



**CORRECTIONAL MANAGED HEALTH CARE
COMMITTEE
AGENDA**

December 6, 2012

9:00 a.m.

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

CORRECTIONAL MANAGED HEALTH CARE COMMITTEE

December 6, 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, September 19, 2012
 2. TDCJ Health Services Monitoring Reports - Operational Review Summary Data
 - Grievance and Patient Liaison Statistics
 - Preventive Medicine Statistics
 - Utilization Review Monitoring
 - Capital Assets Monitoring
 - Accreditation Activity Summary
 - Active Biomedical Research Project Listing
 - Administrative Segregation Mental Health Monitoring
 3. University Medical Director's Report
 - The University of Texas Medical Branch
 - Texas Tech University Health Sciences Center
 4. Summary of CMHCC Joint Committee / Work Group Activities
- V. Executive Director's Report
- VI. Financial Reports
 1. FY 2012 Fourth 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 Directors' Updates

1. Texas Department of Criminal Justice
 - Health Services Division FY2012 Fourth Quarter Report
 - Corrective Action for Item 6.020 & Item 6.040
2. Texas Tech University Health Sciences Center
3. The University of Texas Medical Branch

IX. CMHCC FY 2012 Fourth Quarter Performance Status Report

X. Public Comments

XI. Date / Location of Next CMHCC Meeting

XII. Adjourn

EACH ITEM ABOVE INCLUDES DISCUSSION AND ACTION AS NECESSARY

Consent Item 1

Approval of Minutes, September 19, 2012

CORRECTIONAL MANAGED HEALTH CARE COMMITTEE

September 19, 2012

Chairperson: Margarita de la Garza-Graham, M.D.

CMHCC Members Present: Cynthia Jumper, M.D., Lannette Linthicum, M.D., Harold Berenzweig, M.D., Ben G. Raimer, M.D.

CMHCC Members Absent: Margarita de la Garza-Graham, M.D., Billy Millwee

Partner Agency Staff Present: Denise DeShields, M.D., Larry Elkins, Texas Tech University Health Sciences Center; Ron Steffa, Bryan Collier, Rick Thaler, Robert Williams, George Crippen, RN, Texas Department of Criminal Justice; Anthony Williams, Stephen Smock, Kelley Coates, Gary Eubank, Dr Owen Murray, Lauren Sheer, UTMB; Allen Hightower, Stephanie Harris, Lynn Webb, CMHCC Staff.

Others Present: Cathy Corey, Abbott-Institutional Managing

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

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>I. Call to Order - Harold Berenzweig, M.D.</p>	<p>Dr. Harold Berenzweig in the absence of Dr. de la Garza-Graham called the CMHCC meeting to order at 9:20 a.m. then noted that a quorum was present and the meeting would be conducted in accordance with Chapter 551 of the Texas Government Code, the Open Meetings Act.</p>		
<p>II. Recognitions and Introductions - Harold Berenzweig, M.D.</p>	<p>Dr. Berenzweig thanked everyone for being in attendance and I would like to recognize Mr. Collier, Deputy Executive Director of TDCJ.</p>		
<p>III. Approval of Excused Absence - Harold Berenzweig, M.D.</p>	<p>Dr. Ben Raimer and Mr. Billy Millwee, who I understand has retired were absent from our June 7th meeting.</p>		<p>Dr. Linthicum moved to approve the excused absences and Dr. Jumper seconded the motion.</p>
<p>IV. Approval of Consent Items - Harold Berenzweig, M.D.</p>	<p>Dr. Berenzweig stated next on the agenda is the approval of the Minutes from the meeting held on June 7, 2012: TDCJ Health Services Monitoring Report; both UTMB and TTUHSC Medical Directors Report; and the Summary of Joint Committee Activities. He then asked the members if they had any specific consent items(s) to pull out for separate discussion.</p>		<p>Dr. Jumper moved to approve the minutes at Tab A with some minor misspelled minor medical terms that will be corrected and Dr. Raimer seconded the motion.</p>

Agenda Topic / Presenter	Presentation	Discussion	Action
<p data-bbox="86 594 348 651">V. Executive Directors Report</p> <p data-bbox="96 683 317 711">- Allen Hightower</p>	<p data-bbox="491 167 1110 253">Hearing no further comments, Dr. Berenzweig stated that he would now entertain a motion on approving the consent items.</p> <p data-bbox="491 565 1110 621">Dr. Berenzweig then called on Mr. Hightower to provide the Executive Director's report.</p> <p data-bbox="491 657 1110 1472">Thank you Mr. Chairman. The Legislature is always full of surprises, which is an easy thing for me to say. Some of you were here and some of the things I say will be redundant to you. I have talked with Chairman de la Garza and Dr. Berenzweig and gone over what took place in a meeting a few weeks ago. And as we all know the legislative process is a long and drawn out process and you don't really know from day to day until about the end of May exactly where the leaves will fall if we get vetoed or signed or not. But I feel an obligation to bring those of you whether board members or work within the system. All the work that the Sunset Committee and I think the whole Department of Criminal Justice am I right Mr. Collier was under Sunset along with other Agencies and when you're placed under Sunset it takes a positive action by the Legislature to reauthorize the existence of that agency during that session. The recommendation from the Sunset staff to the legislative sunset committee who is made up of house members and senators who will have their own committees and who will alter change or whatever what might happen during the legislative process and then obviously whatever they put out will go to the floor of the house and the floor of the senate and changes could go to the conference committee and you know the process. The bill as its written was voted on or as it was recommended by the sunset commission which is hired by the legislature as a staff of the legislature to do</p>		<p data-bbox="1684 167 1997 315">Dr. Linthicum moved to approve the TDCJ Health Services Monitoring Report as presented and Dr. Jumper seconded the motion.</p> <p data-bbox="1684 321 1997 558">Dr. Raimer moved to approve the UTMB, TTUHSC Medical Directors Reports and the Summary of Joint Committee Activities and Dr. Jumper seconded the motion. The motion passed by unanimous vote.</p>

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>V. Executive Directors Report</p>	<p>those sunset reviews. The recommendations for the correctional managed health care which was placed in your packet. All I place in there was their recommendation that number one did away with the agency as a state agency. It did not give the committee the authority to hire staff and it made the committee an advisory to the TDCJ and it changed the membership of the committee as well as gave the governor a new authorization that had to do with the medical schools trading positions on this committee as board members. During the committee staff made their recommendations to the house and where sunset laid out their recommendations. A month later which was a couple of weeks ago sunset committee house and senate members voted on what to adopt and not to adopt by the sunset commission staff recommendations. They deleted the whole section 4.3 by unanimous vote which as I said before nobody knows what the end result will be until the end of the legislative session. Which will put us back under the same statues with the same authorization and the same law in place if that stayed thru the session. I have not had the chance to sit down with the members of the committee. I am sure there will be some recommendations from the legislative body to make some changes that they would like to change. They just deleted what you have in your manuals along with some things that had to do with parole and TDCJ. If I picked up correctly from the house and the senate what was said was basically if it isn't broke don't fix it. And if I'm not mistaken what Chairman Bonham basically said and Rep Dutton had some issues with future litigation problems with taking away the arms length relationship from TDCJ and the committee being a possibly future litigation problem and they did not want to see that happen. To make a long story short where the committee rests now is there will have to be a bill to reauthorize the agency that will go before this committee and then go both the house and senate. And at one time I served on that committee as a committee member as my tenure in the house. I am fairly familiar in that process. I feel that staff and members of this committee will be asked during session and maybe even before session of recommendations that things that this committee in coordination with TDCJ</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>V. Executive Directors Report</p>	<p>what we could do as a committee to further help the State of Texas meet its obligation in regard to the health care for the inmate population. So I know that Rep. Dutton and Rep. Bonham is going to call and I would like to have the opportunity to use the expertise on this committee if there is some things that the members of this committee would like to see change or if there is some things that we think that we could have some more or less authority to do our job or anything new that we might do. I know it would be a constant coordination with TDCJ leadership because the bill as it is the law as it is right now has a lot of may's in it, has a lot of shall in coordination with the agency do certain things and perhaps this committee and along with the expertise with TDCJ come out with a more definite authorization as to who does what. I think that it would work to the best interest to both agencies and the best interest of the state. Whatever bill came thru it would be very plain as to whose responsibility was to do and who to report to.</p> <p>Mr. Chairman I would be glad to answer any questions that anyone may have. I hope I have made myself clear as to what actually took place. That was the first official vote that was taken by Sunset and their recommendation was not to adopt the changes that the sunset staff had recommended. And as I said before and I know I am being redundant. There will be a bill that will come out for reauthorization I know from the house side. But I don't what that animal will look like. You know when you deal with the legislature you been to the legislature you ask for a horse to be drawn a lot of times you come out with zebra strips with a neck like a giraffe and we don't know what the end result will be.</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>VI. Performance and Financial Status Report (Cont'd)</p>	<p>I will begin with the Population Indicators as presented on (Table 2 and page 94), the average daily offender population has decreased slightly to 152,571 for the Third Quarter Fiscal Year 2012. Through this same quarter a year ago (FY 2011), the daily population was 152,722, a decrease of 151 or (0.10%).</p> <p>Consistent with trends over the last several years, the number of offenders in the service population aged 55 or older has continued to rise at a faster rate than the overall offender population to 13,625 as of 3rd Quarter FY 2012. This is an increase of 924 or about 7.3% from 12,701 as compared to this same third quarter a year ago.</p> <p>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 third quarter of FY 2012 was 206 for both the Texas Tech and UTMB Sectors.</p> <p>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 third quarter of FY 2012 was 3,476 for both the Texas Tech and UTMB Sectors.</p> <p>The overall HIV+ population has remained relatively stable throughout the last few years at 2,300 through 3rd Quarter FY 2012 (or about 1.51% of the population served).</p> <p>The two mental health caseload measures have remained relatively stable:</p> <p>The average number of psychiatric inpatients within the system was 1,803 through the Third Quarter of FY 2012. This inpatient caseload is limited by the number of available inpatient beds in the system.</p> <p>Through the Third Quarter of FY 2012, the average number of mental health outpatient visits was 18,490 representing 12.1% of the service population.</p>		

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<p>VI. Performance and Financial Status Report (Cont'd)</p>	<p>Health Care Costs (Table 3 and page 96, 97 and 98) Overall health costs through the Third Quarter of FY 2012 totaled \$368.7M. On a combined basis, this expense amount is more than overall revenues earned by the university providers by approximately \$11.8M.</p> <p>UTMB's total revenue through the third quarter was \$283.5M; expenditures totaled \$295.4M, resulting in a net shortfall of \$11.9M.</p> <p>Texas Tech's total revenue through the third quarter was \$73.3M; expenditures totaled \$73.2M, resulting in a net gain of \$59K.</p> <p>Examining the healthcare costs in further detail on (Table 4 of page 99) indicates that of the \$368.7M in expenses reported through the Third Quarter of FY 2012: Onsite services comprised \$168.4M, or about 45.7% of expenses: Pharmacy services totaled \$40.3M, about 10.9% of total expenses: Offsite services accounted for \$118.9M or 32.3% of total expenses: Mental health services totaled \$30.8M or 8.3% of the total costs: and Indirect support expenses accounted for \$10.3M, about 2.8% of the total costs.</p> <p>Table 5 of page 101 shows that the total cost per offender per day for all health care services statewide through the Third Quarter FY 2012, was \$8.82, compared to \$9.82 through the Third Quarter of the FY 2011. This is a reduction of 10.2% in costs year over year from the previous fiscal year. The average cost per offender per day for the last four fiscal years was \$9.44. As a point of reference healthcare costs was \$7.64 per day in FY03. This would equate to a 15.5% increase since FY03 or approximately 1.8% increase per year average, well below the national average.</p>		

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<p>VI. Performance and Financial Status Report (Cont'd)</p>	<p>Aging Offenders Older offenders access the health care delivery system at a much higher acuity and frequency than younger offenders:</p> <p>Table 6 on page 102 shows that encounter data through the 3rd Quarter indicates that older offenders had a documented encounter with medical staff 1.2 times as often as younger offenders.</p> <p>Table 7 on page 103 indicates that hospital and outpatient clinic costs received to date this Fiscal Year for older offenders averaged approximately \$2,778 per offender vs. \$453 for younger offenders.</p> <p>Regarding hospitalization and specialty clinic costs shown in Chart 12, the older offenders were utilizing health care resources at a rate of 6.1 times higher than the younger offenders. While comprising only about 8.9% of the overall service population, older offenders account for 37.6% of the hospitalization and outpatient clinic costs received to date.</p> <p>Also, per Table 8 on page 104, older offenders are represented 5.4 times more often in the dialysis population than younger offenders. Dialysis costs continue to be significant, averaging about \$28.5K per patient per year. Providing dialysis treatment for an average of 216 patients through the Third Quarter of FY 2012 cost \$3.1M.</p> <p>Drug Costs - Please note that Table 9 on page 105 shows that total drug costs through the 3rd Quarter FY 2012 totaled \$31.8M.</p> <p>Of this, \$15.0M (or under \$1.7M per month) was for HIV medication costs, which was about 47.1% of the total drug cost.</p> <p>Psychiatric drugs costs were approximately \$2.0M, or about 6.4% of overall drug costs.</p> <p>Hepatitis C drug costs were \$2.2M and represented about 6.8% of the total drug cost.</p>		

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<p>VI. Performance and Financial Status Report (Cont'd)</p>	<p>Reporting of Reserves is a legislative requirement that both UTMB and Texas Tech are required to report if they hold any monies in reserve for correctional managed health care.</p> <p>UTMB reports that they hold 6.2 Million Dollars in such reserves which is left over from FY 2011 SAR, and report a total operating loss of \$11.9M through the end of the 3rd Quarter of Fiscal Year 2012.</p> <p>Texas Tech reports that they hold no such reserves and report a total operating gain of \$59,264 through the 3rd Quarter FY 2012.</p> <p>A summary analysis of the ending balances of revenue and payments through May 31st FY 2012, on (Table 10 and page 106) for all CMHCC accounts are included in this report. The summary indicates that the net unencumbered balance on all CMHCC accounts on May 31, 2012 is \$175,893.31. This excess amount is primarily due to the un-filled position of Assistant Executive Director when Mr. David McNutt retired. Because of this I would like to report that the CMHCC did not take the 4th Quarter 2012 Payment of 169K.</p> <p>Financial Monitoring detailed transaction level data from both providers is being tested on a monthly basis to verify reasonableness, accuracy, and compliance with policies and procedures.</p> <p>The testing of detail transactions performed on TTUHSC's financial information for March 2012 through May 2012 found all tested transactions to be verified with appropriate backup documentation, except for April 2012 with one classification error which was corrected.</p> <p>The testing of detail transactions performed on UTMB's financial information for March 2012 through May 2012 found all tested transactions to be verified with appropriate back-up documentation, except for two transactions.</p>		

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<p>VI. Performance and Financial Status Report (cont'd)</p>	<p>One transaction in April 2012 with no back-up documentation and one transaction in March 2012 which required a correction made for a Drug item which was overcharged.</p> <p>Dr. Berenzweig thanked Mr. Webb and asked if there were any questions.</p>		
<p>VII. Medical Directors Updates - Critical Vacancies</p>	<p>Dr. Berenzweig then moved to Tab D for the critical vacancies.</p> <p>Dr. Berenzweig asked if there were any questions on the vacancies.</p>	<p>Dr. Berenzweig asked what did the acronym PAMIO meant.</p> <p>Dr. DeShields answered Program for Aggressive Mentally Ill Offender. It is a program in the Texas Tech Sector at the Clemens Unit.</p>	
<p>VIII. Medical Directors Updates (Cont'd.)</p> <p>- Lannette Linthicum, M.D. (TDCJ)</p> <p>- Operational Review Audit</p>	<p>Dr. Linthicum began with report on page 110 under Tab E of the agenda packet. During the 3rd quarter of FY 2012, Dr. Linthicum reported that twelve operational review audits were conducted. Also during the 3rd quarter at the second bullet 16 ORA's were closed.</p> <p>The 11 most found items out of compliance during the twelve ORAs conducted were: 1:00 - interpreter services for monolingual Spanish-speaking offenders. Ten of the twelve facilities were not in compliance with this requirement. Corrective action was requested.</p> <p>Item 5.250 the Hemocult cards are collected from offenders 40 years of age or greater, within 60 days of their annual date of incarceration. This is a preventive measure that is monitored for fecal occult blood for colon cancer. Nine of the twelve facilities were not in compliance with this requirement.</p> <p>Dr. Linthicum continued with item 6.360 which addresses the Hepatitis C management guidelines. It requires the provider to document the reasons offenders who are eligible for treatment do not receive treatment. Nine of the twelve facilities were not in compliance with this requirement.</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>VIII. Medical Directors Updates (Cont'd.)</p>	<p>Item 5.210 the preventive annual physical exam for offenders 50 years of age or greater must be documented in the electronic medical record within 30 days of their annual date of incarceration. Eight of the twelve facilities were out of compliance.</p> <p>Next item 6.020 requires offenders with a positive tuberculin skin test be evaluated for active disease or the need for chemoprophylaxis by a physician or mid-level practitioner before initiation of medication. Eight of the twelve facilities were not in compliance.</p> <p>Item 6.040 requires offenders receiving anti-tuberculosis medication have a Tuberculosis Patient Monitoring Record completed monthly while on treatment. Eight of the twelve facilities were not in compliance.</p> <p>Item 6.330 requires the initial evaluations of offenders diagnosed with Hepatitis C be completed by a physician or mid-level provider. Eight of the twelve facilities were not in compliance.</p> <p>Item 6.350 requires all Hepatitis C infected patients with AST Platelet Ratio Index score greater than 0.42 or with abnormal liver function be referred to the designated physician , clinic, or be appropriately treated according to CMHC Hepatitis C Evaluation and Treatment Pathway. Eight of the twelve facilities were not in compliance.</p> <p>Item 6.010 requires screening offenders for tuberculosis annually at the facility. Seven of the twelve facilities were not in compliance.</p> <p>Item 6.030 requires offenders receiving anti-tuberculosis medication at the facility be assessed monthly by a provider or nurse. Seven of the twelve facilities were not in compliance.</p>		

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<p>VIII. Medical Directors Updates (Cont'd.)</p> <p>- Capital Assets Monitoring</p> <p>- Urgent Care Audit Dental</p> <p>- Grievances and Patient Liaison</p>	<p>Item 6.060 requires offenders receiving anti-tuberculosis medication at the facility that have signs or symptoms of drug toxicity due to anti-tuberculosis medication be evaluated and monitored by laboratory studies as per CMHC Policy B-14.10. Seven of the twelve facilities were not in compliance.</p> <p>Dr. Linthicum continued that the Capital Assets Monitoring Audit found that 12 units and were within the required compliance range.</p> <p>The Dental Urgent Care Audit was performed at 34 facilities. The access to care audit assesses if patients presenting with signs and/or symptoms consistent with an urgent dental need received definitive care within 14 days of receipt of the Sick Call Exam. Eight facilities were out of compliance.</p> <p>26 of the 34 facilities that were audited had no items scoring less than 80% compliance. In the Office of Professional Standards there are two programs – Step Two Medical Grievances and Patient Liaison.</p> <p>The Patient Liaison Program and the Step II Grievance Program received 4,148 correspondences: The PLP received 1,985 correspondences and Step II Grievance received 2,163 grievances. As a result there were 519 Action Request generated by the Patient Liaison and the Step II Grievance Programs.</p> <p>The current contractual performance measure for sustained offender grievances closed in the 3rd Quarter of FY 2012 is six percent or less. During this reporting period the UTMB level was at 15 percent and TTUHS was at 17 percent at Step II medical grievances.</p> <p>Many of these grievances are related to the new health care services fee. There are many, many grievances being filed by the offenders, many, many calls coming into the family hotline by the families. Many, many letters, inquiries, emails coming in from legislative offices relating to the health care services fee.</p>		

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<p>VIII. Medical Directors Updates (Cont'd.)</p> <p>- Quality Improvement (QI) Access to Care Audits</p> <p>- Office of Public Health</p>	<p>The Quality Improvement Access to Care Audits - During the Third Quarter FY 2012 Patient Liaison Program nurses and investigators performed 46 audits on 45 facilities. A total of 336 indicators were reviewed at the 46 facilities and 25 of the indicators fell below the 80 percent compliance threshold representing seven percent. The discipline composite score is an overall assessment of compliance with the sick call process of the 46 facilities audited, there were 5 units with one or more discipline composite scores below 80.</p> <p>In the Office of Public Health there were 759 cases Hepatitis C identified for the Third Quarter FY 2012, compared to 657 cases identified during the second quarter. 17,932 offenders had intake tests, and 126 are newly identified as having HIV infections. 15 new AIDS cases were identified during the Third Quarter FY 2012, compared to 9 new AIDS cases in the Second Quarter FY 2012.</p> <p>221 cases of suspected Syphilis were reported in the Third Quarter FY 2012, compared to 179 in the Second Quarter in FY 2012.</p> <p>216 Methicillin-Resistant Staphylococcus Aureus cases were reported for the Third Quarter FY 2012, compared to 287 during the Second Quarter of FY 2012.</p> <p>There was an average of 17 Tuberculosis cases under management for the Third Quarter FY 2012, compared to an average of 15 (TB) cases for the Second Quarter FY 2012.</p> <p>But I would like to comment further on the TB cases under supervision. This is probably a low number because it appears every month there are new cases of TB. In fact this month an offender who actually was assigned as a porter at the Marlin VA Hospital who found to have active TB. More and more TB compliance is breaking down in the coordinator of infectious disease program due to the reduction in force of these nursing positions. Correctional managed health care is having significant issues with the CID nurse</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p data-bbox="86 167 386 224">VIII. Medical Directors Updates (Cont'd.)</p> <p data-bbox="121 927 428 954">- Mortality and Morbidity</p> <p data-bbox="121 1112 453 1169">- Mental Health Services Monitoring and Liaison</p>	<p data-bbox="489 167 590 191">program.</p> <p data-bbox="489 228 1108 589">During the Third Quarter FY 2012, the Office of Public Health (SANE) Sexual Assault Nurse Examiner coordinator conducted two educational training sessions were held and 19 medical staff received training. There have been 225 chart reviews of alleged sexual assaults performed for the Third Quarter FY 2012. One deficiency was found at the Wayne Scott Unit. A Corrective action plan was requested and received April 20, 2012 and closed. There were 44 bloodborne exposure baseline labs drawn on exposed victims and there were no seroconversions as a result of sexual assault for this quarter.</p> <p data-bbox="489 626 1108 894">During the Third Quarter FY 2012, three of five Tenth Annual Peer Education Health Conferences were held for offenders. 99 of the 111 facilities housing correctional Institutional Division offenders had active, peer education programs and 81 offenders trained to become peer educators. During the Third Quarter of FY 2012, 21,103 offenders attended classes presented by educators. This is an increase from the Second Quarter of FY 2012, 16,813 offenders attended classes.</p> <p data-bbox="489 932 1108 1076">In the Mortality and Morbidity Committee, there were 118 deaths reviewed for the Third Quarter FY 2012. Of those 118 deaths, 9 were referred to peer review committees. And you can see on the chart on page 115 what committees they were referred to.</p> <p data-bbox="489 1114 1108 1230">The Office of Mental Health Services Monitoring and Liaison reviewed 3,690 offenders who were received into TDCJ. 657 of those offenders were identified as having a documented history of mental illness.</p> <p data-bbox="489 1268 1108 1468">Also the Office of Mental Health Monitoring and Liaison monitors all offenders in Administrative Segregation every six months. 3,503 offenders were observed, 1,941 of them were interviewed and one offender was referred to the university providers for further evaluation. The access to care for those offenders in terms of mental health was 100 percent for those facilities.</p>		

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<p data-bbox="86 167 386 224">VIII. Medical Directors Updates (Cont'd.)</p> <p data-bbox="121 350 420 375">- Clinical Administration</p>	<p data-bbox="489 167 1108 285">Four Special Needs Substance Abuse Felony Punishment Facilities were monitored for continuity of mental health care. Continuity of care on the four facilities was appropriate.</p> <p data-bbox="489 321 1108 526">Four inpatient mental health facilities were audited to ensure that all incidents of compelled psychoactive medication documented on the Security Use of Force Log were also documented. All four facilities were 100 percent compliant for documenting the required criteria for compelled psychoactive medication in the medical record.</p> <p data-bbox="489 561 1108 802">We have 24 intake facilities that were audited to ensure offenders entering TDCJ with potential mental health needs received a mental health evaluation within 14 days of identification. 17 facilities met or exceeded the 80 percent compliance for completing mental health evaluations within 14 days. There were 6 facilities that did not meet 80 percent compliance and corrective action plans were requested.</p> <p data-bbox="489 837 1108 1042">This office also 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 preclude participation. In the Third Quarter FY 2012, 17 offenders were reviewed and 12 of them were allowed to participate in BAMBI.</p> <p data-bbox="489 1078 1108 1380">The Health Services Liaison office has established a section of utilization review which has 4 registered nurses. They are looking at offsite hospitals and infirmary admissions. On page 117 are the hospitals reviewed within the UTMB and TTUHSC sectors on page 118 are the infirmary admissions reviewed. The audit is based on the questions, outlined at the bottom of page 118 designated A, B, C, D & E. Dr. Linthicum proceeded with reading the questions used to audit the facilities.</p>		

