



**CORRECTIONAL MANAGED HEALTH CARE
COMMITTEE
AGENDA**

March 19, 2012

9:00 a.m.

East Texas Medical Center
801 Clinic Dr., Rm. #2
Tyler, Texas

CORRECTIONAL MANAGED HEALTH CARE COMMITTEE

March 19, 2012

9:00 a.m.

East Texas Medical Center
801 Clinic Dr., Rm. #2
Tyler, Texas

- I. Call to Order
- II. Recognitions and Introductions
- III. Approval Excused Absence
- IV. Consent Items
 1. Approval of Minutes, October 4, 2011
 - Offender Health Services Plan
 2. Approval of Minutes, October 20, 2011
 3. TDCJ Health Services Monitoring Reports
 - Operational Review Summary Data
 - Grievance and Patient Liaison Statistics
 - Preventive Medicine Statistics
 - Utilization Review Monitoring
 - Capital Assets Monitoring
 - Accreditation Activity Summary
 - Active Biomedical Research Project Listing
 - Administrative Segregation Mental Health Monitoring
 4. University Medical Director's Report
 - The University of Texas Medical Branch
 - Texas Tech University Health Sciences Center
 5. Summary of CMHCC Joint Committee / Work Group Activities
- V. Executive Director's Report
- VI. Financial Reports
 1. FY 2012 First Quarter Financial Report
 2. Financial Monitoring Update

EACH ITEM ABOVE INCLUDES DISCUSSION AND ACTION AS NECESSARY

- VII. Summary of Critical Correctional Health Care Personnel Vacancies
 - 1. The University of Texas Medical Branch
 - 2. Texas Tech University Health Sciences Center
 - 3. Texas Department of Criminal Justice

- VIII. Medical Director's Updates
 - 1. Texas Department of Criminal Justice
 - Health Services Division FY2012 First Quarter Report
 - 2. The University of Texas Medical Branch
 - 3. Texas Tech University Health Sciences Center

- IX. CMHCC FY 2012 First Quarter Performance Status Report

- X. Appointment of System Leadership Council Joint Work Group Committee:

- XI. Public Comment

- XII. Date / Location of Next CMHCC Meeting

- XIII. Adjourn

Consent Item 1

Approval of Minutes, October 4, 2011

MINUTES
CORRECTIONAL MANAGED HEALTH CARE COMMITTEE
October 4, 2011

Chairperson: James D. Griffin, M.D.

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

CMHCC Members Absent: Gerard Evenwel

Partner Agency Staff Present: Denise DeShields, M.D., Larry Elkins, Texas Tech University Health Sciences Center; Ron Steffa, Jerry McGinty, Rick Thaler, Mike McManus, Erik Brown, Robert Williams, M.D., George Crippen, RN MSN, Texas Department of Criminal Justice; Eric Gambrell, Texas Board of Criminal Justice; Lauren Sheer, Dr Owen Murray, UTMB; Allen Hightower, Stephanie Harris, CMHCC Staff.

Others Present:

Location: Huntsville Headquarters, Spur 59 off Old 75 North, Room 203, Huntsville, 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. Offender's Benefit Plan - Dr. Owen Murray (UTMB)	Dr. Griffin stated that we had one specific purpose and that is to discuss and have a presentation of the revised Offender's Benefit Plan and I believe Dr. Murray and Dr. DeShields will begin, is that correct? Dr. Murray noted that he will begin with a little history. The Offender's Benefit Plan has been in existence for about 9 years now and has been revised several times. Dr. Linthicum, Dr. DeShields and myself have met and have really looked critically at the level of service that		

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<p>III. Offender's Benefit Plan (Cont'd.)</p>	<p>was in the previous edition of the document to see what changes we could be make that would better align service decisions with the current dollars that have been appropriated to Correctional Managed Care.</p> <p>Really there are not too many and I will start with the major ones. If you look at the level of care, in the original document it's under Classification of Levels of Care, there was Levels I, II, III and IV. What we elected to do was to delete Levels III and IV, which will leave us with Level I being Medically Mandatory Care, which is basically that care that is essential to life and health without rapid deterioration is expected. For examples treatment of heart attacks, treatment cancer, treatment of sepsis, those are very obvious clinical presentations being medically mandatory would be the care we would provide under this new benefits plan.</p> <p>Dr. Murray also added that looking at Level II Medically Necessary care that is not immediately life threatening, but without which the patient could not be maintained without significant risk of serious deterioration. Basically this applies to all the chronic care we do, management of diabetes, management of hypertension, management of pregnancies. All of those chronic diseases that really do require ongoing monitoring, ongoing pharmacologic treatment and ongoing evaluations intermittently by specialist to make sure we do everything we can for these patients to minimize some of the outcomes that could be possible if we choose not to. So Level I & II and that's just basically eliminated Level III which is Medically Acceptable care, which is care for non fatal conditions where treatment may improve the quality of life but not in general affect the length of life. And Level IV care was of Limited Medical Value. We also in deleting III & IV we also took out the example of the types of care in both level I & II care. We just left a description basically that I read to you which minimizes for the document for people to find a specific general statement that I think a lot of us agree with latitude to be able to define as we move forward with this process exactly what we will be needing with Level I & II care.</p>		

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<p>III. Offender's Benefit Plan (Cont'd.)</p>	<p>Dr. Murray added that the co-payment was revised from \$3.00 to \$100.00 under the new legislation. We deleted examples under education material, classes or programs, preventative health care services; medically indicated immunizations. Again, just trying to remove some of the specifics that had been there to give us the greatest degree of latitude to define the program as we move forward. The one program that has obviously that has had some visibility at the committee level has been the Hepatitis B vaccination program, which we just left saying that we would follow infection control policy which will basically allowing Hep B vaccination with those patients that are truly high risk and require that from a clinical indications standpoint.</p> <p>Dr. Murray also added that language was revised from Maternity Services to Obstetrical Services and there is a disclaimer that goes with almost all of our policy and procedures and how the care as well as the benefits plan that basically says that this plan is not to replace sound clinical judgment of the health care providers. And all we did was move that from page 3 to page 20.</p> <p>Dr. Murray noted that he wanted to summarize again that the Benefits Plan was intended to provide educational direction for our provider group for those interested about their families and to kind of give an outline what kind of care they might be able to expect for their patients that are in the system. It is a common a practice in most states to outline for all those groups what the services are and the significant changes that we made again are really only reducing our care down to only Level I & II care which again only looks at emergent and life threatening care that might relate to hospital care. And then certainly the management of all the chronic disease that we see for medical, mental health at the facilities from a pharmacological stand point, from a treatment stand point at the facilities and then we are a subspecialty clinic if intervention is needed that would obviously be covered in that medically acceptable care.</p> <p>The three of us are in agreement with what I just laid out. It certainly is going to be a departure from where we were from prior biennium. I know from UTMB</p>		

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<p data-bbox="92 167 415 224">III. Offender's Benefit Plan (Cont'd.)</p> <p data-bbox="113 686 382 743">- Dr. Denise DeShields (TTUHSC)</p>	<p data-bbox="499 138 1119 651">perspective we have just given our funding in FY11 and our need to make sure that we came in the range where the SAR has been funded. We have already made most of these changes and began those changes back in the first part of May. And so we have been working throughout the summer to really have our system in line with what I just outlined and that we are not starting fresh and I think we really have done a very good putting this in a position where we can provide this level of service and we would just have to see over time how that lines out with the funding that we have been appropriated. We have only one month into this biennium and its going to take a bit of time to see exactly how the care is provided and the resources we have align. So, I know Denise has some things she would like to present from Texas Tech point of view and certainly the three of us can answer any questions that any of the board members might have.</p> <p data-bbox="499 686 1119 1260">Dr. DeShields thanked Dr. Murray and added we and as much as UTMB has begun aligning ourselves with much of what has been presented for these necessary modifications in the offender health care plan. Probably again later part of May early June and fortunately these modifications will hopefully allow us to more consistently align our services with the prison funding levels. Naturally we will continue to be vigilant with orientation outcomes, provider issues and making sure that we iterate with our specialty care providers as we move forward. We will continue with the conservative approach especially towards our specialty and offsite care which perceivable is going to be our greatest challenge. We will continue to do our level best to conform with our allocations and quite naturally continue to closely monitor this as we move to that end. Again, much of this has been already at least preliminarily instituted and we're moving forward and we will continue to keep this committee update as we move forward.</p> <p data-bbox="499 1295 1119 1352">Dr. Griffin asked if there were any comments or discussions.</p>	<p data-bbox="1146 1328 1661 1472">Dr. Jumper had a comment about the Hepatitis B testing. The contract signed by Mr. McGinty and Mr. Elmo Cavin, we had altered what we would perform that we would not give it to staff or employees. That we would only give it</p>	

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<p>III. Offender's Benefit Plan (Cont'd.)</p>		<p>to only high risk offenders and that changed was not in the new Offender Health Services Plan.</p> <p>This is Dr. Linthicum and the Offender Health Services Plan only applies to offenders, it does not apply to staff that is why it's not in there. On page 10 of your document it reads Hepatitis B vaccinations will be administered according to correctional managed health care infection control policy and protocol. This plan only applies to the offender population it does not apply to employees.</p> <p>Dr. DeShields added that the plan does not necessarily deal with employees. The infection control manual, there is a policy that involves employee Hepatitis B vaccinations. But again I think it is more the issue about making sure that just our high risk offenders as opposed to what the policy currently says that all offenders will be vaccinated with Hepatitis B.</p> <p>Dr. Linthicum noted that all those policies are under review by the various subcommittees and those changes are forthcoming. It's just a massive effort and cannot be done in a short period of time but I think there is general understanding that those policies will be changed to reflect the current practice. It's just a matter of getting to them and getting it done.</p> <p>Dr. Griffin asked Dr. Jumper if that explanation meet with her concerns.</p> <p>Dr. Jumper responded yes, as long as we have assurance because it is in their signed document that we're not going to provide that. I trust Dr. Linthicum and have the assurance that we're not going to have to provide that then we are comfortable.</p> <p>Dr. Linthicum added just remember that this is an offender health services plan, it has nothing</p>	

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<p>III. Offender's Benefit Plan (Cont'd.)</p>		<p>to do with the employee health issue and you have my assurance for my part in it. Of course it's a joint process that involves all three medical directors. Dr. DeShields has to sign the policy along with Dr. Murray as well as myself and we will fix it when we get to that policy in the infection control manual.</p> <p>Dr. Jumper responded then we are comfortable with that item. Thank you.</p> <p>Dr. Griffin asked Dr. Jumper is she referring to the new contract with TDCJ.</p> <p>Dr. Jumper answered yes.</p> <p>Dr. Griffin stated that he had not seen that personally and if they would forward that to the committee staff, so that we would have record of your agreement so if there is a dispute in the current legislation the committee still is the place where any type of dispute resolution would occur and we would be more than happy to assist in that if it should.</p> <p>Dr. Jumper responded while Larry Elkin is on the phone, if he would fax that to y'all. Thank you.</p> <p>Larry Elkins responded ok.</p> <p>Dr. Griffin asked if there was anyone else.</p> <p>Mr. Cavin still was confused about what Lanette was referring to as far as the committee works been going on. And how the committee work possibly affect this Offender Health Services Plan that we are expected to approve at this meeting.</p> <p>Dr. Linthicum responded that there is a Correctional Managed Health Care Policy and Procedure Manual that is a three volume</p>	

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<p>III. Offender's Benefit Plan (Cont'd.)</p>		<p>manual. That is the manual that integrates all of our health care system and contains all the policies and procedures for the health care program that basically or developed from the Offender Health Services Plan. It is a massive undertaking of three volumes. It mirrors all of the standards of the American Correctional Association as well as the National Commission on Correctional Health Care. In addition to that manual we have a pharmacy & therapeutics manual, we infection control manual, we have nursing manuals, we have dental manuals, we have therapeutic diet manuals, there are a lot of manuals with policies and procedures in it that we, when I say we the three partners, TDCJ, UTMB, Texas Tech thru joint subcommittees that operate under the committees offices are in the process of changing all of those polices to mirror the practice that the two treating medical directors have already implemented. So, in other words Elmo we have implemented the changes that Dr. DeShields and Dr. Murray have discussed as reflected in this Offender Health Services Plan but we haven't caught up with the paperwork in terms of our polices and procedures and that is what we are working on. And it's a massive undertaking because these are large huge binders of polices and procedures that we have to go thru and change to reflect our practice now.</p> <p>Dr. DeShields added that all of the regional medical directors have been thru the policy and procedure manual and those recommendations were actually forwarded for executive medical director review I believe on the 30th of last month. So, we will be meeting shortly to approve those changes and continue to get thru the additional manuals that Dr. Linthicum just discussed.</p>	

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<p>III. Offender's Benefit Plan (Cont'd.)</p>		<p>Dr. Linthicum said that was not going to hold up or change anything it's not going to affect the practice that is in effect now. It's just a matter of the paperwork reflecting the practice and it's something that is a process that we have to go thru. It's not something that can be done in a week or two weeks. This is the second largest prison system, a massive system with 111 units. We have a medical department on every one of these 111 units have these manuals and all these manuals have to get updated and changed and it takes time to do this.</p> <p>Mr. Cavin stated that his point was only that the committee deliberations will not have an impact on this Offender Health Services Plan that we are considering today.</p> <p>Dr. Linthicum responded that she didn't understand that.</p> <p>Dr. Williams clarified that the polices aren't going to contradict the plan.</p> <p>Dr. Linthicum responded that the polices and procedures will not contradict the plan Elmo, if that is what you are asking?</p> <p>Mr. Cavin stated that that's all he was asking.</p> <p>Dr. Linthicum added the plan drives the polices and procedures.</p> <p>Dr. Griffin asked were there any other comments, questions or concerns. Hearing none I will open the floor to entertain a motion for approval of the revised Offender Health Services Plan</p>	<p>Mr. Chairman, this is Dr. Lanette Linthicum I move to approve the revised Offender Health Services Plan, Exhibit A, (Reviewed and Updated September 2011) to the TDCJ Contract. Dr. Margarita de la Garza-Graham second.</p>

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>III. Offender’s Benefit Plan (Cont’d.)</p> <p>IV. Public Comments - James Griffin, M.D.</p> <p>V. Adjourn</p>	<p>Dr. Griffin noted that the next agenda item is where the Committee at each regular meeting provides an opportunity to receive public comments. Dr. Griffin noted that there was no such request at this time.</p> <p>Dr. Griffin concluded by thanking everyone for making time in their schedule so that we could take care of this very important matter, hearing no objections the meeting is adjourned.</p>	<p>Dr. Griffin stated having a second motion on the revised Offender Benefit Plan, are there any further discussions. Hearing none, will call for a vote. I would ask Stephanie to do a role call vote for all the members present. If you would call their names and they can respond yea or ney.</p> <p>Stephanie began with Dr. Raimer – yes, Mr. Elger – yes, Mr. Cavin – yes, Dr. Jumper – yes, Mr. Collier – yes, Dr. Griffin – yes.</p> <p>Dr. Griffin stated that we have a unanimous approval of the revised Offender Health Services Plan, motion carried.</p>	

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

Date:

Consent Item 2

Approval of Minutes, October 20, 2011

**MINUTES
CORRECTIONAL MANAGED HEALTH CARE COMMITTEE**

October 20, 2011

Chairperson: James D. Griffin, M.D.

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

CMHCC Members Absent: Gerard Evenwel, Margarita de la Garza-Graham, M.D.

Partner Agency Staff Present: Eric Gambrell, Texas Board of Criminal Justice; Denise DeShields, M.D., Larry Elkins, Texas Tech University Health Sciences Center; Ron Steffa, Rick Thaler, Dee Wilson, Robert Williams, M.D., George Crippen, RN MSN, Kathryn Buskirk, M.D., Texas Department of Criminal Justice; Gary Eubank, Kelly Coates, Keith Hardcastle, Anthony Williams, John Pulvino, M.D., Lauren Sheer, Dr Owen Murray, UTMB; Allen Hightower, Stephanie Harris, Lynn Webb, CMHCC Staff.

Others Present: Kelly Kennedy, Sunset Advisory Commission

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. I wanted to point out a couple of individuals in attendance, Kelly Kennedy with the Sunset Advisory Commission and Mr. Eric Gambrel with the Texas Board of Criminal Justice.		
III. Approval of Excused Absence - James D. Griffin, M.D.	Gerard Evenwel (absent Oct. 4 th and 20 th) and Margarita de la Garza-Graham, M.D. (absent Oct. 20 th)		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>VI. Performance and Financial Status Report (Cont'd)</p>	<p>Consistent with trends over the last several years, the number of offenders in the service population aged 55 or older has continued to rise at a faster rate than the overall offender population to 12,814 as of 4th Quarter FY 2011. This is an increase of 1,011 or about 8.6% from 11,803 as compared to this same fourth quarter a year ago.</p> <p>The overall HIV+ population has remained relatively stable throughout the last few years at 2,374 through 4th Quarter FY 2011 (or about 1.55% 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 1,943 through the Fourth Quarter of FY 2011. This inpatient caseload is limited by the number of available inpatient beds in the system. 2). Through the Fourth Quarter of FY 2011, the average number of mental health outpatient visits was 20,243 representing 13.2% of the service population. <p><u>Health Care Costs (Table 3 and page 14 and 15)</u></p> <p>Overall health costs through the Fourth Quarter of FY 2011 totaled \$542.6M. On a combined basis, this amount is below overall revenues earned by the university providers by approximately \$27.9M. This is due to the \$57.0 Million SAR which resulted in the Biennium Surplus of \$6,280,751 for both University Providers. Exhibit A on page 24 Summarizes SAR Funding and significant expense spending variances as compared to the prior Fiscal Year 2010.</p> <p>UTMB's total revenue without the SAR through the fourth quarter was \$406.2M; expenditures totaled \$432.3M, resulting in a net shortfall of \$26.1M. However, with their \$51.1 Million SAR the Biennium UTMB Surplus is \$6,262,724.</p> <p>Texas Tech's total revenue without the SAR through the fourth quarter was \$107.3M; expenditures totaled \$110.3M, resulting in a net shortfall of \$3.0M. However, with their \$5.9 Million SAR the Biennium TTUHSC Surplus is \$18,027.</p> <p>Examining the healthcare costs in further detail on</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>VI. Performance and Financial Status Report (Cont'd)</p>	<p>(Table 4 of page 16) indicates that of the \$542.6M in expenses reported through the Fourth Quarter of FY 2011:</p> <p>Onsite services comprised \$233.3M, or about 43.0% of expenses:</p> <p>Pharmacy services totaled \$52.2M, about 9.6% of total expenses:</p> <p>Offsite services accounted for \$194.2M or 35.8% of total expenses:</p> <p>Mental health services totaled \$46.7M or 8.6% of the total costs: and</p> <p>Indirect support expenses accounted for \$16.2M, about 3.0% of the total costs.</p> <p>Table 5 and page 18 shows that the total cost per offender per day for all health care services statewide through the Fourth Quarter FY 2011, was \$9.73, compared to \$9.98 through the Fourth 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 27.4% increase since FY03 or approximately 3.4% increase per year average, well below the national average.</p> <p><u>Aging Offenders</u></p> <p>Older offenders access the health care delivery system at a much higher acuity and frequency than younger offenders:</p> <p>Table 6 and page 19 shows that encounter data through the 4th Quarter indicates that older offenders had a documented encounter with medical staff 2.6 times as often as younger offenders.</p> <p>Table 7 and page 20 indicates that hospital and outpatient clinic costs received to date this Fiscal Year for older offenders averaged approximately \$5,305 per offender vs. \$874 for younger offenders.</p> <p>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 8.4% of the overall service population, older offenders account for 35.7% of the hospitalization and outpatient clinic costs received to date.</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>VI. Performance and Financial Status Report (Cont'd)</p>	<p>Also, per Table 8 and page 21, older offenders are represented 5.3 times more often in the dialysis population than younger offenders. Dialysis costs continue to be significant, averaging about \$20.5K per patient per year. Providing dialysis treatment for an average of 204 patients through the Fourth Quarter of FY 2011 cost \$4,187,735.</p> <p>Drug Costs Please note that Table 9 and page 22 shows that total drug costs through the 4th Quarter FY 2011 totaled \$39.9M. Of this, \$18.7M (or under \$1.6M per month) was for HIV medication costs, which was about 46.8% of the total drug cost. Psychiatric drugs costs were approximately \$1.8M, or about 4.7% of overall drug costs. Hepatitis C drug costs were \$3.1M and represented about 7.8% of the total drug cost.</p> <p>Reporting of Reserves 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. UTMB reports that they hold no such reserves and report a total operating gain of \$24,970,924 through the end of the 4th Quarter of Fiscal Year 2011. Texas Tech reports that they hold no such reserves and report a total operating gain of \$2,882,174 through the 4th Quarter FY 2011.</p> <p>A summary analysis of the ending balances of revenue and payments through August 31st FY 2011, on (Table 10 and page 23) for all CMHCC accounts are included in this report. The summary indicates that the net unencumbered balance on all CMHCC accounts on August 31, 2011 is \$34,536.01. In accordance with Rider 61, TDCJ Appropriations, Senate Bill 1, 81st Legislature, the CMHCC end of year balance will be returned to TDCJ for return to the State General Revenue Fund.</p> <p>Financial Monitoring Detailed transaction level data from both providers is</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p data-bbox="86 167 453 224">VI. Performance and Financial Status Report (Cont'd)</p>	<p data-bbox="499 136 1119 193">being tested on a monthly basis to verify reasonableness, accuracy, and compliance with policies and procedures.</p> <p data-bbox="499 228 1119 375">The testing of detail transactions performed on TTUHSC's financial information for June 2011 through July 2011 found all tested transactions to be verified with appropriate backup documentation. The August 2011 detailed audit is still in process.</p> <p data-bbox="499 410 1119 557">The testing of detail transactions performed on UTMB's financial information for June 2011 through July 2011 found all tested transactions to be verified with appropriate back-up documentation. The August 2011 detailed audit is still in process.</p> <p data-bbox="499 592 982 617">Dr. Griffin asked if there were any questions.</p>	<p data-bbox="1144 565 1659 711">Mr. Collier wanted to verify that on the 6.2 remaining on balance on the supplemental that UTMB has includes dialysis equipment that was purchased. Has that been subtracted out of that?</p> <p data-bbox="1144 719 1659 833">Lynn Webb responded that all he knew was that on last months capital expenditures increased by \$800,000 just in that last audit. I'm not sure.</p> <p data-bbox="1144 841 1659 889">Further discussion was had between Mr. Collier and Mr. Elger.</p> <p data-bbox="1144 898 1659 1141">Dr. Griffin added that there were three funds that have a surplus, and I just want to be clear on where those funds go from here. The committee funds that go back to TDCJ that go back to the General Revenue Fund. And the universities surplus 18 thousand for Texas Tech and the 6.2 million, let's be very clear where that goes.</p> <p data-bbox="1144 1149 1659 1198">Mr. Webb stated that is determined by the state legislature.</p> <p data-bbox="1144 1206 1659 1287">Mr. Collier stated that we have the ability to carry that money forward; I don't think the university would.</p> <p data-bbox="1144 1295 1564 1320">Dr. Griffin added to the next biennium.</p> <p data-bbox="1144 1328 1659 1466">Mr. Collier what we would intend to do is use that within the correctional managed funds to carry forward. Potentially in the short term agreement we had with UTMB we had a provision that allowed for if we had left over</p>	

