



**CORRECTIONAL MANAGED HEALTH CARE  
COMMITTEE  
AGENDA**

June 7, 2011

9:00 a.m.

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

# CORRECTIONAL MANAGED HEALTH CARE COMMITTEE

June 7, 2011

9:00 a.m.

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

- I. Call to Order
- II. Recognitions and Introductions
- III. Approval Excused Absence
- IV. Consent Items
  1. Approval of Minutes, March 8, 2011
  2. TDCJ Health Services Monitoring Reports
    - Operational Review Summary Data
    - Grievance and Patient Liaison Statistics
    - Preventive Medicine Statistics
    - Utilization Review Monitoring
    - Capital Assets Monitoring
    - Accreditation Activity Summary
    - Active Biomedical Research Project Listing
    - Administrative Segregation Mental Health Monitoring
  3. University Medical Director's Report
    - The University of Texas Medical Branch
    - Texas Tech University Health Sciences Center
  4. Summary of CMHCC Joint Committee / Work Group Activities
- V. Executive Director's Report
- VI. CMHCC FY 2011 Second Quarter Performance and Financial Status Report
- VII. Funding Update and Approval
  1. Review and approval of Supplemental Funding Allocations FY2010 – 2011 (Handout)

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EACH ITEM ABOVE INCLUDES DISCUSSION AND ACTION AS NECESSARY

VIII. Summary of Critical Correctional Health Care Personnel Vacancies

1. The University of Texas Medical Branch
2. Texas Tech University Health Sciences Center
3. Texas Department of Criminal Justice

IX. Medical Director's Updates

1. Texas Department of Criminal Justice  
- Health Services Division FY2011 Second Quarter Report
2. The University of Texas Medical Branch
3. Texas Tech University Health Sciences Center

X. TDCJ Health Services Division Dental Quality Audit Report

XI. TDCJ Health Services Division Coronary Artery Disease Quality Audit Report

XII. Financial Reports

1. FY 2011 Second Quarter Financial Report
2. Financial Monitoring Update

XIII. Public Comment

XIV. Date / Location of Next CMHCC Meeting

XV. Adjourn

## Consent Item 1

Approval of Minutes, March 8, 2011

**MINUTES**

**CORRECTIONAL MANAGED HEALTH CARE COMMITTEE  
March 8, 2011**

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

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

**Partner Agency Staff Present:** Owen Murray, D. O., Steve Alderman, Anthony Williams, John Pulvino, M.D. Steve Smock, Joe Penn, M.D., Lauren Sheer, The University of Texas Medical Branch; Denise DeShields, M.D., Texas Tech University Health Sciences Center; Ron Steffa, Robert Williams, M.D., Dee Wilson, April Zamora, Bobby Lumpkin, Jim Montrose, M.D., Kate Hendricks, M.D., Kathryn Buskirk, M.D., Erica Minor, Rick Thaler, Paula Reed, 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:** Brian K. Jammer, UT System; Sue Evenwel, Spouse of Committee Member, Steve Timmons, MHM Services, Inc.;

**Location:** 8610 Shoal Creek Boulevard, 7 West Building, Conference Room 112, Austin, Texas

<b>Agenda Topic / Presenter</b>	<b>Presentation</b>	<b>Discussion</b>	<b>Action</b>
<b>I. Call to Order</b> - <b>James D. Griffin, M.D.</b>	Dr. Griffin called the CMHCC meeting to order at 9:00 a.m. then noted that a quorum was present and the meeting would be conducted in accordance with Chapter 551 of the Texas Government Code, the Open Meetings Act.		
<b>II. Recognitions and Introductions</b> - <b>James D. Griffin, M.D.</b>	Dr. Griffin thanked everyone for being in attendance then introduced the newest CMHCC member, Margarita de la Garza-Graham, M.D., appointed by the Governor to serve as the public physician member of the Committee. Dr. de la Garza-Graham is replacing Desmar Walkes, M.D. whose term expired on February 2011.  Dr. Griffin further noted that Dr. de la Garza-Graham has been in practice in Tyler, Texas for over twenty years in general surgery. She performed her residency in Phoenix, Arizona and previously served as a committee member of the Stephen F. Austin Board of Regents. Dr. Griffin on behalf of the Committee and staff welcomed and congratulated Dr. de la Garza-Graham on her appointment to the CMHCC.		
<b>III. Approval of Excused Absence</b> <b>James D. Griffin, M.D</b>	Dr. Griffin stated that he would next entertain a motion to approve the excused absence of Desmar Walkes, M.D. who was unable to attend the December 7, 2010 CMHCC meeting due to scheduling conflicts.		Mr. Evenwel moved to approve Dr. Desmar Walkes absence from the December 7, 2010 CMHCC meeting. Dr. Raimer seconded the motion which prevailed by unanimous vote.

Agenda Topic / Presenter	Presentation	Discussion	Action
<p><b>IV. Approval of Consent Items</b></p> <p>- <b>James Griffin, M.D.</b></p>	<p>Dr. Griffin noted that the next agenda item is for the approval of the consent items to include the Minutes from the CMHCC Meeting held on December 7, 2010; the TDCJ Health Services Monitoring Report; both UTMB and TTUHSC Medical Director's Report; and the Summary of Joint Committee Activities. He then asked the members if they had any specific consent item(s) to pull out for separate discussion?</p>	<p>Mr. David Nelson noted that on page 59 of the agenda packet; UTMB Medical Director reports that the nursing encounter rates per offender per month as being 3.3 encounters rates compared to 1.95 nursing encounter rates for the same quarter reported by TTUHSC on page 62. He then asked why the nursing encounter rates varied between the two university sectors?</p> <p>Dr. Murray responded that was due to UTMB sector having more medical and mental facilities than TTUHSC which would generate more nursing encounters. He further stated that the difference in the traditional and acuity type of services performed would also drive those encounter numbers for UTMB.</p> <p>Mr. Nelson then asked if the accounting criteria were consistent between UTMB and TTUHSC?</p> <p>Dr. Murray responded that it was.</p> <p>Mr. Nelson further noted that UTMB reported the average length of stay was 6.14 days as shown on page 60 of the agenda book compared to TTUHSC's reporting of their average length of stay for the month of October at 11.7 days on page 64. He then asked why the numbers reported for the average length of stay varied between the two university providers?</p> <p>Dr. DeShields responded that TTUHSC sector also include the long-term-care facility.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p><b>Approval of Consent Items (Cont.)</b></p>	<p>Dr. Griffin hearing no further discussions, stated that he would entertain a motion to approve the consent items as presented.</p>	<p>Dr. Murray added that the UTMB sector numbers reflects those Hospital Galveston discharge numbers whereas Texas Tech reports on the Montford infirmary bed discharge numbers.</p> <p>Ms. Lord then asked if encounter rates included telemedicine?</p> <p>Dr. Murray responded that it did not include telemedicine.</p> <p>Dr. Griffin further noted that using telemedicine requires specialized physicians to perform those functions.</p> <p>Dr. Linthicum agreed and added that there are misconceptions where people assume that everything can be done over telemedicine which is not the case.</p> <p>Dr. Raimer added that telemedicine use is increasing and agreed with Dr. Griffin that it requires well-trained physicians but it also requires a team of practitioners such as the advance practice extender who gets information on the patient onsite. He further stated that the best example for the use of telemedicine for UTMB is for the management of the HIV population. Dr. Raimer then reported that one infectious disease physician together with a group of trained practitioners and nurses are able to manage approximately 2400 patients.</p>	<p>Mr. Elmo Cavin moved to approve the consent items as provided at Tab A of the agenda packet. Mr. Bryan Collier seconded the motion. The motion passed by unanimous vote.</p>

Agenda Topic / Presenter	Presentation	Discussion	Action
<p><b>V. Executive Director's Report</b></p> <p>- <b>Allen Hightower</b></p>	<p>Dr. Griffin next called on Mr. Hightower to provide the Executive Director's Report.</p> <p>Mr. Hightower reported that the Correctional Managed Health Care appropriations request has been presented to both the full Senate Finance Committee and to the House Appropriations Committee on Criminal Justice.</p> <p>He further reported that both HB1 and SB1 were identical in funding and that both bills recommends transferring CMHCC function back to the Texas Department of Criminal Justice (TDCJ). The breakout of funding is provided on page 77 of the agenda packet.</p> <p>Mr. Hightower then reported that HB1 and SB1 also recommend that payments for health care providers for hospital care are limited to Medicaid rates.</p> <p>Mr. Hightower concluded by stating that he and the committee staff would continue to perform the CMHCC function if funding is restored. If the funding is not restored to CMHCC, he would do whatever is necessary for a smooth transition of the role back to TDCJ in a way that the people of the State of Texas would be proud in terms of how state agencies perform. He then stated that he would be happy to answer questions.</p>	<p>Mr. Evenwel asked if health care services were provided by TDCJ prior to Correctional Managed Health Care?</p> <p>Mr. Hightower responded that back in the early 90's the function of the delivery of health care was transitioned from TDCJ through refinement of legislative authority during which time he was the Chairman of the Corrections Committee. The primary purpose was to insure that the offender patients have access to quality health care; access to licensed practitioners as part of the Estelle v Gamble case. The Legislators back then thought that by putting the health care component together with the state's medical schools would be the best way to provide cost-effective health care.</p>	
<p><b>VI. Performance and Financial Status Report</b></p> <p>- <b>David McNutt</b></p>	<p>Hearing no further questions, Dr. Griffin thanked Mr. Hightower for the report and called on Mr. McNutt to present the Performance and Financial Status Report.</p> <p>Mr. McNutt noted that the Performance Dashboard for the first quarter, FY 2011 is provided at Tab C of the agenda packet.</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p><b>Performance and Financial Status Report (Cont.)</b></p>	<p>He then reported that the average offender population was 152,386 at the end of this first quarter FY 2011 compared to 151,551 for the same time period a year ago which is an increase of 835 or 0.6%.</p> <p>The aging offenders continue to rise at a steady rate and Mr. McNutt reported that the number of offenders 55+ at the end of the first quarter FY2011 was 12,410 compared to 11,574 the same quarter in FY 2010 which is an increase of approximately 7.2%.</p> <p>The psychiatric inpatient census remained consistent at the 1,928 compared to 1,927 the same quarter of FY 2010. Through the first quarter of FY 2011, the average number of psychiatric outpatient visits was 20,025 representing 13.1% of the service population.</p> <p>He then reported that the medical access to care indicators remained within the 90% - 97% 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 17.46%; mid-level practitioners at 13.79%; RN's at 1.56%; LVN's at 2.79%, dentists at 10.45% and psychiatrists at 13.64%.</p> <p>TTUHSC sector physician vacancy rate for the same quarter averaged at 19.82%; mid-level practitioners at 18.56%; RN's at 19.59%; LVN's at 11.36%; dentists at 15.62%, and psychiatrists at 18.59%.</p> <p>The timeliness in the Medically Recommended Intensive Supervision Program (MRIS) medical summaries was 89% in September, 2010 but went up to 91% in October then back down to 85% in November, 2010.</p> <p>Mr. McNutt next reported that for the statewide revenue v. expenses by month provided on page 94 of the agenda packet shows that the expenses again exceeded the revenue for this quarter.</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
	<p>He then reported on the cost per day for the four strategies in FY2010 compared to what was appropriated in HB1; (1) Psychiatric: FY 2010 at \$.90 / HB 1 at \$.77; (2) Unit Care: FY 2010 at 4.59 / HB1 at \$3.76; (3) Hospital Care: FY 2010 at \$3.22 / HB1 at \$2.37; (4) Pharmacy: FY 2010 at \$.95 / HB1 at \$.82. The total cost per day in FY 2010 being \$9.89 compared to HB1 totaling \$7.72.</p> <p>Mr. McNutt concluded by reporting that the overall health care costs through the first quarter of FY 2011 totaled \$133.1M. On a combined basis, this amount is above overall revenues earned by the university providers by \$5,077.035 or 4.0%.</p> <p>Dr. Griffin thanked Mr. McNutt for the report then asked if there were any comments or question?</p>	<p>Mr. Nelson asked if the lower percentage of nursing vacancies for TTUHSC compared to UTMB is due to higher number of reduction in force (RIF) being seen at UTMB?</p> <p>Mr. McNutt responded to calculate vacancies for any particular position, you take how many positions are available in that particular position then see how many positions are actually filled. The reason Texas Tech's percentage number may look higher is because their total numbers for those particular positions are lower so that even having 2 or 3 vacancies would result in higher percentage rate.</p> <p>Mr. Cavin added that Texas Tech already have difficulties retaining and recruiting qualified health care providers and it would make it that much more difficult once you start the RIF process.</p> <p>Mr. McNutt further added that qualified health care providers most likely will start looking for a more secure job elsewhere with the uncertainty of whether their</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p data-bbox="92 1045 390 1101"><b>VII. Summary of Critical Personnel Vacancies</b></p> <p data-bbox="92 1198 352 1286"><b>VIII. Open Discussion</b> <b>- CMHC Audit</b></p>	<p data-bbox="487 1045 1180 1166">Dr. Griffin then noted that the Agenda Item VII is the reporting of the critical personnel vacancies. He then asked that this update be provided with the Medical Director's Report later on the agenda.</p> <p data-bbox="487 1198 1180 1351">Dr. Griffin stated that the next agenda item is the open discussion on the CMHC Audit and the update on the Governor's CMHC Workgroup. He then asked if the university partners had any comments on the response to the State Auditor's Report.</p>	<p data-bbox="1205 162 1449 191">position will be RIF'd.</p> <p data-bbox="1205 224 1661 402">Dr. Linthicum then noted that she frequently gets asked by State Leadership if the department may still be overstaffed as the access to care numbers reported are consistently maintained at the 90% range even after the reduction of force.</p> <p data-bbox="1205 435 1661 678">She added that access to care is just for sick call requests and is only a small component of their operation. It does not deal with other operations for example, chronic care program; preventive health care program; rounds made to offenders in administrative segregation and nursing encounters.</p> <p data-bbox="1205 711 1661 922">Dr. Raimer agreed with Dr. Linthicum and stated that it is not just about access to care but includes the total health care being provided to the offender patients. With the budget shortfalls you have fewer staff on the units who provide those services.</p> <p data-bbox="1205 954 1661 1010">After further discussions, Dr. Griffin thanked Mr. McNutt for the report.</p> <p data-bbox="1205 1198 1661 1318">Mr. Cavin noted that Texas Tech respectfully disagreed with every item listed on the State Auditor's recommendation.</p> <p data-bbox="1205 1351 1661 1468">Dr. Raimer stated that UTMB also respectfully disagreed with the State Auditor's recommendation. He further noted that there were a number of</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p data-bbox="121 164 415 191">. Open Discussion (Cont.)</p>		<p data-bbox="1205 164 1608 191">references made that were inaccurate.</p> <p data-bbox="1205 224 1661 402">Dr. Griffin noted the need to have on record a simple rebuttal from the Committee to state that many parts of the audit was inaccurate as a number of decision making authorities and elected officials view the audits.</p> <p data-bbox="1205 440 1661 678">He further stated that Texas has one of the lowest appropriations per offender per day than any other states. Dr. Griffin added that both university partners have done a great job delivering constitutional health care but with the budget shortfalls, it would put the State of Texas in jeopardy in providing those services.</p> <p data-bbox="1205 716 1661 922">Dr. Raimer also expressed his concern for the Committee’s ability to provide those health care services without appropriate funding. He then stated that the audit’s inaccurate findings may influence the way the budget is appropriated by the Legislative Budget Board (LBB).</p> <p data-bbox="1205 959 1661 1474">Dr. Raimer then noted for example, at a meeting with the LBB, they saw the going rate the university charged was 135% of the Medicare rates. An incorrect assumption was then made that the university was charging 35% above Medicare, and reduced that budget amount by 35%. He further added that Mr. Elger provided testimony that their rates are set by the information compiled by the Medicare and Medicaid Cost Reports and that they only charged CMC patients 81% of the allowable cost. Each hospital in Texas has different Medicare rates based on their own cost reports and finding a private physician to see a patient at less than 135% of the Medicare</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>- Open Discussion(Cont.)</p>		<p>rates are becoming more difficult. Dr. Raimer also noted that the audit report questioned the expenditures made for such items as meals for Correctional Officers, funeral and autopsy expenses even when it is noted as being appropriate to pay according to the contracts with university providers.</p> <p>He further stated that UTMB provided a letter in accordance with the termination provisions in the contract which states that a written notice of termination must be sent to the Committee 180 days prior to the termination of the agreement. Dr. Raimer noted that UTMB does not want to leave the contract but can not provide the services at the expense of their academic mission. The University of Texas Board of Regents made it clear that UTMB can not continue with substantial losses.</p> <p>Dr. Griffin agreed and stated that because the three partner agencies have over 20 years of working history together that there is an unwritten understanding that someone from the outside may not comprehend. The threshold or the key to future negotiation is the specificity of the contract.</p> <p>Mr. Cavin added that it is difficult to detail every single expenditures in a contract. Texas Tech contracts with the Federal Government to do research without specifying each single expenditure. The main reason for a contract is to insure those particular services are provided by whatever means</p>	

Agenda Topic / Presenters	Presentation	Discussion	Action
<p>- Overview of Nursing Care Model (Cont.)</p>		<p>it takes. Mr. Cavin further noted that he disagrees with the State Auditors when they say that the services delivered was for the offender's health care, because it was not specifically outlined in the contract whereby making it a non-allowable expense.</p> <p>Dr. Raimer added that the indirect costs have gone down for both Texas Tech and UTMB, and recall that these costs were lower than the ones approved four years ago by the State Auditor's Office who noted that those costs were appropriate.</p> <p>Mr. Cavin then added that the employees under this contract who work for Texas Tech and UTMB are employees of that institution. As such, follow the Human Resource Policies of those institutions. He further stated that if he recalled correctly, during the 81<sup>st</sup> Legislative Session, funds were appropriated specifically for salary increases, but were criticized in the recent audit report.</p> <p>Dr. Griffin noted that in order to assist the audit review; the mechanism by which those services were reviewed and verified may be what is necessary when negotiating future contracts.</p> <p>After further discussions, Dr. Griffin stated that a meeting was held with the Governor's Office with both university Chancellors', Chairs of the Texas Tech Board of Regents and the University of Texas System Board of Regents, Vice Chancellor for Health Affairs, Chair of the Texas Board of Criminal Justice, the Executive Director of TDCJ, and other representatives of the three partner agencies to form a workgroup to provide</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>- Open Discussion (Cont.)</p>		<p>the State Leadership information for determining the appropriation funding level for the Correctional Managed Health Care Committee; find innovative strategies to provide health care more effectively; and look into the potential use of subcontracting or privatizing different areas of service.</p> <p>Mr. Cavin stated that he too had met with the Texas Tech System Board of Regents and was also told that Texas Tech can not continue the contract without the appropriate funding to provide those specific services as Dr. Raimer mentioned earlier for his sector.</p> <p>Dr. Raimer asked if there would be an opportunity to revisit the Offender Health Plan as to what services will be provided to the offenders? He also asked if there would be an opportunity to look into possibly charging offenders who have money in their trust funds a premium charge of about \$100.00 - \$300.00 to help offset the cost?</p> <p>Dr. Linthicum responded that other states pay for offender labor but the State of Texas does not and over 50% of those incarcerated are indigent. This would then shift the cost to the offender's family which will get the attention of the offender family advocates.</p> <p>Dr. Linthicum further reminded the Committee that offenders and prisoners are the only group in the United States that currently have a constitutional right to health care and the standard of that is the deliberate indifference to serious medical needs. She then stated that if a Federal Judge determines that you are</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p data-bbox="128 164 394 188">Open Discussion (Cont.)</p>		<p data-bbox="1108 164 1661 402">deliberately indifferent to a serious medical needs, you will be unconstitutional whether that care relates to sick call, preventive care, chronic care or elective care. She further cautioned not to get the State back into another class action lawsuit. The State of Texas is responsible for running and operating a constitutional prison system with health care being one of the components.</p> <p data-bbox="1108 440 1661 586">Dr. Griffin added for example, California under Federal Receivership went from \$16.00 to \$28.00 on the cost of offender per day. That change of \$12.00 is around 30% more than what Texas currently spends.</p> <p data-bbox="1108 623 1661 829">Mr. Cavin then noted that it was his understanding that the Governor’s Workgroup would consist of representatives from the three partner agencies and two legislative staffers to look into this issue. He further asked why a separate workgroup was appointed instead of having the CMHCC tasked for this mission?</p> <p data-bbox="1108 867 1661 1284">Dr. Griffin responded that at the Governor’s Workshop meeting, the State Leadership thought it would be important to have representation from the three partner agencies as well as from the Legislative staff. He further noted that he is currently waiting on feedback from TDCJ, UTMB, TTUHSC and that the draft will be provided for their review and input prior to it being sent to the Governor’s staff. Dr. Griffin however noted that there are some things beyond their control such as the Pharmacy; whether it be the state providing meds or through privatization, the cost of the drug is what it is and these are the types of issues that will be presented to the State Leadership.</p> <p data-bbox="1108 1321 1661 1438">Mr. Collier added that he would also like to comment that regardless of new models that may make it better or with new innovations; at the end of the day you will still be \$226M short. He added</p>	

Agenda Topic / Presenter		Discussion	Action
- Open Discussion (Cont.)			
<p><b>IX. Medical Director's Report</b></p>	<p>Dr. Griffin then called on Dr. Linthicum to provide the TDCJ Medical Director's Report.</p>	<p>that being \$226M short in funding would make it very difficult to provide for a constitutional offender health plan.</p> <p>After further discussions, Dr. Griffin thanked everyone for their input.</p>	
<p>- Lannette Linthicum, M.D (TDCJ)</p>	<p>Dr. Linthicum noted that the TDCJ Medical Director's Report starts on page 99 of the agenda packet.</p>		
<p>- Operational Review Audit</p>	<p>During the first quarter of FY 2011, Dr. Linthicum reported that ten operational review audits were conducted. The summary of the items found below 80 percent compliance during those ten operational review audits and the corrective action to ensure future compliance are found on pages 100 and 101 of the agenda packet.</p>		
<p>- Capital Assets Monitoring</p>	<p>Dr. Linthicum further reported that the Fixed Assets Contract Monitoring officer audited the same ten units and that these audits are conducted to monitor compliance with the Health Services Policy and State Property Accounting Policy. All ten units were within the required compliance range of 80% or greater.</p>		
<p>- Chronic Disease Audit / Seizure Disorders</p>	<p>During this quarter, the TDCJ Health Services conducted a Chronic Disease Quality of Care Audit which assessed the primary care management of offenders with seizure disorders in facilities contracted by the CMHCC. Dr. Linthicum noted that Dr. Buskirk will provide a presentation on the quality of care audit for seizure disorders later on the agenda.</p>		

Agenda Topic/Presenter	Presentation	Discussion	Action
<ul style="list-style-type: none"> <li>- Quality of Care Audit: Dental</li> <li>- Grievances and Patient Liaison Correspondences.</li> <li>- Quality Improvement / Access to Care Audits</li> <li>- Office of Public Health</li> </ul>	<p>Dr. Linthicum then reported that 15 dental quality review audits were conducted this quarter. The summary of the items found to be most frequently below 80% compliance is provided on pages 102 – 103 of the agenda packet but noted that the facilities are preparing corrective actions to assure future compliance.</p> <p>She then reported that the Patient Liaison Program and the Step II Grievance Program received a total of 3,758 correspondences. Of the total number of correspondences received, 384 or 10.22% action requests were generated.</p> <p>The Patient Liaison Program nurses and investigators performed 118 sick call request verification audits. A random sample of sick call requests were also audited by the Office of Professional Standards staff. She then added that of the 113 facilities representing a total of 1,062 indicators being reviewed, 40 of them fell below the 80% threshold.</p> <p>Dr. Linthicum next reported that the Office of Public Health monitors the incidence of infectious diseases for TDCJ. For the first quarter of FY 2011, there were 224 cases of suspected syphilis; 352 Methicillin-Resistant Staphylococcus Aureus (MRSA) cases were reported compared to 549 during the same quarter of FY 2010. There was an average of 14 Tuberculosis (TB) cases under management per month during this quarter, compared to an average of 20 per month during the first quarter of the FY 2010.</p> <p>During this quarter, the Peer Education Coordinator audited 122 facilities housing CID offenders and determined that 98 of those facilities now have peer education programs.</p>		

Agenda Topic/Presenter	Presentation	Discussion	Action
<ul style="list-style-type: none"> <li>- Office of Public Health (Cont.)</li> </ul>	<p>She then reported that TDCJ recently collaborated with the Department of State Health Services (DSHS) to develop a Shellbook Program to enhance HIV medication adherence in offenders releasing into the community. Dr. Linthicum stated that Dr. Kate Hendricks who is the TDCJ Infection Control Director will provide a brief overview of the Shellbook Project later on the agenda.</p>		
<ul style="list-style-type: none"> <li>- Mortality and Morbidity Committee</li> </ul>	<p>The Mortality and Morbidity Committee reviewed 105 deaths. Of those 105 deaths, 16 were referred to peer review committees and one was referred to utilization review.</p>		
<ul style="list-style-type: none"> <li>- Mental Health Services Monitoring and Liaison</li> </ul>	<p>The Mental Health Services Monitoring and Liaison with County Jails identified the immediate mental health needs of 43 offenders approved for expedited admission to TDCJ due to psychiatric conditions.</p> <p>Dr. Linthicum added that the MHMR history was reviewed for 15,233 offenders brought into TDCJ-ID/SJD. She further noted that 3,275 offenders were identified as having a documented history of mental illness and this information was provided to the appropriate intake / receiving facilities.</p> <p>She then noted that 23 cases of compelled psychoactive medications were reviewed to ensure the criteria for compelling such medication was documented in each case.</p>		
<ul style="list-style-type: none"> <li>- Quality of Care Audit / Major Depressive Disorder</li> </ul>	<p>During this quarter, the Office of Mental Health Services Monitoring and Liaison Office conducted Psychiatric Disorder Management Quality of Care Audit to asses the management of offenders diagnosed with major depressive disorder on outpatient facilities contracted by the CMHCC. The overall performance is provided on pages 106 – 107 of the agenda packet.</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
- Clinical Administration	During the first quarter of FY 2011, 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 107 of the agenda packet.		
- Accreditation	Dr. Linthicum next reported that the American Correctional Association Panel of Commissioners awarded ACA accreditation to Dominguez, Eastham, Hightower, Hilltop, McConnell, Michael, Mountain View, Plane / Henley, Robertson and the Sanchez facilities. The Byrd, Clements, Goodman, Halbert, Johnston, Kegans/Lyncher and the Travis Unit will be presented at the correctional Accreditation Managers Association Conference in Miami, Florida in May, 2011.		
- Biomedical Research Projects	Dr. Linthicum concluded by stating that the summary and pending research projects as provided by the TDCJ Executive Services are included in the consent items on pages 53-55 of the agenda packet.		
- <b>Medical Director's Report</b>	Dr. Griffin thanked Dr. Linthicum for the update then called on Dr. Murray to provide the UTMB Medical Director's Report.		
- <b>Owen Murray, D. O. (UTMB)</b>	<p>Dr. Murray reported that the American Correctional Association announced that they will be awarding Dr. Linthicum a Lifetime Achievement Award at their upcoming conference. He then acknowledged Dr. Linthicum's contribution to the CMHCC program and congratulated her on being selected for this honor.</p> <p>He then reported that UTMB is coordinating with TTUHSC and TDCJ to respond to rule change by the Board of Medical Examiners primarily with the mid-level oversight issue. The standard in place now requires physicians to be onsite to review medical records. They are looking at ways to lessen the frequency of having physicians onsite through the use of electronic medical records as another way for the oversight of mid-level health care staff. Dr. Murray concluded by stating that he would keep the Committee updated on this issue.</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>- Medical Director's Report</p> <p>- Denise DeShields, M.D. (TTUHSC)</p>	<p>Dr.Griffin thanked Dr. Murray for the update then called on Dr. DeShields to provide the TTUHSC Medical Director's Report.</p> <p>Dr. DeShields reported that the TTUHSC Medical Director's Report is provided on pages 62-64 of the agenda packet.</p> <p>On behalf of Texas Tech, Dr. DeShields also congratulated Dr. Linthicum on being selected by ACA to receive the Lifetime Achievement Award and thanked her for the work she has done for the correctional health care system.</p> <p>She further noted as Mr. McNutt reported earlier, TTUHSC continues to have difficulties recruiting and retaining health care providers. The PAMIO Medical Director's position still needs to be filled and currently have vacancies for correctional physician, staff psychiatrists, extenders and dentist. Dr. DeShields concluded by stating that TTUHSC continues to advertise in local and national publications and have expanded recruiting agency utilization.</p>		
<p>X. MRIS FY 2010 Annual Report</p> <p>- Dee Wilson</p>	<p>Dr. Griffin thanked Dr. DeShields for the report. He then called on Dee Wilson to provide the update on the TDCJ Medically Recommended Intensive Supervision (MRIS) FY 2010 Annual Report.</p> <p>Ms. Wilson noted that the MRIS FY 2010 Annual Report is provided at Tab F of the agenda packet.</p> <p>The year end report on MRIS shows an increase in approval rates of 102 at the end of FY 2010 compared to 59 for the end of FY 2009. Ms. Wilson further reported that the two highest MRIS categories for approvals are for long term care and terminally ill patients as noted in the chart provided on page 111.</p> <p>Of those 102 offenders approved during FY 2010, 80 were Correctional Institution Division (CID) offenders approved by the Texas Board of Pardons and Paroles with the remaining 22 being state jail confinees approved by the sentencing judge.</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>- MRIS Annual Report (Cont.)</p>	<p>Ms. Wilson further reported that since the MRIS program's inception back in December, 1991; there were 1356 offenders who had been released. She noted that seven of those have been released twice for a total of 1363 actual releases.</p> <p>Ms. Wilson concluded by noting that the current status of all offenders released on MRIS are provided on page 113.</p>	<p>Dr. Griffin asked about costly offenders such as the one on a ventilator in the UTMB sector as to whether he was being considered for MRIS?</p> <p>Ms. Wilson responded that he was not eligible for referral due to the offense category.</p> <p>Mr. Collier added that the LBB recommended broadening the offense categories for MRIS consideration to include elderly offenders who are currently not eligible because of the nature of their offense in their annual performance report.</p> <p>Dr. Griffin asked if that would be more like a disease based MRIS?</p> <p>Dr. Murray responded that by expanding the current criteria to disease based would help limit the incarceration time for example, dialysis or HIV patients by getting them out sooner as they are taking up significant available resources.</p> <p>Dr. Linthicum added that perhaps another option would be to work with the courts to see if those offenders can be placed at another facility. She further noted that she would agree that disease based offenders are costly but those offenders may still be considered public safety risks. There have been many cases of offenders continuing to commit crimes while being diagnosed with cancer or on dialysis.</p> <p>Hearing no further comments, Dr. Griffin thanked Ms. Wilson for the update.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>XI. Chronic Disease Quality Of Care Audit – Seizures</p> <p>- Kathryn Buskirk, M.D.</p>	<p>Dr. Griffin next called on Dr. Buskirk to provide the Chronic Disease Quality of Care Audit on Seizure Disorders.</p> <p>Dr. Buskirk thanked the Committee staff for the opportunity to report on the audit then noted that the presentation is provided at Tab G of the agenda packet.</p> <p>She reported that the audit is supported by two Texas Government Codes, Section 501.145 which mandates TDCJ to provide chronic disease management services which meet standards of care, and Section 501.150 which mandates TDCJ to establish a procedure for monitoring the quality of care delivered by the health care providers.</p> <p>Dr. Buskirk further reported that the chronic disease audit tool questions are based on standards established by the Centers for Medicare and Medicaid Services (CMS), American Diabetes Association (ADA), National Commission on Correctional Health Care (NCCCHC), American Correctional Association (ACA), CMHC Policiesk, and the Disease Management Guidelines (DMGs) form the CMHC Pharmacy and Therapeutics Committee. Seizure disorders specific questions are provided on page 120 of the agenda packet.</p> <p>She then noted that 110 TDCJ facilities were audited using the Seizure Disease Audit Tool during the first quarter of FY 2011. A total of 919 charts were audited of which 731 were UTMB and 188 were TTUHSC charts. This represents 23% of the 3,969 offenders diagnosed with seizure disorders in the TDCJ system. Accumulatively, this yields a 99% confidence level that sample population scores are within 2.3 points of the actual score of the entire diabetic population served by CMHC.</p> <p>The graph on page 124 demonstrates the performance percent for the overall system for those five common questions represented by the individual bars. The graph on page 125 demonstrates performance percent for those seizure disorder specific questions.</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p data-bbox="94 162 409 219">- Audit: Seizure Disorder (Cont.)</p> <p data-bbox="121 617 441 706">XII. TDCJ Health Services Psychiatric Disorder Management Guideline</p>	<p data-bbox="462 162 1113 462">In keeping with legislative expectations, TDCJ Health Services developed and initiated Chronic Disease Quality of Care Audit to monitor and assess the management of seven chronic diseases. The audit tool quests are evidence based and are consistent with minimum standards of care. Dr. Buskirk further noted that a system-wide assessment will be completed for one to two chronic diseases per quarter and that the reports will be provided to the health care providers as a resource to assist with their clinical oversight of quality of care issues.</p> <p data-bbox="462 495 1113 584">Dr. Buskirk concluded by stating that the results will be communicated to the CMHCC and to the Texas Board of Criminal Justice.</p> <p data-bbox="462 617 1113 673">Dr. Griffin thanked Dr. Buskirk for the update then called on Dr. Linthicum to introduce Dr. Montross.</p> <p data-bbox="462 706 1113 860">Dr. Linthicum introduced Jim Montross, Ph.D. who serves as the TDCJ Director of Health Services Resource Management who will be providing the Quality of care Audit on Major Depressive Disorder and Anxiety and Panic Disorder Report.</p> <p data-bbox="462 893 1113 1071">Dr. Montross thanked the Committee for the opportunity to provide the report. He then noted that the TDCJ Health Services has developed quality of care audit tools to assess the management of psychiatric disorders based on the Disease Management Guidelines (DMG's) established by the CMHC Pharmacy and Therapeutics Committee.</p> <p data-bbox="462 1104 1113 1258">He further reported that the quality of care audit tool was developed for the following six psychiatric disorders: 1) major depressive disorder; 2) anxiety / panic disorder; 3) psychosis; 4) post traumatic stress disorder; 5) bipolar disorder; and 6) impulse control disorder.</p> <p data-bbox="462 1291 1113 1412">The list of those by which the standards for the CMHC Pharmacy and Therapeutics Disease Management Guidelines for Psychiatric Disorders are established are provided on page 132 of the agenda packet.</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p data-bbox="94 162 399 251">- Psychiatric Disorder Management Guideline (Cont.)</p> <p data-bbox="136 950 420 1039">XIII. TDCJ Health Services Shellbook Project</p> <p data-bbox="136 1071 420 1104">- Kate Hendricks, M.D.</p>	<p data-bbox="462 162 1113 495">Dr. Montross noted that there are seven questions specific to the management of the major depressive disorder audit tool that is provided on pages 134 and 135. He then reported that 252 offender medical records were reviewed which represents 5% of the 4,894 offenders diagnosed with major depressive disorder. This provides a 95% confidence that the sample score is within plus or minus 4.8 of the score if the entire population of offenders diagnosed had been reviewed. The graph on page 137 demonstrates the percent of performance for those seven questions for the first quarter FY 2011.</p> <p data-bbox="462 527 1113 771">Dr. Montross then stated that there are also seven questions specific to the management of anxiety and panic disorder in the audit tool that is provided on pages 139 and 140. He further reported that 201 offender medical records were reviewed which represents 24% of the 815 offenders diagnosed with anxiety and panic disorders. The graph on page 142 provides the percent of performance for those seven questions for the first quarter FY 2011.</p> <p data-bbox="462 803 1113 917">Dr. Montross concluded by noting that the six common questions for the major depressive disorder and the anxiety and panic disorder pathways are provided on page 144 - 145.</p> <p data-bbox="462 950 1113 1015">Dr. Griffin thanked Dr. Montross for the presentation then called on Dr. Linthicum to introduce Kate Hendricks, M.D.</p> <p data-bbox="462 1047 1113 1136">Dr. Linthicum introduced Kate Hendricks, M.D., who serves as the TDCJ Director of Infection Control who will give an update on the Shellbook Project.</p> <p data-bbox="462 1169 1113 1437">Dr. Hendricks stated as noted by Dr. Linthicum earlier that TDCJ recently collaborated with the Department of State Health Services (DSHS) to develop a Shellbook program to enhance HIV medication adherence in offenders releasing into the community. She then noted that Shellbooks are highly illustrated, low grade level stories created by the target audience to convey life-crucial concepts. As the stories are written by offenders, they take into account relevant cultural and other differences among inmates.</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>- Shellbook Project</p>	<p>Dr. Hendricks reported that a little less than 2/3 of the 2,400 HIV-infected offenders at TDCJ are on antiretroviral therapy (ART) and 5% of those offenders filled a script within 10 days following release and 30% within 60 days.</p> <p>Measures to improve medication adherence post-incarceration was to update the HIV policy with more emphasis on discharge planning and educate offenders regarding why and how to take medications and access resources. Dr. Hendricks also stated that TCOOMMI will hire three staff funded by DSHS contract to provide pre-release continuity of care.</p> <p>The Shellbook focus on patient attention, recall and adherence by the graphic content of materials by using both text and pictures. Characteristics of good illustrations for health education include but not limited to being culturally relevant; using color versus black and white and being simple is better.</p> <p>Dr. Hendricks further reported that the key concepts from the focus groups shows that drug use takes you away from being healthy; sobriety is good; builds up self-esteem; and to note that there are support services and resources that are available through local, state and federal agencies.</p> <p>Dr. Hendricks then reported that the offenders co-wrote and produced the story during a 2-day writing session with male offenders at the Huntsville Unit; a 1-day writing session with female offenders at the Crain Unit; professional illustrator made scenes from photos; and the editors checked on the stories with illustrations.</p> <p>She further noted that the Shellbooks are simple enough to comprehend through illustrations that even those with a 5<sup>th</sup> grade reading skill can participate then provided staff with a copy of the Facilitators Book. Dr. Hendricks concluded by reporting that there are currently four books available, two for men and two for the women.</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>XIV. Financial Reports</p> <p>- Lynn Webb</p>	<p>Dr. Griffin hearing no other comments, thanked Dr. Hendricks for the report and called on Mr. Webb to provide the FY 2011 First Quarter Financial Report.</p> <p>Mr. Webb stated that the financial summary will cover all data from the First Quarter FY 2011 ending November 30, 2010. The report is found at Tab J of the agenda packet.</p> <p>As represented at Table 2 on page 188, Mr. Webb reported that the average daily offender population has increased slightly to 152,386 for this quarter compared to 151,551 the same quarter a year ago which is an increase of 835 or 0.55%.</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 12,410 as of 1<sup>st</sup> Quarter of FY 2011 compared to 11,574 for the same quarter FY 2010. This is an increase of 836 or about 7.2% .</p> <p>The overall HIV+ population remained stable throughout the last two years at 2,403 through this quarter or about 1.58% of the population served.</p> <p>The two mental health caseload measures have remained relatively stable with the average number of psychiatric inpatients within the system at 1,928 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 20,025 representing 13.1% of the service population.</p> <p>Mr. Webb further reported that the overall health costs through the First Quarter of FY 2011 totaled \$133.1M. On a combined basis, this amount is above overall revenues earned by the university providers by approximately \$5.08M or 4.0%.</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>- Financial Report (Cont.)</p>	<p>He next noted that UTMB’s total revenue through the first quarter was \$101.4M and the expenditures totaled \$105.8M resulting in a net shortfall of \$4.4M.</p> <p>Texas Tech’s total revenue through the first quarter was \$26.7M and the expenditures totaled at \$27.3M resulting in a net shortfall of \$643K.</p> <p>Examining the healthcare costs in further detail on Table 4 and 4a provided on pages 192 and 193 indicates that of the \$133.1M in expenses reported through the 1st Quarter of FY 2011, onsite services comprised \$57.7M or about 43.3% of the total expenses; Pharmacy Services totaled \$13.1M or about 9.9% of total expenses; offsite services accounted for \$47.2M or 35.4% of total expenses; Mental Health Services totaled \$11.5M or 8.7% of the total costs; and, indirect support expenses accounted for \$3.6M or about 2.7% of the total costs.</p> <p>As requested during last year’s quarterly meeting, Mr. Webb noted that Table 4a was constructed to provide the breakout of expenses by the UTMB and Texas Tech sectors.</p> <p>Mr. Webb further reported that Table 5 on page 194 shows that the total cost per offender per day for all health care services statewide through the First Quarter FY2011 was \$9.60, compared to \$10.14 through the same quarter FY 2010. The average cost per offender per day for the last four fiscal years was \$8.94. As a point of reference, he noted that the healthcare cost was \$7.64 per day in FY03. This would equate to a 25.7% increase since FY03 or approximately 3.7% increase per year average which he notes is 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 195 shows that encounter data through this quarter indicates that older offenders had documented encounter with medical staff a little under three times</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>- Financial Report (Cont.)</p>	<p>as often as younger offenders.</p> <p>Table 7 on page 196 indicates that hospital costs received to date this fiscal year for older offenders averaged approximately \$974 per offender vs. \$176 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 five times higher than the younger offenders. While comprising only about 8.1% of the overall service population, older offenders accounted for 32.9% of the hospitalization costs received to date.</p> <p>Table 8 on page 197 shows older offenders are represented six times more often in the dialysis population than younger offenders. Dialysis costs continue to be significant, averaging about \$21.2K per patient per year. Providing dialysis treatment for an average of 199 patients through the first quarter of FY 2010 cost \$1,059,487.</p> <p>Total drug costs through the 1<sup>st</sup> Quarter FY 2011 totaled \$10.6M as provided at Table 9 on page 198. Of this total, \$4.3M or over \$1.4M per month was for HIV medical costs which was about 41.0% of the total drug cost; psychiatric drug costs were approximately \$0.5M or about 4.6% of the overall drug costs; Hepatitis C drug costs were \$0.5M and represented about 4.7% 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 \$4.4M through the end of the 1st Quarter of Fiscal Year 2011.</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>- Financial Report (Cont.)</p>	<p>TTUHSC reports that they hold no such reserves and report a total operating shortfall of \$643,336 through the 1st Quarter FY 2011.</p> <p>He then reported that a summary analysis of the ending balances revenue and payments through November 30, 2010 provided at Table 10 on page 199 for all CMHCC accounts are included in this report. The summary indicates that the net unencumbered balance on all CMHCC account on November 30, 2010 was \$98,669.83 due to CMHCC Operating Account personnel changes as compared to budget allocations. The FY 2010 unencumbered ending fund balance of \$100,661.14 has lapsed back to the State Treasury according to Rider 61 of HB1 of the 81<sup>st</sup> Legislature and paid back in November 2010.</p> <p>Mr. Webb next reported that the detailed transaction level data fro 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 September 2010 through November 2010 found all tested transactions with appropriate backup and found that all tested transactions to be verified.</p> <p>The testing of detail transactions performed on UTMB's financial information for September 2010 through November 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>Hearing none, thanked Mr. Webb for the update.</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<b>XI. Public Comments</b> - Dr. Griffin	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 request at this time.		
<b>XII. Date / Location of Next CMHCC Meeting</b> - Dr. Griffin	Dr. Griffin next noted that the next CMHC meeting is scheduled for 9:00 a.m. on June 7, 2011. to be held at the Frontiers of Flight Museum Conference Room #1, 6911 Lemmon Avenue in Dallas.		
<b>XVI. Adjourn</b>	Dr. Griffin asked if there were any other questions. Hearing none, adjourned the meeting.		