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<p>VIII. Medical Directors Updates (Cont'd.)</p>		<p>be policy recommendations that will be left up to DSHS. The policy recommendations are very specific for corrections that include TDCJ, TYC, community corrections and county jails. Many of the CDC's recommendations will be a fiscal notes if they are to be implemented. TDCJ is studying the recommendations to determine their impact on the agency. DSHS will be having follow-up meetings regarding this matter.</p> <p>Mr. Hightower stated that the Houston stations it appear that they shut down one or two of schools. Are we seeing on the intake more than what we normally would see? Is this an overflow into the free world is what I'm asking?</p> <p>Dr. Linthicum responded that DSHS assigns TB cases in this manner: if there is a case that TDCJ identifies on intake, it's attributed to the county where they came from and it's not attributed to TDCJ. If the offender had been in our custody for 45 days or longer then the case is attributed to TDCJ.</p> <p>Dr. Berenzweig added that he is new to committee and at the last meeting I had expressed some concerns regarding the breakdown and lack of compliance that needs to be given to infectious disease and again I know there are large numbers in lots of these things. I understand some of this is book keeping and record keeping. In looking here and seeing that there is 17 average cases under management and</p> <p>7 of the 12 facilities failed compliances is very disturbing and those are not large numbers of patients to keep track of. We're talking about TB appears seems to be more prevalent in the community at large and just saying in Houston North Texas had two cases at schools having to test their entire student body. It's just a concern that I have again in a population a closed population that is susceptible to spread airborne illnesses and especially with a 1.5 % of the</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p data-bbox="86 167 386 224">VIII. Medical Directors Updates (Cont'd.)</p> <p data-bbox="128 837 411 894">- Owen Murray, D.O. (UTMB</p>	<p data-bbox="487 745 1106 802">Dr. Berenzweig thanked Dr. Linthicum and called on Dr. Owen Murray for his report.</p> <p data-bbox="487 837 1106 1466">Dr. Murray responded that he had a brief report. Just to highlight a couple of things. One obviously all of this upkeep of the last twelve to twenty four months we are keeping an eye on our vacancy rates which really does plays into a lot of these issues we are seeing in these reports. Our vacancy rate is actually staying stable about 12 %. But what we are really seeing is our turnover rate increased dramatically, which is disturbing because we are getting applications. We are getting people in but we can't keep them. We also have some people who have been with us for a while departing that is more of the disturbing trend when you start to see your experienced people who have been in the system who have been consistent performers begin to leave and exit that is problematic. I think both Dr. Linthicum, Dr. DeShields myself, and Dr. Jumper was there. We are continuing to push this issue with the Legislature and our testimony that not having the ability to provide salary increases for the last four years that has left us significantly down to the market. And is really putting us in a position where we are going to see a continue decline and erosion of</p>	<p data-bbox="1129 136 1659 224">population having a suppression problem. And I would like to see that these action plans brought forward are implemented.</p> <p data-bbox="1129 258 1659 315">Dr. Raimer asked if they would get a feed back on these action plans.</p> <p data-bbox="1129 349 1451 373">Dr. Linthicum responded yes.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>VIII. Medical Directors Updates (Cont'd.)</p>	<p>some of these performance perimeters if we can't do some type of adjustment or at least the hope of some adjustment into the next biennium.</p> <p>Which leads me into my second point that is we really do have an acute problem and I have talked with Dr. Linthicum, TDCJ and the pharmacy. We're right now a little under 12% vacancy rate. We have lost 4 pharmacists. We can't hire anybody, we've had people in, interviewed them but ultimately the starting salary is about 20 to 25% down to the market depending on what position you're looking at. We have to intervene, I think at this moment because the delivery of medication is obviously critical to the success of any clinical enterprise. So what we have suggested is that not quite clear team, we did have a small half percent salary adjustment line item budgeted and what's being recommended is a modest increase for existing personnel, pharmacist only. The leadership group just pharmacist, day to day operational people and it totals just a little bit over \$200,000 and it is in the budget and we've discussed with TDCJ. We will move forward just to secure our current group and put us in a position where potentially we might be able to hire some people in the existing vacancies.</p> <p>The concern is that we have to live from history and that is about eight years ago we had a very similar problem where we fell down to the market and we had a process just like this one. We had one to two, four and then about eight vacancies and really did impact severely our ability to deliver medications both to TDCJ and to Texas Tech. We certainly don't want to get into that position and so I think hopefully at least the feed back which we haven't done this yet but I think the feed back would be from our pharmacy leadership group that if we could do that it could stabilize our work force with the promise that we will be able to during the next legislative session work on some additional dollars for pharmacist but also collectively for all of our staff.</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>VIII. Medical Directors Updates (Cont'd.)</p>	<p>Another thing I would like to thank Dr. Linthicum for her leadership in terms of getting us all online onboard about the Medically Recommended Intensive Supervision (MRIS) program. She brought us together with the Parole Board, Texas Tech and our selves. Just to discuss again right now the current limitations of the program and the frustrations I think the providers feel in terms of the work we put forward to get summaries done, medical summaries for TCOOMMI and the Parole Board to consider and just some of the inability ultimately to get to the desire outcome to the state some of these higher cost offenders out of the system. And so I think we all took away each party, TDCJ, Texas Tech, Parole Board everyone is doing their job and doing it well, it's just that giving the current construct of legislation we're just not able to get to the most optimal results both for our patient population as well as for the cost to the state. So again it's really critical to move that discussion along and hopefully we will continue to have that in Austin because it seems to be a very key note for many of our legislators and want to thank her for that. That is my comments for today.</p> <p>Dr. Berenzweig thanked Dr. Murray and asked if there were any comments or questions.</p>	<p>Mr. Hightower added he was sorry to keep asking questions but is that for the pharmacy in Huntsville or the ones scattered in other areas.</p> <p>Dr. Murray responded that yes we have a couple of regional offices that have intermittently have one or two clinical pharmacist that do onsite work and some telemedicine work they would be included in that but ultimately everybody works out at that main facility in Huntsville.</p> <p>Mr. Hightower added that year end and year out I know most of those people. That you got a fairly group of tenured group of people. Not only a Higher Ed tenure but they have been there a very long time. I'm just wondering are they if some of them retiring or most of them just..</p> <p>Dr. Murray responded that actually not and that is another good point and that's another key thing that we need to bring forward is that in general if you look at the age of our employees we are going to reach a critical point in the next five years in lots of various positions, nursing, pharmacist where we are going to see that retirement piece kick in and have a significant drop off in the number of tenured employees. If you look at why we have remained successful and been able to continue to provide services in the way we have in the last two years is that we do have a lot of people that have been here a long time and it's the retirement that keep them</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>VIII. Medical Directors Updates (Cont'd.)</p>		<p>in there and so we're able to trade off a little bit of long term retirements guarantee for a less than optimal daily wage. But unfortunately bringing in new employees and their wages aren't competitive, they may start with us and then find a job for 15 to 20% more and then leave. It's busy working for the universities, and working for TDCJ cause we are doing security clearances and ultimately these people become less satisfied with their environment their salaries, etc. and leave. Again I think this is not new this something we have experienced in the life of correctional managed care. It's just something we are going to have to deal with as our number one issue with the legislature this year.</p> <p>Again paying recruiting fee the recruiter says your dealing me a losing hand. Your dealing me 4 cards in a 5 card game and we don't have a salary we can attract people with. You look at the PAMIO vacancy that has been vacant for 4 years or longer. There's just limitations that these positions create, salaries dictate and some of the geography and environments. Again if you can't pay a premium there's no reason to even engage in a search because you just don't have the tools to make it successful.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>VIII. Medical Directors Updates (Cont'd.)</p> <ul style="list-style-type: none"> - Denise DeShields, M.D. (TTUHSC) 	<p>Dr. Berenzweig asked if there were any questions and called on Dr. DeShields for her report.</p> <p>Dr. DeShields thanked Dr. Berenzweig and proceeded with her report. Unfortunately many of my observations and comments mirror those of UTMB. We are seeing higher attrition rates than we are seeing recruiting rates. Then again some of it is from retirement but the vast majority of them are from resignations. Again our salaries are not competitive and have not been competitive for a number of years and being in West Texas we are so geographically dispersed and being rural communities those areas are exceedingly difficult to recruit to.</p> <p>And that leads me to my second point that we have recently received a resignation of the Texas Tech Correctional Managed Health Care Mental Health Director Dr. Dana Butler, which will be effective October 31st. We are currently in the process of recruiting for that position and fortunately will interview a potential candidate the end of this week. Again we will struggle with our entry salaries we struggle because there are no increases either with regard to cost of living or anything like that. And again much as UTMB is experiencing we have done some metrics on our current employee base and found that 39 percent of our employees have been with us for 10 years or more. So we are going to start to experience that same quote un quote (brain drain) situation because people will be in that grid on retirement and it's very difficult to recruit to those positions.</p>		
<p>IX. Performance Status Report</p>	<p>Dr. Berenzweig thanked Dr. DeShields and asked if there were any comments or questions about the medical directors reports?</p> <p>Next agenda item is the Third Quarter Performance Status Report behind Tab F.</p>	<p>Dr. Berenzweig stated that this report was for information and that the over 55 census report has dramatically increased over the years.</p> <p>Mr. Hightower added that number has been a problem since I know the eighteen years that I have been here. It is the same problem that Dr. Murray has talked about in the past. That group is the most expensive group of inmates.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>X. Public Comments</p> <p>XI. Date / Location of Next Meeting</p> <p>- Harold Berenzweig, M.D.</p> <p>XII. Adjourn</p>	<p>Dr. Berenzweig then stated that the next agenda item is where the Committee at each regular meeting provides an opportunity to receive public comments. Dr. Berenzweig noted that there was no such request at this time.</p> <p>Dr. Berenzweig next noted that the next CMHC meeting will held December 6, 2012 at this location.</p> <p>Dr. Berenzweig asked if there were any other questions. Hearing none adjourned the meeting.</p>		

Harold Berenzweig, M.D., Acting Chairperson
Correctional Managed Health Care Committee

Date:

Consent Item 2

TDCJ Health Services
Monitoring Reports

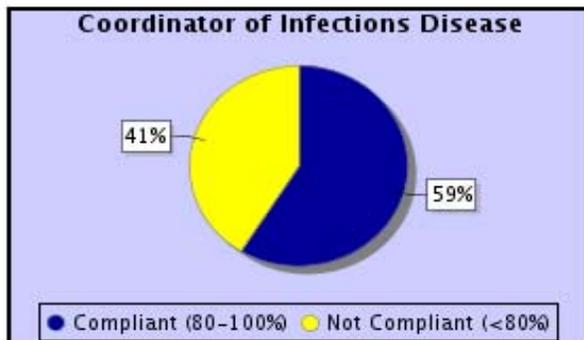
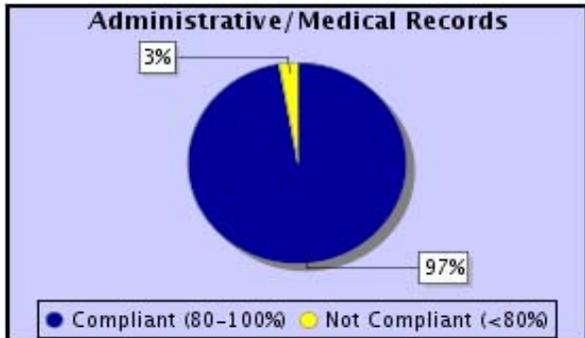
ATTACHMENT 1

Rate of Compliance with Standards by Operational Categories
Fourth Quarter, Fiscal Year 2012
June 2012 - August 2012

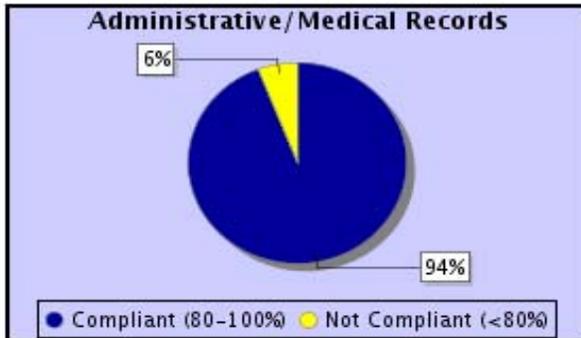
Unit	Operations/ Administration			General Medical/Nursing			Coordinator of Infectious Disease			Dental			Mental Health			Fiscal		
	<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance	
B. Moore	61	60	98%	30	28	93%	24	15	62%	21	20	95%	2	2	100%	9	9	100%
Bradshaw State Jail	64	60	94%	32	29	91%	25	15	54%	22	22	100%	16	13	81%	9	9	100%
Coffield	67	63	94%	31	22	71%	33	18	55%	21	21	100%	18	14	78%	9	9	100%
East Texas Treatment	62	57	92%	34	14	41%	27	3	11%	21	18	86%	15	6	40%	NA	NA	NA
Estes	62	59	95%	33	28	85%	23	11	48%	21	21	100%	7	6	86%	12	12	100%
Goodman	67	64	96%	26	26	100%	29	27	93%	20	19	95%	6	6	100%	7	7	100%
Kyle	63	61	97%	31	25	81%	25	21	84%	22	19	86%	6	6	100%	7	7	100%
Sayle	59	58	98%	30	20	67%	27	12	44%	20	19	95%	2	2	100%	9	9	100%
South Texas Intermediate Sanction	59	48	81%	32	19	59%	25	4	16%	21	18	86%	16	9	56%	NA	NA	NA
Travis County State Jail	64	61	95%	31	30	97%	31	24	77%	22	19	86%	18	15	83%	7	7	100%
Woodman State Jail	65	62	95%	38	33	87%	31	26	84%	19	19	100%	20	16	80%	7	7	100%

n = number of applicable items audited.

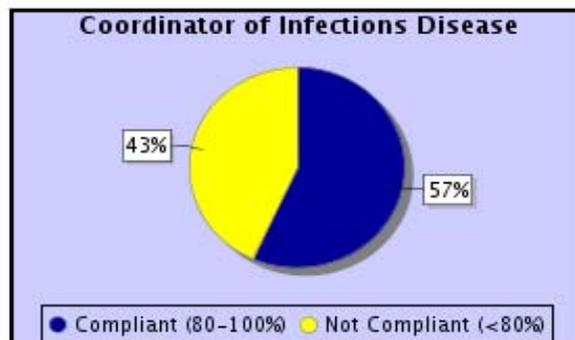
Compliance Rate By Operational Categories for
BARTLETT STATE JAIL FACILITY
March 19, 2012



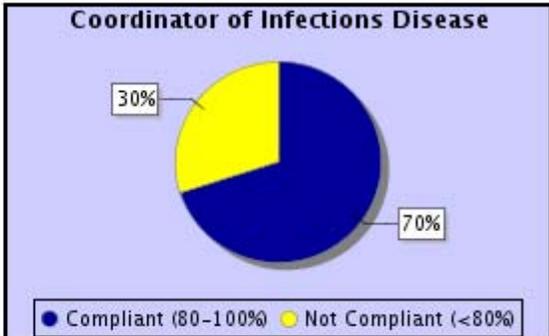
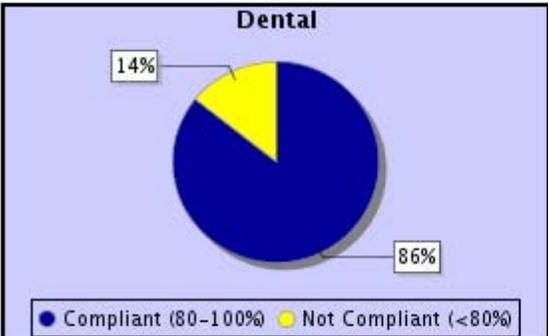
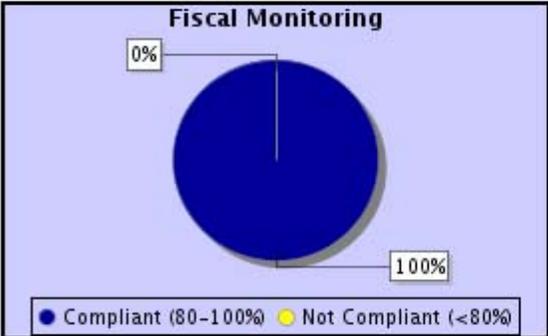
Compliance Rate By Operational Categories for
CLEVELAND FACILITY
March 13, 2012



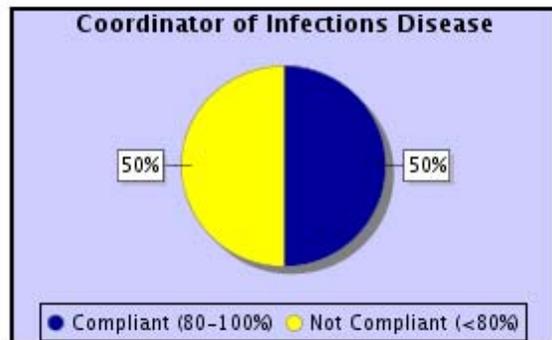
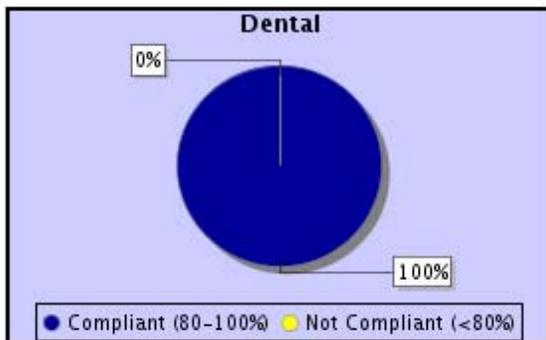
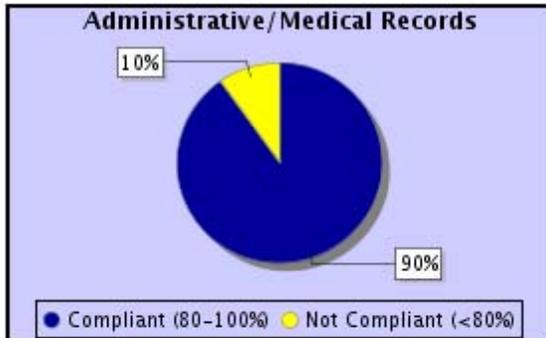
Compliance Rate By Operational Categories for
DIBOLL PRIVATE FACILITY
May 04, 2012



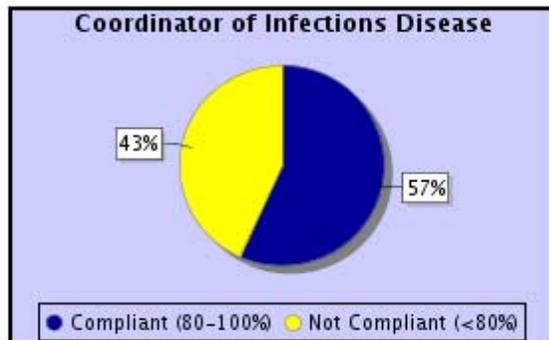
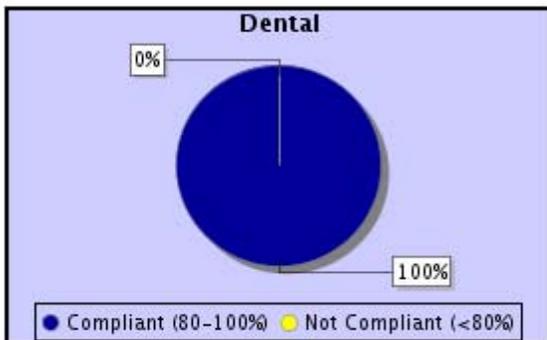
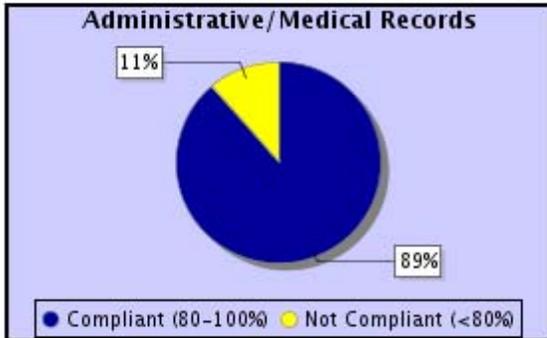
Compliance Rate By Operational Categories for
DUNCAN FACILITY
May 03, 2012



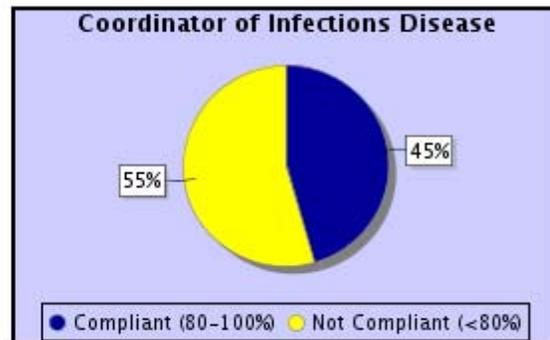
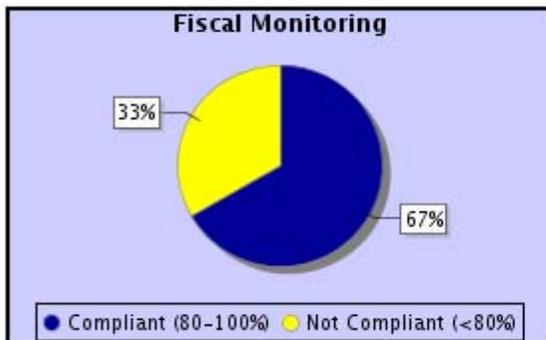
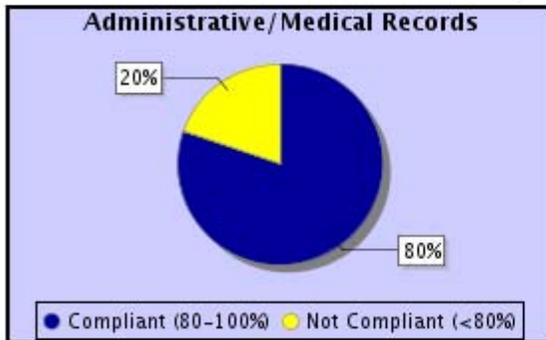
Compliance Rate By Operational Categories for
EASTHAM FACILITY
March 22, 2012



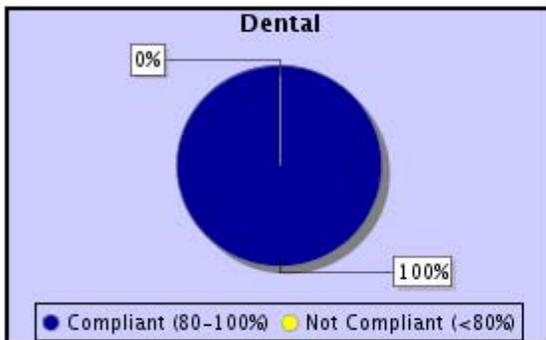
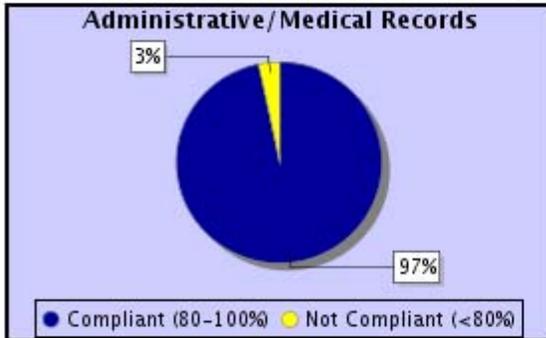
Compliance Rate By Operational Categories for
HENLEY STATE JAIL FACILITY
April 03, 2012



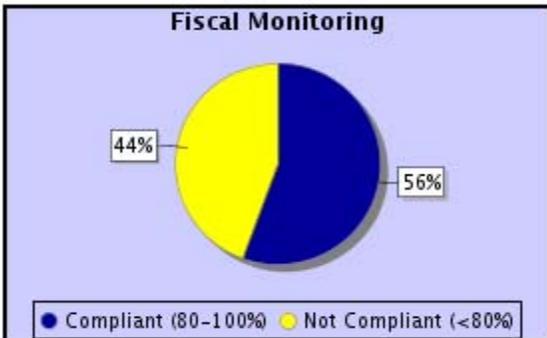
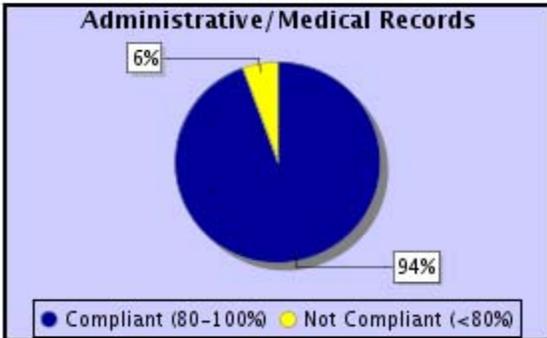
Compliance Rate By Operational Categories for
HIGHTOWER FACILITY
April 04, 2012



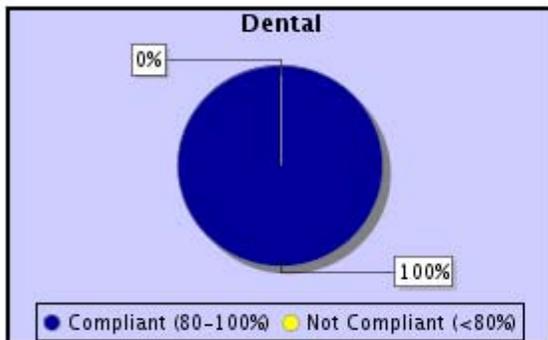
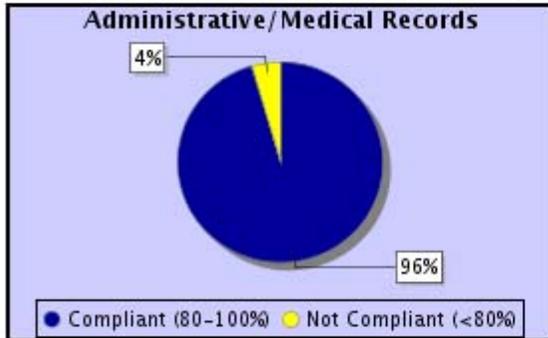
Compliance Rate By Operational Categories for
HILLTOP FACILITY
April 03, 2012



