



**CORRECTIONAL MANAGED HEALTH CARE
COMMITTEE
AGENDA**

June 7, 2012

9:00 a.m.

Frontiers of Flight Museum
6911 Lemmon Ave., Rm. #2
Dallas, Texas

CORRECTIONAL MANAGED HEALTH CARE COMMITTEE

June 7, 2012

9:00 a.m.

Frontiers of Flight Museum

Room #1

6911 Lemmon Ave.

Dallas, Texas

- I. Call to Order
- II. Recognitions and Introductions
- III. Approval Excused Absence
- IV. Consent Items
 1. Approval of Minutes, March 19, 2012
 2. TDCJ Health Services Monitoring Reports
 3. Operational Review Summary Data
 - Grievance and Patient Liaison Statistics
 - Preventive Medicine Statistics
 - Utilization Review Monitoring
 - Capital Assets Monitoring
 - Accreditation Activity Summary
 - Active Biomedical Research Project Listing
 - Administrative Segregation Mental Health Monitoring
 3. University Medical Director's Report
 - The University of Texas Medical Branch
 - Texas Tech University Health Sciences Center
 4. Summary of CMHCC Joint Committee / Work Group Activities
- V. Executive Director's Report
- VI. Financial Reports
 1. FY 2012 Second 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. Texas Department of Criminal Justice
2. Texas Tech University Health Sciences Center
3. The University of Texas Medical Branch

VIII. Medical Director's Updates

1. Texas Department of Criminal Justice
 - Health Services Division FY2012 Second Quarter Report
 - Appointees for the Joint Hepatitis C Work Group
2. Texas Tech University Health Sciences Center
 - Clinic Volume for TTUHSC
3. The University of Texas Medical Branch
 - Hospital Discharges

IX. CMHCC FY 2012 Second Quarter Performance Status Report

X. Public Comments

XI. Date / Location of Next CMHCC Meeting

XII. Adjourn

Consent Item 1

Approval of Minutes, March 19, 2012

Consent Item 2

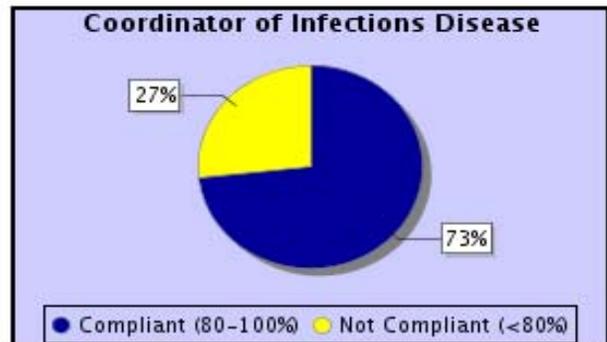
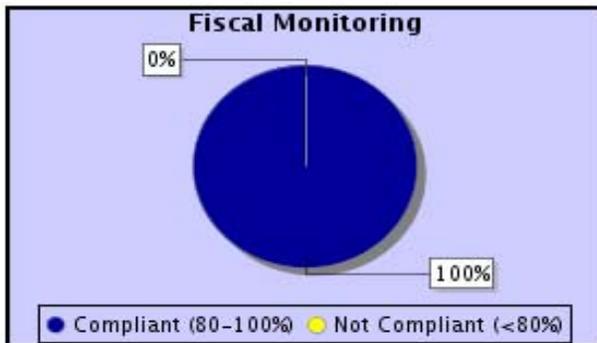
TDCJ Health Services
Monitoring Reports

ATTACHMENT 1

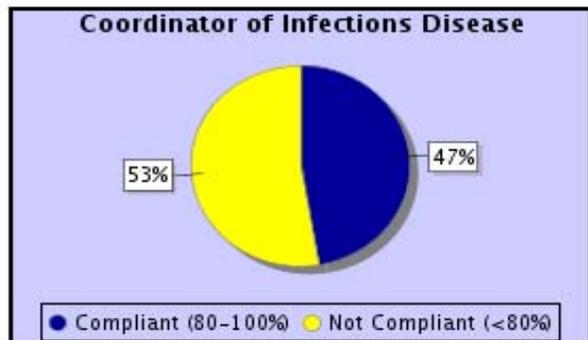
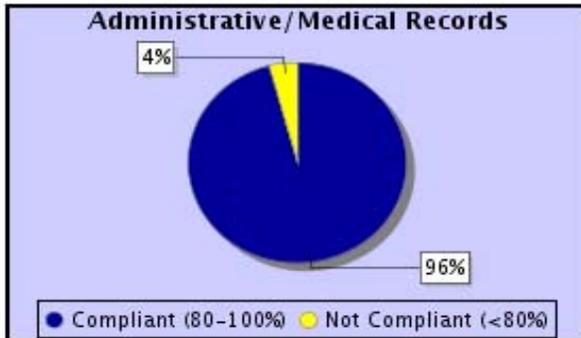
Rate of Compliance with Standards by Operational Categories																		
Second Quarter, Fiscal Year 2012																		
December 2011 - February 2012																		
Unit	Operations/ Administration			General Medical/Nursing			Coordinator of Infectious Disease			Dental			Mental Health			Fiscal		
	<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	
Beto	69	62	90%	35	23	66%	30	22	73%	20	18	90%	17	16	94%	9	9	100%
Dawson State Jail	73	70	96%	35	23	66%	36	17	47%	21	20	95%	17	16	94%	8	8	100%
Dominguez State Jail	72	68	94%	32	29	91%	34	24	71%	22	18	82%	20	19	95%	12	12	100%
East Texas Treatment	62	56	90%	32	11	34%	17	6	35%	21	16	76%	16	9	56%	NA	NA	NA
Estelle	191	174	91%	91	53	58%	106	61	58%	53	48	91%	53	45	85%	11	6	55%
Ney State Jail	63	62	98%	31	25	81%	25	21	84%	20	18	90%	6	6	100%	10	10	100%
Stiles	72	67	93%	39	22	56%	34	20	59%	21	18	86%	16	14	88%	10	10	100%
Torres	68	66	97%	31	25	81%	27	18	67%	20	19	95%	5	5	100%	10	10	100%

n = number of applicable items audited.

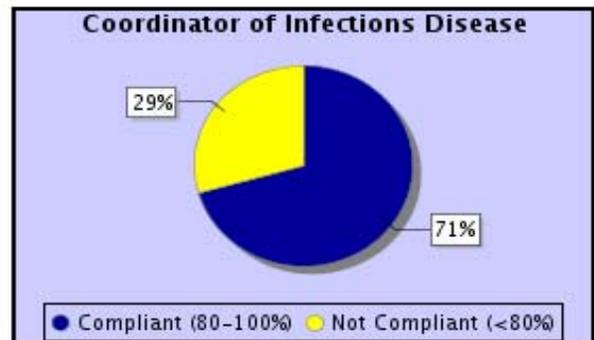
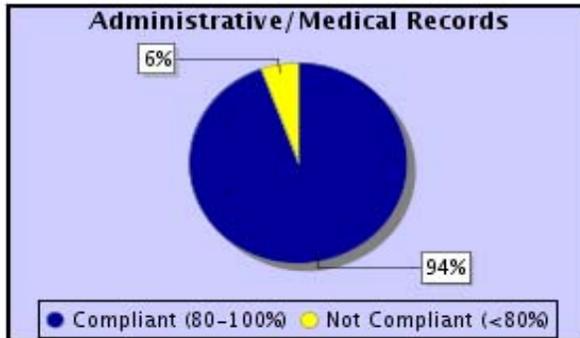
Compliance Rate By Operational Categories for
BETO FACILITY
January 03, 2012



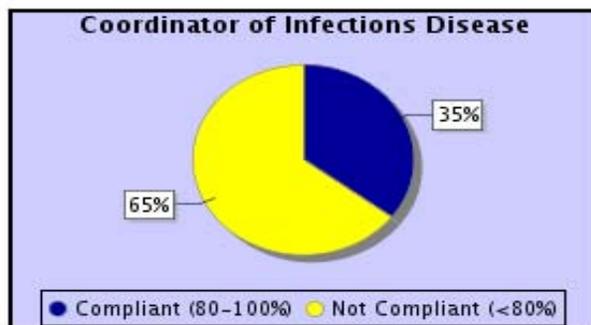
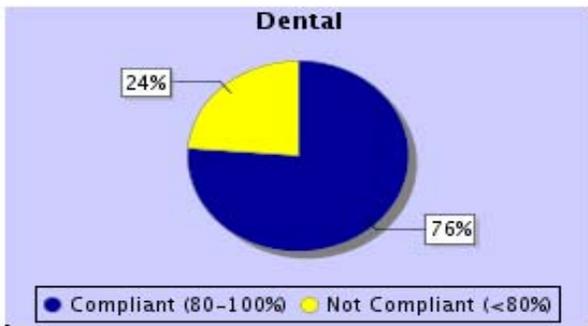
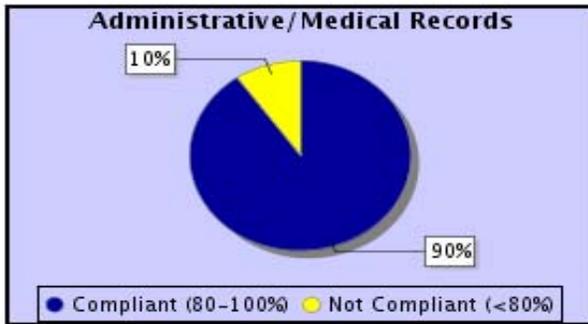
Compliance Rate By Operational Categories for
DAWSON STATE JAIL FACILITY
January 03, 2012



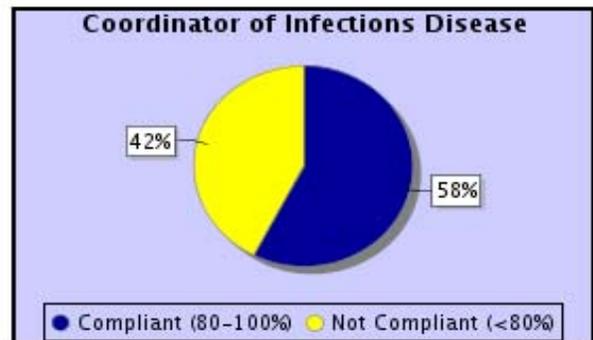
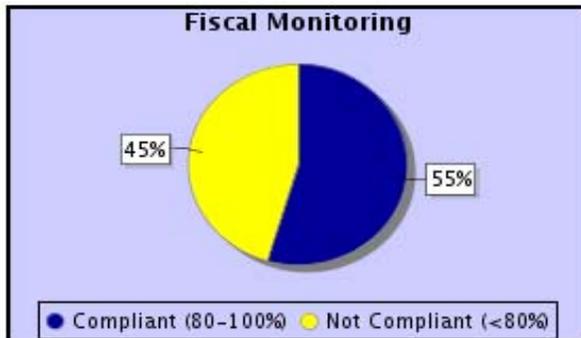
Compliance Rate By Operational Categories for
DOMINGUEZ STATE JAIL FACILITY
December 07, 2011



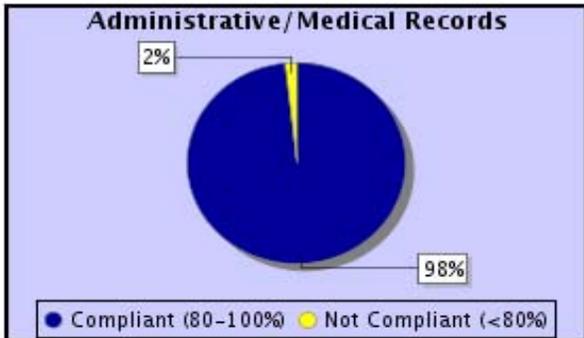
Compliance Rate By Operational Categories for
EAST TEXAS TREATMENT FACILITY
January 17, 2012



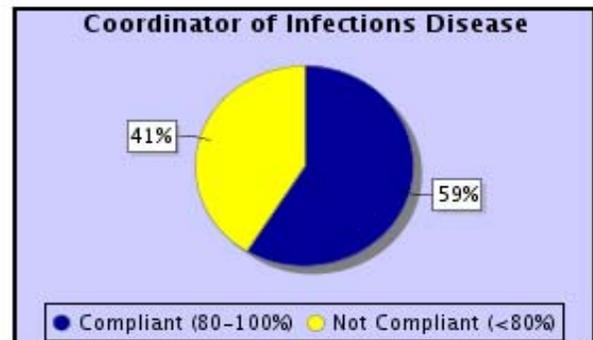
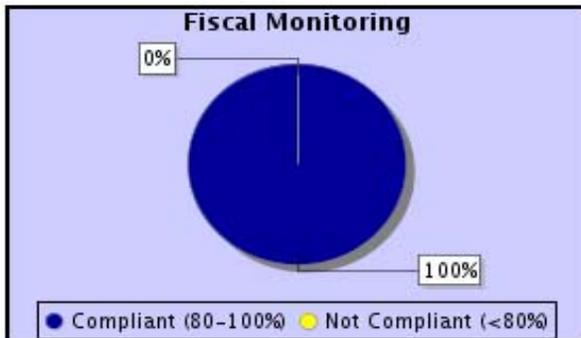
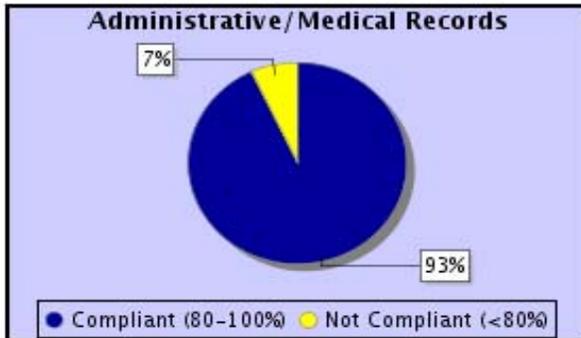
Compliance Rate By Operational Categories for
ESTELLE FACILITY
February 06, 2012



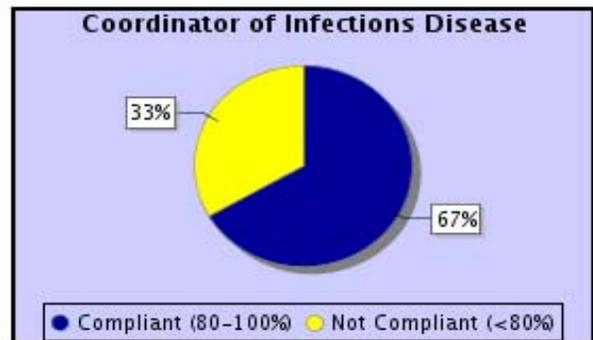
Compliance Rate By Operational Categories for
NEY STATE JAIL FACILITY
December 07, 2011



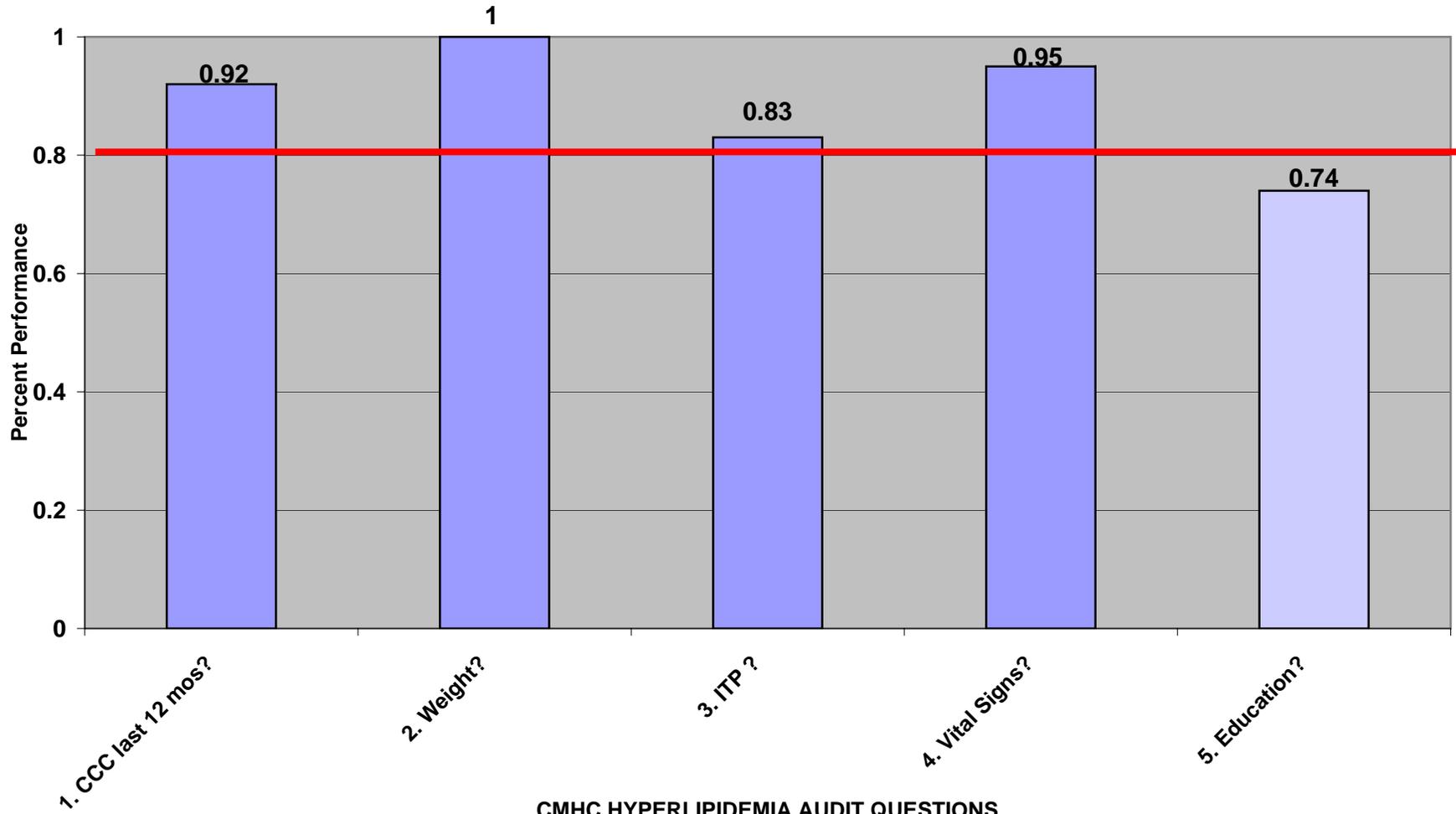
Compliance Rate By Operational Categories for
STILES FACILITY
January 10, 2012



Compliance Rate By Operational Categories for
TORRES FACILITY
December 08, 2011

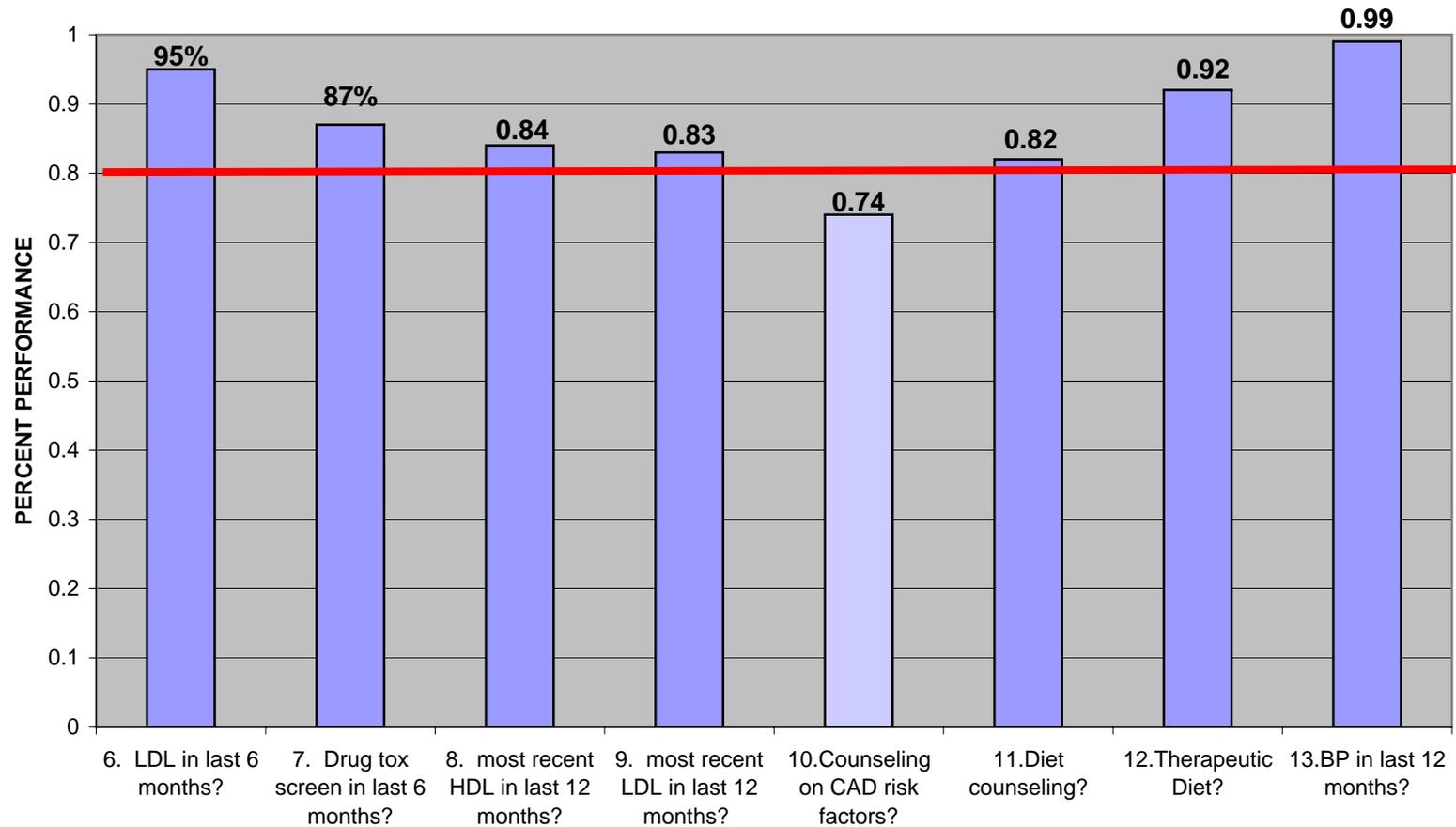


CMHC HYPERLIPIDEMIA SUMMARY REPORT
Hyperlipidemia Audit Questions
ALL FACILITIES AUDITED 9/1/11 THROUGH 1/15/12
(Total Sample Size: 1273 charts)