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

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Date:

Consent Item 2

TDCJ Health Services  
Monitoring Reports

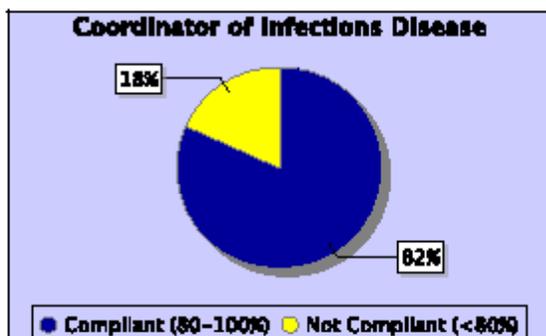
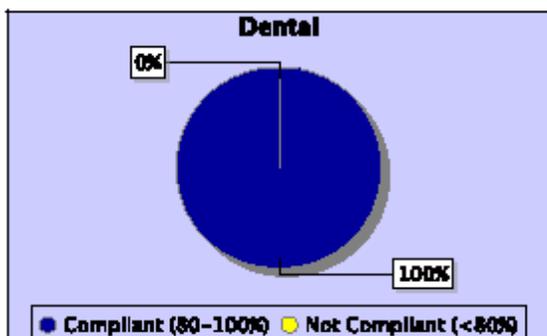
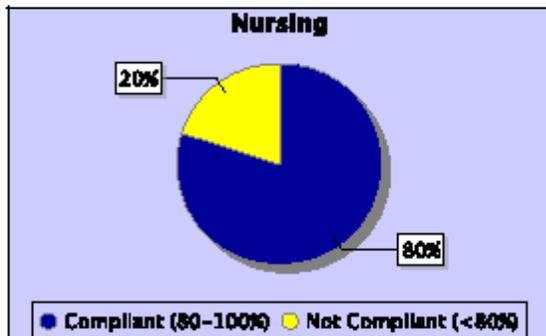
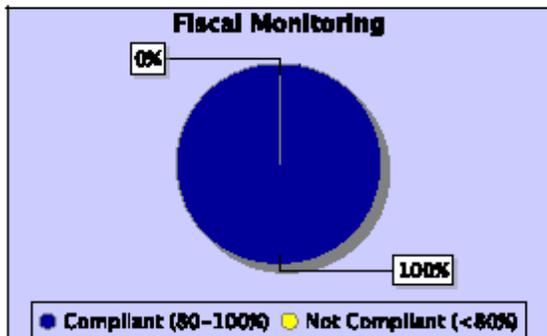
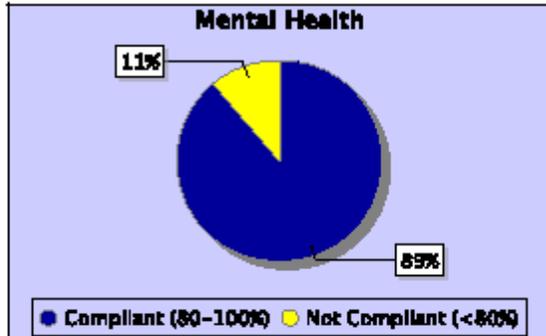
ATTACHMENT 1

**Rate of Compliance with Standards by Operational Categories**  
**Second Quarter, Fiscal Year 2010**  
**December 2010 - February 2011**

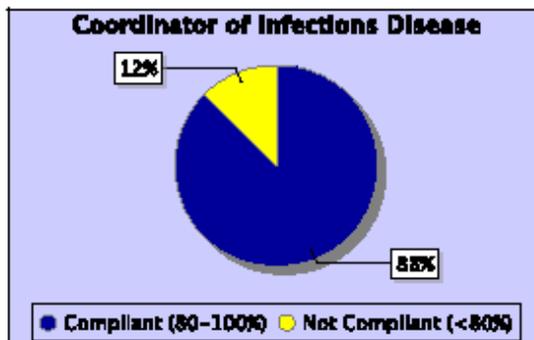
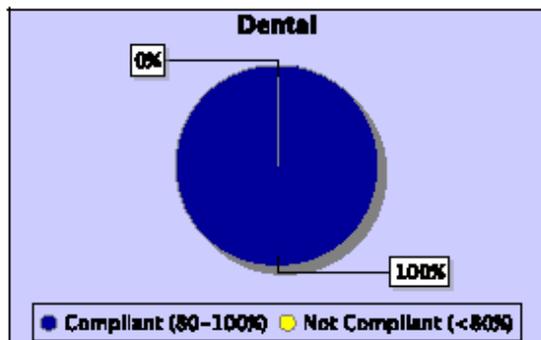
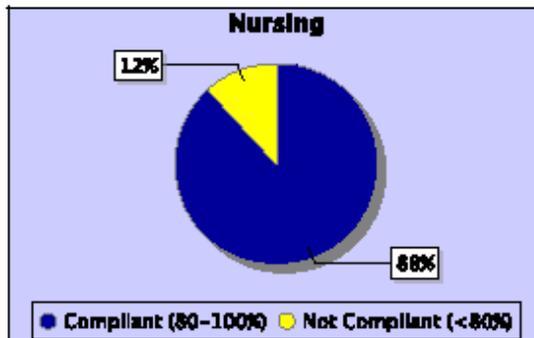
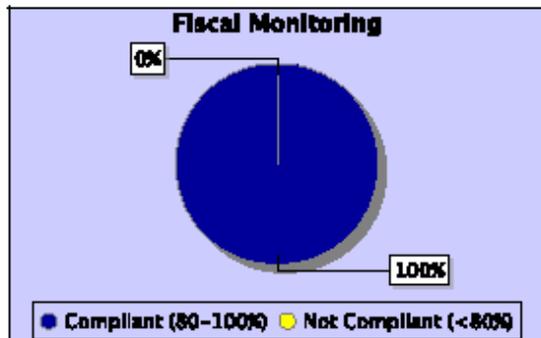
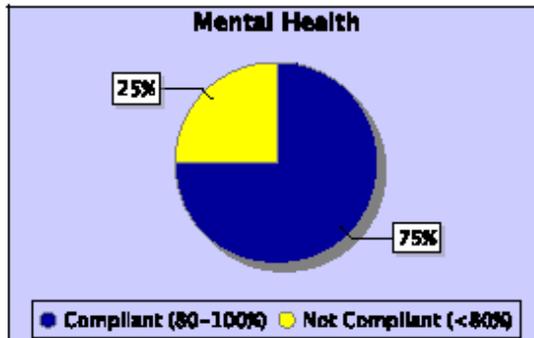
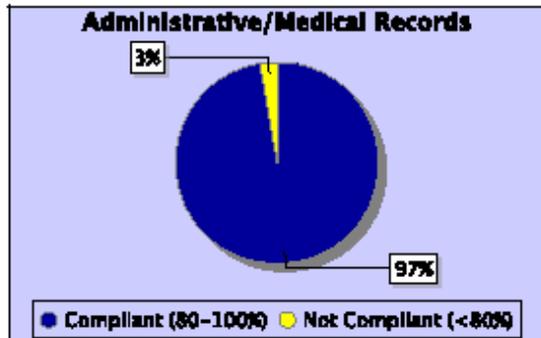
Unit	Operations/ Administration			General Medical/Nursing			Coordinator of Infectious Disease			Dental			Mental Health			Fiscal		
	<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance	
Boyd	73	71	97 %	30	24	80 %	33	27	82 %	21	21	100 %	18	16	89 %	10	10	100 %
Bridgeport	74	72	97 %	34	30	88 %	24	21	88 %	21	21	100 %	8	6	75 %	7	7	100 %
Crain	78	73	94 %	42	35	83 %	31	13	42 %	21	20	95 %	22	18	82 %	7	7	100 %
Hughes	77	75	97 %	44	39	89 %	30	12	40 %	21	21	100 %	25	22	88 %	7	7	100 %
Lewis	77	72	94 %	34	30	88 %	33	24	73 %	21	20	95 %	18	16	89 %	12	12	100 %
Polunsky	73	65	89 %	44	33	75 %	33	20	61 %	21	21	100 %	26	24	92 %	7	7	100 %
Sanchez	70	61	87 %	38	29	76 %	25	6	24 %	22	21	95 %	22	16	73 %	7	7	100 %

n = number of applicable items audited.

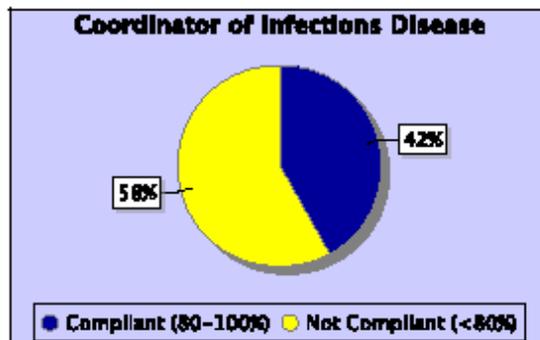
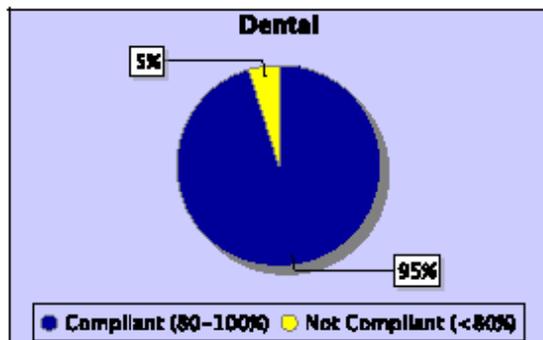
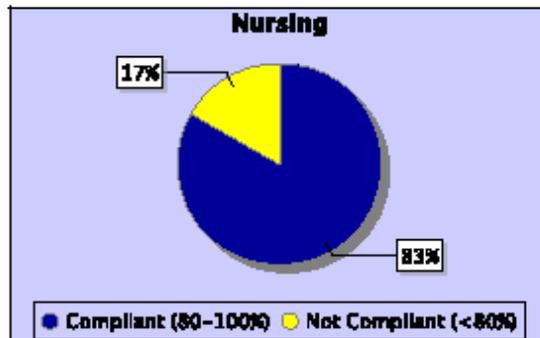
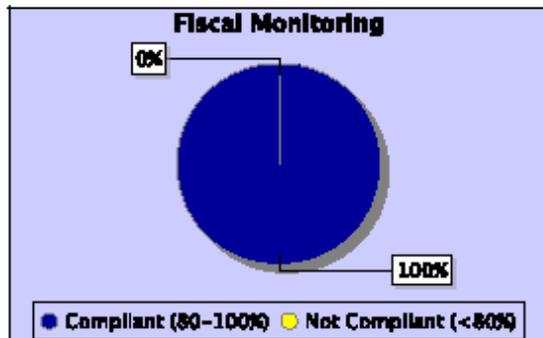
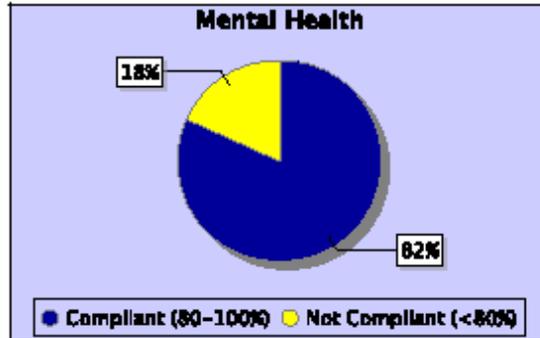
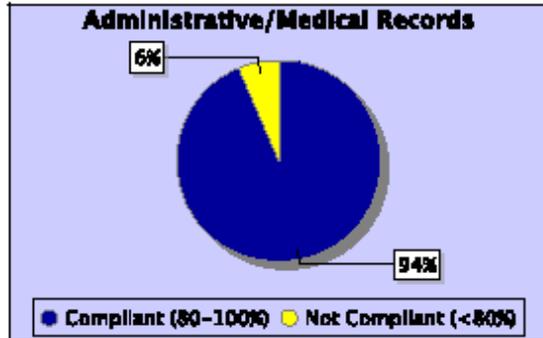
Compliance Rate By Operational Categories for  
BOYD FACILITY  
February 01, 2011



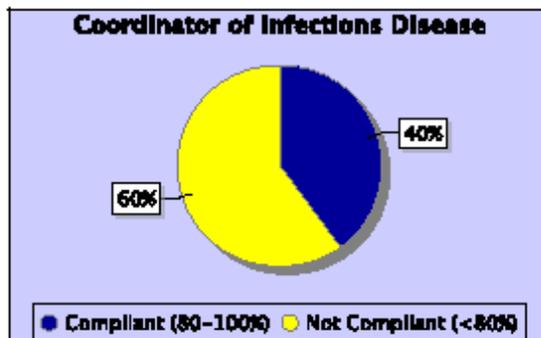
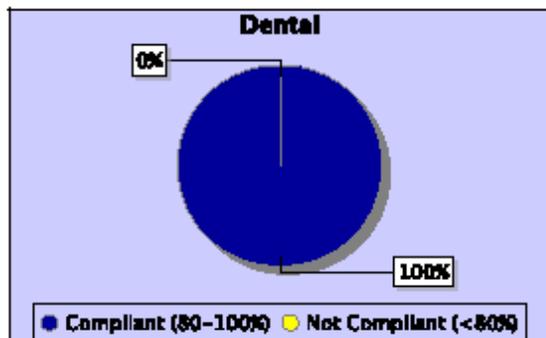
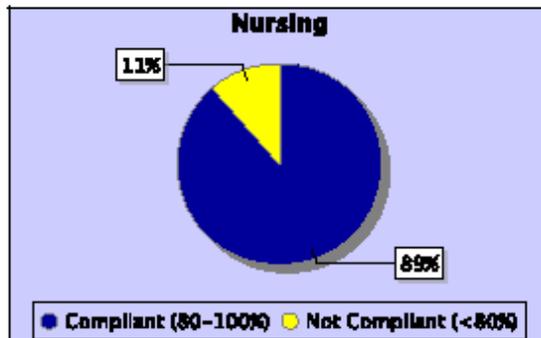
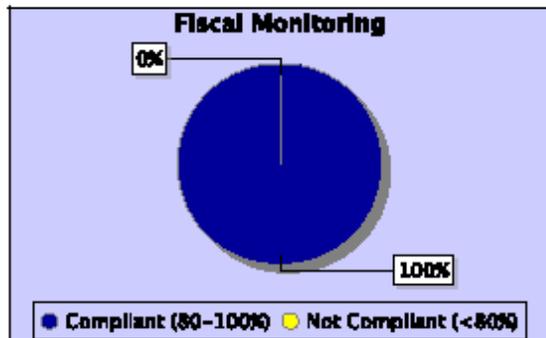
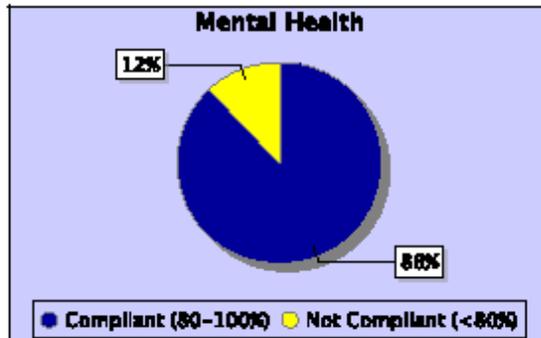
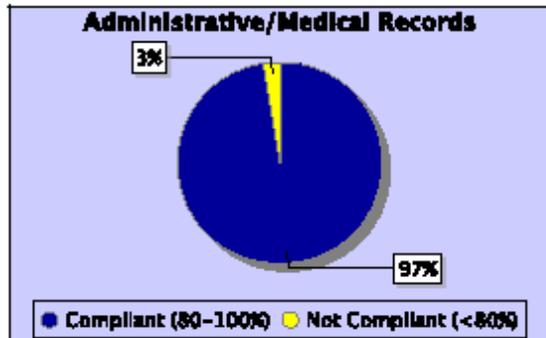
Compliance Rate By Operational Categories for  
BRIDGEPORT FACILITY  
January 04, 2011



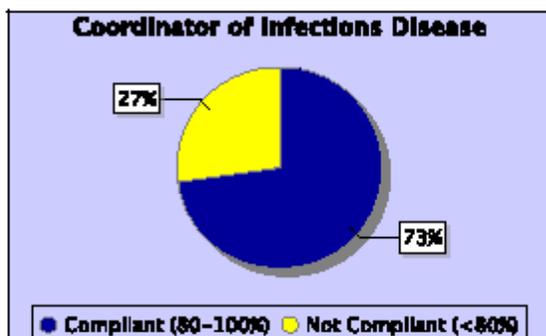
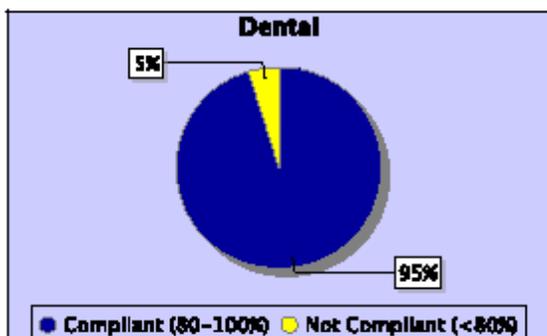
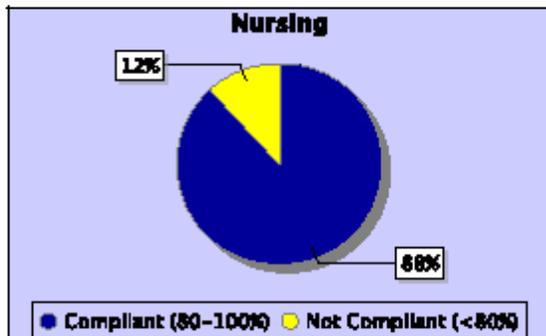
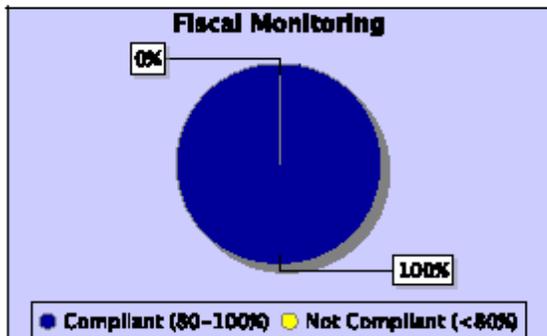
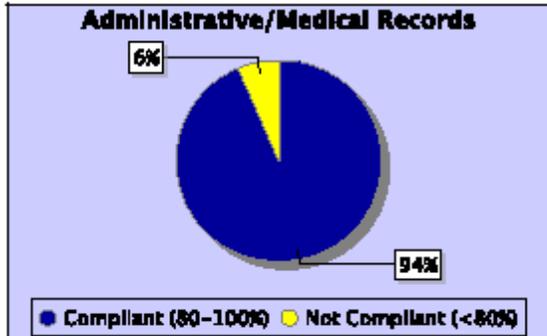
Compliance Rate By Operational Categories for  
CRAIN FACILITY  
December 07, 2010



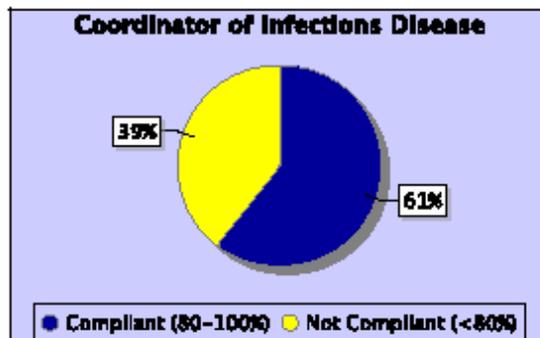
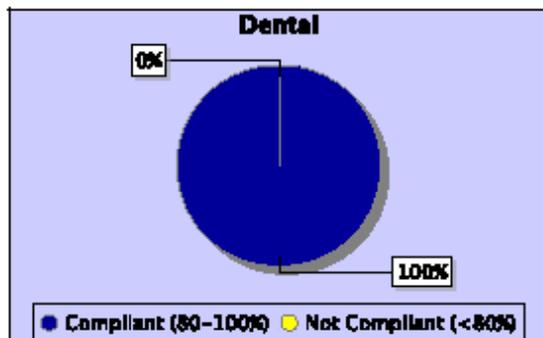
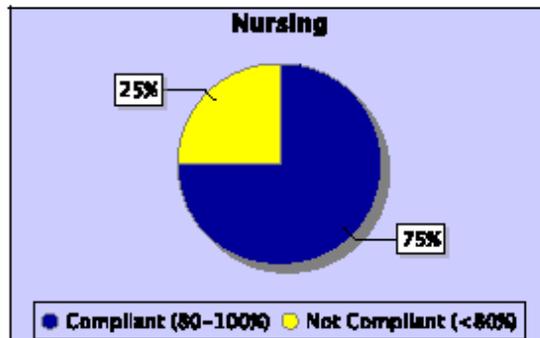
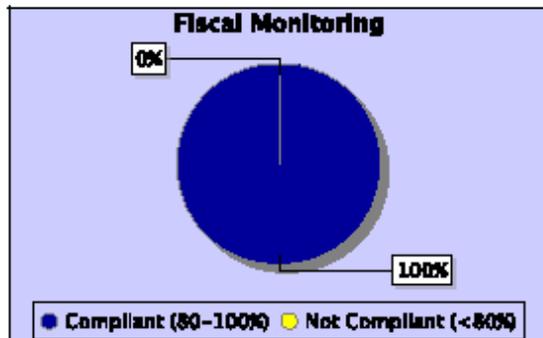
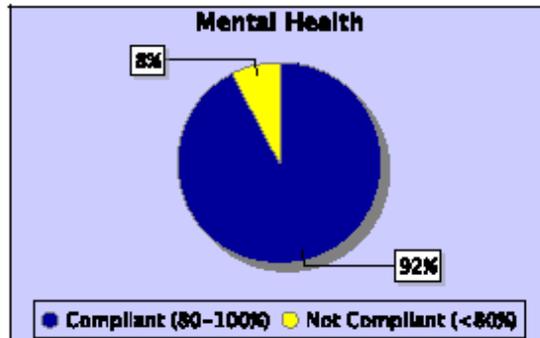
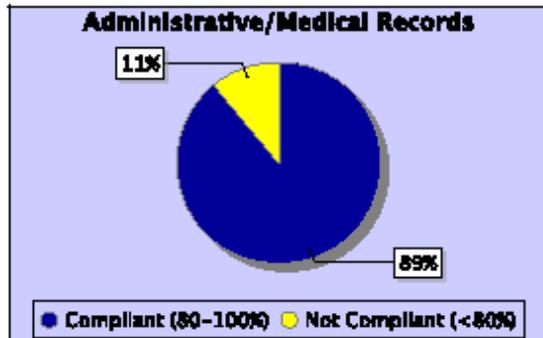
Compliance Rate By Operational Categories for  
HUGHES FACILITY  
December 08, 2010



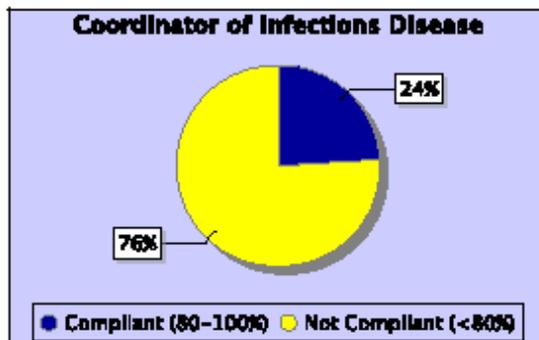
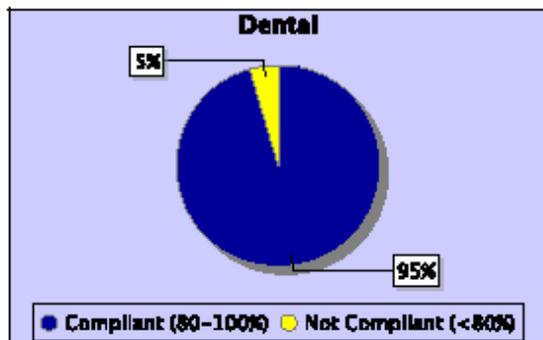
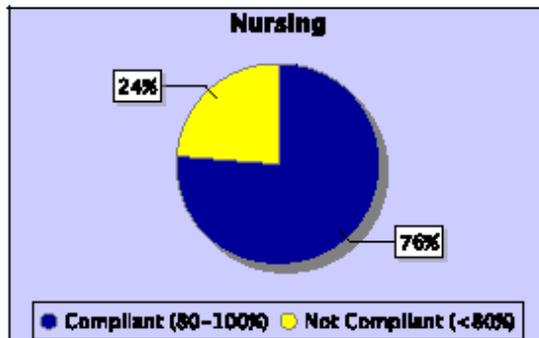
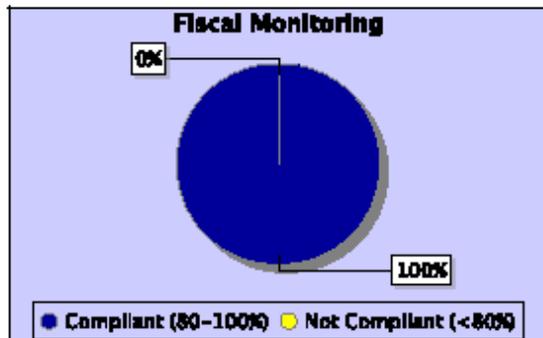
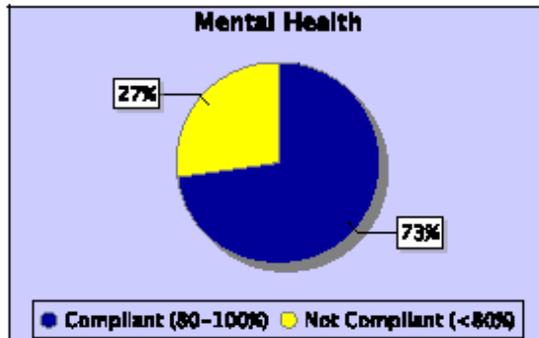
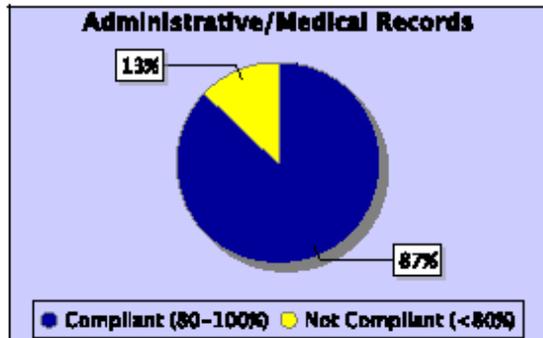
Compliance Rate By Operational Categories for  
LEWIS FACILITY  
February 01, 2011



Compliance Rate By Operational Categories for  
POLUNSKY FACILITY  
December 07, 2010



Compliance Rate By Operational Categories for  
SANCHEZ FACILITY  
January 05, 2011

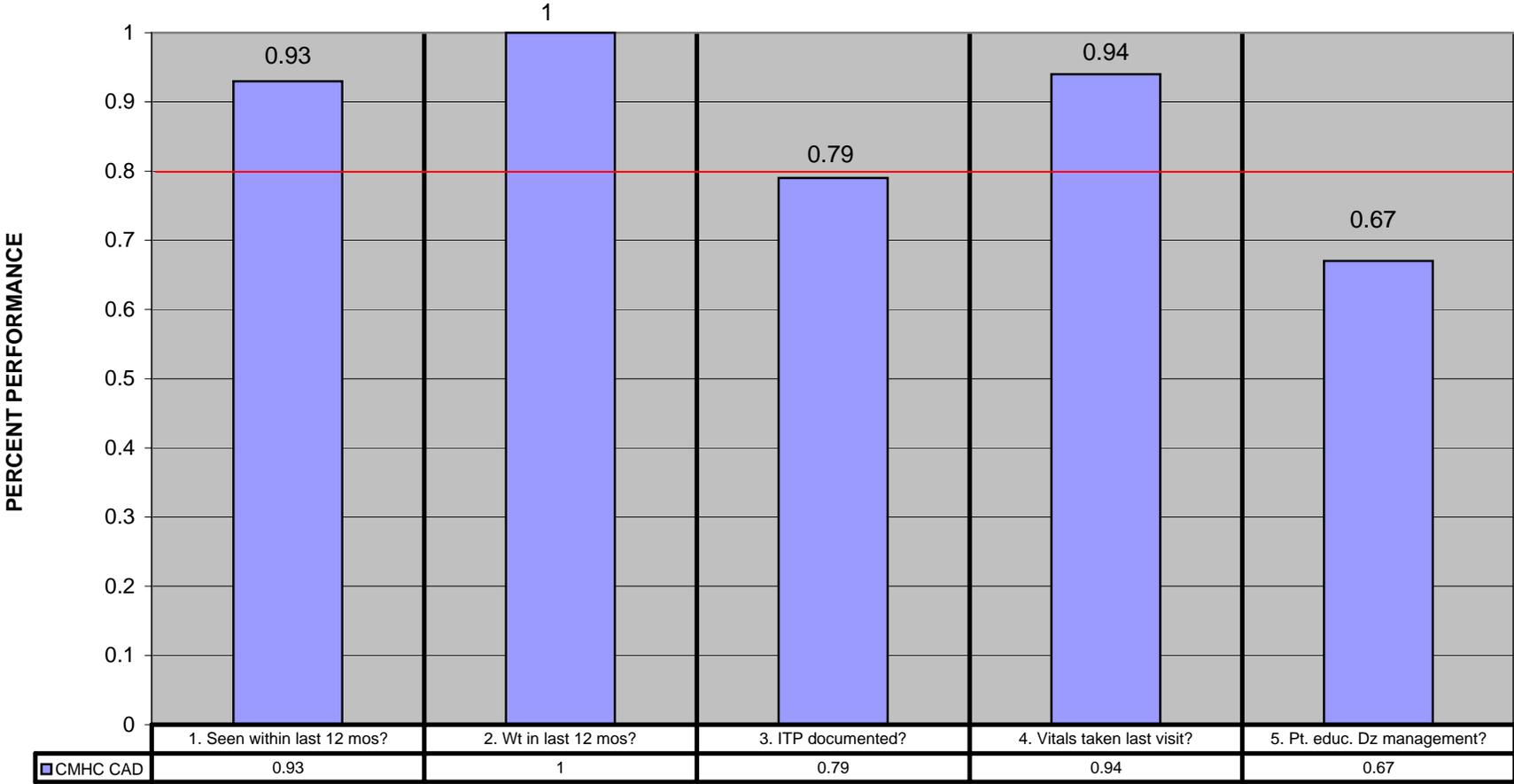


**CMHC CORONARY ARTERY DISEASE (CAD) SUMMARY REPORT**

**Coronary Artery Disease Common Questions**

ALL FACILITIES AUDITED 12/01/2010 THROUGH 2/28/2011

(Total Sample Size: 657 charts)



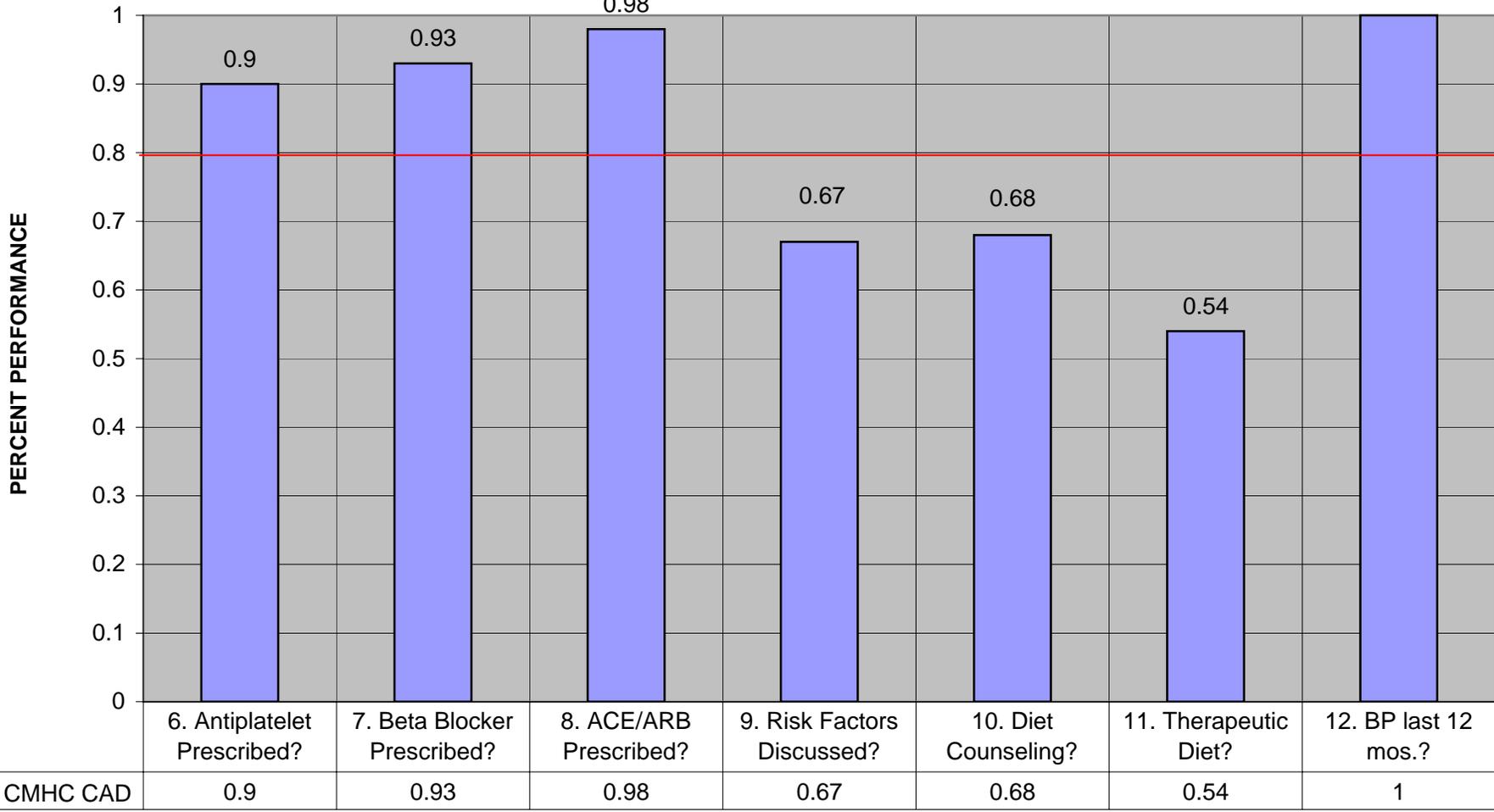
**CMHC CORONARY ARTERY DISEASE COMMON QUESTIONS**

CMHC CORONARY ARTERY DISEASE SUMMARY REPORT

Coronary Artery Disease Specific Questions

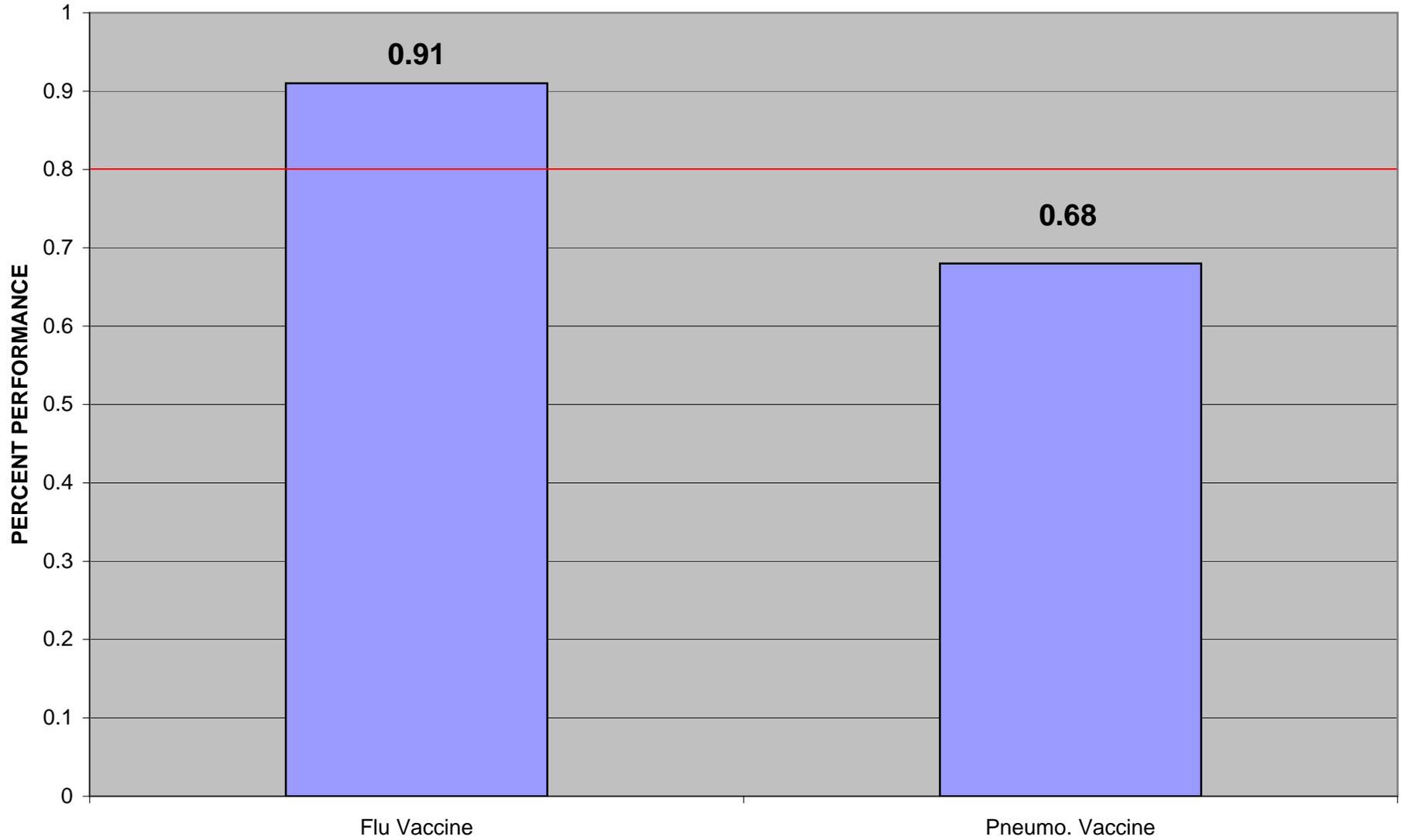
All Facilities audited 12/01/2010 through 2/28/2011

(Total Sample Size: 657 charts)



CMHC CORONARY ARTERY DISEASE SPECIFIC QUESTIONS

**CMHC CORONARY ARTERY DISEASE SUMMARY REPORT**  
**Coronary Artery Disease Vaccine Questions**  
**All Facilities audited 12/01/2010 through 2/28/2011**  
**(Total Sample Size: 657 charts)**



**CMHC CORONARY ARTERY DISEASE VACCINE QUESTIONS**

# PATIENT LIAISON AND STEP II GRIEVANCE STATISTICS

## QUALITY OF CARE/PERSONNEL REFERRALS AND ACTION REQUESTS

Second Quarter FY-2011 (December 2010, January, and February 2011)

STEP II GRIEVANCE PROGRAM (GRV)									
Calendar Year 2010	Total number of GRV Correspondence Received Each Month	Total number of Action Requests (Quality of Care, Personnel, and Process Issues)	Percent of Action Requests from Total number of GRV Correspondence	Total number of Action Requests Referred to UTMB-CMHC	Percent of Total Action Requests Referred	Total number of Action Requests Referred to TTUHSC-CMHC	Percent of Total Action Requests Referred	Total number of Action Requests Referred to PRIVATE FACILITIES	Percent of Total Action Requests Referred
April	617	83	13.45%	63	10.21%	19	3.08%	1	0.16%
May	517	79	15.28%	58	11.22%	21	4.06%	0	0.00%
June	555	61	10.99%	39	7.03%	21	3.78%	1	0.18%
<b>Totals:</b>	<b>1,689</b>	<b>223</b>	<b>13.20%</b>	<b>160</b>	<b>9.47%</b>	<b>61</b>	<b>3.61%</b>	<b>2</b>	<b>0.12%</b>

PATIENT LIAISON PROGRAM (PLP)									
Calendar Year 2010	Total number of PLP Correspondence Received Each Month	Total number of Action Requests (Quality of Care, Personnel, and Process Issues)	Percent of Action Requests from Total number of PLP Correspondence	Total number of Action Requests Referred to UTMB-CMHC	Percent of Total Action Requests Referred	Total number of Action Requests Referred to TTUHSC-CMHC	Percent of Total Action Requests Referred	Total number of Action Requests Referred to PRIVATE FACILITIES	Percent of Total Action Requests Referred
April	596	60	10.07%	53	8.89%	6	1.01%	1	0.17%
May	578	57	9.86%	52	9.00%	4	0.69%	1	0.17%
June	629	66	10.49%	56	8.90%	10	1.59%	0	0.00%
<b>Totals:</b>	<b>1,803</b>	<b>183</b>	<b>10.15%</b>	<b>161</b>	<b>8.93%</b>	<b>20</b>	<b>1.11%</b>	<b>2</b>	<b>0.11%</b>
<b>GRAND TOTAL=</b>	<b>3,492</b>	<b>406</b>	<b>11.63%</b>						

**Texas Department of Criminal Justice  
Office of Public Health  
Monthly Activity Report for Second Quarter FY-2011**

**Month: December 2010**

Reportable Condition	Reports			
	2010 This Month	2009 Same Month	2010 Year to Date*	2009 Year to Date*
Chlamydia	5	4	37	65
Gonorrhea	1	0	11	20
Syphilis	37	39	857	664
Hepatitis A	0	0	0	0
Hepatitis B, acute	0	2	12	9
Hepatitis C, total and (acute <sup>‡</sup> )	310	305	3621 (2)	3721 (3)
Human immunodeficiency virus (HIV) +, known at intake	125	NA	809	NA
HIV screens, intake	6092	NA	64423	NA
HIV +, intake	55	NA	579	NA
HIV screens, offender- and provider-requested	1003	NA	11353	NA
HIV +, offender- and provider-requested	1	NA	22	NA
HIV screens, pre-release	3291	3798	38308	44366
HIV +, pre-release	2	3	22	29
Acquired immune deficiency syndrome (AIDS)	3	4	76	86
Methicillin-resistant <i>Staph Aureus</i> (MRSA)	95	179	1375	3008
Methicillin-sensitive <i>Staph Aureus</i> (MSSA)	81	66	748	1522
Occupational exposures of TDCJ staff	12	12	131	95
Occupational exposures of medical staff	6	10	46	66
HIV chemoprophylaxis initiation	4	6	37	29
Tuberculosis skin test (ie, PPD) +, intake	231	127	3240	3923
Tuberculosis skin test +, annual	56	32	562	642
Tuberculosis, known (ie, on tuberculosis medications) at intake	0	0	3	3
Tuberculosis, diagnosed at intake and attributed to county of origin	0	0	16	11
Tuberculosis, diagnosed during incarceration	0	1	18	23
Tuberculosis cases under management	15	19		
Peer education programs <sup>¶</sup>	0	0	98	108
Peer education educators <sup>∞</sup>	21	53	2482	1899
Peer education participants	5232	6126	70573	76261
Sexual assault in-service (sessions/units)	6/4	2/2	26/26	18/15
Sexual assault in-service participants	59	8	271	98
Alleged assaults and chart reviews	64	47	661	599
Bloodborne exposure labs drawn on offenders	5	3	72	49

\* 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 for Second Quarter FY-2011**

**Month: January 2011**

Reportable Condition	Reports			
	2011 This Month	2010 Same Month	2011 Year to Date*	2010 Year to Date*
Chlamydia	2	6	2	6
Gonorrhea	0	1	0	1
Syphilis	64	67	64	67
Hepatitis A	0	0	0	0
Hepatitis B, acute	0	2	0	2
Hepatitis C, total and (acute) <sup>£</sup>	224	206	224 (0 )	206 (0 )
Human immunodeficiency virus (HIV) +, known at intake	109	NA	109	NA
HIV screens, intake	6172	5022	6172	5022
HIV +, intake	54	43	54	43
HIV screens, offender- and provider-requested	999	727	999	727
HIV +, offender- and provider-requested	1	4	1	4
HIV screens, pre-release	4054	3576	4054	3576
HIV +, pre-release	2	3	2	3
Acquired immune deficiency syndrome (AIDS)	4	25	4	25
Methicillin-resistant <i>Staph Aureus</i> (MRSA)	118	82	118	43
Methicillin-sensitive <i>Staph Aureus</i> (MSSA)	64	36	64	18
Occupational exposures of TDCJ staff	4	12	4	13
Occupational exposures of medical staff	2	3	2	3
HIV chemoprophylaxis initiation	0	4	0	5
Tuberculosis skin test (ie, PPD) +, intake	213	250	213	250
Tuberculosis skin test +, annual	34	25	34	25
Tuberculosis, known (ie, on tuberculosis medications) at intake	0	0	0	0
Tuberculosis, diagnosed at intake and attributed to county of origin	1	5	1	5
Tuberculosis, diagnosed during incarceration	1	1	1	1
Tuberculosis cases under management	11	25		
Peer education programs <sup>¶</sup>	0	0	98	108
Peer education educators <sup>∞</sup>	17	35	2499	1934
Peer education participants	6612	5125	6612	5125
Sexual assault in-service (sessions/units)	8/5	2/4	8/5	2/4
Sexual assault in-service participants	122	66	122	66
Alleged assaults and chart reviews	56	51	56	51
Bloodborne exposure labs drawn on offenders	12	2	12	2

\* 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."

