

CORRECTIONAL MANAGED HEALTH CARE COMMITTEE

March 8, 2011

9:00 a.m.

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

- I. Call to Order
- II. Recognitions and Introductions
- III. Approval Excused Absence
- IV. Consent Items
 1. Approval of Minutes, December 7, 2010
 2. TDCJ Health Services Monitoring Reports
 - Operational Review Summary Data
 - Grievance and Patient Liaison Statistics
 - Preventive Medicine Statistics
 - Utilization Review Monitoring
 - Capital Assets Monitoring
 - Accreditation Activity Summary
 - Active Biomedical Research Project Listing
 - Administrative Segregation Mental Health Monitoring
 3. University Medical Director's Report
 - The University of Texas Medical Branch
 - Texas Tech University Health Sciences Center
 4. Summary of CMHCC Joint Committee / Work Group Activities
- V. Executive Director's Report
- VI. CMHCC FY 2011 First Quarter Performance and Financial Status Report

EACH ITEM ABOVE INCLUDES DISCUSSION AND ACTION AS NECESSARY

- VII. Summary of Critical Correctional Health Care Personnel Vacancies
 - 1. The University of Texas Medical Branch
 - 2. Texas Tech University Health Sciences Center
 - 3. Texas Department of Criminal Justice
- VIII. Open Discussion: CMHC Audit – UTMB/TTUHSC, Governor’s CMHC Workgroup
- IX. Medical Director’s Updates
 - 1. Texas Department of Criminal Justice
 - Health Services Division FY2011 First Quarter Report
 - 2. The University of Texas Medical Branch
 - 3. Texas Tech University Health Sciences Center
- X. Reentry and Integration Division Report
 - 1. Reentry and Integration Division Overview
- XI. TDCJ Health Services Division, Chronic Disease Quality Disease Audit Report, Seizure Disorders
- XII. TDCJ Health Services Division Psychiatric Disorder Management Guidelines Quality of Care
- XIII. TDCJ Health Services Division Shellbook Project
- XIV. Financial Reports
 - 1. FY 2011 First Quarter Financial Report
 - 2. Financial Monitoring Update
- XV. Public Comment
- XVI. Date / Location of Next CMHCC Meeting
- XVII. Adjourn

Consent Item 1

Approval of Minutes, December 7, 2010

MINUTES

**CORRECTIONAL MANAGED HEALTH CARE COMMITTEE
December 7, 2010**

Chairperson: James D. Griffin, M.D.

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

CMHCC Members Absent: Desmar Walkes, M.D.,

Partner Agency Staff Present: Owen Murray, D. O., Anthony Williams, Billy Horton, Lauren Sheer; The University of Texas Medical Branch; Denise DeShields, M.D., Larry Elkins Texas Tech University Health Sciences Center; Rick Thaler, Jerry McGinty, Ron Steffa, Bobby Lumpkin, M.B. Hirsch B.S., M.Ed., D.D.S., Kathryn Buskirk, M.D., CMD, Texas Department of Criminal Justice; David Nelson, Janice Lord, Texas Board of Criminal Justice; Allen Hightower, David McNutt, Lynn Webb, Stephanie Harris, CMHCC Staff.

Others Present: Deborah Hujar, Legislative Budget Board

Location: Frontiers of Flight Museum, Conference Room 1, 6911 Lemmon Avenue, Dallas, Texas

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>I. Call to Order - James D. Griffin, M.D.</p>	<p>Dr. Griffin called the CMHCC meeting to order at 9:00 a.m. Then noted that a quorum was present and the meeting would be conducted in accordance with Chapter 551 of the Texas Government Code, the Open Meetings Act.</p>		
<p>II. Recognitions and Introductions - James D. Griffin, M.D.</p>	<p>Dr. Griffin thanked everyone for attending the meeting then introduced Ms. Abigail Pinto and Ms. Logan Farmer; both medical students who are accompanying him to learn the different aspects of the medical profession.</p>		
<p>III. Approval of Excused Absence - James Griffin, M.D</p>	<p>Dr. Griffin stated that he would now entertain a motion to approve the excused absences of Cynthia Jumper, M.D. and Desmar Walkes, M.D. who were unable to attend the September 7, 2010 CMHCC meeting due to scheduling conflicts.</p>		<p>Mr. Evenwel moved to approve Dr. Cynthia Jumper and Dr. Desmar Walkes absence from the September 7, 2010 CMHCC meeting. Mr. William Elger seconded the motion which prevailed by unanimous vote.</p>

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>IV. Approval of Consent Items</p> <p>- James Griffin, M.D.</p>	<p>Dr. Griffin noted next on the agenda is the approval of the consent items to include the Minutes from the Meeting held on September 7, 2010 CMHCC meeting; the TDCJ Health Services Monitoring Report; both UTMB and TTUHSC Medical Director's Report; and the Summary of Joint Committee Activities. He then asked the members if they had any specific consent item(s) to pull out for separate discussion.</p>	<p>Dr. Raimer commented that the numbers for Peer education participants under the TDCJ office of Public Health Monthly Activity Reports for the month of July (pg.52) and August (pg.53) were not correct. Also noted ACA (pg.58).</p>	
<p>V. Executive Director's Report</p> <p>- Allen Hightower</p>	<p>Hearing no further comments, Dr. Griffin stated that he would entertain a motion on approving the consent items.</p> <p>Dr. Griffin then called on Mr. Hightower to provide the Executive Director's Report.</p> <p>Mr. Hightower noted that this report summarizes a number of significant activities relating to the correctional health care program since our last meeting.</p> <p>Mr. Hightower next reported on Legislative Budget Board Uniform Cost Project: Cost data by facility was obtained from Texas Tech University Health Sciences Center and the University of Texas Medical Branch and submitted to the Texas Department of Criminal Justice in preparation for the Legislative Budget Board Uniform Cost Project. This will provide cost for FY2010 by facility.</p> <p>Annual Financial Reporting Requirements (AFR):</p> <p>The CMHCC submitted the annual financial report schedules for the committee for FY2010. CMHCC started submitting these reports in November 2007.</p>	<p>Dr. Linthicum responded that they were typos and would correct.</p>	<p>Dr. Ben Raimer moved to approve the consent items as provided at Tab A of the agenda packet. Dr. Cynthia Jumper seconded the motion. The motion passed by unanimous vote.</p>

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>Executive Director's Report (Cont.)</p>	<p>82nd Legislative Session: The 82nd Legislature convenes on January 11, 2011 but pre-filing of legislation started in Mid-November. As in the past, the CMHCC staff will be tracking bills with potential impact on the correctional health care program.</p> <p>Budget Reduction: Legislative leadership will be asking state agencies to identify 2 to 3 percent budget cuts in the current biennium. We have not received an official notice or instructions from the LBB on how to do that.</p> <p>Dr. Griffin thanked Mr. Hightower for the updates and asked if there were any questions or comments?</p>	<p>Dr. Griffin wanted to add on his activities since our last meeting. Certainly we have had to respond to a number of inquires from state entities. We were disappointed that the audit is not complete because it was our plan to have a financial workshop to go thru our LAR in great detail. Committee staff and I have gone thru every line, every column together and have identified a number of things to modify that if we should need to, to bring those numbers into consideration that would be more favorable in the economic times in which we exist. With impending reduction request which may be coming very soon, I think that type of preparation for those I think will well position to handle those and we will be discussing with our university partners coming up soon. We have looked at a way to monitor activities on a month by month basis. Putting a 5% ceiling over the previous year of this biennium and we will be sharing a draft of that type of financial report with our university partners and TDCJ this week. We'll have a letter that we can see how we want to report</p>	

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<p>VI. Performance and Financial Status Report</p> <p>- David McNutt</p>	<p>Dr. Griffin asked if there were any questions or comments related to that.</p> <p>Hearing no further comments, Dr. Griffin called on Mr. McNutt to provide the update on the Performance and Financial Status Report.</p> <p>Mr. McNutt noted that the Performance Dashboard for the fourth quarter, FY 2010 is provided at Tab C of the agenda packet. He then reported that the average offender population was 151,225 at the end of this fourth quarter compared to 150,568 for the same time period a year ago which is an increase of 657 or 0.44%, which is a small increase.</p> <p>We have also notice which it's not in this report, but the months of September and October we've seen an increase above that.</p> <p>The aging offenders continue to rise at a steady rate and Mr. McNutt reported that the number of offenders 55+ at the end of the fourth quarter FY2010 was 11,803 compared to 11,033 the same quarter in FY 2009 which is an increase of 770 or 7.0%.</p> <p>The psychiatric inpatient census reported at the end of the fourth quarter FY2010 was 1,937 compared to 1,914 the same quarter in FY2009.</p>	<p>That information. So that we could be assured that on a month by month basis going throughout the legislative session and completing FY11 that we stay very close to our previous years of our financial performance. This still will be a challenge because we do not know what the upcoming session will do over this period of time. But I think we'll do all the work that needs to be done to monitor that. So anything that is above a 5% variance, I am going to ask the university partners to explain that on a month by month basis catch up for our previous two months going forward.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>VI. Performance and Financial Status Report (Cont.)</p>	<p>Through the fourth quarter of FY 2010, the average number of psychiatric outpatient visits was 21,509 representing 14.2% of the service population.</p> <p>Mr. McNutt stated that several months ago members had asked for a breakout of our mental health by facility and by gender and that's what this next page provides.</p> <p>He then reported that the medical access to care indicators remained within the 93% - 97% range; the mental health access to care stayed within the 97 - 99% range; and dental access to care stayed between the 97% - 99% range.</p> <p>Mr. McNutt continued by stating that the UTMB sector physician vacancy rate for this quarter was 25%; mid-level practitioners at 13.08%; RN's at 3.22%; LVN's at 2.77%, dentists at 9.09% and psychiatrists at 7.69%.</p> <p>TTUHSC sector physician vacancy rate for the same quarter averaged at 14.48%; mid-level practitioners at 15.65%; RN's at 16.94%; LVN's at 13.24%; dentists at 19.60%, and psychiatrists at 33.05%.</p> <p>The timeliness in the Medically Recommended Intensive Supervision Program (MRIS) medical summaries for the month of June 89%, July 85% and August 86%.</p> <p>Mr. McNutt next reported that for the statewide cumulative lost and gain. This is for both universities as you can see as it progresses. We finished up FY2010 at \$21.572M. Expenses exceeded the revenue for this quarter.</p> <p>Mr. McNutt next reported statewide loss/gain by month. Each month recorded a deficit until you get to August FY10 and as you can see it had a positive for the month of August. Statewide revenue v. expenses by month again you can follow and see the expenses exceed the revenue each month except the month of August.</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>VI. Performance and Financial Status Report (Cont.)</p>	<p>Mr. McNutt reported UTMB cumulative loss/gain by month again you'll see the loss each month as it grows but you will also see that the month of July there was an \$18,948,158 deficit and that was reduced to \$18,708,200 in August 2010.</p> <p>Mr. McNutt added that Texas Tech was basically the same thing. They had a negative through out the fiscal year and then in August they have a positive in expenses.</p> <p>Dr. Griffin asked if there were any questions or comments.</p>	<p>Dr. Griffin noted just to be clear that FY10 ended with twenty-one... Mr. McNutt confirmed by saying \$21,572,347.</p> <p>Dr. Griffin added that this could certainly be checked out and that would put us in the mid four million loss if those numbers hold through the biennium.</p> <p>Mr. McNutt stated that if those numbers stayed consistent in FY11 they'll basically be identical to FY10.</p> <p>Dr. Griffin asked if there were any other impacts we should see from the RIFs related to the FY11 numbers because this was only partial.</p> <p>Mr. McNutt added that FY11 we have two months of data that was not reported in the book. Those two months worth of data were about bulking purchases together through the month of October. \$2.5 to the negative total and the cost per day through FY10 was \$9.88; the cost per day through October was \$9.56. So the cost per day has decreased through the first couple of months and the expenditures were only \$2.5M in the negative. If that stayed true then you could trade that out through six more months times six because we have done two months. That would be about two months \$15M.</p>	

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<p>VI. Performance and Financial Status Report (Cont.)</p>		<p>Mr. McNutt added as Dr. Raimer & Mr. Elger know the LBB is following the projected shortfall closely and we've reported on that once. My guess is that when session starts we'll be reporting on it pretty often.</p> <p>Dr. Raimer asked since the LBB has followed the shortfall have they taken any action on our spend forward request.</p> <p>Mr. McNutt replied no that the spend forward request was for FY11 and it would have happen in FY10 and we're in FY11 and in my opinion I don't think it will happen. They did ask questions at the end of the session, but that was as far as it went.</p> <p>Dr. Raimer stated that he wanted to know if there was no action. Mr. McNutt replied that there was no action.</p> <p>Dr. Griffin added we do transfer monies to the universities prior to delivery of services for that quarter. And that question has come up in relationship to that spend forward request and that may have impacted their decision not to take action on it.</p>	
<p>VII. Summary of Critical Personnel Vacancies</p> <p>- Owen J. Murray, D.O. (UTMB)</p>	<p>Dr. Griffin noted that we were down to agenda item number seven, Summary of Critical Personnel Vacancies and Dr. Murray is first.</p> <p>Dr. Murray next reported that the one thing that is highlighted is the jump in positions on our side. Obviously it's a critical vacancy. We had a couple of people retire and a couple of people leave. We've been filling those voids obviously with tele-medicine which allows us to continue to deliver service. And we've had a good number of applications so hopefully we'll see in the next quarter that 25% come down to a more manageable system. Again, we'll be keeping a close eye on that during the next quarter.</p>		

Agenda Topic / Presenters	Presentation	Discussion	Action
<p>VII. Summary of Critical Personnel Vacancies (Cont)</p> <p>- Denise DeShields, M.D. (TTUHSC)</p> <p>- Lannette Linthicum, M.D. (TDCJ)</p> <p>VIII. Medical Directors Update</p> <p>- Lannette Linthicum, M.D. (TDCJ)</p> <p>- Operational Review Audit</p>	<p>Dr. Griffin then called on Dr. DeShields.</p> <p>Dr. DeShields reported that fortunately some of the recruiting efforts that we had embarked on the website sector after we failed and hired six professional staff in critical positions over the last quarter. Hopefully we'll happily report over the next quarter that the psychiatry number will come down as well. Again the numbers are small because our FTA numbers are small. But overall we have actually reduced our vacancies in all positions.</p> <p>Dr. Linthicum reported that TDCJ has two positions open that are actually posted. One is in the process of being filled. We also have a registered nurse position to post that is also in the office of professional standards.</p> <p>Dr. Griffin hearing no further discussions thanked the three Medical Directors for their updates.</p> <p>Dr. Griffin stated that the next agenda item is the Medical Director's Report and called on Dr. Linthicum to provide the TDCJ update.</p> <p>Dr. Linthicum noted that the TDCJ Medical Director's Report starts on page 105 of the agenda packet.</p> <p>During the fourth quarter of FY2010, Dr. Linthicum reported that 15 operational review audits were conducted. The items more frequently out of compliance this time was Hepatitis C Virus on the first three items. As you know we as the committee follow this Hepatitis C on our policies. So our expectation is that we are adhering to the policy as written. We have requested corrective action as required within the policy guidelines.</p> <p>Item #4 has to do with the requirement of TDCJ of the Texas Department of State Health Services Tuberculosis Elimination Division. Eight of the 15 facilities were not in compliance with successfully completing the TD-400 forms.</p> <p>The next item #5 has to do with the pneumococcal vaccine for offenders with certain chronic diseases and over 65 years of age. There were 11 out of 15 facilities were not in compliance with this requirement.</p> <p>Item #6 TDCJ in the past year changed the recommendations of the influenza vaccine but at the time this audit was done we were</p>	<p>Dr. Griffin asked is these were planned retirements?</p> <p>Dr. Murray replied that yes they were planned and the two non retirees were for different reasons.</p> <p>Dr. Griffin added that in this challenge he just wanted to make sure that there was not a systems based reason that had been identified since we saw such a huge increase.</p> <p>Dr. Murray answered no that the timing is just something one might comment on but it had nothing to do with the changes. In fact we have been keeping an eye about moving forward looking as things change as we see the departures. Not just the positions but the job satisfaction in general of the staff hasn't changed significantly. Again it's less about the changes but the uncertain kind of the future has most of our staff on pins and needles about where their jobs will be.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>VIII. Medical Directors Update (Cont.)</p> <ul style="list-style-type: none"> <li data-bbox="94 657 304 682">- Quality of Care <li data-bbox="94 747 388 803">- Grievances and Patient Liaison <li data-bbox="94 1047 388 1136">- Quality Improvement / Access to Care Audits 	<p>operating under the old guidelines that we just offered to offenders with certain chronic disease. And we found eight of the 15 facilities were not in compliance with this requirement.</p> <p>Item #7 had to do with the Hemocult testing and 13 of the 15 facilities were not in compliance. That is an annual physical exam for offenders 50 years of age or greater. We had 10 facilities out of compliance. The documentation of a current Mental Health Individual Treatment Plan (ITP) for all offenders receiving ongoing mental health care that would be the 21,000 on the outpatient caseload.</p> <p>Item #10 requires an assessment be completed by nursing staff daily on offenders in disciplinary segregation and must be documented on Flow Sheets (HSN-46). Nine of the 15 facilities were not in compliance.</p> <p>Dr. Linthicum continued with Quality of Care Audit which is summarized on Hypertension and Dental.</p> <p>Now on the bottom of page 109 we have Grievances and Patient Liaison Program which received during the fourth quarter of FY2010 3,751 correspondences. Patient Liaison had 1,993, and Step II Grievance had 1,758. Of that combined number, 407 (10.85 percent) Action Requests were generated by the Patient Liaison Program and the Step II Grievance Program. And of that number about five (5) percent of combined universities offender grievances. And of course six (6) percent of performance measures.</p> <p>Now on page 110 is Quality Improvement (QI) Access to Care Audits. Again the Patient Liaison Program nurses and investigators perform 117 Sick Call Request Verification audits. Some of the units, which have Expansion Cell Block areas which we call our high security buildings, were counted as a separate audit. They look at a total of 1,053 indicators related to Access to Care. Of the 113 facilities audited, and 48 of them fell below the 80 percent threshold, which represents five (5) percent.</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>VIII. Medical Directors Update (Cont.)</p> <ul style="list-style-type: none"> - Capital Assets Monitoring - Office of Public Health 	<p>We continue to be outstanding on our Fixed Assets Contract Monitoring where we audited 15 units and they were within the required compliance range.</p> <p>In our Office of Public Health we continue to monitor infectious disease, as you can see we had 261 cases of suspected syphilis for the Fourth Quarter FY2010 compared to 140 in the same quarter in FY2009. We kind of looked back and these figures might have been an over estimation of the actual numbers, because some of the cases that have been reported were suspected and may not have been actual.</p> <p>There were 392 Methicillin-Resistant Resistant Staphylococcus Aureus cases for this quarter compared to 721 the same quarter in FY2009. It is down and we really don't have an explanation for the decrease. There was an average of 14 Tuberculosis (TB) cases for the Fourth Quarter FY2010 compared to an average of 20 per month during the same quarter in FY2009.</p> <p>Our SANE Nurse which is our Sexual Assault Nurse Examiner Coordinator. This position collaborates with the Safe Prisons Program, provides in-service training to facility providers in the performance of medical examinations, evidence collection and documentation, and use of the sexual assault kits. There were 180 chart reviews of alleged sexual assaults performed for the Fourth Quarter FY2010 with one deficiency at the Powledge Unit. A corrective action plan was requested and received from the unit and was closed. There were baseline laboratory tests performed on 23 offender-victims to see if any of them were previously infected. To date, no one has seroconverted on their follow-up test; thus no one has been infected as a result of a sexual assault.</p> <p>Dr. Linthicum added that the Peer Education Coordinator audited units to determine the number of existing programs; at the close of the audit it was determined that 90 units had peer education programs. During the Fourth Quarter FY2010, seven units added peer education programs. Currently, Peer Education Programs are functioning at 97 of the 112 facilities. During the Fourth Quarter FY2010, 19,226 offenders attended classes presented by peer educators. This is a decrease from the same quarter in FY2009, during which 19,871 participants attended classes.</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>VIII. Medical Directors Update (Cont.)</p> <ul style="list-style-type: none"> - Mortality and Morbidity Committee - Mental Health Services Monitoring and Liaison 	<p>The Mortality and Morbidity Committee reviewed 89 deaths. Of those 89 deaths, 12 were referred to peer review committees and one was referred to utilization review.</p> <p>The Mental Health Services Monitoring and Liaison with County Jails identified the immediate mental health needs of 51 offenders approved for expedited admission to TDCJ due to psychiatric conditions.</p> <p>Dr. Linthicum added that the MHMR history was reviewed for 20,268 offenders brought into TDCJ-ID/SJD. She further noted that 3,782 offenders were identified as having a documented history of mental illness and this information was provided to the appropriate intake/receiving facilities. All transfer facilities, etc.</p> <p>Also, 3,204 Texas Uniform Health Status Update forms were reviewed and 789 (24.5 percent) TUHSU forms were identified with deficiencies (primarily incomplete data). 41 offenders were assessed and determined to be appropriate for TDCJ Boot Camp.</p> <p>There were 16 Administrative Segregation facilities audited. 3,647 offenders were observed, 1,982 of them were interviewed and 6 offenders were referred to the university providers for further evaluation.</p> <p>The SAFP's, these are the Special Needs Substance Abuse Felony Punishment facilities. There are four of them identified, two male facilities, one at Estelle and at Jester I; and two female facilities, and one at Hackberry and at Henley. Since they are all under the UTMB sector, UTMB portion of managed health care and mental health staff is intractably involved with programs and services division. The therapeutic community that administers the substance abuse components if the private vendors contact the programs and services division.</p> <p>There were 42 behavioral discharges reviewed and all of them met the discharge criteria. Also, this office looks at all of the compelled psychological medication criteria.</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>VIII. Medical Directors Update (Cont.)</p> <ul style="list-style-type: none"> - Accreditation - Biomedical Research Projects - Dr. Owen Murray (UTMB) - CMC Patient Services Overview 	<p>The American Correctional Association (ACA) Panel of Commissioners awarded reaccreditation to the following units: Central, Clemens, Crain, Dalhart, Duncan, Garza East and West, Goree, Huntsville, Jester IV, Scott, Wallace, and Ware.</p> <p>Dr. Linthicum further added that at the bottom page 113 of the agenda you can see the summary of current and pending biomedical research projects.</p> <p>Dr. Griffin thanked Dr. Linthicum for her report and asked if there were any questions and then called on Dr. Murray.</p> <p>Dr. Murray stated that for his part of the report that Steve Smock and Tony Williams will be doing an update on our inpatient and outpatient services.</p> <p>Steve Smock began the report with the outpatient services line on page 115 that provides all medical, dental, nursing and Mental Health care to TDCJ offenders, other than care delivered in hospital, emergency room or infirmaries to 77 TDCJ facilities.</p> <p>Outpatient focus is to attain the highest level in national quality and service indicators to identify UTMB CMC as a top performer in patient outcomes by: consistency of practice/operations, increasing accountability, reaffirming the business heritage, creating opportunity, creating excitement.</p> <p>Three things that we did in this past year are our Hub report, tele-health PCP-weekday and telehealth PCP-weekend programs. Our HUB consists of 11 units throughout the UTMB sector providing 24-7 physical offender services. They provide physical treatment to 30 units. We just put in point of care testing and cardiac monitors.</p> <p>If you look on page 120, you'll see the HUB workload/patients numbers. And on page 121 you will see the percentage workload. Next you will see our weekday tele-health delivery of sick call services, with four (4) full time midlevel providers for up to 20 clinics per day.</p>		

Agenda Topic/Presenter	Presentation	Discussion	Action
<p>VIII. Medical Directors Update (Cont.)</p>	<p>Now you will see our weekend tele-health & telephonic services to facilities without an RN/Provider onsite. With 1 mid-level provider daily. Clinical services are delivered via Tele-health system.</p> <p>Mr. Smock continued with pages 124 & 125 showing graphs on Outpatient services for FY10 discipline encounters with the nursing, medical, dental and mental health areas.</p> <p>Tony Williams began with page 126 on the offsite and UTMB emergency evaluations on CMC UR department which manages over 400 offsite hospital admissions, tracks over 400 emergency room evaluations each month. And on any given month, greater than 40% of the patients sent to emergency rooms for evaluations return to their unit of assignment.</p> <p>Mr. Williams added that UTMB-CMC, in collaboration with TDCJ Health Services, conducted clinical surveys of all patients' infirmary beds in May 2009 and classified these patients as either permanent or non-permanent length of stays. The infirmary has maintained the LOS (lost of stays) system and has seen a 34% increase.</p> <p>Mr. Williams next goes over the Inpatient Correctional Mental Health Treatment Tracts which includes: Crises Management, Diagnosis & Evaluation (D&E), Acute Care/Rapid Stabilization, Partial Remission, Mood Disorder, Impulsive/Self-Injurious Behavior, Chronic Care and Organic Disorder. Next are graphs on Inpatient Mental Health Census as of 11/1/2101 at Jester IV Inpatient Census and Skyview Inpatient Census.</p> <p>Mr. Williams explained the following charts on average days to move a discharged infirmary patient, average days to move a discharged inpatient mental health patient, dialysis costs by age grouping through FY2010 third quarter and comparisons on CMC dialysis services. Any questions?</p>	<p>Mr. Griffin asked that in the LAR for the next biennium there was a UTMB request for 2 million dollars to increase funds for outpatient dialysis. One of the concerns is that do we need to have the discussion about infrastructure of having a physical plan instead of putting that into a lawsuit of into a community, since it is for a future biennium. I think that those considerations need to be made.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>X. TDCJ Health Services Division, Chronic Disease Audit – Hypertension</p> <p>- Kathryn Buskirk, MD, CMD</p>	<p>Dr. Buskirk thanked Dr. Griffin for the introduction and noted that she would be reporting on the hypertension audit found on page 145 of the agenda.</p> <p>Dr. Buskirk stated that the hypertension audit is recorded by two the Texas Government Codes, Section 501.145 which mandates TDCJ to provide chronic disease management services which meet standards of care; and Section 501.150 which mandates TDCJ to establish a procedure for monitoring the quality of care delivered by the health care providers.</p> <p>The hypertension audit was developed as a quality of care audit tool designed to monitor and measure the management of hypertension. The resources on the standards used on this audit are from the American Correctional Association (ACA), Centers for Medicare and Medicaid Services (CMS), Correctional Managed Health Care (CMHC) policies, Disease management Guidelines (DMGs) from the CMHC Pharmacy & Therapeutics (P&T) Committee, National Commission on Correctional Health Care (NCCHC), and the Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation and Treatment of High Blood Pressure (JNC-7).</p> <p>Dr. Buskirk noted that at our last meeting she reported on the diabetes audit and that all the chronic care audits have five questions that are referred to as common questions provided on page 150 of the agenda packet. She then added that there were also specific questions provided on page 151 of the agenda packet.</p> <p>For the hypertension specific audit, 110 TDCJ facilities were audited using the Hypertension Audit tool during the 4th Quarter of FY1020. A total of 1,913 charts were audited (1,509 UTMB charts and 404 TTUHSC charts). Dr. Buskirk further noted that this represents 7% of the 27,907 hypertensive offenders in the TDCJ system and yields a 99% confidence level.</p> <p>She further noted that on the following graphs 1,913 charts were randomly selected from the Hypertension Chronic Care. A minimum sample size required for a 95% confidence level was obtained from each facility audited.</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>XI. TDCJ Health Services Division, Dental Quality Monitor Report (Cont.)</p>	<p>The graph provided on page 155 demonstrates the performance percent for the overall system for those five common questions represented individually by the five bars. On page 156 the graph demonstrates the performance percent for the overall specific questions. The graph provided on page 157 demonstrates for all facilities the percentage of total number of anti-hypertensive medications prescribed.</p> <p>Dr. Buskirk further reported the average blood pressure of hypertensive offenders in all TDCJ facilities was 137/80. 46 facilities had a blood pressure average for hypertensive offenders that was greater than 140/90.</p> <p>In conclusion, Dr. Buskirk noted that the development of this chronic disease quality of care audit is in keeping with legislative expectations and the questions are evidence based and is consistent with the standard care.</p> <p>Dr. Griffin now calls for Dr. Hirsch to do his presentation.</p> <p>Dr. Hirsch stated that the hypertension audit is recorded by two the Texas Government Codes, Section 501.145 which mandates TDCJ to provide chronic disease management services which meet standards of care; and Section 501.150 which mandates TDCJ to establish a procedure for monitoring the quality of care delivered by the health care providers.</p>	<p>Dr. Griffin asked on the 42%, when do they have to satisfy to meet that threshold.</p> <p>Dr. Bushkirk answered that they have to document that they canceled the patients.</p> <p>There were some further discussions, with Dr. Griffin, Dr. Linthicum, Mrs. Lord and Dr. Bushkirk.</p> <p>Dr. Griffin ended with asking from a pharmacologist, and sending to him a list of drugs in those categories to see if which classes of drugs are more prevalent.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>XI. TDCJ Health Services Division, Dental Quality Monitor Report (Cont.)</p>	<p>The following are the dental quality of care audit-areas of audit: Urgent Care, Chain-In, In-Processing, Comprehensive Treatment Plan, Radiographi, Infection Control, and Medical Emergencies</p> <p>Dr. Hirsch discussed his role in TDCJ and how Medical Emergencies are handled along with Infection Control now compared to back in the 60's. He also discussed radiographs, extractions, posterior interproximal lesions, and panoramic radiograph.</p> <p>He then discussed the comprehensive treatment plan with a template on page 174 of the agenda packet and also an audit worksheet for comprehensive treatment plan.</p> <p>On page 177 thru 179 are the in-processing forms for patient dental information. Dr. Hirsch added that on page 181 was the percentage of the number of units on Chain-in. On page 183 is the CMHC Policy E-36.1 on dental treatment priorities with a chart on page 184 that shows the percentage of urgent care treatment within 14 days.</p> <p>Dr. Griffin thanked Dr. Hirsch for his presentation and asked if there were any questions.</p>	<p>There was some discussion between Dr. Griffin, Dr. Hirsch and Dr. Linthicum on several issues dealing with medical issues vs. dental issues.</p>	
<p>XII. Financial Reports - Lynn Webb</p>	<p>Mr. Webb noted that the financial summary will cover all data for the 4th Quarter FY 2010 ending August 31, 2010 and the report is provided at Tab J of the agenda packet.</p> <p>As represented on Table 2 and page 195, Mr. Webb noted the average daily offender population has increased slightly to 151,225 for the 4th Quarter FY 2010. Through this same quarter a year ago (FY 2009), the daily population was 150,568, an increase of 657 or (0.44%).</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 11,803 as of 4th Quarter FY 2010. This is an increased of 770 or about 7.0% from 11,033 as compared to this same fourth quarter a year ago.</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>XII. Financial Reports (Cont.)</p>	<p>The overall HIV+ population has remained relatively stable throughout the last few years at 2,397 through 4th Quarter FY 2010 (or 1.59% of the population served).</p> <p>The two mental health caseload measures have remained relatively stable with the average number of psychiatric inpatients within the system was 1,937 through the 4th Quarter of FY 2010. Mr. Webb again noted the inpatient caseload is limited by the number of available inpatient beds in the system. The average number of mental health outpatient visits was 21,509 representing 14.2% of the service population.</p> <p>Mr. Webb further reported that the overall health costs through the 4th Quarter of FY 2010 totaled \$545.5M. On a combined basis, this amount is above overall revenues earned by the university providers by approximately \$21.6M or 4.1%.</p> <p>He next noted UTMB's total revenue through the fourth quarter was \$417.0M; expenditures totaled \$435.7M, resulting in a net shortfall of \$18.7M.</p> <p>Texas Tech's total revenue through the 4th Quarter was \$106.9M; expenditures totaled \$109.8M, resulting in a net shortfall of \$2.9M.</p> <p>He then stated that Table 4 and 4a provided on pages 199 and 200 indicates that of the \$545.5M in expenses reported through the 4th Quarter of FY 2010; onsite services comprised \$253.2M, or about 46.4% of expenses; Pharmacy services totaled \$52.3M, about 9.6% of total expenses; offsite services accounted for \$177.7M or 32.6% of total expenses; Mental Health Services totaled \$48.0M or 8.8% of the total costs; and indirect support expenses accounted for \$14.3M, about 2.6% of the total costs.</p> <p>As requested at the last quarterly meeting of FY2009 Table 4a was constructed to give everyone the breakout of expenses by the UTMB and Texas Tech Sectors.</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>XII. Financial Report (Cont.)</p>	<p>Mr. Webb further reported that Table 5 on page 201 shows that the total cost per offender per day for all health care services statewide through the 4th Quarter FY 2010, was \$9.88, compared to \$9.54 through the 4th Quarter of the FY 2009 or an increase of 3.6% over the past fiscal year. The average cost per offender per day for the last four fiscal years was \$8.38. As a point of reference healthcare costs was \$7.64 per day in FY03. This would equate to a 29.3% increase since FY03 or approximately 4.2% increase per year average, well below the national average.</p> <p>Older offenders access the health care delivery system at a much higher acuity and frequency than younger offenders. Table 6 on page 202 shows that encounter data through the 4th Quarter indicates that older offenders had a documented encounter with medical staff two and a half times as often as younger offenders.</p> <p>Table 7 on page 203 indicates that hospital costs received to date this Fiscal Year for older offenders averaged \$4,853 per offender vs. \$795 for younger offenders.</p> <p>Hospitalization costs provided at Chart 15 shows that the older offenders were utilizing health care resources at a rate of more than six times higher than younger offenders. While comprising only about 7.8% of the overall service population, older offenders account for 34.1% of the hospitalization costs received to date.</p> <p>Also, per Table 8 on page 204, older offenders are represented five times more often in the dialysis population than younger offenders. Dialysis costs continue to be significant, averaging about \$23.0K per patient per year. Providing dialysis treatment for an average of 196 patients through the Fourth Quarter of FY 2010 cost \$4.5M.</p> <p>Please note that Table 9 on page 205 shows that total drug costs through the 4th Quarter FY 2010 totaled \$39.8M. Of this, \$19.0M (or \$1.6M per month) was for HIV medication costs, which was about 47.6% of the total drug cost. Psychiatric drugs costs were approximately \$2.2M, about 5.4% of overall drug costs. Hepatitis C drug costs were just under \$2.7M and represented about 6.7% of the total drug cost.</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>XII. Financial Report (Cont.)</p>	<p>Mr. Webb again noted that it is a legislative requirement that both UTMB and Texas Tech are required to report if they hold any monies in reserve for correctional managed health care.</p> <p>UTMB reports that they hold no such reserves and report a total operating shortfall of \$18.7M through the end of the 4th Quarter of Fiscal Year 2010.</p> <p>Texas Tech reports that they hold no such reserves and report a total operating shortfall of \$2.9M through the 4th Quarter FY 2010.</p> <p>He then reported a summary analysis of the ending balances revenue and payments through August 31st FY 2010, as provided on Table 10 on page 206 for all CMHCC accounts are included in this report. The summary indicates that the net unencumbered balance on all CMHCC accounts on August 31, 2010 was \$100,661.14. This amount has <i>lapsed back to the State Treasury according to Rider 61 of House Bill One of the 81st Legislature and paid back in October 2010.</i></p> <p>Detailed transaction level data from both providers is being tested on a monthly basis to verify reasonableness, accuracy, and compliance with policies and procedures.</p> <p>The testing of detail transactions performed on TTUHSC's financial information for June 2010 through August 2010 found all tested transactions with appropriate backup, and found all tested transactions to be verified.</p> <p>The testing of detail transactions performed on UTMB's financial information for June 2010 through August 2010 resulted in two</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>XII. Financial Report (Cont.)</p> <p>XIII. Public Comments - Dr. Griffin</p> <p>XIV. Date / Location of Next CMHCC Meeting - Dr. Griffin</p> <p>XV. Adjourn</p>	<p>Mr. Webb noted that concluded his report. Dr. Griffin asked if there were any questions?</p> <p>After further discussion, Dr. Griffin noted that the next agenda item is where the Committee at each regular meeting provides an opportunity to receive public comments. Dr. Griffin noted that there were no such request at this time.</p> <p>Dr. Griffin next noted that the CMHCC office will be sending out calendars for the committee members to mark their availability for meetings scheduled for 2011. Also, we will have future meeting places posted.</p> <p>Dr. Griffin asked if there were any other questions. Hearing none, adjourned the meeting.</p>		