CMHC HYPERLIPIDEMIA AUDIT QUESTIONS
ATTACHMENT 1

CMHC HYPERLIPIDEMIA SUMMARY REPORT
Hyperlipidemia Specific Questions
All Facilities audited 9/01/2011 through 1/15/12
(Total Sample Size: 1273 charts)



CMHC Hyperlipidemia Audit Questions
Attachment 2

**PATIENT LIAISON AND STEP II GRIEVANCE STATISTICS
 QUALITY OF CARE/PERSONNEL REFERRALS AND ACTION REQUESTS
 Second Quarter FY-2012 (December 2011, January, and February 2012)**

STEP II GRIEVANCE PROGRAM (GRV)

Fiscal Year 2012	Total number of GRIEVANCE Correspondence Received Each Month	Total number of GRIEVANCE Correspondence Closed 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*
December	743	696	45	6.47%	18	5.60%	21	5	0.86%	1	0	0.00%	0
January	681	785	36	4.59%	14	4.08%	18	1	0.51%	3	0	0.00%	0
February	657	647	85	13.14%	47	10.82%	23	11	2.32%	4	0	0.00%	0
Totals:	2,081	2,128	166	7.80%	79	6.63%	62	17	1.17%	8	0	0.00%	0

PATIENT LIAISON PROGRAM (PLP)

Fiscal Year 2012	Total number of Patient Liaison Program Correspondence Received Each Month	Total number of Patient Liaison Program Correspondence Closed 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*
December	565	577	27	4.68%	19	3.64%	2	6	1.04%	0	0	0.00%	0
January	703	628	30	4.78%	26	4.30%	1	3	0.48%	0	0	0.00%	0
February	614	644	40	6.21%	26	4.35%	2	12	1.86%	0	0	0.00%	0
Totals:	1,882	1,849	97	5.25%	71	4.11%	5	21	1.14%	0	0	0.00%	0
GRAND TOTAL=	3,963	3,977	263	6.61%									

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

December 2011

Reportable Condition	Reports			
	2011 This Month	2010 Same Month	2011 Year to Date*	2010 Year to Date*
Chlamydia	1	5	58	37
Gonorrhea	1	1	6	11
Syphilis	68	37	801	857
Hepatitis A	0	0	0	0
Hepatitis B, acute	1	0	4	12
Hepatitis C, total and (acute [‡])	242	310	3082 (0)	3621 (2)
Human immunodeficiency virus (HIV) +, known at intake	351	125	1885	809
HIV screens, intake	8628	6092	77263	64423
HIV +, intake	46	55	509	579
HIV screens, offender- and provider-requested	1534	1003	11926	11353
HIV +, offender- and provider-requested	1	1	15	22
HIV screens, pre-release	7879	3291	58901	38308
HIV +, pre-release	1	2	7	22
Acquired immune deficiency syndrome (AIDS)	12	3	68	76
Methicillin-resistant <i>Staph Aureus</i> (MRSA)	76	95	1052	1375
Methicillin-sensitive <i>Staph Aureus</i> (MSSA)	37	81	651	748
Occupational exposures of TDCJ staff	25	12	139	131
Occupational exposures of medical staff	7	6	35	46
HIV chemoprophylaxis initiation	5	4	34	37
Tuberculosis skin test (ie, PPD) +, intake	321	231	3619	3240
Tuberculosis skin test +, annual	27	56	535	562
Tuberculosis, known (ie, on tuberculosis medications) at intake	1	0	13	3
Tuberculosis, diagnosed at intake and attributed to county of origin	0	0	2	16
Tuberculosis, diagnosed during incarceration	1	0	18	18
Tuberculosis cases under management	18	15		
Peer education programs [¶]	0	0	98	98
Peer education educators [∞]	31	21	2513	2482
Peer education participants	6012	5232	80,139	70,573
Sexual assault in-service (sessions/units)	1/4	6/4	43/37	26/26
Sexual assault in-service participants	6	59	454	271
Alleged assaults and chart reviews	49	64	654	661
Bloodborne exposure labs drawn on offenders	13	5	165	72
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

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

January 2012

Reportable Condition	Reports			
	2012 This Month	2011 Same Month	2012 Year to Date*	2011 Year to Date*
Chlamydia	6	2	6	2
Gonorrhea	1	0	1	0
Syphilis	69	64	69	64
Hepatitis A	0	0	0	0
Hepatitis B, acute	1	0	1	0
Hepatitis C, total and (acute [‡])	168	224	168 (0)	224 (0)
Human immunodeficiency virus (HIV) +, known at intake	220	109	220	109
HIV screens, intake	6870	6172	6870	6172
HIV +, intake	38	54	38	54
HIV screens, offender- and provider-requested	997	999	977	999
HIV +, offender- and provider-requested	1	1	1	1
HIV screens, pre-release	4529	4054	4529	4054
HIV +, pre-release	2	2	2	2
Acquired immune deficiency syndrome (AIDS)	2	4	2	4
Methicillin-resistant <i>Staph Aureus</i> (MRSA)	61	118	61	118
Methicillin-sensitive <i>Staph Aureus</i> (MSSA)	32	64	32	64
Occupational exposures of TDCJ staff	18	4	18	4
Occupational exposures of medical staff	5	2	5	2
HIV chemoprophylaxis initiation	1	0	1	0
Tuberculosis skin test (ie, PPD) +, intake	275	213	275	213
Tuberculosis skin test +, annual	43	34	43	34
Tuberculosis, known (ie, on tuberculosis medications) at intake	0	0	0	0
Tuberculosis, diagnosed at intake and attributed to county of origin	0	1	0	1
Tuberculosis, diagnosed during incarceration	1	1	1	1
Tuberculosis cases under management	14	11		
Peer education programs [¶]	0	0	98	98
Peer education educators [∞]	142	35	2655	1934
Peer education participants	5234	6612	5093	6612
Sexual assault in-service (sessions/units)	2/2	8/5	2/2	8/5
Sexual assault in-service participants	13	122	13	122
Alleged assaults and chart reviews	75	56	75	56
Bloodborne exposure labs drawn on offenders	14	14	14	14
New Sero-conversions d/t sexual assault ±	0	0	0	0
New Sero-conversions NOT from sexual assault	1	0	1	0

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‡ 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

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

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

February 2012

Reportable Condition	Reports			
	2012 This Month	2011 Same Month	2012 Year to Date*	2011 Year to Date*
Chlamydia	2	6	8	8
Gonorrhea	1	0	2	0
Syphilis	58	54	127	118
Hepatitis A	0	0	0	0
Hepatitis B, acute	0	0	1	1
Hepatitis C, total and (acute [‡])	258	343	424 (0)	549 (0)
Human immunodeficiency virus (HIV) +, known at intake	209	94	429	203
HIV screens, intake	5577	4828	12447	11000
HIV +, intake	51	43	89	97
HIV screens, offender- and provider-requested	928	818	1905	1847
HIV +, offender- and provider-requested	2	1	3	2
HIV screens, pre-release	5294	3315	9823	7369
HIV +, pre-release	1	2	3	4
Acquired immune deficiency syndrome (AIDS)	1	8	3	12
Methicillin-resistant <i>Staph Aureus</i> (MRSA)	76	74	135	192
Methicillin-sensitive <i>Staph Aureus</i> (MSSA)	40	45	72	109
Occupational exposures of TDCJ staff	15	7	33	11
Occupational exposures of medical staff	0	24	5	4
HIV chemoprophylaxis initiation	1	4	2	4
Tuberculosis skin test (ie, PPD) +, intake	363	200	638	516
Tuberculosis skin test +, annual	57	47	106	74
Tuberculosis, known (ie, on tuberculosis medications) at intake	1	2	1	7
Tuberculosis, diagnosed at intake and attributed to county of origin	0	0	0	0
Tuberculosis, diagnosed during incarceration	2	1	3	2
Tuberculosis cases under management	14	23		
Peer education programs [¶]	0	0	98	98
Peer education educators [∞]	39	23	2538	2522
Peer education participants	5567	6055	16813	17899
Sexual assault in-service (sessions/units)	6/6	3/3	8/8	11/8
Sexual assault in-service participants	44	18	57	140
Alleged assaults and chart reviews	56	55	131	111
Bloodborne exposure labs drawn on offenders	4	13	21	27
New Sero-conversions d/t sexual assault ±	0	0	0	0
New Sero-conversions NOT from sexual assault	1	0	2	0

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

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

Health Services Liaison Utilization Review Audit

During the second quarter of FY 2012, ten percent of the combined UTMB and TTUHSC hospital and infirmary discharges were audited. A total of 139 hospital discharge and 35 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)
Dec	5	5 (100%)	0 (0%)	0 (0%)	0 (0%)	5 (100%)
Jan	4	4 (100%)	0 (0%)	1 (25%)	1 (25%)	4 (100%)
Feb	5	4 (80%)	0 (0%)	0 (0%)	0 (0%)	1 (20%)
Average	4.6	4 (93%)	0 (0%)	1 (<1%)	<1 (8%)	10 (3%)
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)
Dec	39	26 (67%)	0 (0%)	3 (8%)	0 (0%)	23 (59%)
Jan	42	26 (62%)	0 (0%)	2 (5%)	0 (0%)	24 (57%)
Feb	44	4 (9%)	0 (0%)	1 (2%)	3 (7%)	9 (20%)
Average	41.6	19 (6%)	0 (0%)	2 (5%)	1 (2%)	19 (45%)
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)
Dec	44	31 (70%)	0 (0%)	3 (7%)	0 (0%)	28 (64%)
Jan	46	30 (65%)	0 (0%)	3 (7%)	1 (2%)	28 (61%)
Feb	49	8 (16%)	0 (0%)	1 (2%)	3 (6%)	10 (20%)
Average	46.3	23 (50%)	0 (0%)	2 (5%)	1 (3%)	22 (48%)
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)
Dec	5	0 (0%)	0 (0%)	0 (0%)	0 (0%)	1 (20%)
Jan	4	1 (25%)	0 (0%)	2 (50%)	0 (0%)	1 (25%)
Feb	5	1 (20%)	0 (0%)	1 (20%)	0 (0%)	0 (0%)
Average	4.6	1 (15%)	0 (0%)	1 (23%)	0 (0%)	1 (15%)
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)
Dec	7	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Jan	7	0 (0%)	0 (0%)	0 (0%)	1 (14%)	0 (0%)
Feb	7	0 (0%)	0 (0%)	1 (14%)	0 (0%)	0 (0%)
Average	7	0 (0%)	0 (0%)	1 (5%)	1 (5%)	0 (0%)
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)
Dec	12	0 (0%)	0 (0%)	0 (0%)	0 (0%)	1 (8%)
Jan	11	1 (9%)	0 (0%)	2 (18%)	1 (9%)	1 (9%)
Feb	11	1 (8%)	0 (0%)	2 (17%)	0 (0%)	0 (0%)
Average	11.3	1 (6%)	0 (0%)	1 (12%)	<1 (3%)	<1 (6%)

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. (Units identified as not performing chain-in upon discharge are: Byrd, Goree, Lychner, Pack, Robertson, Segovia, Wynne, Terrell and Young.) 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
SECOND QUARTER, FISCAL YEAR 2012**

December 2011	Numbered Property On Inventory Report	Total Number of Deletions	Total Number of Transfers	Total Number of New Equipment
Dominguez State Jail	51	0	0	0
Ney State Jail	21	0	0	0
Torres	26	0	0	0
Total	72	0	0	0

January 2012	Numbered Property On Inventory Report	Total Number of Deletions	Total Number of Transfers	Total Number of New Equipment
Beto	93	0	1	0
Dawson State Jail	55	0	0	1
East Texas Treatment	NA	NA	NA	NA
Stiles	86	4	0	10
Total	234	4	1	11

February 2012	Numbered Property On Inventory Report	Total Number of Deletions	Total Number of Transfers	Total Number of New Equipment
Estelle	180	0	1	4
Total	180	0	1	4

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

Audit Tools	December	January	Febraury	Total
Total number of units audited	3	4	1	8
Total numbered property	72	234	180	486
Total number out of compliance	0	0	0	0
Total % out of compliance	0.00%	0.00%	0.00%	0.00%

**AMERICAN CORRECTIONAL ASSOCIATION
ACCREDITATION STATUS REPORT
Second Quarter FY-2012**

University of Texas Medical Branch

Unit	Audit Date	% Compliance	
		Mandatory	Non-Mandatory
Telford	December 2011	100%	98.8%
Terrell	December 2011	100%	97.2%
Young	December 2011	100%	98.9%
Coffield	January 2012	100%	97.7%
Connally	January 2012	100%	97.9%
Darrington	February 2012	100%	97.7%
Ferguson	February 2012	100%	97.9%

Texas Tech University Health Science Center

Unit	Audit Date	% Compliance	
		Mandatory	Non-Mandatory
Sayle	February 2012	100%	98.5%

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

FY-2012 Second Quarterly Report: December, January, and February

Project Number: 616-RM10

Researcher: Avelardo Valdez **IRB Number:** USC UPIRB # UP-11-0332 **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:**

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:** 08/15/2012 **Projected Completion:**

Executive Services
Pending Monthly Medical Research Projects
Health Services Division

FY-2012 Second Quarterly Report: December, January, and February

Project Number: 615-RM10

Researcher:
John Petersen

IRB Number:
11-069

Application Received:
04/29/2011

Completed Application:
04/28/2011

Title of Research:
Serum Markers of Hepatocellular Cancer

Sent to Peer Panel:
05/24/2011, 06/09/2011

Proponent:
University of Texas Medical Branch at Galveston

Panel Recommendations:
12/30/2011 Sent to TDCJ Health Services Division Director

Project Status:
Pending Division Director Approval

University Medical Director Approval: Sent review form to UTMB/ Dr. Murray on 01/04/2012; signed form received 01/05/2012

Project Number: 627-RM11

Researcher:
Amy Harzke

IRB Number:
11-013

Application Received:
04/26/2011

Completed Application:
04/26/2011

Title of Research:
Treatment of Chronic HCV Infection in the Texas Prison System

Sent to Peer Panel:
08/16/2011

Proponent:
University of Texas Medical Branch at Galveston

Panel Recommendations:
Recommended revision
Revised, resubmitted 01/10/2012

Project Status:
Pending Peer Panel 2nd Review
Of responses to panel's questions

University Medical Director Approval: Sent to UTMB/Dr. Murray 07/07/2011; signed form received, forwarded to Health Services 8/16/2011

Project Number: 630-RM11

Researcher:
Jacques Baillargeon

IRB Number:
11-067

Application Received:
05/18/2011

Completed Application:
05/18/2011

Title of Research:
The Older Prisoner

Sent to Peer Panel:
06/24/2011

Proponent:
University of Texas Medical Branch at Galveston

Panel Recommendations:

Project Status:
Pending Peer Panel

University Medical Director Approval: Sent to UTMB/ Dr. Murray on 07/07/2011. Received signed form 01/03/2012

Project Number: 633-RM11

Researcher:

Robert Morgan

IRB Number:

502838

Application Received:

06/17/2011

Completed Application:

06/23/2011

Title of Research:

Thinking Patterns of Mentally Disordered Offenders

Sent to Peer Panel:

06/24/2011, Revised 11/22/2011

Proponent:

Texas Tech University Dept. of Psychology

Panel Recommendations:

Requested University Medical Director's signed approval form

Project Status:

Pending Peer Panel

University Medical Director Approval: Sent to TTU/Dr. DeShields on 07/08/2011. Signed form received from TTU on 11/15/2011

Project Number: 635-RM11

Researcher:

Bryan Schneider

IRB Number:

11-101

Application Received:

07/06/2011

Completed Application:

07/08/2011

Title of Research:

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

Sent to Peer Panel:

02/06/2012

Proponent:

University of Texas Medical Branch at Galveston

Panel Recommendations:

Project Status:

Pending Peer Panel

University Medical Director Approval: Sent to UTMB/Dr. Murray 07/19/2011. Received signed form from UTMB on 08/31/2011

Project Number: 643-RM11

Researcher:

Chad Trulson

IRB Number:

11590

Application Received:

09/14/2011

Completed Application:

01/18/2012

Title of Research:

The Institutional Experiences of Mentally Retarded Death Row Commutees

Sent to Peer Panel:

02/06/2012

Proponent:

University of North Texas, Department of Criminal Justice

Panel Recommendations:

Send for University Medical Directors' review

Project Status:

University Medical Director Approval:

Project Number: 644-RM11

Researcher:

Avi Markowitz

IRB Number:

11-065

Application 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

Sent to Peer Panel:

12/30/2011

Proponent:

University of Texas Medical Branch at Galveston

Panel Recommendations:

Project Status:

Pending Peer Panel

University Medical Director Approval: Sent to UTMB/Dr. Murray on 12/12/2011. Received signed approval from UTMB on 12/30/2012

Project Number: 649-RM12

Researcher:

Jacques Baillargeon

IRB Number:

11-098

Application Received:

01/13/2012

Completed Application:

01/13/2012

Title of Research:

Prevalence of Major Psychiatric Disorders in the Texas Prison System

Sent to Peer Panel:

Proponent:

Texas Women's University

Panel Recommendations:

Project Status:

University Medical Director Approval:

Project Number: 650-RM12

Researcher:

Mary Brinkman

IRB Number:

12-011

Application Received:

02/22/2012

Completed Application:

02/22/2012

Title of Research:

Evaluation of Patients Enrolled in Newly Instituted Pharmacist-Led Chronic Kidney Disease Clinics in the Correctional Managed Healthcare Setting

Sent to Peer Panel:

Proponent:

University of Texas Medical Branch at Galveston

Panel Recommendations:

Project Status:

Pending University Medical Director Approval

University Medical Director Approval:

Administrative Segregation
TDCJ Office of Mental Health Monitoring & Liaison
Second Quarter FY-2012
December 2011 to February 2012

Date	Unit	Observed	Interviewed	Referred	Requests Fwd	911 Tool	ATC 4	ATC 5	ATC6
12/13/2011	Pack	20	20	0	1	100%	100%	100%	100%
12/07-08/2011	Hughes	443	256	0	6	100%	100%	100%	100%
12/13-14/2011	Estelle	469	225	2	7	100%	100%	100%	100%
12/20-21/2011	Michael	497	380	0	6	100%	100%	100%	100%
01/10/2012	Gist	14	14	0	3	100%	100%	100%	100%
01/18/2012	Clemens	6	6	0	0	100%	100%	100%	N/A
01/30/2012	Lychner	24	24	0	4	100%	100%	100%	100%
01/4-5/2012	Smith	442	154	1	4	100%	100%	100%	100%
01/10-11/12	Stiles	495	285	2	4	100%	100%	100%	100%
01/25-26/12	Telford	493	224	1	5	100%	100%	100%	100%
02/01/2012	Bartlett	11	10	0	0	100%	100%	100%	100%
02/02/2012	Travis	12	10	0	2	100%	100%	100%	100%
02/14/2012	Formby	27	27	0	3	100%	N/A	N/A	N/A
02/01-02/2012	Ferguson	361	177	0	8	100%	100%	100%	100%
02/08-09/2012	Eastham	387	180	0	5	100%	100%	100%	100%
02/15-16/2012	Robertson	478	190	0	5	100%	100%	100%	100%
02/22-23/2012	Coffield	678	292	0	7	100%	100%	100%	100%
Grand Total	17 units	4,857	2,474	6	70	100%	100%	100%	100%

N/A – Not Applicable

INTAKE MENTAL HEALTH EVALUATION (MHE) AUDIT

Office of Mental Health Monitoring and Liaison

Second Quarter FY-2012

Period Audited: October-December 2011

Facility	Charts Reviewed	Charts Requiring MHE (1)	MHE's completed within 14 days (at Intake Unit)	Charts Excluded (2)	MHE Audit Score
Bartlett State Jail	60	29	26	1	93%
Baten ISF	1	0	0	0	N/A
Bradshaw State Jail	60	23	20	1	92%
Byrd Unit	60	34	28	5	97.3%
Dominguez State Jail	60	16	15	0	94.3%
Formby State Jail	60	21	14	1	84.7%
Garza Transfer Facility	60	26	7	1	24.7%
Gist State Jail	60	25	24	0	97%
Glossbrenner SAFPF	60	16	16	0	100%
Gurney Transfer Facility	60	23	15	6	86.7%
Halbert SAFPF	59	34	31	0	91%
Holliday Transfer Facility	60	27	24	2	95.3%
Hutchins State Jail	59	25	11	0	42.7%
Jester I SAFPF	60	59	58	0	98.3%
Johnston SAFPF	60	19	17	0	90.3%
Kyle SAFPF	60	19	16	1	89.7%
Lindsey State Jail	60	24	10	4	47.3%
Lychner State Jail	60	25	25	0	100%
Middleton Transfer Facility	60	13	11	2	100%
Plane State Jail	60	36	24	4	77.7%
Sanchez State Jail	60	17	13	1	85.7%
Sayle SAFPF	60	14	13	0	93.3%
Travis State Jail	60	30	13	0	52.3%
Woodman State Jail	60	43	27	10	79.3%
Grand Total	1,379	598	458	39	83.16%

1. Offenders entering TDCJ who are identified during the Intake Mental Health Screening/Appraisal process as having a history of treatment for mental illness, currently receiving mental health treatment, history of self-injurious behavior or current symptoms and/or complaints of symptoms of mental illness will have a Mental Health Evaluation (MHE) completed by a Qualified Mental Health Professional (QMHP) within 14 days of identification.
2. Charts are excluded from the sample of charts requiring a MHE if the offender was transferred from the intake unit before 14 days with the MHE not completed.