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<p>VI. Performance and Financial Status Report (cont'd)</p>		<p>supplemental funds that we would use to cover any shortfall during that agreement.</p> <p>Dr. Griffin added that the LBB would be aware of this agreement and that UTMB had a meeting with LBB yesterday and ya'll are trying to work thru that and report back on that issue. We have a scheduled meeting early December, so that the committee can be updated on where these funds actually ended up.</p> <p>Dr. Raimer stated that not this committee will be meeting.</p> <p>Dr. Griffin responded it will be a new formulation of this committee. Some members of this committee will be here. The committee will meet and some of the members may be different. We will get some clarity of these funds.</p> <p>There were comments and further discussion of the committee and who would be meeting.</p> <p>Dr. Griffin added that the current committee members will go away however there will be reappointments and Mr. Hightower's report will talk about who those individuals will be and they will carry the work of this committee. And just to be clear, one of the things at least in my conversations is that this committee is still the body that will look at health care policy specifically and not have management of the day to day physical issues but still have sensitivity to the economic environment. And to ensure the care that is delivered in El Paso is the same across our enterprise that is delivered near Texarkana. So, no matter where someone may be incarcerated that we deliver care that we think that is medically necessary. And so I think that is the goal of the new reformulated committee with the financial aspects drift away, but still sensitivity to those. I think that's a pretty reasonable interpretation to all</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>VI. Performance and Financial Status Report (Cont'd)</p>		<p>the conversations that I have had.</p> <p>Dr. Griffin added that Dr. Linthicum will give some clarity too.</p> <p>Dr. Linthicum said that she would just add right now if he had read Mr. Hightower's e-mail on the Government Code that talk about the new committee. On page one it reads The committee consists of give voting members and one nonvoting member as follows: one member employed full-time by the department (TDCJ), appointed by the executive director; one member who is a physician and employed full-time by the University of Texas Medical Branch at Galveston, appointed by the president of the medical branch; one member who is a physician and employed full-time by the Texas Tech University Health Sciences Center, appointed by the president of the university; two public members appointed by the governor who are not affiliated with the department (TDCJ) or with any entity with which the committee has contracted to provide health care services under this chapter, at least one of whom is licensed to practice medicine in this state, and the state Medicaid director, to serve ex officio as a nonvoting member. And on page four under Section 501.137 it states the governor shall designate a public member of the committee who is licensed to practice medicine in this state as presiding officer.</p> <p>Dr. Griffin thanked Dr. Linthicum.</p> <p>Dr. Griffin asked about the dialysis equipment brought up a couple of meetings ago. The state of our continued accreditation, could someone update us on that.</p> <p>Dr. Linthicum said that she could add that legislation had passed by the 82nd legislature that exempted TDCJ from the state licensure requirements and requiring state health services to licensing outpatient dialysis. Legislation passed and I can't remember the citation off hand but it exempted us from the licensing</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>VI. Performance and Financial Status Report (Cont'd)</p>		<p>requirements and also the hospital that would do outpatient dialysis services for offenders that we sent. Part of our problem we were having at TDCJ it started and in Lynn's report we were over 200 chemo dialysis patients where we exceeded capacity at the Estelle Unit and at Montford and we had an overflow into a hospital setting and hospitals are not licensed to do outpatient dialysis. The way this bill helps us is not the hospitals are exempt from being licensed for outpatient dialysis.</p> <p>Dr. Griffin asked that the TDCJ facilities were running dialysis how many hours out of the day?</p> <p>Dr. Linthicum answered well they run 6 days a week, three shifts a day.</p> <p>Dr. Griffin replied, pretty much 24 hours a day to take care of 204 patients at over 20,000 per year.</p> <p>Dr. Linthicum added that on an average they are on dialysis three hours at a time for their dialysis.</p> <p>Dr. Griffin added these county facilities are their costs, are we going to see an elevation in the cost per year on those or can they do it more efficiently is one of the questions going forward as we have different vendors impact the system.</p> <p>Dr. Linthicum noted that we are not there yet. Dr. Griffin said there were some contracts written and maybe Mr. Collier can answer.</p> <p>Mr. Collier added that we have had several discussions within the UTMB sector with other hospitals, the same hospitals we have had for UTMB contracts for emergency services. We've asked if they have additional services that may be able available with the thought that</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>VI. Performance and Financial Status Report (Cont'd)</p>		<p>some of the specialty services might be manned at those locations to offset the transportation and potentially a lower cost.</p> <p>Additional discussions had between Mr. Collier, Dr. Linthicum and Dr. Griffin.</p> <p>Dr. Linthicum added we still plan to do all the quality indicator reporting, etc.</p> <p>Dr. Griffin added you brought up an interesting point and I guess the dialysis question brought it to light. As we transition to more vendors that are not university providers that there will be challenges from a contractual standpoint that the legislature could help us that are sticking points, might be county facilities, might be other governmental agencies or hospital districts. But this is a specific example that the community could help if we had legislative relief and as you go through these new contractual formulations that we are aware of those so that when the next session comes around that we can appropriately advocate those positions. These are things that may have limited our potential to use public and private vendors to maybe to deliver this medically necessary care at a lower rate, but we got to the sticky point that the law needed to change so that the state could actually realize those savings. So to keep like you will a running issue docket if you will I think it would be helpful twenty-two months from now the TDCJ board was made aware of that they could properly advocate from their perspective as well.</p> <p>Dr. Griffin noted that this was still Mr. Webb's report and his public members were not present. So the cost per day year over year went down 20 cents and think that is important going forward. But we still had issues with increases on inpatient that went up 15 percent and then indirect on the UTMB side were still things in</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>VII. Medical Director's Updates (Cont'd.)</p>	<p>forward. On the offender premium plan, it's been a couple of weeks and I don't know on the financial side what people have seen so far but on the volume side of patients coming to the clinic we have seen a dramatic decline in the number of patients coming to the clinic. Especially at facilities like state jails where you have a lot of new offenders with short sentences. We have seen declines from 60-70 patients per day to 10-15. So we saw somewhere phenomenon when we even implemented the \$3.00 co-pay, but it's something we have to continue to track. Education we have to put out there and make sure the rules haven't changed but again since the dollar figure is a little bit larger I think we want to make sure that the ones that need to come see us would try to read this letter and not misinterpreting this program and then choosing not to come in because they don't want to feel the hundred dollar pain and we miss out on the opportunity to any given point and time where an intervention might prevent something before it happens. Again, we will have to look at that and I know Dr. Linthicum has that on her list and we are going to sit down and talk about this in the new couple of weeks about what is just going on with those volumes and kind of tract to see if there are any issues coming out of that or we start to see those numbers decline a little bit.</p>	<p>Dr. Griffin asked so your count for a 60-70% decrease just related to an offender's perception that their financial responsibility is going up. Is that what I'm hearing?</p> <p>Dr. Murray added again this is only been going for about two week and we have been meeting with facilities over the last three days. I have heard from a lot of our facilities and our physicians that our volume in the clinics is down. And I think that's what Dr. Linthicum wants us to come back with is data on what is going on.</p> <p>Additional discussions were had between Dr. Linthicum, Mr. Hightower, Dr. DeShields, Dr. Raimer and Dr. Griffin on the offenders and how the co-pay is collected, etc. How the offenders were notified of the increase and</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>VII. Medical Director's Updates (Cont'd.)</p> <ul style="list-style-type: none"> - Lannette Linthicum, M.D. (TDCJ) - Operational Review Audit - Capital Assets Monitoring - Chronic Disease Audit - Quality of Care Audit: Dental - Grievances and Patient Liaison 	<p>Dr. Griffin thanked Dr. Murray and called on Dr. Linthicum for TDCJ.</p> <p>Dr. Linthicum began with report on page 120 of the agenda packet. During the third quarter of FY 2011, Dr. Linthicum reported that eight operational review audits were conducted. The summary of the 7 items found below 80 percent compliance during those seven operational review audits and the corrective action to ensure future compliance are found on pages 120.</p> <p>Dr. Linthicum further reported that the Fixed Assets Contract Monitoring officer audited the same eight units and that these audits are conducted to monitor compliance with the Health Services Policy and State</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 279 charts were audited (217 UTMB and 62 TTUHSC). A sample size required for each unit was maintained at a confidence level of 95 percent. 40 percent of the 685 offenders with Congestive Heart Failure served by CMHC were included in the audit, with a confidence level of 99 percent.</p> <p>Dr. Linthicum then reported that 12 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 123 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 4,106 correspondences. Of the total number of correspondences received, 666 requests were generated.</p> <p>The Patient Liaison Program nurses and investigators performed 36 sick call request verification audits. A random sample of sick call requests were also audited by</p>	<p>change in their medical co-pay.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>VII. Medical Director's Updates (Cont'd.)</p> <ul style="list-style-type: none"> <li data-bbox="121 289 449 344">- Quality Improvement (QI) Access to Care Audits <li data-bbox="121 743 407 773">- Office of Public Health <li data-bbox="121 928 428 958">- Mortality and Morbidity <li data-bbox="121 1081 449 1136">- Mental Health Services Monitoring and Liaison 	<p>the Office of Professional Standards staff. She then added that of the 34 facilities representing a total of 270 indicators being reviewed, 28 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 third quarter of FY 2011, there were 229 cases of suspected syphilis compared to 211 in the same quarter of FY 2010; 209 Methicillin-Resistant Staphylococcus Aureus (MRSA) cases were reported in this quarter, compared to 348 during the same quarter of FY 2010. 312 Methicillin-Sensitive Staphylococcus Aureus (MSSA) were reported in the third quarter of FY 2011 compared to 205 reported for FY 2010. 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.</p> <p>During the third quarter FY 2011, 99 of the 112 facilities of the peer education programs were audited. There were 111 offenders trained to become peer educators and during the same quarter of FY 2010 there were 118 trained.</p> <p>The Mortality and Morbidity Committee reviewed 107 deaths. Of those 105, 16 were referred to peer review committees and 7 were referred to utilization review. You can see the chart on page 125.</p> <p>The Mental Health Services Monitoring and Liaison with County Jails identified the immediate mental health needs of 38 offenders approved for expedited admission to TDCJ due to psychiatric conditions.</p> <p>Dr. Linthicum added that the MHMR history was reviewed for 2,843 offenders brought into TDCJ-ID/SJID. She further noted that 508 offenders were identified as having a documented history of mental illness and this information was provided to the appropriate intake / receiving facilities.</p> <p>Further 18 offenders sentenced to TDCJ Boot Camp were</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>VII. Medical Director's Updates (Cont'd.)</p> <p>- Clinical Administration</p> <p>- Accreditation</p> <p>- Biomedical Research Projects</p>	<p>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> <p>Dr. Linthicum next reported that 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.</p> <p>The American Correctional Association Correctional Accreditation Manager's Association Conference was held in Miami, Florida from April 29 - May 3, 2011 and the following units were awarded re-accreditation during these panel hearings: Beto, Byrd, Daniel, Goodman, Halbert, Johnston, Kegans, Lychner, Stiles, and Travis.</p> <p>Dr. Linthicum concluded by stating that the summary and pending research projects as provided by the TDCJ Executive Services are included in the consent items of the agenda packet.</p> <p>Dr. Griffin thanked Dr. Linthicum for her report and asked if there were any questions?</p>		
<p>VIII. TDCJ Presentation</p> <p>- Lannette Linthicum, M.D. (TDCJ)</p>	<p>Dr. Griffin now asked Dr. Linthicum to present the Update on the TDCJ Offender Health Care Program</p> <p>Dr. Linthicum reminded everybody that we have already talked about actions taken by the 82nd Legislature regarding TDCJ Offender Health Care, government Code Chapter 501, Subchapter E.</p> <p>The bill maintained the requirement for the Committee to develop the Offender Health Services Plan.</p> <p>Dr. Linthicum added the hand out that Mr. Hightower had talked to you about, Section 501.146 says the committee shall develop a managed health care plan for all persons confined by the department and then it goes on to our managed health care plan. It's clear statutory that the committee is still responsible for the plan.</p>	<p>Dr. Griffin asked Dr. Linthicum if she would like to present this in total or if we have questions as we go address them? Ok, so if any committee member has a question we will address them as we go.</p> <p>Dr. Griffin added that we had just had a special meeting to adopt the new plan.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>VIII. TDCJ Presentation (Cont'd.)</p>	<p>However, the bill transferred responsibility to contract for the implementation of the Offender Health Services Plan from the Committee to the TDCJ.</p> <p>All of the general functions of the Committee were retained except for the authority to maintain contracts and allocate funding made available through legislative appropriations.</p> <p>I would like to highlight on this handout page 12 of 14 Section 42.05 The committee may develop statewide policies for the delivery of correctional health care; Our health care systems are integrated through a series of joint committees, joint policies, pharmacies, mortality and morbidity, nursing, medical directors, therapeutic, infectious control, mental health services monitoring & liaison, clinical administration all those committees function under the umbrella of the correctional managed health care committee with representatives from all state agencies, TDCJ, Texas Tech, UTMB. And thru those committee structures, we formulate policies and then certain policies are brought before the health care committee for adoption.</p> <p>Let's go back to page 13 of 14, the committee will still retain communication with the department and the legislature regarding the financial needs of the correctional health care system; in conjunction with the department, monitor the expenditures of the UTMB, and the TTUHSC to ensure that those expenditures comply with applicable statutory and contractual requirements; and still retain the role to serve as a dispute resolution forum in the event of a disagreement relating to inmate health care services between: the department and the health care providers; or UTMB and the TTUHSC; and address problems found through monitoring activities by the department and health care providers, including requiring corrective action if care does not meet expectations as determined by those monitoring activities; identify and address long-term needs of the correctional health care system; and report to the Texas Board of Criminal Justice at the board's regularly scheduled meeting each quarter on the committee's policy recommendations, and the financial status of the correctional health care system, and corrective actions</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>VIII. TDCJ Presentation (Cont'd.)</p>	<p>taken by or required of the department or the health care providers. Dr. Linthicum added that there is still a lot in the statutes that require the correctional managed health care to handle.</p> <p>Dr. Linthicum added that on the Offender Health Care Program Update TDCJ is currently in negotiations with the University of Texas Medical Branch (UTMB), Texas Tech University Health Science Center (TTUHSC) as well as other hospitals and public entities to provide health care services to offenders for FY 2012.</p> <p>Presently, TTUHSC is operating on an interim agreement to provide offender health care services for the period of September 1, 2011 through November 30, 2011. UTMB is also operating on an interim agreement for the period</p>	<p>Dr. Griffin added he wanted to talk a little more about the committee. My concern is that when we have more non university vendors. What would be the method by which they have input to these committees that actually impact their contractual relationship with TDCJ? Since we will be making recommendations to the medical delivery of care but they have a separate contractual financial relationship that the contract may not specify and so what we thru that committee structure may recommend may impact them contractually on the other side. Next and I think that's what is going to be one of more in important aspects of that relationship between the committee and the department Criminal Justice that there is adequate representation from non university providers into the process. So going forward I think it's nothing that we can address here but I think that type of sensitivity when it's going to be important as we over years not a few months but over years and maybe the decades we have other non university providers that have a methodology developed that they could input on what type of care they feel that they could deliver that would still allow us to deliver necessary medical care but in a way that is financially advantages for the state and for them.</p> <p>There were further discussions between Dr. Griffin and Dr. Linthicum.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>VIII. TDCJ Presentation (Cont'd.)</p>	<p>of September 1, 2011 through October 31, 2011.</p> <p>In both interim agreements, the universities have agreed to provide services that they were obligated to provide in the FY 10-11 contract with the caveat that the universities will comply with applicable provisions of relevant legislation adopted by the 82nd Texas Legislature to include, but not limited to, Senate Bill 1, 82nd Legislature, 1st Called Session, Article 42 and House Bill 1, 82nd Legislature, Regular Session, Article V, Rider 55.</p> <p>UTMB determined that a reduction in force (RIF) of approximately 145 FTEs was necessary. RIF letters were issued to the affected staff on July 19, 2011 and the reduction in force was effective September 16, 2011. As you recall in FY 2010, 296 UTMB health care employees were affected by a RIF that occurred on July 21, 2010. Registered nurses were the largest group affected with 133 positions eliminated.</p>	<p>Dr. Griffin asked that there are two contracts that are going to expire relatively soon. So what is the plan moving forward related to those two contracts. And we know there is a letter that UTMB said that they do not want to deliver certain aspects of the care and want to remove themselves 100%. We have not seen the letter so tell us a little about the transition of these interim contracts to a more permanent contract.</p> <p>Mr. Collier stated that with both universities we've been pursuing long term contracts. With Texas Tech it's perceived we would be able to achieve that hopefully before the contract is over with and we will be able to have a contract in place. With UTMB it's a little different will be a shorter term because the board of regents wanted a shorter term for the interim contract. At this point I think we will make some decisions this week to guide us on what we are going to do. But we continue to eventually work on making this a long term contract however based on events but that could change.</p> <p>Further discussions were had between Dr. Griffin and Dr. Linthicum.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>VIII. TDCJ Presentation (Cont'd.)</p>	<p>TTUHSC determined that a RIF of approximately 57 FTEs was necessary. RIF letters were issued to the affected staff on August 15, 2011 and the reduction in force was effective September 15, 2011.</p> <p>TDCJ Health Services and Business and Finance Divisions continue to work with both universities to develop unit staffing plans and medical hours of operations that stay within appropriated funding levels and provide a constitutional level of care.</p> <p>Dr. Linthicum also stated that the UTMB Operated Medical Facilities. 14 units have had their medical hours of operations reduced from 12 hours per day to 8 hours per day/ 7 days per week. The remaining units have retained their current operational schedules including 24 units that are operational 24 hours per day/ 7 days per week.</p> <p>Also that the TTUHSC Operated Medical Facilities, 1 unit has had medical hours of operations reduced from 10 hours per day to 8 hours per day/ 7 days per week. 10 units have had medical hours of operations reduced from 16 hours per day to 12 hours per day/ 7 days per week. 1 unit has had medical hours of operations reduced from 14 hours to 8 hours per day/ 7 days per week. 8 units have had medical hours of operations reduced from 16 hours of operations to 8 hours per day/ 7 days per week. 4 units continue to operate 24 hours per day/ 7 days per week.</p> <p>Dr. Linthicum stated on Contract Issues each agency (TDCJ, UTMB and TTUHSC) established contract review teams. The contract review teams worked independently reviewing and suggesting changes and/or deletions from the current contracts. The TDCJ contract team continues to meet with both universities to reach an agreement in principle on contract language for FY 2012.</p> <p>She also added that UTMB Contract Issues on October 12, 2011, UTMB requested the TDCJ facilitate a meeting with representatives of the Legislative Budget Board to</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>VIII. TDCJ Presentation (Cont'd.)</p>	<p>discuss two issues: the level of appropriations available to UTMB for offender health care; and a transition plan for phasing out UTMB's participation in correctional managed health care.</p> <p>On TTUHSC Contract Issues statewide unit based dental services program.</p> <p>Dr. Linthicum added that discussions are being held with potential new partners. TDCJ is exploring the option of contracting with other state medical schools and/or established hospitals that are already currently in the offender provider network. TDCJ is also working to broaden the scope of services provided by entities within the network.</p> <p>Health Services, Business and Finance, and the Correctional Managed Health Care Committee staff met with representatives from Health and Human Services Commission (HHSC). Discussions included the TEFRA rate structure, and associated requirements, and the possibility of TDCJ utilizing existing HHSC contracts for utilization management and auditing functions.</p> <p>TDCJ Health Services and Business and Finance staff have also met with the following medical universities/entities:</p> <ul style="list-style-type: none"> • Texas A & M Health Science Center • Huntsville Memorial Hospital • Conroe Regional Hospital • University of Texas Health Science Center at Tyler • Palestine Regional Medical Center <p>Dr. Linthicum noted that TDCJ staff continues to work diligently to implement the required statutory changes and finalize a contract containing the necessary provisions, and prepare for a transition (if necessary) that ends UTMB's role in the delivery of offender health care.</p> <p>Dr. Griffin thanked Dr. Linthicum for this report and asked if there were any questions or comments?</p>	<p>Dr. Griffin added what you think the greatest challenge in terms of, emphasis on unit base here, specifically hospital Galveston. Haven't seen the letter that UTMB sent to the</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>XI. Adjourn</p>	<p>Dr. Griffin asked if there were any other questions. Hearing none adjourned the meeting.</p>	<p>Dr. Griffin also added in my years my fate is yet undetermined and not agreed upon at this point. For someone that is not in the day to day care in management as a public member and a practicing physician, I can truly say that there are individuals who committed their lives to making sure that the State of Texas can deliver a quality of care to their offenders. And I think that we have demonstrated that we can hold down those costs. There will always be challenges, the environments will always change and I would like to thank each of the individuals from Texas Tech and UTMB who's been every day of their lives trying to make sure that it happens. And certainly want to thank members of Texas Department of Criminal Justice who due the monitoring aspects of the program because in a number of ways you're the glue that allow the others to do their job. And I want to thank each of you who execute your daily work in a very diligent fashion.</p> <p>We still do have a tentative scheduled meeting the first week of December, for those who will be there I hope to see you there as well.</p>	

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

Date:

Consent Item 3

TDCJ Health Services
Monitoring Reports

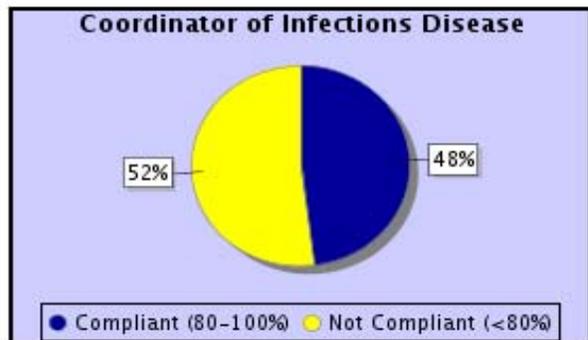
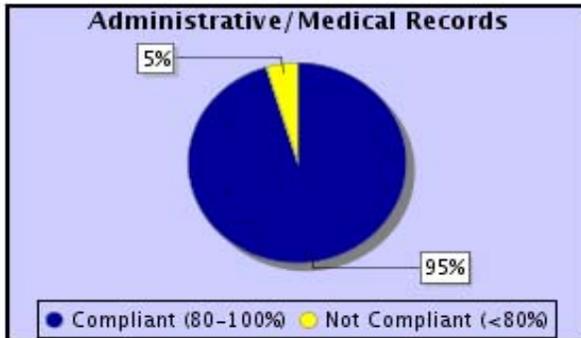
ATTACHMENT 1

Rate of Compliance with Standards by Operational Categories
 First Quarter, Fiscal Year 2012
 September 2011 - November 2011

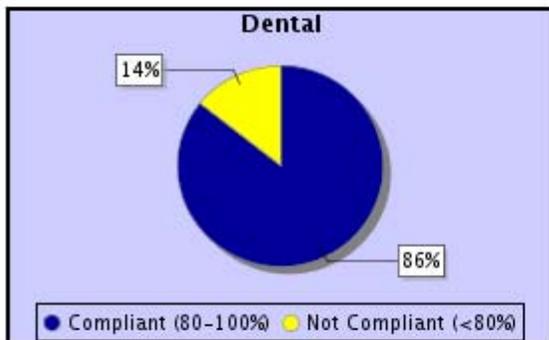
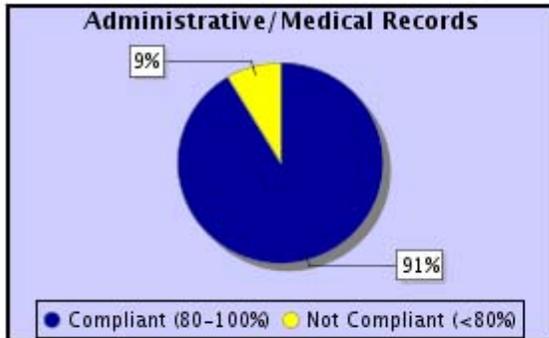
Unit	Operations/ Administration			General Medical/Nursing			Coordinator of Infectious Disease			Dental			Mental Health			Fiscal		
	<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance	
Daniel	64	61	95%	34	29	85%	25	12	48%	21	20	95%	18	16	89%	7	7	100%
Hobby	70	64	91%	36	20	56%	30	19	63%	21	18	86%	18	16	89%	7	7	100%
Marlin	64	62	97%	33	27	82%	31	9	29%	21	20	95%	10	8	80%	7	7	100%
Murray	69	62	90%	34	18	53%	30	22	73%	19	16	84%	17	16	94%	12	12	100%
Polunsky	NA	NA	NA	36	27	75%	31	19	61%	NA	NA	NA	NA	NA	NA	NA	NA	NA
Ramsey I	71	69	97%	33	28	85%	28	15	54%	21	20	95%	20	19	95%	10	10	100%
Rudd	68	60	88%	34	28	82%	22	14	64%	21	20	95%	12	11	92%	10	10	100%
San Saba	64	62	97%	30	27	90%	22	18	82%	20	16	80%	7	6	86%	8	8	100%
Smith	134	129	96%	61	33	54%	27	11	41%	42	40	95%	36	29	81%	14	14	100%
Stringfellow	71	69	97%	33	29	88%	31	20	65%	21	20	95%	19	19	100%	10	10	100%

n = number of applicable items audited.