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

Date:

Consent Item 2

TDCJ Health Services
Monitoring Reports

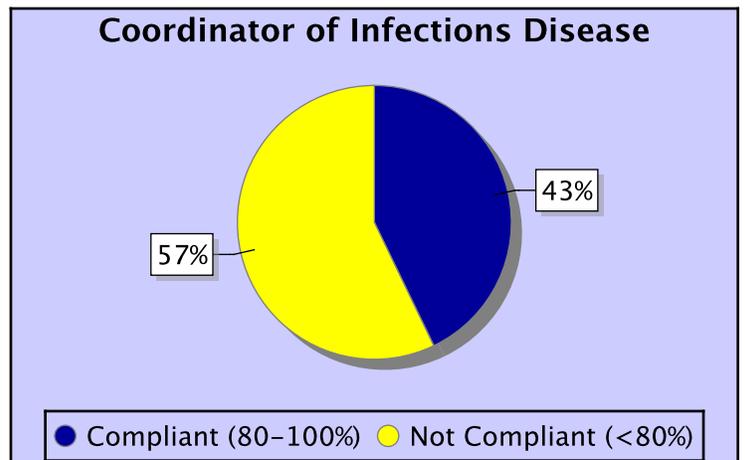
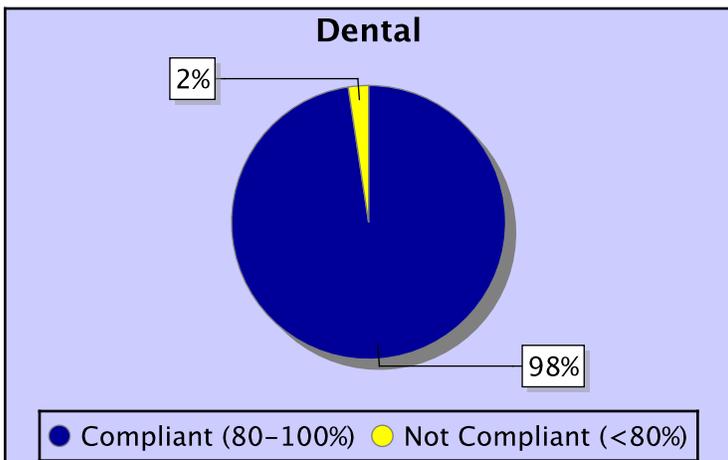
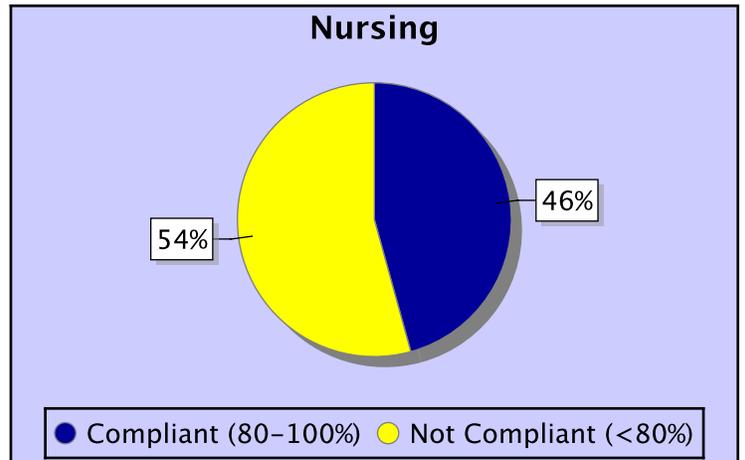
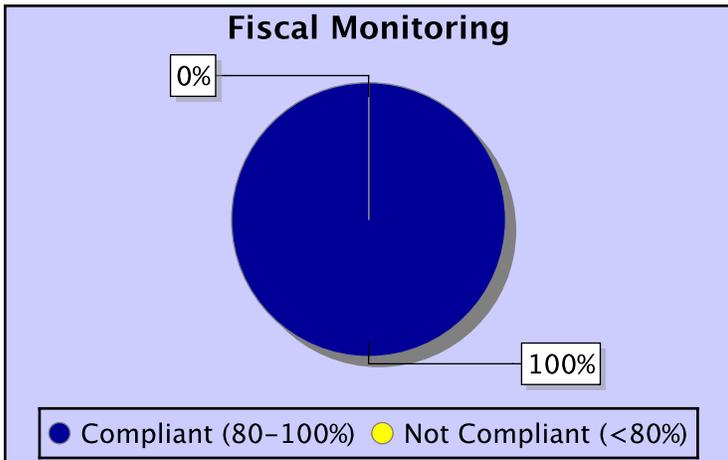
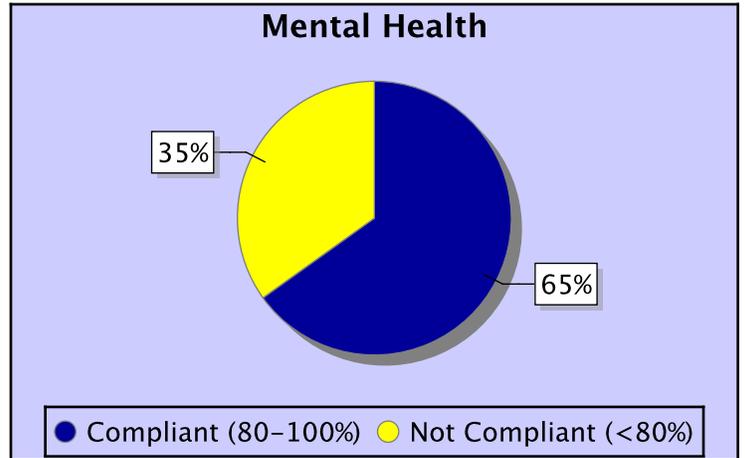
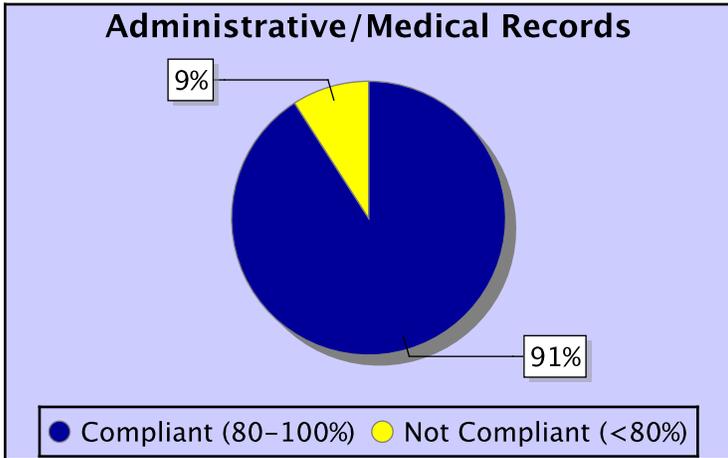
ATTACHMENT 1

**Rate of Compliance with Standards by Operational Categories
First Quarter, Fiscal Year 2011
September 2010 - November 2010**

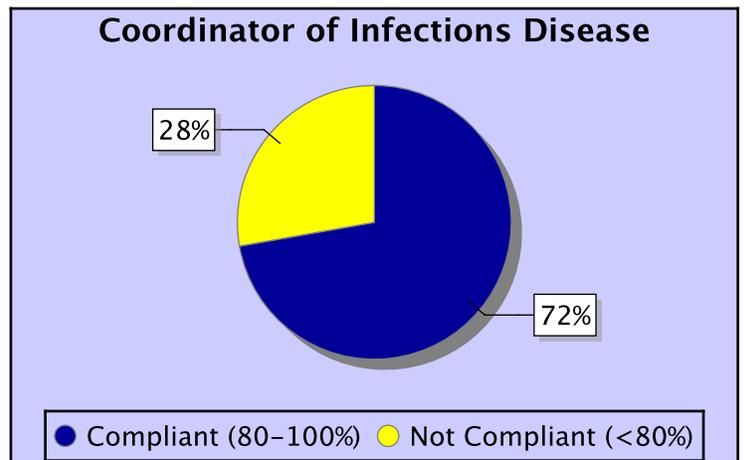
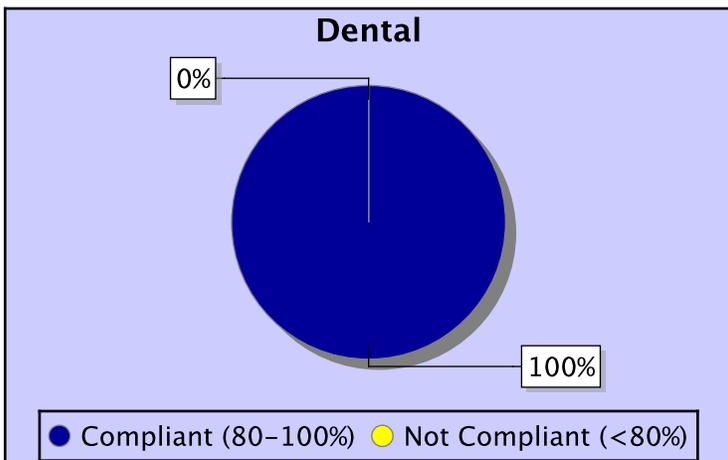
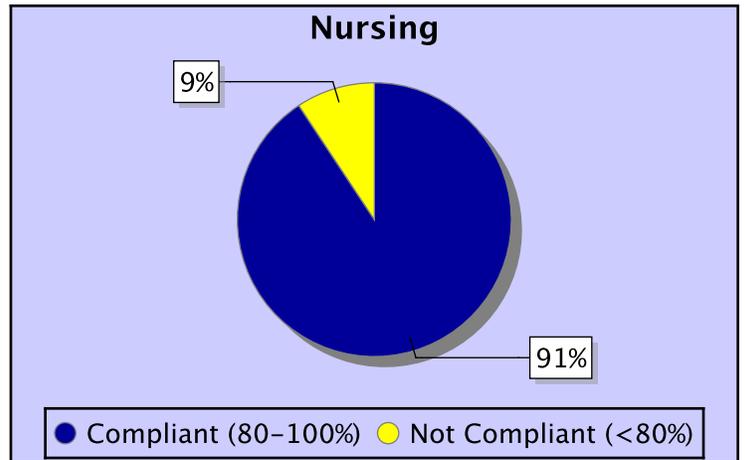
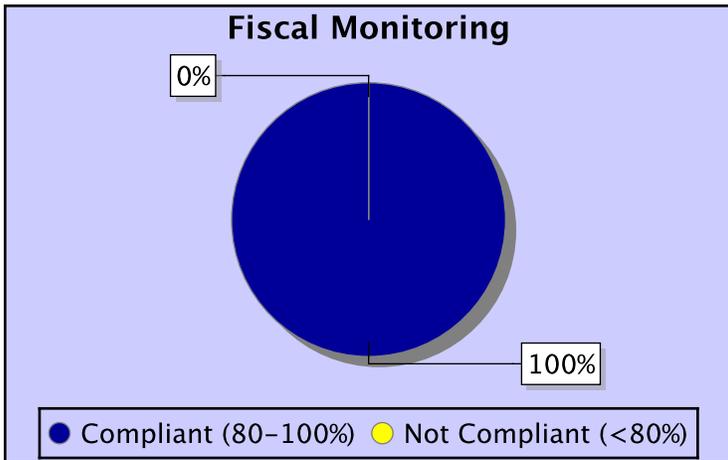
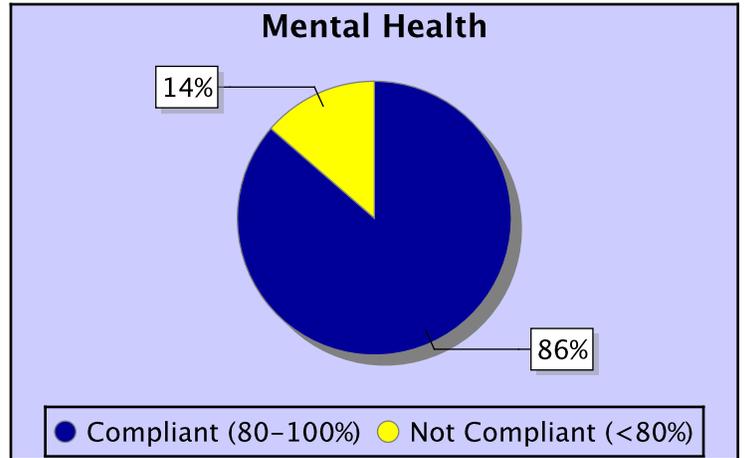
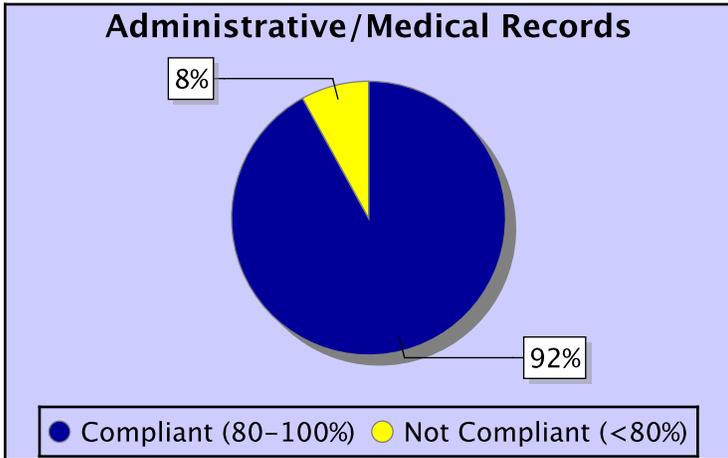
Unit	Operations/ Administration			General Medical/Nursing			Coordinator of Infectious Disease			Dental			Mental Health			Fiscal		
	n	Items 80% or Greater Compliance		n	Items 80% or Greater Compliance		n	Items 80% or Greater Compliance		n	Items 80% or Greater Compliance		n	Items 80% or Greater Compliance		n	Items 80% or Greater Compliance	
Allred	77	70	91%	70	32	46%	28	12	43%	42	41	98%	43	28	65%	10	10	100%
Connally	75	69	92%	43	39	91%	36	26	72%	21	21	100%	22	19	86%	6	6	100%
Darrington	76	71	93%	34	27	79%	30	12	40%	21	21	100%	17	16	94%	11	11	100%
Hospital Galveston	NA	NA	NA	9	2	22%	5	3	60%	2	0	0%	NA	NA	NA	NA	NA	NA
Lopez State Jail	76	73	96%	34	28	82%	28	13	46%	20	18	90%	18	12	67%	7	7	100%
Roach	70	68	97%	31	21	68%	25	18	72%	21	20	95%	9	9	100%	10	10	100%
Scott	76	73	96%	34	22	65%	26	14	54%	21	21	100%	17	15	88%	9	9	100%
Segovia Pre-Release Facility	76	74	97%	36	32	89%	24	15	62%	21	18	86%	11	10	91%	7	7	100%
Terrell	76	72	95%	41	29	71%	32	26	81%	21	21	100%	18	17	94%	12	12	100%
Willacy State Jail	75	72	96%	34	29	85%	27	11	41%	19	18	95%	15	14	93%	7	7	100%

n = number of applicable items audited.

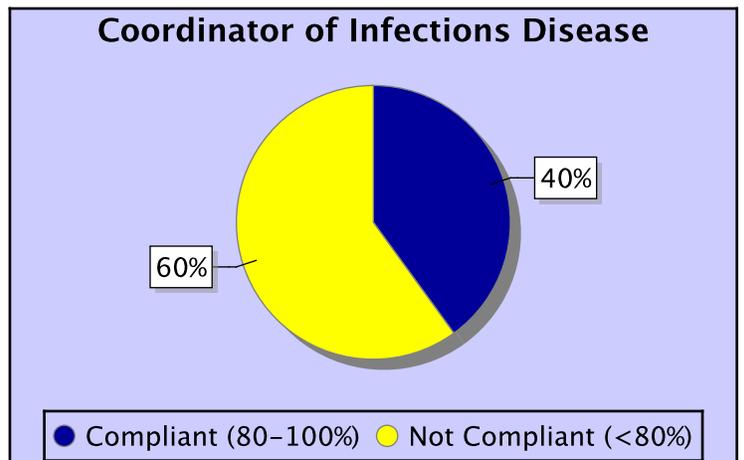
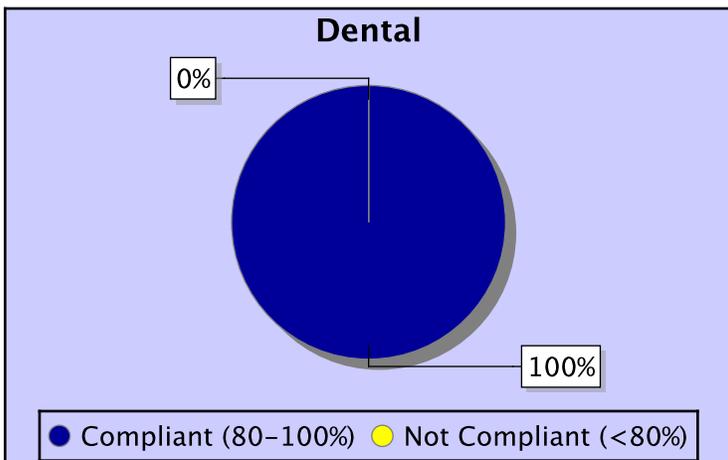
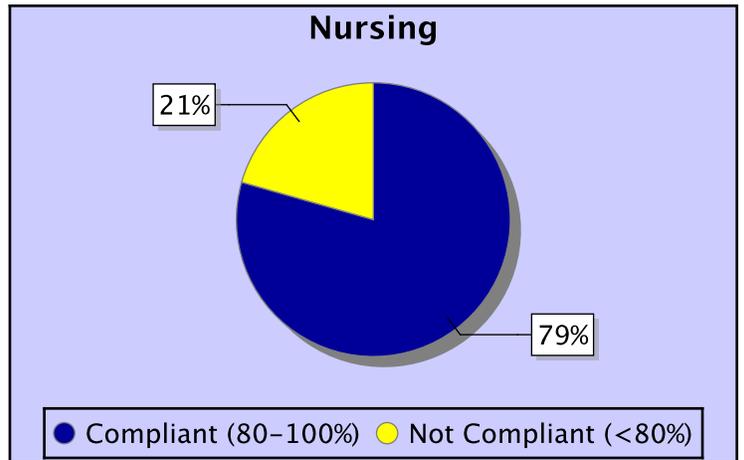
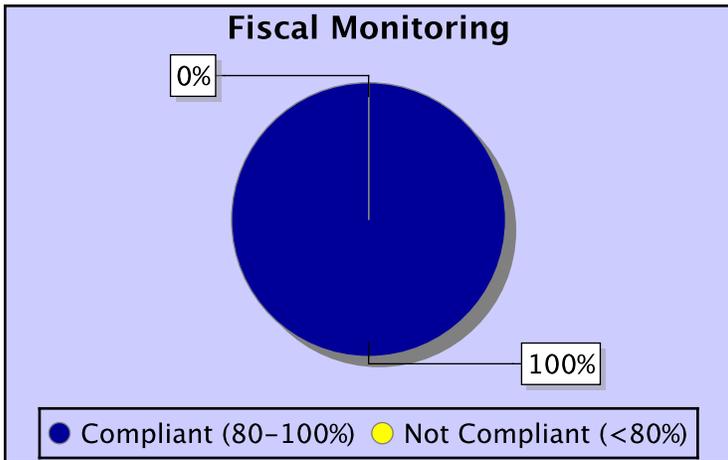
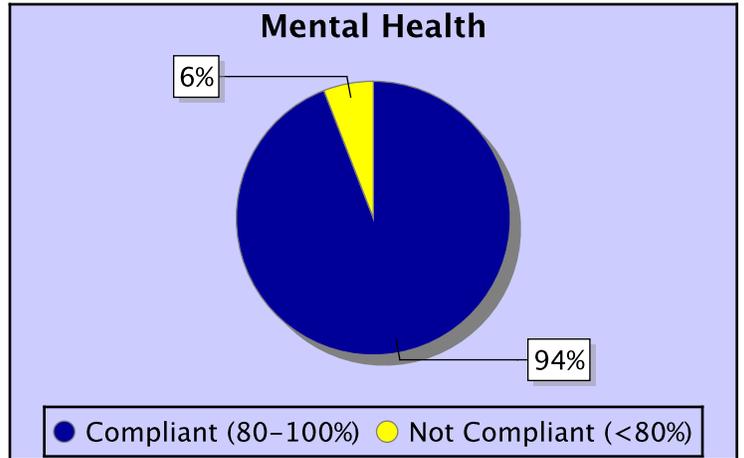
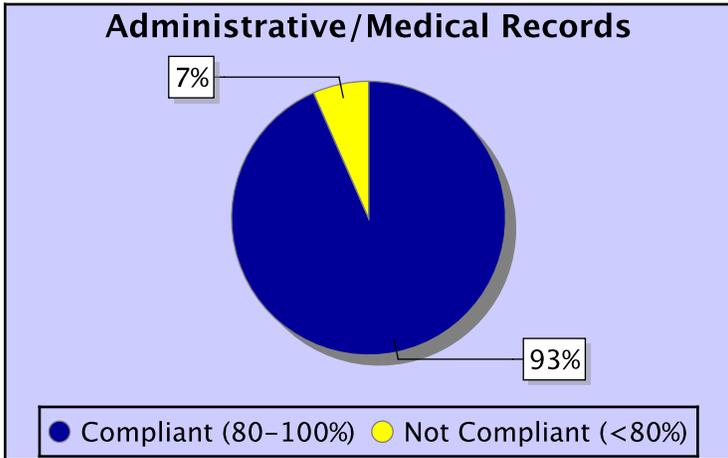
Compliance Rate By Operational Categories for
ALLRED FACILITY
September 08, 2010



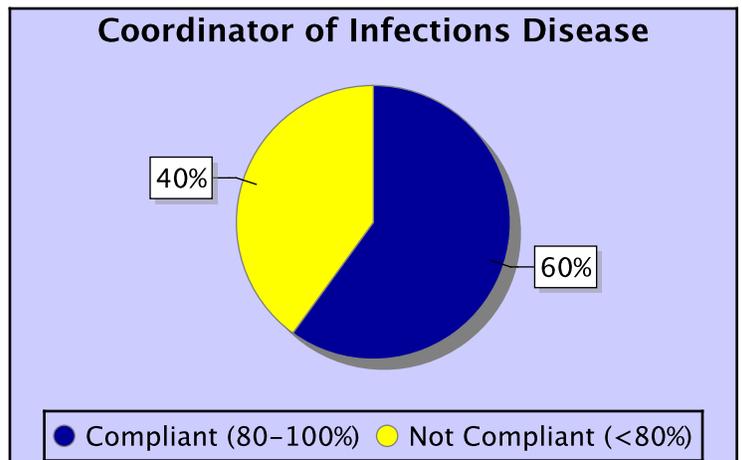
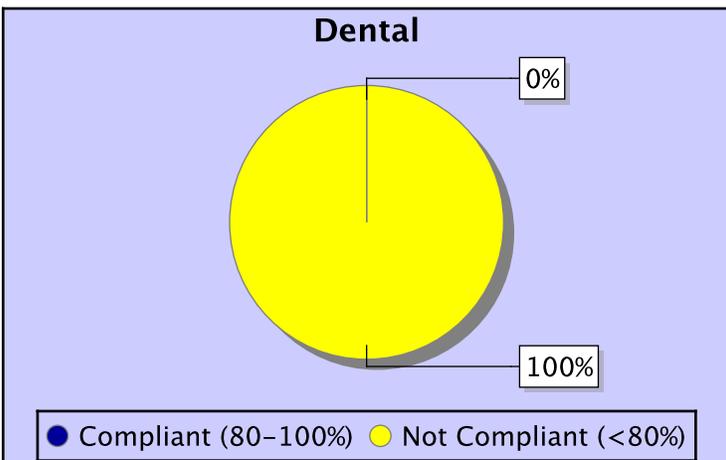
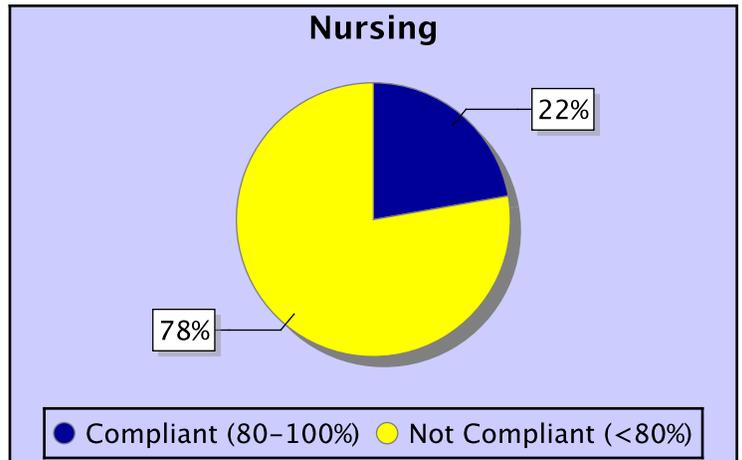
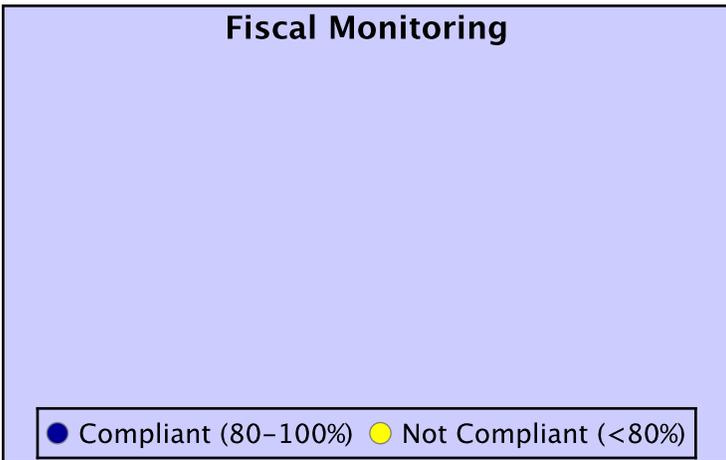
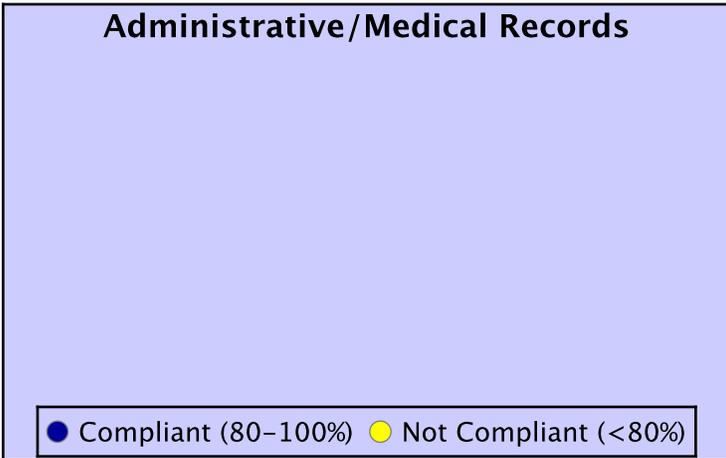
Compliance Rate By Operational Categories for
CONNALLY FACILITY
November 03, 2010



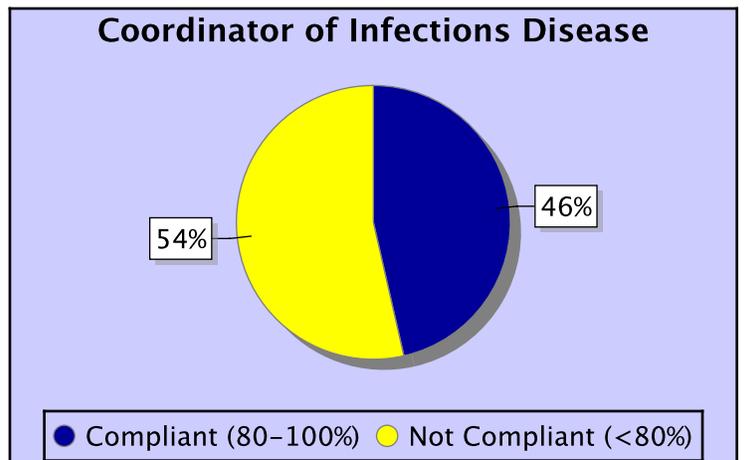
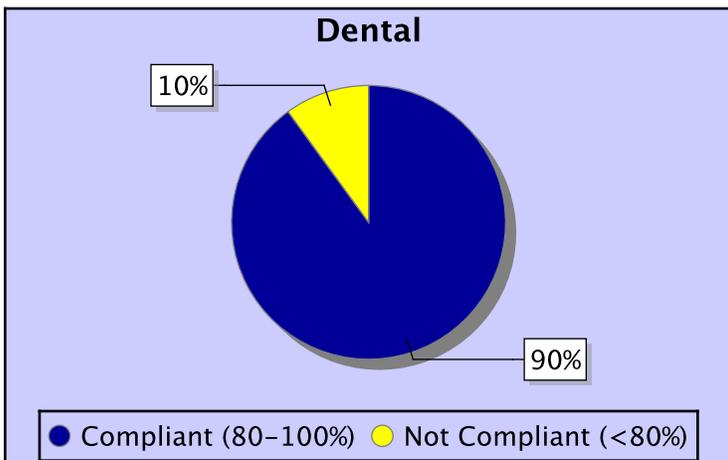
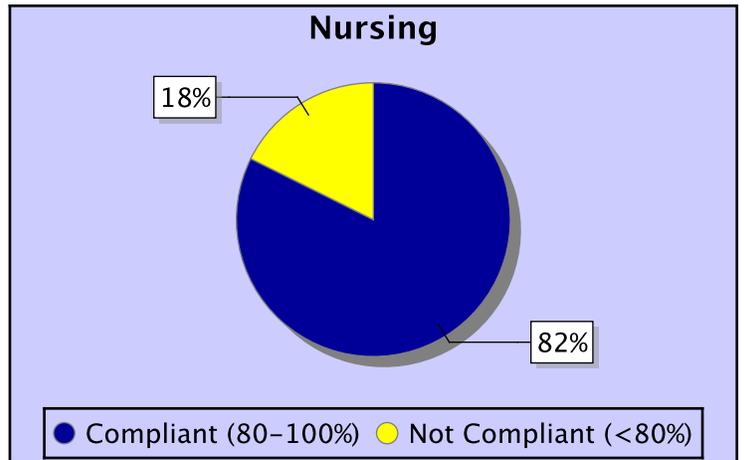
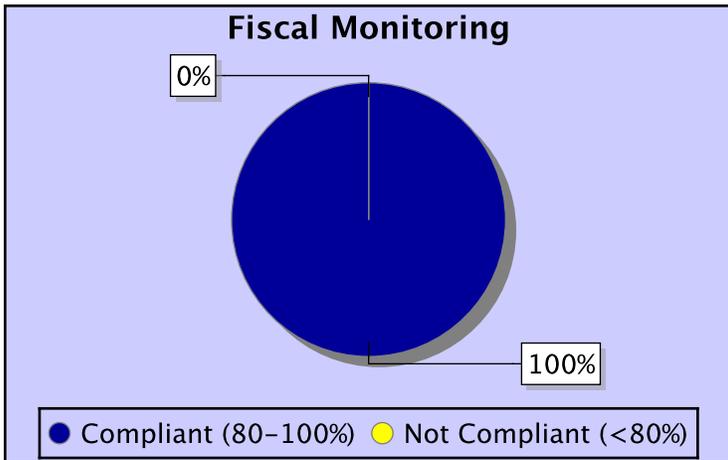
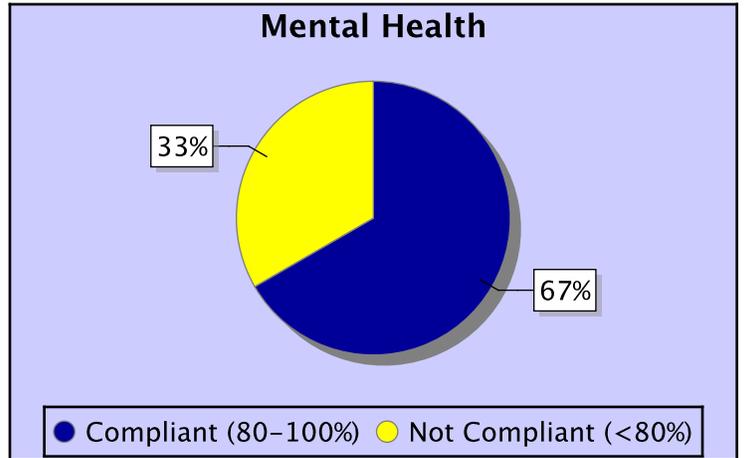
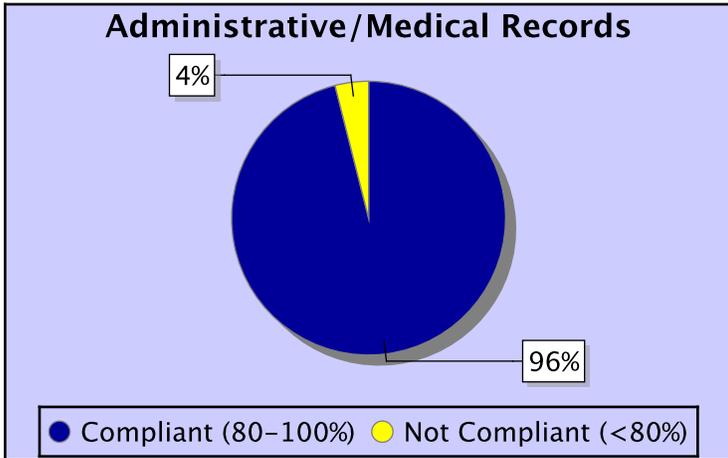
Compliance Rate By Operational Categories for
DARRINGTON FACILITY
November 03, 2010



