



**CORRECTIONAL MANAGED HEALTH CARE
COMMITTEE
AGENDA**

October 20, 2011

9:00 a.m.

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

CORRECTIONAL MANAGED HEALTH CARE COMMITTEE

October 20, 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 **(Tab A)**
 1. Approval of Minutes, June 7, 2011 **(pgs 2–22)**
 2. TDCJ Health Services Monitoring Reports **(pgs 24-50)**
 - 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 **(pgs 52-56)**
 - Texas Tech University Health Sciences Center **(pgs 58-62)**
 4. Summary of CMHCC Joint Committee / Work Group Activities **(pgs 64-74)**
- V. Executive Director's Report **(Tab B / pg 75)**
- VI. Financial Reports **(Tab C)**
 1. FY 2011 Third Quarter Financial Report **(pgs 77-97)**
 2. Financial Monitoring Update
 3. FY 2011 Third/Fourth Quarter Performance and Financial Status Report **(pgs 99-117)**

EACH ITEM ABOVE INCLUDES DISCUSSION AND ACTION AS NECESSARY

- VIII. Medical Director's Updates
 - 1. Texas Department of Criminal Justice **(Tab D / pgs 119-128)**
 - Health Services Division FY2011 Third Quarter Report
 - 2. The University of Texas Medical Branch
 - 3. Texas Tech University Health Sciences Center
 - Funding Reduction
- IX. TDCJ Presentation
 - Update on the transition of TDCJ to CMHCC and the University Providers
- X. Public Comment
- XI. Adjourn

Consent Item 1

Approval of Minutes, June 7, 2011

MINUTES
CORRECTIONAL MANAGED HEALTH CARE COMMITTEE
June 7, 2011

Chairperson: James D. Griffin, M.D.

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

CMHCC Members Absent: None

Partner Agency Staff Present: Kelly Coates, Anthony Williams, Steve Smock, The University of Texas Medical Branch; Denise DeShields, M.D., Larry Elkins, Texas Tech University Health Sciences Center; Ron Steffa, Robert Williams, M.D., Kathryn Buskirk, M.B. Hirsch, George Crippen, RN MSN, Texas Department of Criminal Justice; Allen Hightower, David McNutt, Lynn Webb, Stephanie Harris, CMHCC Staff.

Others Present: Steve Timmons, MHM Services

Location: Frontiers of Flight Museum, 6911 Lemmon Ave., Conference Rm #1, Dallas, Texas

Agenda Topic / Presenter	Presentation	Discussion	Action
I. Call to Order - James D. Griffin, M.D.	Dr. Griffin called the CMHCC meeting to order at 9:00 a.m. then noted that a quorum was present and the meeting would be conducted in accordance with Chapter 551 of the Texas Government Code, the Open Meetings Act.		
II. Recognitions and Introductions - James D. Griffin, M.D.	Dr. Griffin thanked everyone for being in attendance and asked everyone to introduce themselves for the record.		
III. Approval of Excused Absence - James D. Griffin, M.D.	There were none.		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>V. Executive Director's Report (cont'd)</p> <ul style="list-style-type: none"> - Dr. Griffin - Allen Hightower 	<p>In sequence with the first manuscript and the appropriation bill with your interest in this arena we'll start on page V-23.</p> <p>Dr. Griffin noted that for the minutes Dr. de la Garza-Graham is here and present.</p> <p>Dr. de la Garza-Graham let me very quickly redraw my steps, we just got started. You have before you C.S.S.B. No.1, that has passed the senate and should be on the house calendar Thursday for house deliberation. This bill rewrites the Correctional Managed Health Care Committee authorization and restructure. The other one is a section out of the appropriation bill that is Article V where the Texas Department of Criminal Justice is held; that speaks to the Correctional Managed Health Care Committee. That bill has passed the house and the senate as you have it before you, it is to the Governor's office. I didn't put it together in all one manuscript. Until the Governor gets thru with his duties, it's not the law.</p> <p>The major changes in the bill itself is to restructure the committee. The committee stays as is within the bill except for contracting until November 30th. New contracts have to be signed with the universities. TDCJ must contract directly with the universities for health care services with the appropriation bill. I will leave some things out unless you would like to discuss.</p> <p>At the end of November 30th according to the bill, the committee has 5 voting members and 1 non-voting member as opposed to its nine voting members now. The Governor will appoint two public members, the universities and TDCJ will each have an appointed member. And the reason I mention the general law, is this bill and the appropriation bill go into the general law and make amendments to certain sections and chapters. And those that are not amended or deleted are still the law. So until most of the Appropriation bill and the Correctional Managed Health Care bill pass on their own and are integrated into the law that is still in existence and will stay still existence. There may be questions that you will have. Neither the appropriations bill nor this</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>V. Executive Director's Report (cont'd)</p>	<p>Article 40 Correctional Managed Health Care, the bill didn't change anything that was already in the government code, starting in section 501. In other words, with the new makeup of the committee, it does not say in the bill that the chairman of the committee has to be a physician. But it does say in the general law, and the bill did not amend the general law, so that statute would stay in effect. But it is not mentioned in the bill itself, so as soon as the legislation process is over and the governor has had time to execute his authority, we will put together a clean writing of where everything fits in a new manuscript as if you are reading from the new law book.</p> <p>There will be a lot of questions between now and then on the contracts. We normally would have already started, but that role will be taken over by TDCJ to negotiate with the universities and not the committee.</p> <p>There will be a great deal of time that this committee will spend with three partners and especially with TDCJ in regard to contracts. With the legislature winding down the way it wound down with all of the things that affected this committee were in the Senate bill that got shot down the last night. So to put everything into perspective we didn't know until it was broken out for the Special Session and passed the Senate and gone to the House for deliberation on Thursday. We really didn't know where we were or where we were not. There were a lot of changes in the writing of this particular bill along with the appropriation bill right up until the conference committee signed off on the reports.</p> <p>A lot of you and staff spent a lot of time in Austin and once the education bill was tacked on to Senate Bill 1811, which entailed what our committee does into what it did. And when the special session started, it's been difficult to keep tabs on everything that was happening because it changed every week. The new committee without changing names will take its authorization with the universities and TDCJ making their appointments and the Governor making his two appointments not later than November 30th. Another example that we meet quarterly is still in the general law and that section was not affected</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>V. Executive Director's Report (cont'd)</p>	<p>by this bill. At this time you may ask questions and I will try to answer them. But in essence the committee and staff will stay in place and the contractual arrangement will be made between TDCJ and the universities. Most of the things the staff does on a daily basis will be in conjunction with or in cooperation with the department. And in this bill the "department" means the Department of Criminal Justice. So, having said that Mr. Chairman I will be glad to answer questions.</p> <p>Dr, Griffin asked if there were any questions?</p>		
<p>VI. Performance and Financial Status Report</p> <p>- David McNutt</p>	<p>Hearing no further comments, Dr. Griffin thanked Mr. Hightower for the report then called on Mr. McNutt to provide the performance review update.</p> <p>Mr. McNutt noted that the Performance Dashboard is provided at Tab C page 78 thru 94 of the board agenda. He then reported that through the second quarter FY 2011, the service population 152,655 at the end of this quarter compared to 151,254 for the same time period a year ago which is an increase of 1,401 or 0.93% increase.</p> <p>The aging offenders as you can see over a two year period for the biennium it continues to grow and Mr. McNutt reported that the number of offenders 55+ at the end of second quarter FY2011 we had 12,573 as compared to second quarter FY2010 11,642 which is a increase of 931 or 8.0%.</p> <p>The psychiatric inpatient census remained consistent at the 1,946 for second quarter FY 2011 compared to 1,917 the same quarter of FY 2010. Through the second quarter of FY 2011, the average number of psychiatric outpatient visits was 19,796 representing 13.0% of the service population.</p> <p>Mr. McNutt again noted that the definition of the nine</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>VI. Performance and Financial Status Report (cont.)</p>	<p>access to care indicators are included on page 83 of the agenda packet for reference. He then reported that the medical access to care indicators remained within the 95% - 97% range; the mental health access to care stayed within the 97-100% range; and dental access to care remained consistently between 99% - 100% range.</p> <p>Mr. McNutt continued by stating that the UTMB sector physician vacancy rate for this quarter was 16.92%; mid-level practitioners at 11.38%; RN's at 1.59%; LVN's at 2.64%, dentists at 5.41% and psychiatrists at 11.11% which he noted looked a little better than what was reported for the previous quarter.</p> <p>TTUHSC sector physician vacancy rate for the same quarter averaged at 19.94%; mid-level practitioners at 17.21%; RN's at 17.93%; LVN's at 13.83%; dentists at 15.95%, and psychiatrists at 10.67%.</p> <p>The timeliness in the Medically Recommended Intensive Supervision Program (MRIS) medical summaries for Dec was 90%, TDCJ did not have a percentage for Jan & Feb for the second quarter FY 2011.</p> <p>Mr. McNutt next reported the statewide cumulative loss/gain for the month of September expenditures exceeded revenue of \$891,749 and by the end of February both universities together had exceeded expenditures of \$13,284,635. Now look at the statewide loss/gain by month, as you can see each month and in February was the biggest loss in a fiscal year to date with \$3,287,379. If you go to page 92 you can see revenues v. expenses and even you can see that expenses did exceed revenue. And on page 93 it's broken down by UTMB cumulative loss/gain by month and you can see by the end of February the loss in FY 2011 is \$11,571,276. And last on page 94 you can see TTUHSC cumulative loss/gain at the end of February FY2011 is \$1,595,791.</p> <p>Mr. Chairman that concludes my Performance and Financial Status Report. I also have a second report to give on Supplemental Funding Allocations.</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p data-bbox="86 256 380 318">VII. Funding Update and Approval</p> <p data-bbox="123 350 312 375">- David McNutt</p>	<p data-bbox="499 139 1119 196">Dr. Griffin asked if there were any questions to the first part of Mr. McNutt's report. Hearing none proceed.</p> <p data-bbox="499 228 1119 500">Mr. McNutt continued with the Supplemental Funding Allocations. The university providers experienced shortfalls in funding for FY 2010 & 2011. Based on the latest available expense data, combines losses of \$57M are projected for the biennium. To address this shortfall, supplemental appropriations were requested during the 82nd Legislative Session. House Bill 4 appropriates \$57,000,000 in supplemental funding for the correctional health care program.</p> <p data-bbox="499 532 1119 803">As you see further down on the handout UTMB's shortfall for FY 2010 is \$18,706,000, TTUHSC is \$2,882,605; FY 2011 UTMB's projected is \$32,411,395, TTUHSC is \$3,000,000 for a total for UTMB \$51,117,395, TTUHSC \$5,882,605 for a total of \$57,000,000. House Bill 4 does contain \$57 Million in supplemental appropriations for the two universities. That money will be available as soon as the governor signs the bill.</p> <p data-bbox="499 836 1119 1076">On the second page what we are requesting is a motion that will give the committee staff the authority to go ahead and start with amending the contract upon the bill being signed to work with TDCJ, and the Comptroller's Office to make that money available to the two university providers. Mr. Chairman I would be more than happy to explain it and I need a motion to be made exactly how it reads.</p> <p data-bbox="499 1109 989 1138">Dr. Griffin asked if there were any questions?</p>	<p data-bbox="1146 1141 1656 1198">Dr. de la Garza-Graham asked if we are expecting the legislature to...</p> <p data-bbox="1146 1203 1656 1471">Mr. McNutt answered that the legislature already has approved the money in HB 4 regular session. That was the bill that also took away money from several agencies and universities but it also appropriated money to in this case, for TTUHSC, UTMB and several other agencies also. It is a bill that in my opinion and I don't vote, but in my opinion the governor nearly has to sign the bill because he</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>VIII. Summary of Critical Personnel Vacancies &</p> <p>IX. Medical Director's Updates (cont'd)</p> <ul style="list-style-type: none"> <li data-bbox="86 380 394 435">- Denise DeShields, M.D. (TTUHSC) <li data-bbox="86 623 430 678">- Lanette Linthicum, M.D. (TDCJ) <li data-bbox="86 927 449 954">- Operational Review Audit <li data-bbox="86 1325 432 1352">- Capital Assets Monitoring 	<p>If you look at the numbers again we have a situation where we have low numbers, there only 11 FTE's that we have total for psychiatrists. And we have 9.5 filled. Also, there is a little bit of a forerunner for 3rd quarter, we have noted increased hiring over the last half of the second quarter. I have no additional information and this concludes my report.</p> <p>Dr. Griffin thanked Dr. DeShields for the updates then called on Dr. Linthicum to provide the TDCJ personnel vacancy updates and medical report.</p> <p>Dr. Linthicum began with the TDCJ critical vacancies at the bottom of page 95 the most critical which is Chief Public Health Officer this position provides statewide support for our infection control and infectious disease programs. Yesterday Dr. Williams went up to the Texas A & M School of Public Health to do whatever and they were very pleased about this position. I guess they have a pipeline of residents hopefully for this position and we have a grievance coordinator and a clerical.</p> <p>TDCJ Medical Director's Report starts on page 98 of the agenda packet. During the second quarter of FY 2011, Dr. Linthicum reported that seven operational review audits were conducted. The summary of the 10 items found below 80 percent compliance during those seven operational review audits and the corrective action to ensure future compliance are found on pages 98. and 99 of the agenda packet. We were having some problems with Hepatitis C management program and we have some work to do on that. We are working on individualized treatments plans. Another area needing work is for Syphilis.</p> <p>Dr. Linthicum further reported that the Fixed Assets Contract Monitoring officer audited the same seven units and that these audits are conducted to monitor compliance with the Health Services Policy and State</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>VIII. Summary of Critical Personnel Vacancies &</p> <p>IX. Medical Director's Updates (cont'd)</p> <p>- Chronic Disease Audit / Coronary Artery Disorders</p> <p>- Quality of Care Audit / Dental</p> <p>- Patient Liaison</p> <p>- Access to Care Audits</p> <p>- Office of Public Health</p>	<p>Property Accounting Policy. All seven units were within the required compliance range of 80% or greater.</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 coronary artery disease disorders in facilities contracted by the CMHCC. A total of 657 charts were audited (538 UTMB and 119 TTUHSC). A sample size required for each unit was maintained at a confidence level of 95 percent. 23 percent of the 2,640 offenders Coronary Artery Disease served by CMHC were included in the audit, with a confidence level of 99 percent. Dr. Linthicum noted that Dr. Buskirk will provide a presentation on the quality of care audit for coronary artery disease later on the agenda. As well as Dr. Hirsch will be making a presentation on Dental Quality.</p> <p>Dr. Linthicum then reported that 14 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 101 – 102 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 3,756 correspondences. Of the total number of correspondences received, 478 or 12.73% action requests were generated.</p> <p>The Patient Liaison Program nurses and investigators performed 37 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 35 facilities representing a total of 260 indicators being reviewed, 25 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 second quarter of FY 2011, there were</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p data-bbox="86 138 390 191">VIII. Summary of Critical Personnel Vacancies</p> <p data-bbox="86 199 107 224">&</p> <p data-bbox="86 256 470 310">IX. Medical Director's Updates (cont'd)</p> <p data-bbox="121 683 428 708">- Mortality and Morbidity</p> <p data-bbox="86 837 411 891">- Mental Health Services Monitoring and Liaison</p>	<p data-bbox="499 167 1121 496">155 cases of suspected syphilis compared to 164 in the same quarter of FY 2010; 287 Methicillin-Resistant Staphylococcus Aureus (MRSA) cases were reported in this quarter, compared to 336 during the same quarter of FY 2010. 190 Methicillin-Sensitive Staphylococcus Aureus (MSSA) were reported in the second quarter of FY 2011 compared to 132 reported for FY 2010. 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.</p> <p data-bbox="499 532 1121 678">During the second quarter FY 2011, 98 of the 112 facilities of the peer education programs were audited. There were 61 offenders trained to become peer educators and during the same quarter of FY 2010 there were 184 trained.</p> <p data-bbox="499 714 1121 833">The Mortality and Morbidity Committee reviewed 94 deaths. Of those 94, 13 were referred to peer review committees and 3 were referred to utilization review. You can see the chart on page 104.</p> <p data-bbox="499 868 1121 987">The Mental Health Services Monitoring and Liaison with County Jails identified the immediate mental health needs of 36 offenders approved for expedited admission to TDCJ due to psychiatric conditions.</p> <p data-bbox="499 1023 1121 1201">Dr. Linthicum added that the MHMR history was reviewed for 3,298 offenders brought into TDCJ-ID/SJID. She further noted that 728 offenders were identified as having a documented history of mental illness and this information was provided to the appropriate intake / receiving facilities.</p> <p data-bbox="499 1237 1121 1356">Further 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.</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>X. TDCJ Health Services Division, Dental Quality Audit Report (cont'd)</p>	<p>commendable. The part that worries me is we have approximately one third that is not compliant and this is what we need to work on.</p> <p>On the TTUHSC sector, they are similar. We have about 25% that are not getting the care but we also have good compliance 100% so this is working and we need a little more effort and education to take care of business.</p> <p>On page 112 & 113 is the longest wait and I would like to point out that the data used here is provided by the universities. And the charts show the longest wait for SCR Triage – worst performing unit by month. And UTMB’s longest wait it’s all over the board, but what we want to look at is the line at the bottom. Is the red line that reads 180 days, I’m sorry 72 hours. Which is the weekend and that is 48 to 72 hours, which is the weekend break. The two years there’s not a month that we don’t have a unit that is out of compliance. So we need a considerable amount of work on this. TTUHSC has the same line across the bottom. The same 72 hours and you can see a considerable difference here they are staying basically within the policy compliance.</p> <p>Dr. Hirsch continues with offenders with the longest wait for Routine Dental Appointments. Routine being the key here we want to see things that need to be done, being done. We had at one time this was 32 days, at the present time by policy it’s 180 days that’s where your line is across 180 days which is 6 months. We see every month in the two year period there units that go over their 180 days with their routine care. You also see an increase that they are actually getting longer and that is not good. On page 115 you also see in TTUHSC the same 180 day line. You see one peak there and there is an explanation for that. But basically they are remaining under the 180 day line.</p> <p>Next UTMB has offenders waiting for Routine Dental Appointment more than 180 days per month. On the left is the number of offenders and across the bottom is the same figure scale. We see that we started out about 500 as a range and now we are somewhere in the 3,000 range</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>X. TDCJ Health Services Division, Dental Quality Audit Report (cont'd)</p>	<p>and that is not good. We go to TTUHSC and if you look closely there are some lines on the bottom and they are really insignificant and they are staying within compliance.</p> <p>Then UTMB has the longest wait for Dental Hygienist Appointment, we see the same information dealing with the worst months and once again theirs is the same as the dentist, 180 days at the line. You will see the dental hygienist appointments for the past 2 yrs and they are consistently over the 180 days as by contract. We go to TTUHSC the same line 180 days you will see that they are within the contract.</p> <p>Next we have UTMB offenders waiting for Routine Hygienist Appointment for more than 180 days. To the left you see the number of offenders and the bottom is the same 2 yrs. We see that there is a definite increase actually beginning this year where we see a tremendous difference in the number of offenders waiting for hygienist appoints. We compare this with TTUHSC and you will that they are within the contract.</p> <p>Now we have UTMB total restorations per month. These are fillings and restoring of teeth. You see that there is a decrease in the amount of teeth being filled to a significant trend. At TTUHSC you see a standard across the board, not a lot deviation there. You would think that there a lot of less fillings that you will see a lot of teeth taking out. With the implementation of the urgent care we would expect to see more teeth removed. We are sort of looking at that more. But what we are seeing is a decrease in the number of fillings and teeth being extracted.</p> <p>UTMB provides me information about extractions but to make a comparison between the two universities I want the total surgeries. And surgeries include extractions but it also includes other dental surgeries. So here you see a decrease which can be compared to TTUHSC on the next page which is pretty much straight across the board.</p> <p>That's the sad story and if anyone has questions?</p>	<p>Dr. de la Garza-Grahm asked who determines</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>X. TDCJ Health Services Division, Dental Quality Audit Report (cont'd)</p> <p>XI. TDCJ Health Services Division, Coronary Artery Disease Quality Audit Report</p> <p>- Kathryn Buskirk, M.D.</p>	<p>Dr. Griffin next called on Dr. Buskirk to provide the Coronary Artery Disease Quality Audit Report.</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>She then reported that TDCJ Health Services had 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 and 7. Hyperlipidema.</p> <p>Dr. Buskirk further reported that 110 TDCJ facilities were audited using the Coronary Artery Disease Audit tool during the second quarter of FY2011. A total of 657 charts were audited (538 UTMB and 119 TTUHSC charts). This represents 23% of the 2,640 offenders diagnosed with the disease in the TDCJ system.</p> <p>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.</p> <p>She also reported that these 657 charts were randomly selected from the Coronary Artery Disease Chronic Care Clinic (CCC) list. A minimum sample size required for a</p>	<p>if an inmate needs dental hygiene.</p> <p>Dr. Hirsch responded that the facility dentist looks and determines if the inmate needs a cleaning or not. It's not automatically done, every six months or once a year. They just look and the determination is made.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>XII. Financial Reports (cont'd)</p>	<p>The overall HIV+ population has remained relatively stable throughout the last two years at 2,393 through 2nd Quarter FY 2011 (or about 1.57% of the population served).</p> <p>The two mental health caseload measures have remained relatively stable:</p> <ol style="list-style-type: none"> 1). The average number of psychiatric inpatients within the system was 1,946 through the Second Quarter of FY 2011. This inpatient caseload is limited by the number of available inpatient beds in the system. 2). Through the Second Quarter of FY 2011, the average number of mental health outpatient visits was 19,796 representing 13.0% of the service population. <p>Mr. Webb further reported the overall health costs through the Second Quarter of FY 2011 totaled \$268.1M. On a combined basis, this amount is above overall revenues earned by the university providers by approximately \$13.28M or 5.21%.</p> <p>UTMB's total revenue through the second quarter was \$201.6M; expenditures totaled \$213.2M, resulting in a net shortfall of \$11.6M.</p> <p>Texas Tech's total revenue through the second quarter was \$53.2M; expenditures totaled \$54.9M, resulting in a net shortfall of \$1.7M.</p> <p>Examining the healthcare costs in further detail on (Table 4 of page 153) indicates that of the \$268.1M in expenses reported through the Second Quarter of FY 2011:</p> <p>Onsite services comprised \$116.0M, or about 43.3% of expenses:</p> <p>Pharmacy services totaled \$26.6M, about 9.9% of total expenses:</p> <p>Offsite services accounted for \$94.5M or 35.2% of total expenses:</p> <p>Mental health services totaled \$23.3M or 8.7% of the total costs: and</p> <p>Indirect support expenses accounted for \$7.7M, about 2.9% of the total costs.</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>XII. Financial Reports (cont'd)</p>	<p>Table 5 and page 154 shows that the total cost per offender per day for all health care services statewide through the Second Quarter FY 2011, was \$9.65, compared to \$9.96 through the Second Quarter of the FY 2010. The average cost per offender per day for the last four fiscal years was \$8.94. As a point of reference healthcare costs was \$7.64 per day in FY03. This would equate to a 26.3% increase since FY03 or approximately 3.5% increase per year average, well below the national average.</p> <p>Older offenders access the health care delivery system at a much higher acuity and frequency than younger offenders: Table 6 and page 155 shows that encounter data through the 2nd Quarter indicates that older offenders had a documented encounter with medical staff 2.8 times as often as younger offenders. Table 7 and page 156 indicates that hospital and specialty clinic costs received to date this Fiscal Year for older offenders averaged approximately \$2,126 per offender vs. \$352 for younger offenders.</p> <p>Mr. Webb next reported that regarding hospitalization and specialty clinic costs shown in Chart 15, the older offenders were utilizing health care resources at a rate of 6.1 times higher than the younger offenders. While comprising only about 8.2% of the overall service population, older offenders account for 35.1% of the hospitalization and specialty clinic costs received to date. Also, per Table 8 and page 157, older offenders are represented 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 dialysis treatment for an average of 199 patients through the Second Quarter of FY 2011 cost \$2,083,867.</p> <p>Please note that Table 9 and page158 shows that total drug costs through the 2nd Quarter FY 2011 totaled \$20.2M. Of this, \$8.9M (or under \$1.5M per month) was for HIV medication costs, which was about 43.9% of the total drug cost. Psychiatric drugs costs were approximately \$0.9M, about 4.3% of overall drug costs.</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>XII. Financial Reports (cont'd)</p>	<p>Hepatitis C drug costs were \$1.2M and represented about 6.1% of the total drug cost.</p> <p>Mr. Webb added it is a legislative requirement that both UTMB and Texas Tech are required to report if they hold any monies in reserve for correctional managed health care.</p> <p>UTMB reports that they hold no such reserves and report a total operating shortfall of \$11.6M through the end of the 2nd Quarter of Fiscal Year 2011.</p> <p>Texas Tech reports that they hold no such reserves and report a total operating shortfall of \$1.7M through the 2nd Quarter FY 2011.</p> <p>A summary analysis of the ending balances revenue and payments through February 28th FY 2011, on (Table 10 and page159) for all CMHCC accounts are included in this report. The summary indicates that the net unencumbered balance on all CMHCC accounts on November 30, 2011 is 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.</p> <p>Detailed transaction level data from both providers is being tested on a monthly basis to verify reasonableness, accuracy, and compliance with policies and procedures.</p> <p>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.</p> <p>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.</p> <p>Mr. Webb noted that concluded his report. Dr. Griffin asked if there were any questions?</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>XIV. Public Comments</p> <p>- James Griffin, M.D.</p> <p>XV. Date / Location of Next Meeting</p> <p>- James Griffin, M.D.</p> <p>XVI. Adjourn</p>	<p>Hearing none, thanked Mr. Webb for the update.</p> <p>Dr. Griffin then stated that the next agenda item is where the Committee at each regular meeting provides an opportunity to receive public comments. Dr. Griffin noted that there was no such request at this time.</p> <p>Dr. Griffin next noted that the next CMHC meeting is scheduled for 9:00 a.m. on September 6, 2011, to be held at the Frontiers of Flight Museum Conference Room #1, 6911 Lemmon Avenue in Dallas.</p> <p>Dr. Griffin asked if there were any other questions. Hearing none adjourned the meeting.</p>		

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

Date:

Consent Item 2

TDCJ Health Services
Monitoring Reports

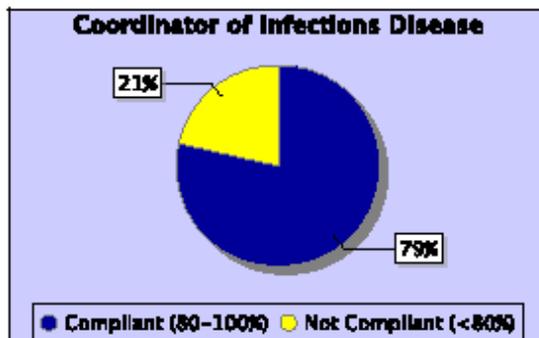
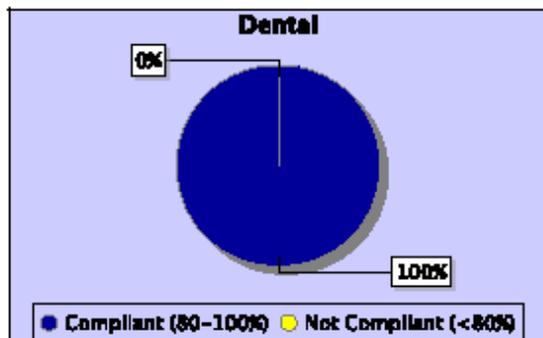
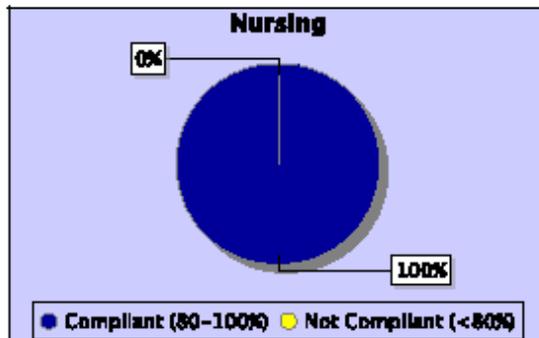
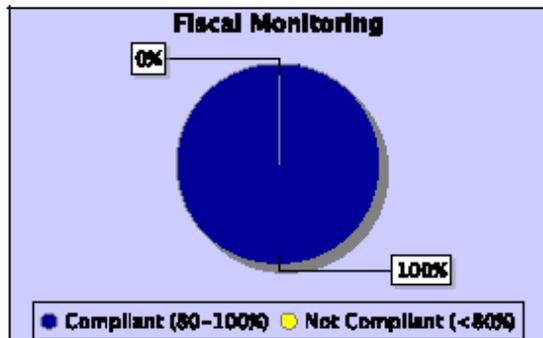
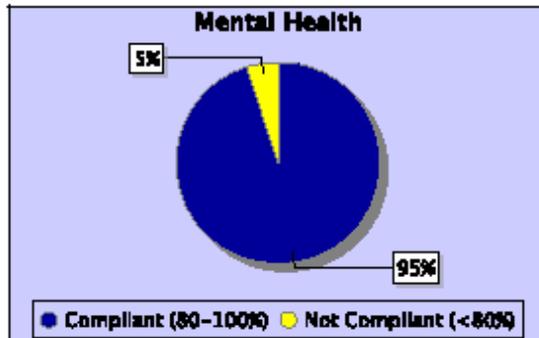
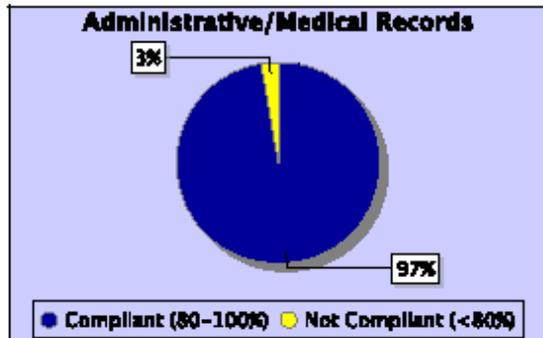
ATTACHMENT 1

Rate of Compliance with Standards by Operational Categories
 Third Quarter, Fiscal Year 2011
 March 2011 - May 2011

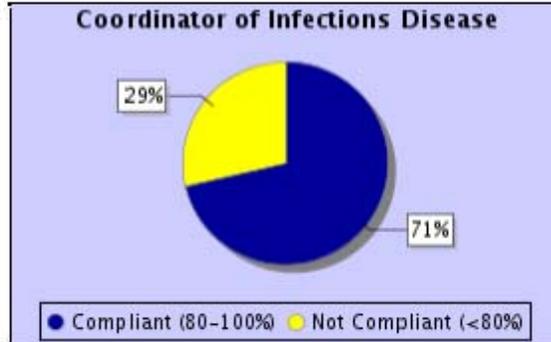
Unit	Operations/ Administration			General Medical/Nursing			Coordinator of Infectious Disease			Dental			Mental Health			Fiscal		
	<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance	
Clemens	77	72	97%	33	33	100%	28	22	79%	21	21	100%	20	19	95%	11	11	100%
Clements	NA	NA	NA	18	15	83%	28	20	71%	NA	NA	NA	NA	NA	NA	NA	NA	NA
Garza East	33	30	91%	21	15	71%	35	25	71%	NA	NA	NA	9	7	78%	7	7	100%
Garza West	72	65	90%	30	19	63%	35	25	71%	22	19	86%	20	16	80%	9	8	89%
McConnell	72	66	92%	43	36	84%	33	8	24%	21	18	86%	26	22	85%	12	12	100%
Pack	77	72	94%	39	34	87%	26	11	42%	21	18	86%	17	15	88%	7	7	100%
Powledge	76	72	95%	40	32	80%	28	23	82%	21	20	95%	18	16	89%	12	12	100%
Telford	78	74	95%	43	40	93%	35	25	71%	21	20	95%	26	25	96%	9	8	89%

n = number of applicable items audited.

