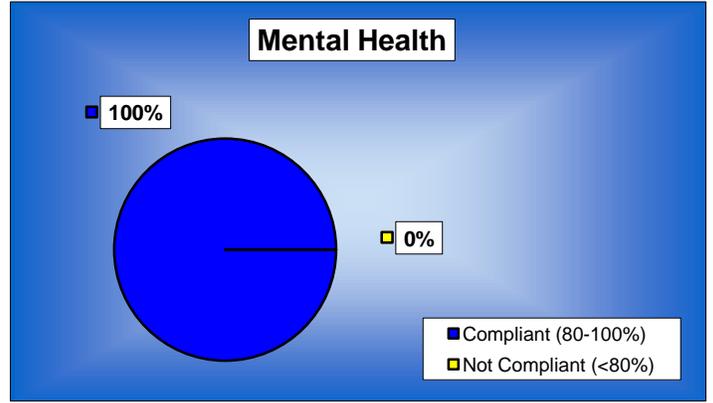
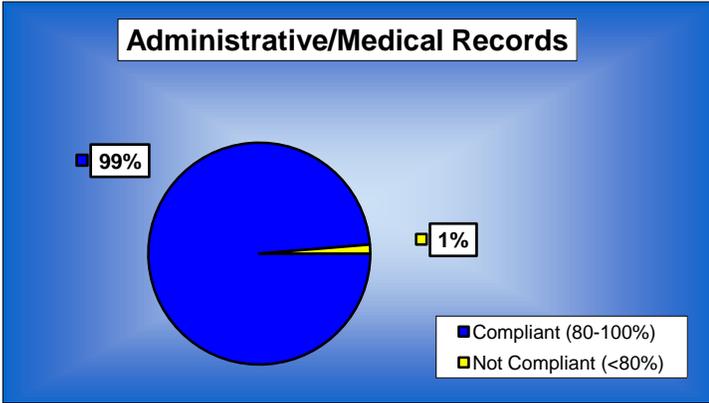
**Compliance Rate By Operational Categories for
LEBLANC FACILITY
March 8, 2010**



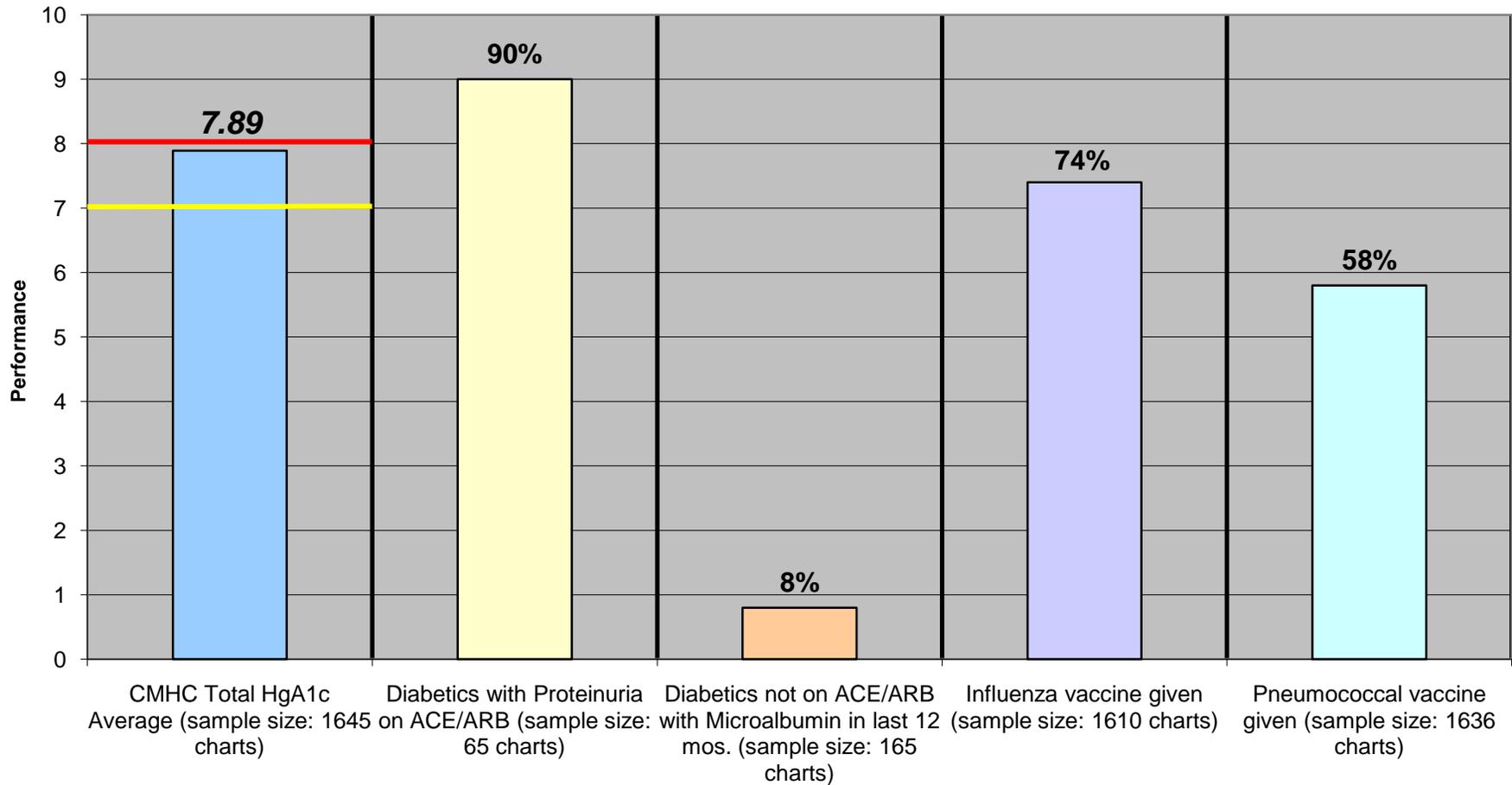
**Compliance Rate By Operational Categories for
MIDDLETON FACILITY
May 3, 2010**



**Compliance Rate By Operational Categories for
SKYVIEW FACILITY
April 6, 2010**



**CMHC Diabetes Mellitus Lab Studies and Vaccine Reports
Facilities Audited 01/01/2010 through 04/30/2010**



Diabetes Mellitus Lab Studies and Vaccine Reports

Red line = National Commission on Correctional Health Care (NCCHC) standard

Yellow line = American Diabetes Association (ADA) standard

PATIENT LIAISON AND STEP II GRIEVANCE STATISTICS
QUALITY OF CARE/PERSONNEL REFERRALS AND ACTION REQUESTS
Third Quarter FY-2010 (March, April, and May)

STEP II GRIEVANCE PROGRAM (GRV)												
Fiscal Year 2010	Total number of GRIEVANCE Correspondence Received Each Month	Total number of Action Requests (Quality of Care, Personnel, and Process Issues)	Percent of Action Requests from Total number of GRIEVANCE Correspondence	Total number of Action Requests Referred to University of Texas Medical Branch-Correctional Managed Health Care			Total number of Action Requests Referred to Texas Tech University Health Sciences Center-Correctional Managed Health Care			Total number of Action Requests Referred to PRIVATE FACILITIES		
					Percent of Total Action Requests Referred	QOC*		Percent of Total Action Requests Referred	QOC*		Percent of Total Action Requests Referred	QOC*
March	551	85	15.43%	70	15.25%	14	14	2.90%	2	1	0.18%	0
April	617	83	13.45%	63	14.26%	25	19	4.54%	9	1	0.16%	0
May	517	79	15.28%	58	14.89%	19	21	5.22%	6	0	0.00%	0
Totals:	1,685	247	14.66%	191	11.34%	58	54	3.20%	17	2	0.12%	0

PATIENT LIAISON PROGRAM (PLP)												
Fiscal Year 2010	Total number of Patient Liaison Program Correspondence Received Each Month	Total number of Action Requests (Quality of Care, Personnel, and Process Issues)	Percent of Action Requests from Total number of Patient Liaison Program Correspondence	Total number of Action Requests Referred to University of Texas Medical Branch-Correctional Managed Health Care			Total number of Action Requests Referred to Texas Tech University Health Sciences Center-Correctional Managed Health Care			Total number of Action Requests Referred to PRIVATE FACILITIES		
					Percent of Total Action Requests Referred	QOC*		Percent of Total Action Requests Referred	QOC*		Percent of Total Action Requests Referred	QOC*
March	596	53	8.89%	34	7.38%	10	19	3.36%	1	0	0.00%	0
April	578	60	10.38%	53	10.90%	10	6	1.38%	2	1	0.17%	0
May	549	57	10.38%	52	11.66%	12	4	0.73%	0	1	0.18%	0
Totals:	1,723	170	9.87%	139	8.07%	32	29	1.68%	3	2	0.12%	0
GRAND TOTAL=	3,408	417	12.24%									

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

Month: March 2010

Reportable Condition	Reports			
	2010 This Month	2009 Same Month	2010 Year to Date *	2009 Year to Date *
Chlamydia	1	7	9#	20
Gonorrhea	0	3	1	8
Syphilis	85	59	206	211
Hepatitis A	0	0	0	0
Hepatitis B, acute	0	0	2	0
Hepatitis C, total and (acute)	201	247	750 (0)	855 (2)
Human immunodeficiency virus (HIV) +, known at intake	78	na	160	na
HIV screens, intake	5,428	6,138	15,438	12,304
HIV +, intake	59	56	158	138
HIV screens, offender- and provider-requested	1,020	na	2,733	na
HIV +, offender- and provider-requested	1	na	6	na
HIV screens, pre-release	3,382	3,001	10,007	6,680
HIV +, pre-release	3	3	10	10
Acquired immune deficiency syndrome (AIDS)	10	9	27	23
Methicillin-resistant <i>Staph Aureus</i> (MRSA)	76	213	264	848
Methicillin-sensitive <i>Staph Aureus</i> (MSSA)	45	115	128	491
Occupational exposures of TDCJ staff	12	12	46	23
Occupational exposures of medical staff	7	5	12	15
HIV chemoprophylaxis initiation	5	4	13	11
Tuberculosis skin test (ie, PPD) +, intake	114	118	726	697
Tuberculosis skin test +, annual	37	38	112	157
Tuberculosis, on tuberculosis medications at intake	0	0	0	0
Tuberculosis, diagnosed at intake and attributed to county of origin	2	1	9	2
Tuberculosis, diagnosed during incarceration	2	1	4	6
Tuberculosis cases under management	20	19		
Peer education programs	0	0	108	108
Peer education educators	38	26	2,068	1,147
Peer education participants	4,943	7,334	14,904	19,078
Sexual assault in-service (sessions/units)	4/4	0/0	9/11	1/1
Sexual assault in-service participants	23	0	111	10
Alleged assaults and chart reviews	48	55	146	153
Bloodborne exposure labs drawn on offenders	4	4	10	13

- Year-to-date totals are for the calendar year.
- # Corrected Total

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: April 2010

Reportable Condition	Reports			
	2010 This Month	2009 Same Month	2010 Year to Date*	2009 Year to Date*
Chlamydia	2	4	11	24
Gonorrhea	1	3	2	10
Syphilis	62	60	272	271
Hepatitis A	0	0	0	0
Hepatitis B, acute	1	1	3	3
Hepatitis C, total and (acute [‡])	257	329	1007 (0)	1184 (2)
Human immunodeficiency virus (HIV) +, known at intake	88	NA	248	NA
HIV screens, intake	5812	9401	21,250	28,540
HIV +, intake	50	67	208	205
HIV screens, offender- and provider-requested	1132	NA	3865	NA
HIV +, offender- and provider-requested	1	NA	7	NA
HIV screens, pre-release	3512	5147	13,519	15,647
HIV +, pre-release	3	4	13	10
Acquired immune deficiency syndrome (AIDS)	5	18	32	41
Methicillin-resistant <i>Staph Aureus</i> (MRSA)	143	239	407	1510
Methicillin-sensitive <i>Staph Aureus</i> (MSSA)	92	114	220	622
Occupational exposures of TDCJ staff	5	3	51	67
Occupational exposures of medical staff	4	6	16	30
HIV chemoprophylaxis initiation	5	0	9	21
Tuberculosis skin test (ie, PPD) +, intake	217	247	1078	1168
Tuberculosis skin test +, annual	43	68	171	236
Tuberculosis, known (ie, on tuberculosis medications) at intake	0	0	0	0
Tuberculosis, diagnosed at intake and attributed to county of origin	1	0	10	2
Tuberculosis, diagnosed during incarceration	2	3	6	9
Tuberculosis cases under management	20	16		
Peer education programs [¶]	1	0	91	108
Peer education educators [∞]	26	44	2094	1191
Peer education participants	5650	7012	20554	26021
Sexual assault in-service (sessions/units)	4/4	3/2	13/15	4/3
Sexual assault in-service participants	27	22	138	32
Alleged assaults and chart reviews	63	53	209	206
Blood-borne exposure labs drawn on offenders	7	2	17	15

* Year-to-date totals are for the calendar year. Year-to-date data may not equal sum of monthly data because of late reporting.

‡ Hepatitis C cases in parentheses are acute cases; these are also included in the total number reported. Only acute cases are reportable to the Department of State Health Services

¶ New programs are indicted in the column marked "This Month"; total programs are indicated in the column marked "Year to Date."

∞ New peer educators are indicted in the column marked "This Month"; total peer educators are indicated in the column marked "Year to Date."

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

Month: May 2010

Reportable Condition	Reports			
	2010 This Month	2009 Same Month	2010 Year to Date*	2009 Year to Date*
Chlamydia	0	3	11	27
Gonorrhea	0	1	2	11
Syphilis	64	49	336	320
Hepatitis A	0	0	0	0
Hepatitis B, acute	0	1	3	4
Hepatitis C, total and (acute [‡])	358	256	1,365(1)	1,440(3)
Human immunodeficiency virus (HIV) +, known at intake	20	NA	268	NA
HIV screens, intake	5,662	7,392	26,912	26,625
HIV +, intake	39	NA	245	NA
HIV screens, offender- and provider-requested	559	NA	4,424	NA
HIV +, offender- and provider-requested	2	NA	9	NA
HIV screens, pre-release	3,329	3,482	16,848	19,129
HIV +, pre-release	2	2	14	12
Acquired immune deficiency syndrome (AIDS)	5	8	37	50
Methicillin-resistant <i>Staph Aureus</i> (MRSA)	129	173	536	1,226
Methicillin-sensitive <i>Staph Aureus</i> (MSSA)	68	78	288	670
Occupational exposures of TDCJ staff	1	3	52	29
Occupational exposures of medical staff	5	3	21	24
HIV chemoprophylaxis initiation	1	1	10	10
Tuberculosis skin test (ie, PPD) +, intake	223	387	1,502	1,661
Tuberculosis skin test +, annual	57	35	245	279
Tuberculosis, known (ie, on tuberculosis medications) at intake	0	0	0	0
Tuberculosis, diagnosed at intake and attributed to county of origin	0	0	10	2
Tuberculosis, diagnosed during incarceration	2	2	8	11
Tuberculosis cases under management	18	18		
Peer education programs [¶]	4	0	95	108
Peer education educators [∞]	54	96	2,148	1,287
Peer education participants	5,340	6,816	25,937	32,837
Sexual assault in-service (sessions/units)	0/0	0/0	13/15	4/3
Sexual assault in-service participants	0	0	138	32
Alleged assaults and chart reviews	46	55	255	261
Blood-borne exposure labs drawn on offenders	1	7	18	22

* Year-to-date totals are for the calendar year. Year-to-date data may not equal sum of monthly data because of late reporting.

‡ Hepatitis C cases in parentheses are acute cases; these are also included in the total number reported. Only acute cases are reportable to the Department of State Health Services

¶ New programs are indicated in the column marked "This Month"; total programs are indicated in the column marked "Year to Date."

∞ New peer educators are indicated in the column marked "This Month"; total peer educators are indicated in the column marked "Year to Date."

Office of Health Services Liaison Utilization Review Audit
Hospital and Inpatient Facilities Audited with Deficiencies Noted
Third Quarter FY-2010 (March, April, and May)
Page 1 of 2

Hospital	University	Audits Performed*	Deficiencies Noted	Comments (See Key)
Angleton/Danbury	UTMB	3	3	A-3; C-2; E-3
Bayshore	UTMB			
Ben Taub	UTMB	2	1	A-1; C-1; E-1
Brackenridge	UTMB	1	0	N/A
Central Texas	UTMB	1	1	A-1; C-1; E-1
Christus Spohn	UTMB	2	2	A-2; C-2; E-2
Cogdell Memorial	TTUHSC	1	0	N/A
Conroe Regional	UTMB	2	2	A-2; E-2
Coryell Memorial	UTMB	2	2	A-1; C-1; E-2
ETMC/Fairfield	UTMB	1	1	A-1; D-1
ETMC/Jacksonville	UTMB	1	0	N/A
ETMC/Trinity	UTMB	2	0	N/A
ETMC/Tyler	UTMB	3	2	A-2; C-2; E-1
Faith Community	UTMB			
Falls County/Marlin	UTMB			
Hendrick Memorial	TTUHSC	3	3	A-1; D-1; E-2
Hillcrest Baptist	UTMB			
Hospital Galveston	UTMB	110	35	A-23; C-10; D-5; E-14
Huntsville Memorial	UTMB	5	5	A-5; C-2; E-4
John Peter Smith	UTMB			
LBJ/Houston	UTMB			
Mainland Memorial	UTMB	4	4	A-4; C-1; E-4
McAllen Medical Center	UTMB			
Medical Center/College Sta.	UTMB			
Memorial Hermann/Beaumont	UTMB	3	3	A-3; C-1; E-3
Memorial Hermann/Houston	UTMB	2	2	A-1; C-2; E-1
Memorial Hermann/Sugarland	UTMB			
Methodist/Houston	UTMB	1	1	D-1
Mitchell County Hospital	TTUHSC			
Northwest Texas	TTUHSC	3	2	A-2
Oak Bend	UTMB	1	1	A-1; E-1
Palestine Regional	UTMB	2	2	A-1; C-1; D-1; E-1
Pampa	TTUHSC	1	1	A-1
Parkland Hospital	UTMB	1	1	A-1; E-1
Pecos	TTUHSC	1	0	N/A
Red River Hospital	UTMB			
Scott & White/Dallas	UTMB	5	5	A-3; C-1; D-2; E-4
Scott & White/Temple	UTMB			
St. Joseph's/College Sta.	UTMB	4	2	A-2; C-3; E-3
St. Luke's/Sugarland	UTMB			
Thomason	TTUHSC			
Trinity Mother Frances	UTMB			
United Regional/11 th St.	TTUHSC	3	2	A-2; E-1
University HCS/San Antonio	UTMB	1	1	A-1; C-1; E-1
University Medical Center	TTUHSC	10	6	A-2; C-1; E-4
UT Tyler	UTMB	1	1	N/A
Valley Baptist	UTMB			
Wadley Regional	UTMB			
Woodland Heights	UTMB			

**Office of Health Services Liaison Utilization Review Audit
Hospital and Inpatient Facilities Audited with Deficiencies Noted
Third Quarter FY-2010 (March, April, and May)
Page 2 of 2**

Inpatient Facility	University	Audits Performed*	Deficiencies Noted	Comments (See Key)
Allred	TTUHSC			
Beto	UTMB	2	1	A-1; C-1; E-1
Clements	TTUHSC	11	9	A-6; C-4; E-4
Connally	UTMB			
Estelle	UTMB	4	3	A-1; D-2
Hughes	UTMB	3	0	N/A
Jester 3	UTMB	1	1	D-1
Luther	UTMB			
McConnell	UTMB	4	2	A-1; E-1
Michael	UTMB			
Montford	TTUHSC	29	22	A-8; C-4; E-18
Pack	UTMB			
Polunsky	UTMB			
Robertson	TTUHSC	2	1	A-1; E-1
Stiles	UTMB			
Telford	UTMB			
CT Terrell	UTMB			
UT Tyler	UTMB	1	1	E-1
Carole Young	UTMB	10	5	A-1; C-3; D-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? Data recorded in this category includes vital signs not within normal limits for the patient's condition indicated by an asterisk (*). The rest of the deficiencies are shown to be patients whose vital signs were not recorded on the day of discharge by either the discharging or receiving facility, so stability was not able to be determined.
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
THIRD QUARTER, FISCAL YEAR 2010**

March 2010	Numbered Property On Inventory Report	Total Number of Deletions	Total Number of Transfers	Total Number of New Equipment
Gist	49	0	4	0
LeBlanc	36	3	0	1
Total	85	3	4	1

April 2010	Numbered Property On Inventory Report	Total Number of Deletions	Total Number of Transfers	Total Number of New Equipment
Havins	19	0	0	0
Hodge	44	4	1	4
Skyview	92	13	3	14
Total	155	17	4	18

May 2010	Numbered Property On Inventory Report	Total Number of Deletions	Total Number of Transfers	Total Number of New Equipment
Middleton	59	0	0	0
Total	59	0	0	0

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

Audit Tools	March	April	May	Total
Total number of units audited	2	3	1	6
Total numbered property	85	155	59	299
Total number out of compliance	0	0	0	0
Total % out of compliance	0.00%	0.00%	0.00%	0.00%

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

University of Texas Medical Branch

Unit	Audit Date	% Compliance	
		Mandatory	Non-Mandatory
Central	March 2010	100%	97.6%
Garza East/West	March 2010	100%	98.0%
Crain	April 2010	100%	98.1%
Huntsville	April 2010	100%	98.1%
Jester IV	April 2010	100%	98.8%
Goree	May 2010	100%	98.5%
Hightower	May 2010	100%	98.6%
Plane/Henley	May 2010	100%	98.6%

Texas Tech University Health Science Center

Unit	Audit Date	% Compliance	
		Mandatory	Non-Mandatory
Wallace/Ware	March 2010	100%	98.3%
Dalhart	March 2010	100%	98.1%

Executive Services
Active Monthly Medical Research Projects
Health Services Division

FY-2010 Third Quarterly Report: March, April, and May

Project Number: 408-RM03

<u>Researcher:</u> John Petersen	<u>IRB Number:</u> 02-377	<u>IRB Expiration Date:</u> 30-Jun-10	<u>Research Began:</u> 03-Jun-03
<u>Title of Research:</u> Serum Markers of Fibrosis in Chronic Hepatitis C			<u>Data Collection Began:</u> 01-Jul-03
<u>Proponent:</u> University of Texas Medical Branch at Galveston			<u>Data Collection End:</u> 03-Jul-08
<u>Project Status:</u> Data Analysis		<u>Progress Report Due:</u> 30-Sep-10	<u>Projected Completion:</u> 31-Jul-08

Units: Hospital Galveston

Project Number: 475-RM05

<u>Researcher:</u> Robert Morgan	<u>IRB Number:</u> L05-077	<u>IRB Expiration Date:</u> 27-Feb-09	<u>Research Began:</u> 01-Aug-05
<u>Title of Research:</u> Tailoring Services for Mentally Ill Offenders			<u>Data Collection Began:</u> 20-Jan-06
<u>Proponent:</u> Texas Tech University			<u>Data Collection End:</u> 31-Jun-07
<u>Project Status:</u> Pending Final Product Review		<u>Progress Report Due:</u> 14-Dec-10	<u>Projected Completion:</u> 30-Jun-10

Researcher is preparing a subsequent article and will be submitting for Health Services review prior to publication.

Units: Montford, Crain

Project Number: 515-MR07

<u>Researcher:</u> Jacques Baillargeon	<u>IRB Number:</u> 06-249	<u>IRB Expiration Date:</u> 31-May-10	<u>Research Began:</u> 27-Oct-07
<u>Title of Research:</u> Disease Prevalence and Health Care Utilization in the Texas Prison System			<u>Data Collection Began:</u> 05-Mar-07
<u>Proponent:</u> UTMB			<u>Data Collection End:</u> 05-Mar-07
<u>Project Status:</u> Pending Final Product Review		<u>Progress Report Due:</u> 01-Jul-10	<u>Projected Completion:</u> 31-Dec-09

4/15/2010 Article from this project published online in the Journal of Urban Health by Dr. Harzke (secondary researcher).

Units: System Wide

Project Number: 527-MR07

Researcher: Roger Soloway **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
Proponent: UTMB **Data Collection End:** 31-Jul-08
Project Status: Data Analysis **Progress Report Due:** 10-Dec-10 **Projected Completion:**
Units: UTMB

Project Number: 564-MR08

Researcher: Amy Harzke **IRB Number:** Exempt **IRB Expiration Date:** **Research Began:** 19-Nov-08
Title of Research: Causes of death among Texas prisoners, 1983-2004 **Data Collection Began:** 19-Nov-08
Proponent: Correctional Managed Care, University of Texas Medical Branch **Data Collection End:** 19-Nov-08
Project Status: Awaiting publication in "Journal of Correctional Health Care" **Progress Report Due:** 13-May-10 **Projected Completion:** 31-Jul-10
Units: System Wide

Project Number: 567-RM08

Researcher: Cynthia Mundt **IRB Number:** 2009-03-013 **IRB Expiration Date:** 07-Dec-10 **Research Began:** 30-Dec-09
Title of Research: Treatment Amenability of Youths Convicted of Crimes in Texas as Adults **Data Collection Began:** 29-Jan-10
Proponent: Sam Houston State University **Data Collection End:**
Project Status: Data Collection **Progress Report Due:** 01-Oct-10 **Projected Completion:**
Units: System Wide Data Pull, Central, Clemens, Connally, Ferguson, Gist, Hightower, Holliday, Lewis Ramsey, Stiles, Wynne

Project Number: 568-RM08

Researcher: Julito Uy **IRB Number:** L08-184 **IRB Expiration Date:** 21-Jul-10 **Research Began:** 24-Nov-08
Title of Research: A Prevalence Study on Obesity and Associated Morbidity among male Offenders in a Texas State Correctional Facility **Data Collection Began:** 05-Feb-09
Proponent: Texas Tech University **Data Collection End:** 25-Nov-09
Project Status: Manuscript Review **Progress Report Due:** 30-Sep-10 **Projected Completion:** 5/27/10 - Sent manuscript review comments to researcher.
Units: Clements

Executive Services
Pending Monthly Medical Research Projects
Health Services Division

FY-2010 Third Quarterly Report: March, April, and May

Project Number: 605-RM10

Researcher:

Patrick Flynn

IRB Number:

Awaiting

Applicaton Received:

24-Mar-10

Completed Application:

Title of Research:

RCT of an Augmented Test, Treat, Link & Retain Model for NC and Texas Prisoners

Peer Panel Schedule:

Proponent:

Texas Christian University

Panel Recommendations:

Project Status:

Pending OGC

Detail:

Project Number: 606-RM10

Researcher:

Josiah Rich

IRB Number:

Awaiting

Applicaton Received:

19-Mar-10

Completed Application:

Title of Research:

Improving Linkage to HIV Care following Release from Incarceration

Peer Panel Schedule:

Proponent:

The Miriam Hospital / Brown University

Panel Recommendations:

Project Status:

Awaiting Full Proposal

Detail:

Project Number: 608-RM10

Researcher:

Teresa Chin

IRB Number:

10-086

Applicaton Received:

23-Apr-10

Completed Application:

Title of Research:

Assessment of Prescriber Knowledge of and Intention to Use the Beers Criteria in a Correctional Managed Care System

Peer Panel Schedule:

Proponent:

University of Texas Medical Branch Correctional Managed Care

Panel Recommendations:

Project Status:

Pending OGC

Detail:

**TDCJ Office of Mental Health Monitoring & Liaison
Administrative Segregation
Third Quarter FY 2010 (March, April, and June)**

Units Audited		Observed	Interviewed	Referred	Requests Fwd	ATC 4	ATC 5	ATC 6
Ferguson		370	173	0	4	100%	100%	100%
Clements		443	384	0	12	100%	100%	100%
Formby		21	21	0	0	100%	100%	100%
McConnell		494	268	0	11	100%	100%	No Referral
Connally		494	266	1	9	100%	100%	No Referral
Wynne		305	150	1	1	100%	100%	100%
Coffield		606	287	0	7	100%	100%	100%
Mountain View		33	33	0	0	100%	100%	No Referral
Lewis		421	221	2	6	100%	100%	No Referral
Polunsky		403	211	0	8	92%	100%	No Referral
Murray		117	83	2	5	100%	100%	No Referral
Hughes		384	195	0	8	83%	100%	No Referral
Powledge		11	11	0	0	100%	100%	100%
Cole		8	8	0	0	100%	100%	100%
Lindsey		4	4	0	0	100%	100%	100%
Bradshaw		12	0	0	0	100%	100%	No Referral
Lopez		3	3	0	0	100%	100%	No Referral
Sanchez		14	14	0	0	NSP	NSP	No Referral
Dominguez		18	18	0	0	NSP	NSP	No Referral
Dawson		2	2	0	0	100%	100%	100%
Hutchins		16	16	0	0	100%	100%	100%
Beto Cancelled								
Total	Units 21	4,179	2,368	6	71	1 unit 83% 1 unit 92% 2 units - No Referral	21 units 100%	10 units 100% 11 units - No Referral

Note: NSP – No Sick Calls Presented

County Jail Texas Uniform Health Status Update Forms

Reviewed	3,016
Problems	709

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

Reviewed	20,049
Problems	2,925

High Risk Offenders (Older/Long Sentences)

Interviewed	14
Referred	2

Boot Camp Offenders

Interviewed	37
Problems	0

Substance Abuse Felony Program

Units Audited	3	In Compliance	3
Discharge Reviews	37	Discharge Appropriate	37

County Jail Liaison

Admissions Facilitated	39
------------------------	----

Consent Item 3(a)

University Medical Director's Report

The University of Texas Medical Branch



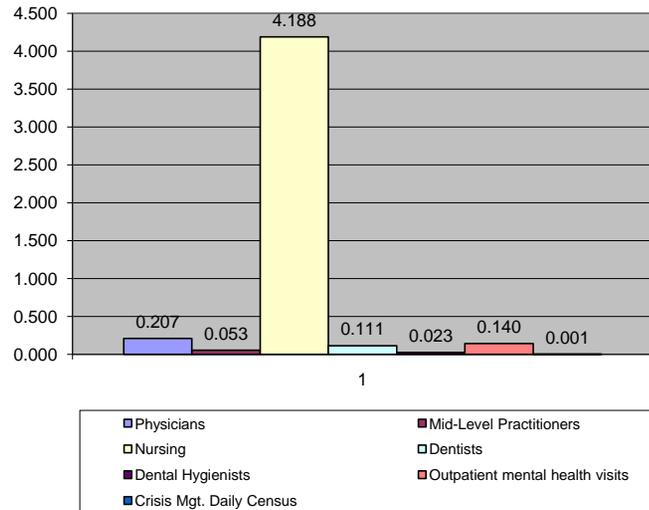
**Correctional Health Care
MEDICAL DIRECTOR'S REPORT**

**THIRD QUARTER
FY2010**

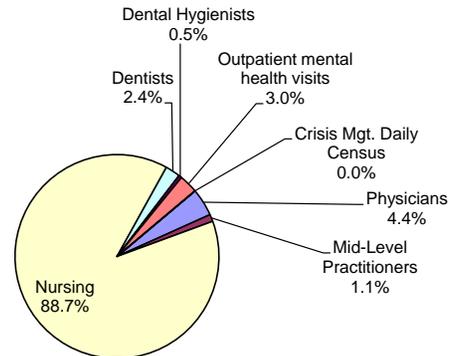
Medical Director's Report:

Average Population	March		April		May		Qtly Average	
	120,063		119,770		119,837		119,890	
	Number	Rate Per Offender						
Medical encounters								
Physicians	26,590	0.221	24,587	0.205	23,286	0.194	24,821	0.207
Mid-Level Practitioners	5,857	0.049	6,692	0.056	6,554	0.055	6,368	0.053
Nursing	495,627	4.128	525,030	4.384	485,516	4.051	502,058	4.188
Sub-total	528,074	4.398	556,309	4.645	515,356	4.300	533,246	4.448
Dental encounters								
Dentists	14,269	0.119	13,823	0.115	11,866	0.099	13,319	0.111
Dental Hygienists	3,036	0.025	2,847	0.024	2,456	0.020	2,780	0.023
Sub-total	17,305	0.144	16,670	0.139	14,322	0.120	16,099	0.134
Mental health encounters								
Outpatient mental health visits	17,128	0.143	17,243	0.144	16,129	0.135	16,833	0.140
Crisis Mgt. Daily Census	62	0.001	60	0.001	66	0.001	63	0.001
Sub-total	17,190	0.143	17,303	0.144	16,195	0.135	16,896	0.141
Total encounters	562,569	4.686	590,282	4.928	545,873	4.555	566,241	4.723

Encounters as Rate Per Offender Per Month



Encounters by Type

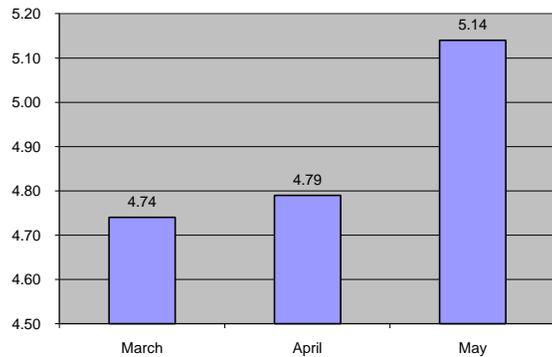


Medical Director's Report (Page 2):

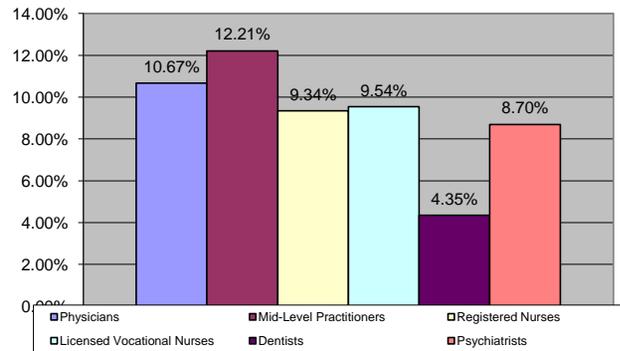
	March	April	May	Qtly Average
Medical Inpatient Facilities				
Average Daily Census	88.00	89.00	88.00	88.33
Number of Admissions	405.00	388.00	386.00	393.00
Average Length of Stay	4.74	4.79	5.14	4.89
Number of Clinic Visits	1,795.00	1,580.00	1,789.00	1,721.33
Mental Health Inpatient Facilities				
Average Daily Census	990.57	1,001.23	1,030.16	1,007.32
PAMIO/MROP Census	687.35	691.50	708.16	695.67
Telemedicine Consults	7,346	6,952	7,005	7,101.00

Health Care Staffing	Average This Quarter			Percent Vacant
	Filled	Vacant	Total	
Physicians	67.00	8.00	75.00	10.67%
Mid-Level Practitioners	115.00	16.00	131.00	12.21%
Registered Nurses	398.00	41.00	439.00	9.34%
Licensed Vocational Nurses	493.00	52.00	545.00	9.54%
Dentists	66.00	3.00	69.00	4.35%
Psychiatrists	21.00	2.00	23.00	8.70%

Average Length of Stay



Staffing Vacancy Rates



Consent Item 3(b)

University Medical Director's Report

Texas Tech University
Health Sciences Center

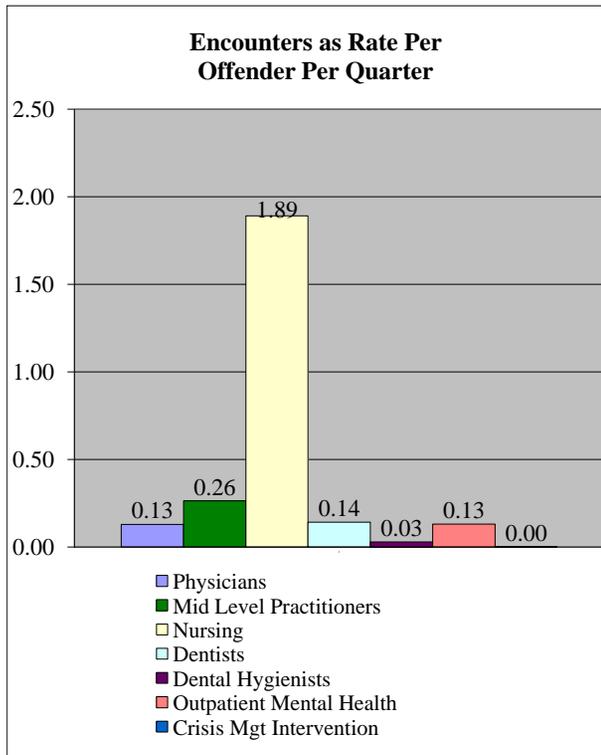


**Correctional Managed Health Care
MEDICAL DIRECTOR'S REPORT**

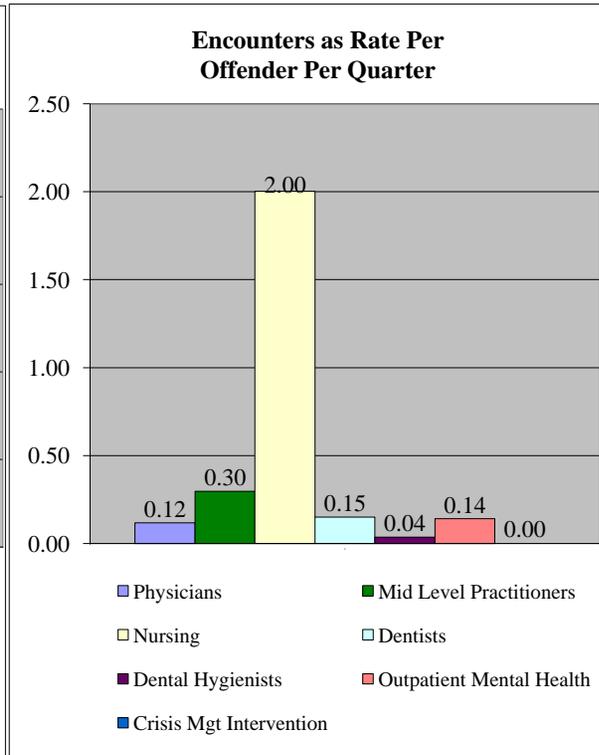
**THIRD QUARTER
FY 2010**

Medical Director's Report:

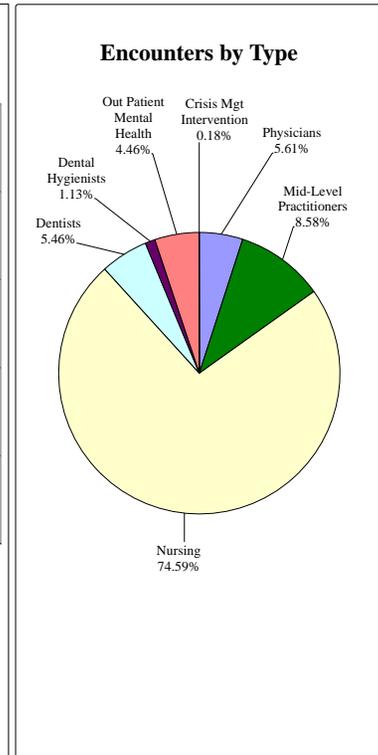
	March		April		May		Quarterly Average	
<i>Average Population</i>	30,983.79		31,071.39		31,121.52		31,058.90	
<i>Medical Encounters</i>	Number	Rate Per Offender	Number	Rate Per Offender	Number	Rate Per Offender	Number	Rate Per Offender
Physicians	4,501	0.145	3,133	0.101	3,467	0.111	3,700	0.119
Mid-Level Practitioners	9,120	0.294	9,936	0.320	8,724	0.280	9,260	0.298
Nursing	59,240	1.912	62,129	2.000	65,178	2.094	62,182	2.002
Sub-Total	72,861	2.352	75,198	2.420	77,369	2.486	75,143	2.419
<i>Dental Encounters</i>								
Dentists	5,122	0.165	4,925	0.159	3,987	0.128	4,678	0.151
Dental Hygienists	1,105	0.036	1,234	0.040	1,095	0.035	1,145	0.037
Sub-Total	6,227	0.201	6,159	0.198	5,082	0.163	5,823	0.187
<i>Mental Health Encounters</i>								
Outpatient Mental Health Visits	4,532	0.146	4,429	0.143	4,201	0.135	4,387	0.141
Crisis Mgt. Interventions	21	0.001	23	0.001	25	0.001	23	0.001
Sub-Total	4,553	0.147	4,452	0.143	4,226	0.136	4,410	0.142
<i>Total Encounters</i>	83,641	2.700	85,809	2.762	86,677	2.785	85,376	2.749



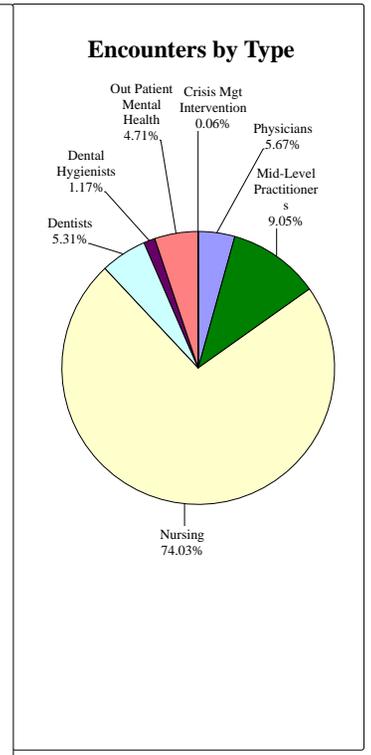
2nd Quarter 2010



3rd Quarter 2010



2nd Quarter 2010

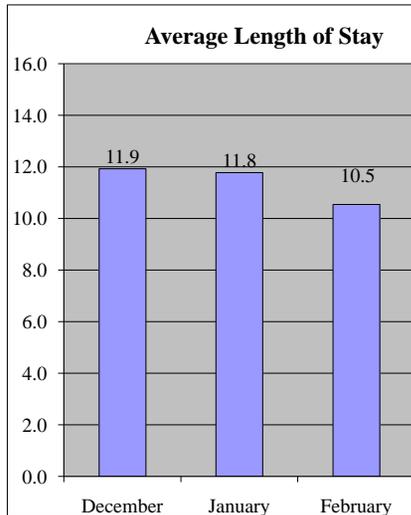


3rd Quarter 2010

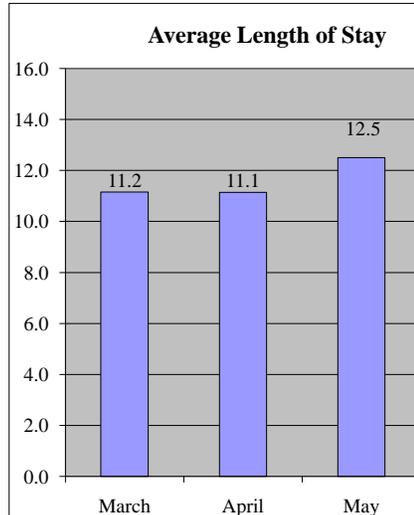
Medical Director's Report (page 2):

	March	April	May	Quarterly Average
<i>Medical Inpatient Facilities</i>				
Average Daily Census	117.39	115.6	122.54	118.51
Number of Admissions	257	253	233	247.67
Average Length of Stay	11.15	11.14	12.5	11.60
Number of Clinic Visits	938	1017	976	977.00
<i>Mental Health Inpatient Facilities</i>				
Average Daily Census	529	528	515	524.00
PAMIO/MROP Census	412	425	416	417.67
<i>Specialty Referrals Completed</i>	1693	1312	1063	1356.00
<i>Telemedicine Consults</i>	469	456	536	487.00

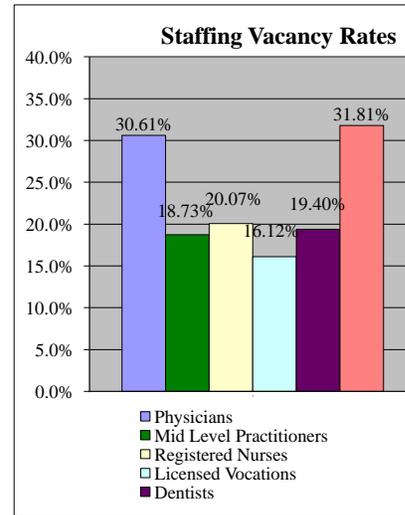
<i>Health Care Staffing</i>	Average This Quarter			Percent Vacant
	Filled	Vacant	Total	
Physicians	20.3	6.98	27.28	25.59%
Mid-Level Practitioners	27.1	7	34.1	20.53%
Registered Nurses	146.25	32.51	178.76	18.19%
Licensed Vocational Nurses	324.03	60.73	384.76	15.78%
Dentists	16.08	5.03	21.11	23.83%
Psychiatrists	6.79	3.83	10.62	36.06%



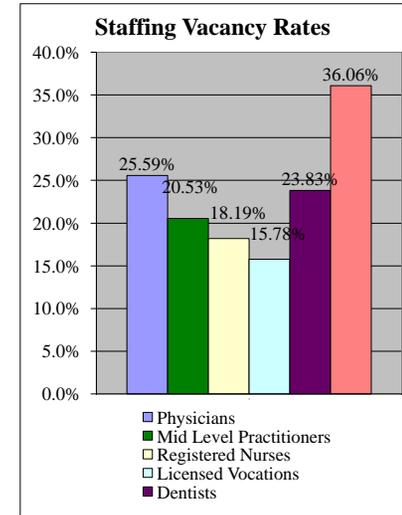
2nd Quarter 2010



3rd Quarter 2010



2nd Quarter 2010



3rd Quarter 2010

Consent Item 4

Summary of CMHCC Joint
Committee \ Work Groups

**Correctional Managed Health Care
Joint Committee/Work Group Activity Summary
for September 2010 CMHCC Meeting**

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

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

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

Workgroup activity covered in this report includes:

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

System Leadership Council

Chair: Dr. Owen Murray

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: August 12, 2010

Key Activities:

(1) Approval of Minutes (May 13, 2010)

Reports from Champions/Discipline Directors:

- A. Access to Care-Dental Services
- B. Access to Care-Mental Health Services
- C. Access to Care-Nursing Services
- D. Access to Care-Medical Staff
- E. Sick Call Request Verification Audit-SCRVA
- F. FY2010 SLC Indicators
 - 1. Periodontal Type
 - 2. Mental Health PULHES
 - 3. Refusal of Treatment (ROT)
 - 4. Inpatient Physical Therapy
 - 5. Missed Appointments (No Shows)

Standing Issues

- A. Monthly Grievance Exception Report
- B. New SLC Indicators
- C. Hospital and Infirmery Discharge Audits

Miscellaneous/Open for Discussion Participants:

- A. Mental Health New Quality Indicator
- B. CMHCC Updates
- C. Nursing Working Group Update
- D. Chronic Disease Audit Update
- E. ATC Methodology
- F. Hand Washing Audit
- G. SLC Email Account

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: July 8, 2010

Key Activities:

Sub Committee Updates

- Chain-In
- Geriatric - G-51.2 Admission to a Geriatric Center
- Missed Appointments - E-42.2 Missed Clinic Appointments
- Transient Medications

Old Business:

- A.12-1 Attachment A, Getting Medical Treatment (English)
- B-14.3 Employee TB Testing (Pending Next Medical Directors Meeting)
- B-14.30 – Respiratory Protection (Draft)

New Business:

Sections G, H and I are scheduled for review.

The following policies have been submitted for revision:

- A-08.6 and Attachments – Medically Recommended Intensive Supervision Screening
- E-31.3 Access to Off-site Hospitalization Offender Information (Draft)
- E-32.1 Receiving, Transfer and Continuity of Care Screening
- E-35.1 Mental Health Appraisal for Newly Admitted Offenders
- E-35.2 Mental Health Evaluation
- E-39.1 Health Evaluation and Documentation, Offender Segregation
- G-52.1 Infirmary Care
- G-53.1 Suicide Prevention Plan
- G-55.1 Pregnant Offenders
- G-57.1 Sexual Assault
- H-60.1 Health Records – Organization and Maintenance
- H-60.1 Attachment C: Abbreviated Job Titles
- I-66.2 Therapeutic Restraint of Mental Health Patients
- I-66.3 Psychiatric Inpatient Seclusion
- I-67.1 Compelled Psychoactive Medication for Mental Illness
- I-71.1 Offender's Right to Refuse Treatment, Department's Right to Compel Treatment
- I-71.1 Attachment A: Request for Compelled Treatment
- I-71.1 Attachment B: Refusal of Treatment or Services

Other than the above Policies on the Agenda no further comments have been received for the remaining policies in Sections A & F.

Adjournment

Next Meeting Date is October 14, 2010

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 Date: July 8, 2010

Key Activities:

Approval of Minutes from May 13, 2009 Meeting

Reports from Subcommittees:

- GERD
- Pain
- Psychiatry
 - Depressive Disorder Fact Sheet
 - Affective Disorder Fact Sheet
 - Epilepsy Fact Sheet
 - Carbamazepine Abuse Potential Statement
 - Acute Psychosis DMG Revision
- HIV / HCV
 - Hepatitis Annual Update 2010
 - HIV Annual Update 2010
 - HIV DMG Revision
- Seizure

Reviewed and discussed monthly reports as follows:

- Adverse Drug Reaction Report

- Pharmacy Clinical Activity Reports
- Non-Formulary Deferral Reports
 - UTMB Sector (May 2010)
 - Texas Tech Sector (April 2010)
- Drug Recalls (May – June 2010)
- Quarterly Medication Error Reports – 3rd Quarter (March - May) FY10
 - UTMB Sector – Outpatient Services
 - UTMB Sector – Inpatient Services
 - Texas Tech Sector

- Utilization related reports on:
 - HIV Utilization
 - Hepatitis C Utilization
 - Hepatitis B Utilization
 - Psychotropic Utilization
 -
- Policy Review Schedule

Old Business:

Drug Overdose Algorithms

Policy Revisions

- Incoming Patient’s Free World Medications (25-05)

Miscellaneous

- Pre-Dialysis Renal Diet Patient Education
- Status of Sevelamer (Renagel) pilot

New Business:

Action Requests

- Request to stock phenoarbital at intake facilities
- Request to stock Lantus at Lyncher Facility

Drug Category Review

- Analgesics
- Electrolytes

Manufacturer Shortages and Discontinuations

- Heparin 100 units/ mL
- Acyclovir tablets
- Gemfibrozil
- Fluconolone 0.01% top son.
- Haloperidol decanoate
- Furosemide injection
- Naloxone injection
- Penicillin G Benzathine (Bicillin LA) 1.2MU
- Naphazoline / Pheniramine Opth Soln

FDA Medication Safety Advisories

- Promacta (eltrombopag): New Safety Funding – Portal Venous System Thromboses
- Proton Pump Inhibitors (PPI): Class Labeling Change
- Tramadol (Ultram / Ultracet): Label Change
- Long-Acting Beta – Agonists (LABAs): New Safe Use Requirements
- Benicar (olmesartan): Ongoing Safety Review

Policy and Procedure Revisions

- Controlled Substance Record Keeping
- Discharge Medications
- Therapeutic Optometrists
- Representatives of Pharmaceutical Supplies and Related Companies
- Drug Samples
- Adverse Medication Area Audits & Inspections
- Record Retention
- Look-a-Like / Sound-a-Like Medications

Miscellaneous

- Email Voting
 - Pharmacy and Therapeutics Committee
- Wound Care DMG

Adjournment

Joint Infection Control Committee

Chair: Dr. Carol Coglianese

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

Meeting Date: April 8, 2010

Key Activities:

Reviewed and Approved Minutes

Public Health Update

- Will begin biennial HVAC testing in Respiratory Isolation Rooms
- Norovirus update
- H1N1 update
- Chlamydia testing proposal

Old Business – None

- Policy B-14.3 Employee Tuberculin Skin Testing

New Business

- Policy B-14.07 Immunizations - VAERS reporting: Attachment F (reporting form0
- Policy B-14.26 Gastro-Intestinal Illness – Attachments D, E, & F (Control Measures for Norovirus)

Policy Review

- B-14.10 through B-14.19 - None

Adjourn

- Next Meeting – August 12, 2010
- Policies to be reviewed are B-14.20 through B-14.25

Joint Dental Work Group

Chair: Dr. Billy Horton

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

Meeting Date: July 7, 2010

Key Activities:

- Approval of Minutes, District Director Meeting
- Dental Hygiene Manager Update
- Eastern Sector Dental Services Update
- Adjournment

Joint Mortality and Morbidity Committee

Chair: Dr. Robert Williams

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

Purpose:

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

Meeting Dates:

- March, 2010 (review of 64 cases)
- April, 2010 (review of 38 cases)
- May, 2010 (review of 44 cases)

Joint Nursing Work Group

Chair: Michael Jones, RN

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

Meeting Date: August 11, 2010

Key Activities:

- Infirmary Committee Update
- Peer Review Update
- Nursing Practices for Each Universities
- RM04 Injury Report
- CID Vaccine Documentation

- PHI and Wardens List of Designees
- Nurse Vacancies
- Safe Harbor
- OR Questions
- Body Cavity Searches
- Safety Committee
- Meeting Frequency



CORRECTIONAL MANAGED HEALTH CARE

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

Allen R. Hightower
Executive Director

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

Date: August 23, 2010

From: Allen Hightower, Executive Director

Subject: Executive Director's Report

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

Legislative Appropriations Request Process:

To meet budget request submission deadlines, CMHCC staff worked with the partner agencies to solicit input and supporting data used to formulate the FY 2012-2013 Legislative Appropriations Request (LAR). CMHCC staff provided this input to the TDCJ Budget staff. We will be providing an overview of the budget request at the September CMHCC meeting.

Joint Budget Hearing:

A joint public hearing on the budget submission will be set by the staff of the Legislative Budget Board (LBB) and the Governor's Budget Office in the very near future. This hearing is normally co-chaired by staff of the LBB and Governor's Budget Office. Primary purposes of the meeting are to outline the request; provide an opportunity for LBB and the Governor's Budget staff to ask questions; and, offer members of the public an opportunity to comment on the request.

In addition, legislative committees will soon begin to schedule meetings for an overview of the LAR.

Meeting with the State Auditors:

As mentioned at our last meeting, the State Auditor's Office continues their audit of the Correctional Managed Health Care program.

The audit objectives are as follows:

- 1.) Examine the deficit reported by the CMHCC for FY 2009; the projected shortfall reported by the committee for the FY2010-2011 biennium; and, any projected shortfall reported in the Committee's Legislative Appropriations Request for FY 2012 and FY 2013.
- 2.) Follow-up on selected recommendations in State Auditor's Office Report No. 07-17 (March 2007), an audit report CMHC funding requirements.

The audit should be completed in October with the report issued in November 2010.

LBB Staff with Questions of CMHCC:

The LBB staff has been working at getting a better understanding and being able to discern between tasks of the committee members; those of support staff; and those of the contracting parties. CMHCC spent several days responding to their questions.

ARH:sh

Correctional Managed Health Care Committee

Key Statistics Dashboard

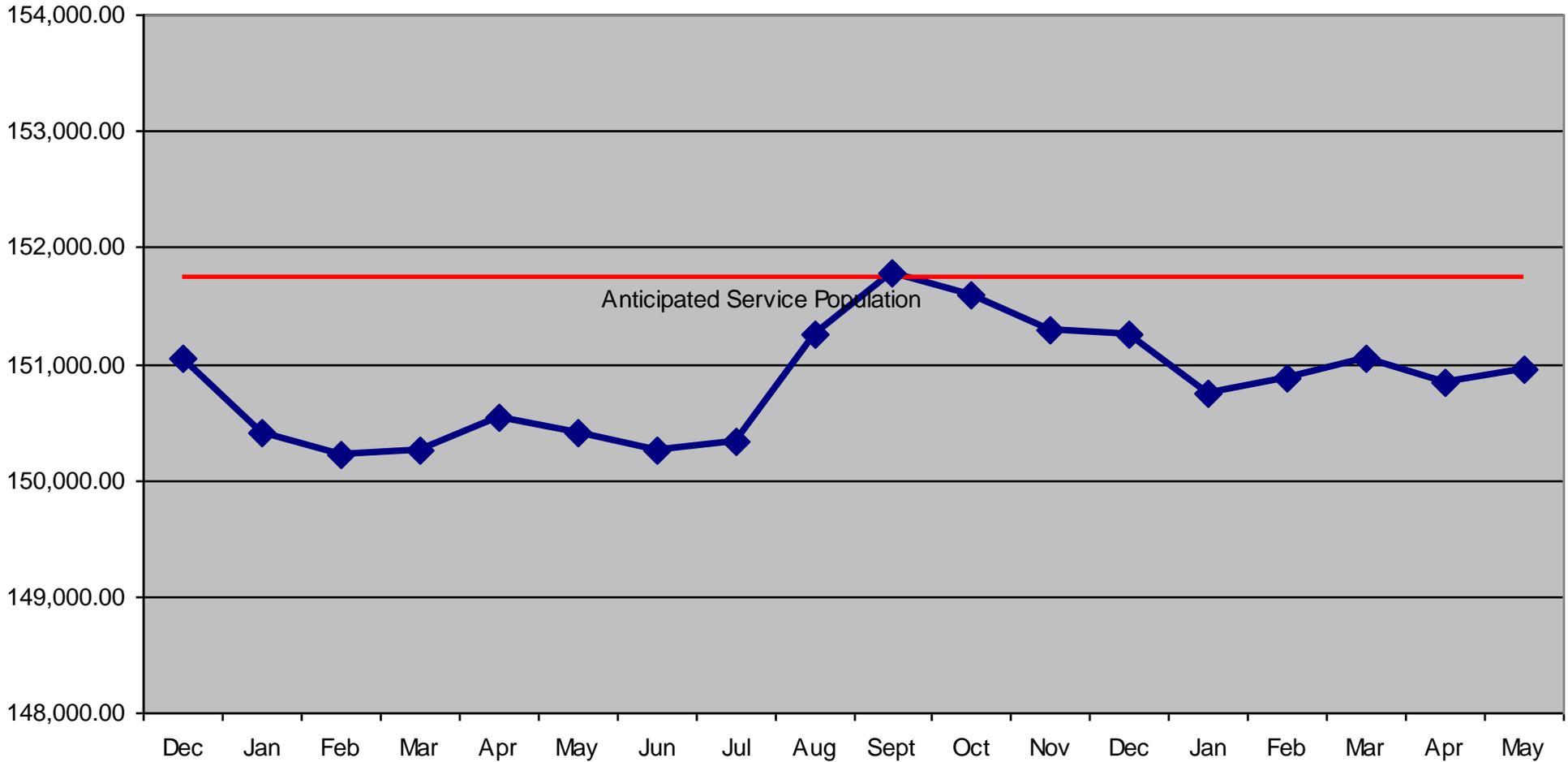
September 2010

*Correctional Managed
Health Care*



TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER

CMHC Service Population FY 2009-2010 to Date



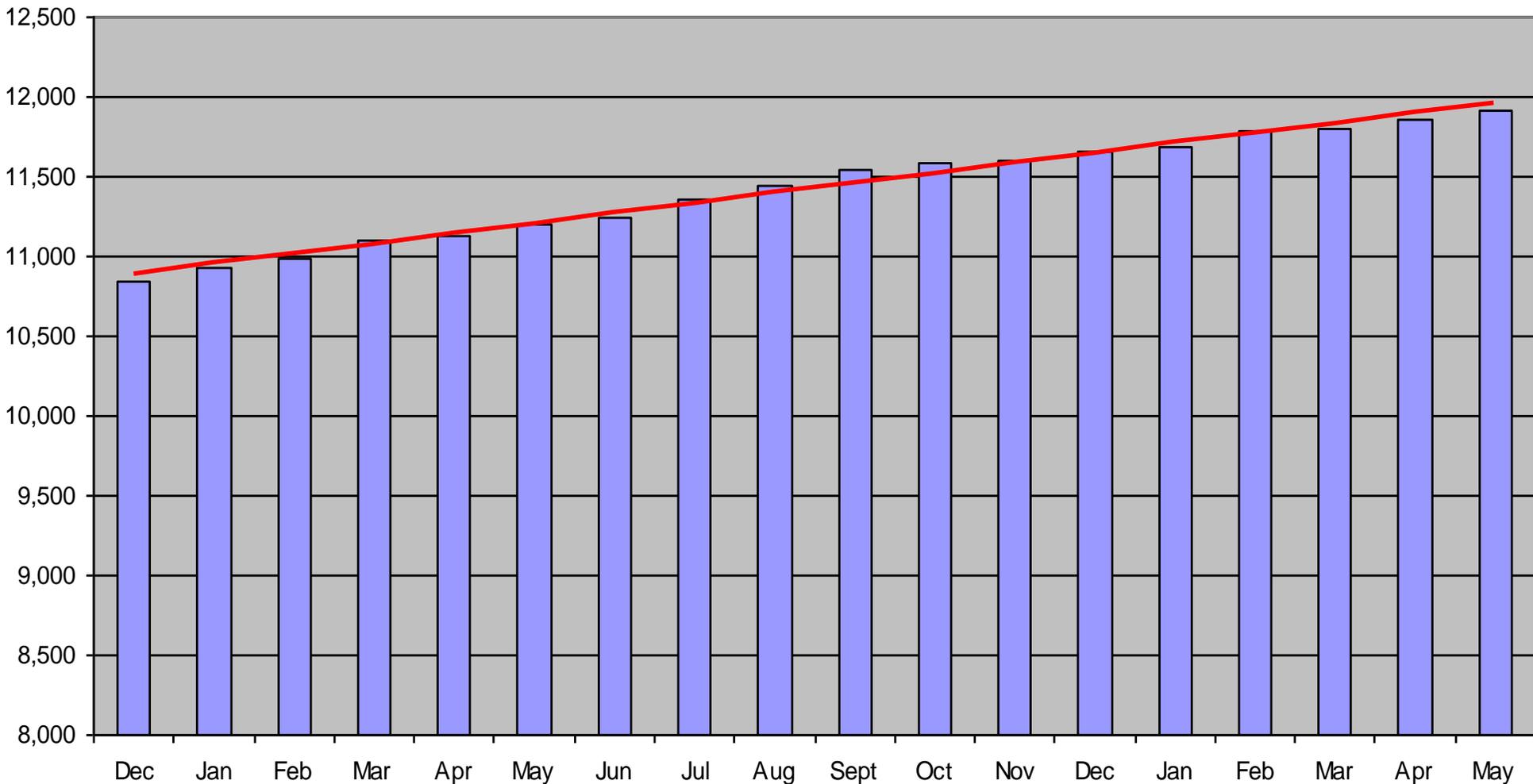
Correctional Managed

Health Care



TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER

Offenders Age 55+ FY 2009-2010 to Date



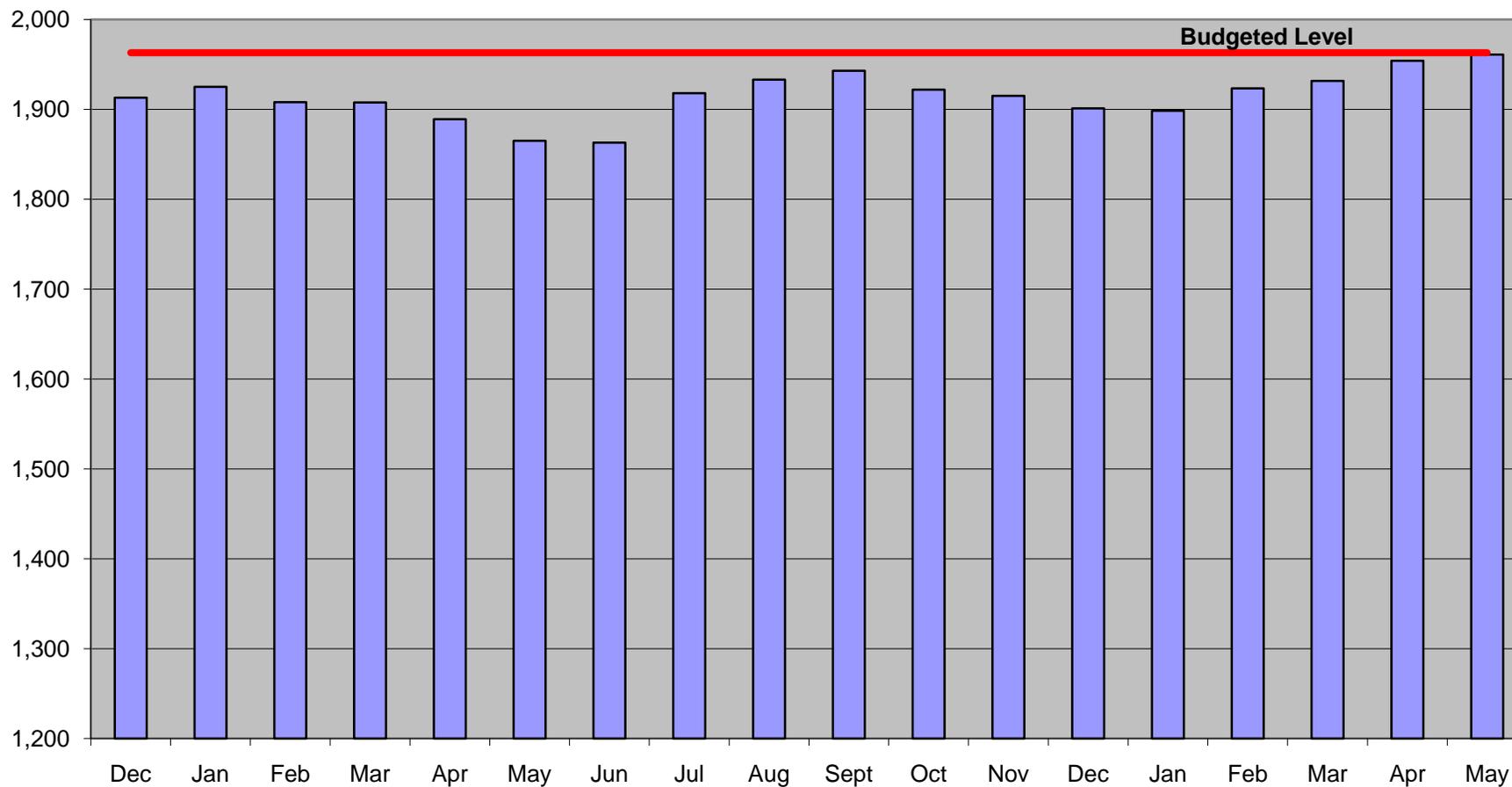
Correctional Managed

Health Care



TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER

Psychiatric Inpatient Census



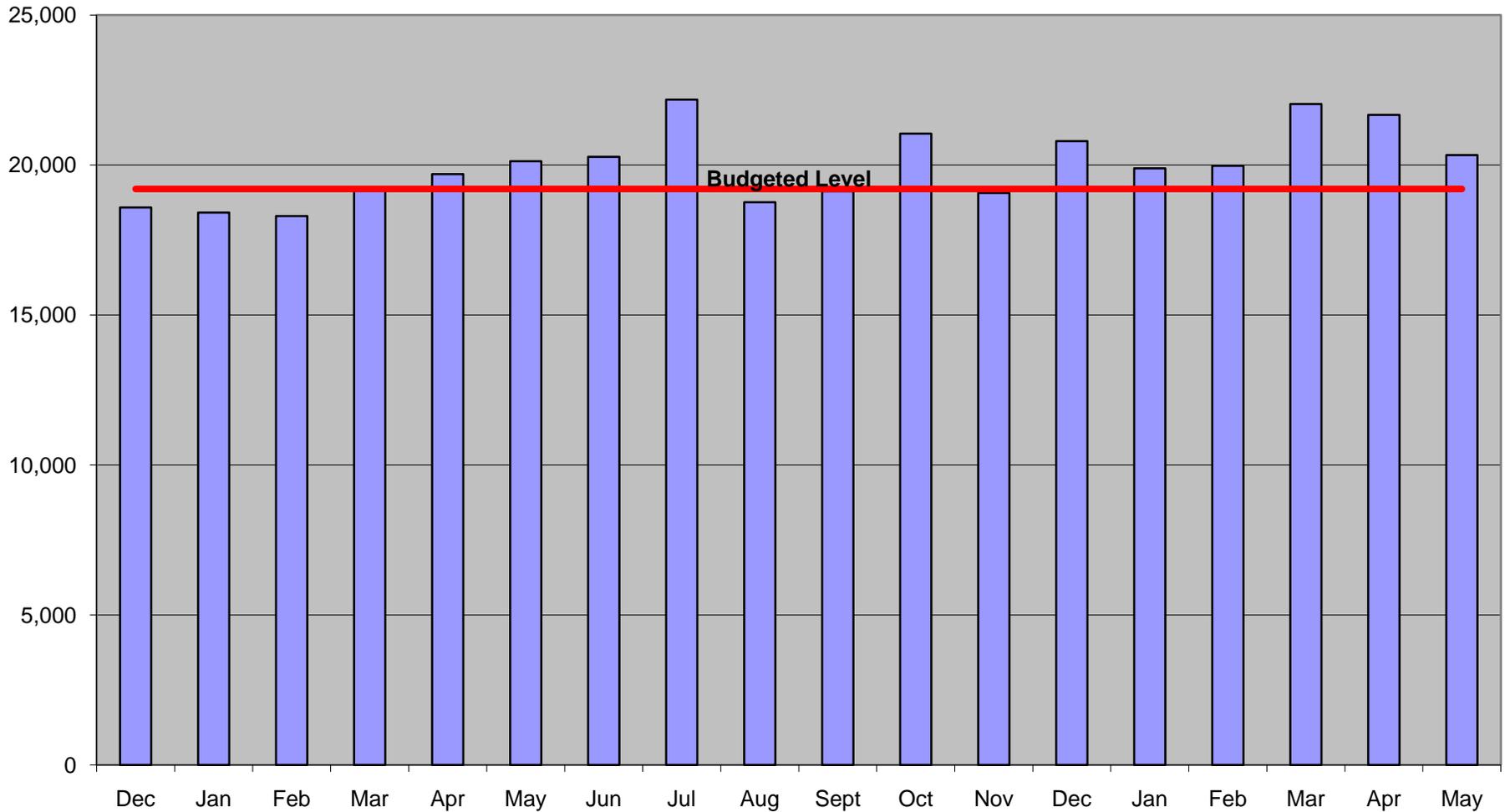
Correctional Managed

Health Care



TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER

Psychiatric Outpatient Census



Correctional Managed

Health Care



TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER

TDCJ MENTAL HEALTH CENSUS BY GENDER

March-10	AVERAGE DAILY POPULATION		UNIQUE ENCOUNTERS	LAST DAY CENSUS	
Facility	Inpatient	MROP	Outpatient	Male	Female
SKYVIEW	498.19			443.00	47.00
JESTER IV	475.19			471.00	9.00
MT. VIEW	17.19				17.00
GATESVILLE (Valley)		86.87			87.00
HODGE		600.48		600.00	
CASELOAD			18,229.00	14,640.00	2,602.00
	990.57	687.35	18,229.00		

April-10	AVERAGE DAILY POPULATION		UNIQUE ENCOUNTERS	LAST DAY CENSUS	
Facility	Inpatient	MROP	Outpatient	Male	Female
SKYVIEW	498.97			451.00	50.00
JESTER IV	484.53			490.00	9.00
MT. VIEW	17.73				18.00
GATESVILLE (Valley)		85.63			86.00
HODGE		605.87		606.00	
CASELOAD			18,006.00	14,555.00	2,435.00
	1,001.23	691.50	18,006.00		

May-10	AVERAGE DAILY POPULATION		UNIQUE ENCOUNTERS	LAST DAY CENSUS	
Facility	Inpatient	MROP	Outpatient	Male	Female
SKYVIEW	510.84			457.00	53.00
JESTER IV	499.87			492.00	13.00
MT. VIEW	19.45				19.00
GATESVILLE (Valley)		89.39			89.00
HODGE		618.77		619.00	
CASELOAD			16,897.00	13,580.00	2,312.00
	1,030.16	708.16	16,897.00		

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

*Correctional Managed
 Health Care*



TEXAS TECH UNIVERSITY
 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 Triaged with 48 hrs (72 hrs Fri & Sat)
- #5 Mental Health (MH) Chief Complaint Documented in the MR at Time of Triage
- #6 Referred Outpatient MH Status Offenders seen within 14 days of Referral/Triage
- #7 SCR for Medical Services Physically Triaged within 48 hrs (72 hrs Fri & Sat)
- #8 Medical Chief Complaint Documented in MR at time of triage
- #9 Referrals to MD, NP or PA seen within 7 days of receipt of SCR