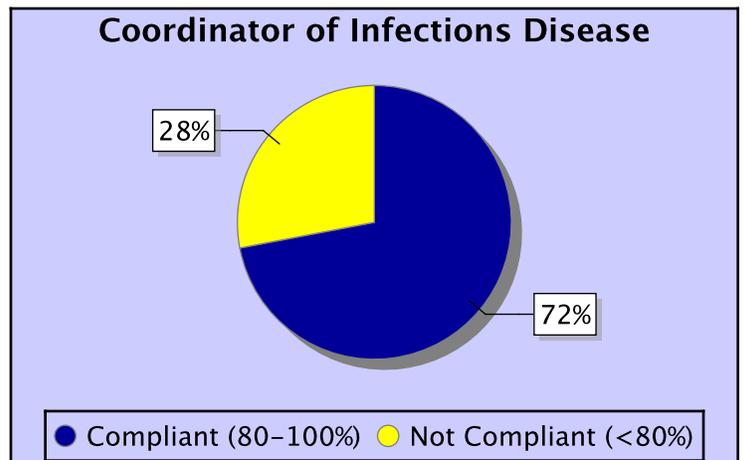
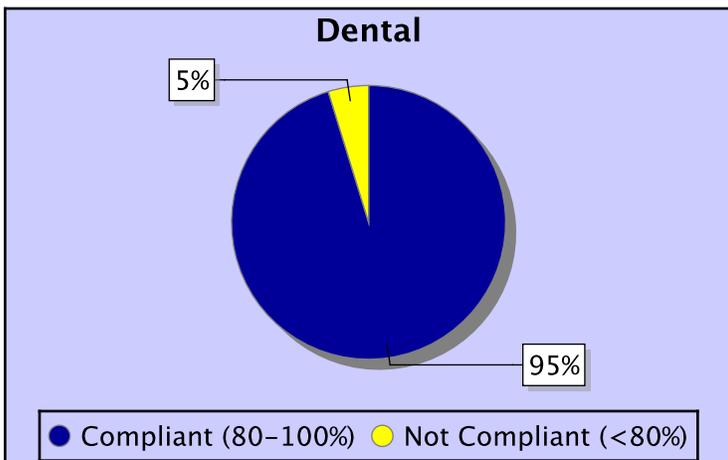
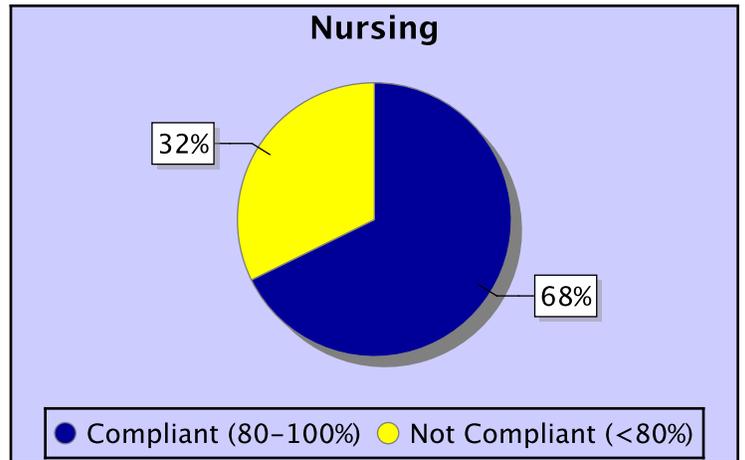
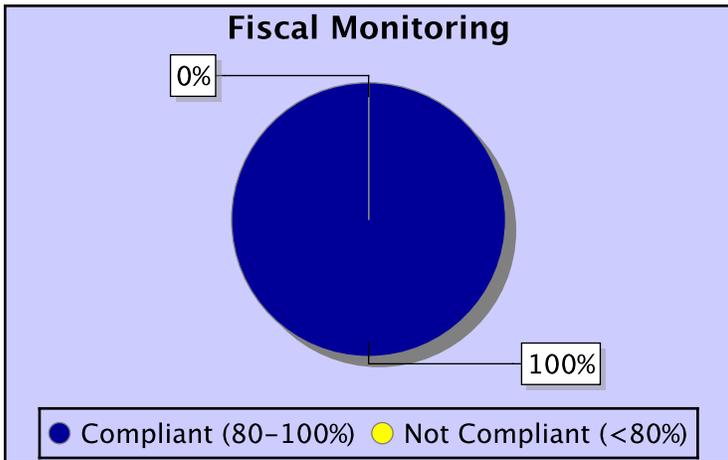
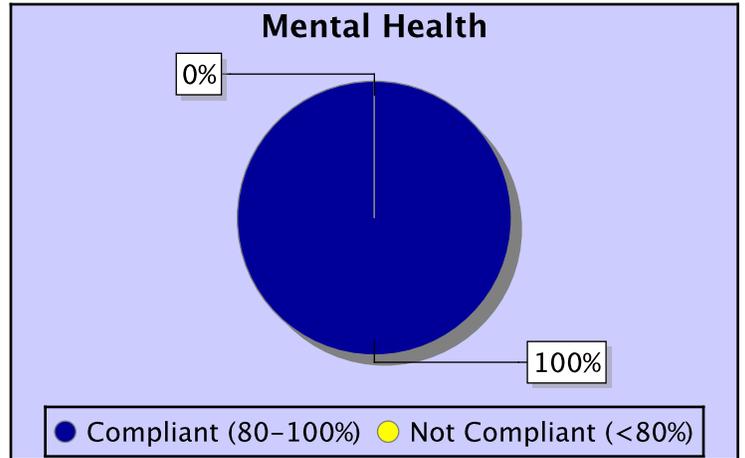
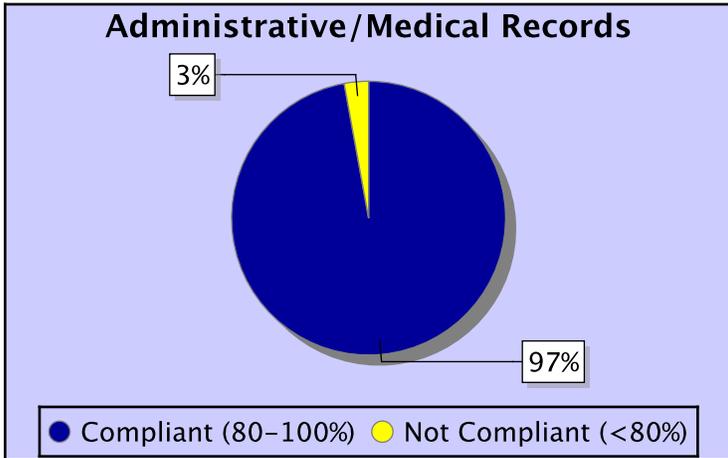
Compliance Rate By Operational Categories for
HOSPITAL GALVESTON FACILITY
September 20, 2010



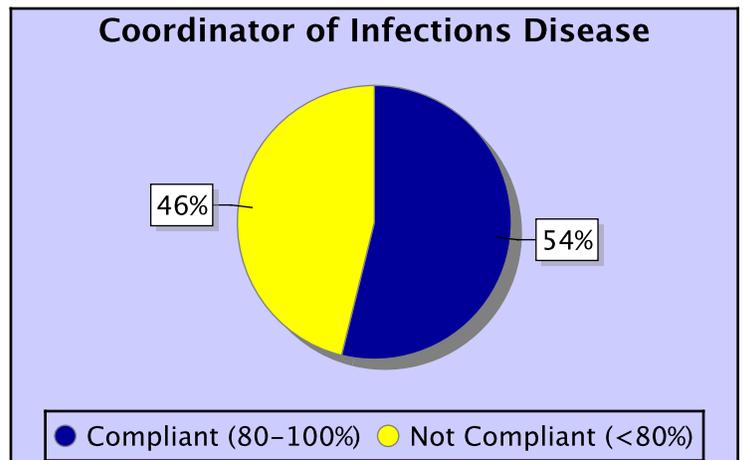
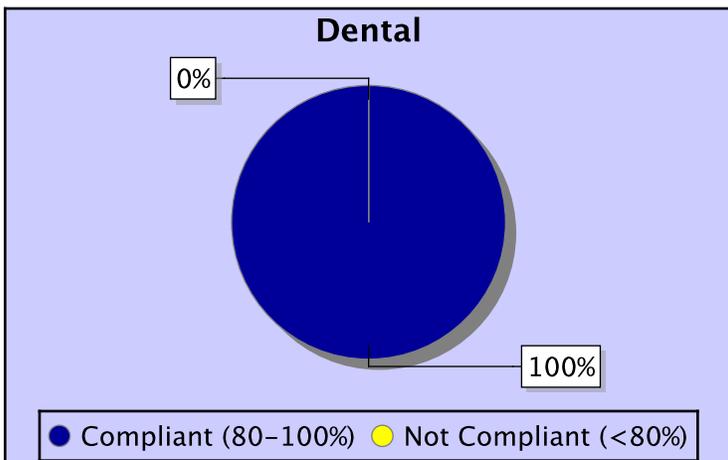
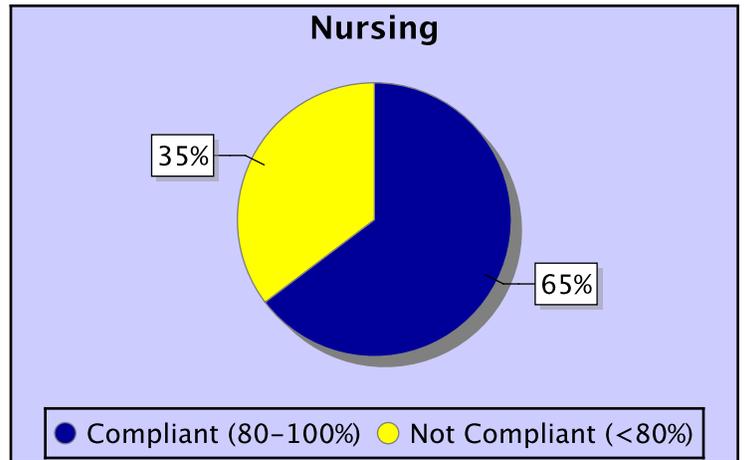
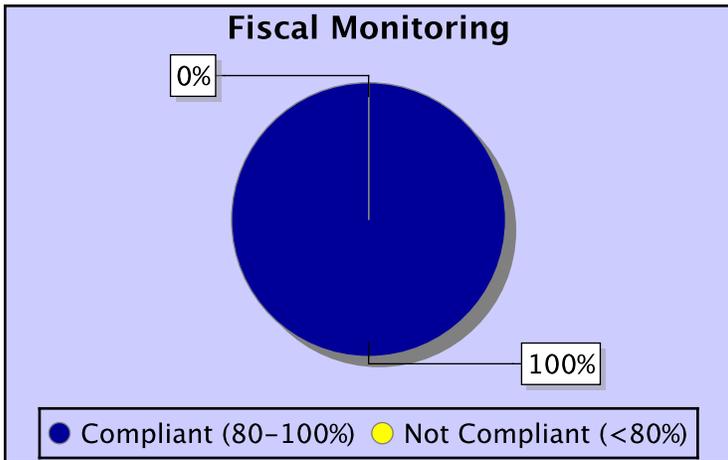
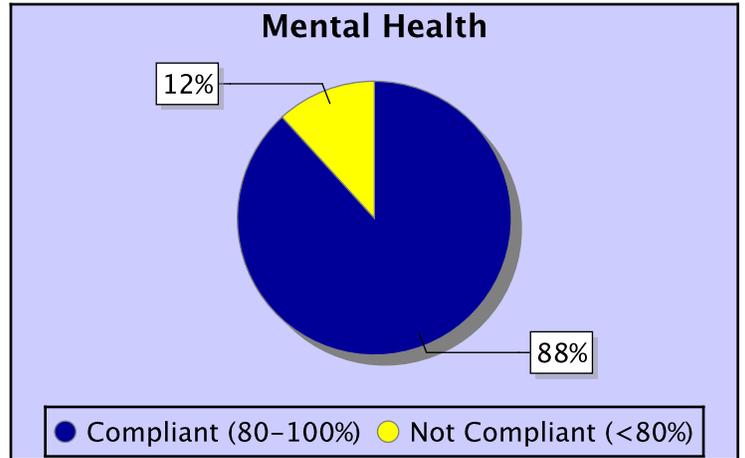
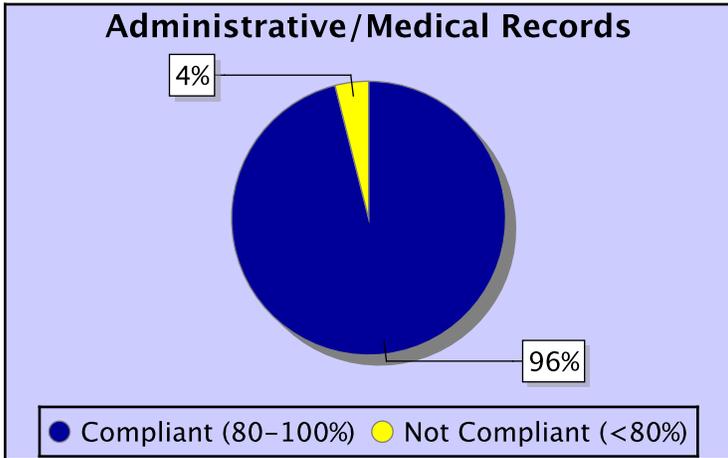
Compliance Rate By Operational Categories for
LOPEZ FACILITY
October 05, 2010



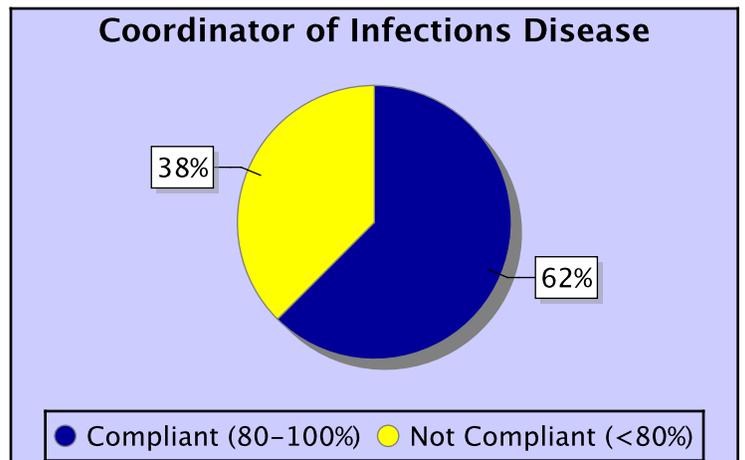
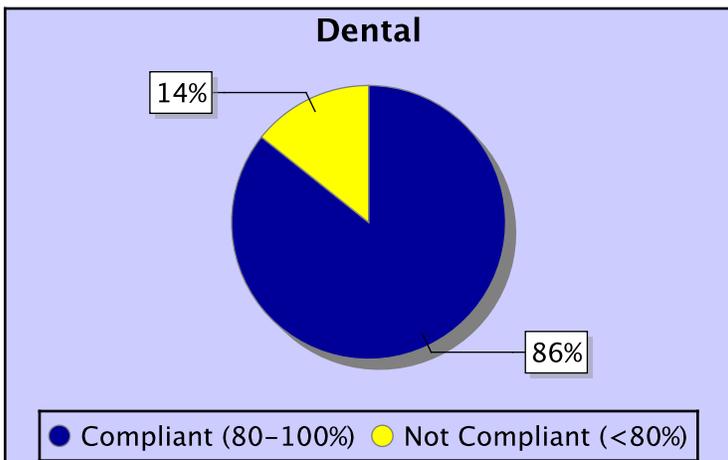
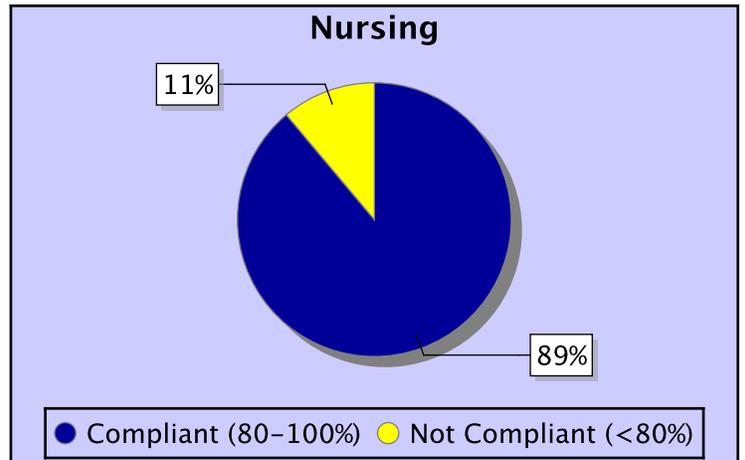
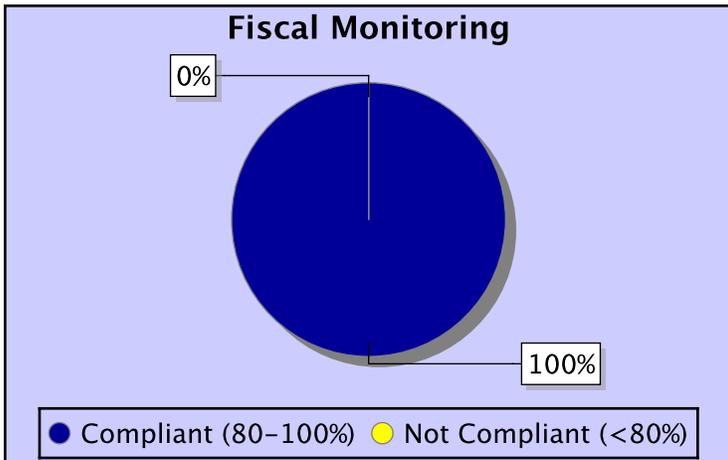
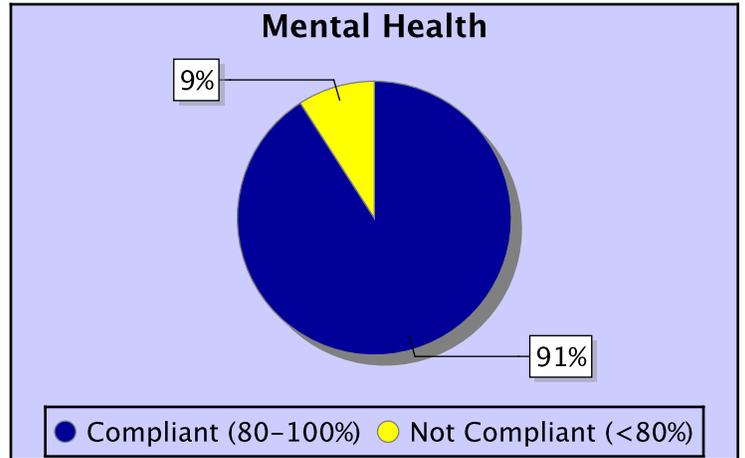
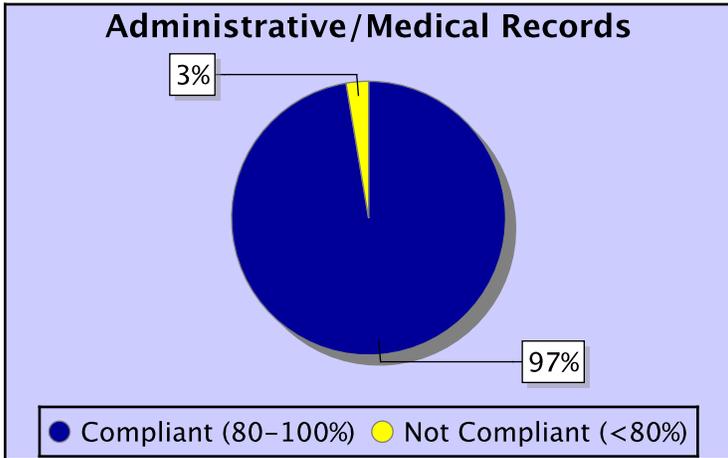
Compliance Rate By Operational Categories for
ROACH FACILITY
September 08, 2010



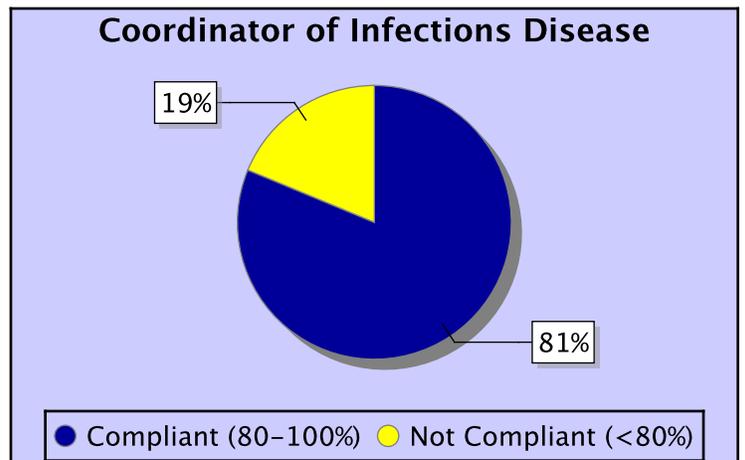
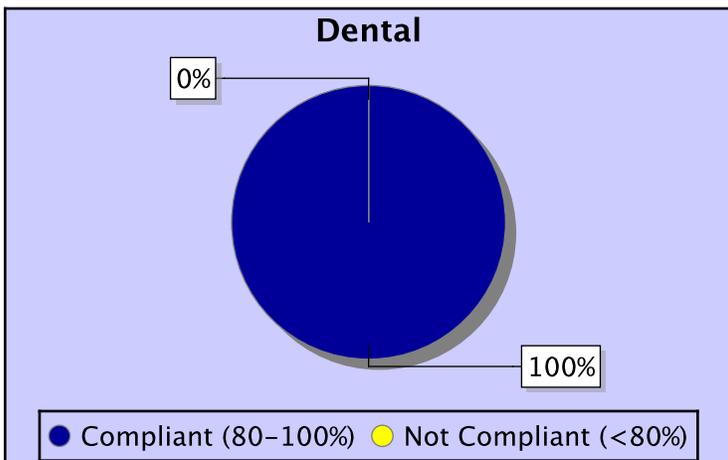
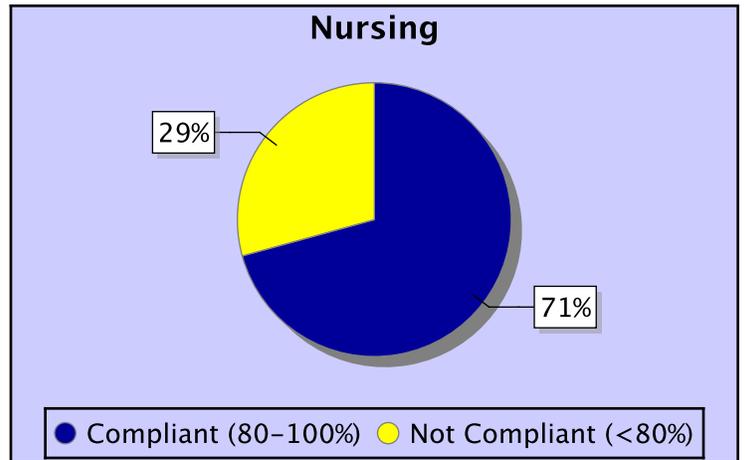
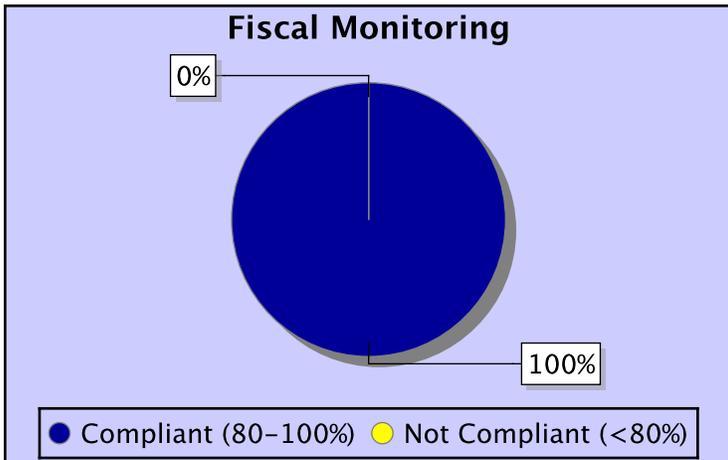
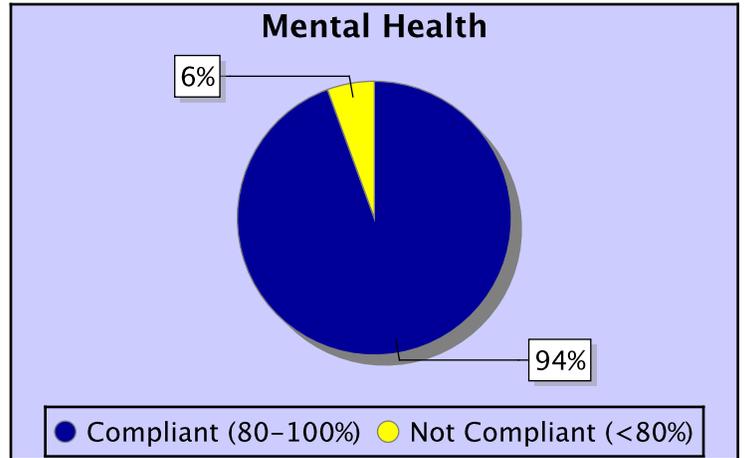
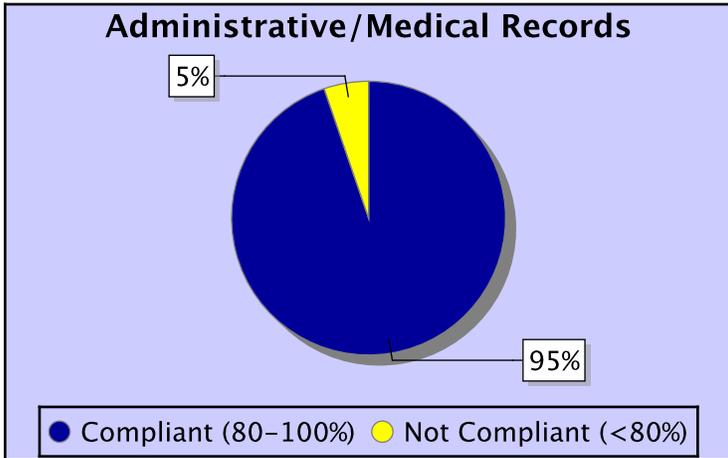
Compliance Rate By Operational Categories for
SCOTT FACILITY
November 04, 2010



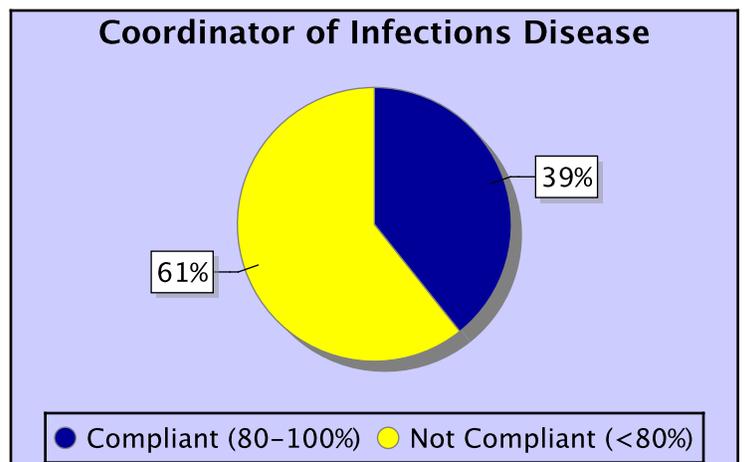
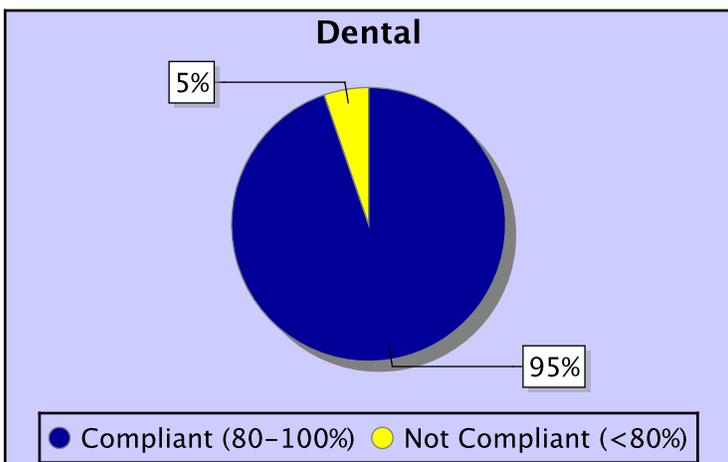
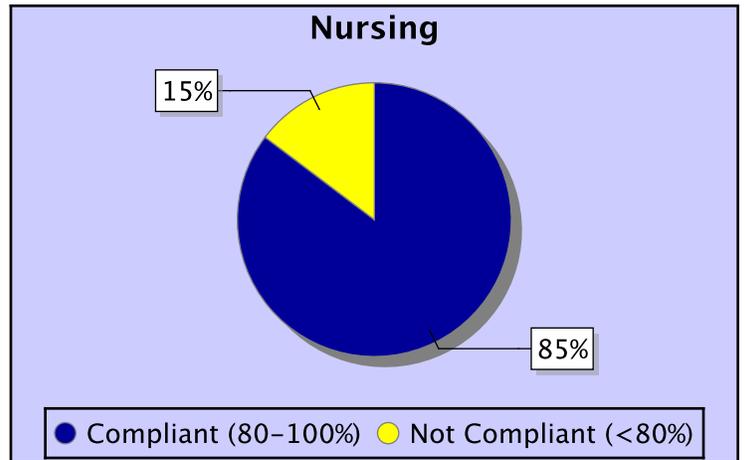
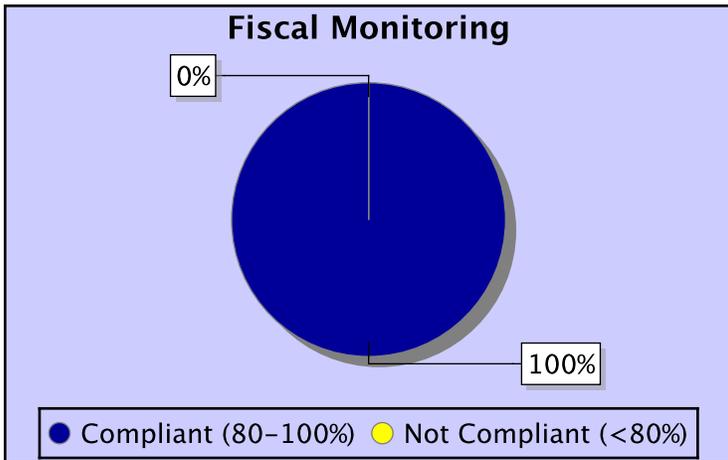
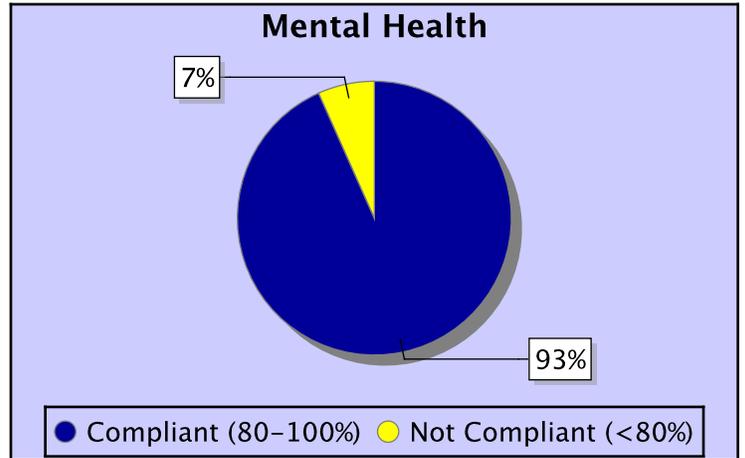
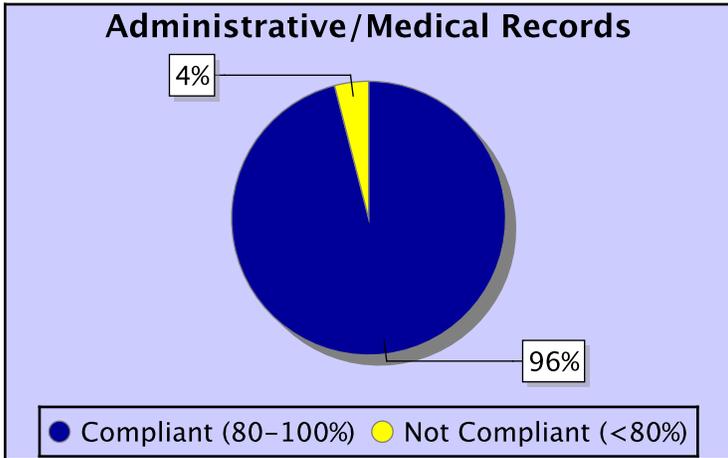
Compliance Rate By Operational Categories for
SEGOVIA FACILITY
October 05, 2010



Compliance Rate By Operational Categories for
TERRELL FACILITY
September 14, 2010



Compliance Rate By Operational Categories for
WILLACY FACILITY
October 06, 2010



**FIXED ASSETS CONTRACT MONITORING AUDIT
BY UNIT
FIRST QUARTER, FISCAL YEAR 2011**

September 2010	Numbered Property On Inventory Report	Total Number of Deletions	Total Number of Transfers	Total Number of New Equipment
Allred	116	0	3	2
Hospital Galveston	NA	NA	NA	NA
Roach	29	0	4	2
Terrell	37	1	1	2
Total	182	1	8	6

October 2010	Numbered Property On Inventory Report	Total Number of Deletions	Total Number of Transfers	Total Number of New Equipment
Lopez State Jail	32	0	0	0
Segovia Pre-Release Facility	30	0	0	0
Willacy State Jail	23	0	0	0
Total	85	0	0	0

November 2010	Numbered Property On Inventory Report	Total Number of Deletions	Total Number of Transfers	Total Number of New Equipment
Connally	72	0	0	0
Darrington	43	0	0	0
Scott	35	0	0	0
Total	150	0	0	0