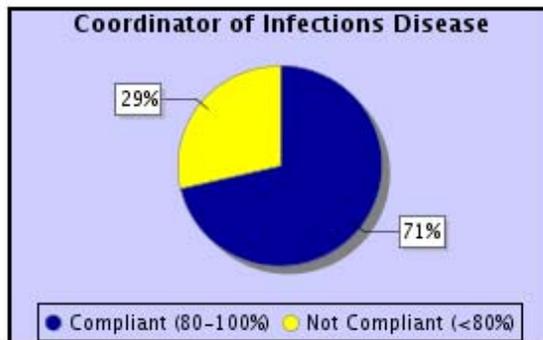
Compliance Rate By Operational Categories for
CLEMENS FACILITY
April 05, 2011



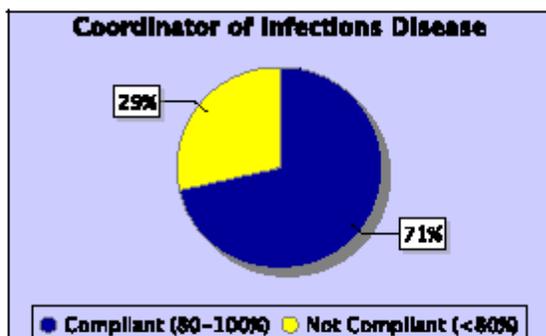
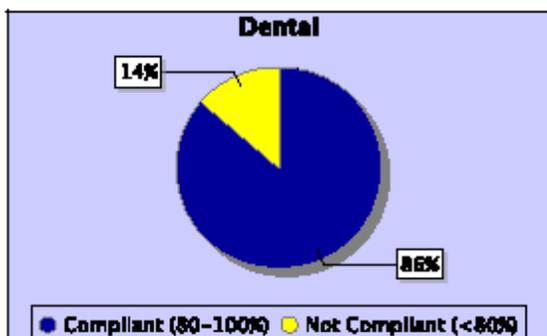
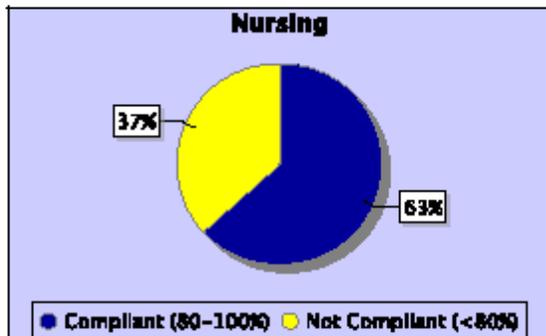
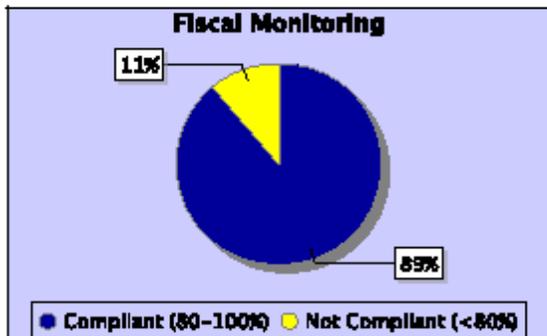
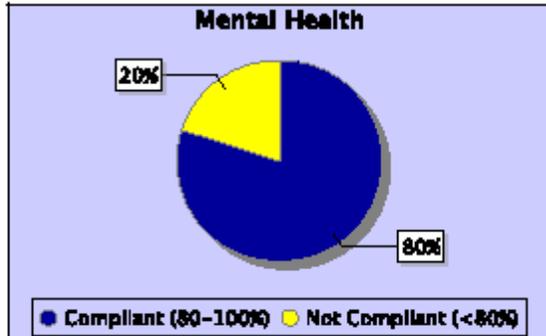
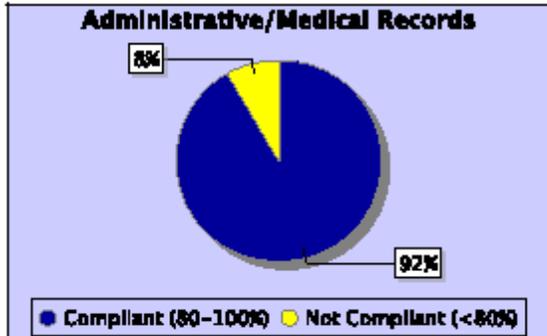
Compliance Rate By Operational Categories for
CLEMENTS FACILITY
March 15, 2011



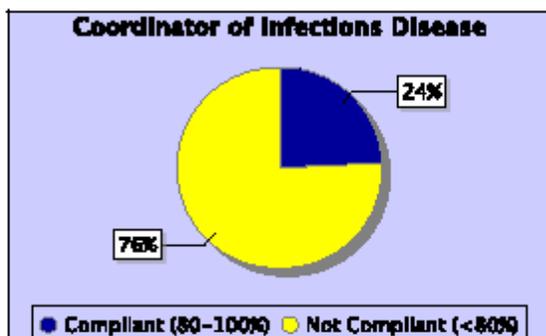
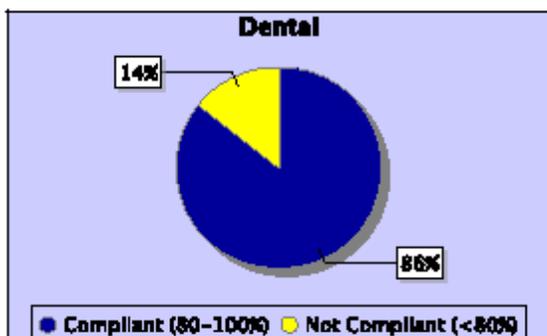
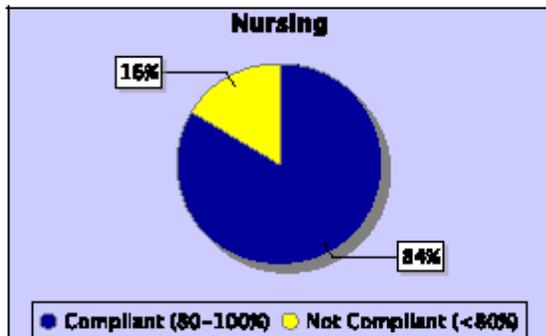
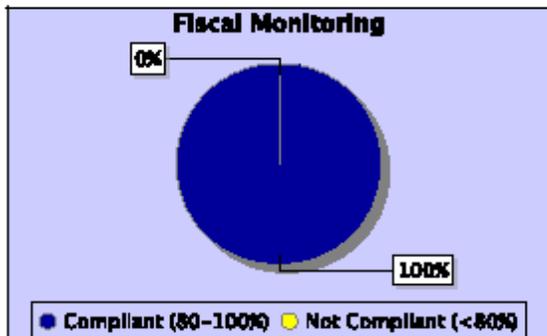
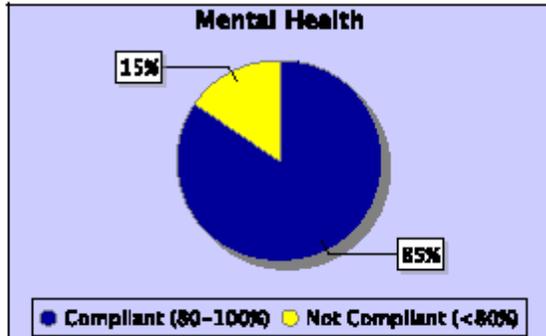
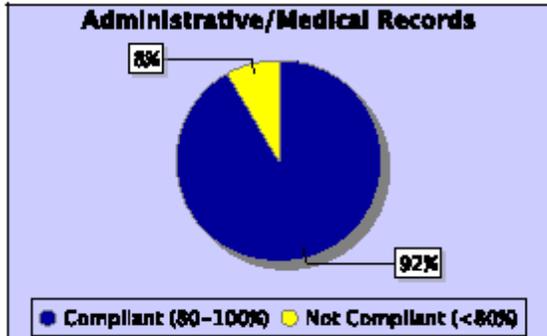
Compliance Rate By Operational Categories for
GARZA EAST FACILITY
May 02, 2011



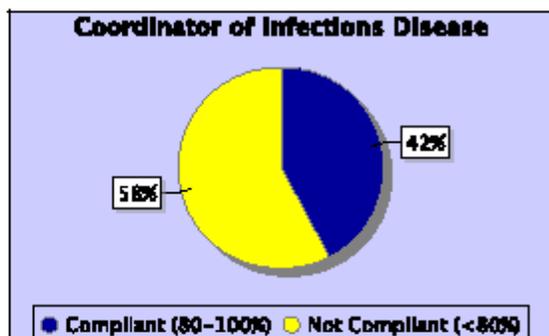
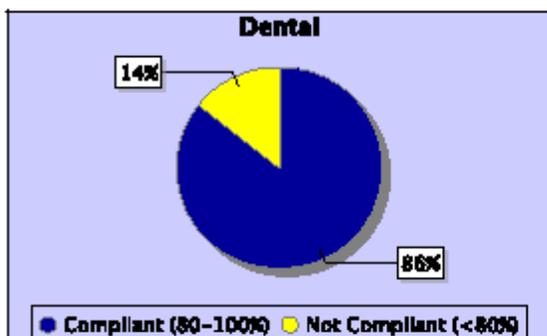
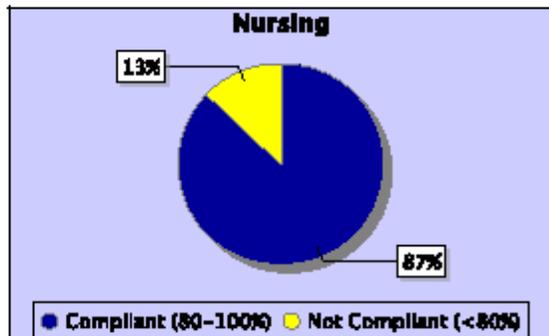
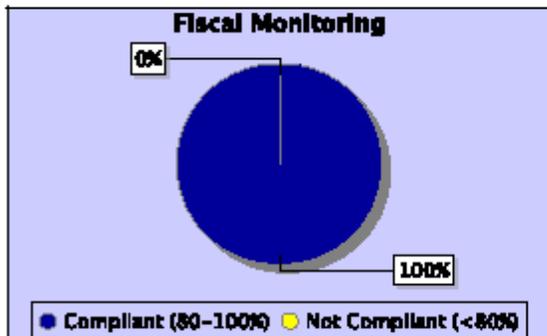
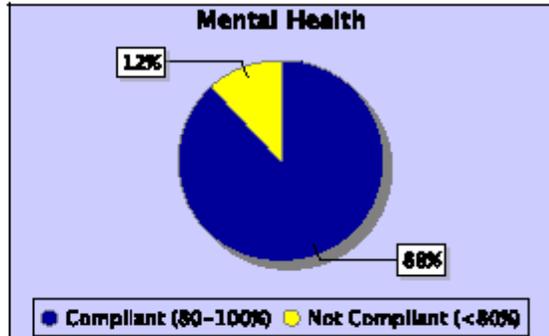
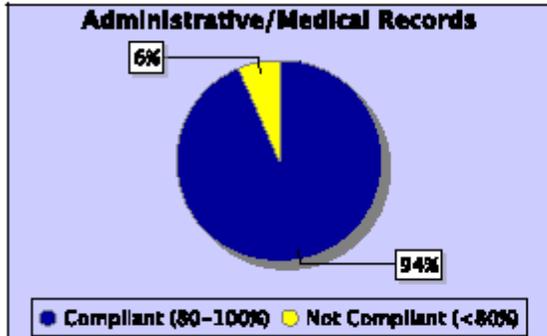
Compliance Rate By Operational Categories for
GARZA WEST FACILITY
May 03, 2011



Compliance Rate By Operational Categories for
MCCONNELL FACILITY
May 04, 2011

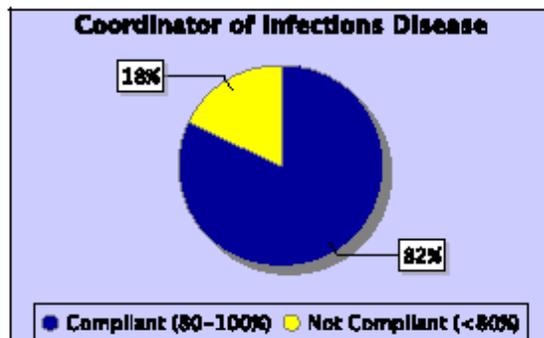
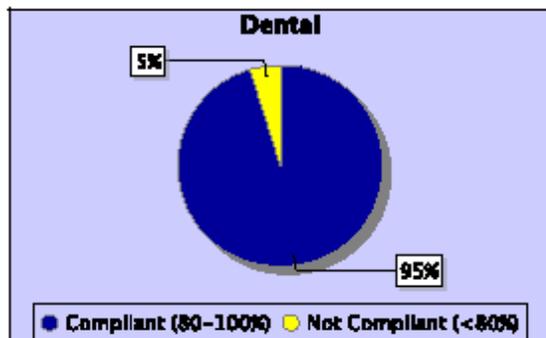
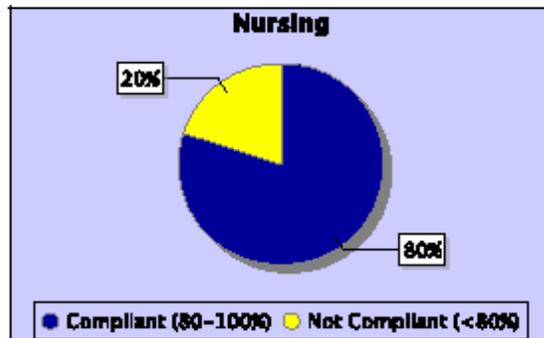
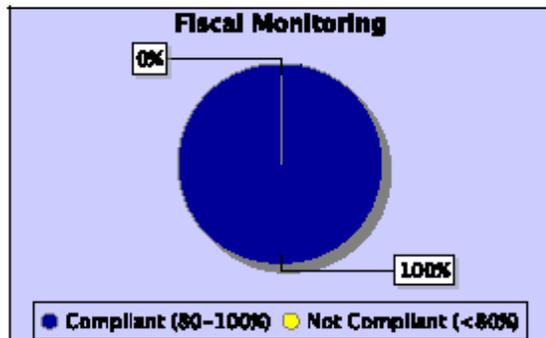
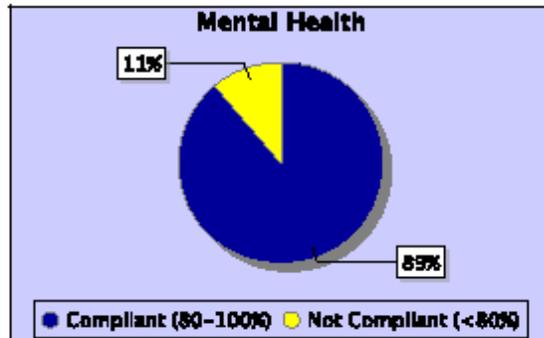
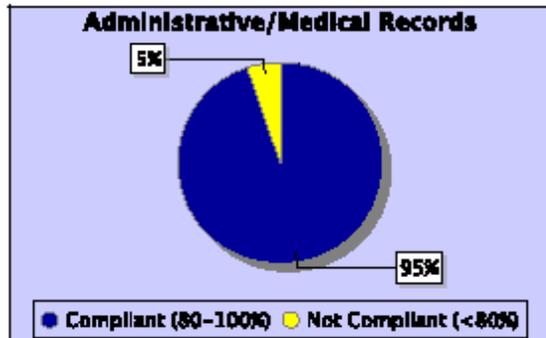


Compliance Rate By Operational Categories for
PACK FACILITY
March 01, 2011

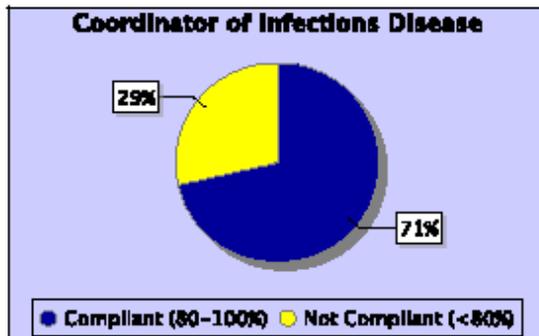
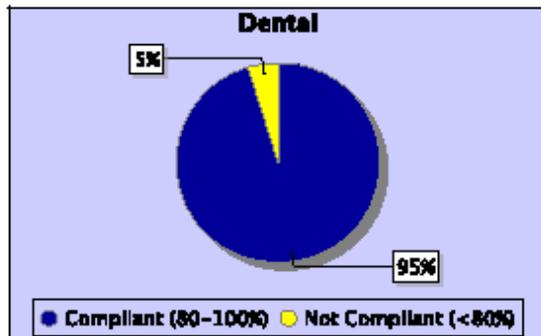
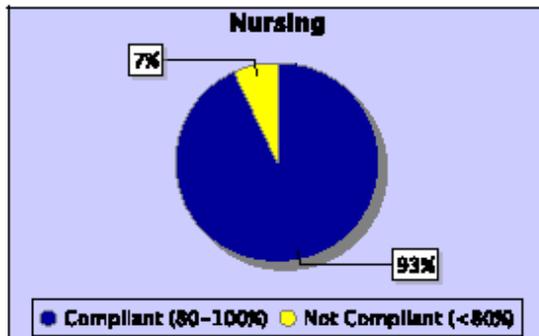
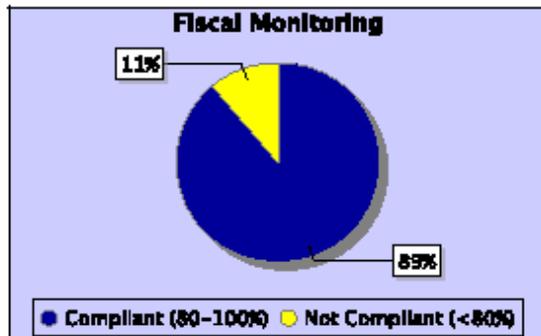
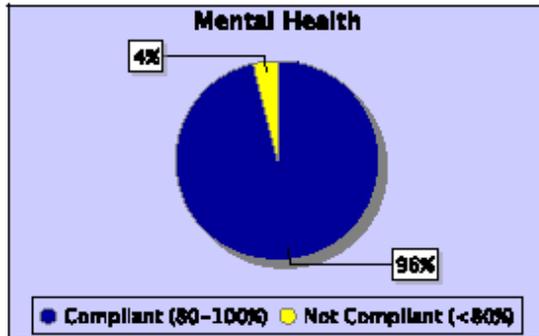
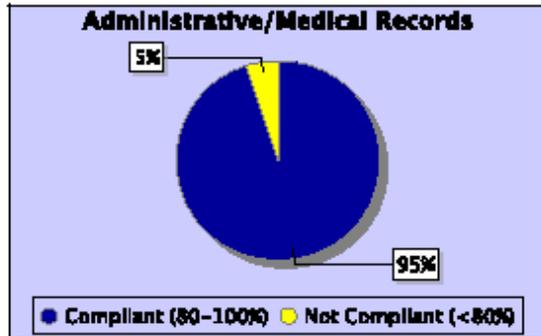


Compliance Rate By Operational Categories for
POWLEDGE FACILITY

April 05, 2011



Compliance Rate By Operational Categories for
TELFORD FACILITY
March 01, 2011

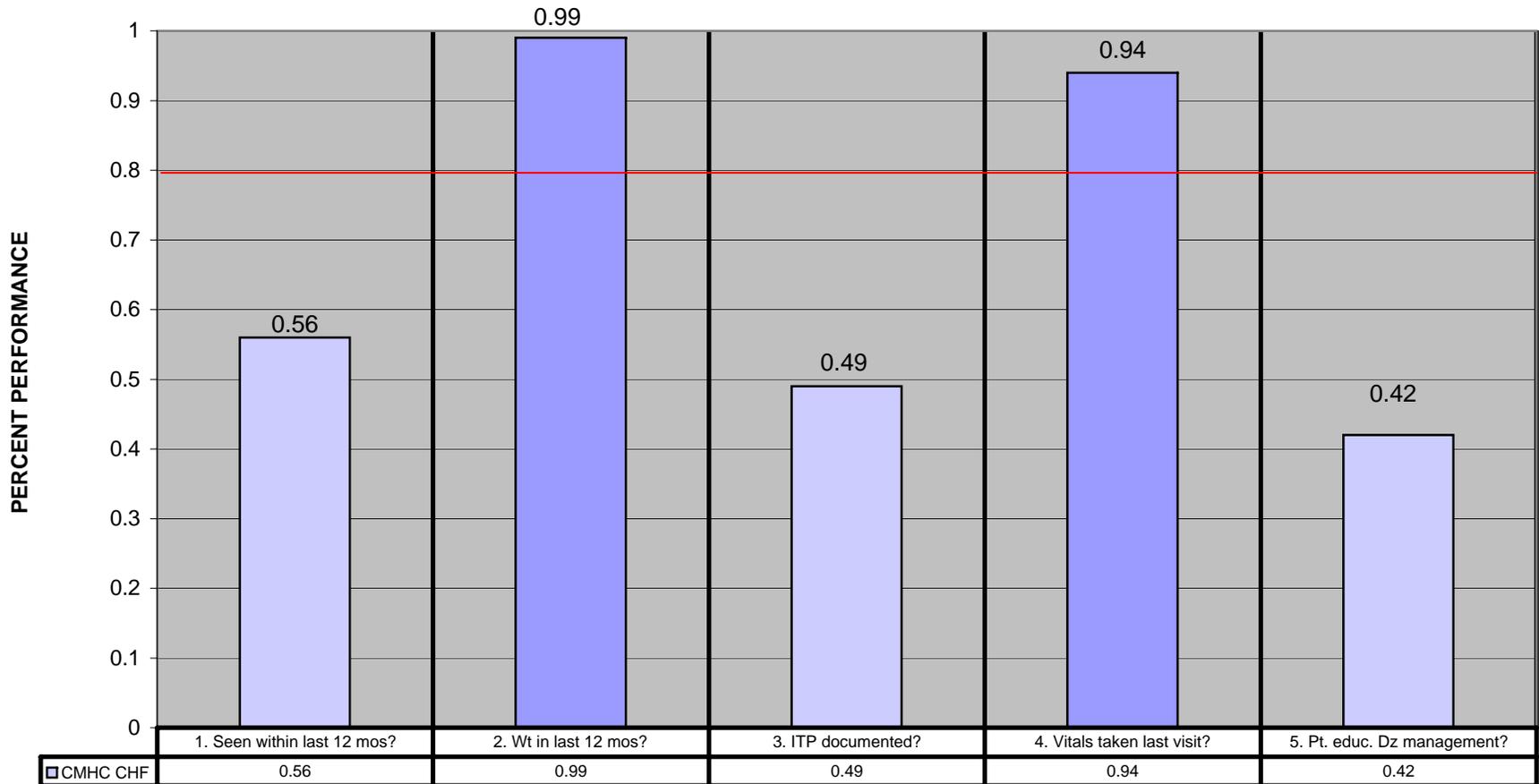


CMHC CONGESTIVE HEART FAILURE (CHF) SUMMARY REPORT

Congestive Heart Failure Common Questions

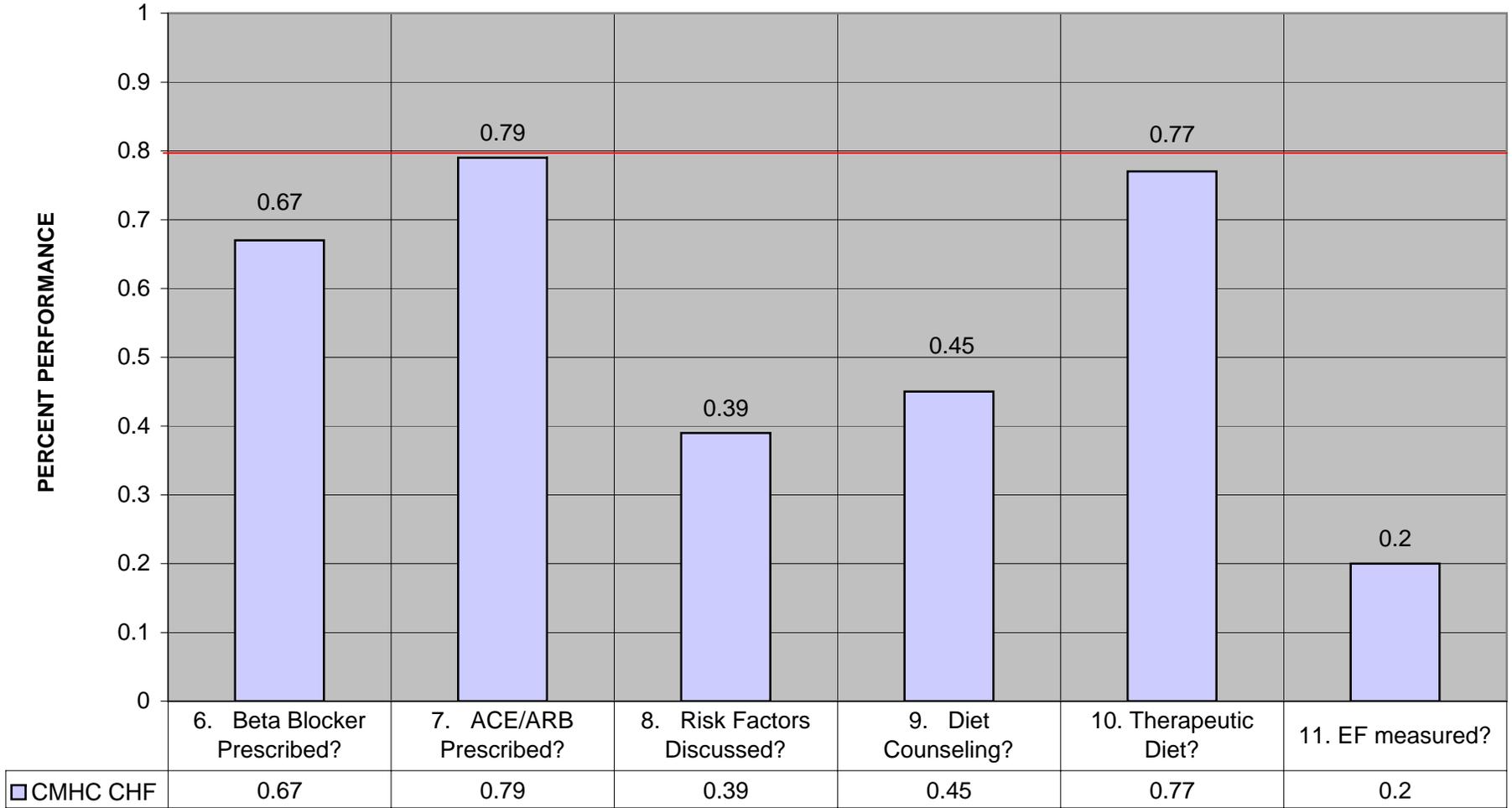
ALL FACILITIES AUDITED 3/01/2010 THROUGH 5/12/2011

(Total Sample Size: 279 charts)



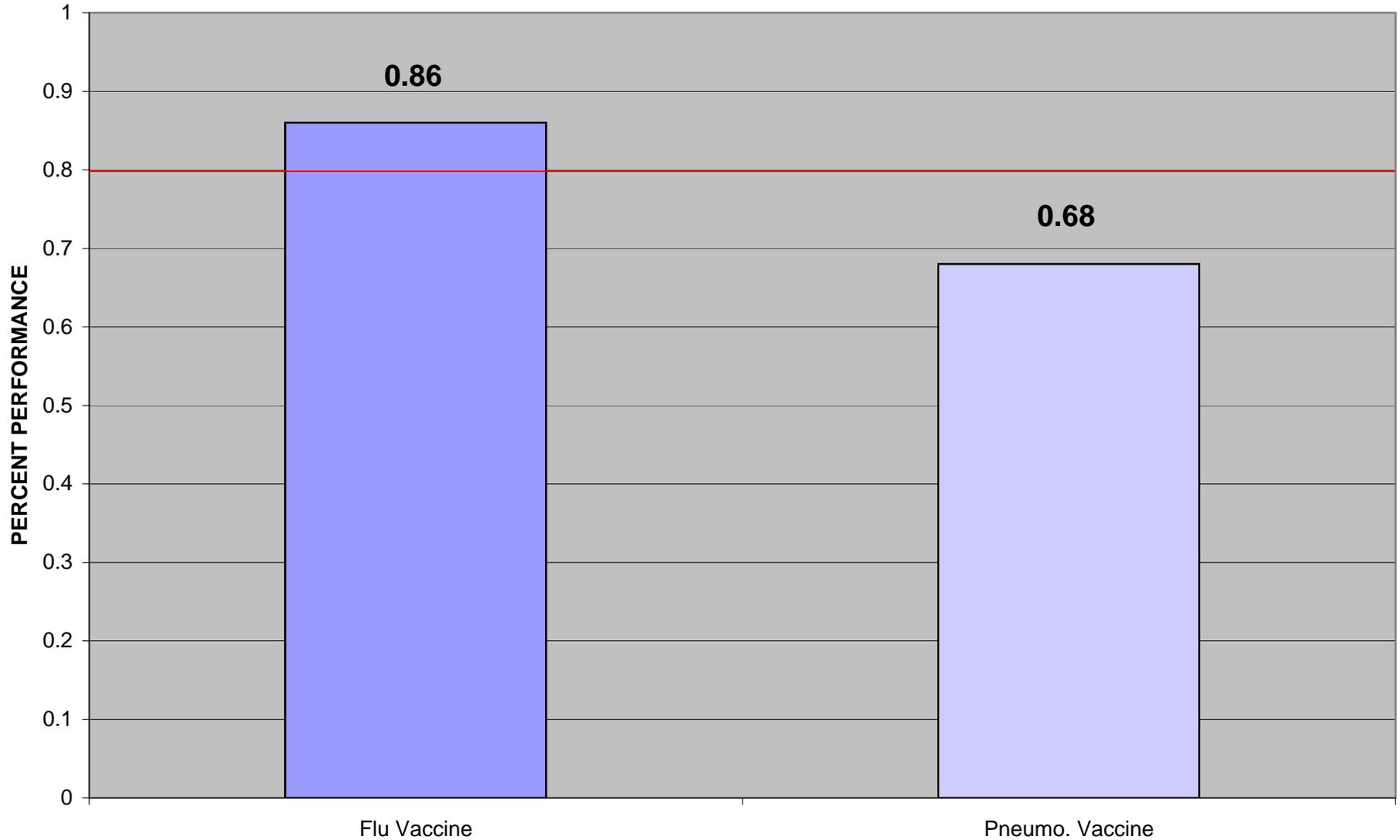
CMHC CONGESTIVE HEART FAILURE COMMON QUESTIONS

CMHC CONGESTIVE HEART FAILURE SUMMARY REPORT
 Congestive Heart Failure Specific Questions
 All Facilities audited 3/01/2010 through 5/12/2011
 (Total Sample Size: 279 charts)



CMHC CONGESTIVE HEART FAILURE SPECIFIC QUESTIONS

CMHC CONGESTIVE HEART FAILURE SUMMARY REPORT
Congestive Heart Failure Vaccine Questions
All Facilities audited 3/01/2010 through 5/12/2011
(Total Sample Size: 279 charts)



CMHC CONGESTIVE HEART FAILURE VACCINE QUESTIONS

**Texas Department of Criminal Justice
Health Services Division
Dental Quality of Care Audit: Urgent Care Report
Third Quarter FY-2011 (March, April, and May)**