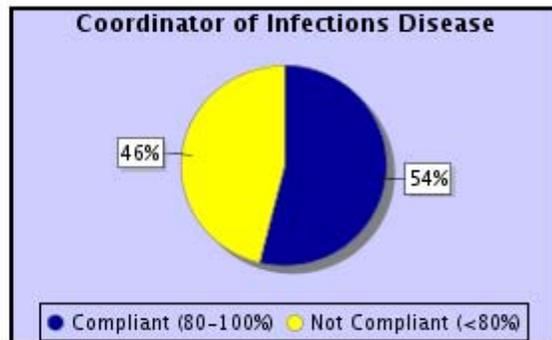
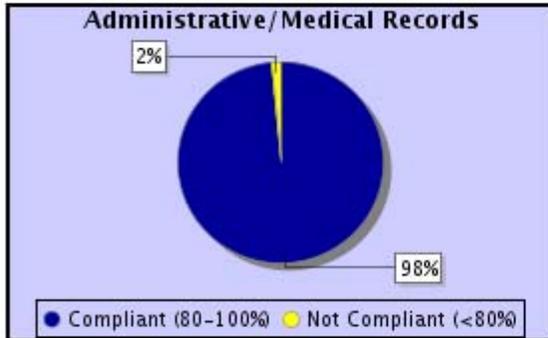
Compliance Rate By Operational Categories for
HUNTSVILLE FACILITY
March 01, 2012



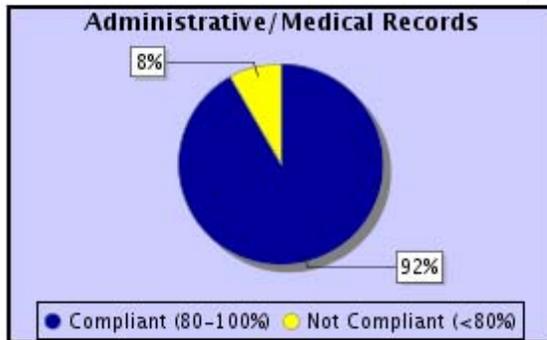
Compliance Rate By Operational Categories for
MOUNTAIN VIEW FACILITY
April 04, 2012



Compliance Rate By Operational Categories for
VANCE FACILITY
March 06, 2012



Compliance Rate By Operational Categories for
YOUNG MEDICAL FACILITY
May 01, 2012



**Dental Urgent Care Audit
For the Three Months Ended August 31, 2012**

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

Reference: CMHC Policy E-36.1

Facility	Urgent Care Score	Offenders Receiving Treatment but not within timeframe	Offenders identified as needing definitive care	Number of Additional findings as identified
Bartlett – UTMB	100%	0	0	---
Beto – UTMB	90%	0	1	---
Boyd – UTMB	100%	0	0	---
Bradshaw – UTMB	100%	0	0	---
Bridgeport PPT – PNF	80%	0	2	STM-2
Clemens – UTMB	90%	1	0	---
Cleveland – UTMB	100%	0	0	---
Coffield – UTMB	100%	0	0	---
Connally – UTMB	100%	0	0	---
East Texas TF – PNF	30%	3	4	---
Ellis – UTMB	70%	1	2	PRI-1
Estes – UTMB	100%	0	0	---
Goree – UTMB	70%	2	1	PRI-6
Hobby – UTMB	90%	1	0	PRI-2
Huntsville – UTMB	100%	0	0	---
Jordan – TTUHSC	100%	0	0	---
Lopez – UTMB	100%	0	0	PRI-1
Luther - UTMB	100%	0	0	PRI-1
McConnell – UTMB	90%	1	0	---
Mineral Wells PPT – PNF	40%	0	6	---
Montford – TTUHSC	90%	1	0	PRI-4
Moore (C.) – UTMB	100%	0	0	---
Neal – TTUHSC	70%	3	0	PRI-5
San Saba – UTMB	80%	1	1	---
Sayle – TTUHSC	100%	0	0	PRI-1
Scott – UTMB	90%	0	1	---
South Texas ISF – PNF	100%	0	0	---
Torres – UTMB	80%	2	0	PRI-1
West Texas ISF – PNF	50%	5	0	---
Willacy – UTMB	60%	2	2	PRI-6,PST-1

Abbreviations Used in “Number of Additional Findings as Identified”

PRI	INCORRECT ASSIGNMENT OF PRIORITY
PST	USE OF P* AS A PRIORITY
STM	NO STAMP DATE OR INCORRECT STAMP DATE

PATIENT LIAISON AND STEP II GRIEVANCE STATISTICS
QUALITY OF CARE/PERSONNEL REFERRALS AND ACTION REQUESTS
4th Quarter FY-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*
June	661	644	138	21.43%	79	17.55%	34	20	3.88%	5	0	0.00%	0
July	698	591	122	20.64%	90	17.77%	15	11	2.88%	6	0	0.00%	0
August	698	706	156	22.10%	99	17.42%	24	27	4.53%	5	1	0.14%	0
Totals:	2,057	1,941	416	21.43%	268	17.57%	73	58	3.81%	16	1	0.05%	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*
June	620	500	34	6.80%	21	5.40%	6	6	1.40%	1	0	0.00%	0
July	675	609	34	5.58%	31	5.58%	3	0	0.00%	0	0	0.00%	0
August	742	627	100	15.95%	77	12.60%	2	17	2.71%	0	4	0.64%	0
Totals:	2,037	1,736	168	9.68%	129	8.06%	11	23	1.38%	1	4	0.23%	0
GRAND TOTAL=	4,094	3,677	584	15.88%									

*QOC= Quality of Care

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

Month: June 2012

Reportable Condition	Reports			
	2012 This Month	2011 Same Month	2012 Year to Date*	2011 Year to Date*
Chlamydia	3	8	22	34
Gonorrhea	2	1	9	3
Syphilis	73	60	421	407
Hepatitis A	0	0	0	0
Hepatitis B, acute	1	0	2	0
Hepatitis C, total and (acute [‡])	309	261	1,511 (0)	1535 (0)
Human immunodeficiency virus (HIV) +, known at intake	178	157	1,237	753
HIV screens, intake	5,527	7,125	35,906	38,670
HIV +, intake	56	38	271	264
HIV screens, offender- and provider-requested	781	622	5,535	5,988
HIV +, offender- and provider-requested	2	1	8	6
HIV screens, pre-release	4,349	4,647	29,354	29,312
HIV +, pre-release	0	1	10	6
Acquired immune deficiency syndrome (AIDS)	6	15	18	39
Methicillin-resistant <i>Staph Aureus</i> (MRSA)	62	89	413	593
Methicillin-sensitive <i>Staph Aureus</i> (MSSA)	31	51	238	369
Occupational exposures of TDCJ staff	4	8	78	59
Occupational exposures of medical staff	2	3	15	16
HIV chemoprophylaxis initiation	2	4	17	16
Tuberculosis skin test (ie, PPD) +, intake	342	243	2,038	1,419
Tuberculosis skin test +, annual	35	57	305	262
Tuberculosis, known (ie, on tuberculosis medications) at intake	1	1	8	7
Tuberculosis, diagnosed at intake and attributed to county of origin	0	0	0	1
Tuberculosis, diagnosed during incarceration	3	1	12	9
Tuberculosis cases under management	20	16		
Peer education programs [¶]	1	2	100	98
Peer education educators [∞]	69	23	3,175	2,634
Peer education participants	5,453	7,032	37,976	39,314
Sexual assault in-service (sessions/units)	2/3	12/4	12/14	33/17
Sexual assault in-service participants	15	76	91	353
Alleged assaults and chart reviews	68	46	424	340
Bloodborne exposure labs drawn on offenders	10	21	86	89
New Sero-conversions d/t sexual assault ±	0	0	0	0
New Sero-conversions NOT from sexual assault	0	0	6	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.

‡ 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

∞ New peer educators in the column marked year-to-date beginning in June 2011 indicated 62, while the reportable number is 2,634. "This Month"; total peer educators reportable number is 3,175.

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

Month: July 2012

Reportable Condition	Reports			
	2012 This Month	2011 Same Month	2012 Year to Date*	2011 Year to Date*
Chlamydia	5	5	27	39
Gonorrhea	2	0	11	3
Syphilis	103	66	524	473
Hepatitis A	0	0	0	0
Hepatitis B, acute	1	1	4	2
Hepatitis C, total and (acute [‡])	249	238	1759 (1)	1771 (0)
Human immunodeficiency virus (HIV) +, known at intake	194	122	1,431	875
HIV screens, intake	6,608	5,965	42,514	44,635
HIV +, intake	48	55	319	319
HIV screens, offender- and provider-requested	1,083	922	6,618	6,910
HIV +, offender- and provider-requested	1	1	9	7
HIV screens, pre-release	4,283	4,215	33,637	33,527
HIV +, pre-release	1	0	11	6
Acquired immune deficiency syndrome (AIDS)	8	4	26	42
Methicillin-resistant <i>Staph Aureus</i> (MRSA)	61	81	474	674
Methicillin-sensitive <i>Staph Aureus</i> (MSSA)	67	53	305	422
Occupational exposures of TDCJ staff	11	18	89	77
Occupational exposures of medical staff	1	1	16	17
HIV chemoprophylaxis initiation	0	1	17	17
Tuberculosis skin test (ie, PPD) +, intake	368	340	2,410	1,859
Tuberculosis skin test +, annual	41	49	354	317
Tuberculosis, known (ie, on tuberculosis medications) at intake	1	0	9	7
Tuberculosis, diagnosed at intake and attributed to county of origin	0	1	0	2
Tuberculosis, diagnosed during incarceration	0	1	12	10
Tuberculosis cases under management	18	15		
Peer education programs [¶]	0	0	100	98
Peer education educators [⦿]	14	53	3,189	2,709
Peer education participants	6,318	7,855	44,294	47,169
Sexual assault in-service (sessions/units)	0	5/11	12/14	38/28
Sexual assault in-service participants	0	56	91	406
Alleged assaults and chart reviews	67	57	491	397
Bloodborne exposure labs drawn on offenders	10	13	96	102
New Sero-conversions d/t sexual assault ±	0	0	0	0
New Sero-conversions NOT from sexual assault	0		6	

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

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

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

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

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

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

Month: August 2012

Reportable Condition	Reports			
	2012 This Month	2011 Same Month	2012 Year to Date*	2011 Year to Date*
Chlamydia	3	5	30	48
Gonorrhea	1	2	12	5
Syphilis	98	66	622	539
Hepatitis A	1	0	1	0
Hepatitis B, acute	0	0	4	8
Hepatitis C, total and (acute [£])	332	209	2,090 (1)	1979 (0)
Human immunodeficiency virus (HIV) +, known at intake	193	142	1624	1017
HIV screens, intake	6,224	6,880	48,738	51,515
HIV +, intake	44	33	363	352
HIV screens, offender- and provider-requested	1,000	610	7,618	7,520
HIV +, offender- and provider-requested	2	1	11	8
HIV screens, pre-release	4,356	3,652	37,993	37,179
HIV +, pre-release	118	100	915	839
Acquired immune deficiency syndrome (AIDS)	10	5	36	47
Methicillin-resistant <i>Staph Aureus</i> (MRSA)	71	96	515	770
Methicillin-sensitive <i>Staph Aureus</i> (MSSA)	51	70	356	492
Occupational exposures of TDCJ staff	18	10	107	87
Occupational exposures of medical staff	7	2	23	19
HIV chemoprophylaxis initiation	5	1	22	18
Tuberculosis skin test (ie, PPD) +, intake	278	245	2,687	2,137
Tuberculosis skin test +, annual	37	37	391	359
Tuberculosis, known (ie, on tuberculosis medications) at intake	1	1	10	8
Tuberculosis, diagnosed at intake and attributed to county of origin	0	0	0	1
Tuberculosis, diagnosed during incarceration	2	2	14	14
Tuberculosis cases under management	19	19		
Peer education programs [¶]	0	0	100	98
Peer education educators [∞]	27	23	3,216	2,710
Peer education participants	6,605	6,908	50,899	54,077
Sexual assault in-service (sessions/units)	0	1/2	12/14	39/30
Sexual assault in-service participants	0	15	91	424
Alleged assaults and chart reviews	63	65	554	462
Bloodborne exposure labs drawn on offenders	23	17	119	122
New Sero-conversions d/t sexual assault ±	0	0	0	0
New Sero-conversions NOT from sexual assault	2	1	8	1

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

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

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

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

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

Health Services Liaison Utilization Review Audit

During the fourth quarter of FY 2012, ten percent of the combined UTMB and TTUHSC hospital and infirmary discharges were audited. A total of 174 hospital discharge and 51 infirmary discharge audits were conducted. This chart is a summary of the audits showing the number of cases with deficiencies and their percentage.

Freeworld Hospital Discharges in Texas Tech Sector						
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)
June	7	1 (14%)	0 (0%)	0 (0%)	2 (29%)	4 (57%)
July	7	1 (14%)	0 (0%)	1 (14%)	0 (0%)	1 (14%)
August	5	3 (60%)	0 (0%)	0 (0%)	1 (20%)	2 (40%)
Average		2 (29%)	0 (0%)	<1 (5%)	1 (16%)	2 (37%)
Freeworld Hospital Discharges in UTMB Sector						
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)
June	16	7 (44%)	1 (6%)	0 (0%)	0 (0%)	8 (50%)
July	17	9 (53%)	1 (6%)	1 (6%)	3 (18%)	10 (59%)
August	20	8 (40%)	0 (0%)	0 (0%)	5 (25%)	6 (30%)
Average		8 (46%)	<1 (4%)	<1 (4%)	3 (14%)	8 (46%)
UTMB Hospital Galveston 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)
June	35	0 (0%)	0 (0%)	1 (3%)	5 (14%)	0 (0%)
July	34	0 (0%)	0 (0%)	0 (0%)	2 (5%)	0 (0%)
August	33	3 (9%)	0 (0%)	2 (6%)	1 (3%)	0 (0%)
Average		1 (3%)	0 (0%)	1 (3%)	3 (7%)	0 (0%)
GRAND TOTAL: Combined Hospital Discharges (Texas Tech Sector, UTMB Sector and Hospital Galveston)						
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)
June	58	8 (14%)	1 (2%)	1 (2%)	7 (12%)	12 (21%)
July	58	10 (17%)	1 (2%)	2 (4%)	5 (9%)	11 (19%)
August	58	14 (24%)	0 (0%)	2 (4%)	7 (12%)	8 (14%)
Average		10 (18%)	<1 (1%)	2 (3%)	6 (11%)	10 (18%)
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)
June	8	2 (25%)	1 (13%)	0 (0%)	1 (13%)	1 (13%)
July	9	5 (56%)	0 (0%)	2 (22%)	0 (0%)	3 (33%)
August	8	3 (38%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Average		3 (40%)	<1 (4%)	<1 (7%)	<1 (4%)	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)
June	9	3 (33%)	0 (0%)	0 (0%)	1 (33%)	0 (0%)
July	8	1 (13%)	0 (0%)	1 (13%)	0 (0%)	0 (0%)
August	9	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Average		1 (15%)	0 (0%)	<1 (4%)	<1 (11%)	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)
June	17	5 (29%)	1 (6%)	0 (0%)	2 (12%)	1 (6%)
July	17	6 (35%)	0 (0%)	3 (18%)	0 (0%)	3 (18%)
August	17	3 (17%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Average		4 (27%)	<1 (2%)	1 (6%)	<1 (4%)	1 (8%)

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. Chart not reviewed by a health care member and referred (if applicable) to an appropriate medical provider as required by policy. 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
FOURTH QUARTER, FISCAL YEAR 2012**

June 2012	Numbered Property On Inventory Report	Total Number of Deletions	Total Number of Transfers	Total Number of New Equipment
Goodman	15	0	0	0
Kyle	19	0	0	0
Travis County State Jail	31	0	0	0
Total	65	0	0	0

July 2012	Numbered Property On Inventory Report	Total Number of Deletions	Total Number of Transfers	Total Number of New Equipment
Coffield	63	2	0	0
East Texas Treatment	NA	NA	NA	NA
Estes	20	3	0	2
South Texas Intermediate Sanction	NA	NA	NA	NA
Woodman State Jail	38	0	0	0
Total	121	5	0	2

August 2012	Numbered Property On Inventory Report	Total Number of Deletions	Total Number of Transfers	Total Number of New Equipment
B. Moore	11	1	0	0
Bradshaw State Jail	29	4	0	0
Sayle	19	0	0	0
Total	59	5	0	0

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

Audit Tools	June	July	August	Total
Total number of units audited	3	5	3	11
Total numbered property	65	121	59	245
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
Fourth Quarter FY-2012**

University of Texas Medical Branch

Unit	Audit Date	% Compliance	
		Mandatory	Non-Mandatory
Boyd	August 2012	100%	99.0%
Hamilton	August 2012	100%	98.8%
Pack	August 2012	100%	98.6%

Texas Tech University Health Science Center

Unit	Audit Date	% Compliance	
		Mandatory	Non-Mandatory
Havins	July 2012	100%	98.4%

Executive Services
Active Monthly Medical Research Projects
Health Services Division

FY-2012 Fourth Quarterly Report: June, July, and August

Project Number: 616-RM10

<u>Researcher:</u> Avelardo Valdez	<u>IRB Number:</u> USC UPIRB #	<u>IRB Expiration Date:</u> 09/08/2012	<u>Research Began:</u> 07/06/2011
<u>Title of Research:</u> At Risk Hispanic Gangs: Long-term Consequences for HIV and other STI			<u>Data Collection Began:</u> 07/22/2011
<u>Proponent:</u> University of Southern California			<u>Data Collection End:</u> 08/31/2011
<u>Project Status:</u> Data Analysis	<u>Progress Report Due:</u> 12/07/2012		<u>Projected Completion:</u> 09/08/2012

Project Number: 623-RM11

<u>Researcher:</u> Maurice Willis	<u>IRB Number:</u> 10-191	<u>IRB Expiration Date:</u> 07/15/2013	<u>Research Began:</u> 11/23/2011
<u>Title of Research:</u> 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			<u>Data Collection Began:</u> 11/23/2011
<u>Proponent:</u> University of Texas Medical Branch at Galveston			<u>Data Collection End:</u>
<u>Project Status:</u> Data Collection	<u>Progress Report Due:</u> 10/02/2012		<u>Projected Completion:</u>

Project Number: 650-RM12

<u>Researcher:</u> Mary Brinkman	<u>IRB Number:</u> 12-011	<u>IRB Expiration Date:</u> 01/10/2013	<u>Research Began:</u> 04/13/2012
<u>Title of Research:</u> Evaluation of Patients Enrolled in Newly Instituted Pharmacist-Led Chronic Kidney Disease Clinics in the Correctional Managed Healthcare Setting			<u>Data Collection Began:</u> 04/13/2012
<u>Proponent:</u> University of Texas Medical Branch at Galveston			<u>Data Collection End:</u> 05/13/2012
<u>Project Status:</u> Data Analysis	<u>Progress Report Due:</u> 01/05/2013		<u>Projected Completion:</u> 01/10/2013

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

FY-2012 Fourth Quarterly Report: June, July and August

Project Number: 615-RM10

Researcher

John Petersen

IRB Number:

11-069

Application Received:

04/29/2011

Title of Research:

Serum Markers of Hepatocellular Cancer

Completed Application:

04/28/2011

Proponent:

University of Texas -Galveston / Correctional Managed Health Care

Peer Panel Schedule:

05/27/2011, 06/05/2011
01/05/2012

Project Status:

Pending Peer Panel 2nd Review

University Medical Director Review Sent:

01/04/12

Panel Recommendations:

Recommended revisions,
Revised, resubmitted 06/06/11

University Medical Director Approval:

01/05/12

Project Number: 627-RM11

Researcher

Amy Harzke

IRB Number:

11-013

Application Received:

04/26/2011

Title of Research:

Treatment of Chronic HCV Infection in the Texas Prison System

Completed Application:

04/26/2011

Proponent:

University of Texas -Galveston / Correctional Managed Health Care

Peer Panel Schedule:

08/16/2011

Project Status:

Pending Peer Panel 2nd Review

University Medical Director Review Sent:

07/07/2011

Panel Recommendations:

Recommended revisions,
Revised, resubmitted 01/10/2012

University Medical Director Approval:

08/16/2011

Project Number: 630-RM11

Application Received:
05/18/2011

Researcher
Jacques Baillargeon

IRB Number:
11-067

Title of Research:
The Older Prisoner

Completed Application:
05/18/2011

Proponent:
University of Texas -Galveston / Correctional Managed Health Care

Peer Panel Schedule:

Project Status:
Pending Peer Panel

University Medical Director Review Sent:
06/07/2012, 12/30/2011

Panel Recommendations:

University Medical Director Approval:
01/03/2012

Project Number: 633-RM11

Application Received:
06/17/2011

Researcher
Robert Morgan

IRB Number:
502838

Title of Research:
Thinking Patterns of Mentally Disordered Offenders

Completed Application:
06/23/2011

Proponent:
Texas Tech University Department of Psychology

Project Status:
Pending Peer Panel 4th Review

Peer Panel Schedule:
11/22/2011, 01/17/2012,
02/15/2012

University Medical Director Review Sent:
07/7/2011

Panel Recommendations:

University Medical Director Approval:
11/15/2011

Project Number: 635-RM11

Researcher

Bryan Schneider

IRB Number:

11-101

Application Received:

07/06/2011

Title of Research:

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

Completed Application:

07/08/2011

Proponent:

University of Texas -Galveston / Correctional Managed Health Care

Peer Panel Schedule:

02/06/2012

Project Status:

Pending Peer Panel

Panel Recommendations:

University Medical Director Review Sent:

07/19/2011

University Medical Director Approval:

08/31/2011

Project Number: 644-RM11

Researcher

Avi Markowitz

IRB Number:

11-065

Application Received:

10/21/2011

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

Completed Application:

10/24/2011

Proponent:

University of Texas -Galveston / Correctional Managed Health Care

Peer Panel Schedule:

12/30/2011

Project Status:

Pending Peer Panel

Panel Recommendations:

University Medical Director Review Sent:

12/12/2011

University Medical Director Approval:

12/28/2011

Project Number: 649-RM12

Application Received:
01/13/2012

Researcher

Jacques Baillargeon

IRB Number:

11-098

Title of Research:

Prevalence of Major Psychiatric Disorders in the Texas Prison System

Completed Application:
01/13/2012

Proponent:

University of Texas -Galveston / Correctional Managed Health Care

Peer Panel Schedule:

Project Status:

Pending University Medical Director Approval

Panel Recommendations:

University Medical Director Review Sent:

University Medical Director Approval:

Project Number: 658-RM12

Application Received:
08/28/2012

Researcher

Robert Morgan

IRB Number:

L12-103

Title of Research:

Comparing Telehealth and Face-to-Face Interview Modalities in Referring Offenders with Mental Illness to Treatment

Completed Application:
08/28/2012

Proponent:

Texas Tech University

Peer Panel Schedule:

Project Status:

Pending University Medical Director Review

Panel Recommendations:

University Medical Director Review Sent:

8/29/12

University Medical Director Approval:

Fourth Quarter FY 2012
TDCJ Office of Mental Health Monitoring & Liaison
Administrative Segregation
(June, July, and August)

Date	Unit	Observed	Interviewed	Referred	Requests F	911 Tool	ATC 4	ATC 5	ATC6
6/12/2012	Pack	20	20	0	1	100%	100%	100%	100%
06/06-07/12	Hughes	501	122	2	10	100%	100%	100%	100%
6/7/2012	Murray	99	31	0	3	100%	100%	100%	100%
06/13-14/12	Estelle	411	248	0	7	100%	100%	100%	100%
06/20-21/12	Michael	476	139	1	7	100%	100%	100%	100%
7/19/2012	Gist	17	17	0	0	100%	100%	100%	100%
7/20/2012	Lychner	14	13	0	0	100%	100%	100%	100%
7/26/2012	Clemens	5	5	0	0	100%	N/A	N/A	N/A
7/11/2012	Smith	387	109	1	4	100%	50%	100%	38%
07/25-26/12	Stiles	453	141	0	7	100%	100%	100%	100%
07/30-31/12	Telford	475	196	1	7	100%	100%	100%	100%
8/21/2012	Bartlett	7	7	1	0	100%	100%	100%	100%
8/22/2012	Travis	10	10	1	0	100%	100%	100%	100%
8/23/2012	Formby	25	25	0	0	100%	100%	100%	100%
08/8-9/12	Eastham	384	162	0	6	100%	100%	100%	100%
08/15-16/12	Ferguson	267	152	0	5	100%	100%	100%	100%
08/22-23/12	Robertson	473	235	0	7	100%	100%	100%	100%
Grand Total	17	4,024	1,632	7	64	100%	97%	100%	96%

Consent Item 3(a)