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

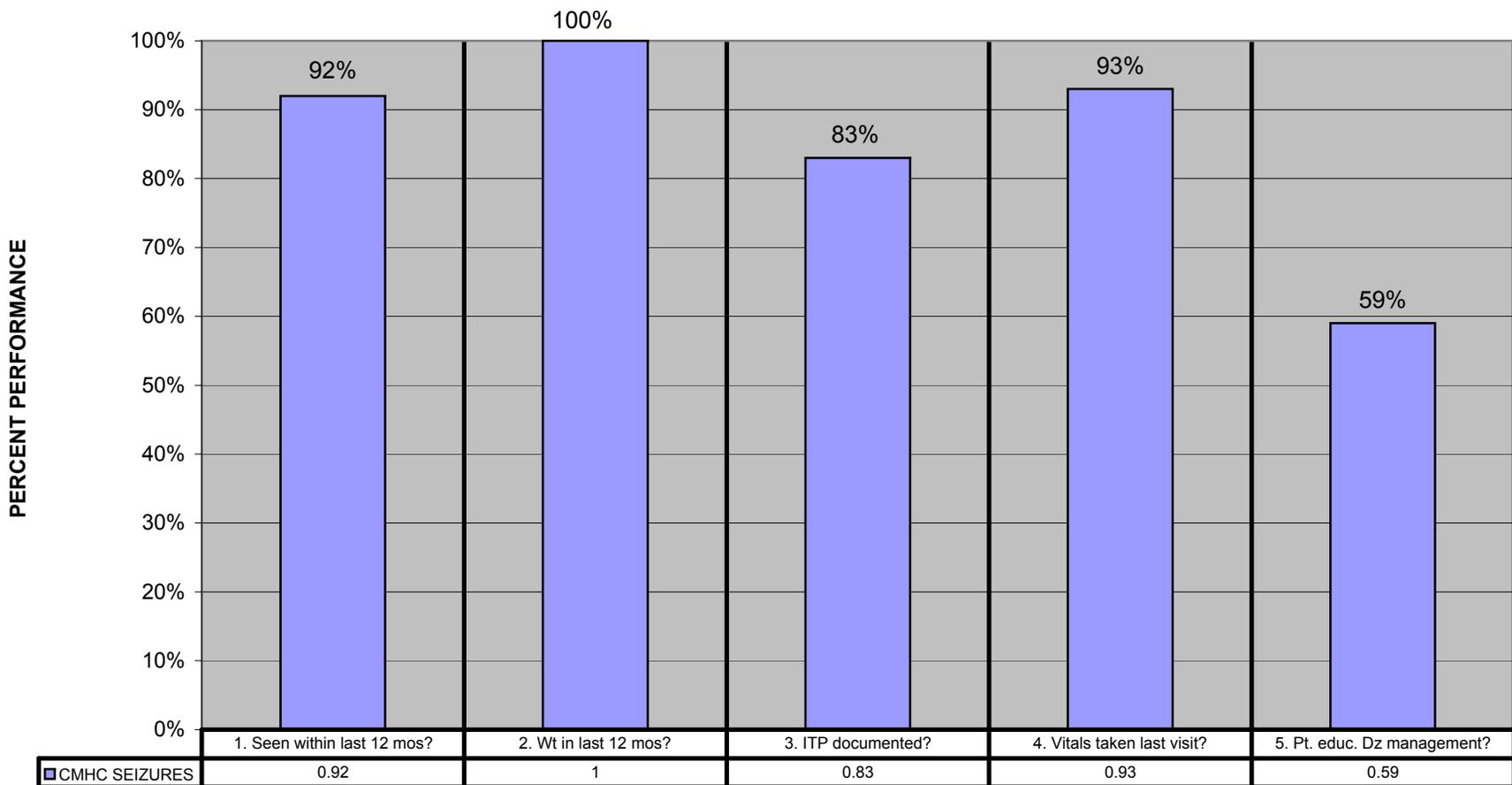
Audit Tools	September	October	November	Total
Total number of units audited	4	3	3	10
Total numbered property	182	85	150	417
Total number out of compliance	0	0	0	0
Total % out of compliance	0.00%	0.00%	0.00%	0.00%

CMHC SEIZURE DISORDER SUMMARY REPORT

Seizure Disorder Common Questions

ALL FACILITIES AUDITED 07/01/2010 THROUGH 12/03/2010

(Total Sample Size: 919 charts)



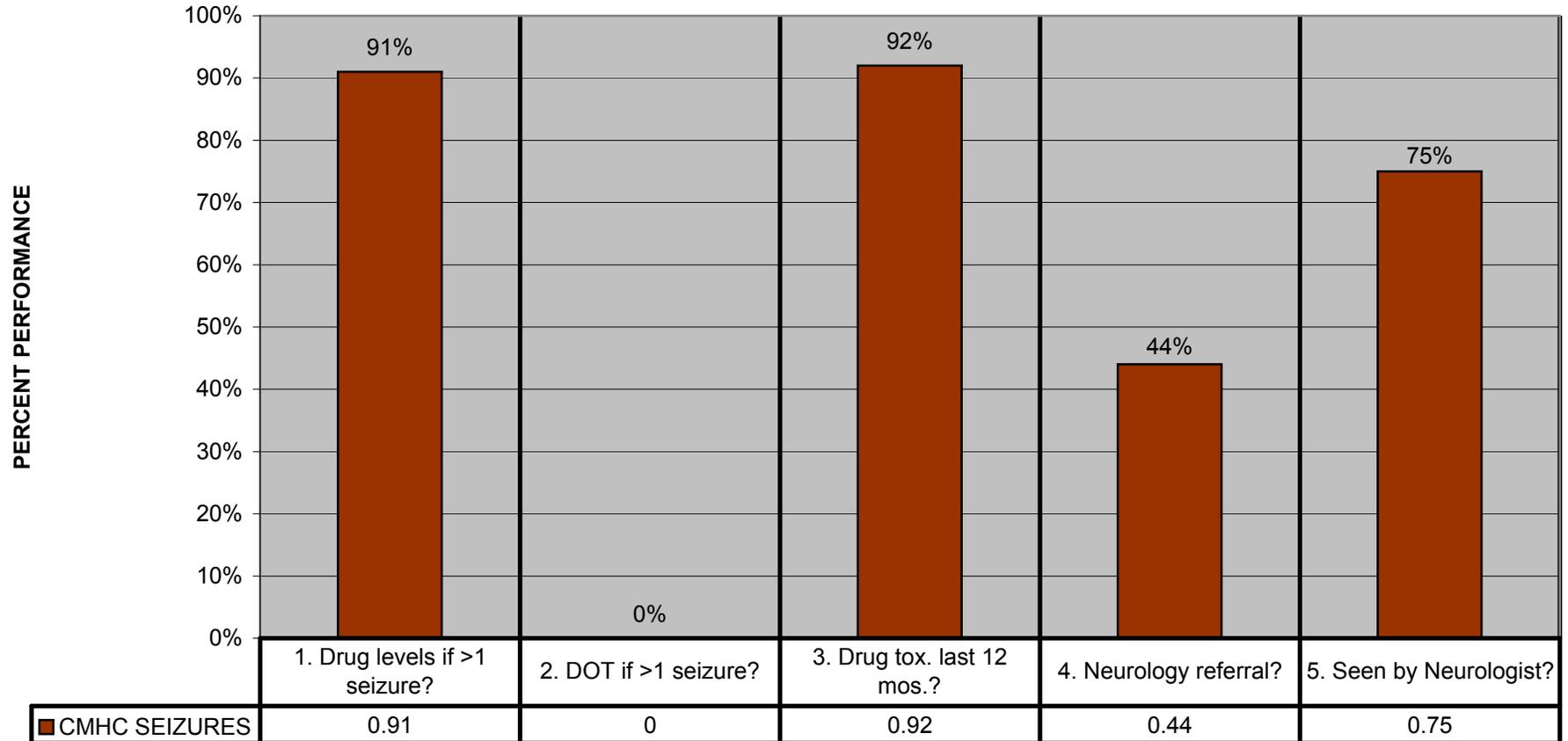
CMHC SEIZURE DISORDER COMMON QUESTIONS

CMHC SEIZURE DISORDER SUMMARY REPORT

Seizure Disorder Specific Questions

All Facilities audited 07/01/2010 through 12/03/2010

(Total Sample Size: 919 charts)



CMHC SEIZURE DISORDER SPECIFIC QUESTIONS

Dental Quality of Care Audit
Urgent Care Audit Report
First Quarter FY-2011 (September, October, and November 2010)

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.

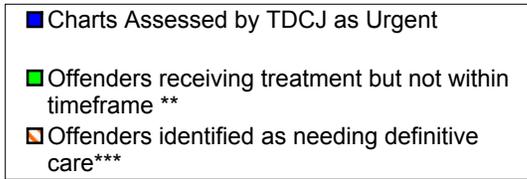
Facility	Charts Assessed by TDCJ as Urgent	Urgent Care Score *	Offenders receiving treatment but not within timeframe **	Offenders identified as needing definitive care***
Ellis	10	90%	1	0
Goree	10	80%	0	2
Halbert	10	100%	0	0
Havins	10	100%	0	0
Holliday	10	100%	0	0
Huntsville	10	80%	2	0
Hutchins	10	10%	3	6
Johnston	10	100%	0	0
Lewis	10	80%	1	1
Lewis ECB	6	67%	2	0
Michael	10	100%	0	0
Middleton	10	0%	7	3
Robertson	10	70%	2	1
Stringfellow	10	40%	2	3
Wynne	10	50%	3	2

* Urgent Care score is determined: $\frac{\text{\# of offenders that had symptoms and received definitive treatment within 14 days}}{\text{Total \# of offenders in audit}} = 100\%$

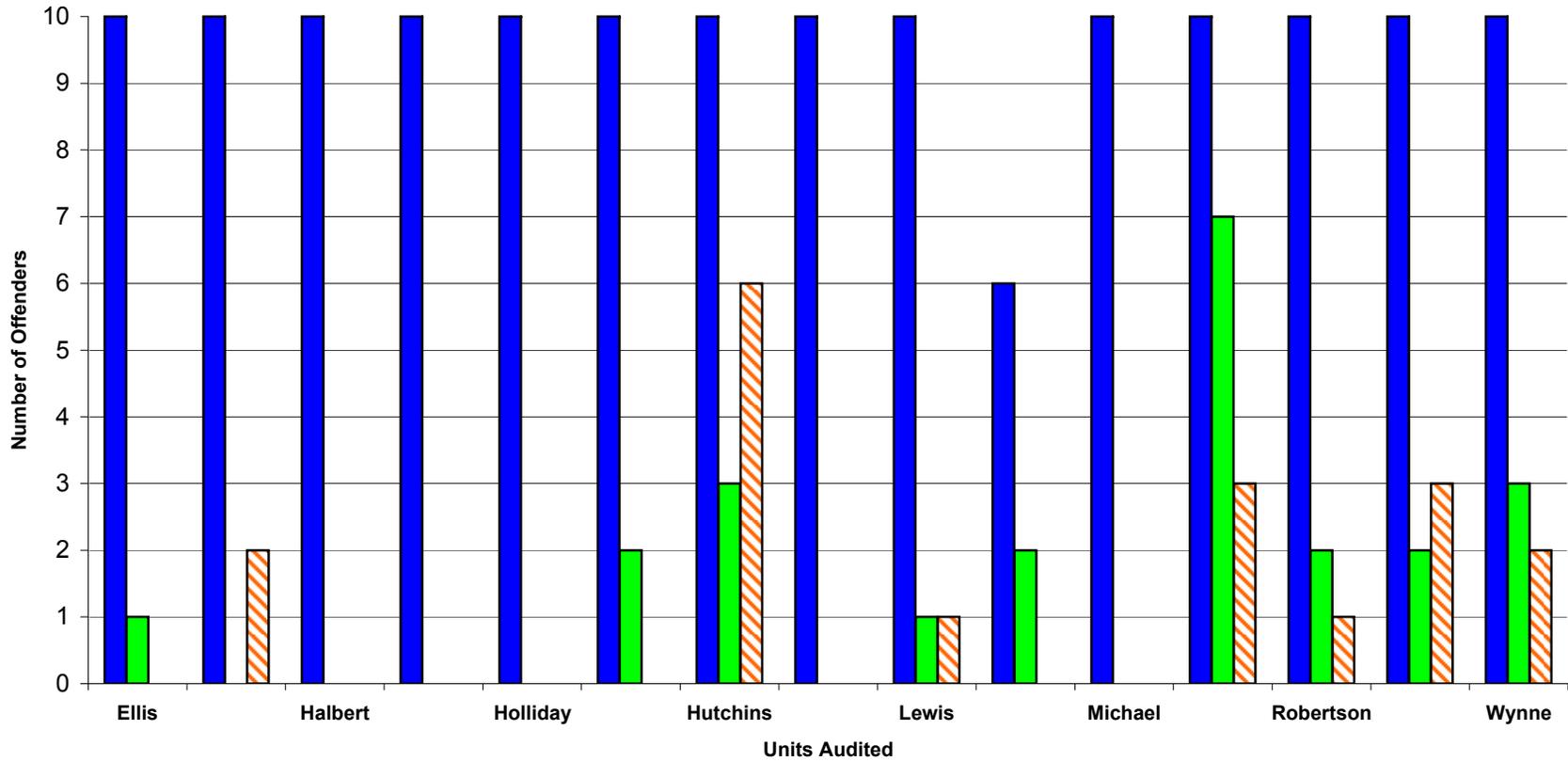
Total # of offenders in audit.

** A Corrective Action is required by TDCJ Health Services if the Urgent Care score is below 80%

*** A Corrective Action is required by TDCJ Health Services giving the date and description of definitive care.



Urgent Care Audit Report
First Quarter FY-2011
September, October, and November 2011



** Performed but not within the 14 day timeframe.

*** A Corrective Action is required by TDCJ Health Services giving the date and description of definitive care.

PATIENT LIAISON AND STEP II GRIEVANCE STATISTICS
QUALITY OF CARE/PERSONNEL REFERRALS AND ACTION REQUESTS
First Quarter FY-2011 (September, October, and November 2010)

STEP II GRIEVANCE PROGRAM (GRV)												
Fiscal Year 2010	Total number of GRIEVANCE Correspondence Received Each Month	Total number of Action Requests (Quality of Care, Personnel, and Process Issues)	Percent of Action Requests from Total number of GRIEVANCE Correspondence	Total number of Action Requests Referred to University of Texas Medical Branch-Correctional Managed Health Care			Total number of Action Requests Referred to Texas Tech University Health Sciences Center Correctional Managed Health Care			Total number of Action Requests Referred to PRIVATE FACILITIES		
					Percent of Total Action Requests Referred	QOC*		Percent of Total Action Requests Referred	QOC*		Percent of Total Action Requests Referred	QOC*
September	617	54	8.75%	27	6.32%	12	11	2.43%	4	0	0.00%	0
October	600	78	13.00%	35	9.33%	21	16	3.67%	6	0	0.00%	0
November	559	79	14.13%	51	12.16%	17	9	1.97%	2	0	0.00%	0
Totals:	1,776	211	11.88%	113	6.36%	50	36	2.03%	12	0	0.00%	0

PATIENT LIAISON PROGRAM (PLP)												
Fiscal Year 2010	Total number of Patient Liaison Program Correspondence Received Each Month	Total number of Action Requests (Quality of Care, Personnel, and Process Issues)	Percent of Action Requests from Total number of Patient Liaison Program Correspondence	Total number of Action Requests Referred to University of Texas Medical Branch-Correctional Managed Health Care			Total number of Action Requests Referred to Texas Tech University Health Sciences Center Correctional Managed Health Care			Total number of Action Requests Referred to PRIVATE FACILITIES		
					Percent of Total Action Requests Referred	QOC*		Percent of Total Action Requests Referred	QOC*		Percent of Total Action Requests Referred	QOC*
September	746	83	11.13%	45	7.77%	13	14	2.68%	6	5	0.67%	0
October	678	56	8.26%	25	5.16%	10	17	2.95%	3	1	0.15%	0
November	558	34	6.09%	18	4.66%	8	7	1.43%	1	0	0.00%	0
Totals:	1,982	173	8.73%	88	4.44%	31	38	1.92%	10	6	0.30%	0
GRAND TOTAL=	3,758	384	10.22%									

*QOC= Quality of Care

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

September 2010

Reportable Condition	Reports			
	2010 This Month	2009 Same Month	2010 Year to Date*	2009 Year to Date*
Chlamydia	4	2	26	54
Gonorrhea	2	1	10	18
Syphilis	85	72	681	531
Hepatitis A	0	0	0	0
Hepatitis B, acute	0	0	7	7
Hepatitis C, total and (acute [‡])	276	470	2504 (2)	2781 (3)
Human immunodeficiency virus (HIV) +, known at intake	139	NA	487	NA
HIV screens, intake	4890	NA	45527	NA
HIV +, intake	58	NA	440	NA
HIV screens, offender- and provider-requested	1010	NA	8412	NA
HIV +, offender- and provider-requested	5	NA	20	NA
HIV screens, pre-release	2788	3658	28446	33744
HIV +, pre-release	2	3	17	24
Acquired immune deficiency syndrome (AIDS)	3	2	59	116
Methicillin-resistant <i>Staph Aureus</i> (MRSA)	114	202	1042	2429
Methicillin-sensitive <i>Staph Aureus</i> (MSSA)	51	111	544	1259
Occupational exposures of TDCJ staff	7	2	87	73
Occupational exposures of medical staff	2	1	34	50
HIV chemoprophylaxis initiation	4	1	23	18
Tuberculosis skin test (ie, PPD) +, intake	239	256	2499	2980
Tuberculosis skin test +, annual	37	54	412	498
Tuberculosis, known (ie, on tuberculosis medications) at intake	0	2	12	8
Tuberculosis, diagnosed at intake and attributed to county of origin	0	0	3	2
Tuberculosis, diagnosed during incarceration	0	2	16	19
Tuberculosis cases under management	13	23		
Peer education programs [¶]	1	0	98	108
Peer education educators [∞]	80	18	2,387	1,608
Peer education participants	6,506	6,007	51,607	58,715
Sexual assault in-service (sessions/units)	0/0	1/1	13/15	14/11
Sexual assault in-service participants	0	13	138	77
Alleged assaults and chart reviews	60	51	497	487
Bloodborne exposure labs drawn on offenders	12	6	55	42

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

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

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

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

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

October 2010

Reportable Condition	Reports			
	2010 This Month	2009 Same Month	2010 Year to Date*	2009 Year to Date*
Chlamydia	3	4	29	58
Gonorrhea	0	2	10	20
Syphilis	74	39	755	570
Hepatitis A	0	0	0	0
Hepatitis B, acute	0	0	7	7
Hepatitis C, total and (acute [‡])	109	405	2613(2)	3186(3)
Human immunodeficiency virus (HIV) +, known at intake	113	NA	600	NA
HIV screens, intake	7918	NA	53445	NA
HIV +, intake	42	NA	482	NA
HIV screens, offender- and provider-requested	1028	NA	9440	NA
HIV +, offender- and provider-requested	1	NA	21	NA
HIV screens, pre-release	3739	3592	32185	40323
HIV +, pre-release	1	2	18	26
Acquired immune deficiency syndrome (AIDS)	7	7	69	87
Methicillin-resistant <i>Staph Aureus</i> (MRSA)	141	194	1183	2621
Methicillin-sensitive <i>Staph Aureus</i> (MSSA)	67	75	611	1343
Occupational exposures of TDCJ staff	16	5	103	82
Occupational exposures of medical staff	2	6	36	57
HIV chemoprophylaxis initiation	6	4	29	20
Tuberculosis skin test (ie, PPD) +, intake	232	378	2732	3124
Tuberculosis skin test +, annual	39	39	466	510
Tuberculosis, known (ie, on tuberculosis medications) at intake	0	0	3	0
Tuberculosis, diagnosed at intake and attributed to county of origin	1	2	15	11
Tuberculosis, diagnosed during incarceration	1	2	18	20
Tuberculosis cases under management	14	24		
Peer education programs [¶]	0	0	98	108
Peer education educators [∞]	33	155	2420	1763
Peer education participants	7594	6287	59322	65002
Sexual assault in-service (sessions/units)	0/0	2/2	13/15	18/15
Sexual assault in-service participants	0	8	138	98
Alleged assaults and chart reviews	55	47	552	599
Bloodborne exposure labs drawn on offenders	5	3	60	49

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

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

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

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

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

November 2010

Reportable Condition	Reports			
	2010 This Month	2009 Same Month	2010 Year to Date*	2009 Year to Date*
Chlamydia	3	3	32	61
Gonorrhea	0	0	10	20
Syphilis	65	54	820	628
Hepatitis A	0	0	0	0
Hepatitis B, acute	5	0	12	7
Hepatitis C, total and (acute [‡])	340	243	2953 (2)	3429 (3)
Human immunodeficiency virus (HIV) +, known at intake	84	NA	684	NA
HIV screens, intake	4886	NA	58331	NA
HIV +, intake	42	NA	524	NA
HIV screens, offender- and provider-requested	910	NA	10350	NA
HIV +, offender- and provider-requested	0	NA	21	NA
HIV screens, pre-release	2832	3174	35017	40497
HIV +, pre-release	2	0	20	26
Acquired immune deficiency syndrome (AIDS)	2	0	73	96
Methicillin-resistant <i>Staph Aureus</i> (MRSA)	97	153	1280	2804
Methicillin-sensitive <i>Staph Aureus</i> (MSSA)	56	85	667	1438
Occupational exposures of TDCJ staff	16	5	119	89
Occupational exposures of medical staff	4	1	40	61
HIV chemoprophylaxis initiation	4	3	33	25
Tuberculosis skin test (ie, PPD) +, intake	168	125	2953	3635
Tuberculosis skin test +, annual	33	38	502	590
Tuberculosis, known (ie, on tuberculosis medications) at intake	1	0	16	11
Tuberculosis, diagnosed at intake and attributed to county of origin	0	1	3	3
Tuberculosis, diagnosed during incarceration	0	2	18	22
Tuberculosis cases under management	15	24		
Peer education programs [¶]	0	0	98	108
Peer education educators [∞]	41	83	2461	1846
Peer education participants	6019	5133	65341	70135
Sexual assault in-service (sessions/units)	7/7	2/2	20/22	18/15
Sexual assault in-service participants	74	8	212	98
Alleged assaults and chart reviews	45	47	597	599
Blood-borne exposure labs drawn on offenders	7	3	67	49

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

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

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

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

Mental Health Services Monitoring & Liaison First Quarter FY 2011

Administrative Segregation

Unit	Observed	Interviewed	Referred	Requests Fwd	911 Tool	ATC 4	ATC 5	ATC 6
McConnell	463	204	0	9	100%	100%	100%	100%
Formby	11	11	0	0	100%	83%	83%	83%
Clements Expanded Cell Block (ECB)	435	292	2	8	100%	100%	100%	100%
Ferguson	414	179	1	5	100%	100%	100%	100%
Connally	484	210	0	8	100%	100%	100%	100%
Mtn View	28	28	0	0	100%	100%	100%	100%
Wynne	320	125	0	5	100%	100%	100%	100%
Coffield	591	300	0	7	100%	100%	100%	100%
Allred ECB	428	192	1	5	100%	92%	100%	83%
Allred 12 Bldg	463	265	1	6	100%	100%	100%	100%
Lewis ECB	421	213	1	9	100%	100%	100%	100%
Murray	76	55	0	1	100%	100%	100%	100%
Hughes	478	240	0	8	100%	100%	100%	100%
Polunsky	389	180	1	5	100%	92%	100%	100%
Cole	8	8	0	0	100%	100%	100%	100%
Powledge	15	15	0	1	100%	100%	100%	100%
Bradshaw	10	10	0	1	100%	100%	100%	100%
Lopez	2	2	0	0	100%	NSP	NSP	NSP
Dawson	5	5	0	0	100%	NSP	NSP	NSP
Hutchins	13	13	0	1	100%	100%	100%	100%
Sanchez	9	9	0	0	100%	NSP	NSP	NSP
Totals	5063	2,556	7	79	21 units at 100%	3 Units NSP 1 unit 83% 2 unit 92% 15 Units 100%	3 Units NSP 1 unit 83% 17 units 100%	3 Units NSP 2 units 83% 16 units 100%

- NSP – No Sick Call Request Received

INTAKE MENTAL HEALTH EVALUATION (MHE) AUDIT

Conducted First Quarter 2011

UNIT	Charts Reviewed	Charts Requiring MHE (1)	MHE's completed within 14 days	Charts Excluded (2)	MHE Audit Score
Garza	100	45	20	0	44%
Holliday	90	26	23	0	88%
Dominguez	70	20	20	0	100%
Baten	4	0	0	4	N/A
Bradshaw	79	26	16	0	62%
Hutchins	82	25	18	0	72%
Jester I SAFP	31	30	30	0	100%
Lychner	76	17	16	0	94%
Bartlett	40	11	11	0	100%
Byrd	78	26	16	10	100%
Gist	63	21	21	0	100%
Gurney	100	24	16	2	73%
Halbert	76	42	39	0	93%
Johnston	27	7	5	0	71%
Kyle	42	11	1	0	10%
Middleton	95	26	22	2	92%

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

Corrective Action was required of all units scoring below 80%. Any offender identified as requiring a MHE on the day of audit was entered into the Mental Health Quality of Care Concerns Database and an action request was made that relevant offender receive the evaluation.

County Jail Texas Uniform Health Status Update Forms

Reviewed	3,175
Problems	542

Mental Health Mental Retardation (MHMR) Client Access Registration System (CARE)

Reviewed	15,233
Referred	3,275

Boot Camp Offenders

Interviewed	42
Approved	42

Substance Abuse Felony Program

Units Audited	4	In Compliance	4
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County Jail Liaison

Admissions Facilitated	43
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Compelled Psychoactive Medication

Reviewed	23
Appropriate	23

Mental Health Evaluations

MHE Units	16
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CMHC

Major Depressive Disorder Pathway

Provider Systems: UTMB & TTUHSC

Individual Providers Reviewed: 26

Total Sample: 252 charts

	Sample: charts used	Yes	No	% Yes
1. Are the required DSM-IV criteria for the diagnosis, including exclusionary criteria, documented or a rationale given?	118 ^a	101	17	86%
2. Was an antidepressant prescribed or a rationale stated?	252	242	10	96%
3. Does the earliest ITP in the last year include clear treatment goals?	252	32	220	13%
4. Was medication compliance documented as part of the ITP review at least every 6 months?	227 ^b	159	68	70%
5. If the disorder was accompanied by psychotic symptoms, was the psychosis pathway followed until the psychosis remitted and then tapered off?	61 ^c	58	3	95%
6. In the most recent provider ITP note, was treatment effective, i.e. were treatment goals met?	30 ^d	22	8	73%
7. If treatment was not effective, i.e. treatment goals were not met, is there documentation that either the treatment or diagnosis was changed or a rationale provided?	8 ^e	6	2	75%

- a. 134 charts were excluded from the sample due to the diagnosis being over a year old or given by a different provider.
- b. 25 charts were excluded from the sample due to no medication being prescribed or prescribed for less than 6 months.
- c. 191 charts were excluded from the sample due to no diagnosis of psychosis.
- d. 222 charts were excluded from the sample due to there being no treatment goals established or treatment of less than 6 months.
- e. 244 charts were excluded from the sample due to treatment being effective, treatment less 6 months, or no treatment goals.

UTMB

Major Depressive Disorder Pathway

Individual Providers Reviewed: 18

Total Sample: 180 Charts

	Sample: Charts used	Yes	No	% Yes
1. Are the required DSM-IV criteria for the diagnosis, including exclusionary criteria, documented or a rationale given?	95 ^a	80	15	84%
2. Was an antidepressant prescribed or a rationale stated?	180	170	10	94%
3. Does the earliest ITP in the last year include clear treatment goals?	180	0	180	0%
4. Was medication compliance documented as part of the ITP review at least every 6 months?	156 ^b	122	34	78%
5. If the disorder was accompanied by psychotic symptoms, was the psychosis pathway followed until the psychosis remitted and then tapered off?	44 ^c	41	3	93%
6. In the most recent provider ITP note, was treatment effective, i.e. were treatment goals met?	0 ^d	0	0	N/A
7. If treatment was not effective, i.e. treatment goals were not met, is there documentation that either the treatment or diagnosis was changed or a rationale provided?	0 ^e	0	0	N/A

a. 85 charts were excluded from the sample due to the diagnosis being over a year old or given by a different provider.

b. 24 charts were excluded from the sample due to no medication being prescribed or prescribed for less than 6 months.

c. 136 charts were excluded from the sample due to no diagnosis of psychosis.

d. 180 charts were excluded from the sample due to there being no treatment goals established or treatment of less than 6 months.

e. 180 charts were excluded from the sample due to treatment being effective, treatment less than 6 months, or no treatment goals.

TTUHSC

Major Depressive Disorder Pathway

Individual Providers Reviewed: 8

Total Sample: 72 Charts

	Sample: Charts used	Yes	No	% Yes
1. Are the required DSM-IV criteria for the diagnosis, including exclusionary criteria, documented or a rationale given?	23 ^a	21	2	91%
2. Was an antidepressant prescribed or a rationale stated?	72	72	0	100%
3. Does the earliest ITP in the last year include clear treatment goals?	72	32	40	44%
4. Was medication compliance documented as part of the ITP review at least every 6 months?	71 ^b	37	34	52%
5. If the disorder was accompanied by psychotic symptoms, was the psychosis pathway followed until the psychosis remitted and then tapered off?	17 ^c	17	0	100%
6. In the most recent provider ITP note, was treatment effective, i.e. were treatment goals met?	30 ^d	22	8	73%
7. If treatment was not effective, i.e. treatment goals were not met, is there documentation that either the treatment or diagnosis was changed or a rationale provided?	8 ^e	6	2	75%

- a. 49 charts were excluded from the sample due to the diagnosis being over a year old or given by a different provider.
- b. 1 chart was excluded from the sample due to medication being prescribed for less than 6 months.
- c. 55 charts were excluded from the sample due to no diagnosis of psychosis
- d. 42 charts were excluded from the sample due to there being no treatment goals established or treatment of less than 6 months.
- e. 64 charts were excluded from the sample due to treatment being effective, treatment less 6 months, or no treatment goals.

**Office of Health Services Liaison Utilization Review Audit
Hospital and Inpatient Facilities Audited with Deficiencies Noted
First Quarter Report 2011**

Hospital	University	Audits Performed*	Deficiencies Noted	Comments (See Key)
Angleton/Danbury	UTMB	1	0	N/A
Bayshore	UTMB			
Ben Taub	UTMB	2	2	A=1, C=1, E=2
Brackenridge	UTMB			
Christus Spohn	UTMB	1	1	A=1
Cogdell Memorial	TTUHSC	1	0	N/A
Conroe Regional	UTMB	7	6	A=4, C=2, D=1, E=4
Cleveland Regional	UTMB	1	0	N/A
Electra Medical Center	TTUHSC			
ETMC/Crockett	UTMB	1	1	A=1, C=1, E=1
ETMC/Trinity	UTMB			
ETMC/Tyler	UTMB			
Faith Community	UTMB	1	0	N/A
Henderson Memorial	UTMB	1	0	N/A
Hendrick Memorial	TTUHSC	2	2	A=1, E=2
Hillcrest Baptist	UTMB			
Hospital Galveston	UTMB	108	58	A=47, C=16, D=5, E=9
Huntsville Memorial	UTMB	5	4	A=3, C=2, E=4
John Peter Smith	UTMB			
LBJ/Houston	UTMB			
Mainland Memorial	UTMB	1	1	A=1, E=1
McAllen Medical Center	UTMB			
Medical Center/College Sta.	UTMB	1	1	A=1, C=1, E=1
Memorial Hermann/Beaumont	UTMB	1	1	A=1
Memorial Hermann/Houston	UTMB			
Memorial Hermann/Sugarland	UTMB			
Methodist/Houston	UTMB	1	1	E=1
Mitchell County Hospital	TTUHSC	1	0	N/A
Northwest Texas	TTUHSC	5	3	A=1, E=3
Oak Bend	UTMB			
Palestine Regional	UTMB	1	1	E=1
Pampa	TTUHSC	1	1	A=1, E=1
Parkland Hospital	UTMB	1	1	E=1
Pecos	TTUHSC			
Red River Hospital	UTMB			
Scott & White/Dallas	UTMB	6	5	A=3, C=2, D=1, E=3
Scott & White/Temple	UTMB			
St. Joseph's/College Sta.	UTMB	2	2	A=1, E=2
St. Luke's/Sugarland	UTMB			

Thomason	TTUHSC			
Trinity Mother Frances	UTMB			
United Regional/11 th St.	TTUHSC	3	2	A=2, D=1
University HCS/San Antonio	UTMB	2	2	A=2, B=1, C=2, D=1
University Medical Center	TTUHSC	5	2	A=2, C=1, E=1
UT Tyler	UTMB	4	4	A=1, C=1, E=3
Valley Baptist	UTMB			
Wadley Regional	UTMB	2	2	A=1, C=1, E=2
Woodland Heights	UTMB			

Inpatient Facility	University	Audits Performed*	Deficiencies Noted	Comments (See Key)
Allred	TTUHSC			
Beto	UTMB	5	4	A=2, C=1, D=1
Clements	TTUHSC	1	0	N/A
Connally	UTMB	1	1	A=1
Estelle	UTMB	6	4	A=4
Hughes	UTMB	1	1	A=1, C=1
Jester 3	UTMB	1	0	N/A
Luther	UTMB			
McConnell	UTMB	1	1	A=1
Michael	UTMB			
Montford	TTUHSC	34	21	A=18, C=4, E=14
Pack	UTMB			
Polunsky	UTMB			
Robertson	TTUHSC	3	3	A=2, C=1, E=2
Stiles	UTMB	1	1	A=1
Telford	UTMB			
CT Terrell	UTMB			
Carole Young	UTMB	8	2	A=2

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

A	On the day of discharge, were vital signs within normal limits for the patient's condition? <i>Data recorded in this category includes vital signs not within normal limits for the patient's condition indicated by an asterisk (*). The rest of the deficiencies are shown to be patients whose vital signs were not recorded on the day of discharge by either the discharging or receiving facility, so stability was not able to be determined.</i>
B	Were the level of medical services available at the receiving facility sufficient to meet the offender's current needs?
C	Was the medical record reviewed by qualified health care staff and referred to an appropriate medical provider (if applicable) on the day of arrival at the unit?
D	Did the patient require unscheduled medical care related to the admitting diagnosis within the first seven days after discharge?
E	Was discharge documentation available in the offender's electronic medical record (including results of diagnostic tests, discharge planning, medication recommendations and/or treatments, etc.) within 24 hours of arriving at the unit?