Urgent Care Definition: Individuals, who in the dentist’s professional judgment, require treatment for an acute oral or maxillofacial condition which may be accompanied by pain, infection, trauma, swelling or bleeding and is likely to worsen without immediate intervention. Individuals with this designation will receive definitive treatment within 14 days after a diagnosis is established by a dentist. Policy CMHC E 36.1

Facility	Charts Assessed by TDCJ as Urgent	Urgent Care Score *	Offenders receiving treatment but not within timeframe **	Offenders identified as needing definitive care***
Briscoe	10	100%	0	0
Central	10	80%	2	0
Clemens	10	90%	1	0
Cotulla	10	100%	10	10
Kegans	10	50%	4	1
Kyle	10	100%	0	0
Lychner	10	40%	2	4
Ney	10	40%	2	4
Scott	10	90%	1	0
South Texas ISF	10	100%	0	0
Torres	10	80%	1	1
Young	10	100%	10	10
<p>* Urgent Care score is determined: $\frac{\text{\# of offenders that had symptoms and received definitive treatment with 14 days}}{\text{Total \# of offenders in audit}} = 100\%$</p> <p>** A Corrective Action is required by TDCJ Health Services if the Urgent Care score is below 80 percent.</p> <p>*** A Corrective Action is required by TDCJ Health Services giving the date and description of definitive care.</p>				

PATIENT LIAISON AND STEP II GRIEVANCE STATISTICS
QUALITY OF CARE/PERSONNEL REFERRALS AND ACTION REQUESTS
Third Quarter FY-2011 (March, April, and May)

STEP II GRIEVANCE PROGRAM (GRV)												
Fiscal Year 2011	Total number of GRIEVANCE Correspondence Received Each Month	Total number of Action Requests (Quality of Care, Personnel, and Process Issues)	Percent of Action Requests from Total # of GRIEVANCE Correspondence	Total number of Action Requests Referred to University of Texas Medical Branch-Correctional Managed Health Care			Total number of Action Requests Referred to Texas Tech University Health Sciences Center-Correctional Managed Health Care			Total number of Action Requests Referred to PRIVATE FACILITIES		
					Percent of Total Action Requests Referred	QOC*		Percent of Total Action Requests Referred	QOC*		Percent of Total Action Requests Referred	QOC*
March	650	144	22.15%	57	19.08%	67	10	3.08%	10	0	0.00%	0
April	533	78	14.63%	26	11.63%	36	9	3.00%	7	0	0.00%	0
May	613	106	17.29%	43	15.66%	53	7	1.63%	3	0	0.00%	0
Totals:	1,796	328	18.26%	126	15.70%	156	26	2.56%	20	0	0.00%	0

PATIENT LIAISON PROGRAM (PLP)												
Fiscal Year 2011	Total number of Patient Liaison Program Correspondence Received Each Month	Total number of Action Requests (Quality of Care, Personnel, and Process Issues)	Percent of Action Requests from Total number of Patient Liaison Program Correspondence	Total number of Action Requests Referred to University of Texas Medical Branch-Correctional Managed Health Care			Total number of Action Requests Referred to Texas Tech University Health Sciences Center-Correctional Managed Health Care			Total number of Action Requests Referred to PRIVATE FACILITIES		
					Percent of Total Action Requests Referred	QOC*		Percent of Total Action Requests Referred	QOC*		Percent of Total Action Requests Referred	QOC*
March	790	139	17.59%	69	10.76%	16	35	5.19%	6	0	0.00%	0
April	767	97	12.65%	63	10.30%	16	12	2.35%	6	0	0.00%	0
May	753	102	13.55%	52	9.30%	18	31	4.25%	1	0	0.00%	0
Totals:	2,310	338	14.63%	184	10.13%	50	78	3.94%	13	0	0.00%	0

GRAND TOTAL=	4,106	666	16.22%									
---------------------	--------------	------------	---------------	--	--	--	--	--	--	--	--	--

*QOC= Quality of Care

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

Month: **March 2011**

Reportable Condition	Reports			
	2011 This Month	2010 Same Month	2011 Year to Date*	2010 Year to Date*
Chlamydia	8	1	16	9
Gonorrhea	0	0	0	1
Syphilis	87	85	205	206
Hepatitis A	0	0	0	0
Hepatitis B, acute	1	0	1	2
Hepatitis C, total and (acute) [£]	319	201	748 (0)	750 (0)
Human immunodeficiency virus (HIV) +, known at intake	132	78	335	78
HIV screens, intake	6,825	5,428	17,825	15,348
HIV +, intake	45	59	142	158
HIV screens, offender- and provider-requested	1,278	1,020	3,125	2,733
HIV +, offender- and provider-requested	1	1	3	6
HIV screens, pre-release	4,338	3,382	11,707	10,007
HIV +, pre-release	1	3	5	10
Acquired immune deficiency syndrome (AIDS)	6	10	18	27
Methicillin-resistant <i>Staph Aureus</i> (MRSA)	104	76	296	264
Methicillin-sensitive <i>Staph Aureus</i> (MSSA)	67	45	176	128
Occupational exposures of TDCJ staff	24	12	35	46
Occupational exposures of medical staff	3	7	7	12
HIV chemoprophylaxis initiation	2	5	6	13
Tuberculosis skin test (ie, PPD) +, intake	176	114	631	726
Tuberculosis skin test +, annual	37	37	103	112
Tuberculosis, known (ie, on tuberculosis medications) at intake	2	2	4	9
Tuberculosis, diagnosed at intake and attributed to county of origin	0	0	0	0
Tuberculosis, diagnosed during incarceration	0	2	4	4
Tuberculosis cases under management	14	20		
Peer education programs [¶]	0	0	98	108
Peer education educators [∞]	59	38	2,581	2,068
Peer education participants	6,663	4,943	19,330	14,904
Sexual assault in-service (sessions/units)	4/2	4/4	15/20	9/11
Sexual assault in-service participants	19	23	159	111
Alleged assaults and chart reviews	72	48	183	146
Bloodborne exposure labs drawn on offenders	16	4	43	10

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

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

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

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

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

Month: **April 2011**

Reportable Condition	Reports			
	2011 This Month	2010 Same Month	2011 Year to Date*	2010 Year to Date*
Chlamydia	3	2	19	11
Gonorrhea	0	1	0	2
Syphilis	57	62	262	272
Hepatitis A	0	0	0	0
Hepatitis B, acute	0	1	1	3
Hepatitis C, total and (acute [‡])	306	257	1,053 (0)	1,007 (0)
Human immunodeficiency virus (HIV) +, known at intake	116	88	451	248
HIV screens, intake	6,819	5,812	24,644	28,540
HIV +, intake	39	50	181	208
HIV screens, offender- and provider-requested	956	1,132	4,081	3,865
HIV +, offender- and provider-requested	0	1	3	7
HIV screens, pre-release	7,821	3512	19,528	13,519
HIV +, pre-release	0	3	5	13
Acquired immune deficiency syndrome (AIDS)	1	5	25	32
Methicillin-resistant <i>Staph Aureus</i> (MRSA)	108	143	404	407
Methicillin-sensitive <i>Staph Aureus</i> (MSSA)	72	92	248	220
Occupational exposures of TDCJ staff	7	5	42	51
Occupational exposures of medical staff	3	4	10	16
HIV chemoprophylaxis initiation	2	5	8	9
Tuberculosis skin test (ie, PPD) +, intake	253	217	915	1,078
Tuberculosis skin test +, annual	51	43	158	171
Tuberculosis, known (ie, on tuberculosis medications) at intake	0	1	4	10
Tuberculosis, diagnosed at intake and attributed to county of origin	1	0	1	0
Tuberculosis, diagnosed during incarceration	2	2	6	6
Tuberculosis cases under management	14	20		
Peer education programs [¶]	0	1	98	108
Peer education educators [∞]	22	26	2603	2094
Peer education participants	6377	5650	25707	20554
Sexual assault in-service (sessions/units)	4/2	4/4	19/22	13/15
Sexual assault in-service participants	43	27	202	138
Alleged assaults and chart reviews	60	63	243	209
Bloodborne exposure labs drawn on offenders	14	7	57	17

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

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

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

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

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

Month: **May 2011**

Reportable Condition	Reports			
	2011 This Month	2010 Same Month	2011 Year to Date*	2010 Year to Date*
Chlamydia	7	0	26	11
Gonorrhea	2	0	2	2
Syphilis	85	64	347	336
Hepatitis A	0	0	0	0
Hepatitis B, acute	0	0	1	2
Hepatitis C, total and (acute [‡])	222	201	1275 (0)	750 (0)
Human immunodeficiency virus (HIV) +, known at intake	145	20	596	268
HIV screens, intake	6901	5662	31545	26912
HIV +, intake	45	39	226	245
HIV screens, offender- and provider-requested	1285	559	5366	4424
HIV +, offender- and provider-requested	2	2	5	9
HIV screens, pre-release	5137	3329	24665	16848
HIV +, pre-release	0	2	5	14
Acquired immune deficiency syndrome (AIDS)	4	5	32	37
Methicillin-resistant <i>Staph Aureus</i> (MRSA)	100	129	504	536
Methicillin-sensitive <i>Staph Aureus</i> (MSSA)	70	68	318	288
Occupational exposures of TDCJ staff	9	1	51	52
Occupational exposures of medical staff	3	5	13	21
HIV chemoprophylaxis initiation	4	1	12	10
Tuberculosis skin test (ie, PPD) +, intake	200	114	1115	726
Tuberculosis skin test +, annual	37	37	199	112
Tuberculosis, known (ie, on tuberculosis medications) at intake	2	0	6	0
Tuberculosis, diagnosed at intake and attributed to county of origin	0	2	1	9
Tuberculosis, diagnosed during incarceration	2	2	8	4
Tuberculosis cases under management	16	20		
Peer education programs [¶]	1	4	99	95
Peer education educators [∞]	30	54	2633	22148
Peer education participants	6575	5340	32282	25937
Sexual assault in-service (sessions/units)	2/1	0/0	21/23	13/15
Sexual assault in-service participants	75	0	277	138
Alleged assaults and chart reviews	51	46	294	255
Bloodborne exposure labs drawn on offenders	8	1	65	18

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

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

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

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

Office of Health Services Liaison Utilization Review Audit
Hospital and Inpatient Facilities Audited with Deficiencies Noted
Third Quarter Report 2011
(March, April, and May)

Hospital Discharges:

Hospital	University	Audits Performed*	Deficiencies Noted	Comments (See Key)
Angleton/Danbury	UTMB	5	3	D-1; E-3
Ben Taub	UTMB	4	4	A-3; C-1; D-1; E-3
Christus Spohn	UTMB	4	4	A-2; C-2; E-4
Cleveland Regional	UTMB	1	1	A-1; E-1
Conroe Regional	UTMB	9	8	A-3; C-1; D-1; E-8
Coryell Memorial	UTMB	3	3	A-1; C-1; E-3
Del Sol	TTUHSC	1	1	E-1
Ector County	TTUHSC	1	1	A-1; E-1
ETMC/Trinity	UTMB	2	2	A-1; D-1; E-1
ETMC/Tyler	UTMB	2	2	A-2; C-1; D-1; E-2
Hendrick Memorial	TTUHSC	4	3	E-3
Hospital Galveston	UTMB	107	69	A-55; C-18; D-11; E-42
Huntsville Memorial	UTMB	4	4	A-2; C-1; E-4
Mainland Memorial	UTMB	6	6	A-1; E-6
Memorial Hermann/E. TX	UTMB	3	3	A-2; C-1; E-1
Methodist/Mansfield	UTMB	1	1	A-1; C-1; E-1
Northwest Texas	TTUHSC	5	4	E-4
Oak Bend	UTMB	1	0	N/A
Palestine Regional	UTMB	4	2	A-1; E-2
Parkland Hospital	UTMB	1	0	N/A
Pecos	TTUHSC	1	0	N/A
Scott & White/Dallas	UTMB	2	1	E-1
Scott & White/Temple	UTMB	1	1	E-1
St. Joseph's/College Sta.	UTMB	2	2	A-1; E-2
United Regional/11 th St.	TTUHSC	1	1	E-1
University Medical Center	TTUHSC	4	3	A-2; C-2; E-2
UT Tyler	UTMB	2	2	A-2; C-1; E-2

A	On the day of discharge, were vital signs were not recorded in the offender's electronic medical record.
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?

Office of Health Services Liaison Utilization Review Audit
Hospital and Inpatient Facilities Audited with Deficiencies Noted
Third Quarter Report 2011
(March, April, and May)

Inpatient Facility Discharges:

Inpatient Facility	University	Audits Performed*	Deficiencies Noted	Comments (See Key)
Allred	TTUHSC			
Beto	UTMB	7	5	A-5; C-1
Clements	TTUHSC	10	7	A-5; C-2; E-7
Connally	UTMB			
Estelle	UTMB	7	3	A-2; C-1
Hughes	UTMB	1	1	A-1; C-1
Jester 3	UTMB	2	0	N/A
Luther	UTMB	1	1	D-1; E-1
McConnell	UTMB	1	0	N/A
Michael	UTMB			
Montford	TTUHSC	32	15	A-7; C-2; E-13
Pack	UTMB	1	1	A-1
Polunsky	UTMB			
Robertson	TTUHSC	7	5	A-4; C-3; E-3
Stiles	UTMB	1	1	A-1
Telford	UTMB			
CT Terrell	UTMB			
UT Tyler	UTMB			
Carole Young	UTMB	11	1	A-1; C-1

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

A	On the day of discharge, were vital signs were not recorded in the offender's electronic medical record.
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
THIRD QUARTER, FISCAL YEAR 2011**

March 2011	Numbered Property On Inventory Report	Total Number of Deletions	Total Number of Transfers	Total Number of New Equipment
Clements (follow-up audit)	NA	0	0	0
Pack	38	0	0	0
Telford	85	0	1	0
Total	123	0	1	0

April 2011	Numbered Property On Inventory Report	Total Number of Deletions	Total Number of Transfers	Total Number of New Equipment
Clemens	30	2	0	1
Powledge	29	0	1	0
Total	59	2	1	1

May 2011	Numbered Property On Inventory Report	Total Number of Deletions	Total Number of Transfers	Total Number of New Equipment
Garza East	6	0	0	0
Garza West	100	0	1	0
McConnell	62	0	0	0
Total	168	0	1	0

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

Audit Tools	March	April	May	Total
Total number of units audited	3	2	3	8
Total numbered property	123	59	168	350
Total number out of compliance	0	0	0	0
Total % out of compliance	0.00%	0.00%	0.00%	0.00%

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

University of Texas Medical Branch

Unit	Audit Date	% Compliance	
		Mandatory	Non-Mandatory
Estelle	March 2011	100%	98.2%
Skyview/Hodge	March 2011	100%	99.1%
Torres/Ney	April 2011	100%	98.8%
Ramsey	April 2011	100%	97.9%
Jester I, III, Vance	May 2011	100%	97.9%

Texas Tech University Health Science Center

Unit	Audit Date	% Compliance	
		Mandatory	Non-Mandatory
Roach	March 2011	100%	99.1%
Jordan/Baten	April 2011	100%	98.4%
Smith	May 2011	100%	99.3%

Executive Services
Active Monthly Medical Research Projects
Health Services Division
FY-2011 Third Quarterly Report: March, April, and May

Project Number: 567-RM08

<u>Researcher:</u> Cynthia Mundt	<u>IRB Number:</u> 2009-03-013	<u>IRB Expiration Date:</u> 12/7/2010	<u>Research Began:</u> 12/30/2009
<u>Title of Research:</u> Treatment Amenability of Youths Convicted of Crimes in Texas as Adults			<u>Data Collection Began:</u> 1/29/2010
<u>Proponent:</u> Sam Houston State University			<u>Data Collection End:</u> 7/23/2010
<u>Project Status:</u> Pending Final Product Review	<u>Progress Report Due:</u> 6/14/2011		<u>Projected Completion:</u> 5/31/2010

Executive Services
Pending Monthly Medical Research Projects
Health Services Division
FY-2011 Third Quarterly Report: March, April, and May

Project Number: 605-RM10

Researcher:

Patrick Flynn

IRB Number:

S10-34

Application Received:

3/24/2010

Title of Research:

Reducing the Spread of HIV by Released Prisoners

Completed Application:

3/24/2010

Proponent:

Texas Christian University

Peer Panel Schedule:

7/23/2010

Project Status:

Pending Peer Panel

Panel Recommendations:

Meeting with Researchers
4/7/11. Researchers will
submit a revised proposal

Project Number: 615-RM10

Researcher:

John Petersen

IRB Number:

11-069

Application Received:

4/29/2011

Title of Research:

Serum Markers of Hepatocellular Cancer

Completed Application:

4/28/2011

Proponent:

University of Texas Medical Branch at Galveston

Peer Panel Schedule:

5/24/2011

Project Status:

Pending researcher's response to Peer Panel

Panel Recommendations:

Conditions for approval sent
to researcher 5/31/11

Project Number: 616-RM10

Researcher:

Alice Cepeda

IRB Number:

DA-09-219

Application Received:

11/08/2010

Title of Research:

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

Completed Application:

11/08/2010

Proponent:

University of Houston

Peer Panel Schedule:

12/17/2010

Project Status:

Pending Receipt of Research Agreement

Panel Recommendations:

Approved, with Conditions

Project Number: 619-RM11

Researcher:

Luca Cicalese

IRB Number:

#09-230

Application Received:

1/14/2011

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

Completed Application:

1/18/2011

Proponent:

University of Texas Medical Branch at Galveston

Peer Panel Schedule:

1/18/2011

Project Status:

Pending Receipt of Research Agreement

Panel Recommendations:

Approved, with Conditions

Project Number: 623-RM11

Researcher:

Maurice Willis

IRB Number:

10-191

Application Received:

3/23/2011

Title of Research:

E1208: A Phase III randomized, Double-Blind Trial of Chemoembolization with or without Sorafenib in Unresectable Hepatocellular Carcinoma (HCC) in Patients with and without Vascular Invasion

Completed Application:

3/23/2011

Proponent:

UTMB

Peer Panel Schedule:

5/09/2011

Project Status:

Pending Peer Panel

Panel Recommendations:

Review questions sent to researcher 5/31/11

Project Number: 627-RM11

Researcher:

Amy Harzke

IRB Number:

11-013

Application Received:

4/26/2011

Title of Research:

Treatment of Chronic HCV Infection in the Texas Prison System

Completed Application:

4/26/2011

Proponent:

University of Texas Medical Branch at Galveston, Correctional
Managed Care

Peer Panel Schedule:

Project Status:

Pending Peer Panel

Panel Recommendations:

Project Number: 630-RM11

Researcher:

Jacques Baillargeon

IRB Number:

11-067

Application Received:

5/18/2011

Title of Research:

The Older Prisoner

Completed Application:

5/18/2011

Proponent:

UTMB

Peer Panel Schedule:

Project Status:

Pending OIG

Panel Recommendations:

**TDCJ Office of Mental Health Monitoring & Liaison
Third Quarter FY 2011 (March, April, and May)
Administrative Segregation**

Date	Unit	Observed	Interviewed	Referred	Requests Fwd	911 Tool	ATC 4	ATC 5	ATC6
3/15/2011	Cole	5	5	0	0	100%	100%	75%	100%
3/15/2011	Mt View	24	24	0	0	100%	100%	100%	100%
3/22/2011	Powledge	11	11	1	0	100%	100%	100%	100%
3/22/2011	Beto	2	2	0	0	100%	100%	100%	100%
3/10/2011	Wynne	323	157	0	3	100%	100%	100%	100%
3/15/2011	Formby	20	20	0	2	100%	NSP	NSP	NPR
03/15&16/2011	Clements	440	327	0	9	100%	100%	100%	100%
3/28/2011	Ferguson	417	194	0	2	100%	100%	100%	100%
03/03&04/2011	Connally	485	259	1	5	100%	100%	100%	100%
04/06/2011	Lopez	10	10	0	0	100%	100%	100%	100%
04/12/2011	Bradshaw	8	8	0	0	100%	100%	100%	100%
04/04&05/2011	Allred (ECB)	439	216	1	3	100%	83%	92%	100%
04/05&06/2011	Allred (12 Bldg)	495	248	0	4	100%	100%	100%	100%
04/20/2011	Polunsky	420	195	5	13	100%	100%	100%	100%
04/26&27/2011	McConnell	482	212	0	3	100%	100%	100%	100%
5/4/2011	Dominguez	12	11	0	1	100%	NSP	NSP	NPR
5/18/2011	Dawson	4	4	0	0	100%	NSP	NSP	NPR
5/18/2011	Hutchins	20	19	0	3	100%	100%	100%	100%
5/25/2011	Sanchez	10	8	0	1	100%	NSP	NSP	NPR
5/4/2011	Murray	68	55	0	1	100%	100%	100%	100%
5/4/2011	Darrington	240	98	1	4	100%	100%	100%	100%
5/18/2011	Ramsey	50	50	0	1	100%	100%	100%	100%
05/24&25/2011	Lewis (ECB)	436	214	2	6	100%	100%	100%	100%
Grand Total		4,421	2,347	11	61	23 Units 100%	4 Units NSP 1 Unit 83% 18 Units 100%	4 Units NSP 1 Unit 75% 1 Unit 92% 17 Units 100%	4 Units NPR 19 Units 100%

*NSP--No Sick Call Requests Received

*NPR--No Provider Referral

Consent Item 3(a)

University Medical Director's Report

The University of Texas Medical Branch



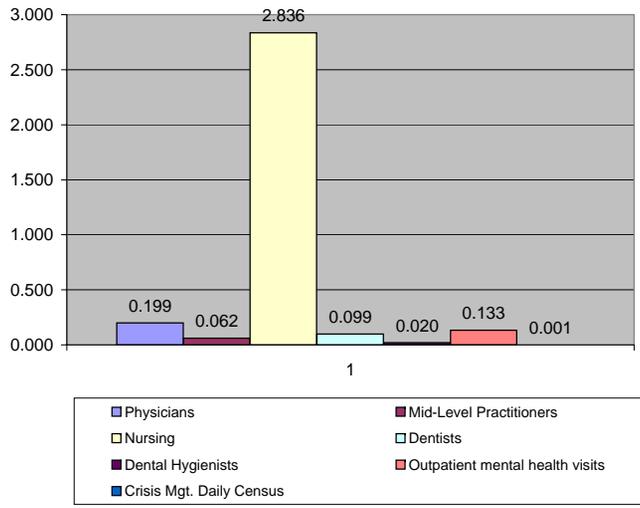
**Correctional Health Care
MEDICAL DIRECTOR'S REPORT**

**THIRD / FOURTH QUARTER
FY 2011**

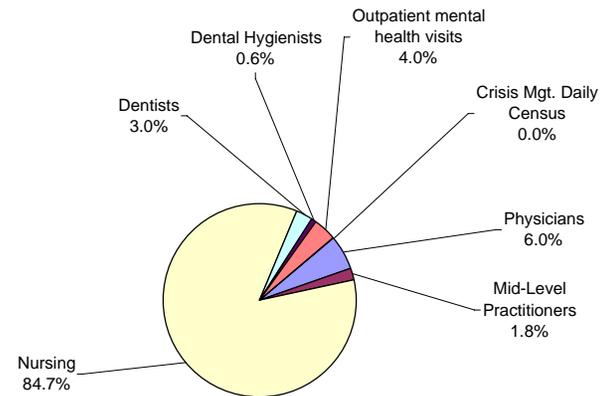
Medical Director's Report:

<i>Average Population</i>	March	April	May	Qtly Average				
	121,557	121,561	121,550	121,556				
	Number	Rate Per Offender						
Medical encounters								
Physicians	25,790	0.212	23,366	0.192	23,580	0.194	24,245	0.199
Mid-Level Practitioners	8,092	0.067	6,493	0.053	7,886	0.065	7,490	0.062
Nursing	233,356	1.920	395,079	3.250	405,734	3.338	344,723	2.836
Sub-total	267,238	2.198	424,938	3.496	437,200	3.597	376,459	3.097
Dental encounters								
Dentists	13,475	0.111	11,354	0.093	11,267	0.093	12,032	0.099
Dental Hygienists	2,636	0.022	2,290	0.019	2,405	0.020	2,444	0.020
Sub-total	16,111	0.133	13,644	0.112	13,672	0.112	14,476	0.119
Mental health encounters								
Outpatient mental health visits	16,726	0.138	15,526	0.128	16,220	0.133	16,157	0.133
Crisis Mgt. Daily Census	61	0.001	60	0.000	65	0.001	62	0.001
Sub-total	16,787	0.138	15,586	0.128	16,285	0.134	16,219	0.133
Total encounters	300,136	2.469	454,168	3.736	467,157	3.843	407,154	3.350

Encounters as Rate Per Offender Per Month



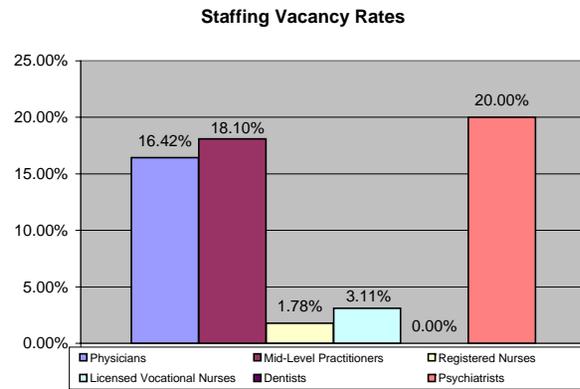
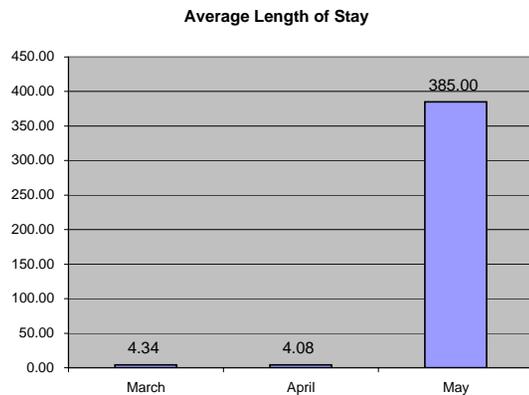
Encounters by Type



Medical Director's Report (Page 2):

	March	April	May	Qtly Average
Medical Inpatient Facilities				
Average Daily Census	89.00	87.00	83.00	86.33
Number of Admissions	404.00	401.00	365.00	390.00
Average Length of Stay	4.34	4.08	385.00	131.14
Number of Clinic Visits	3,142.00	2,727.00	2,916.00	2,928.33
Mental Health Inpatient Facilities				
Average Daily Census	1,007.36	997.27	997.32	1,000.65
PAMIO/MROP Census	712.52	708.47	710.58	710.52
Telemedicine Consults	8,388	7,611	8,668	8,222.33

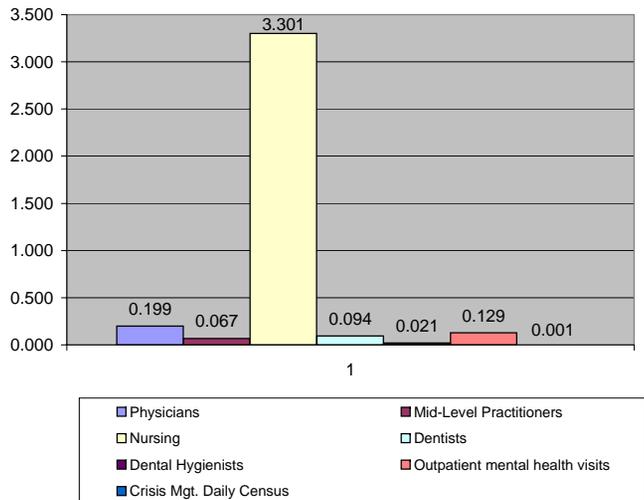
Health Care Staffing	Average This Quarter			Percent Vacant
	Filled	Vacant	Total	
Physicians	56.00	11.00	67.00	16.42%
Mid-Level Practitioners	95.00	21.00	116.00	18.10%
Registered Nurses	221.00	4.00	225.00	1.78%
Licensed Vocational Nurses	530.00	17.00	547.00	3.11%
Dentists	62.00	HOLD		#VALUE!
Psychiatrists	16.00	4.00	20.00	20.00%



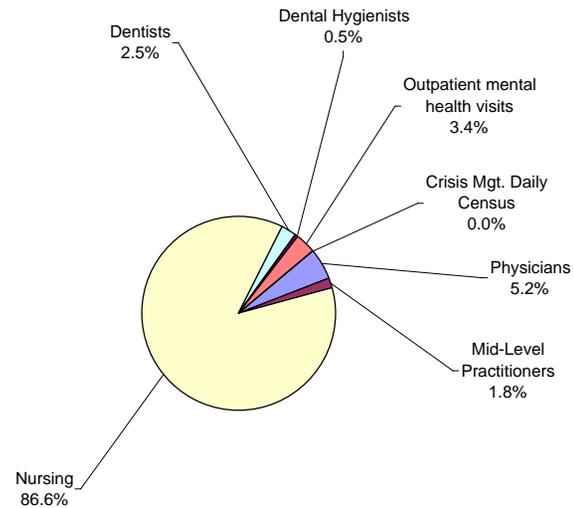
Medical Director's Report:

<i>Average Population</i>	June		July		August		Qtly Average	
	121,658		121,571		121,761		121,663	
	Number	Rate Per Offender	Number	Rate Per Offender	Number	Rate Per Offender	Number	Rate Per Offender
Medical encounters								
Physicians	24,327	0.200	21,685	0.178	26,471	0.217	24,161	0.199
Mid-Level Practitioners	8,224	0.068	7,392	0.061	8,804	0.072	8,140	0.067
Nursing	406,914	3.345	370,099	3.044	427,909	3.514	401,641	3.301
Sub-total	439,465	3.612	399,176	3.283	463,184	3.804	433,942	3.567
Dental encounters								
Dentists	11,056	0.091	9,384	0.077	13,699	0.113	11,380	0.094
Dental Hygienists	2,789	0.023	2,104	0.017	2,711	0.022	2,535	0.021
Sub-total	13,845	0.114	11,488	0.094	16,410	0.135	13,914	0.114
Mental health encounters								
Outpatient mental health visits	16,545	0.136	14,873	0.122	15,773	0.130	15,730	0.129
Crisis Mgt. Daily Census	74	0.001	69	0.001	66	0.001	70	0.001
Sub-total	16,619	0.137	14,942	0.123	15,839	0.130	15,800	0.130
Total encounters	469,929	3.863	425,606	3.501	495,433	4.069	463,656	3.811

Encounters as Rate Per Offender Per Month



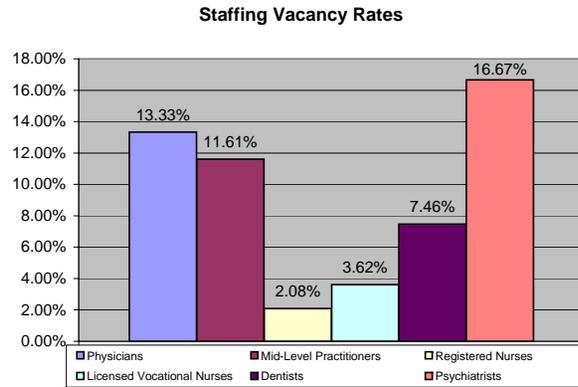
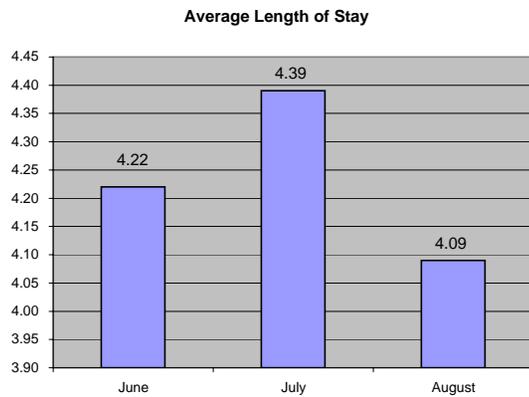
Encounters by Type