University Medical Director's Report

The University of Texas Medical Branch



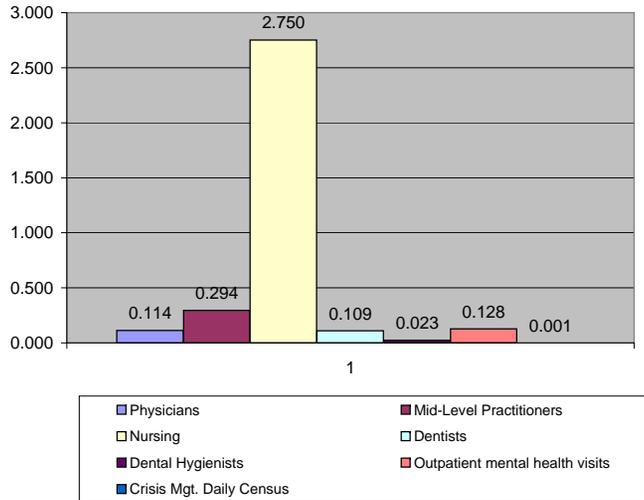
**Correctional Health Care
MEDICAL DIRECTOR'S REPORT**

**FOURTH QUARTER
FY 2012**

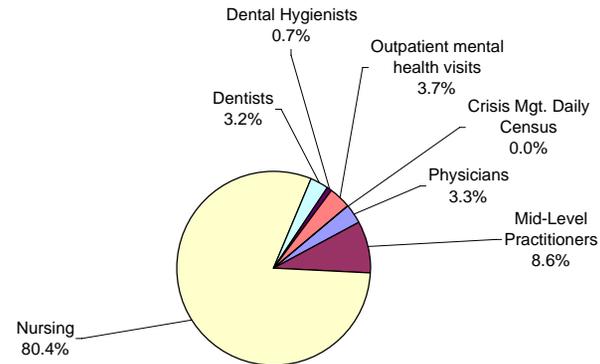
Medical Director's Report:

Average Population	June		July		August		Qtly Average	
	119,597		119,136		118,583		119,105	
	Number	Rate Per Offender	Number	Rate Per Offender	Number	Rate Per Offender	Number	Rate Per Offender
Medical encounters								
Physicians	12,194	0.102	13,953	0.117	14,496	0.122	13,548	0.114
Mid-Level Practitioners	31,861	0.266	35,611	0.299	37,657	0.318	35,043	0.294
Nursing	216,600	1.811	370,831	3.113	395,322	3.334	327,584	2.750
Sub-total	260,655	2.179	420,395	3.529	447,475	3.774	376,175	3.158
Dental encounters								
Dentists	11,578	0.097	13,268	0.111	14,128	0.119	12,991	0.109
Dental Hygienists	2,601	0.022	2,704	0.023	2,993	0.025	2,766	0.023
Sub-total	14,179	0.119	15,972	0.134	17,121	0.144	15,757	0.132
Mental health encounters								
Outpatient mental health visits	14,537	0.122	15,421	0.129	15,652	0.132	15,203	0.128
Crisis Mgt. Daily Census	66	0.001	68	0.001	66	0.001	67	0.001
Sub-total	14,603	0.122	15,489	0.130	15,718	0.133	15,270	0.128
Total encounters	289,437	2.420	451,856	3.793	480,314	4.050	407,202	3.419

Encounters as Rate Per Offender Per Month



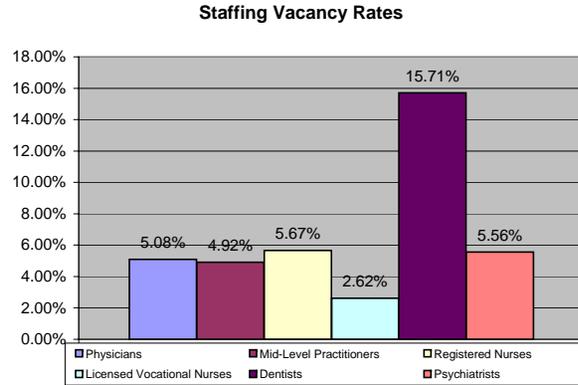
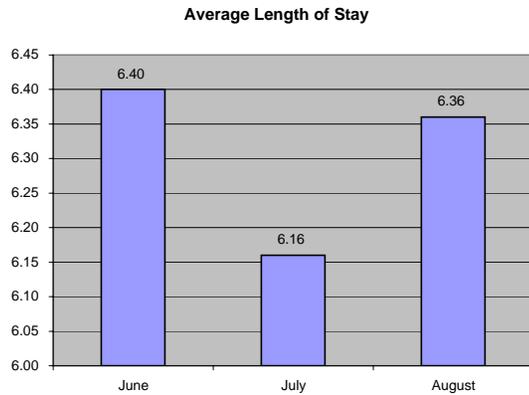
Encounters by Type



Medical Director's Report (Page 2):

	June	July	August	Qtly Average
Medical Inpatient Facilities				
Average Daily Census	65.00	67.00	67.00	66.33
Number of Admissions	313.00	336.00	327.00	325.33
Average Length of Stay	6.40	6.16	6.36	6.31
Number of Clinic Visits	2,567.00	2,254.00	2,538.00	2,453.00
Mental Health Inpatient Facilities				
Average Daily Census	1,008.13	1,017.48	990.68	1,005.43
PAMIO/MROP Census	699.10	699.07	696.68	698.28
Telemedicine Consults	6,520	7,237	7,612	7,123.00

Health Care Staffing	Average This Quarter			Percent Vacant
	Filled	Vacant	Total	
Physicians	56.00	3.00	59.00	5.08%
Mid-Level Practitioners	116.00	6.00	122.00	4.92%
Registered Nurses	183.00	11.00	194.00	5.67%
Licensed Vocational Nurses	557.00	15.00	572.00	2.62%
Dentists	59.00	11.00	70.00	15.71%
Psychiatrists	17.00	1.00	18.00	5.56%



Consent Item 3(b)

University Medical Director's Report

Texas Tech University
Health Sciences Center

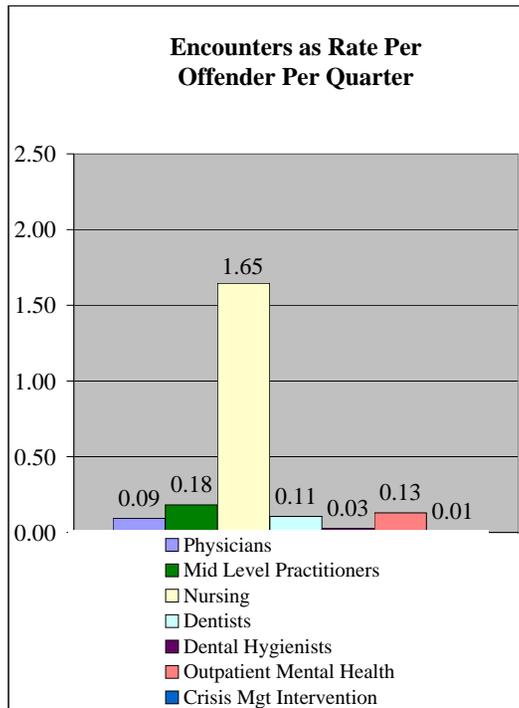


**Correctional Managed Health Care
MEDICAL DIRECTOR'S REPORT**

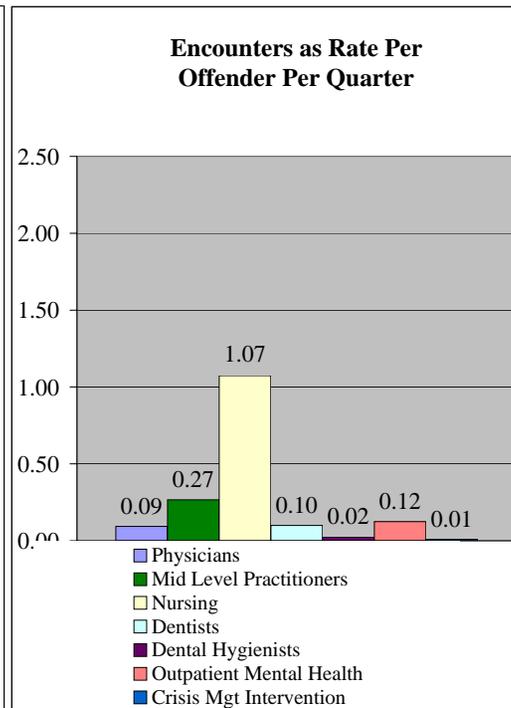
**FOURTH QUARTER
FY 2012**

Medical Director's Report:

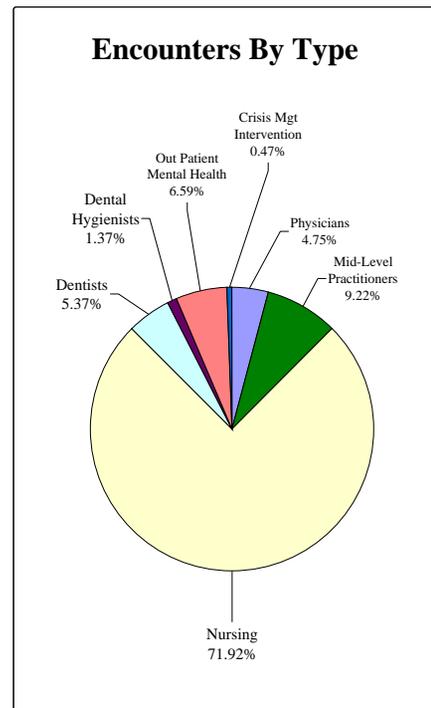
Average Population	June		July		August		Quarterly Average	
	31,452.80		31,378.81		31,286.71		31,372.77	
<i>Medical Encounters</i>	Number	Rate Per Offender	Number	Rate Per Offender	Number	Rate Per Offender	Number	Rate Per Offender
Physicians	2,995	0.095	2,818	0.090	2,936	0.094	2,916	0.093
Mid-Level Practitioners	7,528	0.239	7,964	0.254	9,595	0.307	8,362	0.267
Nursing	17,102	0.544	37,352	1.190	46,663	1.491	33,706	1.074
Sub-Total	27,625	0.878	48,134	1.534	59,194	1.892	44,984	1.434
<i>Dental Encounters</i>								
Dentists	2,703	0.086	2,857	0.091	3,786	0.121	3,115	0.099
Dental Hygienists	765	0.024	780	0.025	805	0.026	783	0.025
Sub-Total	3,468	0.110	3,637	0.116	4,591	0.147	3,899	0.124
<i>Mental Health Encounters</i>								
Outpatient mental health visits	3,836	0.122	3,546	0.113	4,322	0.138	3,901	0.124
Crisis Mgt. Interventions	327	0.010	326	0.010	330	0.011	328	0.010
Sub-Total	4,163	0.132	3,872	0.123	4,652	0.149	4,229	0.135
Total Encounters	35,256	1.121	55,643	1.773	68,437	2.187	53,112	1.693



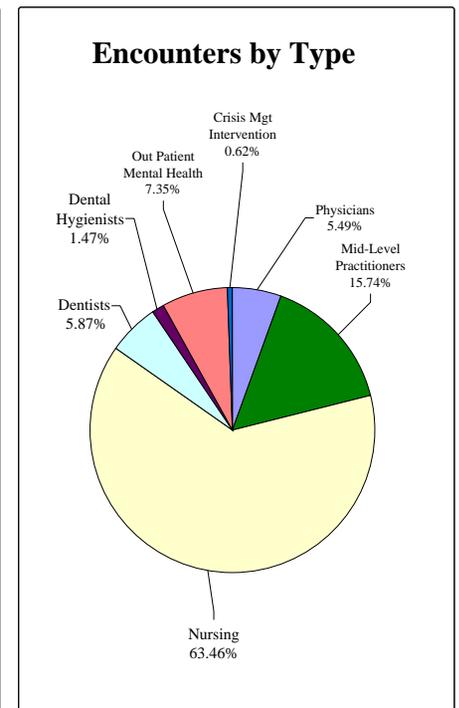
3rd Quarter 2012



4th Quarter 2012



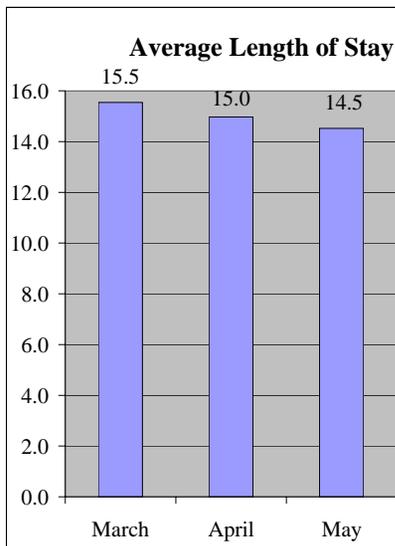
3rd Quarter 2012



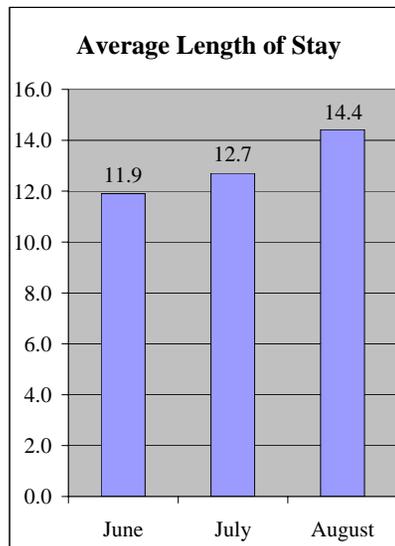
4th Quarter 2012

Medical Director's Report (page 2):

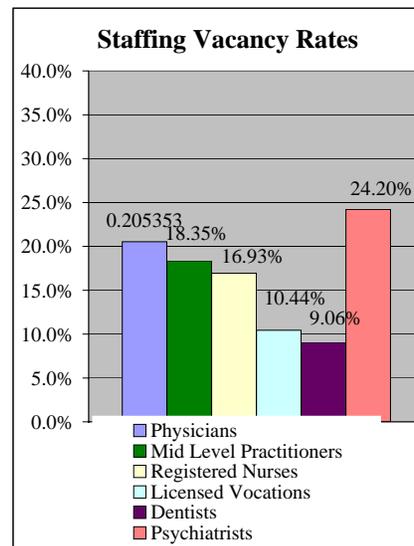
	June	July	August	Quarterly Average
Medical Inpatient Facilities				
Average Daily Census	113.46	111.19	111.46	112.04
Number of Admissions	178	170	200	182.67
Average Length of Stay	11.9	12.7	14.42	13.01
Number of Clinic Visits	609	557	467	544.33
Mental Health Inpatient Facilities				
Average Daily Census	523	530	518	523.67
PAMIO/MROP Census	249	255	245	249.67
Specialty Referrals Completed	659	807	735	733.67
Telemedicine Consults	881	732	1043	885.33
Health Care Staffing				
	Average This Quarter			Percent Vacant
	Filled	Vacant	Total	
Physicians	15.73	4.15	19.88	20.88%
Mid-Level Practitioners	29.17	6	35.17	17.06%
Registered Nurses	125.49	25.47	150.96	16.87%
Licensed Vocational Nurses	269.68	32.65	302.33	10.80%
Dentists	17.57	1.75	19.32	9.06%
Psychiatrists	6.89	2.2	9.09	24.20%



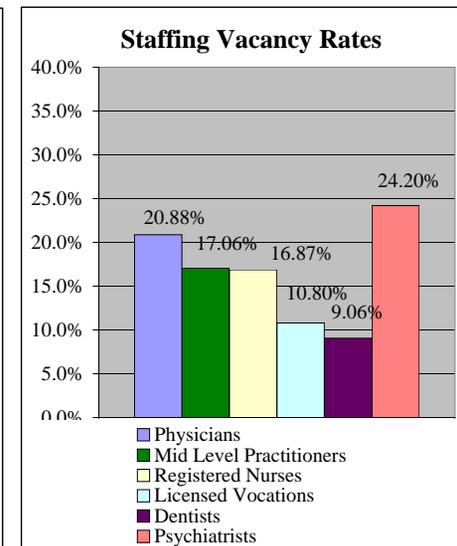
3rd Quarter 2012



4th Quarter 2012



3rd Quarter 2012



4th Quarter 2012

Consent Item 4

Summary of CMHCC Joint
Committee \ Work Groups

**Correctional Managed Health Care
Joint Committee/Work Group Activity Summary
For December 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: November 8, 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. FY2012 SLC Indicators
 - 1. Diagnostic Radiographs
 - 2. Mental Health Continuity of Care: Inpatient Discharges
 - 3. Refusal of Treatment (ROT)
 - 4. Inpatient Physical Therapy
 - 5. Missed Appointments (No Shows)

Standing Issues

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

Miscellaneous/Open for Discussion Participants:

- A. CMHCC Updates
- B. Joint Nursing Committee Update
- C. Chronic Disease Audit Update
- D. ATC Accuracy Evaluation
- E. QA Nurse Protocol Audits
- F. Nursing QA-QI Site Visit Audits
- G. Clinical Services Quality of Care Concerns

Adjournment

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: October 11, 2012

Sub Committee Updates: None

Old Business:

A-08.7 (Att. A, B) - Continued to Tabled

A-12.1 Grievance Mechanism – Continued to Tabled

E-41.2 Emergency Response During Hours of Operation – Continued to Tabled

I-70.1 Informed Consent – More changes have been submitted.

New Business:

Sections B, C and D are scheduled for review.

B-15.2 Heat Stress

B-15.2 Heat Related Illness Reporting Form/ATTACHMENT C NEW

C-20.1 Training For Correctional Officers

C-22.1 Offender Workers

C-23.2 Supervising Med Assist/Performing Tasks

C-23.2 Competency Based Orientation/ATTACHMENT A

C-25.1 Orientation Training for HS Staff

E-35.2 Mental Health Evaluation

F-47.1 Therapeutic Diets

F-47.1 Counseling Sheet for Therapeutic Diet Refusal/ATTACHMENT A NEW

G-59.2 Optic Prosthesis and Appliances

I-67.1 Compelled Psych Med for Mental Illness/ATTACHMENT A NEW

Adjournment

- Next Meeting Date is January 10, 2012 at 1:00 P.M.

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: September 13, 2012

Key Activities:

Approval of Minutes from July 12, 2011 Meeting

Reports from Subcommittees:

- A.** DMG Triage – Dr. Sandmann
- B.** Skin and Soft Tissue – Dr. Sandmann
- C.** Psychiatry – Dr. Butler

Monthly Reports

- A.** Adverse Drug Reaction Report (none)
- B.** Pharmacy Clinical Activity Report
- C.** Drug recalls (June - July 2012)
- D.** Nonformulary Deferral Reports
 - 1. UTMB Sector (June - August 2012)
 - 2. Texas Tech Sector (June - July 2012)

- E.** Utilization Reports (April-May 2012)
 - 1. HIV Utilization
 - 2. Hepatitis C Utilization
 - 3. Hepatitis B Utilization
 - 4. Psychotropic Utilization

- F.** Special Report – Top 50 Drugs by Volume and Cost – 4th Quarter FY12
- G.** Policy Review Schedule

Old Business - None

New Business

- A.** Action Request
 - 1. Formulary Deletion of Enucelele (Manufacturer Discontinuation)
 - 2. Review of Non-formulary Medication KOP Status
 - 3. Review of Insulin Pump for Type 1 Diabetics
- B.** Drug Category Review
 - 1. EENT
 - 2. Electrolytes

3. Antihypertensive Agents
- C. Medication Usage Evaluations
 1. Chlopromazine
 2. 8-Hour KOP Facilities
- D. FDA Medication Safety Advisories
- E. Policy and Procedure Revisions
 1. Pharmacy and Therapeutic Committee (05-05)
 2. Non-Formulary Drugs (05-10)
 3. Additions to the TDCJ Medication Formulary (05-15)
 4. Prescribing and Ordering Medications (10-05)
 5. Automatic Stop Orders for Drugs (10-10)
 6. Investigational Drugs within TDCJ (10-20)
 7. Medications Restricted to Specific Protocols for Use (10-25)
 8. Ordering Floor Stock Medication (10-30)
 9. Ordering Warehouse Medication (10-35)
- F. Miscellaneous

Adjournment

Joint Infection Control Committee

Co-Chair: Dr. Carol Coglianese
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: October 11, 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 Nurse Examiner
- F. Dianna Langley – Peer Education

New Business

- A. B-15.1 - Environmental Inspection – (No Revisions)
- B. B-16.1 - Kitchen Sanitation and Food Handlers (No Revisions)
- C. B-17.1 - Ectoparasite Control – (No Revisions)
- D. B-14.16 – Soft Skin Tissue (Revised)

Policy Under Reviews -

- a. B-14.25 Special (Medical) Waste Management – (No Revisions)
- b. B.14.26 Gastro-Intestinal Illness – (Revised)
- c. B-14.27 Bloodborne Pathogen Exposure Control Plan – (Revised)
- d. B.14.31 Personal Protection Equipment and Other Protective Supplies – (Revised)
- e. B.14.40 Infection Control In Dental Clinics and Dental Laboratories – (No Revisions)
- f. B-14.41 Barber/Beauty Shop Personnel (Health and Hygiene) (No Revisions)
- g. B-14.42 Food Handlers (No Revisions)
- h. B-14.50 Housing and Job Restrictions (No Revisions)
- i. B-14.51 Influenza – Like Illness (ILI) – (Revised)

Adjourn

- Next Meeting – February 7, 2013
- Policies to be reviewed are B-14.1 through B-14.10

Joint Dental Work Group

Chair: Dr. Billy Horton

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

Meeting Date: September 19, 2012

Systems Director Meeting

- TDCJ Health Services Director, Dr. Manual “Bubba” Hirsch
- Western Sector Dental Services Director, TTUHSC, Dr. Brian Tucker
- Eastern Sector Dental Services Directors, UTMB-CMC, Dr. Billy Horton
- Dental Utilization Quality Review committee, Chairperson: Dr. Scott Reinecke

UTMB – CMC Director’s Meeting

- Dental Hygiene Manager, Ms. Pam Myers
- Policy Review
- Eastern Sector Dental Services
 - Region 1, Dr. Scott Reinecke
 - Region 2, Dr. John Beason
 - Region 3, Dr. Joseph Sheringo
- Adjourn

Joint Mortality and Morbidity Committee

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.

For the Three Months Ended August 31, 2012

- There were 100 deaths reviewed by the Mortality and Morbidity Committee during the months of March, April, and May 2012. Of those 100 deaths, 18 were referred to peer review committees.

Joint Nursing Work Group

Chair: Mike Jones, RN, BSN

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

Meeting Date: October 10, 2012

- Fit Testing Implementation
- Proposed Organ Donor Policy
- Proposed distribution of UTMB IDDM inmates
- New UTMB Diversion Report
- RNs pronouncing death
- PICC lines
- Narcotic wastage

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: December 6, 2012

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

From: Allen Hightower, Executive Director

Subject: Executive Director's Report

Correctional Managed Health Care Committee has nothing to report at this time.



Correctional Managed Health Care

Quarterly Report FY 2012 Fourth Quarter

September 2011 – August 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 fourth 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 fourth quarter of this fiscal year, the correctional health care program has slightly decreased in the overall offender population served. The average daily population served through the fourth quarter of FY 2012 was 152,048. Through this same quarter a year ago (FY 2011), the average daily population was 152,836, a decrease of 788 (0.52%). While overall growth has slightly decreased, the number of offenders age 55 and over has continued to steadily increase at a 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 fourth quarter of FY 2012, the average number of older offenders in the service population was 13,670. Through this same quarter a year ago (FY 2011), the average number of offenders age 55 and over was 12,814. This represents an increase of 856 or about 6.7% 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 fourth quarter of FY 2012 was 207 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 fourth quarter of FY 2012 was 3,622 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 2,292 (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 1,797 through the fourth quarter of FY 2012, as compared to 1,943 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 fourth quarter of FY 2012, the average number of mental health outpatients was 18,643 representing 12.3% of the service population.

Health Care Costs

- Overall health costs through the fourth quarter of FY 2012 totaled \$495.0M. This amount is above the overall revenues earned by the university providers by \$17.9M.
- UTMB's total revenue through the fourth quarter was \$379.2M. Their expenditures totaled \$397.6M, resulting in a net loss of \$18.4M. On a per offender per day basis, UTMB earned \$8.59 in revenue and expended \$9.01 resulting in a loss of \$0.42 per offender per day.
- TTUHSC's total revenue through the fourth quarter was \$97.9M. Expenditures totaled \$97.4M, resulting in a net gain of \$527,772. On a per offender per day basis, TTUHSC earned \$8.50 in revenue, but expended \$8.45 resulting in a gain of \$0.05 per offender per day.
- Examining the health care costs in further detail indicates that of the \$495.0M in expenses reported through the fourth quarter of the year:
 - Onsite services (those medical services provided at the prison units) comprised \$226.3M representing about 45.7% of the total health care expenses:
 - Of this amount, 82.4% was for salaries and benefits and 17.6% for operating costs.
 - Pharmacy services totaled \$52.9M representing approximately 10.7% of the total expenses:
 - Of this amount 18.3% was for related salaries and benefits, 3.2% for operating costs and 78.5% for drug purchases.
 - Offsite services (services including hospitalization and specialty clinic care) accounted for \$160.9M or 32.5% of total expenses:
 - Of this amount 70.3% was for estimated university provider hospital, physician and professional services; and 29.7% for Freeworld (non-university) hospital, specialty and emergency care.
 - Mental health services totaled \$41.0M or 8.3% of the total costs:
 - Of this amount, 97.8% was for mental health staff salaries and benefits, with the remaining 2.2% for operating costs.
 - Indirect support expenses accounted for \$13.9M and represented 2.8% of the total costs.