Corrective Action required of all units scoring below 80 percent is to prepare a Detailed Written Plan and to retrain with TDCJ Health Services Division. Units scoring between 80 to 89 percent were required to provide documentation of an in-service. Any offender identified as requiring a MHE on the day of audit was entered into the Mental Health Quality of Care Concerns Database and an action request was made that relevant offender receive the evaluation.

N/A – Not Applicable

COMPELLED PSYCHOACTIVE MEDICATION AUDIT

Office of Mental Health Monitoring and Liaison

Second Quarter FY-2012

Audit Period—August, October 2011

UNIT	Audit Month	Security Use of Force (UOF) Incidents Documented in Medical Log ¹					Criteria for Compelled Meds Documented in Medical Record ²				
		Total Incidents	Compelled Med Incidents	Compelled Med Incidents Logged by Medical	Score	Corrective Action	Reviewed	Applicable	Compliant	Score	Corrective Action
Skyview	August 2011	2	1	1	100%	None	14	13	13	100%	None
Jester IV	August 2011	0	0	N/A	N/A	None	4	4	4	100%	None
Montford	August 2011	3	1	1	100%	None	9	6	6	100%	None
Clements	August 2011	1	0	N/A	N/A	N/A	1	0	N/A	N/A	N/A
Skyview	September 2011	1	1	1	100%	None	4	4	4	100%	None
Jester IV	September 2011	1	1	1	100%	None	6	6	6	100%	None
Montford	September 2011	17	1	1	100%	None	22	7	7	100%	None
Clements	September 2011	5	0	N/A	N/A	N/A	6	1	1	100%	None
Skyview	October 2011	11	0	0	N/A	N/A	11	11	11	100%	None
Jester IV	October 2011	7	6	6	100%	None	8	7	7	100%	None
Montford	October 2011	12	0	0	N/A	N/A	18	6	6	100%	None
Clements	October 2011	3	0	0	N/A	N/A	4	1	1	100%	None
Estelle	October 2011	1	0	0	N/A	N/A	2	1	1	100%	None

1. All reported cases of Use of Force to enforce medically ordered treatment (compelled psychoactive medication) were documented on the Compelled Psychoactive Medication Log.
2. Documentation supports that psychoactive medication was compelled because the patient refused to voluntarily comply and failure to take the medication would have resulted in: 1. Emergency - imminent likelihood of serious harm to the patient and/or to others, or 2. Non-emergency – likelihood of continued suffering from severe and abnormal mental, emotional and physical distress or deterioration of the patient’s ability to function independently.

Corrective Action was required of all units scoring below 100%.

N/A – Not Applicable

Mental Health Access to Care Accuracy Evaluation

**Second Quarter FY-2012
Conducted December 2011-February 2012
Office of Mental Health Monitoring and Liaison**

The audit results within this report were reported in the March 2012 Quality Assurance Meeting.

Unit	Audit Month*	SCR's Rev.	Methodology Evaluation Scores				
			WRO	Triage	CC	Provider	Overall
East Texas ISF	Oct. 2011	20	NWR	100	100	100	96
Beto	Nov. 2011	20	NWR	100	100	100	100
Dawson	Nov. 2011	20	NWR	100	100	100	100
Stiles	Nov. 2011	20	100	100	100	100	97
Estelle	Dec. 2011	20	NWR	100	100	100	95
Cleveland	Dec. 2011	NSP	NSP	NSP	NSP	NSP	NSP
Bartlett	Jan. 2012	16	NWR	94	94	94	90
Eastham	Jan. 2012	20	NWR	89	89	79	70
Huntsville	Jan. 2012	10	NWR	100	100	100	100
Vance	Jan. 2012	NSP	NSP	NSP	NSP	NSP	NSP

*The "Audit Month" was the most current Unit ATC Methodology Audit available on the date of the evaluation.

- SCR's Rev. - Number of **Sick Call Request Reviewed** in the ATC Audit
- WRO - Sick Call Requests responded to with **Written Response Only**
- NWR - **No Written Response**
- CC - **Chief Complaint**
- NSP - **No Sick Call Request Presented**

Corrective Action Required: Personnel who perform ATC Methodology Audit on those units with scores below 80% are required to schedule and attend additional training at TDCJ Health Services Administration Headquarters.

Consent Item 3(a)

University Medical Director's Report

The University of Texas Medical Branch



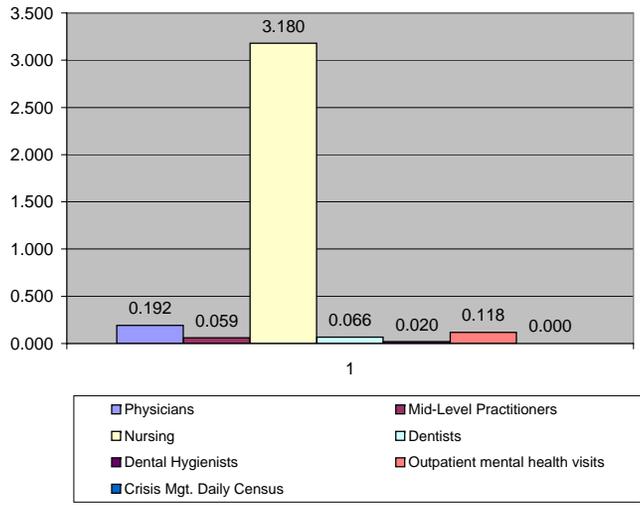
**Correctional Health Care
MEDICAL DIRECTOR'S REPORT**

**SECOND QUARTER
FY 2012**

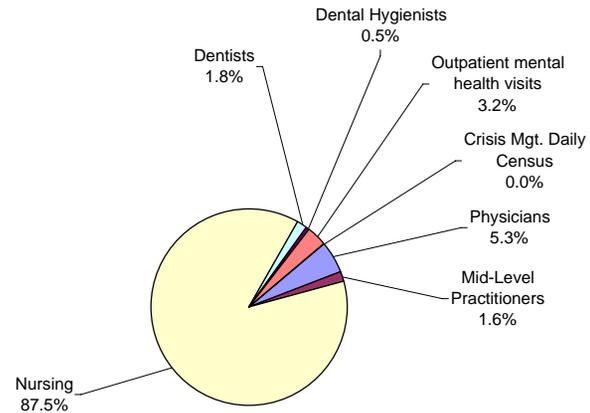
Medical Director's Report:

<i>Average Population</i>	December		January		February		Qtly Average	
	121,523		121,121		120,709		121,118	
	Number	Rate Per Offender						
Medical encounters								
Physicians	24,194	0.199	22,271	0.184	23,313	0.193	23,259	0.192
Mid-Level Practitioners	7,374	0.061	6,609	0.055	7,592	0.063	7,192	0.059
Nursing	352,403	2.900	399,522	3.299	403,570	3.343	385,165	3.180
Sub-total	383,971	3.160	428,402	3.537	434,475	3.599	415,616	3.432
Dental encounters								
Dentists	7,401	0.061	8,105	0.067	8,546	0.071	8,017	0.066
Dental Hygienists	1,969	0.016	2,526	0.021	2,701	0.022	2,399	0.020
Sub-total	9,370	0.077	10,631	0.088	11,247	0.093	10,416	0.086
Mental health encounters								
Outpatient mental health visits	13,697	0.113	14,263	0.118	14,822	0.123	14,261	0.118
Crisis Mgt. Daily Census	61	0.001	56	0.000	56	0.000	58	0.000
Sub-total	13,758	0.113	14,319	0.118	14,878	0.123	14,318	0.118
Total encounters	407,099	3.350	453,352	3.743	460,600	3.816	440,350	3.636

Encounters as Rate Per Offender Per Month



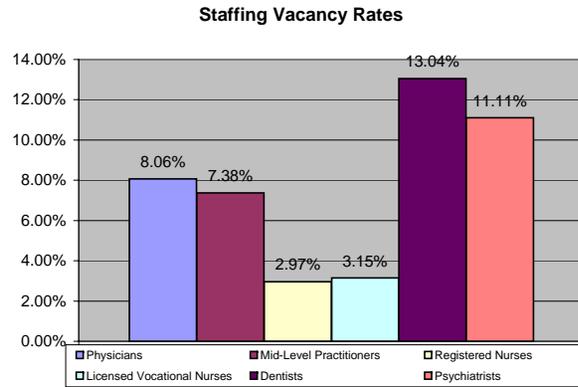
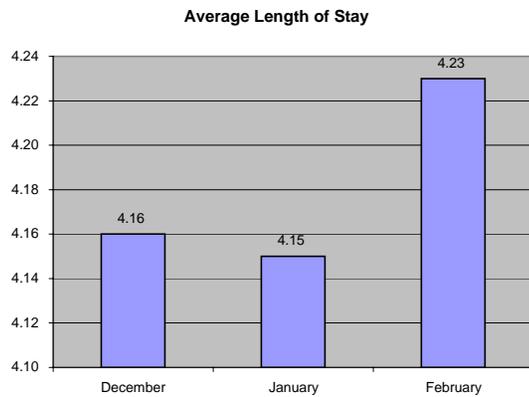
Encounters by Type



Medical Director's Report (Page 2):

	December	January	February	Qtly Average
Medical Inpatient Facilities				
Average Daily Census	66.00	65.00	68.00	66.33
Number of Admissions	349.00	324.00	313.00	328.67
Average Length of Stay	4.16	4.15	4.23	4.18
Number of Clinic Visits	1,499.00	2,046.00	2,163.00	1,902.67
Mental Health Inpatient Facilities				
Average Daily Census	1,008.61	1,017.06	1,012.34	1,012.67
PAMIO/MROP Census	702.71	696.84	689.58	696.38
Telemedicine Consults	6,066	6,765	7,324	6,718.33

Health Care Staffing	Average This Quarter			Percent Vacant
	Filled	Vacant	Total	
Physicians	57.00	5.00	62.00	8.06%
Mid-Level Practitioners	113.00	9.00	122.00	7.38%
Registered Nurses	229.00	7.00	236.00	2.97%
Licensed Vocational Nurses	523.00	17.00	540.00	3.15%
Dentists	60.00	9.00	69.00	13.04%
Psychiatrists	16.00	2.00	18.00	11.11%



Consent Item 3(b)

University Medical Director's Report

Texas Tech University
Health Sciences Center

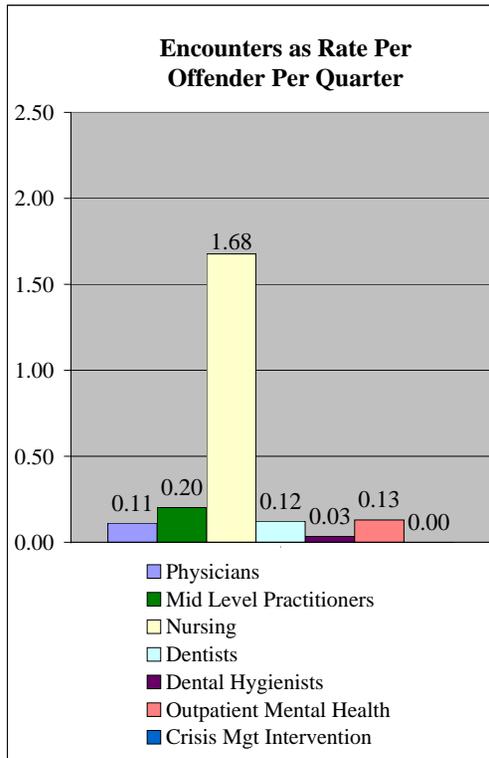


**Correctional Managed Health Care
MEDICAL DIRECTOR'S REPORT**

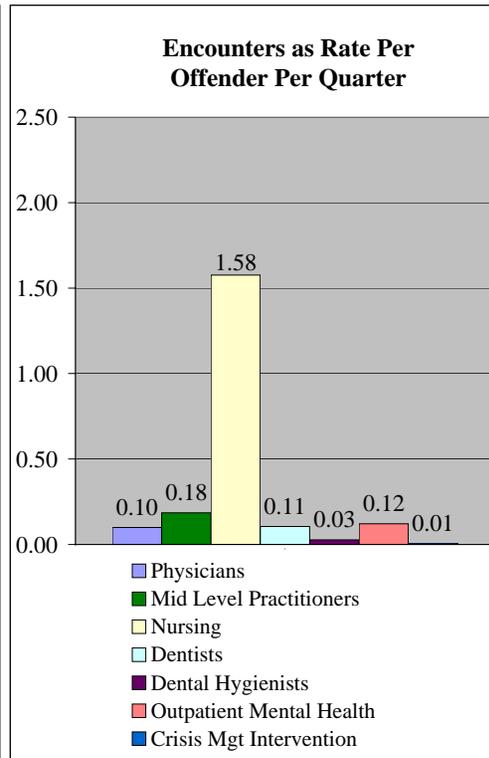
**SECOND QUARTER
FY 2012**

Medical Director's Report:

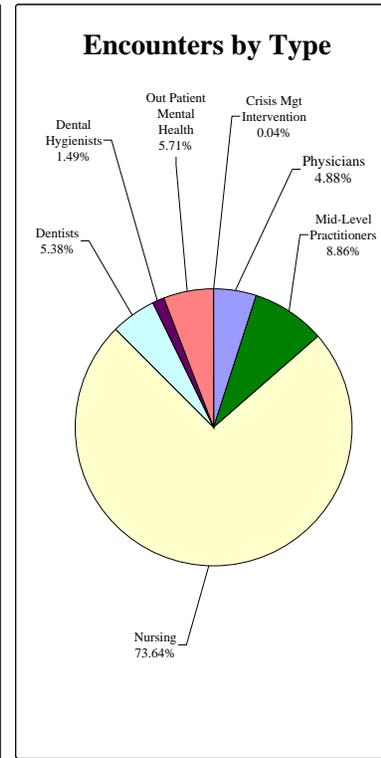
	December		January		February		Quarterly Average	
Average Population	31,457.81		31,338.23		31,336.50		31,377.51	
Medical Encounters	Number	Rate Per Offender	Number	Rate Per Offender	Number	Rate Per Offender	Number	Rate Per Offender
Physicians	3,079	0.098	3,226	0.103	3,095	0.099	3,133	0.100
Mid-Level Practitioners	5,039	0.160	5,990	0.191	6,379	0.204	5,803	0.185
Nursing	49,983	1.589	52,854	1.687	45,507	1.452	49,448	1.576
Sub-Total	58,101	1.847	62,070	1.981	54,981	1.755	58,384	1.861
Dental Encounters								
Dentists	2,900	0.092	3,378	0.108	3,659	0.117	3,312	0.106
Dental Hygienists	686	0.022	971	0.031	914	0.029	857	0.027
Sub-Total	3,586	0.114	4,349	0.139	4,573	0.146	4,169	0.133
Mental Health Encounters								
Outpatient mental health visits	3,631	0.115	3,681	0.117	4,113	0.131	3,808	0.121
Crisis Mgt. Interventions	252	0.008	263	0.008	253	0.008	256	0.008
Sub-Total	3,883	0.123	3,944	0.126	4,366	0.139	4,064	0.130
Total Encounters	65,570	2.084	70,363	2.245	63,920	2.040	66,618	2.123



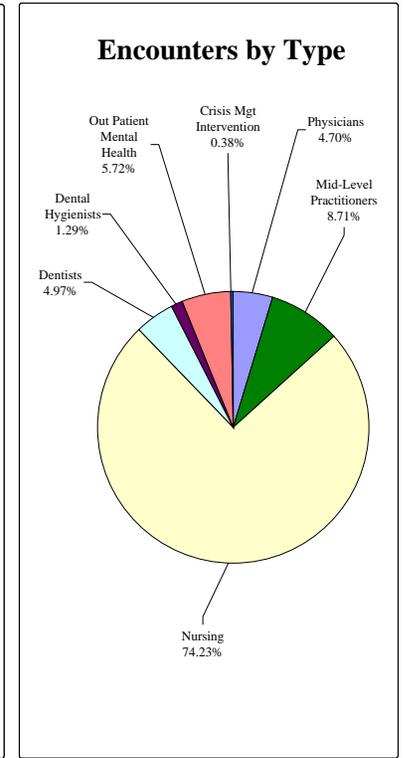
1st Quarter 2012



2nd Quarter 2012



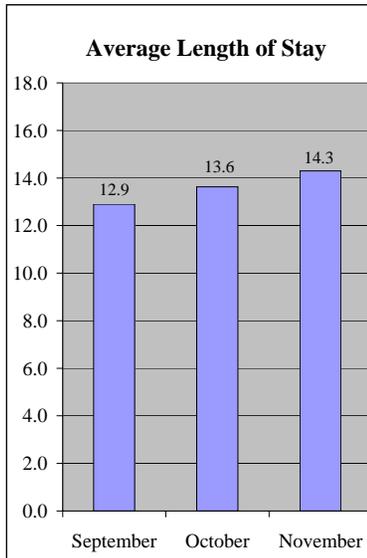
1st Quarter 2012



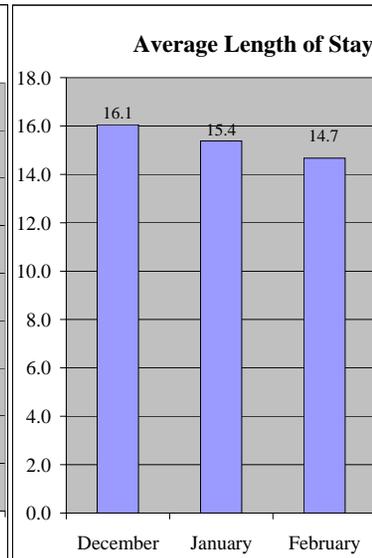
2nd Quarter 2012

Medical Director's Report (page 2):

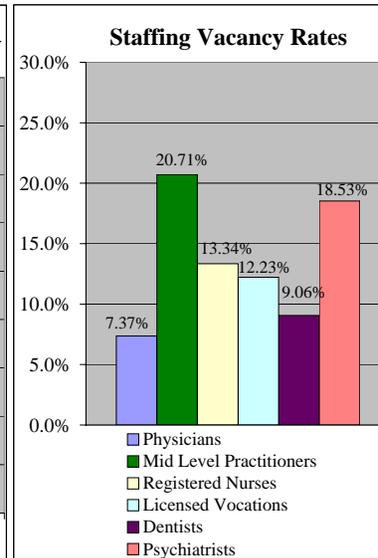
	December	January	February	Quarterly Average
Medical Inpatient Facilities				
Average Daily Census	111.19	115.71	113.83	113.58
Number of Admissions	153	173	170	165.33
Average Length of Stay	16.05	15.38	14.67	15.37
Number of Clinic Visits	471	599	658	576.00
Mental Health Inpatient Facilities				
Average Daily Census	457	452	457	455.33
PAMIO/MROP Census	307	304	293	301.33
Specialty Referrals Completed	690	788	806	761.33
Telemedicine Consults	387	417	510	438.00
Health Care Staffing				
	Average This Quarter			Percent Vacant
	Filled	Vacant	Total	
Physicians	17.20	3.35	20.55	16.30%
Mid-Level Practitioners	28.17	6.93	35.10	19.74%
Registered Nurses	125.91	23.47	149.38	15.71%
Licensed Vocational Nurses	269.35	34.48	303.83	11.35%
Dentists	17.57	1.75	19.32	9.06%
Psychiatrists	6.89	2.20	9.09	24.20%



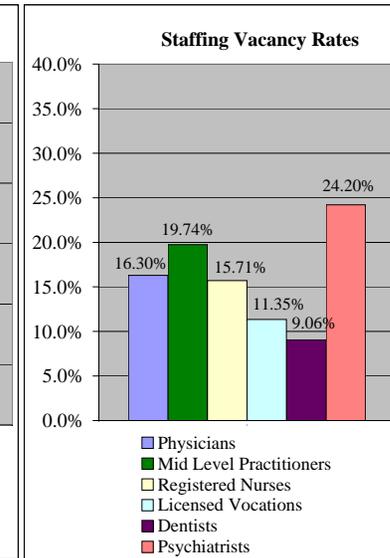
1st Quarter 2012



2nd Quarter 2012



1st Quarter 2012



2nd Quarter 2012

Consent Item 4

Summary of CMHCC Joint
Committee \ Work Groups

**Correctional Managed Health Care
Joint Committee/Work Group Activity Summary
for June 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. Denise DeShields

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

Meeting Date: May 10, 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. Utilization Review Audit

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
- G. Clinical Services Quality of Care Concerns

Joint Policy and Procedure Committee

Co-Chair: Dr. Robert Williams, TDCJ Health Services Division

Co-Chair: Allen Hightower, Executive Director, CMHC

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

Meeting Date: April 12, 2012

Sub Committee Updates: None

New Business:

Sections A and F are scheduled for review.