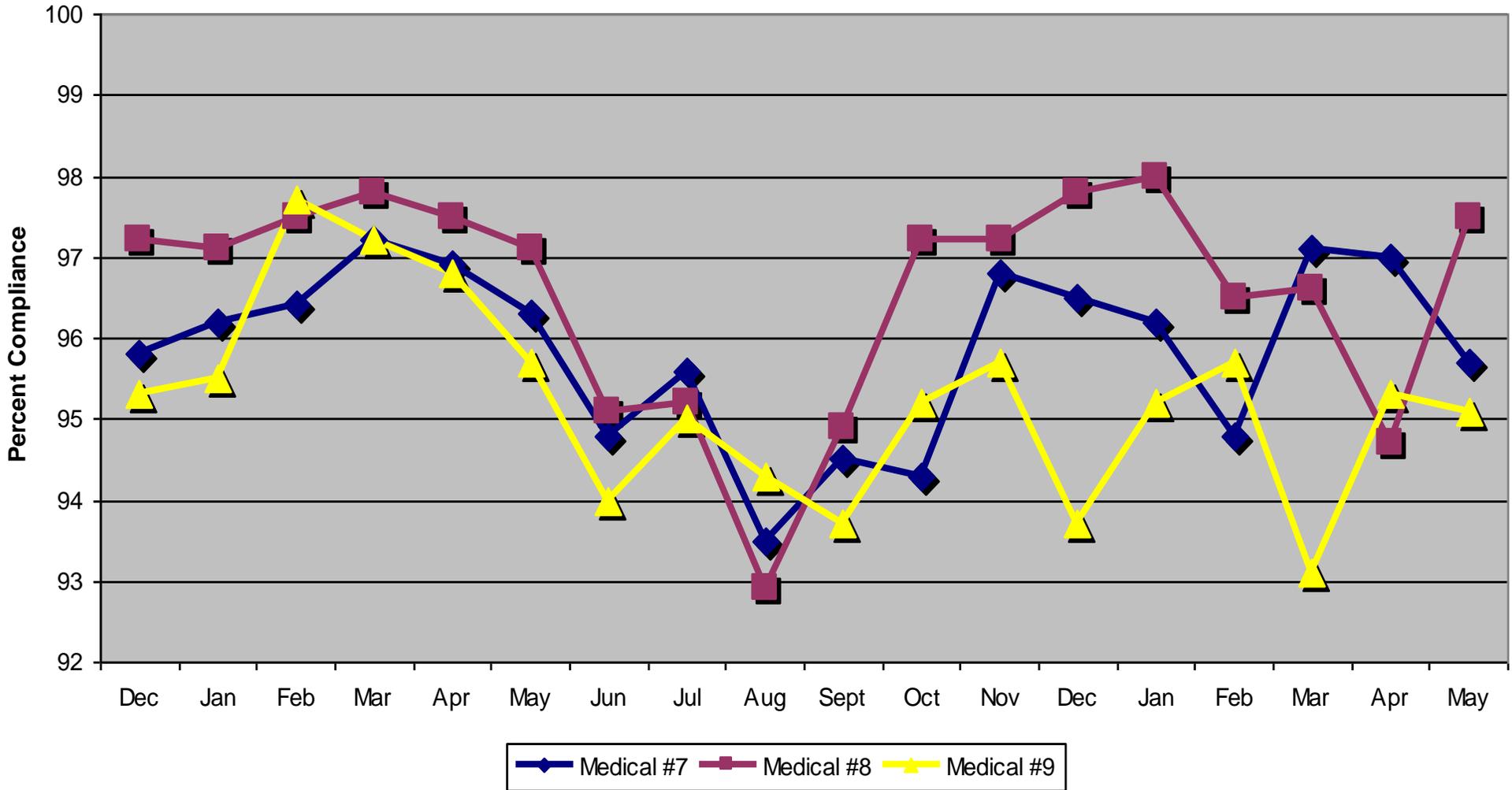
Correctional Managed

Health Care



TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER

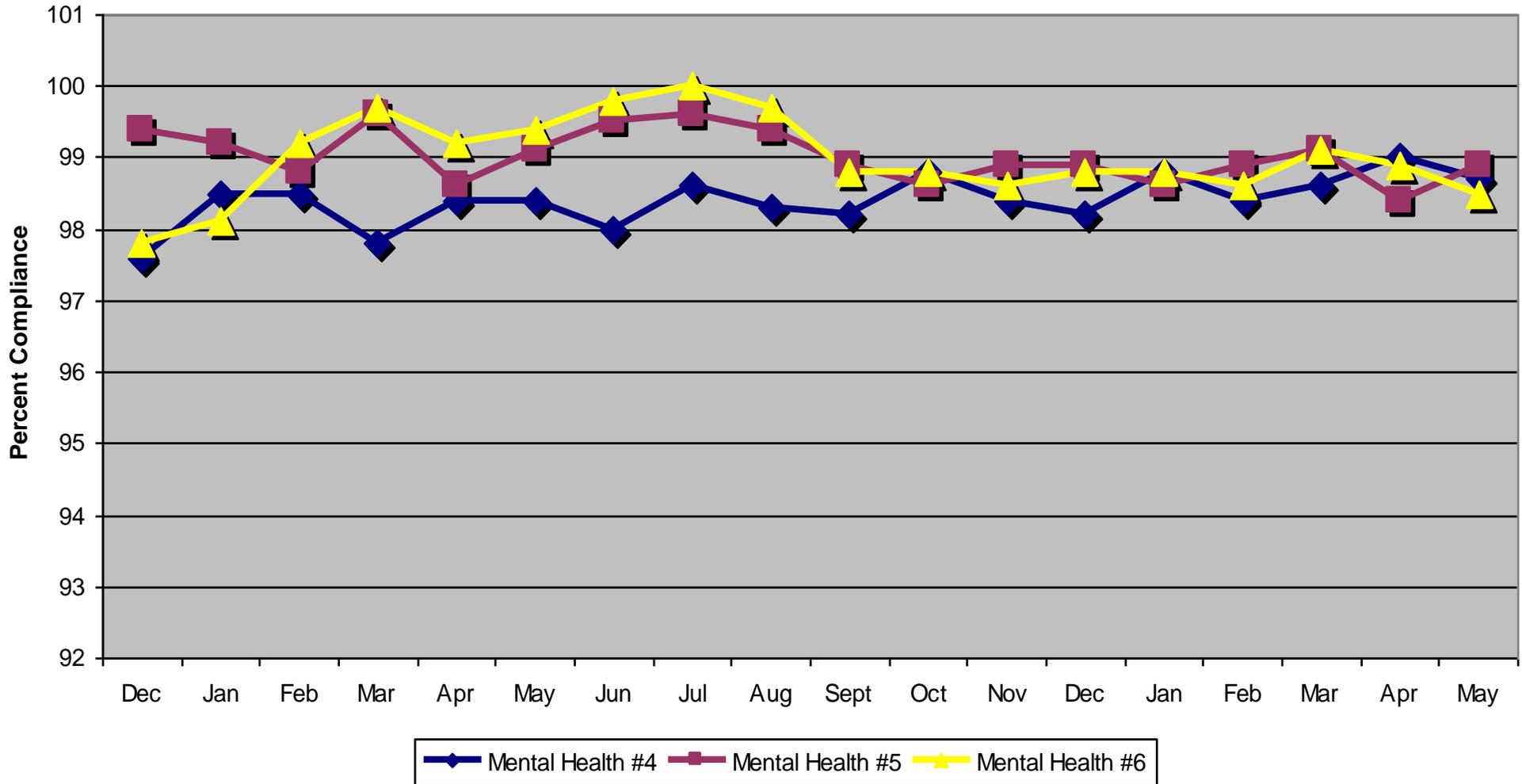
Medical Access to Care Indicators FY 2009-2010 to Date



*Correctional Managed
Health Care*



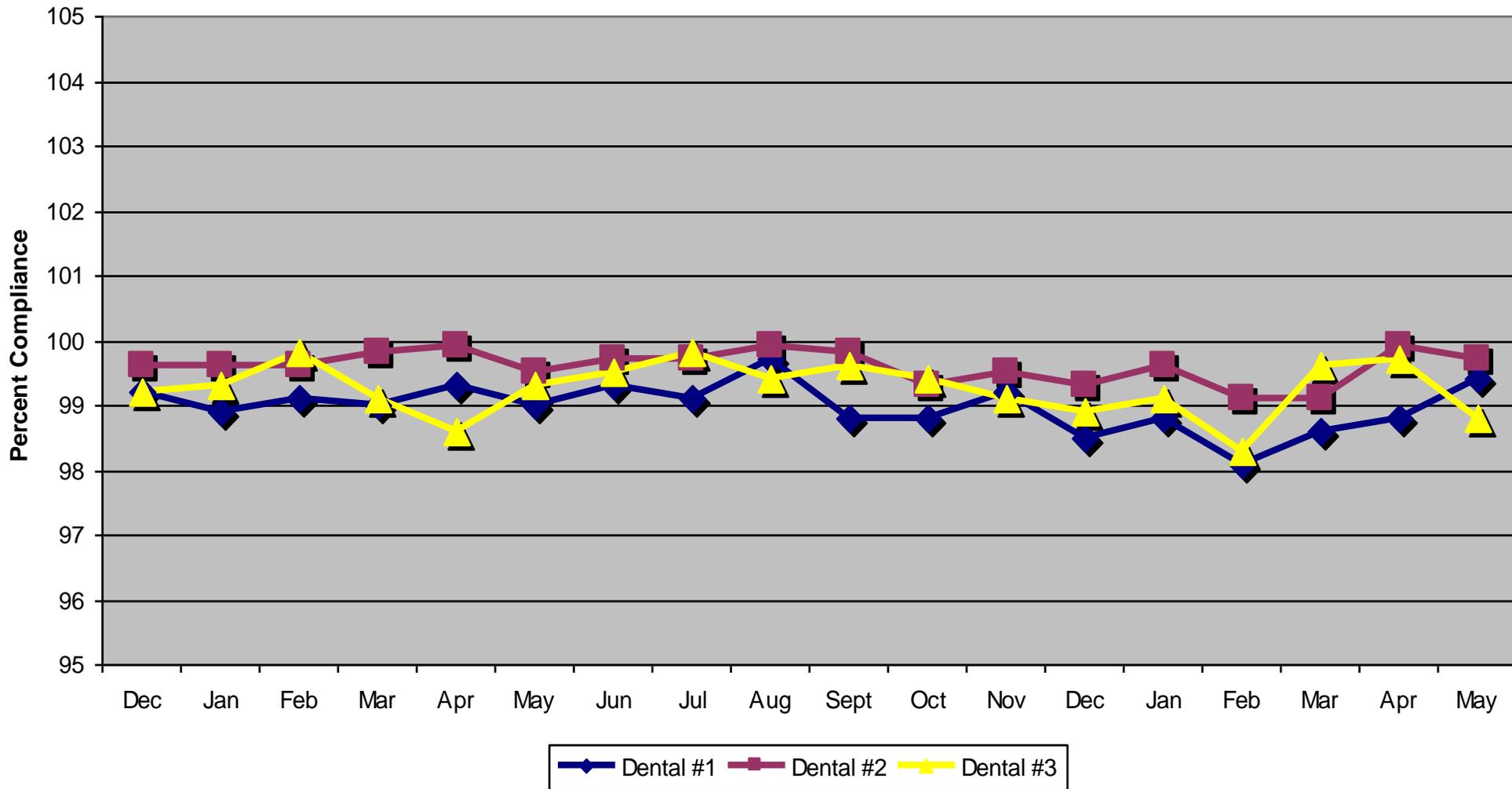
Mental Health Access to Care Indicators FY 2009-2010 to Date



*Correctional Managed
Health Care*



Dental Access to Care Indicators FY 2009-2010 to Date



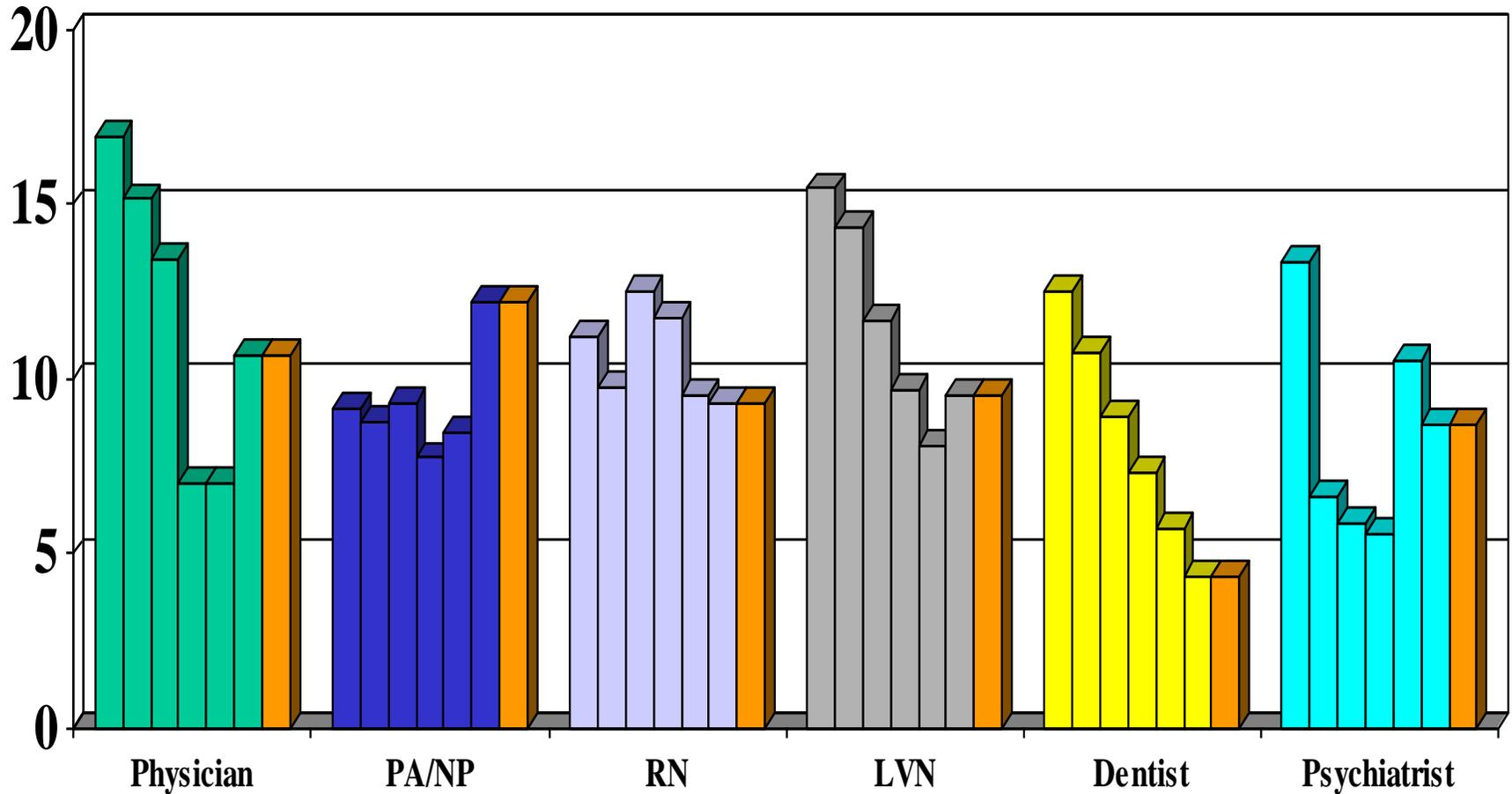
Correctional Managed

Health Care



TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER

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



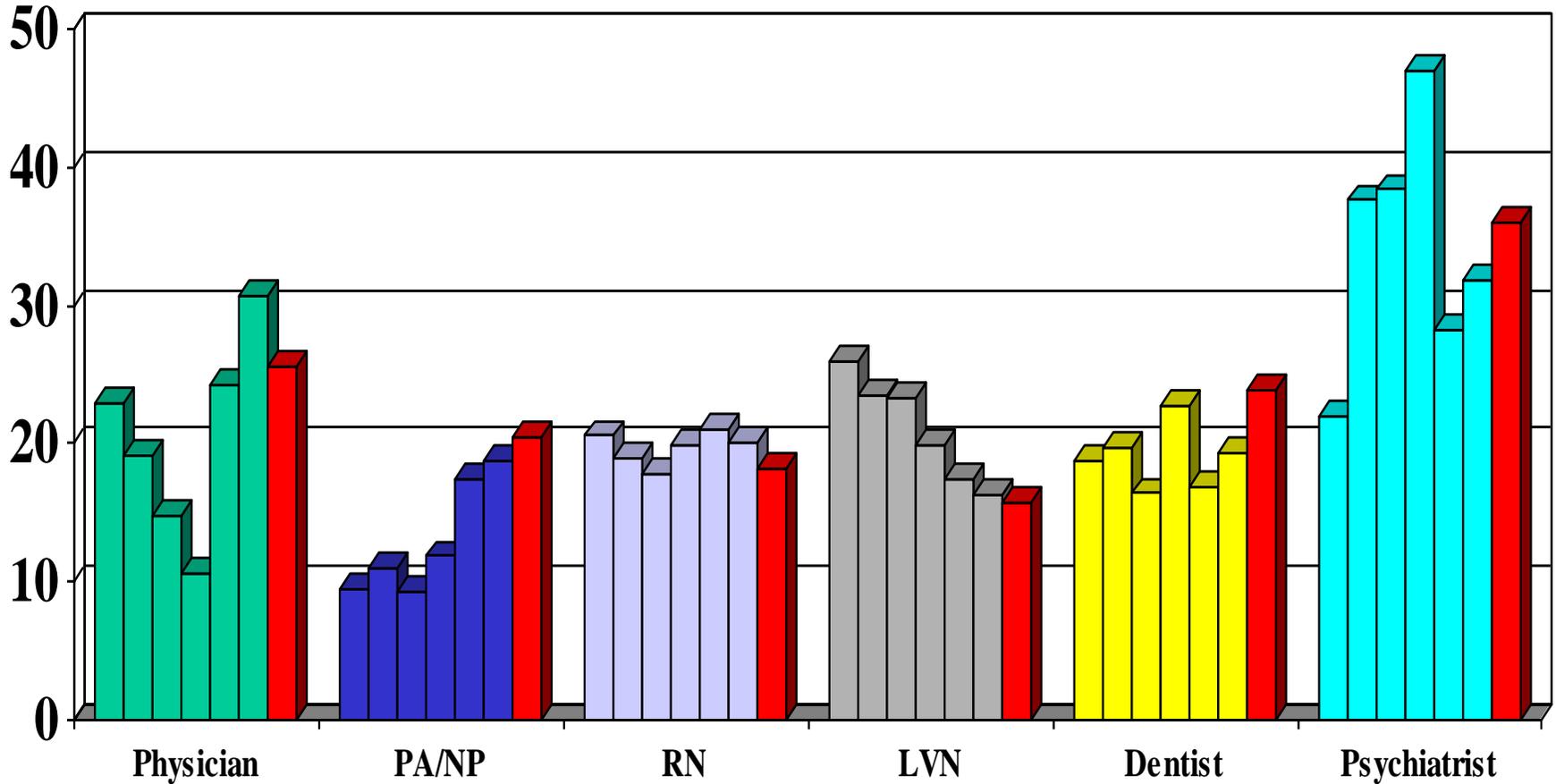
Correctional Managed

Health Care



TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER

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



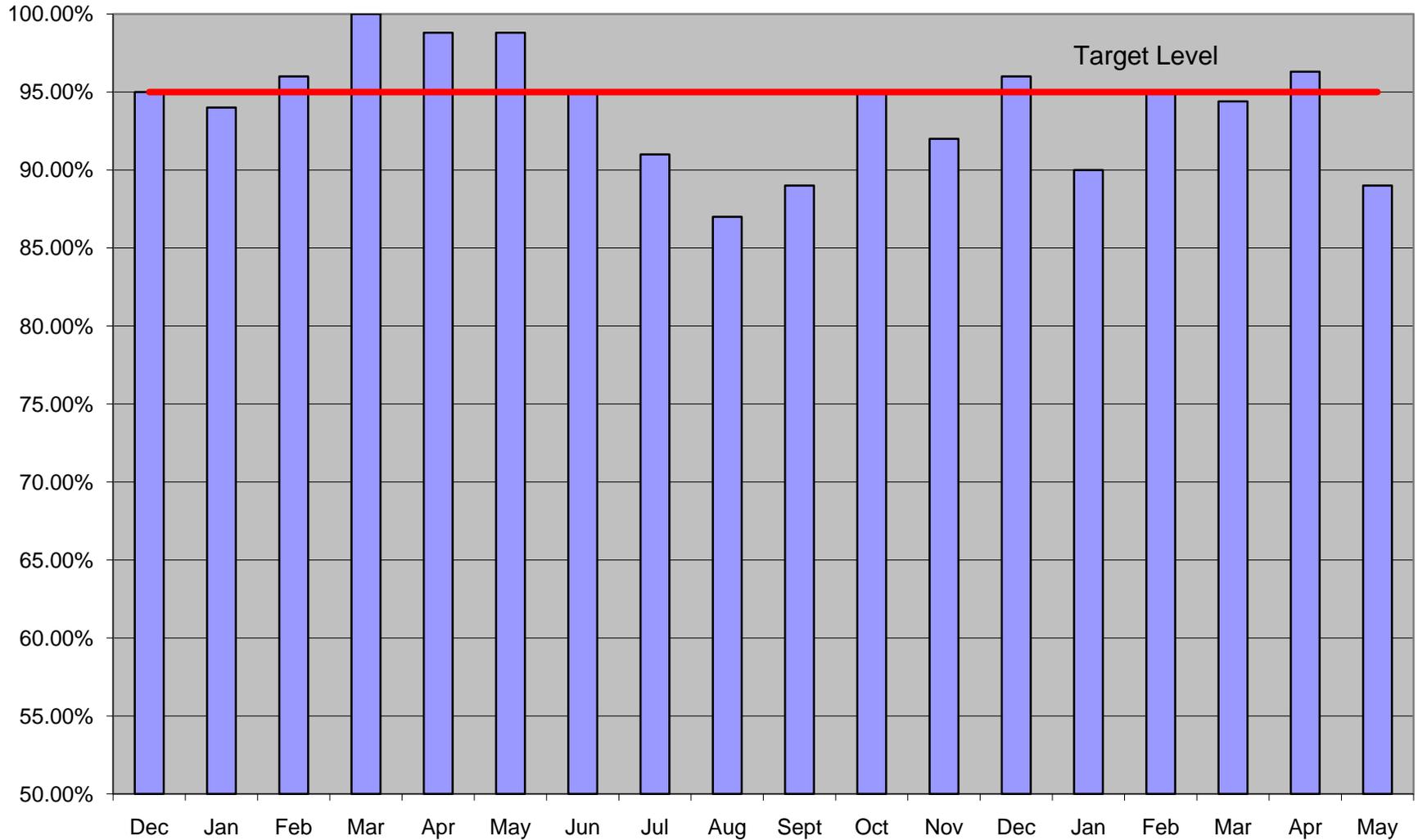
Correctional Managed

Health Care



TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER

Percent of Timely MRIS Summaries FY 2009-2010



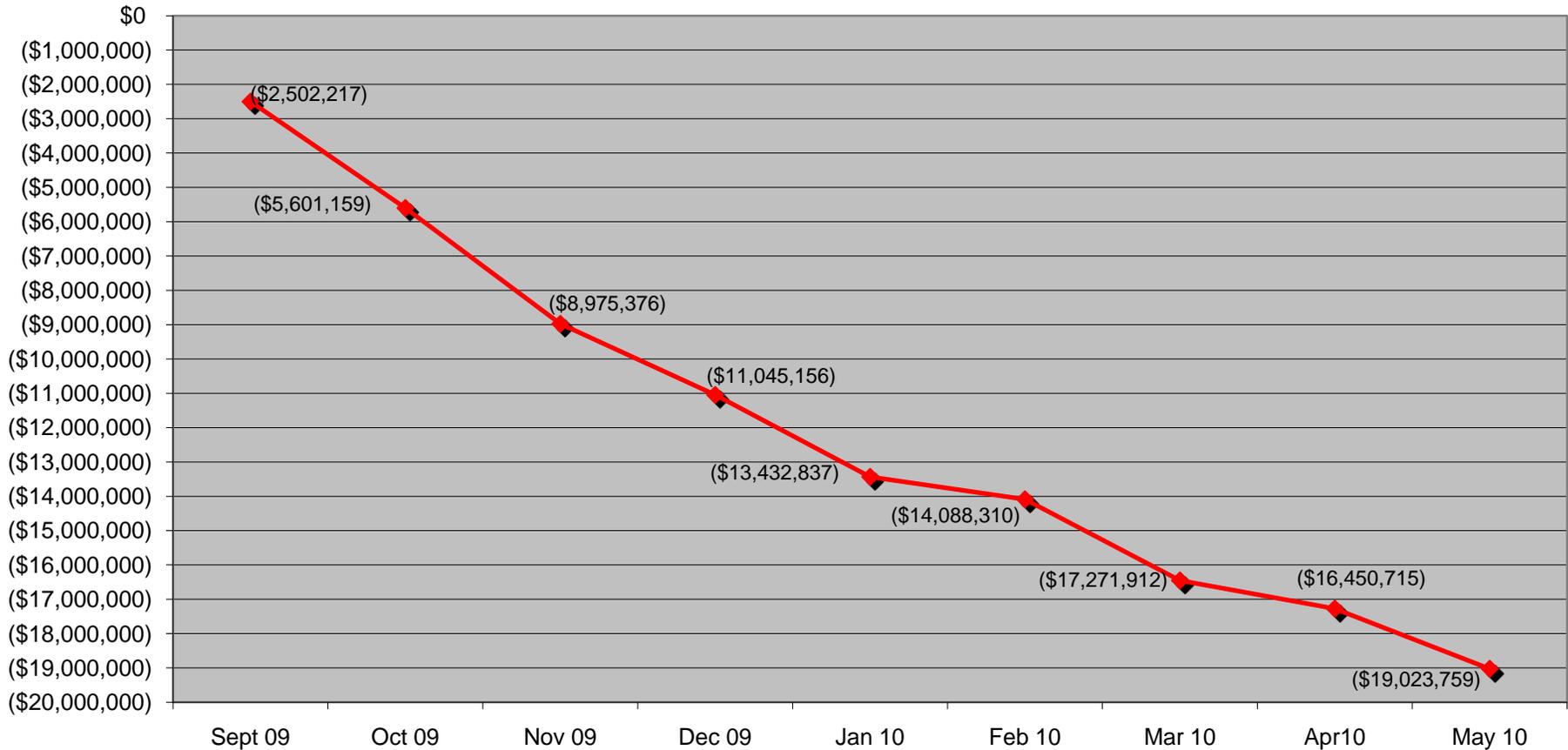
Correctional Managed

Health Care



TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER

Statewide Cumulative Loss/Gain FY 2010



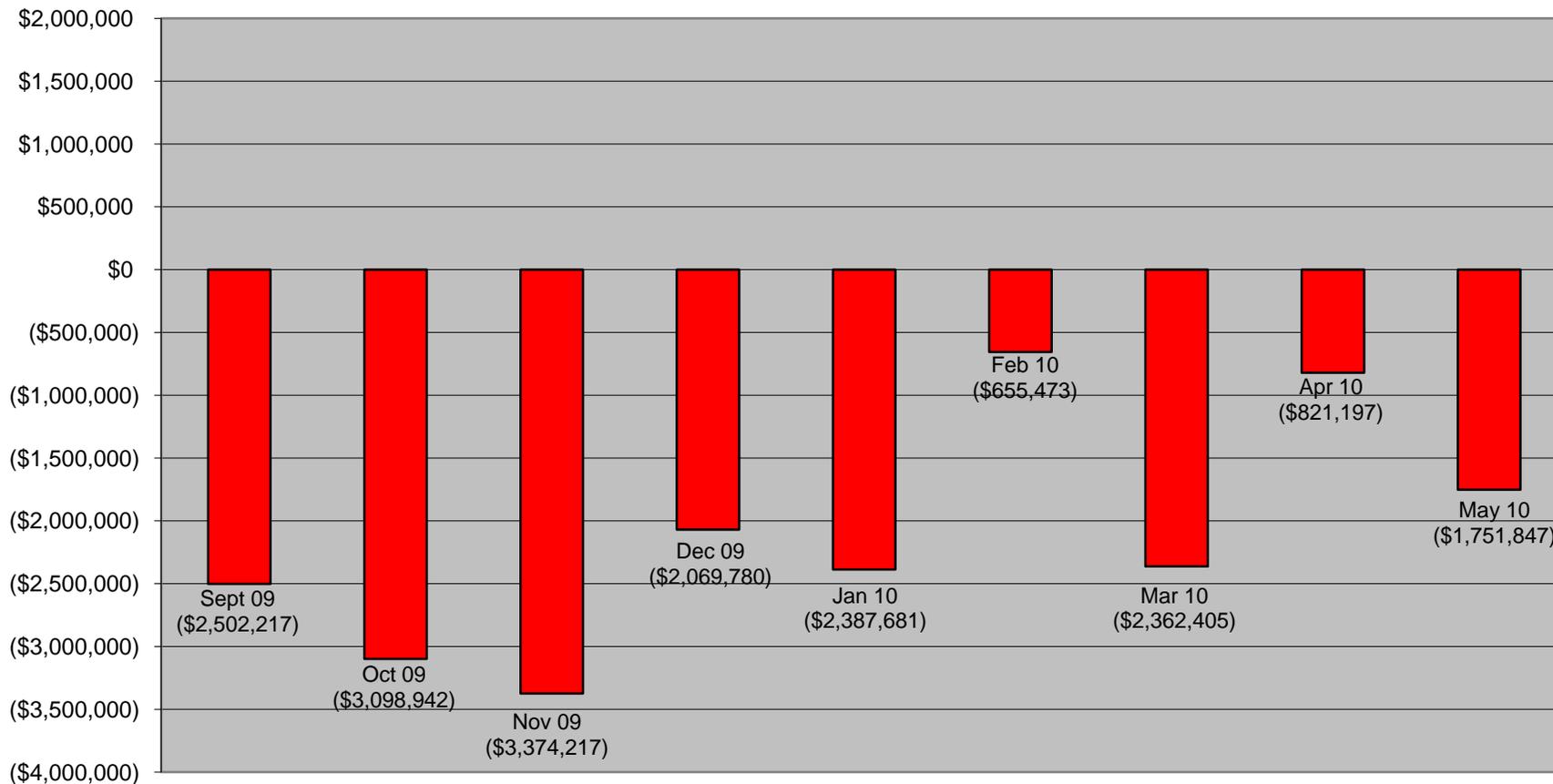
Correctional Managed

Health Care



TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER

Statewide Loss/Gain by Month FY 2010



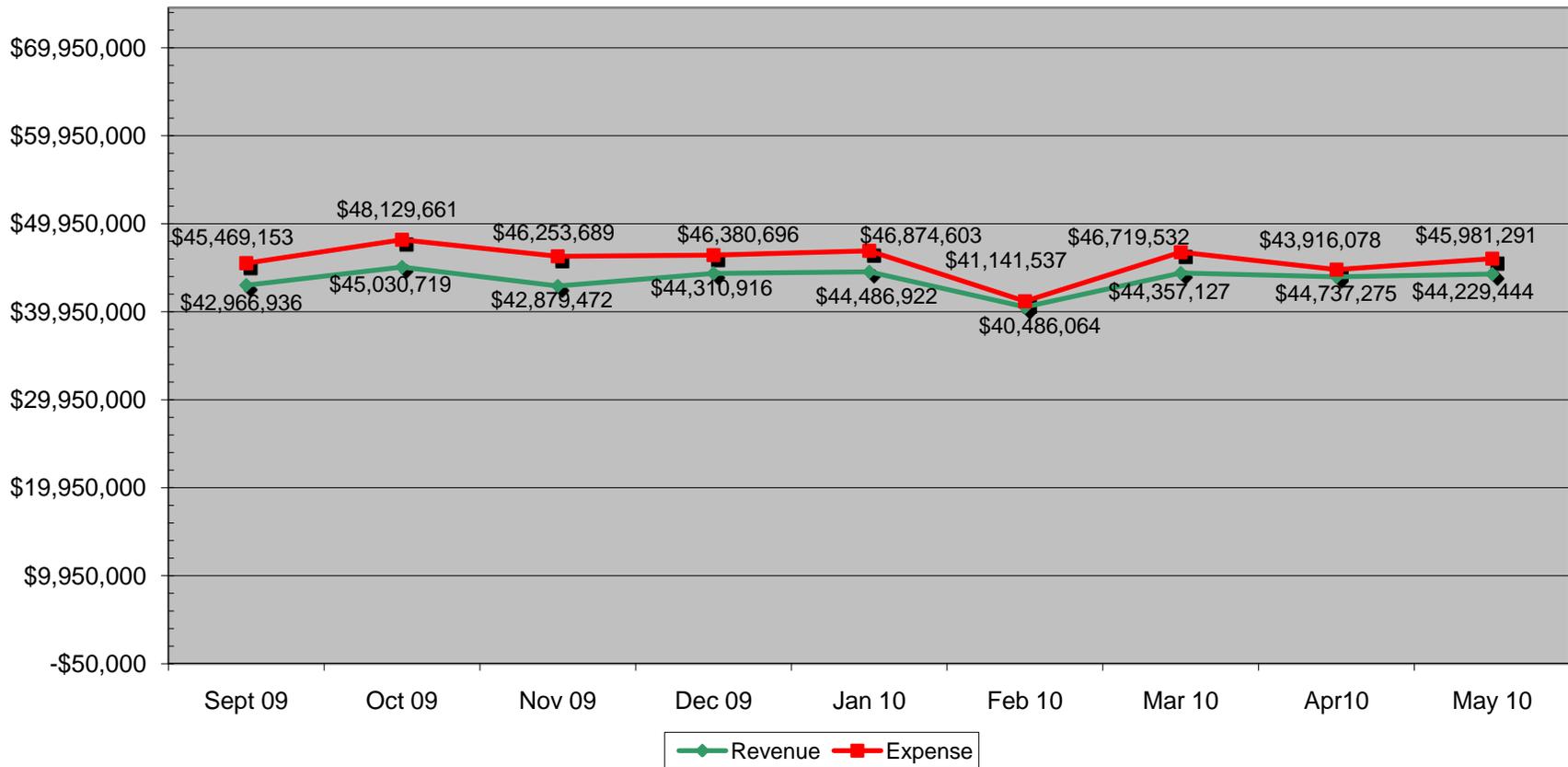
Correctional Managed

Health Care



TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER

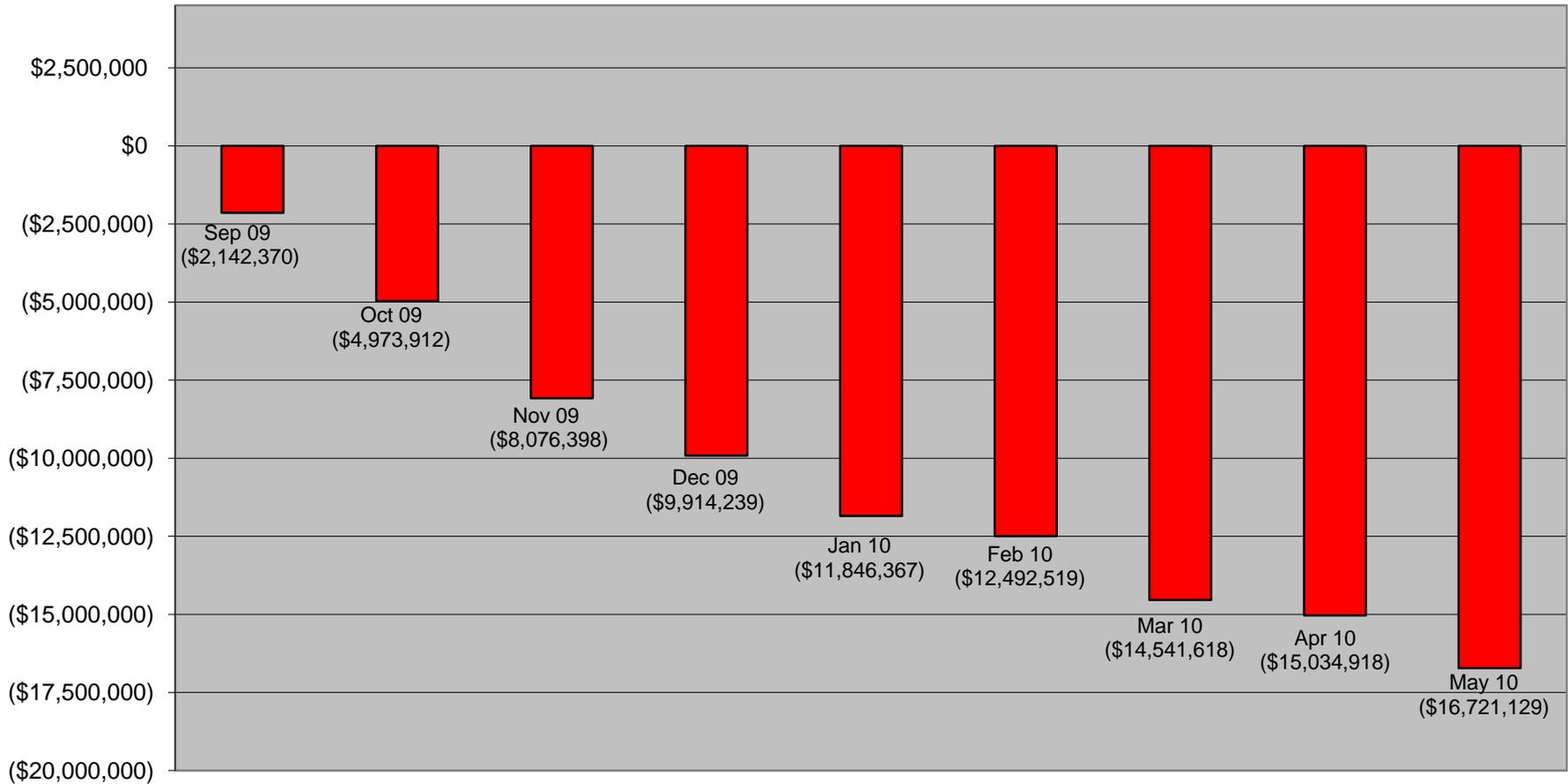
Statewide Revenue v. Expenses by Month FY 2010