Medical Director's Report (Page 2):

	June	July	August	Qtly Average
Medical Inpatient Facilities				
Average Daily Census	73.00	72.00	76.00	73.67
Number of Admissions	371.00	358.00	403.00	377.33
Average Length of Stay	4.22	4.39	4.09	4.23
Number of Clinic Visits	1,685.00	1,355.00	1,409.00	1,483.00
Mental Health Inpatient Facilities				
Average Daily Census	1,007.66	1,005.33	1,015.27	1,009.42
PAMIO/MROP Census	709.93	717.45	702.67	710.02
Telemedicine Consults	8,409	6,953	7,804	7,722.00

Health Care Staffing	Average This Quarter			Percent Vacant
	Filled	Vacant	Total	
Physicians	52.00	8.00	60.00	13.33%
Mid-Level Practitioners	99.00	13.00	112.00	11.61%
Registered Nurses	235.00	5.00	240.00	2.08%
Licensed Vocational Nurses	506.00	19.00	525.00	3.62%
Dentists	62.00	5.00	67.00	7.46%
Psychiatrists	15.00	3.00	18.00	16.67%



Consent Item 3(b)

University Medical Director's Report

Texas Tech University
Health Sciences Center

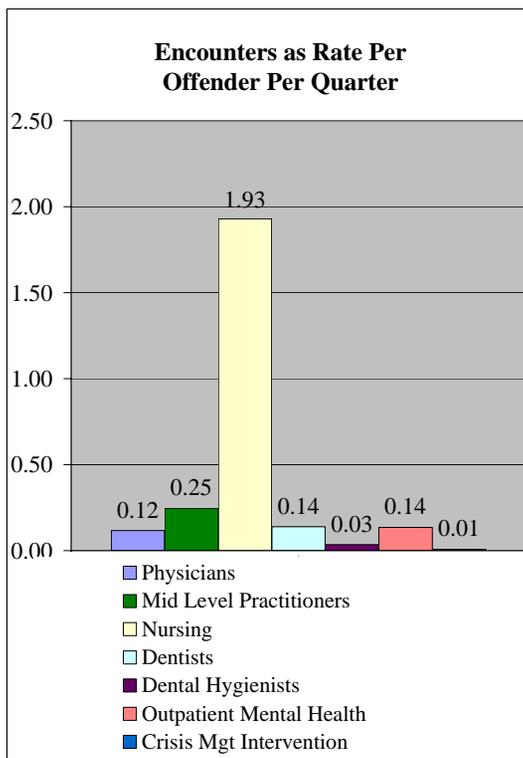


**Correctional Managed Health Care
MEDICAL DIRECTOR'S REPORT**

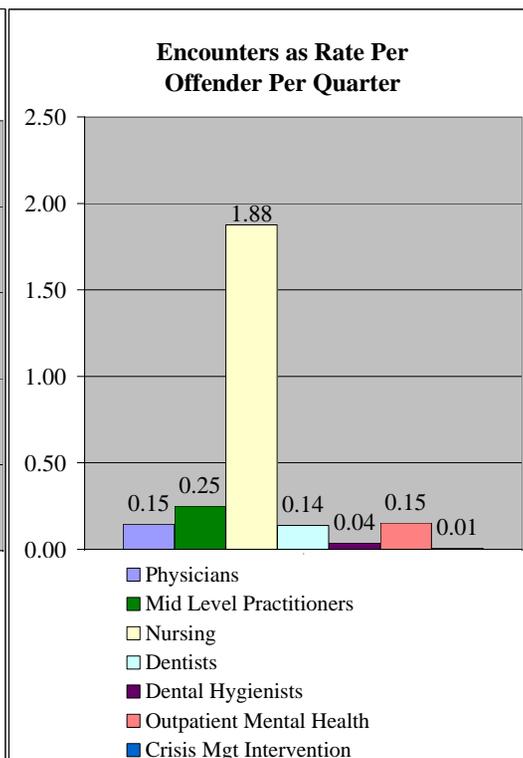
**THIRD & FOURTH QUARTER
FY 2011**

Medical Director's Report:

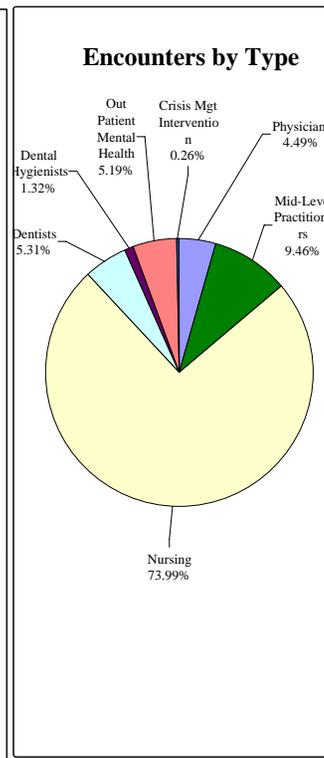
	March		April		May		Quarterly Average	
<i>Average Population</i>	31,324.90		31,273.07		31,288.15		31,295.37	
<i>Medical Encounters</i>	Rate Per Number	Rate Per Offender	Rate Per Number	Rate Per Offender	Rate Per Number	Rate Per Offender	Rate Per Number	Rate Per Offender
Physicians	4,660	0.149	4,683	0.150	4,346	0.139	4,563	0.146
Mid-Level Practitioners	8,441	0.269	7,453	0.238	7,581	0.242	7,825	0.250
Nursing	58,261	1.860	58,360	1.866	59,508	1.902	58,710	1.876
Sub-Total	71,362	2.278	70,496	2.254	71,435	2.283	71,098	2.272
<i>Dental Encounters</i>								
Dentists	4,645	0.148	4,196	0.134	4,193	0.134	4,345	0.139
Dental Hygienists	1,322	0.042	1,096	0.035	1,113	0.036	1,177	0.038
Sub-Total	5,967	0.190	5,292	0.169	5,306	0.170	5,522	0.176
<i>Mental Health Encounters</i>								
Outpatient Mental Health Visits	5,089	0.162	4,684	0.150	4,504	0.144	4,759	0.152
Crisis Mgt. Interventions	269	0.009	261	0.008	237	0.008	256	0.008
Sub-Total	5,358	0.171	4,945	0.158	4,741	0.152	5,015	0.160
<i>Total Encounters</i>	82,687	2.640	80,733	2.582	81,482	2.604	81,634	2.609



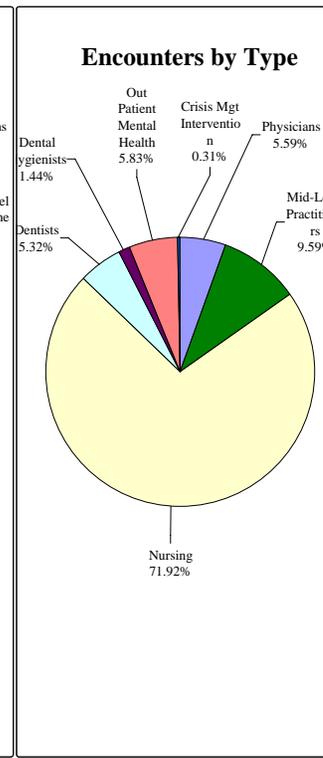
2nd Quarter 2011



3rd Quarter 2011



2nd Quarter 2011

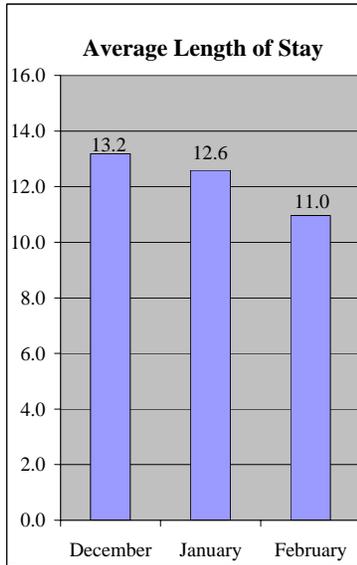


3rd Quarter

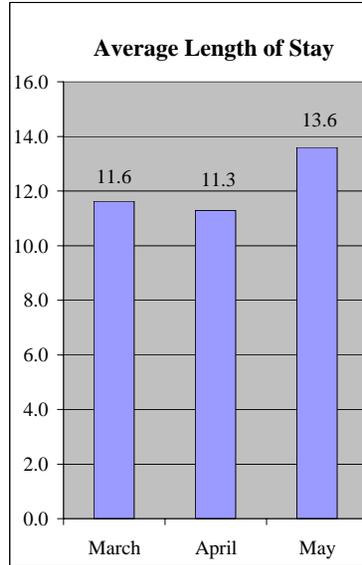
Medical Director's Report (page 2):

	March	April	May	Quarterly Average
Medical Inpatient Facilities				
Average Daily Census	116.32	116.54	121.65	118.17
Number of Admissions	243	233	205	227.00
Average Length of Stay	11.63	11.29	13.6	12.17
Number of Clinic Visits	920	1044	1026	996.67
Mental Health Inpatient Facilities				
Average Daily Census	518	512	519	516.33
PAMIO/MROP Census	418	412	416	415.33
Specialty Referrals Completed	1343	1486	1530	1453.00
Telemedicine Consults	470	354	373	399.00

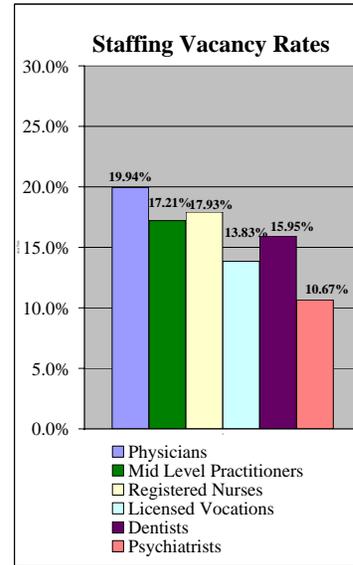
Health Care Staffing	Average This Quarter			Percent Vacant
	Filled	Vacant	Total	
Physicians	21.08	3.42	24.5	13.96%
Mid-Level Practitioners	26.17	8.13	34.3	23.70%
Registered Nurses	146.97	31.48	178.45	17.64%
Licensed Vocational Nurses	298.78	55.82	354.6	15.74%
Dentists	17.24	2.64	19.88	13.28%
Psychiatrists	9.39	1.2	10.59	11.33%



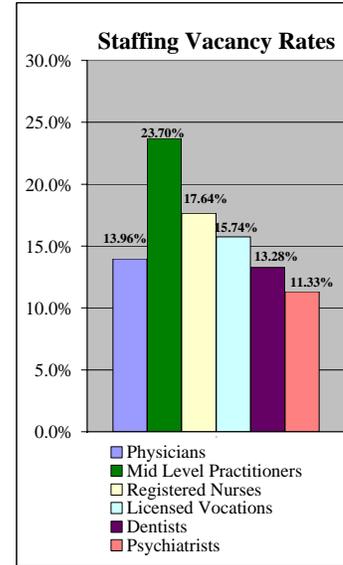
2nd Quarter 2011



3rd Quarter



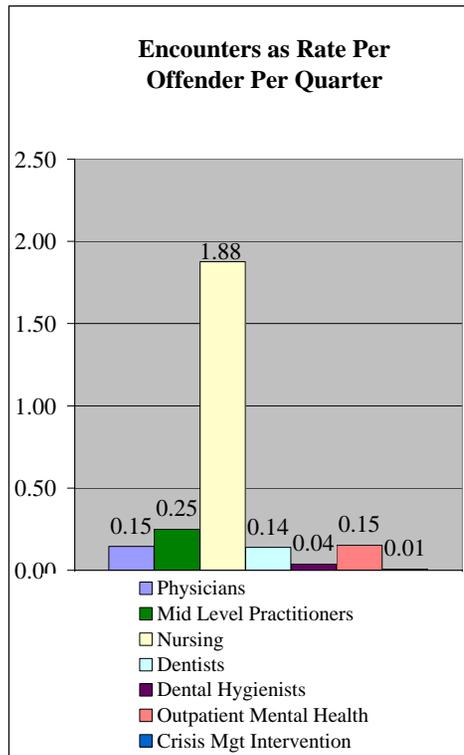
2nd Quarter 2011



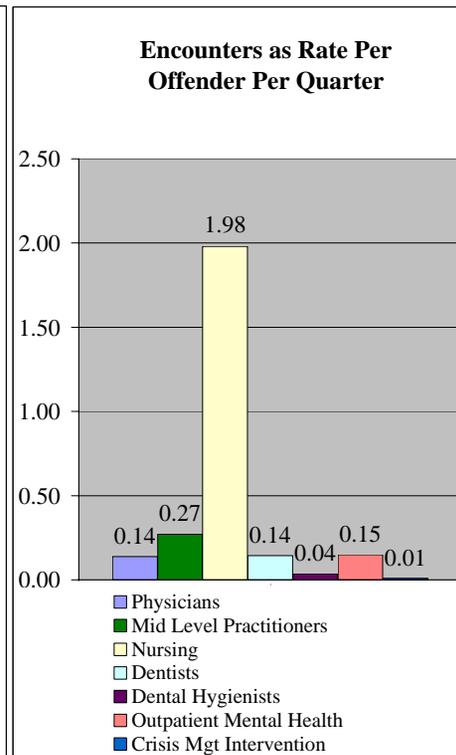
3rd Quarter 2011

Medical Director's Report:

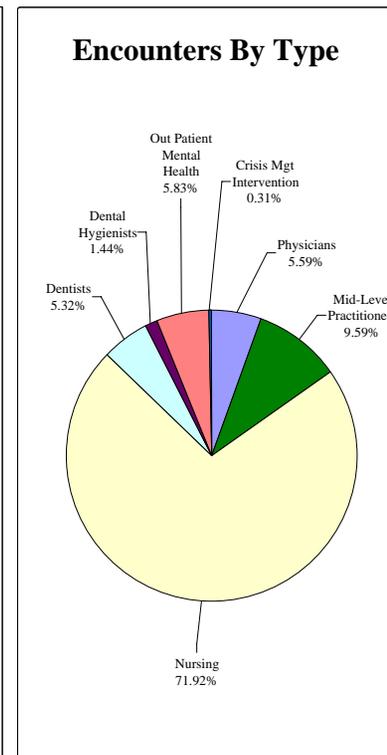
	June		July		August		Quarterly Average	
<i>Average Population</i>	31,380.83		31,545.73		31,614.19		31,513.58	
<i>Medical Encounters</i>	Rate Per Number	Rate Per Offender	Rate Per Number	Rate Per Offender	Rate Per Number	Rate Per Offender	Rate Per Number	Rate Per Offender
Physicians	4,408	0.140	4,123	0.131	4,507	0.143	4,346	0.138
Mid-Level Practitioners	8,534	0.272	7,652	0.243	9,401	0.297	8,529	0.271
Nursing	61,780	1.969	61,239	1.941	64,097	2.027	62,372	1.979
Sub-Total	74,722	2.381	73,014	2.315	78,005	2.467	75,247	2.388
<i>Dental Encounters</i>								
Dentists	4,370	0.139	3,691	0.117	5,615	0.178	4,559	0.145
Dental Hygienists	1,284	0.041	936	0.030	1,215	0.038	1,145	0.036
Sub-Total	5,654	0.180	4,627	0.147	6,830	0.216	5,704	0.181
<i>Mental Health Encounters</i>								
Outpatient mental health visits	5,030	0.160	4,413	0.140	4,757	0.150	4,733	0.150
Crisis Mgt. Interventions	334	0.011	312	0.010	296	0.009	314	0.010
Sub-Total	5,364	0.171	4,725	0.150	5,053	0.160	5,047	0.160
Total Encounters	85,740	2.732	82,366	2.611	89,888	2.843	85,998	2.729



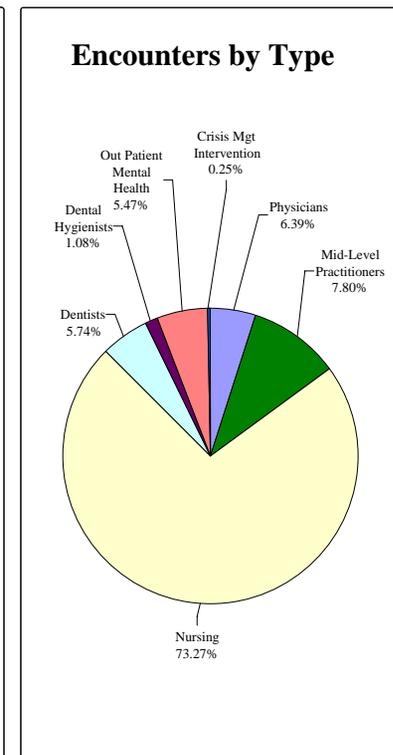
3rd Quarter 2011



4th Quarter 2011



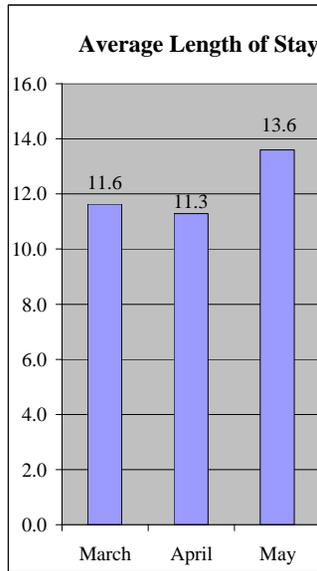
3rd Quarter 2011



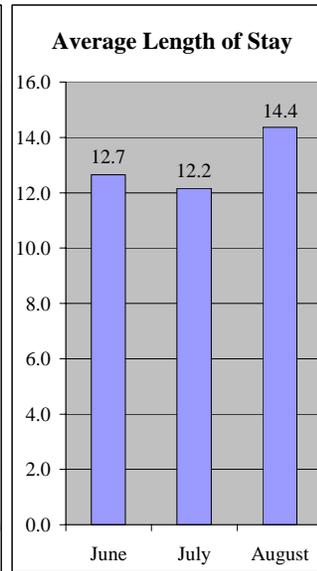
4th Quarter 2011

Medical Director's Report (page 2):

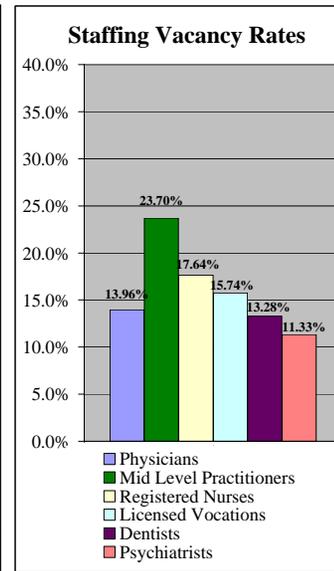
	June	July	August	Quarterly Average
Medical Inpatient Facilities				
Average Daily Census	113.86	117.36	114.74	115.32
Number of Admissions	182	238	94	171.33
Average Length of Stay	12.65	12.16	14.36	13.06
Number of Clinic Visits	935	925	889	916.33
Mental Health Inpatient Facilities				
Average Daily Census	527	525	525	525.67
PAMIO/MROP Census	433	424	386	414.33
Specialty Referrals Completed	1001	1004	1025	1010.00
Telemedicine Consults	386	258	313	319.00
Health Care Staffing	Average This Quarter			Percent Vacant
	Filled	Vacant	Total	
Physicians	21.75	2.35	24.1	9.75%
Mid-Level Practitioners	27.17	7.93	35.1	22.59%
Registered Nurses	146.8	31.31	178.11	17.58%
Licensed Vocational Nurses	293.3	57.15	350.45	16.31%
Dentists	17.68	1.77	19.45	9.10%
Psychiatrists	9.39	1.2	10.59	11.33%



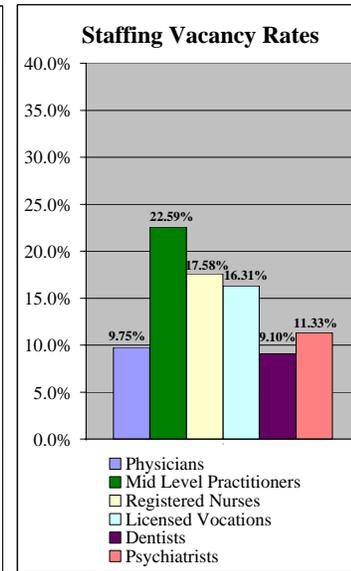
3rd Quarter 2011



4th Quarter 2011



3rd Quarter 2011



4th Quarter 2011

Consent Item 4

Summary of CMHCC Joint
Committee \ Work Groups

Correctional Managed Health Care Joint Committee/Work Group Activity Summary for October 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: August 11, 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
- C. Hospital and Infirmery 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: July 14, 2011

Sub Committee Updates

- Hospice Guidelines
- Wheelchair
- Geriatric Pilot Program

New Business:

Sections G, H & I are scheduled for review.

NEW Special Needs Offenders Releasing from TDCJ – Phyllis McWhorter

A-08.2 Transfers of Offenders with Acute Conditions – Phyllis McWhorter

A-08.7 PULHES System of Offender Med and MH Class – Phyllis McWhorter

Attach A PULHES Background and Information

Attach C Guidelines for Coding PULHES

E-35.2 Mental Health Evaluation – Beverly Sloan

G-51.3 Admission Health Appraisals: Physically Handicapped – Dawn Larsen

Attach A Speech Pathology Referral Criteria for TDCJ

G-51.4 Wheelchair Repair & Maintenance – Phyllis McWhorter

G-51.5 Certified American Sign Language Interpreter Service – Dawn Larsen

G-51.6 Referral of Offender from Admission MH Inpt. Tx Fac. – Dawn Larsen

G-51.7 Inpatient Treatment for SAFPF Offenders – Phyllis McWhorter

G-51.8 Care of Offenders with Terminal Conditions – Kathryn Buskirk

Attach A Consent to TDCJ Hospice Care

G-51.10 Chronic Care Program – Paula Reed

G-51.11 Treatment of Offenders with Gender Disorders – Phyllis McWhorter

G-52.1 Infirmary Care – Phyllis McWhorter

G-53.1 Suicide Prevention Plan – Jim Montross

G-54.1 Detoxification – Dawn Larsen

G-56.1 Alcohol or Other Drug Dependent Offenders – Jim Montross

G-59.3 Medical Prostheses and Orthotic Devices – Dawn Larsen

H-60.2 Inpatient Health Record – Kathryn Buskirk

Attach C Approval to File an Incomplete Medical Record

H-64.1 Transfer of Health Records – Dawn Larsen

I-66.1 Medical Therapeutic Restraints – Dawn Larsen

- I-66.2 Therapeutic Restraint of Mental Health Patients – Dawn Larsen
- I-67.1 Compelled Psychoactive med for Mental Illness – Jim Montross
- I-68.1 Blood and Urine Testing for Forensic Purposes – George Crippen
- I-68.2 DNA Specimen Collection – George Crippen
- I-71.1 Offender Right to Refuse-Dept. Right to Compel Tx – Dawn Larsen
- I-71.1 Attach A Request for Compelled Treatment – Robert Williams

Adjournment

- Next Meeting Date is October 13, 2011
- Section to be covered will be B, C, and D. Comments on Section B, C, and D are due by September 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: September 8, 2011

Key Activities:

Approval of Minutes from July 14, 2011 Meeting

Reports from Subcommittees:

- Diabetes – Dr. Fisher
- DMG Triage – Dr. Sandmann
- Skin and Soft Tissue – Dr. Sandmann

- Psychiatry – Dr. Butler

Reviewed and discussed monthly reports as follows:

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

Old Business:

- Distribution of Medications During Lockdown or Disaster Situation (40-15)

New Business:

- New Committee Appointments
- Review of Current Ex-Officio Membership

Action Requests

- Formulary Addition Request
 - Prednisone 2.5mg tablets

Drug Category Review

- EENT Category

FDA Medication Safety Advisories

Manufacturer Shortages and Discontinuations

Policy and Procedure Revisions

- Pharmacy and Therapeutics Committee (05-05)
- Non-Formulary Drugs (05-10)
- Additions to the TDCJ Medication Formulary (05-15)
- Prescribing and Ordering Medications (10-05)
- Automatic Stop Orders for Drugs (10-10)
- Investigational Drugs within TDCJ (10-20)
- Medications Restricted to Specific Protocols for Use (10-25)
- Ordering Floor Stock Medication (10-30)
- Ordering Warehouse Medication (10-35)
- Critical Medications Dispensed upon HG Discharge (10-50)
- KOP Medication Distribution Program (50-05)
- Therapeutic Interchange (55-15)

Miscellaneous

- Diphenhydramine Medication Use Evaluation

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: August 11, 2011

Key Activities:

**Reviewed and Approved Minutes
Public Health Update**

Old Business

- A. B-14.11 HIV

New Business

- A. Monthly HIV reporting
- B. Lab Results reporting
- C. Chicken Pox / Varicella reporting
- D. Scabies Protocol
- E. Medical Alert Codes

Policy Review

- A. B-14.19 Disease reporting
- B. B-14.20 Standard Precautions
- C. B-14.21 Transmission – Based Precautions
- D. B-14.22 Handwashing
- E. B-14.23 Medical Supply Decontamination
- F. B-14.24 Disposal of Sharps, Needles and Syringes
- G. B-14.25 Special (Medical) Waste Management
- H. B-14.26 Gastro-Intestinal Illness

Adjourn

- Next Meeting – October 31, 2011
- Policies to be reviewed are B-14.27 through B-14.51

Joint Dental Work Group

Chair: Dr. Billy Horton

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

Meeting Date: September 21, 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. 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
- Eastern Sector Dental Services
 - Region 1, Dr. Scott Reinecke
 - Region 2, Dr. John Beason
 - Region 3, Dr. Joseph Sheringo

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:

- March, 2011 (review of 43 cases)
- April, 2011 (review of 23 cases)
- May, 2011 (review of 41 cases)
- June, 2011 (review of 25 cases)
- July, 2011 (review of 44 cases)
- August, 2011 (review of 42 cases)

Joint Nursing Work Group

Chair: Mary Goetcher, RN

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

Meeting Date: October, 2011

- Injury Reports
- Use of Force Physicals
- TT Nursing Protocols
 - Charting by Exception

- Inpatient Facility Discharge Form
- P & T Policy 40.15
 - Referral from P & T Committee

- After Hours Nurse Form – UTMB
- Staffing and Operational Hours Reductions
- OTC Medications

Adjourn



CORRECTIONAL MANAGED HEALTH CARE COMMITTEE

1300 11th Street, Suite 415, Huntsville, Texas 77340
(936) 437-1972 ♦ Fax: (936) 437-1970

Allen R. Hightower
Executive Director

Date: October 10, 2011

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

From: Allen Hightower, Executive Director

Subject: Executive Director's Report

The committee staff is continuing to work with TDCJ staff to provide necessary historical and current data in regard to their contractual negotiations with the Universities, as well as our continuing responsibilities not affected or altered by Senate Bill 11 or Senate Bill 1.

Until the dust has settled after November 30th and the committee, as re-organized, has the opportunity to better understand and discuss our new roles and responsibilities, staff will continue to provide required reports to the legislature, sunset staff, TDCJ, and the University partners and the Governor's office.

We were contacted by Sunset staff to attend a presentation from their staff October 12, 2011, along with the rest of the Criminal Justice System agencies and give a general overview of our roles and responsibilities. Chloe Lieberknelht is the staff coordinator and TDCJ, BPP, and Windham School District are scheduled to give presentations the following day.

[This page left blank intentionally for pagination purposes.]



Correctional Managed Health Care

Quarterly Report FY 2011 Third Quarter

September 2010 – May 2011

Summary

This report is submitted in accordance with Rider 41; page V-21, Senate Bill 1, 81st Legislature, and Regular Session 2009. The report summarizes activity through the third quarter of FY 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 third quarter of this fiscal year, the correctional health care program has slightly increased in the overall offender population served. The average daily population served through the third quarter of FY 2011 was 152,722. Through this same quarter a year ago (FY 2010), the average daily population was 151,152, an increase of 1,570 (1.04%). 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 third quarter of FY 2011, the average number of older offenders in the service population was 12,701. Through this same quarter a year ago (FY 2010), the average number of offenders age 55 and over was 11,714. This represents an increase of 987 or about 8.4% more older offenders than a year ago.
- The overall HIV+ population has remained relatively stable throughout the last two years and continued to remain so through this quarter, averaging 2,384 (or about 1.6% of the population served).
- Two mental health caseload measures have also remained relatively stable:
 - The average number of psychiatric inpatients within the system was 1,941 through the third quarter of FY 2011, as compared to 1,928 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 third quarter of FY 2011, the average number of mental health outpatients was 20,170 representing 13.2% of the service population.

Health Care Costs

- Overall health costs through the third quarter of FY 2011 totaled \$409.5M. This amount exceeded overall revenues earned by the university providers by \$24.9M or 6.5%.
- UTMB's total revenue through the quarter was \$304.3M. Their expenditures totaled \$327.0M, resulting in a net loss of \$22.7M. On a per offender per day basis, UTMB earned \$9.19 in revenue and expended \$9.87 resulting in a shortfall of \$0.68 per offender per day.

- TTUHSC's total revenue through the third quarter was \$80.3M. Expenditures totaled \$82.6M, resulting in a net loss of \$2.3M. On a per offender per day basis, TTUHSC earned \$9.37 in revenue, but expended \$9.63 resulting in a shortfall of \$0.26 per offender per day.
- Examining the health care costs in further detail indicates that of the \$409.5M in expenses reported through the third quarter of the year:
 - Onsite services (those medical services provided at the prison units) comprised \$174.6M representing about 42.6% of the total health care expenses:
 - Of this amount, 80.3% was for salaries and benefits and 19.7% for operating costs.
 - Pharmacy services totaled \$40.0M representing approximately 9.8% of the total expenses:
 - Of this amount 17.9% was for related salaries and benefits, 3.0% for operating costs and 79.1% for drug purchases.
 - Offsite services (services including hospitalization and specialty clinic care) accounted for \$147.9M or 36.1% of total expenses:
 - Of this amount 68.7% was for estimated university provider hospital, physician and professional services; and 31.3% for Freeworld (non-university) hospital, specialty and emergency care.
 - Mental health services totaled \$35.1M or 8.6% 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 \$11.9M and represented 2.9% of the total costs.
- The total cost per offender per day for all health care services statewide through the third quarter of FY 2011 was \$9.82 as compared to prior year this same quarter was \$9.98. 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 \$9.87. 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 \$9.63, 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 third quarter of FY 2011 indicates that offenders aged 55 and over had a documented encounter with medical staff almost three times as often as those under age 55.
 - An examination of hospital admissions by age category found that through this quarter of the fiscal year, hospital costs received to date for charges incurred this fiscal year for offenders over age 55 totaled approximately \$3,500 per offender. The same calculation for offenders under age 55 totaled about \$568. In terms of hospitalization, the older offenders were utilizing health care resources at a rate of over six times higher than the younger offenders. While comprising about 8.3% of the overall service population, offenders age 55 and over account for more than 35.8% of the hospitalization costs received to date.
 - A third examination of dialysis costs found that, proportionately, older offenders are represented more than five times more often in the dialysis population than younger offenders. Dialysis costs continue to be significant, averaging \$20,552 per patient per year. Providing medically necessary dialysis treatment for an average of 201 patients through the third quarter of FY2011 cost \$3.1M.