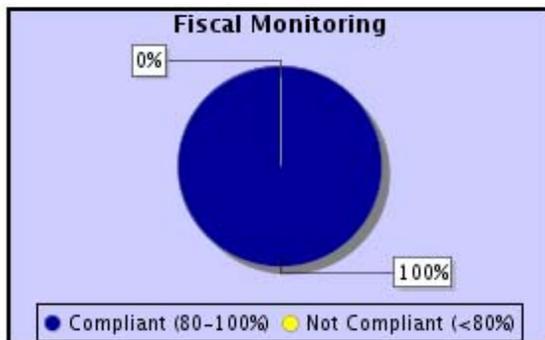
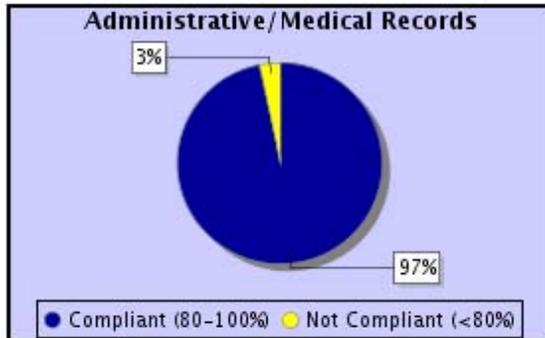
Compliance Rate By Operational Categories for
DANIEL FACILITY
October 04, 2011



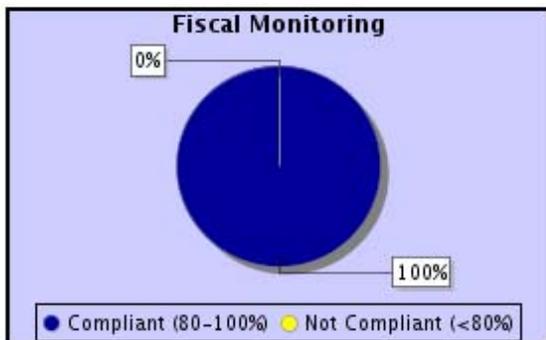
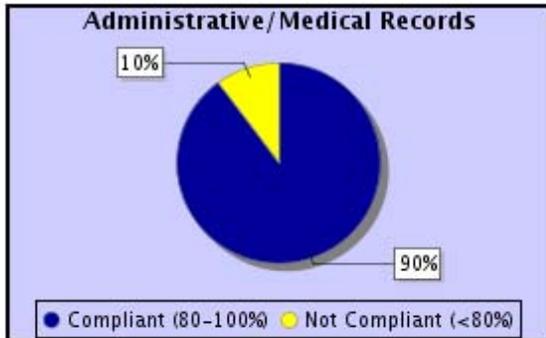
Compliance Rate By Operational Categories for
HOBBY FACILITY
September 07, 2011



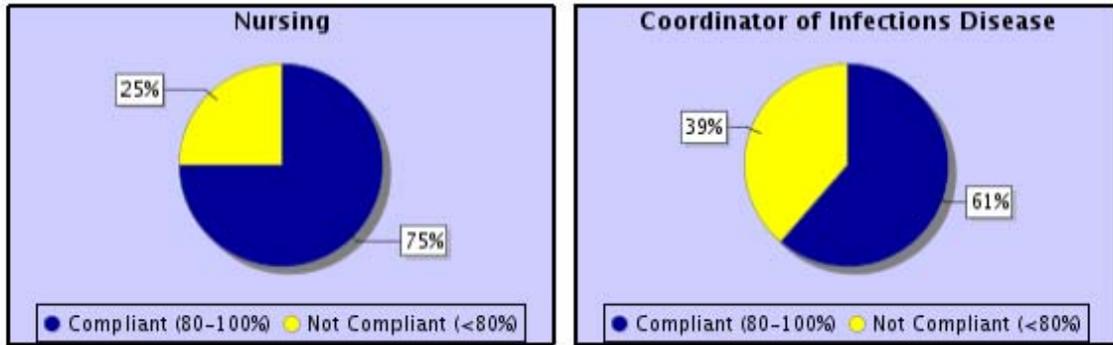
Compliance Rate By Operational Categories for
MARLIN FACILITY
September 08, 2011



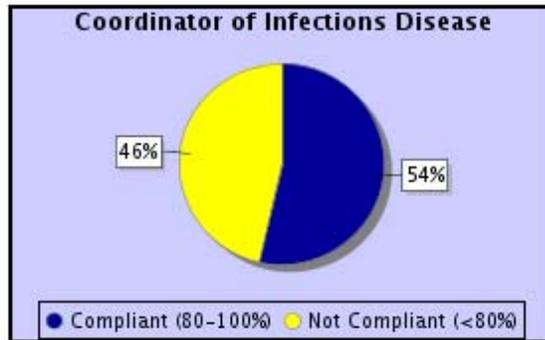
Compliance Rate By Operational Categories for
MURRAY FACILITY
October 03, 2011



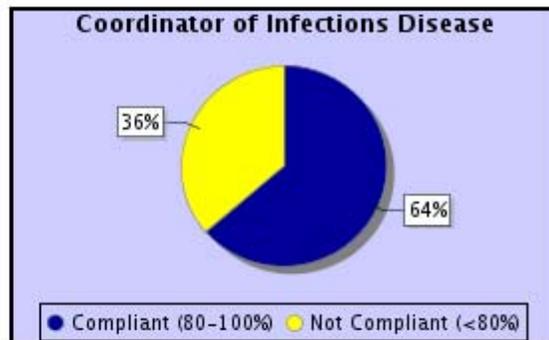
Compliance Rate By Operational Categories for
POLUNSKY FACILITY
November 16, 2011



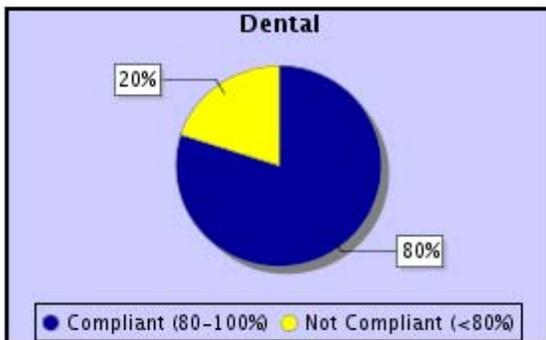
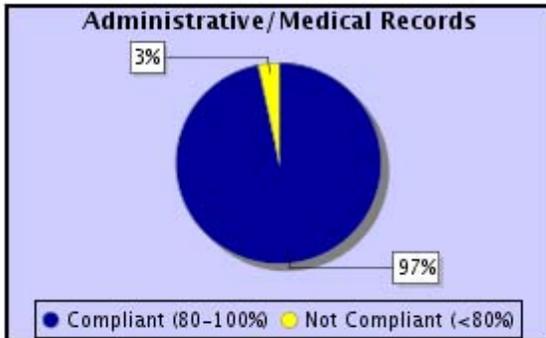
Compliance Rate By Operational Categories for
RAMSEY I FACILITY
October 05, 2011



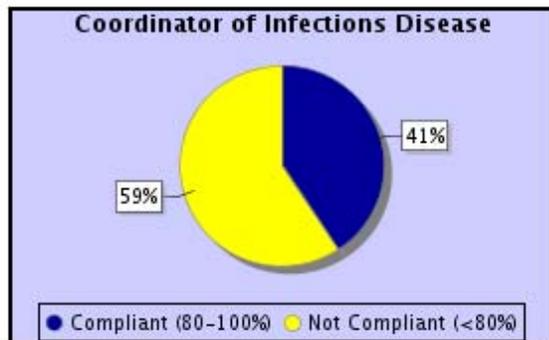
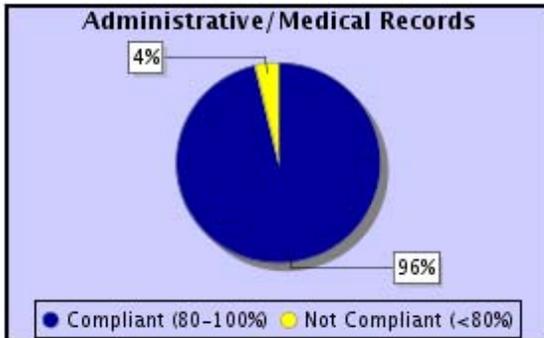
Compliance Rate By Operational Categories for
RUDD FACILITY
October 05, 2011



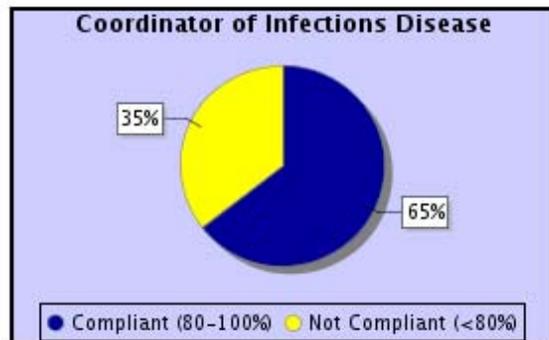
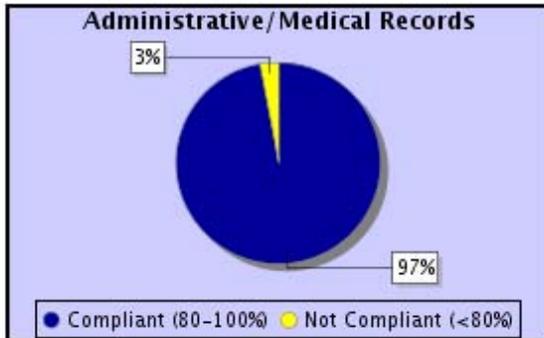
Compliance Rate By Operational Categories for
SAN SABA FACILITY
November 02, 2011



Compliance Rate By Operational Categories for
SMITH FACILITY
November 02, 2011



Compliance Rate By Operational Categories for
STRINGFELLOW FACILITY
October 04, 2011



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

First Quarter FY-2012 (September, October, and November 2011)

STEP II GRIEVANCE PROGRAM (GRV)												
Fiscal Year 2012	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*
September	744	78	10.48%	47	8.87%	19	7	1.61%	5	0	0.00%	0
October	655	81	12.37%	48	10.08%	18	11	2.29%	4	0	0.00%	0
November	698	58	8.31%	21	6.88%	27	5	1.43%	5	0	0.00%	0
Totals:	2,097	217	10.35%	116	8.58%	64	23	1.76%	14	0	0.00%	0

PATIENT LIAISON PROGRAM (PLP)												
Fiscal Year 2012	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*
September	717	75	10.46%	59	9.48%	9	6	0.98%	1	0	0.00%	0
October	726	74	10.19%	46	7.44%	8	16	2.62%	3	1	0.14%	0
November	616	36	5.84%	26	4.38%	1	8	1.46%	1	0	0.00%	0
Totals:	2,059	185	8.98%	131	7.24%	18	30	1.70%	5	1	0.05%	0
GRAND TOTAL=	4,156	402	9.67%									

*QOC= Quality of Care

Texas Department of Criminal Justice
Office of Public Health
Monthly Activity Report – First Quarter FY-2012

September 2011

Reportable Condition	Reports			
	2011 This Month	2010 Same Month	2011 Year to Date*	2010 Year to Date*
Chlamydia	5	4	53	26
Gonorrhea	0	5	5	10
Syphilis	75	85	614	681
Hepatitis A	0	0	0	0
Hepatitis B, acute	1	0	3	7
Hepatitis C, total and (acute [‡])	419	276	2398 (0)	2504 (2)
Human immunodeficiency virus (HIV) +, known at intake	154	139	1171	487
HIV screens, intake	6091	4890	57606	45527
HIV +, intake	43	58	395	440
HIV screens, offender- and provider-requested	1171	1010	8691	8412
HIV +, offender- and provider-requested	2	5	10	20
HIV screens, pre-release	4904	2788	42083	28446
HIV +, pre-release	0	2	6	17
Acquired immune deficiency syndrome (AIDS)	5	3	352	59
Methicillin-resistant <i>Staph Aureus</i> (MRSA)	65	114	835	1042
Methicillin-sensitive <i>Staph Aureus</i> (MSSA)	47	51	539	544
Occupational exposures of TDCJ staff	7	7	94	87
Occupational exposures of medical staff	3	2	22	34
HIV chemoprophylaxis initiation	3	4	21	23
Tuberculosis skin test (ie, PPD) +, intake	402	239	2575	2499
Tuberculosis skin test +, annual	38	37	413	412
Tuberculosis, known (ie, on tuberculosis medications) at intake	1	0	9	12
Tuberculosis, diagnosed at intake and attributed to county of origin	0	0	1	3
Tuberculosis, diagnosed during incarceration	1	0	15	16
Tuberculosis cases under management	19	13		
Peer education programs [¶]	0	1	98	98
Peer education educators [∞]	24	80	2,756	2,387
Peer education participants	7,028	6,506	61,105	51,607
Sexual assault in-service (sessions/units)	1/1	0	40/31	13/15
Sexual assault in-service participants	1	0	425	138
Alleged assaults and chart reviews	57	60	519	497
Bloodborne exposure labs drawn on offenders	11	12	133*	55
New Sero-conversions d/t sexual assault ±	0		0	
New Sero-conversions NOT from sexual assault	0		1	

* 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.”

± New sero-conversions. * New reporting beginning August 1, 2011

* Labs include 3 labs of perpetrators (d/t exposure)

Texas Department of Criminal Justice
Office of Public Health
Monthly Activity Report – First Quarter FY-2012

October 2011

Reportable Condition	Reports			
	2011 This Month	2010 Same Month	2011 Year to Date*	2010 Year to Date*
Chlamydia	1	3	54	29
Gonorrhea	0	0	5	10
Syphilis	43	74	657	755
Hepatitis A	0	0	0	0
Hepatitis B, acute	0	0	3	7
Hepatitis C, total and (acute) [‡]	254	109	2648 (0)	2613 (2)
Human immunodeficiency virus (HIV) +, known at intake	184	113	1355	600
HIV screens, intake	6037	7918	63643	53445
HIV +, intake	44	42	439	482
HIV screens, offender- and provider-requested	830	1028	9521	9440
HIV +, offender- and provider-requested	3	1	13	21
HIV screens, pre-release	4367	3739	46450	32185
HIV +, pre-release	0	1	6	18
Acquired immune deficiency syndrome (AIDS)	2	2	354	61
Methicillin-resistant <i>Staph Aureus</i> (MRSA)	73	141	909	1183
Methicillin-sensitive <i>Staph Aureus</i> (MSSA)	35	67	574	611
Occupational exposures of TDCJ staff	9	16	103	103
Occupational exposures of medical staff	5	2	27	36
HIV chemoprophylaxis initiation	5	6	26	29
Tuberculosis skin test (ie, PPD) +, intake	385	232	2972	2732
Tuberculosis skin test +, annual	46	39	478	466
Tuberculosis, known (ie, on tuberculosis medications) at intake	1	1	10	15
Tuberculosis, diagnosed at intake and attributed to county of origin	1	0	2	3
Tuberculosis, diagnosed during incarceration	1	1	16	18
Tuberculosis cases under management	19	14		
Peer education programs [¶]	0	0	98	98
Peer education educators [Ⓢ]	33	24	2,789	2,420
Peer education participants	6,989	7,594	68,094	59,322
Sexual assault in-service (sessions/units)	1/4	0/0	41/35	13/15
Sexual assault in-service participants	20	0	445	138
Alleged assaults and chart reviews	48	55	567	552
Bloodborne exposure labs drawn on offenders	14	5	147*	60
New Sero-conversions d/t sexual assault ±	0		0	
New Sero-conversions NOT from sexual assault	0		1	

* 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.”

± New sero-conversions. * New reporting beginning August 1, 2011

* Labs include 3 perpetrator labs (d/t exposure)

Texas Department of Criminal Justice
Office of Public Health
Monthly Activity Report – First Quarter FY-2012

November 2011

Reportable Condition	Reports			
	2011 This Month	2010 Same Month	2011 Year to Date*	2010 Year to Date*
Chlamydia	3	3	57	32
Gonorrhea	0	0	5	10
Syphilis	76	65	733	820
Hepatitis A	0	0	0	0
Hepatitis B, acute	0	5	3	12
Hepatitis C, total and (acute [‡])	222	340	2855 (0)	2953 (2)
Human immunodeficiency virus (HIV) +, known at intake	179	84	1534	684
HIV screens, intake	4992	4886	68635	58331
HIV +, intake	24	42	463	524
HIV screens, offender- and provider-requested	871	910	10392	10350
HIV +, offender- and provider-requested	1	0	14	21
HIV screens, pre-release	4572	2382	51022	35071
HIV +, pre-release	0	2	6	20
Acquired immune deficiency syndrome (AIDS)	2	2	356	73
Methicillin-resistant <i>Staph Aureus</i> (MRSA)	67	97	976	1280
Methicillin-sensitive <i>Staph Aureus</i> (MSSA)	40	56	614	667
Occupational exposures of TDCJ staff	11	16	114	119
Occupational exposures of medical staff	1	4	28	40
HIV chemoprophylaxis initiation	3	4	29	33
Tuberculosis skin test (ie, PPD) +, intake	394	168	3367	2953
Tuberculosis skin test +, annual	24	33	505	502
Tuberculosis, known (ie, on tuberculosis medications) at intake	2	1	12	16
Tuberculosis, diagnosed at intake and attributed to county of origin	0	0	2	3
Tuberculosis, diagnosed during incarceration	1	0	17	18
Tuberculosis cases under management	20	15		
Peer education programs [§]	0	0	98	98
Peer education educators [¶]	46	41	2835	2461
Peer education participants	6033	6019	74127	65341
Sexual assault in-service (sessions/units)	1/1	7/7	42/36	20/22
Sexual assault in-service participants	3	74	448	212
Alleged assaults and chart reviews	38	45	605	597
Bloodborne exposure labs drawn on offenders	5	7	152	67
New Sero-conversions d/t sexual assault ±	0		0	
New Sero-conversions NOT from sexual assault	0		1	

* 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."

± New sero-conversions. * New reporting beginning August 1, 2011

During the first quarter of FY 2012, ten percent of the combined UTMB and TTUHSC hospital and infirmary discharges were audited. A total of 132 hospital discharge and 42 infirmary discharge audits were conducted. This chart is a summary of the audits showing the number of cases with deficiencies and their percentage.

Texas Tech Hospital Discharges						
Month	Audits Performed	Discharge Without Vital Signs ¹ (Cases with Deficiencies)	Appropriate Receiving Facility ² (Cases with Deficiencies)	No Chain-In Done ³ (Cases with Deficiencies)	Unscheduled Care within 7 Days ⁴ (Cases with Deficiencies)	Lacked Documentation ⁵ (Cases with Deficiencies)
Sep	5	1 (20%)	0 (0%)	0 (0%)	1 (20%)	3 (60%)
Oct	6	4 (67%)	0 (0%)	0 (0%)	0 (0%)	2 (33%)
Nov	5	1 (20%)	0 (0%)	0 (0%)	0 (0%)	2 (40%)
Average	16	6 (38%)	0 (0%)	0 (0%)	1 (7%)	7 (44%)
UTMB Hospital Discharges						
Month	Audits Performed	Discharge Without Vital Signs ¹ (Cases with Deficiencies)	Appropriate Receiving Facility ² (Cases with Deficiencies)	No Chain-In Done ³ (Cases with Deficiencies)	Unscheduled Care within 7 Days ⁴ (Cases with Deficiencies)	Lacked Documentation ⁵ (Cases with Deficiencies)
Sep	43	28 (65%)	0 (0%)	4 (9%)	1 (2%)	25 (58%)
Oct	35	20 (57%)	0 (0%)	2 (6%)	1 (3%)	17 (49%)
Nov	38	16 (42%)	0 (0%)	3 (8%)	1 (3%)	11 (29%)
Average	116	64 (55%)	0 (0%)	9 (8%)	3 (3%)	53 (47%)
GRAND TOTAL: Combined Hospital Discharges (Texas Tech and UTMB)						
Month	Audits Performed	Discharge Without Vital Signs ¹ (Cases with Deficiencies)	Appropriate Receiving Facility ² (Cases with Deficiencies)	No Chain-In Done ³ (Cases with Deficiencies)	Unscheduled Care within 7 Days ⁴ (Cases with Deficiencies)	Lacked Documentation ⁵ (Cases with Deficiencies)
Sep	48	29 (60%)	0 (0%)	4 (8%)	2 (4%)	28 (58%)
Oct	41	24 (59%)	0 (0%)	2 (4%)	1 (2%)	19 (46%)
Nov	43	17 (40%)	0 (0%)	3 (7%)	1 (2%)	13 (30%)
Average	132	70 (53%)	0 (0%)	9 (7%)	4 (3%)	60 (45%)
Texas Tech Infirmary Discharges						
Month	Audits Performed	Discharge Without Vital Signs ¹ (Cases with Deficiencies)	Appropriate Receiving Facility ² (Cases with Deficiencies)	No Chain-In Done ³ (Cases with Deficiencies)	Unscheduled Care within 7 Days ⁴ (Cases with Deficiencies)	Lacked Documentation ⁵ (Cases with Deficiencies)
Sep	8	0 (0%)	0 (0%)	2 (25%)	0 (0%)	0 (0%)
Oct	6	0 (0%)	0 (0%)	1 (17%)	0 (0%)	0 (0%)
Nov	4	0 (0%)	0 (0%)	1 (25%)	0 (0%)	0 (0%)
Average	18	0 (0%)	0 (0%)	4 (22%)	0 (0%)	0 (0%)
UTMB Infirmary Discharges						
Month	Audits Performed	Discharge Without Vital Signs ¹ (Cases with Deficiencies)	Appropriate Receiving Facility ² (Cases with Deficiencies)	No Chain-In Done ³ (Cases with Deficiencies)	Unscheduled Care within 7 Days ⁴ (Cases with Deficiencies)	Lacked Documentation ⁵ (Cases with Deficiencies)
Sep	8	3 (38%)	1 (13%)	1 (13%)	1 (13%)	0 (0%)
Oct	7	0 (0%)	0 (0%)	1 (14%)	0 (0%)	1 (14%)
Nov	9	0 (0%)	0 (0%)	1 (11%)	0 (0%)	1 (11%)
Average	24	3 (13%)	1 (4%)	3 (13%)	1 (4%)	2 (8%)
GRAND TOTAL: Combined Infirmary Discharges (Texas Tech and UTMB)						
Month	Audits Performed	Discharge Without Vital Signs ¹ (Cases with Deficiencies)	Appropriate Receiving Facility ² (Cases with Deficiencies)	No Chain-In Done ³ (Cases with Deficiencies)	Unscheduled Care within 7 Days ⁴ (Cases with Deficiencies)	Lacked Documentation ⁵ (Cases with Deficiencies)
Sep	16	3 (19%)	1 (6%)	3 (19%)	1 (6%)	0 (0%)
Oct	13	0 (0%)	0 (0%)	2 (15%)	0 (0%)	1 (7%)
Nov	13	0 (0%)	0 (0%)	2 (15%)	0 (0%)	1 (8%)
Average	42	3 (7%)	1 (2%)	7 (17%)	1 (2%)	2 (4%)

Footnotes: 1. Vital signs were not recorded on the day the offender left the discharge facility. 2. The receiving facility did not have medical services available sufficient to meet the offender's current needs. 3. The chart was not reviewed by a qualified health care member and referred (if applicable) to an appropriate medical provider on the day of arrival at the unit. 4. The offender required unscheduled medical care related to the admitting diagnosis within the first seven days after discharge. 5. Discharge information was not available in the offender's electronic medical record within 24 hours of arriving at the unit.

**FIXED ASSETS CONTRACT MONITORING AUDIT
BY UNIT
FIRST QUARTER, FISCAL YEAR 2012**

September 2011	Numbered Property On Inventory Report	Total Number of Deletions	Total Number of Transfers	Total Number of New Equipment
Hobby	24	0	0	0
Marlin	15	0	0	0
Total	39	0	0	0

October 2011	Numbered Property On Inventory Report	Total Number of Deletions	Total Number of Transfers	Total Number of New Equipment
Daniel	24	0	0	0
Murray	46	0	0	0
Ramsey I	38	1	0	1
Rudd	20	0	0	1
Stringfellow	32	2	0	0
Total	160	3	0	2

November 2011	Numbered Property On Inventory Report	Total Number of Deletions	Total Number of Transfers	Total Number of New Equipment
Polunsky	NA	NA	NA	NA
San Saba	15	0	0	0
Smith	51	0	0	0
Total	66	0	0	0

**CAPITAL ASSETS AUDIT
FIRST QUARTER, FISCAL YEAR 2012**

Audit Tools	September	October	November	Total
Total number of units audited	2	5	3	10
Total numbered property	39	160	66	265
Total number out of compliance	0	0	0	0
Total % out of compliance	0.00%	0.00%	0.00%	0.00%

**AMERICAN CORRECTIONAL ASSOCIATION (ACA)
ACCREDITATION STATUS REPORT
First Quarter FY-2012**

University of Texas Medical Branch

Unit	Audit Date	% Compliance	
		Mandatory	Non-Mandatory
Lopez/Segovia	October 2011	100%	98.1%
Luther	October 2011	100%	98.8%
Holliday	November 2011	100%	98.5%

Texas Tech University Health Sciences Center (TTUHSC)

Unit	Audit Date	% Compliance	
		Mandatory	Non-Mandatory
During the First Quarter FY-2012, there were no ACA re-accreditation audits performed for TTUHSC.			