- The total cost per offender per day for all health care services statewide through the fourth quarter of FY 2012 was \$8.90. However, when benchmarked against the average cost per offender per day for the prior four fiscal years of \$9.44, the decrease is at (5.7%). As a point of reference healthcare costs was \$7.64 per day in FY03. This would equate to a 16.5% increase since FY03 or approximately 1.65% increase per year average, well below the national average.
 - For UTMB, the cost per offender per day was \$9.01. 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 \$8.45, 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 fourth quarter of FY 2012 indicates that offenders aged 55 and over had a documented encounter with medical staff a little more than 1.2 times as often as those under age 55.
 - An examination of hospital admissions by age category found that through this quarter of the fiscal year, hospital costs and outpatient clinic costs received to date for charges incurred this fiscal year for offenders over age 55 totaled approximately \$3,971 per offender. The same calculation for offenders under age 55 totaled about \$661. In terms of hospitalization and clinic costs, the older offenders were utilizing health care resources at a rate more than 6.0 times higher than the younger offenders. While comprising about 9.0% of the overall service population, offenders age 55 and over account for 37.2% of the hospitalization and clinic costs received to date.
 - A third examination of dialysis costs found that, proportionately, older offenders are represented 5.3 times more often in the dialysis population than younger offenders. Dialysis costs continue to be significant, averaging \$44,626 per patient per year. Providing medically necessary dialysis treatment for an average of 213 patients through the fourth quarter of FY2012 cost \$4.8M.

Drug Costs

- Total drug costs through the fourth quarter of FY 2012 totaled \$41.5M.
 - Pharmaceutical costs related to HIV care continue to be the largest single component of pharmacy expenses.
 - Through this quarter, \$20.0M in costs (or \$1.67M per month) for HIV antiretroviral medication costs were experienced. This represents 48.2% of the total drug cost during this time period.
 - Expenses for psychiatric drugs are also being tracked, with approximately \$2.6M being expended for psychiatric medications through the fourth quarter, representing 6.3% of the overall drug cost.
 - Another pharmacy indicator being tracked is the cost related to Hepatitis C therapies. These costs were \$2.6M and represented about 6.2% of the total drug cost.

Reporting of Fund Balances

- UTMB reports that they have a total loss of \$18,449,169 through this fourth quarter of this fiscal year. TTUHSC reports that they have a total gain of \$527,772 through this fourth 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 fourth quarter for the CMHCC account is included in this report. That summary indicates that the ending balance on the CMHCC account on August 31, 2012 was \$79,991.45. This is primarily due to the vacancy of one employee in the Correctional Managed Health Care Committee during this past year.

Financial Monitoring

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

The testing of detail transactions performed on TTUHSC's financial information for June 2012 through August 2012 found all tested transactions to be verified, and found all back up detail documentation to be validated.

The testing of detail transactions performed on UTMB's financial information for June 2012 through August 2012 found all tested transactions to be verified and found all back up detail to be validated, except for three transactions. One transaction in June 2012 with no back-up documentation and two transactions in July 2012 with no back up documentation.

Concluding Notes

The combined operating loss for the university providers through the fourth quarter of FY 2012 is \$17.9 M. The university providers are continuing to monitor their expenditures closely, while seeking additional opportunities to reduce costs in order to minimize their operating losses.

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Table 1
Correctional Managed Health Care
FY 2012 Budget Allocations

Distribution of Funds

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

Source of Funds

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

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

Chart 1

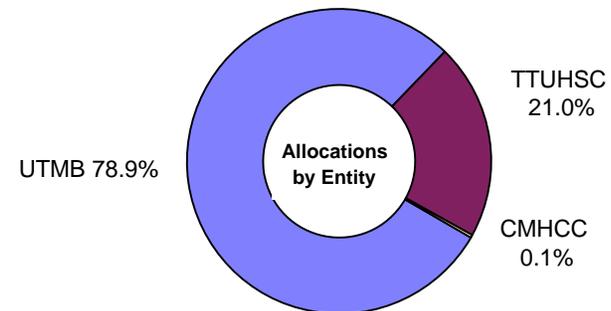


Table 2
FY 2012
Key Population Indicators
Correctional Health Care Program

Indicator	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-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	108,715	108,421	108,035	107,692	107,227	106,670	108,648
UTMB Private Prison Population*	11,919	11,912	11,907	11,912	11,899	11,903	11,908	11,912	11,908	11,905	11,909	11,913	11,909
UTMB Total Service Population	121,686	121,692	121,740	121,523	121,121	120,709	120,623	120,334	119,943	119,597	119,136	118,583	120,557
TTUHSC Total Service Population	31,715	31,678	31,538	31,464	31,343	31,337	31,538	31,635	31,521	31,456	31,380	31,290	31,491
CMHC Service Population Total	153,401	153,370	153,278	152,987	152,464	152,046	152,161	151,969	151,464	151,053	150,516	149,873	152,048
Population Age 55 and Over													
UTMB Service Population Average	11,158	11,215	11,256	11,289	11,368	11,411	11,508	11,488	11,502	11,478	11,460	11,429	11,380
TTUHSC Service Population Average	2,215	2,231	2,247	2,260	2,256	2,295	2,311	2,308	2,309	2,322	2,350	2,372	2,290
CMHC Service Population Average	13,373	13,446	13,503	13,549	13,624	13,706	13,819	13,796	13,811	13,800	13,810	13,801	13,670
Medical Health Inpatient Daily Census													
UTMB Hospital Galveston Inpatient ADC	74	63	62	65	66	68	62	65	66	64	68	70	66
UTMB FreeWorld Hospital Inpatient ADC	17	13	15	20	20	21	23	28	26	23	28	25	21
TTUHSC RMF Inpatient ADC	112	111	111	111	116	114	114	112	109	110	106	111	111
TTUHSC FreeWorld Hospital Inpatient ADC	7	11	10	9	7	6	8	10	8	10	10	5	9
CMHC Medical Inpatient Daily Census	211	197	198	205	209	209	206	214	210	207	212	211	207
Medical Health Outpatient Visits													
UTMB Specialty Clinic & ER Visits	2,657	2,288	2,089	1,946	2,541	2,713	2,970	2,821	3,211	2,225	3,019	3,988	2,706
TTUHSC FreeWorld Outpatient & ER Visits	876	905	876	886	891	844	1,020	643	1,105	929	825	1,192	916
CMHC Medical Outpatient Visits	3,533	3,193	2,965	2,832	3,432	3,557	3,990	3,464	4,316	3,154	3,844	5,180	3,622
HIV+ Population													
HIV+ Population	2,324	2,352	2,318	2,320	2,297	2,302	2,288	2,251	2,245	2,273	2,265	2,271	2,292
Mental Health Inpatient Census													
UTMB Psychiatric Inpatient Average	1,001	999	1,009	1,009	1,017	1,012	1,020	1,021	1,023	1008	1017	991	1,011
TTUHSC Psychiatric Inpatient Average	914	891	779	764	756	750	749	755	756	772	785	763	786
CMHC Psychiatric Inpatient Average	1,915	1,890	1,788	1,773	1,773	1,762	1,769	1,776	1,779	1,780	1,802	1,754	1,797
Mental Health Outpatient Census													
UTMB Psychiatric Outpatient Average	14,566	14,131	13,582	13,697	14,263	14,822	15,039	14,813	15,449	14,536	15,420	15,652	14,664
TTUHSC Psychiatric Outpatient Average	4,275	3,946	4,111	3,631	3,681	4,113	4,415	3,981	3,892	3,836	3,546	4,322	3,979
CMHC Psychiatric Outpatient Average	18,841	18,077	17,693	17,328	17,944	18,935	19,454	18,794	19,341	18,372	18,966	19,974	18,643

Chart 2 CMHC Service Population

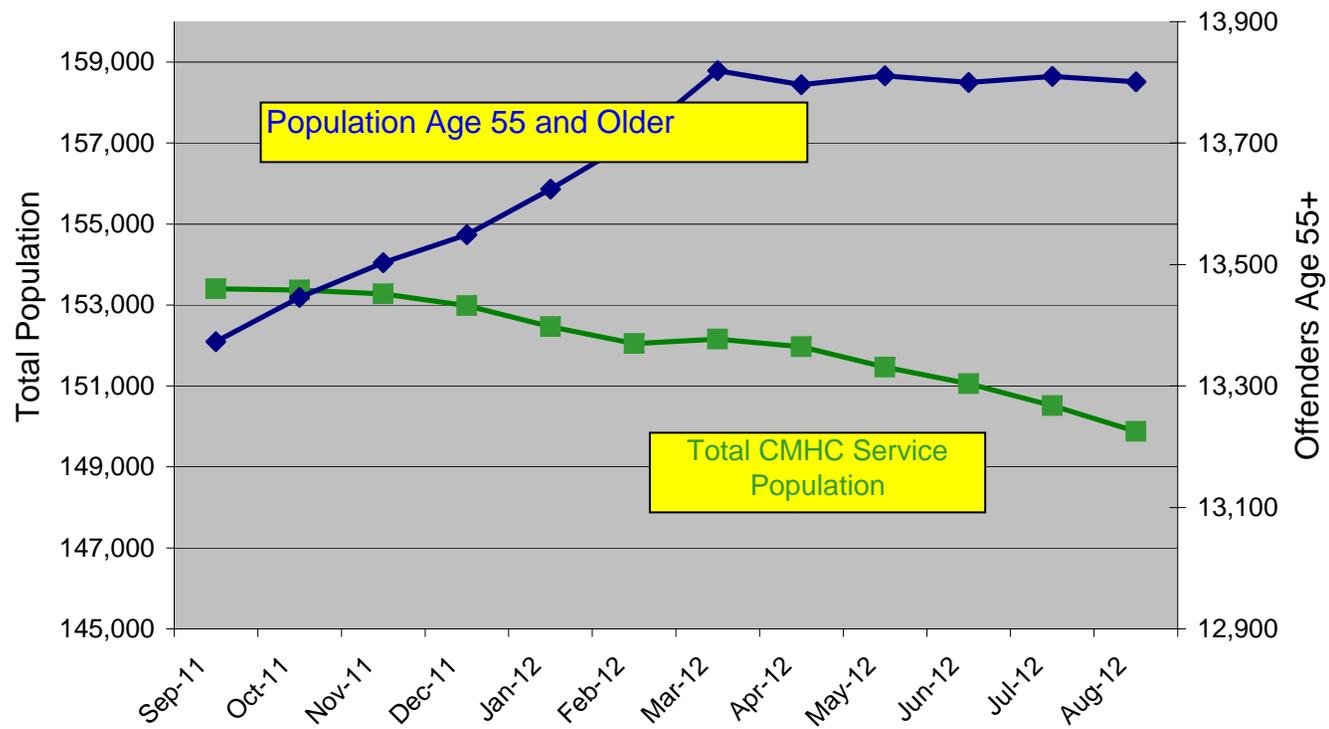


Table 3
Summary Financial Report: Unit and Mental Health Costs - C.1.7
Fiscal Year 2012 - through August 31, 2012 (Sep 2011- Aug 2012)

Days in Year: 366

	Unit and Mental Health Services Costs			Unit & Mental Cost Per Day Calculations		
	UTMB	TTUHSC	TOTAL	UTMB	TTUHSC	TOTAL
Population Served	120,557	31,491	152,048			
Revenue						
Capitation Payments	\$187,310,016	\$54,370,960	\$241,680,976	\$4.25	\$4.72	\$4.34
State Reimbursement Benefits	\$38,929,602	\$6,277,952	\$45,207,554	\$0.88	\$0.54	\$0.81
Other Misc Revenue	\$60,564	\$2,353	\$62,917	\$0.00	\$0.00	\$0.00
Total Revenue	\$226,300,182	\$60,651,265	\$286,951,447	\$5.13	\$5.26	\$5.16
Expenses						
Unit Services						
Salaries	\$126,304,545	\$17,544,742	\$143,849,287	\$2.86	\$1.52	\$2.58
Benefits	\$38,241,139	\$4,358,507	\$42,599,646	\$0.87	\$0.38	\$0.77
Operating (M&O)	\$17,819,964	\$1,521,616	\$19,341,580	\$0.40	\$0.13	\$0.35
Professional Services	\$0	\$2,141,009	\$2,141,009	\$0.00	\$0.19	\$0.04
Contracted Units/Services	\$0	\$16,594,615	\$16,594,615	\$0.00	\$1.44	\$0.30
Travel	\$833,285	\$46,352	\$879,637	\$0.02	\$0.00	\$0.02
Electronic Medicine	\$0	\$569,742	\$569,742	\$0.00	\$0.05	\$0.01
Capitalized Equipment	\$363,969	\$0	\$363,969	\$0.01	\$0.00	\$0.01
Subtotal Onsite Expenses	\$183,562,902	\$42,776,583	\$226,339,485	\$4.16	\$3.71	\$4.07
Mental Health Services						
Salaries	\$22,117,286	\$10,122,034	\$32,239,320	\$0.50	\$0.88	\$0.58
Benefits	\$5,409,160	\$2,468,191	\$7,877,351	\$0.12	\$0.21	\$0.14
Operating (M&O)	\$408,006	\$115,295	\$523,301	\$0.01	\$0.01	\$0.01
Professional Services	\$0	\$306,992	\$306,992			
Contracted Units/Services	\$0	\$0	\$0			
Travel	\$48,367	\$8,367	\$56,734	\$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	\$27,982,819	\$13,020,879	\$41,003,698	\$0.63	\$1.10	\$0.73
Indirect Expenses	\$10,738,112	\$1,815,120	\$12,553,232	\$0.24	\$0.16	\$0.23
Total Unit and Mental Health Expenses	\$222,283,833	\$57,612,582	\$279,896,415	\$5.04	\$4.97	\$5.02
Operating Income (Loss)	\$4,016,349	\$3,038,683	\$7,055,032	\$0.09	\$0.29	\$0.13
LBB Approved Transfer of Strategy Reclass	(\$4,016,349)	(\$2,914,371)	\$25,184,288			
Final Operating Income (Loss) for C.1.7 Strategy	\$0	\$124,312	(\$24,660,987)			

Table 3 (Continued)
Summary Financial Report: Hospital and Clinic Costs - C.1.8
Fiscal Year 2012 - through August 31, 2012 (Sep 2011- Aug 2012)

Days in Year: 366

	Hospital and Clinic Costs			Hospital & Clinic Cost Per Day Calculations		
	UTMB	TTUHSC	TOTAL	UTMB	TTUHSC	TOTAL
Population Served	120,557	31,491	152,048			
Revenue						
Capitation Payments	\$110,016,884	\$25,291,922	\$135,308,806	\$2.49	\$2.19	\$2.43
State Reimbursement Benefits	\$0	\$1,468,716	\$1,468,716	\$0.00	\$0.13	\$0.03
Other Misc Revenue	\$0	\$0	\$0	\$0.00	\$0.00	\$0.00
Total Revenue	\$110,016,884	\$26,760,638	\$136,777,522	\$2.49	\$2.32	\$2.46
Expenses						
Hospital and Clinic Services						
University Professional Services	\$15,218,522	\$1,221,819	\$16,440,341	\$0.34	\$0.11	\$0.30
Freeworld Provider Services	\$25,973,101	\$16,174,582	\$42,147,683	\$0.59	\$1.40	\$0.76
UTMB or TTUHSC Hospital Cost	\$86,108,608	\$10,604,956	\$96,713,564	\$1.95	\$0.92	\$1.74
Estimated IBNR	\$6,389,162	(\$800,000)	\$5,589,162	\$0.14	(\$0.07)	\$0.10
Subtotal Offsite Expenses	\$133,689,393	\$27,201,357	\$160,890,750	\$3.03	\$2.36	\$2.89
Indirect Expenses	\$0	\$982,644	\$982,644	\$0.00	\$0.09	\$0.02
Total Hospital and Clinic Expenses	\$133,689,393	\$28,184,001	\$161,873,394	\$3.03	\$2.45	\$2.91
Operating Income (Loss)	(\$23,672,509)	(\$1,423,363)	(\$25,095,872)	(\$0.54)	(\$0.12)	(\$0.45)
LBB Approved Transfer of Strategy Reclass	\$5,223,340	\$1,720,144	\$161,873,394			
Final Operating Income (Loss) for C.1.8 Strategy	(\$18,449,169)	\$296,781	(\$161,873,394)			

Table 3 (Continued)
Summary Financial Report: Pharmacy Costs - C.1.9
Fiscal Year 2012 through August 31, 2012 (Sep 2011- Aug 2012)

Days in Year: 366

	Pharmacy Health Services Costs			Pharmacy Health Cost Per Day Calculations		
	UTMB	TTUHSC	TOTAL	UTMB	TTUHSC	TOTAL
Population Served	120,557	31,491	152,048			
Revenue						
Capitation Payments	\$41,018,720	\$10,481,280	\$51,500,000	\$0.93	\$0.91	\$0.93
State Reimbursement Benefits	\$1,648,003	\$56,452	\$1,704,455	\$0.04	\$0.00	\$0.03
Other Misc Revenue	\$173,755	\$5,101	\$178,856	\$0.00	\$0.00	\$0.00
Total Revenue	\$42,840,478	\$10,542,833	\$53,383,311	\$0.97	\$0.91	\$0.96
Expenses						
Pharmacy Services						
Salaries	\$5,929,619	\$1,861,387	\$7,791,006	\$0.13	\$0.16	\$0.14
Benefits	\$1,847,843	\$63,430	\$1,911,273	\$0.04	\$0.01	\$0.03
Operating (M&O)	\$1,345,315	\$293,218	\$1,638,533	\$0.03	\$0.03	\$0.03
Pharmaceutical Purchases	\$32,492,083	\$9,043,863	\$41,535,946	\$0.74	\$0.78	\$0.75
Professional Services	\$0	\$0	\$0	\$0.00	\$0.00	\$0.00
Travel	\$18,626	\$11,201	\$29,827	\$0.00	\$0.00	\$0.00
Subtotal Pharmacy Health Expenses	\$41,633,486	\$11,273,099	\$52,906,585	\$0.94	\$0.98	\$0.95
Indirect Expenses	\$0	\$357,282	\$357,282	\$0.00	\$0.03	\$0.01
Total Pharmacy Expenses	\$41,633,486	\$11,630,381	\$53,263,867	\$0.94	\$1.01	\$0.96
Operating Income (Loss)	\$1,206,992	(\$1,087,548)	\$119,444	\$0.03	(\$0.09)	\$0.00
LBB Approved Transfer of Strategy Reclass	(\$1,206,992)	\$1,194,227	(\$119,444)			
Final Operating Income (Loss) for C.1.9 Strategy	\$0	\$106,679	\$7,910,450			

All Health Care Summary

	All Health Care Services			Cost Per Offender Per Day		
	UTMB	TTUHSC	TOTAL	UTMB	TTUHSC	TOTAL
Unit & Mental Health Services	\$226,300,182	\$60,651,265	\$286,951,447	\$5.13	\$5.26	\$5.16
Hospital & Clinic Services	\$110,016,884	\$26,760,638	\$136,777,522	\$2.49	\$2.32	\$2.46
Pharmacy Health Services	\$42,840,478	\$10,542,833	\$53,383,311	\$0.97	\$0.91	\$0.96
Total Revenue	\$379,157,544	\$97,954,736	\$477,112,280	\$8.59	\$8.50	\$8.57
Unit & Mental Health Services	\$222,283,833	\$57,612,582	\$279,896,415	\$5.04	\$5.00	\$5.03
Hospital & Clinic Services	\$133,689,393	\$28,184,001	\$161,873,394	\$3.03	\$2.45	\$2.91
Pharmacy Health Services	\$41,633,486	\$11,630,381	\$53,263,867	\$0.94	\$1.01	\$0.96
Total Expenses	\$397,606,713	\$97,426,964	\$495,033,676	\$9.01	\$8.45	\$8.90
Operating Income (Loss)	(\$18,449,169)	\$527,772	(\$17,921,396)	(\$0.42)	\$0.05	(\$0.33)

Table 4
FY 2012 4th Quarter
UTMB/TTUHSC EXPENSE SUMMARY

Category	Expense	Percent of Total
Onsite Services	\$226,339,485	45.72%
Salaries	\$143,849,287	
Benefits	\$42,599,646	
Operating	\$39,890,552	
Pharmacy Services	\$52,906,585	10.69%
Salaries	\$7,791,006	
Benefits	\$1,911,273	
Operating	\$1,668,360	
Drug Purchases	\$41,535,946	
Offsite Services	\$160,890,750	32.50%
Univ. Professional Svcs.	\$16,440,341	
Freeworld Provider Svcs.	\$42,147,683	
Univ. Hospital Svcs.	\$96,713,564	
Est. IBNR	\$5,589,162	
Mental Health Services	\$41,003,698	8.28%
Salaries	\$32,239,320	
Benefits	\$7,877,351	
Operating	\$887,027	
Indirect Expense	\$13,893,158	2.81%
Total Expenses	\$495,033,676	100.00%

Chart 3: Total Health Care by Category

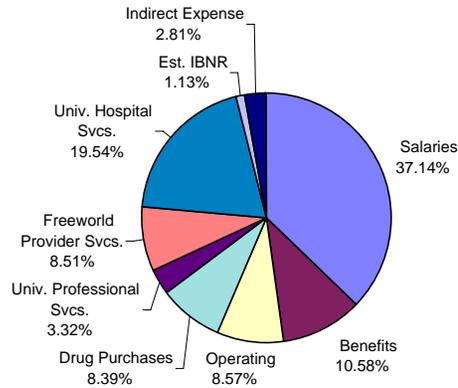


Chart 4: Onsite Services

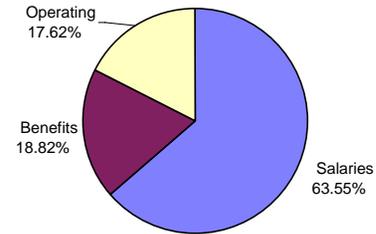


Chart 5: Pharmacy Services

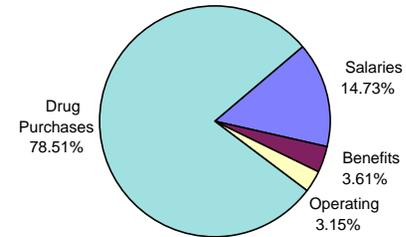


Chart 6: Offsite Services

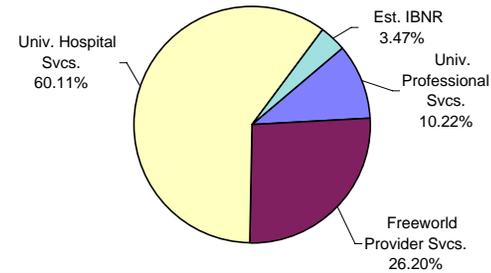


Chart 7: Mental Health Services

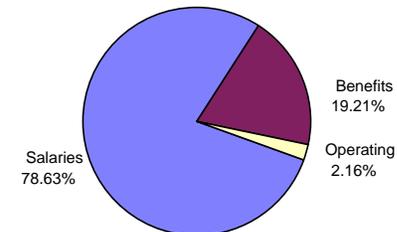


Table 4a
FY 2012 4th Quarter
UTMB/TTUHSC EXPENSE SUMMARY

Category	Total Expense	UTMB	TTUHSC	% UTMB
Onsite Services	\$226,339,485	\$183,562,902	\$42,776,583	81.10%
Salaries	\$143,849,287	\$126,304,545	\$17,544,742	
Benefits	\$42,599,646	\$38,241,139	\$4,358,507	
Operating	\$39,890,552	\$19,017,218	\$20,873,334	
Pharmacy Services	\$52,906,585	\$41,633,486	\$11,273,099	78.69%
Salaries	\$7,791,006	\$5,929,619	\$1,861,387	
Benefits	\$1,911,273	\$1,847,843	\$63,430	
Operating	\$1,668,360	\$1,363,941	\$304,419	
Drug Purchases	\$41,535,946	\$32,492,083	\$9,043,863	
Offsite Services	\$160,890,750	\$133,689,393	\$27,201,357	83.09%
Univ. Professional Svcs.	\$16,440,341	\$15,218,522	\$1,221,819	
Freeworld Provider Svcs.	\$42,147,683	\$25,973,101	\$16,174,582	
Univ. Hospital Svcs.	\$96,713,564	\$86,108,608	\$10,604,956	
Est. IBNR	\$5,589,162	\$6,389,162	(\$800,000)	
Mental Health Services	\$41,003,698	\$27,982,819	\$13,020,879	68.24%
Salaries	\$32,239,320	\$22,117,286	\$10,122,034	
Benefits	\$7,877,351	\$5,409,160	\$2,468,191	
Operating	\$887,027	\$456,373	\$430,654	
Indirect Expense	\$13,893,158	\$10,738,112	\$3,155,046	77.29%
Total Expenses	\$495,033,676	\$397,606,712	\$97,426,964	80.32%

**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	FYTD 12 3rd Qtr	FYTD 12 4th Qtr
Population									
UTMB	120,648	119,952	120,177	121,417	120,548	121,706	121,412	121,041	120,557
TTUHSC	31,064	30,616	31,048	31,419	31,037	31,643	31,512	31,530	31,491
Total	151,712	150,568	151,225	152,836	151,585	153,350	152,924	152,571	152,048
Expenses									
UTMB	381,036,398	423,338,812	435,710,000	\$432,371,801	418,114,253	97,279,543	196,347,076	\$295,420,735	\$397,606,713
TTUHSC	96,482,145	100,980,726	109,767,882	\$110,272,668	104,375,855	23,797,251	47,993,851	\$73,245,261	\$97,426,964
Total	477,518,543	524,319,538	545,477,882	\$542,644,469	522,490,108	121,076,794	244,340,927	\$368,665,996	\$495,033,677
Cost/Day									
UTMB	\$8.63	\$9.67	\$9.93	\$9.76	\$9.50	\$8.78	\$8.89	\$8.91	\$9.01
TTUHSC	\$8.49	\$9.04	\$9.69	\$9.62	\$9.21	\$8.26	\$8.37	\$8.48	\$8.45
Total	\$8.60	\$9.54	\$9.88	\$9.73	\$9.44	\$8.68	\$8.78	\$8.82	\$8.90