**Texas Department of Criminal Justice  
Office of Public Health  
Monthly Activity Report for Second Quarter FY-2011**

**Month: February 2011**

Reportable Condition	Reports			
	2011 This Month	2010 Same Month	2011 Year to Date*	2010 Year to Date*
Chlamydia	6	2	8	8
Gonorrhea	0	0	0	1
Syphilis	54	58	118	92
Hepatitis A	0	0	0	0
Hepatitis B, acute	0	0	0	0
Hepatitis C, total and (acute <sup>‡</sup> )	208	343	431 (0 )	549 (0 )
Human immunodeficiency virus (HIV) +, known at intake	94	NA	203	NA
HIV screens, intake	4828	4998	11000	NA
HIV +, intake	43	NA	97	NA
HIV screens, offender- and provider-requested	848	986	1847	NA
HIV +, offender- and provider-requested	1	1	2	NA
HIV screens, pre-release	3315	3049	7369	6805
HIV +, pre-release	2	4	4	7
Acquired immune deficiency syndrome (AIDS)	8	10	12	18
Methicillin-resistant <i>Staph Aureus</i> (MRSA)	74	75	192	188
Methicillin-sensitive <i>Staph Aureus</i> (MSSA)	45	30	109	83
Occupational exposures of TDCJ staff	7	9	11	34
Occupational exposures of medical staff	2	0	4	5
HIV chemoprophylaxis initiation	4	3	4	8
Tuberculosis skin test (ie, PPD) +, intake	242	200	455	516
Tuberculosis skin test +, annual	32	47	66	74
Tuberculosis, known (ie, on tuberculosis medications) at intake	0	2	0	7
Tuberculosis, diagnosed at intake and attributed to county of origin	1	0	2	0
Tuberculosis, diagnosed during incarceration	3	1	4	2
Tuberculosis cases under management	14	23		
Peer education programs <sup>¶</sup>	0	0	98	108
Peer education educators <sup>∞</sup>	23	96	2,522	2,030
Peer education participants	6,055	6,612	12,675	9,961
Sexual assault in-service (sessions/units)	3/3	3/3	11/8	5/7
Sexual assault in-service participants	18	22	140	88
Alleged assaults and chart reviews	55	47	111	98
Bloodborne exposure labs drawn on offenders	4	4	16	6

\* 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."

**Office of Health Services Liaison Utilization Review Audit  
Hospital and Inpatient Facilities Audited with Deficiencies Noted  
Second Quarter FY-2011 (December 2010, January, and February 2011)**

Hospital	University	Audits Performed*	Deficiencies Noted	Comments (See Key)
Angleton/Danbury	UTMB	1	1	E=1
Bayshore	UTMB			
Ben Taub	UTMB			
Cleveland Regional	UTMB	3	2	A=2; C=1; E=2
Christus Spohn	UTMB	2	1	A=1; C=1
Cogdell Memorial	TTUHSC	1	0	N/A
Conroe Regional	UTMB	11	10	A=8; C=6; D=2; E=8
Coryell Memorial	UTMB			
Electra Medical Center	TTUHSC			
ETMC/Jacksonville	UTMB			
ETMC/Trinity	UTMB			
ETMC/Tyler	UTMB	5	4	A=3; C=2; E=3
Faith Community	UTMB			
Falls County/Marlin	UTMB			
Hendrick Memorial	TTUHSC	3	3	E=3
Henderson Memorial	UTMB	1	0	N/A
Hospital Galveston	UTMB	99	53	A=47; C=13; D=3; E=27
Huntsville Memorial	UTMB	2	2	A=2; C=1; E=2
John Peter Smith	UTMB			
LBJ/Houston	UTMB			
Mainland Memorial	UTMB	3	3	A=1; C=1; D=1; E=3
McAllen Medical Center	UTMB			
Medical Center/College Sta.	UTMB	3	2	A=1; C=1; D=1; E=1
Memorial Hermann/Beaumont	UTMB	1	1	A=1; C=1; E=1
Memorial Hermann/Houston	UTMB	3	2	E=2
Memorial Hermann/SE	UTMB	1	1	A=1; C=1; E=1
Methodist/Houston	UTMB	1	0	N/A
Mitchell County Hospital	TTUHSC	1	0	N/A
Northwest Texas	TTUHSC	7	5	A=1; D=1; E=4
Oak Bend	UTMB			
Palestine Regional	UTMB	3	3	A=2; C=1; E=3
Pampa	TTUHSC			
Parkland Hospital	UTMB	1	1	E=1
Pecos	TTUHSC			
Red River Hospital	UTMB			
Scott & White/Dallas	UTMB	3	2	A=2; C=2; E=2
Scott & White/Temple	UTMB			
St. Joseph's/College Sta.	UTMB	5	4	A=4; C=4; E=4
St. Luke's/Sugarland	UTMB	1	0	N/A
Thomason	TTUHSC			
Trinity Mother Frances	UTMB			
United Regional/11 <sup>th</sup> St.	TTUHSC	2	1	E=1

University HCS/San Antonio	UTMB	2	2	A=2; C=2; D=1; E=2
University Medical Center	TTUHSC	4	4	A=1; C=1; E=4
UT Tyler	UTMB	2	1	E=1
Valley Baptist	UTMB	2	2	E=2
Wadley Regional	UTMB			
Woodland Heights	UTMB			

Inpatient Facility	University	Audits Performed*	Deficiencies Noted	Comments (See Key)
Allred	TTUHSC			
Beto	UTMB	6	4	A=3; C=1; D=1
Clements	TTUHSC	8	8	A=7; E=6
Connally	UTMB			
Estelle	UTMB	7	6	A=2; C=3; D=1
Hughes	UTMB	2	1	A=1
Jester 3	UTMB			
Luther	UTMB			
McConnell	UTMB	1	1	A=1
Michael	UTMB			
Montford	TTUHSC	26	15	A=5; C=6; D=1; E=6
Pack	UTMB	1	0	N/A
Polunsky	UTMB			
Robertson	TTUHSC	3	3	A=1; C=1; D=1; E=1
Stiles	UTMB	2	1	C=1
Telford	UTMB			
CT Terrell	UTMB			
UT Tyler	UTMB			
Carole Young	UTMB	9	1	C=1

*ospitals 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 discharge documentation 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  
SECOND QUARTER, FISCAL YEAR 2011**

December 2010	Numbered Property On Inventory Report	Total Number of Deletions	Total Number of Transfers	Total Number of New Equipment
<b>Crain</b>	84	0	0	0
<b>Hughes</b>	76	0	0	0
<b>Polunsky</b>	69	0	0	0
<b>Total</b>	229	0	0	0

January 2011	Numbered Property On Inventory Report	Total Number of Deletions	Total Number of Transfers	Total Number of New Equipment
<b>Bridgeport</b>	16	0	0	0
<b>Sanchez State Jail</b>	25	0	1	0
<b>Total</b>	41	0	1	0

February 2011	Numbered Property On Inventory Report	Total Number of Deletions	Total Number of Transfers	Total Number of New Equipment
<b>Boyd</b>	35	4	0	2
<b>Lewis</b>	59	1	5	6
<b>Total</b>	94	5	5	8

**CAPITAL ASSETS AUDIT  
SECOND QUARTER, FISCAL YEAR 2011**

<b>Audit Tools</b>	<b>December</b>	<b>January</b>	<b>February</b>	<b>Total</b>
<b>Total number of units audited</b>	3	2	2	7
<b>Total numbered property</b>	229	41	94	364
<b>Total number out of compliance</b>	0	0	0	0
<b>Total % out of compliance</b>	0.00%	0.00%	0.00%	0.00%

**AMERICAN CORRECTIONAL ASSOCIATION  
ACCREDITATION STATUS REPORT  
Second Quarter FY-2011**

**University of Texas Medical Branch**

Unit	Audit Date	% Compliance	
		Mandatory	Non-Mandatory
<b>Stiles</b>	<b>January 2011</b>	<b>100%</b>	<b>98.2</b>
<b>Beto</b>	<b>January 2011</b>	<b>100%</b>	<b>97.5</b>
<b>Glossbrenner</b>	<b>February 2011</b>	<b>100%</b>	<b>99.3</b>
<b>Wynne</b>	<b>February 2011</b>	<b>100%</b>	<b>98.1</b>
<b>Woodman</b>	<b>February 2011</b>	<b>100%</b>	<b>99.3</b>

**Texas Tech University Health Science Center**

Unit	Audit Date	% Compliance	
		Mandatory	Non-Mandatory
<b>Daniel</b>	<b>December 2010</b>	<b>100%</b>	<b>98.6</b>
<b>Formby/Wheeler</b>	<b>February 2011</b>	<b>100%</b>	<b>98.1</b>

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

**FY-2011 Second Quarterly Report: December, January, and February**

**Project Number:** 567-RM08

**Researcher:**

Cynthia Mundt

**IRB Number:**

2009-03-013

**IRB Expiration Date:**

12/7/2010

**Research Began:**

12/30/2009

**Title of Research:**

Treatment Amenability of Youths Convicted of Crimes in Texas as Adults

**Data Collection Began:**

1/29/2010

**Proponent:**

Sam Houston State University

**Data Collection End:**

7/23/2010

**Project Status:**

Manuscript Only

**Progress Report Due:**

6/14/2011

**Projected Completion:**

5/31/2010

12/13/10 Final Manuscript sent to Health Services for review

**Data Collection Units:** 2010: Clemens, Ferguson, Holliday, Wynne, Central, Ferguson, Gist, Hightower, Ramsey, Stiles

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

**FY-2011 Second Quarterly Report: December, January, and February**

**Project Number:** 605-RM10  
**Researcher:** Patrick Flynn  
**IRB Number:** S10-34  
**Applicaton Received:** 3/24/2010  
**Completed Application:** 3/24/2010  
**Title of Research:** Reducing the Spread of HIV by Released Prisoners  
**Peer Panel Schedule:** 7/23/2010  
**Proponent:** Texas Christian University  
**Panel Recommendations:**  
**Project Status:** Pending Peer Panel  
**Detail:** Health Services has responded with review comments; awaiting comments from RID, CID

**Project Number:** 606-RM10  
**Researcher:** Josiah Rich  
**IRB Number:**  
**Applicaton Received:** 3/19/2010  
**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:** Application Incomplete  
**Detail:** Project received funding 9/14/10 therefore they will be submitting a full proposal for review.

**Project Number:** 615-RM10  
**Researcher:** John Petersen  
**IRB Number:**  
**Applicaton Received:**  
**Completed Application:**  
**Title of Research:** Serum Markers of Hepatocellular Cancer in Patients Infected with Hepatitis C  
**Peer Panel Schedule:**  
**Proponent:** University of Texas Medical Branch at Galveston  
**Panel Recommendations:**  
**Project Status:** Pending New IRB  
**Detail:** Dr. Petersen has submitted a new application as a continuation of the previous study under Dr. Ned Snyder (Project # 408RM03) He is in process of submitting his new proposal to the IRB.

**Project Number: 616-RM10**

**Researcher:**

Alice Cepeda

**IRB Number:**

DA-09-219

**Applicaton Received:**

**Completed Application:**

**Title of Research:**

At Risk Hispanic Gangs: Long-term Consequences for HIV and other STI

**Peer Panel Schedule:**

**Proponent:**

University of Houston

**Panel Recommendations:**

**Project Status:**

Pending HSD & CID Approval

**Detail:**

1/21/11 Dr. Linthicum recommended approval as a medical project (but not longitudinal) -- contingent upon CID approval, and under the condition that the researchers obtain a current (continued) informed consent from the offenders for the phlebotomy. Mr. Mendoza is reviewing and may possibly meet with Dr. Williams to discuss. (HS review comments were forwarded to Mr. Mendoza)

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**Project Number: 619-RM11**

**Researcher:**

Luca Cicalese

**IRB Number:**

09-230

**Applicaton Received:**

1/14/2011

**Completed Application:**

1/18/2011

**Title of Research:**

A Randomized, Controlled, Phase 2 Trial of ARQ 197 in Patients with Unresectable Hepatocellular Carcinoma (HCC) who have Failed One Prior Systemic Therapy

**Peer Panel Schedule:**

1/18/2011

**Proponent:**

University of Texas Medical Branch at Galveston

**Panel Recommendations:**

2/7/2011 Responded with questions for researcher

**Project Status:**

Pending Peer Panel

**Detail:**

2/15/11 Teleconference with Dr. Williams and researchers.  
*(After further review, this project was disapproved on March 1, 2011 but reconsidered, with stipulations, by Dr. Linthicum as of March 15.)*

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**TDCJ Office of Mental Health Monitoring & Liaison  
Administrative Segregation  
Second Quarter FY 2011 (December 2010, January, and February 2011)**

<b>Date</b>	<b>Unit</b>	<b>Observed</b>	<b>Interviewed</b>	<b>Referred</b>	<b>Requests Fwd</b>	<b>911 Tool</b>	<b>ATC 4</b>	<b>ATC 5</b>	<b>ATC6</b>
12/09/2010	Dominguez	17	17	0	1	100%	100%	100%	100%
12/15/2010	Pack	16	16	0	0	100%	100%	100%	100%
12/8 & 9,2010	Michael	474	278	1	9	100%	100%	100%	100%
12/20 & 21	Estelle	469	258	1	5	100%	100%	100%	100%
12/27/2010	Darrington	236	101	0	6	100%	100%	100%	100%
12/28/2010	Ramsey 1	53	42	0	0	100%	100%	100%	100%
1/5 & 6, 2011	Telford	485	201	0	5	100%	100%	100%	100%
01/11/2011	Gist	11	11	0	1	100%	100%	100%	100%
01/12/2011	Lychner	29	29	0	0	100%	91%	100%	100%
01/11/2011	Clemens	6	6	0	0	100%	100%	100%	100%
01/12/2011	Stiles	482	213	1	6	100%	100%	100%	100%
01/20/2011	Eastham	401	159	0	5	100%	100%	100%	100%
01/26 & 27/11	Smith	459	243	0	9	100%	100%	100%	<b>33%</b>
02/08/2011	Bartlett	8	8	0	0	100%	100%	100%	100%
02/09/2011	Travis	10	10	0	0	100%	100%	100%	100%
02/7 & 8, 2011	Robertson	447	226	0	5	100%	100%	100%	100%
02/14/2011	Ellis	80	44	0	1	100%	100%	100%	100%
<b>Grand Total</b>	<b>17 Units</b>	<b>3683</b>	<b>1862</b>	<b>3</b>	<b>53</b>	<b>17 units 100%</b>	<b>1 Unit 91%</b>	<b>17 Units 100%</b>	<b>1 Unit 33%</b>
							<b>16 Units 100%</b>		<b>16 Units 100%</b>

# Consent Item 3(a)

University Medical Director's Report

The University of Texas Medical Branch



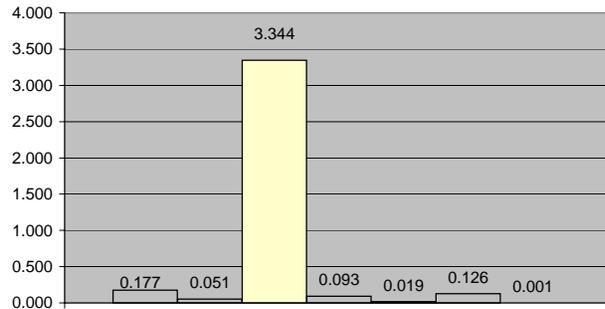
**Correctional Health Care  
MEDICAL DIRECTOR'S REPORT**

**SECOND QUARTER  
FY 2011**

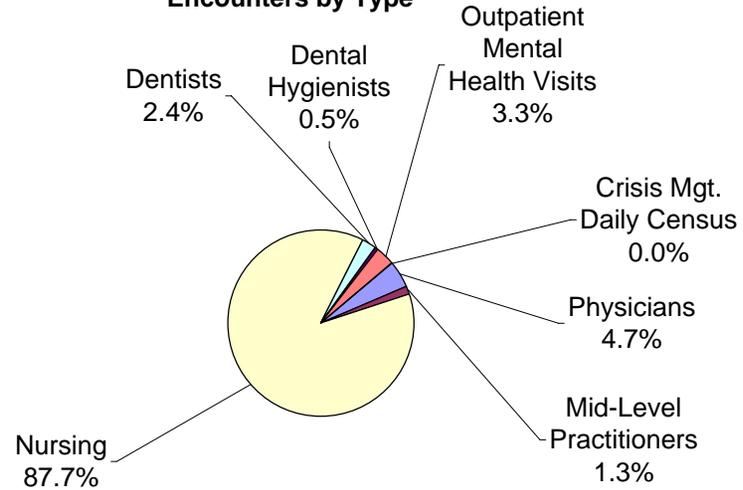
**Medical Director's Report:**

<b>Average Population</b>	<b>December</b>		<b>January</b>		<b>February</b>		<b>Qtly Average</b>	
	<b>121,496</b>		<b>121,448</b>		<b>121,547</b>		<b>121,497</b>	
	<b>Number</b>	<b>Rate Per Offender</b>	<b>Number</b>	<b>Rate Per Offender</b>	<b>Number</b>	<b>Rate Per Offender</b>	<b>Number</b>	<b>Rate Per Offender</b>
<b>Medical encounters</b>								
Physicians	22,457	0.185	21,686	0.179	20,472	0.168	<b>21,538</b>	<b>0.177</b>
Mid-Level Practitioners	6,054	0.050	6,160	0.051	6,529	0.054	<b>6,248</b>	<b>0.051</b>
Nursing	407,779	3.356	424,663	3.497	386,298	3.178	<b>406,247</b>	<b>3.344</b>
<b>Sub-total</b>	<b>436,290</b>	<b>3.591</b>	<b>452,509</b>	<b>3.726</b>	<b>413,299</b>	<b>3.400</b>	<b>434,033</b>	<b>3.572</b>
<b>Dental encounters</b>								
Dentists	11,820	0.097	11,731	0.097	10,477	0.086	<b>11,343</b>	<b>0.093</b>
Dental Hygienists	2,461	0.020	2,276	0.019	2,209	0.018	<b>2,315</b>	<b>0.019</b>
<b>Sub-total</b>	<b>14,281</b>	<b>0.118</b>	<b>14,007</b>	<b>0.115</b>	<b>12,686</b>	<b>0.104</b>	<b>13,658</b>	<b>0.112</b>
<b>Mental health encounters</b>								
Outpatient mental health visits	16,043	0.132	15,399	0.127	14,515	0.119	<b>15,319</b>	<b>0.126</b>
Crisis Mgt. Daily Census	69	0.001	60	0.000	60	0.000	<b>63</b>	<b>0.001</b>
<b>Sub-total</b>	<b>16,112</b>	<b>0.133</b>	<b>15,459</b>	<b>0.127</b>	<b>14,575</b>	<b>0.120</b>	<b>15,382</b>	<b>0.127</b>
<b>Total encounters</b>	<b>466,683</b>	<b>3.841</b>	<b>481,975</b>	<b>3.969</b>	<b>440,560</b>	<b>3.625</b>	<b>463,073</b>	<b>3.811</b>

**Encounters as Rate Per Offender Per Month**



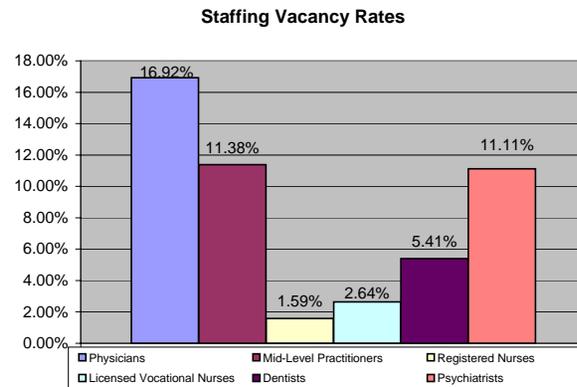
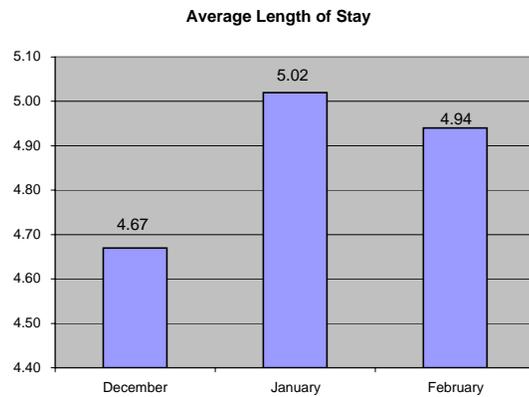
**Encounters by Type**



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

	December	January	February	Qtly Average
<b>Medical Inpatient Facilities</b>				
Average Daily Census	90.00	95.00	94.00	<b>93.00</b>
Number of Admissions	373.00	353.00	345.00	<b>357.00</b>
Average Length of Stay	4.67	5.02	4.94	<b>4.88</b>
Number of Clinic Visits	2,493.00	2,546.00	2,238.00	<b>2,425.67</b>
<b>Mental Health Inpatient Facilities</b>				
Average Daily Census	1,022.42	1,021.07	1,023.61	<b>1,022.37</b>
PAMIO/MROP Census	714.94	715.58	724.86	<b>718.46</b>
<b>Telemedicine Consults</b>	<b>7,529</b>	<b>6,690</b>	<b>6,815</b>	<b>7,011.33</b>

<b>Health Care Staffing</b>	<b>Average This Quarter</b>			<b>Percent Vacant</b>
	<b>Filled</b>	<b>Vacant</b>	<b>Total</b>	
Physicians	54.00	11.00	65.00	16.92%
Mid-Level Practitioners	109.00	14.00	123.00	11.38%
Registered Nurses	310.00	5.00	315.00	1.59%
Licensed Vocational Nurses	553.00	15.00	568.00	2.64%
Dentists	70.00	4.00	74.00	5.41%
Psychiatrists	16.00	2.00	18.00	11.11%



Consent Item 3(b)

University Medical Director's Report

Texas Tech University  
Health Sciences Center

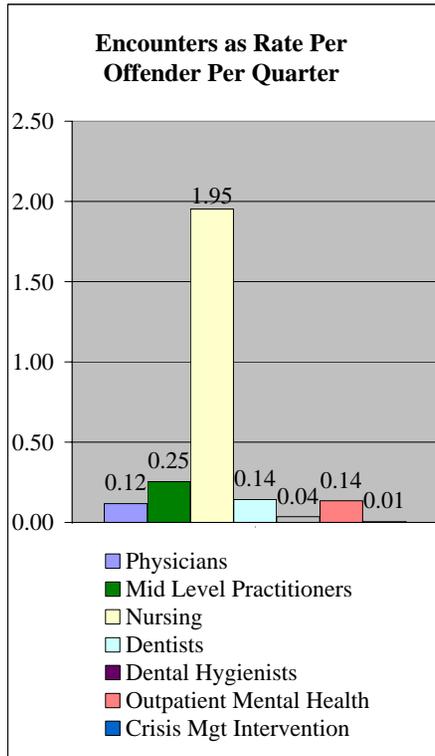


**Correctional Managed Health Care  
MEDICAL DIRECTOR'S REPORT**

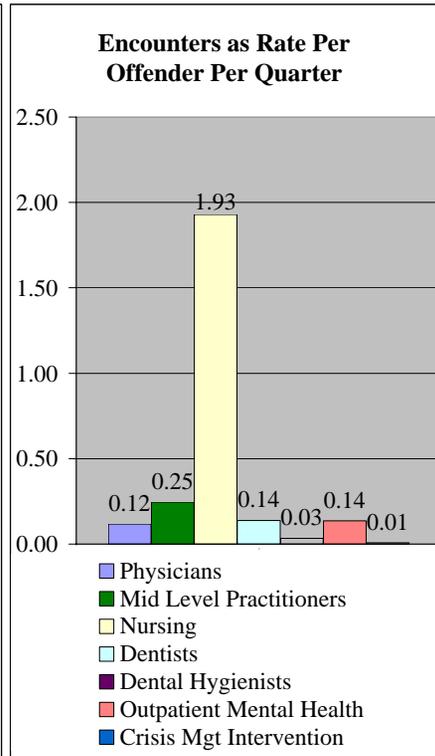
**SECOND QUARTER  
FY 2011**

Medical Director's Report:

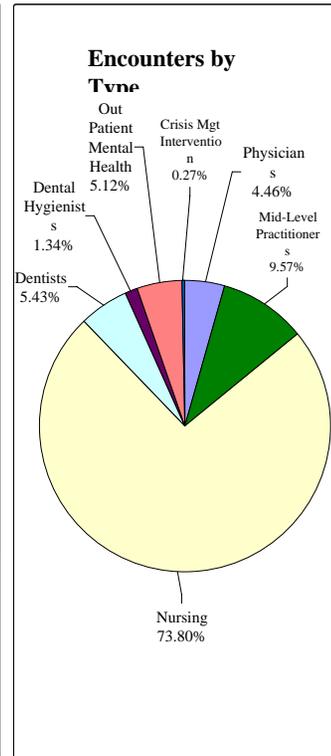
	December		January		February		Quarterly Average	
<i>Average Population</i>	31,550.63		31,416.20		31,305.27		31,424.03	
<i>Medical Encounters</i>	Rate Per Number	Offender						
Physicians	3,380	0.107	3,984	0.127	3,669	0.117	3,678	0.117
Mid-Level Practitioners	8,008	0.254	8,038	0.256	7,192	0.230	7,746	0.246
Nursing	61,244	1.941	64,533	2.054	56,048	1.790	60,608	1.929
Sub-Total	<b>72,632</b>	<b>2.302</b>	<b>76,555</b>	<b>2.437</b>	<b>66,909</b>	<b>2.137</b>	<b>72,032</b>	<b>2.292</b>
<i>Dental Encounters</i>								
Dentists	4,149	0.132	4,791	0.153	4,107	0.131	4,349	0.138
Dental Hygienists	1,052	0.033	1,133	0.036	1,050	0.034	1,078	0.034
Sub-Total	<b>5,201</b>	<b>0.165</b>	<b>5,924</b>	<b>0.189</b>	<b>5,157</b>	<b>0.165</b>	<b>5,427</b>	<b>0.173</b>
<i>Mental Health Encounters</i>								
Outpatient mental health visits	4,032	0.128	4,563	0.145	4,152	0.133	4,249	0.135
Crisis Mgt. Interventions	216	0.007	234	0.007	180	0.006	210	0.007
Sub-Total	<b>4,248</b>	<b>0.135</b>	<b>4,797</b>	<b>0.153</b>	<b>4,332</b>	<b>0.138</b>	<b>4,459</b>	<b>0.142</b>
<i>Total Encounters</i>	<b>82,081</b>	<b>2.602</b>	<b>87,276</b>	<b>2.778</b>	<b>76,398</b>	<b>2.440</b>	<b>81,918</b>	<b>2.607</b>



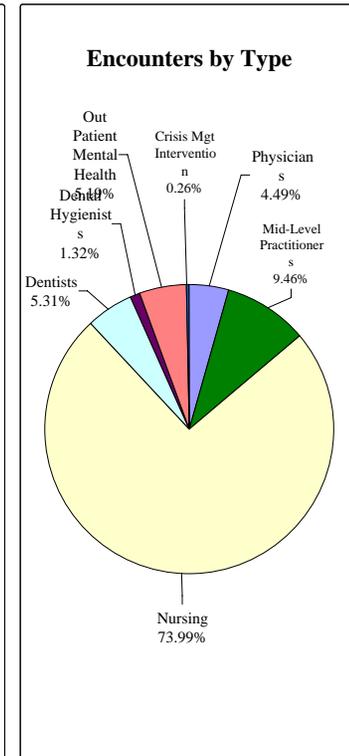
1st Quarter



2nd Quarter



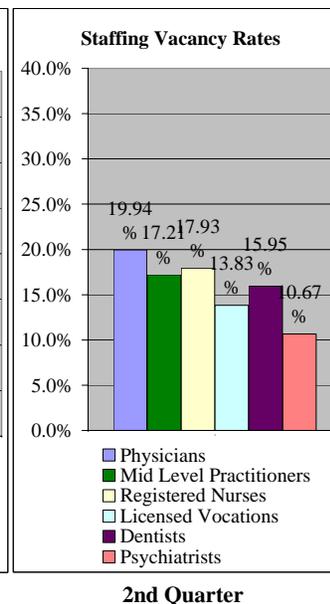
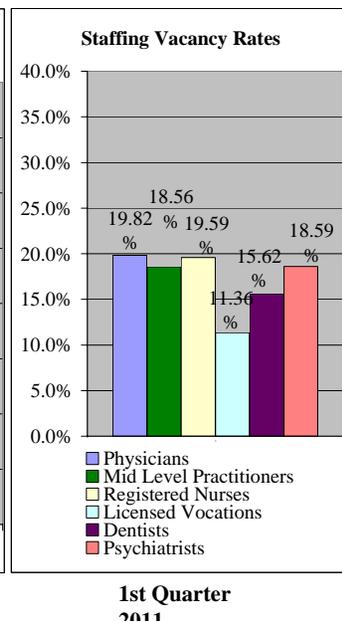
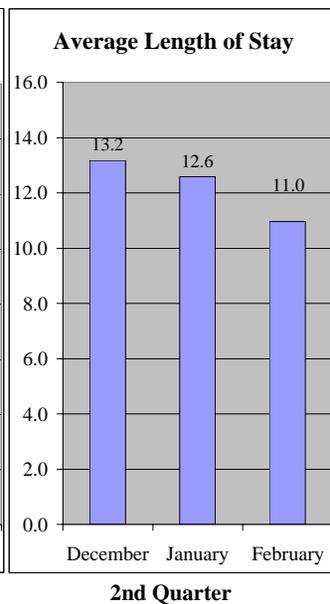
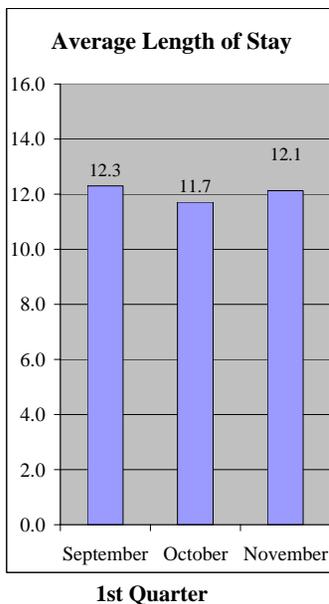
1st Quarter 2011



2nd Quarter

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

	December	January	February	Quarterly Average
<b>Medical Inpatient Facilities</b>				
	113.32	117.19	107.97	<b>112.83</b>
	163	220	182	<b>188.33</b>
Average Daily Census	13.18	12.59	10.96	<b>12.24</b>
Number of Admissions	793	992	661	<b>815.33</b>
Average Length of Stay				
<b>Mental Health Inpatient Facilities</b>				
Number of Clinic Visits	505	511	517	<b>511.00</b>
	434	431	425	<b>430.00</b>
Average Daily Census	1321	1379	676	<b>1125.33</b>
Specialty Referrals Completed				
PAMIO/MROP Census	346	261	470	<b>359.00</b>
Telemedicine Consults				
<b>Health Care Staffing</b>				
	Average This Quarter			Percent Vacant
	Filled	Vacant	Total	
	19.75	4.92	24.67	19.94%
	28.23	5.87	34.1	17.21%
Physicians	145.93	31.89	177.82	17.93%
Mid-Level Practitioners	307.75	49.4	357.15	13.83%
Registered Nurses	16.7	3.17	19.87	15.95%
Licensed Vocational Nurses	9.46	1.13	10.59	10.67%
Dentists				
Psychiatrists				



## Consent Item 4

Summary of CMHCC Joint  
Committee \ Work Groups

**Correctional Managed Health Care  
Joint Committee/Work Group Activity Summary  
for June 2011 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: May 12, 2011

Key Activities:

(1) Approval of Minutes

### **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. FY2011 SLC Indicators
  - 1. Diagnostic Radiographs
  - 2. Mental Health Continuity of Care: Inpatient Discharges
  - 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 / Methodologies
- C. Hospital and Infirmiry Discharge Audits

**Miscellaneous/Open for Discussion Participants:**

- A. CMHCC Updates
- B. Joint Nursing Committee Update
- C. Chronic Disease Audit Update
- D. ATC Accuracy Evaluation
- E. QA Nurse Protocol Audits
- F. Nursing QA-QI Site Visit Audits

**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: April 14, 2011

Key Activities:

**Sub Committee Updates**

- Infirmary
- Transient Medications
- Wheelchair

**Second Opinion**

- Sick Call
- HSM 18

**New Business:**

Sections A & F are scheduled for review.

A-01.1 Access to Care – Paula Reed

A-03.1 Medical Autonomy – Justin Robison

A-04.1 Administrative Meetings – Paula Reed / Justin Robison

A-05.1 Health Services Policies - Paula Reed / Justin Robison

A-06.2 Professional & Vocational Nurse Peer Review Process – Justin Robison

A-07.1 Emergency Plans & Drills – Craig Peters

A-08.2 Transfers of Offenders with Acute Conditions – Craig Peters / Phyllis McWhorter / Justin Robison

A-08.6 Medically Recommended Intensive Super Screen – Kathryn Buskirk

A-08.6 “C” Attachment C to MRIS – Kathryn Buskirk

A-10.1 Serious/Critical Medical Condition & Notify Next Kin – Phyllis McWhorter / Justin Robison

A-11.1 Procedure in the Event of an Offender Death – Kathryn Buskirk / Justin Robison

A-11.2 Pronouncement of Death by Licensed Nurses – Kathryn Buskirk

A-13.1 Physician Peer Review – Robert Williams

C-19.1 Continuing Education/Staff Development – Craig Peters

C-28.1 Clinic Space, Equipment, and Supplies – Craig Peters

E-36.2 In-Processing Offenders-Dental Exam, Class., Education & Treatment – Craig peters

E-37.1 Daily Processing of Health Complaints and Sick Call – Robert Williams

E-39.1 Health Evaluation & Documentation Offenders in Seg – Craig Peters

E-44.1 Continuity of Care – Craig Peters

F-49.1 Personal Hygiene – Chris Black / Justin Robison

F-50.1 Tobacco Free Environment – Chris Black

G-51.1 Special Needs Offenders – Craig Peters / Glenda Adams

G-51.11 Treatment of Offenders with Gender Disorders – Glenda Adams

G-53.1 Suicide Prevention Plan – Craig Peters

G-57.1 Sexual Assault – Jim Montross

H-61.1 Confidentiality & Release of Protected Health Info – Craig Peters

### **Adjournment**

- Next Meeting Date is July 14, 2011
- Section to be covered will be G, H and I. Comments on Section G, H, and I are due by June 1, 2011.

### **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: March 10, 2011

Key Activities:

### **Approval of Minutes from January 13, 2011 Meeting**

#### **Reports from Subcommittees:**

- Diabetes – Dr. Fisher
- DMG Triage – Dr. Sandmann
- Drug Overdose – Dr. Lenz
- Psychiatry – Dr. Butler

**Reviewed and discussed monthly reports as follows:**

- Adverse Drug Reaction Report (none)
- Pharmacy Clinical Activity Report
- Drug recalls (January – February 2011)
- Nonformulary Defferral Reports
  - UTMB Sector (January – February 2011)
  - Texas Tech Sector (January – February 2011)
- Utilization Reports (FY11 YTD)
  - HIV Utilization
  - Hepatitis C Utilization
  - Hepatitis B Utilization
  - Psychotropic Utilization
- Policy Review Schedule

**Old Business: (none)**

**New Business:**

Action Requests

- Potassium Chloride Substitution
- Erythromycin Stearate substitution
- Switch from Glyburide to Glipizide
- Switch from Promethine 50mg/ml to 25 mg./ml formulation
- Allow Omeprazole KOP
- Reclamation Reduction Strategies

**Drug Category Review**

- Anti-Hypertensive agents

**FDA Medication Safety Advisories**

**Manufacturer Shortages and Discontinuations**

**Policy and Procedure Revisions**

- Multidose Vials (30-10)

- Crushing of Medications (35-05)
- Unit Receipt (40-03)
- Medication Administration During Computer Breakdown (40-05)
- Administration and Distribution of Patient Medications (40-10)
- Distribution of Medications during Lockdown or Disaster situations (40-15)
- Missing Medications (40-20)
- KOP Medication Distribution Program (50-05)

### **Miscellaneous**

### **Adjournment**

### **Joint Infection Control Committee**

Chair: Dr. Kate Hendricks

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

Meeting Date: April 14, 2011

Key Activities:

### **Reviewed and Approved Minutes Public Health Update**

### **Old Business**

A. MRSA B-14.16

## **New Business**

- A. B-14.11 HIV Policy – Minor changes to HIV reporting based on DSHS Policies.