Drug Costs

- Total drug costs through the third quarter of FY 2011 totaled \$30.3M.
 - Pharmaceutical costs related to HIV care continue to be the largest single component of pharmacy expenses.
 - Through this quarter, \$13.7M in costs (or over \$1.52M per month) for HIV antiretroviral medication costs were experienced. This represents 45.1% of the total drug cost during this time period.
 - Expenses for psychiatric drugs are also being tracked, with approximately \$1.3M being expended for psychiatric medications through the third quarter, representing 4.4% of the overall drug cost.
 - Another pharmacy indicator being tracked is the cost related to Hepatitis C therapies. These costs were \$2.1M and represented about 6.9% 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 \$22,675,127 through this quarter. TTUHSC reports that they hold no such reserves and report a total shortfall of \$2,263,998.
- A summary analysis of the ending balances, revenue and payments through the third quarter for all CMHCC accounts is included in this report. That summary indicates that the net unencumbered balance on all CMHCC accounts on May 31, 2011 was a negative \$5,345.15. It should be noted that this balance is projected to increase over the course of the remainder of the fiscal year.

Financial Monitoring

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

The testing of detail transactions performed on TTUHSC's financial information for May 2011 is completed. The testing of detail transactions performed on TTUHSC's financial information for March through May 2011 resulted in one classification error which needed correction. All backup documentation was verified.

The testing of detail transactions performed on UTMB's financial information for May 2011 is completed. The testing of detail transactions performed on UTMB's financial information for March through May 2011 resulted in two classification errors which needed correction. All backup documentation was verified except for two transactions that did not have adequate documentation.

Concluding Notes

The combined operating loss for the university providers through the third quarter of FY 2011 is \$24.9 M. The university providers are continuing to monitor their expenditures closely, while seeking additional opportunities to reduce costs in order to minimize their operating losses.

Listing of Supporting Tables and Charts

Table 1: FY 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>
University Providers	
The University of Texas Medical Branch	
Medical Services	\$335,082,478
Mental Health Services	\$28,084,575
Subtotal UTMB	\$363,167,053
Texas Tech University Health Sciences Center	
Medical Services	\$86,336,373
Mental Health Services	\$13,286,944
Subtotal TTUHSC	\$99,623,317
SUBTOTAL UNIVERSITY PROVIDERS	\$462,790,370
 Correctional Managed Health Care Committee	 \$669,128
TOTAL DISTRIBUTION	\$463,459,498

Source of Funds

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

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

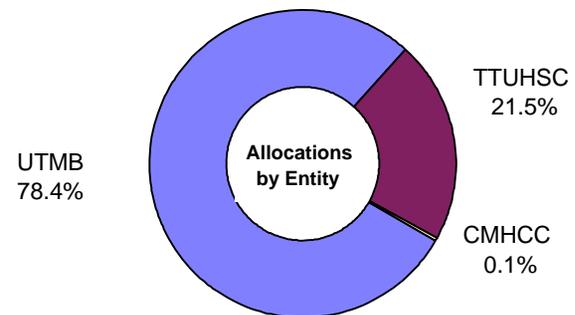
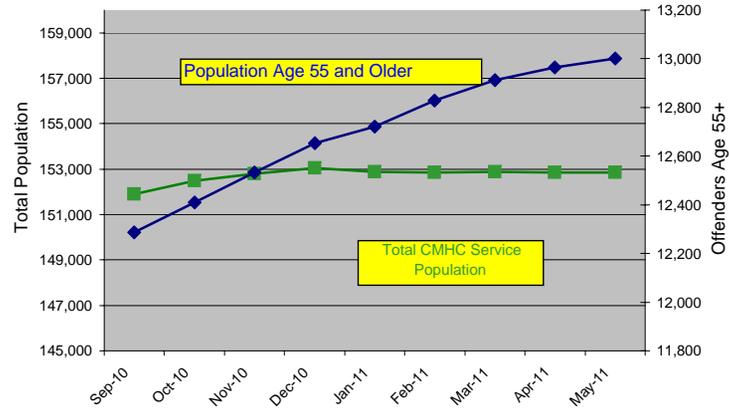


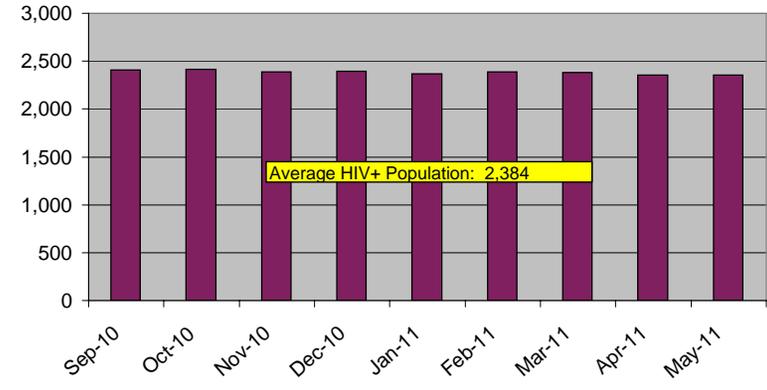
Table 2
FY 2011
Key Population Indicators
Correctional Health Care Program

Indicator	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Population Year to Date Avg.
Avg. Population Served by CMHC:										
UTMB State-Operated Population	108,649	109,139	109,350	109,629	109,558	109,649	109,648	109,657	109,642	109,436
UTMB Private Prison Population*	11,910	11,907	11,914	11,866	11,889	11,897	11,910	11,903	11,908	11,900
UTMB Total Service Population	120,559	121,046	121,264	121,495	121,447	121,546	121,557	121,560	121,550	121,336
TTUHSC Total Service Population	31,328	31,438	31,525	31,554	31,420	31,310	31,328	31,278	31,293	31,386
CMHC Service Population Total	151,887	152,483	152,789	153,049	152,867	152,856	152,885	152,839	152,843	152,722
Population Age 55 and Over										
UTMB Service Population Average	10,162	10,255	10,374	10,468	10,532	10,632	10,711	10,771	10,807	10,524
TTUHSC Service Population Average	2,125	2,156	2,159	2,186	2,189	2,197	2,201	2,193	2,193	2,178
CMHC Service Population Average	12,287	12,411	12,533	12,654	12,721	12,829	12,912	12,964	13,000	12,701
HIV+ Population	2,408	2,417	2,385	2,394	2,370	2,386	2,382	2,356	2,358	2,384
Mental Health Inpatient Census										
UTMB Psychiatric Inpatient Average	1,031	1,019	1,022	1,022	1,021	1,024	1,007	997	997	1,016
TTUHSC Psychiatric Inpatient Average	920	894	897	939	942	942	936	924	935	925
CMHC Psychiatric Inpatient Average	1,951	1,913	1,919	1,961	1,963	1,966	1,943	1,921	1,932	1,941
Mental Health Outpatient Census										
UTMB Psychiatric Outpatient Average	16,234	16,306	14,773	16,043	15,399	14,515	16,726	15,526	16,220	15,749
TTUHSC Psychiatric Outpatient Average	4,179	4,377	4,205	4,032	4,563	4,152	5,089	4,684	4,504	4,421
CMHC Psychiatric Outpatient Average	20,413	20,683	18,978	20,075	19,962	18,667	21,815	20,210	20,724	20,170

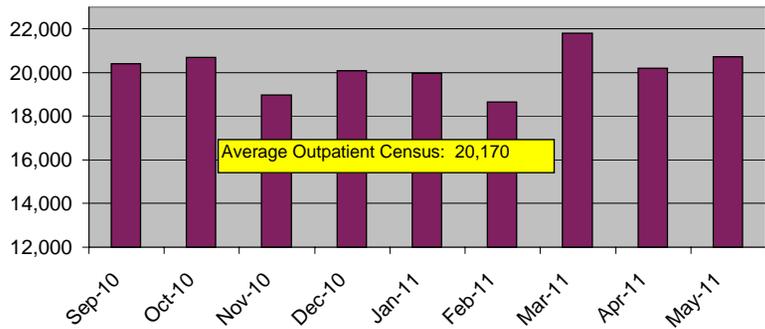
**Chart 2
CMHC Service Population**



**Chart 3
HIV+ Population**



**Chart 4
Mental Health Outpatient Census**



**Chart 5
Mental Health Inpatient Census**

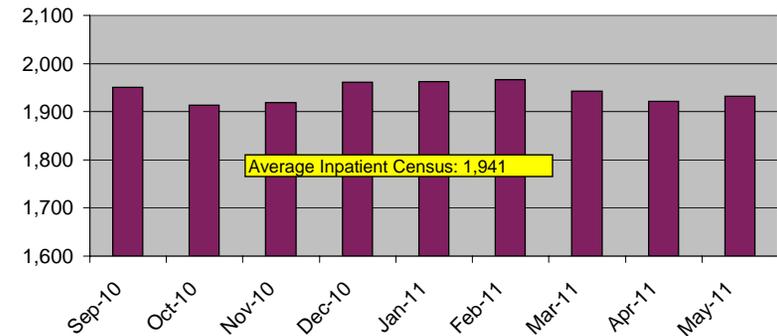


Table 3
Summary Financial Report: Medical Costs
Fiscal Year 2011 through Quarter 3 (Sep 2010 - May 2011)

Days in Year: 273

	Medical Services Costs			Medical Cost Per Day Calculations		
	UTMB	TTUHSC	TOTAL	UTMB	TTUHSC	TOTAL
Population Served	121,336	31,386	152,722			
Revenue						
Capitation Payments	\$250,623,330	\$64,574,878	\$315,198,208	\$7.57	\$7.54	\$7.56
State Reimbursement Benefits	\$28,337,235	\$3,684,400	\$32,021,635	\$0.86	\$0.43	\$0.77
Non-Operating Revenue	\$254,523	\$1,844	\$256,367	\$0.01	\$0.00	\$0.01
Total Revenue	\$279,215,088	\$68,261,122	\$347,476,210	\$8.43	\$7.97	\$8.33
Expenses						
Onsite Services						
Salaries	\$98,677,103	\$10,016,896	\$108,693,999	\$2.98	\$1.17	\$2.61
Benefits	\$28,965,761	\$2,542,284	\$31,508,045	\$0.87	\$0.30	\$0.76
Operating (M&O)	\$12,932,426	\$1,179,658	\$14,112,084	\$0.39	\$0.14	\$0.34
Professional Services	\$0	\$1,691,229	\$1,691,229	\$0.00	\$0.20	\$0.04
Contracted Units/Services	\$0	\$17,216,629	\$17,216,629	\$0.00	\$2.01	\$0.41
Travel	\$578,418	\$60,785	\$639,203	\$0.02	\$0.01	\$0.02
Electronic Medicine	\$0	\$319,742	\$319,742	\$0.00	\$0.04	\$0.01
Capitalized Equipment	\$50,560	\$322,399	\$372,959	\$0.00	\$0.04	\$0.01
Subtotal Onsite Expenses	\$141,204,268	\$33,349,622	\$174,553,890	\$4.26	\$3.89	\$4.19
Pharmacy Services						
Salaries	\$4,233,560	\$1,544,183	\$5,777,743	\$0.13	\$0.18	\$0.14
Benefits	\$1,347,513	\$51,424	\$1,398,937	\$0.04	\$0.01	\$0.03
Operating (M&O)	\$924,572	\$256,967	\$1,181,539	\$0.03	\$0.03	\$0.03
Pharmaceutical Purchases	\$25,254,234	\$6,417,385	\$31,671,619	\$0.76	\$0.75	\$0.76
Professional Services	\$0	\$0	\$0	\$0.00	\$0.00	\$0.00
Travel	\$11,230	\$11,571	\$22,801	\$0.00	\$0.00	\$0.00
Subtotal Pharmacy Expenses	\$31,771,109	\$8,281,530	\$40,052,639	\$0.96	\$0.97	\$0.96
Offsite Services						
University Professional Services	\$14,710,561	\$712,500	\$15,423,061	\$0.44	\$0.08	\$0.37
Freeworld Provider Services	\$23,950,700	\$13,983,836	\$37,934,536	\$0.72	\$1.63	\$0.91
UTMB or TTUHSC Hospital Cost	\$76,728,280	\$9,421,913	\$86,150,193	\$2.32	\$1.10	\$2.07
Estimated IBNR	\$7,251,300	\$1,125,628	\$8,376,928	\$0.22	\$0.13	\$0.20
Subtotal Offsite Expenses	\$122,640,841	\$25,243,877	\$147,884,718	\$3.70	\$2.95	\$3.55
Indirect Expenses	\$6,706,153	\$3,974,115	\$10,680,268	\$0.20	\$0.46	\$0.26
Total Expenses	\$302,322,371	\$70,849,144	\$373,171,515	\$9.13	\$8.27	\$8.95
Operating Income (Loss)	(\$23,107,283)	(\$2,588,022)	(\$25,695,305)	(\$0.70)	(\$0.30)	(\$0.62)

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

Days in Year: 273

	Mental Health Services Costs			Mental Health Cost Per Day Calculations		
	UTMB	TTUHSC	TOTAL	UTMB	TTUHSC	TOTAL
Population Served	121,336	31,386	152,722			
Revenue						
Capitation Payments	\$21,005,721	\$9,937,906	\$30,943,627	\$0.63	\$1.16	\$0.74
State Reimbursement Benefits	\$4,095,385	\$2,062,261	\$6,157,646	\$0.12	\$0.24	\$0.15
Other Misc Revenue	\$0	\$0	\$0	\$0.00	\$0.00	\$0.00
Total Revenue	\$25,101,106	\$12,000,167	\$37,101,273	\$0.76	\$1.40	\$0.89
Expenses						
Mental Health Services						
Salaries	\$18,534,041	\$8,520,827	\$27,054,868	\$0.56	\$0.99	\$0.65
Benefits	\$5,012,142	\$2,160,921	\$7,173,063	\$0.15	\$0.25	\$0.17
Operating (M&O)	\$467,879	\$100,304	\$568,183	\$0.01	\$0.01	\$0.01
Professional Services	\$0	\$286,726	\$286,726	\$0.00	\$0.03	\$0.01
Contracted Units/Services	\$0	\$0	\$0	\$0.00	\$0.00	\$0.00
Travel	\$41,491	\$11,091	\$52,582	\$0.00	\$0.00	\$0.00
Electronic Medicine	\$0	\$0	\$0	\$0.00	\$0.00	\$0.00
Capitalized Equipment	\$0	\$0	\$0	\$0.00	\$0.00	\$0.00
Subtotal Mental Health Expenses	\$24,055,553	\$11,079,869	\$35,135,422	\$0.73	\$1.29	\$0.84
Indirect Expenses	\$613,397	\$596,274	\$1,209,671	\$0.02	\$0.07	\$0.03
Total Expenses	\$24,668,950	\$11,676,143	\$36,345,093	\$0.74	\$1.36	\$0.87
Operating Income (Loss)	\$432,156	\$324,024	\$756,180	\$0.01	\$0.04	\$0.02

All Health Care Summary

	All Health Care Services			Cost Per Offender Per Day		
	UTMB	TTUHSC	TOTAL	UTMB	TTUHSC	TOTAL
Medical Services	\$279,215,088	\$68,261,122	\$347,476,210	\$8.43	\$7.97	\$8.33
Mental Health Services	\$25,101,106	\$12,000,167	\$37,101,273	\$0.76	\$1.40	\$0.89
Total Revenue	\$304,316,194	\$80,261,289	\$384,577,483	\$9.19	\$9.37	\$9.22
Medical Services	\$302,322,371	\$70,849,144	\$373,171,515	\$9.13	\$8.27	\$8.95
Mental Health Services	\$24,668,950	\$11,676,143	\$36,345,093	\$0.74	\$1.36	\$0.87
Total Expenses	\$326,991,321	\$82,525,287	\$409,516,608	\$9.87	\$9.63	\$9.82
Operating Income (Loss)	(\$22,675,127)	(\$2,263,998)	(\$24,939,125)	(\$0.68)	(\$0.26)	(\$0.60)

**Table 4
FY 2011 3rd Quarter
UTMB/TTUHSC EXPENSE SUMMARY**

Category	Expense	Percent of Total
Onsite Services	\$174,553,890	42.62%
Salaries	\$108,693,999	
Benefits	\$31,508,045	
Operating	\$34,351,846	
Pharmacy Services	\$40,052,639	9.78%
Salaries	\$5,777,743	
Benefits	\$1,398,937	
Operating	\$1,204,340	
Drug Purchases	\$31,671,619	
Offsite Services *	\$147,884,718	36.11%
Univ. Professional Svcs.	\$15,423,061	
Freeworld Provider Svcs.	\$37,934,536	
Univ. Hospital Svcs.	\$86,150,193	
Est. IBNR	\$8,376,928	
Mental Health Services	\$35,135,422	8.58%
Salaries	\$27,054,868	
Benefits	\$7,173,063	
Operating	\$907,491	
Indirect Expense	\$11,889,939	2.90%
*-Breakout of Expense Detail on Table 3		
Total Expenses	\$409,516,608	100.00%

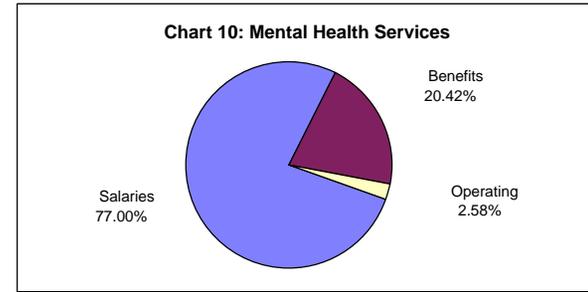
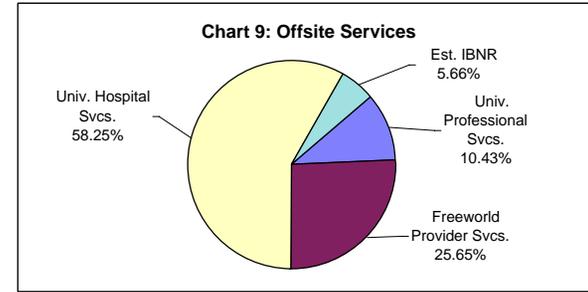
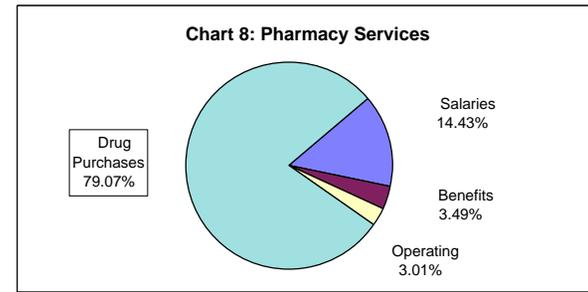
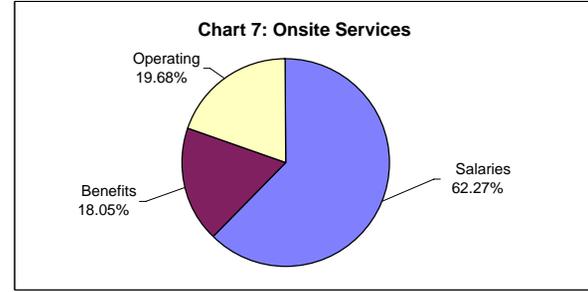
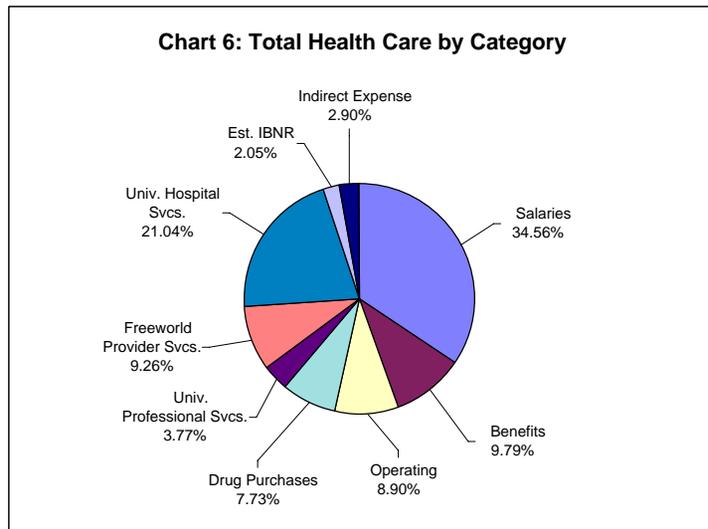


Table 4a
FY 2011 3rd Quarter
UTMB/TTUHSC EXPENSE SUMMARY

Category	Total Expense	UTMB	TTUHSC	% UTMB
Onsite Services	\$174,553,890	\$141,204,268	\$33,349,622	80.89%
Salaries	\$108,693,999	\$98,677,103	\$10,016,896	
Benefits	\$31,508,045	\$28,965,761	\$2,542,284	
Operating	\$14,112,084	\$12,932,426	\$1,179,658	
Pharmacy Services	\$40,052,639	\$31,771,109	\$8,281,530	79.32%
Salaries	\$5,777,743	\$4,233,560	\$1,544,183	
Benefits	\$1,398,937	\$1,347,513	\$51,424	
Operating	\$1,204,340	\$935,802	\$268,538	
Drug Purchases	\$31,671,619	\$25,254,234	\$6,417,385	
Offsite Services	\$147,884,718	\$122,640,841	\$25,243,877	82.93%
Univ. Professional Svcs.	\$15,423,061	\$14,710,561	\$712,500	
Freeworld Provider Svcs.	\$37,934,536	\$23,950,700	\$13,983,836	
Univ. Hospital Svcs.	\$86,150,193	\$76,728,280	\$9,421,913	
Est. IBNR	\$8,376,928	\$7,251,300	\$1,125,628	
Mental Health Services	\$35,135,422	\$24,055,553	\$11,079,869	68.47%
Salaries	\$27,054,868	\$18,534,041	\$8,520,827	
Benefits	\$7,173,063	\$5,012,142	\$2,160,921	
Operating	\$568,183	\$467,879	\$100,304	
Indirect Expense	\$11,889,939	\$7,319,550	\$4,570,389	61.56%
Total Expenses	\$409,516,608	\$326,991,321	\$82,525,287	79.85%

**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	FYTD 11 3rd Qtr
Population								
UTMB	120,235	120,648	119,952	120,177	120,253	120,956	121,226	121,336
TTUHSC	31,578	31,064	30,616	31,048	31,077	31,430	31,429	31,386
Total	151,813	151,712	150,568	151,225	151,329	152,386	152,655	152,722
Expenses								
UTMB	\$342,859,796	\$381,036,398	\$423,338,812	\$435,710,000	\$395,736,252	105,769,928	\$213,204,282	\$326,991,321
TTUHSC	\$87,147,439	\$96,482,145	\$100,980,726	\$109,767,882	\$98,594,548	27,328,850	\$54,903,998	\$82,525,287
Total	\$430,007,235	\$477,518,543	\$524,319,538	\$545,477,882	\$494,330,800	\$133,098,778	\$268,108,280	\$409,516,608
Cost/Day								
UTMB	\$7.81	\$8.63	\$9.67	\$9.93	\$9.02	\$9.61	\$9.66	\$9.87
TTUHSC	\$7.56	\$8.49	\$9.04	\$9.69	\$8.69	\$9.56	\$9.60	\$9.63
Total	\$7.76	\$8.60	\$9.54	\$9.88	\$8.94	\$9.60	\$9.65	\$9.82

* 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

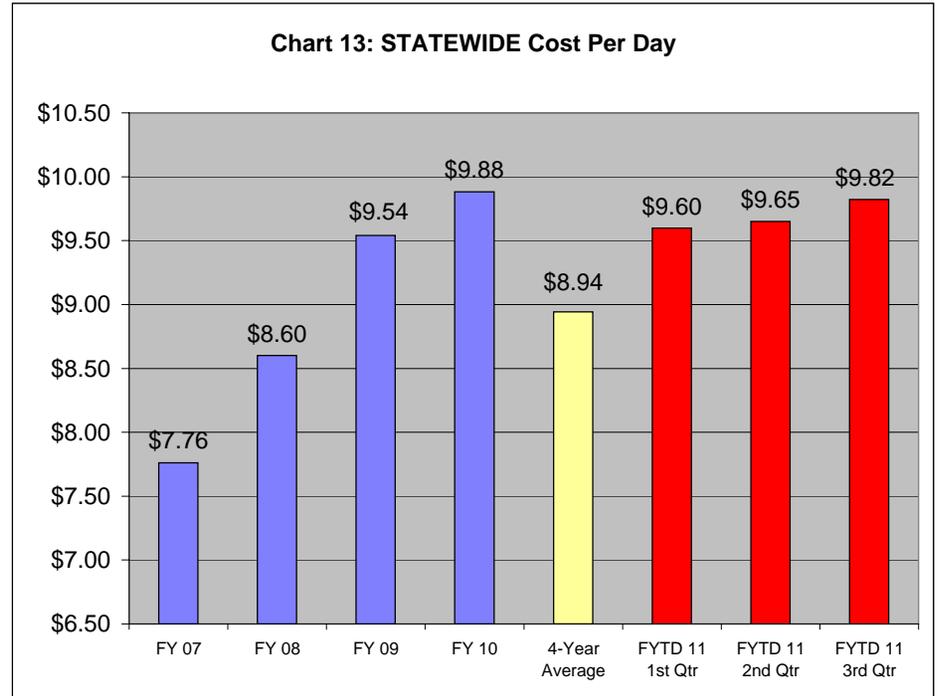
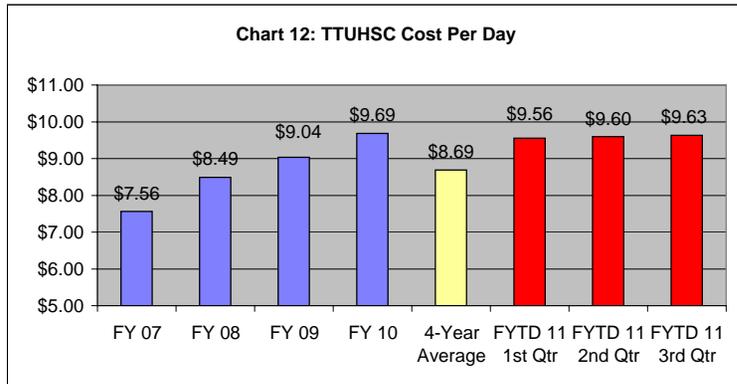
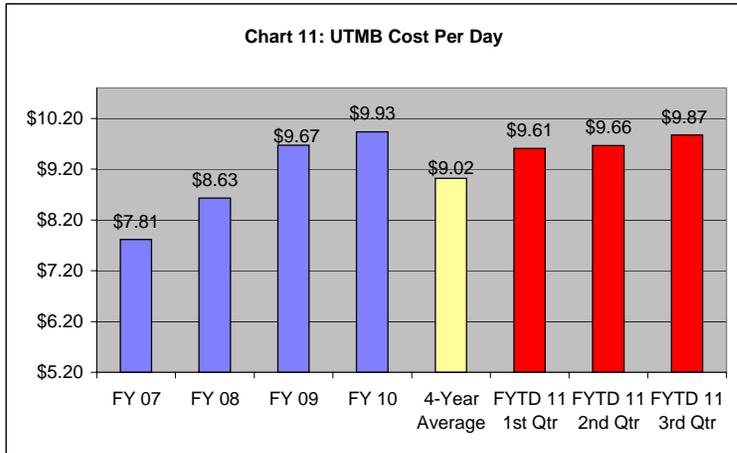


Table 6
Medical Encounter Statistics* by Age Grouping

9

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	40,899	156,936	197,835	10,162	110,397	120,559	4.02	1.42	1.64
Oct-10	40,512	155,028	195,540	10,255	110,791	121,046	3.95	1.40	1.62
Nov-10	36,009	136,128	172,137	10,374	110,890	121,264	3.47	1.23	1.42
Dec-10	38,698	149,300	187,998	10,468	111,027	121,495	3.70	1.34	1.55
Jan-11	38,523	149,354	187,877	10,532	110,915	121,447	3.66	1.35	1.55
Feb-11	34,890	135,426	170,316	10,632	110,914	121,546	3.28	1.22	1.40
Mar-11	41,769	167,680	209,449	10,711	110,846	121,557	3.90	1.51	1.72
Apr-11	37,561	152,530	190,091	10,771	110,789	121,560	3.49	1.38	1.56
May-11	38,475	157,253	195,728	10,807	110,743	121,550	3.56	1.42	1.61
Average	38,593	151,071	189,663	10,524	110,812	121,336	3.67	1.36	1.56

*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

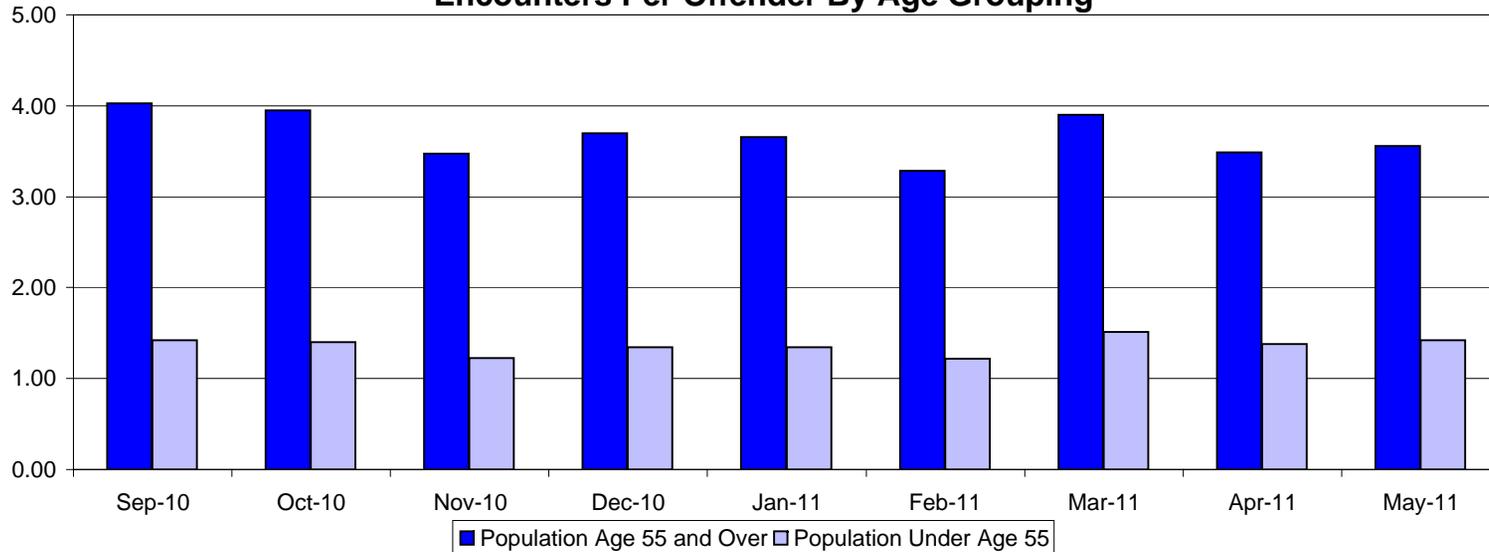
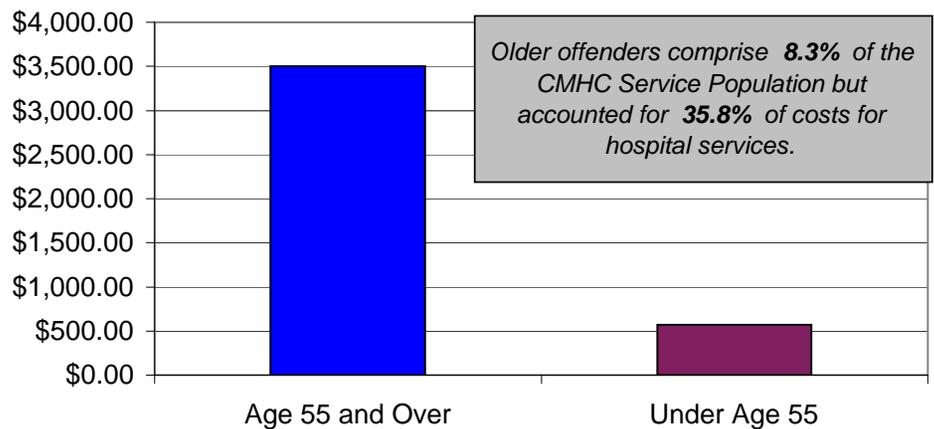