* 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

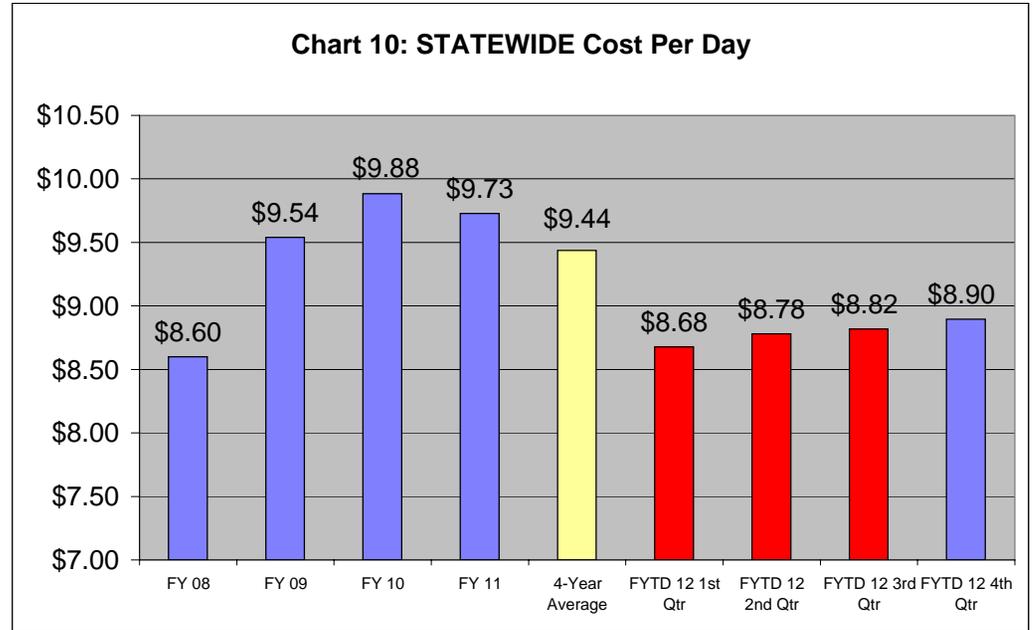
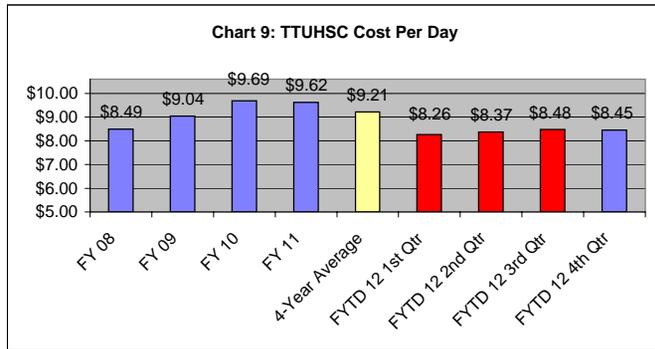
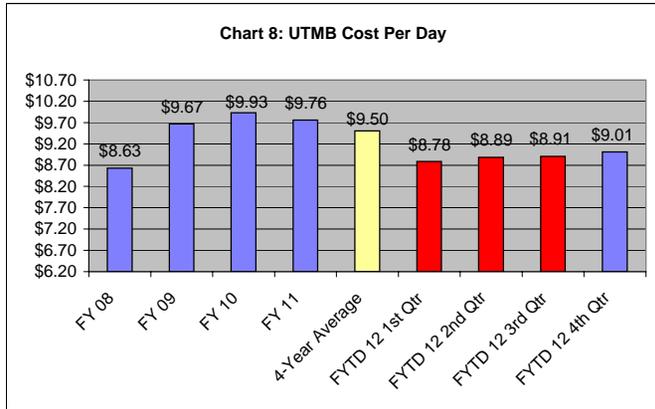


Table 6
Medical Encounter Statistics* by Age Grouping

12

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	16,185	119,357	135,542	11,158	110,528	121,686	1.45	1.08	1.11
Oct-11	16,149	134,250	150,399	11,215	110,477	121,692	1.44	1.22	1.24
Nov-11	13,583	97,905	111,488	11,256	110,484	121,740	1.21	0.89	0.92
Dec-11	13,814	98,533	112,347	11,289	110,234	121,523	1.22	0.89	0.92
Jan-12	14,272	107,311	121,583	11,368	109,753	121,121	1.26	0.98	1.00
Feb-12	14,766	109,554	124,320	11,411	109,298	120,709	1.29	1.00	1.03
Mar-12	15,359	117,373	132,732	11,508	109,115	120,623	1.33	1.08	1.10
Apr-12	15,109	118,234	133,343	11,488	108,846	120,334	1.32	1.09	1.11
May-12	15,633	124,923	140,556	11,502	108,441	119,943	1.36	1.15	1.17
Jun-12	14,569	116,532	131,101	11,478	108,119	119,597	1.27	1.08	1.10
Jul-12	15,034	123,182	138,216	11,460	107,676	119,136	1.31	1.14	1.16
Aug-12	15,232	126,620	141,852	11,429	107,154	118,583	1.33	1.18	1.20
Average	14,975	116,148	131,123	11,380	109,177	120,557	1.32	1.06	1.09

*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

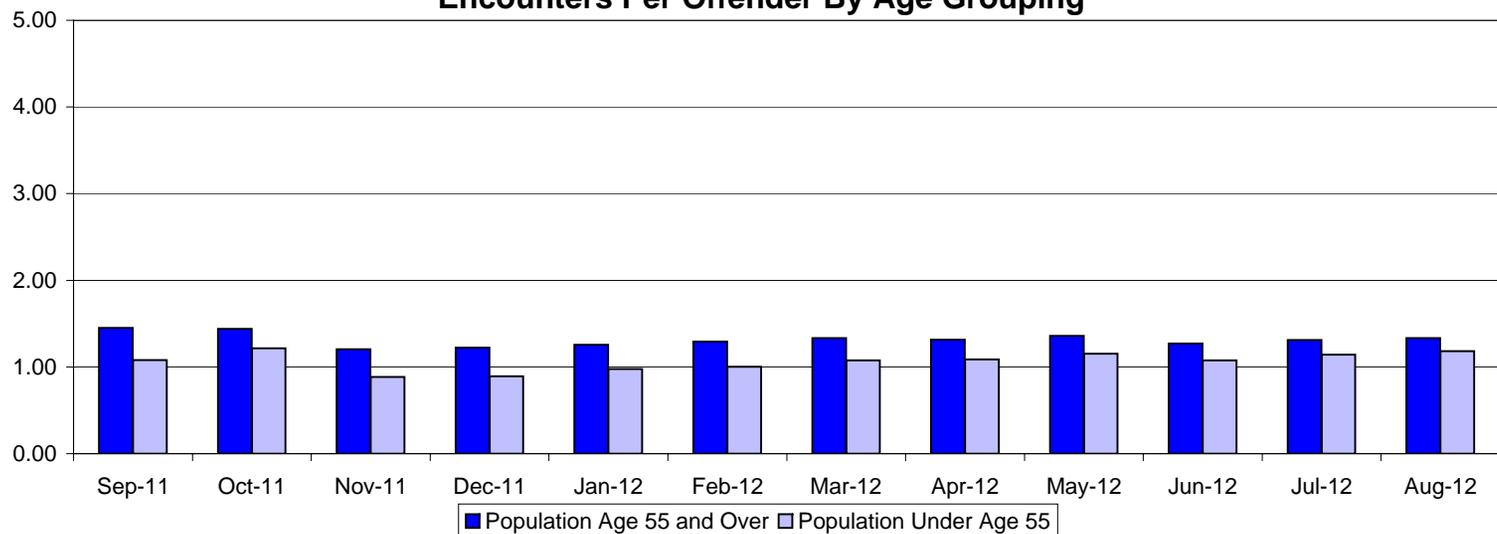


Table 7
FY 2012 4th Quarter
Offsite Costs* To Date by Age Grouping

Age Grouping	Cost Data	Total Population	Total Cost Per Offender
Age 55 and Over	\$54,280,665	13,670	\$3,970.84
Under Age 55	\$91,471,695	138,379	\$661.02
Total	\$145,752,360	152,048	\$958.59

**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

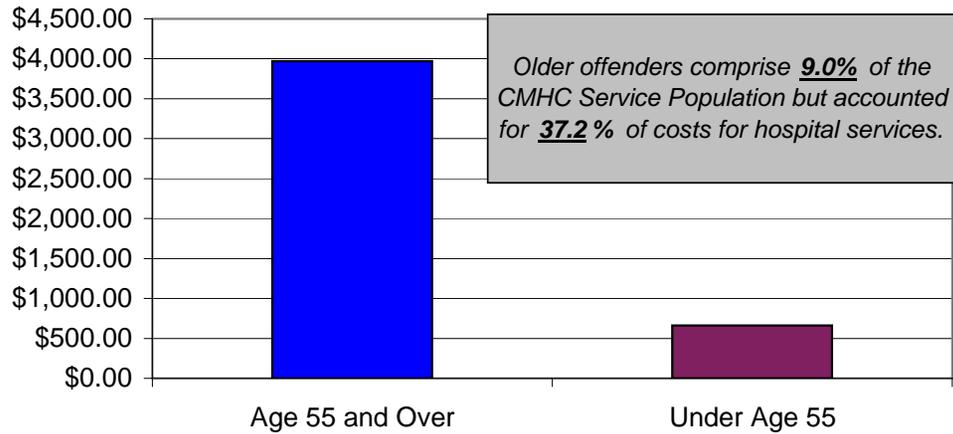
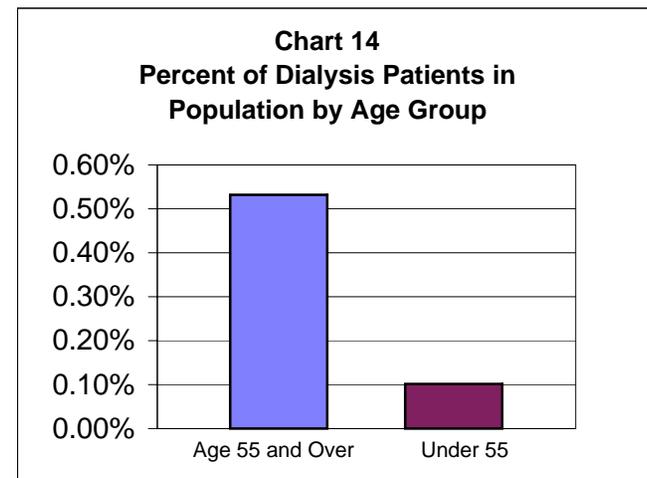
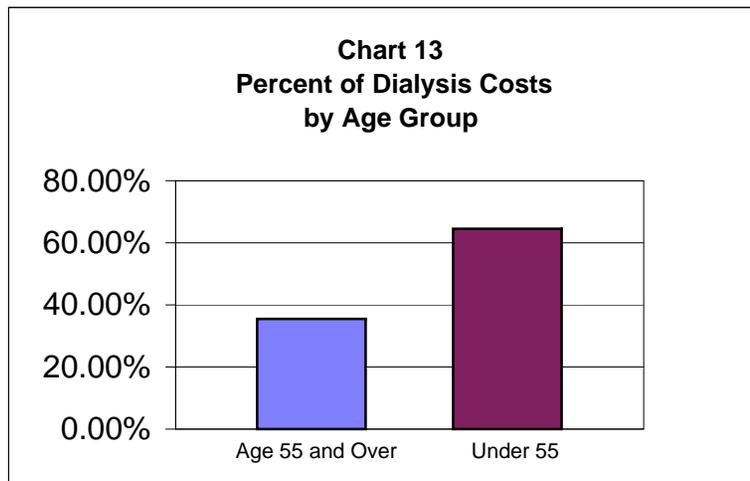


Table 8
Through FY 2012 4th Quarter
Dialysis Costs by Age Grouping

Age Group	Dialysis Costs	Percent of Costs	Average Population	Percent of Population	Avg Number of Dialysis Patients	Percent of Dialysis Patients in Population
Age 55 and Over	\$1,685,386	35.46%	13,670	8.99%	73	0.53%
Under Age 55	\$3,067,318	64.54%	138,379	91.01%	140	0.10%
Total	\$4,752,704	100.00%	152,048	100.00%	213	0.14%

Projected Avg Cost Per Dialysis Patient Per Year:

\$44,626



**Table 9
Selected Drug Costs FY 2012**

Category	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Total Year-to-Date
Total Drug Costs	\$4,086,218	\$3,164,390	\$3,577,783	\$3,912,301	\$3,347,709	\$3,174,211	\$3,860,258	\$3,448,249	\$3,203,420	\$3,589,900	\$3,369,853	\$2,813,291	\$41,547,582
<u>HIV Medications</u>													
HIV Drug Cost	\$1,781,207	\$1,444,984	\$1,631,976	\$1,866,294	\$1,651,365	\$1,592,168	\$1,804,922	\$1,601,149	\$1,603,394	\$1,983,430	\$1,630,640	\$1,449,382	\$20,040,911
HIV Percent of Cost	43.59%	45.66%	45.61%	47.70%	49.33%	50.16%	46.76%	46.43%	50.05%	55.25%	48.39%	51.52%	48.24%
<u>Psychiatric Medications</u>													
Psych Drug Cost	\$241,957	\$163,901	\$232,635	\$192,113	\$163,877	\$198,561	\$350,169	\$268,762	\$205,034	\$226,584	\$213,206	\$166,841	\$2,623,640
Psych Percent of Cost	5.92%	5.18%	6.50%	4.91%	4.90%	6.26%	9.07%	7.79%	6.40%	6.31%	6.33%	5.93%	6.31%
<u>Hepatitis C Medications</u>													
Hep C Drug Cost	\$335,560	\$286,440	\$250,374	\$308,821	\$239,032	\$226,026	\$171,647	\$253,727	\$91,918	\$220,538	\$84,427	\$89,773	\$2,558,283
Hep C Percent of Cost	8.21%	9.05%	7.00%	7.89%	7.14%	7.12%	4.45%	7.36%	2.87%	6.14%	2.51%	3.19%	6.16%
All Other Drug Costs	\$1,727,494	\$1,269,064	\$1,462,798	\$1,545,073	\$1,293,435	\$1,157,456	\$1,533,520	\$1,324,611	\$1,303,075	\$1,159,347	\$1,441,580	\$1,107,295	\$16,324,748

**Chart 15
Drug Costs by Selected Categories**

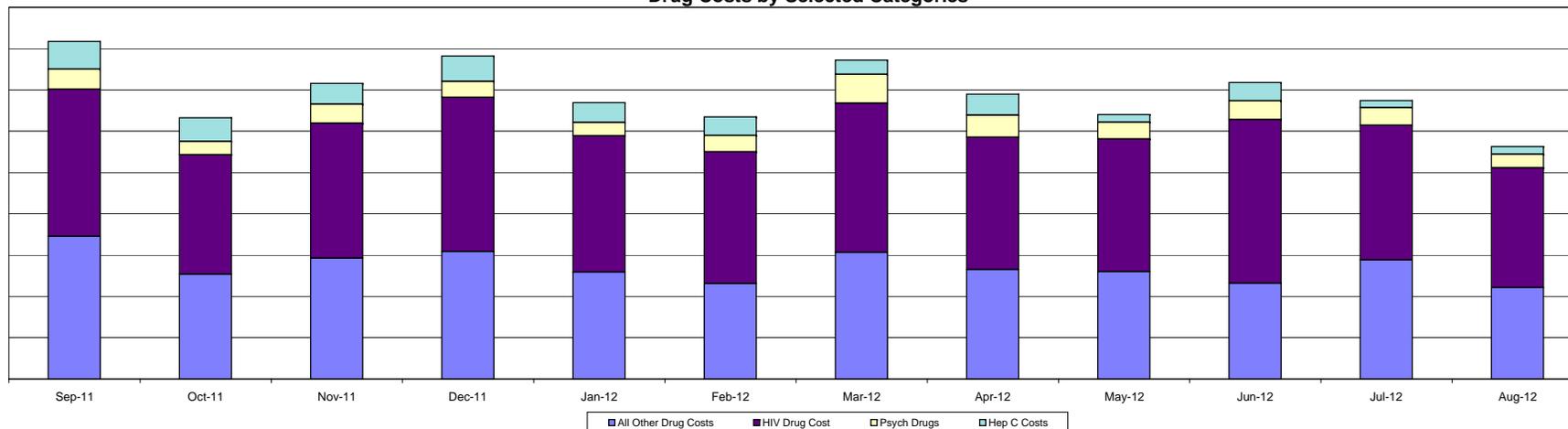


Table 10
Ending Balances 4th Qtr FY 2012

	Beginning Balance September 1, 2011	Net Activity FY 2012	Ending Balance August 31, 2012
CMHCC Operating Funds	\$30,582.32	\$49,409.13	\$79,991.45
CMHCC Unit & Mental Health	\$3,505.81		Balances Maintained by TDCJ
CMHCC Hospital & Clinic Serv	\$447.88		Balances Maintained by TDCJ
CMHCC Pharmacy Health	\$0.00		Balances Maintained by TDCJ
Ending Balance All Funds	\$34,536.01	\$49,409.13	\$79,991.45

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
3rd Qtr Payment	\$167,312.00
4th Qtr Payment	\$0.00
Interest Earned	\$47.49
Subtotal Revenue	\$503,821.49
Expenses	
Salary & Benefits	(\$356,838.56)
Operating Expenses	(\$66,991.48)
Subtotal Expenses	(\$423,830.04)
Net Activity thru this Qtr	\$49,409.13
Total Fund Balance CMHCC Operating	\$79,991.45

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

As of November 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	TDCJ	5/31/12	DM approved to fill; seeking qualified applicants
Associate Psychologist V-Office of Mental Health Monitoring & Liaison	TDCJ	New	DM approved to fill; seeking qualified applicants
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.
Psychiatrists	UTMB	8/1/2012	Local and National Advertising, Conference, Contract with Timeline National Recruiting and other Agency Staffing
Physician I-III	UTMB	8/1/2012	Local and National Advertising, Conferences, Timeline National Recruiting and other agency
Mid Level Practitioners (PA and FNP)	UTMB	8/1/2012	Local and National Advertising, Career Fairs, Conferences, Intern programs with numerous PA schools
Dentists	UTMB	8/1/2012	Local and National Advertising, Star of the South Conference



**TEXAS DEPARTMENT OF
CRIMINAL JUSTICE**

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

Fourth 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 Fourth Quarter of FY-2012 (June, July, and August), **11** Operational Review Audits (ORAs) were conducted at the following facilities: Billy Moore, Bradshaw State Jail, Coffield, East Texas Treatment Facility, Estes, Goodman, Kyle, Sayle, South Texas Intermediate Sanction Facility, Travis County State Jail, and Woodman State Jail.
- During the Fourth Quarter of FY-2012, **nine** ORAs were closed for the following facilities: Diboll, Duncan, Goodman, Henley State Jail, Hightower, Hilltop, Mountain View, Vance, and Young Facility.
- The following is a summary of the 10 items found to be most frequently below 80 percent compliance in the 11 ORAs conducted in the Fourth Quarter FY-2012.
 1. 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). **Nine of the eleven facilities** were not in compliance with this requirement. The nine facilities out of compliance were: Billy Moore, Bradshaw State Jail, Coffield, East Texas Treatment Facility, Estes, Kyle, Sayle, South Texas Intermediate Sanction Facility, and Woodman State Jail. Corrective actions were requested from the nine facilities. Nine facilities are preparing facility-specific corrective actions to ensure future compliance: Billy Moore, Bradshaw State Jail, Coffield, East Texas Treatment Facility, Estes, Kyle, Sayle, South Texas Intermediate Sanction Facility, and Woodman State Jail.
 2. Item **1.100** requires interpreter services to be arranged and documented in the medical records for monolingual Spanish-speaking offenders. **Eight of the eleven facilities** were not in compliance with this requirement. The eight facilities out of compliance were: Billy Moore, Bradshaw State Jail, Coffield, East Texas Treatment Facility, Estes, Goodman, South Texas Intermediate Sanction Facility, and Travis County State Jail. Corrective actions were requested from the eight facilities. At the time of this report, one facility has returned their corrective action plan: Goodman. Seven facilities are preparing facility-specific corrective actions to ensure future compliance: Billy Moore, Bradshaw State Jail, Coffield, East Texas Treatment Facility, Estes, South Texas Intermediate Sanction Facility, and Travis County State Jail.
 3. Item **6.040** require offenders receiving anti-tuberculosis medication at the facility have a Tuberculosis Patient Monitoring Record (HSM-19) completed. **Eight of the eleven facilities** were not in compliance with this requirement. The eight facilities out of compliance were: Billy Moore, Bradshaw State Jail, Coffield, East Texas Treatment Facility, Estes, Sayle, South Texas Intermediate Sanction Facility, and Travis County State Jail. Corrective actions were requested from the eight facilities. Eight facilities are preparing facility-specific corrective actions to ensure future compliance: Billy Moore, Bradshaw State Jail, Coffield, East Texas Treatment Facility, Estes, Sayle, South Texas Intermediate Sanction Facility, and Travis County State Jail.
 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. **Eight of the eleven facilities** were not in compliance with this requirement. The eight facilities out of compliance were: Billy Moore, Bradshaw State Jail, Coffield, East Texas Treatment Facility, Estes, Kyle, Sayle, and South Texas Intermediate Sanction Facility. Corrective actions were requested from the eight facilities. Eight facilities are preparing facility-specific corrective actions to ensure future compliance: Billy Moore, Bradshaw State Jail, Coffield, East Texas Treatment Facility, Estes, Kyle, Sayle, and South Texas Intermediate Sanction Facility.

Operation Review Audit (ORA) (Continued)

5. Item **5.250** requires documentation that three Hemocult cards were collected from offenders 40 years of age or greater, or that they refused the screening test, within 60 days of their annual date of incarceration. **Seven of the eleven facilities** were not in compliance with this requirement. The seven facilities out of compliance were: Billy Moore, Bradshaw State Jail, Coffield, Estes, Sayle, South Texas Intermediate Sanction Facility, and Travis County State Jail. Corrective actions were requested from the seven facilities. Seven facilities are preparing facility-specific corrective actions to ensure future compliance: Billy Moore, Bradshaw State Jail, Coffield, Estes, Sayle, South Texas Intermediate Sanction Facility, and Travis County State Jail.
6. Item **6.030** requires offenders receiving anti-tuberculosis medication at the facility be assessed monthly by a provider or nurse. **Seven of the eleven facilities** were not in compliance with this requirement. The seven facilities out of compliance were: Billy Moore, Bradshaw State Jail, Coffield, East Texas Treatment Facility, Estes, Sayle, and South Texas Intermediate Sanction Facility. Corrective actions were requested from the seven facilities. Seven facilities are preparing facility-specific corrective actions to ensure future compliance: Billy Moore, Bradshaw State Jail, Coffield, East Texas Treatment Facility, Estes, Sayle, and South Texas Intermediate Sanction Facility.
7. Item **6.060** requires offenders receiving anti-tuberculosis medication at the facility that have signs or symptoms of drug toxicity due to anti-tuberculosis medication are evaluated and monitored by laboratory studies as per CMHC Policy B-14.10. **Seven of the eleven facilities** were not in compliance with this requirement. The seven facilities out of compliance were: Billy Moore, Bradshaw State Jail, Coffield, East Texas Treatment Facility, Estes, Sayle, and South Texas Intermediate Sanction Facility. Corrective actions were requested from the seven facilities. Seven facilities are preparing facility-specific corrective actions to ensure future compliance: Billy Moore, Bradshaw State Jail, Coffield, East Texas Treatment Facility, Estes, Sayle, and South Texas Intermediate Sanction Facility.
8. Item **6.220** requires a current Individual Treatment Plan (ITP) for Human Immunodeficiency Virus (HIV) positive offenders documented in the medical record. **Seven of the eleven facilities** were not in compliance with this requirement. The seven facilities out of compliance were: Bradshaw State Jail, Coffield, East Texas Treatment Facility, Estes, Sayle, South Texas Intermediate Sanction Facility, and Woodman State Jail. Corrective actions were requested from the seven facilities. Seven facilities are preparing facility-specific corrective actions to ensure future compliance: Bradshaw State Jail, Coffield, East Texas Treatment Facility, Estes, Sayle, South Texas Intermediate Sanction Facility, and Woodman State Jail.
9. Item **6.370** requires the influenza vaccine be offered annually to offenders with certain chronic diseases*, all offenders 55 years of age or older, and pregnant females after the first trimester. Vaccinations are to be documented on the Abstract of Immunizations Form (HSM-2) when administered. If the vaccination is refused, refusal should be documented with a signed Refusal of Treatment Form (HSM-82). **Seven of the eleven facilities** were not in compliance with this requirement. The seven facilities out of compliance were: Billy Moore, Bradshaw State Jail, Coffield, East Texas Treatment Facility, Estes, Sayle, and South Texas Intermediate Sanction Facility. Corrective actions were requested from the seven facilities. Seven facilities are preparing facility-specific corrective action to ensure future compliance: Billy Moore, Bradshaw State Jail, Coffield, East Texas Treatment Facility, Estes, Sayle, and South Texas Intermediate Sanction Facility.