Executive Services
Active Monthly Medical Research Projects
Health Services Division

FY-2012 First Quarterly Report: September, October, and November

Project Number: 616-RM10

Researcher: Avelardo Valdez **IRB Number:** USC UPIRB #UP-11-00332 **IRB Expiration Date:** 09/08/2012 **Research Began:** 07/06/2011

Title of Research: At Risk Hispanic Gangs: Long-term Consequences for HIV and other STI **Data Collection Began:** 07/22/2011

Data Collection End:

Proponent:
University of Southern California

Project Status: Data Collection **Progress Report Due:** 05/22/2012 **Projected Completion:**

July/August, 2011: Ferguson, Hughes, Lewis, Lynaugh, McConnell, Neal, Polunsky

Project Number: 623-RM11

Researcher: Maurice Willis **IRB Number:** 10-191 **IRB Expiration Date:** 07/15/2012 **Research Began:** 11/23/2011

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 **Data Collection Began:** 11/23/2011

Data Collection End:

Proponent:
UTMB

Project Status: Data Collection **Progress Report Due:** 02/15/2012 **Projected Completion:**

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

FY-2011 First Quarterly Report: September, October, and November

Project Number: 615-RM10

Researcher:

John Petersen

IRB Number:

11-069

Applicaton Received:

04/29/2011

Completed Application:

04/29/2011

Title of Research:

Serum Markers of Hepatocellular Cancer

Peer Panel Schedule:

05/24/11 First Review,
Returned with questions;

Proponent:

University of Texas Medical Branch at Galveston

Panel Recommendations:

Returned with questions;
06/09/11 Revised proposal
submitted by researcher for 2nd
review by Peer Panel; Proposal
forwarded to Health Services

Project Status:

Pending Peer Panel (2nd Review)

Project Number: 627-RM11

Researcher:

Amy Harzke

IRB Number:

11-013

Applicaton Received:

04/26/2011

Completed Application:

04/26/2011

Title of Research:

Treatment of Chronic HCV Infection in the Texas Prison System

Peer Panel Schedule:

08/16/2011

Proponent:

University of Texas Medical Branch at Galveston, Correctional Managed Care

Panel Recommendations:

Project Status:

Pending Peer Panel

Project Number: 630-RM11

Researcher:
Jacques Baillargeon

IRB Number:
11-067

Applicaton Received:

05/18/2011

Completed Application:

05/18/2011

Title of Research:

The Older Prisoner

Peer Panel Schedule:

Proponent:

UTMB

Panel Recommendations:

Project Status:

Pending UTMB Medical Director Recommendation

Project Number: 633-RM11

Researcher:
Robert Morgan

IRB Number:
502838

Applicaton Received:

06/17/2011

Completed Application:

06/23/2011

Title of Research:

Thinking Patterns of Mentally Disordered Offenders

Peer Panel Schedule:

11/22/2011

Proponent:

Texas Tech University Dept. of Psychology

Panel Recommendations:

Project Status:

Pending Peer Panel

Project Number: 635-RM11

Researcher:
Bryan Schneider

IRB Number:
11-101

Applicaton Received:

07/06/2011

Completed Application:

07/08/2011

Title of Research:

Lactulose compliance levels among patients admitted to a prison system I hospital with a hepatic diagnosis

Peer Panel Schedule:

12/07/2011

Proponent:

UTMB / CMC

Panel Recommendations:

Project Status:

Pending Peer Panel

Project Number: 637-RM11

Researcher:

Jacques Baillargeon

IRB Number:

11-203

Applicaton Received:

08/12/2011

Completed Application:

08/18/2011

Title of Research:

Improving Linkage to HIV Care from Corrections to the Community

Peer Panel Schedule:

Proponent:

University of Texas Medical Branch at Galveston

Panel Recommendations:

Project Status:

Pending UTMB Medical Director Recommendation

Project Number: 644-RM11

Researcher:

Elizabeth Hernandez Garcia

IRB Number:

11-065

Applicaton Received:

10/21/2011

Completed Application:

10/24/2011

Title of Research:

PIX 30612/02/2011 A Randomized Multicenter Study Comparing Pixantrone + Rituximab with Gemcitabine + Rituximab in Patients with Aggressive B-cell Non-Hodgkin Lymphoma Who Have Relapsed after Therapy with CHOP-R or an Equivalent Regimen and are Ineligible for Stem Cell Transplant

Peer Panel Schedule:

Proponent:

University of Texas Medical Branch at Galveston

Panel Recommendations:

Project Status:

Pending UTMB Medical Director Recommendation

TDCJ Office of Mental Health Monitoring & Liaison

Administrative Segregation

**MENTAL HEALTH DATA
FIRST QUARTER FY-2012**

Date	Unit	Observed	Interviewed	Referred	Requests Fwd	911 Tool	ATC 4	ATC 5	ATC 6
09/07/2011	Powledge	11	11	0	0	100%	100%	100%	100%
09/13/2011	Cole	6	6	0	0	100%	100%	100%	100%
09/20/2011	Mt. View	23	23	0	1	100%	100%	100%	100%
09/08/2011	Wynne	341	153	0	3	100%	100%	100%	100%
09/14&15/2011	Connally	259	259	2	5	100%	100%	100%	100%
09/20&21/2011	Clements	317	227	0	11	100%	92%	100%	33%
10/11/2011	Bradshaw	13	13	0	0	100%	100%	90%	100%
10/19/2011	Lopez	9	9	0	1	100%	100%	100%	100%
10/04/2011	Allred (ECB)	438	204	0	4	100%	100%	100%	100%
10/05/2011	Allred (12 Bldg)	490	265	2	5	100%	100%	100%	100%
10/11-12/2011	Polunsky	420	195	1	6	100%	100%	100%	100%
10/18-19/2011	McConnell	499	213	0	5	100%	100%	100%	100%
11/15/2011	Dominguez	18	18	0	0	100%	100%	100%	100%
11/16/2011	Sanchez	12	12	0	1	100%	N/A	N/A	N/A
11/29/2011	Dawson	19	19	0	17	100%	100%	100%	100%
11/29/2011	Hutchins	8	8	0	4	100%	100%	100%	100%
11/02/2011	Darrington	239	150	1	3	100%	100%	100%	100%
11/09&10/2011	Lewis (ECB)	445	214	1	5	100%	100%	100%	100%
11/16/2011	Murray	59	56	0	4	100%	100%	100%	100%
11/22/2011	Ramsey	45	45	0	1	100%	100%	100%	100%
Grand Total	20 units	3671	2100	7	76	100%	99%	100%	89%

*NSP--No Sick Call Requests Received

*NPR--No Provider Referral

Consent Item 4(a)

University Medical Director's Report

The University of Texas Medical Branch



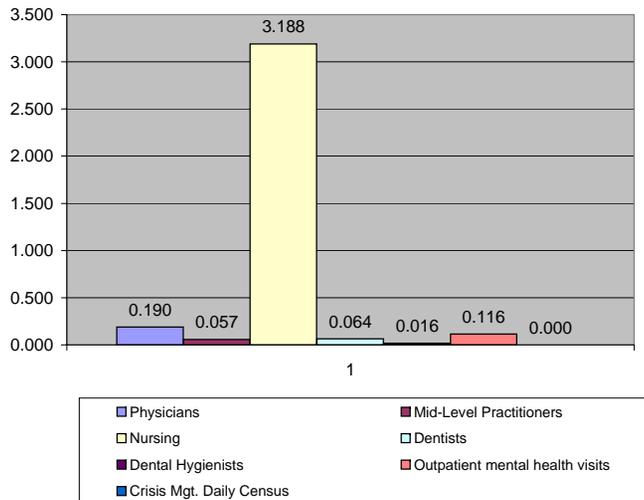
**Correctional Health Care
MEDICAL DIRECTOR'S REPORT**

**FIRST QUARTER
FY 2012**

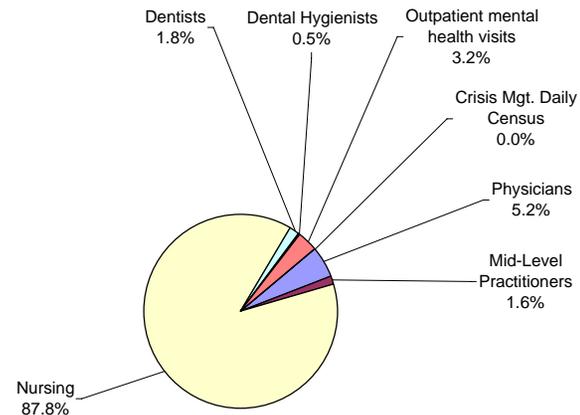
Medical Director's Report:

Average Population	September		October		November		Qtly Average	
	121,686		121,692		121,740		121,706	
	Number	Rate Per Offender						
Medical encounters								
Physicians	24,203	0.199	22,346	0.184	22,730	0.187	23,093	0.190
Mid-Level Practitioners	7,125	0.059	6,392	0.053	7,147	0.059	6,888	0.057
Nursing	361,564	2.971	408,247	3.355	394,339	3.239	388,050	3.188
Sub-total	392,892	3.229	436,985	3.591	424,216	3.485	418,031	3.435
Dental encounters								
Dentists	9,345	0.077	7,345	0.060	6,645	0.055	7,778	0.064
Dental Hygienists	2,156	0.018	2,069	0.017	1,758	0.014	1,994	0.016
Sub-total	11,501	0.095	9,414	0.077	8,403	0.069	9,773	0.080
Mental health encounters								
Outpatient mental health visits	14,566	0.120	14,131	0.116	13,582	0.112	14,093	0.116
Crisis Mgt. Daily Census	59	0.000	59	0.000	62	0.001	60	0.000
Sub-total	14,625	0.120	14,190	0.117	13,644	0.112	14,153	0.116
Total encounters	419,018	3.443	460,589	3.785	446,263	3.666	441,957	3.631

Encounters as Rate Per Offender Per Month



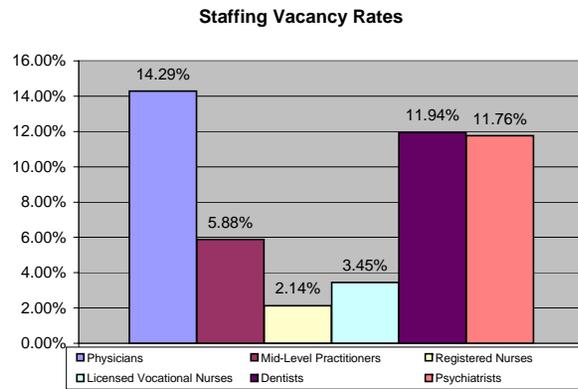
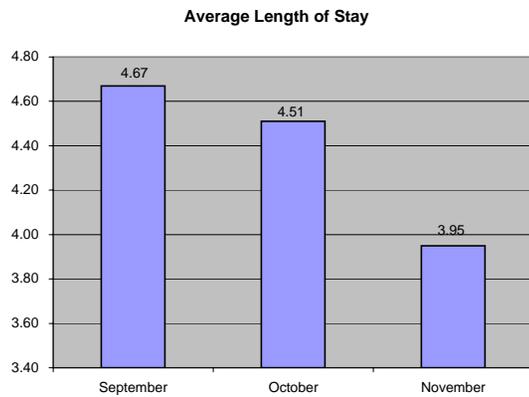
Encounters by Type



Medical Director's Report (Page 2):

	September	October	November	Qtly Average
Medical Inpatient Facilities				
Average Daily Census	75.00	64.00	61.00	66.67
Number of Admissions	341.00	295.00	297.00	311.00
Average Length of Stay	4.67	4.51	3.95	4.38
Number of Clinic Visits	2,134.00	1,863.00	1,648.00	1,881.67
Mental Health Inpatient Facilities				
Average Daily Census	1,001.13	999.35	1,008.64	1,003.04
PAMIO/MROP Census	705.40	706.23	708.60	706.74
Telemedicine Consults	7,515	6,803	6,239	6,852.33

Health Care Staffing	Average This Quarter			Percent Vacant
	Filled	Vacant	Total	
Physicians	54.00	9.00	63.00	14.29%
Mid-Level Practitioners	112.00	7.00	119.00	5.88%
Registered Nurses	229.00	5.00	234.00	2.14%
Licensed Vocational Nurses	504.00	18.00	522.00	3.45%
Dentists	59.00	8.00	67.00	11.94%
Psychiatrists	15.00	2.00	17.00	11.76%



Consent Item 4(b)

University Medical Director's Report

Texas Tech University
Health Sciences Center

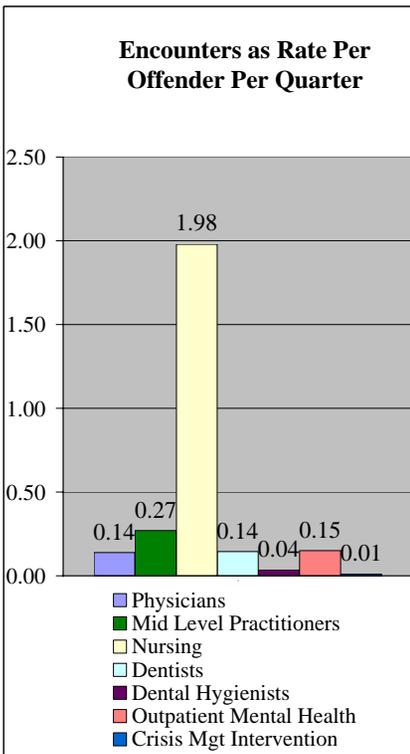


**Correctional Managed Health Care
MEDICAL DIRECTOR'S REPORT**

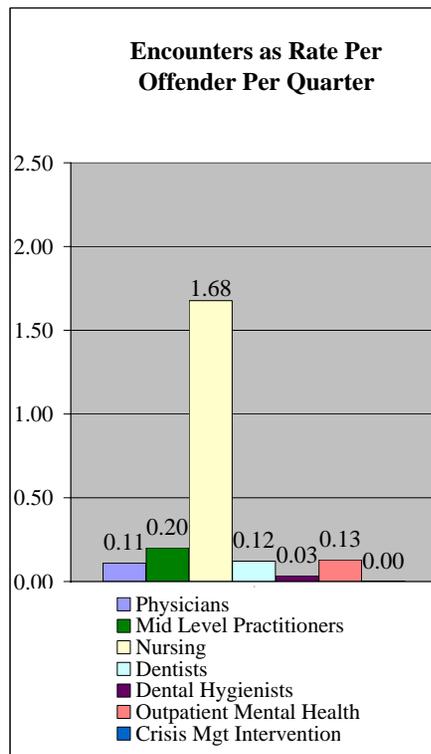
**FIRST QUARTER
FY 2012**

Medical Director's Report:

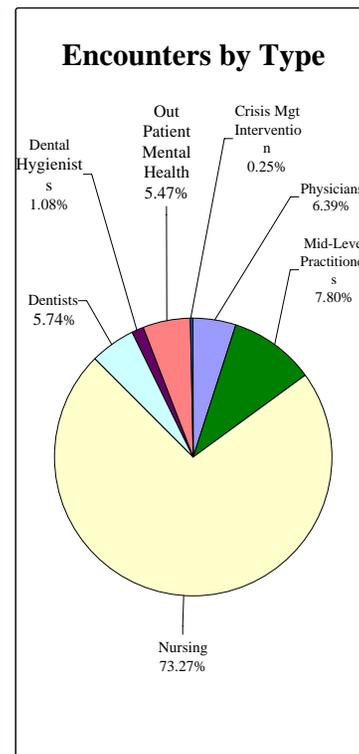
	September		October		November		Quarterly Average	
<i>Average Population</i>	31,710.33		31,671.84		31,457.81		31,613.33	
	Rate Per Offender		Rate Per Offender		Rate Per Offender		Rate Per Offender	
<i>Medical Encounters</i>	Number	r	Number	r	Number	r	Number	r
Physicians	4,119	0.130	3,316	0.105	3,105	0.099	3,513	0.111
Mid-Level Practitioners	7,879	0.248	5,958	0.188	5,292	0.168	6,376	0.202
Nursing	53,837	1.698	55,171	1.742	50,015	1.590	53,008	1.677
Sub-Total	65,835	2.076	64,445	2.035	58,412	1.857	62,897	1.990
<i>Dental Encounters</i>								
Dentists	4,717	0.149	3,520	0.111	3,385	0.108	3,874	0.123
Dental Hygienists	1,098	0.035	1,088	0.034	1,030	0.033	1,072	0.034
Sub-Total	5,815	0.183	4,608	0.145	4,415	0.140	4,946	0.156
<i>Mental Health Encounters</i>								
Outpatient Mental Health Visits	4,275	0.135	3,946	0.125	4,111	0.131	4,111	0.130
Crisis Mgt. Interventions	35	0.001	37	0.001	19	0.001	30	0.001
Sub-Total	4,310	0.136	3,983	0.126	4,130	0.131	4,141	0.131
<i>Total Encounters</i>	75,960	2.395	73,036	2.306	66,957	2.128	71,984	2.277



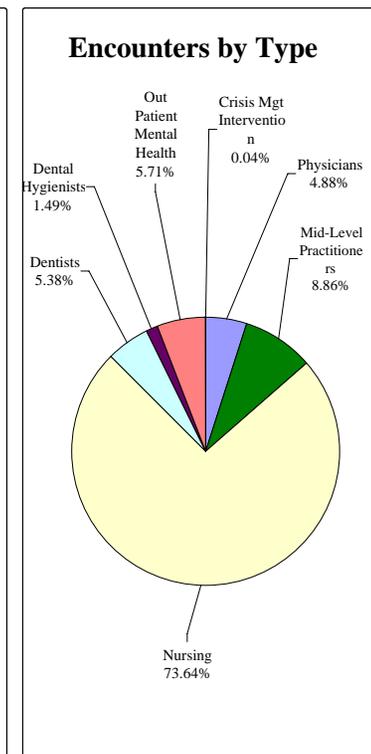
4th Quarter 2011



1st Quarter 2012



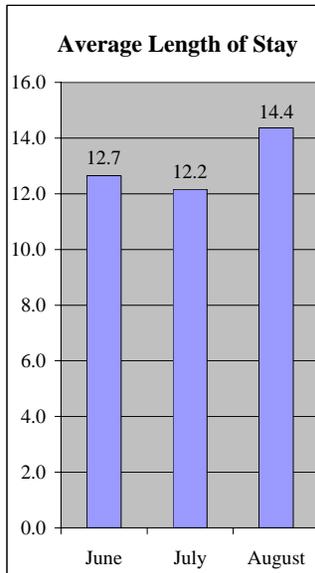
4th Quarter 2011



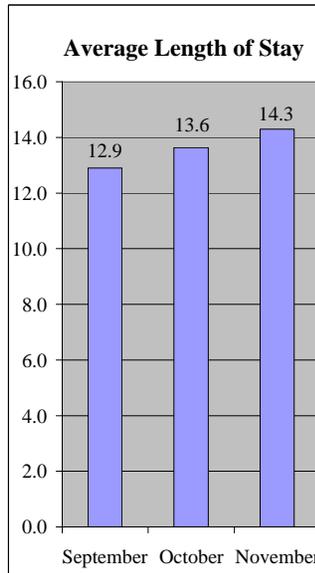
1st Quarter 2012

Medical Director's Report (page 2):

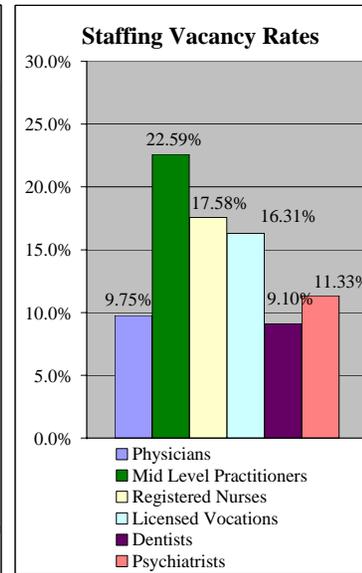
	September	October	November	Quarterly Average
Medical Inpatient Facilities				
Average Daily Census	112.19	109.52	111.04	110.92
Number of Admissions	185	154	153	164.00
Average Length of Stay	12.9	13.63	14.3	13.61
Number of Clinic Visits	689	642	568	633.00
Mental Health Inpatient Facilities				
Average Daily Census	528	515	469	504.00
PAMIO/MROP Census	386	376	310	357.33
Specialty Referrals Completed	817	857	769	814.33
Telemedicine Consults	363	433	450	415.33
Health Care Staffing				
	Average This Quarter			Percent Vacant
	Filled	Vacant	Total	
Physicians	21.13	1.68	22.81	7.37%
Mid-Level Practitioners	27.83	7.27	35.1	20.71%
Registered Nurses	136.24	20.97	157.21	13.34%
Licensed Vocational Nurses	278.68	38.82	317.5	12.23%
Dentists	17.57	1.75	19.32	9.06%
Psychiatrists	8.22	1.87	10.09	18.53%



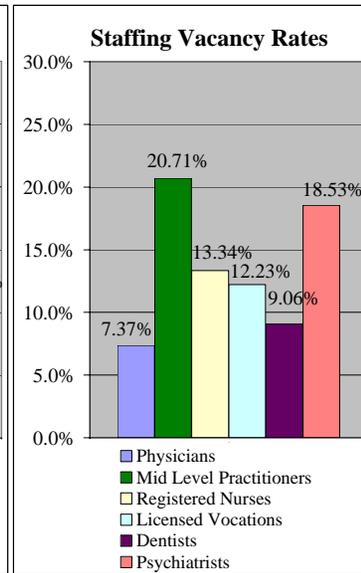
4th Quarter 2011



1st Quarter 2012



4th Quarter 2011



1st Quarter 2012

Consent Item 5

Summary of CMHCC Joint
Committee \ Work Groups

**Correctional Managed Health Care
Joint Committee/Work Group Activity Summary
for March 2012 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: February 9, 2012

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

Purpose: Charged with the annual review of each statewide policy statement applicable to the correctional managed health care program.

Meeting Date: January 12, 2012

Sub Committee Updates

New Business:

Sections E is scheduled for review.

F-47.1 Therapeutic Diets – Robert Williams, M.D.

I-71.2 Attachment C Patient Information about Advance – Kathryn Buskirk, M.D.

New Directives

Adjournment

- Next Meeting Date is April 12, 2012
- Section to be covered will be A and F. Comments on Section A and F are due by March 1, 2012.

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: January 12, 2012

Key Activities:

Approval of Minutes from November 10, 2011 Meeting

Reports from Subcommittees:

- A. DMG Triage – Dr. Sandmann
- B. Gastrointestinal – Dr. Williams
- C. Skin and Soft Tissue – Dr. Sandmann
- D. Psychiatry – Dr. Butler
- E. Wound Care – Dr. Ho

Reviewed and discussed monthly reports as follows:

- A. Adverse Drug Reaction Report (none)
- B. Pharmacy Clinical Activity Report
- C. Drug recalls (November – December 2011)
- D. Nonformular Deferral Reports
 - 1. UTMB Sector (November – December 2011)
 - 2. Texas Tech Sector (October – November 2011)
- E. Quarterly Medication Error Reports – 1st Quarter (September – November) FY11
 - 1. UTMB Sector – Outpatient Services
 - a. Region 1 (supplemental materials)
 - b. Region 2
 - c. Region 3

2. UTMB Sector – Inpatient Services
 3. Texas Tech (not reported)
- F.** Utilization Reports (November 2011)
4. HIV Utilization
 5. Hepatitis C Utilization
 6. Hepatitis B Utilization
 7. Psychotropic Utilization
- G.** Policy Review Schedule

Old Business

- A.** Storage of Pharmaceuticals (15-10)

New Business

A. Action Request

1. Hospice Floor Stock Request for Controlled substances
2. Formulary Addition Request – Perphenazine 16 mg tablets
3. Reestablish One Card Policy for NSAIDs
4. Formulary Deletion of Salsalate
5. Change in Phenytoin Generic
6. Develop Education Materials on New Commissary Medications – Dr. d. Adams
7. Review of HIV/AIDS and Hepatitis C Patient Education

B. Long-Acting Injectable Antipsychotic Medication Usage Evaluation

C. Drug Category Review – Cardiovascular Agents

D. FDA Medication Safety Advisories

E. Manufacturer Safety Advisories

F. Policy and Procedure Revisions

1. Return of Damaged or Miss shipped Drugs (15-40)
2. Drug Recalls/Defective Products (15-45)
3. Use of Controlled substances (20-25)
4. Security of Controlled substances (20-10)
5. Controlled Substances Record Keeping (20-15)
6. Incoming Patients Free World medication (25-05)

7. Discharge Medications (25-10)
 8. IV Admixture (30-05)
 9. Multi-Dose Vials and Containers (30-10)
 10. Ordering Erythropoiesis Stimulating Agents (ESA) (55-30)
- G. Miscellaneous

Adjournment

Joint Infection Control Committee

Chair: Dr. Kate Hendricks

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

Meeting Date: February 9, 2012

Key Activities:

Reviewed and Approved Minutes Public Health Update

- A. Connie Adams, LVN – HIV
- B. Latasha Hill, LVN – Occupational Exposure, MRSA & MSSA
- C. Anthony Turner – Syphilis
- D. Beverly McCool – Tuberculosis
- E. Charma Blount, RN – Sexual Assault NE
- F. Dianna Langley – Peer Education

Old Business

- A. HIV – 14.11
- B. B-14.40 – Refers to Dental Services Manual B-14.1
- C. G-2A and G2B Forms

New Business

- a. Scabies
- b. Providers diagnosis of possible scabies, possible chicken pox

Policy Under Reviews - B-14.40 - B.14.1-B.14.10

- a. B14.10 Infection Control in Dental Clinics and Dental Laboratories refers to Dental Service Manual Policy B-14.1
- b. B.14.1 Infection Control Program
- c. B-14.2 Correctional Managed Health Care Infection Control Committee
- d. B.14.3 Employee TB Testing
- e. B.14.4 Prevention of Hepatitis B Virus (HBV) Infection in TDCJ Facilities
- f. B-14.5 Occupational Exposure Counseling and Testing for TDCJ and Correctional Managed Health Care Employees
- g. B-14.06 Management of Offender Bloodborne Exposures
- h. B-14.07 Immunizations

Adjourn

- Next Meeting – April 12, 2012
- Policies to be reviewed are B-14.10 through B-14.19

Joint Dental Work Group

Chair: Dr. Billy Horton

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

Meeting Date: January 11, 2012

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
- Policy Review
- 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:

- September, 2011 (review of 37 cases)
- October, 2011 (review of 30 cases)
- November, 2011 (review of 43 cases)

Joint Nursing Work Group

Chair: Mary Goetcher, RN

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

Meeting Date: February 8, 2012

- New Policies
 - E-32.1 Infirmery discharges to same unit
- Use of Force
- UAP and Texas BON
- Co-Pay
 - Health services fee
- TT Nursing QI
- Other

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: March 19, 2012

To: Chairperson Margarita de la Garza-Grahm, M.D.
Members, CMHCC

From: Allen Hightower, Executive Director

Subject: Executive Director's Report

The committee staff continues to audit the University Providers and provide necessary and requested data to the Universities and TDCJ, the required reporting to the legislature, sunset staff, the LBB, and the Governor's office. We continue to make relevant meetings of organizational "sub committees" that report to the full committee i.e. System Leadership etc.

We still have a vacancy on the CMHCC, a position to be appointed by the Governor. I have recently been in contact with the Governor's staff about this issue. We continue to have regular interaction with sunset staff to comply with the requests and information needed for report and recommended changes for the next legislative session. The upcoming meeting will be the first of the newly organized committee with an ad hoc member from the Department of Human Services (D.H.S.).

Committee staff looks forward to future direction from Chairperson Dr. de la Garza-Grahm & committee members.

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Correctional Managed Health Care

Quarterly Report FY 2012 First Quarter

September 2011 – November 2011

Summary

This report is submitted in accordance with Rider 55; page V-24, House Bill 1, 82nd Legislature, and Regular Session 2011. The report summarizes activity through the first quarter of FY 2012. Following this summary are individual data tables and charts supporting this report.

Background

During Fiscal Year 2012, approximately \$429.2 million within the TDCJ appropriation has been allocated for funding correctional health care services. This funding included:

- \$135.3M in general revenue appropriations in strategy C.1.8 (Hospital and Clinic Care)
- \$242.4M in general revenue appropriations in strategy C.1.7 (Unit and Psychiatric Care).
- \$51.5M in general revenue appropriations in strategy C.1.9 (Pharmacy Care).

Of this funding, \$428.5M (99.9%) was allocated for health care services provided by UTMB and TTUHSC. And \$673K (0.1%) was allocated for funding of the operation of the Correctional Managed Health Care Committee.