## **Policy Review – B-14.14.11 through B-14.21**

- A. B-14.31 Personal Protective Equipment and Other Protective Supplies

## **Adjourn**

- Next Meeting – August 11, 2011
- Policies to be reviewed are B-14.22 through B-14.41

## **Joint Dental Work Group**

Chair: Dr. Billy Horton

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

Meeting Date: March 23, 2011

## **Systems Director Meeting**

- Approval of Minutes, Division and Department Directors
- TDCJ Health Services Director, Dr. Manual “Bubba” Hirsch
- Western Sector Dental Services director, TTUHSC, Dr. Brian Tucker
- Eastern Sector Dental Services Directors, UTMB-CMC, Dr. Scott Reinecke and Dr. Billy Horton
- Dental Utilization Quality Review Committee, Chairperson: Dr. Scott Reinecke

## **UTMB – CMC Director’s Meeting**

- Approval of Minutes, District Director Meeting
- Dental Hygiene Manager, Ms. Pam Myers
- Review Dental Policies Section C – includes:
  - Dental Licensure, C-18.1-D
  - Dental Education and Professional Development, C-19.1-D
  - Position Descriptions, C-23.1
  - Orientation and Training for Dental Services Staff, C-25.1-D
  - Sharp, Needle, Syringe Control, D-28.2-D
  
- Formulary committee, Chairperson, Dr. John Beason
- Continue reviewing Dental Policies
- Eastern Sector Dental Services
  - Huntsville District
  - Northeast District
  - Northwest District
  - San Antonio District
  - Houston District
  - Beaumont District

Adjourn

## **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:**

- December, 2010 (review of 24 cases)
- January, 2011 (review of 40 cases)
- February, 2011 (review of 31 cases)

**Joint Nursing Work Group**

Chair: Mary Goetcher, RN

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

Meeting Date: April 13, 2011

- ER Record and Nurse Protocols – Gary
- CNE – Mary
- Use of Force Physicals – Mike
- Legislative Session
- Other Business

**Adjourn**

- Next Meeting: June cancelled

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## CORRECTIONAL MANAGED HEALTH CARE COMMITTEE

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

(936) 437-1972 ♦ Fax: (936) 437-1970

*Allen R. Hightower*  
*Executive Director*

---

Date: May 25, 2011

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

From: Allen Hightower, Executive Director

Subject: Executive Director's Report

## Legislative Update

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*Correctional Managed  
Health Care Committee*

Key Statistics Dashboard

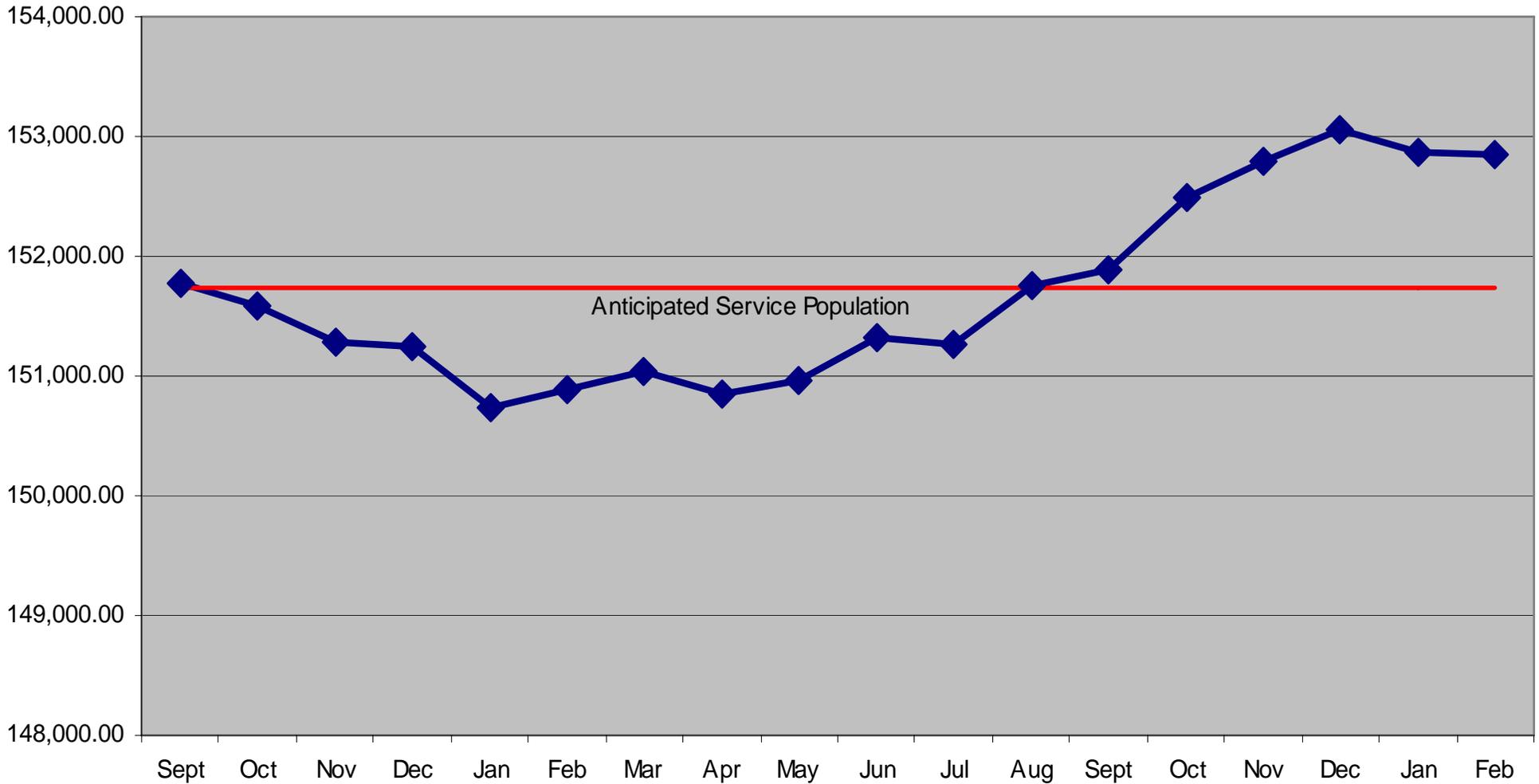
**June 2011**

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*Correctional Managed  
Health Care*



## CMHC Service Population FY 2010-2011 to Date

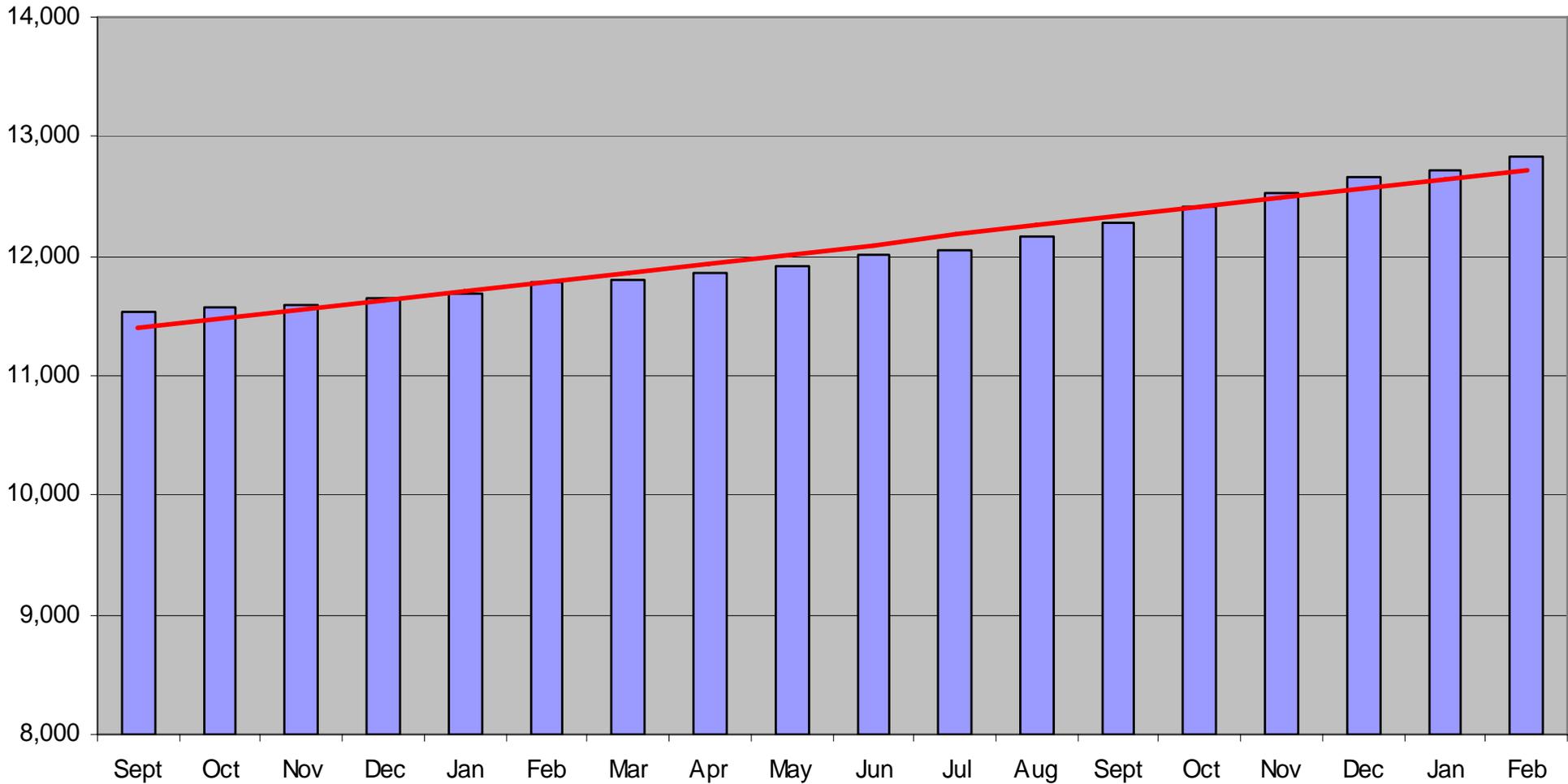


*Correctional Managed*

*Health Care*



## Offenders Age 55+ FY 2010-2011 to Date

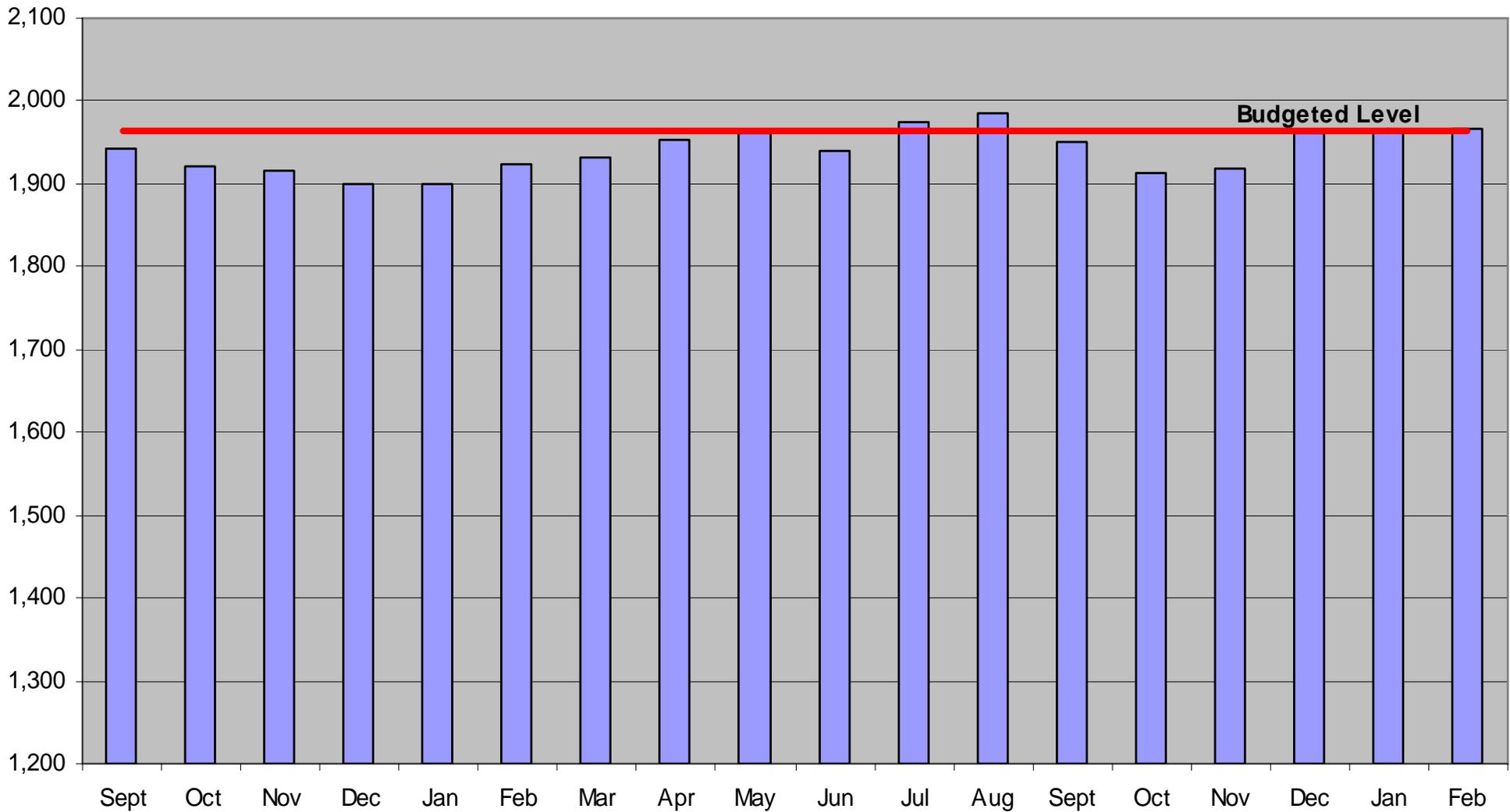


*Correctional Managed*

*Health Care*



# Psychiatric Inpatient Census

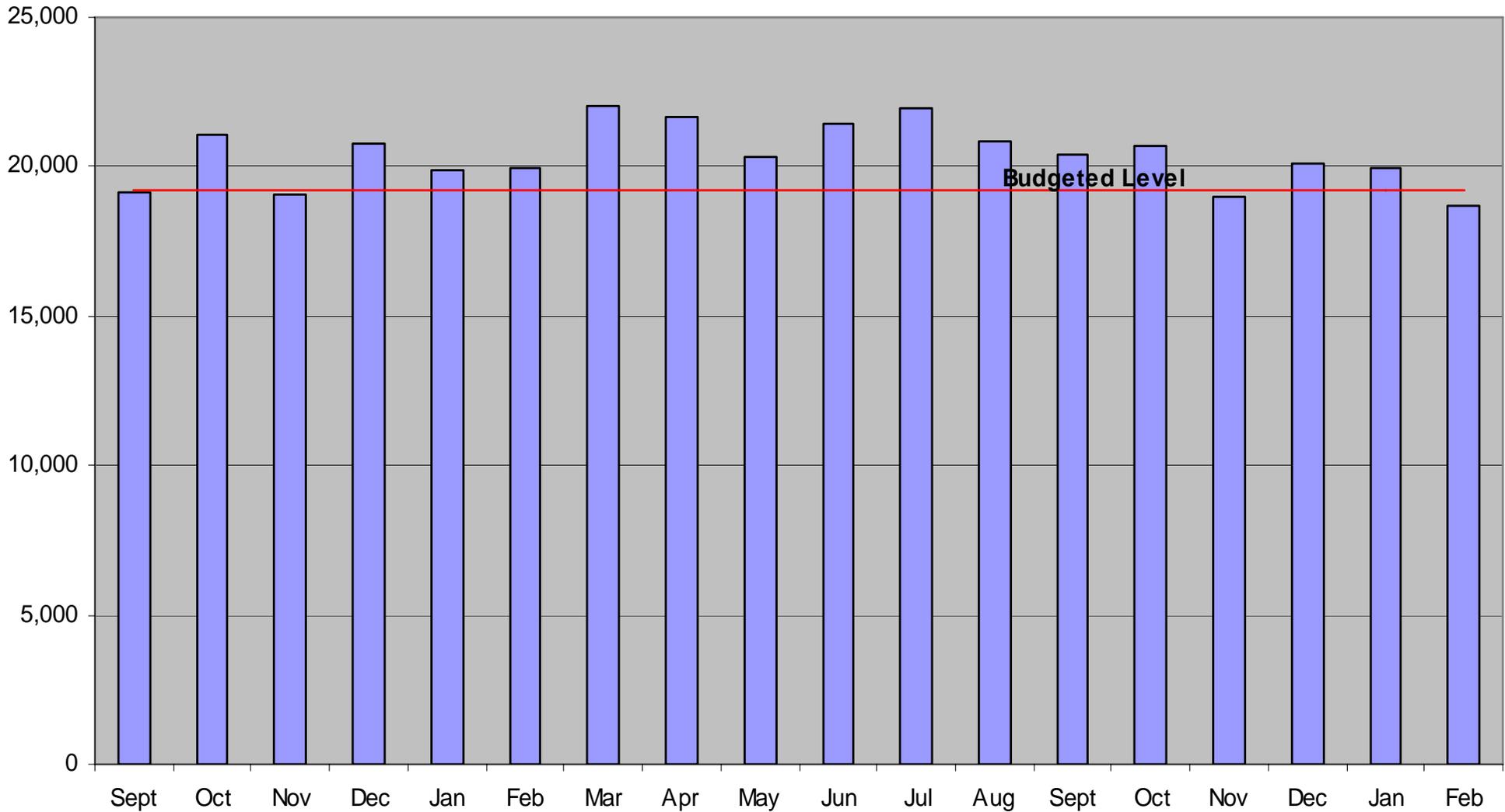


*Correctional Managed*

*Health Care*



# Psychiatric Outpatient Census



*Correctional Managed*

*Health Care*



## TDCJ MENTAL HEALTH CENSUS BY GENDER

December-10 Facility	AVERAGE DAILY POPULATION			LAST DAY CENSUS	
	Inpatient	MROP	Outpatient	Male	Female
SKYVIEW					
JESTER IV					
MT. VIEW					
CRAIN (GV)					
HODGE					
MONTFORD PSYCHIATRIC	519.00			596.00	
PAMIO	457.00			442.00	
CASELOAD - TTUHSC			4,032.00	4,377.00	
CASELOAD					
	1,076.00	0.00	4,032.00		

January-11 Facility	AVERAGE DAILY POPULATION			LAST DAY CENSUS	
	Inpatient	MROP	Outpatient	Male	Female
SKYVIEW					
JESTER IV					
MT. VIEW					
CRAIN (GV)					
HODGE					
MONTFORD PSYCHIATRIC	624.00			624.00	
PAMIO	483.00			483.00	
CASELOAD - TTUHSC			4,563.00	4,563.00	
CASELOAD					
	1,107.00	0.00	4,563.00		

February-11 Facility	AVERAGE DAILY POPULATION			LAST DAY CENSUS	
	Inpatient	MROP	Outpatient	Male	Female
SKYVIEW					
JESTER IV					
MT. VIEW					
CRAIN (GV)					
HODGE					
MONTFORD PSYCHIATRIC	606.00			606.00	
PAMIO	449.00			449.00	
CASELOAD - TTUHSC			4,152.00	4,152.00	
CASELOAD					
	1,055.00	0.00	4,152.00		

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*



## Access to Care Indicators

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

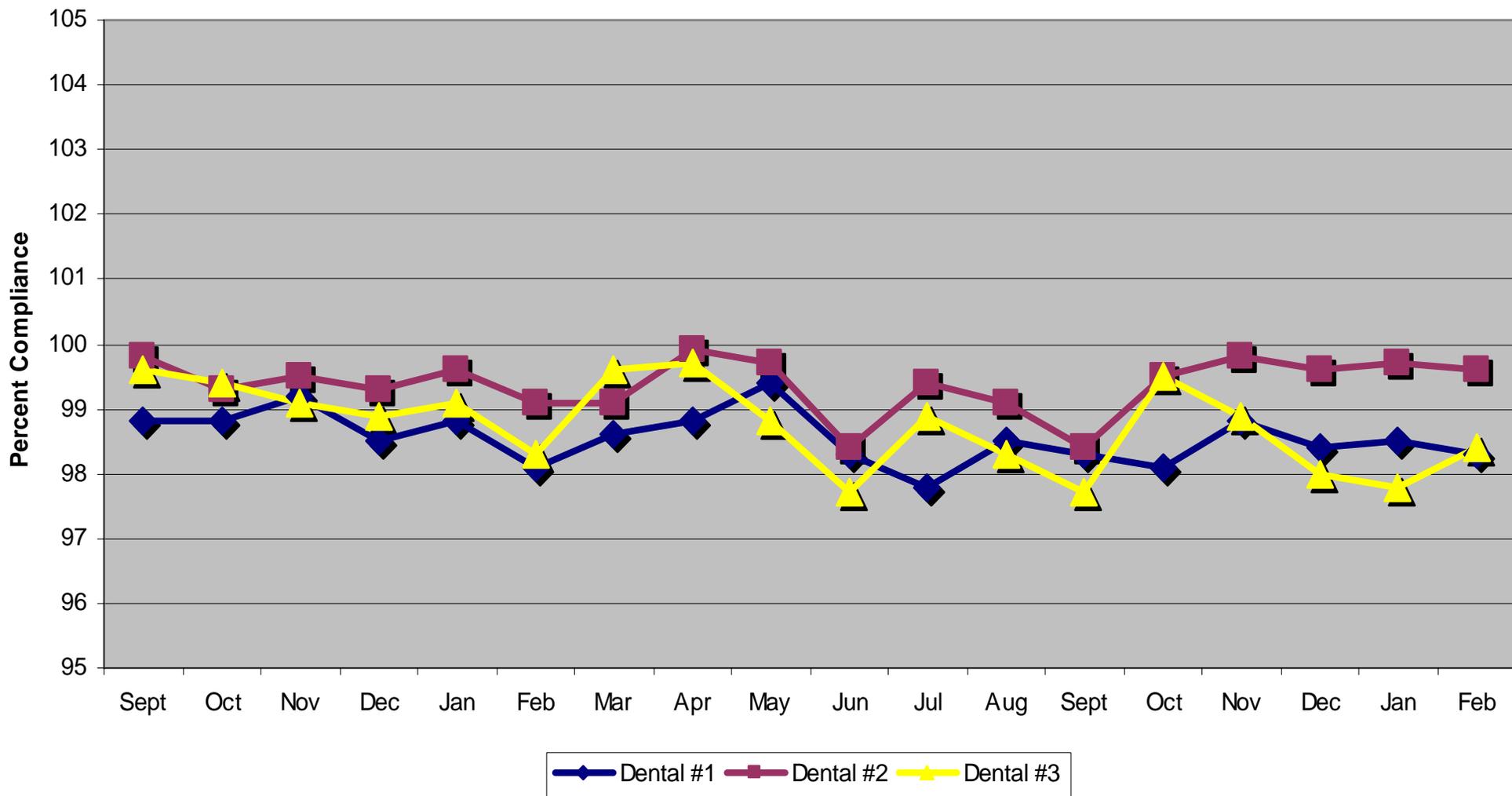
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*Correctional Managed*

*Health Care*



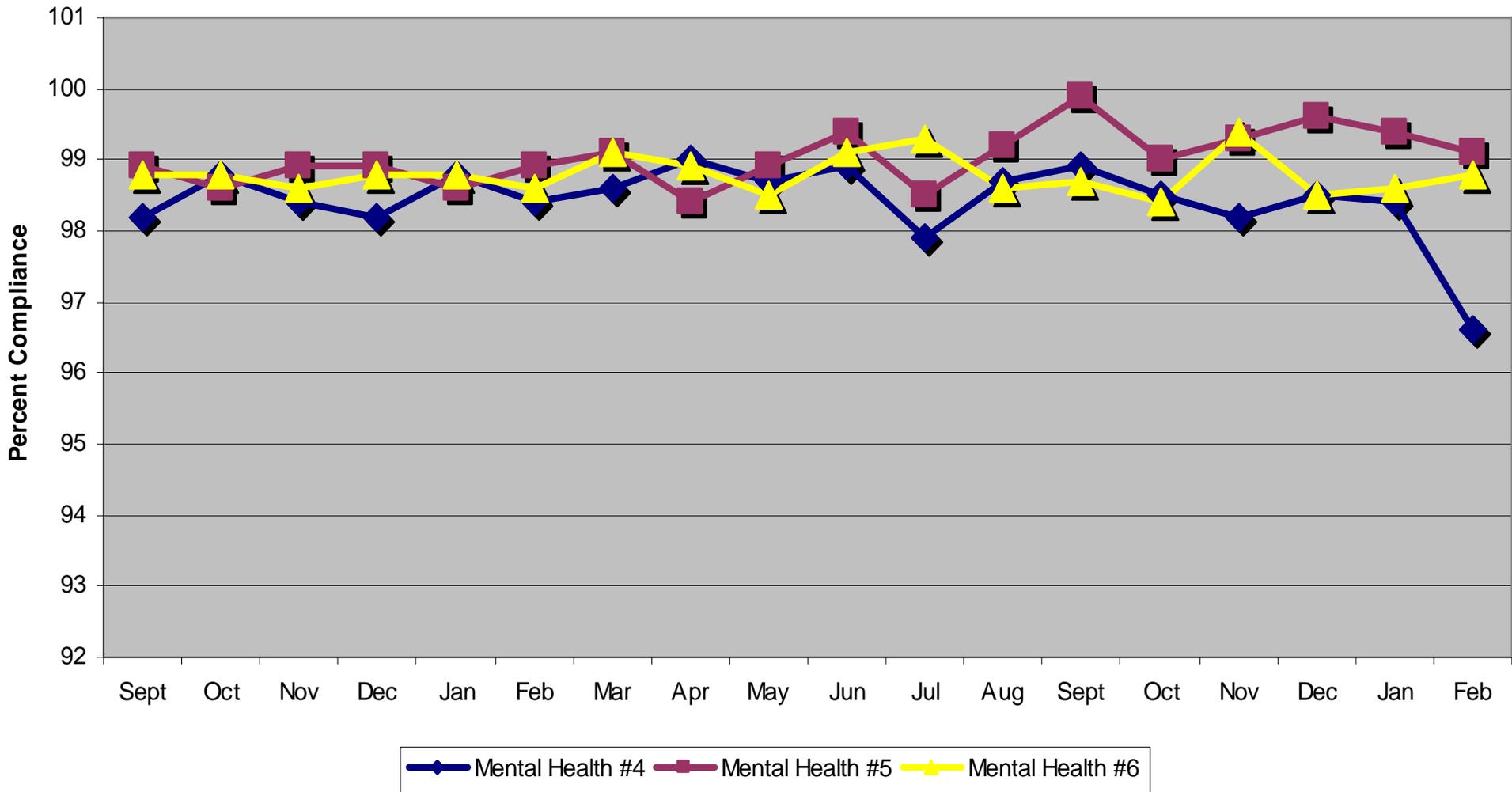
## Dental Access to Care Indicators FY 2010-2011 to Date



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Health Care*



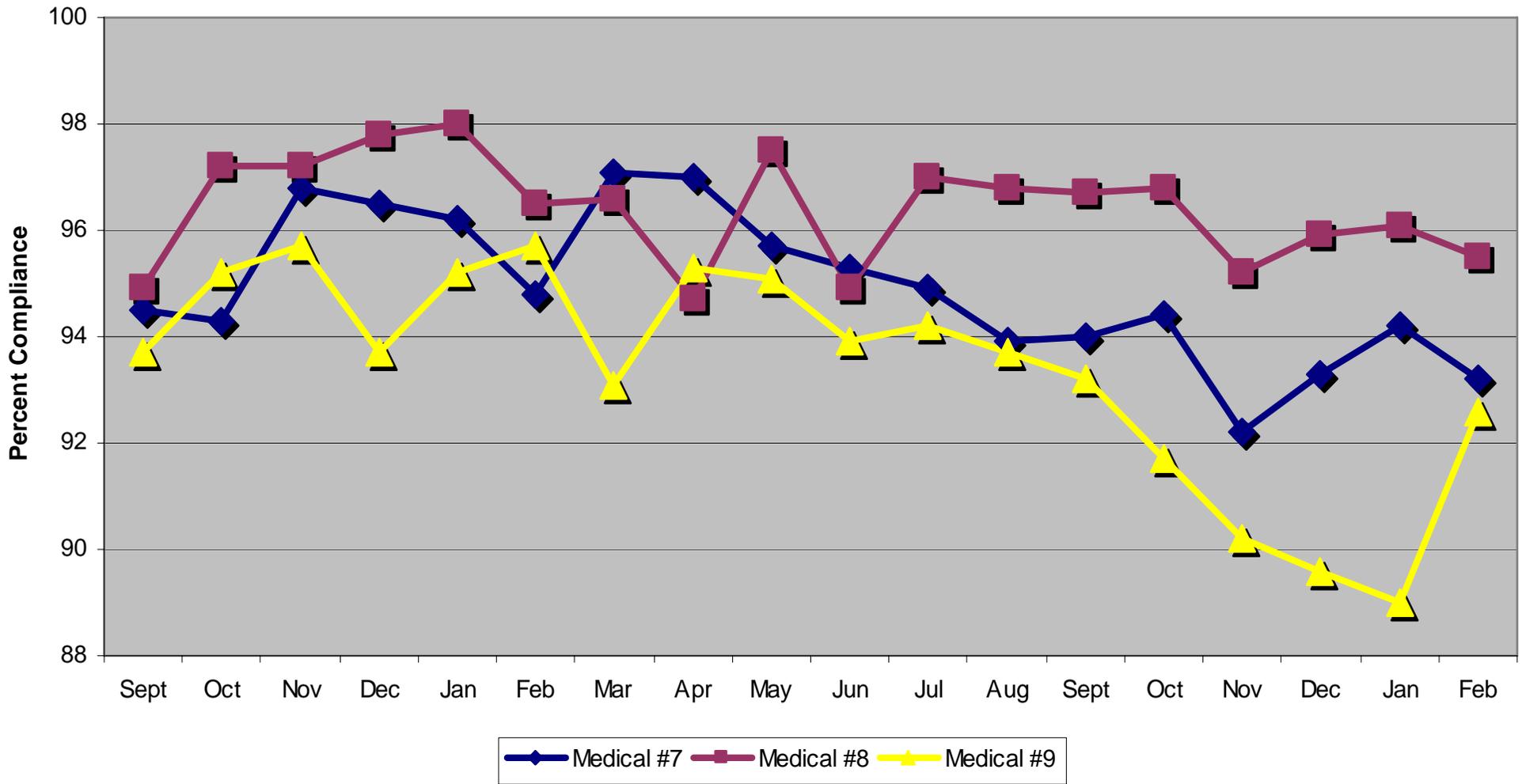
## Mental Health Access to Care Indicators FY 2010-2011 to Date



*Correctional Managed  
Health Care*



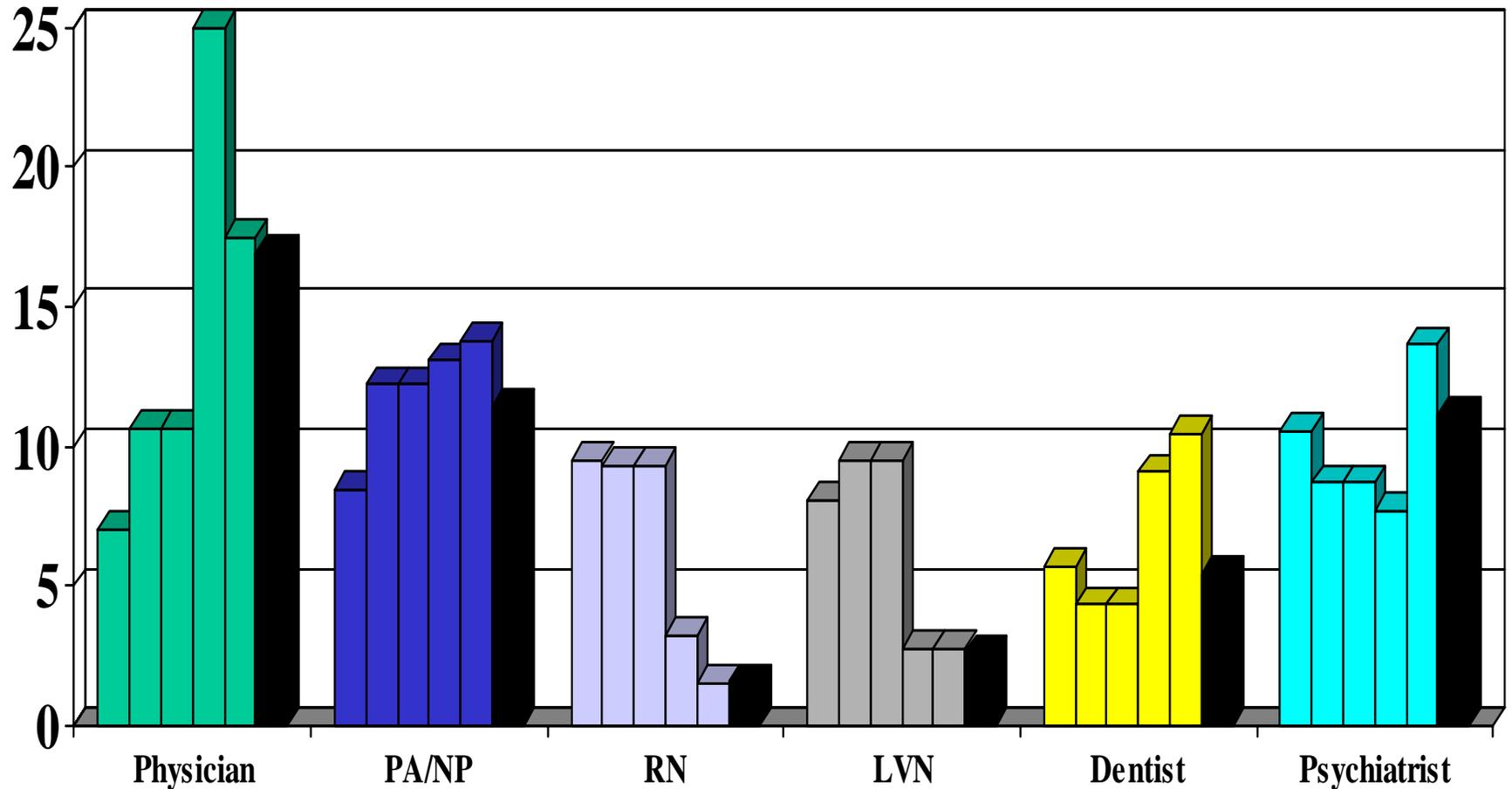
## Medical Access to Care Indicators FY 2010-2011 to Date



*Correctional Managed  
Health Care*



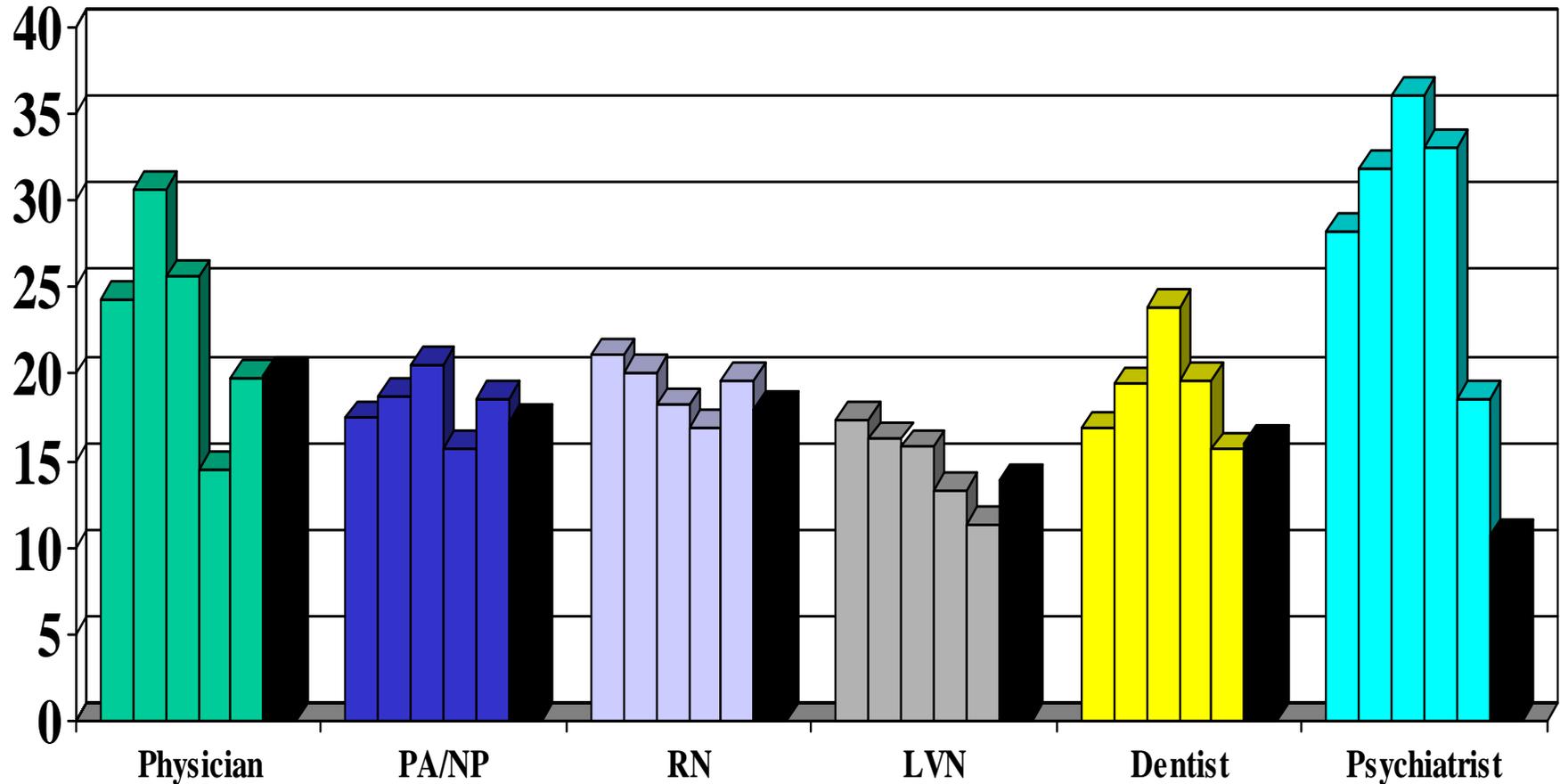
## UTMB Vacancy Rates (%) by Quarter FY2010 – FY2011



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## TTUHSC Vacancy Rates (%) by Quarter FY 2010 – FY 2011

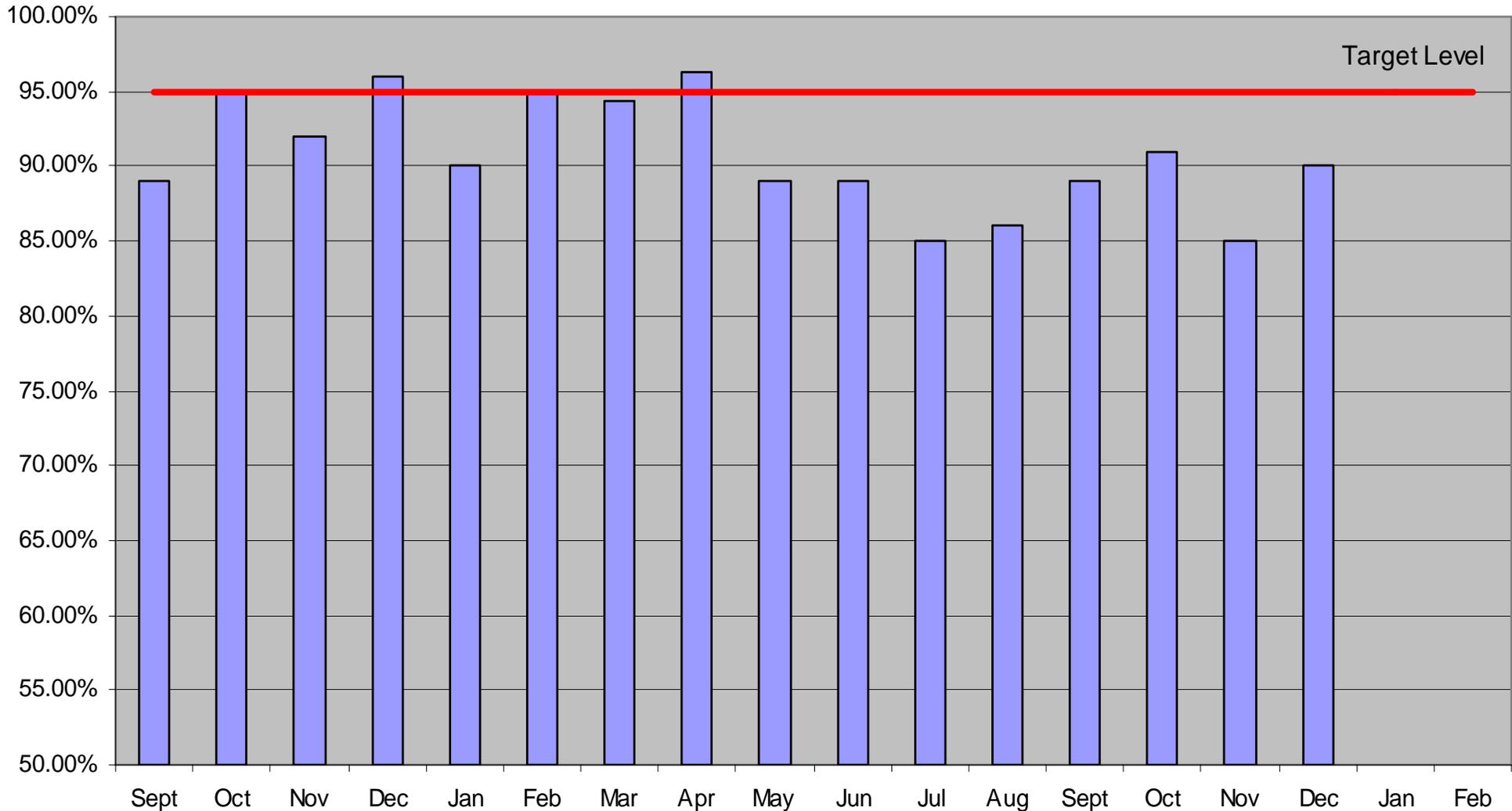


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## Percent of Timely MRIS Summaries FY 2010-2011

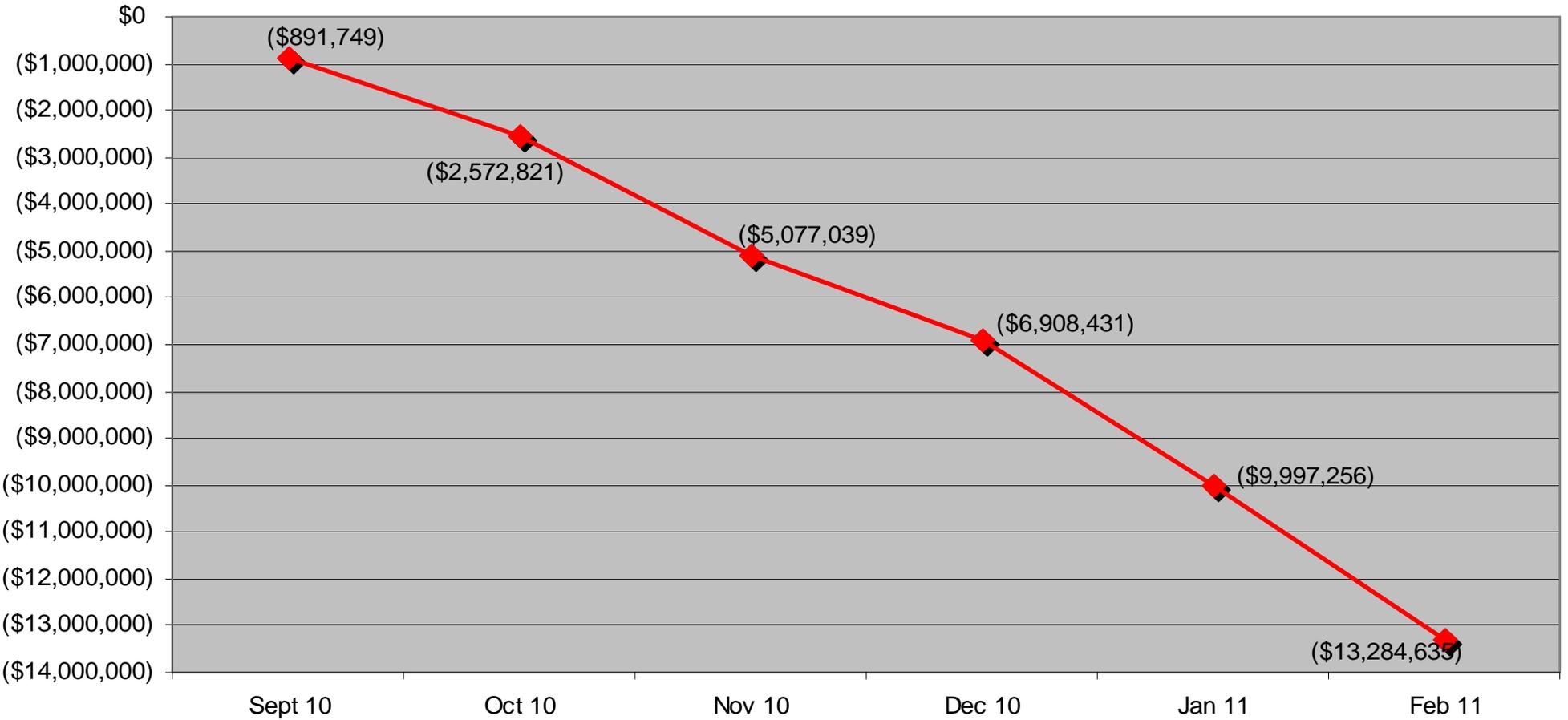


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## Statewide Cumulative Loss/Gain FY 2011