**Diseases for which influenza vaccine is indicated: heart disease, moderate to severe asthma, Chronic Obstructive Pulmonary Disease (COPD), Diabetes, immunocompromised conditions such as Human Immunodeficiency Virus (HIV) infection, most cancers, end-stage renal disease, and sickle cell disease.*

Operation Review Audit (ORA) (Continued)

10. 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 eleven facilities** were not in compliance with this requirement. The seven facilities out of compliance were: Bradshaw State Jail, East Texas Treatment Facility, Estes, Goodman, Kyle, Sayle, and South Texas Intermediate Sanction Facility. Corrective actions were requested from the seven facilities. At the time of this report, one facility has returned their corrective action plan: Goodman. Six facilities are preparing facility-specific corrective actions to ensure future compliance: Bradshaw State Jail, East Texas Treatment Facility, Estes, Kyle, Sayle, and South Texas Intermediate Sanction Facility .

**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).*

Capital Assets Monitoring

The Fixed Assets Contract Monitoring Officer audited the same 11 units listed above for Operational Review Audits during the Fourth Quarter of FY-2012. These audits are conducted to monitor compliance with the Health Services Policy and State Property Accounting (SPA) policy regarding inventory procedures. **All 11** units were within the required compliance range.

Urgent Care Audit Dental

During the fourth quarter of FY-2012 (June, July, August), Dental Urgent Care audits were conducted on the following **30 facilities**: Bartlett, Beto, Boyd, Bradshaw, Bridgeport Pre-Parole Transfer, Choice Moore, Clemens, Cleveland, Coffield, Connally, East Texas Treatment Facility, Ellis, Estes, Goree, Hobby, Huntsville, Jordan, Lopez, Luther, McConnell, Mineral Wells Pre-Parole Transfer Facility, Montford, Neal, San Saba, Sayle, Scott, South Texas Intermediate Facility, Torres, West Texas Intermediate Sanction Facility, and Willacy. The following is a summary of the items found to be most frequently below 80 percent.

The audit assesses if patients presenting with signs and/or symptoms consistent with an urgent dental need received definitive care within 14 days of receipt of the Sick Call Exam (SCE). The following **seven facilities were out of compliance**: East Texas Treatment Facility, Ellis, Goree, Mineral Wells Pre-Parole Transfer Facility, Neal, West Texas Intermediate Sanction Facility, and Willacy. All seven facilities have submitted Corrective Action Plans. The following 23 facilities scored 80% or greater.

The following 23 facilities had no items scoring less than 80% compliance: Bartlett, Beto, Boyd, Bradshaw, Bridgeport Pre-Parole Transfer, Choice Moore, Clemens, Cleveland, Coffield, Connally, Estes, Hobby, Huntsville, Jordan, Lopez, Luther, McConnell, Montford, San Saba, Sayle, Scott, South Texas Intermediate Sanction Facility, and Torres.

Along with the Urgent Care Audit, any additional findings were noted, and corrective actions were requested from units with three or more findings. The following four facilities were required to submit a Corrective Action Plan: Goree, Montford, Neal, and Willacy. The most frequently found finding was "Incorrect Assignment of Priority." This finding applied to 10 of the 30 facilities audited.

Grievances and Patient Liaison Correspondence

During the Fourth Quarter of FY-2012 (June, July, and August), the Patient Liaison Program (PLP) and the Step II Grievance Program received **4,094** correspondences: The PLP received **2,037** correspondences and Step II Grievance received **2,057** grievances. There were **584** 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 Fourth Quarter FY-2012, for the Step II medical grievances was ten 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 **11** percent **8** percent for TTUHSC.

Action Requests are generated to address Quality of Care issues, (i.e., clinical decisions, complaints about medical personnel and staff practice issues). Action Requests are also generated to address policy and documentation issues.

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 Fourth Quarter of FY-2012 (June, July and August) the Patient Liaison Program nurses and investigators performed 43 Sick Call Request Verification audits on 41 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.

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 297 indicators were reviewed at the **43 facilities and 15 of the indicators fell below the 80 percent** compliance threshold representing five percent. The discipline composite score (medical/nursing, dental, and mental health) is an overall assessment of compliance with the sick call process of the 43 facilities audited, there were **5** units with one or more discipline composite scores below 80. Corrective action has been requested from these facilities. At each unit OPS staff continued educating the medical staff.

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 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 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 802 cases of Hepatitis C identified for the Fourth Quarter FY-2012, compared to 759 cases identified during the Third Quarter. 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 known to be HIV positive and those whose intake test were drawn within 6 months of an offender's release date. During the Fourth Quarter FY-2012, 18,359 offenders had intake tests, and 148 are newly identified as having HIV infections. For the Third Quarter FY-2012, 17,932 offenders had intake tests, and 126 were HIV positive. During the Fourth Quarter FY-2012, 12,988 offenders had pre-release tests; three were

Office of Public Health (Continued)

HIV positive compared to seven in the Third Quarter FY-2012. 35 new AIDS cases were identified during the Fourth Quarter FY-2012, compared to 15 new AIDS cases in the Third Quarter FY-2012.

- **194 cases of suspected Syphilis** were reported in the Fourth Quarter FY-2012, compared to 221 in the Third Quarter in FY-2012. **27 required treatment or retreatment** compared to 17 in the Third Quarter FY-2012. 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.
- **194 Methicillin-Resistant Staphylococcus Aureus (MRSA)** cases were reported for the Fourth Quarter FY-2012, compared to 216 during the Third Quarter of FY-2012. 135 Methicillin-Sensitive Staphylococcus Aureus (MSSA) cases were reported compared to 149 for the Third Quarter of FY-2012. Numbers of both MRSA and MSSA have been decreasing for the last few years.
- There was an average of **19 Tuberculosis (TB) cases** under management for the Fourth Quarter FY-2012, compared to an average of **17 (TB) cases** for the Third Quarter FY-2012. Although TB numbers often fluctuate 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 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 the use of sexual assault kits. During the Fourth Quarter FY-2012, **two training sessions were held and 15 staff received training**. This position also audits the documentation and services provided by medical personnel for each sexual assault reported. There have been 198 chart reviews of alleged sexual assaults performed for the Fourth Quarter FY-2012. **Two deficiencies were found at Montford and Stiles:** A corrective action plan was requested from both units. Responses were received from Stiles on Montfort and were both closed. There were **43 bloodborne exposure baseline labs drawn** on exposed victims and there were no seroconversions as a result of sexual assault for this quarter.
- During the Fourth Quarter FY-2012, Tulia and East Texas Treatment Facility received a three day training which included the Wall Talk Training. As of the close of the quarter, **100 of the 111 facilities** housing Correctional Institutional Division offenders had active peer education programs. During the Fourth Quarter FY-2012, **110 offenders trained** to become peer educators. This is an increase in the number to offenders who trained to become educators during the Third Quarter FY-2012 (i.e. 81). During the Fourth Quarter FY -2012, 18,376 offenders attending classes presented by educators. This is a decrease from the Third Quarter FY-2012 (i.e. 21,103).

Mortality and Morbidity

There were 100 deaths reviewed by the Mortality and Morbidity Committee during the months of June, July, and August 2012. Of those 100 deaths, 14 were referred to peer review committees.

A referral to a peer review committee does not necessarily indicate that substandard care was provided. It is a request for the Correctional Managed Health Care providers to review the case through their respective quality assurance processes. Referrals may also be made to address systemic issues to improve the delivery of health care.

Peer Review Committee	Number of Cases Referred
Provider & Nursing Peer Review	3
Provider Peer Review	6
Nursing Peer Review	2
Mental Health	3
Total	14

Mental Health Services Monitoring & Liaison

The following is a summary of the activities performed by the Office of Mental Health Monitoring & Liaison during the Fourth Quarter of FY-2012:

- The Texas Department of Mental Health Mental Retardation CARE database was reviewed for **3,648 offenders** who were received into Intermediate Sanction Facilities. **542 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 6 months. In the Fourth Quarter, **17 Ad Seg facilities** were audited: Pack, Hughes, Murray, Estelle, Michael, Gist, Lychner, Clemens, Smith, Stiles, Telford, Bartlett, Travis, Formby, Eastham, Ferguson, and Robertson. **4,024 offenders were observed, 1,632 of them were interviewed and 7 offenders were referred to the university providers for further evaluation.** Access to Care (ATC) 4 (i.e. timely triage) met 97 percent compliance for the 17 facilities. ATC 5 (i.e. documentation of Sick Call Requests) met 100 percent compliance for the 17 facilities that received Sick Call Requests from offenders in Ad Seg. **All 17 facilities were 96 percent compliant for ATC 6 (i.e. referral from triage).**
- Four Special Needs Substance Abuse Felony Punishment facilities (Crain-Hackberry, Estelle, Henley, and Jester I) were audited for continuity of mental health care. **Continuity of care on the four facilities was appropriate.**
- Four inpatient mental health facilities: Clements, Jester IV, Montford, and Skyview, were audited to ensure that **all incidents of compelled psychoactive medication were 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 in the UOF log in the mental health folder. All four facilities were 100 percent compliant for documenting the required criteria for compelled psychoactive medication in the medical record.
- **All 24 intake facilities were audited to ensure offenders** entering TDCJ with potential mental health needs received a mental health evaluation within 14 days of identification. The intake facilities are: Bartlett State Jail, Baten ISF, Bradshaw State Jail, Byrd Unit, Dominguez State Jail, Formby State Jail, Garza Transfer Facility, Gist State Jail, Glossbrenner 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 6 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 6 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 preclude participation. In the Fourth Quarter FY2012, **12 offenders were reviewed** and **11 of them** were allowed to participate in BAMBI.

Office of Health Services Liaison

- The Office of Health Services Liaison (HSL) conducts a random audit of 10 percent of electronic medical records (EMR) of offenders discharged from hospitals and infirmaries in the Texas Tech University Health Science Center (TTUHSC) and the University of Texas Medical Branch (UTMB) sectors. In the Fourth Quarter of FY 2012, **HSL conducted 165 hospital and 51 infirmary discharge audits.**

Office of Health Services Liaison (Continued)

- Each audit determines if vital signs were recorded on the day the offender left the discharge facility; if the receiving facility had medical services sufficient to meet the offender's current needs; if the medical record was reviewed by a health care member and referred (if applicable) to an appropriate medical provider as required by policy; if the offender required unscheduled medical care related to the admitting diagnosis within the first seven days after discharge and if discharge information was available in the offender's electronic medical record within 24 hours of arriving at the unit.
- Of the 165 hospital discharge audits conducted, 146 were from the UTMB Sector and 16 were from the TTUHSC sector. There were 39 deficiencies identified for UTMB and 13 indentified for TTUHSC. Of the 51 infirmary discharge audits conducted 27 were from the UTMB sector and 25 were from the TTUHSC sector. **There were 4 deficiencies indentified from UTMB and 11 for TTUHSC.**

**Office of Health Services Liaison Utilization Review Audit
Hospital and Infirmaries Audited with Deficiencies Noted
Fourth Quarter Report 2012**

Hospital	University	Audits Performed	Deficiencies Noted	Comments (See Key)
Angleton/Danbury	UTMB	1	0	N/A
Christus Spohn	UTMB	2	2	A-2; E-2
Cleveland Regional	UTMB	1	1	A-1; E-1
Conroe Regional	UTMB	5	4	A-2; C-1; D-1; E-2
Coryell Memorial	UTMB	1	1	A-1; E-1
ETMC/Tyler	UTMB	1	1	A-1; D-1; E-1
Falls County/Marlin	UTMB	1	1	D-1
Hendrick Memorial	TTUHSC	4	2	A-1; E-1
Hospital Galveston	UTMB	102	11	A-1; C-2; D-8; E-2
Huntsville Memorial	UTMB	19	8	A-3; B-2; D-3; E-1
Memorial Hermann/Beaumont	UTMB	3	2	A-2; E-1
Memorial Hermann/Houston	UTMB	1	0	N/A
Mitchell County Hospital	TTUHSC	3	3	A-1; D-1; E-1
North Texas	UTMB	1	1	E-1
Northwest Texas	TTUHSC	1	1	A-1; E-1
Palestine Regional	UTMB	3	2	A-2
Parkland Hospital	UTMB	2	2	A-1; E-2
Scott & White/Dallas	UTMB	1	1	A-1; E-1
Scott & White/Temple	UTMB	1	1	A-1; E-1
St. Elizabeth	UTMB	1	1	A-1; E-1
United Regional/11 th St.	TTUHSC	2	1	C-1
University Medical Center	TTUHSC	9	6	A-2; D-1; E-3

Infirmery	University	Audits Performed*	Deficiencies Noted	Comments (See Key)
Allred	TTUHSC			
Beto	UTMB	8	1	A-1
Clements	TTUHSC	5	5	A-4; B-1; D-1; E-1
Connally	UTMB	2	0	N/A
Estelle	UTMB	5	0	N/A
Hughes	UTMB	1	1	A-1
Jester 3	UTMB	2	0	N/A
Luther	UTMB	1	0	N/A
McConnell	UTMB			
Michael	UTMB			
Montford	TTUHSC	19	5	A-5; C-2; E-2
Pack	UTMB			
Polunsky	UTMB	1	1	C-1
Robertson	TTUHSC	1	1	A-1
Stiles	UTMB	1	0	N/A
Telford	UTMB	2	0	N/A
CT Terrell	UTMB			
Carole Young	UTMB	3	1	A-1; D-1

*Infirmaries with no data listed were not selected during this quarter's random audit.

A	On the day the offender left the inpatient facility, were vital signs recorded by the discharging facility?
B	Were the level of medical services available at the receiving facility sufficient to meet the offender's current needs?
C	Was the medical record reviewed by qualified health care staff and referred to an appropriate medical provider (if applicable) on the day of arrival at the unit? (Units not performing the screening function captured in this audit were Allred, Coffield, Estelle [2], Huntsville, Jester 3, Robertson and Sanchez.)
D	Did the patient require unscheduled medical care related to the admitting diagnosis within the first seven days after discharge?
E	Was discharge documentation available in the offender's electronic medical record (including results of diagnostic tests, discharge planning, medication recommendations and/or treatments, etc.) within 24 hours of arriving at the unit?

Accreditation

The Correctional Accreditation Association (ACA) Summer Conference - Congress of Corrections was held in Denver, Colorado July 20 - 25, 2012. During this conference, the following nine units were awarded Reaccreditation by the ACA Panel of Commissioners: Darrington, Ferguson, Gurney, Hobby, Marlin, Allred, Rudd, Lewis, and San Saba.

Biomedical Research Projects

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

- Correctional Institutions Division Active Monthly Research Projects – 29,
- Correctional Institutions Division Pending Monthly Research Projects –3,
- Health Services Division Active Monthly Medical Research Projects – 3, and
- Health Services Division Pending Medical Research Projects – 8.

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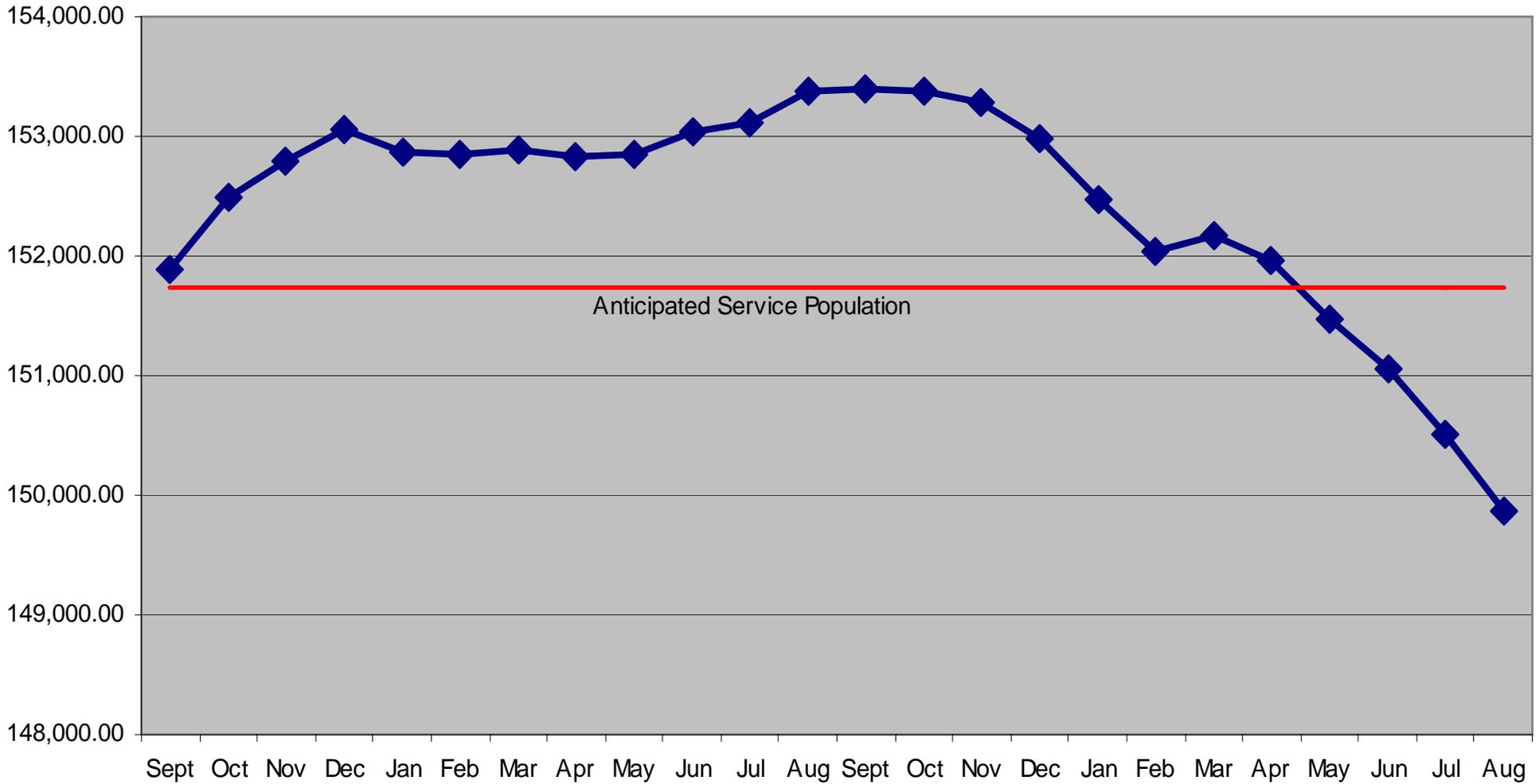
Key Statistics Dashboard

December, 2012

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CMHC Service Population FY 2011-2012 to Date

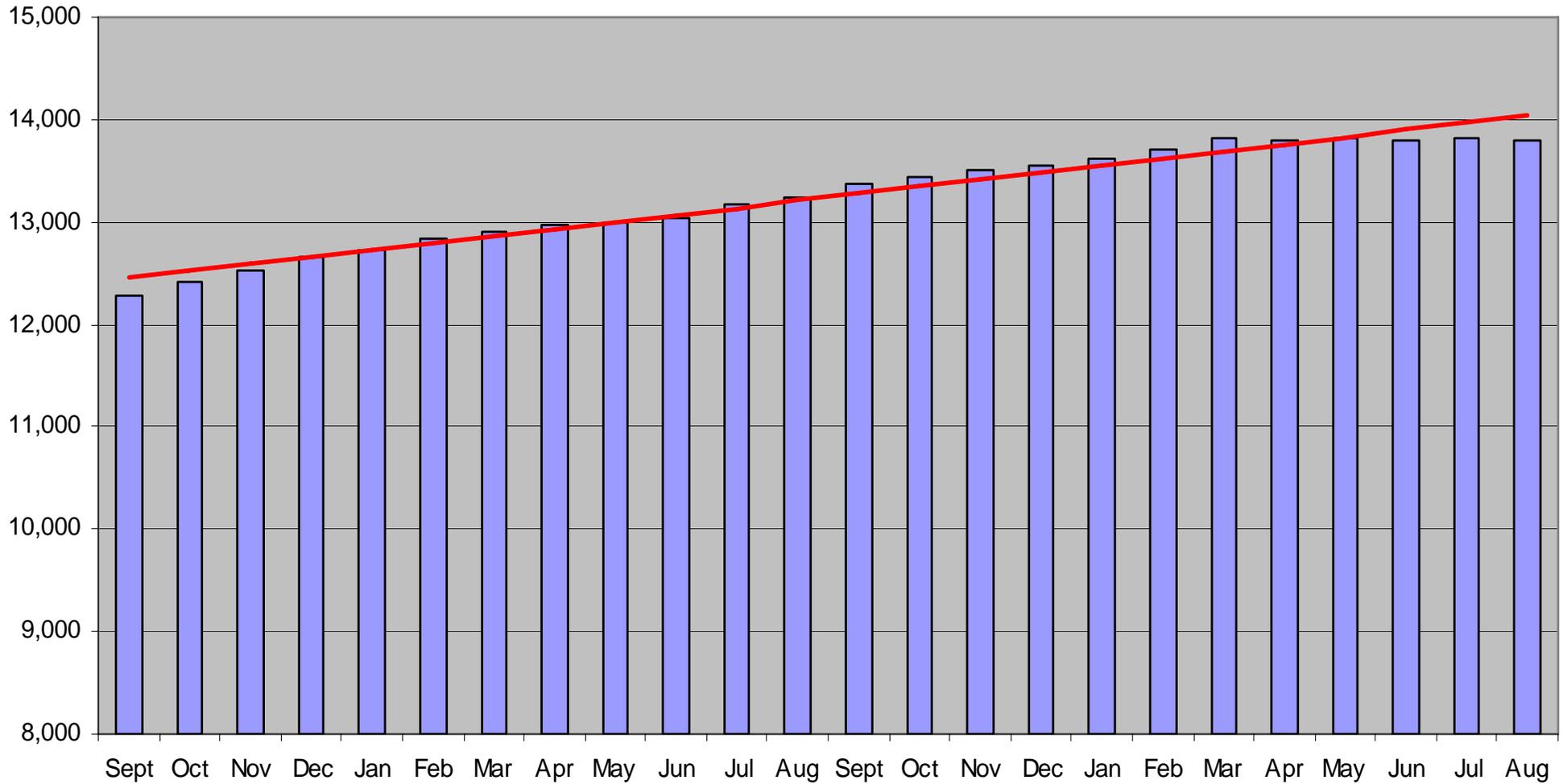


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Offenders Age 55+ FY 2011-2012 to Date



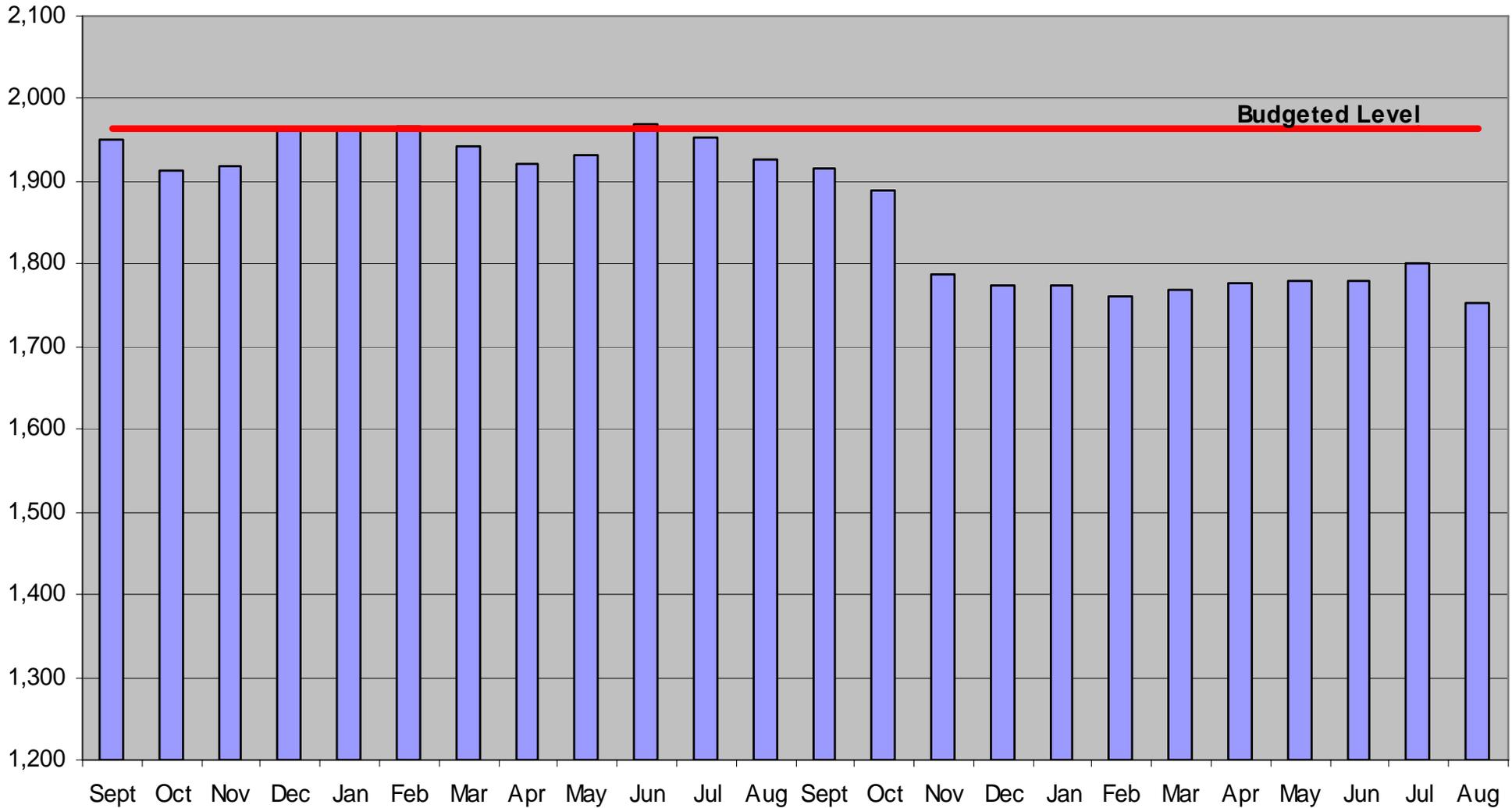
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Psychiatric Inpatient Census