Table 7
FY 2011 3rd Quarter
Offsite Costs* To Date by Age Grouping

Age Grouping	Cost Data	Total Population	Total Cost Per Offender
Age 55 and Over	\$44,457,061	12,701	\$3,500.22
Under Age 55	\$79,561,939	140,021	\$568.22
Total	\$124,019,000	152,722	\$812.06

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

Chart 15
Hospital Costs to Date Per Offender
by Age Grouping

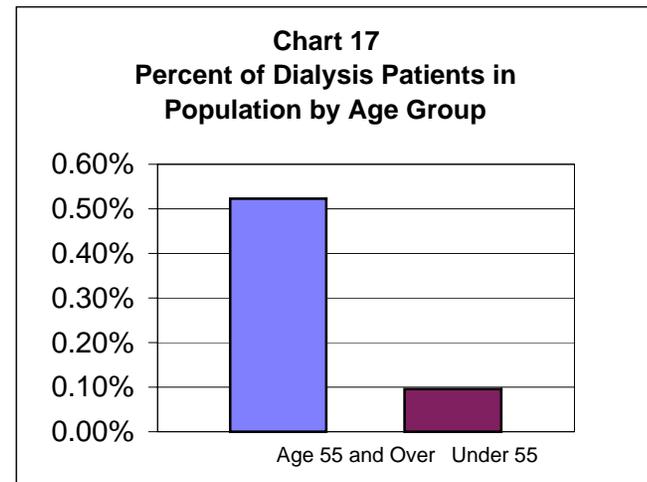
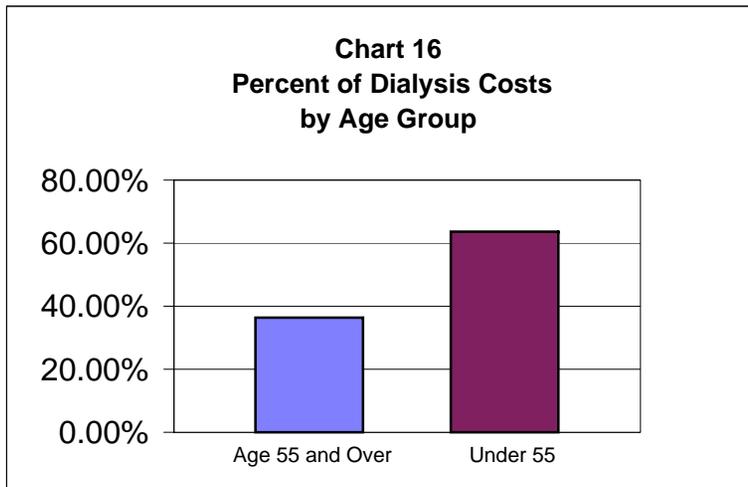


**Table 8
Through FY 2011 3rd Quarter
Dialysis Costs by Age Grouping**

Age Group	Dialysis Costs	Percent of Costs	Average Population	Percent of Population	Avg Number of Dialysis Patients	Percent of Dialysis Patients in Population
Age 55 and Over	\$1,125,698	36.36%	12,701	8.32%	66	0.52%
Under Age 55	\$1,970,635	63.64%	140,021	91.68%	134	0.10%
Total	\$3,096,333	100.00%	152,722	100.00%	201	0.13%

Projected Avg Cost Per Dialysis Patient Per Year:

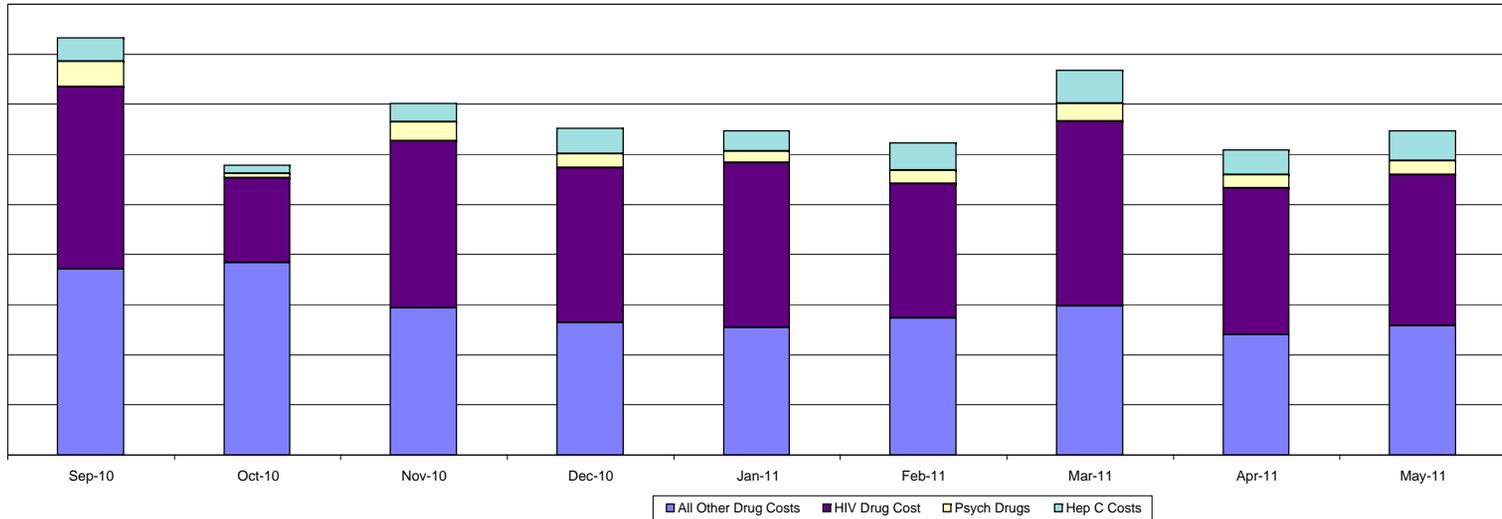
\$20,552



**Table 9
Selected Drug Costs FY 2011**

Category	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Total Year-to-Date
Total Drug Costs	\$4,165,682	\$2,888,852	\$3,507,800	\$3,257,628	\$3,233,074	\$3,112,128	\$3,838,143	\$3,042,293	\$3,233,187	\$30,278,787
<u>HIV Medications</u>										
HIV Drug Cost	\$1,817,559	\$846,407	\$1,666,960	\$1,544,738	\$1,643,841	\$1,339,523	\$1,844,860	\$1,460,133	\$1,500,532	\$13,664,554
HIV Percent of Cost	43.63%	29.30%	47.52%	47.42%	50.84%	43.04%	48.07%	47.99%	46.41%	45.13%
<u>Psychiatric Medications</u>										
Psych Drug Cost	\$253,600	\$40,725	\$192,832	\$141,357	\$115,496	\$131,973	\$176,497	\$134,119	\$140,485	\$1,327,084
Psych Percent of Cost	6.09%	1.41%	5.50%	4.34%	3.57%	4.24%	4.60%	4.41%	4.35%	4.38%
<u>Hepatitis C Medications</u>										
Hep C Drug Cost	\$236,702	\$81,764	\$181,523	\$251,498	\$199,406	\$273,614	\$329,274	\$246,283	\$298,766	\$2,098,832
Hep C Percent of Cost	5.68%	2.83%	5.17%	7.72%	6.17%	8.79%	8.58%	8.10%	9.24%	6.93%
All Other Drug Costs	\$1,857,821	\$1,919,955	\$1,466,485	\$1,320,035	\$1,274,331	\$1,367,018	\$1,487,511	\$1,201,757	\$1,293,404	\$13,188,318

**Chart 18
Drug Costs by Selected Categories**



**Table 10
Ending Balances 3rd Qtr FY 2011**

	Beginning Balance September 1, 2010	Net Activity FY 2011	Ending Balance May 31, 2011
CMHCC Operating Funds	\$89,264.62	\$70,790.37	\$160,054.99
CMHCC Medical Services	\$9,855.40	\$21,754,457.64	\$21,764,313.04
CMHCC Mental Health	\$1,541.12	\$3,347,937.70	\$3,349,478.82
Ending Balance All Funds	\$100,661.14	\$25,173,185.71	\$25,273,846.85

4th QTR Advance Payments

From TDCJ - Medical	(\$106,220,641.90)
From TDCJ - Mental Health	(\$10,427,890.23)
From TDCJ - CMHCC	(\$168,656.87)
To UTMB - Medical	\$84,459,145.00
To UTMB - Mental Health	\$7,078,852.00
Total Unencumbered Fund Balance	(\$5,345.15)

SUPPORTING DETAIL

CMHCC Operating Account

Beginning Balance	\$89,264.62
FY 2010 Funds Lapsed to State Treasury	(\$89,264.62)
Revenue Received	
1st Qtr Payment	\$166,823.71
2nd Qtr Payment	\$164,990.53
3rd Qtr Payment	\$168,656.87
4th Qtr Advance Payment	\$168,656.87
Interest Earned	\$39.41
Subtotal Revenue	\$669,167.39
Expenses	
Salary & Benefits	(\$375,846.10)
Operating Expenses	(\$133,266.30)
Subtotal Expenses	(\$509,112.40)
Net Activity thru this Qtr	\$70,790.37
Total Fund Balance CMHCC Operating	\$160,054.99

RECONCILIATION:

Less: 4th Qtr Advance Payment from TDCJ	(\$168,656.87)
Total Unencumbered Fund Balance	(\$8,601.88)

SUPPORTING DETAIL

CMHCC Capitation Accounts	Medical Services	Mental Health
Beginning Balance	\$9,855.40	\$1,541.12
FY 2010 Funds Lapsed to State Treasury	(\$9,855.40)	(\$1,541.12)
Revenue Detail		
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 Payment from TDCJ	\$106,220,641.90	\$10,427,890.23
4th Qtr Advance Payment from TDCJ	\$106,220,641.90	\$10,427,890.23
Interest Earned	\$2,816.03	\$440.81
Revenue Received	\$421,421,667.04	\$41,371,959.82

Payments to UTMB

1st Qtr Payment to UTMB	(\$83,541,111.00)	(\$7,001,907.00)
2nd Qtr Payment to UTMB	(\$82,623,077.00)	(\$6,924,963.00)
3rd Qtr Payment to UTMB	(\$84,459,145.00)	(\$7,078,853.00)
4th Qtr Advance Payment to UTMB	(\$84,459,145.00)	(\$7,078,852.00)
Subtotal UTMB Payments	(\$335,082,478.00)	(\$28,084,575.00)

Payments to TTUHSC

1st Qtr Payment to TTUHSC	(\$21,524,959.00)	(\$3,312,635.00)
2nd Qtr Payment to TTUHSC	(\$21,288,421.00)	(\$3,276,233.00)
3rd Qtr Payment to TTUHSC	(\$21,761,496.00)	(\$3,349,038.00)
Subtotal TTUHSC Payments	(\$64,574,876.00)	(\$9,937,906.00)

Total Payments Made thru this Qtr (\$399,657,354.00) (\$38,022,481.00)

Net Activity Through This Qtr \$21,754,457.64 \$3,347,937.70

Total Fund Balance \$21,764,313.04 \$3,349,478.82

RECONCILIATION:

Less: 4th Qtr Advance Payment from TDCJ	(\$106,220,641.90)	(\$10,427,890.23)
Add: 4th Qtr Advance Payment to UTMB	\$84,459,145.00	\$7,078,852.00
Total Unencumbered Fund Balance	\$2,816.14	\$440.59

*Correctional Managed
Health Care Committee*

Key Statistics Dashboard

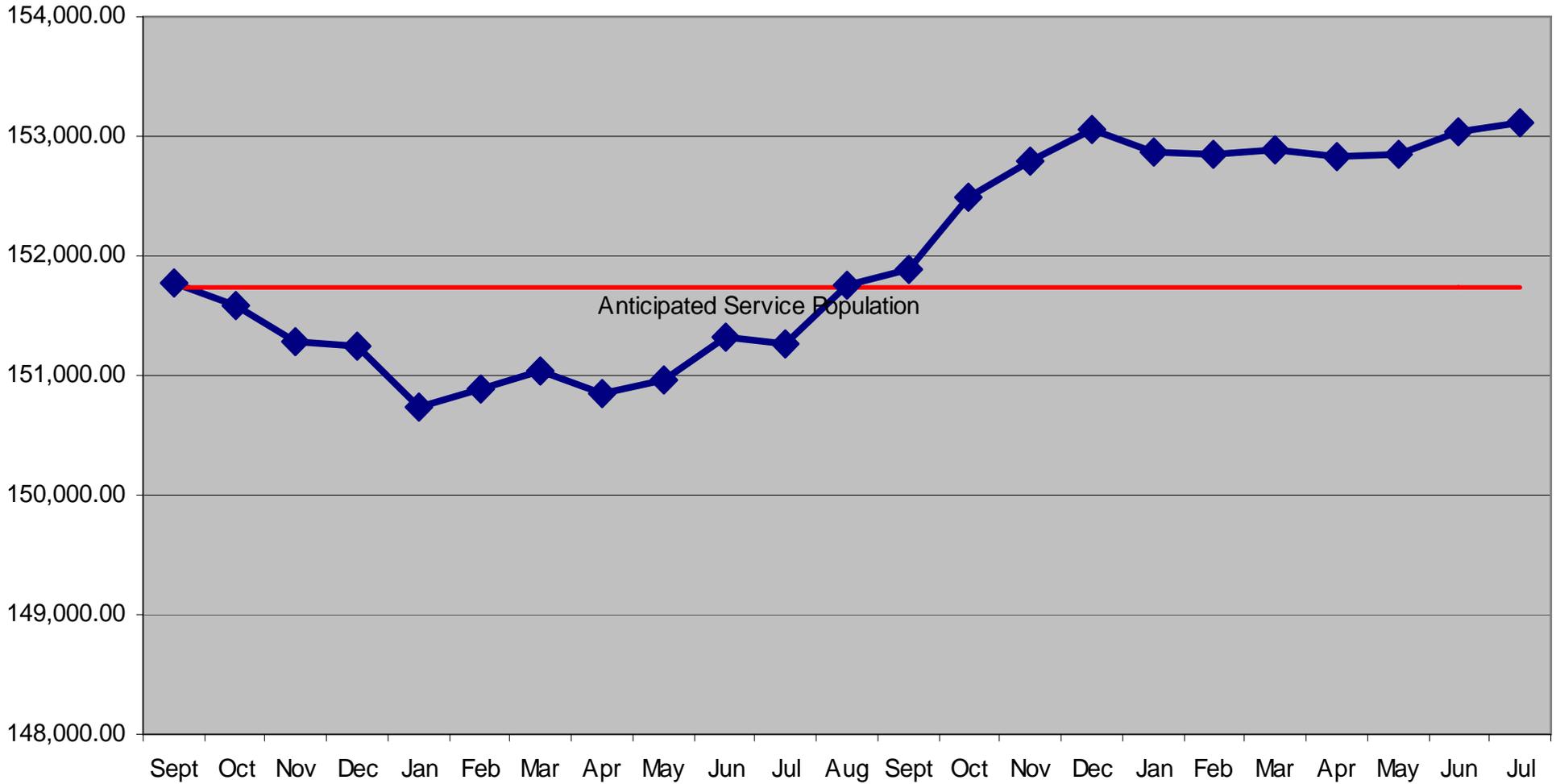
October 2011

*Correctional Managed
Health Care*



TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER

CMHC Service Population FY 2010-2011 to Date

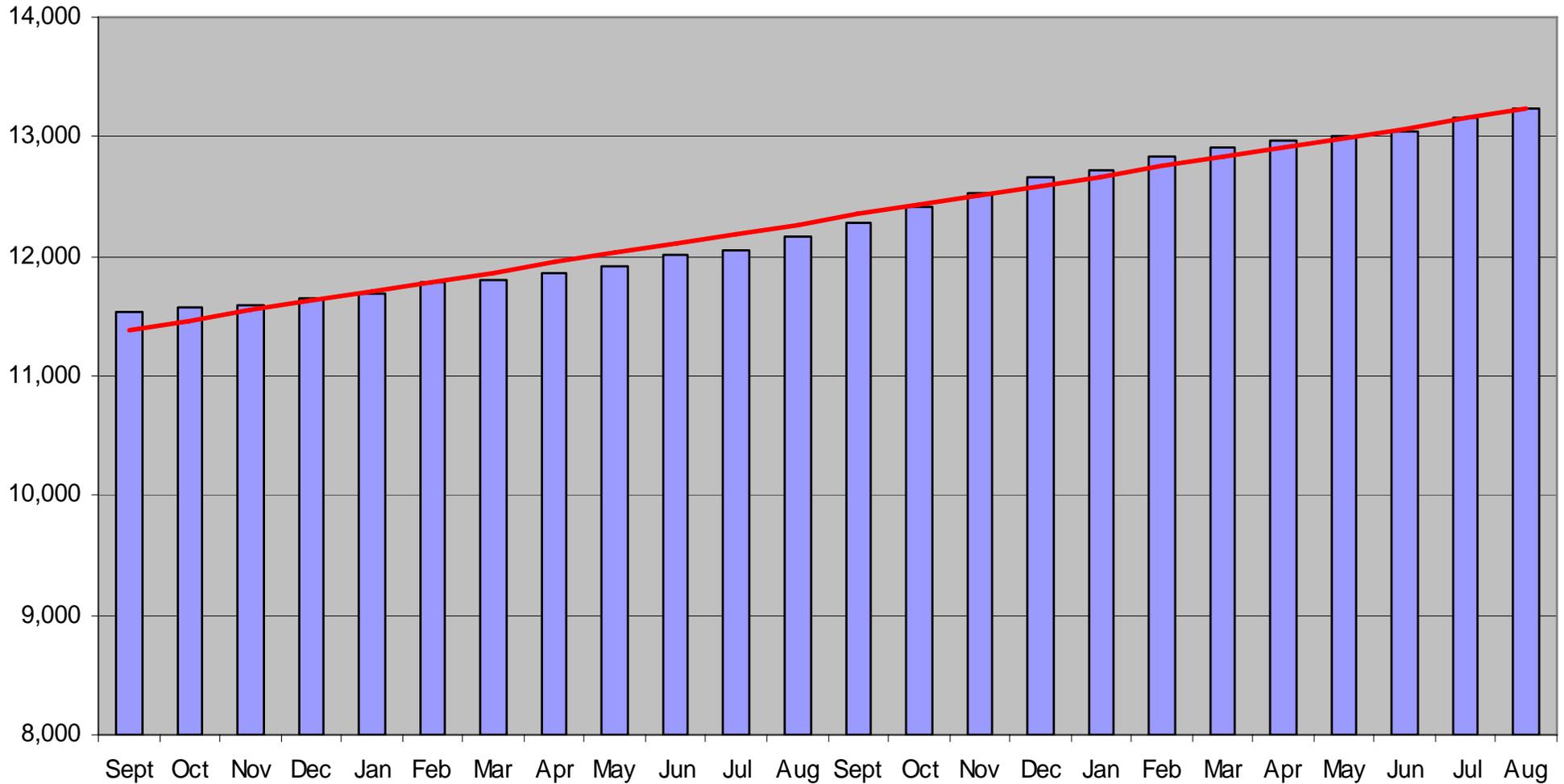


Correctional Managed

Health Care



Offenders Age 55+ FY 2010-2011 to Date



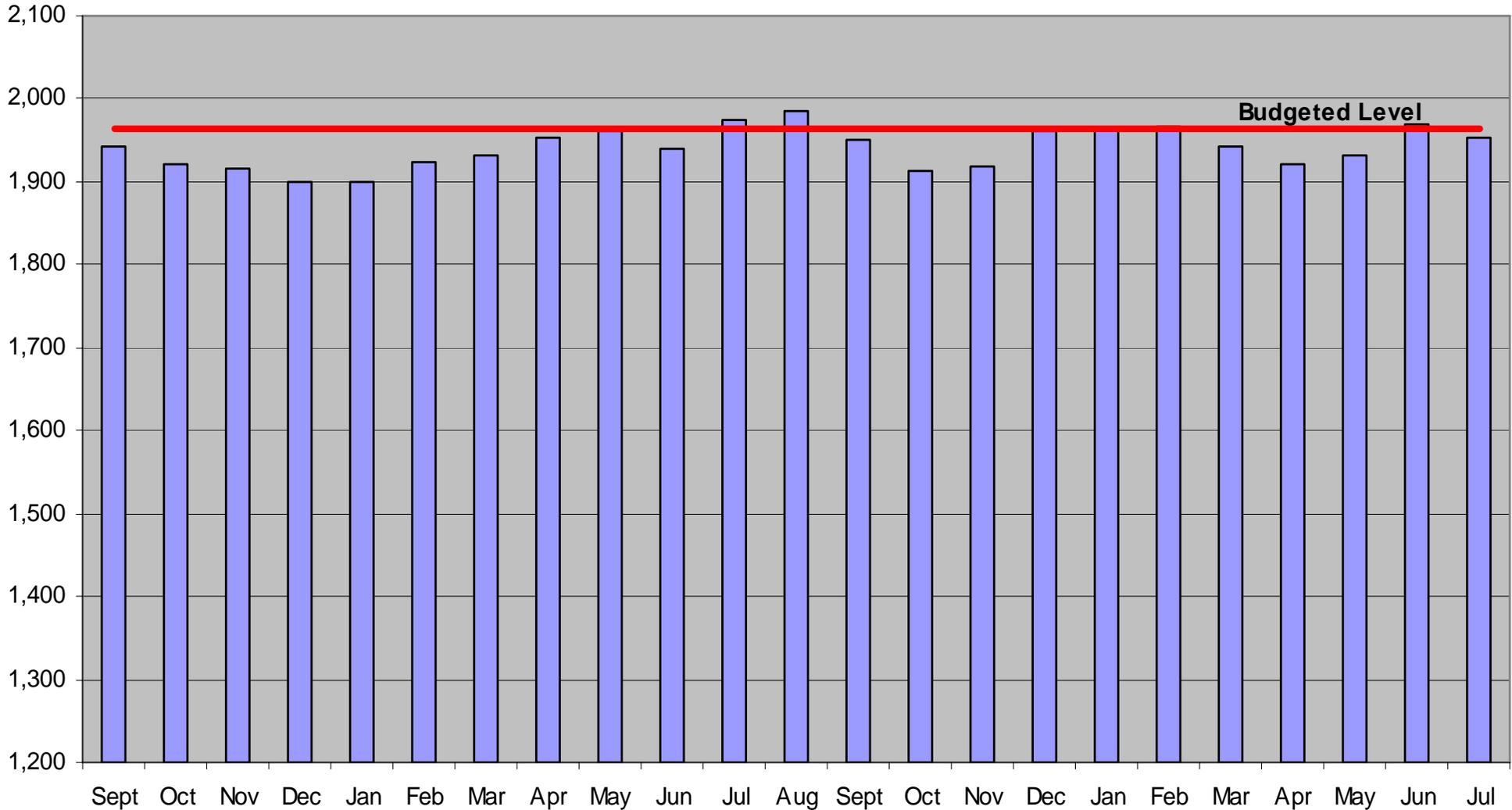
Correctional Managed

Health Care



TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER

Psychiatric Inpatient Census



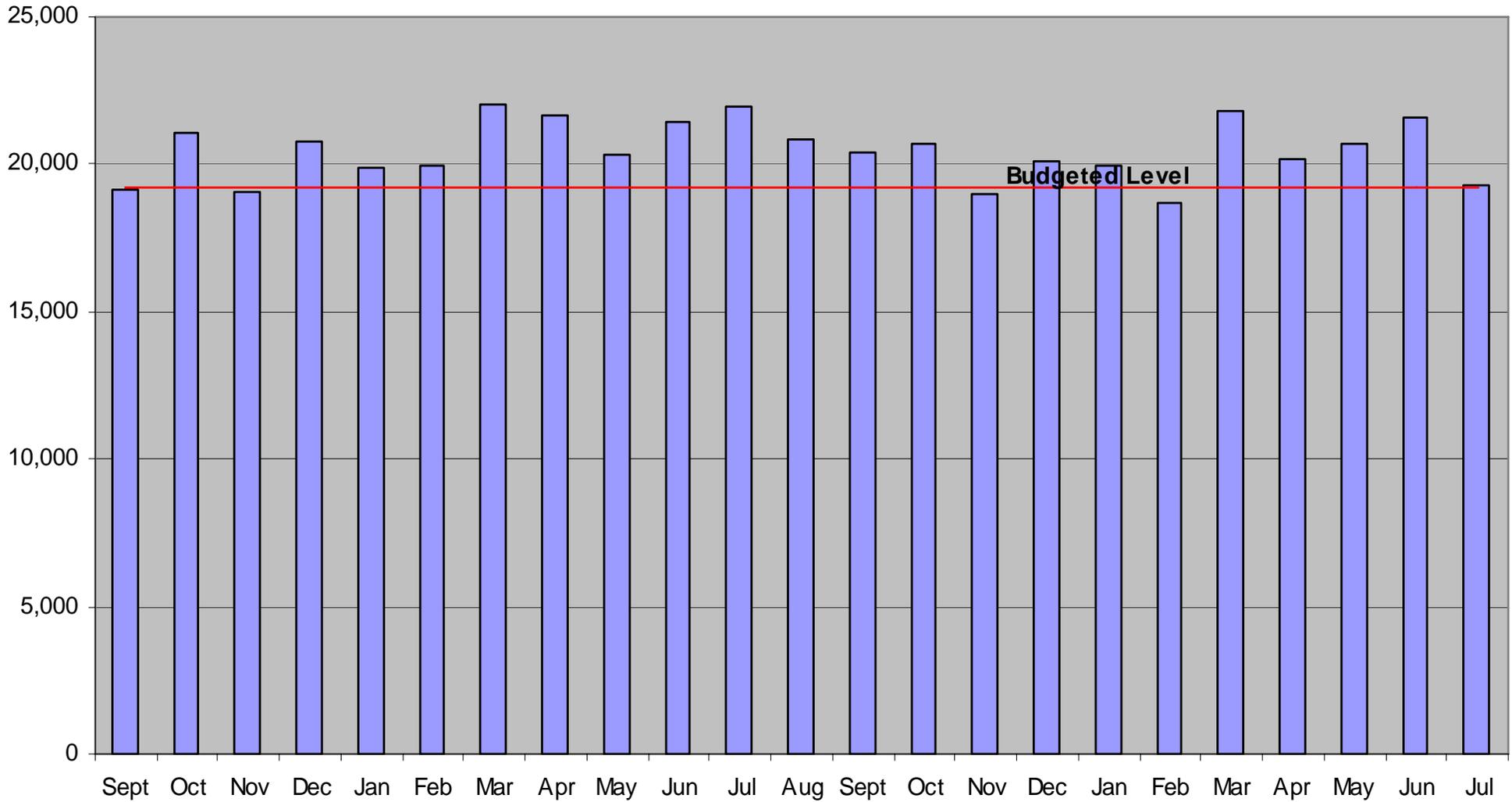
Correctional Managed

Health Care



TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER

Psychiatric Outpatient Census



Correctional Managed

Health Care



TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER

TDCJ MENTAL HEALTH CENSUS BY GENDER

Facility	AVERAGE DAILY POPULATION			LAST DAY CENSUS	
	Inpatient	Outpatient	MROP	Male	Female
SKYVIEW	500.42			438.00	54.00
JESTER IV	487.34			474.00	10.00
MT. VIEW	19.00				19.00
GATESVILLE (Valley)			97.69		98.00
HODGE			614.84	615.00	
MONTFORD PSYCHIATRIC	649.00			649.00	
PAMID	431.00			431.00	
CASELOAD - TTUHSC			5,089.00		
CASELOAD		16,726.00			
	2,087.36	16,726.00	5,801.52		

Facility	AVERAGE DAILY POPULATION			LAST DAY CENSUS	
	Inpatient	Outpatient	MROP	Male	Female
SKYVIEW	490.00			444.00	53.00
JESTER IV	489.07			479.00	14.00
MT. VIEW	18.20				18.00
GATESVILLE (Valley)			97.97		98.00
HODGE			610.50	610.00	
MONTFORD PSYCHIATRIC	632.00			632.00	
PAMID	462.00			462.00	
CASELOAD - TTUHSC			4,694.00		
CASELOAD		15,526.00			
	2,091.27	15,526.00	5,392.47		

Facility	AVERAGE DAILY POPULATION			LAST DAY CENSUS	
	Inpatient	Outpatient	MROP	Male	Female
SKYVIEW	492.10			441.00	54.00
JESTER IV	487.32			488.00	10.00
MT. VIEW	17.90				18.00
GATESVILLE (Valley)			96.16		96.00
HODGE			614.42	614.00	
MONTFORD PSYCHIATRIC	630.00			630.00	
PAMID	460.00			460.00	
CASELOAD - TTUHSC			4,504.00		
CASELOAD		16,220.00			
	2,087.32	16,220.00	5,214.58		

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*



TDCJ MENTAL HEALTH CENSUS BY GENDER

June-11 Facility	AVERAGE DAILY POPULATION			UNIQUE ENCOUNTERS MROP	LAST DAY CENSUS	
	Inpatient	Outpatient			Male	Female
SKYVIEW	488.03				441.00	66.00
JESTER IV	491.60				479.00	12.00
MT. VIEW	18.03					18.00
GATESVILLE (Valley)				88.70		88.00
HODGE				811.23	811.00	
MONTFORD PSYCHIATRIC	883.00				883.00	
PAMIO	488.00				488.00	
CASELOAD - TTUHSC		6,030.00			6,030.00	
CASELOAD		18,546.00			13,204.00	3,341.00
	2,169.66	21,576.00		708.93		

July-11 Facility	AVERAGE DAILY POPULATION			UNIQUE ENCOUNTERS MROP	LAST DAY CENSUS	
	Inpatient	Outpatient			Male	Female
SKYVIEW	484.00				448.00	46.00
JESTER IV	483.88				483.00	17.00
MT. VIEW	17.86					18.00
GATESVILLE (Valley)				87.43		87.00
HODGE				819.87	820.00	
MONTFORD PSYCHIATRIC	871.00				871.00	
PAMIO	448.00				448.00	
CASELOAD - TTUHSC		4,413.00			4,413.00	
CASELOAD		14,873.00			3,064.00	11,809.00
	2,126.33	18,286.00		717.45		

August-11 Facility	AVERAGE DAILY POPULATION			UNIQUE ENCOUNTERS MROP	LAST DAY CENSUS	
	Inpatient	Outpatient			Male	Female
SKYVIEW	502.23				488.00	60.00
JESTER IV	484.52				477.00	16.00
MT. VIEW	18.52					18.00
GATESVILLE (Valley)				84.61		85.00
HODGE				808.08	808.00	
MONTFORD PSYCHIATRIC	858.00				858.00	
PAMIO	434.00				434.00	
CASELOAD - TTUHSC		4,767.00			4,767.00	
CASELOAD		16,773.00			3,018.00	12,765.00
	2,108.27	20,630.00		702.68		

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 includes encounters reported by gender on EMR