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

Report Highlights

Population Indicators

- Through the first quarter of this fiscal year, the correctional health care program has slightly increased in the overall offender population served. The average daily population served through the first quarter of FY 2012 was 153,350. Through this same quarter a year ago (FY 2011), the average daily population was 152,386, an increase of 964 (0.63%). 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 much faster rate than the overall population. Through the first quarter of FY 2012, the average number of older offenders in the service population was 13,441. Through this same quarter a year ago (FY 2011), the average number of offenders age 55 and over was 12,410. This represents an increase of 1,031 or about 8.3% more older offenders than a year ago.
- Hospital Inpatient Census is a new statistical indicator established to reflect the health care dollars spent in the C.1.8 Strategy “Hospital and Clinic Costs”. The hospital inpatient average daily census (ADC) served through the first quarter of FY 2012 was 202 for both the Texas Tech and UTMB Sectors.
- Outpatient Clinic and ER Visits is another new statistical indicator established to reflect the health care dollars spent in the C.1.8 Strategy “Hospital and Clinic Costs”. The medical outpatient clinic and ER visits served through the first quarter of FY 2012 was 3,230 for both the Texas Tech and UTMB Sectors.
- The overall HIV+ population has remained relatively stable throughout the last few years and continued to remain so through this quarter, averaging 2,331 (or about 1.5% of the population served).
- Two mental health caseload measures have also remained relatively stable:
 - The average number of psychiatric inpatients within the system was 1,864 through the first quarter of FY 2012, as compared to 1,928 through the same quarter a year ago (FY 2011). The inpatient caseload is limited by the number of available inpatient beds in the system.
 - Through the first quarter of FY 2012, the average number of mental health outpatients was 18,204 representing 11.9% of the service population.

Health Care Costs

- Overall health costs through the first quarter of FY 2012 totaled \$121.1M. This amount is above the overall revenues earned by the university providers by \$2.5M.
- UTMB's total revenue through the quarter was \$94.3M. Their expenditures totaled \$97.3M, resulting in a net loss of \$3.0M. On a per offender per day basis, UTMB earned \$8.51 in revenue and expended \$8.78 resulting in a loss of \$0.27 per offender per day.
- TTUHSC's total revenue through the first quarter was \$24.3M. Expenditures totaled \$23.8M, resulting in a net gain of \$512,579. On a per offender per day basis, TTUHSC earned \$8.44 in revenue, but expended \$8.26 resulting in a gain of \$0.18 per offender per day.
- Examining the health care costs in further detail indicates that of the \$121.1M in expenses reported through the first quarter of the year:
 - Onsite services (those medical services provided at the prison units) comprised \$55.7M representing about 46.0% of the total health care expenses:
 - Of this amount, 81.8% was for salaries and benefits and 18.2% for operating costs.
 - Pharmacy services totaled \$13.7M representing approximately 11.3% of the total expenses:
 - Of this amount 17.8% was for related salaries and benefits, 2.8% for operating costs and 79.4% for drug purchases.
 - Offsite services (services including hospitalization and specialty clinic care) accounted for \$37.9M or 31.3% of total expenses:
 - Of this amount 70.6% was for estimated university provider hospital, physician and professional services; and 29.4% for Freeworld (non-university) hospital, specialty and emergency care.
 - Mental health services totaled \$10.4M or 8.6% of the total costs:
 - Of this amount, 98.0% was for mental health staff salaries and benefits, with the remaining 2.0% for operating costs.
 - Indirect support expenses accounted for \$3.4M and represented 2.8% of the total costs.

- The total cost per offender per day for all health care services statewide through the first quarter of FY 2012 was \$8.68. However, when benchmarked against the average cost per offender per day for the prior four fiscal years of \$9.44, the decrease is at (8.1%). As a point of reference healthcare costs was \$7.64 per day in FY03. This would equate to a 13.6% increase since FY03 or approximately 1.6% increase per year average, well below the national average.
 - For UTMB, the cost per offender per day was \$8.78. This is lower than the average cost per offender per day for the last four fiscal years of \$9.50.
 - For TTUHSC, the cost per offender per day was \$8.26, lower than the average cost per offender per day for the last four fiscal years of \$9.21.
 - Differences in cost between UTMB and TTUHSC relate to the differences in mission, population assigned and the acuity level of the offender patients served.

Aging Offenders

- As consistently noted in prior reports, the aging of the offender population has a demonstrated impact on the resources of the health care system. Offenders age 55 and older access the health care delivery system at a much higher level and frequency than younger offenders:
 - Encounter data through the first quarter of FY 2012 indicates that offenders aged 55 and over had a documented encounter with medical staff more than two and a half 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 and outpatient clinic costs received to date for charges incurred this fiscal year for offenders over age 55 totaled approximately \$899 per offender. The same calculation for offenders under age 55 totaled about \$120. In terms of hospitalization and clinic costs, the older offenders were utilizing health care resources at a rate more than seven times higher than the younger offenders. While comprising about 8.7% of the overall service population, offenders age 55 and over account for 41.8% of the hospitalization costs received to date.
 - A third examination of dialysis costs found that, proportionately, older offenders are represented 4.6 times more often in the dialysis population than younger offenders. Dialysis costs continue to be significant, averaging \$20,147 per patient per year. Providing medically necessary dialysis treatment for an average of 219 patients through the first quarter of FY2012 cost \$1.1M.

Drug Costs

- Total drug costs through the first quarter of FY 2012 totaled \$10.8M.
 - Pharmaceutical costs related to HIV care continue to be the largest single component of pharmacy expenses.
 - Through this quarter, \$4.9M in costs (or \$1.6M per month) for HIV antiretroviral medication costs were experienced. This represents 44.9% of the total drug cost during this time period.
 - Expenses for psychiatric drugs are also being tracked, with approximately \$638K being expended for psychiatric medications through the first quarter, representing 5.9% of the overall drug cost.
 - Another pharmacy indicator being tracked is the cost related to Hepatitis C therapies. These costs were \$872K and represented about 8.1% of the total drug cost.

Reporting of Fund Balances

- UTMB reports that they have a total loss of \$2,996,409 through this first quarter of this fiscal year. TTUHSC reports that they have a total gain of \$512,579 through this first quarter of this fiscal year. Please note Table 3 - All Health Care Summary of this financial report for the details of the Overall Revenue and Expense Summary by the Three Healthcare Strategies that we follow.
- A summary analysis of the ending balances, revenue and payments through the first quarter for the CMHCC account is included in this report. That summary indicates that the ending balance on the CMHCC account on November 30, 2011 was \$36,855.75. This is due to the vacancy of one employee in the Correctional Managed Health Care Committee.

Financial Monitoring

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

The testing of detail transactions performed on TTUHSC's financial information for June and July 2011 found all tested transactions to be verified and found all back up detail to be validated. August 2011 detailed audit is still in process and will be reported at a later date.

The testing of detail transactions performed on UTMB's financial information for June and July 2011 found all tested transactions to be verified and found all back up detail to be validated. August 2011 detailed audit is still in process and will be reported at a later date.

Concluding Notes

The combined operating loss for the university providers through the first quarter of FY 2012 is \$2.5 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.

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**Table 1
Correctional Managed Health Care
FY 2012 Budget Allocations**

Distribution of Funds

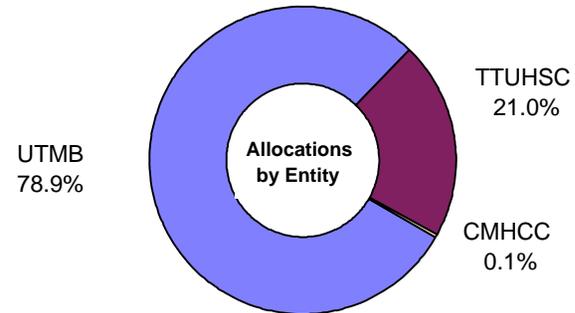
<u>Allocated to</u>	<u>FY 2012</u>
University Providers	
The University of Texas Medical Branch	
Unit and Psychiatric Care	\$187,310,012
Hospital and Clinic Care	\$110,016,885
Pharmacy Care	\$41,018,720
Subtotal UTMB	\$338,345,617
Texas Tech University Health Sciences Center	
Unit and Psychiatric Care	\$54,370,961
Hospital and Clinic Care	\$25,291,923
Pharmacy Care	\$10,481,279
Subtotal TTUHSC	\$90,144,163
SUBTOTAL UNIVERSITY PROVIDERS	
	\$428,489,780
Correctional Managed Health Care Committee	\$672,925
TOTAL DISTRIBUTION	\$429,162,705

Source of Funds

<u>Source</u>	<u>FY 2012</u>
Legislative Appropriations	
SB 1, Article V, TDCJ Appropriations	
Strategy C.1.7. Unit and Psychiatric Care	\$242,353,898
Strategy C.1.8. Hospital and Clinic Care	\$135,308,808
Strategy C.1.9 Pharmacy Care	\$51,499,999
TOTAL	\$429,162,705

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 2012
Key Population Indicators
Correctional Health Care Program**

Indicator	Sep-11	Oct-11	Nov-11	Population Year to Date Avg.
Avg. Population Served by CMHC:				
UTMB State-Operated Population	109,767	109,780	109,834	109,794
UTMB Private Prison Population*	11,919	11,912	11,907	11,912
UTMB Total Service Population	121,686	121,692	121,740	121,706
TTUHSC Total Service Population	31,715	31,678	31,538	31,643
CMHC Service Population Total	153,401	153,370	153,278	153,350
Population Age 55 and Over				
UTMB Service Population Average	11,158	11,215	11,256	11,210
TTUHSC Service Population Average	2,215	2,231	2,247	2,231
CMHC Service Population Average	13,373	13,446	13,503	13,441
Medical Health Inpatient Daily Census				
UTMB Hospital Galveston Inpatient ADC	74	63	62	66
UTMB FreeWorld Hospital Inpatient ADC	17	13	15	15
TTUHSC RMF Inpatient ADC	112	111	111	111
TTUHSC FreeWorld Hospital Inpatient ADC	7	11	10	9
CMHC Medical Inpatient Daily Census	210	197	198	202
Medical Health Outpatient Visits				
UTMB Specialty Clinic & ER Visits	2,657	2,288	2,089	2,345
TTUHSC FreeWorld Outpatient & ER Visits	876	905	876	886
CMHC Medical Outpatient Visits	3,533	3,193	2,965	3,230
HIV+ Population	2,324	2,352	2,318	2,331
Mental Health Inpatient Census				
UTMB Psychiatric Inpatient Average	1,001	999	1,009	1,003
TTUHSC Psychiatric Inpatient Average	914	891	779	861
CMHC Psychiatric Inpatient Average	1,915	1,890	1,788	1,864
Mental Health Outpatient Census				
UTMB Psychiatric Outpatient Average	14,566	14,131	13,582	14,093
TTUHSC Psychiatric Outpatient Average	4,275	3,946	4,111	4,111
CMHC Psychiatric Outpatient Average	18,841	18,077	17,693	18,204

Chart 2
CMHC Service Population

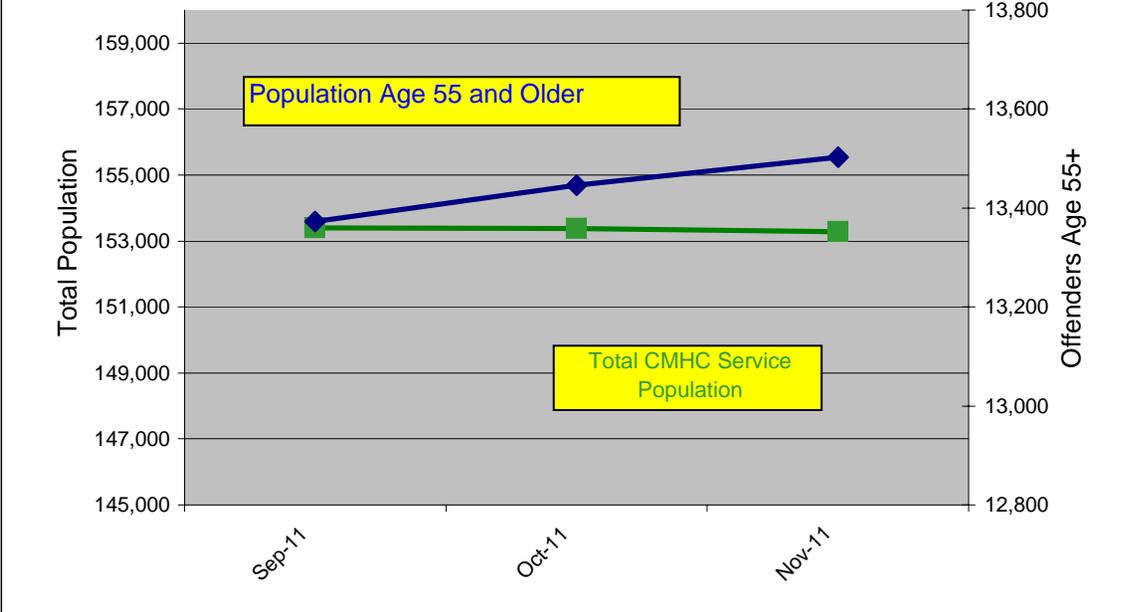


Table 3
Summary Financial Report: Unit and Mental Health Costs - C.1.7
Fiscal Year 2012 - through November 30, 2011 (Sep 2011- Nov 2011)

Days in Year: 91

	Unit and Mental Health Services Costs			Unit & Mental Cost Per Day Calculations		
	UTMB	TTUHSC	TOTAL	UTMB	TTUHSC	TOTAL
Population Served	121,706	31,643	153,350			
Revenue						
Capitation Payments	\$46,571,615	\$12,894,292	\$59,465,907	\$4.21	\$4.48	\$4.26
State Reimbursement Benefits	\$9,930,703	\$1,485,917	\$11,416,620	\$0.90	\$0.52	\$0.82
Other Misc Revenue	\$189,571	\$572	\$190,143	\$0.02	\$0.00	\$0.01
Total Revenue	\$56,691,889	\$14,380,781	\$71,072,670	\$5.12	\$4.99	\$5.09
Expenses						
Unit Services						
Salaries	\$31,415,894	\$3,965,333	\$35,381,227	\$2.84	\$1.38	\$2.54
Benefits	\$9,198,759	\$966,797	\$10,165,556	\$0.83	\$0.34	\$0.73
Operating (M&O)	\$4,405,625	\$238,238	\$4,643,863	\$0.40	\$0.08	\$0.33
Professional Services	\$0	\$491,943	\$491,943	\$0.00	\$0.17	\$0.04
Contracted Units/Services	\$0	\$4,767,927	\$4,767,927	\$0.00	\$1.66	\$0.34
Travel	\$147,529	\$5,166	\$152,695	\$0.01	\$0.00	\$0.01
Electronic Medicine	\$0	\$71,953	\$71,953	\$0.00	\$0.02	\$0.01
Capitalized Equipment	(\$19,500)	\$0	(\$19,500)	(\$0.00)	\$0.00	(\$0.00)
Subtotal Onsite Expenses	\$45,148,307	\$10,507,357	\$55,655,664	\$4.08	\$3.65	\$3.99
Mental Health Services						
Salaries	\$5,572,222	\$2,636,684	\$8,208,906	\$0.50	\$0.92	\$0.59
Benefits	\$1,320,137	\$648,915	\$1,969,052	\$0.12	\$0.23	\$0.14
Operating (M&O)	\$111,224	\$5,877	\$117,101	\$0.01	\$0.00	\$0.01
Professional Services	\$0	\$81,305	\$81,305			
Contracted Units/Services	\$0	\$0	\$0			
Travel	\$7,399	\$1,605	\$9,004	\$0.00	\$0.00	\$0.00
Electronic Medicine	\$0	\$0	\$0	\$0.00	\$0.00	\$0.00
Capital Expenditures	\$0	\$0	\$0	\$0.00	\$0.00	\$0.00
Subtotal Mental Health Expenses	\$7,010,982	\$3,374,386	\$10,385,368	\$0.63	\$1.14	\$0.74
Indirect Expenses	\$2,634,561	\$451,300	\$3,085,861	\$0.24	\$0.16	\$0.22
Total Unit and Mental Health Expenses	\$54,793,850	\$14,333,043	\$69,126,893	\$4.95	\$4.95	\$4.95
Operating Income (Loss)	\$1,898,039	\$47,738	\$1,945,777	\$0.17	\$0.04	\$0.15

Table 3 (Continued)
Summary Financial Report: Hospital and Clinic Costs - C.1.8
Fiscal Year 2012 - through November 30, 2011 (Sep 2011- Nov 2011)

Days in Year: 91

	Hospital and Clinic Costs			Hospital & Clinic Cost Per Day Calculations		
	UTMB	TTUHSC	TOTAL	UTMB	TTUHSC	TOTAL
Population Served	121,706	31,643	153,350			
Revenue						
Capitation Payments	\$27,353,925	\$6,980,531	\$34,334,456	\$2.47	\$2.42	\$2.46
State Reimbursement Benefits	\$0	\$396,670	\$396,670	\$0.00	\$0.14	\$0.03
Other Misc Revenue	\$0	\$0	\$0	\$0.00	\$0.00	\$0.00
Total Revenue	\$27,353,925	\$7,377,201	\$34,731,126	\$2.47	\$2.56	\$2.49
Expenses						
Hospital and Clinic Services						
University Professional Services	\$3,486,438	\$289,320	\$3,775,758	\$0.31	\$0.10	\$0.27
Freeworld Provider Services	\$1,741,611	\$3,079,145	\$4,820,756	\$0.16	\$1.07	\$0.35
UTMB or TTUHSC Hospital Cost	\$20,370,859	\$2,634,452	\$23,005,311	\$1.84	\$0.91	\$1.65
Estimated IBNR	\$6,132,781	\$214,810	\$6,347,591	\$0.55	\$0.07	\$0.45
Subtotal Offsite Expenses	\$31,731,689	\$6,217,727	\$37,949,416	\$2.87	\$2.16	\$2.72
Indirect Expenses	\$0	\$244,319	\$244,319	\$0.00	\$0.08	\$0.02
Total Hospital and Clinic Expenses	\$31,731,689	\$6,462,046	\$38,193,735	\$2.87	\$2.24	\$2.74
Operating Income (Loss)	(\$4,377,764)	\$915,155	(\$3,462,609)	(\$0.40)	\$0.32	(\$0.25)

Table 3 (Continued)
Summary Financial Report: Pharmacy Costs - C.1.9
Fiscal Year 2012 through November 30, 2011 (Sep 2011- Nov 2011)

Days in Year: 91

	Pharmacy Health Services Costs			Pharmacy Health Cost Per Day Calculations		
	UTMB	TTUHSC	TOTAL	UTMB	TTUHSC	TOTAL
Population Served	121,706	31,643	153,350			
Revenue						
Capitation Payments	\$10,198,643	\$2,538,070	\$12,736,713	\$0.92	\$0.88	\$0.91
State Reimbursement Benefits	\$0	\$13,778	\$13,778	\$0.00	\$0.00	\$0.00
Other Misc Revenue	\$38,677	\$0	\$38,677	\$0.00	\$0.00	\$0.00
Total Revenue	\$10,237,320	\$2,551,848	\$12,789,168	\$0.92	\$0.89	\$0.92
Expenses						
Pharmacy Services						
Salaries	\$1,487,159	\$463,798	\$1,950,957	\$0.13	\$0.16	\$0.14
Benefits	\$469,427	\$15,264	\$484,691	\$0.04	\$0.01	\$0.03
Operating (M&O)	\$302,579	\$77,313	\$379,892	\$0.03	\$0.03	\$0.03
Pharmaceutical Purchases	\$8,493,022	\$2,355,558	\$10,848,580	\$0.77	\$0.82	\$0.78
Professional Services	\$0	\$0	\$0	\$0.00	\$0.00	\$0.00
Travel	\$1,817	\$1,585	\$3,402	\$0.00	\$0.00	\$0.00
Subtotal Pharmacy Health Expenses	\$10,754,004	\$2,913,518	\$13,667,522	\$0.97	\$1.01	\$0.98
Indirect Expenses	\$0	\$88,644	\$88,644	\$0.00	\$0.03	\$0.01
Total Pharmacy Expenses	\$10,754,004	\$3,002,162	\$13,756,166	\$0.97	\$1.04	\$0.99
Operating Income (Loss)	(\$516,684)	(\$450,314)	(\$966,998)	(\$0.05)	(\$0.16)	(\$0.07)

All Health Care Summary

	All Health Care Services			Cost Per Offender Per Day		
	UTMB	TTUHSC	TOTAL	UTMB	TTUHSC	TOTAL
Unit & Mental Health Services	\$56,691,889	\$14,380,781	\$71,072,670	\$5.12	\$4.99	\$5.09
Hospital & Clinic Services	\$27,353,925	\$7,377,201	\$34,731,126	\$2.47	\$2.56	\$2.49
Pharmacy Health Services	\$10,237,320	\$2,551,848	\$12,789,168	\$0.92	\$0.89	\$0.92
Total Revenue	\$94,283,134	\$24,309,830	\$118,592,964	\$8.51	\$8.44	\$8.50
Unit & Mental Health Services	\$54,793,850	\$14,333,043	\$69,126,893	\$4.95	\$4.98	\$4.95
Hospital & Clinic Services	\$31,731,689	\$6,462,046	\$38,193,735	\$2.87	\$2.24	\$2.74
Pharmacy Health Services	\$10,754,004	\$3,002,162	\$13,756,166	\$0.97	\$1.04	\$0.99
Total Expenses	\$97,279,543	\$23,797,251	\$121,076,794	\$8.78	\$8.26	\$8.68
Operating Income (Loss)	(\$2,996,409)	\$512,579	(\$2,483,830)	(\$0.27)	\$0.18	(\$0.18)

**Table 4
FY 2012 1st Quarter
UTMB/TTUHSC EXPENSE SUMMARY**

Category	Expense	Percent of Total
Onsite Services	\$55,655,664	45.97%
Salaries	\$35,381,227	
Benefits	\$10,165,556	
Operating	\$10,108,881	
Pharmacy Services	\$13,667,522	11.29%
Salaries	\$1,950,957	
Benefits	\$484,691	
Operating	\$383,294	
Drug Purchases	\$10,848,580	
Offsite Services	\$37,949,416	31.34%
Univ. Professional Svcs.	\$3,775,758	
Freeworld Provider Svcs.	\$4,820,756	
Univ. Hospital Svcs.	\$23,005,311	
Est. IBNR	\$6,347,591	
Mental Health Services	\$10,385,368	8.58%
Salaries	\$8,208,906	
Benefits	\$1,969,052	
Operating	\$207,410	
Indirect Expense	\$3,418,824	2.82%
Total Expenses	\$121,076,794	100.00%

Chart 3: Total Health Care by Category

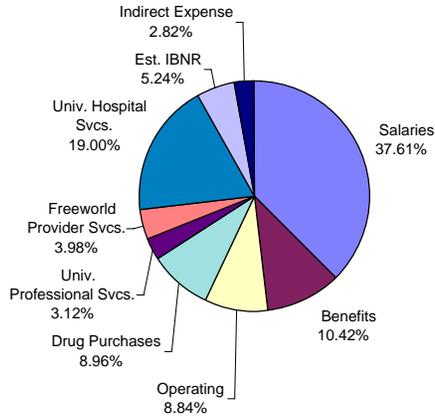


Chart 4: Onsite Services

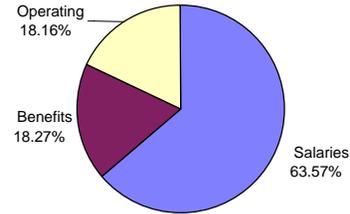


Chart 5: Pharmacy Services

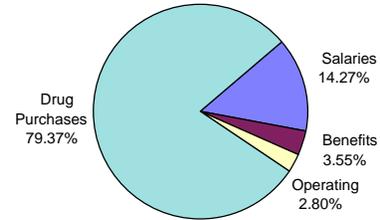


Chart 6: Offsite Services

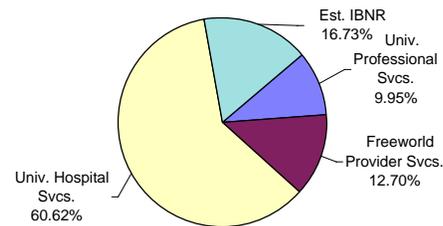


Chart 7: Mental Health Services

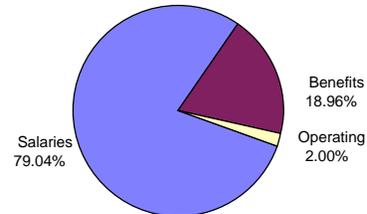


Table 4a
FY 2012 1st Quarter
UTMB/TTUHSC EXPENSE SUMMARY

Category	Total Expense	UTMB	TTUHSC	% UTMB
Onsite Services	\$55,655,664	\$45,148,307	\$10,507,357	81.12%
Salaries	\$35,381,227	\$31,415,894	\$3,965,333	
Benefits	\$10,165,556	\$9,198,759	\$966,797	
Operating	\$10,108,881	\$4,533,654	\$5,575,227	
Pharmacy Services	\$13,667,522	\$10,754,004	\$2,913,518	78.68%
Salaries	\$1,950,957	\$1,487,159	\$463,798	
Benefits	\$484,691	\$469,427	\$15,264	
Operating	\$383,294	\$304,396	\$78,898	
Drug Purchases	\$10,848,580	\$8,493,022	\$2,355,558	
Offsite Services	\$37,949,416	\$31,731,689	\$6,217,727	83.62%
Univ. Professional Svcs.	\$3,775,758	\$3,486,438	\$289,320	
Freeworld Provider Svcs.	\$4,820,756	\$1,741,611	\$3,079,145	
Univ. Hospital Svcs.	\$23,005,311	\$20,370,859	\$2,634,452	
Est. IBNR	\$6,347,591	\$6,132,781	\$214,810	
Mental Health Services	\$10,385,368	\$7,010,982	\$3,374,386	67.51%
Salaries	\$8,208,906	\$5,572,222	\$2,636,684	
Benefits	\$1,969,052	\$1,320,137	\$648,915	
Operating	\$207,410	\$118,623	\$88,787	
Indirect Expense	\$3,418,824	\$2,634,561	\$784,263	77.06%
Total Expenses	\$121,076,794	\$97,279,543	\$23,797,251	80.35%