Executive Services
Active Monthly Medical Research Projects
Health Services Division

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

Project Number: 567-RM08

Researcher:
Cynthia Mundt

IRB Number:
2009-03-013

IRB Expiration Date:
12/7/2010

Research Began:
12/30/2009

Title of Research:
Treatment Amenability of Youths Convicted of Crimes in Texas as Adults

Data Collection Began:
1/29/2010

Proponent:
Sam Houston State University

Data Collection End:
7/23/2010

Project Status:
Manuscript Review

Progress Report Due:
6/13/2010

Projected Completion:
5/31/2010

Units: System Wide Data Pull, Clemens, Ferguson, Holliday, Wynne, Central, Ferguson, Gist, Hightower, Ramsey, Stiles

Executive Services
Pending Monthly Medical Research Projects
Health Services Division

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

Project Number: 605-RM10

Researcher:
Patrick Flynn

IRB Number:
00002653

Application Received:

3/24/2010

Completed Application:

3/24/2010

Title of Research:

Reducing the Spread of HIV by Released Prisoners

Peer Panel Schedule:

7/23/2010

Proponent:

Texas Christian University

Panel Recommendations:

Project Status:

Pending Peer Panel

Detail:

Panel Review consists of Health Services, CID, Reentry and Integration/TCOOMMI

Project Number: 606-RM10

Researcher:
Josiah Rich

IRB Number:

Application Received:

3/19/2010

Completed Application:

Title of Research:

Improving Linkage to HIV Care following Release from Incarceration

Peer Panel Schedule:

Proponent:

The Miriam Hospital / Brown University

Panel Recommendations:

Project Status:

Application Incomplete

Detail:

Project received funding 9/14/10 therefore researcher will be submitting a full proposal for review.

Project Number: 615-RM10

Researcher:
John Petersen

IRB Number:

Application Received:

10/20/10

Completed Application:

Title of Research:

Serum Markers of Hepatocellular Cancer in Patients Infected with Hepatitis C

Peer Panel Schedule:

Proponent:

University of Texas Medical Branch at Galveston

Panel Recommendations:

Project Status:

Pending HS Approval

Detail:

Dr. Petersen has submitted a new application, a revision of the previous study under Dr. Ned Snyder (Project #408-RM03).

Project Number: 616-RM10

Researcher:
Alice Cepeda

IRB Number:
DA-09-219

Application Received:

11/04/10

Completed Application:

11/08/10

Title of Research:

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

Peer Panel Schedule:

12/10/10

Proponent:

University of Houston

Panel Recommendations:

Project Status:

Pending HS Approval

Detail: Although this is a study about Hispanic gangs, its focus is medical. It involves collection and testing of blood and urine samples.

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

University of Texas Medical Branch

Unit	Audit Date	% Compliance	
		Mandatory	Non-Mandatory
Johnston	September 2010	100%	99.3%
Hilltop/Mt. View	September 2010	100%	98.4%
Kegans/Lychner	October 2010	100%	97.2%
Travis	October 2010	100%	99.1%
Halbert	October 2010	100%	99.03%
McConnell	October 2010	100%	99.3%
Byrd	November 2010	100%	97.45%
Goodman	November 2010	100%	99.54%

Texas Tech University Health Science Center

Unit	Audit Date	% Compliance	
		Mandatory	Non-Mandatory
Clements	November 2010	100%	98.2%

Consent Item 3(a)

University Medical Director's Report

The University of Texas Medical Branch



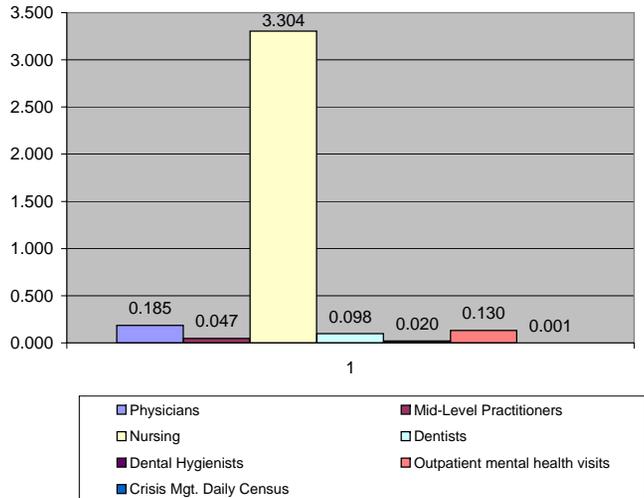
**Correctional Health Care
MEDICAL DIRECTOR'S REPORT**

**FIRST QUARTER
FY 2011**

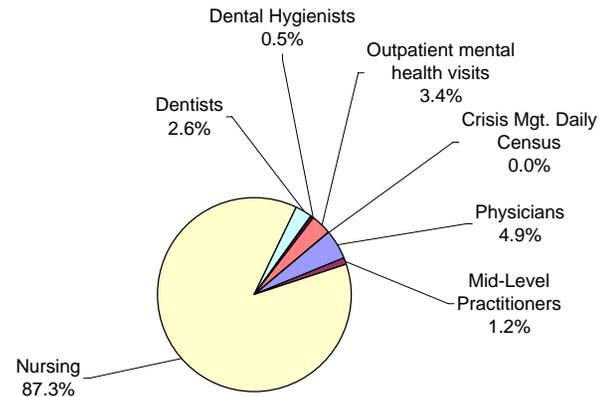
Medical Director's Report:

<i>Average Population</i>	September		October		November		Qtly Average	
	120,559		121,046		121,265		120,957	
	Number	Rate Per Offender						
Medical encounters								
Physicians	24,238	0.201	22,649	0.187	20,398	0.168	22,428	0.185
Mid-Level Practitioners	6,133	0.051	5,526	0.046	5,370	0.044	5,676	0.047
Nursing	398,205	3.303	443,148	3.661	357,418	2.947	399,590	3.304
Sub-total	428,576	3.555	471,323	3.894	383,186	3.160	427,695	3.536
Dental encounters								
Dentists	12,575	0.104	11,631	0.096	11,471	0.095	11,892	0.098
Dental Hygienists	2,541	0.021	2,442	0.020	2,131	0.018	2,371	0.020
Sub-total	15,116	0.125	14,073	0.116	13,602	0.112	14,264	0.118
Mental health encounters								
Outpatient mental health visits	16,234	0.135	16,306	0.135	14,773	0.122	15,771	0.130
Crisis Mgt. Daily Census	68	0.001	70	0.001	61	0.001	66	0.001
Sub-total	16,302	0.135	16,376	0.135	14,834	0.122	15,837	0.131
Total encounters	459,994	3.816	501,772	4.145	411,622	3.394	457,796	3.785

Encounters as Rate Per Offender Per Month



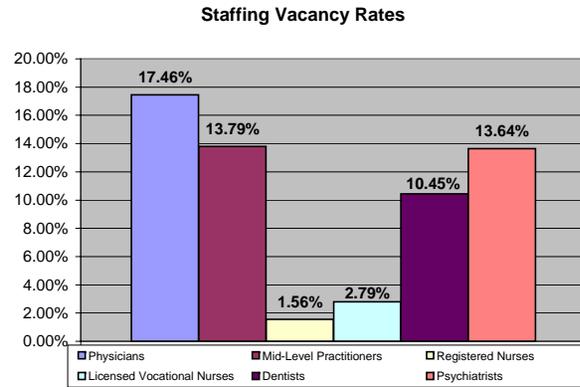
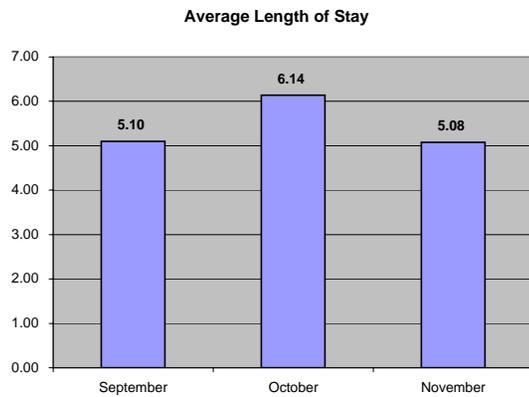
Encounters by Type



Medical Director's Report (Page 2):

	September	October	November	Qtly Average
Medical Inpatient Facilities				
Average Daily Census	92.00	94.00	92.00	92.67
Number of Admissions	378.00	352.00	363.00	364.33
Average Length of Stay	5.10	6.14	5.08	5.44
Number of Clinic Visits	2,641.00	2,490.00	2,127.00	2,419.33
Mental Health Inpatient Facilities				
Average Daily Census	1,030.69	1,019.03	1,022.04	1,023.92
PAMIO/MROP Census	695.83	697.48	714.83	702.71
Telemedicine Consults	8,032	6,988	6,385	7,135.00

Health Care Staffing	Average This Quarter			Percent Vacant
	Filled	Vacant	Total	
Physicians	52.00	11.00	63.00	17.46%
Mid-Level Practitioners	100.00	16.00	116.00	13.79%
Registered Nurses	252.00	4.00	256.00	1.56%
Licensed Vocational Nurses	522.00	15.00	537.00	2.79%
Dentists	60.00	7.00	67.00	10.45%
Psychiatrists	19.00	3.00	22.00	13.64%



Consent Item 3(b)

University Medical Director's Report

Texas Tech University
Health Sciences Center

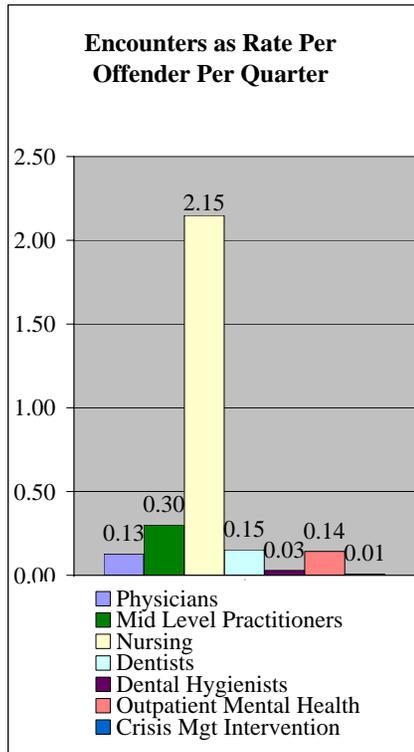


**Correctional Managed Health Care
MEDICAL DIRECTOR'S REPORT**

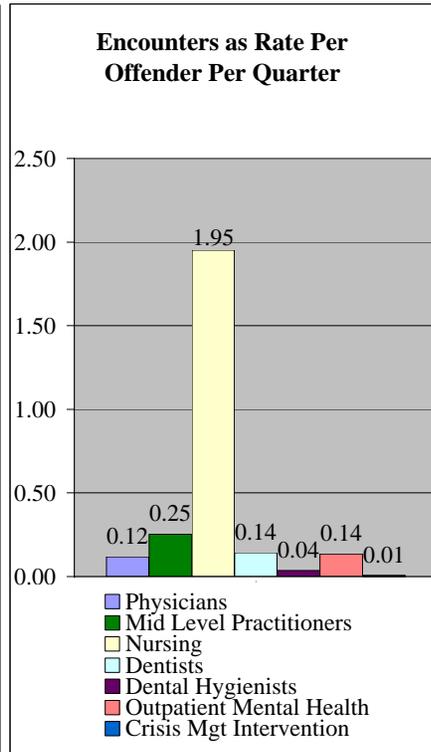
**FIRST QUARTER
FY 2011**

Medical Director's Report:

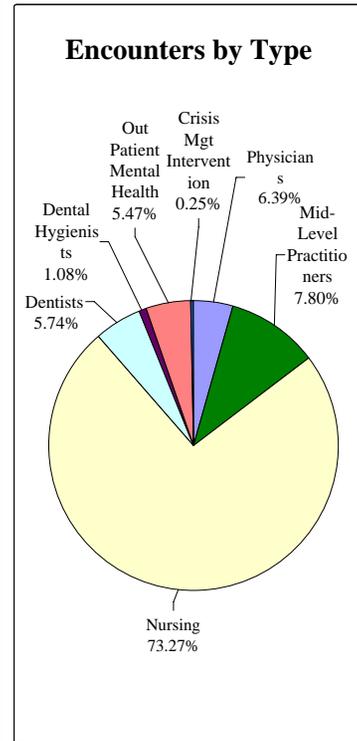
	September		October		November		Quarterly Average	
<i>Average Population</i>	31,320.70		31,431.35		31,519.38		31,423.81	
	Rate Per Offender		Rate Per Offender		Rate Per Offender		Rate Per Offender	
	Number	r	Number	r	Number	r	Number	r
<i>Medical Encounters</i>								
Physicians	4,570	0.146	3,304	0.105	3,250	0.103	3,708	0.118
Mid-Level Practitioners	8,046	0.257	7,737	0.246	8,083	0.256	7,955	0.253
Nursing	62,455	1.994	62,693	1.995	58,821	1.866	61,323	1.951
Sub-Total	75,071	2.397	73,734	2.346	70,154	2.226	72,986	2.323
<i>Dental Encounters</i>								
Dentists	4,338	0.139	4,796	0.153	4,403	0.140	4,512	0.144
Dental Hygienists	1,136	0.036	1,156	0.037	1,047	0.033	1,113	0.035
Sub-Total	5,474	0.175	5,952	0.189	5,450	0.173	5,625	0.179
<i>Mental Health Encounters</i>								
Outpatient Mental Health Visits	4,179	0.133	4,377	0.139	4,205	0.133	4,254	0.135
Crisis Mgt. Interventions	230	0.007	222	0.007	223	0.007	225	0.007
Sub-Total	4,409	0.141	4,599	0.146	4,428	0.140	4,479	0.143
<i>Total Encounters</i>	84,954	2.712	84,285	2.682	80,032	2.539	83,090	2.644



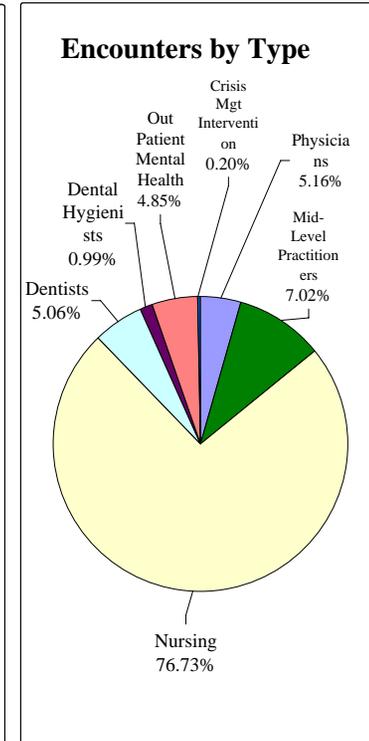
4th Quarter 2010



1st Quarter 2011



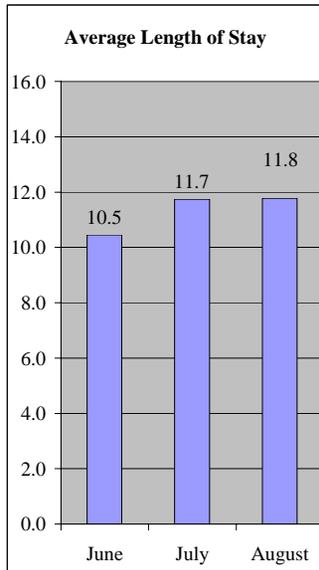
4th Quarter 2010



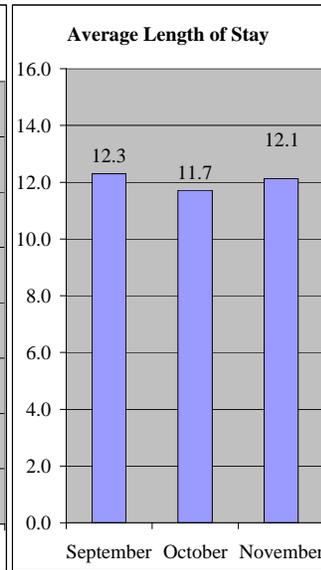
1st Quarter 2011

Medical Director's Report (page 2):

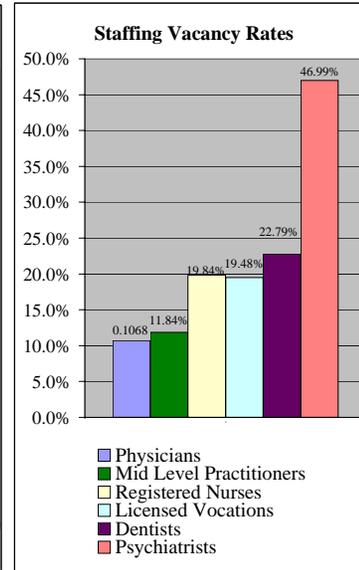
	September	October	November	Quarterly Average
Medical Inpatient Facilities				
Average Daily Census	119.69	120.33	116.79	118.94
Number of Admissions	229	233	209	223.67
Average Length of Stay	12.3	11.71	12.13	12.05
Number of Clinic Visits	963	999	911	957.67
Mental Health Inpatient Facilities				
Average Daily Census	499	473	482	484.67
PAMIO/MROP Census	421	421	415	419.00
Specialty Referrals Completed	1522	1689	1193	1468.00
Telemedicine Consults	487	450	511	482.67
Health Care Staffing				
	Average This Quarter			Percent Vacant
	Filled	Vacant	Total	
Physicians	19.62	4.85	24.47	19.82%
Mid-Level Practitioners	27.77	6.33	34.1	18.56%
Registered Nurses	142.64	34.76	177.4	19.59%
Licensed Vocational Nurses	318.48	40.82	359.3	11.36%
Dentists	16.75	3.1	19.85	15.62%
Psychiatrists	8.76	2	10.76	18.59%



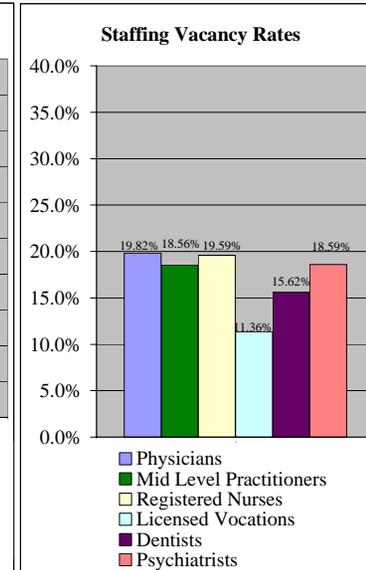
4th Quarter 2010



1st Quarter 2011



4th Quarter 2010



1st Quarter 2011

Consent Item 4

Summary of CMHCC Joint
Committee \ Work Groups

Correctional Managed Health Care Joint Committee/Work Group Activity Summary for March 2011 CMHCC Meeting

The CMHCC, through its overall management strategy, utilizes a number of standing and ad hoc joint committees and work groups to examine, review and monitor specific functional areas. The key characteristic of these committees and work groups is that they are comprised of representatives of each of the partner agencies. They provide opportunities for coordination of functional activities across the state. Many of these committees and work groups are designed to insure communication and coordination of various aspects of the statewide health care delivery system. These committees work to develop policies and procedures, review specific evaluation and/or monitoring data, and amend practices in order to increase the effectiveness and efficiency of the program.

Many of these committees or work groups are considered to be medical review committees allowed under Chapter 161, Subchapter D of the Texas Health and Safety code and their proceedings are considered to be confidential and not subject to disclosure under the law.

This summary is intended to provide the CMHCC with a high level overview of the ongoing work activities of these workgroups.

Workgroup activity covered in this report includes:

- System Leadership Council
- Joint Policy and Procedure Committee
- Joint Pharmacy and Therapeutics Committee
- Joint Infection Control Committee
- Joint Dental Work Group
- Joint Mortality and Morbidity Committee
- Joint Nursing Work Group

System Leadership Council

Chair: Dr. Owen Murray

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

Meeting Date: February 10, 2011

Key Activities:

(1) Approval of Minutes

Reports from Champions/Discipline Directors:

- A. Access to Care-Dental Services
- B. Access to Care-Mental Health Services
- C. Access to Care-Nursing Services
- D. Access to Care-Medical Staff
- E. Sick Call Request Verification Audit-SCRVA
- F. FY2011 SLC Indicators
 - 1. Diagnostic Radiographs
 - 2. Mental Health Continuity of Care: Inpatient Discharges
 - 3. Refusal of Treatment (ROT)
 - 4. Inpatient Physical Therapy
 - 5. Missed Appointments (No Shows)

Standing Issues

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

Miscellaneous/Open for Discussion Participants:

- A. CMHCC Updates
- B. Joint Nursing Committee Update
- C. Chronic Disease Audit Update
- D. ATC Methodology
- E. SLC Email Account

Joint Policy and Procedure Committee

Co-Chair: Dr. Robert Williams, TDCJ Health Services Division / David McNutt, Assistant Director, CMHCC

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

Meeting Date: January 13, 2011

Key Activities:

Sub Committee Updates

- Chain In – Chain Out
- Transient Medications
- Infirmery (G-52.1)

Old Business:

E-57.1 Sexual Assault

New Business:

Sections E is scheduled for review.

A-08.3 Referral of Offenders to DDP Formerly MROP – Beverly Sloan

A-08.4 Attachment A, Completing Health Summary for Classification – Phyllis McWhorter

A-08.6 Attachment B, SOP Completing MRIS Medical Summary
A-08.7 Attachment A & B, PULHES and Medical Classification – Beverly Sloan
A-08.10 Attachment A, PAMIO Admission Referral Application – Beverly Sloan
E-34.3 Use of Force Procedures – Mike Jones
E-35.2 Mental Health Evaluation – Beverly Sloan
E-37.1 Daily Triaging of Health Complaints – Mike Jones
E-38.1 Sick Call – Mike Jones
E-41.1 Emergency Services – Mike Jones
E-41.2 Emergency Response During Hours of Operation – Mike Jones
E-42.1 Offender Transport and Transfer – Mike Jones
E-44.1 Continuity of Care – Mike Jones
H-60.1 Attachments A-1 (page 1), A-2 (pages 10,11a0, and C, Health Records- Beverly Sloan
H-60.1 Attachment C, Health records – Justin Robison
I-71.1 Attachment A, Request for Compelled Treatment

Adjournment

Next Meeting Date is April 14, 2011

Section to be covered will be A and F. E. Comments on Section A and F are due by March 1, 2011.

Joint Pharmacy and Therapeutics Committee

Chair: Dr. Glenda Adams

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

Meeting Date: January 13, 2011

Key Activities:

Approval of Minutes from November 10, 2010 Meeting Reports from Subcommittees:

- Diabetes – Dr. Fisher
- DMG Triage – Dr. Sandmann
- Drug Overdose – Dr. Lenz
- Psychiatry – Dr. Butler
 - Major Depressive Disorder DMG Revision

Reviewed and discussed monthly reports as follows:

- Adverse Drug Reaction Report (none)
- Pharmacy Clinical Activity Report
- Drug recalls (November – December 2010)
- Nonformulary Defferral Reports
 - UTMB Sector (October - December 2010)
 - Texas Tech Sector (October - December 2010)
- Quarterly Medication Error Reports –1st Quarter (September - November) FY11
 - UTMB Sector – Outpatient Services
 - Beaumont District
 - Houston District
 - Huntsville District
 - Northeast District
 - Northwest District

- San Antonio District
 - UTMB Sector-Inpatient Services
 - Texas Tech Sector
- Medication Dispensing Error Report – 1st Quarter FY11
- Utilization Reports (FY11 YTD)
 - HIV Utilization
 - Hepatitis C Utilization
 - Hepatitis B Utilization
 - Psychotropic Utilization
- Special Reports
 - FY10 P&T Initiatives
 - Annual Operational Review FY10
- Policy Review Schedule

Old Business:

- Total Parenteral Nutrition (10-45)
- Etravirine Floor Stock

New Business:

Action Requests

- Formulary Substitution for Propoxyphene
- Lamotrigine Formulary Addition Request (Dr. Caldwell)

Drug Category Review

- Blood formation and Coagulation Products
- Cardiovascular Agents

FDA Medication Safety Advisories

First FDA Approved Single-Ingredient Oral Colchicine Product

Manufacturer Shortages and Discontinuations

Policy and Procedure Revisions

- Manual Signature Page
- Automatic Stop Orders for Drugs (10-10)
- Return of Damaged or Miss shipped Drugs (15-40)
- Drug Recalls and Defective Products (15-45)

- Use of Controlled Substances (20-05)
- Security of Controlled Substances (20-10)
- Controlled Substances Record Keeping (20-15)
- Incoming Patients Free World Medications (25-05)
- Discharge Medications (25-10)
- IV Admixtures (30-05)

Miscellaneous

Adjournment

Joint Infection Control Committee

Chair: Dr. Kate Hendricks

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

Meeting Date: February 10, 2011

Key Activities:

Reviewed and Approved Minutes

Public Health Update

- A. Review of Minutes, October 14, 2010 Meeting

Old Business

- A. Policy B-14.11 HIV
Policy Revisions
Fact Sheet Revisions

New Business

- A. Policy B-14.16 Staph Aureus & Methicillin-Resistant Staph Aureus (MRSA)
- B. TB Audit at Garza Unit
- C. Update on Mumps Outbreaks

Policy Review – B-1 through B-14.10**Adjourn**

- Next Meeting – April 14, 2011
- Policies to be reviewed are B-14.11 through B-14.21

Joint Dental Work Group

Chair: Dr. Billy Horton

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

Meeting Date: January 5, 2011

Key Activities:

- (1) Approval of Minutes, September 29, 2010 Meeting
- (2) TDCJ Health Services Director's Update
- (3) Western Sector Dental Services Director's Update
- (4) Eastern Sector Dental Services Director's Update

- (5) Dental Utilization Quality Review committee Update
- (6) Approval of Minutes, District director Meeting
- (7) Review Dental Policies Section B
 - B-14.1 Infection Control
 - B-15.1: X-ray
 - B-15.1-D Chemical Control
 - E-36.2D In-processing Offenders Dental Examination, Classification, Education and Treatment
- (8) Formulary Committee Update
- (9) Eastern Sector Dental Services
 - Huntsville District
 - Northeast District
 - Northwest District
 - San Antonio District
 - Houston District
 - Beaumont District

Joint Mortality and Morbidity Committee

Chair: Dr. Robert Williams

Key Activities:

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

Purpose:

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

Meeting Dates:

- September, 2010 (review of 24 cases)
- October , 2010 (review of 33 cases)
- November, 2010 (review of 39 cases)

Joint Nursing Work Group

Chair: Mary Goetcher, RN

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

Meeting Date: February 9, 2011

Old Business:

- ER Record v. Protocols
- Nurse Protocol Changes
- Nurse Protocol Meds
- CPR Changes for UTMB
- Medication Administrative Policies
- Infirmery Standardization
- Security No-Go Form
- New ORA Forma
- BON Issues
- HSM – 18: Committee Update
- Update on Workload Capture

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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: February 23, 2011

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

From: Allen Hightower, Executive Director

Subject: Executive Director's Report

This report summarizes a number of significant activities relating to the correctional health care program since our last meeting.

Legislative Appropriations Requests

As of this writing, the Correctional Managed Health Care appropriations request has been presented to both the full Senate Finance committee and the House Appropriations Subcommittee on Criminal Justice.

Both HB1 and SB1 were identical in funding recommendations and both recommended transferring CMHCC functions to TDCJ.

	100% Base		Recommended	
	<u>FY12</u>	<u>FY13</u>	<u>FY12</u>	<u>FY13</u>
<i>C.1.7 Psychiatric</i>	41,371,519	41,371,519	35,372,648	35,372,649
			14.51% Reduction	
<i>C.1.8 Unit Care</i>	206,577,276	197,564,468	169,970,472	161,243,023
			18.05% Reduction	
<i>C.1.9 Hospital Care</i>	168,531,084	171,325,804	104,661,628	111,832,460
			36.3% Reduction	
<i>C.1.10 Pharmacy</i>	49,890,620	53,197,671	42,713,337	45,900,016
			14.65% Reduction	

Payments for health care providers for hospital care are limited to Medicaid rates in HB1 and SB1 recommendations.

Overall reduction of all strategies is 24% or \$226 million.

UTMB Tenders Notice Of Its Intent Not To Renew The Contract

UTMB notified the Executive Director of the CMHCC by letter dated February 1, of its intent not to renew its contract when it expires August 31, 2011.

*Correctional Managed
Health Care Committee*

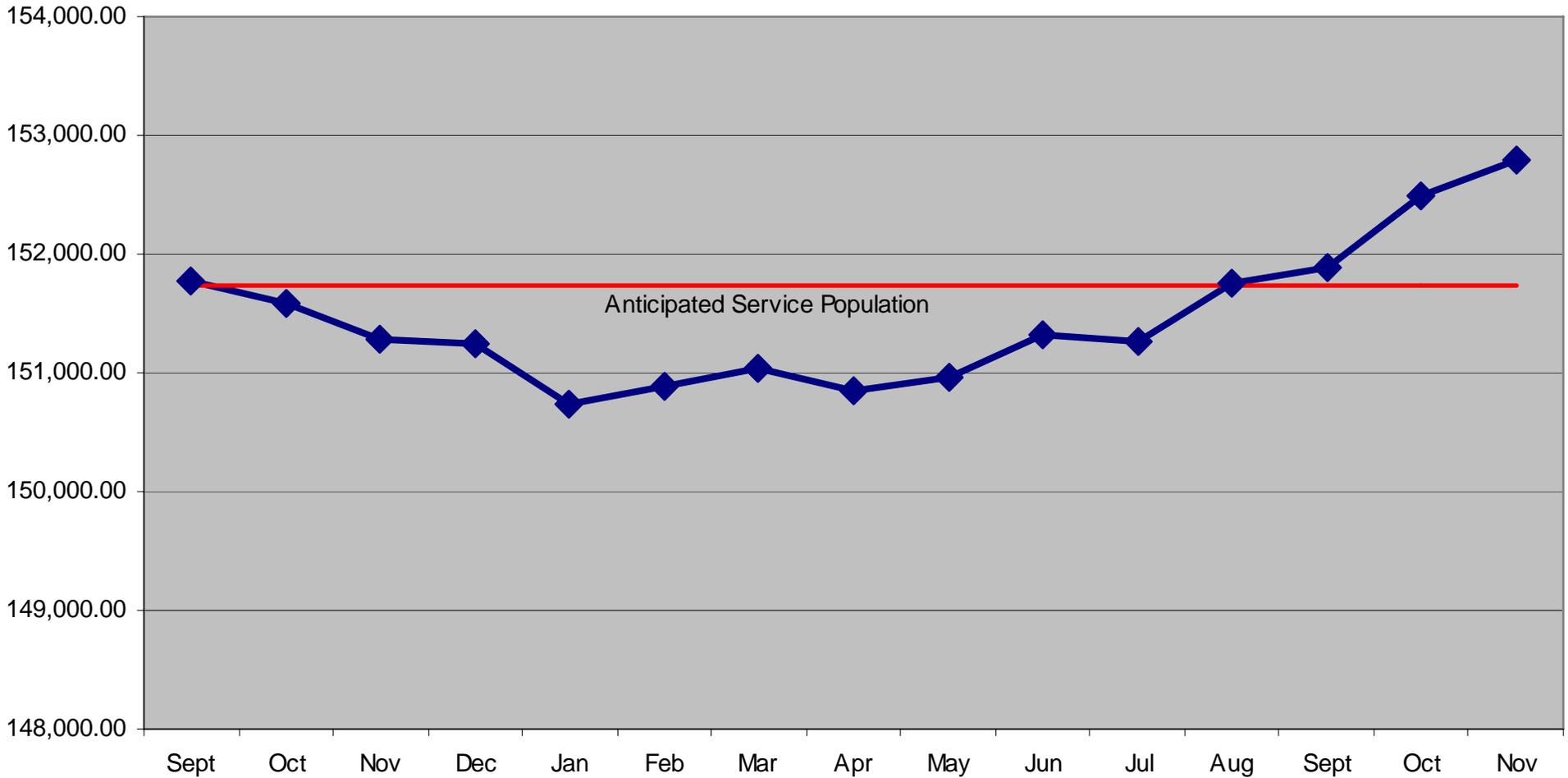
Key Statistics Dashboard

March 2011

*Correctional Managed
Health Care*



CMHC Service Population FY 2010-2011 to Date



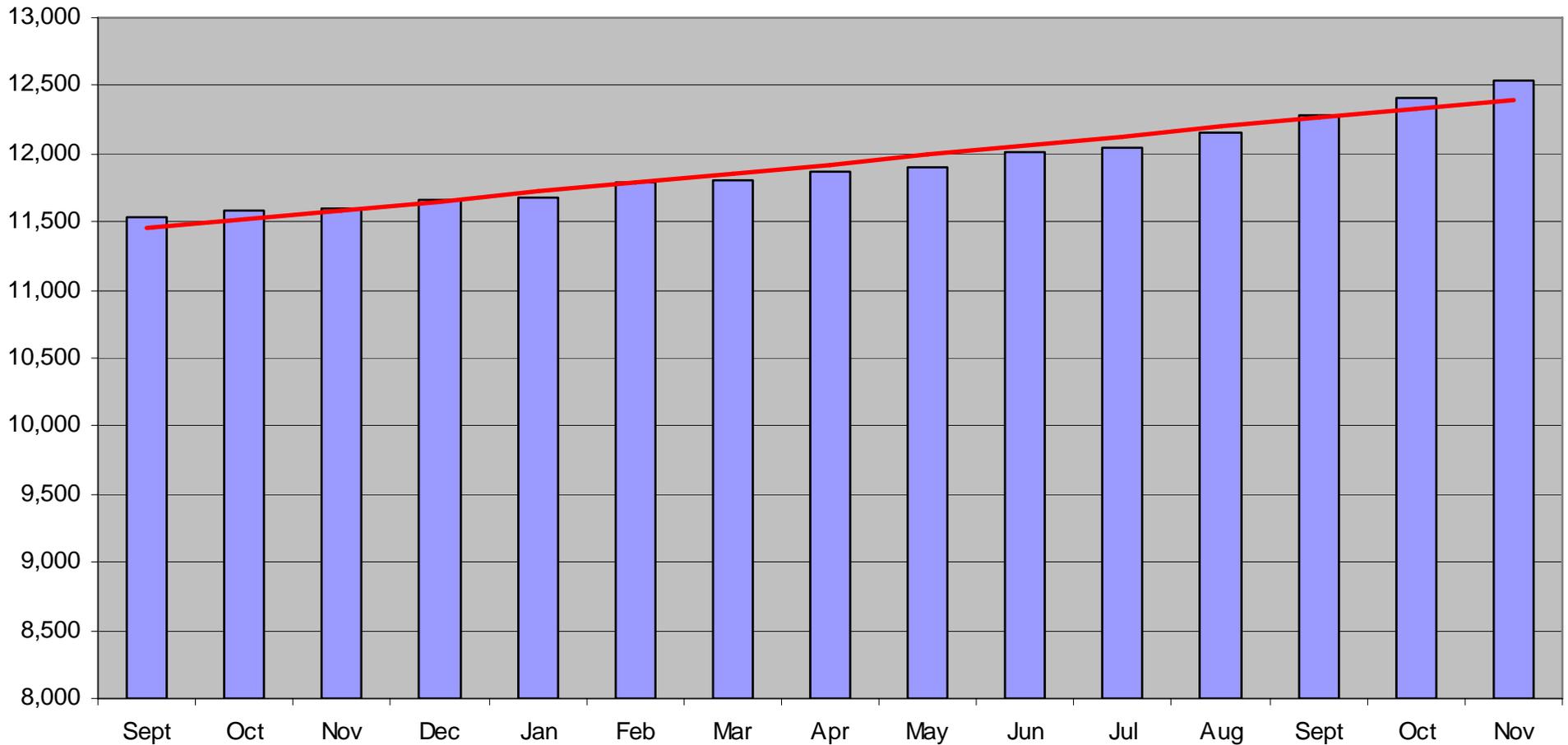
Correctional Managed

Health Care



TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER

Offenders Age 55+ FY 2010-2011 to Date



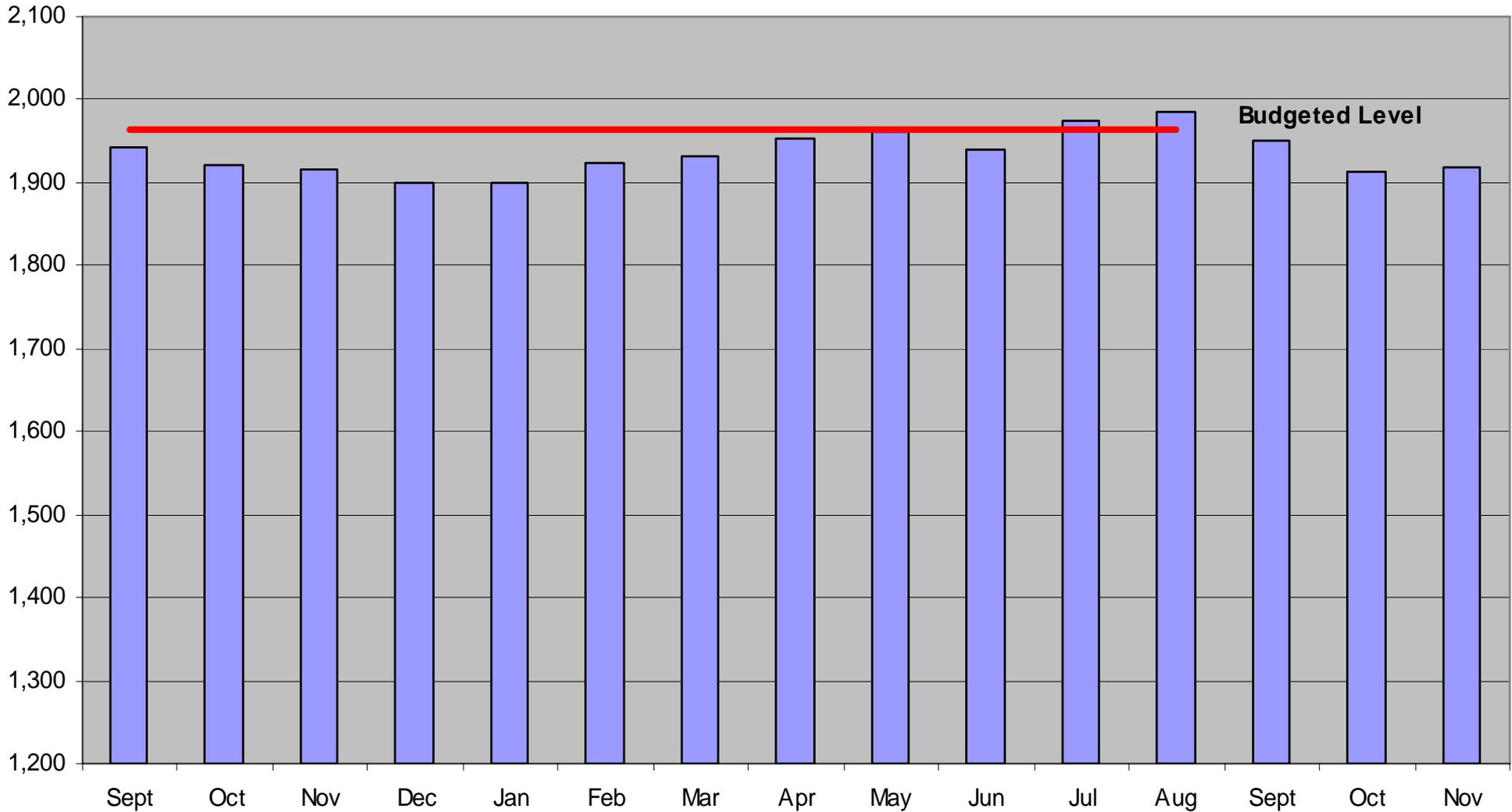
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Psychiatric Inpatient Census