*Correctional Managed
Health Care*



UTMB Cumulative Loss/Gain FY 2010



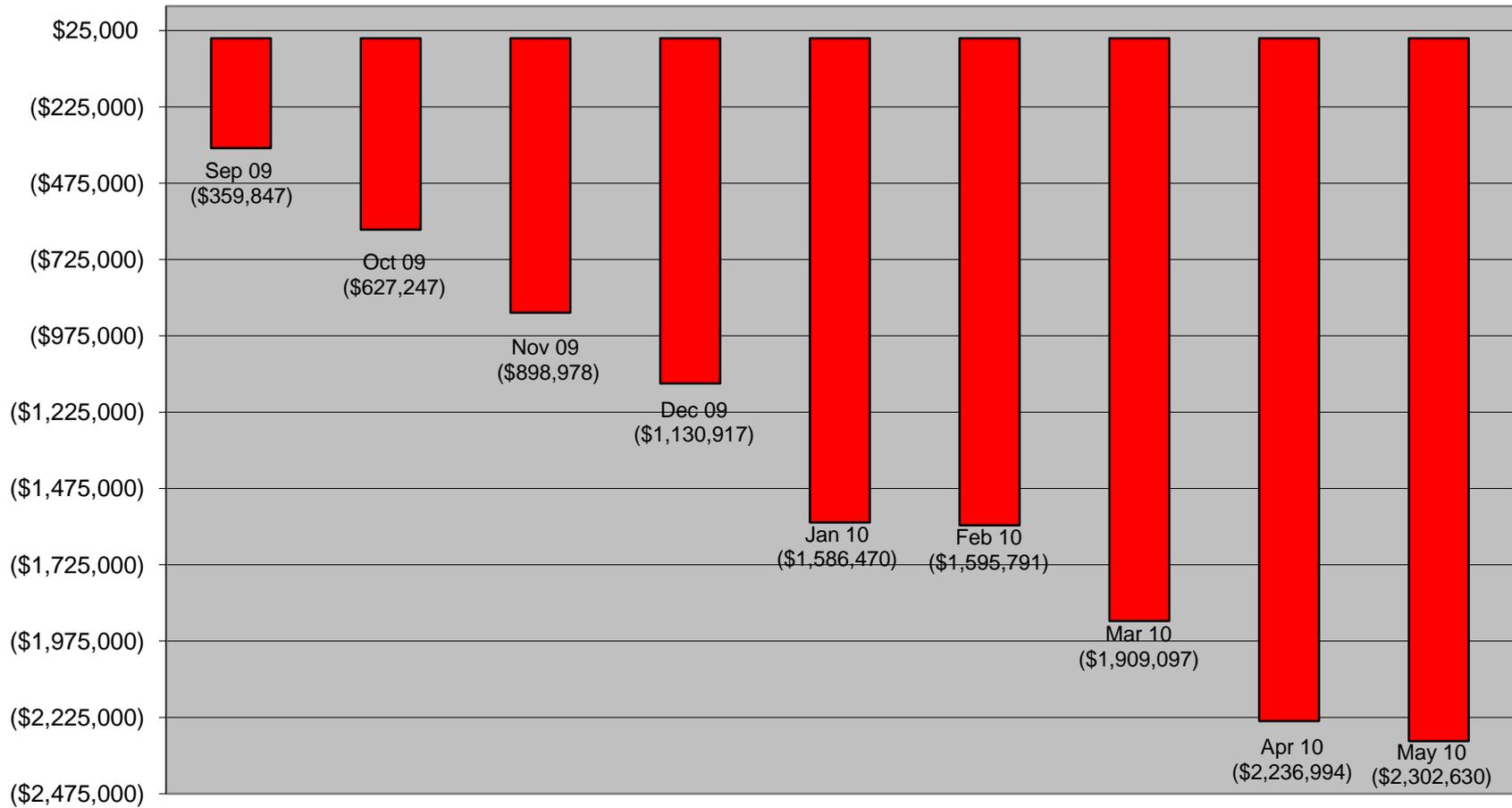
Correctional Managed

Health Care



TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER

TTUHSC Cumulative Loss/Gain FY 2010



Correctional Managed

Health Care



TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER

Correctional Managed Health Care Committee

Overview of FY 2012 - 2013 Legislative Appropriations Request

September 2010

*Correctional Managed
Health Care*



TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER

FY 2010 - 2011 Estimated Expenditures

Description	FY 2010 Estimated	FY2011 Estimated	FY10 - 11 Estimated
C.1.7 Psychiatric Care			
SB1 Appropriations	\$ 41,371,519	\$ 41,371,519	\$ 82,743,038
Estimated SAR	\$ 150,000	\$ 2,256,230	\$ 2,406,230
Estimated Total	\$ 41,521,519	\$ 43,627,749	\$ 85,149,268
C.1.8 Managed Health Care Unit Care			
SB 1 Appropriations	\$ 206,577,276	\$ 197,564,468	\$ 404,141,744
Estimated SAR	\$ 150,000	\$ 8,914,412	\$ 9,064,412
Estimated Total	\$ 206,727,276	\$ 206,478,880	\$ 413,206,156
C.1.9 Managed Health Care Hospital Care			
SB1 Appropriation	\$ 168,531,084	\$ 171,325,804	\$ 339,856,888
Estimated SAR	\$ 19,575,269	\$ 27,615,020	\$ 47,190,289
Estimated Total	\$ 188,106,353	\$ 198,940,824	\$ 387,047,177
C.1.10 Managed Health Care Pharmacy			
SB1 Appropriation	\$ 49,890,620	\$ 53,197,671	\$ 103,088,291
Estimated SAR	\$ 3,796,289	\$ 7,470,164	\$ 11,266,453
Estimated Total	\$ 53,686,909	\$ 60,667,835	\$ 114,354,744
Total Correctional Health Care Estimate	\$ 490,042,057	\$ 509,715,288	\$ 999,757,345

FY 2012 - 2013
Adjusted Base after 5% Reduction

Description	FY 2012		FY2013	
C.1.7	\$	39,302,943	\$	39,302,943
C.1.8	\$	197,331,924	\$	188,720,418
C.1.9	\$	161,091,899	\$	163,730,843
C.1.10	\$	47,636,301	\$	50,822,980
	\$	445,363,067	\$	442,577,184

Total **\$887,940,251**

Texas Department of Criminal Justice

LAR 2012 -2013 Exceptional Item Summary

Correctional Managed Health Care

Strategy: C.1.7; C.1.8; C.1.9 & C.1.10 Correctional Managed Health Care

The Correctional Managed Health Care funding, designed to address the pressing resource needs of the correctional health care program, is detailed as follows:

Priority	Description	FY 2012	FY 2013
1	Recover 5% Adjusted Base Reduction	\$ 20.9	\$ 20.9
2	Adjustment to Base to Reflect Required Cost	\$ 77.9	\$ 111.9
3	Increased Hosp/Spec Care Costs	\$ 1.0	\$ 2.0
4	Pharmacy & Drug Increases	\$ 0.5	\$ 1.0
5	Critical Capital Equipment Replacement	\$ 6.5	\$ 5.3
6	Expanded Training & Education	\$ 1.4	\$ 1.4
7	Marlin Medical Facility	\$ 5.8	\$ 7.0
TOTALS		\$ 114.0	\$ 149.5

According to CMHC, continued funding of the \$41.8 million under item #1 is critical to ensure effective overall quality of care within the system. This required funding maintains operations and delivers the level of services required by minimum standards. Additionally, \$189.8 million in item #2 is requested to bring the base level of funding to the level of expense actually incurred for the delivery of services. Funding less than this level will require elimination of services within the system. University providers have significantly reduced the levels of service for many healthcare components and are encountering significant difficulties in the ability to recruit and retain the professional staff necessary to provide quality care at TDCJ facilities. Aging of the prison population continues to exert significant upward pressure on both the level of services required and the cost of these services. As a result, hospital and specialty care costs are estimated to increase about \$3 million. Pharmacy expenses have historically been low, however, the cost of medications have increased mainly due to the cost of chemotherapy drugs. Therefore, \$1.5 million is required to offset increased pharmacy and drug costs. The correctional health care program is also facing critical capital equipment needs for x-ray, dialysis, dental chairs and other equipment estimated to total \$11.8 million. Funding for expanded training and education will require \$2.8 million. Finally, an additional \$12.9 is requested this biennium for the Marlin Medical Facility which when completed will provide over 200 medical, geriatric sheltered housing, nursing home and assisted living offender beds.

LAR Information FY 12 - 13

Priority	Description	FY 2012	FY2013	Biennium
1	Recover 5% Adjusted Base Reduction			
	UTMB	\$ 15,992,524	\$ 15,867,370	\$ 31,859,894
	TTUHSC	\$ 4,981,453	\$ 4,981,453	\$ 9,962,906
	CMHCC	\$ 33,455	\$ 33,455	\$ 66,910
	Total	\$ 21,007,432	\$ 20,882,278	\$ 41,889,710
2	Adjustment to Base to Reflect Required Cost (SAR)			
	UTMB	\$ 42,255,826	\$ 42,255,826	\$ 84,511,652
	TTUHSC	\$ 4,000,000	\$ 4,000,000	\$ 8,000,000
	Total	\$ 46,255,826	\$ 46,255,826	\$ 92,511,652
	(Adjustment to Base)			
	UTMB	\$ 31,593,730	\$ 65,619,708	\$ 97,213,438
	Total	\$ 77,849,556	\$ 111,875,534	\$ 189,725,090
3	Increased Hospital / Specialty Care Costs			
	TTUHSC	\$ 1,000,000	\$ 2,000,000	\$ 3,000,000
4	Pharmacy & Drug Increase			
	TTUHSC	\$ 500,000	\$ 1,000,000	\$ 1,500,000
5	Critical Capital Equipment Replacement			
	UTMB	\$ 4,653,217	\$ 3,438,450	\$ 8,091,667
	TTUHSC	\$ 1,831,750	\$ 1,831,750	\$ 3,663,500
	Total	\$ 6,484,967	\$ 5,270,200	\$ 11,755,167
6	Expanded Training & Education			
	UTMB	\$ 1,400,000	\$ 1,400,000	\$ 2,800,000
7	Marlin Medical Facility			
	UTMB	\$ 5,846,756	\$ 7,026,321	\$ 12,873,077
	Grand Totals			
	UTMB	\$ 101,742,053	\$ 135,607,675	\$ 237,349,728
	TTUHSC	\$ 12,313,203	\$ 13,813,203	\$ 26,126,406
	CMHCC	\$ 33,455	\$ 33,455	\$ 66,910
	Total	\$ 114,088,711	\$ 149,454,333	\$ 263,543,044

FY 2012 - 2013
Legislative Appropriations Request Summary
Correctional Managed Health Care

Description	FY 2012 Estimated	FY2013 Estimated	FY12- 13 Estimated
C.1.7 Psychiatric Care			
Baseline in LAR	\$ 39,302,943	\$ 39,302,943	\$ 78,605,886
Recover 5% Adjusted Base Reduction	\$ 2,068,576	\$ 2,068,576	\$ 4,137,152
Adjustment to Base to reflect Required Cost			
(SAR)	\$ 2,256,230	\$ 2,256,230	\$ 4,512,460
(Adjustment to Base)	\$ 6,101,037	\$ 7,653,447	\$ 13,754,484
Total C.1.7	\$ 49,728,786	\$ 51,281,196	\$ 101,009,982
C.1.8 Managed Health Care Unit Care			
Baseline in LAR	\$ 197,331,924	\$ 188,720,418	\$ 386,052,342
Recover 5% Adjusted Base Reduction	\$ 9,245,352	\$ 8,844,050	\$ 18,089,402
Adjustment to Base to reflect Required Cost			
(SAR)	\$ 24,693,731	\$ 24,593,731	\$ 49,287,462
(Adjustment to Base)	\$ 11,473,527	\$ 33,684,828	\$ 45,158,355
Critical Capital Equipment Replacement	\$ 4,299,750	\$ 4,243,750	\$ 8,543,500
Expand Training	\$ 1,400,000	\$ 1,400,000	\$ 2,800,000
Marlin Medical Facility	\$ 5,605,256	\$ 6,704,321	\$ 12,309,577
Total C.1.8	\$ 254,049,540	\$ 268,191,098	\$ 522,240,638
C.1.9 Managed Health Care Hospital Care			
Baseline in LAR	\$ 161,091,899	\$ 163,730,843	\$ 324,822,742
Recover 5% Adjusted Base Reduction	\$ 7,439,185	\$ 7,594,961	\$ 15,034,146
Adjustment to Base to reflect Required Cost			
(SAR)	\$ 9,382,941	\$ 9,382,941	\$ 18,765,882
(Adjustment to Base)	\$ 13,044,796	\$ 23,197,018	\$ 36,241,814
Hospital / Specialty Care	\$ 1,000,000	\$ 2,000,000	\$ 3,000,000
Marlin Medical Facility	\$ 194,250	\$ 259,000	\$ 453,250
Total C.1.9	\$ 192,153,071	\$ 206,164,763	\$ 398,317,834

FY 2012 - 2013
Legislative Appropriations Request Summary
Correctional Managed Health Care

Description	FY 2012 Estimated	FY2013 Estimated	FY12 - 13 Estimated
C.1.10 Managed Health Care Pharmacy Care			
Baseline in LAR	\$ 47,636,301	\$ 50,822,980	\$ 98,459,281
Recover 5% Adjusted Base Reduction	\$ 2,254,319	\$ 2,374,691	\$ 4,629,010
Adjustment to Base to reflect Required Cost (SAR)	\$ 9,922,924	\$ 9,922,924	\$ 19,845,848
(Adjustment to Base)	\$ 974,370	\$ 1,084,415	\$ 2,058,785
Pharmacy & Drugs	\$ 500,000	\$ 1,000,000	\$ 1,500,000
Critical Capital Equipment Replacement	\$ 2,185,217	\$ 1,026,450	\$ 3,211,667
Marlin Medical Facility	\$ 47,250	\$ 63,000	\$ 110,250
Total C.1.10	\$ 63,520,381	\$ 66,294,460	\$ 129,814,841
Total Correctional Health Care	\$ 559,451,778	\$ 591,931,517	\$ 1,151,383,295

Correctional Managed Health Care Narrative Explanation of Exception Items (Medical)

Priority 1	Recover 5% Adjusted Base Reduction	FY 2012: \$20.94M FY 2013: \$20.94M Total: \$41.89M
<p>Discussion: If this 5% reduced base were to become effective there would be a reduction of 346 FTE's. On the UTMB side there would be a major reduction of administrative and ancillary support staff. The TTUHSC would see a reduction in onsite, pharmacy, Regional Medical Facility, psychiatric and offsite care. These reductions by both providers slow the delivery of care, negatively impacting access to care and effecting overall quality of care, increase wait times, decrease provider productivity, increase staff workload and cause failure to meet ACA standards.</p>		

Priority 2	Adjustment to Base to Reflect Required Costs	FY 2012: \$77.85M FY 2013: \$111.85M Total: \$189.73M
<p>Discussion: During the FY 2010 - 2011 biennium, the Correctional Healthcare Program is projecting expenses to outstrip available funding by 23.67 in FY 2010 and 46.26 in FY2011. This priority would incorporate the additional expense level projected in FY 2011 (46.26) into the base funding amount for each year of the 2012 - 2013 biennium. Additionally, \$97,213,438 is requested to bring the base level of funding to the level of expense actually incurred for the delivery of services. Funding less than this level will require elimination of services within the system.</p> <p>The University Providers are posting financial losses on the correctional healthcare contracts as a result of efforts to maintain minimum required levels of healthcare. The providers have already significantly reduced the levels of service for many healthcare components and are encountering significant difficulties in recruiting and retaining professional staff necessary to provide required services. The continued aging of the prison population continues to exert significant upward pressure on both the level of services required and the costs of those services. Without this funding, the current level of services cannot be maintained. To further reduce access or levels of health care services would create serious risks to the health of offenders and subject both the university providers and TDCJ to significant litigation risks.</p>		

Priority 3	Increased Hospital / Specialty Care Costs	FY 2012: \$1.00M FY 2013: \$2.00M Total: \$3.00M
<p>Discussion: Costs related to hospital and specialty care continue to rise nationally. Within the correctional health care program, the increasing number of older offenders within the population, now topping 11,000 has been growing at a rate more than 7.6% per year. The older offender population consumes health care resources at a significantly higher rate. In FY 2010, while comprising only 7.7% of the total population, these offenders accounted for over 35.4% of the hospitalization costs through the second quarter. In order to continue to provide medically necessary hospital and specialty care services, additional funding is necessary. In some areas of the state, the university providers are experiencing increased difficulty finding providers and hospitals willing to serve the offender population at the rates currently being paid.</p>		

Priority 4	Pharmacy and Drug Increases	FY 2012: \$0.50M FY 2013: \$1.00M Total: \$1.50M
<p>Discussion: As with any healthcare delivery system, pharmaceutical costs are a basic expense item. Pharmacy expenses within the correctional health care program have historically been much lower than other healthcare entities within the state, however even with the tightly controlled formulary, extensive disease management efforts and our access to public health service pricing for drugs, the costs for medications is increasing. A major contributing factor is the cost of Chemotherapy Drugs. While UTMB has the advantage of the <i>Federal 340B pharmacy-pricing model</i>, which has saved millions of dollars in recent years, this program only guarantees "best price" it does not guarantee "fixed" price.</p>		

Correctional Managed Health Care Narrative Explanation of Exception Items (Medical)

Priority 5	Critical Capital Equipment Replacement	FY 2012: \$6.483M FY 2013: \$5.27M Total: \$11.75M
<p>Discussion: For some time the correctional health care program has been struggling with significant capital equipment replacement needs. A significant majority of the facilities within the TDCJ system have major medical equipment that is 15 years or older and in varying states of disrepair. The request for capital equipment replacement is intended to address the following critical replacement needs:</p>		
<p>TTUHSC</p> <p><u>IT Equipment:</u></p> <p>Equipment to maintain the Correctional Managed Healthcare networks purchased in 2004. The equipment reaches the end of its service life in March 2012 and the equipment vendors will discontinue support.</p> <p><u>Servers:</u></p> <p>Twenty five (25) each purchased from 2000 – 2002</p> <p><u>Computers:</u></p> <p>Four Hundred Ninety Nine (499) each purchased from 1995 – 2002</p> <p><u>Printers:</u></p> <p>Two Hundred Sixteen (216) each purchased from 1994 – 2002</p> <p><u>Telemedicine Equipment:</u></p> <p>Seven (7) each purchased in 1997 or prior</p> <p><u>X - Ray Equipment:</u></p> <p>Thirty seven (37) each purchased in 1996 or prior</p> <p><u>Dental Equipment:</u></p> <p>Twenty one (21) each purchased in 1995 or prior</p> <p><u>Misc Medical Equipment:</u></p> <p>Forty seven (47) each purchased in 1995 or prior</p>	<p>UTMB</p> <p>Digital X-Ray Conversions Dental Capital Dialysis Capital Expansion Texas City Water System Pharmacy Capital</p>	

**Correctional Managed Health Care
Narrative Explanation of Exception Items (Medical)**

Priority 6	Expanded Training & Education	FY 2012: \$1.40M FY 2013: \$1.40M Total: \$2.80M
<p>Discussion: New program focused on enhancing nursing skills.</p> <ul style="list-style-type: none"> - Care of Emergent Patient (COEP) - Clinical Skills Review (CSR) - Newly created 12 month curriculum for new nurses - Rapid assessment program (new) to enhance nurses' ability to quickly assess emergency situations - Newly created annual evaluation (similar to current mandatory clinical knowledge and assessment program providers are required to take) for Lvn's 		

Priority 7	Marlin Medical Facility	FY 2012: \$5.85M FY 2013: \$7.03M Total: \$12.87M
<p>Discussion: Provides funding for the operation of the Marlin Medical Facility for nine (9) months in FY2012 and twelve months in FY2013. FY2012 also includes \$577,015 for the start-up equipment for the facility. The formal transfer of the Marlin Veteran's Affairs Hospital was approved by the Texas Board of Criminal Justice in December, 2008. Funding for the operations of this facility was provided in 2011; however due to significant renovations necessary to prepare this facility for occupancy, use of this facility is anticipated for the second quarter of FY12. Once the renovations are complete, this medical facility will provide over 200 medical, geriatric sheltered housing, nursing home and assisted living offender beds.</p>		

CORRECTIONAL MANAGED HEALTH CARE

FY 2012 – 2013 Ten Percent
Biennial Base Reduction Options

	<u>1ST 5% Reduction</u>	<u>2nd 5% Reduction</u>
CMHC	\$44,397,013	\$44,397,013

A reduction to offender health care will remove foundational support entities; thus slowing the delivery of care; negatively impacting access to care; and, affecting overall quality and adversely affecting continuity of care. Areas affected would be reduced onsite care; reduced nursing staff; reduction of dental staff; reduction of onsite coverage; medical provider staff; pharmacy; mental health staff; administrative and ancillary staff; and capital equipment. The first 5% reduction would eliminate approximately 373 FTE's.

An additional 5% reduction in funding would further reduce funding for delivery of care and approximately 370 additional FTE's would be eliminated.

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

As of August 2010

Title of Position	CMHC Partner Agency	Vacant Since (mm/yyyy)	Actions Taken to Fill Position
Psychiatrists	UTMB-CMC	01/01/2010	Local and National Advertising, Conference, Contract with Timeline National Recruiting and other Agency Staffing
Physician I-III	UTMB-CMC	01/01/2010	Local and National Advertising, Conferences, Timeline National Recruiting and other Agency
Mid Level Practitioners (PA and FNP)	UTMB-CMC	01/01/2010	Local and National Advertising, Career Fairs, Conferences, Intern Programs with Numerous PA Schools
Correctional Physician	TTUHSC	12/2009	Continued advertisement in local and national publications; Expanded Recruiting Agency utilization.

Title of Position	CMHC Partner Agency	Vacant Since (mm/yyyy)	Actions Taken to Fill Position
PAMIO Medical Director	TTUHSC	02/2009	Continued advertisement in local and national publications; Expanded Recruiting Agency utilization.
Staff Psychiatrists	TTUHSC	03/2009	Continued advertisement in local and national publications; Expanded Recruiting Agency utilization.
Extenders	TTUHSC	09/2009	Continued advertisement in local and national publications; Expanded Recruiting Agency utilization.
Dentists	TTUHSC	2/2010	Continued advertisement in local and national publications; Expanded Recruiting Agency utilization.
Nurse II – Office of Health Services Monitoring	TDCJ	06/09/2010	Posted; Closed on 7/29/2010. In process of interviewing.



**TEXAS DEPARTMENT OF
CRIMINAL JUSTICE**

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

Third Quarter FY-2010

Lannette Linthicum, MD, CCHP-A, FACP

TDCJ Medical Director's Report

Office of Health Services Monitoring (OHSM)

Operational Review Audit (ORA)

- During the Third Quarter of FY-2010 (March, April and May), six Operational Review Audits were conducted at the following facilities: Gist State Jail, Havins, Hodge, LeBlanc, Middleton, and Skyview. The following is a summary of the items found to be most frequently below 80 percent compliant in the six Operational Review Audits conducted in the Third Quarter FY 2010.
 1. Item **1.48 (1)** requires interpreter services to be arranged and documented in the medical record for monolingual Spanish-speaking offenders. Five of the six facilities were not in compliance with this requirement. The five facilities out of compliance were: Havins, Hodge, LeBlanc, Middleton and Skyview. Corrective actions were requested from the five facilities. At the time of this report, the five facilities are preparing facility-specific corrective actions to ensure future compliance.
 2. Item **5.19 (3)** requires an annual physical exam for offenders 50 years of age or greater to be documented in the medical record within 30 days of their annual date of incarceration. Five of the six facilities were not in compliance with this requirement. The five facilities out of compliance were: Gist State Jail, Hodge, LeBlanc, Middleton and Skyview. 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.
 3. Item **5.19 (8)** requires documentation that three Hemocult cards are collected from offenders 40 years of age or greater, or that they refused the screening test, within 60 days of their annual date of incarceration. Five of the six facilities were not in compliance with this requirement. The five facilities out of compliance were: Gist State Jail, Hodge, LeBlanc, Middleton and Skyview. Corrective actions were requested from the five facilities. At the time of this report, the five facilities are preparing facility-specific corrective actions to ensure future compliance.
 4. Item **6.33 (2)** requires AST Platelet Ratio Index (APRI) calculated at least annually for all offenders diagnosed with Hepatitis C virus (HCV). Four of the six facilities were not in compliance with this requirement. The four facilities out of compliance were: Gist State Jail, Hodge, Middleton and Skyview. 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.
 5. Item **6.34 (3)** requires all Hepatitis C virus (HCV) infected patients with AST Platelet Ratio Index (APRI) score greater than 0.42 or with abnormal liver function (Prothrombin Time, Total Bilirubin, or Albumin) that do not have a documented contraindication for antiviral therapy be referred to the designated physician, clinic, or be appropriately treated according to Correctional Managed Health Care (CMHC) Hepatitis C Evaluation and Treatment Pathway (CMHC Policy B-14.13). Five of the six facilities were not in compliance with this requirement. The five facilities out of compliance were: Gist State Jail, Hodge, LeBlanc, Middleton and Skyview. 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.
 6. Item **6.35** requires the provider to document the reason if treatment for Hepatitis C virus is determined to not be indicated for offenders with chronic Hepatitis C virus infection. Five of the six facilities were not in compliance with this requirement. The five facilities out of compliance were: Gist State Jail, Hodge, LeBlanc, Middleton and Skyview. Corrective actions were

Operational Review Audit (ORA) Continued

requested from the five facilities. At the time of this report, the five facilities are preparing facility-specific corrective actions to ensure future compliance.

7. Item **6.36 (2)** requires the influenza vaccine be offered annually to offenders with certain chronic diseases*, all offenders 55 years of age or older, and pregnant females after the first trimester. Vaccinations must be documented on the Abstract of Immunizations Form (HSM-2) when administered. If the vaccination is refused, refusal must be documented with a signed Refusal of Treatment Form (HSM-82). Five of the six facilities were not in compliance with this requirement. The five facilities out of compliance were: Gist State Jail, Havins, Hodge, Middleton and Skyview. 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.

**The diseases for which influenza vaccine is indicated are: heart disease, moderate to severe asthma, COPD, diabetes, immunocompromised conditions such as HIV infection, most cancers, end-stage renal disease, and sickle cell disease.*

8. Item **6.37** requires the pneumococcal vaccine be offered to offenders with certain chronic diseases and conditions*, and all offenders 65 years of age or older. Vaccinations must be documented on the Abstract of Immunizations Form (HSM-2) when administered. If the vaccination is refused, the refusal must be documented with a signed Refusal of Treatment Form (HSM-82). Five of the six facilities were not in compliance with this requirement. The five facilities out of compliance were: Gist State Jail, Hodge, LeBlanc, Middleton and Skyview. 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.

** The diseases and conditions for which the pneumococcal vaccine is indicated are: heart disease, emphysema, COPD, diabetes, splenic dysfunction, anatomic asplenia, HIV infection, most cancers, sickle cell disorder, cirrhosis, alcoholism, renal failure, and CSF leaks. (Note that asthma is not included unless it is associated with COPD, emphysema or long-term systemic steroid use).*

9. Item **1.02 (3)** requires a designated security representative to attend the monthly Health Services Staff meetings. Four of the six facilities were not in compliance with this requirement. The four facilities out of compliance were: Havins, Hodge, Middleton and Skyview. 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.
10. Item **4.08 (1)** requires documentation of a current Mental Health Individual Treatment Plan (ITP) for all offenders receiving ongoing mental health care. The Individual Treatment Plan must include diagnosis and treatment. Four of the six facilities were not in compliance with this requirement. The four facilities out of compliance were: Gist State Jail, Hodge, Leblanc and Skyview. 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.

Operational Review Audit (ORA) Continued

11. Item 5.17 (2) requires offenders with chronic illnesses* have a documented Individual Treatment Plan (ITP) within the minimum timeframe required: (a) 6 months for HIV/AIDS, IDDM and NIDDM, (b) 12 months for Asthma/COPD/Respiratory, CAD/Heart Disease, HTN, Hyperlipidemia and Seizure Disorders. Three of the six facilities were not in compliance with this requirement. The three facilities out of compliance were: Gist State Jail, LeBlanc and Middleton. Corrective actions were requested from the three facilities. At the time of this report, the three facilities are preparing facility-specific corrective actions to ensure future compliance.

* *The chronic illnesses that require an ITP are: Human Immunodeficiency Virus (HIV), Acquired Immune Deficiency Syndrome (AIDS), Insulin Dependent Diabetes Mellitus (IDDM), Non-Insulin Dependent Diabetes Mellitus (NIDDM), Chronic Obstructive Pulmonary Disease (COPD), Coronary Artery Disease (CAD), and Hypertension (HTN)*

Quality of Care Audit: Diabetes

The Texas Department of Criminal Justice (TDCJ) Health Services conducted a Chronic Disease Quality of Care Audit to assess the primary care management of offenders with Diabetes Mellitus in facilities contracted by the Correctional Managed Health Care Committee (CMHCC). Each month (January to April 2010), the previous 12 months were audited.

A total of 1,645 charts were audited (1,306 UTMB charts and 339 TTUHSC charts). A minimum confidence level of 95 percent for 110 facilities was utilized. This represents approximately 21 percent of the 7,849 diabetic offenders in the TDCJ system. Cumulatively, this yields a 99 percent confidence level that the sample population scores in this audit were within 2.3 points of the actual score of the entire diabetic population served by the Correctional Managed Health Care (CMHC) with the University of Texas Medical Branch (UTMB) and Texas Tech University Health Science Center (TTUHSC).

The following questions were used in the Diabetic Audit Tool. System overall performance was greater than 80 percent for 12 questions and less than 80 percent for four questions.

- **Question 1** assessed if the diabetic offender was seen in the Diabetes Chronic Care Clinic within the last 12 months. The overall system-wide performance score was 94 percent. **10** facilities fell below a score of 80 percent.
- **Question 2** assessed if the diabetic offender's weight was measured within the last 12 months. Overall system-wide performance score was 99 percent. There were no facilities that fell below a score of 80 percent.
- **Question 3** assessed if an Individual Treatment Plan (ITP) was documented within the past 12 months. An ITP is required to contain information including: vital signs, allergies, medications, lab tests, diagnoses, subjective information, assessment, plan of care, counseling, signature and date. The overall score was 91 percent. There were **19** facilities which performed less than 80 percent.
- **Question 4** assessed if a complete set of vital signs was taken at the last visit. Vital signs must include a blood pressure, pulse, respiratory rate, temperature and weight. The overall score was 93 percent. There were **10** facilities that scored below 80 percent.
- **Question 5** assessed if there is documentation that the diabetic offender was educated on diabetes management. The system overall score was 87 percent. There were **26** facilities that scored below 80 percent.

Quality of Care Audit: Diabetes Continued

- **Question 6** assessed if there is documentation that the diabetic offender was counseled on modifying risk factors for Coronary Artery Disease, such as controlling blood pressure, cholesterol and blood sugars. The overall score was **68** percent. There were **54** facilities that scored below 80 percent.
- **Question 7** assessed if there is documentation that the diabetic offender was counseled about diet. The overall score was 89 percent. There were **11** facilities that scored below a score of 80 percent.
- **Question 8** assessed if a therapeutic diet was ordered, or a refusal of treatment was signed. The overall score was 89 percent. There were **19** facilities that scored below 80 percent.
- **Question 9** assessed if the diabetic offender was seen in the Chronic Care Clinic for diabetes within the last 6 months. The overall score was 87 percent. There were **26** facilities that scored below 80 percent.
- **Question 10** assessed if the diabetic offender's blood pressure was documented within the past 12 months. The overall score was 100 percent. No facilities fell below 80 percent.
- **Question 11** assessed if a HgA1c lab test was measured within the past 3 months. This is a blood test which reflects diabetic control. The overall score was **54** percent. There were **15** facilities that scored below 80 percent.
- **Question 12** assessed if a HgA1c lab test was performed on the diabetic offender within the past 12 months. The overall score was 95 percent. Nine facilities scored below 80 percent.
- **Question 13** assessed if the diabetic offender had a urinary microalbumin test (i.e. small amounts of albumin in the urine) performed within the past 12 months. The overall score was eight percent. **All 110 facilities fell below 80 percent.**
- **Question 14** assesses if the diabetic offender had a funduscopic eye exam (i.e. examination of the posterior part of the eye including the retina and optic nerve) exam performed within the past 12 months. The overall score was **76** percent. There were **47** facilities that fell below 80 percent.
- **Question 15** assessed if diabetic offenders, who are over the age of 40 have been prescribed aspirin, if there are no contraindications. The overall score was 91 percent. There were **18** facilities that scored below 80 percent.
- **Question 16** assessed if the diabetic offender was prescribed an Angiotensin Converting Enzyme Inhibitor (ACE) or an Angiotensin II Receptor Blocker (ARB) within the past 12 months, if there were no contraindications. The overall score was 90 percent. There were **16** facilities that scored below 80 percent.

The Diabetes Audit Database also generated the following laboratory and vaccine reports.

- The CMHC total HgA1c Average of 7.89 met the National Commission on Correctional Health Care (NCCHC) Standard of eight or below; however, the average did not meet the American Diabetic Association (ADA) standard of seven or below. There were **40** facilities that did not meet the NCCHC standard.
- 90 percent of diabetic offenders with proteinuria (i.e. excess of serum proteins in the urine) were on appropriate medications (ACE/ARB). There were **6** units that fell below 80 percent.
- **8** percent of diabetic offenders, who were not on an ACE or ARB, did not have a documented microalbumin lab test performed in the last 12 months.

Quality of Care Audit: Diabetes (Continued)

- **74** percent of the 1,610 diabetic offenders, who were eligible to receive the influenza vaccine, did receive it.
- **58** percent of 1,636 diabetic offenders, who were qualified for the Pneumococcal vaccination, received it.

Grievances and Patient Liaison Correspondence

During the Third Quarter of FY-2010 (March, April, and May), the Patient Liaison Program and the Step II Grievance Program received 3,408 correspondences: Patient Liaison Program had 1,723 and Step II Grievance had 1,685. There were a total of 4,170 correspondences received. 410 (12.24 percent) Action Requests were generated by the Patient Liaison Program and the Step II Grievance Program. The University of Texas Medical Branch (UTMB) and Texas Tech University Health Sciences Center (TTUHSC) combined percentage of sustained offender grievances for the Step II medical grievances was five (5) percent for the Third Quarter of FY-2010. Performance measure expectation is six (6) percent or less (Article IX, Correctional Managed Health Care contract). The percentage of sustained Step II medical grievances from UTMB was five (5) percent and five (5) percent for TTUHSC for the Third Quarter of FY-2010.

Quality Improvement (QI) Access to Care Audits

During the Third Quarter of FY-2010 (March, April, and May), the Patient Liaison Program nurses and investigators performed 117 Sick Call Request Verification audits (SCRV). At some units, Expansion Cell Block areas were counted as a separate audit. This audit was formerly known as Access to Care audits. The SCRV 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 113 facilities audited, a total of 1,053 indicators were reviewed and **29** of them fell below the 80 percent threshold, which represents three (3) percent.

Capital Assets Monitoring

The Fixed Assets Contract Monitoring officer audited six units for operational review audits during the Third Quarter FY 2010, which were: Gist State Jail, Havins, Hodge, LeBlanc, Middleton, and Skyview. These audits are conducted to monitor compliance with the Health Services Policy and State Property Accounting (SPA) policy regarding inventory procedures. All six units were within the required compliance range.

Office of Public Health

The Office of Public Health monitors the incidence of infectious disease within the Texas Department of Criminal Justice. The following is a summary of this monitoring for the Third Quarter of FY-2010:

- 211 cases of suspected syphilis were reported in the Third Quarter FY-2010, compared to 168 in the same quarter in FY-2009. These figures represent a slight overestimation of actual number of cases, as some of the suspected cases will later be determined to be resolved prior infections, rather than new cases.

- 348 Methicillin-Resistant Staphylococcus Aureus (MRSA) cases were reported in this quarter, compared to 625 during the same quarter FY-2009. 205 Methicillin-Sensitive Staphylococcus Aureus (MSSA) were reported in the Third Quarter FY-2010 compared to 307 reported for FY-2009. Numbers of both MRSA and MSSA have been decreasing for the last few years.
- There was an average of 19 Tuberculosis (TB) cases under management per month during the Third Quarter FY-2010, compared to an average of 18 per month during the same quarter in FY-2009.
- In FY-2006, the Office of Public Health began reporting the activities of the Sexual Assault Nurse Examiner (SANE) Coordinator. This position collaborates with the Safe Prisons Program and is trained and certified as a SANE. Although the SANE Coordinator does not teach the SANE Curriculum because of restrictions imposed by the State Attorney General's Office, this person provides inservice training to facility providers in the performance of medical examination, evidence collection and documentation, and use of the sexual assault kits. During the Third Quarter FY-2010, eight training sessions were held and 50 medical staff received training. This position also audits the documentation and services provided by medical personnel for each sexual assault reported. There have been 157 chart reviews of alleged sexual assaults performed for the Third Quarter FY-2010. The following units had one deficiency each: Beto, Coffield, Hughes, and Neal. Corrective action plans were requested from these facilities. Corrective actions were received from each unit and are closed. 12 bloodborne exposure baseline labs were drawn on exposed victims, and there were zero conversions.
- Currently, Peer Education Programs are available at 95 of the 112 facilities housing Correctional Institution Division offenders. During the Third Quarter FY-2010, 15,933 offenders attended classes presented by peer educators. This is a decrease from the same quarter in FY-2009, during which 21,162 participants attended classes.

Mortality and Morbidity

There were 146 deaths reviewed by the Mortality and Morbidity Committee during the months of March, April, and May 2010. Of those 146 deaths, 12 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 providers to review the case through their respective quality assurance processes. 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	1
Nursing Peer Review	11
Total	12

Mental Health Services Monitoring & Liaison

The following is a summary of the activities performed by the Office of Mental Health Monitoring and Liaison (OMH M&L) during the third quarter of FY-2010.

- Liaison with County Jails identified the immediate mental health needs of 39 offenders approved for expedited admission to TDCJ due to psychiatric conditions. This information was provided to the appropriate TDCJ facility prior to intake.

Mental Health Services Monitoring & Liaison (Continued)

- The Mental Health/Mental Retardation (MH/MR) history was reviewed for 20,049 offenders, who were brought into TDCJ CID/SJ (State Jail) and ISF. 2,925 offenders were identified as having a documented history of mental illness. This information was provided to the appropriate intake/receiving facilities. Continuity of care was audited for 29 intake/receiving facilities. 2,744 offenders with an identified history of mental illness were reviewed, to insure these offenders had been evaluated by a Qualified Mental Health Professional. 20 facilities met or exceeded 80 percent compliance. Six facilities: Bartlett, Burnet, Byrd, Garza, North Texas ISF, and East Texas Treatment did not meet the 80 percent criterion. Three facilities: Lindsey, Travis County, and Woodman were in compliance for mental health evaluation of offenders, but were below 80 percent compliance for doing so within time guidelines. 180 offenders were referred for follow-up.
- 3,016 Texas Uniform Health Status Update forms were reviewed and 709 were identified in deficiencies (primarily incomplete data).
- At the request of the Byrd Facility Classification and Records, 14 offenders were behaviorally assessed. Two offenders were referred to the university provider for mental health evaluation.
- 37 offenders were assessed for TDCJ Boot Camp. All 37 offenders were determined to be appropriate for TDCJ Boot Camp
- The following 21 Administrative Segregation facilities were audited: Bradshaw, Clements, Coffield, Cole, Connally, Dawson, Dominguez, Ferguson, Formby, Hughes, Hutchins, Lewis, Lindsey, Lopez, McConnell, Mountain View, Murray, Polunsky, Powledge, Sanchez, and Wynne. 4,179 offenders were observed, 2,368 of them were interviewed and 6 offenders were referred to the university providers for further evaluation. Access to Care (ATC) 4 [i.e. timely triage] and ATC 5 (i.e. documentation of Sick Call Requests) met or exceeded 80 percent compliance for 19 facilities. 2 units, Sanchez and Dominguez had no Sick Call Requests. All 21 units met or exceeded the 80 percent compliance for ATC 6 (i.e. referral from triage).
- Three Special Needs Substance Abuse Felony Punishment (SAFP) facilities: Estelle, Hackberry, and Henley were audited for continuity of mental health care. Continuity of care on the three units was appropriate. The OMH M&L reviewed all proposed behavioral discharges from Special Needs SAFP facilities to ensure that mental health issues were appropriately addressed prior to the final decision to discharge the offender from the program. There were 37 behavioral discharges reviewed and all of them met the discharge criteria established by the Substance Abuse Treatment Program.