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

	FY 08	FY 09	FY 10	FY 11	4-Year Average	FYTD 12 1st Qtr
Population						
UTMB	120,648	119,952	120,177	121,417	120,548	121,706
TTUHSC	31,064	30,616	31,048	31,419	31,037	31,643
Total	151,712	150,568	151,225	152,836	151,585	153,350
Expenses						
UTMB	381,036,398	423,338,812	435,710,000	\$432,371,801	418,114,253	97,279,543
TTUHSC	96,482,145	100,980,726	109,767,882	\$110,272,668	104,375,855	23,797,251
Total	477,518,543	524,319,538	545,477,882	\$542,644,469	522,490,108	121,076,794
Cost/Day						
UTMB	\$8.63	\$9.67	\$9.93	\$9.76	\$9.50	\$8.78
TTUHSC	\$8.49	\$9.04	\$9.69	\$9.62	\$9.21	\$8.26
Total	\$8.60	\$9.54	\$9.88	\$9.73	\$9.44	\$8.68

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

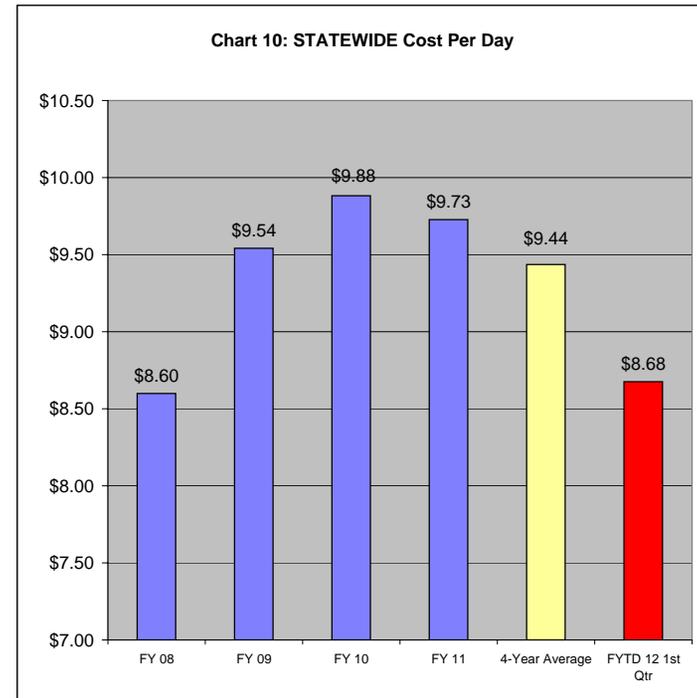
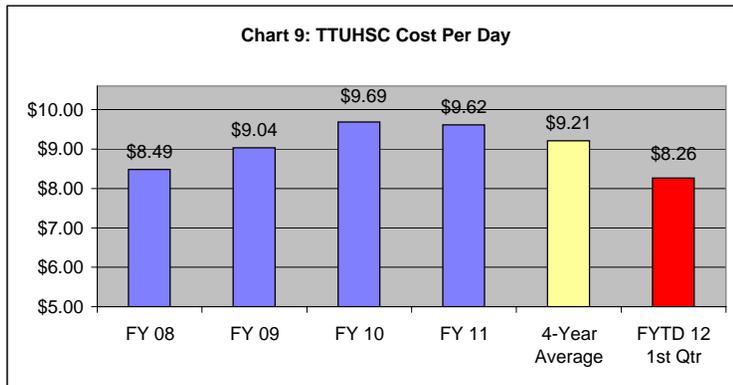
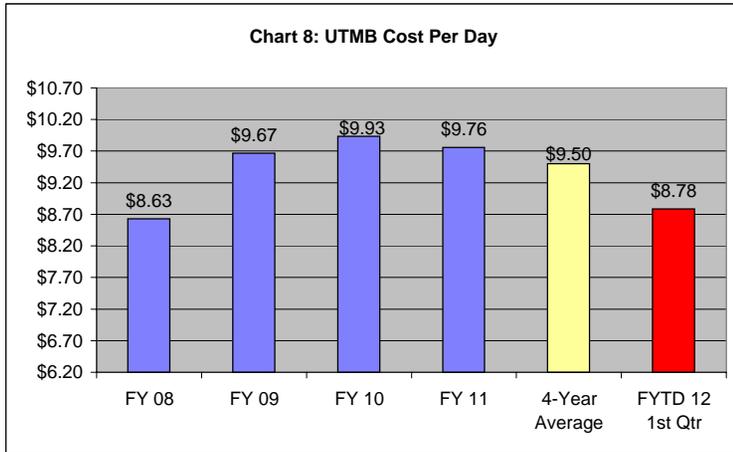


Table 6
Medical Encounter Statistics* by Age Grouping

3

Month	Encounters			Population			Encounters Per Offender		
	Age 55 and Over	Under Age 55	Total	Age 55 and Over	Under Age 55	Total	Age 55 and Over	Under Age 55	Total
Sep-11	39,671	132,934	172,605	11,158	110,528	121,686	3.56	1.20	1.42
Oct-11	38,366	141,450	179,816	11,215	110,477	121,692	3.42	1.28	1.48
Nov-11	32,438	105,823	138,261	11,256	110,484	121,740	2.88	0.96	1.14
Average	36,825	126,736	163,561	11,210	110,496	121,706	3.29	1.15	1.34

*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 11
Encounters Per Offender By Age Grouping

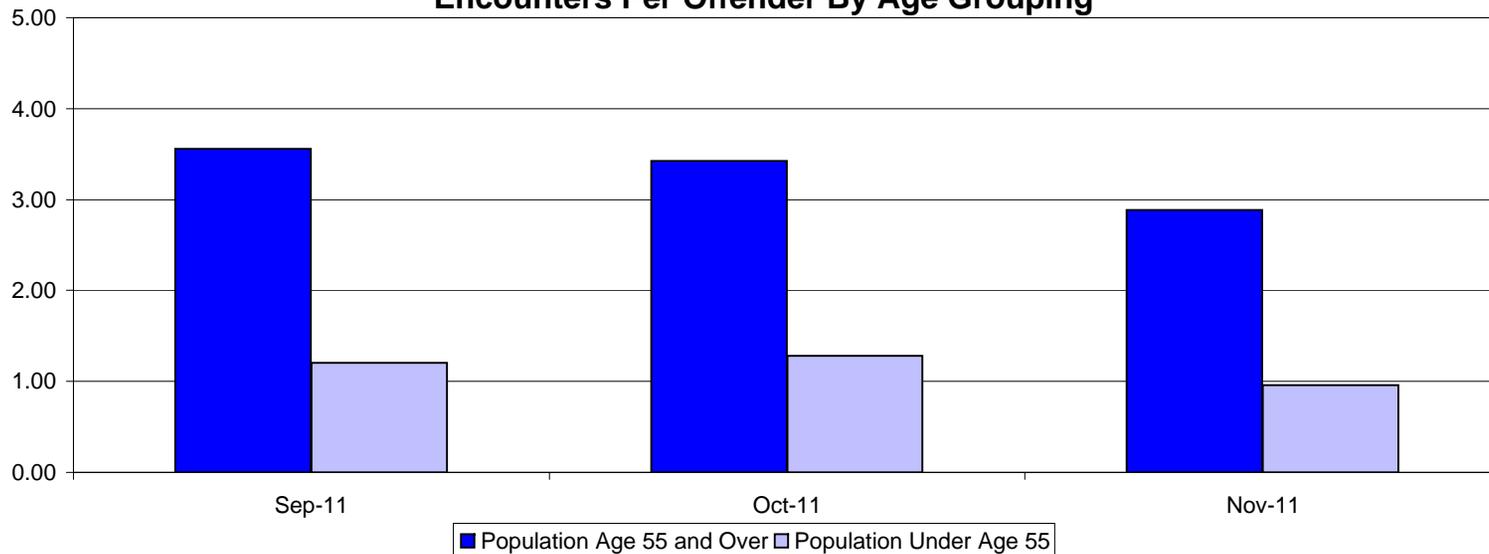
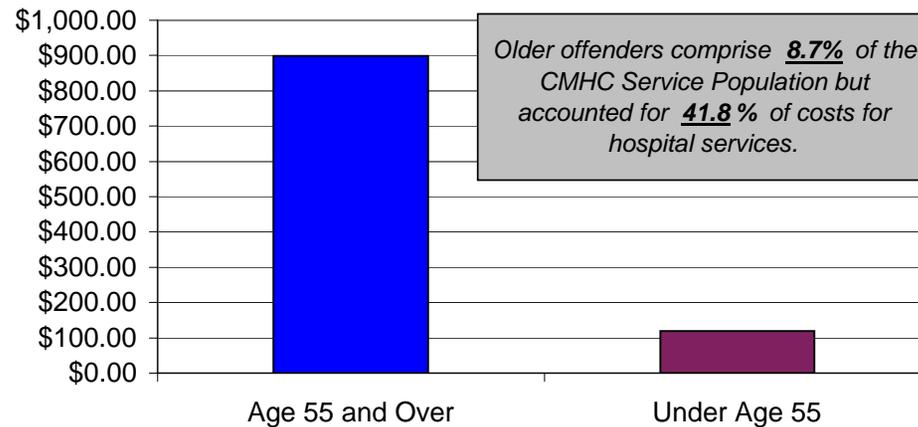


Table 7
FY 2012 1st Quarter
Offsite Costs* To Date by Age Grouping

Age Grouping	Cost Data	Total Population	Total Cost Per Offender
Age 55 and Over	\$12,085,016	13,441	\$899.14
Under Age 55	\$16,792,233	139,909	\$120.02
Total	\$28,877,249	153,350	\$188.31

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

Chart 12
Hospital Costs to Date Per Offender
by Age Grouping

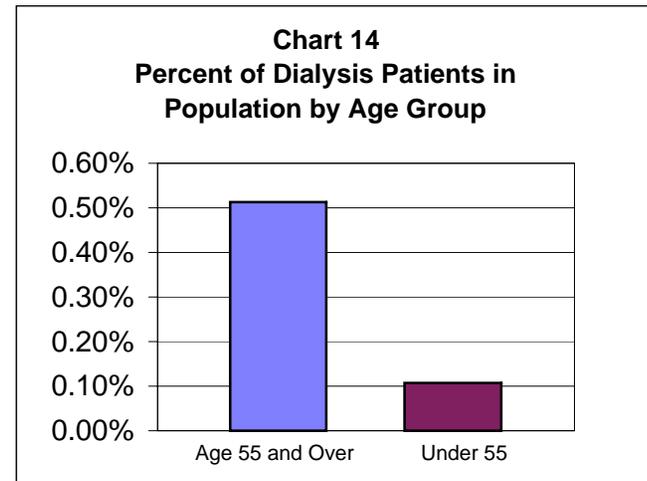
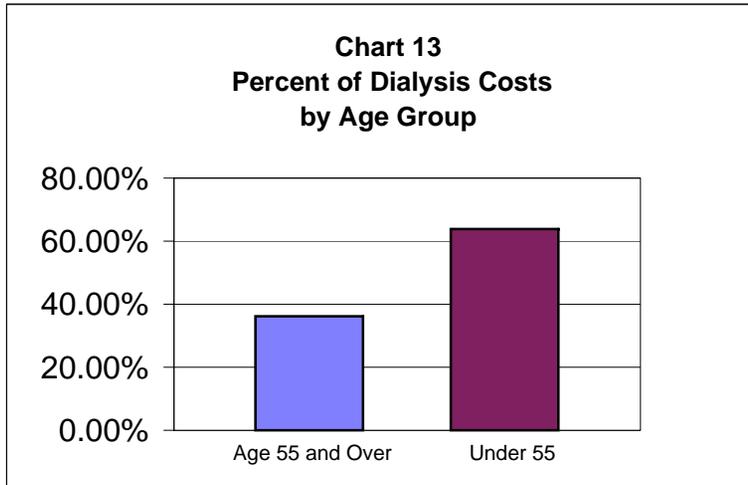


**Table 8
Through FY 2012 1st Quarter
Dialysis Costs by Age Grouping**

Age Group	Dialysis Costs	Percent of Costs	Average Population	Percent of Population	Avg Number of Dialysis Patients	Percent of Dialysis Patients in Population
Age 55 and Over	\$399,277	36.20%	13,441	8.76%	69	0.51%
Under Age 55	\$703,747	63.80%	139,909	91.24%	150	0.11%
Total	\$1,103,024	100.00%	153,350	100.00%	219	0.14%

Projected Avg Cost Per Dialysis Patient Per Year:

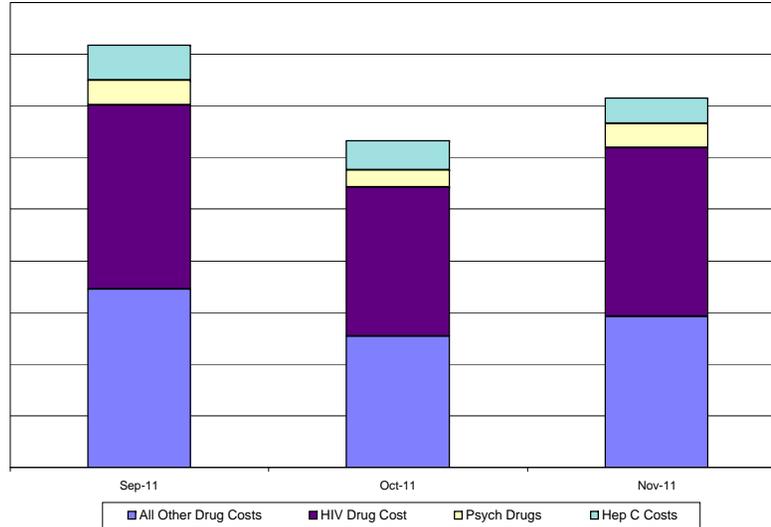
\$20,147



**Table 9
Selected Drug Costs FY 2012**

Category	Sep-11	Oct-11	Nov-11	Total Year-to-Date
<i>Total Drug Costs</i>	\$4,086,218	\$3,164,390	\$3,577,783	\$10,828,390
<i>HIV Medications</i>				
HIV Drug Cost	\$1,781,207	\$1,444,984	\$1,631,976	\$4,858,167
HIV Percent of Cost	43.59%	45.66%	45.61%	44.87%
<i>Psychiatric Medications</i>				
Psych Drug Cost	\$241,957	\$163,901	\$232,635	\$638,493
Psych Percent of Cost	5.92%	5.18%	6.50%	5.90%
<i>Hepatitis C Medications</i>				
Hep C Drug Cost	\$335,560	\$286,440	\$250,374	\$872,374
Hep C Percent of Cost	8.21%	9.05%	7.00%	8.06%
<i>All Other Drug Costs</i>	\$1,727,494	\$1,269,064	\$1,462,798	\$4,459,356

**Chart 15
Drug Costs by Selected Categories**



**Table 10
Ending Balances 1st Qtr FY 2012**

	Beginning Balance September 1, 2011	Net Activity FY 2012	Ending Balance November 30, 2011
CMHCC Operating Funds	\$30,582.32	\$6,273.43	\$36,855.75
CMHCC Unit & Mental Health :	\$3,505.81		Balances Maintained by TDCJ
CMHCC Hospital & Clinic Serv	\$447.88		Balances Maintained by TDCJ
CMHCC Pharmacy Health	\$0.00		Balances Maintained by TDCJ
Ending Balance All Funds	\$34,536.01	\$6,273.43	\$36,855.75

SUPPORTING DETAIL

CMHCC Operating Account	
Beginning Balance	\$30,582.32
FY 2011 Funds Lapsed to State Treasury	(\$30,582.32)
Revenue Received	
1st Qtr Payment	\$166,823.71
Interest Earned	\$12.46
Subtotal Revenue	\$166,836.17
Expenses	
Salary & Benefits	(\$88,220.65)
Operating Expenses	(\$41,759.77)
Subtotal Expenses	(\$129,980.42)
Net Activity thru this Qtr	\$6,273.43
Total Fund Balance CMHCC Operating	\$36,855.75

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

As of January 2012

Title of Position	CMHCC Partner Agency	Vacant Since (mm/yyyy)	Actions Taken to Fill Position
Psychiatrists	UTMB CMC	1/1/2010	Local and National Advertising, Conference, Contract with Timeline National Recruiting and other Agency Staffing
Physician I-III	UTMB CMC	1/1/2010	Local and National Advertising, Conferences, Timeline National Recruiting and other agency
Mid Level Practitioners (PA and FNP)	UTMB CMC	1/1/2010	Local and National Advertising, Career Fairs, Conferences, Intern programs with numerous PA schools
Clinical Director Virology	UTMB CMC	10/2011	Local and National Advertising, Agency Search
PAMIO Medical Director	TTUHSC	02/2009	Continued advertisement in local and national publications; Expanded Recruiting Agency utilization.
Staff Psychiatrists	TTUHSC	09/2010	Continued advertisement in local and national publications; Expanded Recruiting Agency utilization.
Physician III-Chief Public Health Officer	TDCJ	4/30/11	Changed from F/T to P/T; posting on hold
Manager III-Office of Professional Standards	TDJC	New	Closed 2/13/12; in process of reviewing applications
Nurse IV-Utilization Review	TDCJ	New	Interviews 2/14/12
Nurse II-Utilization Review (2)	TDCJ	New	Interviews 2/14/12
Investigator III-HT	TDCJ	12/1/11	Applicant in clearance
Associate Psychologist III	TDCJ	1/1/12	Posting on hold



**TEXAS DEPARTMENT OF
CRIMINAL JUSTICE**

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

First Quarter FY-2012

Lannette Linthicum, MD, CCHP-A, FACP

TDCJ Medical Directors' Report

Office of Health Services Monitoring (OHSM)

Operational Review Audit (ORA)

- During the First Quarter of FY-2012 (September, October, and November 2011), 10 Operational Review Audits (ORAs) were conducted at the following facilities: Daniel, Hobby, Marlin, Murray, Polunsky, Ramsey, Rudd, San Saba, Smith, and Stringfellow.
- During the First Quarter of FY 2011, four Operational Review Audits (ORA) were closed for the following facilities: Garza East, Garza West, Wallace, and Ware.
- The following is a summary of the 10 items found to be most frequently below 80 percent compliance in the 10 ORAs conducted in the First Quarter FY-2012.
 1. Item **6.360** requires the provider to document the reason if treatment for Hepatitis C Virus is determined to not be indicated for offenders with chronic Hepatitis C Virus infection. All 10 facilities were not in compliance with this requirement. The 10 facilities out of compliance were: Daniel, Hobby, Marlin, Murray, Polunsky, Ramsey, Rudd, San Saba, Smith, and Stringfellow. Corrective actions were requested from the 10 facilities. At the time of this report, two facilities have returned their corrective action plan: Hobby and Marlin. Eight facilities are preparing facility-specific corrective actions to ensure future compliance: Daniel, Murray, Polunsky, Ramsey, Rudd, San Saba, Smith, and Stringfellow.
 2. 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. Nine of the 10 facilities were not in compliance with this requirement. The nine facilities out of compliance were: Daniel, Hobby, Marlin, Murray, Polunsky, Ramsey, Rudd, Smith, and Stringfellow. Corrective actions were requested from the nine facilities. At the time of this report, two facilities have returned their corrective action plan: Hobby and Marlin. Seven facilities are preparing facility-specific corrective actions to ensure future compliance: Daniel, Murray, Polunsky, Ramsey, Rudd, Smith, and Stringfellow.
 3. Item **5.210** requires an annual physical exam for offenders 50 years of age or greater to be documented in the medical record within 30 days of their annual date of incarceration. Nine of the 10 facilities were not in compliance with this requirement. The nine facilities out of compliance were: Daniel, Hobby, Marlin, Murray, Polunsky, Ramsey, Rudd, Smith, and Stringfellow. Corrective actions were requested from the nine facilities. At the time of this report, two facilities have returned their corrective action plan: Hobby and Marlin. Seven facilities are preparing facility-specific corrective actions to ensure future compliance: Daniel, Murray, Polunsky, Ramsey, Rudd, Smith, and Stringfellow.
 4. Item **6.030** requires offenders receiving anti-tuberculosis medication at the facility be assessed monthly by a provider or nurse. Eight of the 10 facilities were not in compliance with this requirement. The eight facilities out of compliance were: Daniel, Hobby, Marlin, Polunsky, Ramsey, Rudd, Smith, and Stringfellow. Corrective actions were requested from the eight facilities. At the time of this report, two facilities have returned their corrective action plan: Hobby and Marlin. Six facilities are preparing facility-specific corrective actions to ensure future compliance: Daniel, Polunsky, Ramsey, Rudd, Smith, and Stringfellow.

Operational Review Audit (ORA) [Continued]

5. Item **6.010** requires screening for tuberculosis to be performed on offenders annually at the facility. Eight of the 10 facilities were not in compliance with this requirement. The eight facilities out of compliance were: Daniel, Hobby, Marlin, Murray, Polunsky, Ramsey, Smith, and Stringfellow. Corrective actions were requested from the eight facilities. At the time of this report, two facilities have returned their corrective action plan: Hobby and Marlin. Six facilities are preparing facility-specific corrective actions to ensure future compliance: Daniel, Murray, Polunsky, Ramsey, Smith, and Stringfellow.
6. Item **6.080** requires Texas Department of State Health Services Tuberculosis Elimination Division (TB-400) form to be completed for the following offenders receiving Tuberculosis (TB) chemoprophylaxis, all TB suspect cases, active cases, and upon termination or completion of TB therapy. Seven of the 10 facilities were not in compliance with this requirement. The seven facilities out of compliance were: Daniel, Hobby, Marlin, Polunsky, Ramsey, Smith, and Stringfellow. Corrective actions were requested from the seven facilities. At the time of this report, two facilities have returned their corrective action plan: Hobby and Marlin. Five facilities are preparing facility-specific corrective actions to ensure future compliance: Daniel, Polunsky, Ramsey, Smith, and Stringfellow.
7. Item **6.380** requires the pneumococcal vaccine be offered to offenders with certain chronic diseases and conditions*, and all offenders 65 years of age or older. Vaccinations are to be documented on the Abstract of Immunizations Form (HSM-2) when administered. If the vaccination is refused, the refusal should be documented with a signed Refusal of Treatment Form (HSM-82). Seven of the 10 facilities were not in compliance with this requirement. The seven facilities out of compliance were: Daniel, Hobby, Marlin, Murray, Rudd, San Saba, and Smith. Corrective actions were requested from the seven facilities. At the time of this report, two facilities have returned their corrective action plan: Hobby and Marlin. Five facilities are preparing facility-specific corrective actions to ensure future compliance: Daniel, Murray, Rudd, San Saba, and Smith.

* *Diseases and conditions for which the pneumococcal vaccine is indicated: heart disease, Emphysema, Chronic Obstructive Pulmonary Disease (COPD), Diabetes, Splenic Dysfunction, Anatomic Asplenia, Human Immunodeficiency Virus infection, most cancers, Sickle Cell Disorder, Cirrhosis, alcoholism, Renal Failure, and Cerebral Spinal Fluid leaks. (Note: Asthma is not included unless it is associated with COPD, Emphysema or long-term systemic steroid use).*

8. Item **6.020** requires offenders with a positive tuberculin skin test be evaluated for active disease or the need for chemoprophylaxis by a physician or mid-level practitioner before initiation of medication. Seven of the 10 facilities were not in compliance with this requirement. The seven facilities out of compliance were: Daniel, Marlin, Murray, Polunsky, Rudd, Smith, and Stringfellow. Corrective actions were requested from the seven facilities. At the time of this report, the Marlin Facility has returned their corrective action plan. Six facilities are preparing facility-specific corrective actions to ensure future compliance: Daniel, Murray, Polunsky, Rudd, Smith, and Stringfellow.
9. Item **6.330** requires the initial evaluations of offenders diagnosed with Hepatitis C be completed by a physician or mid-level provider. Seven of the 10 facilities were not in compliance with this requirement. The seven facilities out of compliance were: Murray, Polunsky, Ramsey, Rudd, San Saba, Smith, and Stringfellow. Corrective actions were requested from the seven facilities. At the time of this report, none of the facilities have returned their corrective action plan. Seven facilities are preparing facility-specific corrective actions to ensure future compliance: Murray, Polunsky, Ramsey, Rudd, San Saba, Smith, and Stringfellow.
10. Item **5.140** requires newly assigned intra-system transfers arriving at the facility by a physician or mid-level provider, have their medical records reviewed and signed (HSN-1) within 48 hours Sunday

Operational Review Audit (ORA) [Continued]

through Thursday and 72 hours Friday through Saturday. Seven of the ten facilities were not in compliance with this requirement. The seven facilities out of compliance were: Hobby, Marlin, Murray, Ramsey, Rudd, San Saba, and Smith. Corrective actions were requested from the seven facilities. At the time of this report, two facilities have returned their corrective action plan: Hobby and Marlin. Five facilities are preparing facility-specific corrective actions to ensure future compliance: Murray, Ramsey, Rudd, San Saba, and Smith.

Capital Assets Monitoring

The Fixed Assets Contract Monitoring Officer audited the same 10 units listed above for operational review audits during the First Quarter of FY-2012. These audits are conducted to monitor compliance with the Health Services Policy and State Property Accounting Policy regarding inventory procedures. All 10 units were within the required compliance range.