*Correctional Managed
Health Care*



TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER

Access to Care Indicators

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

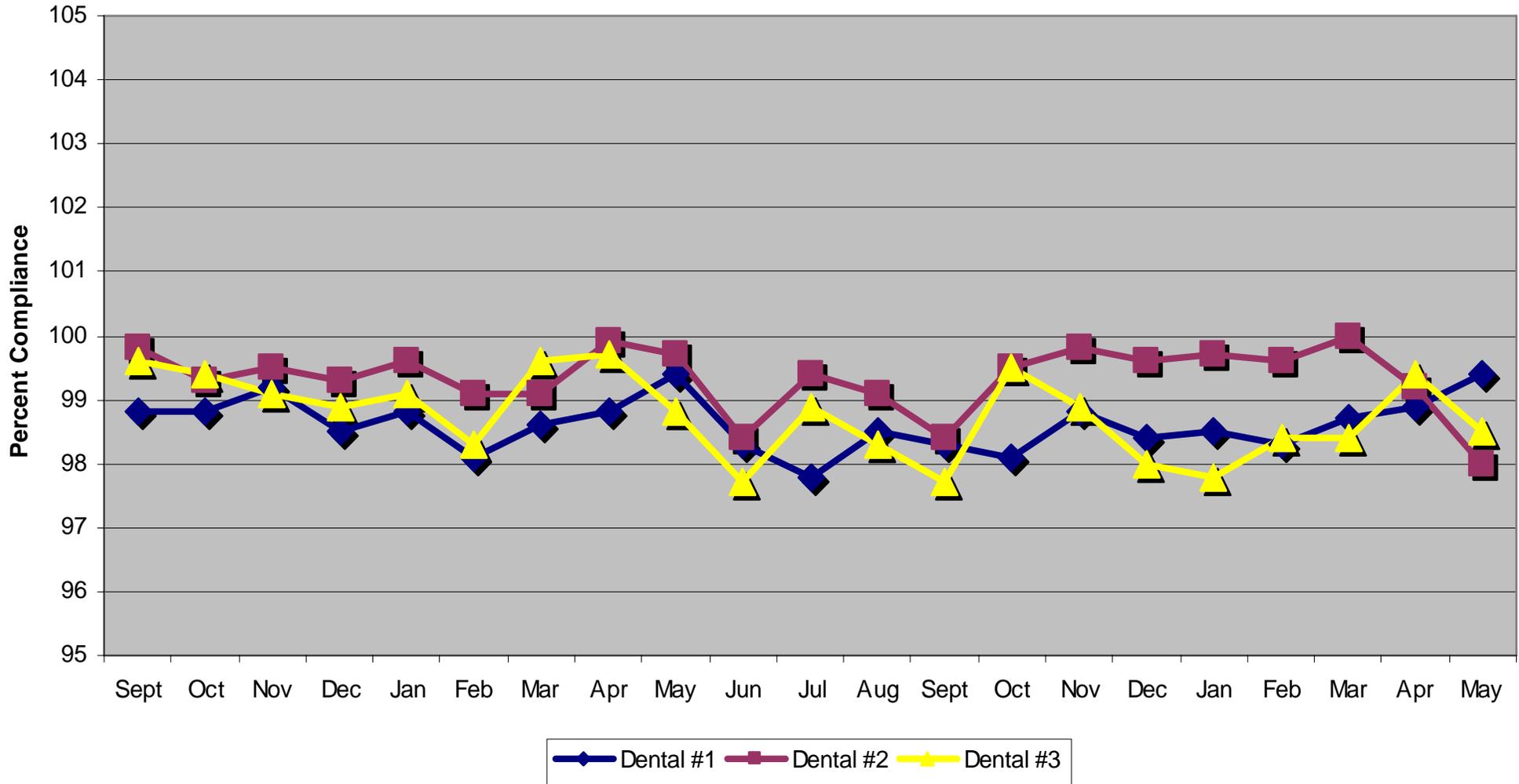
Correctional Managed

Health Care



TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER

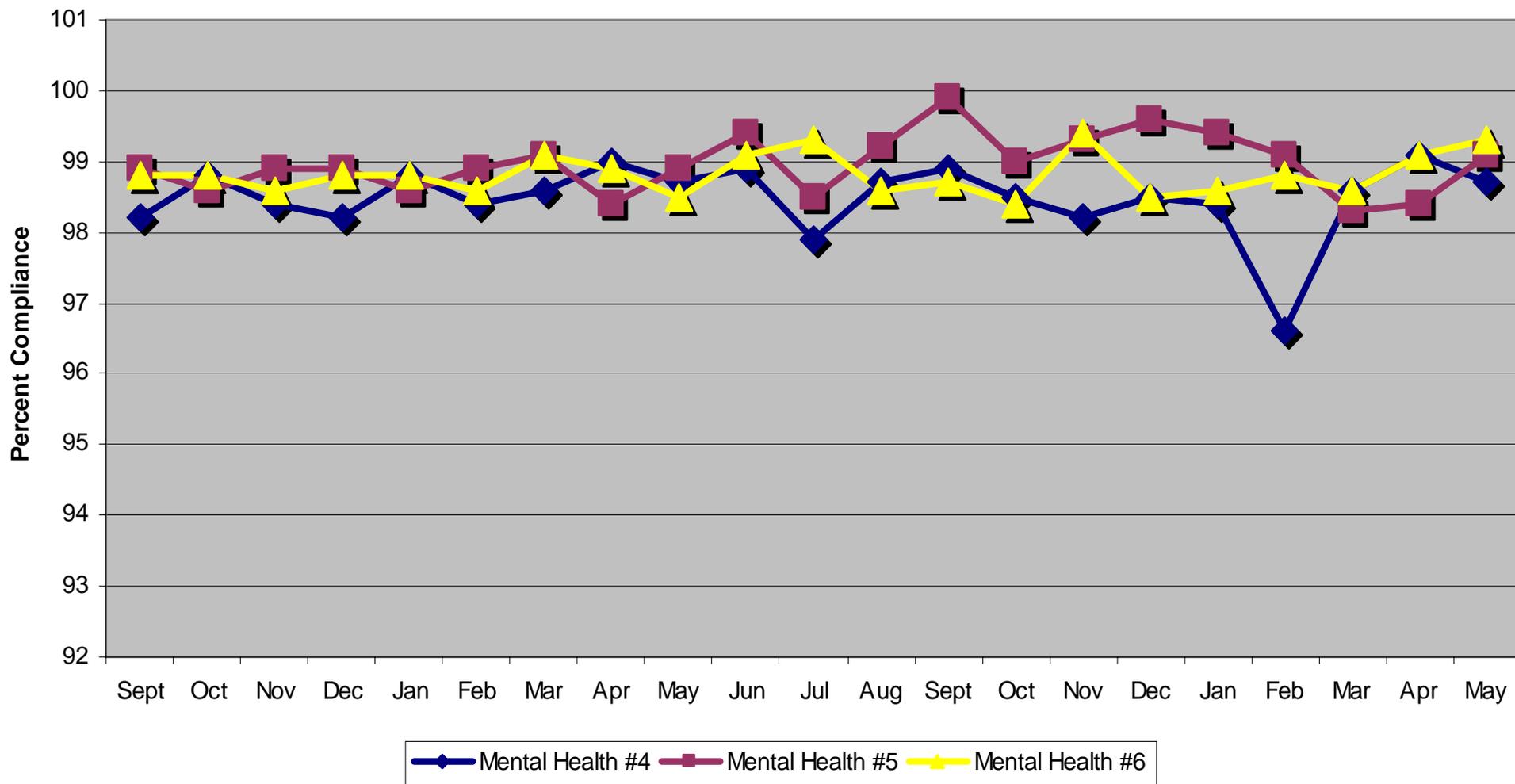
Dental Access to Care Indicators FY 2010-2011 to Date



*Correctional Managed
Health Care*



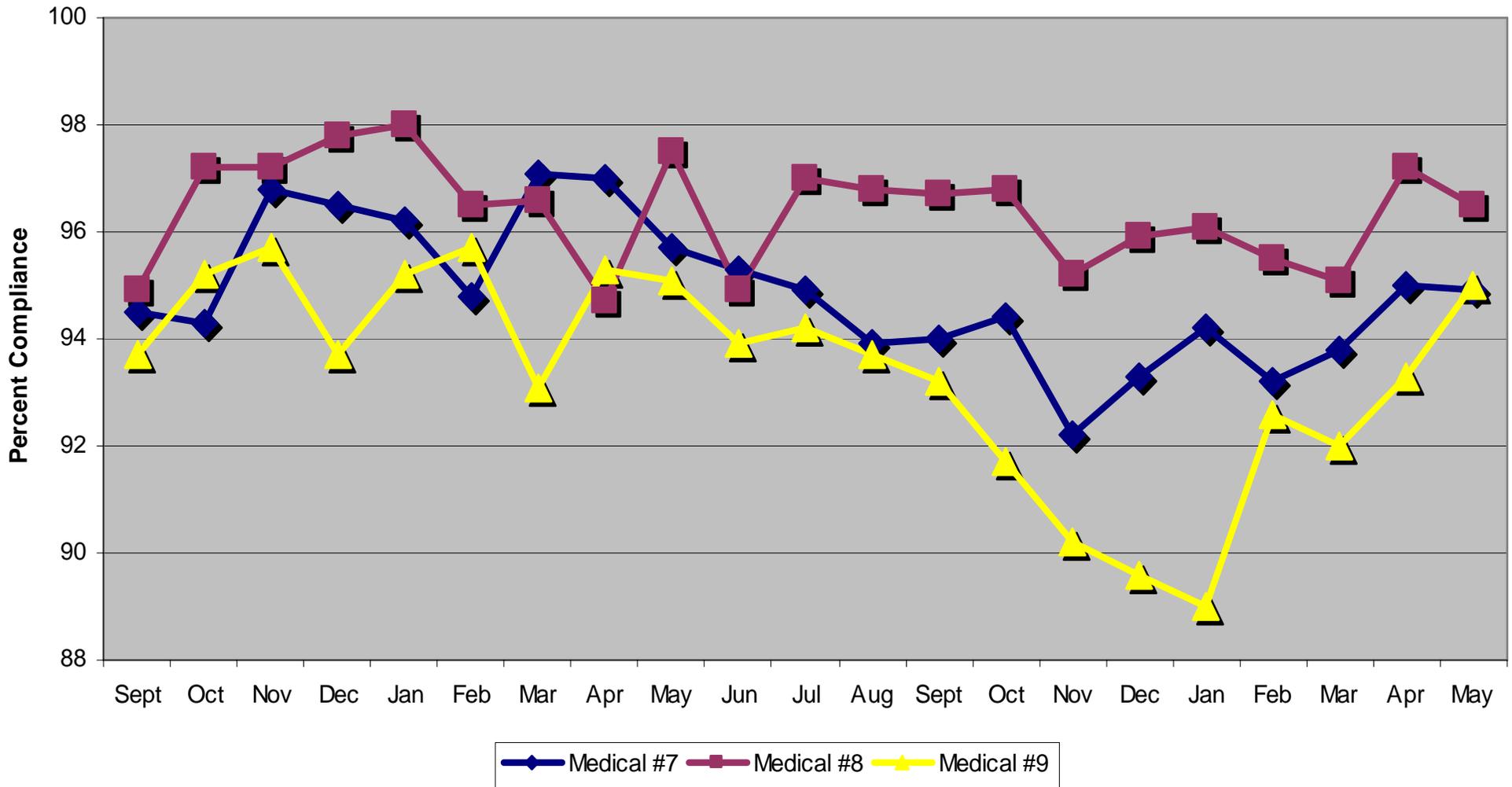
Mental Health Access to Care Indicators FY 2010-2011 to Date



*Correctional Managed
Health Care*



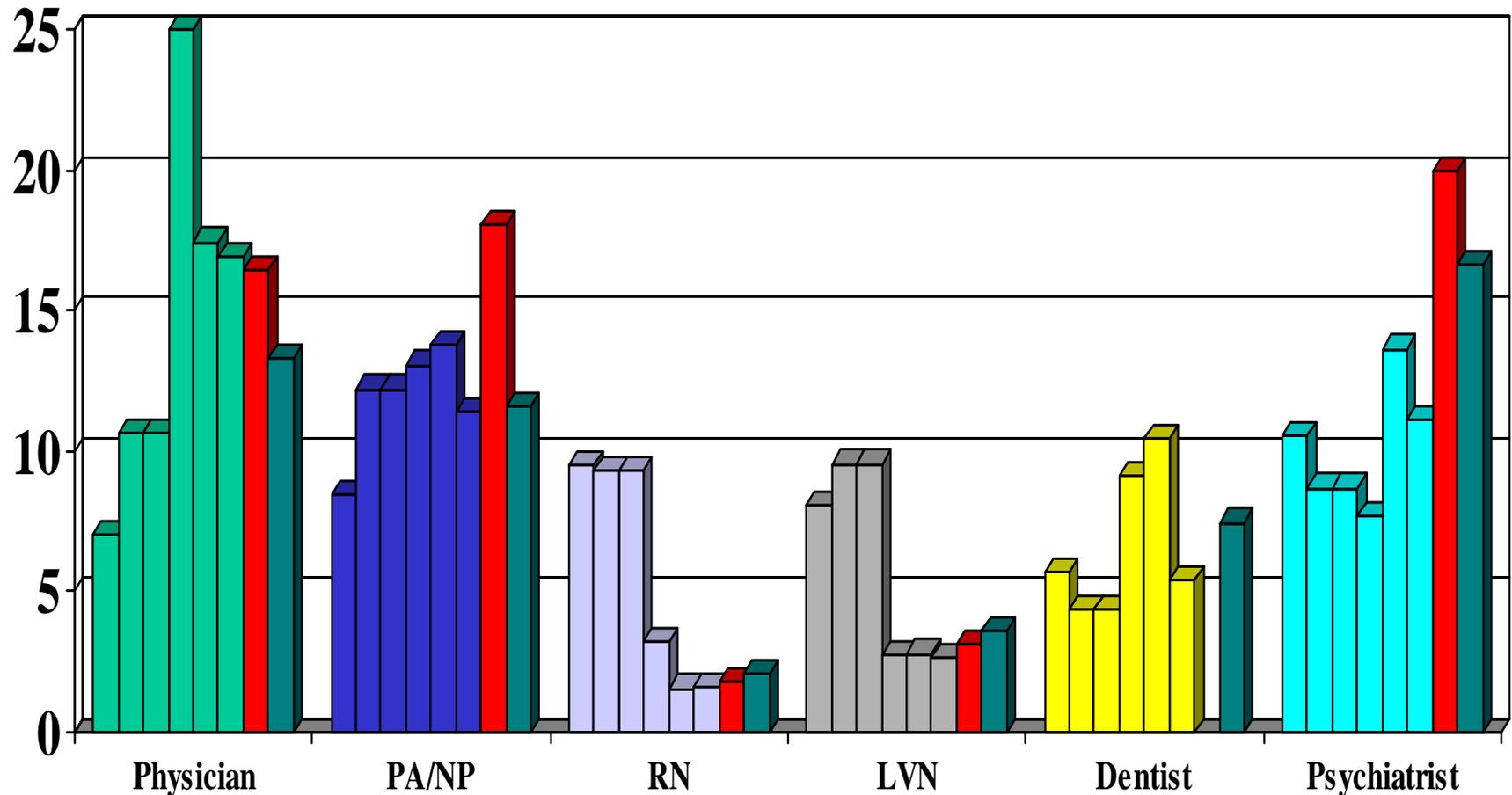
Medical Access to Care Indicators FY 2010-2011 to Date