Clinical Administration

During the Third Quarter of FY-2010, 10 percent of the combined UTMB and TTUHSC hospital and infirmary discharges were audited. A total of the 182 hospital discharges and 44 inpatient facility discharges were audited. The chart below summarizes the audits performed and the number of cases with deficiencies and their percentages.

Texas Tech Hospital Discharges				
Month	Audits Performed	Unstable Discharges ¹ (Cases with deficiencies)	Acute Problems ² (Cases with deficiencies)	Lack Documentation ³ (Cases with deficiencies)
March	7	7 (10%)	1 (1%)	0 (0%)
April	8	1 (2%)	0 (0%)	3 (5%)
May	7	1 (1%)	0 (0%)	5 (8%)

Clinical Administration (Continued)

UTMB Hospital Discharges

Month	Audits Performed	Unstable Discharges ¹ (Cases with deficiencies)	Acute Problems ² (Cases with deficiencies)	Lack Documentation ³ (Cases with deficiencies)
March	60	25 (38%)	4 (6%)	21 (31%)
April	48	14 (25%)	2 (3%)	12 (21%)
May	52	18 (31%)	4 (7%)	16 (27%)

Total: Combined Hospital Discharges (Texas Tech and UTMB)

Month	Audits Performed	Unstable Discharges ¹ (Cases with deficiencies)	Acute Problems ² (Cases with deficiencies)	Lack Documentation ³ (Cases with deficiencies)
March	67	32 (48%)	5 (7%)	21 (31%)
April	56	15 (27%)	2 (3%)	15 (26%)
May	59	19 (32%)	4 (7%)	21 (35%)

Texas Tech Inpatient Facility Discharges

Month	Audits Performed	Unstable Discharges ¹ (Cases with deficiencies)	Acute Problems ² (Cases with deficiencies)	Lack Documentation ³ (Cases with deficiencies)
March	15	7 (29%)	0 (0%)	7 (29%)
April	18	7 (33%)	0 (0%)	8 (38%)
May	13	1 (4%)	0 (0%)	8 (36%)

UTMB Inpatient Facility Discharges

Month	Audits Performed	Unstable Discharges ¹ (Cases with deficiencies)	Acute Problems ² (Cases with deficiencies)	Lack Documentation ³ (Cases with deficiencies)
March	9	1 (4%)	4 (17%)	0 (0%)
April	3	0 (0%)	0 (0%)	1 (5%)
May	13	3 (14%)	0 (0%)	2 (9%)

Total: Combined Inpatient Facility Discharges (Texas Tech and UTMB)

Month	Audits Performed	Unstable Discharges ¹ (Cases with deficiencies)	Acute Problems ² (Cases with deficiencies)	Lack Documentation ³ (Cases with deficiencies)
March	24	8 (33%)	4 (17%)	7 (29%)
April	21	7 (33%)	0 (0%)	9 (43%)
May	22	4 (18%)	0 (0%)	10 (45%)

Footnotes:

- ¹ 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).
- ² Discharged patient offenders required emergency acute care or readmission to tertiary level care within a 7 day period (Audit questions B and D).
- ³ The discharge summary was not available in the offender's medical record within 24 hours of arriving at the unit (Audit question E).

Accreditation

In May, 2010, the American Correctional Association Panel of Commissioners met for the 2010 Correctional Accreditation Managers Association (CAMA) Conference in Columbus, Ohio. The following Texas Department of Criminal Justice (TDCJ) units were awarded ACA Re-accreditation: Ellis, Ft. Stockton/Lynaugh, Hughes, Hutchins, Middleton, Montford, Murray, Stevenson, and Stringfellow.

Biomedical Research Projects

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

- Correctional Institutions Division Active Monthly Research Projects – 31
- Correctional Institutions Division Pending Monthly Research Projects – 7
- Health Services Division Active Monthly Medical Research Projects – 7
- Health Services Division Pending Medical Research Projects – 3

The University of Texas Medical Branch

Correctional Managed Care

Payment Rates for TDCJ Inmate Healthcare Services

- Payment rates for healthcare services provided to TDCJ inmates at UTMB are set at a level that UTMB recovers the cost to provide those services
- Projections of cost, charges, admissions and case mix index are made annually based on historical activity and anticipated changes in the coming year (patient demographics, inflation, new services, efficiency enhancements, etc.)
- Payment rates (and methodology) are established for the following:
 - Inpatient admissions (prospective payment system per admission * case mix index)
 - Outpatient lab technical services (percent of billed charges)
 - All other outpatient technical services (percent of billed charges)
 - Physician professional services (percent of billed charges)
- Due to the impact of Hurricane Ike on UTMB's actual cost in fiscal year 2009, fiscal year 2010 cost was assumed to be 4.5% higher than projected 2009 cost before Ike
- Payments rates to UTMB are compared to various benchmarks for reasonableness

The University of Texas Medical Branch

Correctional Managed Care

Payment Rates for TDCJ Inmate Healthcare Services

	FY 2010 UTMB TDCJ Payment	Benchmark ⁽⁴⁾	Source
Inpatient Admissions ⁽¹⁾	\$ 8,062.18	\$ 10,946.75	Medicare
Inpatient Admissions ⁽²⁾	43.5%	54.0%	Medicaid
Outpatient Lab Services ⁽³⁾	20.2%	n/a	n/a
Outpatient Other Services ⁽³⁾	38.6%	n/a	n/a
Outpatient Lab and Other Combined ⁽³⁾	29.3%	43.0%	Medicaid
Physician Services ⁽⁵⁾	49.0%	42.0%	Medicaid

(1) Benchmark excludes disproportionate share, includes graduate medical education

(2) Correctional care pays UTMB for inpatient services using a prospective payment system per admission, similar to the Medicare program. However, Medicaid pays UTMB using a TEFRA/cost based system where UTMB is paid a % of billed charges on an interim basis (TEFRA rate). The correctional care payment has been converted to a % of billed charges in this analysis to compare to UTMB's Medicaid TEFRA rate

(3) Correctional care pays outpatient lab services and other outpatient services separately. However, the lab and other outpatient payments have been combined on this schedule for comparative purposes

(4) Benchmarks are based on UTMB's payment rates from the indicated source as of 5/2010. The Inpatient Admissions and Outpatient Lab and Other Combined services Medicaid benchmarks are UTMB's Medicaid TEFRA rates

(5) Physician efficiency compared to private practice is impacted by inmate security, travel distance and security clearance for physicians, clinic no-shows and inability to overbook patient schedules



UTMB CORRECTIONAL MANAGED CARE

Billy Horton D.D.S.
UTMB Outpatient Services
12603 Southwest Freeway Suite 335
Stafford, TX 77477

August 13, 2010

RE: Dental Staffing

Five documents have been created to provide the information requested.

The first three reports are separated by dentist, dental hygienist and dental assistant. Dental positions affected by the reduction in force are listed along with the units their position are responsible.

The fourth report lists the dental coverage by dental position for all of the TDCJ units in the UTMB sector. The authorized dental coverage is the same now as it was before the reduction in force. There is no hygienist coverage listed for Glossbrenner because the dentist provides the hygiene care at that facility.

The fifth report lists the current dental vacancies. Each vacant dental position is listed by the "home unit" they cover even though many positions cover more than one facility. There are also columns on the report listing whether the position has been posted and if the vacancy was the result of the reduction in force. Several of the vacancies are due to recent retirements and usual turnover that has nothing to do with recent events.

Please let me know if there is anything else you need.

Sincerely,

Billy Horton D.D.S.
Director of Dental Services
409-659-2473

**TDCJ STAFFING
RIF 2010 - DENTISTS**

<u>Unit</u>	<u>DDS Scheduled for RIF</u>	<u>Facilities Covered</u>
Travis	1	.5 Travis Co, .25 Briscoe, .25 Dominguez
Briscoe/Cotulla	1	.8 Briscoe, .2 Dominguez
Garza	1	1.0 Garza
McConnell	1	1.0 McConnell
Willacy	1	Vacant - .8 Willacy
Hamilton	0.6	.6 Henderson
Ellis	1	1.0 Ellis
Ellis	1	.5 Ellis, .5 Eastham
Estelle	1	Vacant- 1.0 Estelle
Ferguson	1	.5 Ferguson, .5 Huntsville
Wynne	1	1.0 Wynne
Estes	0.5	.5 Estes
Hutchins	1	1.0 Hutchins
Telford	1	Vacant-1.0 Telford
Beto	1	1.0 Beto
Beto	1	Vacant-1.0 Beto
Bradshaw	0.5	.5 Bradshaw
Coffield	1	1.0 Coffield
Michael	1	1.0 Michael
Michael	0.5	.5 Michael
Powledge	1	.6 Powledge, .4 Coffield
Gib Lewis	1	1.0 Lewis
Plane	1	.6 Plane, .4 Henley
Darrington	1	1.0 Darrington
Jester III	1	.2 Stringfellow, .8 Jester III
Terrell	1	.9 Terrell, .1 Ramsey
Murray	1	1.0 Murray
Marlin	0.2	.2 Marlin
Marlin	0.2	.2 Marlin

RIF 2010 - DENTISTS

<u>Unit</u>	<u>DDS Scheduled for RIF</u>	<u>Facilities Covered</u>
San Saba	0.5	Vacant-.5 San Saba
Bartlett	1	.6 Bartlett, .4 Halbert
Glossbrenner-PBL	0.2	.2 Glossbrenner
Cleveland-PBL	0.3	.3 Cleveland
	27.5	

TDCJ AUTHORIZED STAFFING - 2010
RIF - HYGIENISTS

Unit Hygienist Scheduled for RIF

Dominguez	1
Segovia	1
Pack	1
Ferguson	0.5
Cole	0.5
Lindsey	0.2
Bradshaw	0.6
Michael	1
Michael	0.4
Stiles	1
Hightower	1
Darrington	1
Crain	1
Hobby	1
	11.2

**TDCJ AUTHORIZED STAFFING - 2010
RIF 2010-DENTAL ASSISTANTS**

<u>Unit</u>	<u>Assistant Scheduled for RIF</u>	<u>Facilities Covered</u>
Travis	1	1.0 Travis Co.
Segovia	1	1.0 Segovia
Duncan	0.8	.4 Duncan, .4 Diboll
Hamilton	1	1.0 Hamilton
Ellis	1	1.0 Ellis
Telford	1	.5 Johnston, .5 Telford
Beto	1	1.0 Beto
Boyd	1	.6 Beto, .4 Boyd
Gurney	1	1.0 Gurney
Skyview/Hodge	1	1.0 Skyview/Hodge
Polunsky	1	1.0 Polunsky
Gist	1	1.0 Gist
Terrell/Young	1	.8 Terrell, .2 Young
Darrington	1	1.0 Darrington
Jester III	1	.6 Jester III, .4 Vance
Crain	1	1.0 Crain
Hughes	1	1.0 Hughes
Hobby/Marlin	1	.6 Hobby, .4 Marlin
San Saba	0.5	.5 San Saba
	18.3	

TDCJ AUTHORIZED STAFFING - 2010

<u>Unit</u>	<u>DENTIST</u>	<u>Assistant</u>	<u>Hygiene</u>
Travis	1	1.00	0.5
Kyle	0.2	1.00	0.2
Lockhart	0.8	1.00	0.3
Dominguez	1.2	2.00	0.2
Briscoe/Cotulla	0.8	2.00	0.4
Torres	0.6	1.20	0.2
Ney	0.4	0.80	0.2
McConnell	2.2	3.00	0.5
Connally	1.5	3.00	0.5
Garza	2	4.00	0.6
Stevenson	1	1.00	0.4
Glossbrenner	0.25	0.25	0
Willacy	0.8	1.00	0.3
Segovia	0.5	1.40	0.4
Lopez	0.5	1.40	0.3
Huntsville	0.6	1.40	0.35
Byrd	0.5	1	0.1
Diboll	0.5	0.50	0.1
Duncan	0.5	0.50	0.1
Holliday	1.2	2.60	0.35
Goree	0.5	1.00	0.2
Hamilton	0.6	1.00	0.2
Pack	1.2	2.00	0.4
Luther	0.8	1.00	0.4
Eastham	1.7	2.00	0.4
Ellis	1.7	2.00	0.5
Estelle	2.4	3.00	0.6
Ferguson	1.5	2.00	0.5
Wynne	1.6	2.00	0.5
Bridgeport	0.2	0.20	0.1
C. Moore	1	1.00	0.2
Cole	0.5	0.80	0.3
Dawson	1	2.00	0.5
Estes	0.5	0.50	0.2
Hutchins	1	2.00	0.2
Johnston	0.4	0.50	0.1
Lindsey	0.6	0.80	0.1
Telford	1.7	2.50	1
Boyd	0.8	1.40	0.5
B. Moore	0.4	0.40	0.2
Beto	2.7	2.60	0.7
Bradshaw	1	1.40	0.2
Coffield	2.4	3.00	0.5
Gurney	1	2.00	0.1
Skyview/Hodge	0.6	1.40	0.2
Michael	2.5	2.80	1.2

<u>Unit</u>	<u>DENTIST</u>	<u>Assistant</u>	<u>Hygiene</u>
Powledge	0.6	1.00	0.2
Cleveland	0.3	0.30	0.1
Goodman	0.4	1.00	0.2
Gib Lewis	1.3	2.00	0.5
Polunsky	1	2.00	0.9
Stiles	1	2.00	0.5
Gist	1	2.00	0.2
Leblanc	0.9	0.90	0.3
Plane	2	2.30	0.3
Henley	0.4	0.40	0.2
Hightower	0.6	1.00	0.5
Ramsey	0.9	1.30	0.3
Stringfellow	0.65	1.00	0.2
Terrell	0.9	1.70	0.3
Darrington	1.25	2.25	0.5
Wayne Scott	0.75	0.80	0.3
Clemens	0.75	0.75	0.2
Young	0.3	0.70	0.1
Central	0.8	1.00	0.15
Jester I	0.2	0.25	0.05
Jester II	0.2	0.40	0.05
Jester III	0.8	1.60	0.2
Jester IV	0.2	0.25	0.05
Lychner	1.6	2.60	0.5
Kegan	0.4	0.40	0.1
Crain	1	2.00	0.4
Mt. View	0.4	0.80	0.2
Hilltop	0.6	1.20	0.2
Murray	1	1.80	0.4
Woodman	0.7	2	0.2
Hughes	2	3.00	0.7
Hobby	1	1.60	0.5
Marlin	0.4	0.40	0.2
San Saba	0.5	0.50	0.1
Halbert	0.4	0.50	0.2
Bartlett	0.6	0.70	0.2
Houston District Admin	0.3		
San Antonio District Admin	0.3		
Northwest District Admin	0.3		
Beaumont District Admin	0.3		
Huntsville District	0.3		
Northeast District	0.3		
	76.95	115.75	26.20

Facilities Covered

.2 Torre, .2 Cotulla, .2 Ney, .2 Dominguez, .2 Briscoe
.4 Segovia, .3 Lopez, .3 Willacy
.4 Pack, .4 Luther, .2 Hamilton
.5 Ferguson
.3 Cole, .2 C. Moore
.1 Lindsey, .1 Bridgeport
.2 Bradshaw, .2 B. Moore, .1 Skyview, .1 Hodge
.2 Coffield, .8 Michael
.4 Michael
.5 Stiles, .3 LeBlanc, .2 Gist
.5 Hightower, .3 Plane, .2 Henley
.5 Darrington, .2 Stringfellow, .3 Scott
.4 Crain, .2 Hilltop, .2 Mt View, .2 Woodman
.5 Hobby, .3 Coffield, .2 Marlin



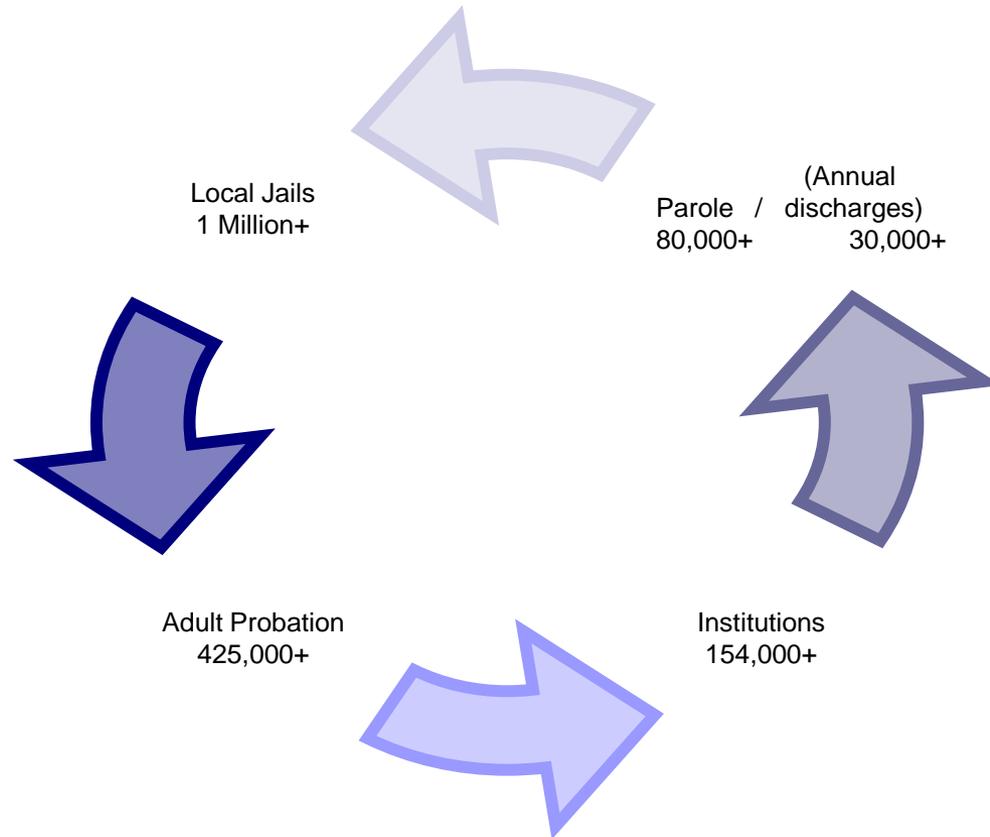
Report on REENTRY AND INTEGRATION DIVISION and Activities

September 7, 2010

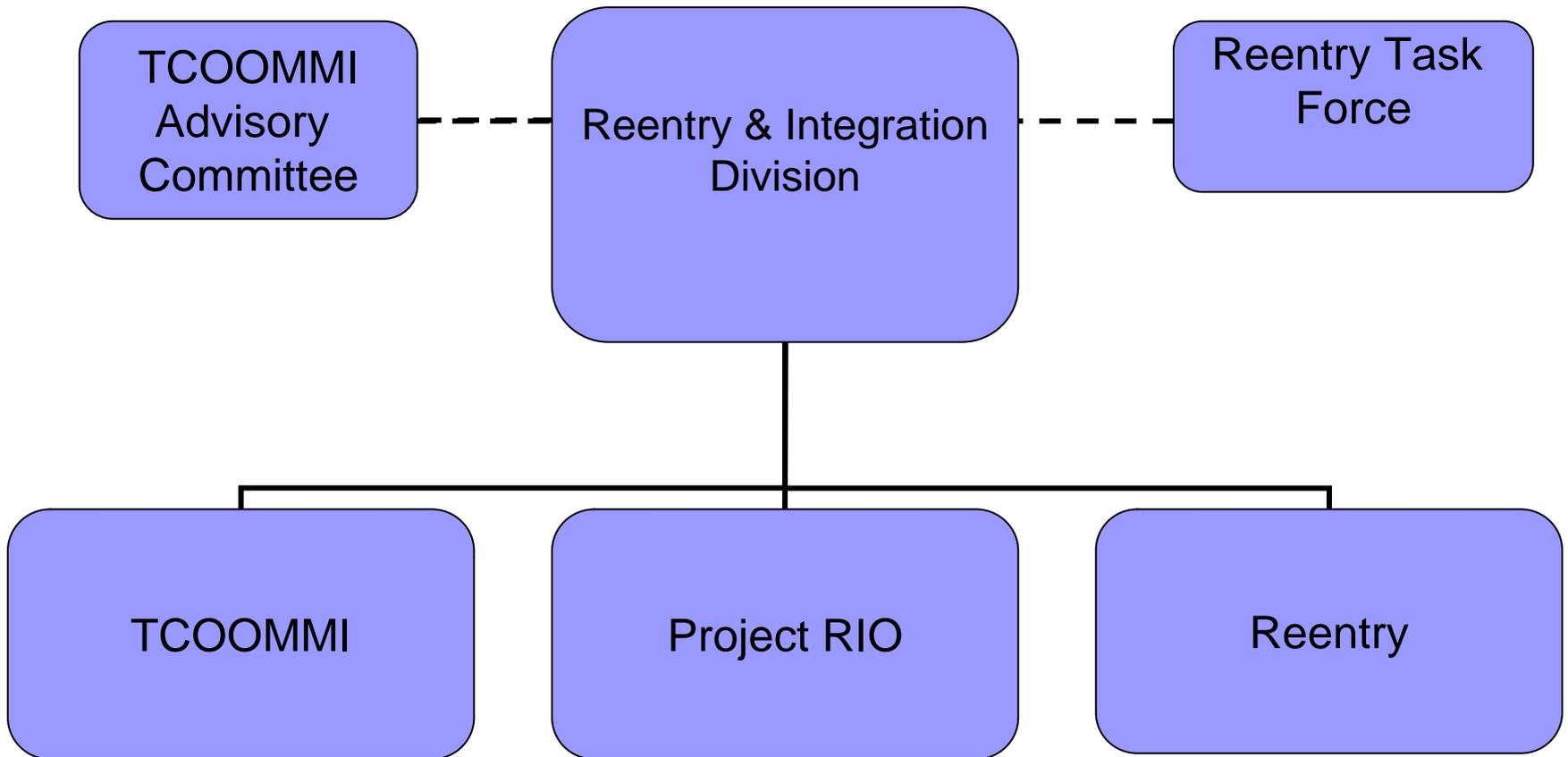


Reentry Relay

4x4 Criminal Justice Stages



Reentry and Integration Division



Reentry and Integration Division

- Completed the process of hiring Reentry and Project RIO case managers to coordinate reentry functions for offenders released from TDCJ. Priority reentry activities will be targeted to the 30,000 (+) offenders released on flat or state jail discharge on an annual basis
- Created a centralized identification and verification unit to obtain documents (social security card, birth certificates) and verify identification in accordance with state and federal law.

Reentry and Integration Division

- Completed or initiated interagency contracts with the DSHS-Bureau of Vital Statistics (birth certificates) and Social Security Administration (Social Security number verification)
- Established a toll free number (1-877-887-6151) for individuals to call with reentry problems or questions.
- Proposed and submitted two (2) Second Chance Act grants targeted to discharged offender populations

Reentry and Integration Division

- Selected by the National Institute of Corrections (NIC) be one of six states to receive a technical assistance grant on reentry practices. This grant will cover a 3-5 year period and will provide two nationally recognized reentry experts to assist the agency and reentry task force on implementation activities.
- Created a 23 member reentry task force comprised of state agencies, trade associations, advocacy groups and representatives from the courts. The task force membership included those entities identified in HB 1711, by Turner, as well as representatives referenced in SB 2280 by Senator Ellis.

Reentry and Integration Division

■ Identification Documents / Verification

- In March 2010, initiated the following activities for all offenders scheduled for release within 12 months:
 - Initiated the process for determining the status of Driver License or State ID (March to date)
 - Total DPS records reviewed – 37,972
 - Number with DL/ID record – 28,029 (74%)
 - Number with no record – 9,933 (26%)
 - Identified offenders needing a certified birth certificate for identification verification
 - Initiated application process for Social Security Card and contract for Social Security verification.

Reentry Task Force

National Institute of
Corrections /
Technical Assistance
Grant

Work Groups

Information Sharing/ Identifying Documents

- Issues:**
- Drivers License / State ID at time of release
 - Identification Verification
 - Minimize surcharge fees or fines

Family Supports/ Faith Based

- Issues:**
- Family Orientation Manual
 - Family Reunification
 - Faith based post-release support

Community Reentry

- Issues:**
- Pre & post release reentry planning
 - Resource availability / barriers for reentry
 - Examine state jail provisions for release

Housing

- Issues:**
- Variations among housing authorities on offender eligibility criteria
 - Blended funding opportunities among stakeholders

Special Needs

- Issues:**
- Lack of appropriate mental health screening at the jails
 - Limited housing options for special needs due to medical & psychiatric costs, or offense

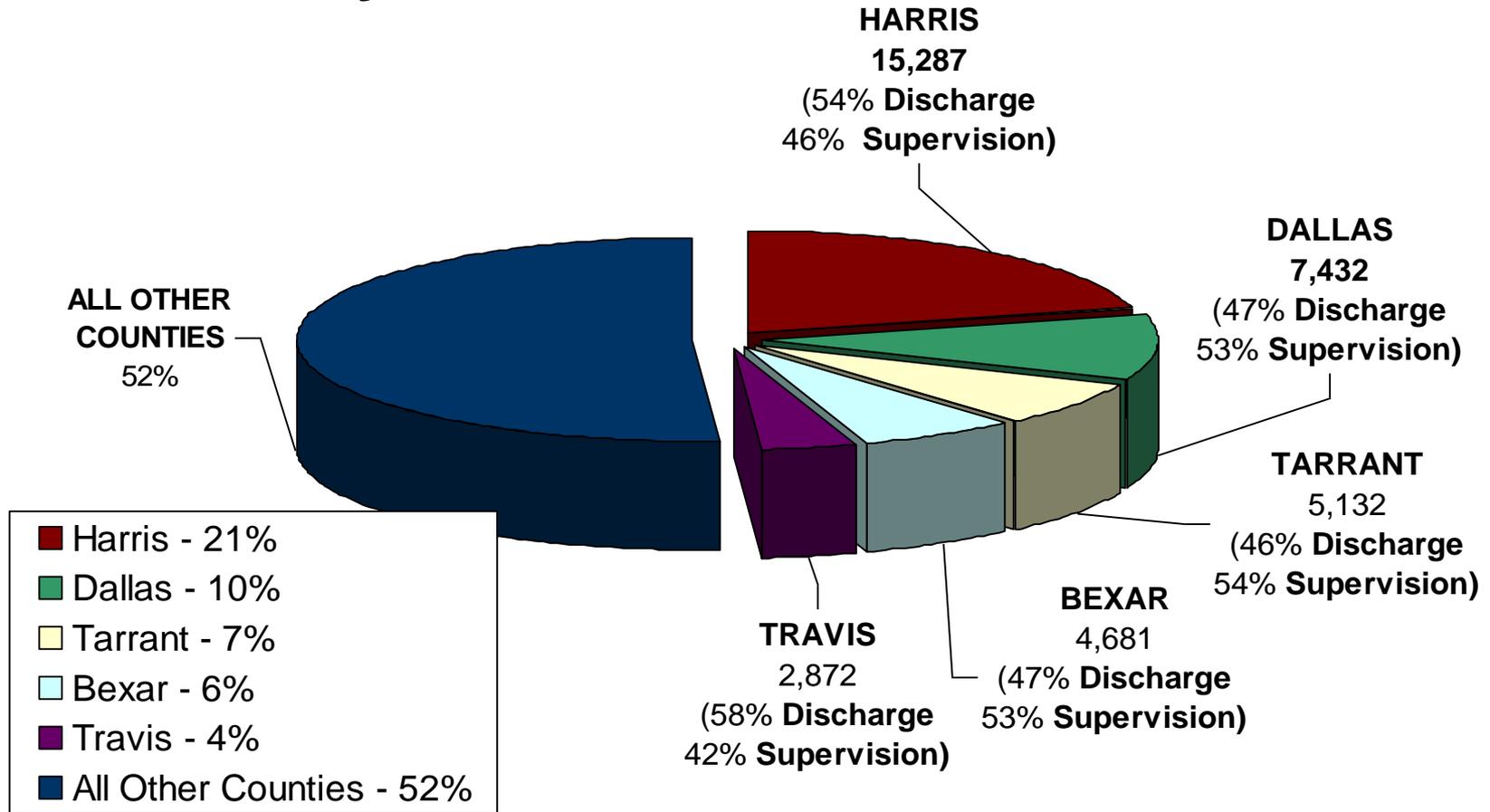
Women's Issues

- Issues:**
- Improved efforts to develop women specific skill & treatment programming
 - Enhance pre & post release family coordination & interactions

Employment

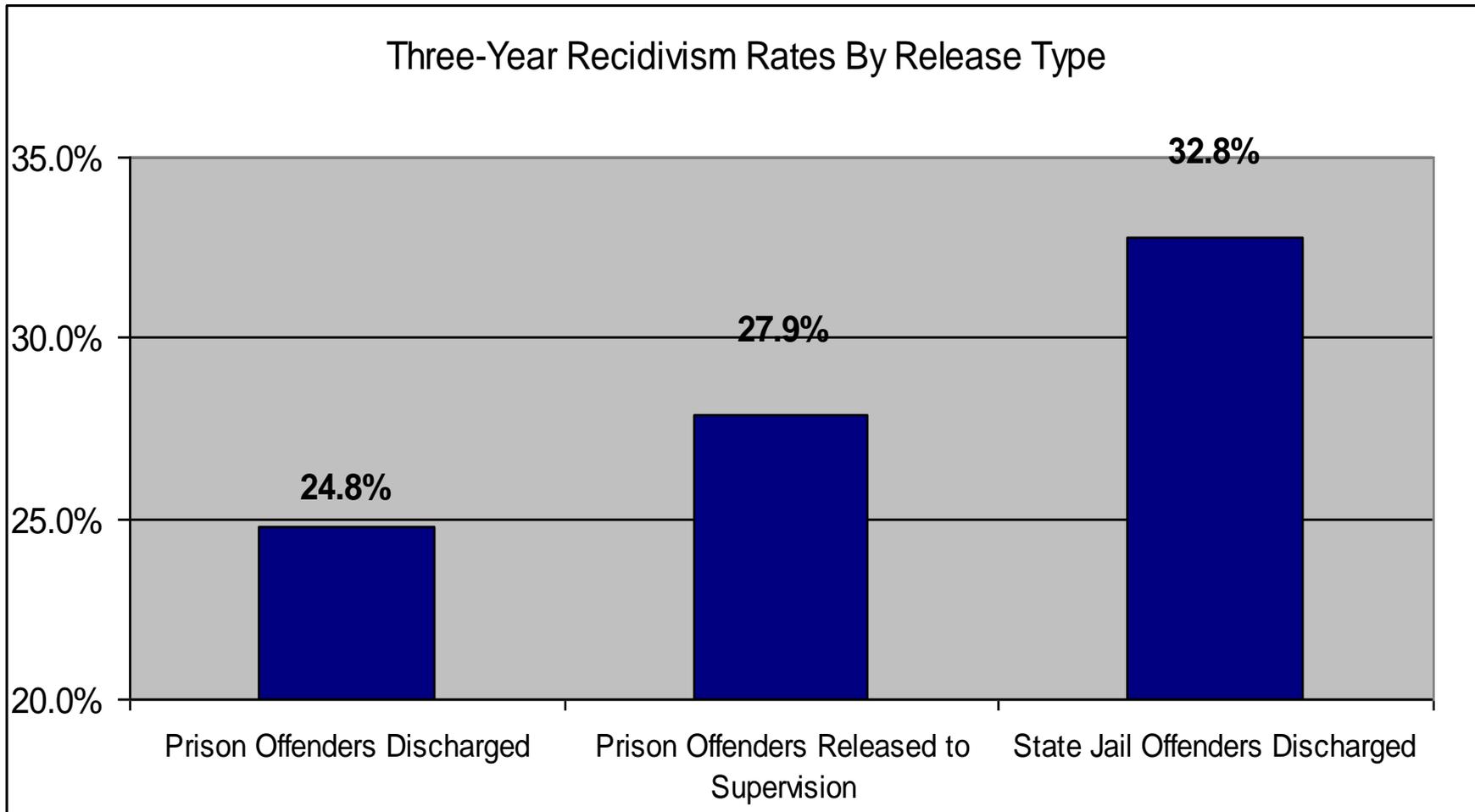
- Issues:**
- Community based Project RIO services need to be more uniform & collaborative
 - Improve incentive for employers to use offenders

FY 2009 Release Statistics: Primary Counties and Release Status



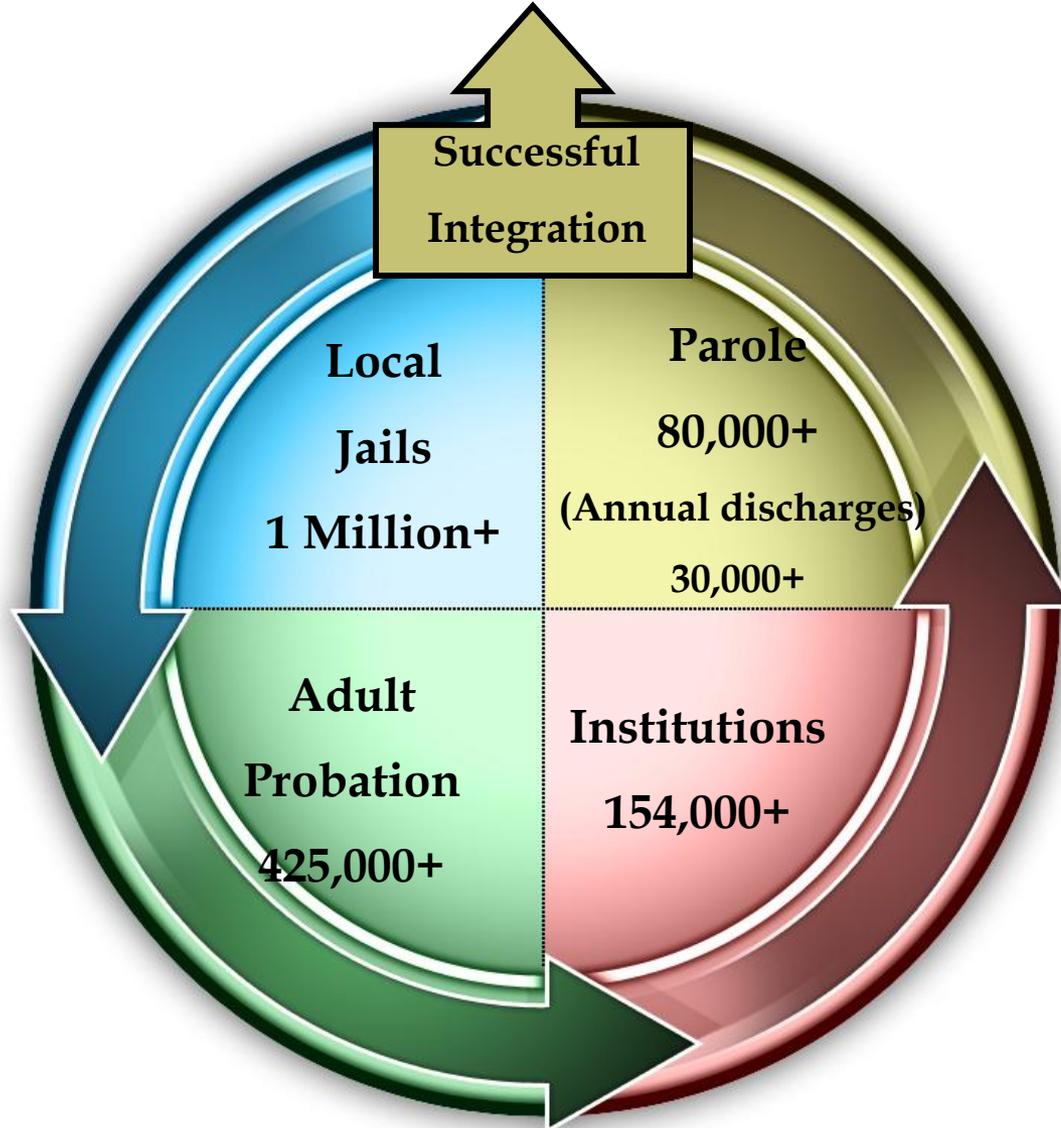
Total Releases = 72,218

Reentry and Integration Division



Reentry Relay

4x4 Criminal Justice Stages



Texas Department of Criminal Justice Health Services Division

CHRONIC DISEASE QUALITY OF CARE AUDIT

DIABETES MELLITUS REPORT

Presented to
the Correctional Managed Health Care Committee

Kathryn Buskirk, MD, CMD

September 7, 2010

Chronic Disease Quality of Care Audit

PURPOSE:

1. Texas Government Code Sections 501.145 mandates TDCJ to provide chronic disease management services which meet standards of care.
2. Texas Government Code Sections 501.150 mandates TDCJ to establish a procedure for monitoring the quality of care delivered by the health care providers.

Chronic Disease Quality of Care Audit

TDCJ Health Services has developed quality of care audit tools designed to monitor and measure the management of the following seven chronic diseases:

1. Diabetes
2. Hypertension
3. Hyperlipidemia
4. Coronary Artery Disease
5. Congestive Heart Failure
6. Seizure Disorders
7. Chronic Respiratory Diseases

Chronic Disease Quality of Care Audit

The chronic disease audit tool questions are based on standards established by the following:

1. Centers for Medicare and Medicaid Services (CMS)
2. American Diabetes Association (ADA)
3. National Commission on Correctional Health Care (NCCCHC)
4. American Correctional Association (ACA)
5. Correctional Managed Health Care (CMHC) policies
6. Disease Management Guidelines (DMGs) from the CMHC Pharmacy & Therapeutics (P&T) Committee

Chronic Disease Quality of Care Audit

1. There are five common questions included in all seven chronic disease audits.
2. Four of the seven chronic disease audit tools include two vaccine questions.
3. Each of the seven chronic disease audit tools also include specific questions that apply to that specific disease.
4. Some of the seven chronic disease audit tools generate laboratory reports.