Grievances and Patient Liaison Correspondence

During the First Quarter of FY-2012 (September, October, and November 2011), the Patient Liaison Program (PLP) and the Step II Grievance Program received 4,156 correspondences. The PLP received 2,059 correspondences and Step II Grievance received 2,097 grievances. There were 402 Action Requests generated by the Patient Liaison and the Step II Grievance Programs.

The University of Texas Medical Branch (UTMB) and Texas Tech University Health Sciences Center (TTUHSC) combined percentage of sustained offender grievances closed in the First Quarter of FY-2012, for the Step II medical grievances was 10 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 eight percent and two percent for TTUHSC.

Quality Improvement (QI) Access to Care Audits

The frequency of the Sick Call Request Verification Audits (SCRVA) was changed, in the Fourth Quarter of 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 First Quarter of FY-2012 (September, October, and November 2011) the Patient Liaison Program nurses and investigators performed 40 SCRVA's at 38 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 examines and verifies the facility methodology for reporting Access to Care. A random sample of Sick Call Requests was also audited by the Office of Professional Standards (OPS) staff. A total of 315 indicators were reviewed at the 38 facilities and 28 of the indicators fell below the 80 percent compliance threshold representing nine percent. The discipline composite score (medical/nursing, dental, and mental health) is an overall assessment of compliance with the sick call process of the 38 facilities audited, there were 12 units with one or more discipline composite scores below 80. Corrective action has been requested from these facilities. At each facility, the OPS staff continued educating the medical staff.

Office of Public Health

The Office of Public Health monitors the incidence of infectious diseases within the Texas Department of Criminal Justice. The following is a summary of this monitoring for the First Quarter of FY-2012:

- The Public Health Program monitors cases of communicable (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 monthly reports totals, 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 755 cases of Hepatitis C identified for the First Quarter FY-2012, compared to 764 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 generally occur during the last six months of incarceration. Two categories of offenders do not require pre-release testing: those already known to be HIV positive and those whose intake test were drawn within 6 months of an offender's release date. During the First Quarter FY-2012, 17,120 offenders had intake tests, and 117 were newly identified as having HIV infections. For the same quarter last year, 16,902 offenders had intake tests, and 148 were HIV positive. During the First Quarter FY-2012, 13,843 offenders had pre-release tests; there were no newly HIV positive cases identified during this time. Nine new AIDS cases were identified during the First Quarter FY-2012.
- 194 cases of suspected Syphilis were reported in the First Quarter FY-2012, compared to 224 in the same quarter in FY-2011. 142 offenders required treatment or retreatment. Syphilis can take months to identify, these figures represent an overestimation of the actual number of cases. Some of the suspected cases will later be reclassified as resolved prior infections.
- 206 Methicillin-Resistant Staphylococcus Aureus (MRSA) cases were reported in this quarter, compared to 409 during the same quarter FY-2011. 124 Methicillin-Sensitive Staphylococcus Aureus (MSSA) were reported in the First Quarter FY-2012 compared to 195 reported for FY-2011. Numbers of both MRSA and MSSA have been decreasing for the last few years.
- There was an average of 58 Tuberculosis (TB) cases under management for the First Quarter FY-2012, compared to an average of 42 per month during the same quarter in FY-2011. Although TB numbers often fluctuate significantly from year to year, there has been a slight increase in the number of offenders with TB.
- In FY-2006, the Office of Public Health began reporting the activities of the Sexual Assault Nurse Examiner (SANE) Coordinator. This position collaborates with the Safe Prisons Program and is trained and certified as a SANE. Although the SANE Coordinator does not teach the SANE Curriculum because of restrictions imposed by the State Attorney General's Office, this person provides inservice training to facility providers in the performance of medical examination, evidence collection and documentation, and use of the sexual assault kits. During the First Quarter FY-2012, three educational inservice program sessions were held and 24 medical staff received training. This position also audits the documentation and services provided by medical personnel for each sexual assault reported. There have been 143 chart reviews of alleged sexual assaults performed for the First Quarter FY-2012. There were no deficiencies found during this quarter. 21 bloodborne exposure baseline labs were drawn on exposed victims and there were no seroconversions as a result of sexual assault.

Office of Public Health (Continued)

- During the First Quarter FY-2012, the Dawson State Jail offender peer health educators received a three day training to increase their knowledge base on infectious diseases that is important within TDCJ. During this time, 98 of the 111 facilities housing Correctional Institutional Division offenders had active peer education programs. 103 offenders were trained to become peer educators, which is a decrease from the same quarter of FY-2011 of 154. 20,050 offenders attended classes presented by peer educators; this is a slight decrease from the same quarter in FY-2011 of 20,119 participants.

Mortality and Morbidity

There were 107 deaths reviewed by the Mortality and Morbidity Committee during the months of September, October, and November 2011. Of those 107 deaths, 13 were referred to peer review committees.

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	3
Provider Peer Review	4
Nursing Peer Review	5
Mental Health Review	1
Total	13

Mental Health Services Monitoring & Liaison

The following is a summary of the activities performed by the Office of Mental Health Monitoring and Liaison (OMH M&L) during the First Quarter of FY-2012.

- The Texas Department of Mental Health/Mental Retardation Client Access Registration System (CARE) database was reviewed for 2,676 offenders, who were received into Intermediate Sanction Facilities. 574 offenders were identified as having a documented history of mental illness. This information was provided to the appropriate facilities.
- OMH M&L monitors all offenders in Administrative Segregation (Ad Seg) facilities within the TDCJ Correctional Institution Division/State Jails every six months. In the First Quarter FY-2012, 20 Ad Seg facilities were audited: Allred (12 Bldg), Allred (ECB), Bradshaw, Clements, Cole, Connally, Darrington, Dawson, Dominguez, Hutchins, Lewis, Lopez, McConnell, Mountain View, Murray, Polunsky, Powledge, Ramsey, Sanchez, and Wynne. 3,671 offenders were observed, 2,100 of them were interviewed and seven offenders were referred to the university providers for further evaluation. Access to Care (ATC) 4 (i.e. timely triage) met or exceeded 90 percent compliance for 19 facilities. The Sanchez Unit received no Sick Call Requests (SCR) for mental health in the First Quarter from offenders in Ad Seg. ATC 5 (i.e. documentation of SCR) met or exceeded 90 percent compliance for the 20 facilities that received SCR from offenders in Ad Seg. There were 18 facilities that were 100 percent compliant for ATC 6 (i.e. referral from triage). Clements Unit had 33 percent compliance on ATC 6; a detailed written plan of correction was requested and received. The Sanchez Unit had no referrals from triage.

Mental Health Services Monitoring & Liaison (Continued)

- Four Special Needs Substance Abuse Felony Punishment Facilities (SAFPF): Crain-Hackberry, Estelle, 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. The Jester IV, Montford, and Skyview Facilities were 100 percent compliant for logging all incidents of compelled psychoactive medication identified on the UOF log in the mental health folder. The Clements Facility had no incidents of compelled psychoactive medication.
- All 24 intake facilities were audited to ensure offenders entering TDCJ with potential mental health needs received an evaluation within 14 days of identification. The intake facilities are: Bartlett State Jail, Baten Intermediate Sanction Facility, Bradshaw State Jail, Byrd, Dominguez, Formby State Jail, Garza Transfer Facility, Gist State Jail, Glossbrenner Substance Abuse Felony Punishment Facility (SAFPF), Gurney Transfer Facility, Halbert SAFPF, Holliday Transfer Facility, Hutchins State Jail, Jester I SAFPF, Johnston SAFPF, Kyle SAFPF, Lindsey State Jail, Lychner State Jail, Middleton Transfer Facility, Plane State Jail, Sanchez State Jail, Sayle SAFPF, Travis State Jail, and Woodman State Jail. 16 facilities met or exceeded the 80 percent compliance for completing mental health evaluations within 14 days. There were seven facilities that did not meet 80 percent compliance: Bradshaw State Jail, Garza Transfer Facility, Halbert SAFPF, Hutchins State Jail, Kyle SAFPF, Plane State Jail, and Travis State Jail. Corrective action plans were requested from these seven units, and have been received. The Baten Facility transferred the offenders with potential mental health needs before the 14 day time limit for completing a mental health evaluation.
- OMH M&L reviews the mental health records of all pregnant offenders being considered for the Baby and Mother Bonding Initiative (BAMBI) to determine if there are any mental health issues that precludes participation. In the First Quarter FY-2012, 24 offenders were reviewed and 17 of them were allowed to participate in BAMBI.

Clinical Administration

During the first quarter of FY 2012, ten percent of the combined UTMB and TTUHSC hospital and infirmary discharges were audited. A total of 132 hospital discharge and 42 infirmary discharge audits were conducted. This chart is a summary of the audits showing the number of cases with deficiencies and their percentage.

Texas Tech Hospital Discharges						
Month	Audits Performed	Discharge Without Vital Signs ¹ (Cases with Deficiencies)	Appropriate Receiving Facility ² (Cases with Deficiencies)	No Chain-In Done ³ (Cases with Deficiencies)	Unscheduled Care within 7 Days ⁴ (Cases with Deficiencies)	Lacked Documentation ⁵ (Cases with Deficiencies)
Sep	5	1 (20%)	0 (0%)	0 (0%)	1 (20%)	3 (60%)
Oct	6	4 (67%)	0 (0%)	0 (0%)	0 (0%)	2 (33%)
Nov	5	1 (20%)	0 (0%)	0 (0%)	0 (0%)	2 (40%)
Average	16	6 (38%)	0 (0%)	0 (0%)	1 (7%)	7 (44%)
UTMB Hospital Discharges						
Month	Audits Performed	Discharge Without Vital Signs ¹ (Cases with Deficiencies)	Appropriate Receiving Facility ² (Cases with Deficiencies)	No Chain-In Done ³ (Cases with Deficiencies)	Unscheduled Care within 7 Days ⁴ (Cases with Deficiencies)	Lacked Documentation ⁵ (Cases with Deficiencies)
Sep	43	28 (65%)	0 (0%)	4 (9%)	1 (2%)	25 (58%)
Oct	35	20 (57%)	0 (0%)	2 (6%)	1 (3%)	17 (49%)
Nov	38	16 (42%)	0 (0%)	3 (8%)	1 (3%)	11 (29%)
Average	116	64 (55%)	0 (0%)	9 (8%)	3 (3%)	53 (47%)
GRAND TOTAL: Combined Hospital Discharges (Texas Tech and UTMB)						
Month	Audits Performed	Discharge Without Vital Signs ¹ (Cases with Deficiencies)	Appropriate Receiving Facility ² (Cases with Deficiencies)	No Chain-In Done ³ (Cases with Deficiencies)	Unscheduled Care within 7 Days ⁴ (Cases with Deficiencies)	Lacked Documentation ⁵ (Cases with Deficiencies)
Sep	48	29 (60%)	0 (0%)	4 (8%)	2 (4%)	28 (58%)
Oct	41	24 (59%)	0 (0%)	2 (4%)	1 (2%)	19 (46%)
Nov	43	17 (40%)	0 (0%)	3 (7%)	1 (2%)	13 (30%)
Average	132	70 (53%)	0 (0%)	9 (7%)	4 (3%)	60 (45%)
Texas Tech Infirmary Discharges						
Month	Audits Performed	Discharge Without Vital Signs ¹ (Cases with Deficiencies)	Appropriate Receiving Facility ² (Cases with Deficiencies)	No Chain-In Done ³ (Cases with Deficiencies)	Unscheduled Care within 7 Days ⁴ (Cases with Deficiencies)	Lacked Documentation ⁵ (Cases with Deficiencies)
Sep	8	0 (0%)	0 (0%)	2 (25%)	0 (0%)	0 (0%)
Oct	6	0 (0%)	0 (0%)	1 (17%)	0 (0%)	0 (0%)
Nov	4	0 (0%)	0 (0%)	1 (25%)	0 (0%)	0 (0%)
Average	18	0 (0%)	0 (0%)	4 (22%)	0 (0%)	0 (0%)
UTMB Infirmary Discharges						
Month	Audits Performed	Discharge Without Vital Signs ¹ (Cases with Deficiencies)	Appropriate Receiving Facility ² (Cases with Deficiencies)	No Chain-In Done ³ (Cases with Deficiencies)	Unscheduled Care within 7 Days ⁴ (Cases with Deficiencies)	Lacked Documentation ⁵ (Cases with Deficiencies)
Sep	8	3 (38%)	1 (13%)	1 (13%)	1 (13%)	0 (0%)
Oct	7	0 (0%)	0 (0%)	1 (14%)	0 (0%)	1 (14%)
Nov	9	0 (0%)	0 (0%)	1 (11%)	0 (0%)	1 (11%)
Average	24	3 (13%)	1 (4%)	3 (13%)	1 (4%)	2 (8%)
GRAND TOTAL: Combined Infirmary Discharges (Texas Tech and UTMB)						
Month	Audits Performed	Discharge Without Vital Signs ¹ (Cases with Deficiencies)	Appropriate Receiving Facility ² (Cases with Deficiencies)	No Chain-In Done ³ (Cases with Deficiencies)	Unscheduled Care within 7 Days ⁴ (Cases with Deficiencies)	Lacked Documentation ⁵ (Cases with Deficiencies)
Sep	16	3 (19%)	1 (6%)	3 (19%)	1 (6%)	0 (0%)
Oct	13	0 (0%)	0 (0%)	2 (15%)	0 (0%)	1 (7%)
Nov	13	0 (0%)	0 (0%)	2 (15%)	0 (0%)	1 (8%)
Average	42	3 (7%)	1 (2%)	7 (17%)	1 (2%)	2 (4%)

Footnotes: 1. Vital signs were not recorded on the day the offender left the discharge facility. 2. The receiving facility did not have medical services available sufficient to meet the offender's current needs. 3. The chart was not reviewed by a qualified health care member and referred (if applicable) to an appropriate medical provider on the day of arrival at the unit. 4. The offender required unscheduled medical care related to the admitting diagnosis within the first seven days after discharge. 5. Discharge information was not available in the offender's electronic medical record within 24 hours of arriving at the unit.

Accreditation

The American Correctional Association (ACA) conference will be January 20th through the 25th of 2012, in Phoenix, Arizona.

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 – 29,
- Correctional Institutions Division Pending Monthly Research Projects – 8,
- Health Services Division Active Monthly Medical Research Projects – 2, and
- Health Services Division Pending Medical Research Projects – 7.

*Correctional Managed
Health Care Committee*

Key Statistics Dashboard

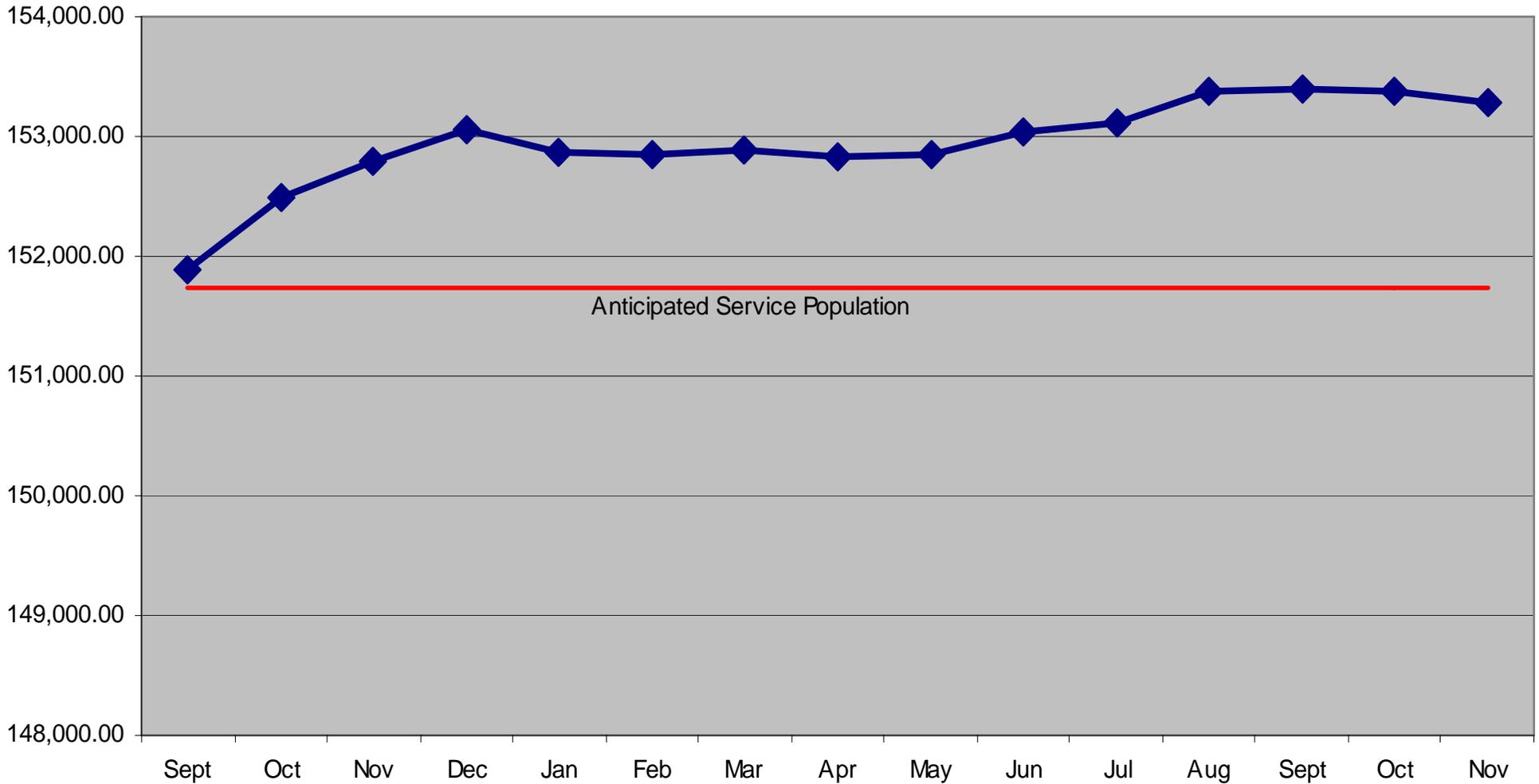
March 2012

*Correctional Managed
Health Care*



TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER

CMHC Service Population FY 2011-2012 to Date



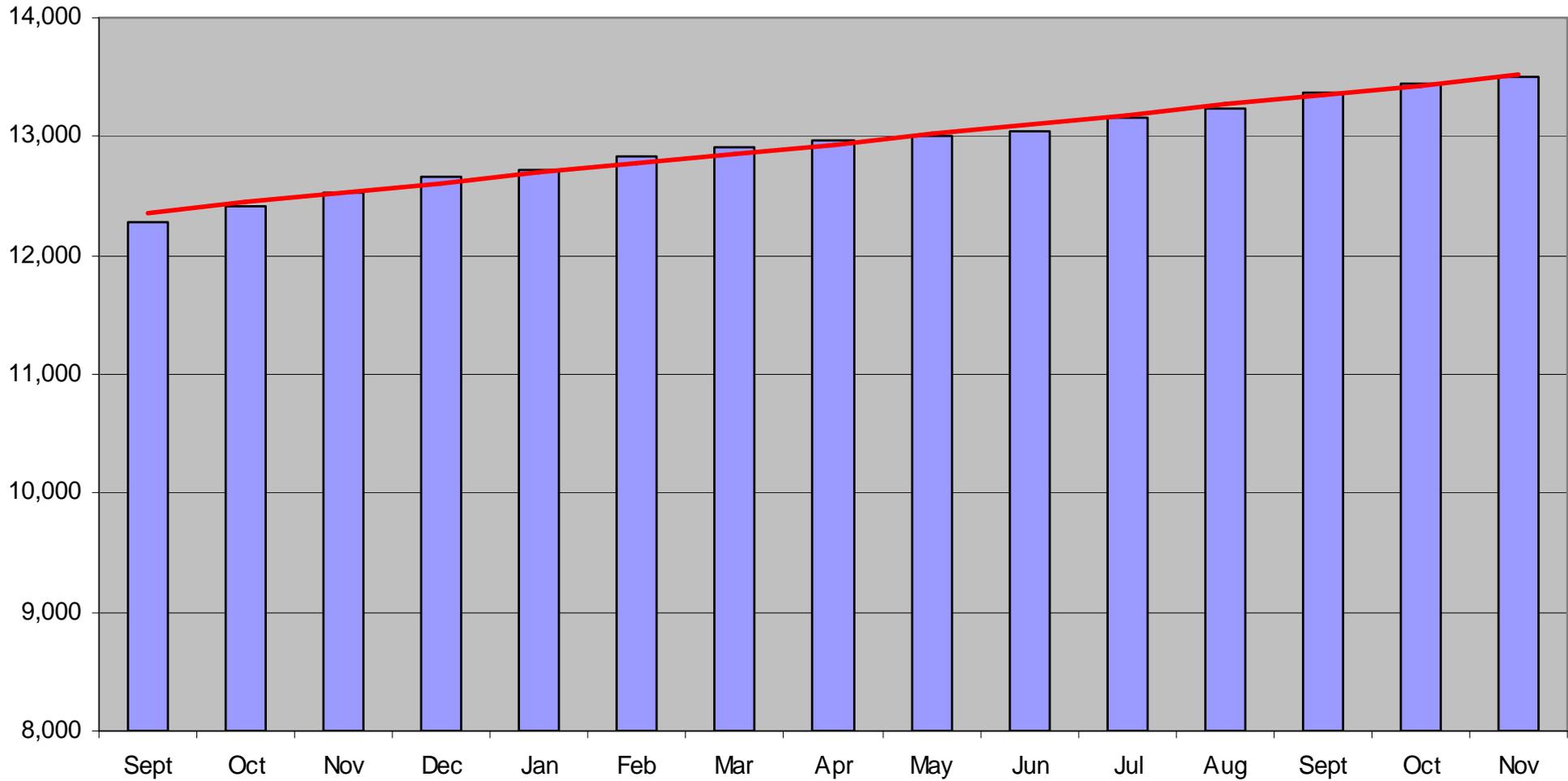
Correctional Managed

Health Care



TEXAS TECH UNIVERSITY
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Offenders Age 55+ FY 2010-2011 to Date



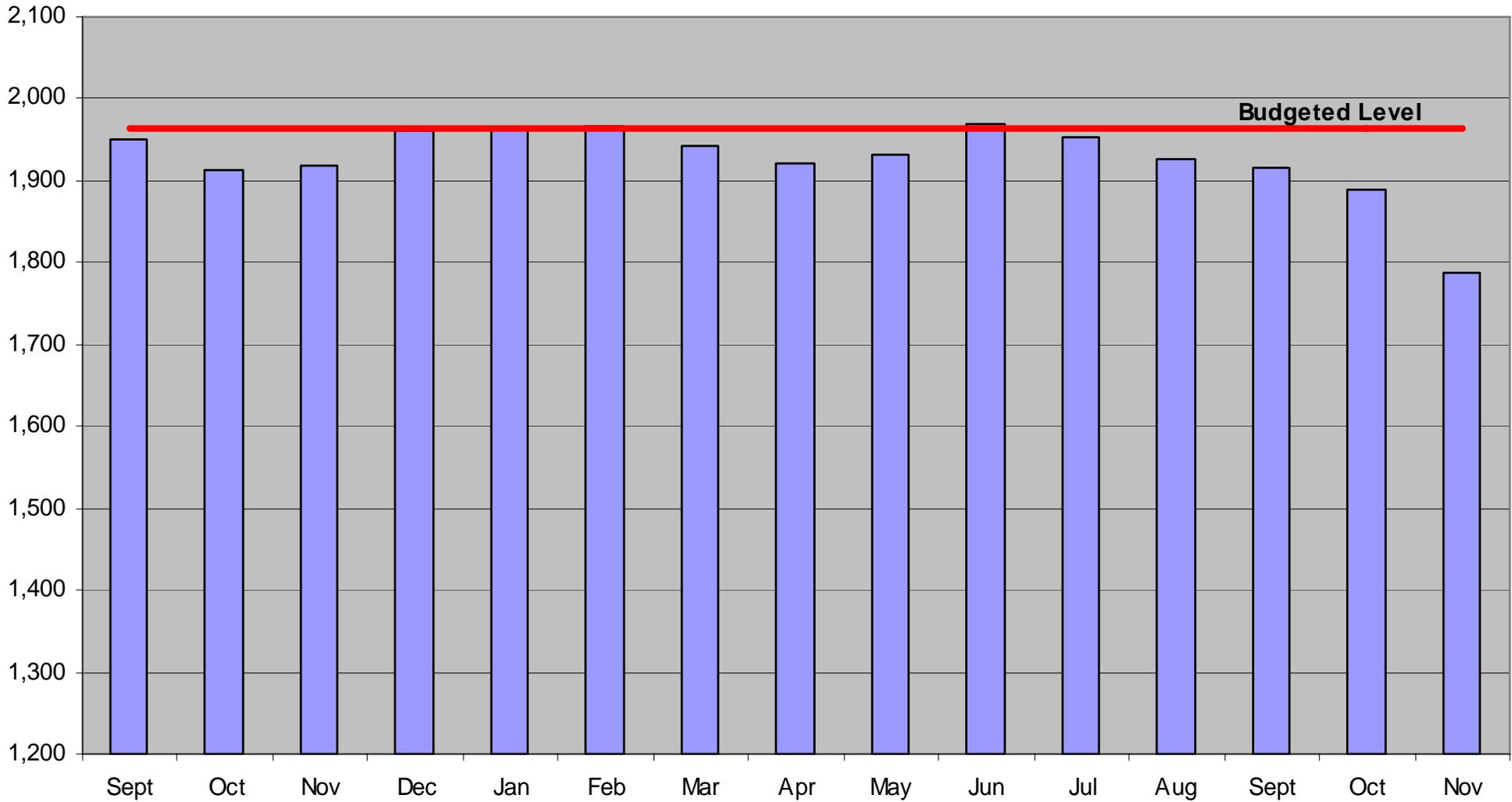
Correctional Managed

Health Care



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Psychiatric Inpatient Census