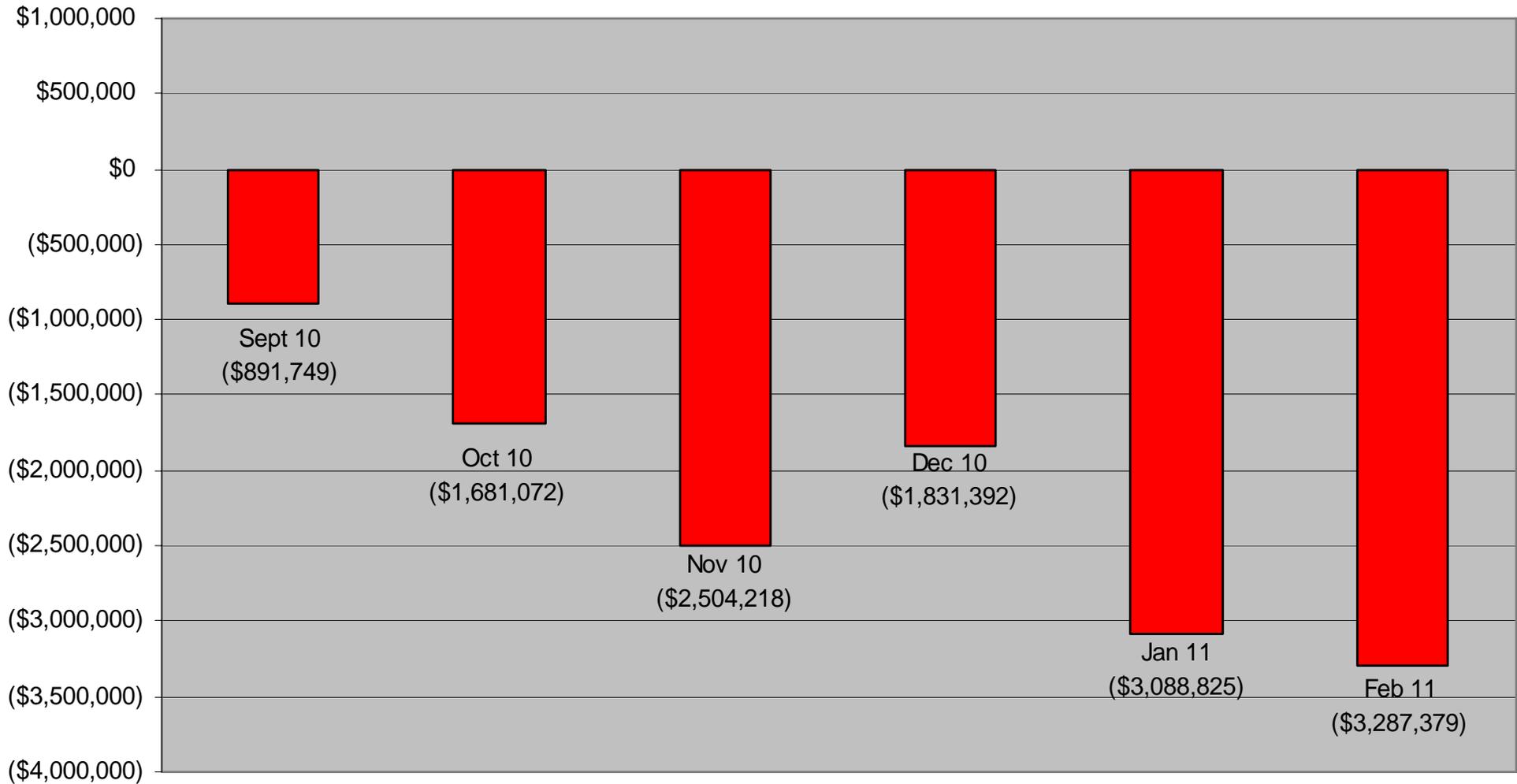


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## Statewide Loss/Gain by Month FY 2011

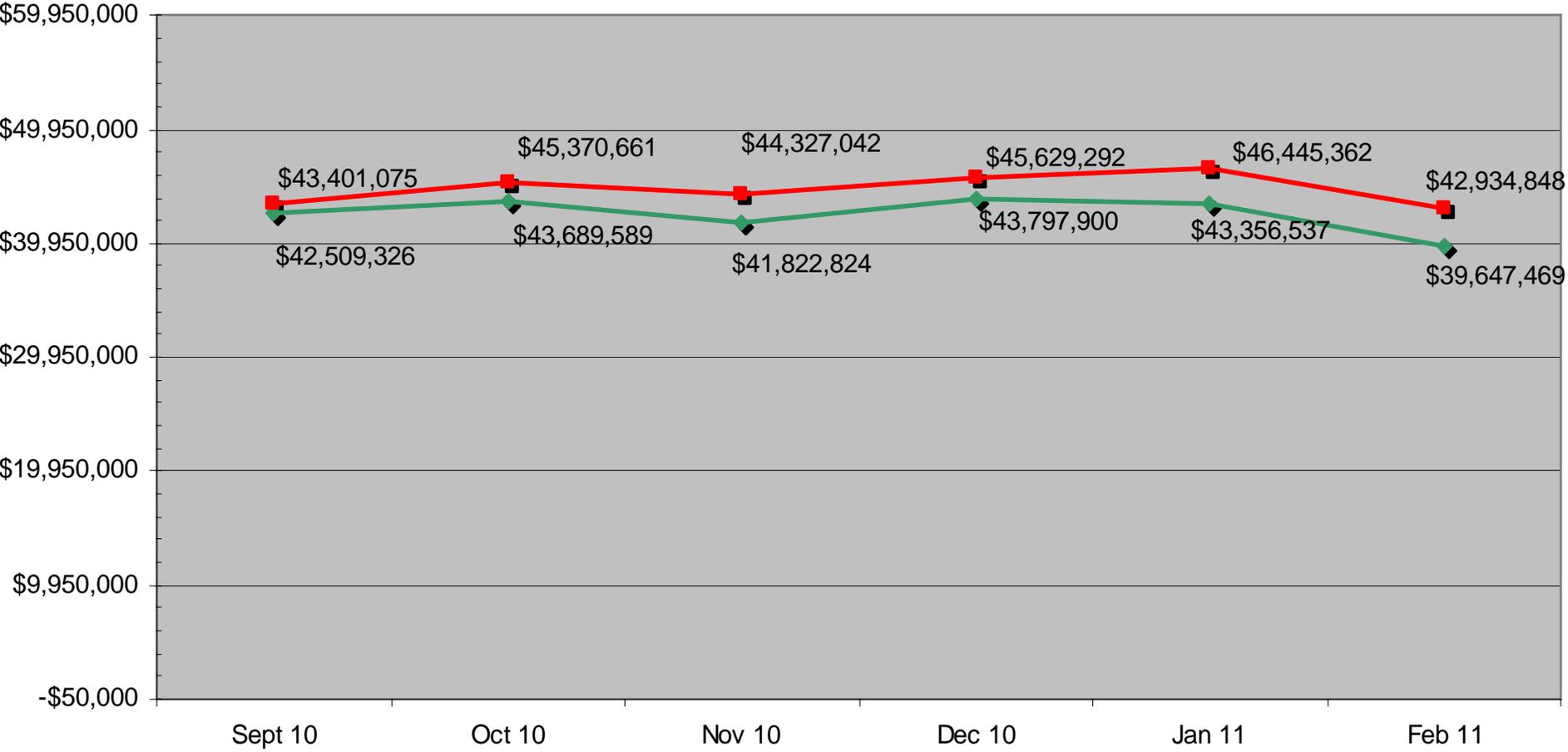


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# Statewide Revenue v. Expenses by Month FY 2011

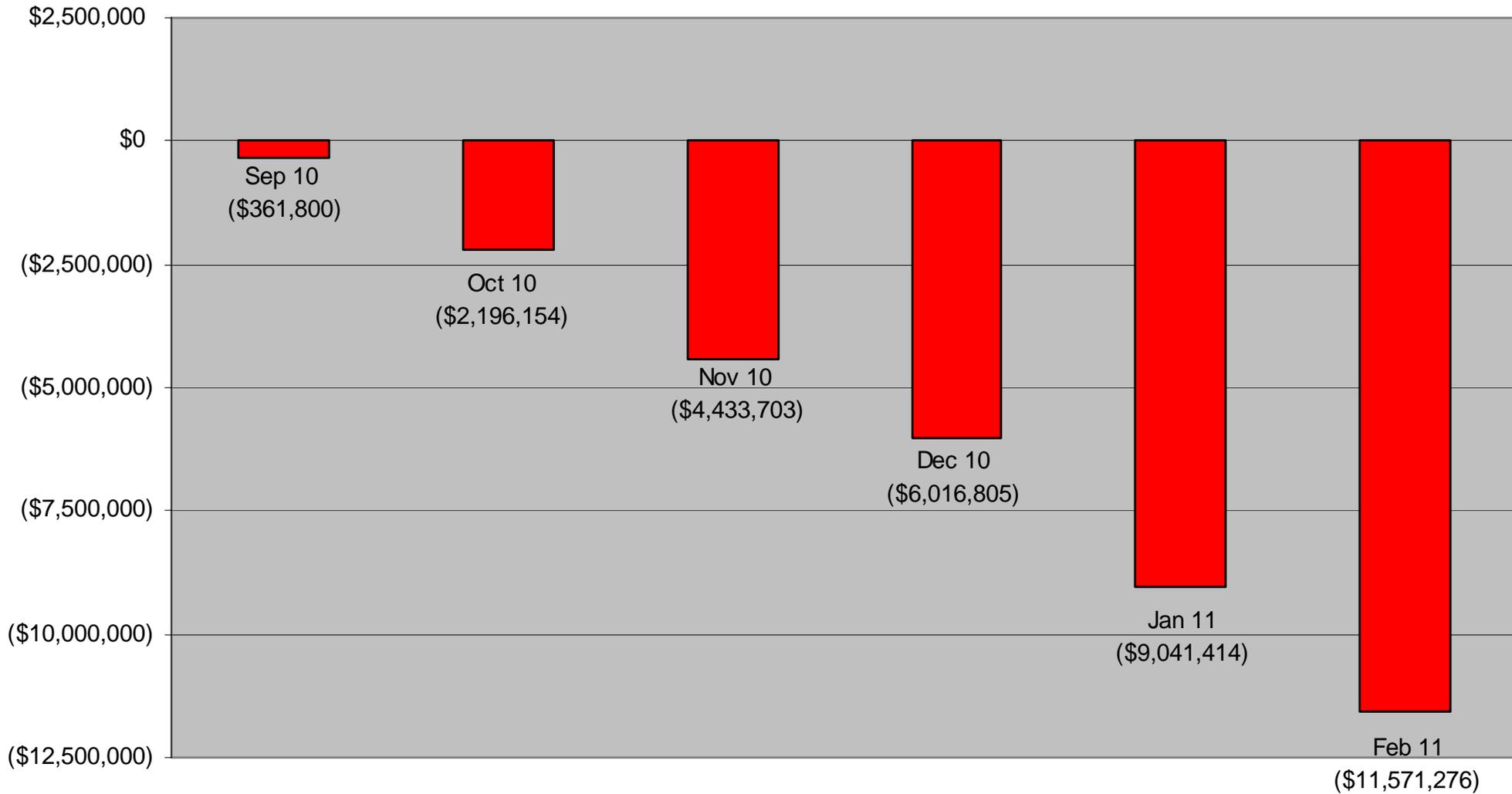


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## UTMB Cumulative Loss/Gain FY 2011

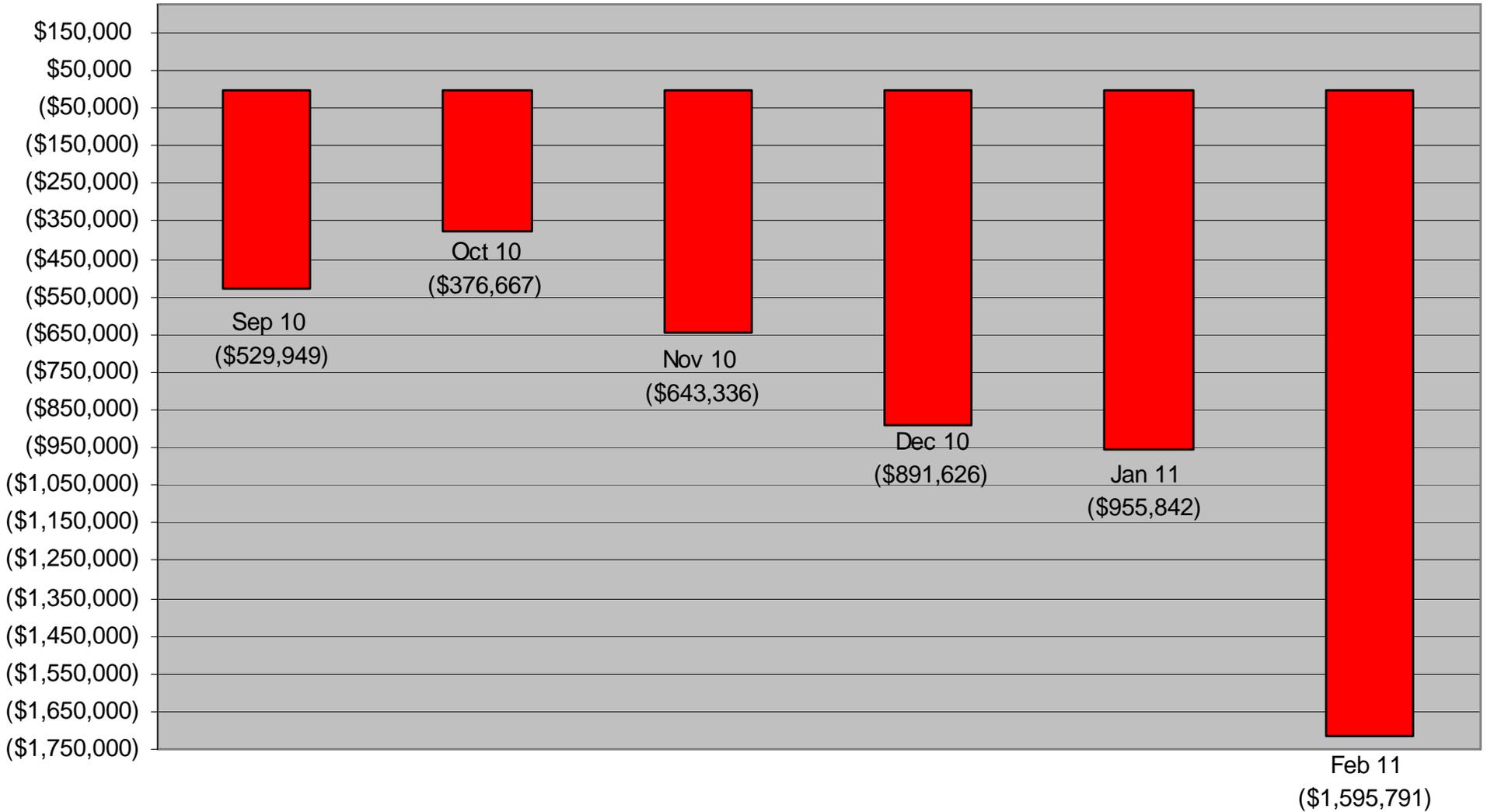


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# TTUHSC Cumulative Loss/Gain FY 2011



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*Health Care*



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

**As of MAY 2011**

<b>Title of Position</b>	<b>CMHCC Partner Agency</b>	<b>Vacant Since (mm/yyyy)</b>	<b>Actions Taken to Fill Position</b>
Psychiatrists	UTMB	1/1/11	Local and National Advertising, Conference, Contract with Timeline National Recruiting and other Agency Staffing
Physician I-III	UTMB	1/1/11	Local and National Advertising, Conferences, Timeline National Recruiting and other agency
Mid Level Practitioners (PA and FNP)	UTMB	1/1/11	Local and National Advertising, Career Fairs, Conferences, Intern programs with numerous PA schools
Correctional Physician	TTUHSC	10/2010	Continued advertisement in local and national publications; Expanded Recruiting Agency utilization.
PAMIO Medical Director	TTUHSC	02/2009	Continued advertisement in local and national publications; Expanded Recruiting Agency utilization.
Staff Psychiatrists	TTUHSC	09/2010	Continued advertisement in local and national publications; Expanded Recruiting Agency utilization.
Extenders	TTUHSC	11/2010	Continued advertisement in local and national publications; Expanded Recruiting Agency utilization.
Physician III-Chief Public Health Officer	TDCJ	4/30/11	A decision memorandum was submitted to TDCJ Budget requesting approval to fill.
Clerk III-Office of Professional Standards	TDJC	4/30/11	A decision memorandum was submitted to TDCJ Budget requesting approval to fill.
Administrative Asst IV- Grievance Coordinator	TDCJ	5/31/11	A decision memorandum was submitted to TDCJ Budget requesting approval to fill.

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**TEXAS DEPARTMENT OF  
CRIMINAL JUSTICE**

***HEALTH SERVICES DIVISION  
MEDICAL DIRECTORS' REPORT***

***Second Quarter FY-2011***

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

# TDCJ Medical Directors' Report

## Office of Health Services Monitoring (OHSM)

### Operational Review Audit (ORA)

- During the Second Quarter of FY 2011, 13 Operational Review Audits (ORA) were closed for the following facilities: Bridgeport Pre-Parole Transfer, Fort Stockton, Gist State Jail, Hodge, Holliday, LeBlanc, Lopez State Jail, Lynaugh, Plane State Jail, Roach, Segovia, Skyview, and Terrell.
- During the Second Quarter of FY-2011 (December 2010, January, and February 2011), seven ORA were conducted at the following facilities: Boyd, Bridgeport, Crain, Hughes, Lewis, Polunsky, and Sanchez State Jail. The following is a summary of the 10 items found to be most frequently below 80 percent compliance in the seven ORA conducted in the Second Quarter FY-2011.
  1. Item **1.100** requires interpreter services to be arranged and documented in the medical record for monolingual Spanish-speaking offenders. Seven of the seven facilities were not in compliance with this requirement. The seven facilities out of compliance were: Boyd, Bridgeport, Crain, Hughes, Lewis, Polunsky and Sanchez State Jail. Corrective actions were requested from the seven facilities. At the time of this report, five facilities have returned their corrective action plan: Bridgeport, Crain, Hughes, Polunsky, and Sanchez State Jail. These are currently being reviewed by the Health Services staff. The Boyd and Lewis facilities are preparing facility-specific corrective actions to ensure future compliance.
  2. Item **4.120** requires a current Mental Health Individual Treatment Plan (ITP) for offenders receiving mental health services to include diagnosis and treatment goals. Five of the seven facilities were not in compliance with this requirement. The five facilities out of compliance were: Boyd, Crain, Hughes, Lewis, and Polunsky. Corrective actions were requested from the five facilities. At the time of this report, three facilities have returned their corrective action plan: Crain, Hughes, and Polunsky. These are currently being reviewed by the Health Services staff. The Boyd and Lewis facilities are preparing facility-specific corrective actions to ensure future compliance.
  3. Item **5.060** requires each offender with diagnoses documented in the medical record that qualify for a special diet be included on the Master Diet List. If the special diet is not on the Master Diet List, there must be a signed Refusal of Treatment (HSM-82) form. Six of the seven facilities were not in compliance with this requirement. The six facilities out of compliance were: Boyd, Crain, Hughes, Lewis, Polunsky and Sanchez State Jail. Corrective actions were requested from the six facilities. At the time of this report, four facilities have returned their corrective action plan: Crain, Hughes, Polunsky, and Sanchez State Jail. These are currently being reviewed by the Health Services staff. The Boyd and Lewis facilities are preparing facility-specific corrective actions to ensure future compliance.
  4. Item **5.250** requires documentation that three Hemocult cards were 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. Seven of the seven facilities were not in compliance with this requirement. The seven facilities out of compliance were: Boyd, Bridgeport, Crain, Hughes, Lewis, Polunsky and Sanchez State Jail. Corrective actions were requested from the seven facilities. At the time of this report, five facilities have returned their corrective action plan: Bridgeport, Crain, Hughes, Polunsky, and Sanchez State Jail. These are currently being reviewed by the Health Services staff. The Boyd and Lewis facilities are preparing facility-specific corrective actions to ensure future compliance.

## Operational Review Audit (ORA) [Continued]

5. Item **6.040** requires offenders receiving anti-tuberculosis medication at the facility have a Tuberculosis Patient Monitoring Record (HSM-19) completed. Five of the seven facilities were not in compliance with this requirement. The five facilities out of compliance were: Boyd, Bridgeport, Crain, Hughes, and Sanchez State Jail. Corrective actions were requested from the five facilities. At the time of this report, four facilities have returned their corrective action plan: Bridgeport, Crain, Hughes, and Sanchez State Jail. These are currently being reviewed by the Health Services staff. The Boyd Facility is preparing their facility-specific corrective actions to ensure future compliance.
6. Item **6.060** requires offenders receiving anti-tuberculosis medication at the facility that have signs or symptoms of drug toxicity due to anti-tuberculosis medication are evaluated and monitored by laboratory studies as per CMHC Policy B-14.10. Six of the seven facilities were not in compliance with this requirement. The six facilities out of compliance were: Boyd, Bridgeport, Crain, Hughes, Lewis, and Sanchez State Jail. Corrective actions were requested from the six facilities. At the time of this report, four facilities have returned their corrective action plan: Bridgeport, Crain Hughes, and Sanchez State Jail. These are currently being reviewed by the Health Services staff. The Boyd and Lewis facilities are preparing facility-specific corrective actions to ensure future compliance.
7. Item **6.340** requires Aspartate Aminotransferase (AST) Platelet Ratio Index (APRI) be calculated at least annually for offenders diagnosed with Hepatitis C virus (HCV). Seven of the seven facilities were not in compliance with this requirement. The seven facilities out of compliance were: Boyd, Bridgeport, Crain, Hughes, Lewis, Polunsky and Sanchez State Jail. Corrective actions were requested from the seven facilities. At the time of this report, five facilities have returned their corrective action plan: Bridgeport, Crain, Hughes, Polunsky, and Sanchez State Jail. These are currently being reviewed by the Health Services staff. The Boyd and Lewis facilities are preparing facility-specific corrective actions to ensure future compliance.
8. Item **6.350** 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). Six of the seven facilities were not in compliance with this requirement. The six facilities out of compliance were: Bridgeport, Crain, Hughes, Lewis, Polunsky, and Sanchez State Jail. Corrective actions were requested from the six facilities. At the time of this report, five facilities have returned their corrective action plan: Bridgeport, Crain, Hughes, Polunsky, and Sanchez State Jail. These are currently being reviewed by the Health Services staff. Lewis is preparing their facility-specific corrective actions to ensure future compliance.
9. Item **6.360** 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. Seven of the seven facilities were not in compliance with this requirement. The seven facilities out of compliance were: Boyd, Bridgeport, Crain, Hughes, Lewis, Polunsky and Sanchez State Jail. Corrective actions were requested from the seven facilities. At the time of this report, five facilities have returned their corrective action plan: Bridgeport, Crain, Hughes, Polunsky, and Sanchez State Jail. These are currently being reviewed by the Health Services staff. The Boyd and Lewis facilities are preparing facility-specific corrective actions to ensure future compliance.
7. Item **6.450** requires follow-up serologies (lab work) for Syphilis are obtained after completion of treatment as follows: Primary or Secondary Syphilis and HIV negative at six and twelve months; Primary and Secondary Syphilis and HIV positive at three, six, nine, twelve and twenty-four months; Latent Syphilis and HIV negative at every six, twelve and twenty-four months and Latent Syphilis and

## Operational Review Audit (ORA) [Continued]

HIV positive at three, six, nine, twelve, eighteen and twenty-four months. Five of the seven facilities were not in compliance with this requirement. The five facilities out of compliance were: Crain, Hughes, Lewis, Polunsky, and Sanchez State Jail. Corrective actions were requested from the five facilities. At the time of this report, four facilities have returned their corrective action plan: Crain, Hughes, Polunsky, and Sanchez State Jail. The Lewis Facility is preparing their facility-specific corrective actions to ensure future compliance.

## Capital Assets Monitoring

The Fixed Assets Contract Monitoring officer audited the same seven units listed above for operational review audits during the Second Quarter of FY-2011. These audits are conducted to monitor compliance with the Health Services Policy and State Property Accounting (SPA) policy regarding inventory procedures. All seven units were within the required compliance range.

## Chronic Disease Audit: Coronary Artery Disorders

During the Second Quarter of FY-2011 (December 2010 through February 2011), TDCJ Health Services conducted a Chronic Disease Quality of Care Audit to assess the primary care management of offenders with Coronary Artery Disease in facilities contracted by the Correctional Managed Health Care Committee.

A total of 657 charts were audited (538 UTMB and 119 TTUHSC). The sample size required for each unit was maintained at a confidence level of 95 percent. As a result, 23 percent of the 2,640 offenders with Coronary Artery Disease served by Correctional Managed Health Care (CMHC) were included in the audit. Accumulatively, the audit has a confidence level of 99 percent. The reported scores are within 2.3 points of the score that would have been obtained had the entire Coronary Artery Disease population served by Correctional Managed Health Care been measured.

The following five questions in the Coronary Artery Disease Audit Tool are common to all seven of the Chronic Disease Audits. Overall performance on three of the five common questions was greater than 80 percent.

- **Question 1** assesses if the offender was seen in the Coronary Artery Disease Chronic Care Clinic within the last 12 months. The overall system-wide performance score was **93 percent**. 16 facilities fell below a score of 80 percent.
- **Question 2** assesses if the offender's weight was taken within the last 12 months. Overall system-wide performance score was **100 percent**. There were no facilities that fell below a score of 80 percent.
- **Question 3** assesses if an Individual Treatment Plan (ITP) was documented within the past 12 months. An ITP is required to contain information such as vital signs, allergies, medications, laboratory tests, diagnoses, subjective information, assessment, plan, counseling, signature and date. The overall score was **79 percent**. There were 37 facilities which performed less than 80 percent.
- **Question 4** assesses if a complete set of vital signs was taken at the last medical visit. Vital signs must include a blood pressure, pulse, respiratory rate, temperature and weight. The overall score was **94 percent**. There were 13 facilities that scored below 80 percent.
- **Question 5** assesses if there is documentation that the offender was educated about Coronary Artery Disease management. The overall score was **67 percent**. 49 facilities scored below 80 percent.

## Chronic Disease Audit: Coronary Artery Disorders (Continued)

There are seven Coronary Artery Disease-specific questions in this Audit Tool. Overall performance was greater than 80% for four questions and less than 80 percent for three questions.

- **Question 6** assesses if an antiplatelet drug was prescribed, when there are no contraindications documented. The overall score was **90 percent**. There were 15 facilities that scored less than 80 percent.
- **Question 7** assesses if a beta blocker was prescribed, if there is a history of a myocardial infarction and there is no contraindication documented. The overall score was **93 percent**. 11 facilities scored below 80 percent.
- **Question 8** assesses if an Angiotensin Converting Enzyme Inhibitor (ACE) or an Angiotensin II Receptor Blocker (ARB) was prescribed if the offender also has a diagnosis of Diabetes Mellitus or Left Ventricular Dysfunction and if there is no contraindication documented. The overall score was **98 percent**. There were 4 facilities that scored below 80 percent.
- **Question 9** assesses if there is documentation that the offender was counseled on modifying risk factors for Coronary Artery Disease, such as controlling blood pressure, cholesterol and blood sugars. The overall score was **67 percent**. 49 facilities scored less than 80 percent.
- **Question 10** assesses if there is documentation that the offender was counseled about diet. The overall score was **68 percent**. 58 facilities scored less than 80 percent.
- **Question 11** assesses if a therapeutic diet was ordered, or a refusal of treatment signed. The overall score was **54 percent**. There were 64 facilities that scored less than 80 percent.
- **Question 12** assesses if the offender's blood pressure was taken within the past 12 months. The overall score was **100 percent**. No facilities fell below 80 percent.

The Coronary Artery Disease Audit Database also generated the following vaccine report:

- **91 percent** of the offenders with Coronary Artery Disease received an influenza vaccination within the most recent flu season.
- **68 percent** of the offenders with Coronary Artery Disease received a pneumococcal vaccination.

## Quality of Care Audit: Dental

During the Second Quarter of FY-2011 (December 2010, January, and February 2011), 14 Quality Review audits were conducted at the following facilities: Boyd, Bradshaw, Coffield, Diboll, Dominguez, Duncan, Eastham, Estes, Ferguson, Lopez, B. Moore, Powledge, Segovia, and Willacy. The following is a summary of the three items found to be most frequently below 80 percent.

- **Item 1** assesses if offenders with signs and/or symptoms consistent with an urgent dental need, received definitive care within 14 days of receipt of the Sick Call exam. Four of the 14 facilities were not in compliance with this requirement. The four facilities out of compliance were: Diboll, Ferguson, B. Moore, and Powledge. Corrective Action Plans were requested from the four facilities. At the time of this report, the four facilities have returned their Corrective Action Plans and they were accepted.
- **Item 2** assesses if medical charts of incoming intra-system offender transfers are reviewed by the facility dental department within seven days of arrival. Six of the 14 facilities were not in compliance with this requirement. The six facilities out of compliance were: Diboll, Dominguez, Lopez, Powledge, Segovia, and Willacy. Corrective Actions were requested from the six facilities. At the

## **Quality of Care Audit: Dental (Continued)**

time of this report, five facilities have returned their Correction Action Plans and they were accepted. The Willacy Facility has not returned their Corrective Action Plan for review by Health Services.

- **Item 19** assesses if the Ending Priority on the Comprehensive Treatment Plan is consistent with the objective findings and assessment. Four of the 14 facilities were less than 80 percent compliant with this requirement. The four facilities out of compliance were: Bradshaw, Estes, B. Moore, and Powledge. Corrective Action Plans were requested from the four facilities. At the time of this report, the four facilities have returned their Corrective Action Plans and all of them were accepted.

## **Grievances and Patient Liaison Correspondence**

During the Second Quarter of FY-2011 (December 2010, January, and February 2011), the Patient Liaison Program and the Step II Grievance Program received 3,756 correspondences: Patient Liaison Program with 2,127 and Step II Grievance with 1,629. Of the total number of correspondence received, 478 (12.73 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 six percent for the Second Quarter of FY-2011. Performance measure expectation is six percent or less (Article IX, Correctional Managed Health Care Contract). The percentage of sustained Step II medical grievances from UTMB was six percent and six percent for TTUHSC for the Second Quarter of FY-2011.

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

The frequency of the Sick Call Request Verification Audit (SCRVA) was changed effective the Second Quarter FY-2011. Units with an average composite score of 80 percent or above in each discipline will be audited one time per fiscal year. Those with average composite scores less than 80 percent in a discipline(s) or less than a two year history of scores will have that discipline(s) audited quarterly.

During the Second Quarter of FY-2011 (December 2010, January and February 2011) the Patient Liaison Program nurses and investigators performed 37 SCRVA. At some units, Expansion Cell Block areas were counted as a separate audit. This audit was formerly known as Access to Care audits. The SCRVA 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 35 facilities, representing a total of 260 indicators reviewed, 25 of them fell below the 80 percent threshold representing 10 percent.

## **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 Second Quarter of FY-2011:

- The Office of Public Health monitors the incidence of infectious diseases in newly arriving offenders as well as new cases that occur in the on hand TDCJ offender population. The data is reported by facilities for 11 infectious diseases including Syphilis, Hepatitis C Virus (HCV), Human Immunodeficiency Virus (HIV), Tuberculosis (TB), and occupational exposures to bloodborne pathogens. Year-to-date figures for a disease may differ from the sum of monthly reports due to late reporting or to a determination that some previously reported cases fail to meet the criteria to be considered new cases. The reporting mechanism for HIV tests was changed effective February 1, 2010. HIV tests are now to be classified as belonging to one of four categories: intake, offender-requested, provider-requested, or pre-

## Office of Public Health (Continued)

release. HIV tests became mandatory at intake in July 2007. However offenders who are already known to be HIV positive are not required to be retested at intake. Instead, they are offered laboratory tests to assess the severity of their infections. Pre-release HIV tests became mandatory in September 2005. Pre-release tests must be obtained during the last six months of an offender's sentence. Two categories of offenders do not have to have pre-release testing: those known to be HIV positive and those who have been tested within 6 months of their release date.

- 155 cases of suspected syphilis were reported in the Second Quarter FY-2011, compared to 164 in the same quarter in FY-2010. 117 of the 155 required treatment or retreatment. Syphilis can take months to identify, these figures represent an overestimation of actual number of cases. Some of the suspected cases will later be reclassified as resolved prior infections.
- 287 Methicillin-Resistant Staphylococcus Aureus (MRSA) cases were reported in this quarter, compared to 336 during the same quarter FY-2010. 190 Methicillin-Sensitive Staphylococcus Aureus (MSSA) were reported in the Second Quarter FY-2011 compared to 132 reported for FY-2010. Numbers of both MRSA and MSSA have been decreasing for the last few years, however both have increased this past quarter.
- There was an average of 13 Tuberculosis (TB) cases under management for the Second Quarter FY-2011, compared to an average of 22 per month during the same quarter in FY-2010. Although TB numbers often fluctuate significantly from year to year, there has been a general downward trend in the number of offenders with TB despite the growth of the offender population.
- 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 Second Quarter FY-2011, 175 charts were reviewed. Of these, 24 cases were not applicable for review due to the nature of assault or refusal by offender for services. 151 charts were reviewed (52 in December, 50 in January, and 49 in February) to ensure continuity of care, the collection of appropriate clinical specimens, and referrals occurred according to policy. Three deficiencies were found at the following units: Coffield, Beto, and Daniel. One offender was not referred for mental health services and two offenders were referred but not seen by Mental Health services. Per policy G-57.1 "Following the physical examination, the offender will be referred to a mental health professional." Corrective action responses have been received from all three units and they were accepted and closed. 12 of the 151 (8 percent) allegations of sexual assault/sexual misconduct met criteria for being a sexual assault evidence collection kit. Baseline laboratory tests were performed on 21 offenders to determine if any of them were already infected with bloodborne pathogens such as Hepatitis B, Hepatitis C, or Human Immunodeficiency Virus (HIV). One offender tested positive for infectious disease in December 2010, after allegation of sexual assault in January 2010.
- During the Second Quarter FY-2011, 98 of the 112 facilities housing Correctional Institutional Division offenders have peer education programs. There were 61 offenders trained to become peer educators during the Second Quarter FY-2011 and during the same quarter of FY-2010 there were 184 trained. More offenders attended classes presented by peer educators during the Second Quarter FY-2011 (17,899) than those who attended peer-led classes during the Second Quarter FY-2010 (17,863).

## Mortality and Morbidity

There were 94 deaths reviewed by the Mortality and Morbidity Committee during the months of December 2010, January, and February 2011. Of those 94 deaths, 13 were referred to peer review committees and 3 were 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	2
Provider Peer Review	7
Nursing Peer Review	4
<b>Total</b>	<b>13</b>

## Mental Health Services Monitoring & Liaison

The following is a summary of the activities performed by the Office of Mental Health Monitoring and Liaison during the Second Quarter of FY-2011.

- Liaison with County Jails identified the immediate mental health needs of 36 offenders approved for expedited admission to TDCJ due to psychiatric conditions. This information was provided to the appropriate TDCJ units prior to intake.
- The Mental Health/Mental Retardation history was reviewed for 3,298 offenders, who were received into TDCJ Correctional Institutions Division/State Jail and Intermediate Sanction Facilities. 728 offenders were identified as having a documented history of mental illness. This information was provided to the appropriate intake/receiving facilities.
- 42 offenders sentenced to TDCJ Boot Camp were interviewed to determine if their mental health needs could be met at the Boot Camp. All 42 offenders were found to be appropriate for Boot Camp.
- Mental Health monitors all offenders in Administrative Segregation facilities within the TDCJ Correctional Institution Division. The 17 units audited were: Bartlett, Clemens, Darrington, Dominguez, Eastham, Ellis, Estelle, Gist, Lychner, Pack, Michael, Ramsey I, Robertson, Smith, Stiles, Travis, and Telford. 3,683 offenders were observed, 1,862 of them were interviewed and three 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 all 17 facilities. 16 facilities met or exceeded the 80 percent compliance for ATC 6 (i.e. referral from triage). The Smith Facility did not meet 80 percent compliance. Corrective actions were requested, received and the audit was closed.
- Four Special Needs Substance Abuse Felony Punishment facilities (Estelle, Crain-Hackberry, Henley, and Jester I) were audited for continuity of mental health care. Continuity of care on the four facilities was appropriate.
- Four inpatient mental health facilities (Clements, Jester IV, Montford, and Skyview) were audited to ensure that all incidents of compelled psychoactive medication documented on the security Use of Force (UOF) Log were also documented on the Mental Health Compelled Psychoactive Medication

## **Mental Health Services Monitoring & Liaison (Continued)**

Log and that the medical records contained documentation of the required criteria for all incidents of compelled psychoactive medication. The Montford Facility met 80 percent compliance on logging all incidents of compelled psychoactive medication identified on the UOF log on the mental health log. Two facilities, Jester IV and, Skyview did not meet 80 percent compliance for documenting all incidents of compelled psychoactive medication on the UOF log on the Mental Health Compelled Psychoactive Medication Log. Detailed written plans were requested and received, the plans were closed. The Clements Facility had no incidents of compelled psychoactive medication documented on the UOF log. All four facilities met or exceeded 80 percent compliance for documenting the required criteria for compelled psychoactive medication in the medical record.

- The following 24 intake facilities were audited to ensure offenders entering TDCJ with potential mental health needs received a mental health evaluation within 14 days of identification: Bartlett, Baten, Bradshaw, Byrd, Dominguez, Formby, Garza, Gist, Glossbrenner, Gurney, Halbert, Holliday, Hutchins, Jester I, Johnston, Kyle, Lindsey, Lychner, Middleton, Plane, Sanchez, Sayle, Woodman, and Travis. 13 facilities met or exceeded the 80 percent compliance for mental health evaluations. These intake units were: Bartlett, Byrd, Dominguez, Bradshaw, Formby, Glossbrenner, Halbert, Holliday, Jester 1, Lychner, Middleton, Sanchez, and Woodman. The Baten Intermediate Sanction Facility transferred offenders with potential mental health needs before the 14 day time limit. The 10 facilities that did not meet 80 percent compliance were: Garza, Gist, Gurney, Hutchens, Johnston, Kyle, Lindsey, Plane, Sayle, and Travis. Corrective Action Plans were requested, received, and closed from these 10 units.

## **Quality of Care Audit – Anxiety and Panic Disorder**

During the Second Quarter of FY-2011, the Office of Mental Health Monitoring & Liaison conducted an audit to assess the management of offenders diagnosed with Anxiety and Panic Disorder on outpatient facilities contracted by the Correctional Managed Health Care Committee. A total of 201 medical charts were audited, 152 from the University of Texas Medical Branch and 49 from the Texas Tech University Health Sciences Center. The medical charts of 10 offenders receiving treatment for Anxiety and Panic Disorder from each of the 25 outpatient psychiatric providers were audited. A sample of less than 10 offenders was used if the number of offenders treated for Anxiety and Panic Disorder by a psychiatric provider was less than 10. The total sample represents approximately 24.66 percent of the 815 offenders diagnosed with Anxiety and Panic Disorder served by Correctional Managed Health Care (CMHC). This yields a 95 percent confidence level that the sample population scores are within  $\pm 4.8$  of the score that would have been obtained if the entire population of offenders diagnosed with Anxiety and Panic Disorder served by CMHC were reviewed. There are seven questions specific to the management of Anxiety and Panic Depressive Disorder in this audit tool.

Overall performance for all out-patient psychiatric providers reviewed was greater than 80 percent for the following three questions:

1. Question 3 assesses if antidepressant medication was prescribed or a rationale stated for not initiating pharmacotherapy. The overall score was 98% (UTMB 97% and TTUHSC 100%).
2. Question 6 assesses if treatment goals were met as documented in the most recent provider Individual Treatment Plan (ITP) note. The overall score was 82% (UTMB 88% and TTUHSC 81%).
3. Question 7 assesses if treatment was documented as not effective, and the diagnosis or treatment was changed or a rationale provided. The overall score was 83% (UTMB 100% and TTUHSC 80%).

## Quality of Care Audit – Anxiety and Panic Disorder (Continued)

Overall performance for all out-patient psychiatric providers reviewed was less than 80 percent for the following four questions:

1. Question 1 assesses if the required DSM-IV criteria for the diagnosis, including exclusionary criteria, were documented or a rationale given. The overall score was 78% (UTMB 81% and TTUHSC 63%).
2. Question 2 assesses if the patient was referred for a course of psychotherapy or a clinical rationale given. The overall score was 16% (UTMB 19% and TTUHSC 5%).
3. Question 4 assesses if the earliest Individual Treatment Plan (ITP) in the last 12 months included treatment goals. The overall score was 20% (UTMB 7% and TTUHSC 59%).
4. Question 5 assesses if medication compliance was documented as part of the ITP review at least every 6 months. The overall score was 78% (UTMB 85% and TTUHSC 60%).

## Clinical Administration

During the Second Quarter of FY-2011, 10 percent of the combined UTMB and TTUHSC hospital and infirmary discharges were audited. A total of 175 hospital discharges and 65 infirmary discharge audits were conducted. The chart below is a summary of the audits showing the number of cases with deficiencies and the percentage.

Texas Tech Hospital Discharges				
Month	Unstable Discharges <sup>1</sup> (Cases with Deficiencies)	Acute Problems <sup>2</sup> (Cases with Deficiencies)	No Chain-In Done <sup>3</sup> (Cases with Deficiencies)	Lack Documentation <sup>4</sup> (Cases with Deficiencies)
Dec	1 (2%)	0 (0%)	0 (0%)	4 (7%)
Jan	0 (0%)	1 (2%)	0 (0%)	4 (7%)
Feb	1 (2%)	0 (0%)	1 (2%)	4 (7%)
<b>Average</b>	<b>0.66 (1%)</b>	<b>0.33 (1%)</b>	<b>0.33 (1%)</b>	<b>4 (7%)</b>
UTMB Hospital Discharges				
Month	Unstable Discharges <sup>1</sup> (Cases with Deficiencies)	Acute Problems <sup>2</sup> (Cases with Deficiencies)	No Chain-In Done <sup>3</sup> (Cases with Deficiencies)	Lack Documentation <sup>4</sup> (Cases with Deficiencies)
Dec	24 (41%)	1 (1%)	10 (17%)	14 (24%)
Jan	23 (40%)	5 (8%)	15 (26%)	21 (36%)
Feb	29 (49%)	3 (5%)	12 (20%)	31 (52%)
<b>Average</b>	<b>25.3 (43%)</b>	<b>3 (5%)</b>	<b>12.33 (21%)</b>	<b>22 (37%)</b>
GRAND TOTAL: Combined Hospital Discharges (Texas Tech and UTMB)				
Month	Unstable Discharges <sup>1</sup> (Cases with Deficiencies)	Acute Problems <sup>2</sup> (Cases with Deficiencies)	No Chain-In Done <sup>3</sup> (Cases with Deficiencies)	Lack Documentation <sup>4</sup> (Cases with Deficiencies)
Dec	25 (43%)	1 (1%)	10 (17%)	18 (31%)
Jan	23 (40%)	6 (10%)	15 (26%)	25 (43%)
Feb	30 (51%)	3 (5%)	13 (22%)	35 (61%)
<b>Average</b>	<b>26 (35%)</b>	<b>3.33 (5%)</b>	<b>12.66 (22%)</b>	<b>26 (44%)</b>

## Clinical Administration

Texas Tech Infirmiry Discharges				
Month	Unstable Discharges <sup>1</sup> (Cases with Deficiencies)	Acute Problems <sup>2</sup> (Cases with Deficiencies)	No Chain-In Done <sup>3</sup> (Cases with Deficiencies)	Lack Documentation <sup>4</sup> (Cases with Deficiencies)
Dec	5 (22%)	2 (8%)	2 (8%)	5 (22%)
Jan	5 (21%)	0 (0%)	4 (16.5%)	5 (21%)
Feb	3 (17%)	0 (0%)	1 (5%)	4 (22%)
<b>Average</b>	<b>4.3 (20%)</b>	<b>0.66 (3%)</b>	<b>2.33 (10%)</b>	<b>4.66 (22%)</b>
UTMB Infirmiry Discharges				
Month	Unstable Discharges <sup>1</sup> (Cases with Deficiencies)	Acute Problems <sup>2</sup> (Cases with Deficiencies)	No Chain-In Done <sup>3</sup> (Cases with Deficiencies)	Lack Documentation <sup>4</sup> (Cases with Deficiencies)
Dec	4 (17%)	2 (8%)	0 (0%)	0 (0%)
Jan	2 (8%)	0 (0%)	4 (16.5%)	0 (0%)
Feb	1 (5%)	0 (0%)	2 (12%)	0 (0%)
<b>Average</b>	<b>2.33 (10%)</b>	<b>0.66 (3%)</b>	<b>2 (10%)</b>	<b>0 (0%)</b>
GRAND TOTAL: Combined Infirmiry Discharges (Texas Tech and UTMB)				
Month	Unstable Discharges <sup>1</sup> (Cases with Deficiencies)	Acute Problems <sup>2</sup> (Cases with Deficiencies)	No Chain-In Done <sup>3</sup> (Cases with Deficiencies)	Lack Documentation <sup>4</sup> (Cases with Deficiencies)
Dec	9 (39%)	4 (16%)	2 (8%)	5 (22%)
Jan	7 (29%)	0 (0%)	8 (33%)	5 (21%)
Feb	4 (22%)	0 (0%)	3 (17%)	4 (22%)
<b>Average</b>	<b>6.66 (30%)</b>	<b>1.33 (5%)</b>	<b>4.33 (19%)</b>	<b>4.66 (22%)</b>

### Footnotes:

- <sup>1</sup> Vital signs were not recorded on the day of discharge so patient stability was not able to be determined (Audit question A).
- <sup>2</sup> Discharged patient offenders required emergency acute care or readmission to tertiary level care within a 7 day period (Audit questions B and D).
- <sup>3</sup> The medical record was not reviewed by qualified health care staff and referred to an appropriate medical provider (if applicable) within time limits required by policy (Audit question C).
- <sup>4</sup> Discharge documentation was not available in the offender's medical record within 24 hours of arriving at the unit (Audit question E).