Chronic Disease Quality of Care Audit

COMMON QUESTIONS:

1. Was the patient seen within the last 12 months?
2. Was the patient's weight assessed within the last 12 months?
3. Is there an individualized treatment plan (ITP) documented in the medical record within the last 12 months?
4. Were vital signs taken during the last chronic care clinic patient encounter?
5. Was the patient educated regarding disease management?

Chronic Disease Quality of Care Audit

Vaccine Questions:

1. Was the Influenza Vaccine administered during the most recent flu season?
2. Was the Pneumococcal Vaccine administered?

Chronic Disease Quality of Care Audit

Diabetes Specific Questions

1. Was coronary artery disease risk factor modification documented in the medical record?
2. Was the patient educated regarding recommended therapeutic diet?
3. Is there an active order for a therapeutic diet documented in the medical record? (All patients with signed refusal of treatment for therapeutic diet are excluded.)
4. Was the patient seen in clinic within the last 6 months?
5. Was blood pressure measured within the last 12 months?
6. Was a HgA1c measured within the last 3 months?
7. Was a HgA1c measured within the last 12 months?
8. Was the patient assessed for microalbuminuria in the last 12 months? (Patients prescribed an ACE Inhibitor or Angiotensin Receptor Blocker are excluded.)
9. Was a fundoscopic exam performed within the last 12 months?
10. Was the patient prescribed aspirin? (Patients younger than 40 years of age are excluded. Patients for whom aspirin is contraindicated are excluded.)
11. If the patient has documented proteinuria, is the patient prescribed an ACE inhibitor or Angiotensin Receptor Blocker? (Patients for whom proteinuria is not documented are excluded. Patients for whom ACE inhibitors and Angiotensin receptor blockers are contraindicated are excluded.)

DIABETES

Chronic Disease Quality of Care Audit

- 110 TDCJ facilities were audited using the Diabetes Audit Tool during the third quarter of FY-2010.
- A total of 1645 charts were audited (1306 UTMB charts and 339 TTUHSC charts).

DIABETES

Chronic Disease Quality of Care Audit

- This represents 21% of the 7,849 diabetic offenders in the TDCJ system.
- Cumulatively, this yields a 99% confidence level that sample population scores are within 2.3 of the actual score of the entire diabetic population served by CMHC.

DIABETES

Chronic Disease Quality of Care Audit

- These 1645 charts were randomly selected from the Diabetes Chronic Care Clinic (CCC) list.
- A minimum sample size required for a 95% confidence level was obtained from each facility audited.

DIABETES

Chronic Disease Quality of Care Audit

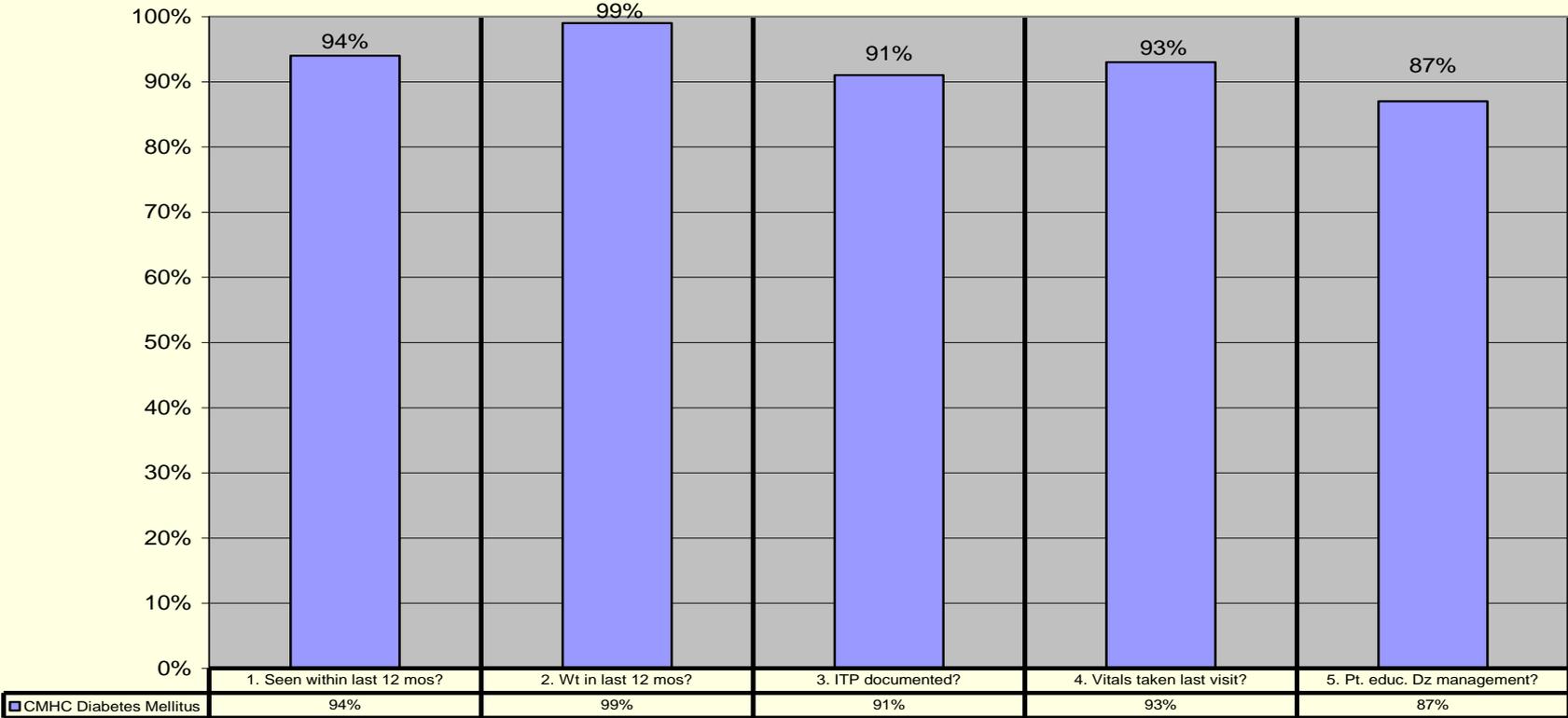
CMHC DIABETES MELLITUS SUMMARY REPORT

Diabetes Mellitus Common Questions

FACILITIES AUDITED 01/01/2010 through 04/30/2010

(Total Sample Size: 1645 charts)

PERCENT PERFORMANCE

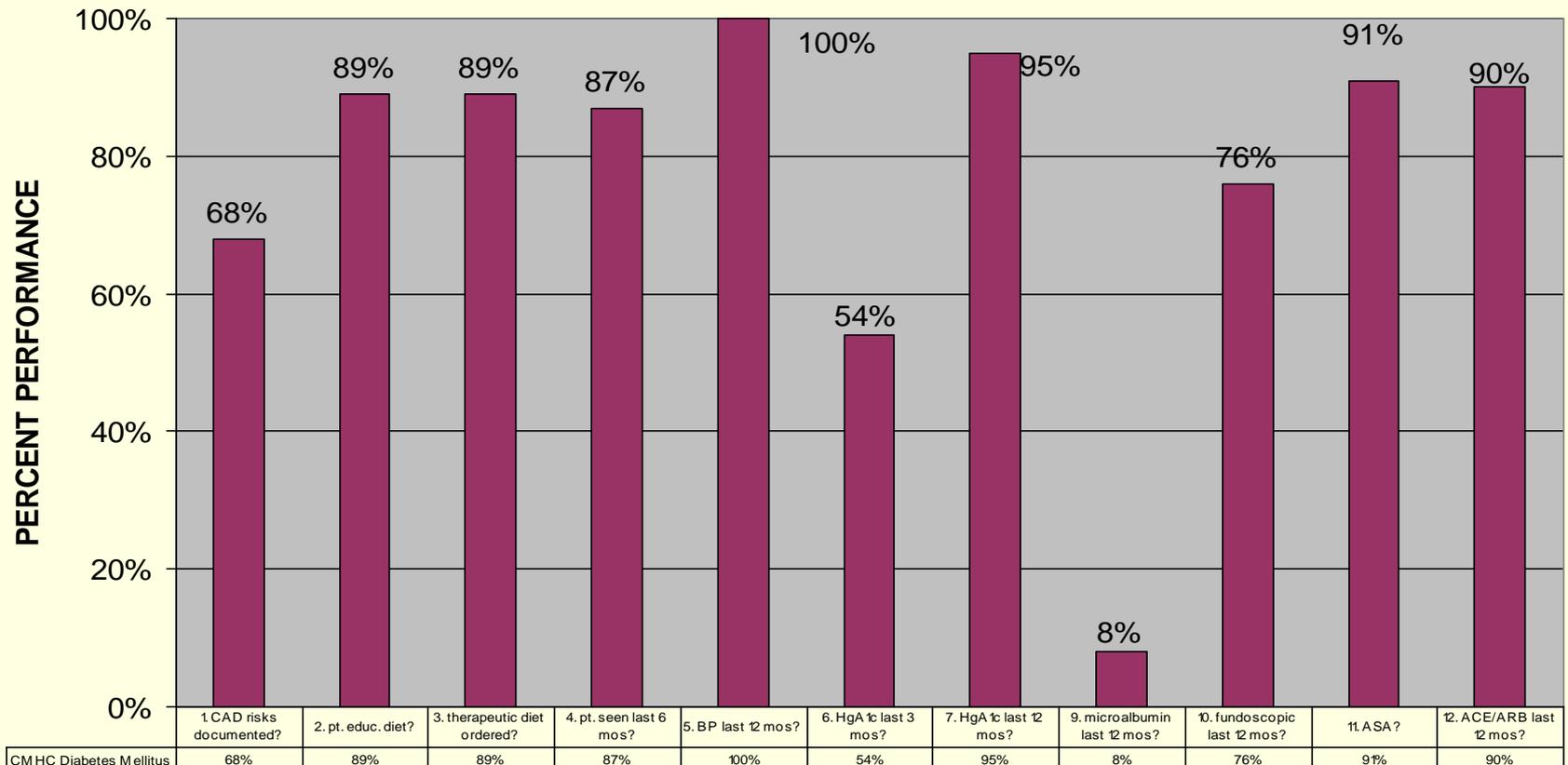


CMHC DIABETES MELLITUS COMMON QUESTIONS

DIABETES

Chronic Disease Quality of Care Audit

CMHC DIABETES MELLITUS SUMMARY REPORT
Diabetes Mellitus Specific Questions
FACILITIES AUDITED 01/01/2010 through 04/30/2010
(sample size: 1645 charts)

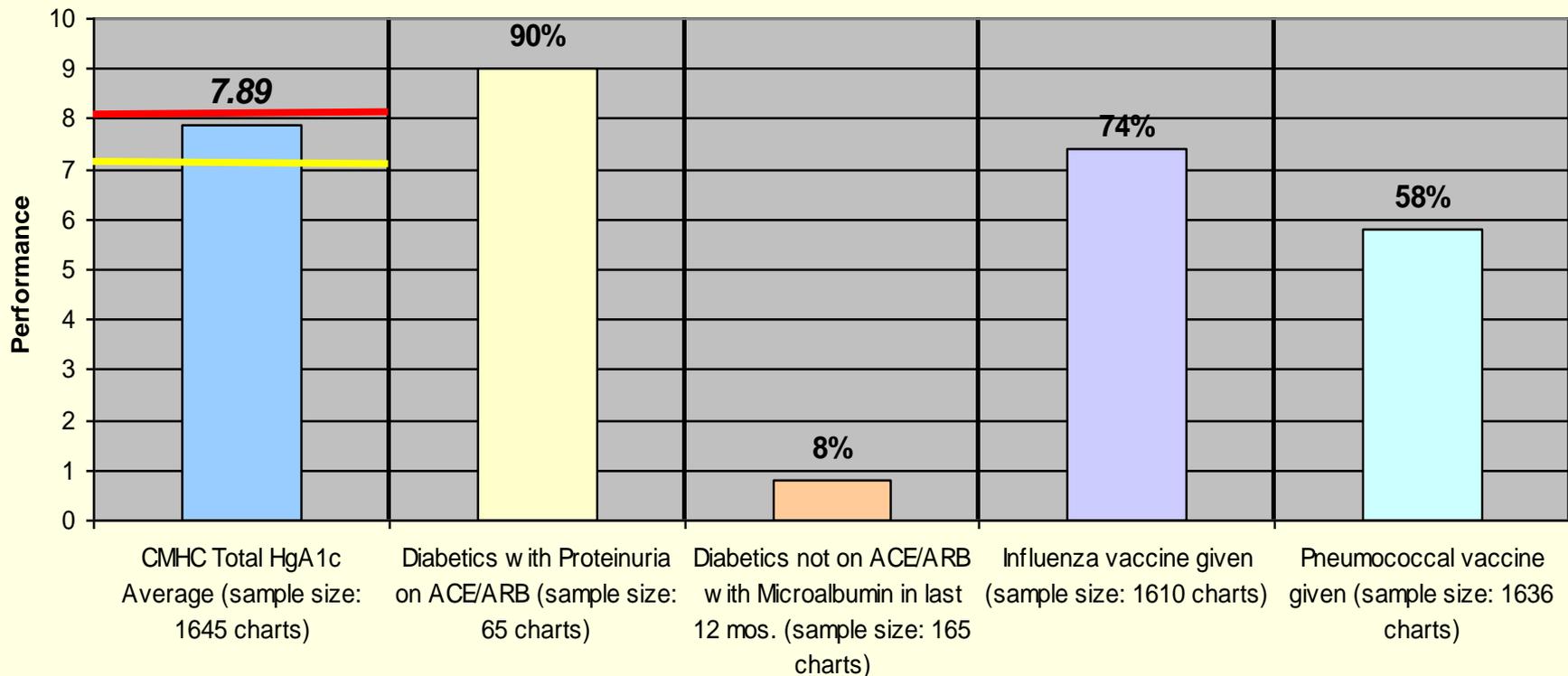


CMHC DIABETES MELLITUS SPECIFIC QUESTIONS

DIABETES

Chronic Disease Quality of Care Audit

CMHC Diabetes Mellitus Lab Studies and Vaccine Reports
Facilities Audited 01/01/2010 through 04/30/2010

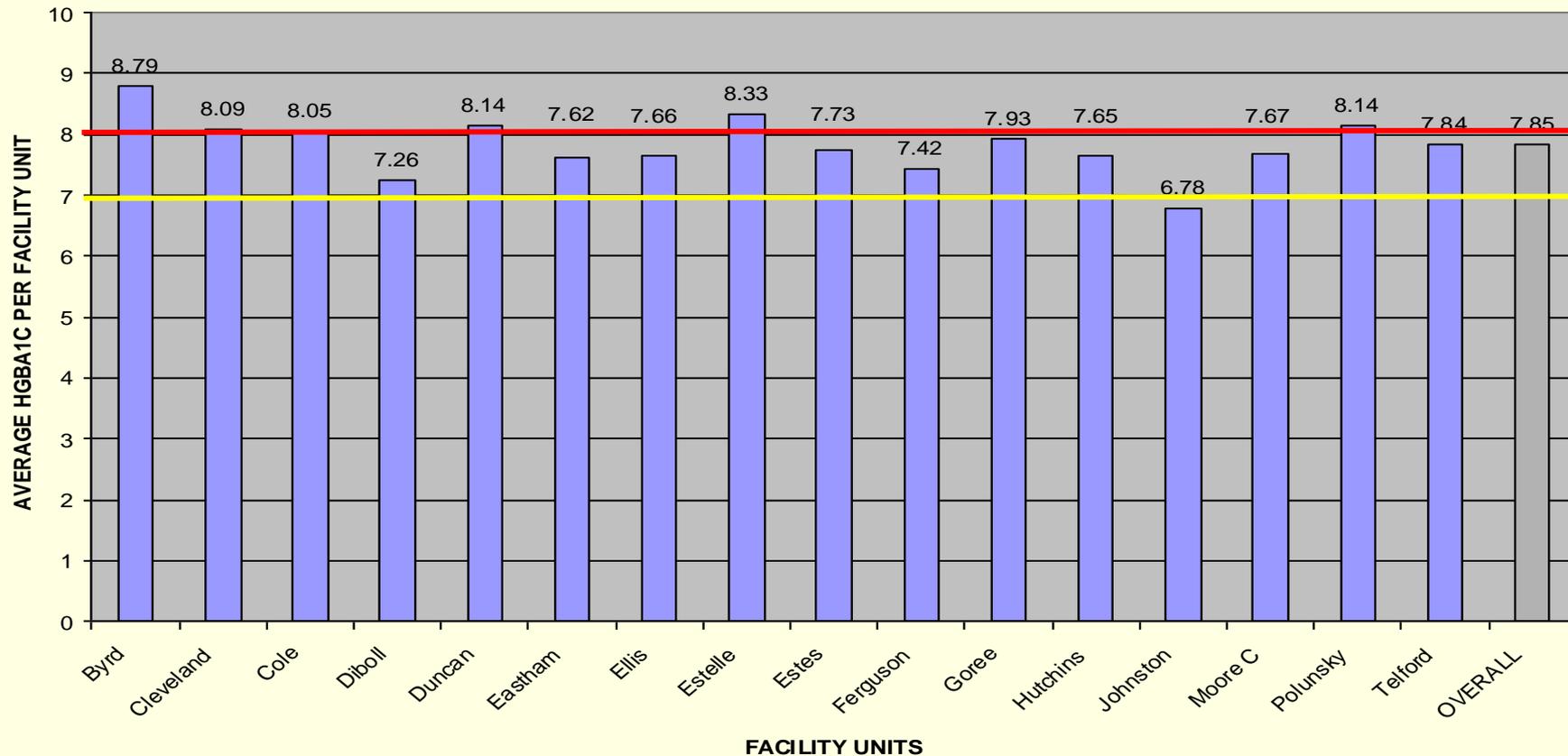


Diabetes Mellitus Lab Studies and Vaccine Reports
 Red Line = National Commission on Correctional Health Care (NCCCHC) standard
 Yellow Line = American Diabetes Association (ADA) standard

DIABETES—example graph individual units

Chronic Disease Quality of Care Audit

CHRONIC DISEASE AUDIT SUMMARY REPORT GRAPH
ALL FACILITIES AUDITED 10/01/09 THRU 01/20/10 (UTMB ONLY)
(sample size: 470 charts)



*Red line = National Commission on Correctional Health Care (NCCHC) standard

**Yellow line = American Diabetes Association (ADA) standard

DIABETES

Chronic Disease Quality of Care Audit

CONCLUSION:

1. In keeping with legislative expectations, TDCJ Health Services has recently developed and initiated a Chronic Disease Quality of Care Audit to monitor and to assess the management of seven chronic diseases.
2. The audit tool questions are evidence-based and are consistent with minimum standards of care.
3. It is anticipated that a system-wide assessment will be completed for one to two chronic diseases per quarter.
4. Reports will be provided to the health care providers as a resource to help them with their clinical oversight of quality of care issues.
5. Results will also be communicated to the CMHC committee and to the Texas Board of Criminal Justice.

DIABETES

Chronic Disease Quality of Care Audit

REFERENCES:

- American Diabetes Association (ADA). Diabetes Management in Correctional Institutions. Diabetes Care 2008 Jan 31 Suppl. 1:S87-93. [PubMed](#)
- American Correctional Association (ACA) Standards 4-4350, 4-4359, 4-4361, 4-4362, 4-4365, 4-4366.
- Correctional Managed Care (CMC) Formulary, 15th Edition, 2008-2009, Pharmacy and Therapeutics Treatment Pathways.
- Correctional Managed Health Care (CMHC) Therapeutic Dietary Policy and Procedure Manual, Number 1-1.1.
- Correctional Managed Health Care (CMHC) Infection Control Manual, Number B-14.07.
- Correctional Managed Health Care (CMHC) Policy Manual, E-34.2, F-46.1, F-47.1, G-51.1.
- Government Code, Chapter 501. Inmate Welfare. Section 501.149 Disease Management Services. Section 501.150 Quality of Care Monitoring by the Department and Health Care Providers.
- National Commission on Correctional Health Care (NCCHC) Clinical Guidelines for Health Care in Correctional Settings—Asthma.
- National Commission on Correctional Health Care (NCCHC) Clinical Guidelines for Health Care in Correctional Settings—High Blood Cholesterol.
- National Commission on Correctional Health Care (NCCHC) Clinical Guidelines for Health Care in Correctional Settings—Epilepsy.
- National Commission on Correctional Health Care (NCCHC) 2008 Standards, P-B-01, p.23; P-D-01, p. 47; P-E-04, p. 64; P-F-02, p. 86; P-G-01, p. 91; P-G-02, p. 93.
- The Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation and Treatment of High Blood Pressure (JNC-7).
- The Third Report of the National Cholesterol Education Program (NCEP) Expert Panel on Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults NIH Publication No. 01-3670.
- 2010 Physician Quality Reporting Initiative (PQRI). Centers for Medicare & Medicaid Services (CMS) 2010 PFS Final Rule-CMS-1413-FC (74 FR 61788-61844).

Vascular Access in TDCJ and UTMB-CMC

“Where are we now?”
“Where are we going?”

Presented by:

Dave Singh Khurana, M.D.

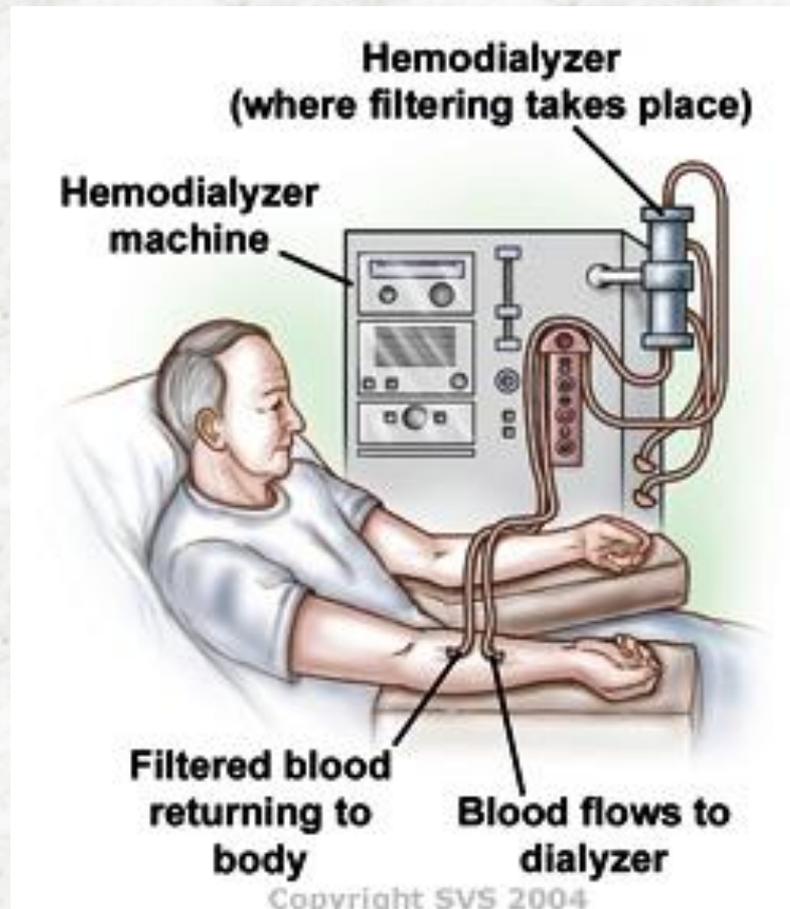
Medical Director of Nephrology and Dialysis

UTMB Correctional Managed Care

Assistant Professor

Dept. of Nephrology and Hypertension

What is Vascular Access?



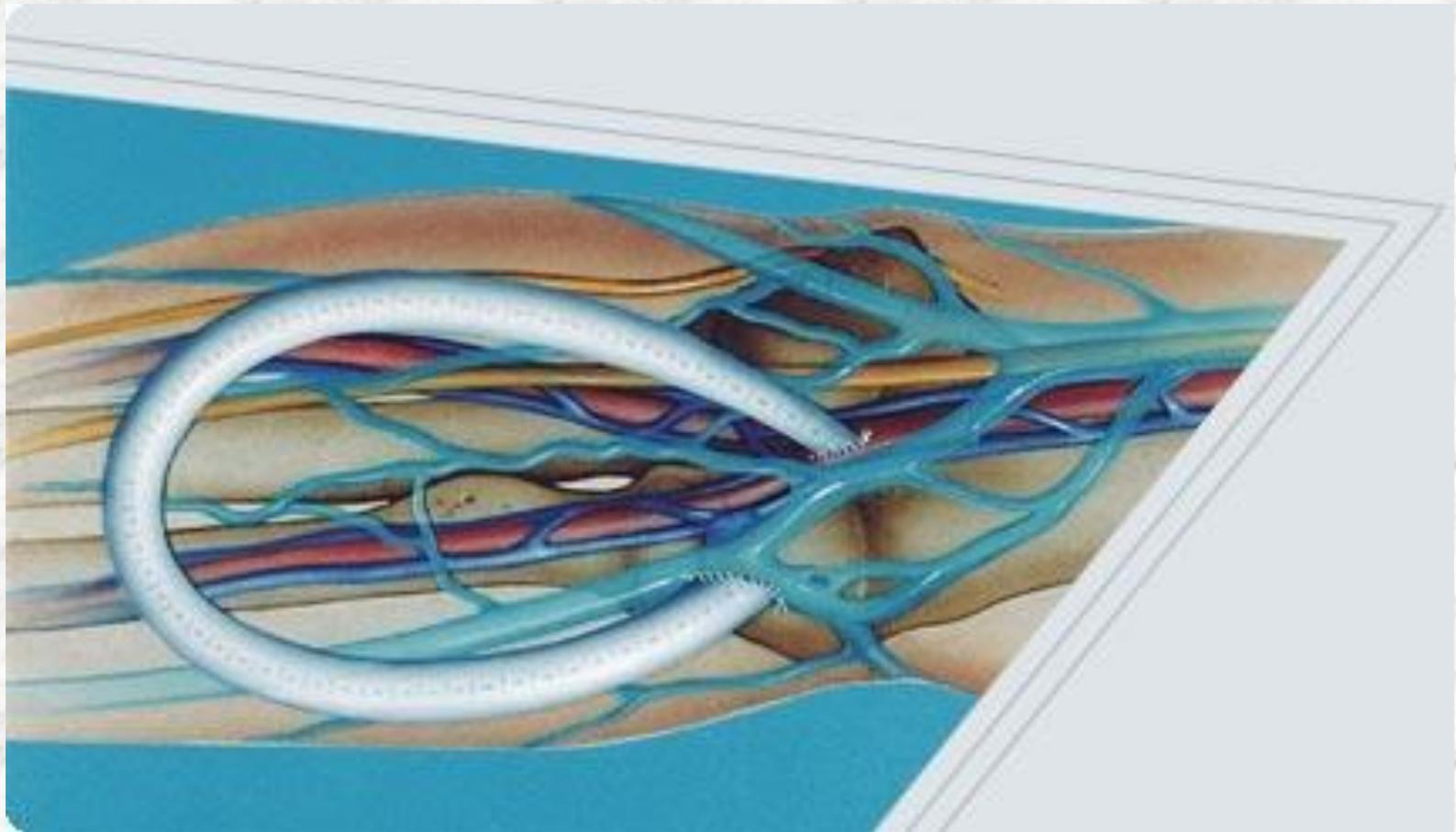
Three options with type of vascular access:

- AVF (Arteriovenous Fistula)
- AVG (Arteriovenous Graft)
- CVC (Central Venous Catheter)

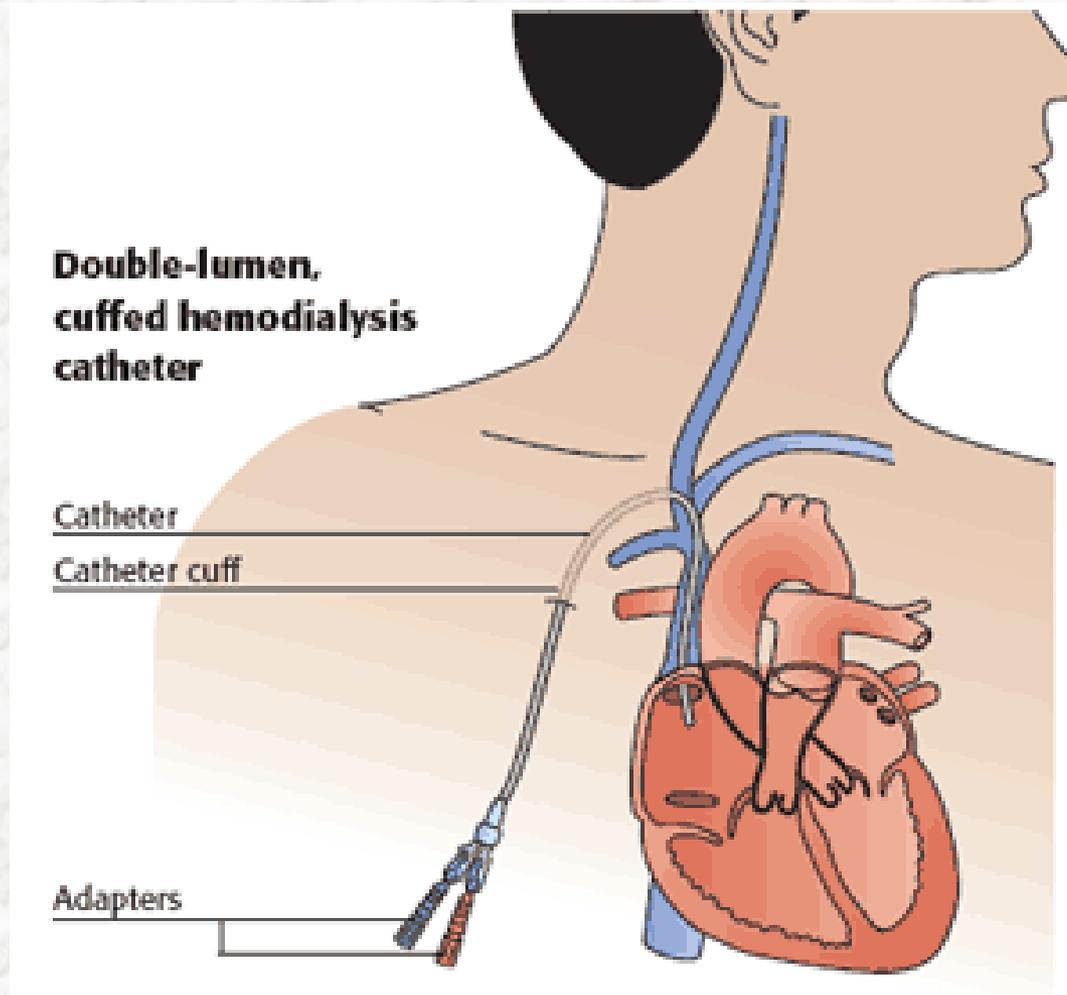
AVF or Arteriovenous Fistula



AVG or Arteriovenous Graft



CVC or Central Venous Catheter



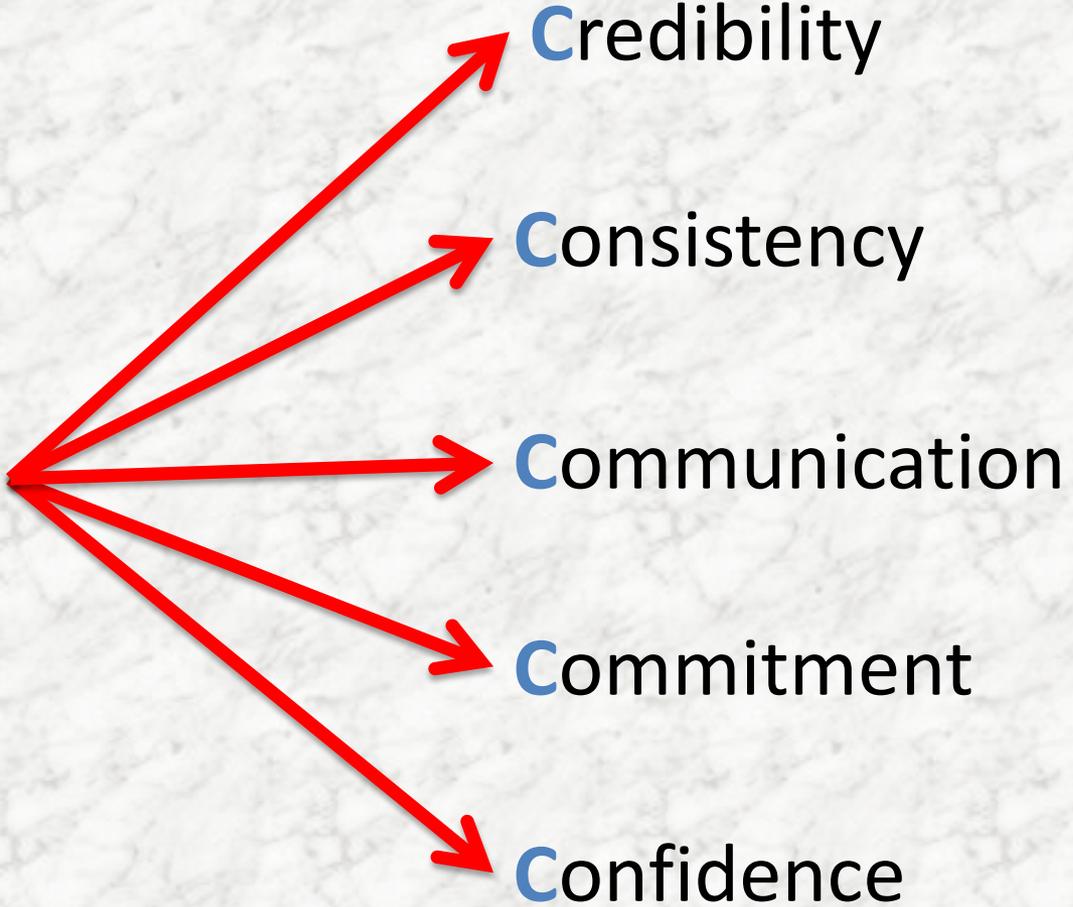
Why is vascular access so important?

- ✓ Lifeline for the patient
- ✓ Good vascular access = good dialysis and less complications
- ✓ Good vascular access = healthier patient
- ✓ Decreases morbidity, mortality, and hospitalizations
- ✓ A Win:Win
 - Optimal Patient Care
 - Cost-effective Patient Care

Key to Our Success Now and in the Future:

The Five

C's
C's



Credibility and Consistency

❖ New Medical Director

↳ Dr. Dave Singh Khurana

❖ Vascular Access Coordinators

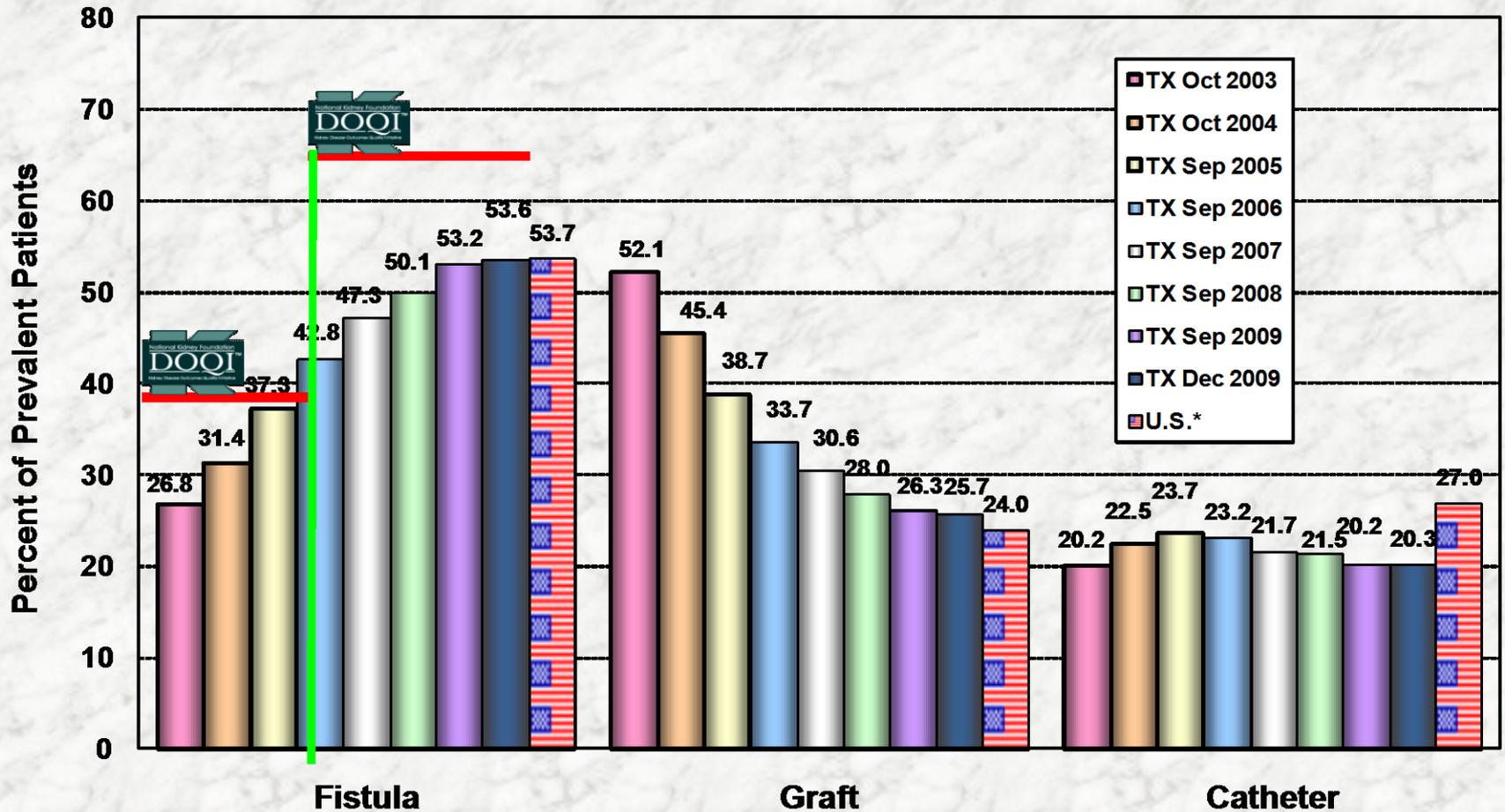
↳ CMC - Jennifer Elmore

↳ UTMB - Nicarity Stateresa

❖ Standardization of Care

↳ 
arteriovenous FISTULA FIRST
AVF — The first choice for hemodialysis
Evaluation, Cannulation, Comparison

Chart 1: Prevalent Vascular Access Type Utilization



* U.S. Fistula data from 12/09 (represents ALL Texas facilities), U.S. Graft and Catheter data from 2008 CPM Report.