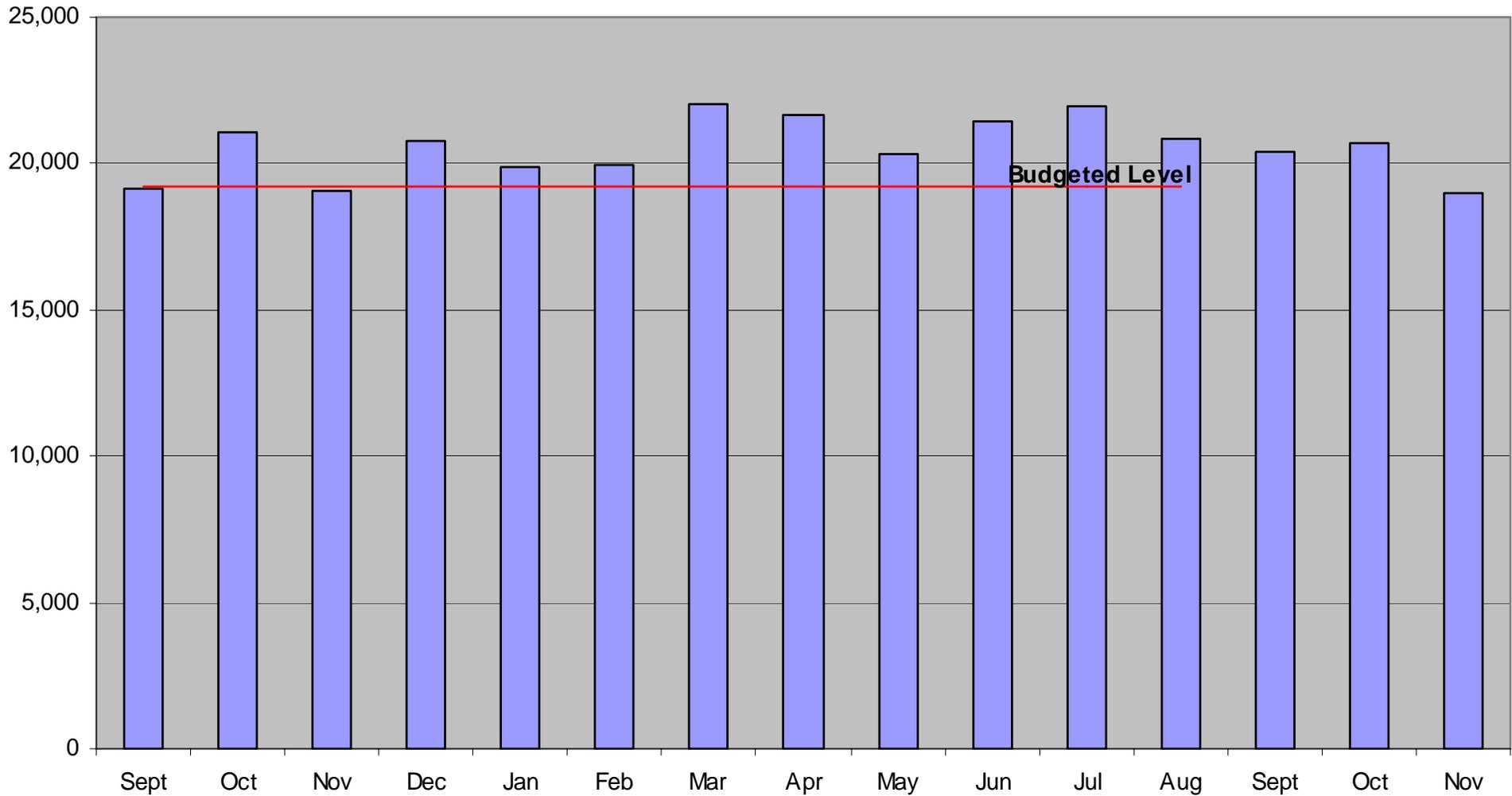
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Psychiatric Outpatient Census



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TDCJ MENTAL HEALTH CENSUS BY GENDER

September-10 Facility	AVERAGE DAILY POPULATION			LAST DAY CENSUS	
	Inpatient	MROP	Outpatient	Male	Female
SKYVIEW	525.23			464.00	56.00
JESTER IV	486.13			478.00	10.00
MT. VIEW	19.33				19.00
CRAIN (GV)		91.93			92.00
HODGE		603.90		604.00	
MONTFORD PSYCHIATRIC	499.00			499.00	
PAMIO	446.00			446.00	
CASELOAD - TTUHSC			4,179.00	4,179.00	
CASELOAD			16,234.00	12,887.00	3,347.00
	1,975.69	695.83	20,413.00		

October-10 Facility	AVERAGE DAILY POPULATION			LAST DAY CENSUS	
	Inpatient	MROP	Outpatient	Male	Female
SKYVIEW	509.55			462.00	48.00
JESTER IV	491.16			482.00	90.00
MT. VIEW	18.32				18.00
CRAIN (GV)		94.06			94.00
HODGE		603.42		603.00	
MONTFORD PSYCHIATRIC	473.00			473.00	
PAMIO	442.00			442.00	
CASELOAD - TTUHSC			4,377.00	4,377.00	
CASELOAD			16,306.00	12,880.00	3,426.00
	1,934.03	697.48	20,683.00		

November-10 Facility	AVERAGE DAILY POPULATION			LAST DAY CENSUS	
	Inpatient	MROP	Outpatient	Male	Female
SKYVIEW	517.77			473.00	52.00
JESTER IV	486.67			473.00	12.00
MT. VIEW	17.63				18.00
CRAIN (GV)		99.10			99.00
HODGE		615.73		616.00	
MONTFORD PSYCHIATRIC	482.00			482.00	
PAMIO	457.00			457.00	
CASELOAD - TTUHSC			4,208.00	4,205.00	
CASELOAD			14,773.00	11,847.00	2,924.00
	1,961.07	714.83	18,981.00		

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

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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

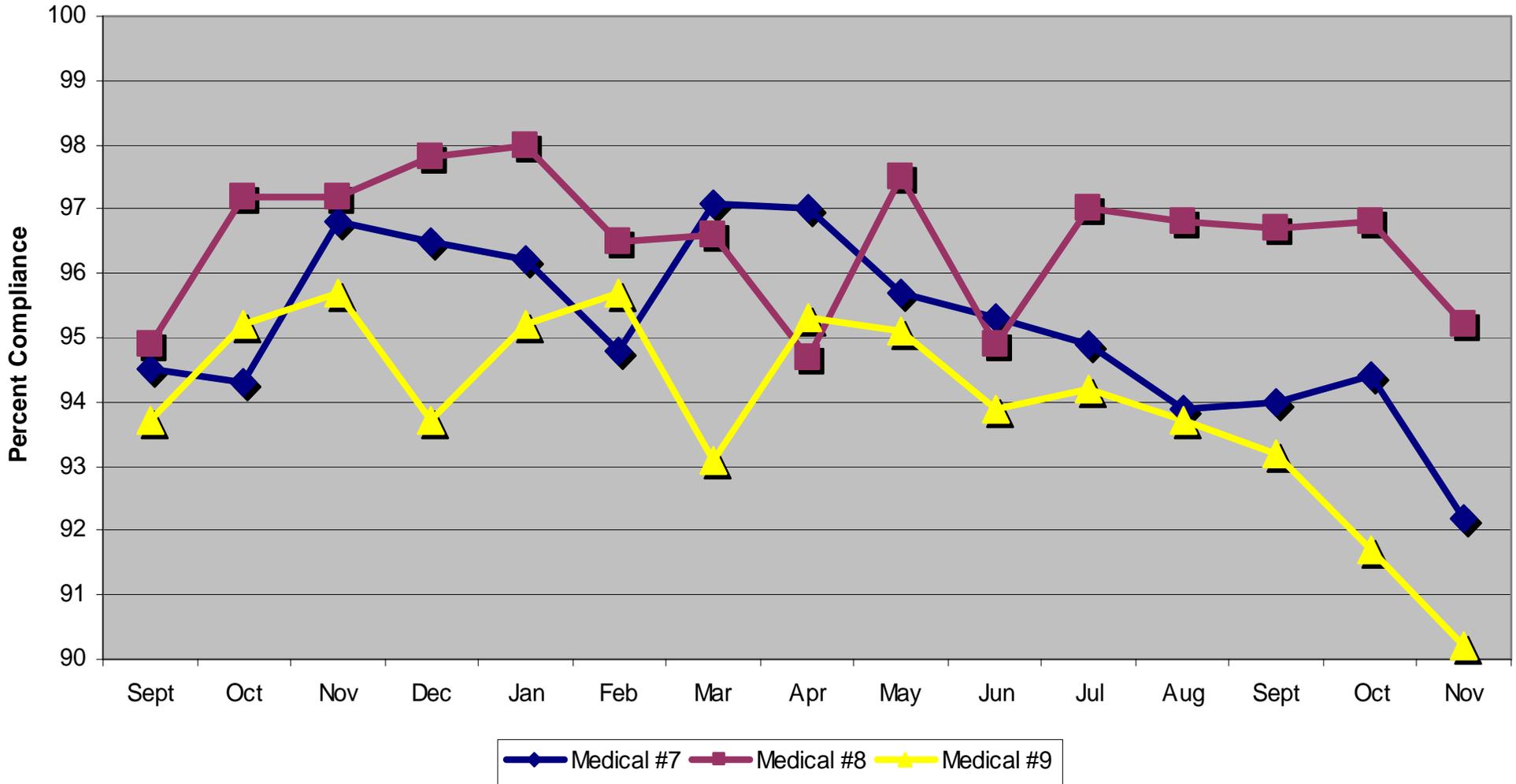
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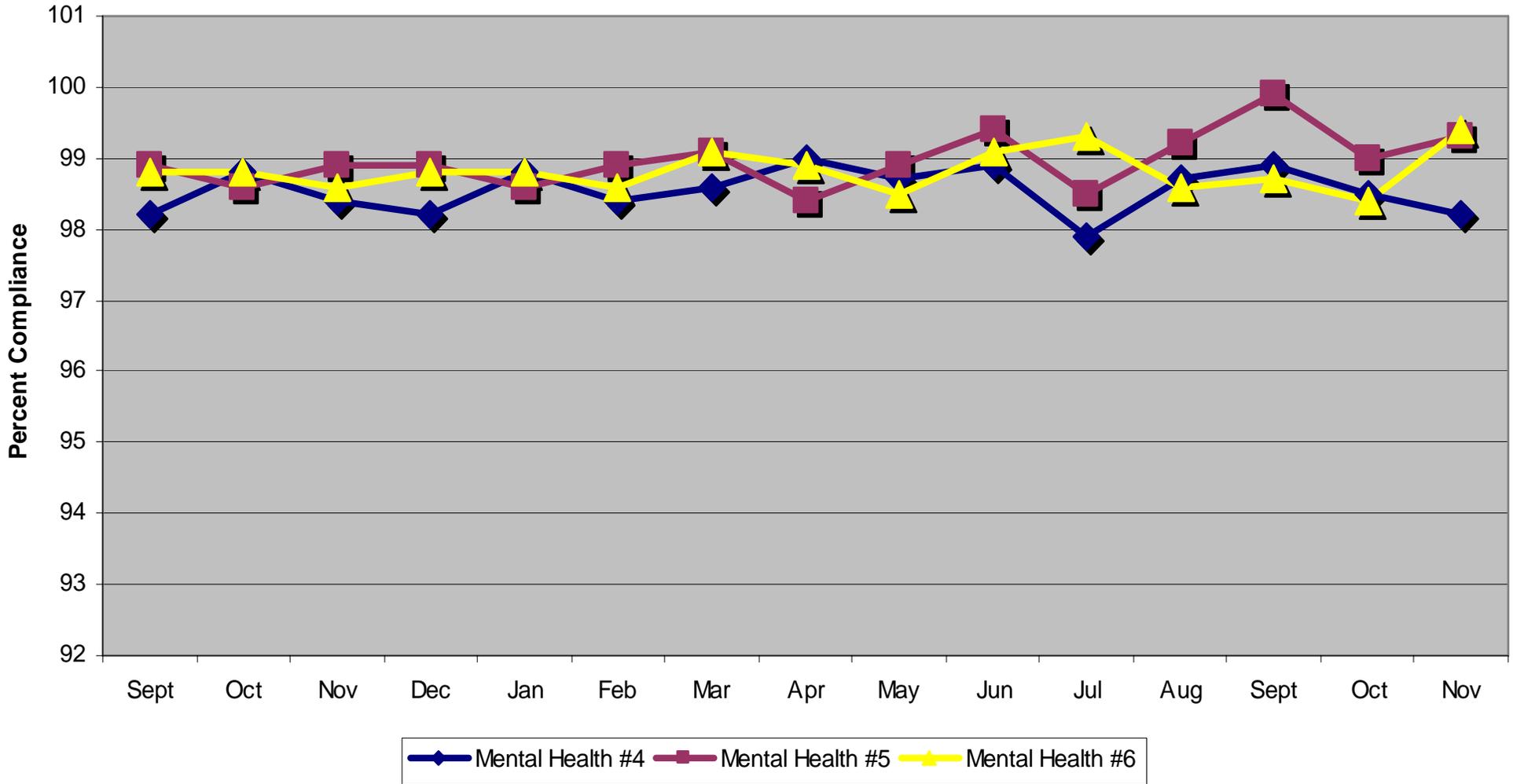
Medical Access to Care Indicators FY 2010-2011 to Date



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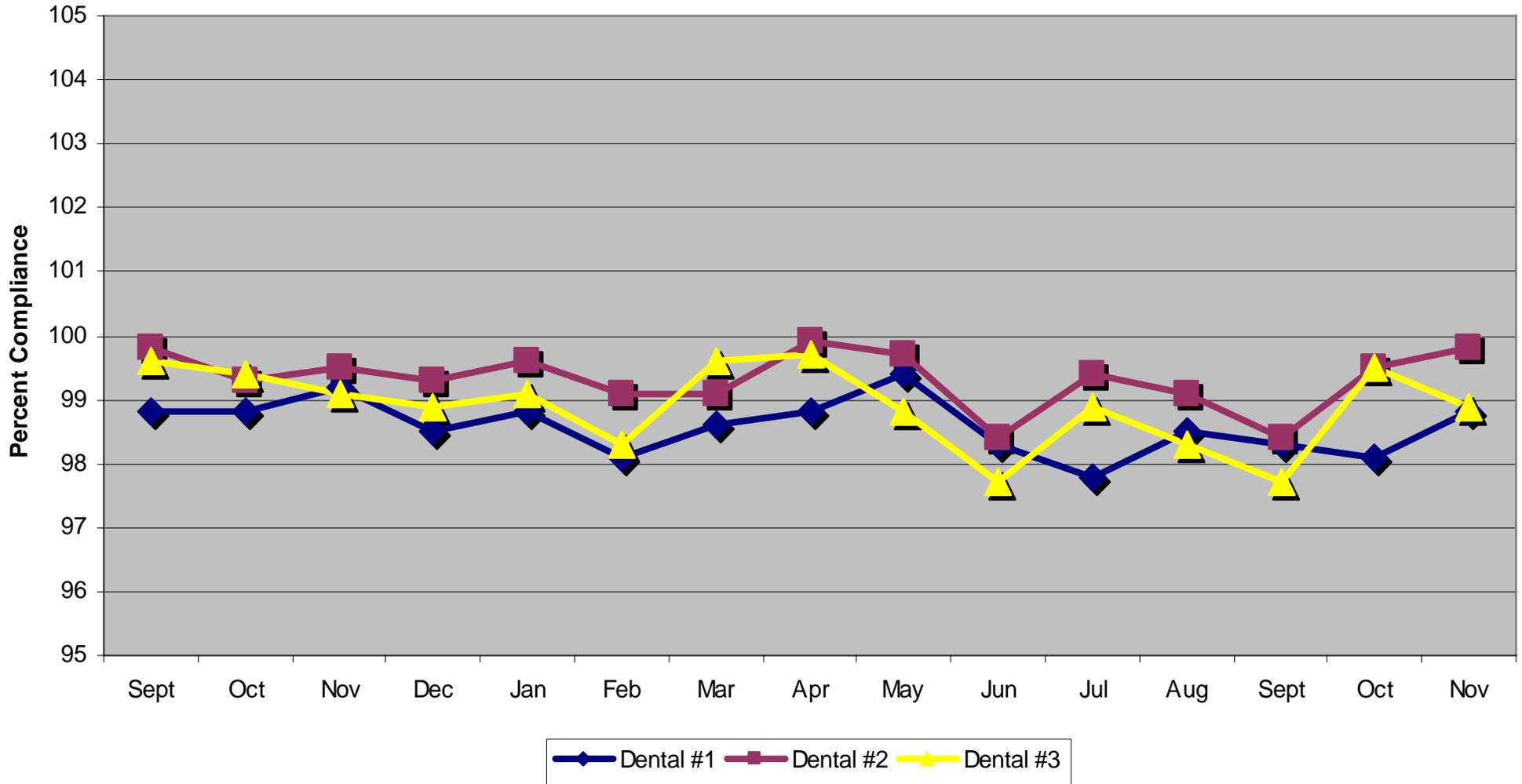
Mental Health Access to Care Indicators FY 2010-2011 to Date



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Dental Access to Care Indicators FY 2010-2011 to Date

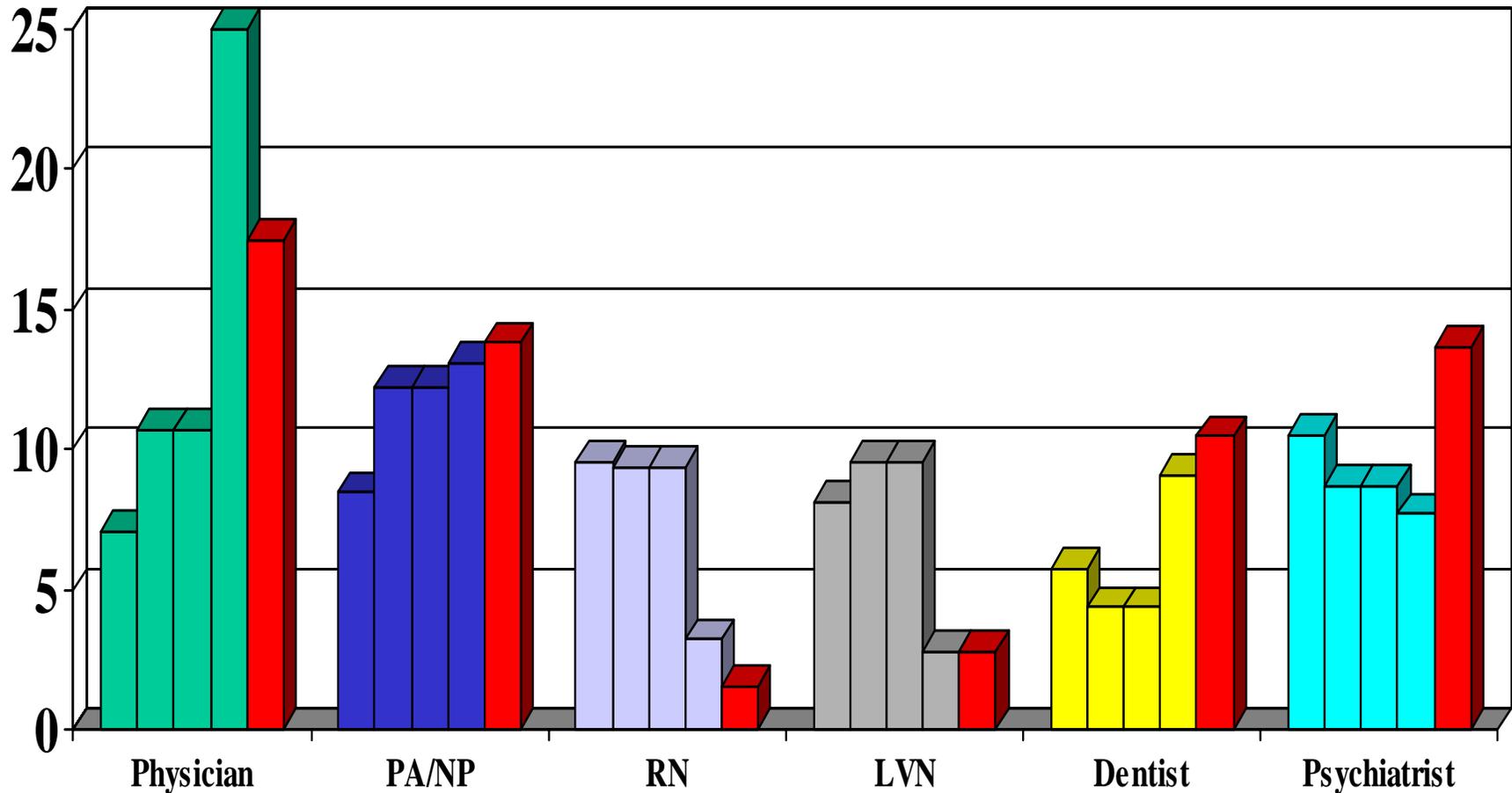


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UTMB Vacancy Rates (%) by Quarter FY2010 – FY2011



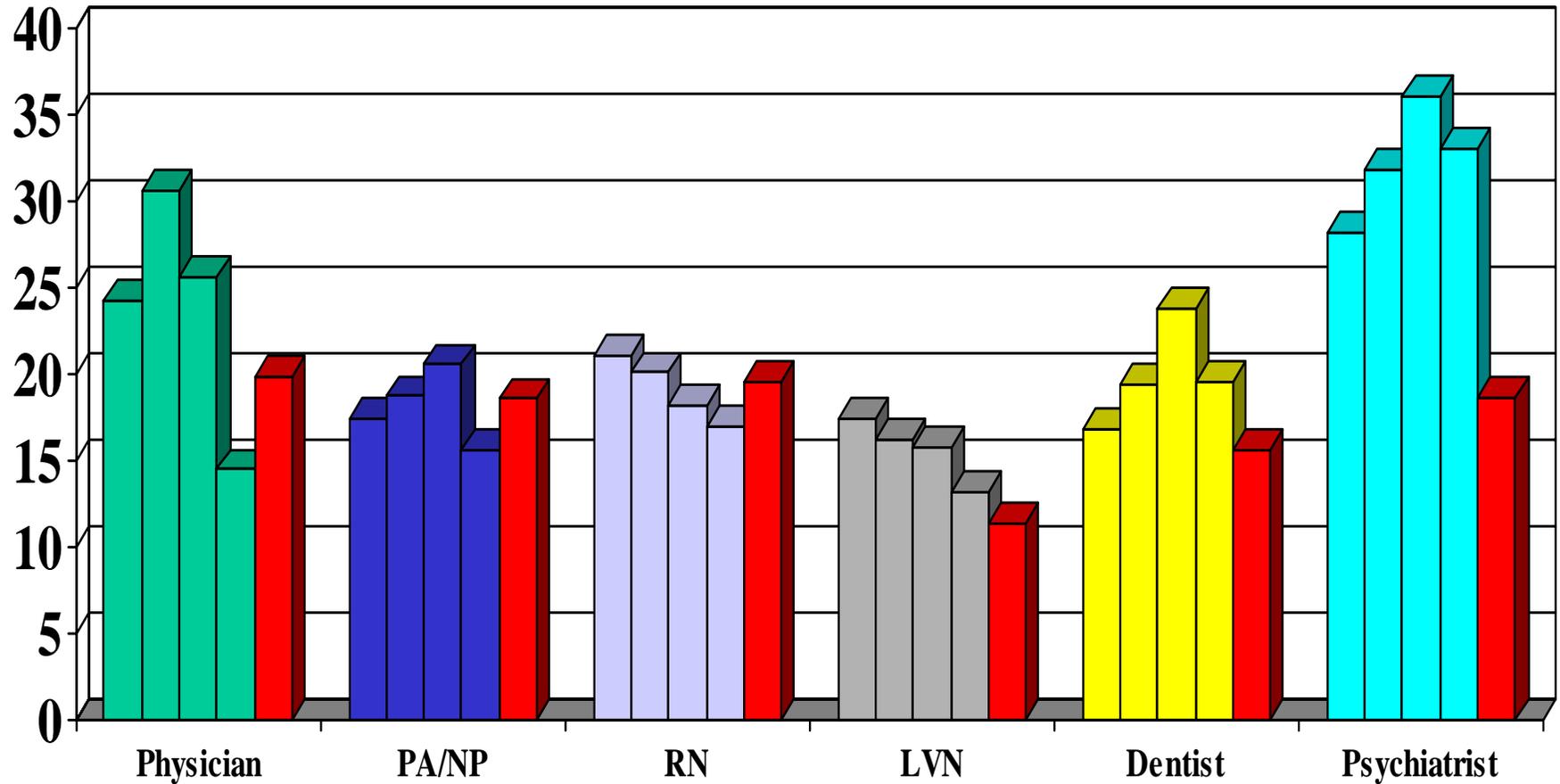
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TTUHSC Vacancy Rates (%) by Quarter FY 2010 – FY 2011



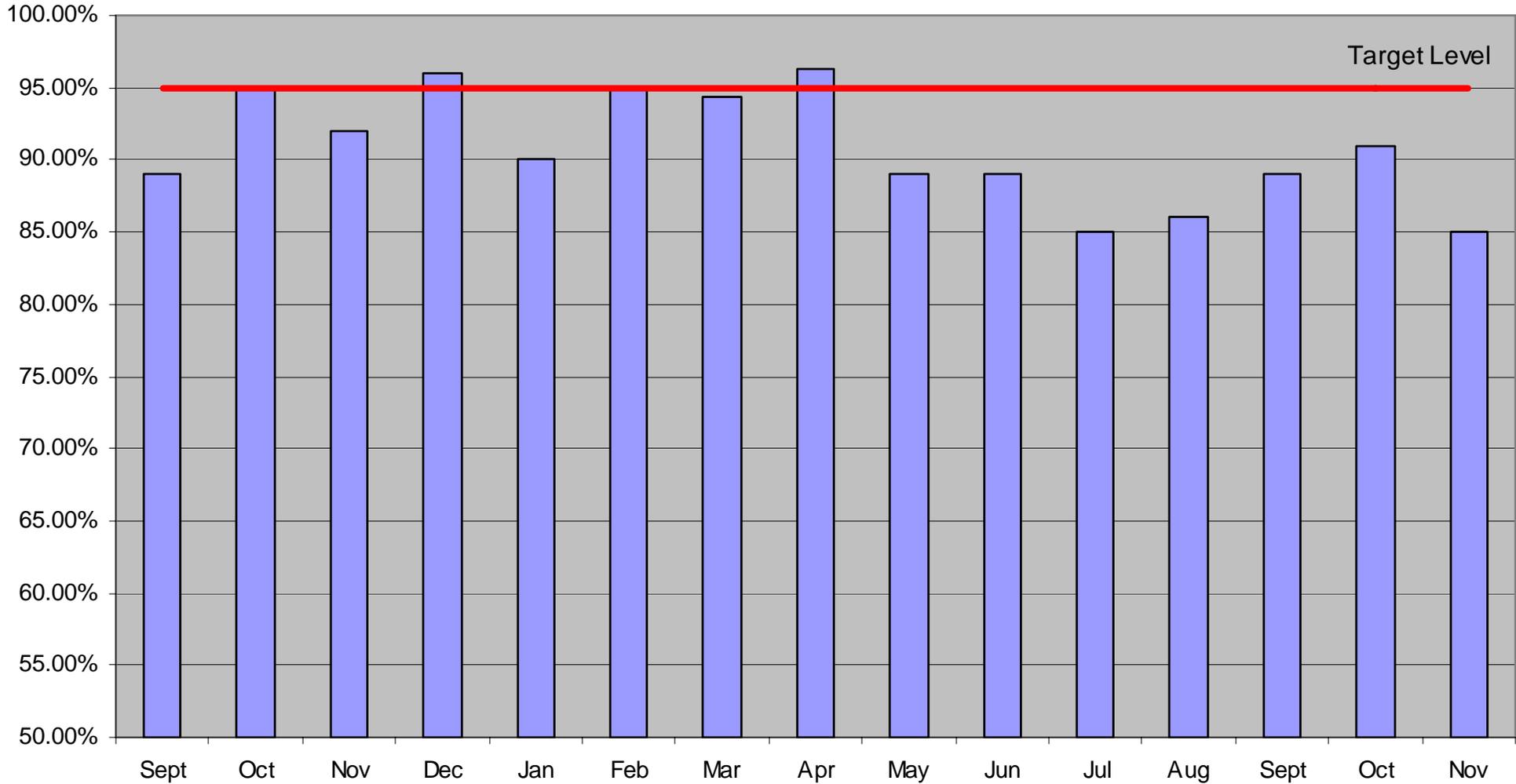
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Percent of Timely MRIS Summaries FY 2010-2011

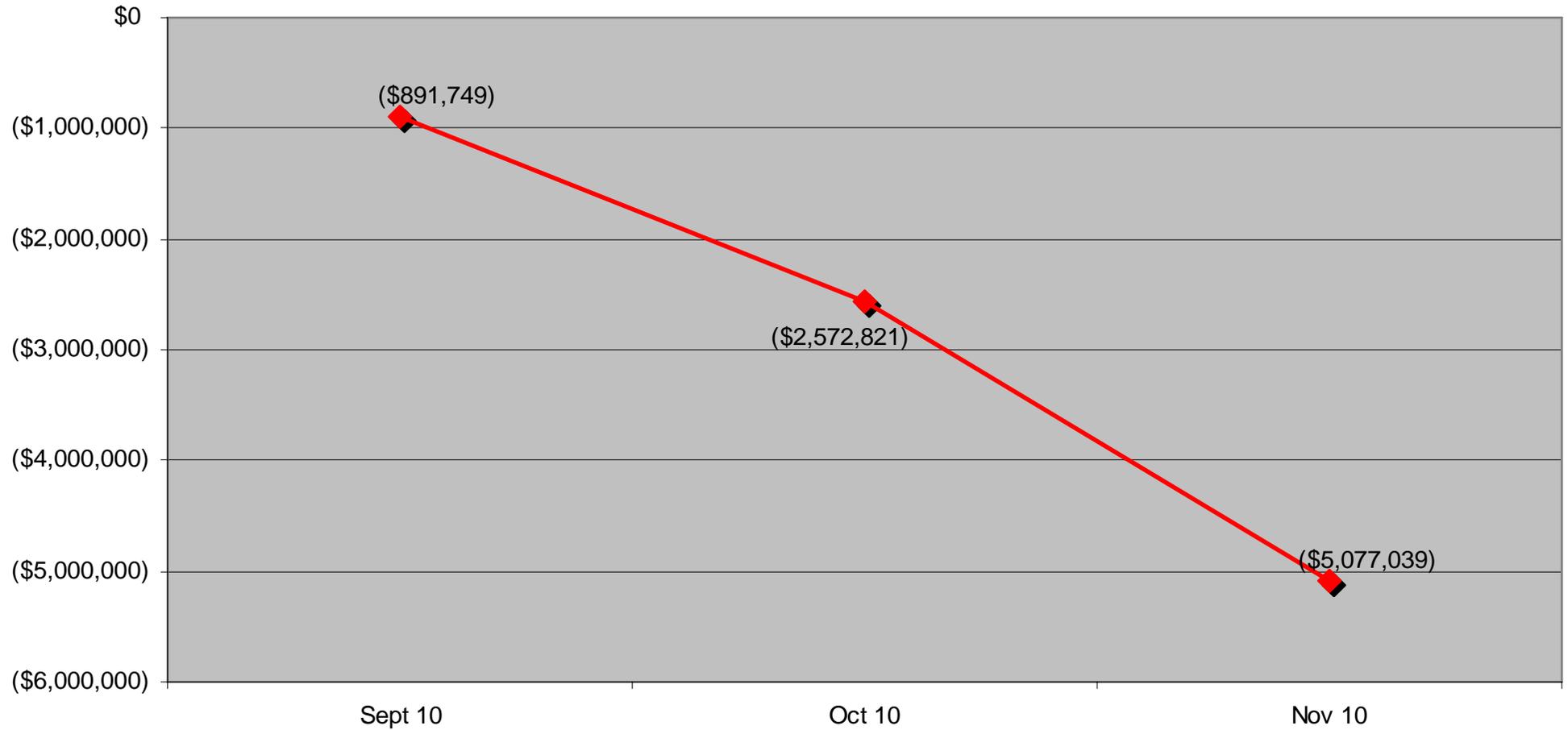


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Statewide Cumulative Loss/Gain FY 2011