## Accreditation

The ACA Winter Conference was held in San Antonio January 28 - February 2, 2011. The following units were awarded accreditation during these panel hearings: Dominguez, Eastham, Henley/Plane, Hightower, Hilltop/Mt. View, Michael, Robertson, Sanchez, and McConnell.

## 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:

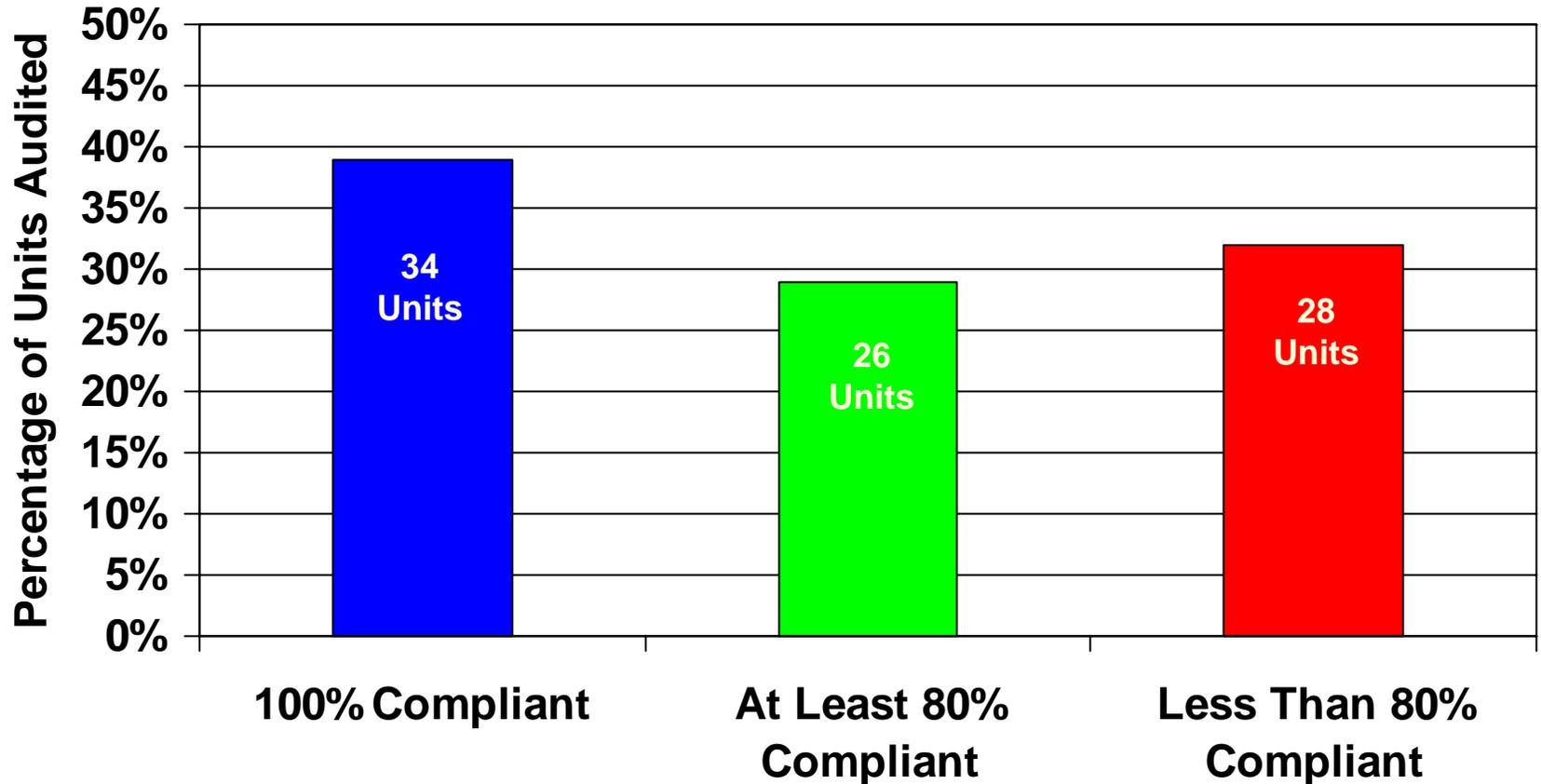
- Correctional Institutions Division Active Monthly Research Projects – 25,
- Correctional Institutions Division Pending Monthly Research Projects – 2,
- Health Services Division Active Monthly Medical Research Projects – 1, and
- Health Services Division Pending Medical Research Projects – 5.

[This page left blank intentionally for pagination purposes.]

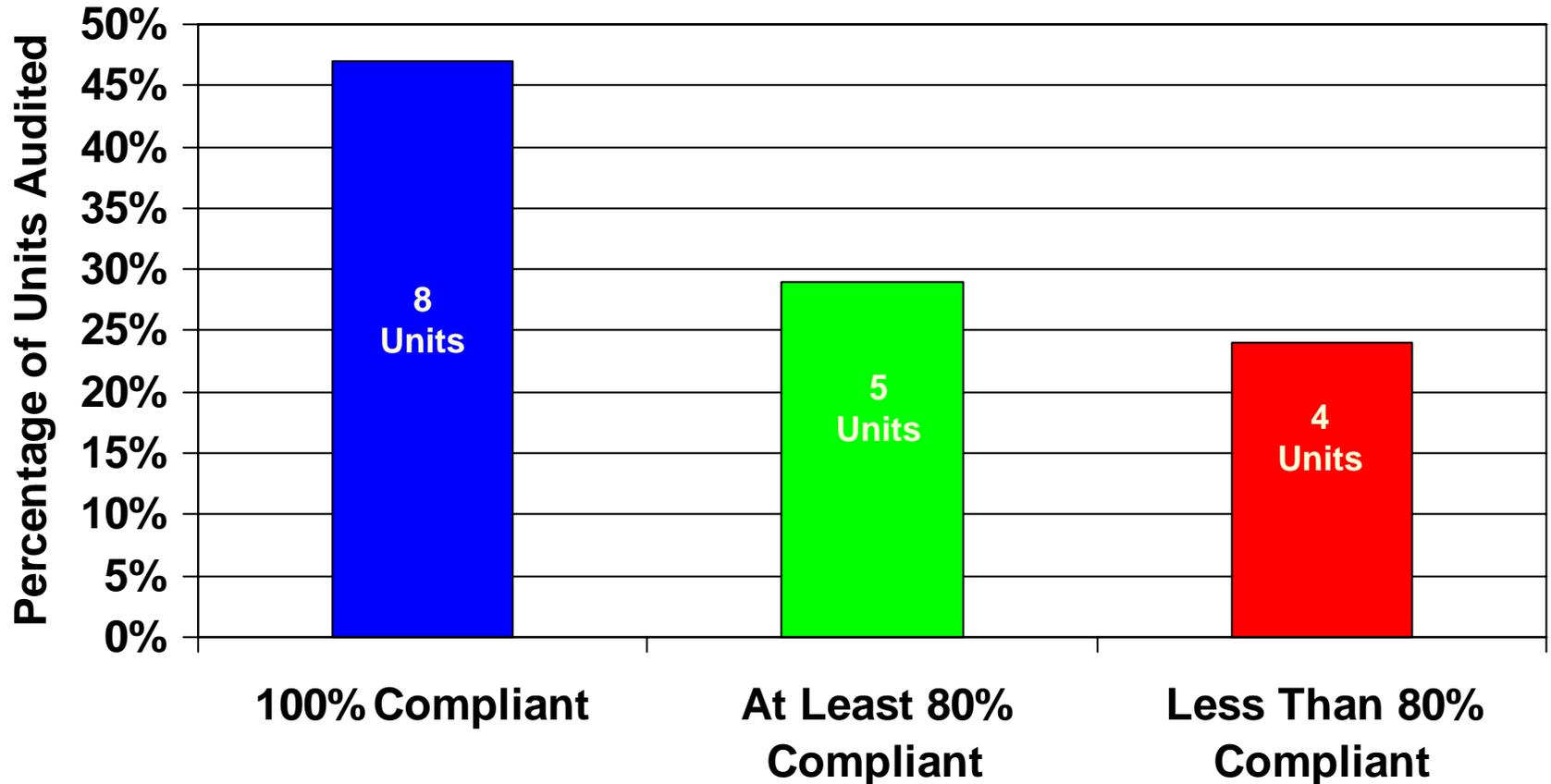
# **Dr. Manuel B. Hirsch**

**Director - Office of Dental Quality  
& Contract Compliance  
TDCJ Health Services**

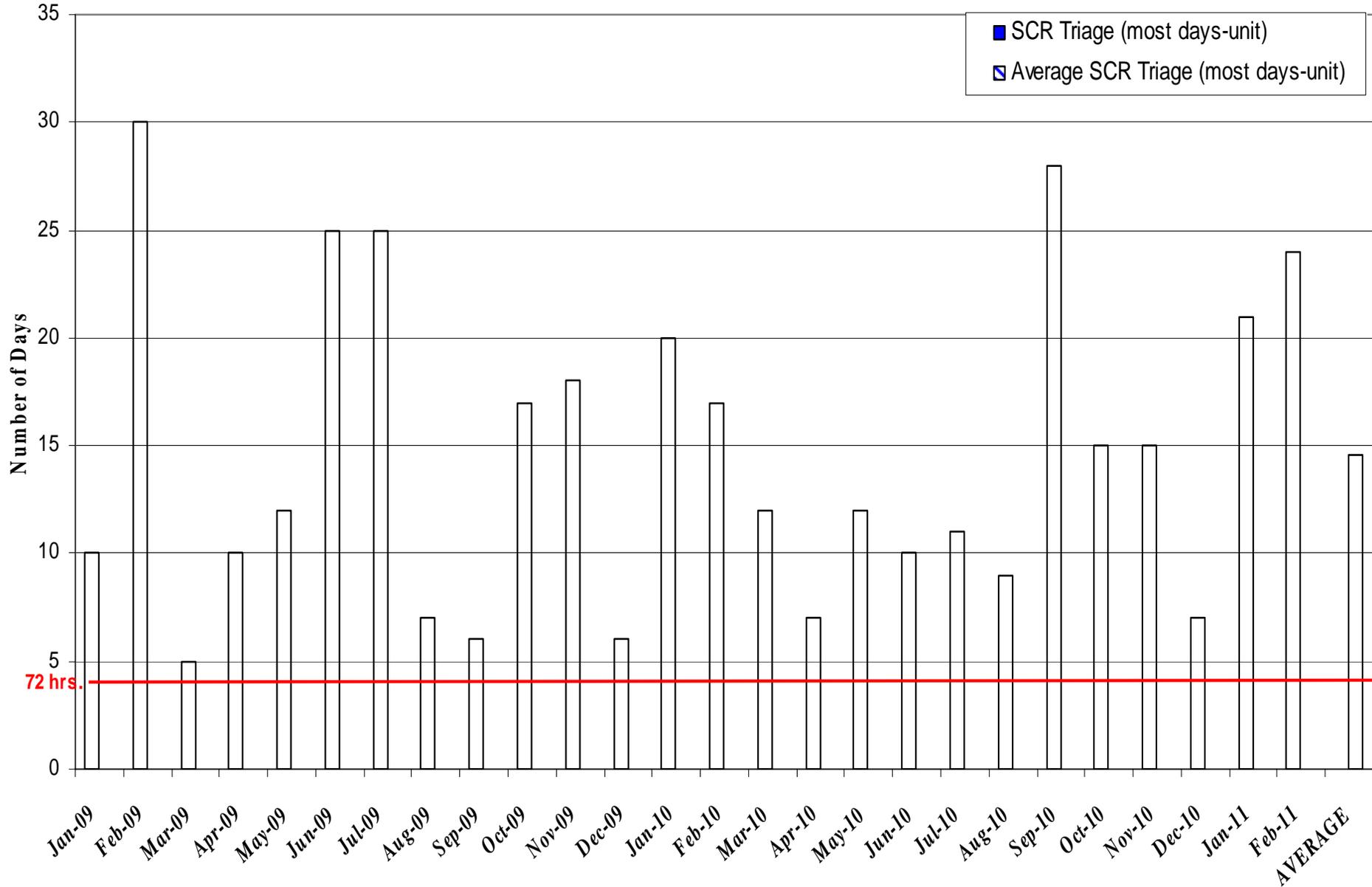
# UTMB: Urgent Care Audit



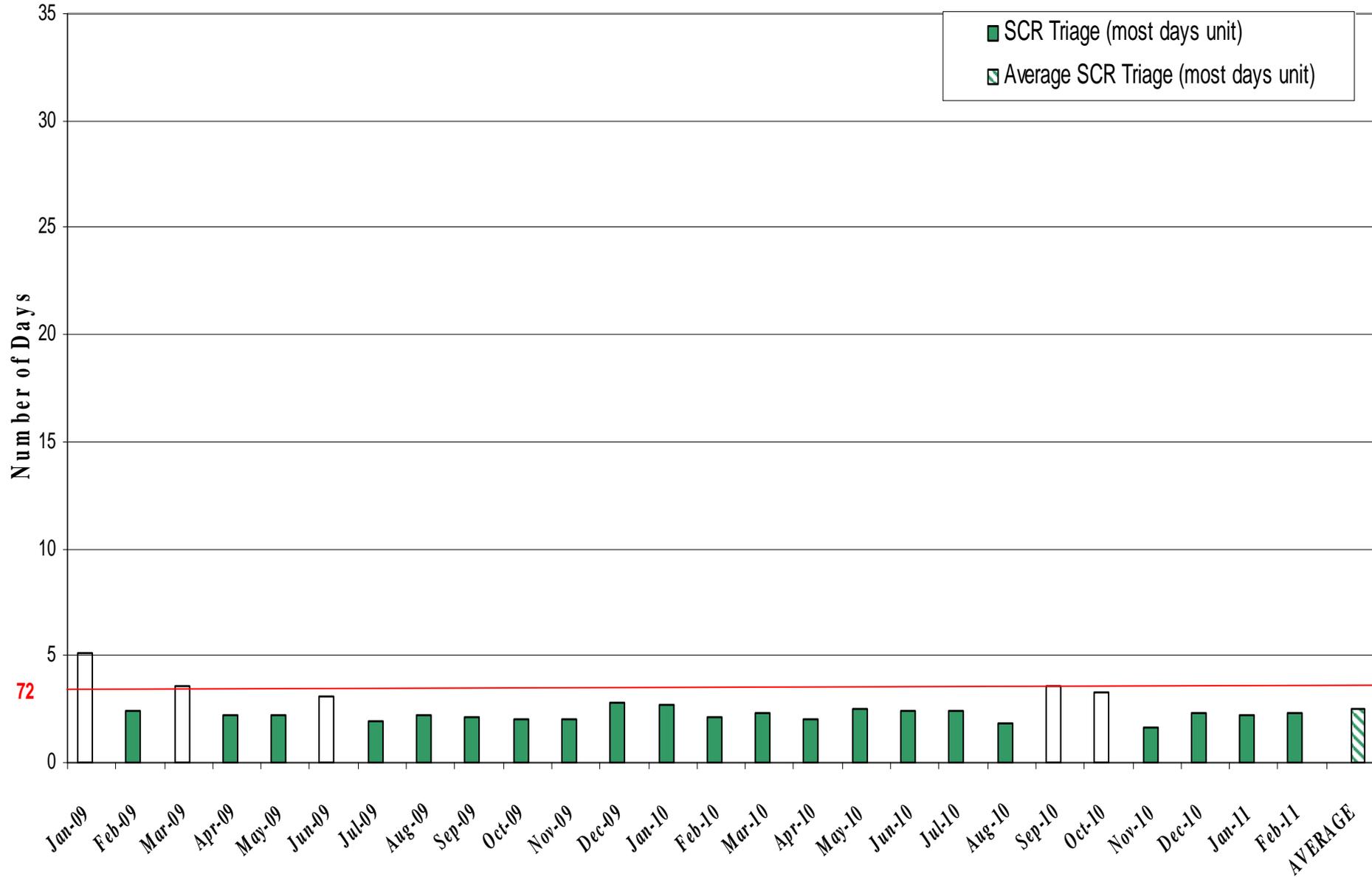
# TTUHSC: Urgent Care Audit



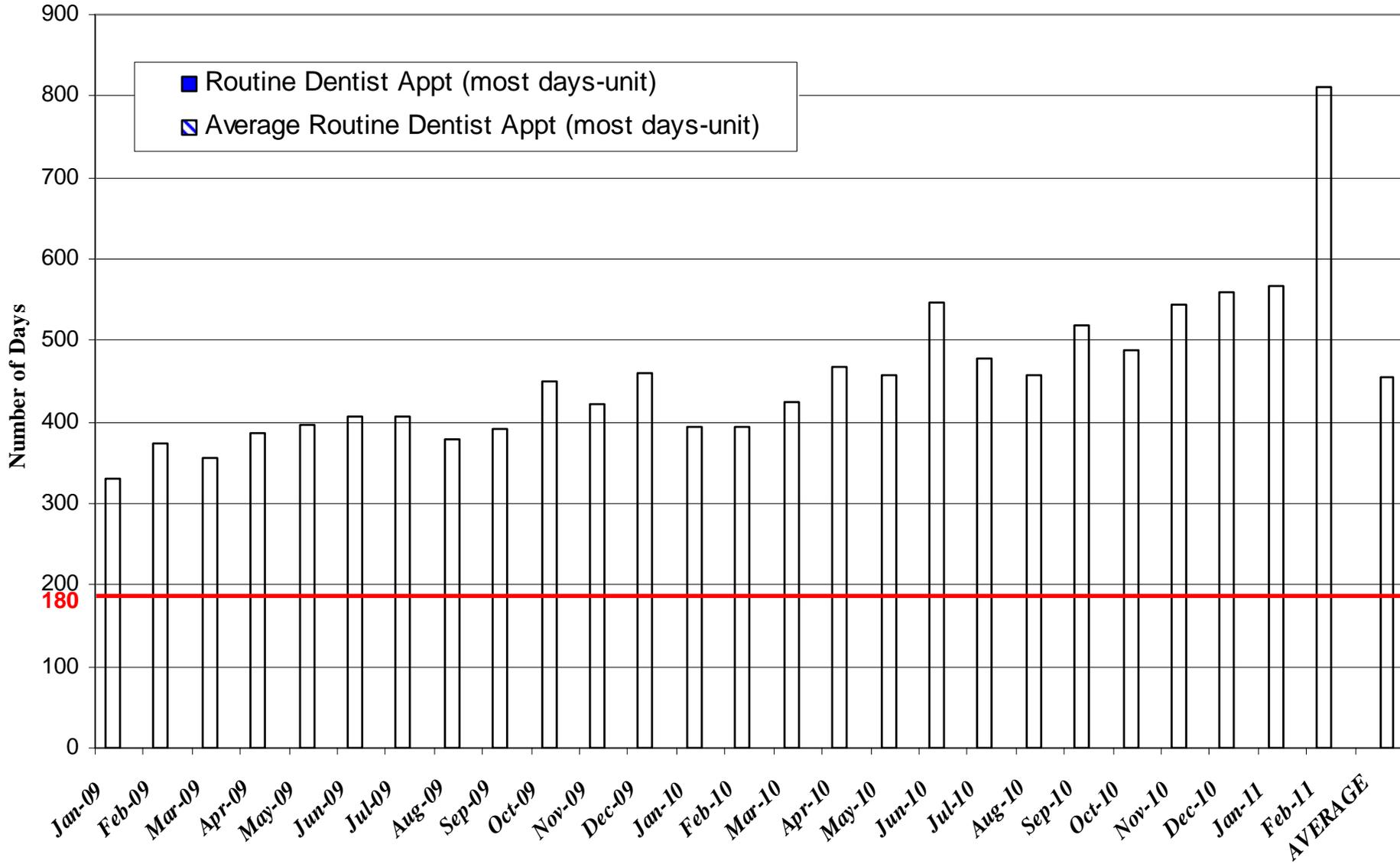
# *UTMB: Longest Wait for SCR Triage - Worst Performing Unit by Month*



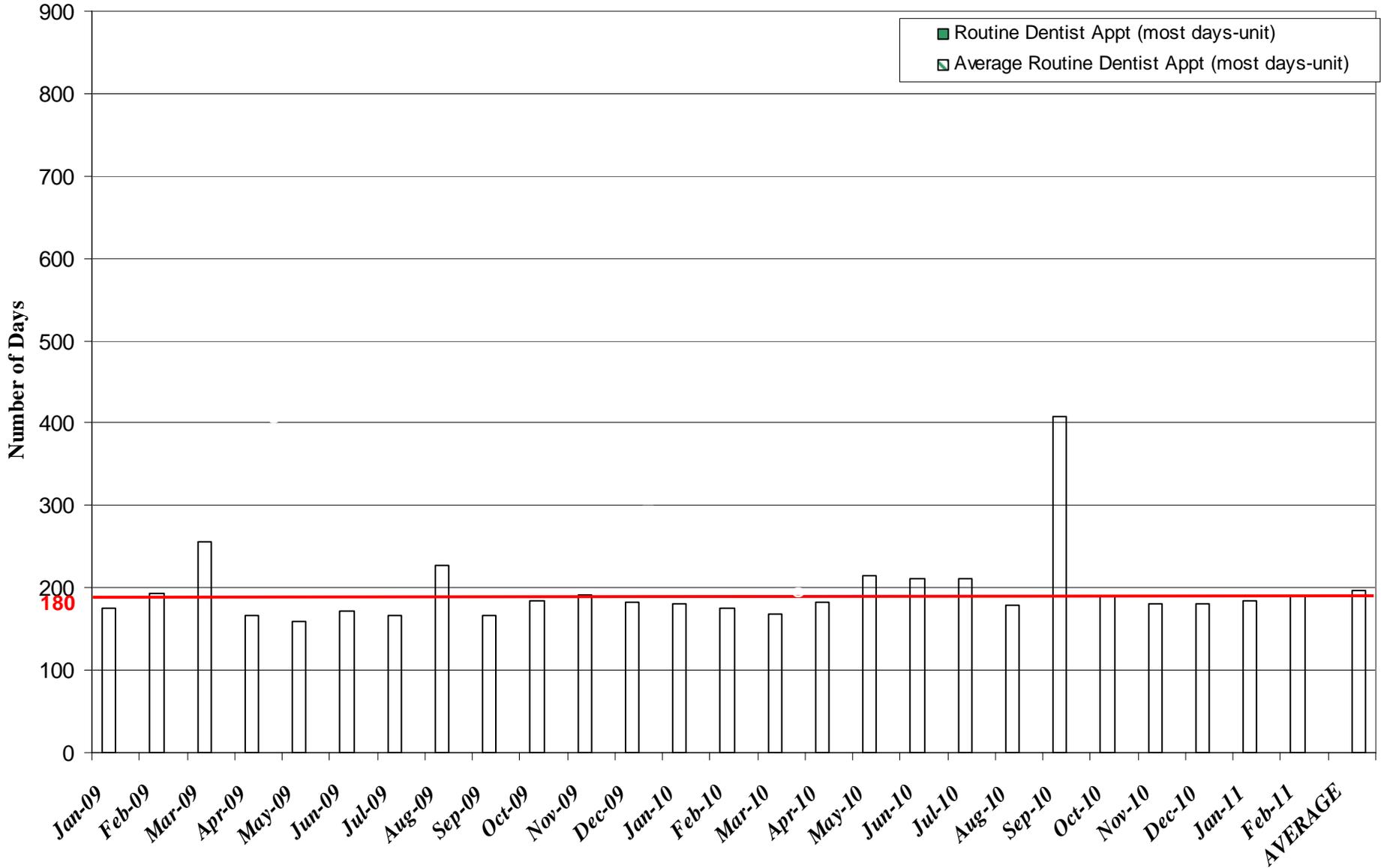
# TTUHSC: Longest wait for SCR Triage-Worst Performing Unit by Month



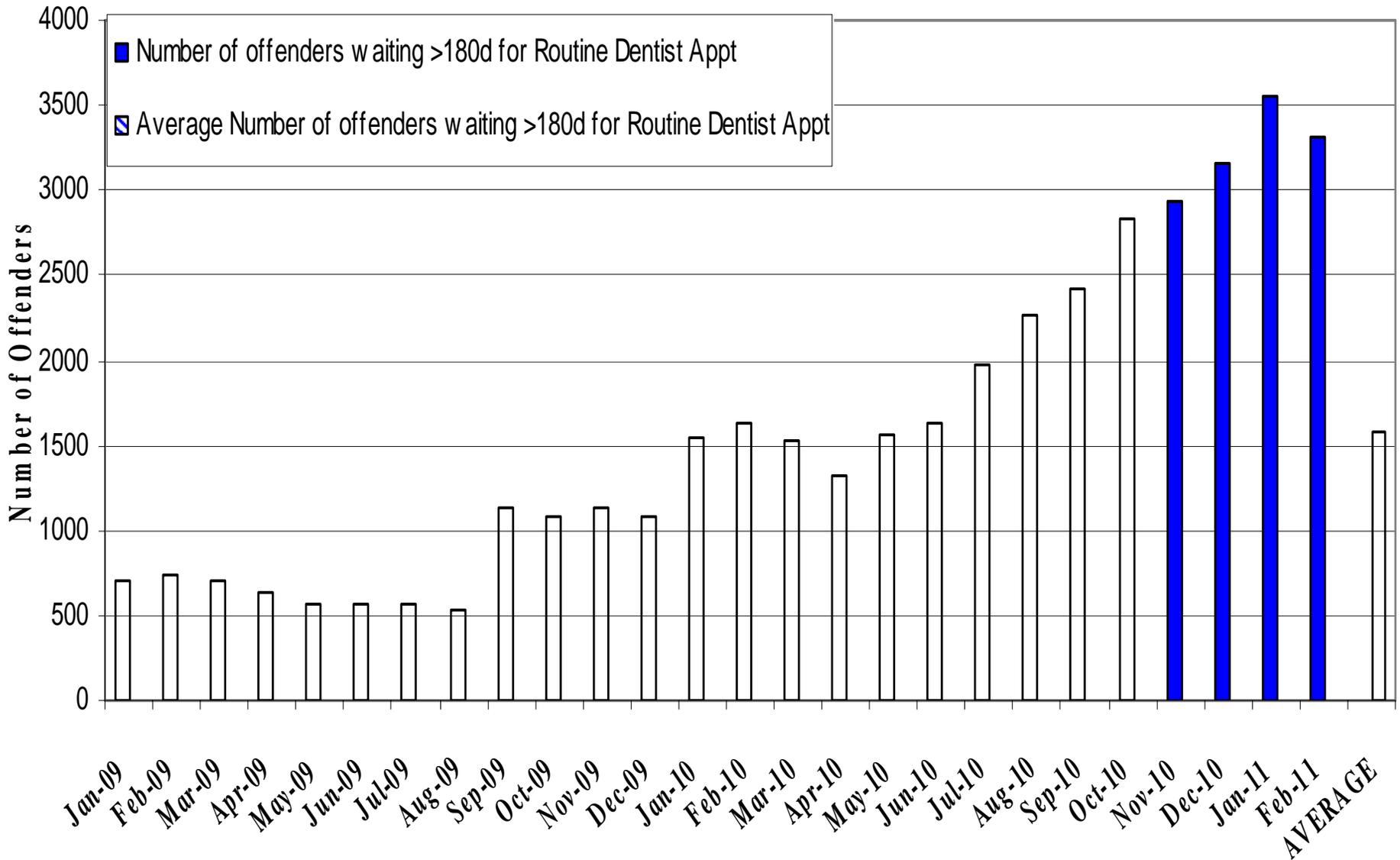
# *UTMB: Longest wait for Routine Dental Appointment Worst Performing Unit by Month*



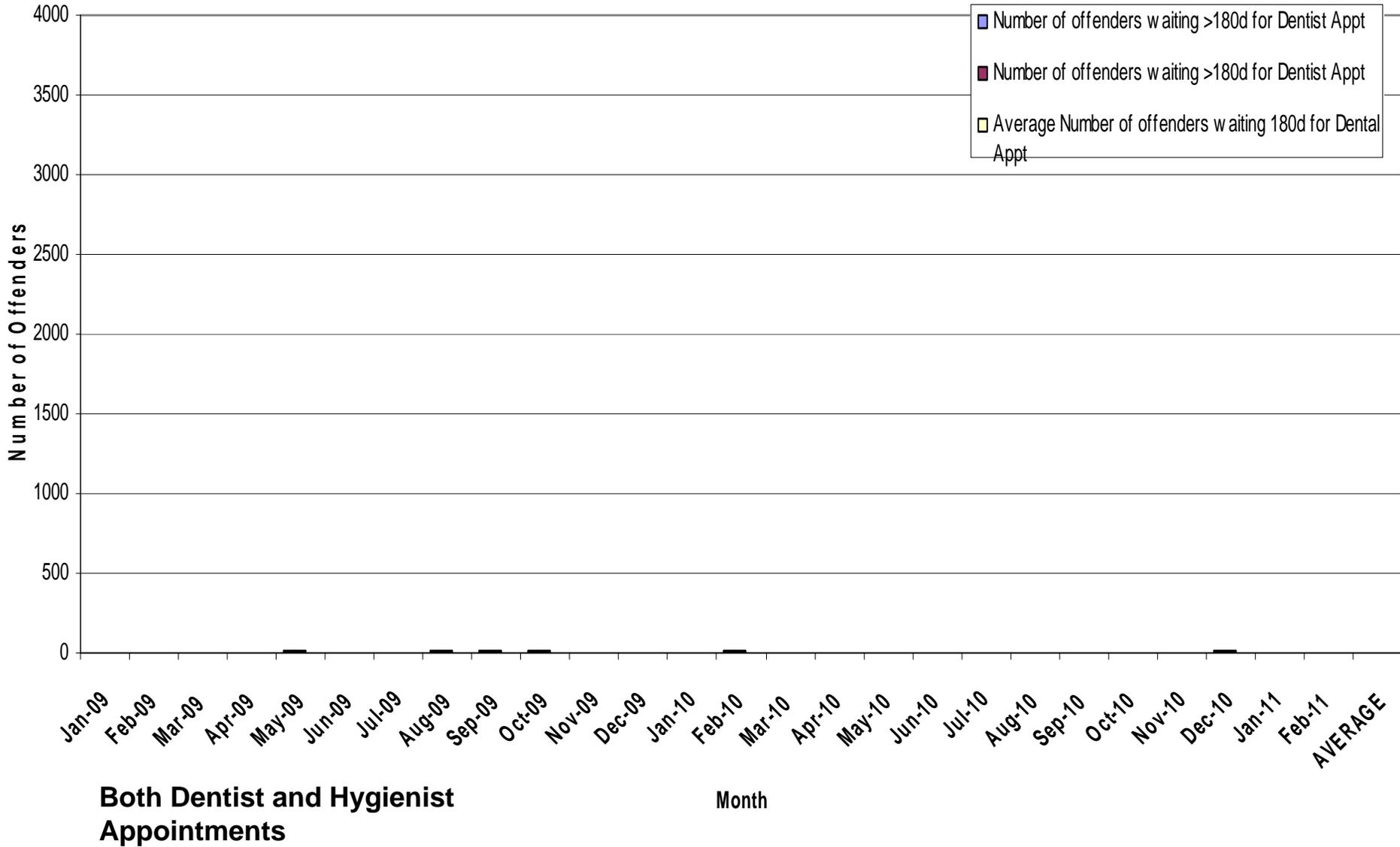
# *TTUHSC: Longest wait for Routine Dentist Appointment - Worst Performing Unit by Month*



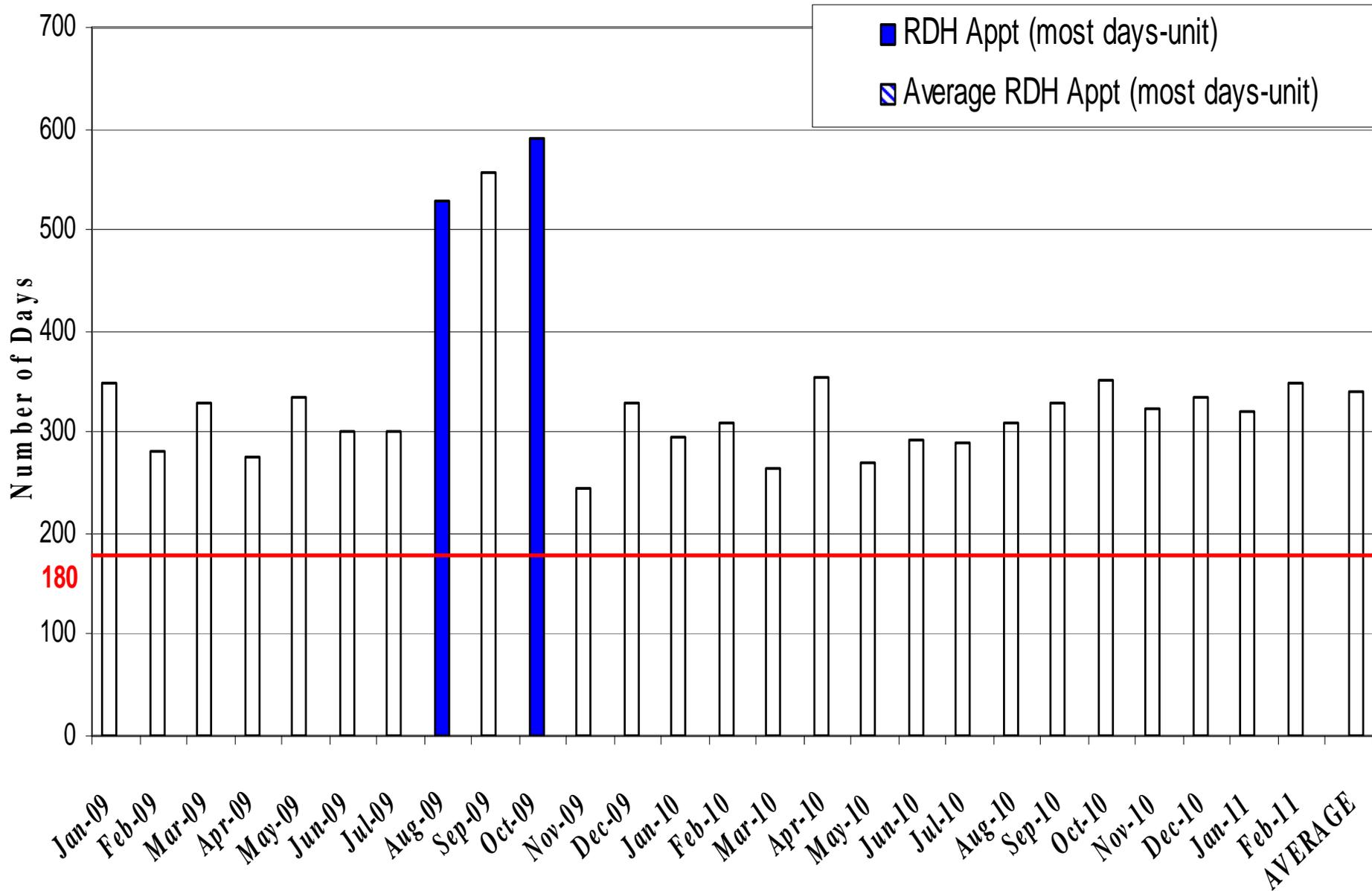
*UTMB: Offenders waiting for Routine Dental Appointment more than 180 Days per Month*



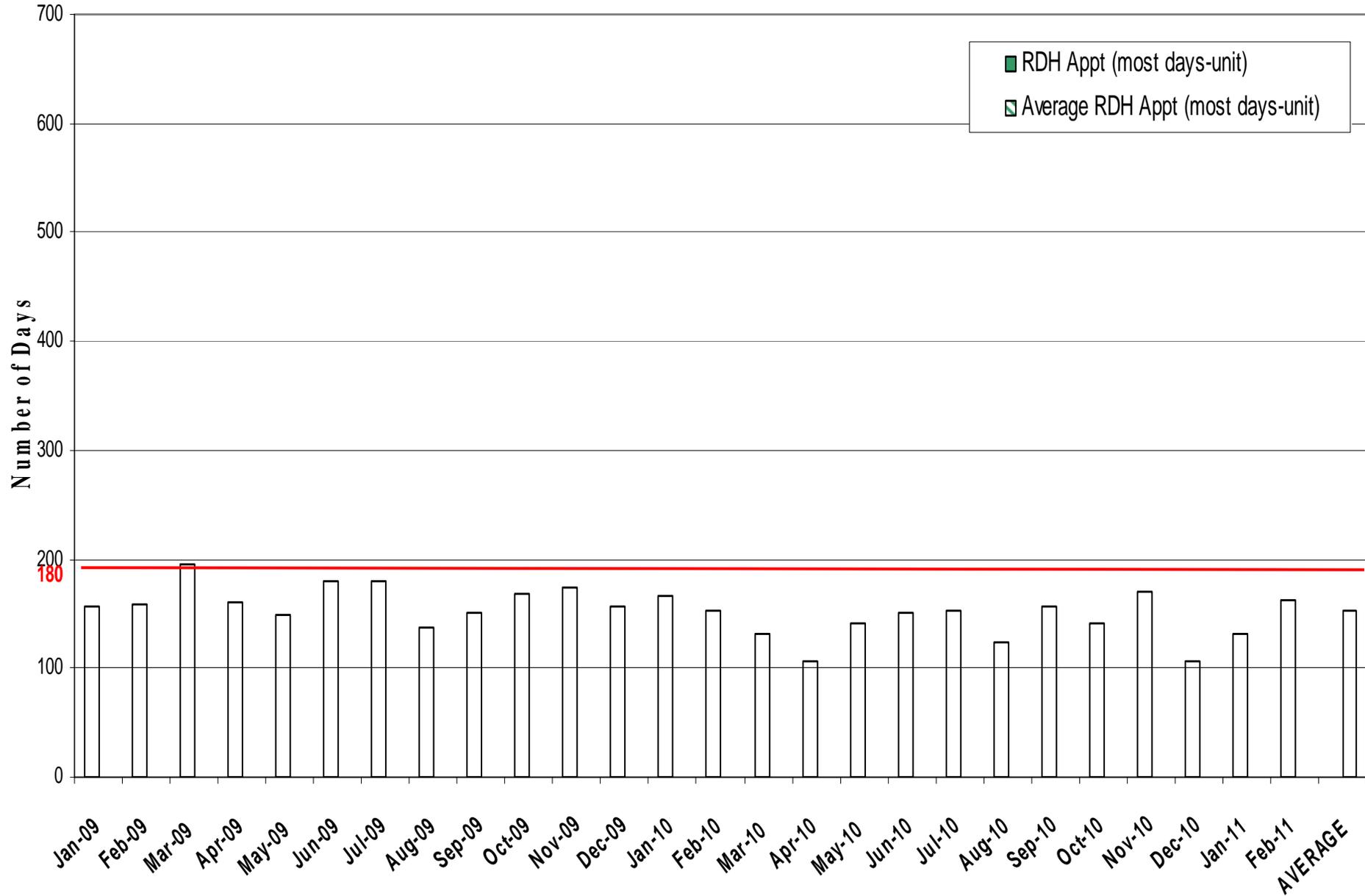
*TTUHSC: Offenders waiting for Routine Dentist Appointment or Dental Hygienist Appointment more than 180 Days per Month*



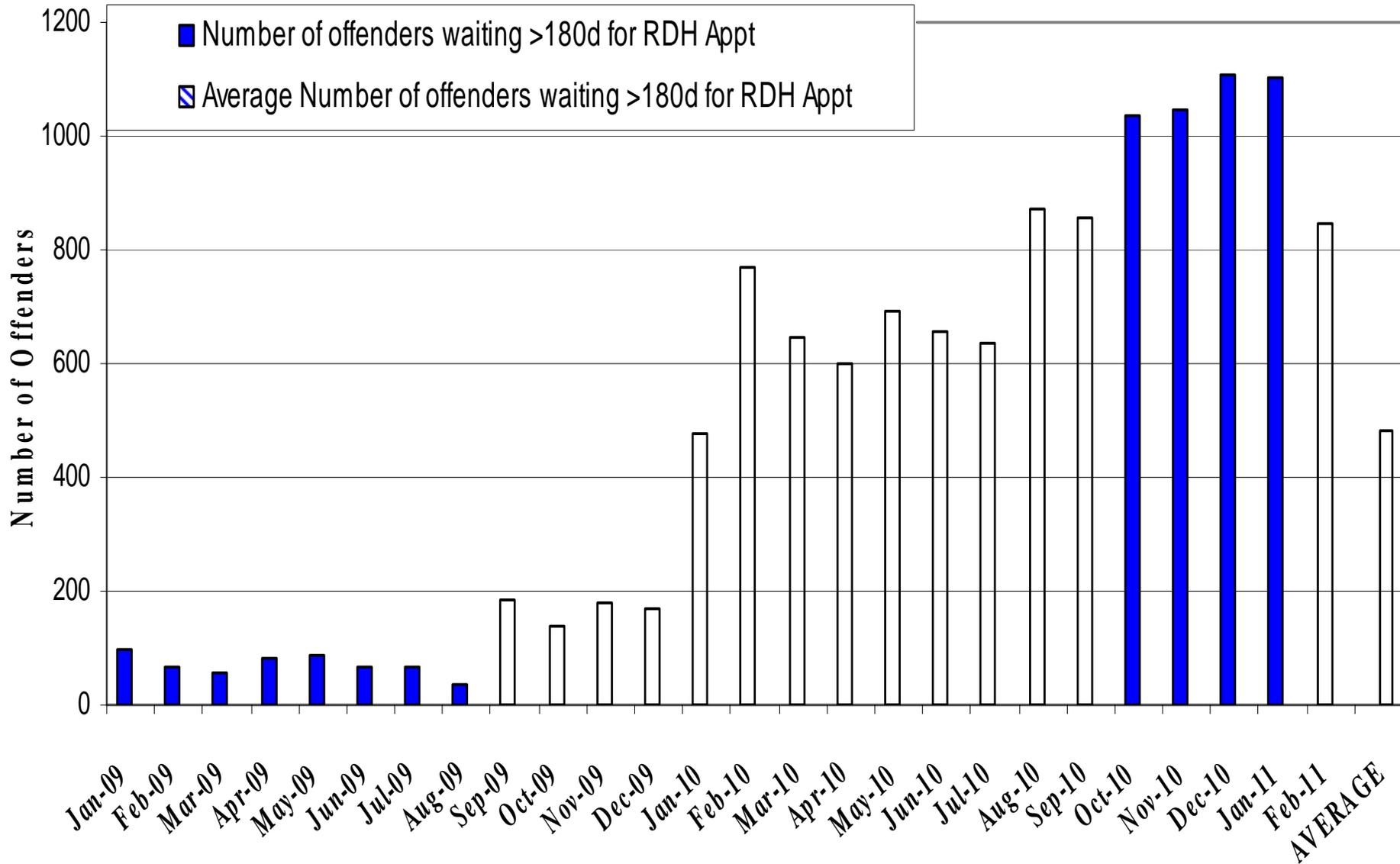
# UTMB: Longest wait for Dental Hygienist Appointment - Worst Performing Unit by Month