Chart 2: Prevalent Texas Patients With Catheter Only

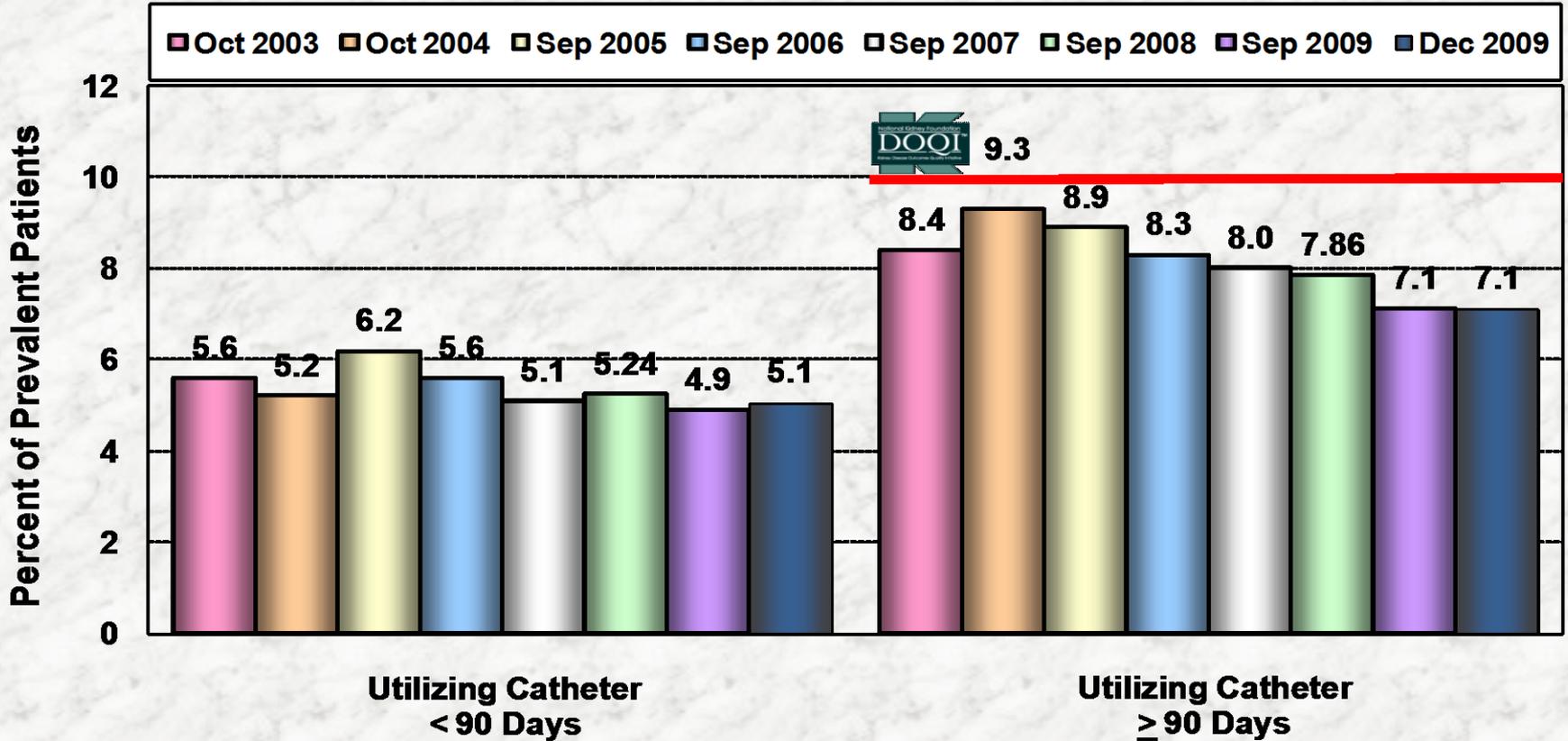


Chart 1: Percent of Utilized AVFs TDCJ-UTMB December 2003-December 2009

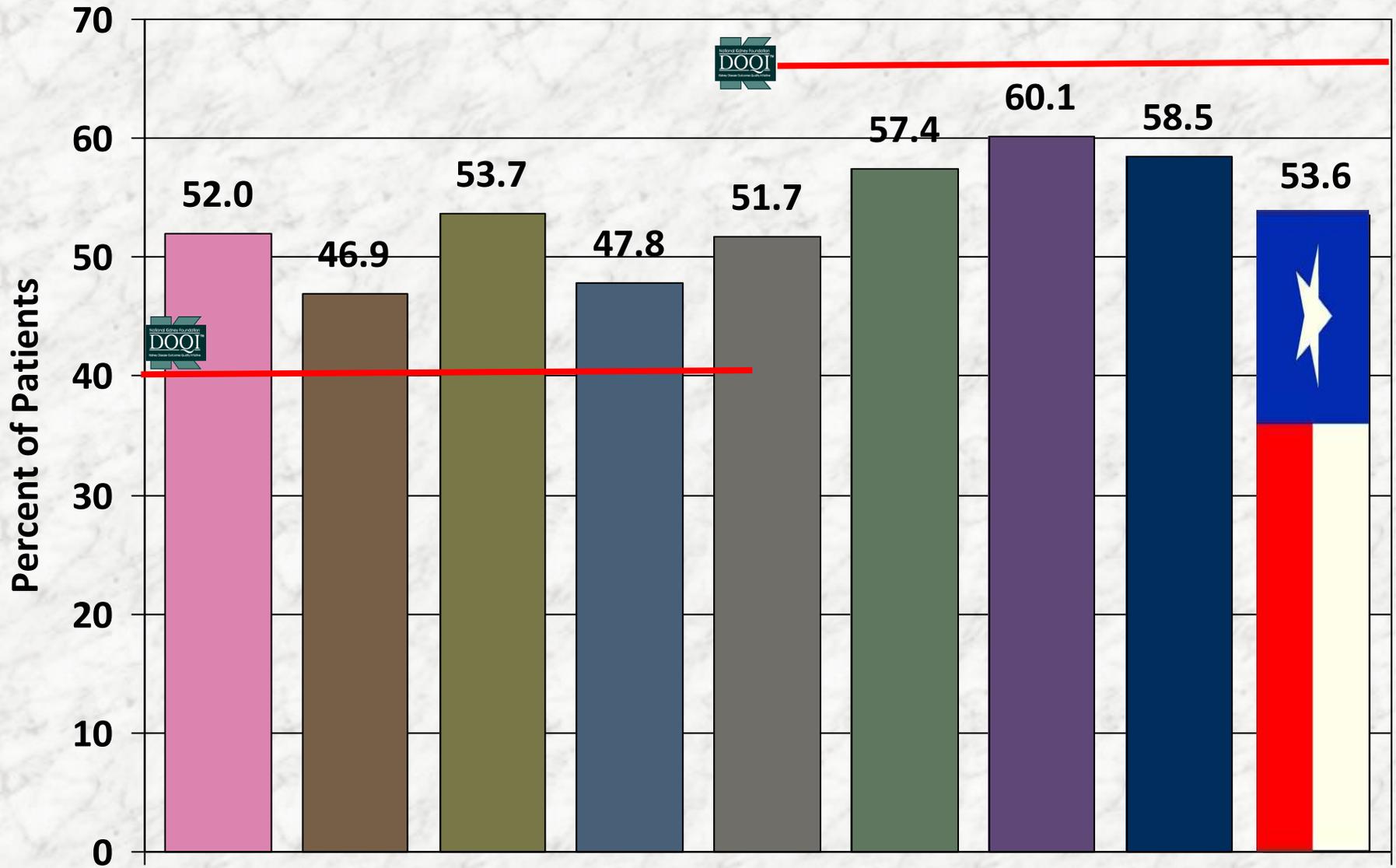


Chart 2: Percent of Utilized AVGs TDCJ-UTMB

December 2003-December2009

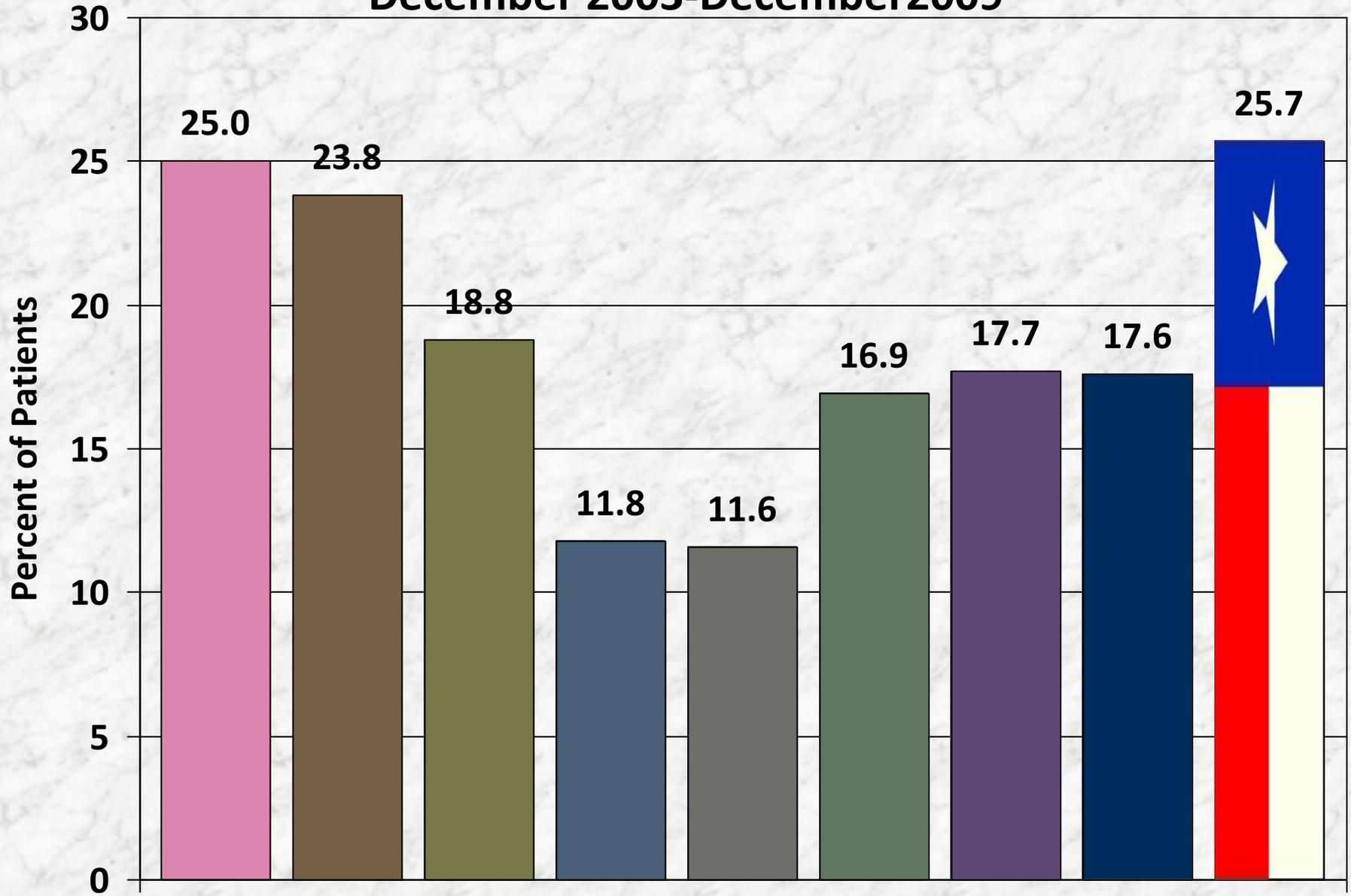


Chart 3: Percent of Utilized Catheters TDCJ-UTMB

December 2003-December2009

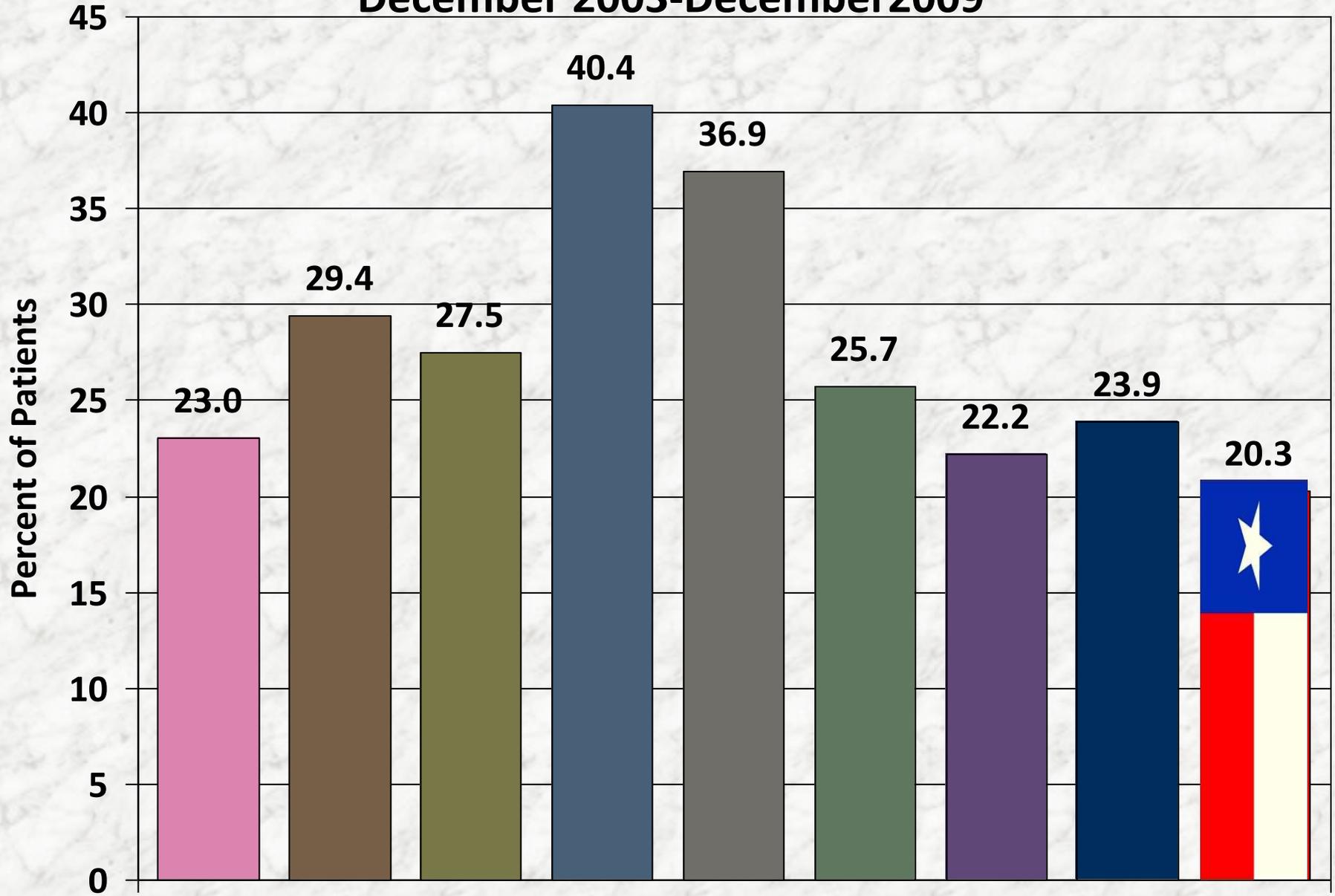
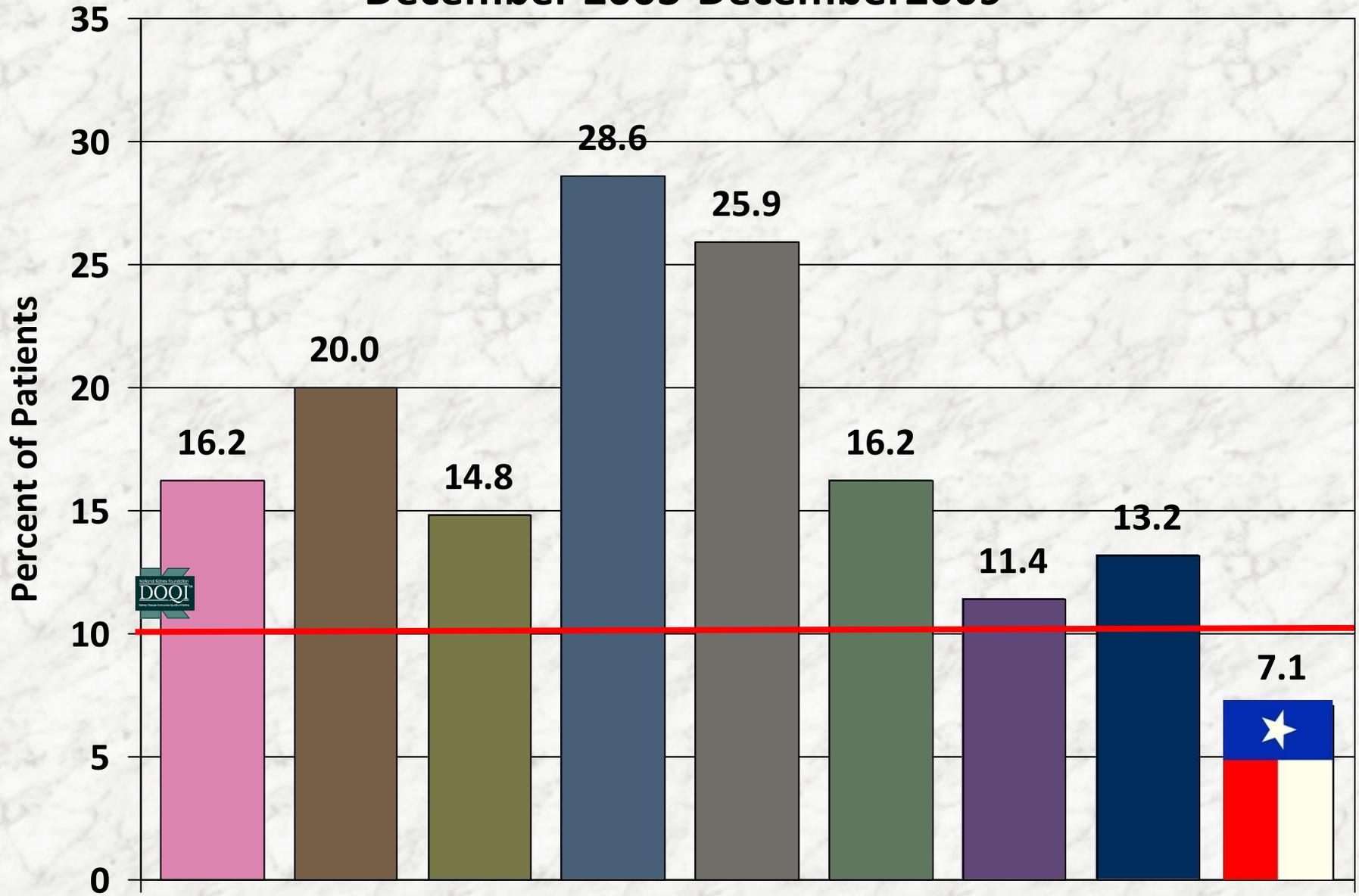


Chart 4: Percent of Catheters \geq 90 days TDCJ-UTMB

December 2003-December 2009



Communication

Patients

- Direct, weekly interaction
- Education

Physicians and Administration

- Meetings
 - Review problems/solutions
 - Outcomes
 - Quality Improvement
 - Multi-Specialty
- DMS/Telemed
- PEARL
- Direct line to me

Commitment

Dialysis

- Weekly Rounds
 - Examine Access
 - Educate and answer questions
- Improve Co-Morbidities
- Monthly Quality Assurance
 - Internal
 - External – Fistula First
- Quarterly Multi-Specialty Meetings
 - Surgery, Nephrology, TDCJ, CMC

Commitment – cont.

CKD / Pre-Dialysis

- Currently >1200 CKD pts and >240 pre-dialysis
- Preventing Progression
- Evaluate before starting dialysis
- Access ready to be used by time for dialysis
 - Smooth transition

Confidence

➤ Patients

➤ Staff

➤ Administration

Future Goals

CKD / Pre Dialysis

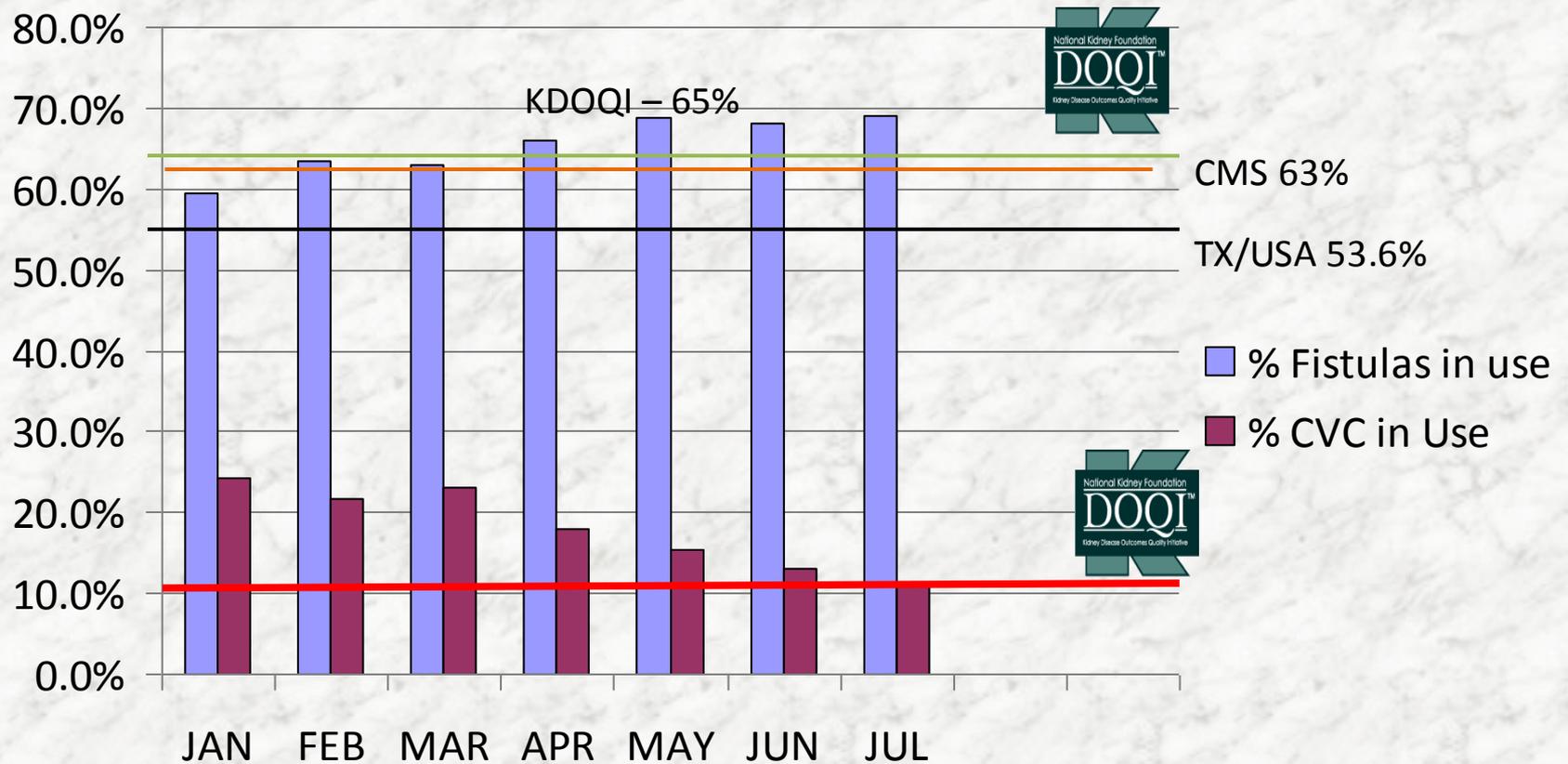
- Currently >1200 CKD pts and >240 pre-dialysis
- Prolong time to starting dialysis
- Ensuring patients are optimal and ready to initiate on dialysis

Minimum  **CMS Goal**

Maximum  **80% or greater**

“On Our Way”

(Estelle and Carol Young)



WE ARE IN A CRISIS!

ESTELLE:

Non-Hepatitis B- 155 of 156 slots full

Hepatitis B positive- 5 of 12 slots full

CAROL YOUNG:

14 of 12 slots full

This forces us to run 6 days per week with only 3 personnel. This will make 8 male offenders and 6 female offenders.

TOTAL HD PATIENTS BY END OF AUGUST:

174



Correctional Managed Health Care

Quarterly Report FY 2010 Third Quarter

September 2009 – May 2010

Summary

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

Background

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

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

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

These payments are made directly to the university providers according to their contracts. Benefit reimbursement amounts and expenditures are included in the reported totals provided by the universities.

Report Highlights

Population Indicators

- Through the third quarter of this fiscal year, the correctional health care program has slightly increased in the overall offender population served. The average daily population served through the third quarter of FY 2010 was 151,152. Through this same quarter a year ago (FY 2009), the average daily population was 150,572, an increase of 580 (0.38%). 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 third quarter of FY 2010, the average number of older offenders in the service population was 11,714. Through this same quarter a year ago (FY 2009), the average number of offenders age 55 and over was 10,929. This represents an increase of 785 or about 7.2% 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 2,400 (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 1,928 through the third quarter of FY 2010, as compared to 1,918 through the same quarter a year ago (FY 2009). The inpatient caseload is limited by the number of available inpatient beds in the system.
 - Through the third quarter of FY 2010, the average number of mental health outpatients was 21,056 representing 13.9% of the service population.

Health Care Costs

- Overall health costs through the third quarter of FY 2010 totaled \$411.7M. This amount exceeded overall revenues earned by the university providers by \$19.0M or 4.8%.
- UTMB's total revenue through the quarter was \$312.7M. Their expenditures totaled \$329.4M, resulting in a net loss of \$16.7M. On a per offender per day basis, UTMB earned \$9.53 in revenue and expended \$10.04 resulting in a shortfall of \$0.51 per offender per day.

- TTUHSC's total revenue through the third quarter was \$79.9M. Expenditures totaled \$82.2M, resulting in a net loss of \$2.3M. On a per offender per day basis, TTUHSC earned \$9.45 in revenue, but expended \$9.72 resulting in a shortfall of \$0.27 per offender per day.
- Examining the health care costs in further detail indicates that of the \$411.7M in expenses reported through the third quarter of the year:
 - Onsite services (those medical services provided at the prison units) comprised \$193.7M representing about 47.1% of the total health care expenses:
 - Of this amount, 80.2% was for salaries and benefits and 19.8% for operating costs.
 - Pharmacy services totaled \$39.3M representing approximately 9.6% of the total expenses:
 - Of this amount 18.0% was for related salaries and benefits, 3.2% for operating costs and 78.8% for drug purchases.
 - Offsite services (services including hospitalization and specialty clinic care) accounted for \$132.1M or 32.1% of total expenses:
 - Of this amount 65.5% was for estimated university provider hospital, physician and professional services; and 34.5% for Freeworld (non-university) hospital, specialty and emergency care.
 - Mental health services totaled \$36.3M or 8.8% of the total costs:
 - Of this amount, 96.6% was for mental health staff salaries and benefits, with the remaining 3.4% for operating costs.
 - Indirect support expenses accounted for \$10.3M and represented 2.4% of the total costs.
- The total cost per offender per day for all health care services statewide through the third quarter of FY 2010 was \$9.98. The average cost per offender per day for the prior four fiscal years was \$8.38.
 - For UTMB, the cost per offender per day was \$10.04. This is higher than the average cost per offender per day for the last four fiscal years of \$8.46.
 - For TTUHSC, the cost per offender per day was \$9.72, higher than the average cost per offender per day for the last four fiscal years of \$8.09.
 - Differences in cost between UTMB and TTUHSC relate to the differences in mission, population assigned and the acuity level of the offender patients served.

Aging Offenders

- As consistently noted in prior reports, the aging of the offender population has a demonstrated impact on the resources of the health care system. Offenders age 55 and older access the health care delivery system at a much higher level and frequency than younger offenders:
 - Encounter data through the third quarter of FY 2010 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 \$3,122 per offender. The same calculation for offenders under age 55 totaled about \$481. In terms of hospitalization, the older offenders were utilizing health care resources at a rate of six and a half times higher than the younger offenders. While comprising about 7.7% of the overall service population, offenders age 55 and over account for more than 35.3% of the hospitalization costs received to date.
 - A third examination of dialysis costs found that, proportionately, older offenders are represented more than five times more often in the dialysis population than younger offenders. Dialysis costs continue to be significant, averaging \$23,603 per patient per year. Providing medically necessary dialysis treatment for an average of 193 patients through the third quarter of FY2010 cost \$3.4M.

Drug Costs

- Total drug costs through the third quarter of FY 2010 totaled \$30.2M.
 - Pharmaceutical costs related to HIV care continue to be the largest single component of pharmacy expenses.
 - Through this quarter, \$14.1M in costs (or over \$1.56M per month) for HIV antiretroviral medication costs were experienced. This represents 46.8% of the total drug cost during this time period.
 - Expenses for psychiatric drugs are also being tracked, with approximately \$1.6M being expended for psychiatric medications through the third quarter, representing 5.1% of the overall drug cost.
 - Another pharmacy indicator being tracked is the cost related to Hepatitis C therapies. These costs were \$2.0M and represented about 6.6% of the total drug cost.

Reporting of Fund Balances

- In accordance with Rider 41, page V-21, Senate Bill 1, 81st Legislature, Regular Session 2009, both the University of Texas Medical Branch and Texas Tech University Health Sciences Center are required to report if they hold any monies in reserve for correctional managed health care. UTMB reports that they hold no such reserves and report a total shortfall of \$16,721,129 through this quarter. TTUHSC reports that they hold no such reserves and report a total shortfall of \$2,302,630.
- A summary analysis of the ending balances, revenue and payments through the third quarter for all CMHCC accounts is included in this report. That summary indicates that the net unencumbered balance on all CMHCC accounts on May 31, 2010 was \$62,089.85. It should be noted that this balance is projected to decrease over the course of the fiscal year.

Financial Monitoring

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

The testing of detail transactions performed on TTUHSC's financial information for May 2010 is completed. The testing of detail transactions performed on TTUHSC's financial information for March through May 2010 resulted in no significant findings which need correction.

The testing of detail transactions performed on UTMB's financial information for May 2010 is completed. The testing of detail transactions performed on UTMB's financial information for March through May 2010 resulted in no significant findings which need correction.

Concluding Notes

The combined operating loss for the university providers through the third quarter of FY 2010 is \$19.0 M. The university providers are continuing to monitor their expenditures closely, while seeking additional opportunities to reduce costs in order to minimize their operating losses.

Listing of Supporting Tables and Charts

Table 1: FY 2010 Allocation of Funds	8
Chart 1: Allocations by Entity	8
Table 2: Key Population Indicators	9
Chart 2: Growth in Service Population and in Age 55	10
Chart 3: HIV+ Population.....	10
Chart 4: Mental Health Outpatient Census	10
Chart 5: Mental Health Inpatient Census.....	10
Table 3: Summary Financial Report	11-12
Table 4: UTMB/TTUHSC Expense Summary	13
Chart 6: Total Health Care by Category	13
Chart 7: Onsite Services.....	13
Chart 8: Pharmacy Services	13
Chart 9: Offsite Services.....	13
Chart 10: Mental Health Services	13
Table 4a: UTMB/TTUHSC Expense Summary	14
Table 5: Comparison Total Health Care Costs	15
Chart 11: UTMB Cost Per Day.....	15
Chart 12: TTUHSC Cost Per Day.....	15
Chart 13: Statewide Cost Per Day	15
Table 6: Medical Encounter Statistics by Age	16
Chart 14: Encounters Per Offender by Age Grouping.....	16
Table 7: Offsite Costs to Date by Age Grouping.....	17
Chart 15: Hospital Costs Per Offender by Age	17
Table 8: Dialysis Costs by Age Grouping	18
Chart 16: Percent of Dialysis Cost by Age Group.....	18
Chart 17: Percent of Dialysis Patients in Population by Age Group.....	18
Table 9: Selected Drug Costs.....	19
Chart 18: HIV Drug Costs	19
Table 10: Ending Balances FY 2010	20

**Table 1
Correctional Managed Health Care
FY 2010 Budget Allocations**

Distribution of Funds

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

Source of Funds

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

Note: In addition to the amounts received and allocated by the CMHCC, the university providers receive partial reimbursement for employee benefit costs directly from other appropriations made for that purpose.