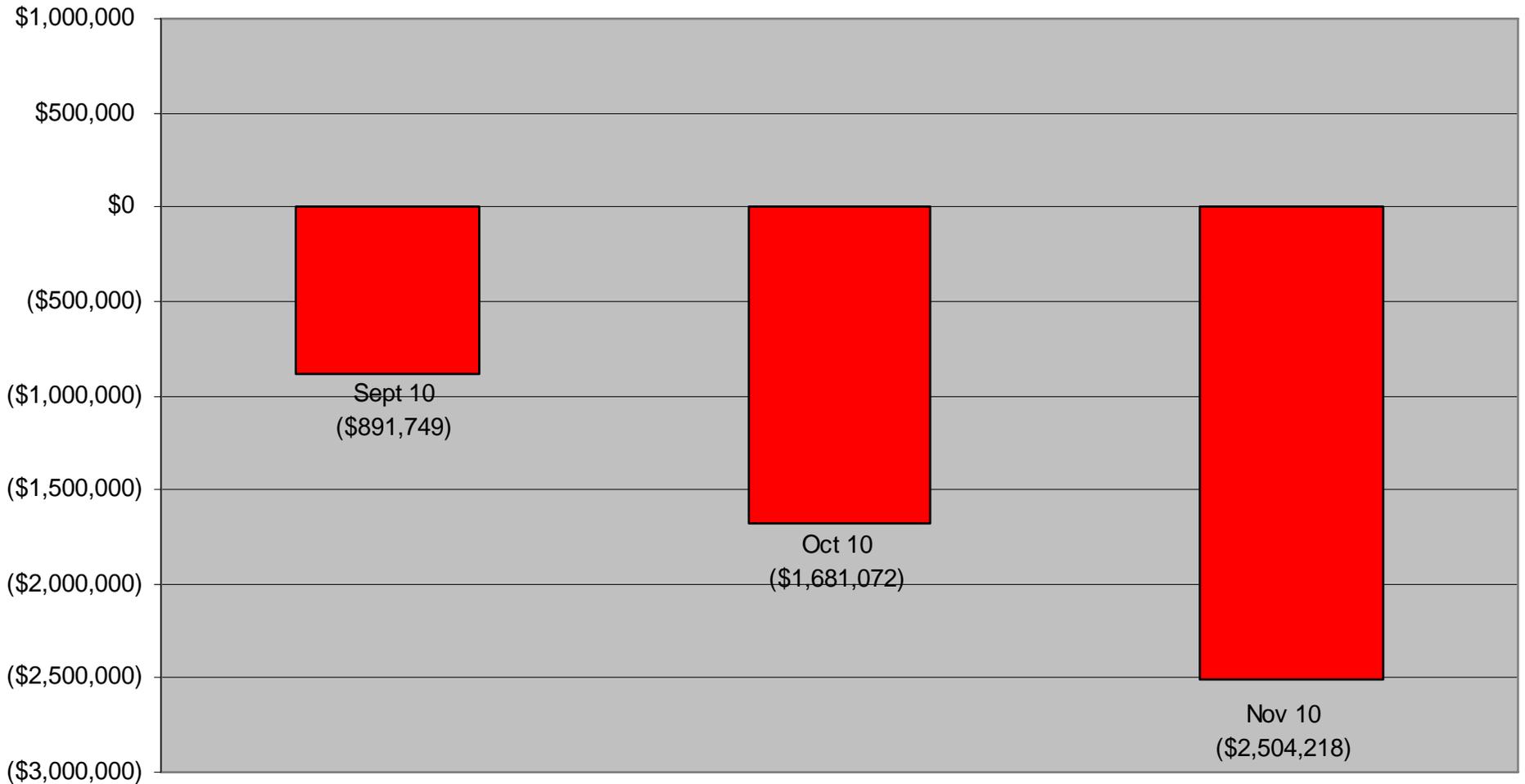
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Statewide Loss/Gain by Month FY 2011



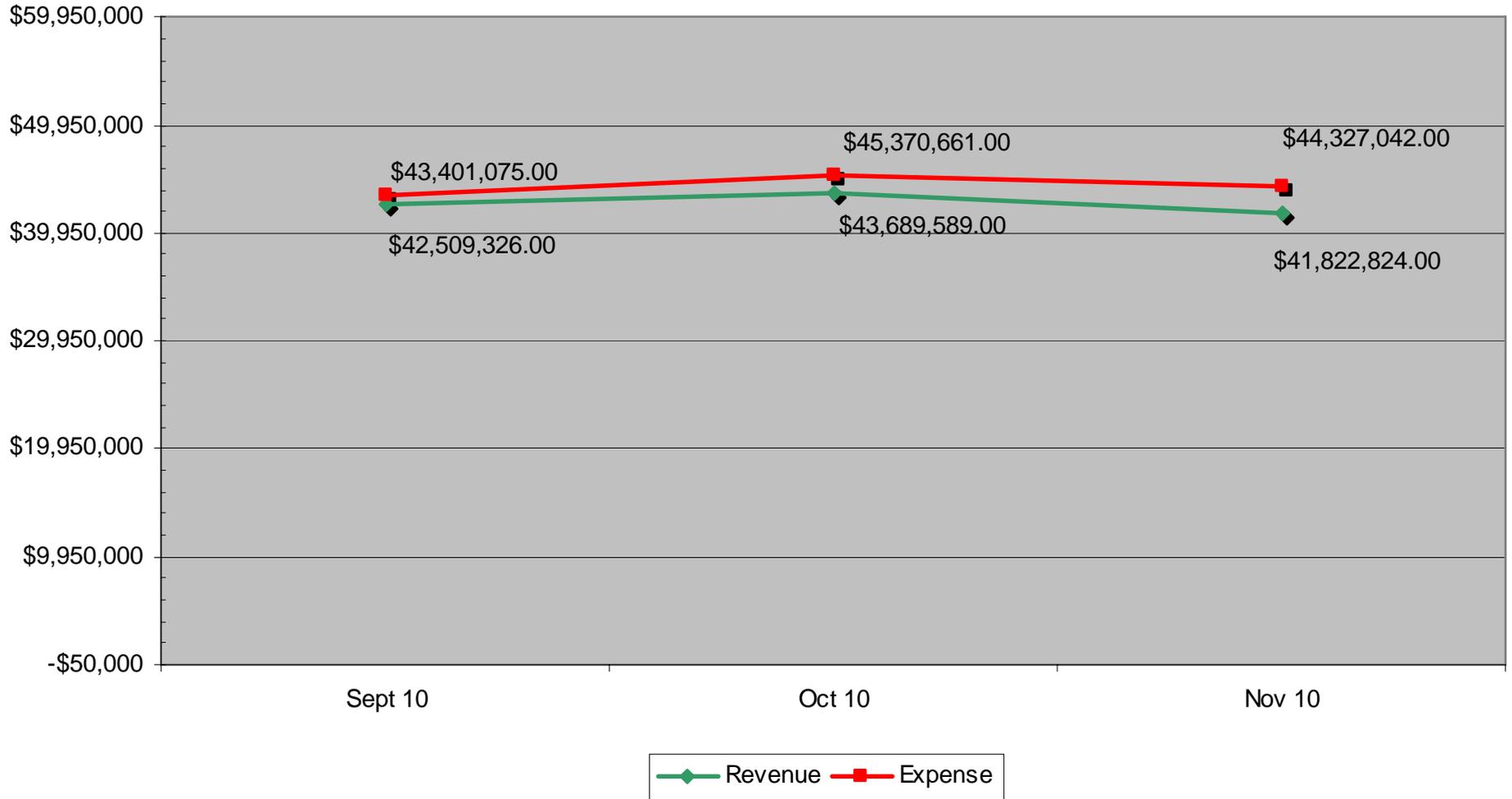
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Statewide Revenue v. Expenses by Month FY 2011



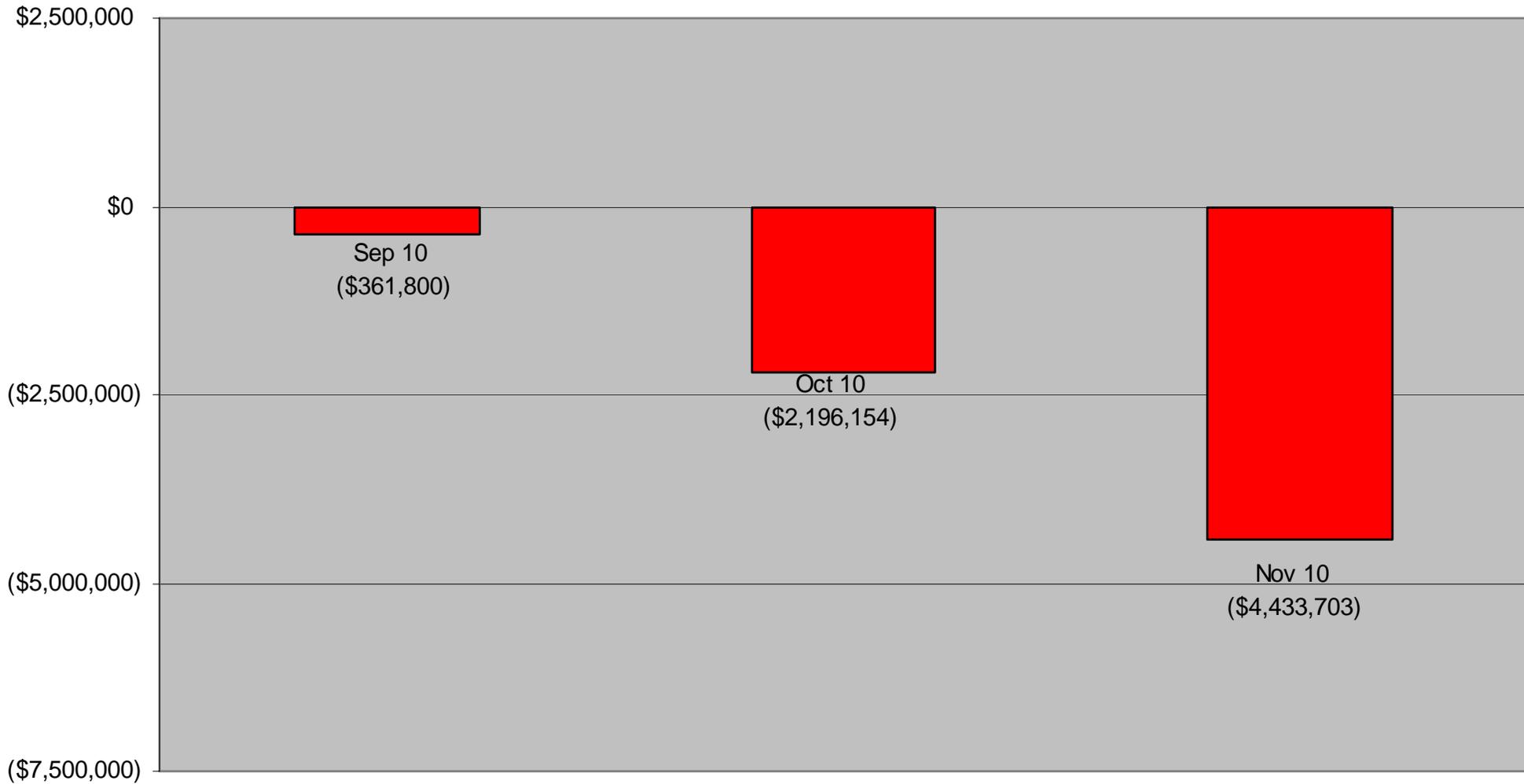
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UTMB Cumulative Loss/Gain FY 2011



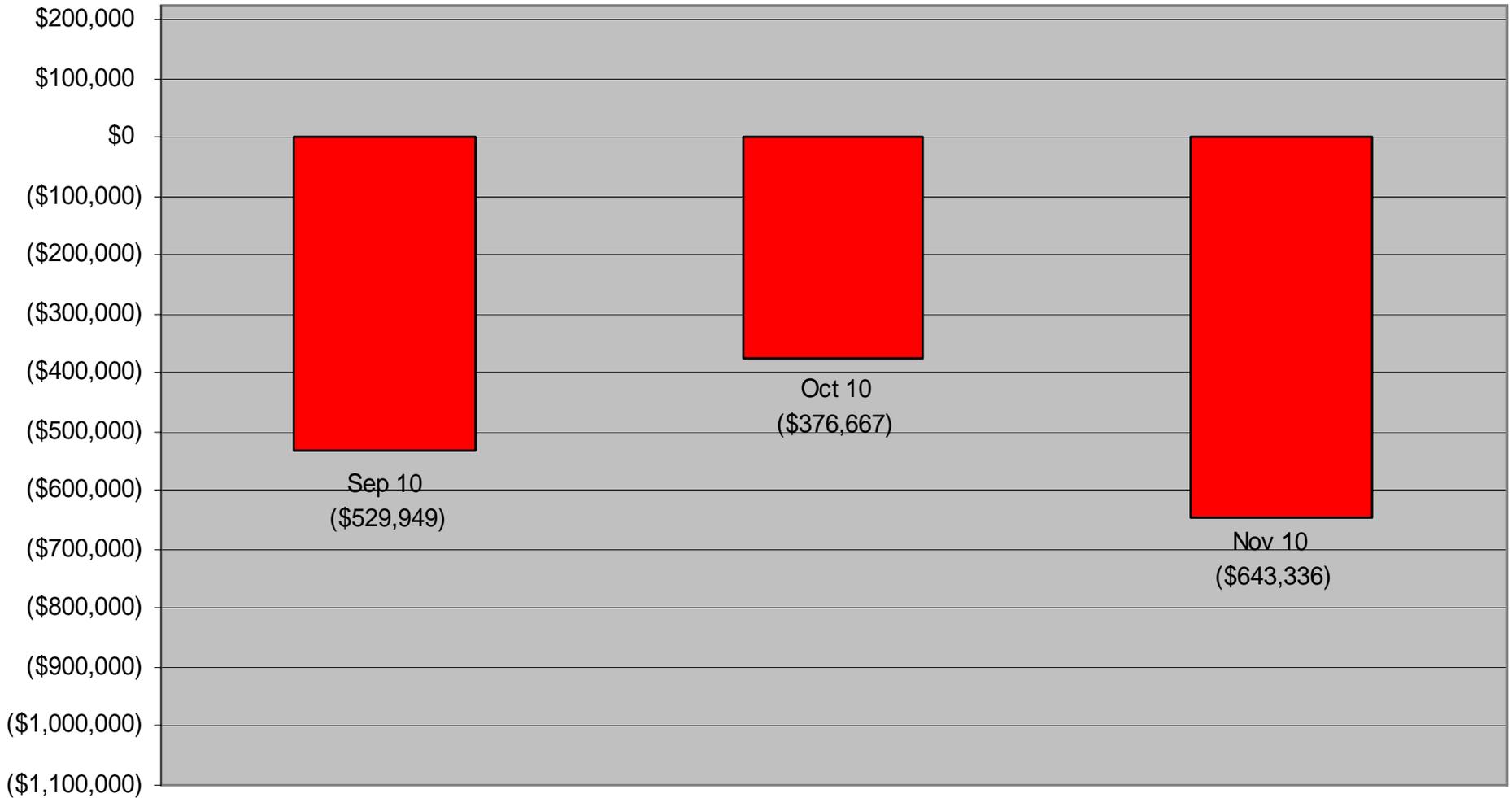
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TTUHSC Cumulative Loss/Gain FY 2011



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

As of February 2011

Title of Position	CMHCC Partner Agency	Vacant Since (mm/yyyy)	Actions Taken to Fill Position
Psychiatrists	UTMB CMC	1/1/2010	Local and National Advertising, Conference, Contract with Timeline National Recruiting and other Agency Staffing
Physician I-III	UTMB CMC	1/1/2010	Local and National Advertising, Conferences, Timeline National Recruiting and other agency
Mid Level Practitioners (PA and FNP)	UTMB CMC	1/1/2010	Local and National Advertising, Career Fairs, Conferences, Intern programs with numerous PA schools
Correctional Physician	TTUHSC	10/2010	Continued advertisement in local and national publications; Expanded Recruiting Agency utilization.
PAMIO Medical Director	TTUHSC	02/2009	Continued advertisement in local and national publications; Expanded Recruiting Agency utilization.
Staff Psychiatrists	TTUHSC	09/2010	Continued advertisement in local and national publications; Expanded Recruiting Agency utilization.
Extenders	TTUHSC	11/2010	Continued advertisement in local and national publications; Expanded Recruiting Agency utilization.
Dentists	TTUHSC	12/2010	Continued advertisement in local and national publications; Expanded Recruiting Agency utilization.
Licensed Vocational Nurse III-Office of Professional Standards	TDCJ	12/8/10	Posted; Closed on 2/3/11; in process of interviewing.

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**TEXAS DEPARTMENT OF
CRIMINAL JUSTICE**

***HEALTH SERVICES DIVISION
MEDICAL DIRECTOR'S REPORT***

First Quarter FY-2011

Lannette Linthicum, MD, CCHP-A, FACP

TDCJ Medical Director's Report

Office of Health Services Monitoring (OHSM)

Operational Review Audit (ORA)

- During the First Quarter of FY-2011 (September, October, and November), 10 Operational Review Audits (ORA) were conducted at the following facilities: Allred, Connally, Darrington, Hospital Galveston, Lopez State Jail, Roach, Scott, Segovia, Terrell, and Willacy State Jail. The following is a summary of the items found to be most frequently below 80 percent compliance in the 10 ORA conducted in the First Quarter FY-2011.
 1. 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. 10 of the 10 facilities were not in compliance with this requirement. The 10 facilities out of compliance were: Allred, Connally, Darrington, Hospital Galveston, Lopez State Jail, Roach, Scott, Segovia, Terrell, and Willacy State Jail. Corrective actions were requested from the 10 facilities. At the time of this report, the ten facilities are preparing facility-specific corrective actions to ensure future compliance.
 2. Item **5.060** requires each offender with diagnoses documented in the medical record that qualify for a special diet be included on the Master Diet List. If the diet is not on the Master Diet List, there must be a signed Refusal of Treatment form (HSM-82). Eight of the 10 facilities were not in compliance with this requirement. The eight facilities out of compliance were: Allred, Hospital Galveston, Lopez State Jail, Roach, Scott, Segovia, Terrell, and Willacy State Jail. Corrective actions were requested from the eight facilities. At the time of this report, the eight facilities are preparing facility-specific corrective actions to ensure future compliance.
 3. Item **1.100** requires interpreter services to be arranged and documented in the medical record for monolingual Spanish-speaking offenders. Eight of the ten facilities were not in compliance with this requirement. The eight facilities out of compliance were: Allred, Connally, Darrington, Lopez State Jail, Scott, Segovia, Terrell, and Willacy State Jail. Corrective actions were requested from the eight facilities. At the time of this report, the eight facilities are preparing facility-specific corrective actions to ensure future compliance.
 4. Item **6.350** requires all Hepatitis C virus (HCV) infected patients with AST Platelet Ratio Index (APRI) score greater than 0.42 or with abnormal liver function tests (Prothrombin Time, Total Bilirubin, or Albumin) that do not have a documented contraindication for antiviral therapy, be referred to the designated physician, clinic, or be appropriately treated according to Correctional Managed Health Care (CMHC) Hepatitis C Evaluation and Treatment Pathway (CMHC Policy B-14.13). Eight of the ten facilities were not in compliance with this requirement. The eight facilities out of compliance were: Connally, Darrington, Lopez State Jail, Roach, Scott, Segovia, Terrell and Willacy State Jail. Corrective actions were requested from the eight facilities. At the time of this report, the eight facilities are preparing facility-specific corrective actions to ensure future compliance.
 5. Item **6.360** requires the provider to document the reason treatment for Hepatitis C virus is determined to not be indicated for offenders with chronic Hepatitis C virus infection. Eight of the ten facilities were not in compliance with this requirement. The eight facilities out of compliance were: Allred, Connally, Darrington, Lopez State Jail, Scott, Segovia, Terrell and Willacy State Jail. Corrective actions were requested from the eight facilities. At the time of this report, the eight facilities are preparing facility-specific corrective actions to ensure future compliance.

Operational Review Audit (ORA) [Continues]

6. Item **6.060** requires offenders receiving anti-tuberculosis medication at the facility, that have signs or symptoms of drug toxicity due to anti-tuberculosis medication be evaluated and monitored by laboratory studies as per CMHC Policy B-14.10. Eight of the ten facilities were not in compliance with this requirement. The eight facilities out of compliance were: Allred, Connally, Darrington, Lopez State Jail, Roach, Scott, Segovia and Willacy State Jail. Corrective actions were requested from the eight facilities. At the time of this report, the eight facilities are preparing facility-specific corrective actions to ensure future compliance.
7. Item **6.030** requires offenders receiving anti-tuberculosis medication at the facility be assessed monthly by a provider or nurse. Seven of the ten facilities were not in compliance with this requirement. The seven facilities out of compliance were: Darrington, Lopez State Jail, Roach, Scott, Segovia, Terrell and Willacy State Jail. Corrective actions were requested from the seven facilities. At the time of this report, the seven facilities are preparing facility-specific corrective actions to ensure future compliance.
8. Item **6.040** requires offenders receiving anti-tuberculosis medication at the facility have a Tuberculosis Patient Monitoring Record (HSM-19) be completed. Seven of the ten facilities were not in compliance with this requirement. The seven facilities out of compliance were: Allred, Darrington, Lopez State Jail, Roach, Scott, Segovia and Willacy State Jail. Corrective actions were requested from the seven facilities. At the time of this report, the seven facilities are preparing facility-specific corrective actions to ensure future compliance.

Capital Assets Monitoring

The Fixed Assets Contract Monitoring officer audited the same 10 units listed above for operational review audits during the First Quarter of FY-2011. These audits are conducted to monitor compliance with the Health Services Policy and State Property Accounting (SPA) policy regarding inventory procedures. All 10 units were within the required compliance range of 80 percent or greater.

Chronic Disease Audit: Seizure Disorders

During the first quarter of FY-2011 (September 2010 through November 2010), TDCJ Health Services conducted a Chronic Disease Quality of Care Audit. The audit assessed the primary care management of offenders with Seizure Disorders in facilities contracted by the Correctional Managed Health Care Committee (CMHCC).

A total of 919 charts were audited (731 UTMB and 188 TTUHSC). The sample size required for each unit was maintained at a confidence level of 95 percent. As a result, 23 percent of the 3,969 offenders with a Seizure Disorder served by CMHC were included in the audit. Accumulatively, the audit has a confidence level of 99 percent that the reported scores are within ± 2.3 points of the score that would have been obtained had the entire Seizure Disorder population served by CMHC been measured.

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

- **Question 1** assesses if the offender was seen in the Seizure Chronic Care Clinic within the last 12 months. The overall system-wide performance score was 92 percent. **13** facilities fell below a score of 80 percent compliance.

Chronic Disease Audit: Seizure Disorders (Continues)

- **Question 2** assesses if the offender's weight was taken within the last 12 months. Overall system-wide performance score was **100** percent. There were **no** facilities that fell below a score of 80 percent compliance.
- **Question 3** assesses if an Individual Treatment Plan (ITP) was documented within the past 12 months. An ITP is required to contain information such as vital signs, allergies, medications, laboratory tests, diagnoses, subjective information, assessment, plan, counseling, signature and date. The overall score was **83** percent. There were **26** facilities which performed less than 80 percent compliance.
- **Question 4** assesses if a complete set of vital signs was taken at the last visit. Vital signs must include a blood pressure, pulse, respiratory rate, temperature and weight. The overall score was **93** percent. There were **eight** facilities that scored below 80 percent compliance.
- **Question 5** assesses if there is documentation that the offender was educated about Seizure management. The overall score was **59** percent. **65** facilities scored below 80 percent compliance.

There are five Seizure-specific questions in this Audit Tool. Overall performance was greater than 80 percent for two questions and less than 80 percent for 3 questions.

- **Question 6** assesses if a drug level was tested for offenders who had more than 1 seizure documented in the last 3 months. 10 of the 11 offenders with more than 1 seizure documented in the last three months had a drug level tested. The overall score was **91** percent compliance.
- **Question 7** assesses if directly observed treatment (DOT) occurred for offenders who had more than one seizure documented in the last three months. **None** of the eleven offenders, with more than one seizure documented in the last three months had DOT. The overall score was **zero** percent compliance.
- **Question 8** assesses if indicated drug toxicity screening was performed within the last 12 months. 700 of the 762 offenders had drug toxicity screening performed within the last 12 months. The overall score was **92** percent compliance.
- **Question 9** assesses if the offenders whose documentation indicated a need for Neurology referral, were referred to a Neurologist. Referral to a Neurologist is indicated if the patient had more than 1 seizure in the last three months or if the patient was taking more than two anti-seizure medications. Of the 18 offenders with documented indications for a Neurology referral, eight were referred. The overall score was **44** percent compliance.
- **Question 10** assesses if the offenders who were referred to a Neurologist, were seen by a Neurologist. Of the eight offenders referred to a Neurologist, 6 were seen. The overall score was **75** percent compliance.

Quality of Care Audit: Dental

During the First Quarter of FY-2011 (September, October and November 2010), 15 Dental Quality Review audits were conducted at the following facilities: Ellis, Goree, Halbert, Havins, Holliday, Huntsville, Hutchins, Johnston, Gib Lewis, Gib Lewis ECB, Michael, Middleton, Robertson, Stringfellow, and Wynne. The following is a summary of the items found to be most frequently below 80 percent compliance.

1. **Item 1** assesses if patients presenting with signs and/or symptoms consistent with an urgent dental need received definitive care within 14 days of receipt of the Sick Call Exam (SCE). **Six** of the 15 facilities were found to be less than 80 percent compliant with this requirement. The six facilities were: Hutchins, Gib Lewis ECB, Middleton, Robertson, Stringfellow, and Wynne. Corrective actions have been requested from the six facilities. At the time of this report, the six facilities are preparing facility-specific corrective actions to assure future compliance.

Quality of Care Audit: Dental (Continues)

2. **Item 2** assesses if charts of incoming (Chain-in) intra-system offenders transfers are reviewed by the facility dental department within seven days of arrival. **Three** of the 15 facilities were found to be less than 80 percent compliant with this requirement. The three facilities were: Holliday, Hutchins, and Middleton. Corrective Actions have been requested from the three facilities. At the time of this report, the three facilities are preparing facility-specific corrective actions to assure future compliance.
3. **Item 15** assesses if the assessment portion of the Comprehensive Treatment Plan (CTP) documents individual tooth abnormalities. **Three** of the 15 facilities were found to be less than 80 percent compliant with this requirement. The three facilities out of compliance were: Ellis, Johnston, and Stringfellow. Corrective actions were requested from the three facilities. At the time of this report, the three facilities are preparing facility-specific corrective actions to assure future compliance.
4. **Item 8** assesses if the facility where the dental in-processing (intake) exam was performed is documented. **Two** of the 15 facilities were not in compliance with this requirement. The two facilities were: Holliday and Johnston. Corrective Actions were requested from the two facilities. At the time of this report, the two facilities are preparing facility-specific corrective actions to assure future compliance.
5. **Item 19** assesses if the Ending Priority on the Comprehensive Treatment Plan (CTP) is consistent with the objective findings and assessment. **Two** of the 15 facilities were found to be less than 80 percent compliant with this requirement. The two facilities were: Ellis and Johnston. Corrective actions were requested from the two facilities. At the time of this report, the two facilities are preparing facility-specific corrective actions to assure future compliance.
6. **Item 22** assesses if all inter-proximal radiographic (x-ray) findings are documented in the Comprehensive Treatment Plan (CTP). **Two** of the 15 facilities were found to be less than 80 percent compliant with this requirement. The two facilities were: Hutchins and Johnston. Corrective actions were requested from the two facilities. At the time of this report, the two facilities are preparing facility-specific corrective actions to assure future compliance.

Grievances and Patient Liaison Correspondence

During the First Quarter of FY-2011 (September, October and November 2010), the Patient Liaison Program and the Step II Grievance Program received 3,758 correspondences: Patient Liaison Program with 1,982 and Step II Grievance with 1,776. Of the total number of correspondence received, 384 (10.22 percent) Action Requests were generated by the Patient Liaison Program and the Step II Grievance Program. The University of Texas Medical Branch (UTMB) and Texas Tech University Health Sciences Center (TTUHSC) combined percentage of sustained offender grievances for the Step II medical grievances was five percent for the First Quarter of FY-2011. Performance measure expectation is six percent or less (Article IX, Correctional Managed Health Care contract). The percentage of sustained Step II medical grievances from UTMB was six percent and four percent for TTUHSC for the First Quarter of FY-2011.

Quality Improvement (QI) Access to Care Audits

During the First Quarter of FY-2011 (September, October and November 2010) the Patient Liaison Program nurses and investigators performed 118 Sick Call Request Verification audits (SCRV). 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 SCRV audits looked at verification of facility information. A random sample of Sick Call Requests was also audited by the Office of Professional Standards (OPS) staff. At each facility, the OPS staff continued education of the medical staff. Of the 113 facilities, representing a total of 1,062 indicators being reviewed, 40 of them fell below the 80 percent threshold representing four percent.

Office of Public Health

The Office of Public Health monitors the incidence of infectious disease within the Texas Department of Criminal Justice. The following is a summary of this monitoring for the First Quarter of FY-2011:

- The Public Health Program monitors cases of contagious (i.e., infectious) diseases in newly incarcerated offenders as well as new cases that occur in offenders within TDCJ. The data is reported by the facilities for 11 infectious conditions including Syphilis, Hepatitis C Virus (HCV), Human Immunodeficiency Virus (HIV), and Tuberculosis (TB) as well as the data for occupational exposures to bloodborne pathogens. Year-to-date figures for a disease may differ from the sum of monthly reports due to late reporting or to a determination that some previously reported cases fail to meet the criteria to be considered new cases. The reporting mechanism for HIV tests was changed effective February 1, 2010. HIV tests are now to be classified as belonging to one of four categories: intake, offender-requested, provider-requested, or pre-release. HIV tests became mandatory at intake in July 2007. However offenders who are already known to be HIV positive are not required to be retested at intake. Instead, they are offered laboratory tests to assess the severity of their infections. Pre-release HIV tests became mandatory in September 2005. Pre-release tests must be obtained during the last six months of an offender's sentence. Two categories of offenders do not have to have pre-release testing: those known to be HIV positive and those who have been tested within 6 months of their release date.
- 224 cases of suspected syphilis were reported in the First Quarter FY-2011, compared to 179 in the same quarter in FY-2010. 117 of the 224 required treatment or retreatment. Syphilis can take months to identify, these figures represent an overestimation of actual number of cases. Some of the suspected cases will later be reclassified as resolved prior infections.
- 352 Methicillin-Resistant Staphylococcus Aureus (MRSA) cases were reported in this quarter, compared to 549 during the same quarter FY-2010. 174 Methicillin-Sensitive Staphylococcus Aureus (MSSA) were reported in the First Quarter FY-2011 compared to 271 reported for FY-2010. Numbers of both MRSA and MSSA have been decreasing for the last few years.
- There was an average of 14 Tuberculosis (TB) cases under management for the First Quarter FY-2011, compared to an average of 20 per month during the same quarter in FY-2010.
- In FY-2006, the Office of Public Health began reporting the activities of the Sexual Assault Nurse Examiner (SANE) Coordinator. This position collaborates with the Safe Prisons Program and is trained and certified as a SANE. Although the SANE Coordinator does not teach the SANE Curriculum because of restrictions imposed by the State Attorney General's Office, this person provides inservice training to facility providers in the performance of medical examination, evidence collection and documentation, and use of the sexual assault kits. During the First Quarter FY-2011, 160 charts were reviewed (60 in September, 55 in October, and 45 in November) to ensure continuity of care, the collection of appropriate clinical specimens, and referrals occurred according to policy. The Stiles Unit had one deficiency. A corrective action plan was requested from the Stiles Unit. The corrective action was received from the Stiles Unit and accepted. Baseline laboratory tests were performed on 24 offender-victims to determine whether any of them were previously infected with bloodborne pathogens such as Hepatitis B, Hepatitis C, or Human Immunodeficiency Virus (HIV). To date, no one has seroconverted (development of antibody in response to an infection) on their follow-up tests. No one has tested positive which would indicate infection with any of these pathogens as a result of a sexual assault.
- During the First Quarter FY-2011, the Peer Education Coordinator audited units to determine the number of existing programs; an additional unit (Lockhart – Male) trained peer educators and began a peer education program. At the close of the audit, it was determined that 98 of the 112 facilities housing Correctional Institutional Division offenders now have a peer education program. 154 offenders were trained to become peer educators during the First Quarter FY-2011 compared to 256 being trained during the same quarter of FY-2010. Despite this, more offenders attended classes presented by peer educators

Office of Public Health (Continues)

during the First Quarter FY2011 (20,119) than attended peer-led classes during the same quarter of FY-2010 (17,427). TDCJ has recently collaborated with the Department of State Health Services (DSHS) to develop a Shellbook program to enhance HIV medication adherence in offenders releasing into the community. Shellbooks are highly illustrated, low grade level stories created by the target audience (i.e., offenders) to convey life-crucial concepts. Because the stories are written by the offenders, they take into account relevant cultural and other differences among inmates. Four books, two for men and two for women, have been created.

Mortality and Morbidity

There were 105 deaths reviewed by the Mortality and Morbidity Committee during the months of September, October, and November 2010. Of those 105 deaths, 16 were referred to peer review committees, one (1) was referred to mental health review, and three (3) were referred to utilization review.