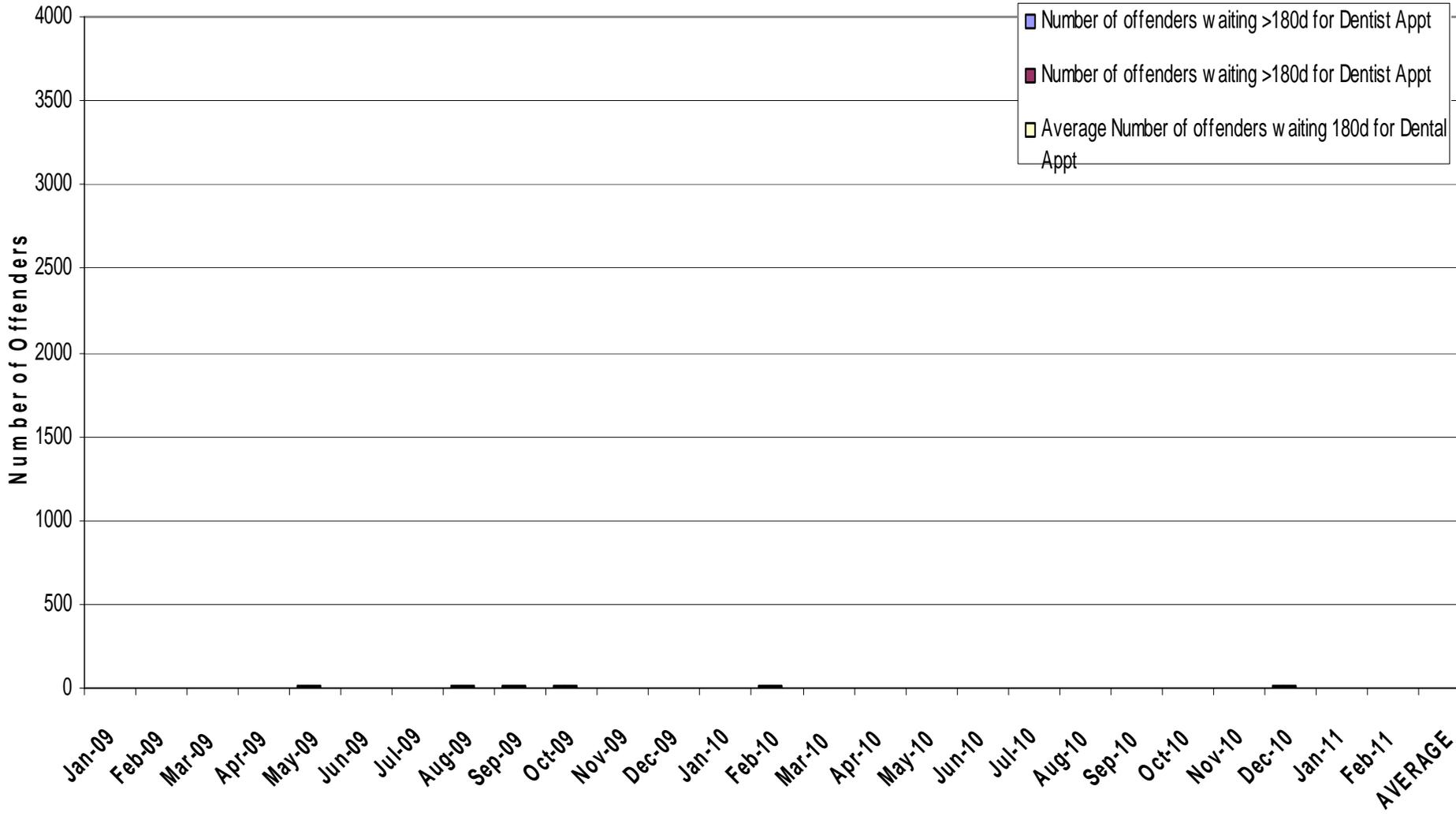
# *TTUHSC: Longest Wait for Dental Hygienist Appointment - Worst Performing Unit by Month*



# UTMB: Offenders waiting for Routine Hygienist Appointment for more than 180 Days



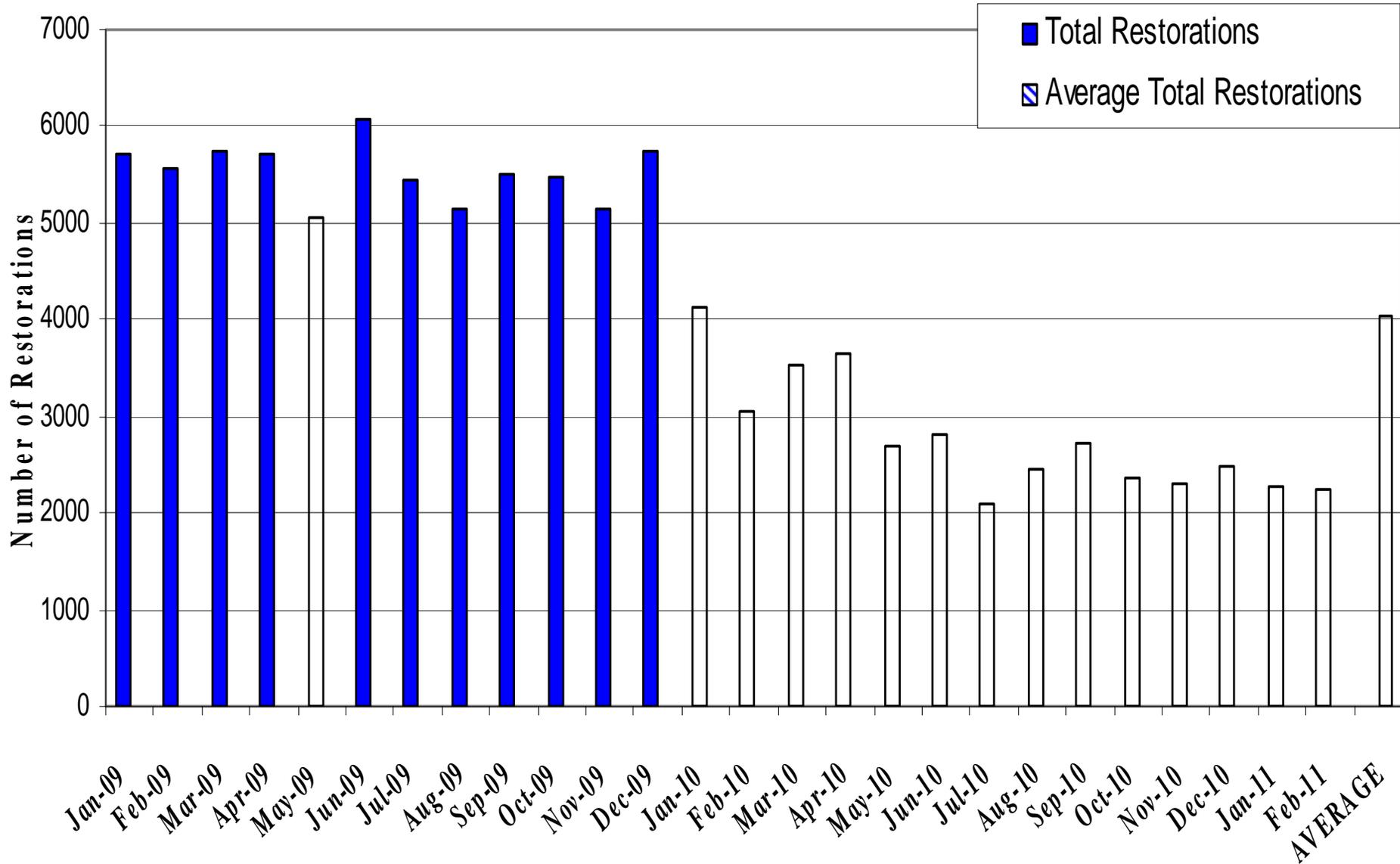
*TTUHSC: Offenders waiting for Routine Dentist Appointment or Dental Hygienest  
Appointment more than 180 Days per Month*



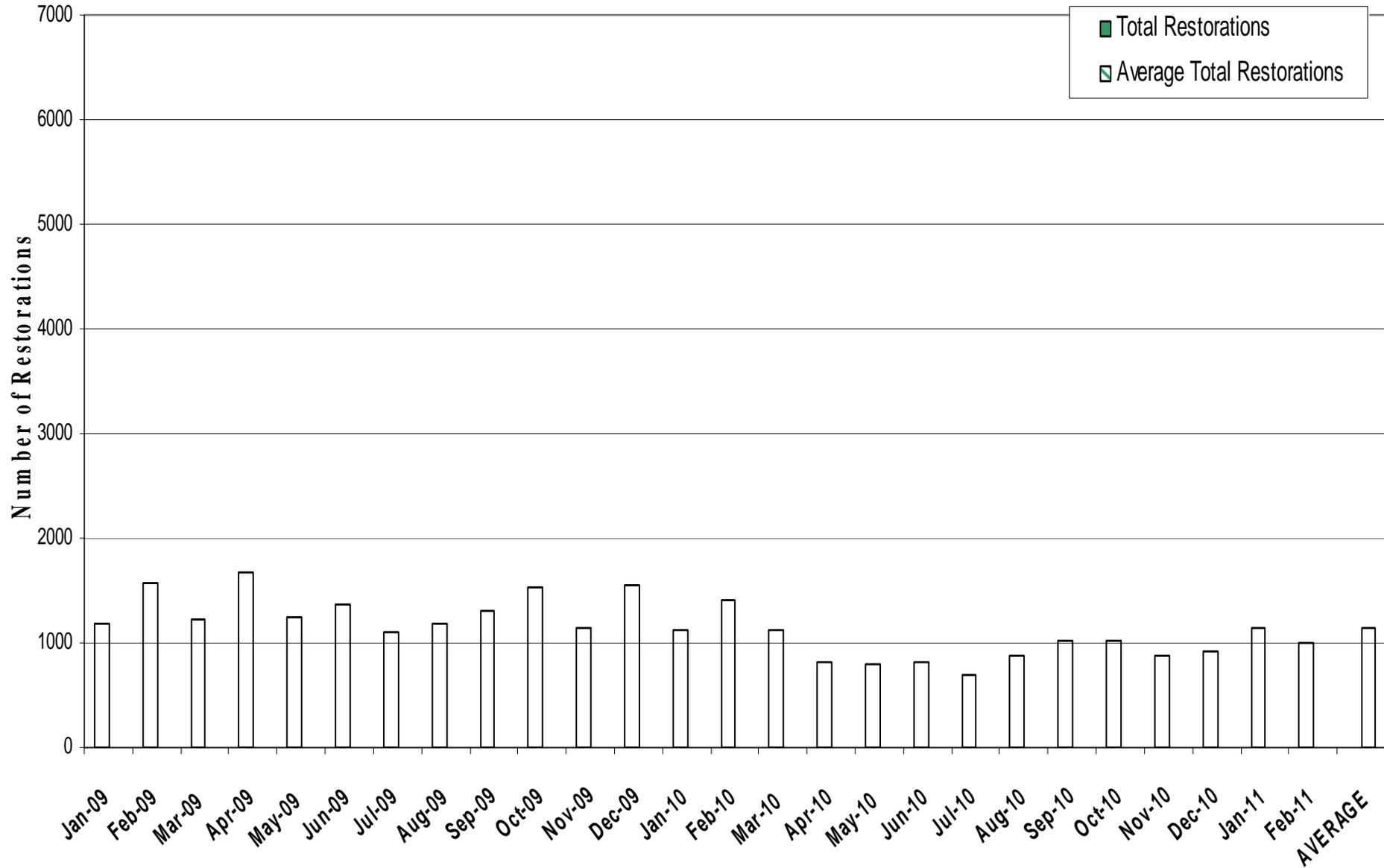
**Both Dentist and Hygienist  
Appointments**

Month

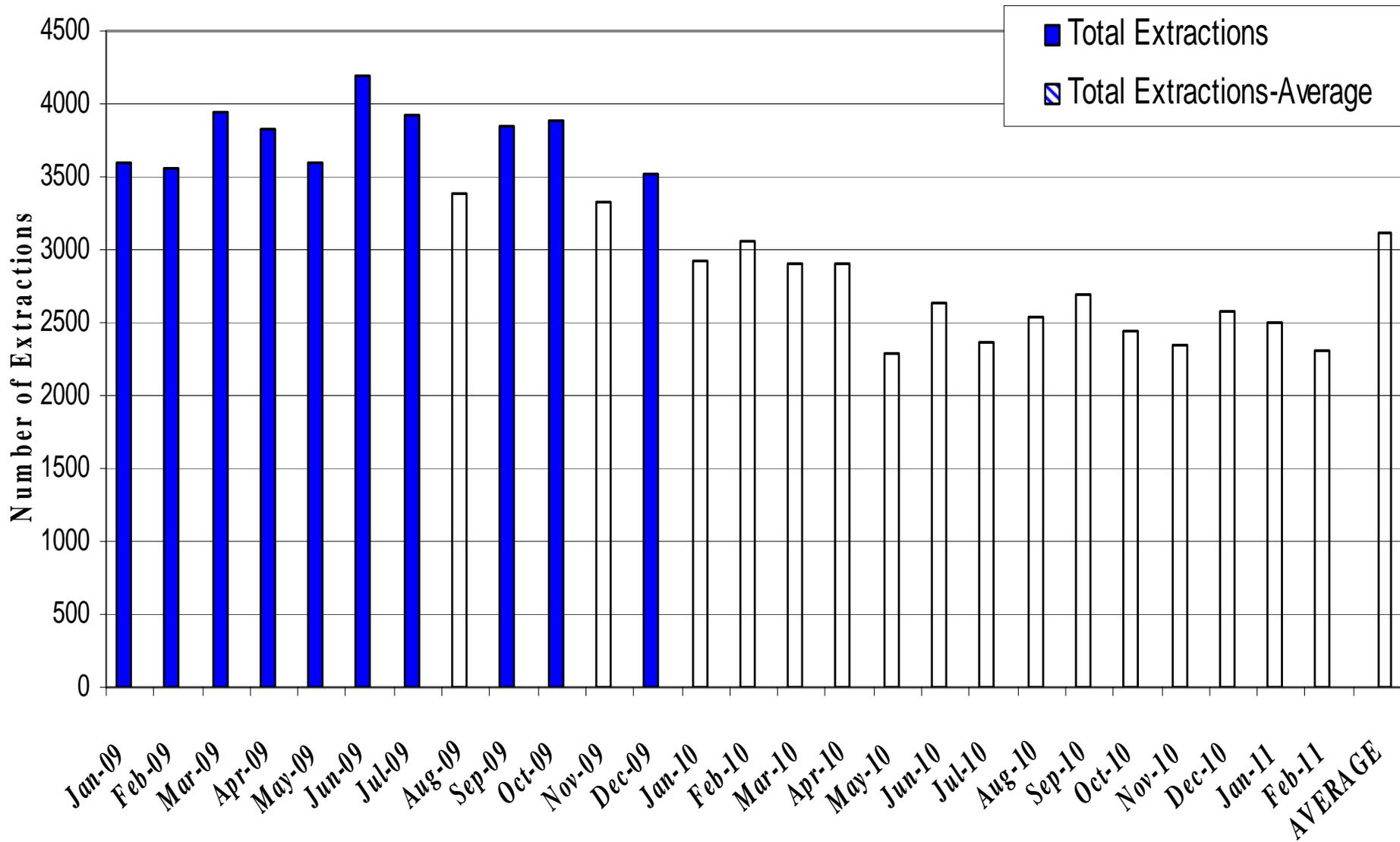
# UTMB: Total Restorations per Month



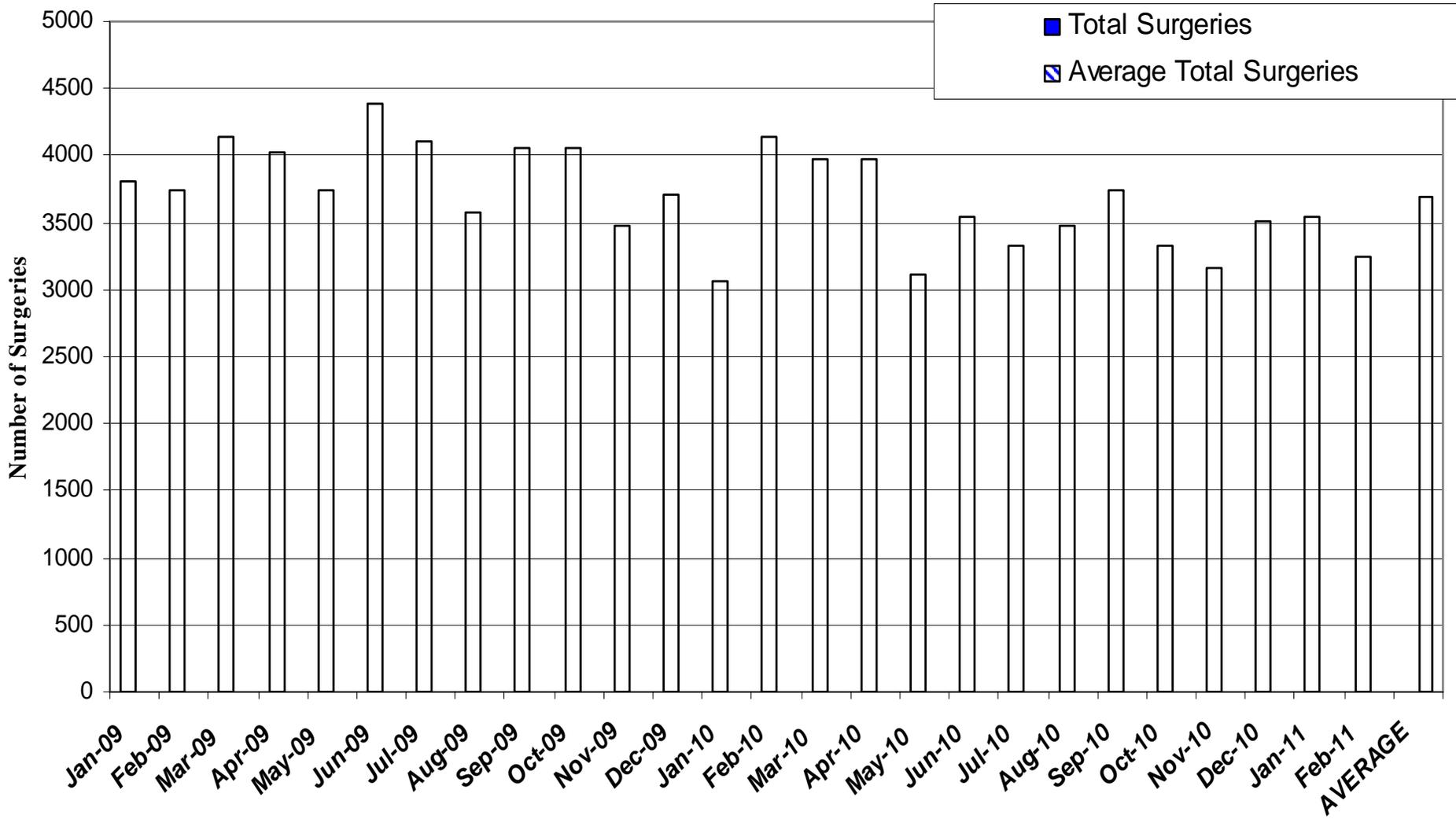
# *TTUHSC: Total Restorations per Month*



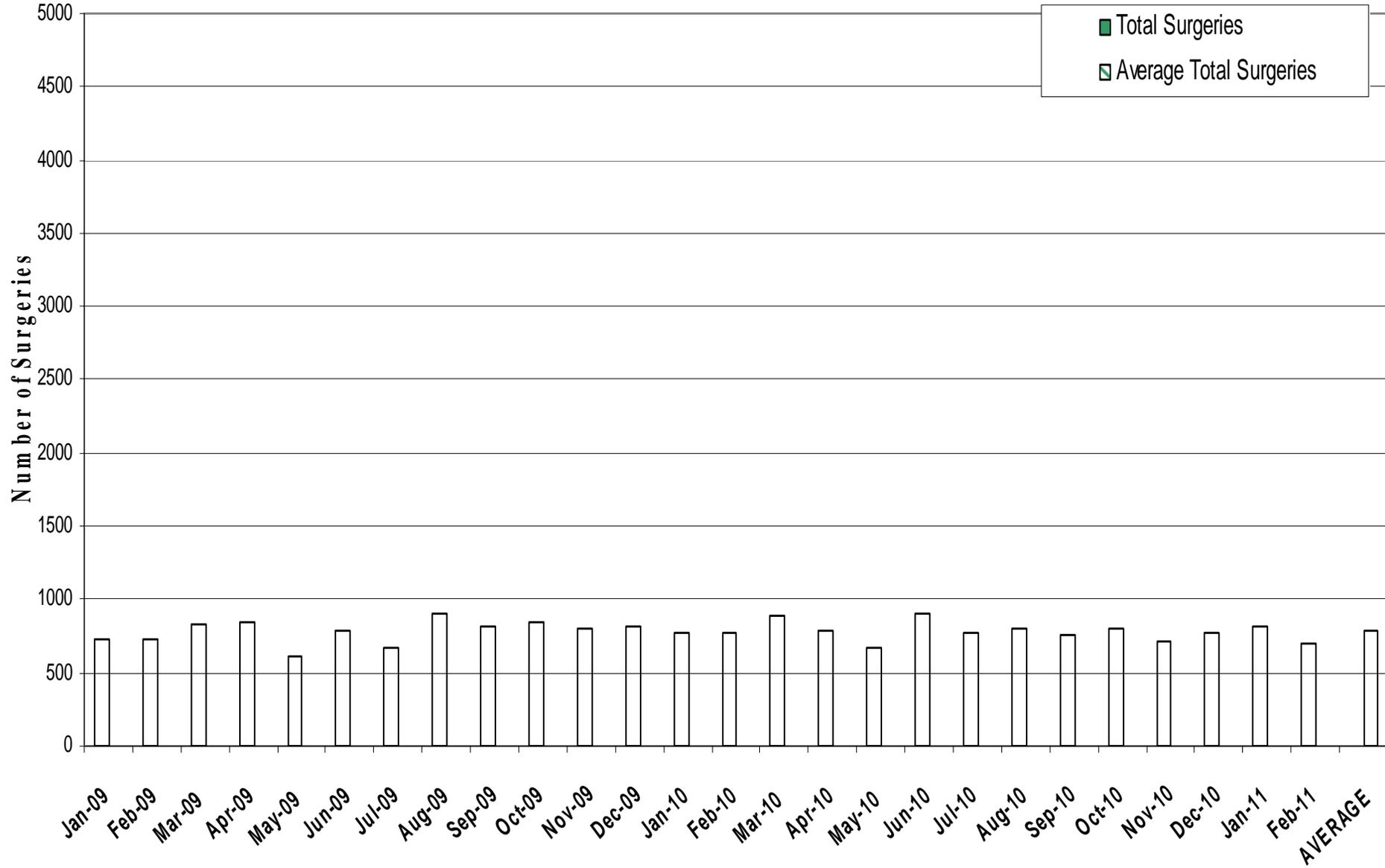
# UTMB: Total Extractions per Month



# UTMB: Total Surgeries per Month



# *TTUHSC: Total Surgeries per Month*





Texas Department of Criminal Justice  
Health Services Division

**CHRONIC DISEASE  
QUALITY OF CARE AUDIT  
CORONARY ARTERY DISEASE (CAD)**

Kathryn Buskirk, MD, CMD  
Second Quarter FY2011

# Chronic Disease Quality of Care Audit

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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. **Seizure Disorders**
- \*\*4. **Coronary Artery Disease (CAD)**
5. **Congestive Heart Failure**
6. **Respiratory Diseases**
7. **Hyperlipidemia**

# CORONARY ARTERY DISEASE

## Chronic Disease Quality of Care Audit

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- 110 TDCJ facilities were audited using the Coronary Artery Disease Audit Tool during the Second Quarter of FY-2011.
- A total of 657 charts were audited (538 UTMB and 119 TTUHSC charts).

# CORONARY ARTERY DISEASE

## Chronic Disease Quality of Care Audit

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- This represents 23% of the 2,640 offenders diagnosed with Coronary Artery Disease in the TDCJ system.
- Accumulatively, this yields a 99% confidence level that sample population scores are within 2.3 points of the actual score of the entire Coronary Artery Disease population served by CMHC.

# CORONARY ARTERY DISEASE

## Chronic Disease Quality of Care Audit

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- These 657 charts were randomly selected from the Coronary Artery Disease Chronic Care Clinic (CCC) list.
- A minimum sample size required for a 95% confidence level was obtained from each facility audited.

# CORONARY ARTERY DISEASE

## Chronic Disease Quality of Care Audit

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### 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?

# CORONARY ARTERY DISEASE

Chronic Disease Quality of Care Audit **Chronic Disease**

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## DISEASE SPECIFIC QUESTIONS:

6. Was an anti-platelet drug prescribed?
7. Was a beta blocker prescribed?
8. Was an ACE Inhibitor or ARB prescribed?
9. Was there counseling on modifying risk factors for CAD?
10. Was the offender counseled about diet?
11. Was a therapeutic diet order?
12. Was a blood pressure taken within the past 12 months?

# CORONARY ARTERY DISEASE

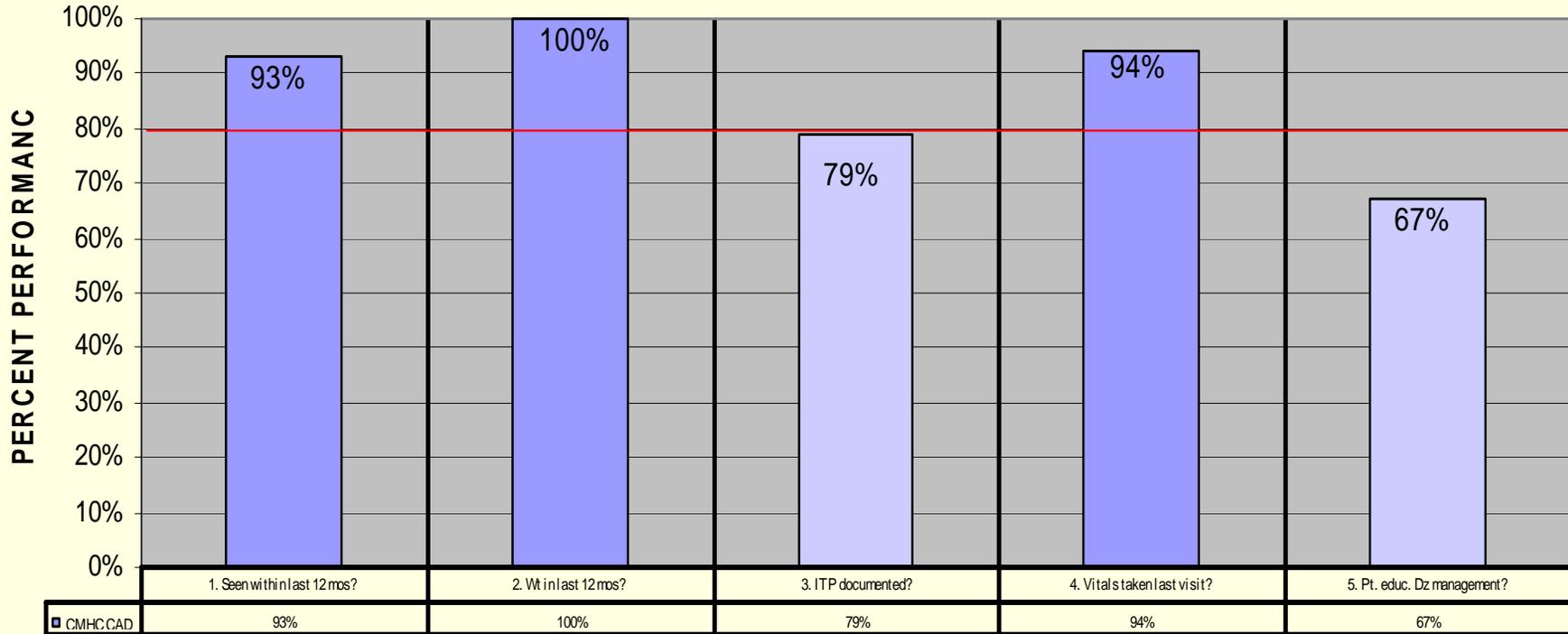
## Chronic Disease Quality of Care Audit

### CMHC CORONARY ARTERY DISEASE (CAD) SUMMARY REPORT

#### Coronary Artery Disease Common Questions

ALL FACILITIES AUDITED 12/01/2010 THROUGH 2/28/2011

(Total Sample Size: 657 charts)

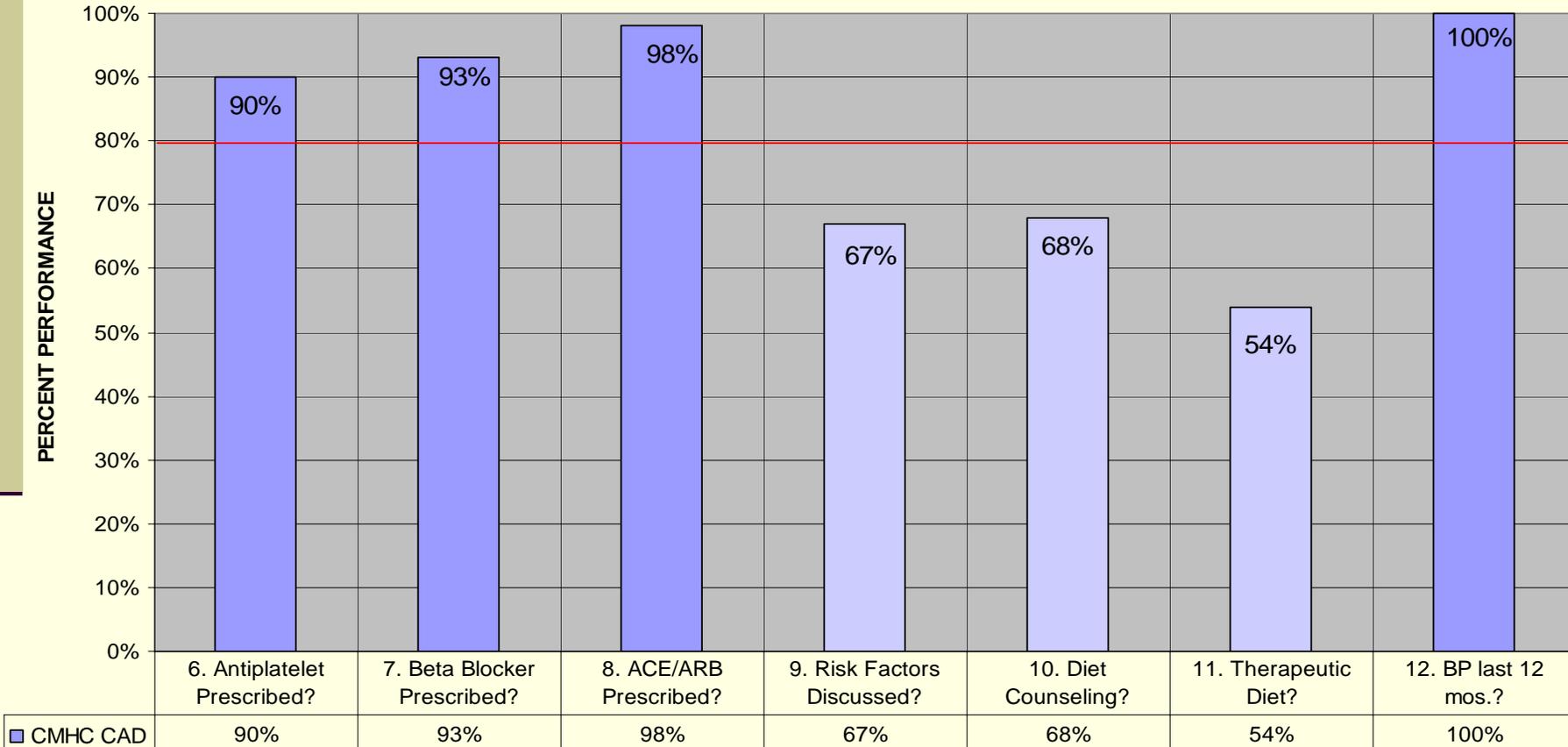


CMHC CORONARY ARTERY DISEASE COMMON QUESTIONS

# CORONARY ARTERY DISEASE

## Chronic Disease Quality of Care Audit

CMHC CORONARY ARTERY DISEASE SUMMARY REPORT  
 Coronary Artery Disease Specific Questions  
 All Facilities audited 12/01/2010 through 2/28/2011  
 (Total Sample Size: 657 charts)

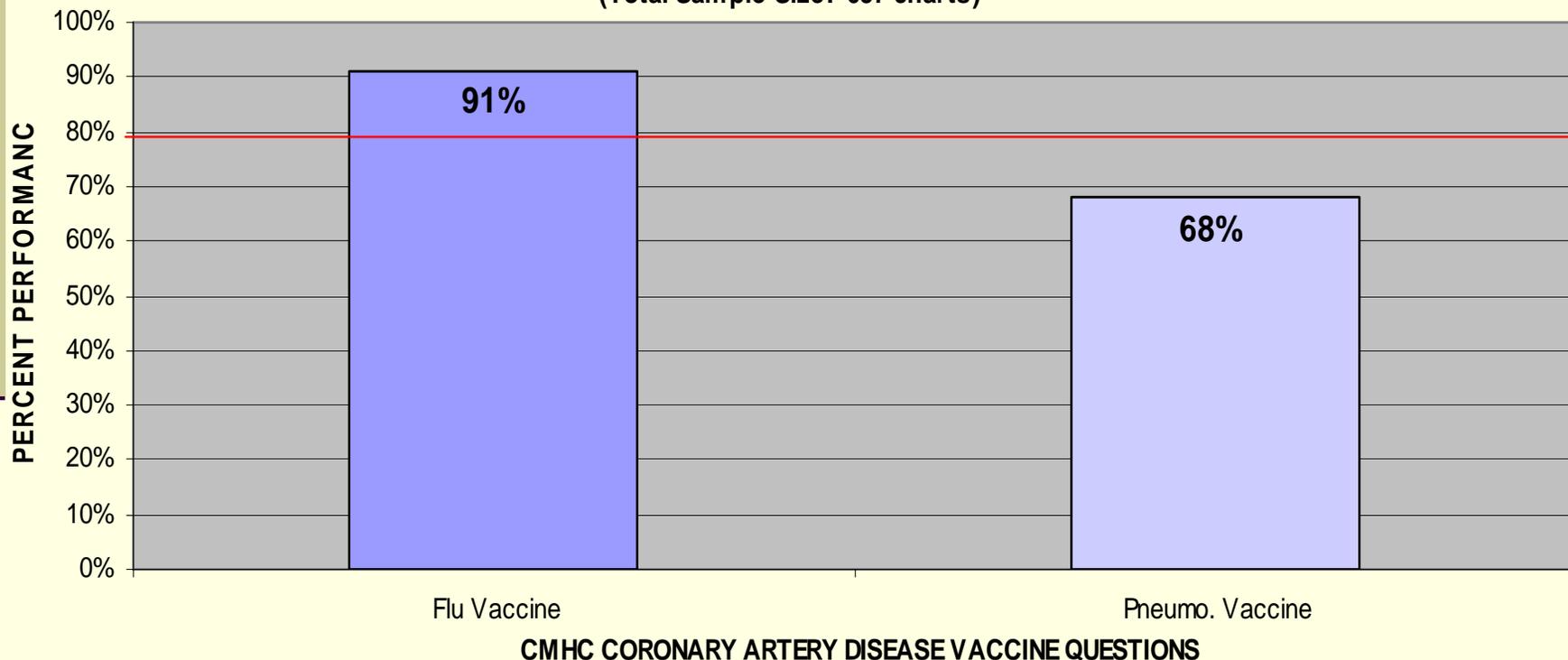


CMHC CORONARY ARTERY DISEASE SPECIFIC QUESTIONS

# CORONARY ARTERY DISEASE

## Chronic Disease Quality of Care Audit

CMHC CORONARY ARTERY DISEASE SUMMARY REPORT  
Coronary Artery Disease Vaccine Questions  
All Facilities audited 12/01/2010 through 2/28/2011  
(Total Sample Size: 657 charts)



# Coronary Artery Disease

## Chronic Disease Quality of Care Audit

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- QUESTIONS?

# CORONARY ARTERY DISEASE

## Chronic Disease Quality of Care Audit

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### REFERENCES:

- 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) 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.
- 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.
- 2010 Physician Quality Reporting Initiative (PQRI). Centers for Medicare & Medicaid Services (CMS) 2010 PFS Final Rule-CMS-1413-FC (74 FR 61788-61844).

# Chronic Disease Quality of Care Audit

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## **Regulatory Mandates:**

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.

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# **Correctional Managed Health Care**

## **Quarterly Report FY 2011 Second Quarter**

**September 2010 – February 2011**

## **Summary**

This report is submitted in accordance with Rider 41; page V-21, Senate Bill 1, 81<sup>st</sup> Legislature, and Regular Session 2009. The report summarizes activity through the second quarter of FY 2011. Following this summary are individual data tables and charts supporting this report.

### ***Background***

During Fiscal Year 2011, approximately \$463.5 million within the TDCJ appropriation has been allocated for funding correctional health care services. This funding included:

- \$422.1M 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, \$462.8M (99.9%) was allocated for health care services provided by UTMB and TTUHSC. An 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 second quarter of this fiscal year, the correctional health care program has slightly increased in the overall offender population served by the program. The average daily population served through the second quarter of FY 2011 was 152,655. Through this same quarter a year ago (FY 2010), the average daily population was 151,254, an increase of 1,401 (0.93%). While overall growth has slightly increased, the number of offenders age 55 and over has continued to steadily increase at a much greater rate.
- Consistent with the trend for the last several years, the number of offenders in the service population aged 55 or older has continued to rise at a faster rate than the overall population. Through the second quarter of FY 2011, the average number of older offenders in the service population was 12,573. Through this same quarter a year ago (FY 2010), the average number of offenders age 55 and over was 11,642. This represents an increase of 931 or about 8.0% more older offenders than a year ago.
- The overall HIV+ population has remained relatively stable throughout the last few years and continued to remain so through this quarter, averaging 2,393 (or about 1.57% of the population served).
- Two mental health caseload measures have also remained relatively stable:
  - The average number of psychiatric inpatients within the system was 1,946 through the second quarter of FY 2011, as compared to 1,917 through the same quarter a year ago (FY 2010). The inpatient caseload is limited by the number of available inpatient beds in the system.
  - Through the second quarter of FY 2011, the average number of mental health outpatients was 19,796 representing 13.0% of the service population.

### **Health Care Costs**

- Overall health costs through the second quarter of FY 2011 totaled \$268.1M. This amount exceeded overall revenues earned by the university providers by \$13.3M or 5.21%.
- UTMB's total revenue through the quarter was \$201.6M. Their expenditures totaled \$213.2M, resulting in a net shortfall of \$11.6M. On a per offender per day basis, UTMB earned \$9.14 in revenue and expended \$9.66 resulting in a shortfall of \$0.52 per offender per day.

- TTUHSC's total revenue through the second quarter was \$53.2M. Expenditures totaled \$54.9M, resulting in a net shortfall of \$1.7M. On a per offender per day basis, TTUHSC earned \$9.30 in revenue, but expended \$9.60 resulting in a shortfall of \$0.30 per offender per day.
- Examining the health care costs in further detail indicates that of the \$268.1M in expenses reported through the second quarter of the year:
  - Onsite services (those medical services provided at the prison units) comprised \$116.0M representing about 43.3% of the total health care expenses:
    - Of this amount, 80.1% was for salaries and benefits and 19.9% for operating costs.
  - Pharmacy services totaled \$26.6M representing approximately 9.9% of the total expenses:
    - Of this amount 17.5% was for related salaries and benefits, 3.1% for operating costs and 79.4% for drug purchases.
  - Offsite services (services including hospitalization and specialty clinic care) accounted for \$94.5M or 35.2% of total expenses:
    - Of this amount 68.2% was for estimated university provider hospital, physician and professional services; and 31.8% for Freeworld (non-university) hospital, specialty and emergency care.
  - Mental health services totaled \$23.3M or 8.7% of the total costs:
    - Of this amount, 97.4% was for mental health staff salaries and benefits, with the remaining 2.6% for operating costs.
  - Indirect support expenses accounted for \$7.7M and represented 2.9% of the total costs.
- The total cost per offender per day for all health care services statewide through the second quarter of FY 2011 was \$9.65. The average cost per offender per day for the prior four fiscal years was \$8.94.
  - For UTMB, the cost per offender per day was \$9.66. This is higher than the average cost per offender per day for the last four fiscal years of \$9.02.
  - For TTUHSC, the cost per offender per day was \$9.60. This is higher than the average cost per offender per day for the last four fiscal years of \$8.69.
  - Differences in cost between UTMB and TTUHSC relate to the differences in mission, population assigned and the acuity level of the offender patients served.

### **Aging Offenders**

- As consistently noted in prior reports, the aging of the offender population has a demonstrated impact on the resources of the health care system. Offenders age 55 and older access the health care delivery system at a much higher level and frequency than younger offenders:
  - Encounter data through the second quarter of FY 2011 indicates that offenders aged 55 and over had a documented encounter with medical staff 2.8 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 and specialty clinic costs received to date for charges incurred this fiscal year for offenders over age 55 totaled approximately \$2,126 per offender. The same calculation for offenders under age 55 totaled \$352. In terms of hospital and clinic utilization, the older offenders were utilizing health care resources at a rate of a little more than six times higher than the younger offenders. While comprising about 8.2% of the overall service population, offenders age 55 and over account for more than 35.1% of the hospitalization and specialty clinic costs received to date.
  - A third examination of dialysis costs found that, proportionately, older offenders are represented at 5.8 times more often in the dialysis population than younger offenders. Dialysis costs continue to be significant, averaging about \$21.0K per patient per year. Providing medically necessary dialysis treatment for an average of 199 patients through the second quarter of FY2011 cost \$2.1M.