Chart 1

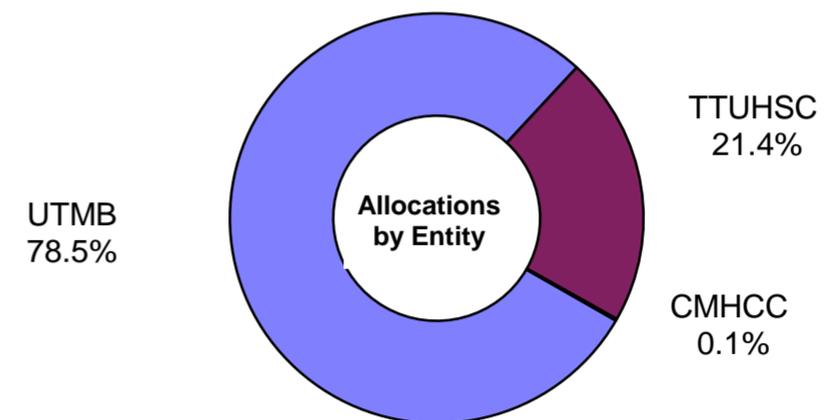


Table 2
FY 2010
Key Population Indicators
Correctional Health Care Program

Indicator	Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Population Year to Date Avg.
Avg. Population Served by CMHC:										
UTMB State-Operated Population	108,963	108,894	108,450	108,413	108,068	108,220	108,316	107,960	107,992	108,364
UTMB Private Prison Population*	11,852	11,811	11,796	11,783	11,731	11,687	11,746	11,809	11,845	11,785
UTMB Total Service Population	120,815	120,705	120,246	120,196	119,799	119,908	120,062	119,770	119,837	120,149
TTUHSC Total Service Population	30,958	30,887	31,042	31,051	30,945	30,972	30,984	31,072	31,123	31,004
CMHC Service Population Total	151,773	151,592	151,287	151,247	150,744	150,879	151,046	150,842	150,959	151,152
Population Age 55 and Over										
UTMB Service Population Average	9,564	9,595	9,608	9,652	9,654	9,733	9,728	9,768	9,812	9,679
TTUHSC Service Population Average	1,978	1,984	1,993	2,007	2,029	2,055	2,076	2,095	2,097	2,035
CMHC Service Population Average	11,542	11,579	11,601	11,659	11,683	11,788	11,804	11,863	11,909	11,714
HIV+ Population	2,445	2,430	2,414	2,414	2,419	2,376	2,365	2,367	2,374	2,400
Mental Health Inpatient Census										
UTMB Psychiatric Inpatient Average	1,028	1,023	1,000	978	987	994	991	1,001	1,030	1,004
TTUHSC Psychiatric Inpatient Average	915	899	915	923	911	929	941	953	931	924
CMHC Psychiatric Inpatient Average	1,943	1,922	1,915	1,901	1,898	1,923	1,932	1,954	1,961	1,928
Mental Health Outpatient Census										
UTMB Psychiatric Outpatient Average	17,715	17,909	16,361	17,484	16,098	15,896	17,501	17,243	16,129	16,926
TTUHSC Psychiatric Outpatient Average	3,981	4,150	3,639	4,372	3,788	4,075	4,532	4,429	4,201	4,130
CMHC Psychiatric Outpatient Average	21,696	22,059	20,000	21,856	19,886	19,971	22,033	21,672	20,330	21,056

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

Days in Year: 273

	Medical Services Costs			Medical Cost Per Day Calculations		
	UTMB	TTUHSC	TOTAL	UTMB	TTUHSC	TOTAL
Population Served	120,149	31,004	151,152			
Revenue						
Capitation Payments	\$252,792,057	\$64,583,453	\$317,375,510	\$7.71	\$7.63	\$7.69
State Reimbursement Benefits	\$34,120,545	\$3,357,859	\$37,478,404	\$1.04	\$0.40	\$0.91
Non-Operating Revenue	\$426,710	\$1,489	\$428,199	\$0.01	\$0.00	\$0.01
Total Revenue	\$287,339,312	\$67,942,801	\$355,282,113	\$8.76	\$8.03	\$8.61
Expenses						
Onsite Services						
Salaries	\$113,443,693	\$9,750,022	\$123,193,715	\$3.46	\$1.15	\$2.99
Benefits	\$29,828,798	\$2,396,159	\$32,224,957	\$0.91	\$0.28	\$0.78
Operating (M&O)	\$15,378,958	\$1,110,125	\$16,489,083	\$0.47	\$0.13	\$0.40
Professional Services	\$0	\$2,552,912	\$2,552,912	\$0.00	\$0.30	\$0.06
Contracted Units/Services	\$0	\$17,120,316	\$17,120,316	\$0.00	\$2.02	\$0.41
Travel	\$764,522	\$89,558	\$854,080	\$0.02	\$0.01	\$0.02
Electronic Medicine	\$0	\$302,679	\$302,679	\$0.00	\$0.04	\$0.01
Capitalized Equipment	\$554,534	\$429,159	\$983,693	\$0.02	\$0.05	\$0.02
Subtotal Onsite Expenses	\$159,970,505	\$33,750,930	\$193,721,435	\$4.88	\$3.99	\$4.69
Pharmacy Services						
Salaries	\$4,293,555	\$1,436,512	\$5,730,067	\$0.13	\$0.17	\$0.14
Benefits	\$1,294,421	\$50,306	\$1,344,727	\$0.04	\$0.01	\$0.03
Operating (M&O)	\$907,636	\$300,273	\$1,207,909	\$0.03	\$0.04	\$0.03
Pharmaceutical Purchases	\$25,402,930	\$5,590,130	\$30,993,060	\$0.77	\$0.66	\$0.75
Professional Services	\$0	\$0	\$0	\$0.00	\$0.00	\$0.00
Travel	\$18,540	\$14,900	\$33,440	\$0.00	\$0.00	\$0.00
Subtotal Pharmacy Expenses	\$31,917,082	\$7,392,121	\$39,309,203	\$0.97	\$0.87	\$0.95
Offsite Services						
University Professional Services	\$12,929,686	\$641,079	\$13,570,765	\$0.39	\$0.08	\$0.33
Freeworld Provider Services	\$24,415,378	\$13,191,220	\$37,606,598	\$0.74	\$1.56	\$0.91
UTMB or TTUHSC Hospital Cost	\$62,912,299	\$9,972,273	\$72,884,572	\$1.92	\$1.18	\$1.77
Estimated IBNR	\$6,934,091	\$1,098,989	\$8,033,080	\$0.21	\$0.13	\$0.19
Subtotal Offsite Expenses	\$107,191,454	\$24,903,561	\$132,095,015	\$3.27	\$2.94	\$3.20
Indirect Expenses	\$5,191,904	\$3,994,385	\$9,186,289	\$0.16	\$0.47	\$0.22
Total Expenses	\$304,270,945	\$70,040,997	\$374,311,942	\$9.28	\$8.28	\$9.07
Operating Income (Loss)	(\$16,931,633)	(\$2,098,196)	(\$19,029,829)	(\$0.52)	(\$0.25)	(\$0.46)

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

Days in Year: 273

	Mental Health Services Costs			Mental Health Cost Per Day Calculations		
	UTMB	TTUHSC	TOTAL	UTMB	TTUHSC	TOTAL
Population Served	120,149	31,004	151,152			
Revenue						
Capitation Payments	\$21,005,724	\$9,937,906	\$30,943,630	\$0.64	\$1.17	\$0.75
State Reimbursement Benefits	\$4,367,393	\$2,070,542	\$6,437,935	\$0.13	\$0.24	\$0.16
Other Misc Revenue	\$0	\$0	\$0	\$0.00	\$0.00	\$0.00
Total Revenue	\$25,373,117	\$12,008,448	\$37,381,565	\$0.77	\$1.42	\$0.91
Expenses						
Mental Health Services						
Salaries	\$19,376,723	\$8,759,853	\$28,136,576	\$0.59	\$1.03	\$0.68
Benefits	\$4,752,672	\$2,200,229	\$6,952,901	\$0.14	\$0.26	\$0.17
Operating (M&O)	\$454,508	\$141,330	\$595,838	\$0.01	\$0.02	\$0.01
Professional Services	\$0	\$492,710	\$492,710	\$0.00	\$0.06	\$0.01
Contracted Units/Services	\$0	\$0	\$0	\$0.00	\$0.00	\$0.00
Travel	\$121,167	\$22,486	\$143,653	\$0.00	\$0.00	\$0.00
Electronic Medicine	\$0	\$0	\$0	\$0.00	\$0.00	\$0.00
Capitalized Equipment	\$0	\$0	\$0	\$0.00	\$0.00	\$0.00
Subtotal Mental Health Expenses	\$24,705,070	\$11,616,608	\$36,321,678	\$0.75	\$1.37	\$0.88
Indirect Expenses	\$457,543	\$596,274	\$1,053,817	\$0.01	\$0.07	\$0.03
Total Expenses	\$25,162,613	\$12,212,882	\$37,375,495	\$0.77	\$1.44	\$0.91
Operating Income (Loss)	\$210,504	(\$204,434)	\$6,070	\$0.01	(\$0.02)	\$0.00

All Health Care Summary

	All Health Care Services			Cost Per Offender Per Day		
	UTMB	TTUHSC	TOTAL	UTMB	TTUHSC	TOTAL
Medical Services	\$287,339,312	\$67,942,801	\$355,282,113	\$8.76	\$8.03	\$8.61
Mental Health Services	\$25,373,117	\$12,008,448	\$37,381,565	\$0.77	\$1.42	\$0.91
Total Revenue	\$312,712,429	\$79,951,249	\$392,663,678	\$9.53	\$9.45	\$9.52
Medical Services	\$304,270,945	\$70,040,997	\$374,311,942	\$9.28	\$8.28	\$9.07
Mental Health Services	\$25,162,613	\$12,212,882	\$37,375,495	\$0.77	\$1.44	\$0.91
Total Expenses	\$329,433,558	\$82,253,879	\$411,687,437	\$10.04	\$9.72	\$9.98
Operating Income (Loss)	(\$16,721,129)	(\$2,302,630)	(\$19,023,759)	(\$0.51)	(\$0.27)	(\$0.46)

Table 4
FY 2010 3rd Quarter
UTMB/TTUHSC EXPENSE SUMMARY

Category	Expense	Percent of Total
Onsite Services	\$193,721,435	47.06%
Salaries	\$123,193,715	
Benefits	\$32,224,957	
Operating	\$38,302,763	
Pharmacy Services	\$39,309,203	9.55%
Salaries	\$5,730,067	
Benefits	\$1,344,727	
Operating	\$1,241,349	
Drug Purchases	\$30,993,060	
Offsite Services *	\$132,095,015	32.09%
Univ. Professional Svcs.	\$13,570,765	
Freeworld Provider Svcs.	\$37,606,598	
Univ. Hospital Svcs.	\$72,884,572	
Est. IBNR	\$8,033,080	
Mental Health Services	\$36,321,678	8.82%
Salaries	\$28,136,576	
Benefits	\$6,952,901	
Operating	\$1,232,201	
Indirect Expense	\$10,240,106	2.49%
*-Breakout of Expense Detail on Table 3		
Total Expenses	\$411,687,437	100.00%

Chart 6: Total Health Care by Category

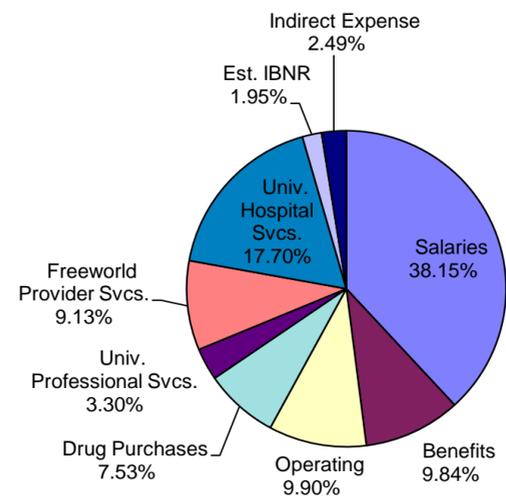


Chart 7: Onsite Services

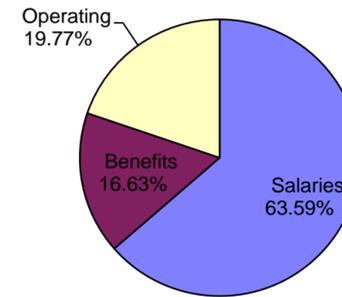


Chart 8: Pharmacy Services

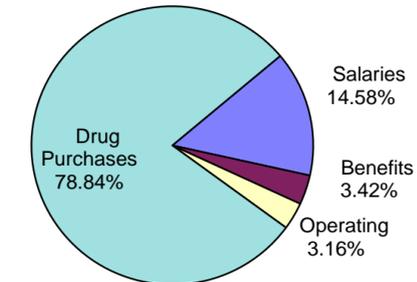


Chart 9: Offsite Services

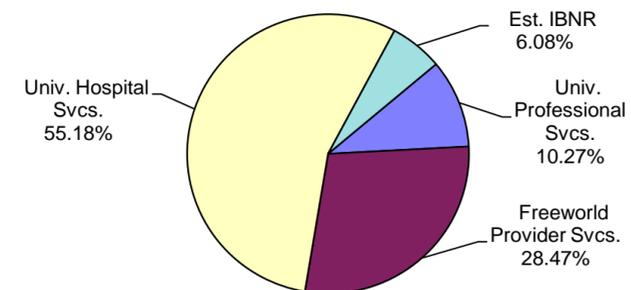


Chart 10: Mental Health Services

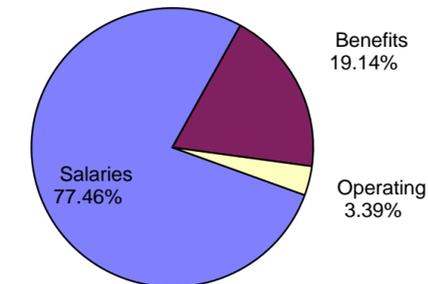


Table 4a
FY 2010 3rd Quarter
UTMB/TTUHSC EXPENSE SUMMARY

Category	Total Expense	UTMB	TTUHSC	% UTMB
Onsite Services	\$193,721,435	\$159,970,505	\$33,750,930	82.58%
Salaries	\$123,193,715	\$113,443,693	\$9,750,022	
Benefits	\$32,224,957	\$29,828,798	\$2,396,159	
Operating	\$16,489,083	\$15,378,958	\$1,110,125	
Pharmacy Services	\$39,309,203	\$31,917,082	\$7,392,121	81.19%
Salaries	\$5,730,067	\$4,293,555	\$1,436,512	
Benefits	\$1,344,727	\$1,294,421	\$50,306	
Operating	\$1,241,349	\$926,176	\$315,173	
Drug Purchases	\$30,993,060	\$25,402,930	\$5,590,130	
Offsite Services	\$132,095,015	\$107,191,454	\$24,903,561	81.15%
Univ. Professional Svcs.	\$13,570,765	\$12,929,686	\$641,079	
Freeworld Provider Svcs.	\$37,606,598	\$24,415,378	\$13,191,220	
Univ. Hospital Svcs.	\$72,884,572	\$62,912,299	\$9,972,273	
Est. IBNR	\$8,033,080	\$6,934,091	\$1,098,989	
Mental Health Services	\$36,321,678	\$24,705,070	\$11,616,608	68.02%
Salaries	\$28,136,576	\$19,376,723	\$8,759,853	
Benefits	\$6,952,901	\$4,752,672	\$2,200,229	
Operating	\$595,838	\$454,508	\$141,330	
Indirect Expense	\$10,240,106	\$5,649,447	\$4,590,659	55.17%
Total Expenses	\$411,687,437	\$329,433,558	\$82,253,879	80.02%

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

	FY 06	FY 07	FY 08	FY 09	4-Year Average	FYTD 10 1st Qtr	FYTD 10 2nd Qtr	FYTD 10 3rd Qtr
Population								
UTMB	119,835	120,235	120,648	119,952	120,167	120,588	120,278	120,149
TTUHSC	31,448	31,578	31,064	30,616	31,177	30,963	30,976	31,004
Total	151,283	151,813	151,712	150,568	151,344	151,551	151,254	151,152
Expenses								
UTMB	\$336,934,127	\$342,859,796	\$381,036,398	\$423,338,812	\$371,042,283	\$112,356,950	\$219,640,888	\$329,433,558
TTUHSC	\$83,467,550	\$87,147,439	\$96,482,145	\$100,980,726	\$92,019,465	\$27,495,553	\$54,608,451	\$82,253,879
Total	\$420,401,677	\$430,007,235	\$477,518,543	\$524,319,538	\$463,061,748	\$139,852,503	\$274,249,339	\$411,687,437
Cost/Day								
UTMB	\$7.70	\$7.81	\$8.63	\$9.67	\$8.46	\$10.24	\$10.03	\$10.04
TTUHSC	\$7.27	\$7.56	\$8.49	\$9.04	\$8.09	\$9.76	\$9.69	\$9.72
Total	\$7.61	\$7.76	\$8.60	\$9.54	\$8.38	\$10.14	\$9.96	\$9.98

* 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

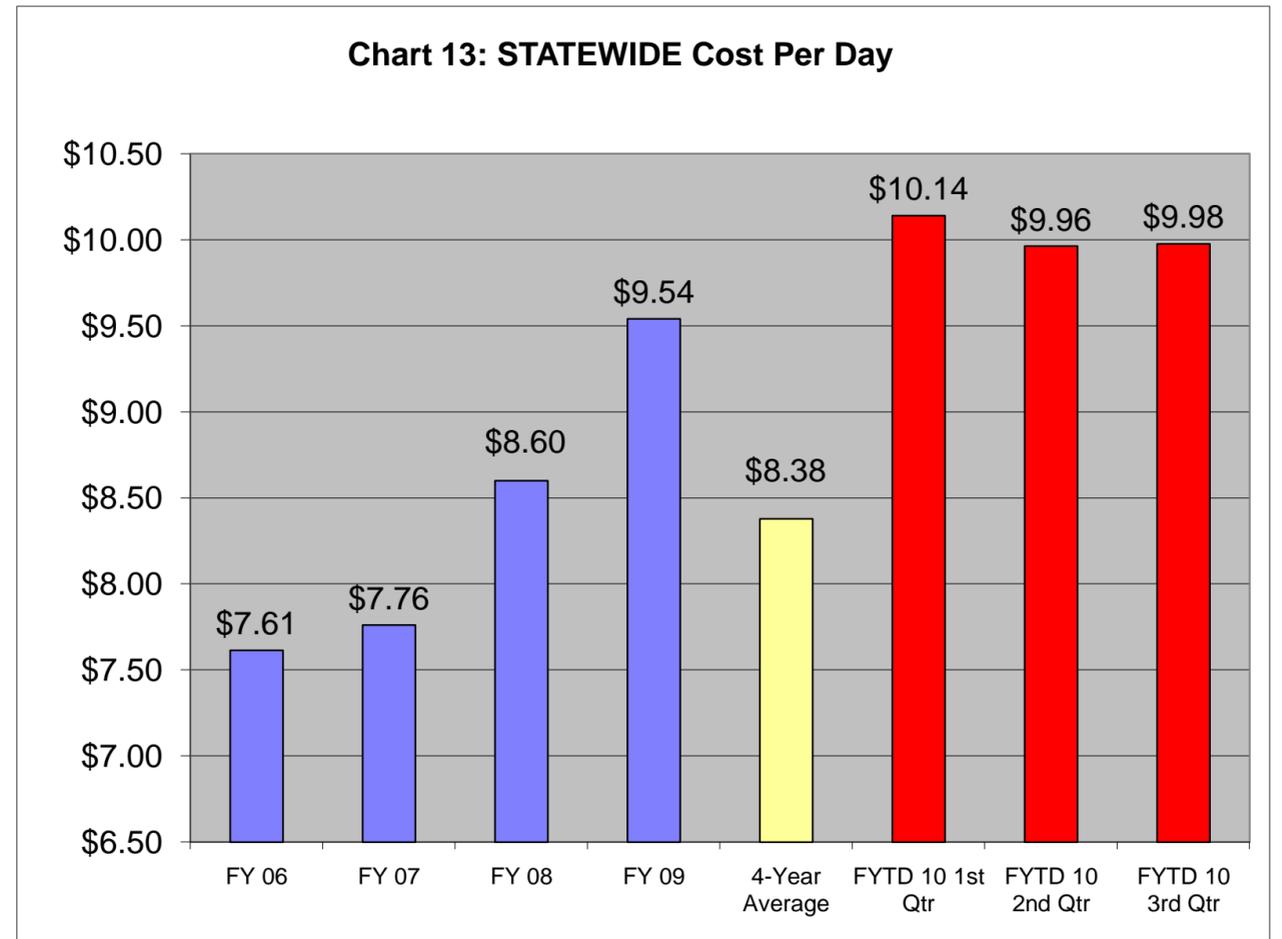
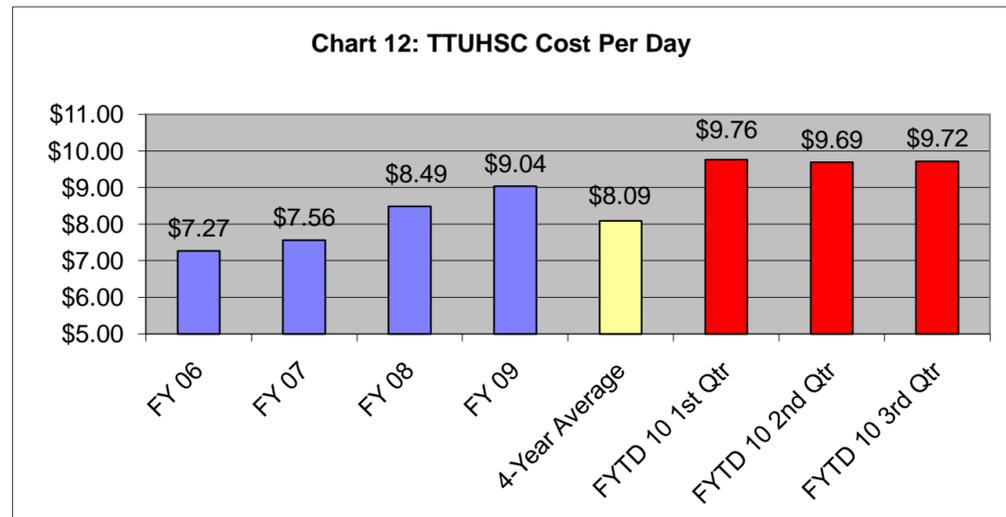
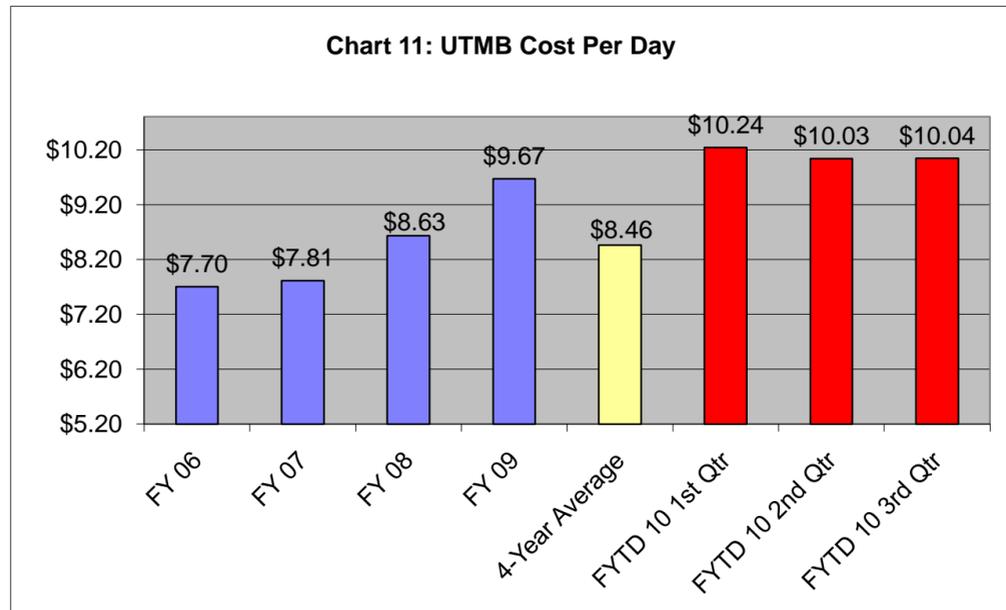


Table 6
Medical Encounter Statistics* by Age Grouping

Month	Encounters			Population			Encounters Per Offender		
	Age 55 and Over	Under Age 55	Total	Age 55 and Over	Under Age 55	Total	Age 55 and Over	Under Age 55	Total
Sep-09	41,772	171,033	212,805	9,564	111,251	120,815	4.37	1.54	1.76
Oct-09	47,855	179,767	227,622	9,595	111,110	120,705	4.99	1.62	1.89
Nov-09	39,542	153,958	193,500	9,608	110,638	120,246	4.12	1.39	1.61
Dec-09	41,894	165,825	207,719	9,652	110,544	120,196	4.34	1.50	1.73
Jan-10	38,305	154,500	192,805	9,654	110,145	119,799	3.97	1.40	1.61
Feb-10	38,226	152,356	190,582	9,733	110,175	119,908	3.93	1.38	1.59
Mar-10	43,837	179,451	223,288	9,728	110,334	120,062	4.51	1.63	1.86
Apr-10	39,698	174,890	214,588	9,768	110,002	119,770	4.06	1.59	1.79
May-10	36,968	163,655	200,623	9,812	110,025	119,837	3.77	1.49	1.67
Average	40,900	166,159	207,059	9,679	110,469	120,149	4.23	1.50	1.72

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

Chart 14
Encounters Per Offender By Age Grouping

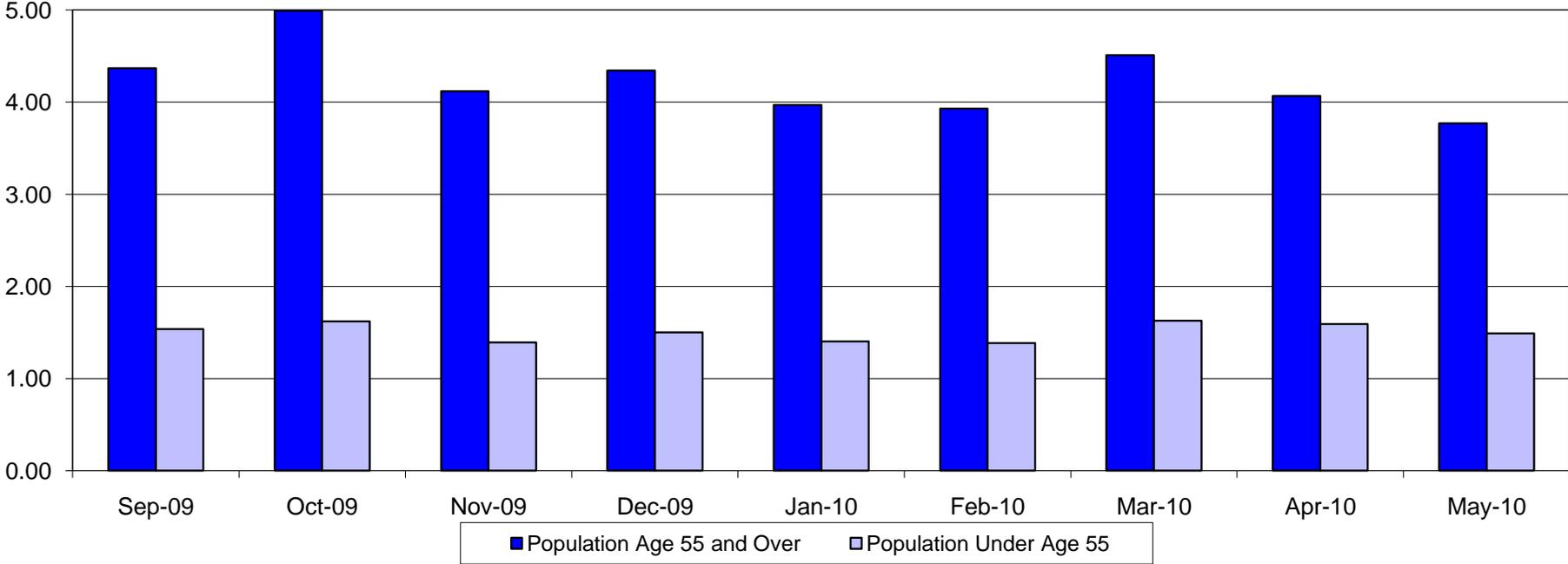


Table 7
FY 2010 3rd Quarter
Offsite Costs* To Date by Age Grouping

Age Grouping	Cost Data	Total Population	Total Cost Per Offender
Age 55 and Over	\$36,577,332	11,714	\$3,122.47
Under Age 55	\$67,072,115	139,438	\$481.02
Total	\$103,649,447	151,152	\$685.73

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

Chart 15
Hospital Costs to Date Per Offender
by Age Grouping

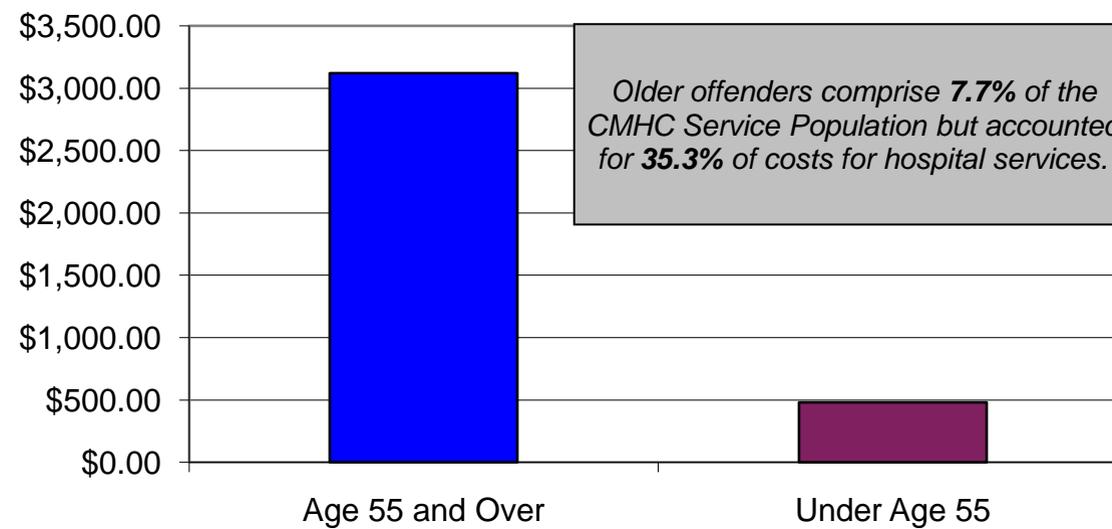
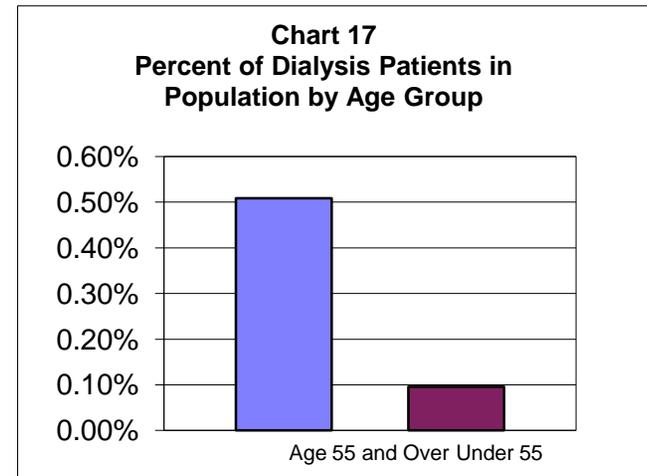
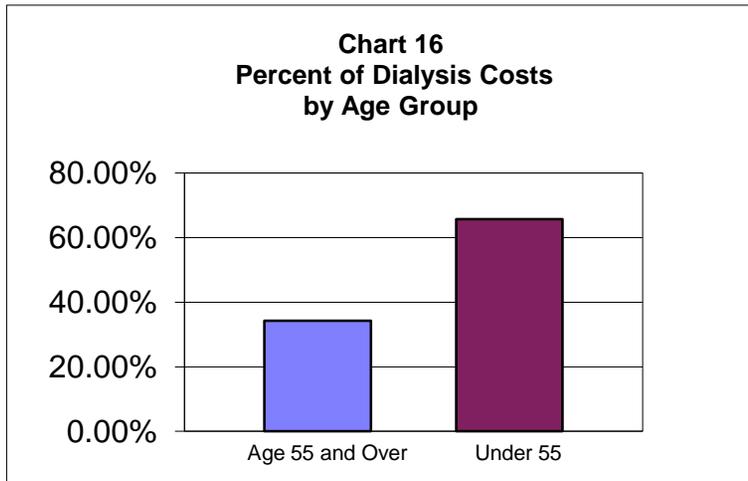


Table 8
Through FY 2010 3rd Quarter
Dialysis Costs by Age Grouping

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	\$1,173,265	34.28%	11,714	7.75%	60	0.51%
Under Age 55	\$2,249,079	65.72%	139,438	92.25%	134	0.10%
Total	\$3,422,344	100.00%	151,152	100.00%	193	0.13%

Projected Avg Cost Per Dialysis Patient Per Year:

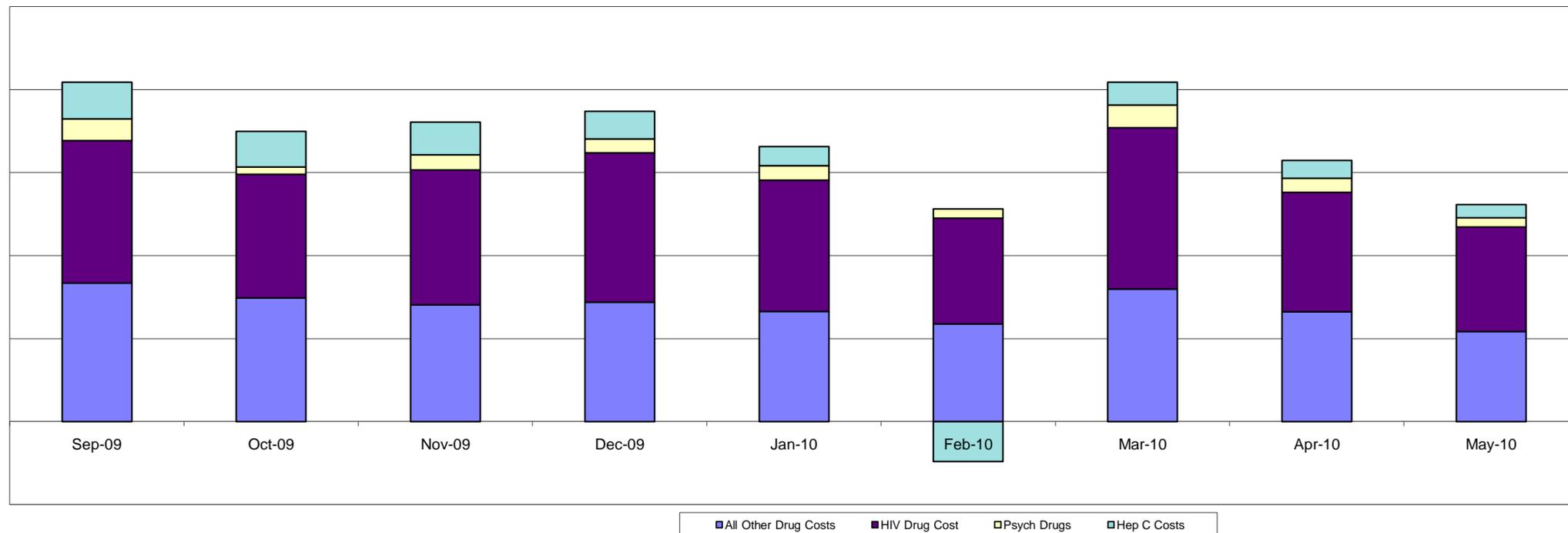
\$23,603



**Table 9
Selected Drug Costs FY 2010**

Category	Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Total Year-to-Date
<i>Total Drug Costs</i>	\$4,090,594	\$3,497,612	\$3,608,385	\$3,740,760	\$3,312,646	\$2,081,172	\$4,087,014	\$3,145,983	\$2,612,968	\$30,177,133
<i>HIV Medications</i>										
HIV Drug Cost	\$1,714,275	\$1,488,935	\$1,622,836	\$1,801,578	\$1,582,347	\$1,279,081	\$1,944,359	\$1,439,386	\$1,258,336	\$14,131,132
HIV Percent of Cost	41.91%	42.57%	44.97%	48.16%	47.77%	61.46%	47.57%	45.75%	48.16%	46.83%
<i>Psychiatric Medications</i>										
Psych Drug Cost	\$264,579	\$87,514	\$183,690	\$166,303	\$176,539	\$111,582	\$276,675	\$170,687	\$112,648	\$1,550,215
Psych Percent of Cost	6.47%	2.50%	5.09%	4.45%	5.33%	5.36%	6.77%	5.43%	4.31%	5.14%
<i>Hepatitis C Medications</i>										
Hep C Drug Cost	\$442,260	\$431,934	\$395,049	\$334,527	\$228,631	-\$482,830	\$270,479	\$215,271	\$157,481	\$1,992,802
Hep C Percent of Cost	10.81%	12.35%	10.95%	8.94%	6.90%	-23.20%	6.62%	6.84%	6.03%	6.60%
<i>All Other Drug Costs</i>	\$1,669,480	\$1,489,230	\$1,406,811	\$1,438,353	\$1,325,128	\$1,173,339	\$1,595,502	\$1,320,640	\$1,084,503	\$12,502,985

**Chart 18
Drug Costs by Selected Categories**



**Table 10
Ending Balances 3rd Qtr FY 2010**

	Beginning Balance September 1, 2009	Net Activity FY 2010	Ending Balance May 31, 2010
CMHCC Operating Funds	\$27,819.97	\$191,511.44	\$219,331.41
CMHCC Medical Services	\$1,909.59	\$21,772,332.81	\$21,774,242.40
CMHCC Mental Health	\$343.06	\$3,350,233.99	\$3,350,577.05
Ending Balance All Funds	\$30,072.62	\$25,314,078.24	\$25,344,150.86

4th QTR Advance Payments

From TDCJ - Medical			(\$106,954,383.49)
From TDCJ - Mental Health			(\$10,427,890.23)
From TDCJ - CMHCC			(\$168,637.29)
To UTMB - Medical			\$85,189,997.00
To UTMB - Mental Health			\$7,078,853.00
Total Unencumbered Fund Balance			\$62,089.85

SUPPORTING DETAIL

CMHCC Operating Account

Beginning Balance	\$27,819.97
FY 2009 Funds Lapsed to State Treasury	(\$27,819.97)
Revenue Received	
1st Qtr Payment	\$166,805.57
2nd Qtr Payment	\$164,972.85
3rd Qtr Payment	\$168,637.29
4th Qtr Advance Payment	\$168,637.29
Interest Earned	\$34.77
Subtotal Revenue	\$669,087.77
Expenses	
Salary & Benefits	(\$386,738.70)
Operating Expenses	(\$63,017.66)
Subtotal Expenses	(\$449,756.36)
Net Activity thru this Qtr	\$191,511.44
Total Fund Balance CMHCC Operating	\$219,331.41

RECONCILIATION:

Less: 4th Qtr Advance Payment from TDCJ	(\$168,637.29)
Total Unencumbered Fund Balance	\$50,694.12

SUPPORTING DETAIL

CMHCC Capitation Accounts	Medical Services	Mental Health
Beginning Balance	\$1,909.59	\$343.06
FY 2009 Funds Lapsed to State Treasury	(\$1,909.59)	(\$343.06)
Revenue Detail		
1st Qtr Payment from TDCJ	\$105,791,835.84	\$10,314,542.59
2nd Qtr Payment from TDCJ	\$104,629,288.19	\$10,201,195.96
3rd Qtr Payment from TDCJ	\$106,954,383.48	\$10,427,890.23
4th Qtr Advance Payment from TDCJ	\$106,954,383.48	\$10,427,890.23
Interest Earned	\$9,855.41	\$1,542.04
Revenue Received	\$424,339,746.40	\$41,373,061.05

Payments to UTMB

1st Qtr Payment to UTMB	(\$84,264,018.94)	(\$7,001,906.99)
2nd Qtr Payment to UTMB	(\$83,338,040.71)	(\$6,924,962.96)
3rd Qtr Payment to UTMB	(\$85,189,997.17)	(\$7,078,852.53)
4th Qtr Advance Payment to UTMB	(\$85,189,997.00)	(\$7,078,853.00)
Subtotal UTMB Payments	(\$337,982,053.82)	(\$28,084,575.48)

Payments to TTUHSC

1st Qtr Payment to TTUHSC	(\$21,527,816.90)	(\$3,312,636.00)
2nd Qtr Payment to TTUHSC	(\$21,291,247.28)	(\$3,276,234.05)
3rd Qtr Payment to TTUHSC	(\$21,764,387.00)	(\$3,349,038.47)
Subtotal TTUHSC Payments	(\$64,583,451.18)	(\$9,937,908.52)

Total Payments Made thru this Qtr

(\$402,565,505.00) (\$38,022,484.00)

Net Activity Through This Qtr

\$21,772,332.81 \$3,350,233.99

Total Fund Balance

\$21,774,242.40 \$3,350,577.05

RECONCILIATION:

Less: 4th Qtr Advance Payment from TDCJ	(\$106,954,383.48)	(\$10,427,890.23)
Add: 4th Qtr Advance Payment to UTMB	\$85,189,997.00	\$7,078,853.00
Total Unencumbered Fund Balance	\$9,855.92	\$1,539.82