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

A-08.4 Offender Medical and mental Health Classification – Kathryn Buskirk, M.D.

A-08.5 Coordination with Windham School System – Myra Walker

A-08.7 and PUHLES System of Offender Medical and Mental Health Classification
Attachments A, B

A-11.2 Pronouncement of Death by Licensed Nurses

A-12.1 Grievance Mechanism
A-12.1 TDCJ-Health Services Division Getting Medical Treatment
A-12.2 Patient Liaison Program
A-13.1 Physician Peer Review
E-32.1 Receiving, Transfer and Continuity of Care Screening
E-36.1 Dental Treatment Priorities
E-36.4 Dental Prosthodontic Services
F-46.1 Health Education and Promotion
F-49.1 Personal Hygiene
G-57.1 Sexual Assault

Adjournment

- Next Meeting Date is July 12, 2012
- Section to be covered will be G,H and I. Comments on Section G, H and I are due by June 1, 2012.

Joint Pharmacy and Therapeutics Committee

Chair: Dr. Benjamin Leeah

Purpose: Charged with the review, monitoring and evaluation of pharmacy practices and procedures, formulary management and development of disease management guidelines.

Meeting Date: May 10, 2012

Key Activities:

Approval of Minutes from March 8, 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 (March 2012)
- D. Nonformulary Deferral Reports
 1. UTMB Sector (March 2012)
 2. Texas Tech Sector (January – March 2012) – Missing March report
- E. Quarterly Medication Error Reports – 2nd Quarter (December - February) FY12
 1. UTMB Sector
 2. Texas Tech Sector
 3. Medication Dispensing Error Report
- F. Utilization Reports (February – March 2012)
 4. HIV Utilization – Pending review for possible error
 5. Hepatitis C Utilization
 6. Hepatitis B Utilization – Pending review for possible error
 7. Psychotropic Utilization
- G. Special Report – Top 50 Drugs by Volume and Cost – 2nd Quarter FY12 – Requested from Brad (pending availability)
- H. Policy Review Schedule

Old Business

- A. Review of Emergency Medications 0 Need to clarify recommendations based on last P&T – certain meds agreed to remove, others agreed to keep, and others needed to clarify

New Business

- A. Action Request
 1. Allow Floor Stock of Prednisone 20 mg – Dr. Talley

2. Formulary Deletion of Amphotericin B – check utilization/rationale – cytotoxic
 3. Switch to Generic Lamivudine – Need to provide background/rationale for switch
- B.** Review of Disaster Formulary
- C.** Medication Usage Evaluation
1. Nitrofurantoin – Pending revisions
 2. Lovenox – Pending revisions
 3. KOP 8-hour Facilities
- D.** Drug Category Review
1. Anti-hypertensive Agents-Sent back to Damien for revisions and clarification
 2. Blood Formation and Coagulation Products – Not yet reviewed
 3. Gastrointestinal Agents – Sent back for revisions
 4. Topical Agents – Not yet reviewed
- E.** FDA Medication Safety Advisories – Printed advisories but need to summarize
- F.** Manufacturer Shortages and Discontinuations
- G.** Policy and Procedure Revisions
1. Self-Administration of Medication (50-10) – Not received from Pam
 2. Drug Therapy Management by a Pharmacist (55-10) – Revision in Progress
 3. Therapeutic Interchange (55-15)
 4. Clozapine Protocol (55-20)
 5. Disease Management Guidelines (55-25)
 6. Ordering Erythropoiesis Stimulating Agents (55-30)
 7. Emergency Drugs (60-05) – Melanie sent to Rancee for Review
 8. Requisition of Drugs by EMS (60-10) – Not received from Rob
 9. Credential Requirements for Administration of Medication (65-05) – Not received from Pam
 10. Controlled Substances Record Keeping (20-15)
- H.** Miscellaneous

Adjournment

Joint Infection Control Committee

Co-Chair: Dr. Carol Coglianesse
CO-Chair: Chris Black-Edwards, RN, BSN

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: May 16, 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
- Dental Hygiene Manager, Ms. Pam Myers
- Policy Review
- Lunch

UTMB – CMC Director’s Meeting

- Approval of Minutes, District Director Meeting
- 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

Co-Chair: Dr. Glenda Adams
Co-Chair: Dr. Robert Williams

Key Activities:

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

Purpose:

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

Meeting Dates:

- December, 2011 (review of 31 cases)

- January, 2012 (review of 39 cases)
- February, 2012 (review of 26 cases)

Joint Nursing Work Group

Chair: Mike Jones, RN, BSN

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

Meeting Date: April 12, 2012

- CMA program
- Update on pilot Chart Completion program – Gary
- Donor Info. Card E-31.2 – George
- Use of Force changes – Mike
- Sexual Abuse changes – Mike/George
- Nail clippings in medical – Mike
- Nursing SLC indicator – Mike
- TT nursing protocols – Mike
- ORA revamping – Mike
- Other - all

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: June 7, 2012

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

From: Allen Hightower, Executive Director

Subject: Executive Director's Report

Discussion of Recommended Changes to Sunset Advisory Commission Staff Report on
Correctional Managed Health Care Committee.



Correctional Managed Health Care

Quarterly Report FY 2012 Second Quarter

September 2011 – February 2012

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 second 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 second 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 second quarter of FY 2012 was 152,924. Through this same quarter a year ago (FY 2011), the average daily population was 152,655, an increase of 269 (0.17%). 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 second quarter of FY 2012, the average number of older offenders in the service population was 13,534. Through this same quarter a year ago (FY 2011), the average number of offenders age 55 and over was 12,573. This represents an increase of 961 or about 7.6% 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 second quarter of FY 2012 was 204 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 second quarter of FY 2012 was 3,252 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 2,319 (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 1,817 through the second quarter of FY 2012, as compared to 1,946 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 second quarter of FY 2012, the average number of mental health outpatients was 18,136 representing 11.9% of the service population.

Health Care Costs

- Overall health costs through the second quarter of FY 2012 totaled \$244.3M. This amount is above the overall revenues earned by the university providers by \$7.5M.
- UTMB's total revenue through the second quarter was \$188.1M. Their expenditures totaled \$196.3M, resulting in a net loss of \$8.2M. On a per offender per day basis, UTMB earned \$8.51 in revenue and expended \$8.89 resulting in a loss of \$0.38 per offender per day.
- TTUHSC's total revenue through the second quarter was \$48.7M. Expenditures totaled \$48.0M, resulting in a net gain of \$721,986. On a per offender per day basis, TTUHSC earned \$8.49 in revenue, but expended \$8.37 resulting in a gain of \$0.12 per offender per day.
- Examining the health care costs in further detail indicates that of the \$244.3M in expenses reported through the second quarter of the year:
 - Onsite services (those medical services provided at the prison units) comprised \$111.4M representing about 45.6% of the total health care expenses:
 - Of this amount, 82.8% was for salaries and benefits and 17.2% for operating costs.
 - Pharmacy services totaled \$27.1M representing approximately 11.1% of the total expenses:
 - Of this amount 17.9% was for related salaries and benefits, 2.8% for operating costs and 79.3% for drug purchases.
 - Offsite services (services including hospitalization and specialty clinic care) accounted for \$78.6M or 32.1% of total expenses:
 - Of this amount 71.0% was for estimated university provider hospital, physician and professional services; and 29.0% for Free world (non-university) hospital, specialty and emergency care.
 - Mental health services totaled \$20.4M or 8.4% 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 \$6.8M and represented 2.8% of the total costs.

- The total cost per offender per day for all health care services statewide through the second quarter of FY 2012 was \$8.78. However, when benchmarked against the average cost per offender per day for the prior four fiscal years of \$9.44, the decrease is at (7.0%). As a point of reference healthcare costs was \$7.64 per day in FY03. This would equate to a 14.9% increase since FY03 or approximately 1.7% increase per year average, well below the national average.
 - For UTMB, the cost per offender per day was \$8.89. 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 \$8.37, 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 second quarter of FY 2012 indicates that offenders aged 55 and over had a documented encounter with medical staff a little more than one time 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 \$1,802 per offender. The same calculation for offenders under age 55 totaled about \$285. In terms of hospitalization and clinic costs, the older offenders were utilizing health care resources at a rate more than six times higher than the younger offenders. While comprising about 8.8% of the overall service population, offenders age 55 and over account for 38.1% of the hospitalization costs received to date.
 - A third examination of dialysis costs found that, proportionately, older offenders are represented 4.8 times more often in the dialysis population than younger offenders. Dialysis costs continue to be significant, averaging \$20,234 per patient per year. Providing medically necessary dialysis treatment for an average of 220 patients through the second quarter of FY2012 cost \$2.2M.

Drug Costs

- Total drug costs through the second quarter of FY 2012 totaled \$21.3M.
 - Pharmaceutical costs related to HIV care continue to be the largest single component of pharmacy expenses.
 - Through this quarter, \$9.9M in costs (or \$1.7M per month) for HIV antiretroviral medication costs were experienced. This represents 46.9% of the total drug cost during this time period.
 - Expenses for psychiatric drugs are also being tracked, with approximately \$1.2M being expended for psychiatric medications through the second quarter, representing 5.6% of the overall drug cost.
 - Another pharmacy indicator being tracked is the cost related to Hepatitis C therapies. These costs were \$1.6M and represented about 7.7% of the total drug cost.

Reporting of Fund Balances

- UTMB reports that they have a total loss of \$8,193,067 through this second quarter of this fiscal year. TTUHSC reports that they have a total gain of \$721,986 through this second 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 second quarter for the CMHCC account is included in this report. That summary indicates that the ending balance on the CMHCC account on February 29, 2012 was \$105,303.10. 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 December 2011 and January 2012 found all tested transactions to be verified and found all back up detail to be validated. February 2012 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 December 2011 and January 2012 found all tested transactions to be verified and found all back up detail to be validated. February 2012 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 second quarter of FY 2012 is \$7.5 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.

Listing of Supporting Tables and Charts

Table 1: FY 2012 Allocation of Funds	8
Chart 1: Allocations by Entity	8
Table 2: Key Population Indicators	9
Chart 2: Growth in Service Population and in Age 55	10
Table 3: Summary Financial Report	11-12
Table 4: UTMB/TTUHSC Expense Summary	13
Chart 3: Total Health Care by Category	13
Chart 4: Onsite Services.....	13
Chart 5: Pharmacy Services	13
Chart 6: Offsite Services	13
Chart 7: Mental Health Services	13
Table 4a: UTMB/TTUHSC Expense Summary	14
Table 5: Comparison Total Health Care Costs	15
Chart 8: UTMB Cost Per Day.....	15
Chart 9: TTUHSC Cost Per Day.....	15
Chart 10: Statewide Cost Per Day	15
Table 6: Medical Encounter Statistics by Age	16
Chart 11: Encounters Per Offender by Age Grouping.....	16
Table 7: Offsite Costs to Date by Age Grouping.....	17
Chart 12: Hospital Costs Per Offender by Age	17
Table 8: Dialysis Costs by Age Grouping	18
Chart 13: Percent of Dialysis Cost by Age Group.....	18
Chart 14: Percent of Dialysis Patients in Population by Age Group.....	18
Table 9: Selected Drug Costs.....	19
Chart 15: HIV Drug Costs	19
Table 10: Ending Balances FY 2012	20

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

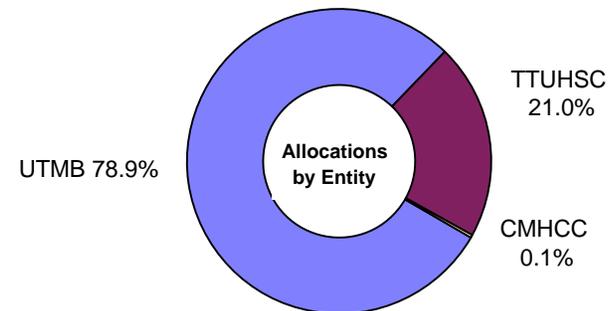


Table 2
FY 2012
Key Population Indicators
Correctional Health Care Program

Indicator	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Population Year to Date Avg.
Avg. Population Served by CMHC:							
UTMB State-Operated Population	109,767	109,780	109,834	109,611	109,222	108,806	109,503
UTMB Private Prison Population*	11,919	11,912	11,907	11,912	11,899	11,903	11,908
UTMB Total Service Population	121,686	121,692	121,740	121,523	121,121	120,709	121,412
TTUHSC Total Service Population	31,715	31,678	31,538	31,464	31,343	31,337	31,512
CMHC Service Population Total	153,401	153,370	153,278	152,987	152,464	152,046	152,924
Population Age 55 and Over							
UTMB Service Population Average	11,158	11,215	11,256	11,289	11,368	11,411	11,283
TTUHSC Service Population Average	2,215	2,231	2,247	2,260	2,256	2,295	2,251
CMHC Service Population Average	13,373	13,446	13,503	13,549	13,624	13,706	13,534
Medical Health Inpatient Daily Census							
UTMB Hospital Galveston Inpatient ADC	74	63	62	65	66	68	66
UTMB FreeWorld Hospital Inpatient ADC	17	13	15	20	20	21	17
TTUHSC RMF Inpatient ADC	112	111	111	111	116	114	112
TTUHSC FreeWorld Hospital Inpatient ADC	7	11	9	9	7	6	8
CMHC Medical Inpatient Daily Census	210	198	197	204	208	209	204
Medical Health Outpatient Visits							
UTMB Specialty Clinic & ER Visits	2,657	2,288	2,089	1,946	2,541	2,713	2,372
TTUHSC FreeWorld Outpatient & ER Visits	876	905	876	886	891	844	880
CMHC Medical Outpatient Visits	3,533	3,193	2,965	2,832	3,432	3,557	3,252
HIV+ Population	2,324	2,352	2,318	2,320	2,297	2,302	2,319
Mental Health Inpatient Census							
UTMB Psychiatric Inpatient Average	1,001	999	1,009	1,009	1,017	1,012	1,008
TTUHSC Psychiatric Inpatient Average	914	891	779	764	756	750	809
CMHC Psychiatric Inpatient Average	1,915	1,890	1,788	1,773	1,773	1,762	1,817
Mental Health Outpatient Census							
UTMB Psychiatric Outpatient Average	14,566	14,131	13,582	13,697	14,263	14,822	14,177
TTUHSC Psychiatric Outpatient Average	4,275	3,946	4,111	3,631	3,681	4,113	3,960
CMHC Psychiatric Outpatient Average	18,841	18,077	17,693	17,328	17,944	18,935	18,136

Chart 2 CMHC Service Population

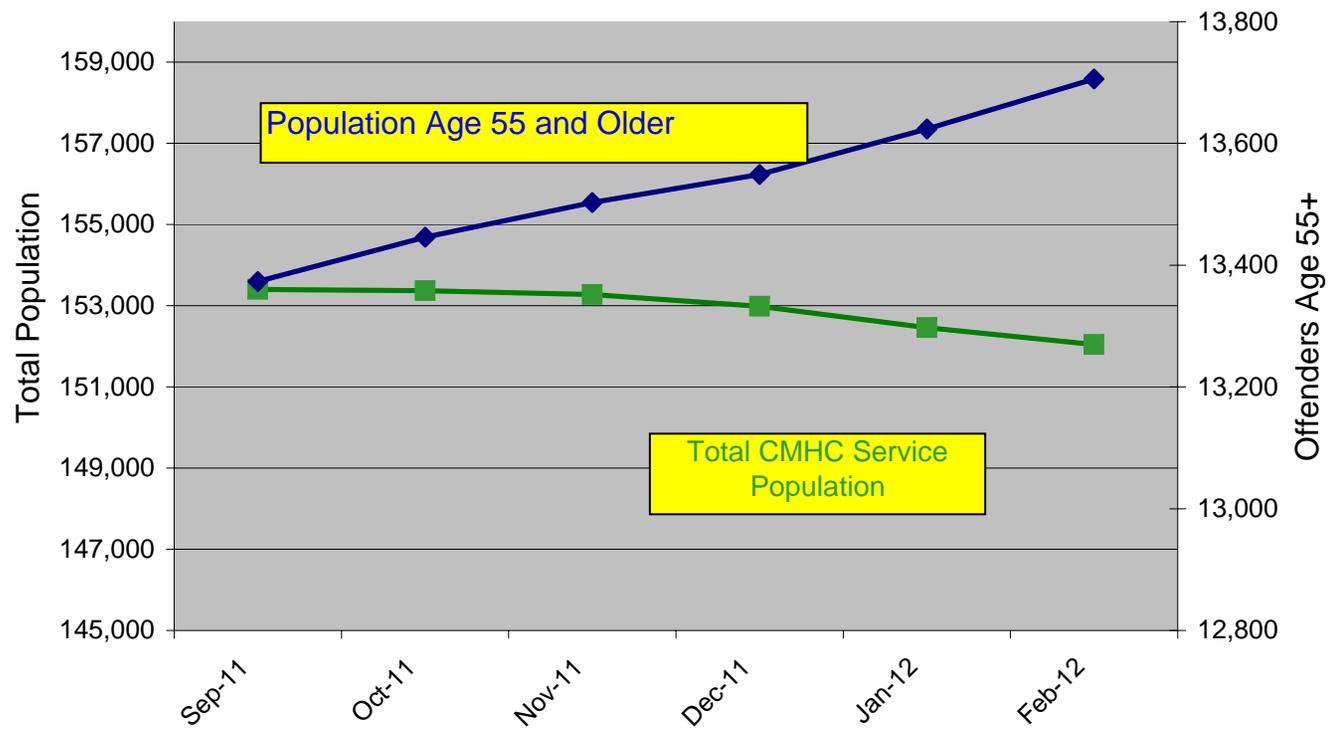


Table 3
Summary Financial Report: Unit and Mental Health Costs - C.1.7
Fiscal Year 2012 - through February 29, 2012 (Sep 2011- Feb 2012)

Days in Year: 182

	Unit and Mental Health Services Costs			Unit & Mental Cost Per Day Calculations		
	UTMB	TTUHSC	TOTAL	UTMB	TTUHSC	TOTAL
Population Served	121,412	31,512	152,924			
Revenue						
Capitation Payments	\$93,143,232	\$27,036,926	\$120,180,158	\$4.22	\$4.71	\$4.32
State Reimbursement Benefits	\$19,804,518	\$3,096,087	\$22,900,605	\$0.90	\$0.54	\$0.82
Other Misc Revenue	\$25,300	\$1,185	\$26,485	\$0.00	\$0.00	\$0.00
Total Revenue	\$112,973,050	\$30,134,198	\$143,107,248	\$5.11	\$5.25	\$5.14
Expenses						
Unit Services						
Salaries	\$62,600,755	\$8,457,913	\$71,058,668	\$2.83	\$1.47	\$2.55
Benefits	\$19,008,490	\$2,122,753	\$21,131,243	\$0.86	\$0.37	\$0.76
Operating (M&O)	\$8,459,364	\$615,818	\$9,075,182	\$0.38	\$0.11	\$0.33
Professional Services	\$0	\$980,381	\$980,381	\$0.00	\$0.17	\$0.04
Contracted Units/Services	\$0	\$8,681,485	\$8,681,485	\$0.00	\$1.51	\$0.31
Travel	\$353,817	\$12,394	\$366,211	\$0.02	\$0.00	\$0.01
Electronic Medicine	\$0	\$125,481	\$125,481	\$0.00	\$0.02	\$0.00
Capitalized Equipment	(\$19,257)	\$0	(\$19,257)	(\$0.00)	\$0.00	(\$0.00)
Subtotal Onsite Expenses	\$90,403,169	\$20,996,225	\$111,399,394	\$4.09	\$3.66	\$4.00
Mental Health Services						
Salaries	\$10,996,203	\$5,030,140	\$16,026,343	\$0.50	\$0.88	\$0.58
Benefits	\$2,716,579	\$1,256,083	\$3,972,662	\$0.12	\$0.22	\$0.14
Operating (M&O)	\$212,061	\$27,597	\$239,658	\$0.01	\$0.00	\$0.01
Professional Services	\$0	\$153,575	\$153,575			
Contracted Units/Services	\$0	\$0	\$0			
Travel	\$22,960	\$3,373	\$26,333	\$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	\$13,947,803	\$6,470,768	\$20,418,571	\$0.63	\$1.10	\$0.73
Indirect Expenses	\$5,277,957	\$902,601	\$6,180,558	\$0.24	\$0.16	\$0.22
Total Unit and Mental Health Expenses	\$109,628,929	\$28,369,594	\$137,998,523	\$4.96	\$4.92	\$4.95
Operating Income (Loss)	\$3,344,121	\$1,764,604	\$5,108,725	\$0.15	\$0.33	\$0.19

Table 3 (Continued)
Summary Financial Report: Hospital and Clinic Costs - C.1.8
Fiscal Year 2012 - through February 29, 2012 (Sep 2011- Feb 2012)