### **Drug Costs**

- Total drug costs through the second quarter of FY 2011 totaled \$20.2M.
  - Pharmaceutical costs related to HIV care continue to be the largest single component of pharmacy expenses.
    - Through this quarter, \$8.9M in costs (or just under \$1.5M per month) for HIV antiretroviral medication costs were experienced. This represents 43.9% of the total drug cost during this time period.
    - Expenses for psychiatric drugs are also being tracked, with \$876K being expended for psychiatric medications through the second quarter, representing 4.3% of the overall drug cost.
    - Another pharmacy indicator being tracked is the cost related to Hepatitis C therapies. These costs were \$1.2M and represented by 6.1% 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 \$11,571,276 through this quarter. TTUHSC reports that they hold no such reserves and report a total shortfall of \$1,713,359.
- A summary analysis of the ending balances, revenue and payments through the second quarter for all CMHCC accounts is included in this report. That summary indicates that the net unencumbered balance on all CMHCC accounts on February 28, 2011 was a negative \$36,005.42. It should be noted that this negative balance is due to the advanced third quarter payments and that this balance will increase over the course of the third quarter.

### ***Financial Monitoring***

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

The testing of detail transactions performed on TTUHSC's financial information for December 2010 through February 2011 resulted in no discrepancies, and found all tested transactions to be verified.

The testing of detail transactions performed on UTMB's financial information for December 2010 through February 2010 resulted in no discrepancies, and found all tested transactions to be verified except three without back-up documentation.

### ***Concluding Notes***

The combined operating loss for the university providers through the second quarter of FY 2011 is \$13,284,635. 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 2011 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 2011 .....	20

**Table 1  
Correctional Managed Health Care  
FY 2011 Budget Allocations**

**Distribution of Funds**

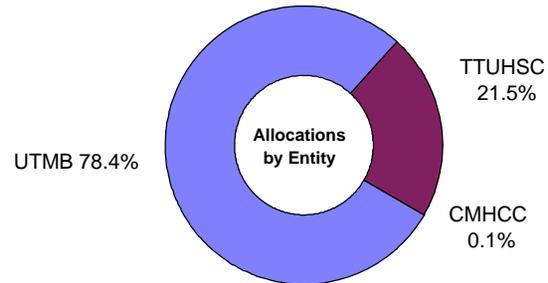
<u>Allocated to</u>	<u>FY 2011</u>
<b>University Providers</b>	
<b>The University of Texas Medical Branch</b>	\$335,082,478
Medical Services	\$28,084,575
Mental Health Services	\$363,167,053
<b>Texas Tech University Health Sciences Center</b>	
Subtotal TTUHC	\$86,336,373
Medical Services	\$13,286,944
Mental Health Services	\$99,623,317
Subtotal TTUHSC	
SUBTOTAL UNIVERSITY PROVIDERS	\$462,790,370
<b>Correctional Managed Health Care Committee</b>	\$669,128
<b>TOTAL DISTRIBUTION</b>	<b>\$463,459,498</b>

**Source of Funds**

<u>Source</u>	<u>FY 2011</u>
<b>Legislative Appropriations</b>	
SB 1, Article V, TDCJ Appropriations	\$422,087,979
Strategy C.1.8. Managed Health Care	\$41,371,519
Strategy C.1.7	
<b>TOTAL</b>	<b>\$463,459,498</b>

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

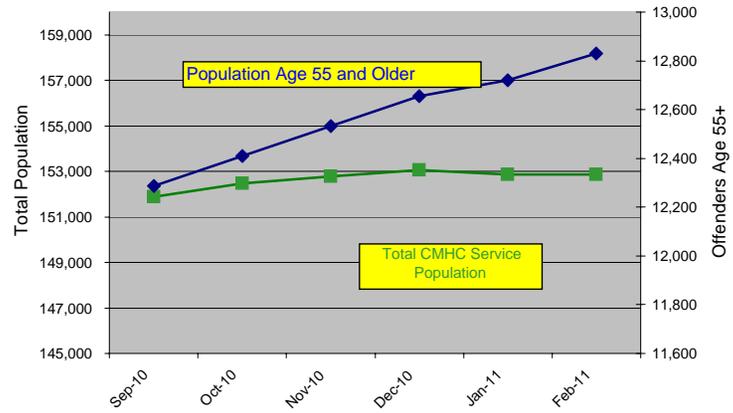
**Chart 1**



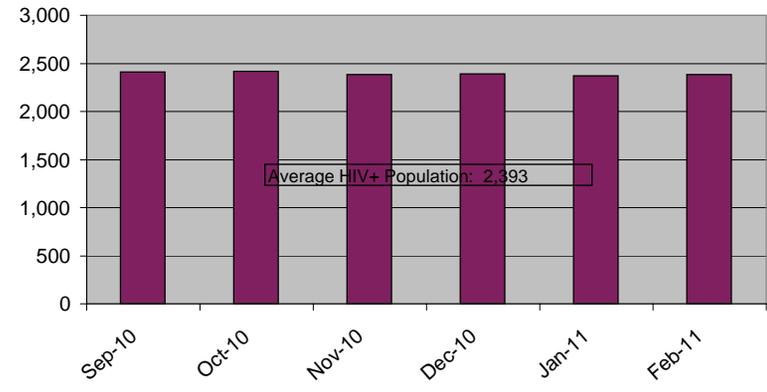
**Table 2  
FY 2011  
Key Population Indicators  
Correctional Health Care Program**

Indicator	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Population Year to Date Avg.
<b>Avg. Population Served by CMHC:</b>							
	108,649	109,139	109,350	109,629	109,558	109,649	109,329
	11,910	11,907	11,914	11,866	11,889	11,897	11,897
UTMB State-Operated Population	120,559	121,046	121,264	121,495	121,447	121,546	121,226
UTMB Total Service Population*	31,328	31,438	31,525	31,554	31,420	31,310	31,429
TTUHSC Total Service Population							
	<b>151,887</b>	<b>152,483</b>	<b>152,789</b>	<b>153,049</b>	<b>152,867</b>	<b>152,856</b>	<b>152,655</b>
<b>CMHC Service Population Total</b>							
<b>Population Age 55 and Over</b>							
	10,162	10,255	10,374	10,468	10,532	10,632	10,404
UTMB Service Population Average	2,125	2,156	2,159	2,186	2,189	2,197	2,169
TTUHSC Service Population Average							
	<b>12,287</b>	<b>12,411</b>	<b>12,533</b>	<b>12,654</b>	<b>12,721</b>	<b>12,829</b>	<b>12,573</b>
<b>CMHC Service Population Average</b>							
<b>HIV+ Population</b>	<b>2,408</b>	<b>2,417</b>	<b>2,385</b>	<b>2,394</b>	<b>2,370</b>	<b>2,386</b>	<b>2,393</b>
<b>Mental Health Inpatient Census</b>							
	1,031	1,019	1,022	1,022	1,021	1,024	1,023
UTMB Psychiatric Inpatient Average	920	894	897	939	942	942	922
TTUHSC Psychiatric Inpatient Average							
	<b>1,951</b>	<b>1,913</b>	<b>1,919</b>	<b>1,961</b>	<b>1,963</b>	<b>1,966</b>	<b>1,946</b>
<b>CMHC Psychiatric Inpatient Average</b>							
<b>Mental Health Outpatient Census</b>							
	16,234	16,306	14,773	16,043	15,399	14,515	15,545
UTMB Psychiatric Outpatient Average	4,179	4,377	4,205	4,032	4,563	4,152	4,251
TTUHSC Psychiatric Outpatient Average							
	<b>20,413</b>	<b>20,683</b>	<b>18,978</b>	<b>20,075</b>	<b>19,962</b>	<b>18,667</b>	<b>19,796</b>
<b>CMHC Psychiatric Outpatient Average</b>							

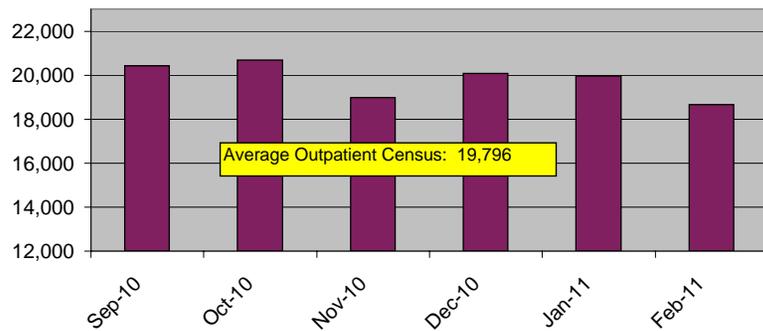
**Chart 2  
CMHC Service Population**



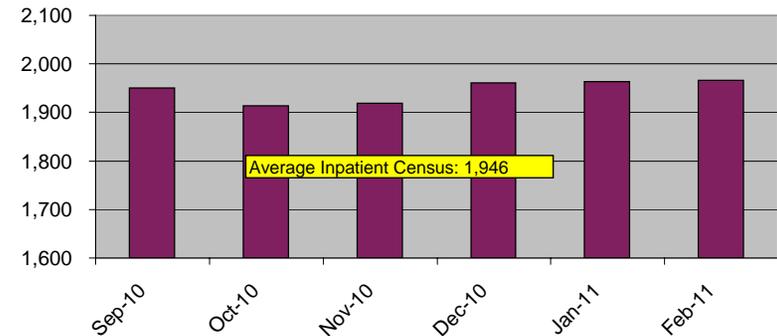
**Chart 3  
HIV+ Population**



**Chart 4  
Mental Health Outpatient Census**



**Chart 5  
Mental Health Inpatient Census**



**Table 3**  
**Summary Financial Report: Medical Costs**  
**Fiscal Year 2011 through Quarter 2 (Sep 2010 - Feb 2011)**

Days in Year: 182

	Medical Services Costs			Medical Cost Per Day Calculations		
	UTMB	TTUHSC	TOTAL	UTMB	TTUHSC	TOTAL
<b>Population Served</b>	<b>121,226</b>	<b>31,429</b>	<b>152,655</b>			
<b>Revenue</b>						
Capitation Payments	\$166,164,187	\$42,813,381	\$208,977,568	\$7.53	\$7.48	\$7.52
State Reimbursement Benefits	\$18,640,331	\$2,425,779	\$21,066,110	\$0.84	\$0.42	\$0.76
Non-Operating Revenue	\$202,177	\$1,348	\$203,525	\$0.01	\$0.00	\$0.01
<b>Total Revenue</b>	<b>\$185,006,695</b>	<b>\$45,240,508</b>	<b>\$230,247,203</b>	<b>\$8.39</b>	<b>\$7.91</b>	<b>\$8.29</b>
<b>Expenses</b>						
<b>Onsite Services</b>						
Salaries	\$65,452,472	\$6,614,039	\$72,066,511	\$2.97	\$1.16	\$2.59
Benefits	\$19,163,661	\$1,669,590	\$20,833,251	\$0.87	\$0.29	\$0.75
Operating (M&O)	\$8,696,361	\$765,958	\$9,462,319	\$0.39	\$0.13	\$0.34
Professional Services	\$0	\$1,161,584	\$1,161,584	\$0.00	\$0.20	\$0.04
Contracted Units/Services	\$0	\$11,415,907	\$11,415,907	\$0.00	\$2.00	\$0.41
Travel	\$396,965	\$45,259	\$442,224	\$0.02	\$0.01	\$0.02
Electronic Medicine	\$0	\$252,477	\$252,477	\$0.00	\$0.04	\$0.01
Capitalized Equipment	\$51,100	\$320,559	\$371,659	\$0.00	\$0.06	\$0.01
<b>Subtotal Onsite Expenses</b>	<b>\$93,760,559</b>	<b>\$22,245,373</b>	<b>\$116,005,932</b>	<b>\$4.25</b>	<b>\$3.89</b>	<b>\$4.18</b>
<b>Pharmacy Services</b>						
Salaries	\$2,735,101	\$1,028,420	\$3,763,521	\$0.12	\$0.18	\$0.14
Benefits	\$877,829	\$33,955	\$911,784	\$0.04	\$0.01	\$0.03
Operating (M&O)	\$634,407	\$174,288	\$808,695	\$0.03	\$0.03	\$0.03
Pharmaceutical Purchases	\$16,882,627	\$4,247,558	\$21,130,185	\$0.77	\$0.74	\$0.76
Professional Services	\$0	\$0	\$0	\$0.00	\$0.00	\$0.00
Travel	\$8,758	\$5,451	\$14,209	\$0.00	\$0.00	\$0.00
<b>Subtotal Pharmacy Expenses</b>	<b>\$21,138,722</b>	<b>\$5,489,672</b>	<b>\$26,628,394</b>	<b>\$0.96</b>	<b>\$0.96</b>	<b>\$0.96</b>
<b>Offsite Services</b>						
University Professional Services	\$9,314,892	\$475,000	\$9,789,892	\$0.42	\$0.08	\$0.35
Freeworld Provider Services	\$12,241,043	\$8,553,394	\$20,794,437	\$0.55	\$1.50	\$0.75
UTMB or TTUHSC Hospital Cost	\$48,360,501	\$6,253,678	\$54,614,179	\$2.19	\$1.09	\$1.97
Estimated IBNR	\$7,758,957	\$1,529,096	\$9,288,053	\$0.35	\$0.27	\$0.33
<b>Subtotal Offsite Expenses</b>	<b>\$77,675,393</b>	<b>\$16,811,168</b>	<b>\$94,486,561</b>	<b>\$3.52</b>	<b>\$2.94</b>	<b>\$3.40</b>
<b>Indirect Expenses</b>	<b>\$4,242,058</b>	<b>\$2,635,283</b>	<b>\$6,877,341</b>	<b>\$0.19</b>	<b>\$0.46</b>	<b>\$0.25</b>
<b>Total Expenses</b>	<b>\$196,816,732</b>	<b>\$47,181,496</b>	<b>\$243,998,228</b>	<b>\$8.92</b>	<b>\$8.25</b>	<b>\$8.78</b>
<b>Operating Income (Loss)</b>	<b>(\$11,810,037)</b>	<b>(\$1,940,988)</b>	<b>(\$13,751,025)</b>	<b>(\$0.54)</b>	<b>(\$0.34)</b>	<b>(\$0.49)</b>

**Table 3 (Continued)**  
**Summary Financial Report: Mental Health Costs**  
**Fiscal Year 2011 through Quarter 2 (Sep 2010 - Feb 2011)**

Days in Year: 182

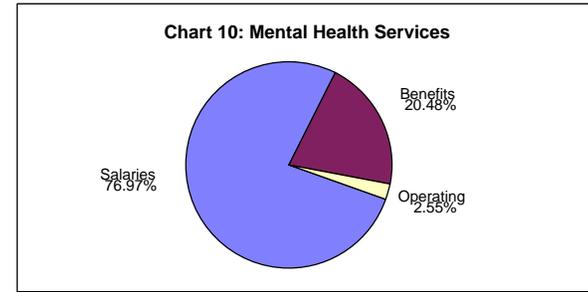
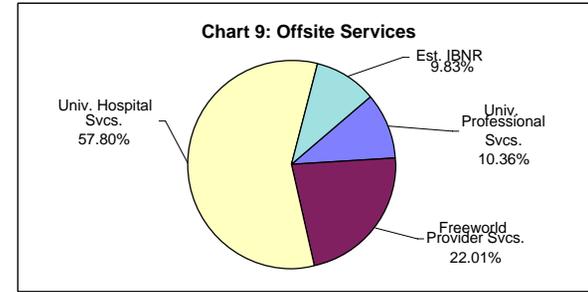
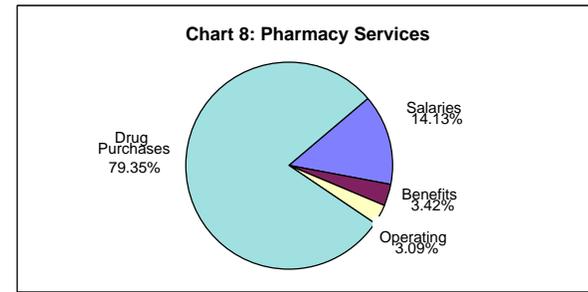
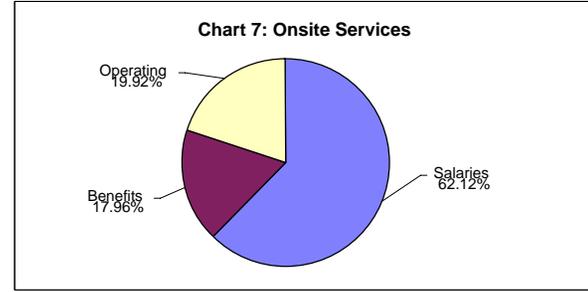
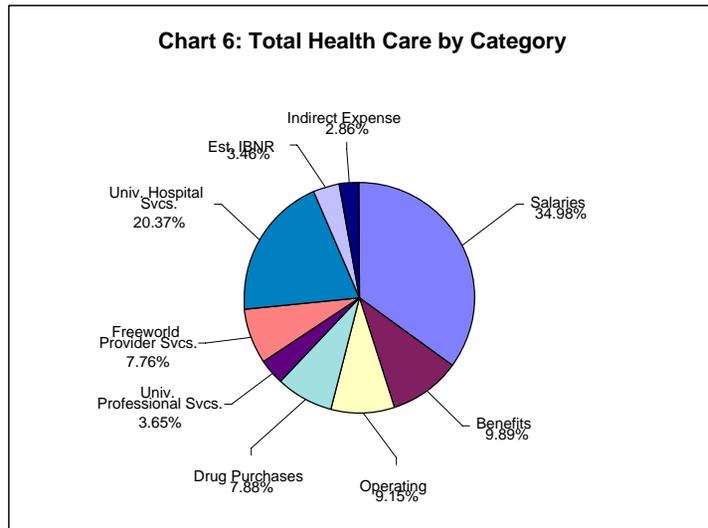
	Mental Health Services Costs			Mental Health Cost Per Day Calculations		
	UTMB	TTUHSC	TOTAL	UTMB	TTUHSC	TOTAL
<b>Population Served</b>	121,226	31,429	152,655			
<b>Revenue</b>						
Capitation Payments	\$13,926,870	\$6,588,868	\$20,515,738	\$0.63	\$1.15	\$0.74
State Reimbursement Benefits	\$2,699,441	\$1,361,263	\$4,060,704	\$0.12	\$0.24	\$0.15
Other Misc Revenue	\$0	\$0	\$0	\$0.00	\$0.00	\$0.00
<b>Total Revenue</b>	<b>\$16,626,311</b>	<b>\$7,950,131</b>	<b>\$24,576,442</b>	<b>\$0.75</b>	<b>\$1.39</b>	<b>\$0.88</b>
<b>Expenses</b>						
<b>Mental Health Services</b>						
Salaries	\$12,302,433	\$5,651,068	\$17,953,501	\$0.56	\$0.99	\$0.65
Benefits	\$3,339,261	\$1,438,905	\$4,778,166	\$0.15	\$0.25	\$0.17
Operating (M&O)	\$325,558	\$71,125	\$396,683	\$0.01	\$0.01	\$0.01
Professional Services	\$0	\$158,940	\$158,940	\$0.00	\$0.03	\$0.01
Contracted Units/Services	\$0	\$0	\$0	\$0.00	\$0.00	\$0.00
Travel	\$32,295	\$7,132	\$39,427	\$0.00	\$0.00	\$0.00
Electronic Medicine	\$0	\$0	\$0	\$0.00	\$0.00	\$0.00
Capitalized Equipment	\$0	\$0	\$0	\$0.00	\$0.00	\$0.00
<b>Subtotal Mental Health Expenses</b>	<b>\$15,999,547</b>	<b>\$7,327,170</b>	<b>\$23,326,717</b>	<b>\$0.73</b>	<b>\$1.28</b>	<b>\$0.84</b>
<b>Indirect Expenses</b>	<b>\$388,003</b>	<b>\$395,332</b>	<b>\$783,335</b>	<b>\$0.02</b>	<b>\$0.07</b>	<b>\$0.03</b>
<b>Total Expenses</b>	<b>\$16,387,550</b>	<b>\$7,722,502</b>	<b>\$24,110,052</b>	<b>\$0.74</b>	<b>\$1.35</b>	<b>\$0.87</b>
<b>Operating Income (Loss)</b>	<b>\$238,761</b>	<b>\$227,629</b>	<b>\$466,390</b>	<b>\$0.01</b>	<b>\$0.04</b>	<b>\$0.02</b>

**All Health Care Summary**

	All Health Care Services			Cost Per Offender Per Day		
	UTMB	TTUHSC	TOTAL	UTMB	TTUHSC	TOTAL
Medical Services	\$185,006,695	\$45,240,508	\$230,247,203	\$8.39	\$7.91	\$8.29
Mental Health Services	\$16,626,311	\$7,950,131	\$24,576,442	\$0.75	\$1.39	\$0.88
<b>Total Revenue</b>	<b>\$201,633,006</b>	<b>\$53,190,639</b>	<b>\$254,823,645</b>	<b>\$9.14</b>	<b>\$9.30</b>	<b>\$9.17</b>
Medical Services	\$196,816,732	\$47,181,496	\$243,998,228	\$8.92	\$8.25	\$8.78
Mental Health Services	\$16,387,550	\$7,722,502	\$24,110,052	\$0.74	\$1.35	\$0.87
<b>Total Expenses</b>	<b>\$213,204,282</b>	<b>\$54,903,998</b>	<b>\$268,108,280</b>	<b>\$9.66</b>	<b>\$9.60</b>	<b>\$9.65</b>
<b>Operating Income (Loss)</b>	<b>(\$11,571,276)</b>	<b>(\$1,713,359)</b>	<b>(\$13,284,635)</b>	<b>(\$0.52)</b>	<b>(\$0.30)</b>	<b>(\$0.48)</b>

**Table 4  
FY 2011 2nd Quarter  
UTMB/TTUHSC EXPENSE SUMMARY**

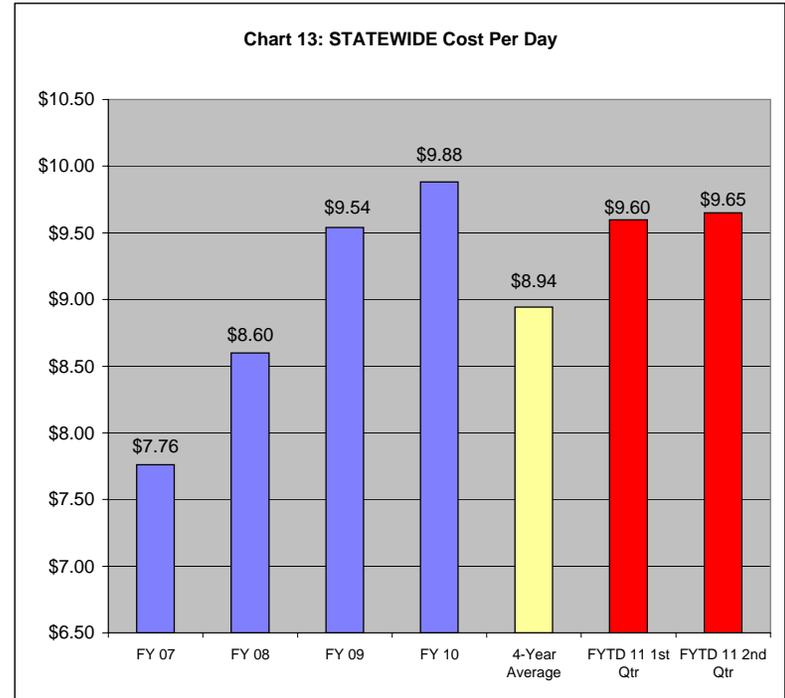
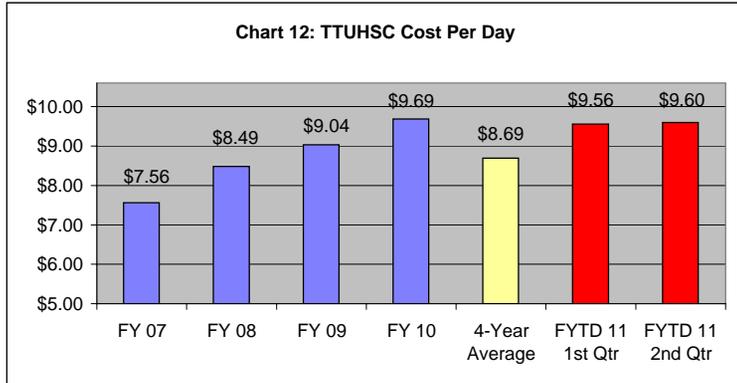
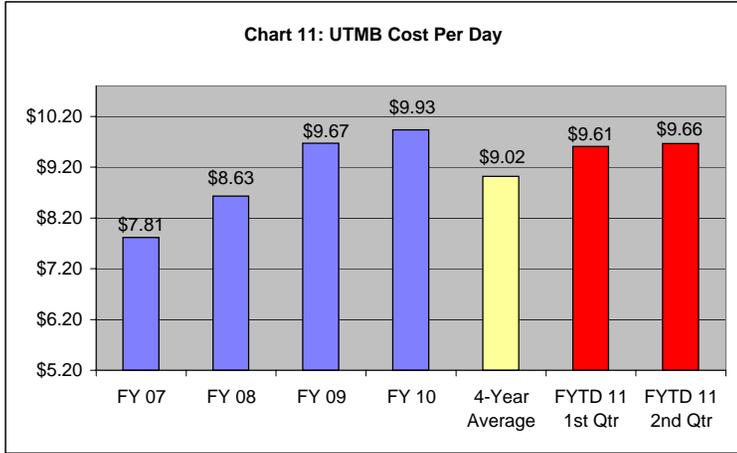
Category	Expense	Percent of Total
<b>Onsite Services</b>	<b>\$116,005,932</b>	<b>43.27%</b>
Salaries	\$72,066,511	
Benefits	\$20,833,251	
Operating	\$23,106,170	
<b>Pharmacy Services</b>	<b>\$26,628,394</b>	<b>9.93%</b>
Salaries	\$3,763,521	
Benefits	\$911,784	
Operating	\$822,904	
Drug Purchases	\$21,130,185	
<b>Offsite Services</b>	<b>\$94,486,561</b>	<b>35.24%</b>
Univ. Professional Svcs.	\$9,789,892	
Freeworld Provider Svcs.	\$20,794,437	
Univ. Hospital Svcs.	\$54,614,179	
Est. IBNR	\$9,288,053	
<b>Mental Health Services</b>	<b>\$23,326,717</b>	<b>8.70%</b>
Salaries	\$17,953,501	
Benefits	\$4,778,166	
Operating	\$595,050	
<b>Indirect Expense</b>	<b>\$7,660,676</b>	<b>2.86%</b>
<b>Total Expenses</b>	<b>\$268,108,280</b>	<b>100.00%</b>



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

	FY 07	FY 08	FY 09	FY 10	4-Year Average	FYTD 11 1st Qtr	FYTD 11 2nd Qtr
<b>Population</b>							
UTMB	120,235	120,648	119,952	120,177	120,253	120,956	121,226
TTUHSC	31,578	31,064	30,616	31,048	31,077	31,430	31,429
Total	151,813	151,712	150,568	151,225	151,329	152,386	152,655
<b>Expenses</b>							
UTMB	\$342,859,796	\$381,036,398	\$423,338,812	\$435,710,000	\$395,736,252	105,769,928	\$213,204,282
TTUHSC	\$87,147,439	\$96,482,145	\$100,980,726	\$109,767,882	\$98,594,548	27,328,850	\$54,903,998
Total	\$430,007,235	\$477,518,543	\$524,319,538	\$545,477,882	\$494,330,800	\$133,098,778	\$268,108,280
<b>Cost/Day</b>							
UTMB	\$7.81	\$8.63	\$9.67	\$9.93	\$9.02	\$9.61	\$9.66
TTUHSC	\$7.56	\$8.49	\$9.04	\$9.69	\$8.69	\$9.56	\$9.60
<b>Total</b>	<b>\$7.76</b>	<b>\$8.60</b>	<b>\$9.54</b>	<b>\$9.88</b>	<b>\$8.94</b>	<b>\$9.60</b>	<b>\$9.65</b>

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



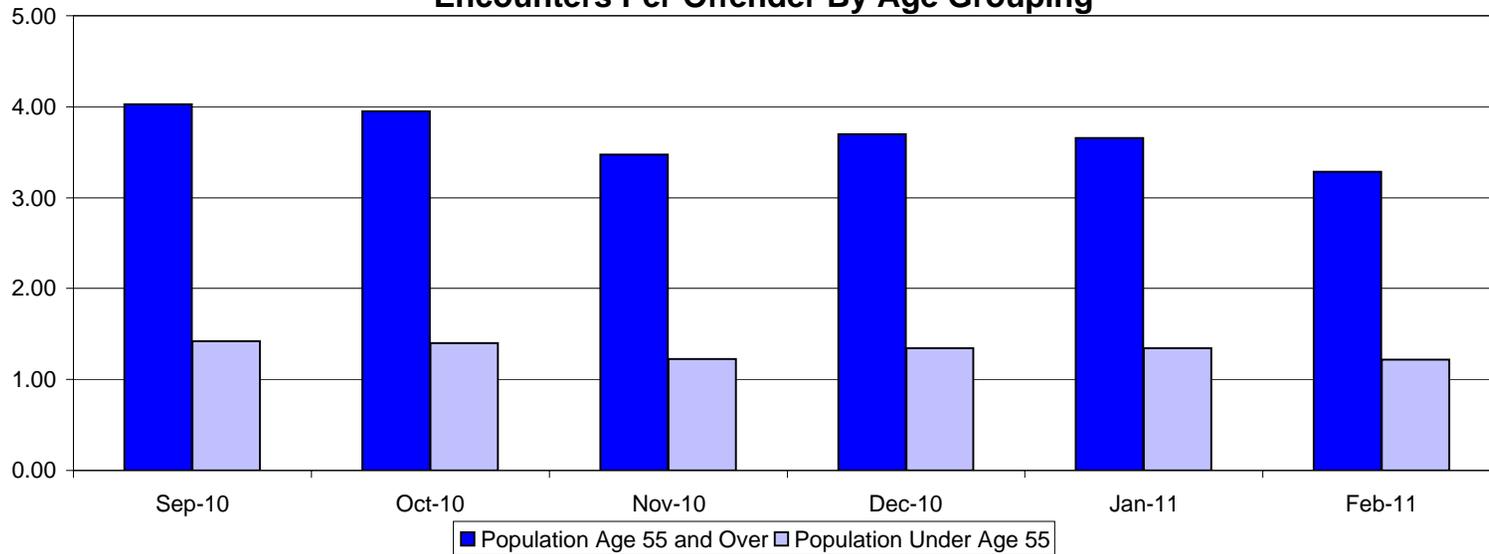
**Table 6**  
**Medical Encounter Statistics\* by Age Grouping**

6

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-10	40,904	156,930	197,834	10,162	110,397	120,559	4.03	1.42	1.64
Oct-10	40,520	155,019	195,539	10,255	110,791	121,046	3.95	1.40	1.62
Nov-10	36,013	136,112	172,125	10,374	110,890	121,264	3.47	1.23	1.42
Dec-10	38,695	149,272	187,967	10,468	111,027	121,495	3.70	1.34	1.55
Jan-11	38,522	149,300	187,822	10,532	110,915	121,447	3.66	1.35	1.55
Feb-11	34,882	135,341	170,223	10,632	110,914	121,546	3.28	1.22	1.40
Average	38,256	146,996	185,252	10,404	110,822	121,226	3.68	1.33	1.53

\*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**

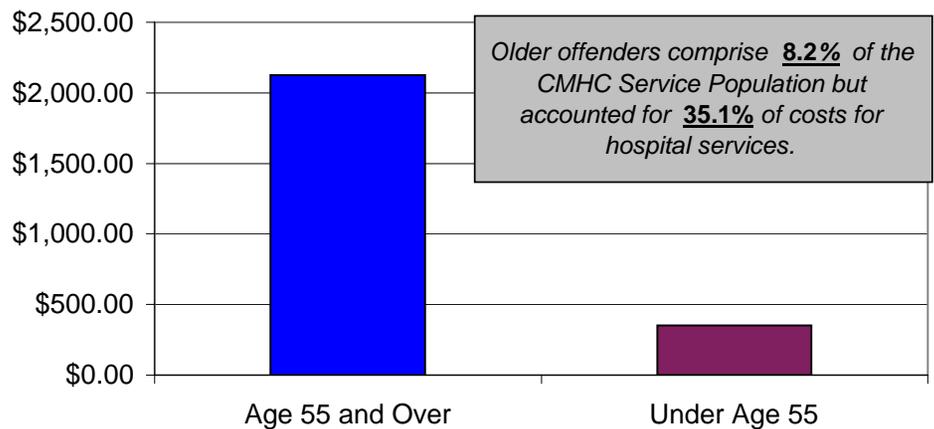


**Table 7**  
**FY 2011 2nd Quarter**  
**Offsite Costs\* To Date by Age Grouping**

Age Grouping	Cost Data	Total Population	Total Cost Per Offender
Age 55 and Over	\$26,724,288	12,573	\$2,125.61
Under Age 55	\$49,306,143	140,083	\$351.98
<b>Total</b>	<b>\$76,030,431</b>	<b>152,655</b>	<b>\$498.05</b>

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

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

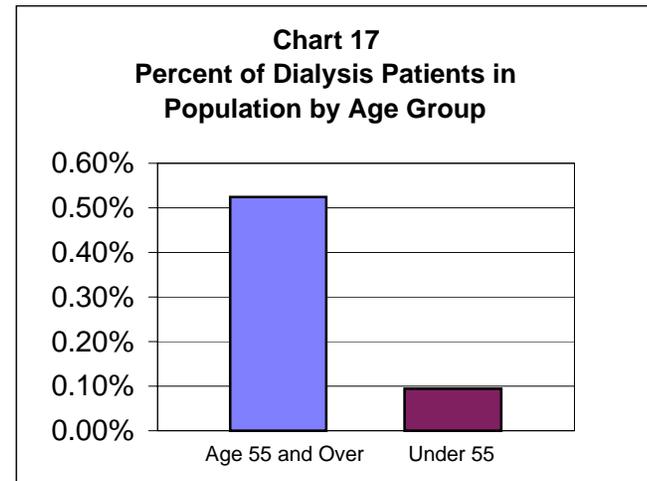
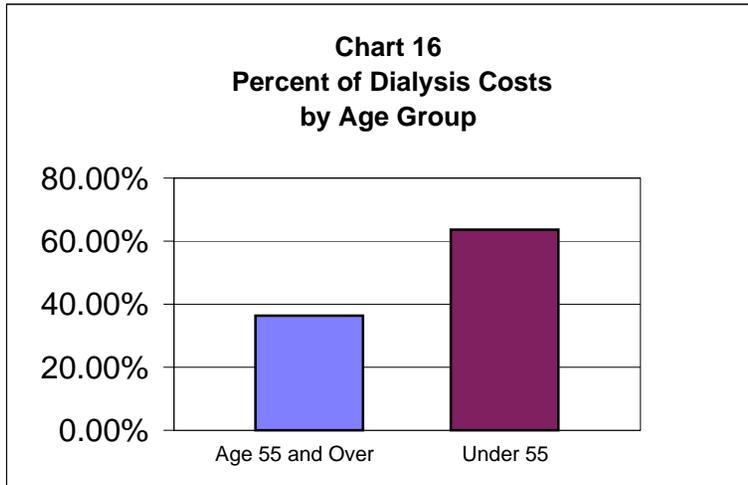


**Table 8  
Through FY 2011 2nd Quarter  
Dialysis Costs by Age Grouping**

<b>Age Group</b>	<b>Dialysis Costs</b>	<b>Percent of Costs</b>	<b>Average Population</b>	<b>Percent of Population</b>	<b>Avg Number of Dialysis Patients</b>	<b>Percent of Dialysis Patients in Population</b>
Age 55 and Over	\$756,760	36.32%	12,573	8.24%	66	0.52%
Under Age 55	\$1,327,107	63.68%	140,083	91.76%	133	0.09%
<b>Total</b>	<b>\$2,083,867</b>	<b>100.00%</b>	<b>152,655</b>	<b>100.00%</b>	<b>199</b>	<b>0.13%</b>

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

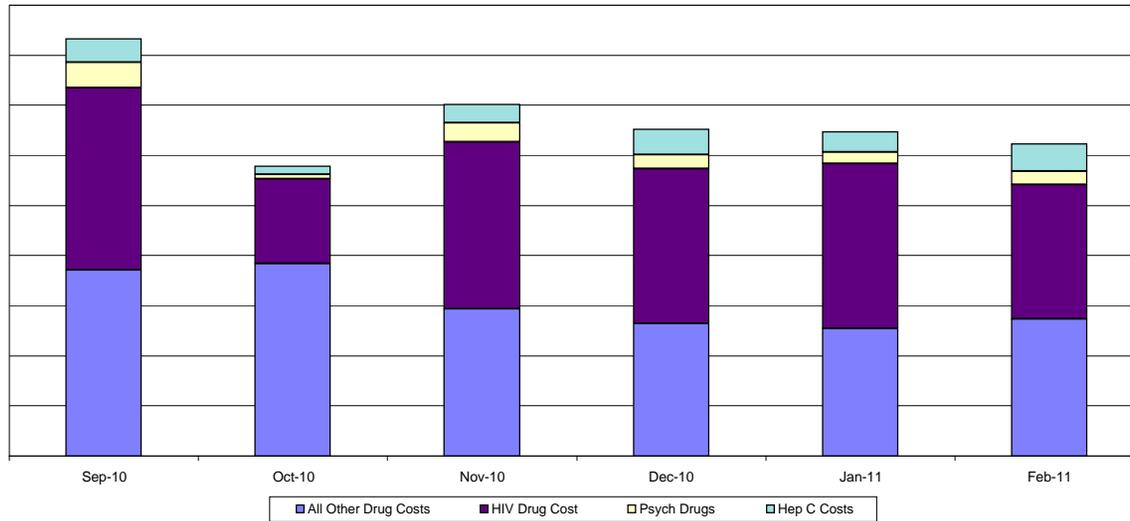
\$20,979



**Table 9  
Selected Drug Costs FY 2011**

<b>Category</b>	<b>Sep-10</b>	<b>Oct-10</b>	<b>Nov-10</b>	<b>Dec-10</b>	<b>Jan-11</b>	<b>Feb-11</b>	<b>Total Year-to-Date</b>
<b><i>Total Drug Costs</i></b>	\$4,165,682	\$2,888,852	\$3,507,800	\$3,257,628	\$3,233,074	\$3,112,128	\$20,165,164
<b><i>HIV Medications</i></b>							
HIV Drug Cost	\$1,817,559	\$846,407	\$1,666,960	\$1,544,738	\$1,643,841	\$1,339,523	\$8,859,028
HIV Percent of Cost	43.63%	29.30%	47.52%	47.42%	50.84%	43.04%	43.93%
<b><i>Psychiatric Medications</i></b>							
Psych Drug Cost	\$253,600	\$40,725	\$192,832	\$141,357	\$115,496	\$131,973	\$875,982
Psych Percent of Cost	6.09%	1.41%	5.50%	4.34%	3.57%	4.24%	4.34%
<b><i>Hepatitis C Medications</i></b>							
Hep C Drug Cost	\$236,702	\$81,764	\$181,523	\$251,498	\$199,406	\$273,614	\$1,224,508
Hep C Percent of Cost	5.68%	2.83%	5.17%	7.72%	6.17%	8.79%	6.07%
<b><i>All Other Drug Costs</i></b>	\$1,857,821	\$1,919,955	\$1,466,485	\$1,320,035	\$1,274,331	\$1,367,018	\$9,205,646

**Chart 18  
Drug Costs by Selected Categories**



**Table 10  
Ending Balances 2nd Qtr FY 2011**

	Beginning Balance September 1, 2010	Net Activity FY 2011	Ending Balance February 28, 2011
CMHCC Operating Funds	\$89,264.62	\$41,758.92	\$131,023.54
CMHCC Medical Services	\$9,855.40	\$21,753,048.68	\$21,762,904.08
CMHCC Mental Health	\$1,541.12	\$3,347,717.17	\$3,349,258.29
<b>Ending Balance All Funds</b>	<b>\$100,661.14</b>	<b>\$25,142,524.77</b>	<b>\$25,243,185.91</b>

**Net Effect of 3rd QTR Advance Payments:**

From TTUHSC - Medical	(\$21,761,496.76)
From TTUHSC - Mental Health	(\$3,349,037.70)
From TDCJ - CMHCC	(\$168,656.87)
<b>Total Unencumbered Fund Balance</b>	<b>(\$36,005.42)</b>

**SUPPORTING DETAIL**

<b>CMHCC Operating Account</b>	
Beginning Balance	\$89,264.62
<b>FY 2010 Funds Lapsed to State Treasury</b>	<b>(\$89,264.62)</b>
<b>Revenue Received</b>	
	\$166,823.71
1st Qtr Payment	\$164,990.53
2nd Qtr Payment	\$168,656.87
3rd Qtr Advance Payment	\$28.40
<b>Subtotal Revenue</b>	<b>\$500,499.51</b>
<b>Expenses</b>	
	(\$249,232.93)
Salary & Benefits	(\$120,243.04)
Operating Expenses	(\$369,475.97)
<b>Subtotal Expenses</b>	
<b>Net Activity thru this Qtr</b>	<b>\$41,758.92</b>
<b>Total Fund Balance CMHCC Operating</b>	<b>\$131,023.54</b>

**RECONCILIATION:**

Less: 3rd Qtr Advance Payment from TDCJ	(\$168,656.87)
<b>Total Unencumbered Fund Balance</b>	<b>(\$37,633.33)</b>

**SUPPORTING DETAIL**

<b>CMHCC Capitation Accounts</b>	<b>Medical Services</b>	<b>Mental Health</b>
Beginning Balance	\$9,855.40	\$1,541.12
<b>FY 2010 Funds Lapsed to State Treasury</b>	<b>(\$9,855.40)</b>	<b>(\$1,541.12)</b>
<b>Revenue Detail</b>		
1st Qtr Payment from TDCJ	\$105,066,069.70	\$10,314,542.59
2nd Qtr Payment from TDCJ	\$103,911,497.51	\$10,201,195.96
3rd Qtr Advance Payment from TDCJ	\$106,220,641.90	\$10,427,890.23
Interest Earned	\$1,407.97	\$220.51
<b>Revenue Received</b>	<b>\$315,199,617.08</b>	<b>\$30,943,849.29</b>

**Payments to UTMB**

	(\$83,541,111.00)	(\$7,001,907.00)
1st Qtr Payment to UTMB	(\$82,623,077.00)	(\$6,924,963.00)
2nd Qtr Payment to UTMB	(\$84,459,145.00)	(\$7,078,853.00)
3rd Qtr Payment to UTMB	(\$250,623,333.00)	(\$21,005,723.00)
<b>Subtotal UTMB Payments</b>		
<b>Payments to TTUHSC</b>		
	(\$21,524,959.00)	(\$3,312,635.00)
1st Qtr Payment to TTUHSC	(\$21,288,421.00)	(\$3,276,233.00)
2nd Qtr Payment to TTUHSC	\$0.00	\$0.00
3rd Qtr Payment to TTUHSC	(\$42,813,380.00)	(\$6,588,868.00)
<b>Subtotal TTUHSC Payments</b>		
<b>Total Payments Made thru this Qtr</b>	<b>(\$293,436,713.00)</b>	<b>(\$27,594,591.00)</b>

**Net Activity Through This Qtr** align="right">\$21,753,048.68 align="right">\$3,347,717.17

**Total Fund Balance** align="right">\$21,762,904.08 align="right">\$3,349,258.29

**RECONCILIATION:**

Less: 3rd Qtr Net Payment from TTUHSC	(\$21,761,496.76)	(\$3,349,037.70)
<b>Total Unencumbered Fund Balance</b>	<b>\$1,407.32</b>	<b>\$220.59</b>