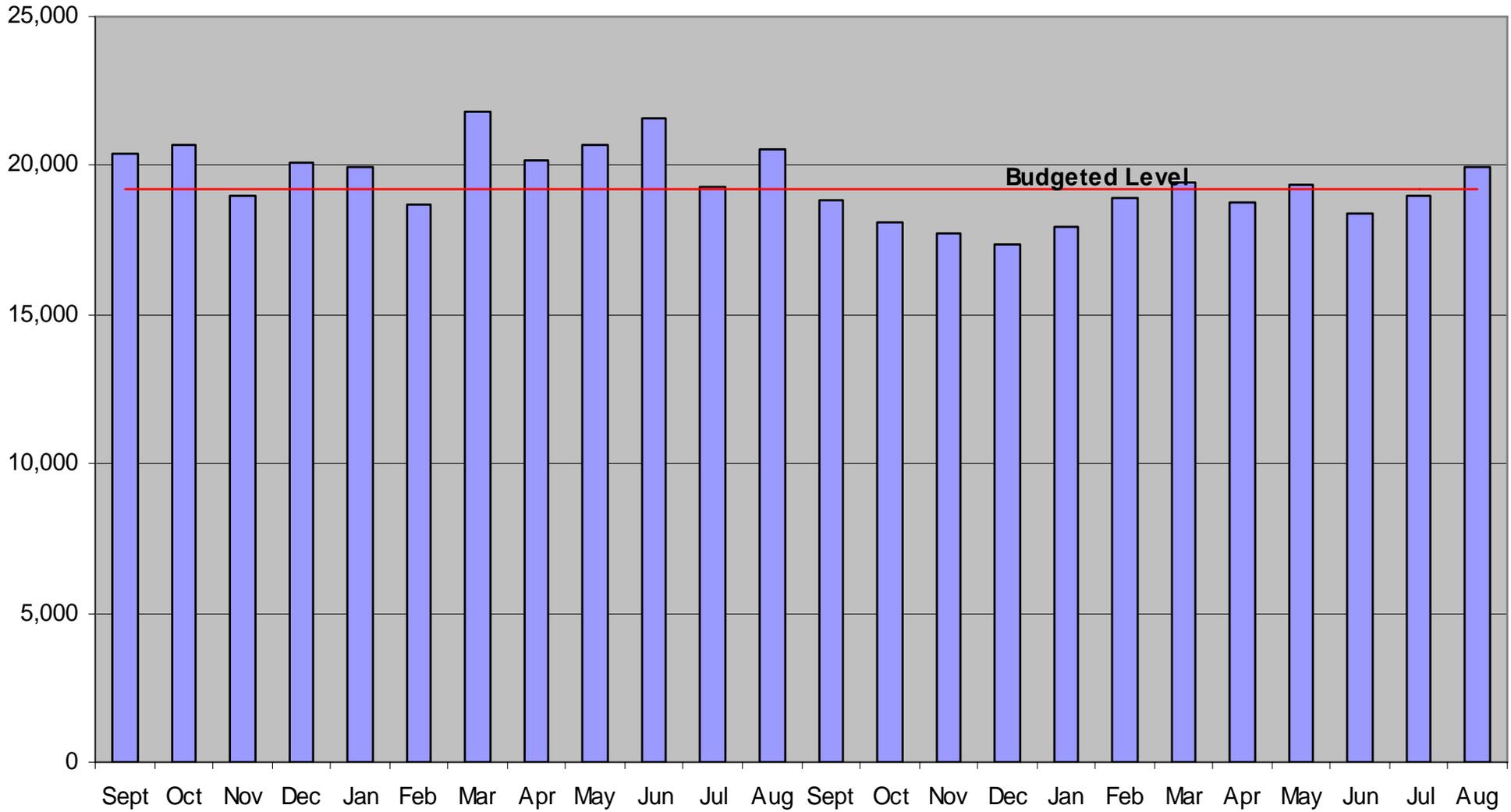
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Psychiatric Outpatient Census



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TDCJ MENTAL HEALTH CENSUS BY GENDER

June-12 Facility	AVERAGE DAILY POPULATION		UNIQUE ENCOUNTERS	LAST DAY CENSUS	
	Inpatient	Outpatient	MROP	Male	Female
SKYVIEW	506.07			454.00	49.00
JESTER IV	486.23			481.00	6.00
MT. VIEW	15.83				16.00
GATESVILLE (Valley)			102.60		103.00
HODGE			596.50	596.00	
CASELOAD		14,536.00		11,529.00	3,007.00
MONTFORD PSYCHIATRIC	523.00			523.00	
PAMIO	249.00			249.00	
CASELOAD - TTUHSC		3,836.00		3,836.00	
	1,780.13	18,372.00	699.10		

July-12 Facility	AVERAGE DAILY POPULATION		UNIQUE ENCOUNTERS	LAST DAY CENSUS	
	Inpatient	Outpatient	MROP	Male	Female
SKYVIEW	506.87			443.00	51.00
JESTER IV	492.58			484.00	11.00
MT. VIEW	18.03				18.00
GATESVILLE (Valley)			100.65		101.00
HODGE			598.42	598.00	
CASELOAD		15,420.00		12,507.00	2,913.00
MONTFORD PSYCHIATRIC	530.00			530.00	
PAMIO	255.00			255.00	
CASELOAD - TTUHSC		3,546.00		3,546.00	
	1,802.48	18,966.00	699.06		

August-12 Facility	AVERAGE DAILY POPULATION		UNIQUE ENCOUNTERS	LAST DAY CENSUS	
	Inpatient	Outpatient	MROP	Male	Female
SKYVIEW	490.10			430.00	48.00
JESTER IV	485.06			466.00	13.00
MT. VIEW	15.52				16.00
GATESVILLE (Valley)			97.52		98.00
HODGE			599.16	599.00	
CASELOAD		15,652.00		12,673.00	2,979.00
MONTFORD PSYCHIATRIC	518.00			518.00	
PAMIO	245.00			245.00	
CASELOAD - TTUHSC		4,322.00		4,322.00	
	1,753.68	19,974.00	696.68		

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

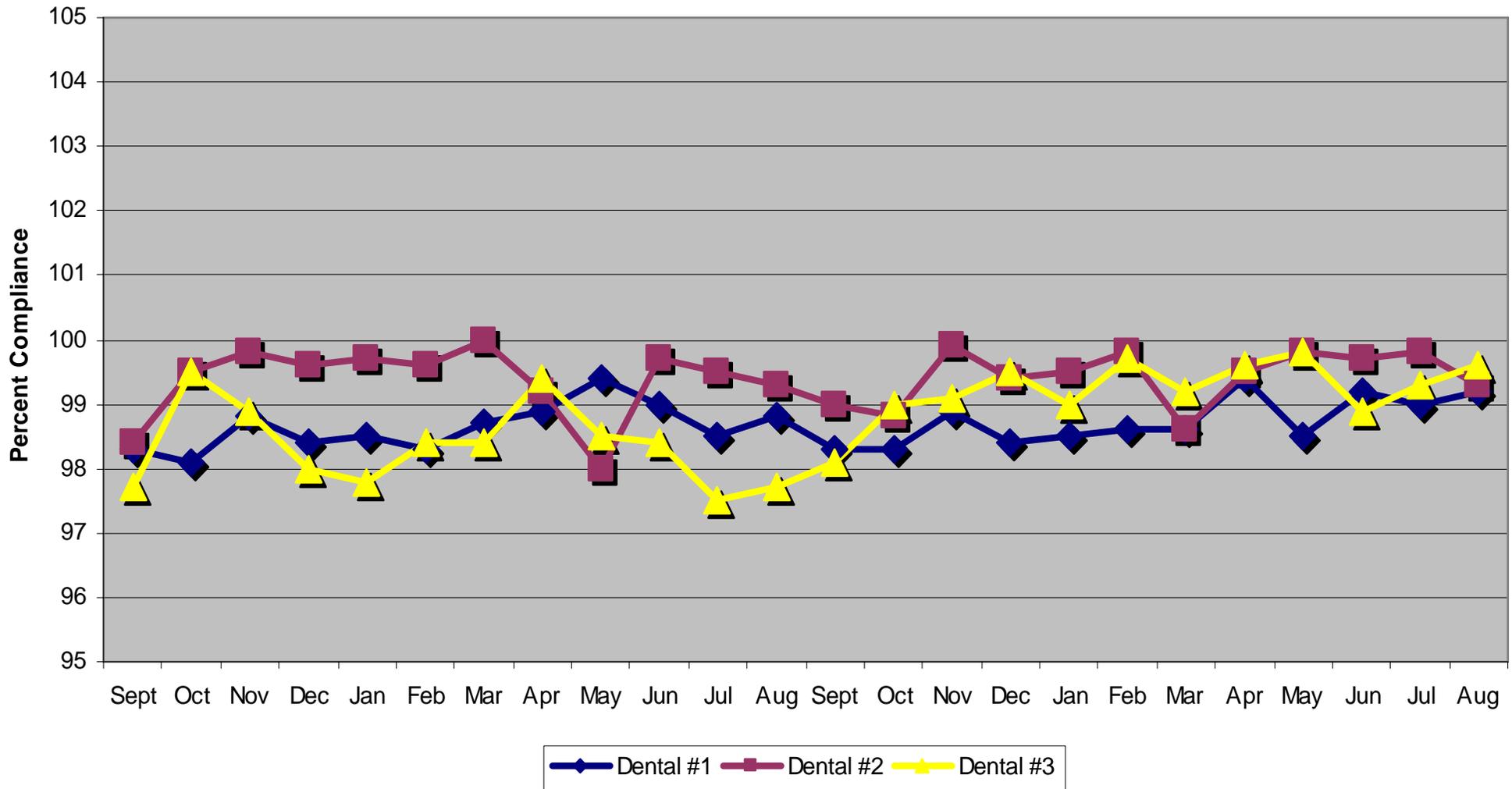
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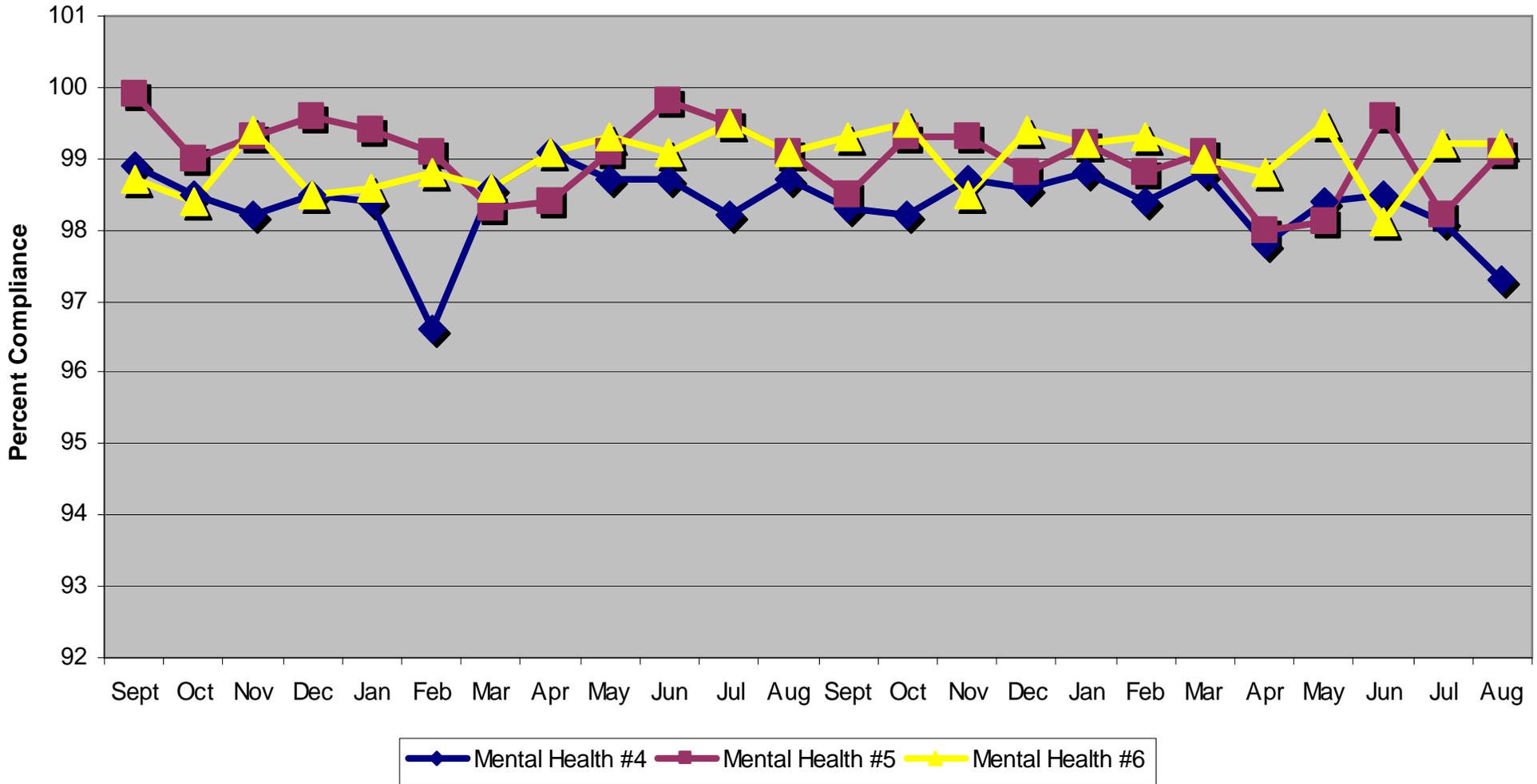
Dental Access to Care Indicators FY 2011-2012 to Date



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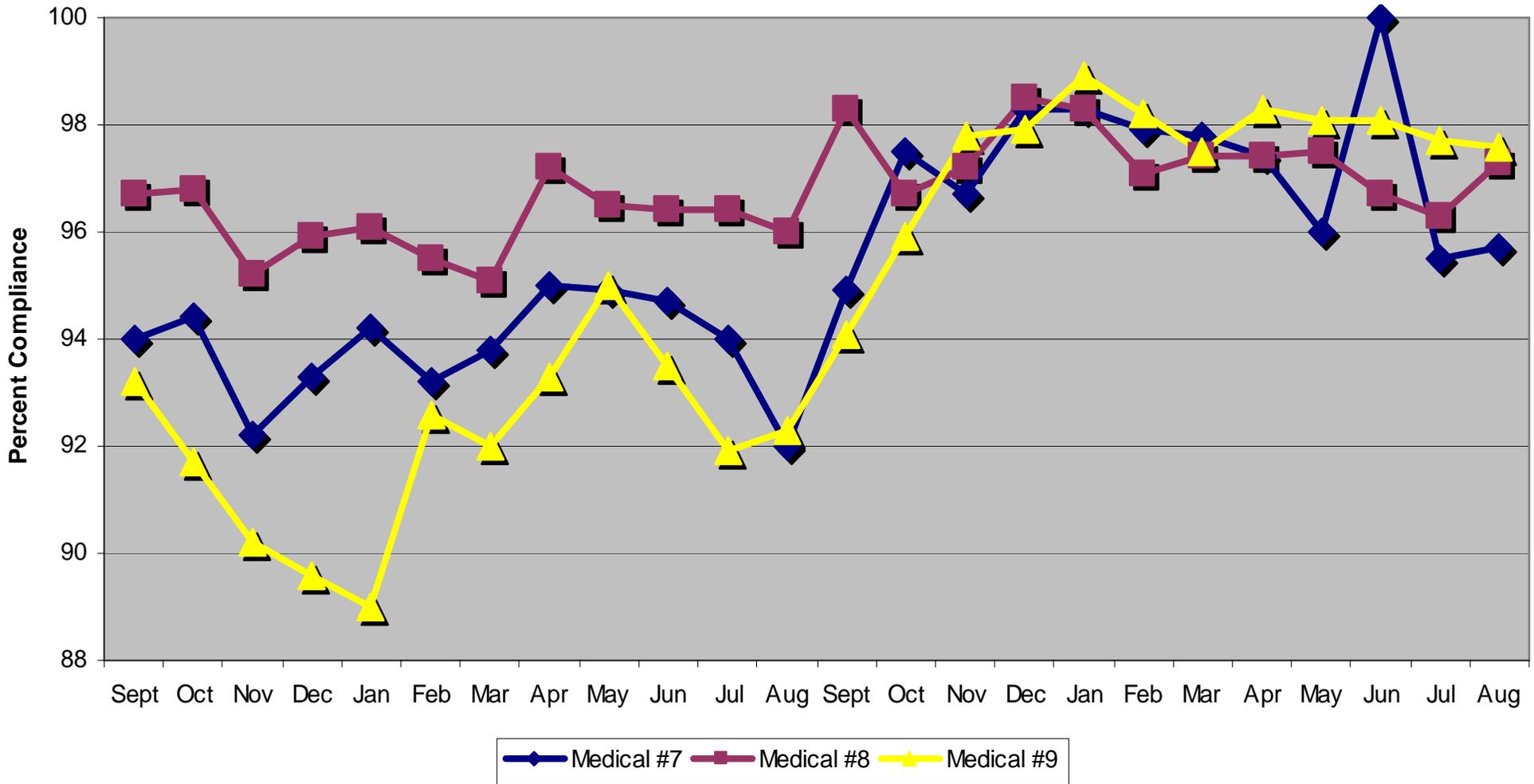
Mental Health Access to Care Indicators FY 2011-2012 to Date



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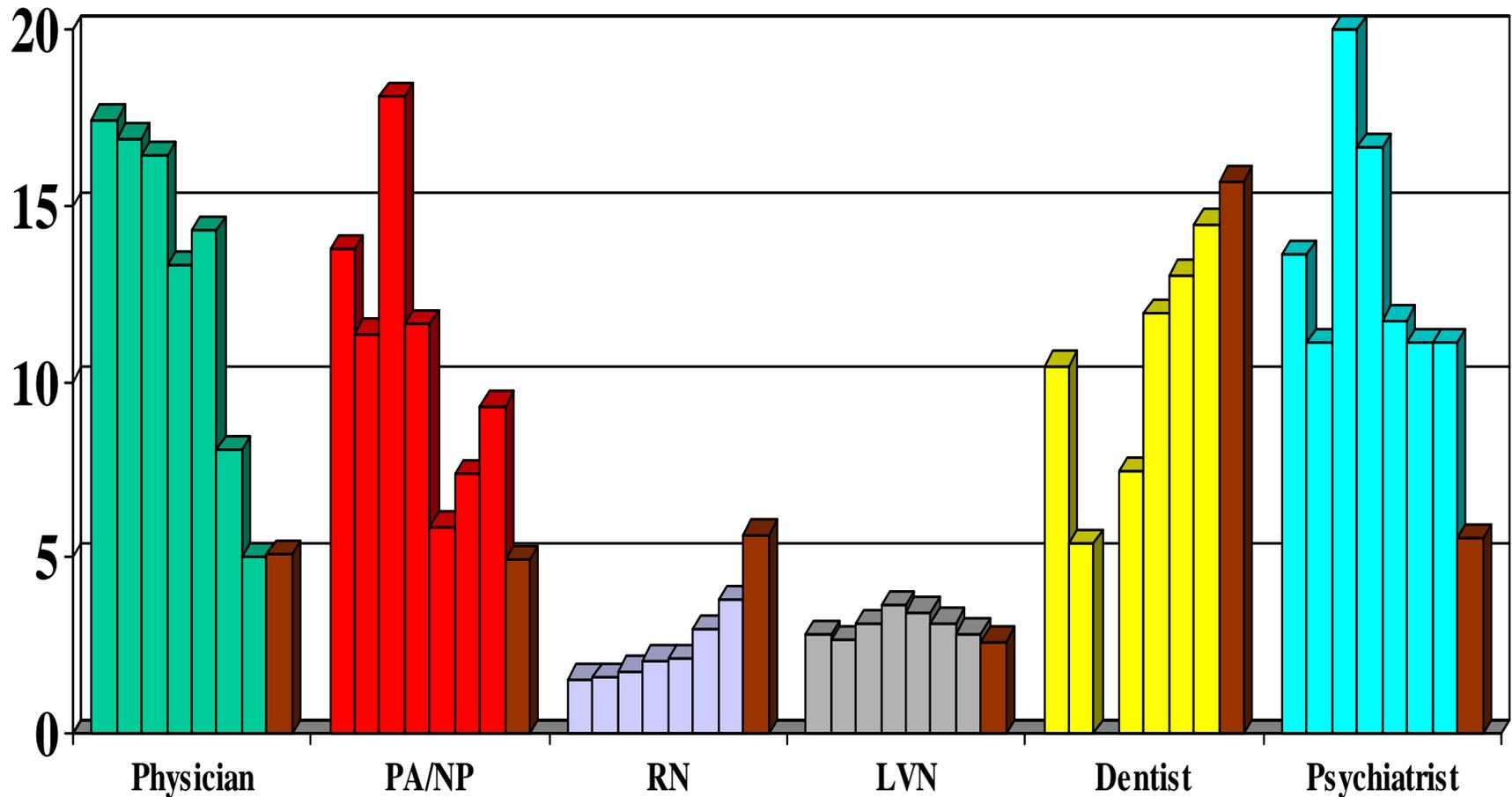
Medical Access to Care Indicators FY 2011-2012 to Date



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UTMB Vacancy Rates (%) by Quarter FY2011 – FY2012



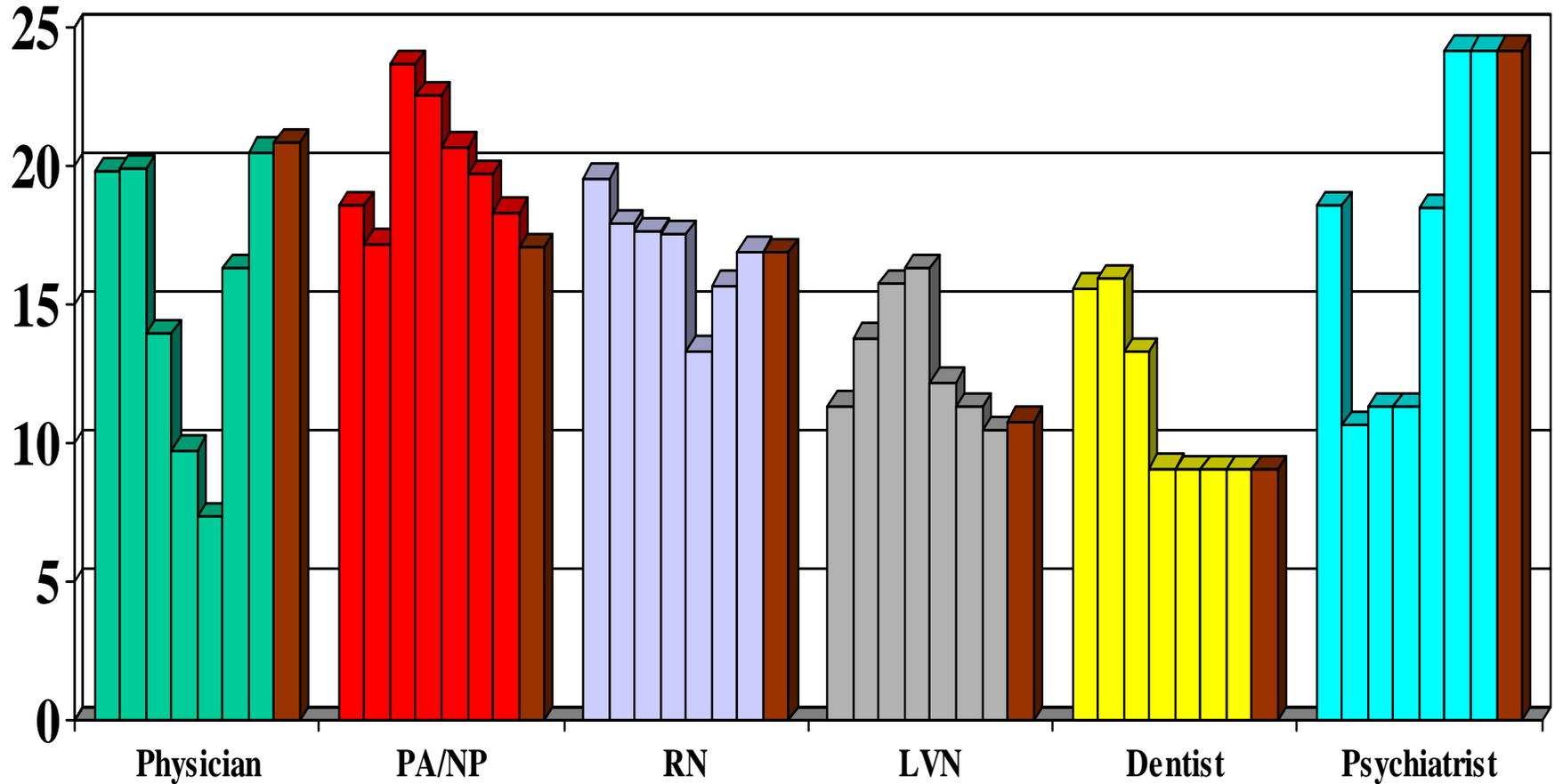
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TTUHSC Vacancy Rates (%) by Quarter FY 2011 – FY 2012



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