Days in Year: 182

	Hospital and Clinic Costs			Hospital & Clinic Cost Per Day Calculations		
	UTMB	TTUHSC	TOTAL	UTMB	TTUHSC	TOTAL
Population Served	121,412	31,512	152,924			
Revenue						
Capitation Payments	\$54,707,849	\$12,576,858	\$67,284,707	\$2.48	\$2.19	\$2.42
State Reimbursement Benefits	\$0	\$764,755	\$764,755	\$0.00	\$0.13	\$0.03
Other Misc Revenue	\$0	\$0	\$0	\$0.00	\$0.00	\$0.00
Total Revenue	\$54,707,849	\$13,341,613	\$68,049,462	\$2.48	\$2.33	\$2.44
Expenses						
Hospital and Clinic Services						
University Professional Services	\$7,151,412	\$535,272	\$7,686,684	\$0.32	\$0.09	\$0.28
Freeworld Provider Services	\$7,610,281	\$7,236,476	\$14,846,757	\$0.34	\$1.26	\$0.53
UTMB or TTUHSC Hospital Cost	\$42,957,908	\$5,114,842	\$48,072,750	\$1.94	\$0.89	\$1.73
Estimated IBNR	\$7,538,920	\$414,385	\$7,953,305	\$0.34	\$0.07	\$0.29
Subtotal Offsite Expenses	\$65,258,521	\$13,300,975	\$78,559,496	\$2.95	\$2.32	\$2.82
Indirect Expenses	\$0	\$488,637	\$488,637	\$0.00	\$0.09	\$0.02
Total Hospital and Clinic Expenses	\$65,258,521	\$13,789,612	\$79,048,133	\$2.95	\$2.40	\$2.84
Operating Income (Loss)	(\$10,550,672)	(\$447,999)	(\$10,998,671)	(\$0.48)	(\$0.08)	(\$0.40)

Table 3 (Continued)
Summary Financial Report: Pharmacy Costs - C.1.9
Fiscal Year 2012 through February 29, 2012 (Sep 2011- Feb 2012)

Days in Year: 182

	Pharmacy Health Services Costs			Pharmacy Health Cost Per Day Calculations		
	UTMB	TTUHSC	TOTAL	UTMB	TTUHSC	TOTAL
Population Served	121,412	31,512	152,924			
Revenue						
Capitation Payments	\$20,397,287	\$5,212,002	\$25,609,289	\$0.92	\$0.91	\$0.92
State Reimbursement Benefits	\$0	\$28,024	\$28,024	\$0.00	\$0.00	\$0.00
Other Misc Revenue	\$75,823	\$0	\$75,823	\$0.00	\$0.00	\$0.00
Total Revenue	\$20,473,110	\$5,240,026	\$25,713,136	\$0.93	\$0.91	\$0.92
Expenses						
Pharmacy Services						
Salaries	\$2,976,924	\$916,750	\$3,893,674	\$0.13	\$0.16	\$0.14
Benefits	\$940,773	\$31,239	\$972,012	\$0.04	\$0.01	\$0.03
Operating (M&O)	\$603,840	\$141,116	\$744,956	\$0.03	\$0.02	\$0.03
Pharmaceutical Purchases	\$16,930,235	\$4,564,068	\$21,494,303	\$0.77	\$0.80	\$0.77
Professional Services	\$0	\$0	\$0	\$0.00	\$0.00	\$0.00
Travel	\$7,854	\$3,805	\$11,659	\$0.00	\$0.00	\$0.00
Subtotal Pharmacy Health Expenses	\$21,459,626	\$5,656,978	\$27,116,604	\$0.97	\$0.99	\$0.97
Indirect Expenses	\$0	\$177,667	\$177,667	\$0.00	\$0.03	\$0.01
Total Pharmacy Expenses	\$21,459,626	\$5,834,645	\$27,294,271	\$0.97	\$1.02	\$0.98
Operating Income (Loss)	(\$986,516)	(\$594,619)	(\$1,581,135)	(\$0.04)	(\$0.10)	(\$0.06)

All Health Care Summary

	All Health Care Services			Cost Per Offender Per Day		
	UTMB	TTUHSC	TOTAL	UTMB	TTUHSC	TOTAL
Unit & Mental Health Services	\$112,973,050	\$30,134,198	\$143,107,248	\$5.11	\$5.25	\$5.14
Hospital & Clinic Services	\$54,707,849	\$13,341,613	\$68,049,462	\$2.48	\$2.33	\$2.44
Pharmacy Health Services	\$20,473,110	\$5,240,026	\$25,713,136	\$0.93	\$0.91	\$0.92
Total Revenue	\$188,154,009	\$48,715,837	\$236,869,846	\$8.51	\$8.49	\$8.51
Unit & Mental Health Services	\$109,628,929	\$28,369,594	\$137,998,523	\$4.96	\$4.95	\$4.96
Hospital & Clinic Services	\$65,258,521	\$13,789,612	\$79,048,133	\$2.95	\$2.40	\$2.84
Pharmacy Health Services	\$21,459,626	\$5,834,645	\$27,294,271	\$0.97	\$1.02	\$0.98
Total Expenses	\$196,347,076	\$47,993,851	\$244,340,927	\$8.89	\$8.37	\$8.78
Operating Income (Loss)	(\$8,193,067)	\$721,986	(\$7,471,081)	(\$0.38)	\$0.12	(\$0.27)

**Table 4
FY 2012 2nd Quarter
UTMB/TTUHSC EXPENSE SUMMARY**

Category	Expense	Percent of Total
Onsite Services	\$111,399,394	45.59%
Salaries	\$71,058,668	
Benefits	\$21,131,243	
Operating	\$19,209,483	
Pharmacy Services	\$27,116,604	11.10%
Salaries	\$3,893,674	
Benefits	\$972,012	
Operating	\$756,615	
Drug Purchases	\$21,494,303	
Offsite Services	\$78,559,496	32.15%
Univ. Professional Svcs.	\$7,686,684	
Freeworld Provider Svcs.	\$14,846,757	
Univ. Hospital Svcs.	\$48,072,750	
Est. IBNR	\$7,953,305	
Mental Health Services	\$20,418,571	8.36%
Salaries	\$16,026,343	
Benefits	\$3,972,662	
Operating	\$419,566	
Indirect Expense	\$6,846,862	2.80%
Total Expenses	\$244,340,927	100.00%

Chart 3: Total Health Care by Category

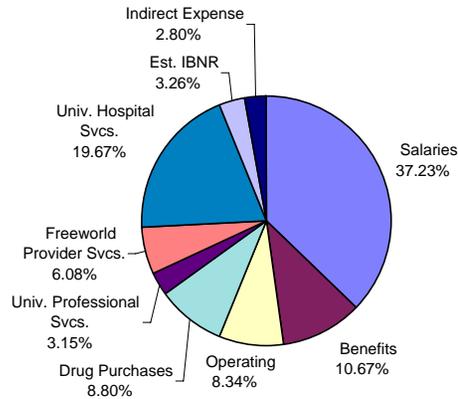


Chart 4: Onsite Services

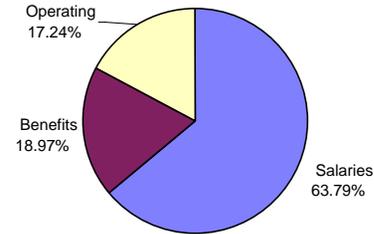


Chart 5: Pharmacy Services

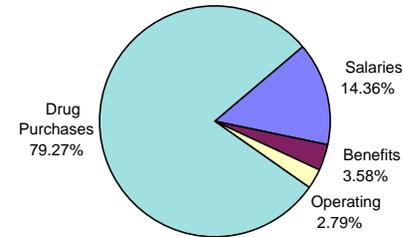


Chart 6: Offsite Services

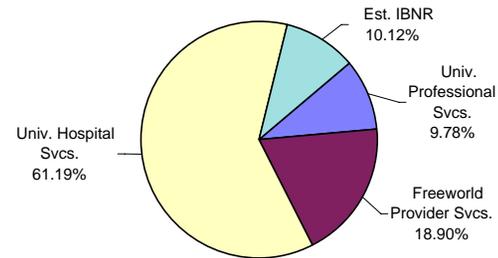


Chart 7: Mental Health Services

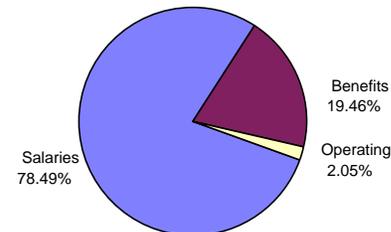


Table 4a
FY 2012 2nd Quarter
UTMB/TTUHSC EXPENSE SUMMARY

Category	Total Expense	UTMB	TTUHSC	% UTMB
Onsite Services	\$111,399,394	\$90,403,169	\$20,996,225	81.15%
Salaries	\$71,058,668	\$62,600,755	\$8,457,913	
Benefits	\$21,131,243	\$19,008,490	\$2,122,753	
Operating	\$19,209,483	\$8,793,924	\$10,415,559	
Pharmacy Services	\$27,116,604	\$21,459,626	\$5,656,978	79.14%
Salaries	\$3,893,674	\$2,976,924	\$916,750	
Benefits	\$972,012	\$940,773	\$31,239	
Operating	\$756,615	\$611,694	\$144,921	
Drug Purchases	\$21,494,303	\$16,930,235	\$4,564,068	
Offsite Services	\$78,559,496	\$65,258,521	\$13,300,975	83.07%
Univ. Professional Svcs.	\$7,686,684	\$7,151,412	\$535,272	
Freeworld Provider Svcs.	\$14,846,757	\$7,610,281	\$7,236,476	
Univ. Hospital Svcs.	\$48,072,750	\$42,957,908	\$5,114,842	
Est. IBNR	\$7,953,305	\$7,538,920	\$414,385	
Mental Health Services	\$20,418,571	\$13,947,803	\$6,470,768	68.31%
Salaries	\$16,026,343	\$10,996,203	\$5,030,140	
Benefits	\$3,972,662	\$2,716,579	\$1,256,083	
Operating	\$419,566	\$235,021	\$184,545	
Indirect Expense	\$6,846,862	\$5,277,957	\$1,568,905	77.09%
Total Expenses	\$244,340,927	\$196,347,076	\$47,993,851	80.36%

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

	FY 08	FY 09	FY 10	FY 11	4-Year Average	FYTD 12 1st Qtr	FYTD 12 2nd Qtr
Population							
UTMB	120,648	119,952	120,177	121,417	120,548	121,706	121,412
TTUHSC	31,064	30,616	31,048	31,419	31,037	31,643	31,512
Total	151,712	150,568	151,225	152,836	151,585	153,350	152,924
Expenses							
UTMB	381,036,398	423,338,812	435,710,000	\$432,371,801	418,114,253	97,279,543	196,347,076
TTUHSC	96,482,145	100,980,726	109,767,882	\$110,272,668	104,375,855	23,797,251	47,993,851
Total	477,518,543	524,319,538	545,477,882	\$542,644,469	522,490,108	121,076,794	244,340,927
Cost/Day							
UTMB	\$8.63	\$9.67	\$9.93	\$9.76	\$9.50	\$8.78	\$8.89
TTUHSC	\$8.49	\$9.04	\$9.69	\$9.62	\$9.21	\$8.26	\$8.37
Total	\$8.60	\$9.54	\$9.88	\$9.73	\$9.44	\$8.68	\$8.78

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

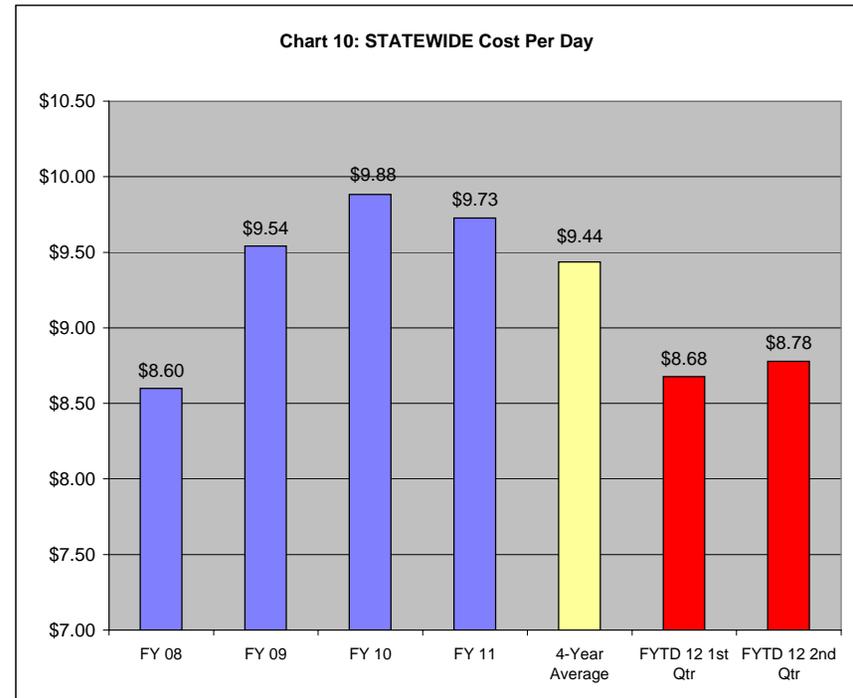
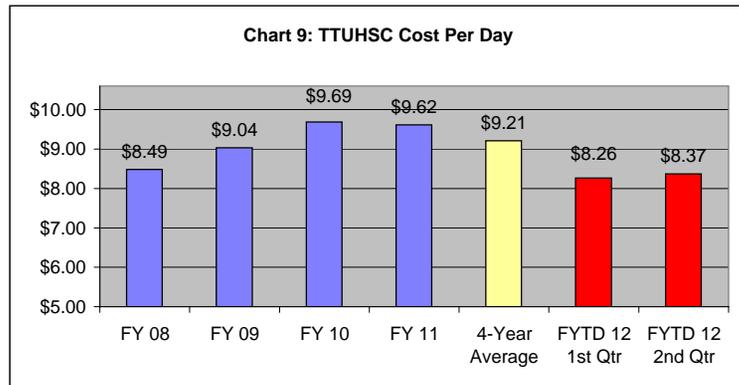
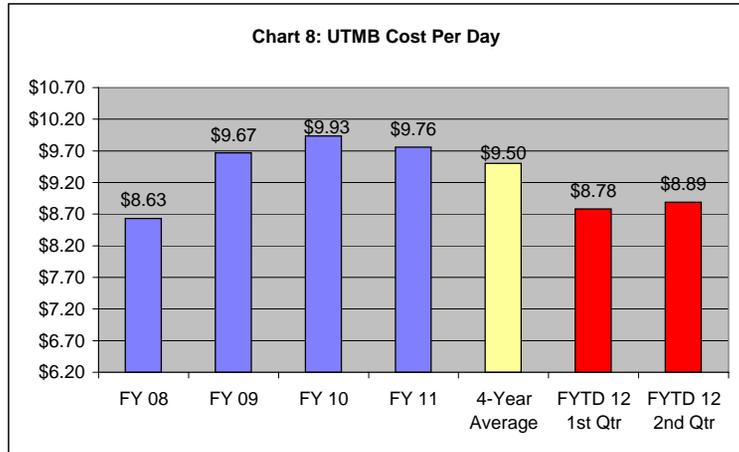


Table 6
Medical Encounter Statistics* by Age Grouping

6

Month	Encounters			Population			Encounters Per Offender		
	Age 55 and Over	Under Age 55	Total	Age 55 and Over	Under Age 55	Total	Age 55 and Over	Under Age 55	Total
Sep-11	15,022	119,290	134,312	11,158	110,528	121,686	1.35	1.08	1.10
Oct-11	14,990	134,110	149,100	11,215	110,477	121,692	1.34	1.21	1.23
Nov-11	12,670	97,500	110,170	11,256	110,484	121,740	1.13	0.88	0.90
Dec-11	12,874	98,123	110,997	11,289	110,234	121,523	1.14	0.89	0.91
Jan-12	13,345	106,890	120,235	11,368	109,753	121,121	1.17	0.97	0.99
Feb-12	13,740	109,268	123,008	11,411	109,298	120,709	1.20	1.00	1.02
Average	13,774	110,864	124,637	11,283	110,129	121,412	1.22	1.01	1.03

*Detailed data available for **UTMB** Sector only (representing approx. 79% of total population). Includes all medical and dental onsite visits. Excludes mental health visits.
Note: Previous calculations of Age 55 and Over Encounters were incorrect using 50 and older stats as well as Texas Tech encounter data

Chart 11
Encounters Per Offender By Age Grouping

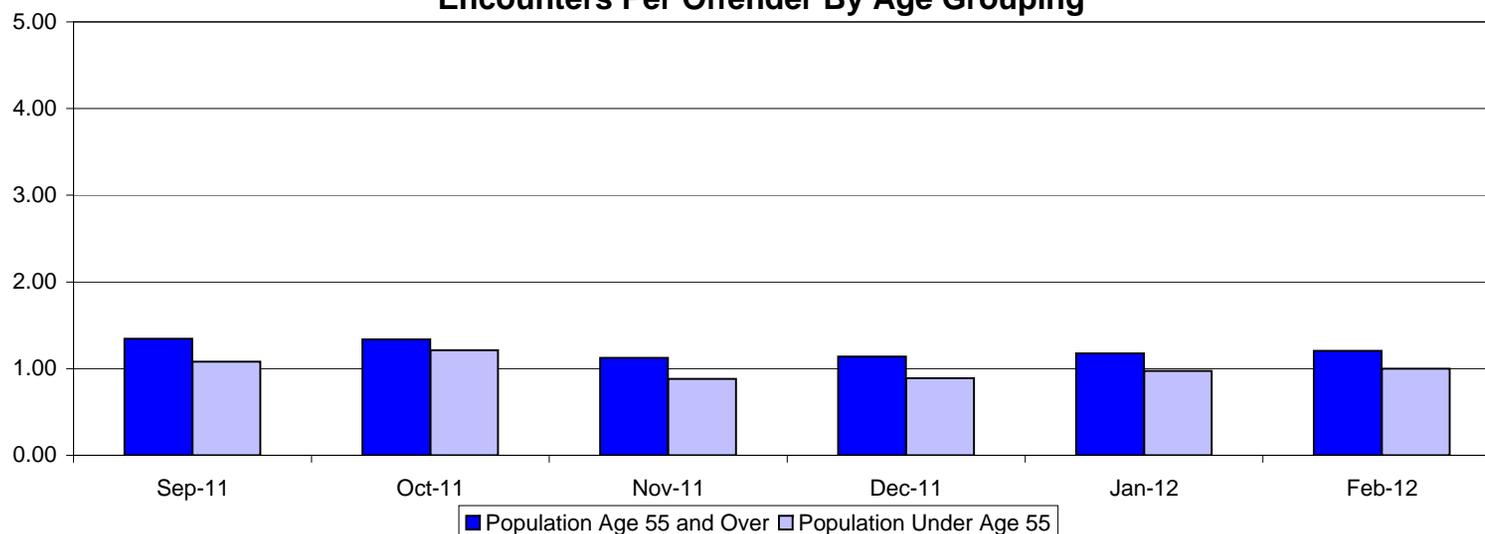
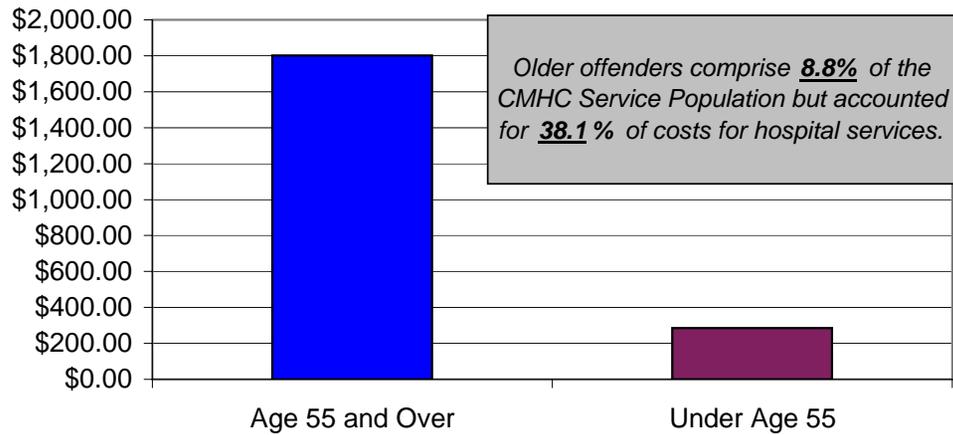


Table 7
FY 2012 2nd Quarter
Offsite Costs* To Date by Age Grouping

Age Grouping	Cost Data	Total Population	Total Cost Per Offender
Age 55 and Over	\$24,391,329	13,534	\$1,802.29
Under Age 55	\$39,671,438	139,391	\$284.61
Total	\$64,062,767	152,924	\$418.92

**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 2nd 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	\$846,223	38.08%	13,534	8.85%	72	0.53%
Under Age 55	\$1,376,023	61.92%	139,391	91.15%	147	0.11%
Total	\$2,222,246	100.00%	152,924	100.00%	220	0.14%

Projected Avg Cost Per Dialysis Patient Per Year:

\$20,234

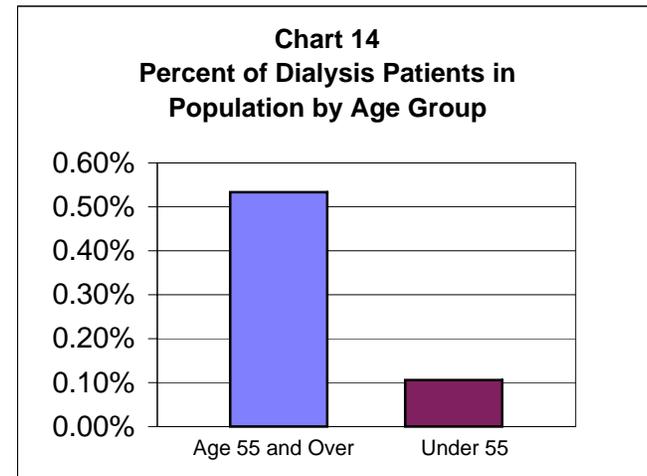
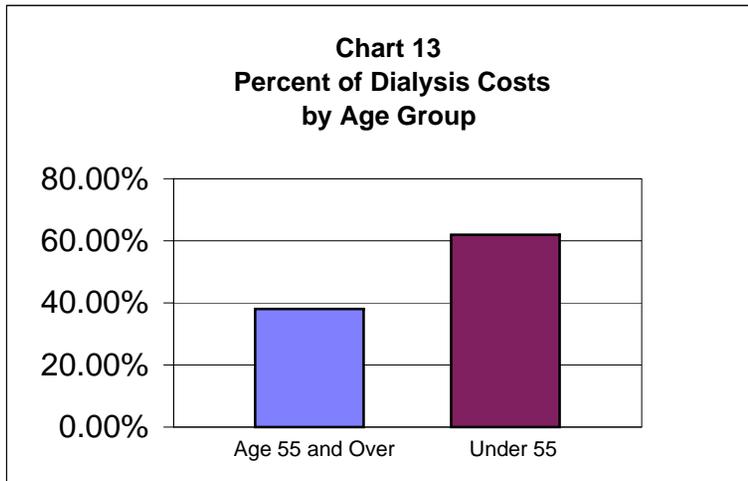
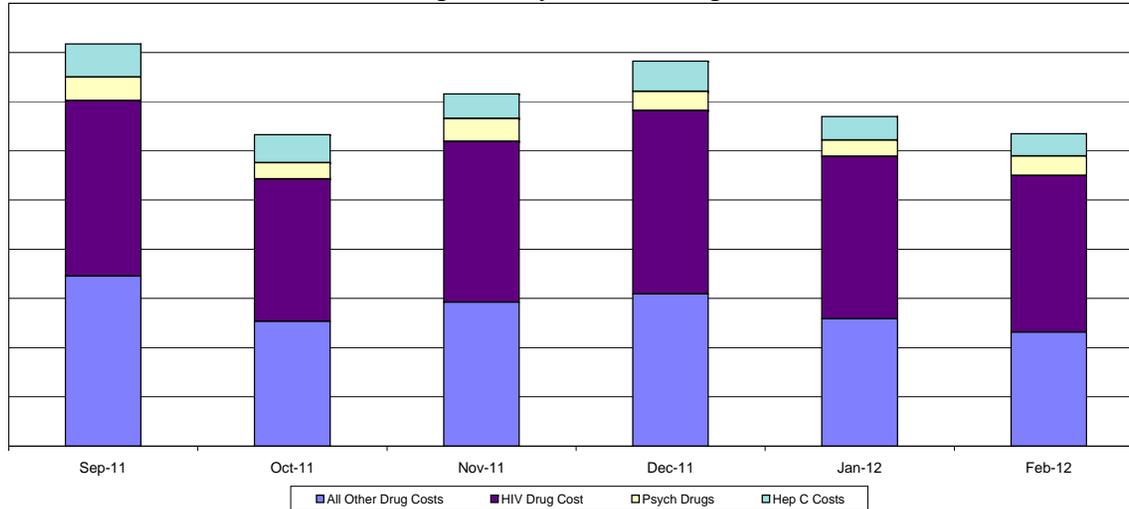


Table 9
Selected Drug Costs FY 2012

Category	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Total Year-to-Date
<i>Total Drug Costs</i>	\$4,086,218	\$3,164,390	\$3,577,783	\$3,912,301	\$3,347,709	\$3,174,211	\$21,262,611
<i>HIV Medications</i>							
HIV Drug Cost	\$1,781,207	\$1,444,984	\$1,631,976	\$1,866,294	\$1,651,365	\$1,592,168	\$9,967,993
HIV Percent of Cost	43.59%	45.66%	45.61%	47.70%	49.33%	50.16%	46.88%
<i>Psychiatric Medications</i>							
Psych Drug Cost	\$241,957	\$163,901	\$232,635	\$192,113	\$163,877	\$198,561	\$1,193,044
Psych Percent of Cost	5.92%	5.18%	6.50%	4.91%	4.90%	6.26%	5.61%
<i>Hepatitis C Medications</i>							
Hep C Drug Cost	\$335,560	\$286,440	\$250,374	\$308,821	\$239,032	\$226,026	\$1,646,253
Hep C Percent of Cost	8.21%	9.05%	7.00%	7.89%	7.14%	7.12%	7.74%
<i>All Other Drug Costs</i>	\$1,727,494	\$1,269,064	\$1,462,798	\$1,545,073	\$1,293,435	\$1,157,456	\$8,455,321

Chart 15
Drug Costs by Selected Categories



**Table 10
Ending Balances 2nd Qtr FY 2012**

	Beginning Balance September 1, 2011	Net Activity FY 2012	Ending Balance November 30, 2011
CMHCC Operating Funds	\$30,582.32	\$74,720.78	\$105,303.10
CMHCC Unit & Mental Health Services	\$3,505.81		Balances Maintained by TDCJ
CMHCC Hospital & Clinic Services	\$447.88		Balances Maintained by TDCJ
CMHCC Pharmacy Health	\$0.00		Balances Maintained by TDCJ
Ending Balance All Funds	\$34,536.01	\$74,720.78	\$105,303.10

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	\$167,312.00
2nd Qtr Payment	\$169,150.00
Interest Earned	\$24.96
Subtotal Revenue	\$336,486.96
Expenses	
Salary & Benefits	(\$180,013.97)
Operating Expenses	(\$51,169.89)
Subtotal Expenses	(\$231,183.86)
Net Activity thru this Qtr	\$74,720.78
Total Fund Balance CMHCC Operating	\$105,303.10

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

As of May 2012

Title of Position	CMHCC Partner Agency	Vacant Since (mm/yyyy)	Actions Taken to Fill Position
Physician III-Chief Public Health Officer	TDCJ	4/30/11	Changed from F/T to P/T; posting on hold
Director III-Office of Mental Health Monitoring & Liaison	TDJC	5/31/12	Revising position
Associate Psychologist V	TDCJ	New	DM approved; revising job description
Psychiatrists	UTMB	1/1/2010	Local and National Advertising, Conference, Contract with Timeline National Recruiting and other Agency Staffing
Physician I-III	UTMB	1/1/2010	Local and National Advertising, Conferences, Timeline National Recruiting and other agency
Mid Level Practitioners (PA and FNP)	UTMB	1/1/2010	Local and National Advertising, Career Fairs, Conferences, Intern programs with numerous PA schools
Clinical Director Virology	UTMB	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.



**TEXAS DEPARTMENT OF
CRIMINAL JUSTICE**

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

Second 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 Second Quarter of FY-2012 (December 2011, January, and February 2012), eight Operational Review Audits (ORAs) were conducted at the following facilities: Beto, Dawson State Jail, Dominguez State Jail, East Texas Treatment, Estelle, Ney State Jail, Stiles, and Torres.
- During the Second Quarter of FY-2012, 13 ORAs were closed for the following facilities: Daniel, Dominguez, Ellis, Formby State Jail, Glossbrenner, McConnell, Montford, Murray, Ramsey, Rudd, Smith, Stringfellow, and Wheeler.
- The following is a summary of the 10 items found to be most frequently below 80 percent compliance in the eight ORAs conducted in the Second Quarter FY-2012.
 1. Item **1.100** requires interpreter services to be arranged and documented in the medical records for monolingual Spanish-speaking offenders. All eight facilities were not in compliance with this requirement. The eight facilities out of compliance were: Beto, Dawson State Jail, Dominguez State Jail, East Texas Treatment, Estelle, Ney State Jail, Stiles and Torres. Corrective actions were requested from the eight facilities. At the time of this report, three facilities have returned their corrective action plan: Dominguez State Jail, Ney State Jail, and Torres. Five facilities are preparing facility-specific corrective actions to ensure future compliance: Beto, Dawson State Jail, East Texas Treatment, Estelle, and Stiles.
 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. All eight facilities were not in compliance with this requirement. The eight facilities out of compliance were: Beto, Dawson State Jail, Dominguez State Jail, East Texas Treatment, Estelle, Ney State Jail, Stiles, and Torres. Corrective actions were requested from the eight facilities. At the time of this report, three facilities have returned their corrective action plan: Dominguez State Jail, Ney State Jail, and Torres. Five facilities are preparing facility-specific corrective actions to ensure future compliance: Beto, Dawson State Jail, East Texas Treatment, Estelle, and Stiles.
 3. Item **6.330** requires the initial evaluations of offenders diagnosed with Hepatitis C be completed by a physician or mid-level provider. All eight facilities were not in compliance with this requirement. The eight facilities out of compliance were: Beto, Dawson State Jail, Dominguez State Jail, East Texas Treatment, Estelle, Ney State Jail, Stiles and Torres. Corrective actions were requested from the eight facilities. At the time of this report, three facilities have returned their corrective action plan: Dominguez State Jail, Ney State Jail, and Torres. Five facilities are preparing facility-specific corrective actions to ensure future compliance: Beto, Dawson State Jail, East Texas Treatment, Estelle, and Stiles
 4. 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 eight facilities were not in compliance with this requirement. The eight facilities out of compliance were: Beto, Dawson State Jail, Dominguez State Jail, East Texas Treatment, Estelle, Ney State Jail, Stiles and Torres. Corrective actions were requested from the eight facilities. At the time of this report, three facilities have returned their corrective action plan: Dominguez State Jail, Ney State Jail, and Torres. Five facilities are preparing facility-specific corrective actions to ensure future compliance: Beto, Dawson State Jail, East Texas Treatment, Estelle, and Stiles.

Operational Review Audit (ORA) [Continued]

5. 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. Seven of the eight facilities were not in compliance with this requirement. The seven facilities out of compliance were: Beto, Dawson State Jail, East Texas Treatment, Estelle, Ney State Jail, Stiles, and Torres. Corrective actions were requested from the seven facilities. At the time of this report, two facilities have returned their corrective action plan: Ney State Jail, and Torres. Five facilities are preparing facility-specific corrective actions to ensure future compliance: Beto, Dawson State Jail, East Texas Treatment, Estelle, and Stiles.
6. Item **6.350** requires all Hepatitis C Virus infected patients with AST Platelet Ratio Index (APRI) score greater than 0.42 or with abnormal liver function (Prothrombin Time, Total Bilirubin, or Albumin) that do not have a documented contraindication for antiviral therapy be referred to the designated physician, clinic, or be appropriately treated according to Correctional Managed Health Care (CMHC) Hepatitis C Evaluation and Treatment Pathway (CMHC Policy B-14.13). Seven of the eight facilities were not in compliance with this requirement. The seven facilities out of compliance were: Dawson State Jail, Dominguez State Jail, East Texas Treatment, Estelle, Ney State Jail, Stiles, and Torres. Corrective actions were requested from the seven facilities. At the time of this report, three facilities have returned their corrective action plan: Dominguez State Jail, Ney State Jail, and Torres. Four facilities are preparing facility-specific corrective actions to ensure future compliance: Dawson State Jail, East Texas Treatment, Estelle, and Stiles.
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 eight facilities were not in compliance with this requirement. The seven facilities out of compliance were: Dawson State Jail, Dominguez State Jail, East Texas Treatment, Estelle, Ney State Jail, Stiles, and Torres. Corrective actions were requested from the seven facilities. At the time of this report, three facilities have returned their corrective action plan: Dominguez State Jail, Ney State Jail, and Torres. Four facilities are preparing facility-specific corrective actions to ensure future compliance: Dawson State Jail, East Texas Treatment, Estelle, and Stiles.

* *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 **6.450** Follow-up serologies for Syphilis should be obtained after completion of treatment as follows: Primary or Secondary Syphilis and Human Immunodeficiency Virus negative at six and twelve months; Primary and Secondary Syphilis and Human Immunodeficiency Virus positive at three, six, nine, twelve and twenty-four months; Latent Syphilis and Human Immunodeficiency Virus negative at every six, twelve and twenty-four months and Latent Syphilis and Human Immunodeficiency Virus positive at three, six, nine, twelve, eighteen and twenty-four months. Seven of the eight facilities were not in compliance with this requirement. The seven facilities out of compliance were: Beto, Dawson State Jail, Dominguez State Jail, Estelle, Ney State Jail, Stiles, and Torres. Corrective actions were requested from the seven facilities. At the time of this report, three facilities have returned their corrective action plan: Dominguez State Jail, Ney State Jail, and Torres. Four facilities are preparing facility-specific corrective actions to ensure future compliance: Beto, Dawson State Jail, Estelle, and Stiles.

Operational Review Audit (ORA) [Continued]

9. Item **5.090** requires assessments done by nursing staff daily on offenders in disciplinary segregation to be documented on Flow Sheet (HSN-46). Six of the eight facilities were not in compliance with this requirement. The six facilities out of compliance were: Beto, Dominguez State Jail, East Texas Treatment, Estelle, Stiles, and Torres. Corrective actions were requested from the six facilities. At the time of this report, two facilities have returned their corrective action plan: Dominguez State Jail and Torres. Four facilities are preparing facility-specific corrective actions to ensure future compliance: Beto, East Texas Treatment, Estelle, and Stiles.

10. Item **5.150** requires intra-system medical transfers returning to the facility, have physicians or mid-level providers review and sign the Nursing Incoming Chair Review (HSN-1) within 48 hours Sunday through Thursday and 72 hours Friday through Saturday for returning offenders who had changes in medication orders, treatment plan, housing assignments or disciplinary restrictions. Six of the eight facilities were not in compliance with this requirement. The six facilities out of compliance were: Beto, Dawson State Jail, East Texas Treatment, Estelle, Ney State Jail, and Stiles. Corrective actions were requested from the six facilities. At the time of this report, one facility has returned their corrective action plan: Ney State Jail. Five facilities are preparing facility-specific corrective actions to ensure future compliance: Beto, Dawson State Jail, East Texas Treatment, Estelle, and Stiles.

Capital Assets Monitoring

The Fixed Assets Contract Monitoring Officer audited the same eight units listed above for ORAs during the Second 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 eight units were within the required compliance range.

Grievances and Patient Liaison Correspondence

During the Second Quarter of FY-2012 (December 2011, January, and February 2012), the Patient Liaison Program (PLP) and the Step II Grievance Program received 3,963 correspondences. The PLP received 1,882 correspondences and Step II Grievance received 2,081 grievances. There were 263 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) overall combined percentage of sustained offender grievances closed in the Second Quarter of FY-2012, for the Step II medical grievances was six 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 seven percent and three 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 Second Quarter of FY-2012 (December 2011, January, and February 2012) the Patient Liaison Program nurses and investigators performed 44 SCRVA's on 44 facilities. At some units, Expansion Cell Block areas were counted as a separate audit. This audit was formerly known as Access to Care (ATC) audits.

Quality Improvement (QI) Access to Care Audits (Continued)

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 279 indicators were reviewed at 44 facilities and 21 of the indicators fell below the 80 percent compliance threshold representing seven percent. The discipline composite score (medical/ nursing, dental , and mental health) is an overall assessment of compliance with the sick call process of the 44 facilities audited, there were 10 units with one or more discipline composite scores below 80. Corrective action has been requested from these facilities. At each facility OPS staff continued educating the medical staff.

Chronic Disease Audit: Hyperlipidemia

During the Second Quarter of FY-2012 (December 2011, January and February 2012) TDCJ Health Services conducted a Chronic Disease Quality of Care Audit. This audit assessed the primary care management of offenders with Hyperlipidemia in the facilities contracted by the Correctional Managed Health Care Committee (CMHCC)

A total of 1,273 charts were audited (1,012 UTMB and 261 TTUHSC). The sample size for each unit was maintained at a confidence level of 95 percent. As a result, eight percent of the 15,779 offenders with Hyperlipidemia served by CMHC were included in the audit. Accumulatively, the audit has a confidence level of 99 percent that the reported scores are within 2.3 points of the score that would have been obtained had the entire Hyperlipidemia population served by CMHC been measured.

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

- **Question 1** assesses if the offender was seen in the Hyperlipidemia Chronic Care Clinic within the last 12 months. The overall system-wide performance score was **92** percent. There were **10** facilities that fell below a score of 80 percent.
- **Question 2** assesses if the offender's weight was taken within the last 12 months. Overall system-wide performance score was **100** percent.
- **Question 3** assesses if an Individual Treatment Plan (ITP) was documented within the past 12 months. An ITP is required to contain information such as vital signs, allergies, medications, labs, diagnoses, subjective information, assessment, plan, counseling, signature, and date. The overall score was **83** percent. There were **27** facilities which performed less than 80 percent.
- **Question 4** assesses if a complete set of vital signs was taken at the last visit. Vital signs must include a blood pressure, pulse, respiratory rate, temperature, and weight. The overall score was **95** percent. There were **three** facilities that scored below 80 percent.
- **Question 5** assesses if there is documentation that the offender was educated about Hyperlipidemia management. The overall score was **74** percent. There were **48** facilities that scored below 80 percent.

There are eight Hyperlipidemia-specific questions in this Audit Tool. Overall performance was greater than 80 percent for seven questions and less than 80 percent for one question.

- **Question 6** assesses if a Low-Density Lipoprotein (LDL) value was measured in the last 6 months. The overall score was **95** percent. There were **11** facilities that scored less than 80 percent.
- **Question 7** assesses if a drug toxicity screening was done and if indicated in the last 6 months. The overall score was **87** percent. There were **26** facilities that scored below 80 percent.
- **Question 8** assesses if the most recent LDL date was within the last 12 months. The overall score was **84** percent. There were **31** facilities that scored below 80 percent.
- **Question 9** assesses if the most recent High-Density Lipoprotein (HDL) date was within the last 12 months. The overall score was **83** percent. There were **28** facilities that scored below 80 percent.

Chronic Disease Audit: Hyperlipidemia (Continued)

- **Question 10** assesses if there is documentation that the offender was counseled on modifying risk factors for Hyperlipidemia, such as controlling blood pressure, cholesterol, and blood sugars. The overall score was **74** percent. There were **48** facilities that scored less than 80 percent.
- **Question 11** assesses if there is documentation that the offender was counseled about diet. The overall score was **82** percent. There were **28** facilities that performed less than 80 percent.
- **Question 12** assesses if a therapeutic diet was ordered, or a refusal of treatment signed. The overall score was **92** percent. There were **12** facilities that scored less than 80 percent.
- **Question 13** assesses if the offender's blood pressure was taken within the past 12 months. The overall score was **99** percent. There was **one** facility that fell below 80 percent.

Office of Public Health

- The Public Health Program monitors cases of infectious diseases in newly incarcerated offenders as well as new cases that occur in the on hand offenders within TDCJ population. The data is reported by the facilities for 11 infectious conditions including Syphilis, Hepatitis C Virus (HCV), Human Immunodeficiency Virus (HIV), and Tuberculosis (TB) as well as the data for occupational exposures to bloodborne pathogens. Year-to-date figures for a disease may differ from the sum of monthly reports, 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 657 cases of Hepatitis C identified for the Second Quarter FY-2012, compared to 706 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 test 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 testing to assess the severity of their infections. HIV testing became mandatory for pre-release in September 2005 (HB43). Pre-release testing generally occurs during the last six months of incarceration. Two categories of offenders do not require pre-release testing: those already know to be HIV positive and those whose intake test were drawn within 6 months of an offender's release date. During the Second Quarter FY-2012, 21,075 offenders had intake tests, and 135 are newly identified as having HIV infections. For the same quarter last year, 17,092 offenders had intake tests, and 152 were HIV positive. During the Second Quarter FY-2012, 17,702 offenders had pre-release tests; 4 were HIV positive. 15 new AIDS cases were identified during the Second Quarter FY-2012.
- 195 cases of suspected Syphilis were reported in the Second Quarter FY-2012, compared to 155 in the same quarter in FY-2011. 89 required treatment or retreatment. Syphilis can take months to identify, these figures represent an overestimation of actual number of cases. Some of the suspected cases will later be reclassified as resolved prior infections.
- 213 Methicillin-Resistant Staphylococcus Aureus (MRSA) cases were reported for the Second Quarter FY-2012, compared to 287 during the same quarter of FY- 2012. 109 Methicillin-Sensitive Staphylococcus Aureus (MSSA) cases were reported compared to 190 for the same quarter last fiscal year. Numbers of both MRSA and MSSA have been decreasing for the last few years.
- There was an average of 15 of Tuberculosis (TB) cases under management for the Second Quarter FY-2012, compared to an average of 13 (TB) cases for the same quarter FY-2011. Although TB numbers often fluctuates significantly from year to year, there has been a slight increase in the numbers 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
- Office of Public Health (Continued)**

of restrictions imposed by the State Attorney General’s Office, this person provides inservice training to facility providers and staff in the performance of medical examination, evidence collection and documentation, and use of the sexual assault kits. During the Second Quarter FY-2012, nine educational inservice program sessions were held and 63 medical staff received training. This position also audits the documentation and services provided by medical personnel for each sexual assault reported. There have been 179 chart reviews of alleged sexual assaults performed for the Second Quarter FY-2012 49. One deficiency was found at the Jester IV Unit in January 2012. A corrective action plan was requested and received January 13, 2012 and closed. There were 31 bloodborne exposure baseline labs drawn on exposed victims and there were zero seroconversions as a result of sexual assault.