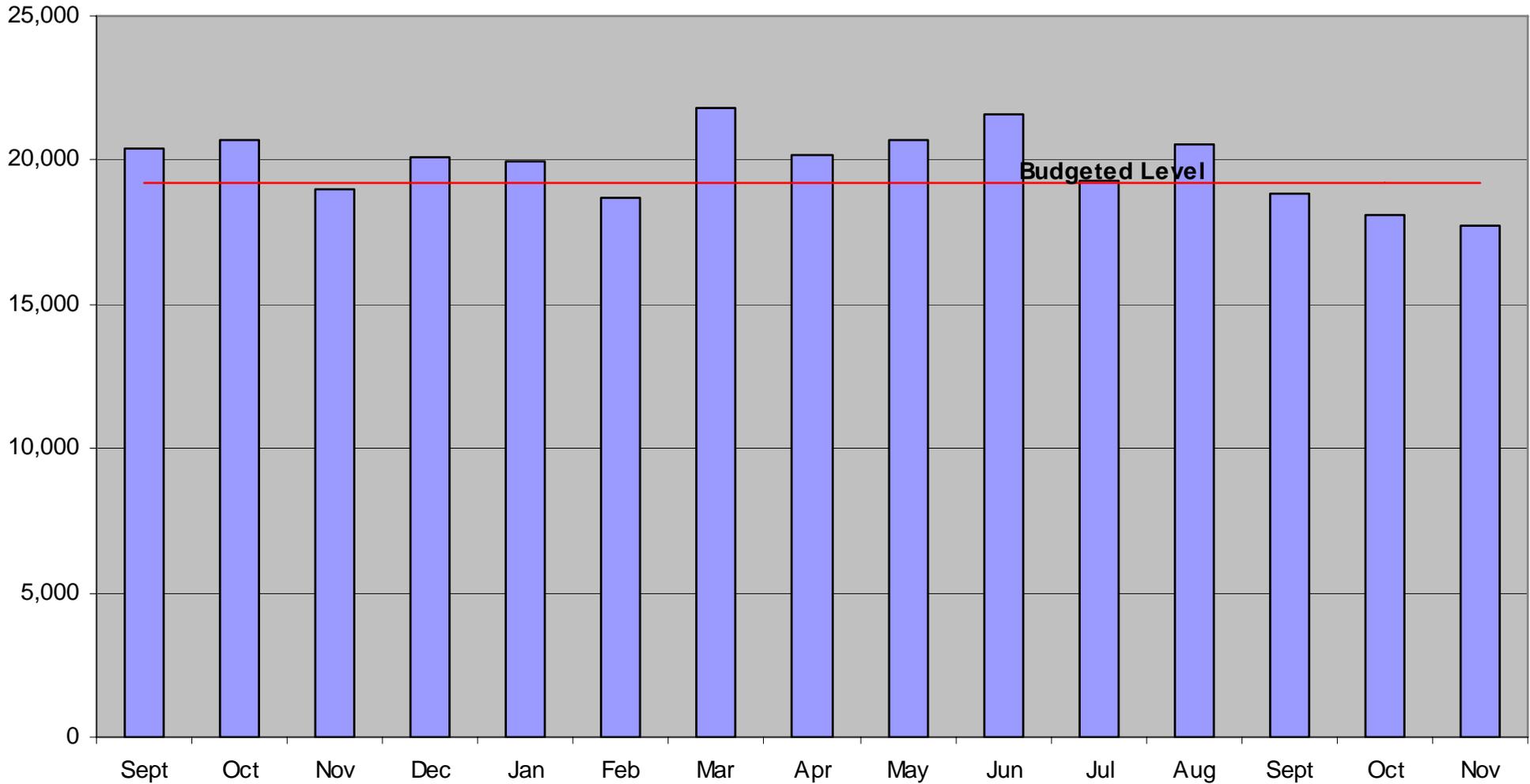
Correctional Managed

Health Care



TEXAS TECH UNIVERSITY
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Psychiatric Outpatient Census



Correctional Managed

Health Care



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TDCJ MENTAL HEALTH CENSUS BY GENDER

September-11 Facility	AVERAGE DAILY POPULATION		UNIQUE ENCOUNTERS	LAST DAY CENSUS	
	Inpatient	Outpatient	MROP	Male	Female
SKYVIEW	498.73			447.00	48.00
JESTER IV	488.40			478.00	10.00
MT. VIEW	18.00				16.00
GATESVILLE (Valley)			98.83		97.00
HODGE			808.77	609.00	
CASELOAD		14,586.00		2,816.00	11,750.00
MONTFORD PSYCHIATRIC	528.00			528.00	
PAMIO	388.00			386.00	
CASELOAD - TTUHSC		4,276.00		4,275.00	
	1,915.13	18,841.00	705.40		

October-11 Facility	AVERAGE DAILY POPULATION		UNIQUE ENCOUNTERS	LAST DAY CENSUS	
	Inpatient	Outpatient	MROP	Male	Female
SKYVIEW	502.18			457.00	51.00
JESTER IV	482.77			481.00	6.00
MT. VIEW	14.42				14.00
GATESVILLE (Valley)			97.10		97.00
HODGE			609.13	609.00	
CASELOAD		14,131.00		2,732.00	11,399.00
MONTFORD PSYCHIATRIC	515.00			515.00	
PAMIO	376.00			376.00	
CASELOAD - TTUHSC		3,948.00		3,946.00	
	1,890.35	18,077.00	706.23		

November-11 Facility	AVERAGE DAILY POPULATION		UNIQUE ENCOUNTERS	LAST DAY CENSUS	
	Inpatient	Outpatient	MROP	Male	Female
SKYVIEW	503.10			443.00	52.00
JESTER IV	489.77			487.00	9.00
MT. VIEW	15.77				16.00
GATESVILLE (Valley)			98.37		96.00
HODGE			812.23	612.00	
CASELOAD		13,582.00		2,650.00	10,932.00
MONTFORD PSYCHIATRIC	469.00			469.00	
PAMIO	310.00			310.00	
CASELOAD - TTUHSC		4,111.00		4,111.00	
	1,787.64	17,693.00	708.60		

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*



Access to Care Indicators

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

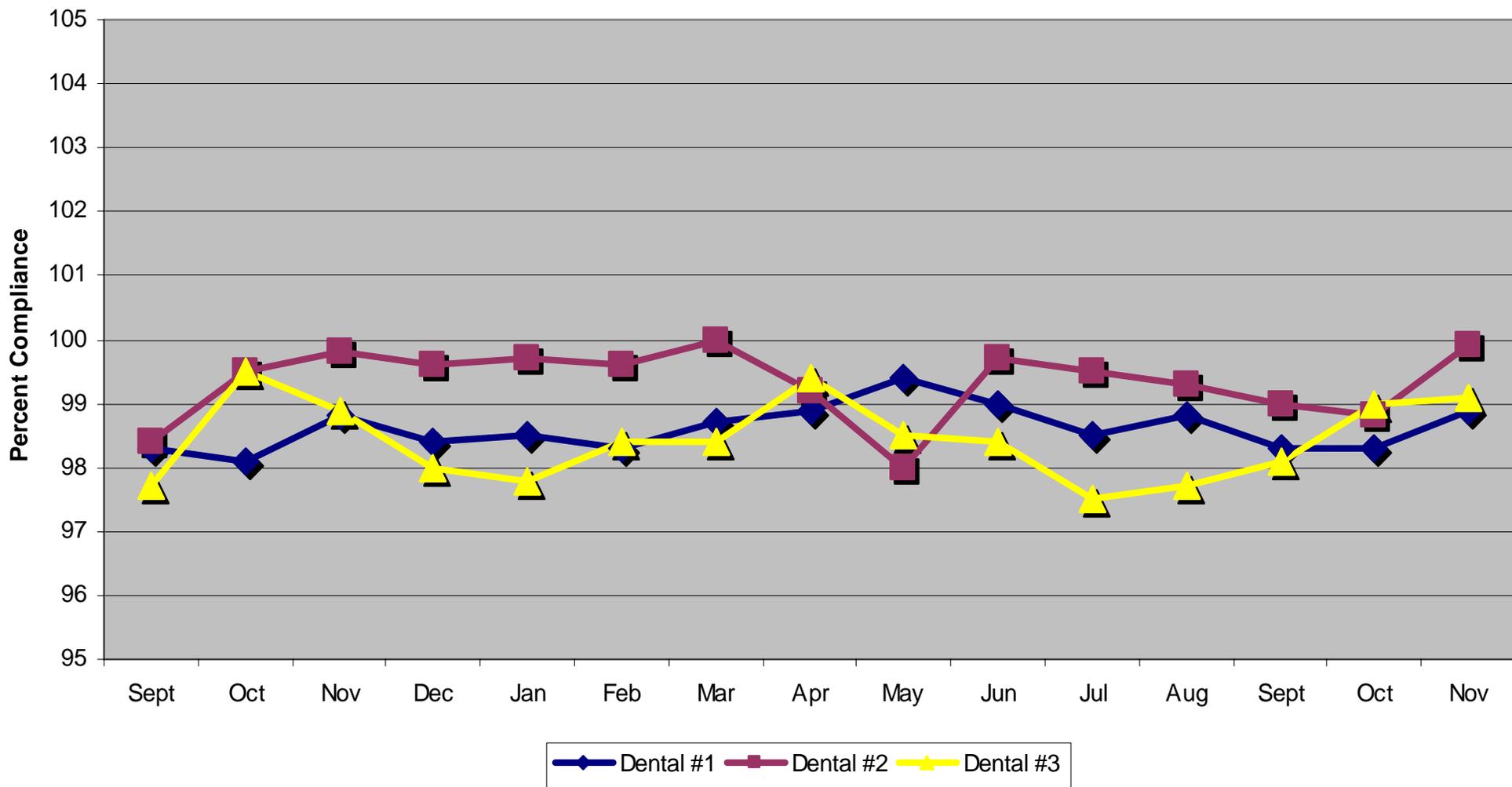
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Dental Access to Care Indicators FY 2011-2012 to Date

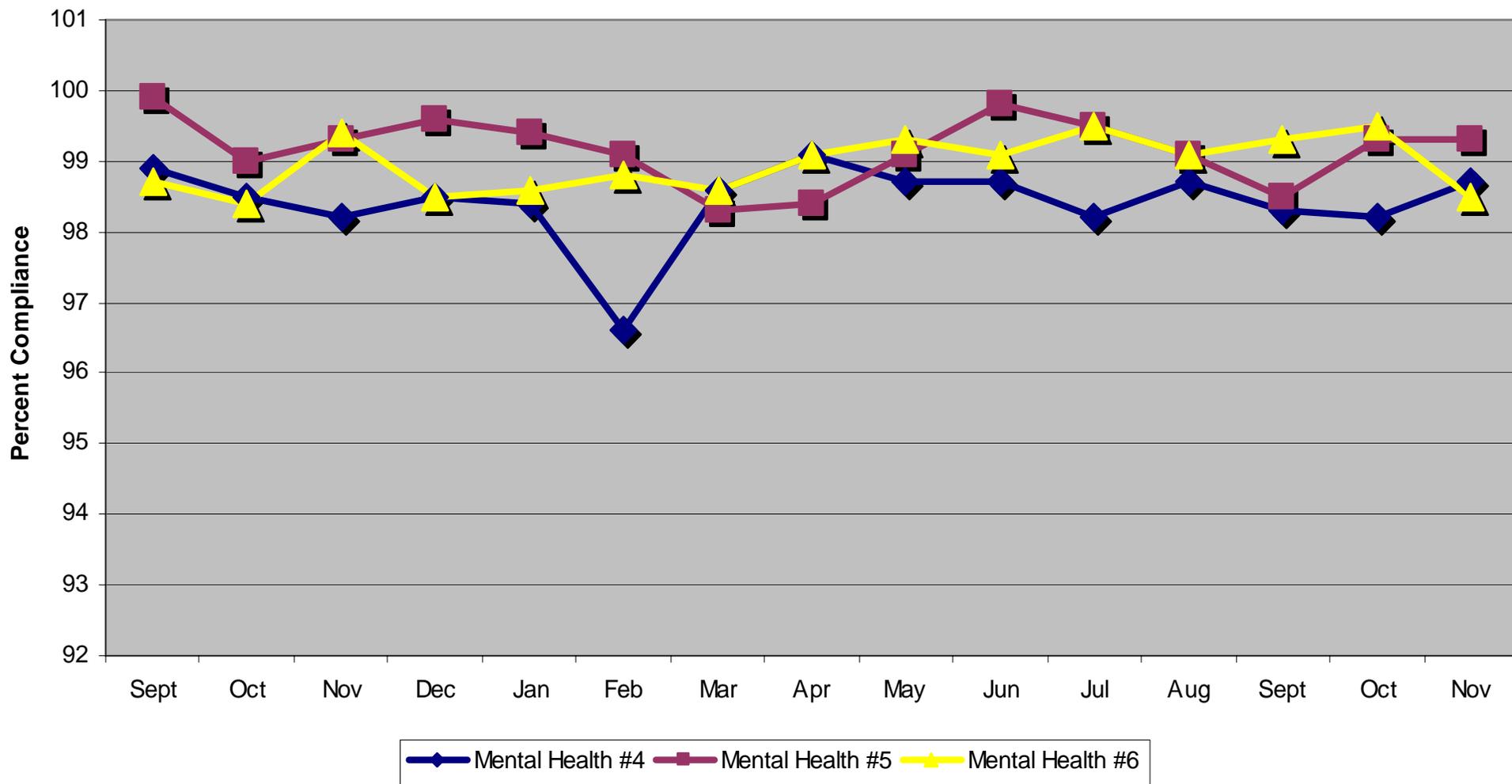


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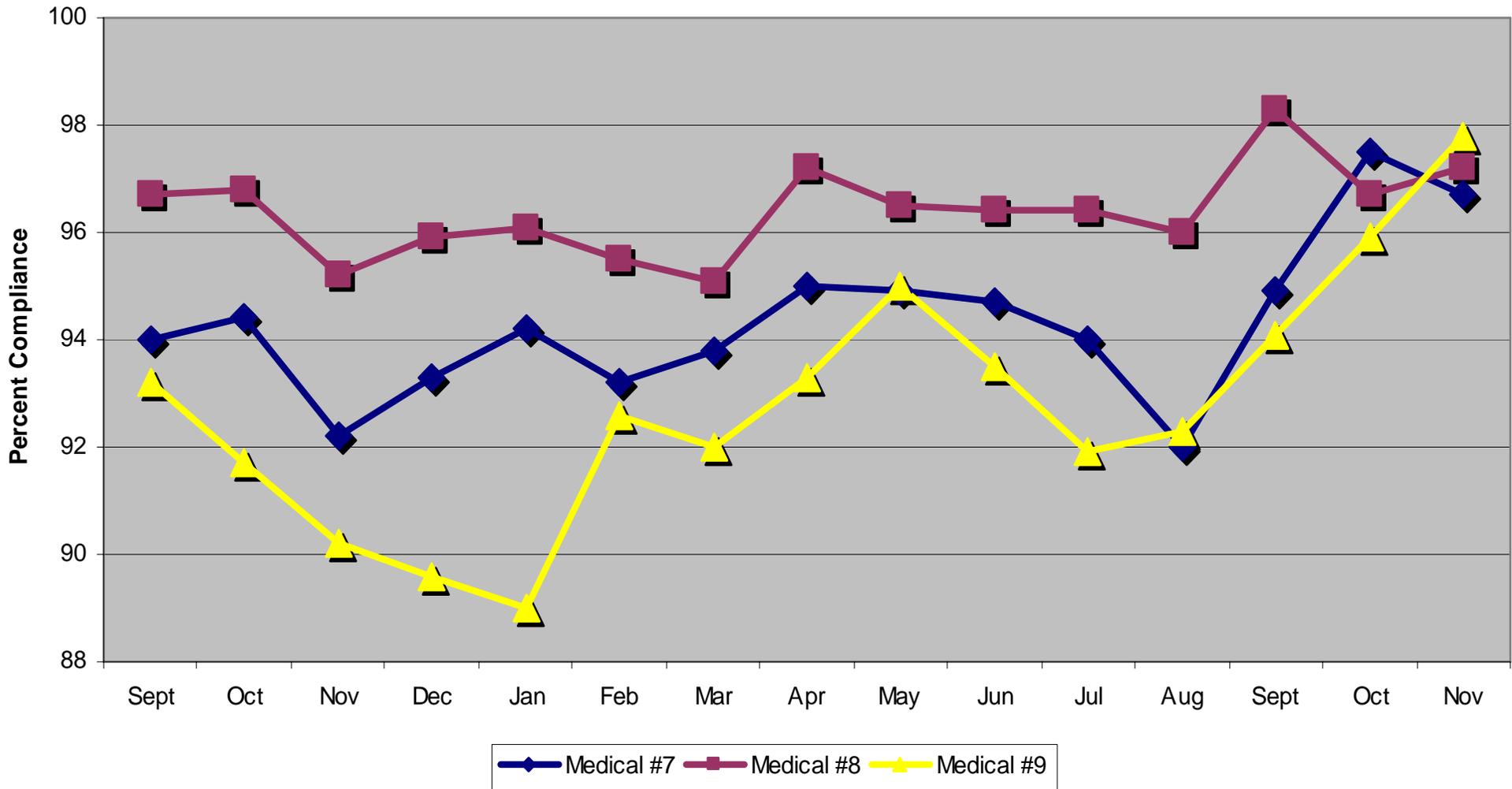
Mental Health Access to Care Indicators FY 2011-2012 to Date



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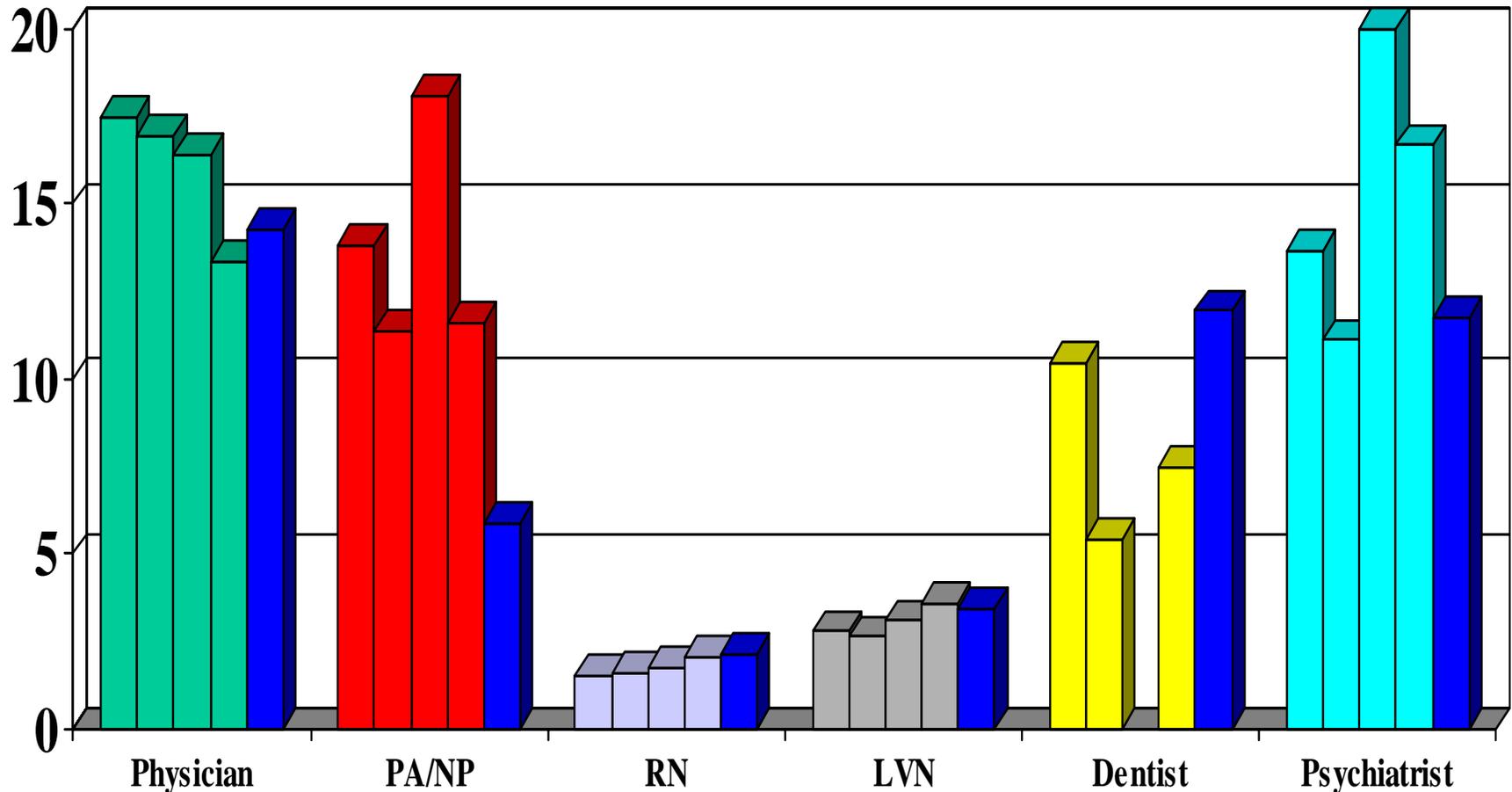
Medical Access to Care Indicators FY 2011-2012 to Date



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UTMB Vacancy Rates (%) by Quarter FY2011 – FY2012



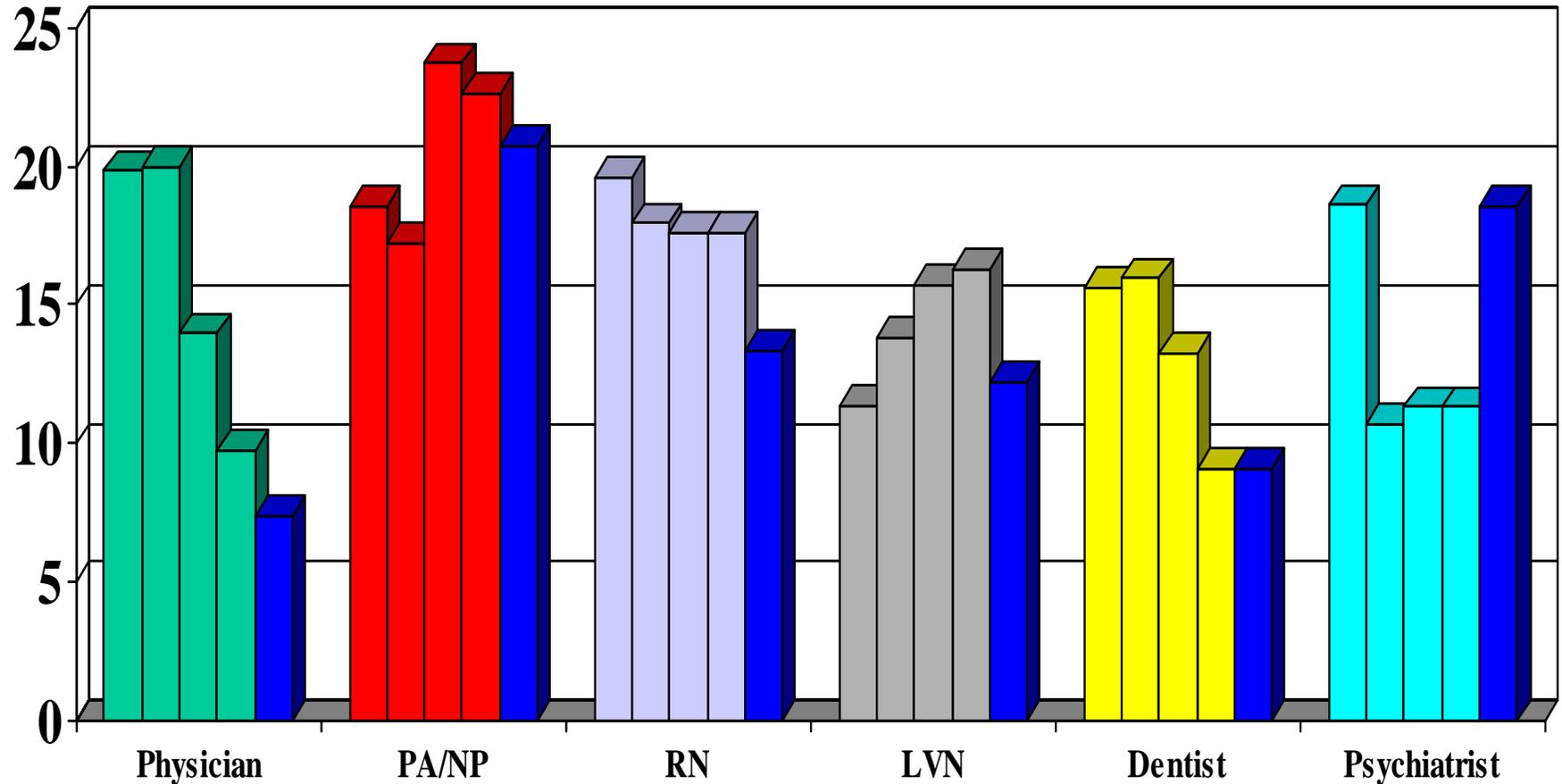
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TTUHSC Vacancy Rates (%) by Quarter FY 2011 – FY 2012



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