*Correctional Managed
Health Care*



UTMB Vacancy Rates (%) by Quarter FY2010 – FY2011



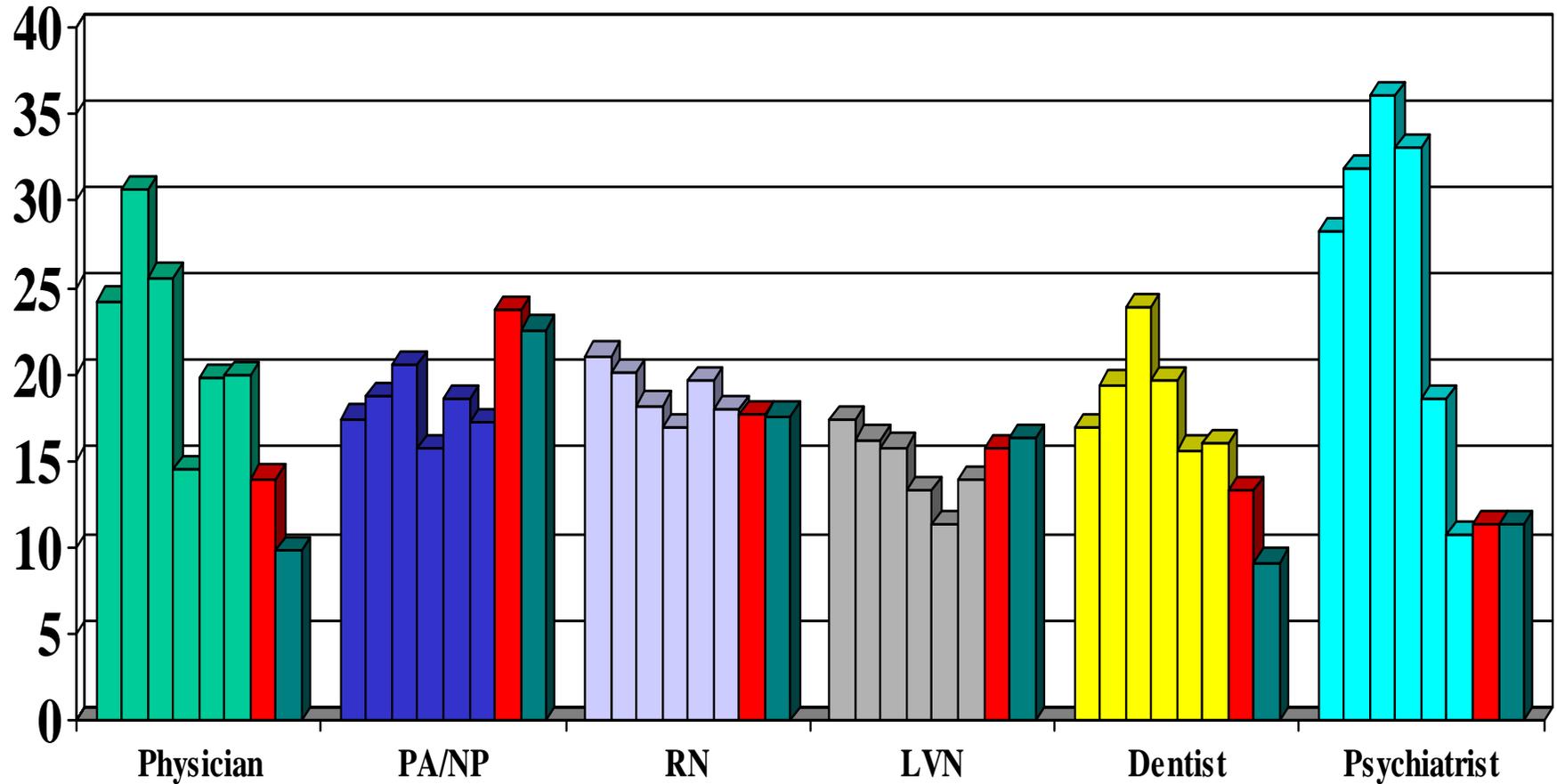
Correctional Managed

Health Care



TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER

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



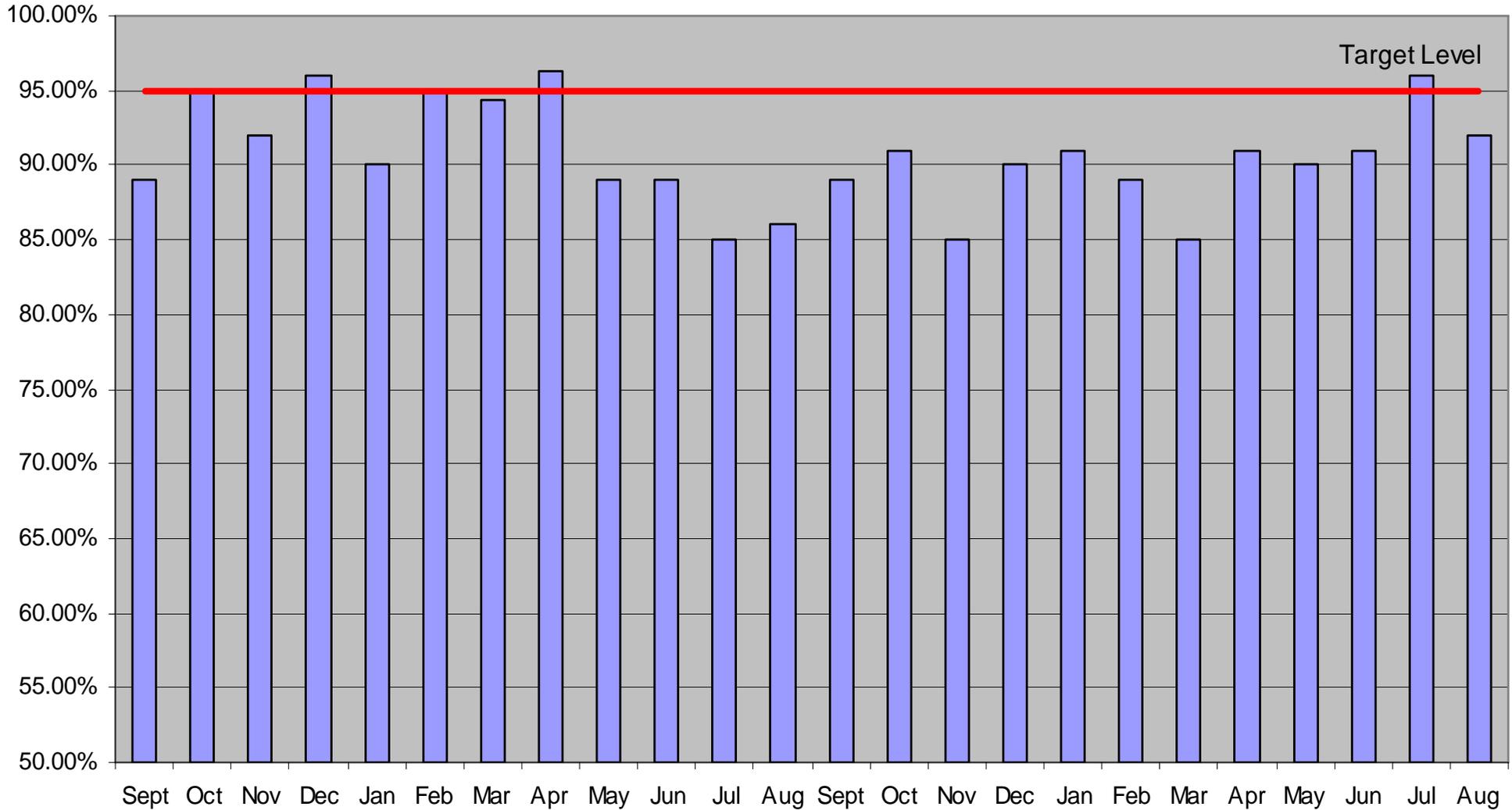
Correctional Managed

Health Care



TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER

Percent of Timely MRIS Summaries FY 2010-2011



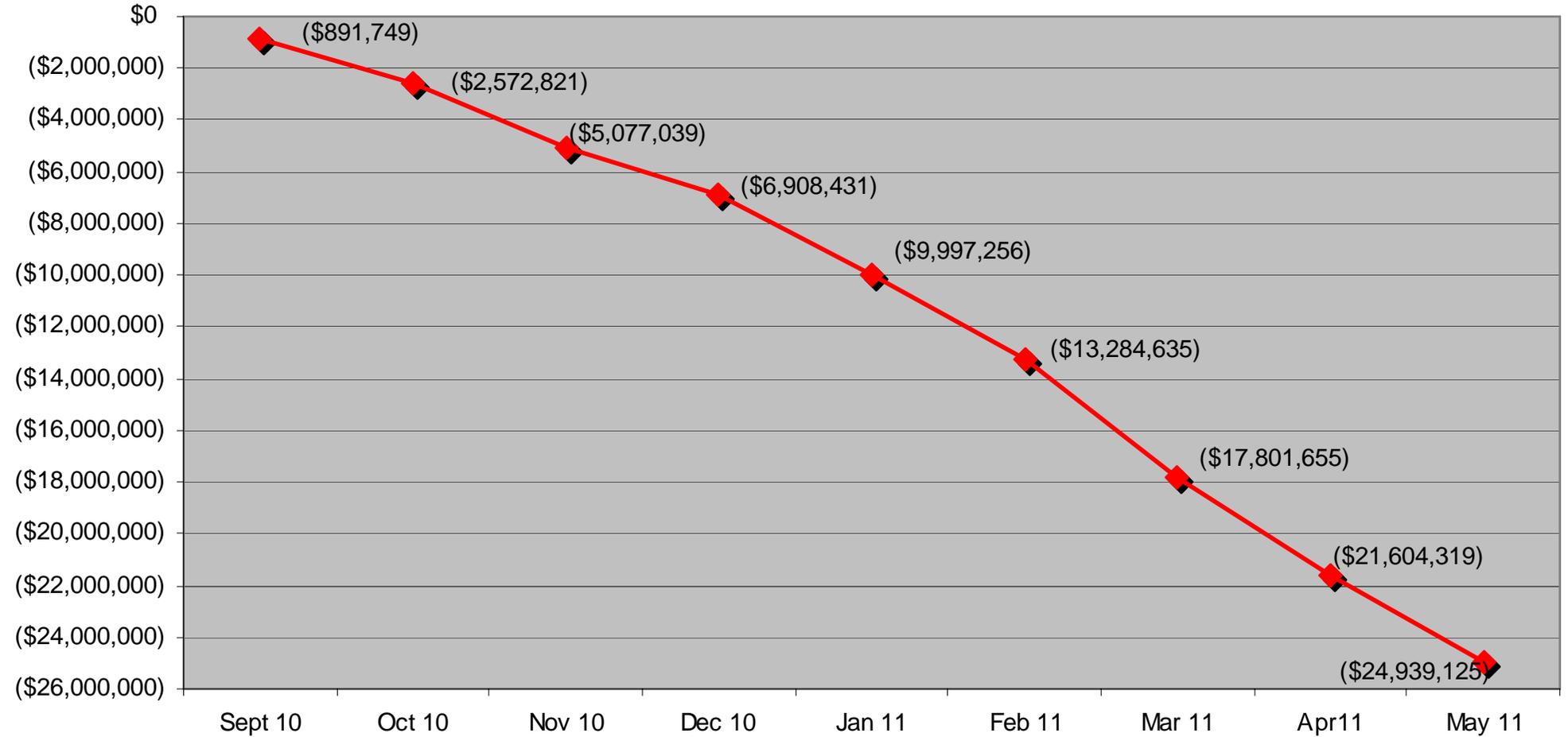
Correctional Managed

Health Care



TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER

Statewide Cumulative Loss/Gain FY 2011



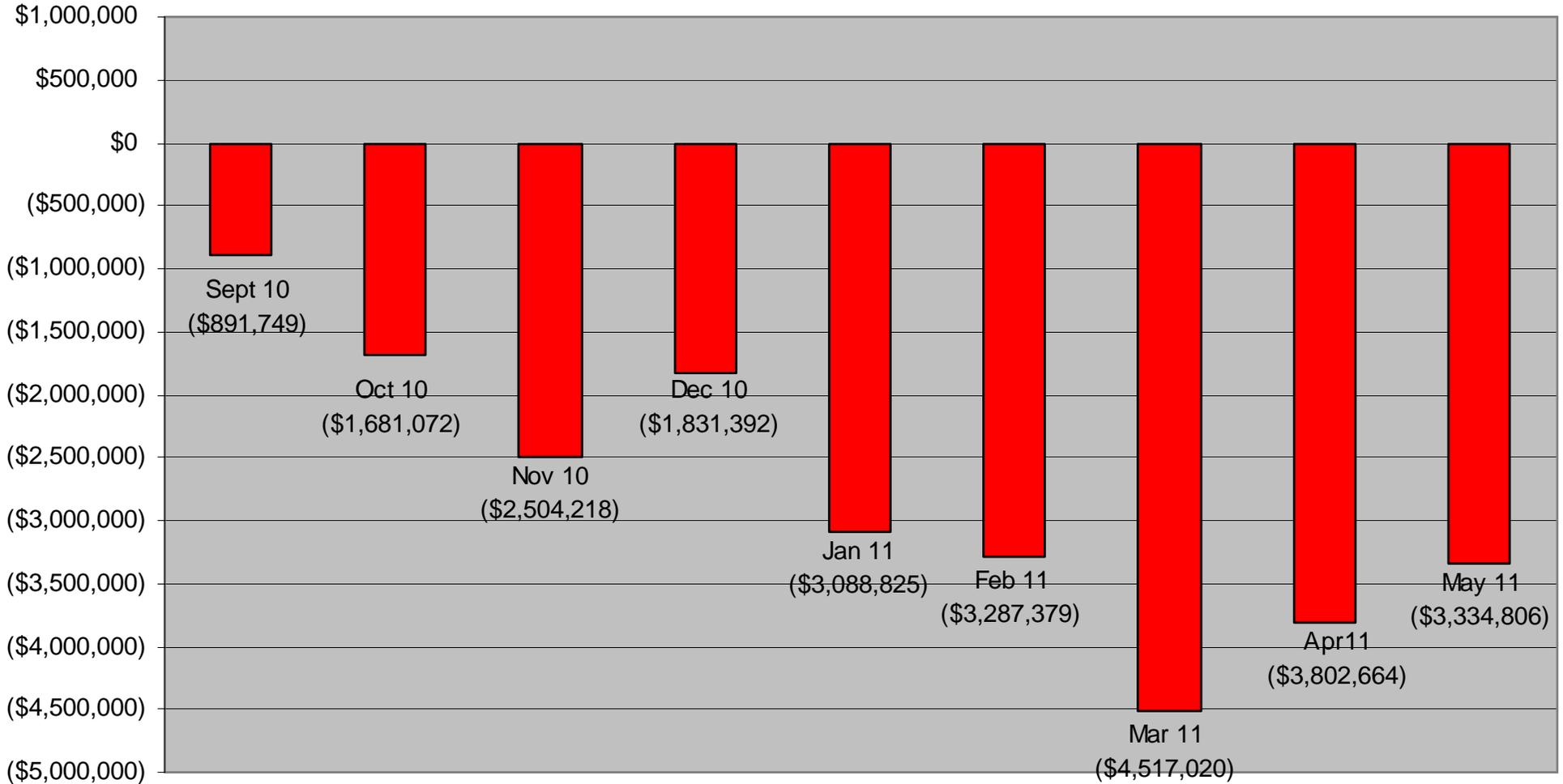
Correctional Managed

Health Care



TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER

Statewide Loss/Gain by Month FY 2011



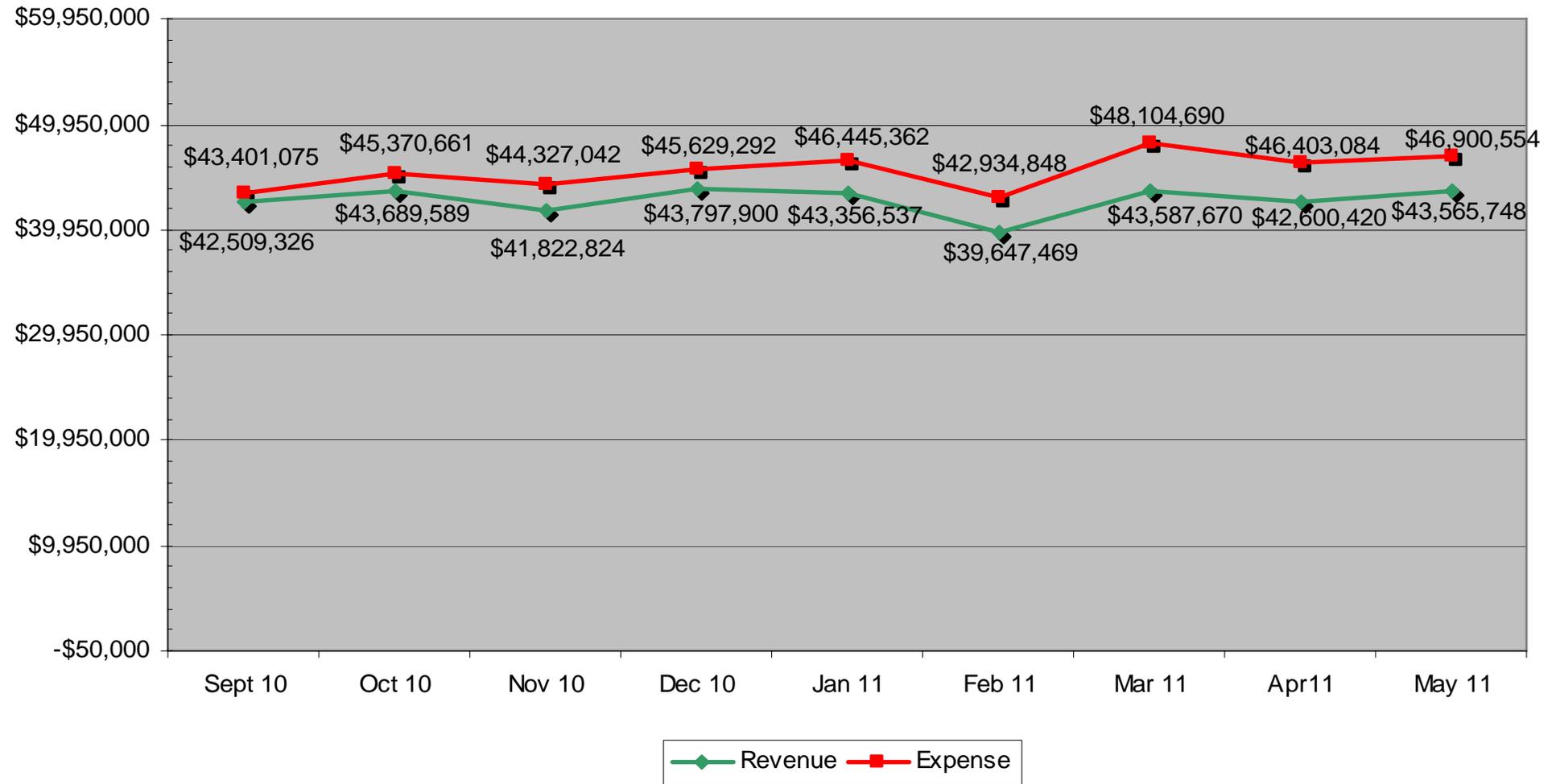
Correctional Managed

Health Care



TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER

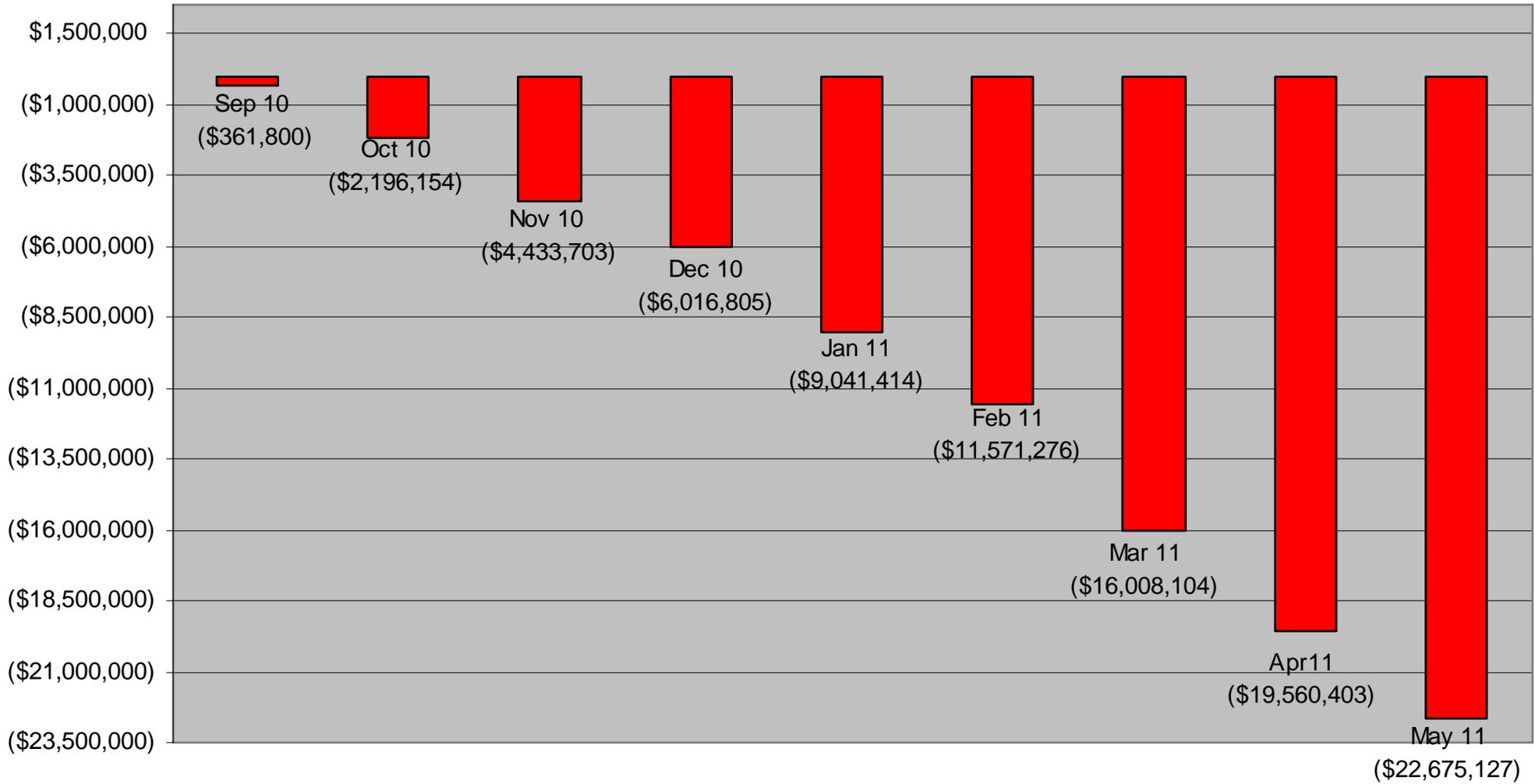
Statewide Revenue v. Expenses by Month FY 2011



*Correctional Managed
Health Care*



UTMB Cumulative Loss/Gain FY 2011



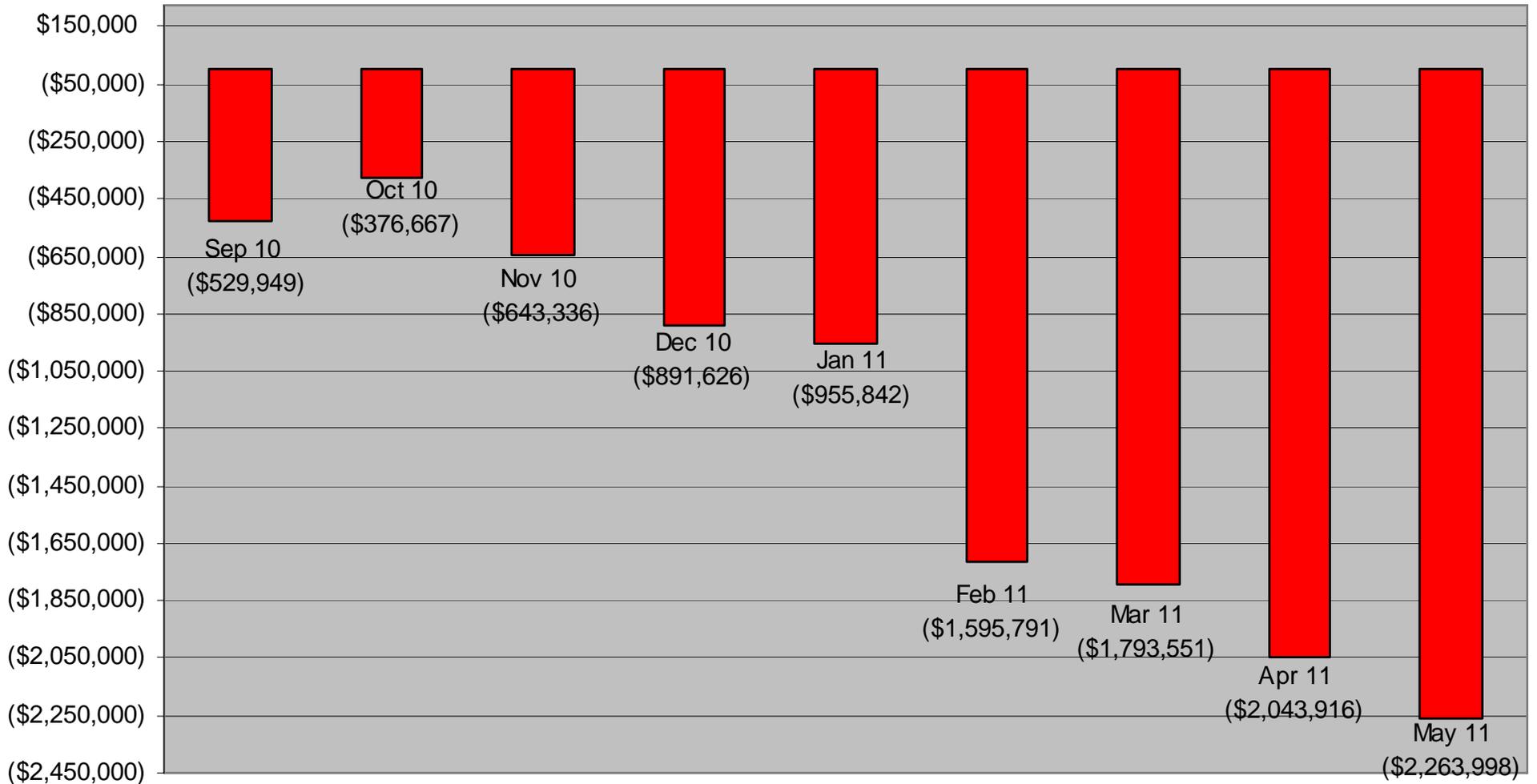
Correctional Managed

Health Care



TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER

TTUHSC Cumulative Loss/Gain FY 2011



Correctional Managed

Health Care



TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER



**TEXAS DEPARTMENT OF
CRIMINAL JUSTICE**

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

Third 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 Third Quarter of FY-2011 (March, April, and May), eight Operational Review Audits (ORAs) were conducted at the following facilities: Clemens, Garza East, Garza West, McConnell, Pack, Powledge, Telford, and one follow-up audit at the Clements Facility.
- During the Third Quarter of FY 2011, 11 Operational Review Audits (ORA) were closed for the following facilities: Allred, Boyd, Bridgeport (Male), Clements, Clements Follow-Up Audit, Dalhart, Darrington, Hospital Galveston, Neal, Scott, and Willacy State Jail.
- The following is a summary of the seven items found to be most frequently below 80 percent compliance in the seven ORA conducted in the Third Quarter FY-2011.
 1. Item **6.350** requires all Hepatitis C virus (HCV) infected patients with Aspartateaminotransferase (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). Eight of the eight facilities were not in compliance with this requirement. The eight facilities out of compliance were: Clemens, Clements, Garza East, Garza West, McConnell, Pack, Powledge and Telford. Corrective actions were requested from the eight facilities. At the time of this report, five facilities have returned their corrective action plan: Clemens, Clements, Pack, Powledge and Telford. Three facilities are preparing facility-specific corrective actions to ensure future compliance: Garza East, Garza West and McConnell.
 2. Item **6.360** requires the medical 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. Eight of the eight facilities were not in compliance with this requirement. The eight facilities out of compliance were: Clemens, Clements, Garza East, Garza West, McConnell, Pack, Powledge and Telford. Corrective actions were requested from the eight facilities. At the time of this report, five facilities have returned their corrective action plan: Clemens, Clements, Pack, Powledge and Telford. Three facilities are preparing facility-specific corrective actions to ensure future compliance: Garza East, Garza West and McConnell.
 3. 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 eight facilities were not in compliance with this requirement. The seven facilities out of compliance were: Clements, Garza East, Garza West, McConnell, Pack, Powledge and Telford. Corrective actions were requested from the seven facilities. At the time of this report, four facilities have returned their corrective action plan: Clements, Pack, Powledge and Telford. Three facilities are preparing facility-specific corrective actions to ensure future compliance: Garza East, Garza West and McConnell.
 4. Item **6.340** requires Aspartateaminotransferase (AST) Platelet Ratio Index (APRI) be calculated at least annually for offenders diagnosed with Hepatitis C virus (HCV). Seven of the eight facilities were not in compliance with this requirement. The seven facilities out of compliance were: Clemens, Clements, Garza East, Garza West, McConnell, Pack, and Telford. Corrective actions were requested from the seven facilities. At the time of this report, four facilities have returned their corrective action plan: Clemens, Clements, Pack, and Telford. Three facilities are preparing facility-specific corrective actions

Operational Review Audit (ORA) [Continued]

to ensure future compliance: Garza East, Garza West and McConnell.

5. Item **6.370** requires the influenza vaccine be offered annually to offenders with certain chronic diseases*, all offenders 55 years of age or older, and pregnant females after the first trimester. Vaccinations are to be documented on the Abstract of Immunizations Form (HSM-2) when administered. If the vaccination is refused, refusal should be documented with a signed Refusal of Treatment Form (HSM-82). **Diseases for which influenza vaccine is indicated: heart disease, moderate to severe asthma, COPD, diabetes, immunocompromised conditions such as HIV infection, most cancers, end-stage renal disease, and sickle cell disease.* Seven of the eight facilities were not in compliance with this requirement. The seven facilities out of compliance were: Clemens, Garza East, Garza West, McConnell, Pack, Powledge and Telford. Corrective actions were requested from the seven facilities. At the time of this report, four facilities have returned their corrective action plan: Clemens, Pack, Powledge and Telford. Three facilities are preparing facility-specific corrective actions to ensure future compliance: Garza East, Garza West and McConnell.
6. Item **1.100** requires interpreter services to be arranged and documented in the medical record for monolingual Spanish-speaking offenders. Six of the eight facilities were not in compliance with this requirement. The six facilities out of compliance were: Garza East, Garza West, McConnell, Pack, Powledge and Telford. Corrective actions were requested from the six facilities. At the time of this report, three facilities have returned their corrective action plan: Pack, Powledge and Telford. Three facilities are preparing facility-specific corrective actions to ensure future compliance: Garza East, Garza West and McConnell.
7. Item **4.120** requires a current Mental Health Individual Treatment plan (ITP) for offenders receiving mental health services to include diagnosis and treatment goals. Six of the eight facilities were not in compliance with this requirement. The six facilities out of compliance were: Garza East, Garza West, McConnell, Pack, Powledge and Telford. Corrective actions were requested from the six facilities. At the time of this report, three facilities have returned their corrective action plan: Pack, Powledge and Telford. Three facilities are preparing facility-specific corrective actions to ensure future compliance: Garza East, Garza West and McConnell.

Capital Assets Monitoring

The Fixed Assets Contract Monitoring officer audited the same eight units listed above for operational review audits during the Third 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 eight units were within the required compliance range.

Chronic Disease Audit: Congestive Heart Failure

During the Third Quarter of FY-2011 (March, April, and May), TDCJ Health Services conducted a Chronic Disease Quality of Care Audit to assess the primary care management of offenders with Congestive Heart Failure in facilities contracted by the Correctional Managed Health Care Committee.

A total of 279 charts were audited (217 UTMB and 62 TTUHSC). The sample size required for each unit was maintained at a confidence level of 95 percent. As a result, 40 percent of the 685 offenders with Congestive Heart Failure 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 Congestive Heart Failure population served by CMHC been

Chronic Disease Audit: Congestive Heart Failure (Continued)

measured.

The following five questions in the Congestive Heart Failure 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 Congestive Heart Failure Chronic Care Clinic within the last 12 months. The overall system-wide performance score was **56 percent**. 42 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 **99 percent**. There was one facility 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 **49 percent**. There were 50 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 Congestive Heart Failure management. The overall score was **42 percent**. 50 facilities scored below 80 percent.

There are six Congestive Heart Failure-specific questions in this Audit Tool. Overall performance was less than 80 percent for all questions.

- **Question 6** 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 **67 percent**. 37 facilities scored below 80 percent.
- **Question 7** 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 **79 percent**. There were 23 facilities that scored below 80 percent.
- **Question 8** assesses if there is documentation that the offender was counseled on modifying risk factors for Congestive Heart Failure, such as controlling blood pressure, cholesterol and blood sugars. The overall score was **39 percent**. 53 facilities scored less than 80 percent.
- **Question 9** assesses if there is documentation that the offender was counseled about diet. The overall score was **45 percent**. 50 facilities performed less than 80 percent.
- **Question 10** assesses if a therapeutic diet was ordered, or a refusal of treatment signed. The overall score was **77 percent**. There were 27 facilities that scored less than 80 percent.
- **Question 11** assesses if an Ejection Fraction was measured. The overall score was **20 percent**. 62 facilities fell below 80 percent.

The Congestive Heart Failure Audit Database also generated the following vaccine report:

- **86 percent** of the offenders with Congestive Heart Failure received an influenza vaccination within the most recent flu season.

Chronic Disease Audit: Congestive Heart Failure (Continued)

18 facilities scored below 80 percent.

- **68 percent** of the offenders with Congestive Heart Failure received a pneumococcal vaccination within the past 5 years. 32 facilities scored below 80 percent.

Quality of Care Audit: Dental

During the Third Quarter of FY-2011 (March, April, May), Dental Quality Review audits were conducted at the following twelve (12) facilities: Briscoe, Central, Clemens, Cotulla, Kegans, Kyle, Lychner, Ney, Scott, South Texas ISF, Torres, and Young. The following is a summary of the items found to be most frequently below 80 percent.

- **Item 1** assesses if patients presenting with signs and/or symptoms consistent with an urgent dental need received definitive care within 14 days of receipt of the Sick Call Exam (SCE). The following three facilities were out of compliance: Kegans, Lychner, and Ney. All three facilities have submitted Corrective Action Plans and they were accepted.
- **Item 2** assesses if charts of incoming (Chain-in) intra-system offenders transfers are reviewed by the facility dental department within seven days of arrival. The following three facilities were out of compliance: Cotulla, Lychner, and Torres. All three facilities have submitted Corrective Action Plans and they were accepted.
- **Item 19** assesses if the Ending Priority on the Comprehensive Treatment Plan (CTP) is consistent with the documented objective findings and assessment. The following three facilities were out of compliance: Clemens, Ney, and Torres. All three facilities have submitted Corrective Action Plans and they were accepted for this quarter.

Grievances and Patient Liaison Correspondence

During the Third Quarter of FY-2011 (March, April, and May), the Patient Liaison Program and the Step II Grievance Program received 4,106 correspondences: Patient Liaison Program with 2,310 and Step II Grievance with 1,796. There were 666 Action Requests 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 closed in the Third Quarter FY-2011 for the Step II medical grievances was eight percent. 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 nine percent and four percent for TTUHSC.

Quality Improvement (QI) Access to Care Audits

The frequency of the Sick Call Request Verification Audit (SCRVA) was changed effective the Third 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 Third Quarter of FY-2011 (March, April, and May) the Patient Liaison Program nurses and investigators performed 36 SCRVA at 34 facilities. 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. A total of 270 indicators were reviewed at the 34 facilities and 28 of the indicators 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 Third Quarter of FY-2011:

- The Public Health Program monitors cases of contagious (i.e. infectious) diseases in newly incarcerated offenders as well as new cases that occur in offenders within TDCJ. The data is reported by the facilities for 11 infectious conditions including Syphilis, Hepatitis C Virus (HCV), Human Immunodeficiency Virus (HIV), and Tuberculosis (TB) as well as the data for 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. There were 805 cases of Hepatitis C identified for the Third Quarter FY-2011, compared to 816 cases identified during the same quarter last year. 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-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. HIV tests became mandatory for pre-release in September 2005 (HB43). Pre-release tests must occur during the last six months of an offender's sentence. Two categories of offenders do not have to have pre-release testing: those already known to be HIV positive and those whose intake test was drawn within 6 months of an offender's release date. During the Third Quarter FY-2011, 20,545 offenders had intake tests, and 45 were newly identified as having HIV infections. For the same quarter last year, 16,902 offenders had intake tests, and 45 were HIV positive. During the Third Quarter FY-2011, 17,296 offenders had pre-release tests; 106 were HIV positive. 45 new AIDS cases were identified during the Third Quarter FY-2011. Because the spectrum of HIV infection includes AIDS, offenders designated as meeting a case definition for AIDS are a subset of those with HIV infections.
- 229 cases of suspected Syphilis were reported in the Third Quarter FY-2011, compared to 211 in the same quarter in FY-2010. 142 of the 229 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.
- 209 Methicillin-Resistant Staphylococcus Aureus (MRSA) cases were reported in this quarter, compared to 348 during the same quarter FY-2010. 312 Methicillin-Sensitive Staphylococcus Aureus (MSSA) were reported in the Third Quarter FY-2011 compared to 205 reported for FY-2010. Numbers of both MRSA and MSSA have been decreasing for the last few years; however MSSA has increased this past quarter.
- There was an average of 16 Tuberculosis (TB) cases under management for the Third Quarter FY-2011, compared to an average of 20 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 Third Quarter FY-2011, 10 training sessions were held and 138 medical staff received training. This position also audits the documentation and services provided by medical personnel for each sexual assault reported. There have been 183 chart reviews of alleged sexual assaults performed for the Third Quarter FY-2011. The following units had one deficiency each: Mountain View, Robertson, Stiles, and Torres. Corrective action plans were requested with these facilities. Corrective actions were received from Torres, Mountain View and Stiles Facilities and are closed. 38 bloodborne exposure baseline labs were drawn on exposed victims, and there were zero conversions.

- During the Third Quarter, all five of the Ninth Annual Peer Education Health Conferences were held. Conferences are held to increase the knowledge base of offender peer educators regarding infectious diseases that are important in TDCJ and in the communities from which they come. Offenders from the following 52 units attended one of the five one day conferences: Beto, Boyd, Briscoe, Byrd, Clements, Coffield, Cole, Connelly, Cotulla, Crain, Dalhart, Dominguez, Duncan, Eastham, Ellis, Estelle, Ferguson, Garza East, Garza West, Goodman, Goree, Gurney, Formby, Hamilton, Hilltop, Hobby, Hodge, Holliday, Hughes, Huntsville, Hutchins, Jordan, Lewis, Luther, Marlin, McConnell, Michael, C. Moore, Mountain View, Murray, Neal, Ney, Pack, Polunsky, Powledge, Stevenson, Telford, Torres, Tulia, Wheeler, Woodman, and Wynne.
- During the Third Quarter, one additional unit (Havins) began providing the offender peer education program. As of the close of the quarter, 99 of the 112 facilities housing Correctional Institutional Division offenders had active peer education programs. During the third quarter of FY-2011, 111 offenders were trained to become peer educators. This is a decreased number of offenders who were trained to become educators during the same quarter of FY-2010 (i.e., 118). During the third quarter of the FY-2011, 19,615 offenders attended classes presented by peer educators. This is an increase from the same quarter last year during which 15,933 participants attended classes.

Mortality and Morbidity

There were 107 deaths reviewed by the Mortality and Morbidity Committee during the months of March, April, and May. Of those 105 deaths, 16 were referred to peer review committees and seven 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	5
Provider Peer Review	7
Nursing Peer Review	4
Total	16

Mental Health Services Monitoring & Liaison

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

- Liaison with County Jails identified the immediate mental health needs of 38 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 2,843 offenders, who were received into Intermediate Sanction Facilities. 508 offenders were identified as having a documented history of mental illness. This information was provided to the appropriate facilities.
- 18 offenders sentenced to TDCJ Boot Camp were interviewed to determine if their mental health needs could be met at the Boot Camp. All 18 offenders were found to be appropriate for TDCJ Boot Camp.
- Mental Health monitors all offenders in Administrative Segregation (Ad Seg) facilities within the TDCJ Correctional Institution Division/State Jails every six months. In the Third quarter, 23 Ad Seg facilities were audited: Allred Expansion Cell Block (ECB), Allred (Bldg 12), Beto, Bradshaw, Clements, Cole, Connally, Darrington, Dawson, Dominguez, Ferguson, Formby, Hutchins, Lewis ECB, Lopez, McConnell, Mount View, Murray, Polunsky, Powledge, Ramsey, Sanchez, and Wynne. 4,421 offenders were observed, 2,347 of them were interviewed and 11 offenders were referred to the university providers for further evaluation. Access to Care (ATC) 4 (i.e. timely triage) met or exceeded 80 percent compliance for 19 facilities. Four facilities, Dawson, Dominguez, Formby, and Sanchez, had no Sick Call Requests for mental health from offenders in Ad Seg. ATC 5 (i.e. documentation of Sick Call Requests) met or exceeded 80 percent compliance for 18 facilities that received Sick Call Requests from offenders in Ad Seg. The Cole facility did not meet 80 percent compliance for ATC 5. 19 facilities met or exceeded the 80 percent compliance for ATC 6 (i.e. referral from triage). Four facilities: Dawson, Dominguez, Formby, and Sanchez, had no referrals from triage. A corrective action plan was requested from the Cole Facility for ATC 5. The corrective action plan was received and the audit was closed.
- Four Special Needs Substance Abuse Felony Punishment Facilities (SAFPF): 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 Log and that the medical records contained documentation of the required criteria for all incidents of compelled psychoactive medication. All four Facilities met 80 percent compliance for logging all incidents of compelled psychoactive medication identified on the UOF log on the mental health log. All four facilities also met or exceeded 80 percent compliance for documenting the required criteria for compelled psychoactive medication in the medical record.
- The following eight intake facilities were audited to ensure offenders entering TDCJ with potential mental health needs received a mental health evaluation within 14 days of identification: Baten ISF, Bradshaw, Dominguez, Garza, Holliday, Hutchins, Jester I SAFPF, and Lychner. Three facilities met or exceeded the 80 percent compliance for completing mental health evaluations within 14 days were: Dominguez, Jester I SAFPF, and Lychner. The 4 facilities that did not meet 80 percent compliance were: Bradshaw, Holliday, Garza, Holliday, and Hutchins. Corrective action plans were requested from these four units. The corrective action plans were received from all 4 units and the audits were

closed. The Baten Unit transferred the offenders with potential mental health needs before the 14 day time limit for completing a mental health evaluation.

Clinical Administration

During the Third Quarter of FY-2011, 10 percent of the combined UTMB and TTUHSC hospital and infirmary discharges were audited. A total of 185 hospital discharges and 81 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	Discharged without Vital Signs ¹ (Cases with Deficiencies)	Acute Problems ² (Cases with Deficiencies)	No Chain-In Done ³ (Cases with Deficiencies)	Lack Documentation ⁴ (Cases with Deficiencies)
March	0 (0%)	0 (0%)	0 (0%)	4 (6%)
April	0 (0%)	0 (0%)	0 (0%)	4 (6%)
May	3 (5%)	0 (0%)	2 (3%)	4 (7%)
Average	1 (2%)	0 (0%)	1 (1%)	4 (6%)
UTMB Hospital Discharges				
Month	Discharged without Vital Signs ¹ (Cases with Deficiencies)	Acute Problems ² (Cases with Deficiencies)	No Chain-In Done ³ (Cases with Deficiencies)	Lack Documentation ⁴ (Cases with Deficiencies)
March	32 (51%)	4 (6%)	12 (19%)	29 (46%)
April	29 (45%)	8 (13%)	15 (23%)	29 (46%)
May	20 (35%)	6 (10%)	5 (9%)	31 (53%)
Average	27 (44%)	6 (10%)	11 (17%)	30 (48%)
GRAND TOTAL: Combined Hospital Discharges (Texas Tech and UTMB)				
Month	Discharged without Vital Signs ¹ (Cases with Deficiencies)	Acute Problems ² (Cases with Deficiencies)	No Chain-In Done ³ (Cases with Deficiencies)	Lack Documentation ⁴ (Cases with Deficiencies)
March	32 (51%)	4 (6%)	12 (19%)	33 (52%)
April	29 (45%)	8 (13%)	15 (23%)	33 (52%)
May	23 (40%)	6 (10%)	7 (12%)	35 (60%)
Average	28 (45%)	6 (10%)	11 (18%)	34 (55%)
Texas Tech Infirmary Discharges				
Month	Discharged without Vital Signs ¹ (Cases with Deficiencies)	Acute Problems ² (Cases with Deficiencies)	No Chain-In Done ³ (Cases with Deficiencies)	Lack Documentation ⁴ (Cases with Deficiencies)
March	7 (24%)	0 (0%)	2 (7%)	9 (31%)
April	4 (14%)	0 (0%)	1 (4%)	7 (25%)
May	5 (21%)	0 (0%)	4 (16%)	7 (29%)
Average	5 (20%)	0 (0%)	2 (9%)	8 (28%)

Clinical Administration (Continued)

UTMB Infirmiry Discharges				
Month	Discharged without Vital Signs ¹ (Cases with Deficiencies)	Acute Problems ² (Cases with Deficiencies)	No Chain-In Done ³ (Cases with Deficiencies)	Lack Documentation ⁴ (Cases with Deficiencies)
March	4 (14%)	0 (0%)	0 (0%)	0 (0%)
April	5 (18%)	1 (3%)	2 (7%)	1 (4%)
May	2 (8%)	0 (0%)	2 (9%)	0 (0%)
Average	13 (17%)	1 (1%)	1 (5%)	1 (1%)

GRAND TOTAL: Combined Infirmiry Discharges (Texas Tech and UTMB)				
Month	Discharged without Vital Signs ¹ (Cases with Deficiencies)	Acute Problems ² (Cases with Deficiencies)	No Chain-In Done ³ (Cases with Deficiencies)	Lack Documentation ⁴ (Cases with Deficiencies)
March	11 (38%)	0 (0%)	2 (7%)	9 (31%)
April	9 (32%)	1 (3%)	3 (11%)	8 (29%)
May	7 (29%)	0 (0%)	6 (25%)	7 (29%)
Average	9 (33%)	1 (1%)	4 (14%)	8 (30%)

***Calculations are rounded to the nearest whole number.

Footnotes:

- ¹ Offenders were discharged from inpatient facilities without vital signs recorded by the discharging entity. (Audit question A).
- ² Discharged patient offenders required emergency acute care or readmission to tertiary level care within a 7 day period (Audit questions B and D).
- ³ The 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).
- ⁴ Discharge documentation was not available in the offender's medical record within 24 hours of arriving at the unit (Audit question E).

Accreditation

The American Correctional Association (ACA) Correctional Accreditation Manager's Association Conference was held in Miami, Florida from April 29th through May 3, 2011. The following units were awarded re-accreditation during these panel hearings: Beto, Byrd, Daniel, Goodman, Halbert, Johnston, Kegans, Lychner, Stiles, and Travis.

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 – 24,
- Correctional Institutions Division Pending Monthly Research Projects – 7,
- Health Services Division Active Monthly Medical Research Projects – 1, and
- Health Services Division Pending Medical Research Projects – 7.