- During the Second Quarter, FY -2012, four units received a four day Peer Education training which included the Wall Talk Program and Somebody Cares Discharging Program. In the months of December 2011 and January 2012, Lychner State Jail, Murray, Plane State Jail, and Stiles had peer health educators receiving two day Wall Talk training and two day Somebody Cares Discharging Program training. Two of the five Tenth Annual Peer Education Health Conferences were held in February 2012, for offender peer educators to gain more knowledge about the infectious diseases that are important in TDCJ and in the communities from which they come. During the month of February, there were two one-day conferences that included 16 units (Crain, Hilltop, Hobby, Mountain View, Murray, Woodman, McConnell, Ney, Garza East, Garza West, Torres, Cotulla, Stevenson, Briscoe, Lopez and Connally). 98 of the 111 facilities housing Correctional Institutional Division offenders have active peer education programs. During the first quarter of fiscal year 2012, health educators trained 212 offenders. This is an increase from the same quarter of FY-2011. During the same quarter of this year, 16,813 offenders attended classes presented by peer educators. This is a decrease from the same quarter in FY-2011 of 17,899 participants.

Mortality and Morbidity

There were 107 deaths reviewed by the Mortality and Morbidity Committee during the months of December 2011, January, and February 2012. Of those 87 deaths, 12 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	2
Provider Peer Review	6
Nursing Peer Review	4
Mental Health Review	0
Total	12

Mental Health Services Monitoring & Liaison

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

- The Texas Department of Mental Health/Mental Retardation Client Access Registration System (CARE) database was reviewed for 3,143 offenders, who were received into Intermediate Sanction Facilities.

Mental Health Services Monitoring & Liaison (Continued)

- 602 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 Second Quarter FY-2012, 17 Ad Seg facilities were audited: Bartlett, Clemens, Coffield, Eastham, Estelle, Ferguson, Formby, Gist, Hughes, Lychner, Michael, Pack, Robertson, Smith, Stiles, Telford, and Travis State Jail. 4,857 offenders were observed, 2,474 of them were interviewed and six offenders were referred to the university providers for further evaluation. Access to Care (ATC) 4 (i.e. timely triage), and ATC 5 (i.e. documentation of SCR), and ATC 6 (i.e. referral from triage) achieved 100 percent compliance for 17 facilities.
- 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.
- Five inpatient mental health facilities: Clements, Estelle, Jester IV, Montford, and Skyview were audited to ensure that all incidents of compelled psychoactive medication documented on the security Use of Force (UOF) Log were also documented on the Mental Health Compelled Psychoactive Medication Log and that the medical records contained documentation of the required criteria for all incidents of compelled psychoactive medication. All facilities were 100 percent compliant for logging all incidents of compelled psychoactive medication identified on the UOF log in the mental health folder.
- 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. 17 facilities met or exceeded the 80 percent compliance for completing mental health evaluations within 14 days. There were six facilities that did not meet 80 percent compliance: Garza Transfer Facility, Hutchins State Jail, Lindsey State Jail, Plane State Jail, Travis State Jail and Woodman State Jail. Corrective action plans were requested from these six 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 Second Quarter FY-2012, 15 offenders were reviewed and 12 of them were allowed to participate in BAMBI.

Health Services Liaison Utilization Review Audit

During the second quarter of FY 2012, ten percent of the combined UTMB and TTUHSC hospital and infirmary discharges were audited. A total of 139 hospital discharge and 35 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)
Dec	5	5 (100%)	0 (0%)	0 (0%)	0 (0%)	5 (100%)
Jan	4	4 (100%)	0 (0%)	1 (25%)	1 (25%)	4 (100%)
Feb	5	4 (80%)	0 (0%)	0 (0%)	0 (0%)	1 (20%)
Average	4.6	4 (93%)	0 (0%)	1 (<1%)	<1 (8%)	10 (3%)
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)
Dec	39	26 (67%)	0 (0%)	3 (8%)	0 (0%)	23 (59%)
Jan	42	26 (62%)	0 (0%)	2 (5%)	0 (0%)	24 (57%)
Feb	44	4 (9%)	0 (0%)	1 (2%)	3 (7%)	9 (20%)
Average	41.6	19 (6%)	0 (0%)	2 (5%)	1 (2%)	19 (45%)
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)
Dec	44	31 (70%)	0 (0%)	3 (7%)	0 (0%)	28 (64%)
Jan	46	30 (65%)	0 (0%)	3 (7%)	1 (2%)	28 (61%)
Feb	49	8 (16%)	0 (0%)	1 (2%)	3 (6%)	10 (20%)
Average	46.3	23 (50%)	0 (0%)	2 (5%)	1 (3%)	22 (48%)
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)
Dec	5	0 (0%)	0 (0%)	0 (0%)	0 (0%)	1 (20%)
Jan	4	1 (25%)	0 (0%)	2 (50%)	0 (0%)	1 (25%)
Feb	5	1 (20%)	0 (0%)	1 (20%)	0 (0%)	0 (0%)
Average	4.6	<1 (15%)	0 (0%)	1 (23%)	0 (0%)	<1 (15%)
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)
Dec	7	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Jan	7	0 (0%)	0 (0%)	0 (0%)	1 (14%)	0 (0%)
Feb	7	0 (0%)	0 (0%)	1 (14%)	0 (0%)	0 (0%)
Average	7	0 (0%)	0 (0%)	<1 (5%)	<1 (5%)	0 (0%)
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)
Dec	12	0 (0%)	0 (0%)	0 (0%)	0 (0%)	1 (8%)
Jan	11	1 (9%)	0 (0%)	2 (18%)	1 (9%)	1 (9%)
Feb	11	1 (8%)	0 (0%)	2 (17%)	0 (0%)	0 (0%)
Average	11.3	<1 (6%)	0 (0%)	1 (12%)	<1 (3%)	<1 (6%)

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. (Units identified as not performing chain-in upon discharge are: Byrd, Goree, Lychner, Pack, Robertson, Segovia, Wynne, Terrell and Young.) 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 was held January 20th through the 25th of 2012, in Phoenix, Arizona. The following units were awarded ACA Re-Accreditation: Briscoe, Cole, Gist, Jester I, Jester III, LeBlanc, C. Moore, Polunsky, Smith, and Vance.

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 – 28,
- Correctional Institutions Division Pending Monthly Research Projects – 5,
- Health Services Division Active Monthly Medical Research Projects – 2, and
- Health Services Division Pending Medical Research Projects – 9.

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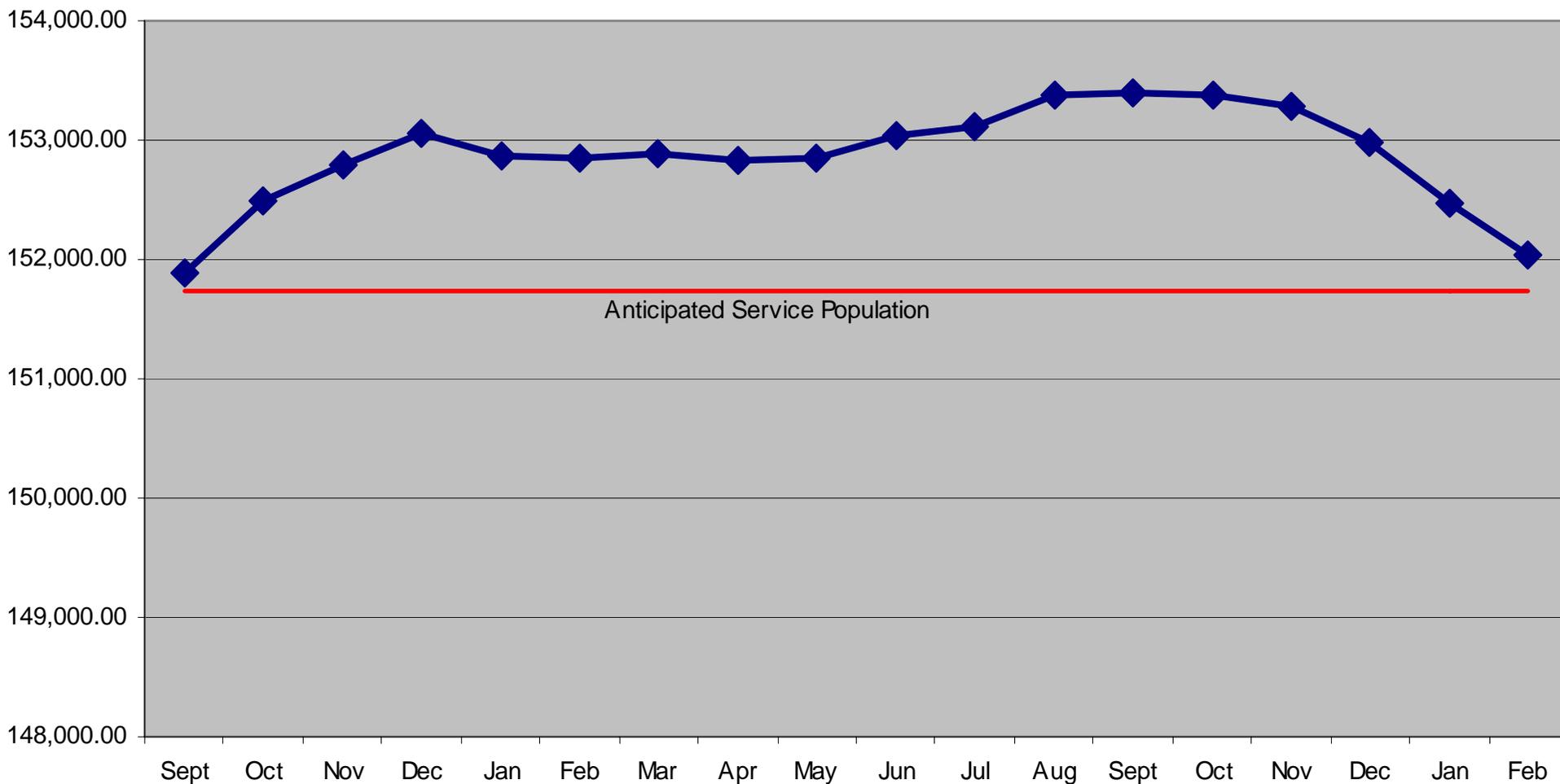
Key Statistics Dashboard

June 2012

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CMHC Service Population FY 2011-2012 to Date



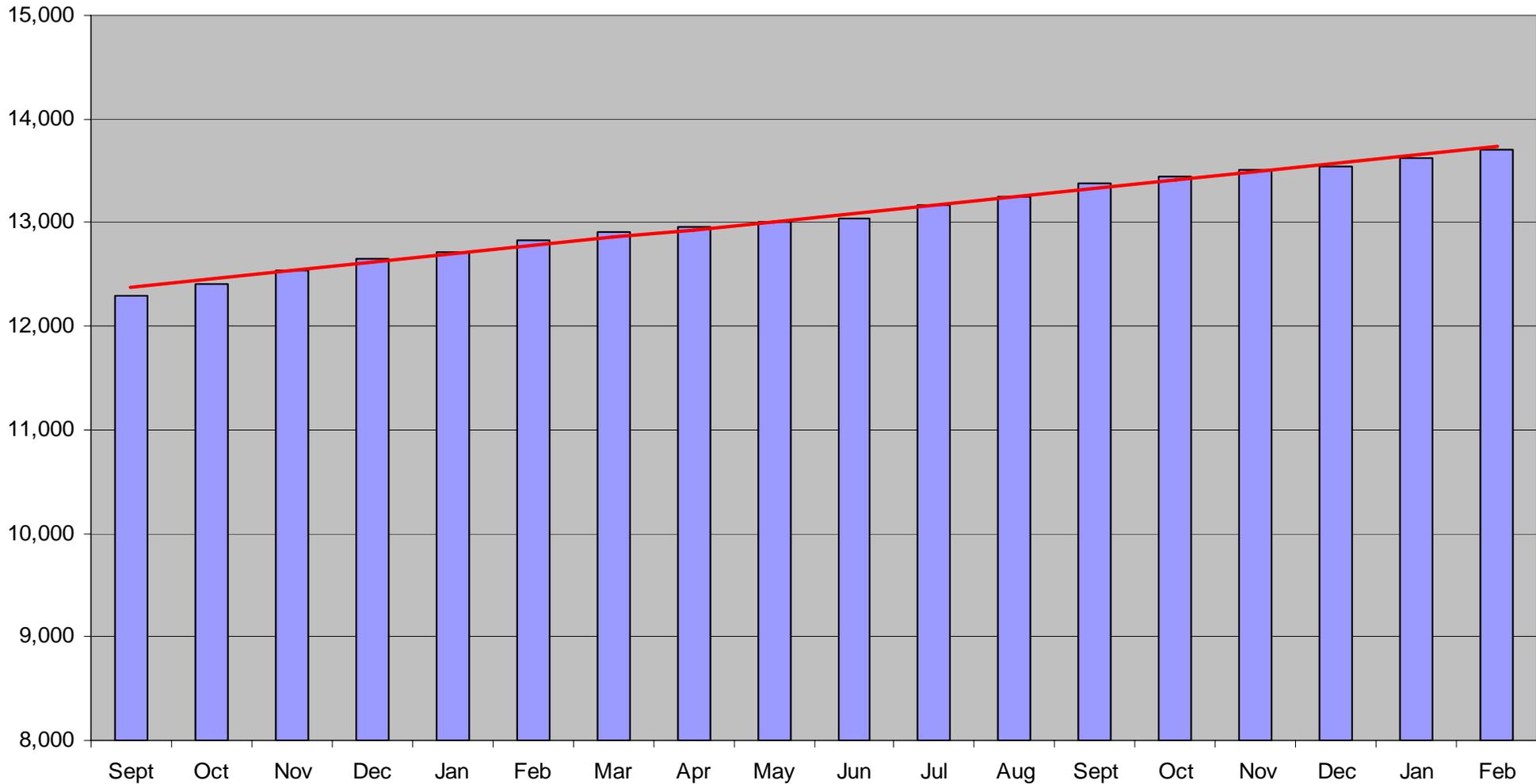
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Offenders Age 55+ FY 2011-2012 to Date



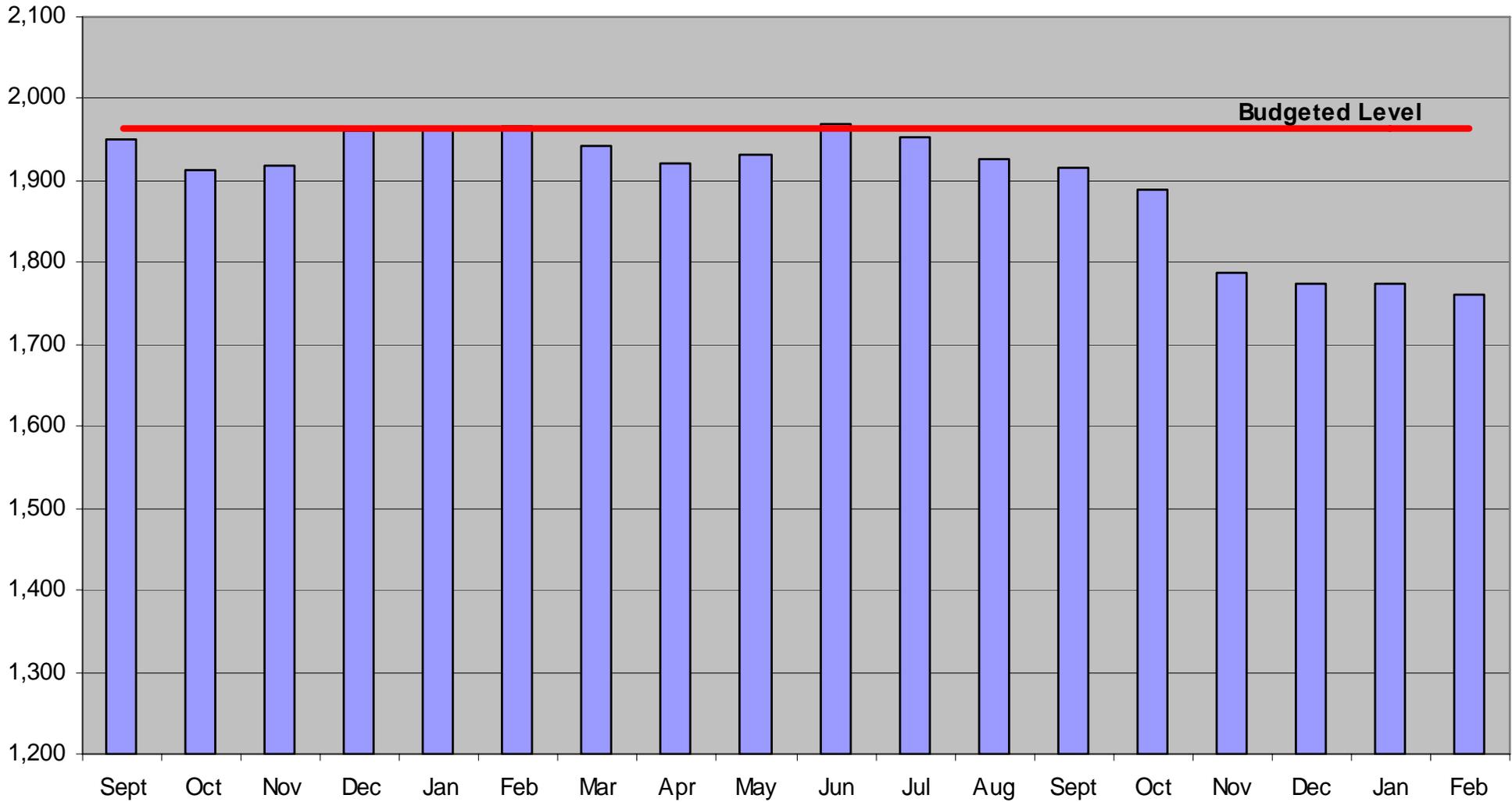
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Psychiatric Inpatient Census



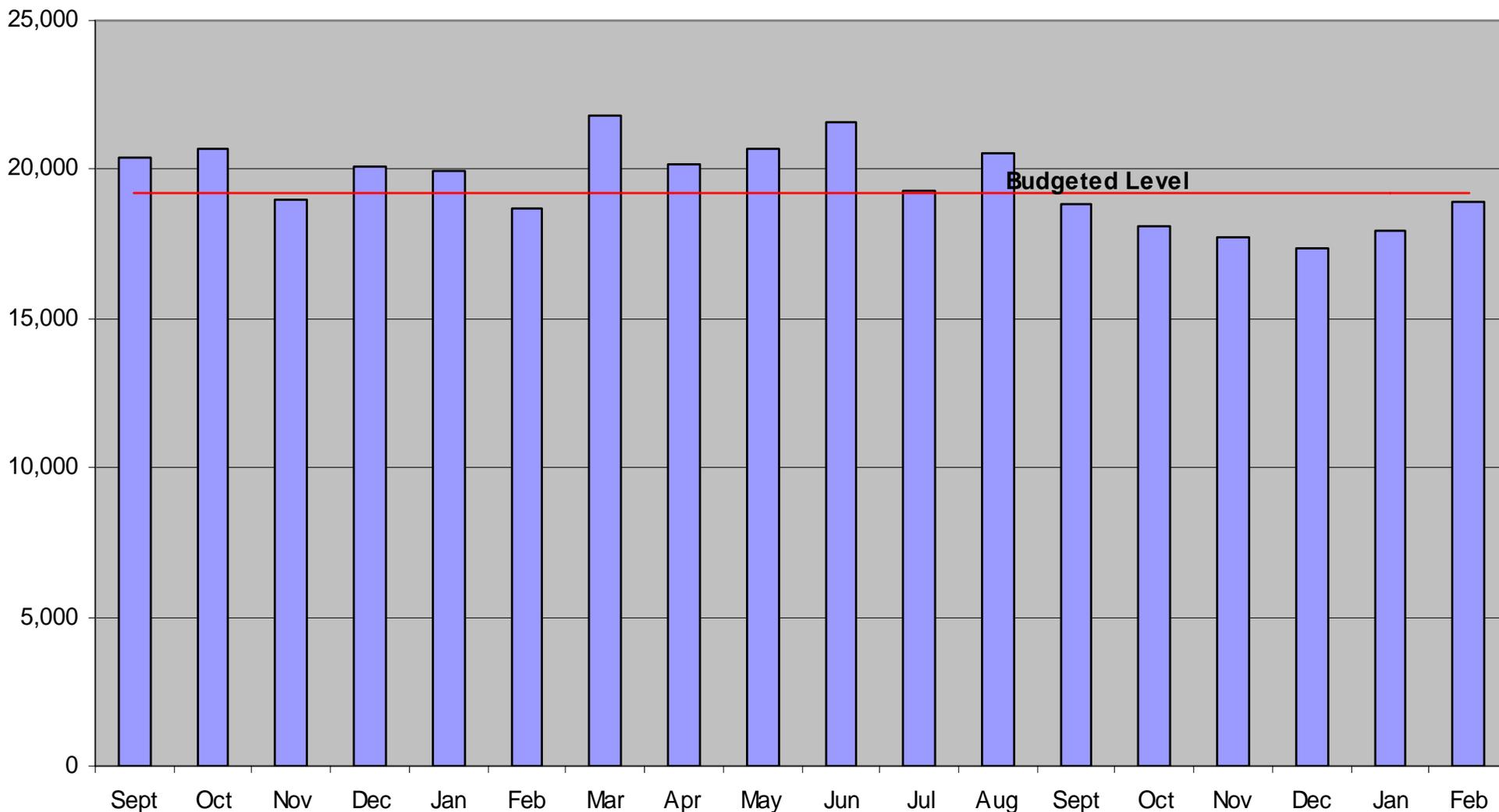
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Psychiatric Outpatient Census



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TDCJ MENTAL HEALTH CENSUS BY GENDER

December-11 Facility	AVERAGE DAILY POPULATION		UNIQUE ENCOUNTERS	LAST DAY CENSUS	
	Inpatient	Outpatient	MROP	Male	Female
SKYVIEW	497.90			451.00	48.00
JESTER IV	497.10			486.00	10.00
MT. VIEW	13.61				14.00
GATESVILLE (Valley)			97.58		97.00
HODGE			605.13	601.00	
CASELOAD		13,697.00		10,955.00	2,742.00
MONTFORD PSYCHIATRIC	457.00			457.00	
PAMIO	307.00			307.00	
CASELOAD - TTUHSC		3,631.00		3,631.00	
	1,772.61	17,328.00	702.71		

January-12 Facility	AVERAGE DAILY POPULATION		UNIQUE ENCOUNTERS	LAST DAY CENSUS	
	Inpatient	Outpatient	MROP	Male	Female
SKYVIEW	507.42			459.00	49.00
JESTER IV	496.16			488.00	6.00
MT. VIEW	13.48				13.00
GATESVILLE (Valley)			100.26		100.00
HODGE			596.58	597.00	
CASELOAD		14,263.00		2,771.00	11,492.00
MONTFORD PSYCHIATRIC	452.00			452.00	
PAMIO	304.00			304.00	
CASELOAD - TTUHSC		3,681.00		3,681.00	
	1,773.06	17,944.00	696.84		

February-12 Facility	AVERAGE DAILY POPULATION		UNIQUE ENCOUNTERS	LAST DAY CENSUS	
	Inpatient	Outpatient	MROP	Male	Female
SKYVIEW	504.24			458.00	52.00
JESTER IV	493.34			494.00	8.00
MT. VIEW	14.76				15.00
GATESVILLE (Valley)			98.72		99.00
HODGE			590.86	591.00	
CASELOAD		14,822.00		3,131.00	11,691.00
MONTFORD PSYCHIATRIC	457.00			457.00	
PAMIO	293.00			293.00	
CASELOAD - TTUHSC		4,113.00		4,113.00	
	1,762.34	18,935.00	689.58		

Note: Skyview & Jester IV Gender Census is based on the last day of the month population. Outpatient data is obtained from the EMR Unique Encounter Report. Outpatient encounters by Gender includes unique encounters reported by Gender on EMR.

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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

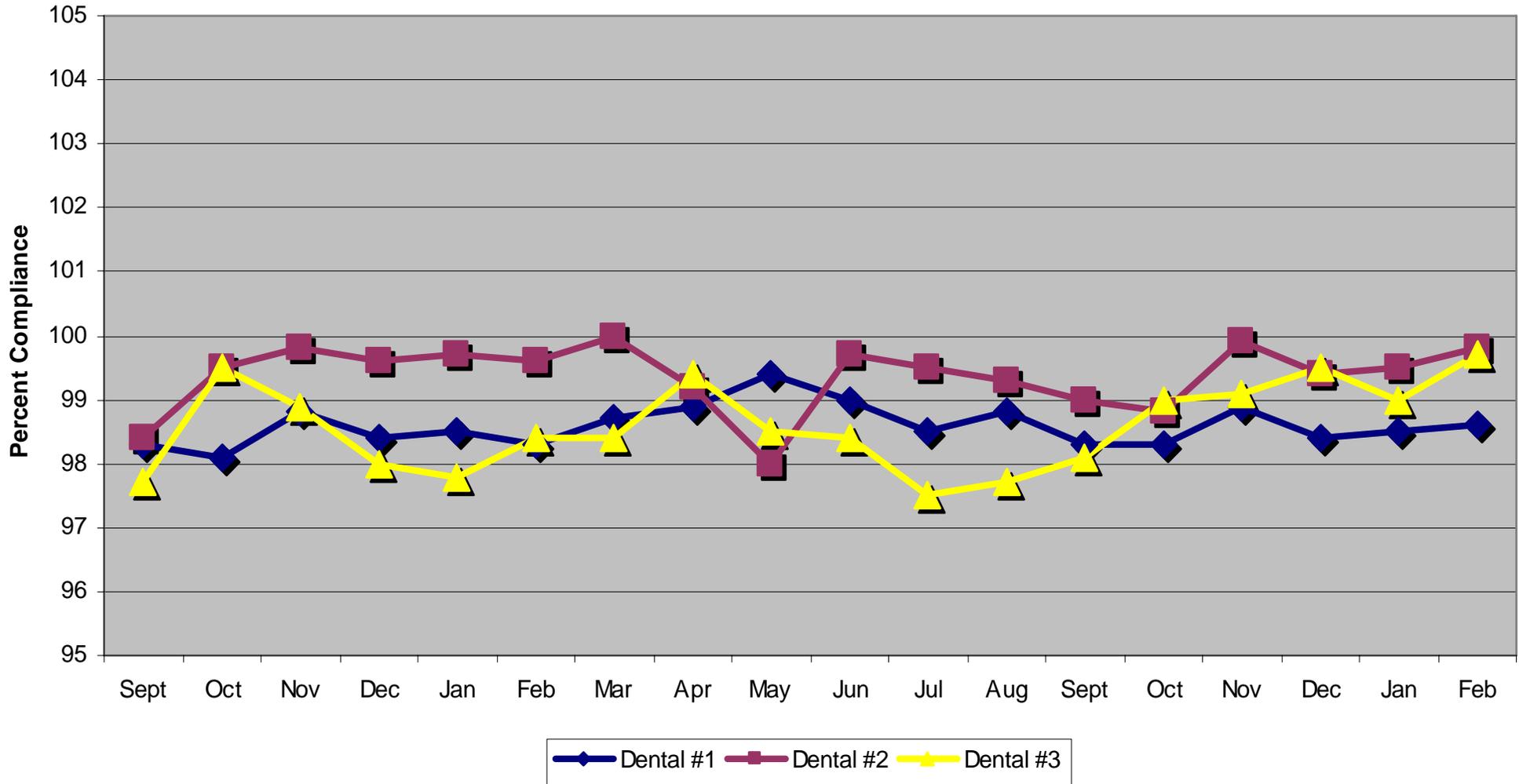
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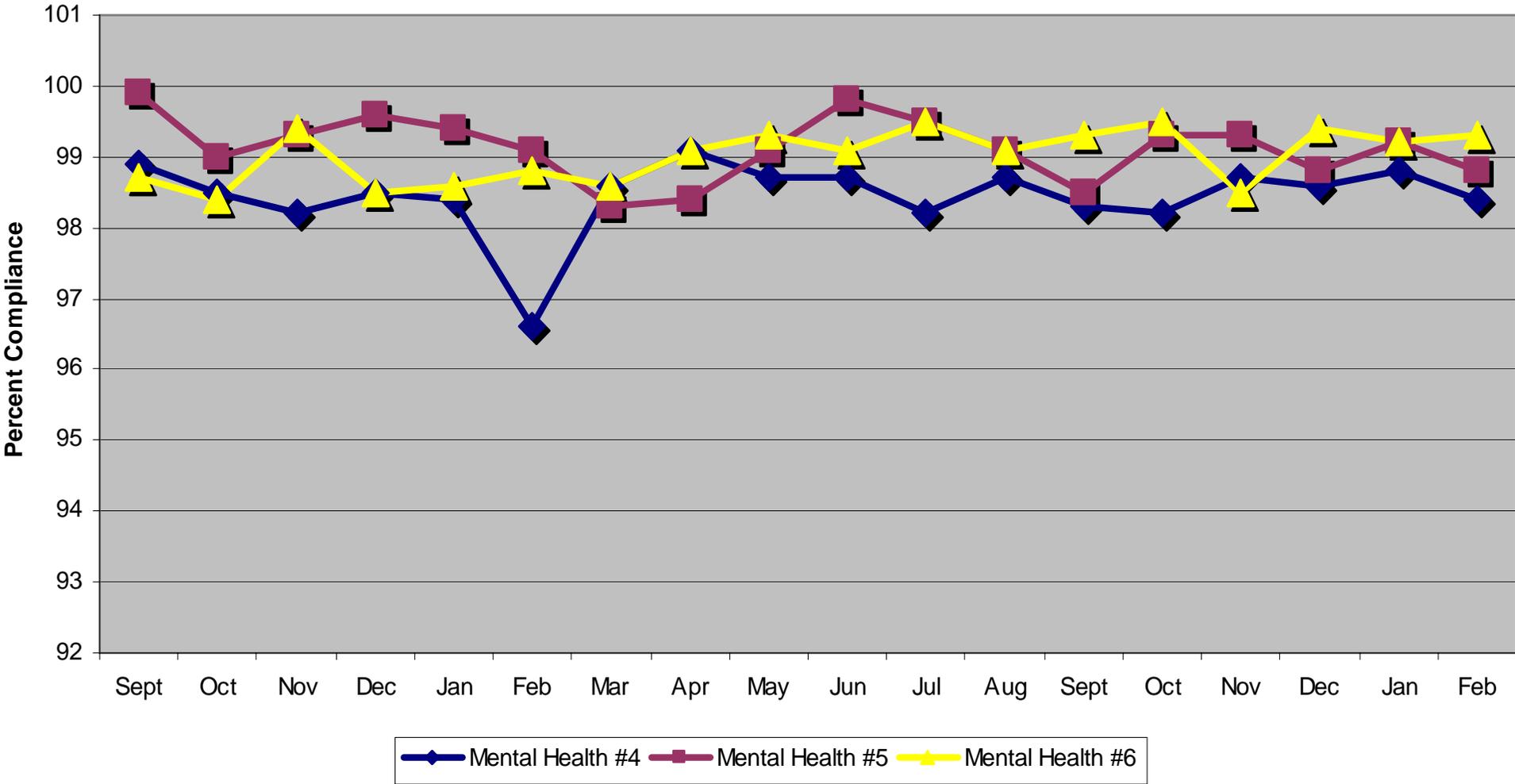
Dental Access to Care Indicators FY 2011-2012 to Date



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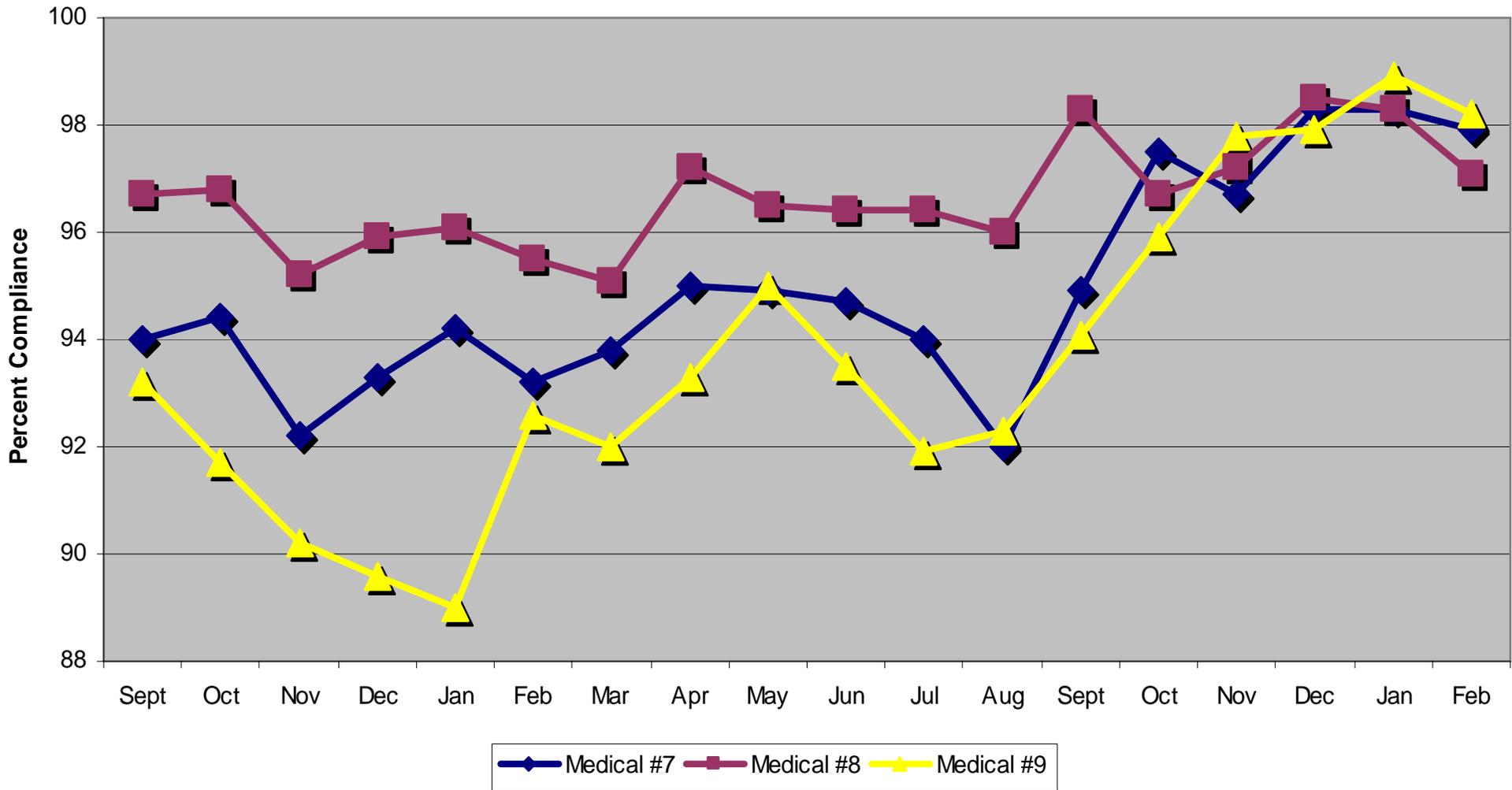
Mental Health Access to Care Indicators FY 2011-2012 to Date



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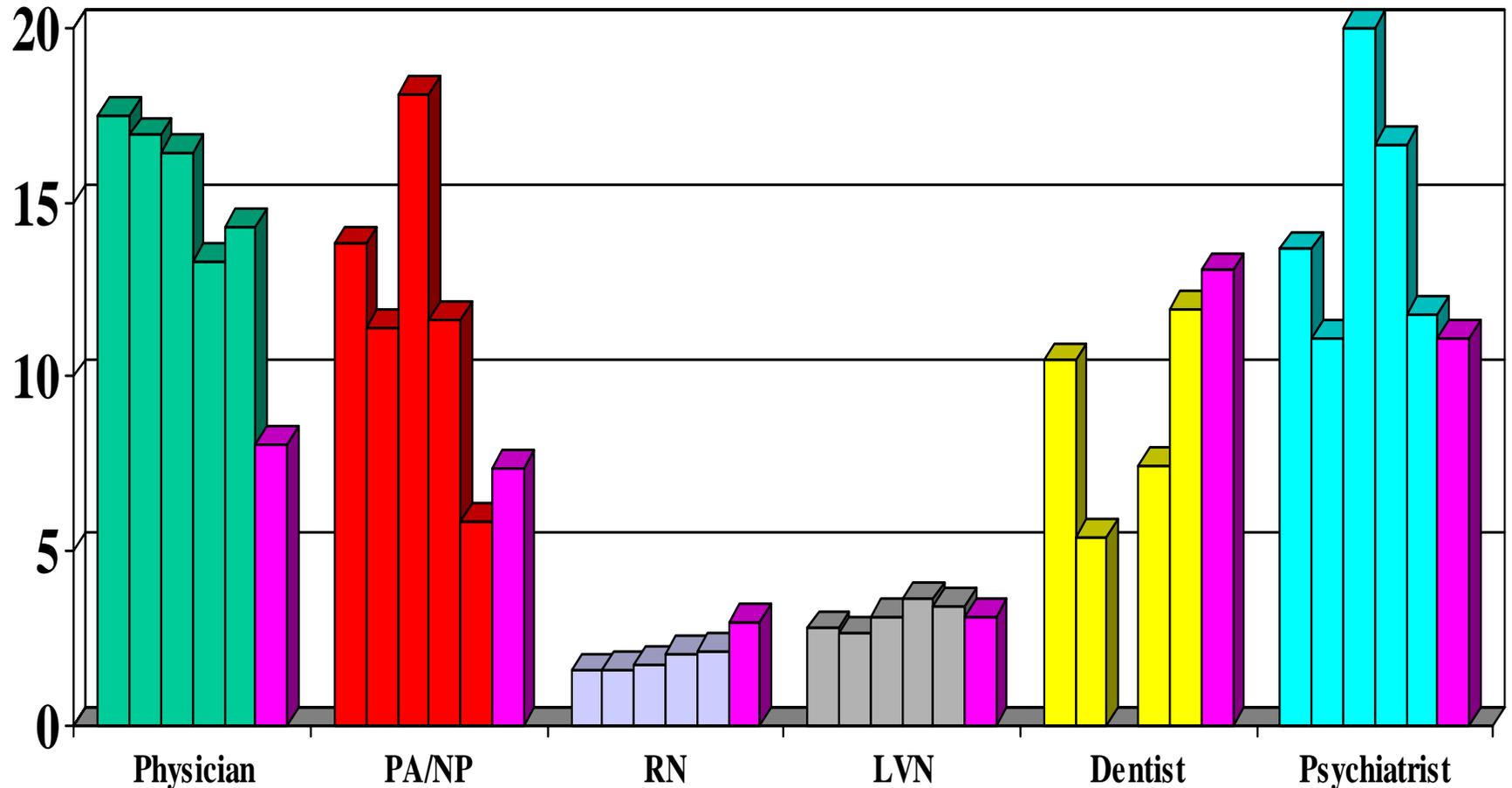
Medical Access to Care Indicators FY 2011-2012 to Date



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UTMB Vacancy Rates (%) by Quarter FY2011 – FY2012

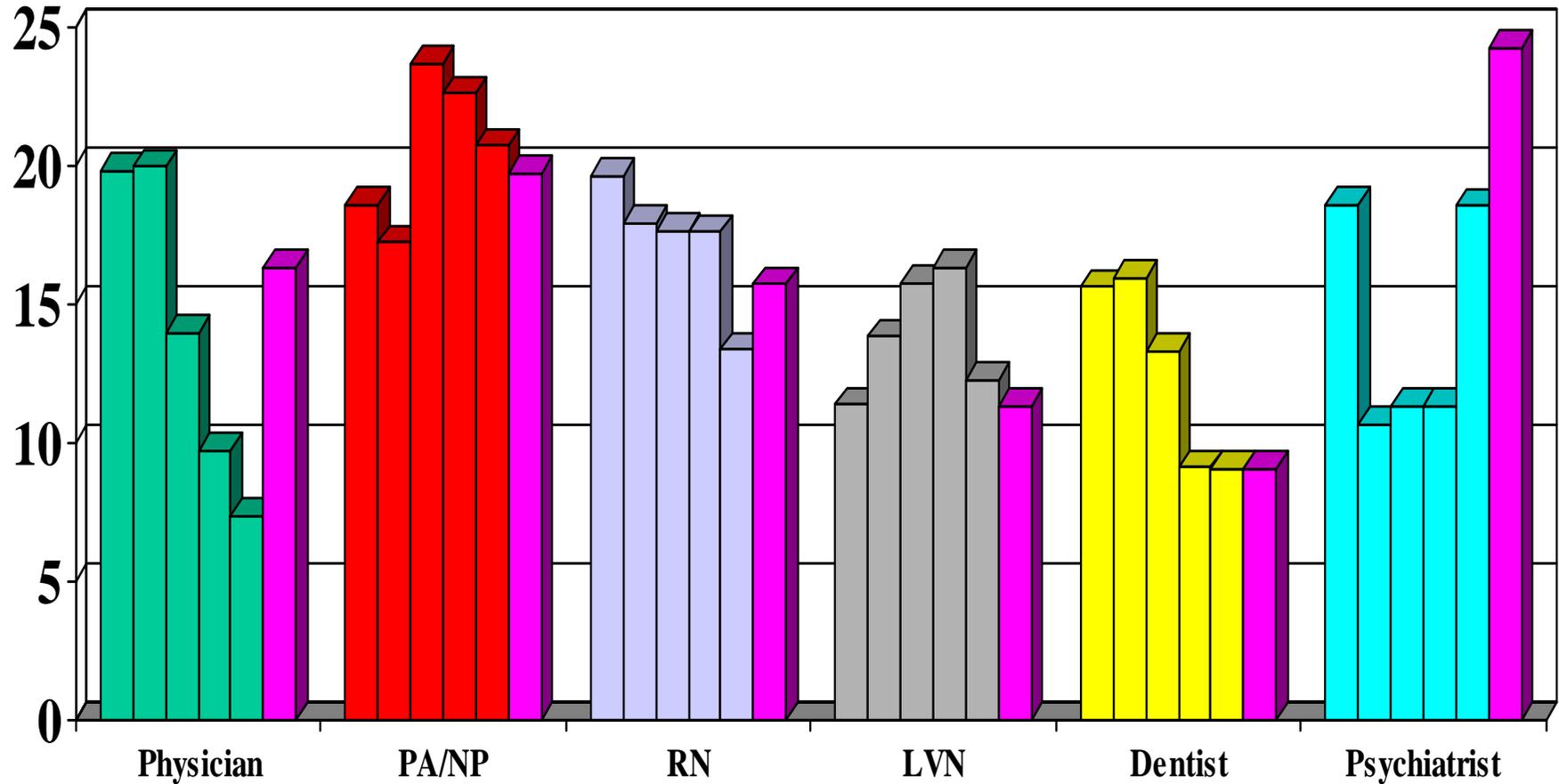


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TTUHSC Vacancy Rates (%) by Quarter FY 2011 – FY 2012



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