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

Peer Review Committee	Number of Cases Referred
Provider & Nursing Peer Review	4
Provider Peer Review	10
Nursing Peer Review	2
Total	16

Mental Health Services Monitoring & Liaison

The following is a summary of the activities performed by the Office of Mental Health Monitoring and Liaison (OMH M&L) during the First Quarter of FY-2011.

- Liaison with County Jails identified the immediate mental health needs of 43 offenders approved for expedited admission to TDCJ due to psychiatric conditions. This information was provided to the appropriate TDCJ units prior to intake.
- The Mental Health/Mental Retardation (MH/MR) history was reviewed for 15,233 offenders, who were received into TDCJ Correctional Institutions Division/State Jail (CID/SJ) and Intermediate Sanction Facilities (ISF). 3,275 offenders were identified as having a documented history of mental illness. This information was provided to the appropriate intake/receiving facilities.
- 3,175 Texas Uniform Health Status Update (TUHSU) forms were reviewed and 542 (17.1 percent) TUHSU forms were identified with deficiencies (primarily incomplete data). This audit was terminated in November 2010 as a result of an internal audit recommendation.
- 42 offenders sentenced to TDCJ Boot Camp were interviewed to determine if their mental health needs could be met at the Boot Camp. All 42 offenders were found to be appropriate for Boot Camp.
- The following 21 Administrative Segregation facilities were audited: Allred Expansion Cell Block (ECB), Allred Building 12, Bradshaw, Clements ECB, Coffield, Cole, Connally, Dawson, Ferguson, Formby, Hughes, Hutchins, Lewis ECB, Lopez, McConnell, Mountain View, Murray, Polunsky, Powledge, Sanchez, and Wynne. 5,063 offenders were observed, 2,556 of them were interviewed and 7 offenders were referred to the university providers for further evaluation. Access to Care (ATC) 4

Mental Health Services Monitoring & Liaison (Continues)

[i.e. timely triage] and ATC 5 (i.e. documentation of Sick Call Requests) met or exceeded 80 percent compliance for 18 facilities. Three State Jails did not receive any sick call requests from offenders in Administrative Segregation during the audit period. The 18 facilities that did receive sick call requests also met or exceeded the 80 percent compliance for ATC 6 (i.e. referral from triage).

- Four Special Needs Substance Abuse Felony Punishment (SAFP) facilities: Estelle, Crain-Hackberry, Henley, and Jester I were audited for continuity of mental health care. Continuity of care on the four facilities was appropriate.
- 23 cases of compelled psychoactive medication were reviewed to ensure the criteria for compelling such medication was documented in each case. The psychoactive medication criteria was reviewed and documented in all 23 cases.
- The following 16 intake facilities were audited to ensure offenders entering TDCJ with potential mental health needs received a mental health evaluation within 14 days of identification of a potential mental health need: Bartlett, Baten, Bradshaw, Byrd, Dominguez, Garza, Gist, Gurney, Halbert, Holliday, Hutchins, Jester I SAFPF, Johnston, Kyle, Lychner, and Middleton. Nine facilities met or exceeded the 80 percent compliance for mental health evaluations. These intake units were: Bartlett, Byrd, Dominguez, Gist, Halbert, Holiday, Jester I SAFPF, Lychner, and Middleton. The six facilities that did not meet 80 percent compliance were: Bradshaw, Garza, Gurney, Hutchins, Johnston, and Kyle. The Baten Unit transferred the offenders with potential mental health needs before the 14 day time limit.

Quality of Care Audit - Major Depressive Disorder

During the first quarter of FY- 2011 the OMH M&L conducted a Psychiatric Disorder Management Guidelines Quality of Care Audit to assess the management of offenders diagnosed with Major Depressive Disorder on outpatient facilities contracted by the Correctional Managed Health Care Committee (CMHCC). A total of 252 medical charts were audited (180 UTMB and 72 TTUHSC). The medical charts of 10 offenders receiving treatment for Major Depressive Disorder from each of the 26 outpatient psychiatric providers were audited. A sample of less than 10 offenders was used if the number of offenders treated for Major Depressive Disorder by a psychiatric provider was less than 10. The total sample represents approximately 5.15 percent of the 4,894 offenders diagnosed with Major Depressive Disorder served by CHMC. This yields a 95 percent confidence level that the sample population scores are within ± 4.8 of the score that would have been obtained if the entire population of offenders diagnosed with Major Depressive Disorder served by CMHC were reviewed. There are 7 questions specific to the management of Major Depressive Disorder in this audit tool.

Overall performance was greater than 80 percent for the following three questions:

1. **Item 1** assesses if the required DSM-IV (Diagnostic and Statistical Manual of Mental Disorder 4th Edition) criteria for the diagnosis, including exclusionary criteria, were documented or a rationale was given. The overall score was 86 percent (UTMB 84 percent and TTUHSC 91 percent).
2. **Item 2** assesses if antidepressant medications were prescribed or a rationale for not initiating pharmacotherapy was stated. The overall score was 96 percent (UTMB 94 percent and TTUHSC 100 percent).
3. **Item 5** assesses if psychotic symptoms when present with Major Depressive Disorder were treated with medication. The overall score was 95 percent (UTMB 93 percent and TTUHSC 100 percent).

Quality of Care Audit - Major Depressive Disorder (Continues)

Overall performance was less than 80 percent for the following four questions:

- Item 3** assesses if the earliest Individualized Treatment Plan (ITP) in the last 12 months included treatment goals. The overall score was 13 percent (UTMB 0 percent and TTUHSC 44 percent).
- Item 4** assesses if medication compliance was documented as part of the ITP review at least every 6 months. The overall score was 70 percent (UTMB 78 percent and TTUHSC 52 percent).
- Item 6** assesses if treatment goals were met as documented in the most recent provider ITP note. This question was only measurable in the TTUHSC sector, as none of the sampled UTMB charts had documented treatment goals. The overall score was 73 percent (UTMB not measurable and TTUHSC 73 percent).
- Item 7** assesses if the diagnosis or treatment was changed or a rationale provided, if treatment was documented as not effective. This question was only measurable in the TTUHSC sector, as none of the sampled UTMB charts had documented treatment goals. The overall score was 75 percent (UTMB not measurable and TTUHSC 75 percent).

Clinical Administration

During the First Quarter of FY-2011, 10 percent of the combined UTMB and TTUHSC hospital and inpatient discharges were audited. A total of the 170 hospital discharges and 64 inpatient facility discharges were audited. The chart below summarizes the audits performed and the number of cases with deficiencies and their percentages.

Texas Tech Hospital Discharges				
Month	Unstable Discharges ¹ (Cases with Deficiencies)	Acute Problems ² (Cases with Deficiencies)	No Chain-In Done ³ (Cases with Deficiencies)	Lack Documentation ⁴ (Cases with Deficiencies)
Sept	1 (2%)	0 (0%)	0 (0%)	0 (0%)
Oct	4 (7%)	2 (4%)	1 (2%)	3 (5%)
Nov	2 (4%)	1 (2%)	0 (0%)	5 (9%)
Average	2.3 (4%)	1 (2%)	1 (<1%)	2.6 (5%)
UTMB Hospital Discharges				
Month	Unstable Discharges ¹ (Cases with Deficiencies)	Acute Problems ² (Cases with Deficiencies)	No Chain-In Done ³ (Cases with Deficiencies)	Lack Documentation ⁴ (Cases with Deficiencies)
Sept	22 (38%)	6 (10%)	10 (17%)	11 (19%)
Oct	23 (40%)	0 (0%)	8 (14%)	13 (23%)
Nov	23 (41%)	3 (5%)	11 (20%)	12 (22%)
Average	22.3 (40%)	3 (5%)	9.6 (17%)	12 (21%)
GRAND TOTAL: Combined Hospital Discharges (Texas Tech and UTMB)				
Month	Unstable Discharges ¹ (Cases with Deficiencies)	Acute Problems ² (Cases with Deficiencies)	No Chain-In Done ³ (Cases with Deficiencies)	Lack Documentation ⁴ (Cases with Deficiencies)
Sept	23 (40%)	6 (10%)	10 (17%)	11 (19%)
Oct	27 (47%)	2 (4%)	9 (16%)	16 (28%)
Nov	25 (45%)	4 (7%)	11 (20%)	17 (31%)
Average	25 (44%)	4 (7%)	10 (18%)	14.7 (26%)

Clinical Administration (Continues)

Texas Tech Infirmiry Discharges				
Month	Unstable Discharges ¹ (Cases with Deficiencies)	Acute Problems ² (Cases with Deficiencies)	No Chain-In Done ³ (Cases with Deficiencies)	Lack Documentation ⁴ (Cases with Deficiencies)
Sept	7 (33%)	3 (14%)	2 (10%)	3 (14%)
Oct	7 (30%)	0 (0%)	2 (8%)	6 (26%)
Nov	5 (25%)	1 (5%)	1 (5%)	7 (35%)
Average	6.3 (29%)	1.3 (3%)	1.7 (8%)	6.8 (25%)
UTMB Infirmiry Discharges				
Month	Unstable Discharges ¹ (Cases with Deficiencies)	Acute Problems ² (Cases with Deficiencies)	No Chain-In Done ³ (Cases with Deficiencies)	Lack Documentation ⁴ (Cases with Deficiencies)
Sept	5 (24%)	1 (5%)	1 (5%)	0 (0%)
Oct	5 (22%)	0 (0%)	0 (0%)	0 (0%)
Nov	2 (10%)	0 (0%)	1 (5%)	1 (5%)
Average	4 (19%)	0.3 (2%)	0.7 (3%)	0.3 (2%)
GRAND TOTAL: Combined Infirmiry Discharges (Texas Tech and UTMB)				
Month	Unstable Discharges ¹ (Cases with Deficiencies)	Acute Problems ² (Cases with Deficiencies)	No Chain-In Done ³ (Cases with Deficiencies)	Lack Documentation ⁴ (Cases with Deficiencies)
Sept	12 (57%)	4 (19%)	3 (15%)	3 (14%)
Oct	12 (52%)	0 (0%)	2 (8%)	6 (26%)
Nov	7 (35%)	1 (5%)	2 (10%)	8 (40%)
Average	10.3 (48%)	2 (8%)	2.3 (11%)	5.7 (27%)

Footnotes:

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

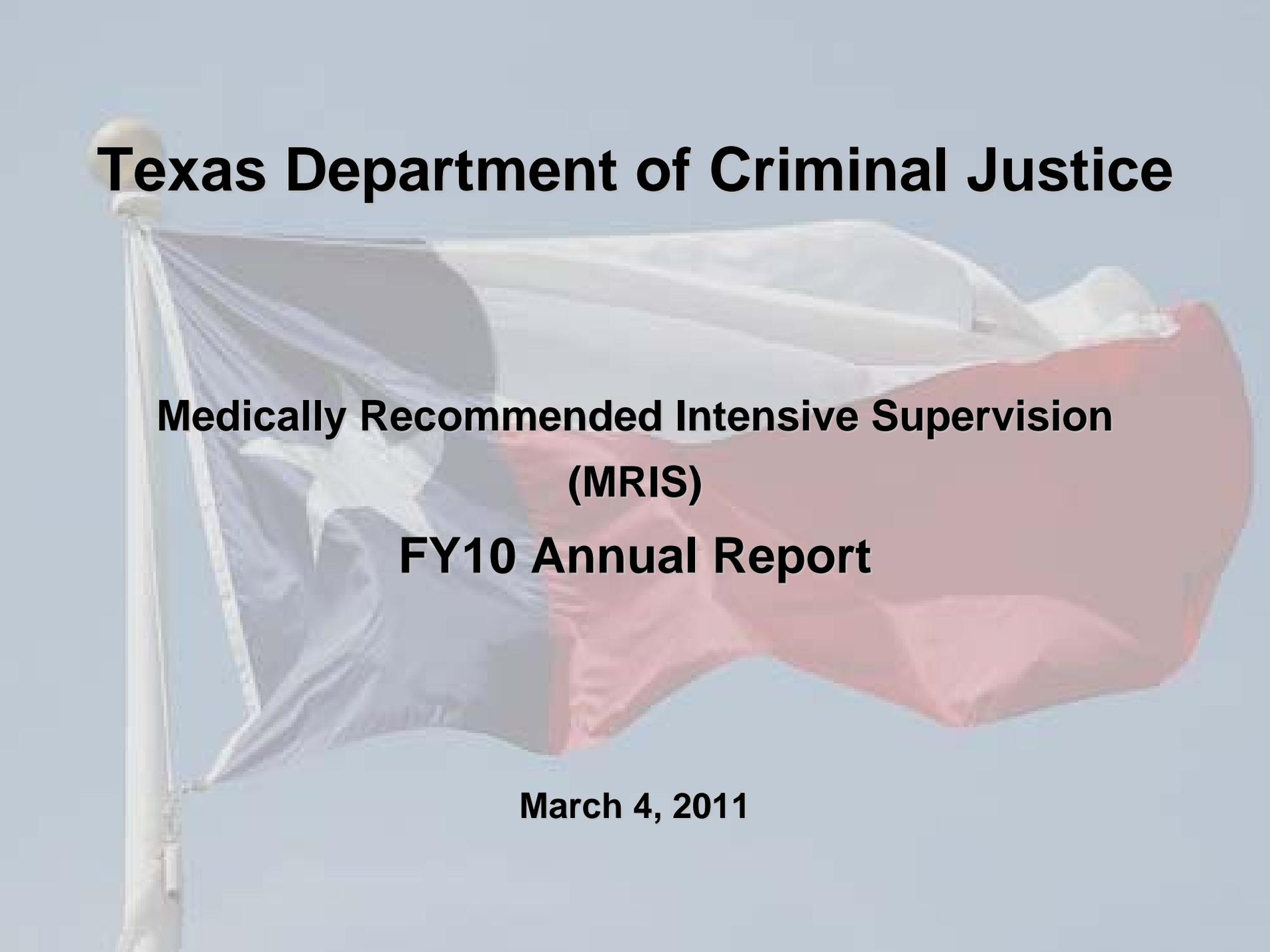
Accreditation

The Dominguez, Eastham, Hightower, Hilltop, McConnell, Michael, Mountain View, Plane/Henley, Robertson, and Sanchez units will be presented to the Commission on Accreditation at the American Correctional Association (ACA) Winter Conference in San Antonio in January, 2011. The Byrd, Clements, Goodman, Halbert, Johnston, Kegans/Lychner, and Travis Units will be presented at the Correctional Accreditation Managers Association (CAMA) Conference in Miami, FL in May, 2011. Upcoming audits at the Beto, Daniel, and Stiles Units will also be presented at the CAMA conference.

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 –27
- Correctional Institutions Division Pending Monthly Research Projects – 2
- Health Services Division Active Monthly Medical Research Projects – 1
- Health Services Division Pending Medical Research Projects – 4

The background of the slide features the Texas state flag waving on a white flagpole against a clear blue sky. The flag is divided into three horizontal stripes: blue on top, white in the middle, and red on the bottom, with a white five-pointed star in the center of the blue stripe.

Texas Department of Criminal Justice

**Medically Recommended Intensive Supervision
(MRIS)**

FY10 Annual Report

March 4, 2011

Approval Rates by Statutory Criteria

	FY 2007	FY 2008	FY 2009	FY 2010
Terminally Ill	58	64	34	54
Physically Handicapped	0	3	0	0
Elderly	0	1	1	1
Long Term Care	42	34	24	46
Mentally Ill	1	1	0	1
Mentally Retarded	0	0	0	0
Total Approvals	101	103	59	102

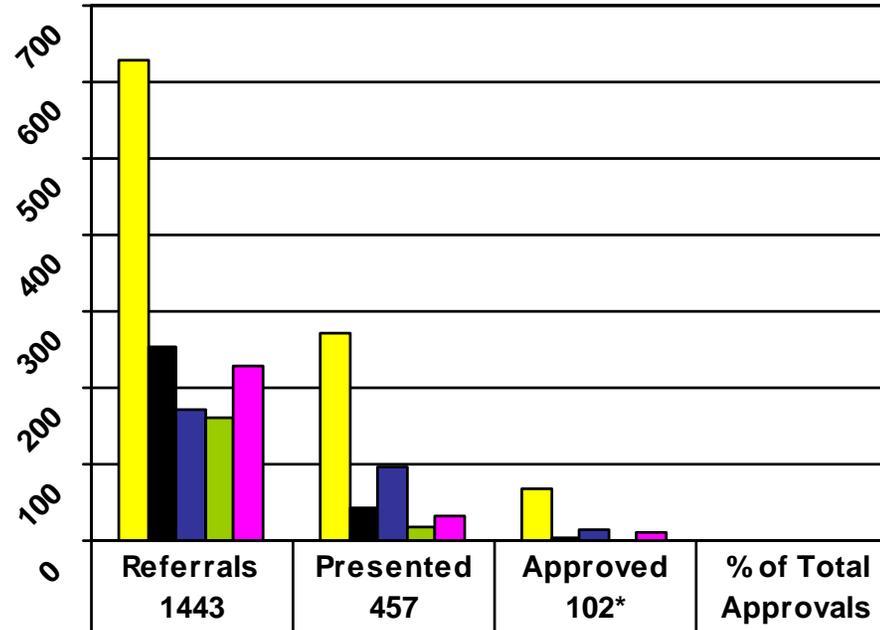
There were a total of 102 MRIS approvals during FY10. Of those, 80 were CID offenders approved by the Texas Board of Pardons and Paroles. The remaining 22 were State Jail Confinees approved by sentencing Judges.

Presented for Consideration by Statutory Criteria

Terminally Ill	113
Physically Handicapped	9
Elderly	79
Long Term Care	250
Mentally Ill	6
Mentally Retarded	0
Total Presented	457*

* Includes multiple presentations for **46 “individual”** offenders to Board/Judge for MRIS consideration

Approval Rates by Referral Source

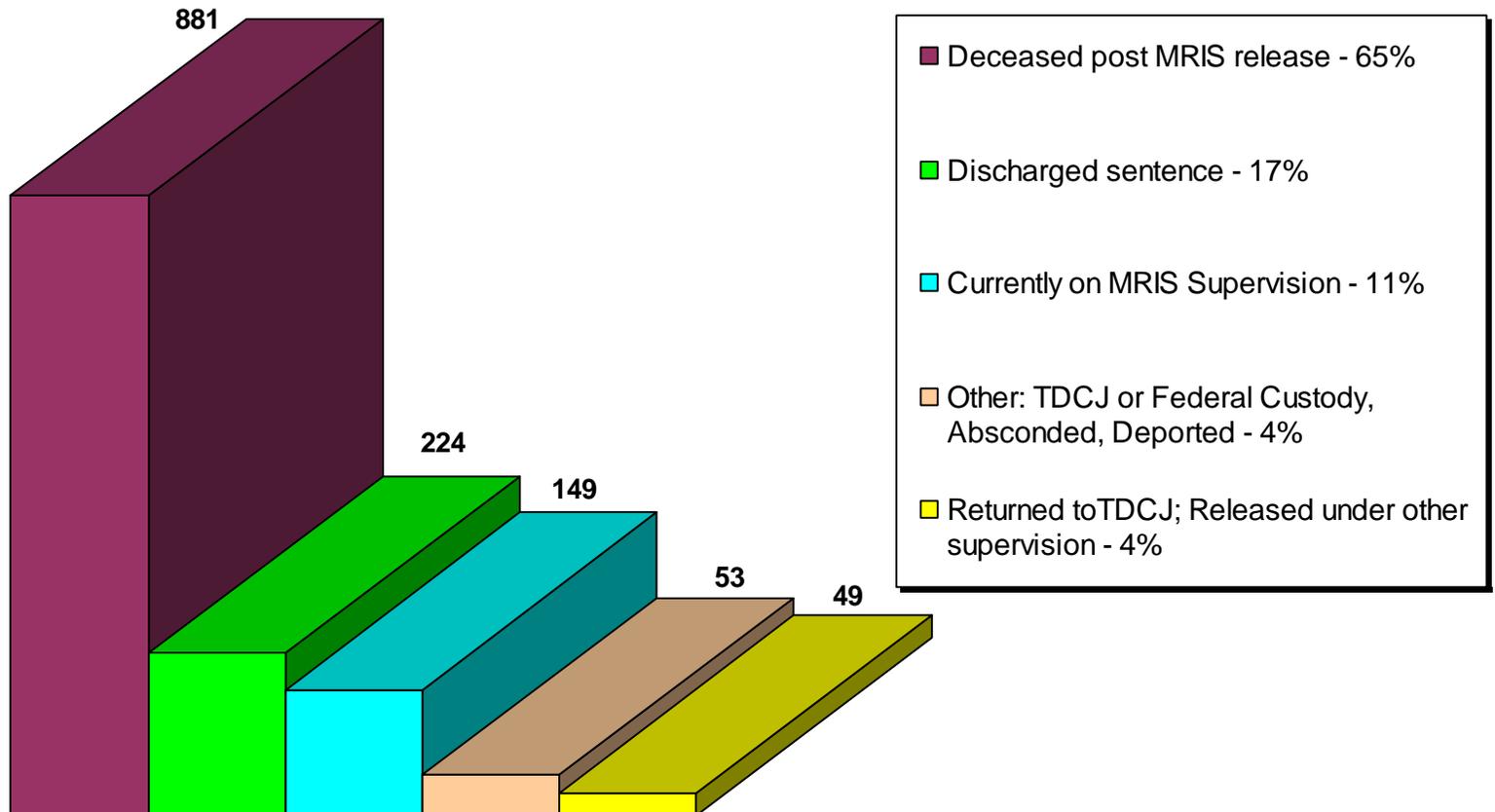


	Referrals 1443	Presented 457	Approved 102*	% of Total Approvals
■ Unit Medical Staff	628	271	69	68%
■ Family	253	42	4	4%
■ Other: Legislative, Attorney, Data Report	172	95	16	16%
■ Offender	161	17	1	1%
■ TCOOMMI Re-Review	229	32	12	12%

* A total of 102 offenders were approved during FY10. Of those, 101 of those cases were referred and presented for consideration during FY10 and one was pending decision from presentation in FY09.

Current Status of All Offenders Released on MRIS

Since the program's inception on **December 1, 1991**, **1356** offenders have been released, seven of whom have released twice for a total of **1363** actual releases. The following chart depicts current status of each offender released.



New Reentry Directive for HIV/AIDS Offenders

TDCJ and the Department of State Health Services (DSHS) are finalizing a contract that will fund three (3) human service specialists to provide the following pre and post referral assistance to offenders with HIV/AIDS:

- Complete and submit the application for AIDS Drug Assistance Program (ADAP) for free HIV/AIDS medication for offenders scheduled for release within 6 months;
- Coordinate with local HIV/AIDS private and public providers on pre and post release service needs identified by the agency and offender;
- Coordinate with unit based Reentry and Integration Staff in applying for appropriate state or federal entitlement benefits; and
- Coordinate with supervising agents to ensure activation of ADAP and other entitlement programs.

Texas Department of Criminal Justice Health Services Division

CHRONIC DISEASE
QUALITY OF CARE AUDIT

SEIZURE DISORDERS

Kathryn Buskirk, MD, CMD
First Quarter FY2011

Chronic Disease Quality of Care Audit

PURPOSE:

1. Texas Government Code Sections 501.145 mandates TDCJ to provide chronic disease management services which meet standards of care.
2. Texas Government Code Sections 501.150 mandates TDCJ to establish a procedure for monitoring the quality of care delivered by the health care providers.

Chronic Disease Quality of Care Audit

TDCJ Health Services has developed quality of care audit tools designed to monitor and measure the management of the following seven chronic diseases:

1. **Diabetes**
2. **Hypertension**
3. **Seizure Disorders**
4. **Coronary Artery Disease**
5. **Congestive Heart Failure**
6. **Respiratory Diseases**
7. **Hyperlipidemia**

Chronic Disease Quality of Care Audit

The chronic disease audit tool questions are based on standards established by the following:

1. Centers for Medicare and Medicaid Services (CMS)
2. American Diabetes Association (ADA)
3. National Commission on Correctional Health Care (NCCCHC)
4. American Correctional Association (ACA)
5. Correctional Managed Health Care (CMHC) policies
6. Disease Management Guidelines (DMGs) from the CMHC Pharmacy & Therapeutics (P&T) Committee

Chronic Disease Quality of Care Audit

COMMON QUESTIONS:

1. Was the patient seen within the last 12 months?
2. Was the patient's weight assessed within the last 12 months?
3. Is there an individualized treatment plan (ITP) documented in the medical record within the last 12 months?
4. Were vital signs taken during the last chronic care clinic patient encounter?
5. Was the patient educated regarding disease management?

Chronic Disease Quality of Care Audit

Seizure Disorders- Specific Questions

6. If the offender had more than one seizure in the last three months, then was a drug level tested?
7. Did directly observed treatment (DOT) occur in the last three months?
8. If drug toxicity screening was indicated, then was it performed within the last 12 months?
9. If a Neurology referral was indicated, then was the referral ordered?
10. If the offender was referred to a Neurologist, then was the offender seen by a Neurologist?

SEIZURE DISORDERS

Chronic Disease Quality of Care Audit

- 110 TDCJ facilities were audited using the Seizure Disorder Audit Tool during the First Quarter of FY-2011.
- A total of 919 charts were audited (731 UTMB and 188 TTUHSC charts).

SEIZURE DISORDERS

Chronic Disease Quality of Care Audit

- This represents 23% of the 3,969 offenders diagnosed with a Seizure Disorder in the TDCJ system.
- Accumulatively, this yields a 99% confidence level that sample population scores are within 2.3 points of the actual score of the entire diabetic population served by CMHC.

SEIZURE DISORDERS

Chronic Disease Quality of Care Audit

- These 919 charts were randomly selected from the Seizure Disorder Chronic Care Clinic (CCC) list.
- A minimum sample size required for a 95% confidence level was obtained from each facility audited.

SEIZURE DISORDERS

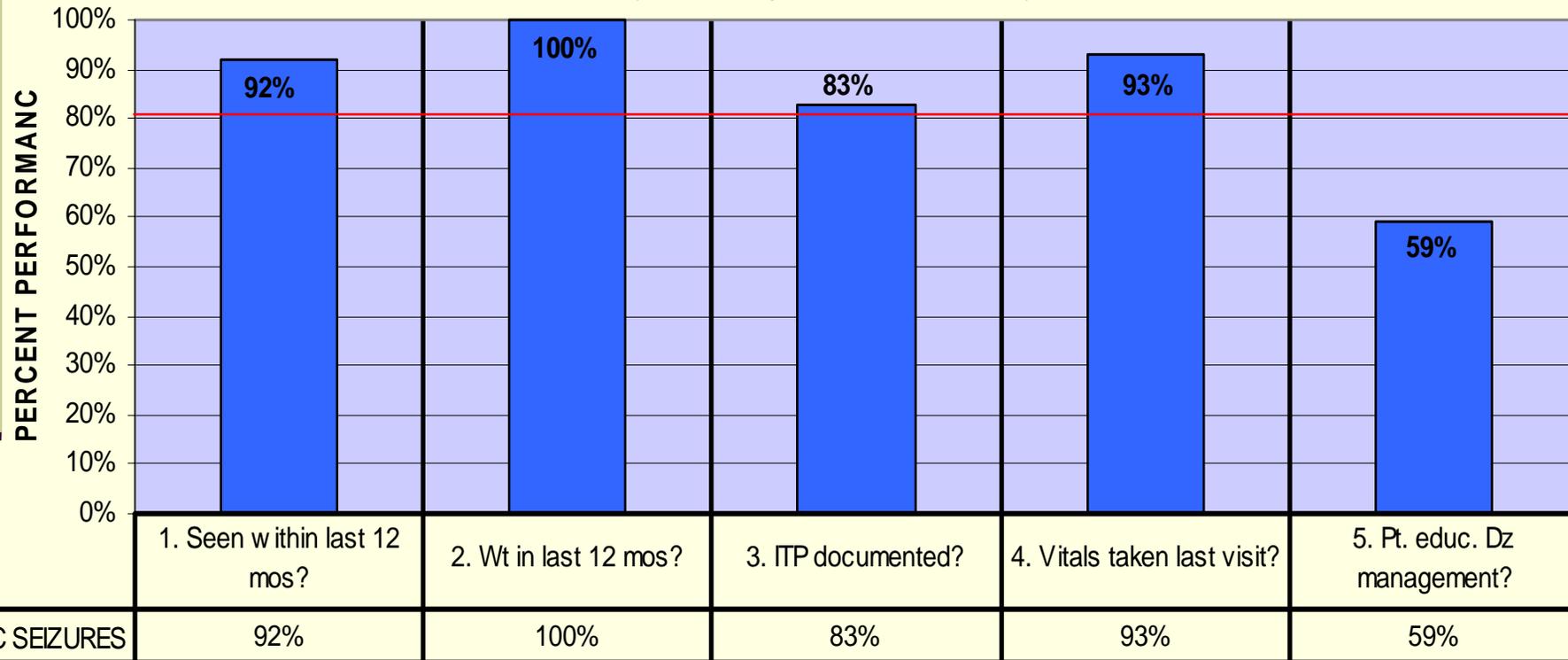
Chronic Disease Quality of Care Audit

CMHC SEIZURE DISORDER SUMMARY REPORT

Seizure Disorder Common Questions

ALL FACILITIES AUDITED 07/01/2010 THROUGH 12/03/2010

(Total Sample Size: 919 charts)



CMHC SEIZURE DISORDER COMMON QUESTIONS

SEIZURE DISORDERS

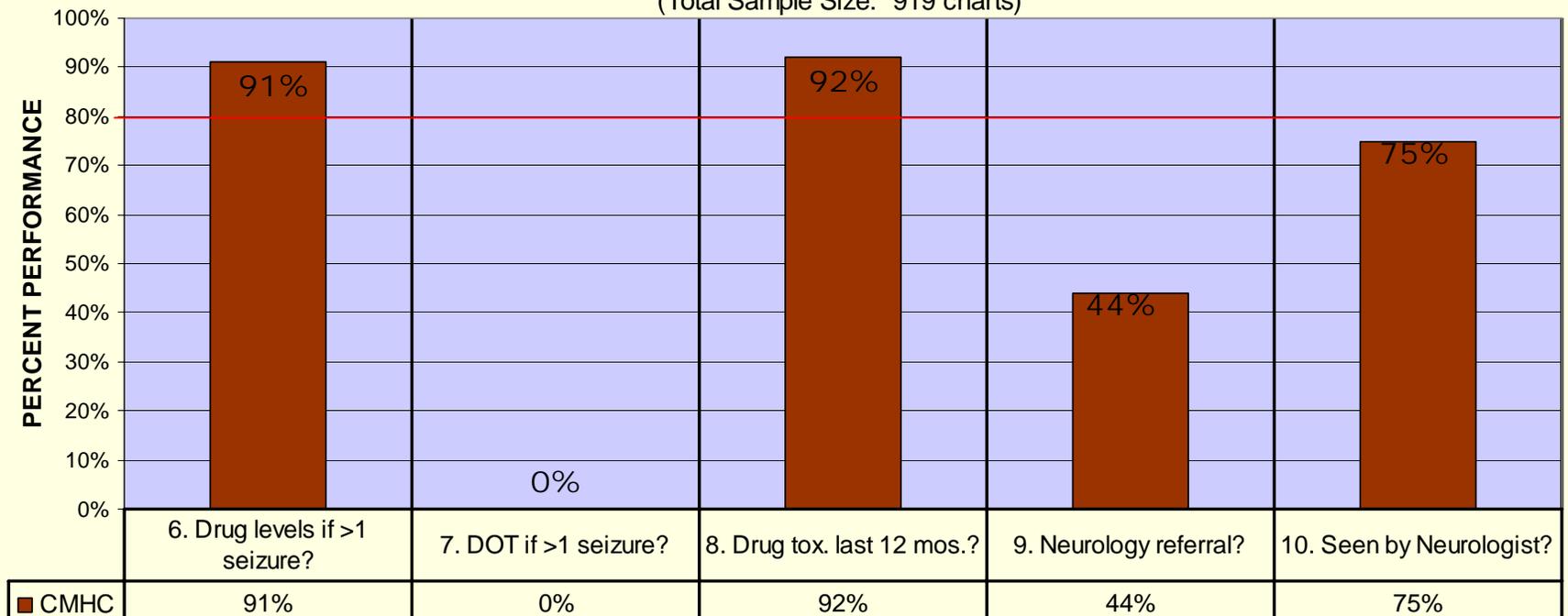
Chronic Disease Quality of Care Audit

CMHC SEIZURE DISORDER SUMMARY REPORT

Seizure Disorder Specific Questions

All Facilities audited 07/01/2010 through 12/03/2010

(Total Sample Size: 919 charts)



CMHC SEIZURE DISORDER SPECIFIC QUESTIONS

SEIZURE DISORDERS

Chronic Disease Quality of Care Audit

CONCLUSION:

1. In keeping with legislative expectations, TDCJ Health Services has developed and initiated a Chronic Disease Quality of Care Audit to monitor and to assess the management of seven chronic diseases.
2. The audit tool questions are evidence-based and are consistent with minimum standards of care.
3. A system-wide assessment will be completed for one to two chronic diseases per quarter.
4. Reports will be provided to the health care providers as a resource to help them with their clinical oversight of quality of care issues.
5. Results will also be communicated to the CMHC committee and to the Texas Board of Criminal Justice.

SEIZURE DISORDERS

Chronic Disease Quality of Care Audit

REFERENCES:

- American Correctional Association (ACA) Standards 4-4350, 4-4359, 4-4361, 4-4362, 4-4365, 4-4366.
- Correctional Managed Care (CMC) Formulary, 15th Edition, 2008-2009, Pharmacy and Therapeutics Treatment Pathways.
- Correctional Managed Health Care (CMHC) Therapeutic Dietary Policy and Procedure Manual, Number 1-1.1.
- Correctional Managed Health Care (CMHC) Policy Manual, E-34.2, F-46.1, F-47.1, G-51.1.
- Government Code, Chapter 501. Inmate Welfare. Section 501.149 Disease Management Services. Section 501.150 Quality of Care Monitoring by the Department and Health Care Providers..
- National Commission on Correctional Health Care (NCCHC) Clinical Guidelines for Health Care in Correctional Settings—Epilepsy.
- National Commission on Correctional Health Care (NCCHC) 2008 Standards, P-B-01, p.23; P-D-01, p. 47; P-E-04, p. 64; P-F-02, p. 86; P-G-01, p. 91; P-G-02, p. 93.
- 2010 Physician Quality Reporting Initiative (PQRI). Centers for Medicare & Medicaid Services (CMS) 2010 PFS Final Rule-CMS-1413-FC (74 FR 61788-61844).

SEIZURE DISORDERS

Chronic Disease Quality of Care Audit

■ QUESTIONS?

Texas Department of Criminal
Justice
Health Services Division

Psychiatric Disorder Management Guidelines
Quality of Care Audit

Major Depressive Disorder and
Anxiety and Panic Disorder Report

Jim Montross, Ph.D

March 2011

TDCJ Health Services has developed quality of care audit tools to assess the management of psychiatric disorders based on the Disease Management Guidelines (DMG's) established by the CMHC Pharmacy & Therapeutics (P&T) Committee.

A quality of care audit tool was developed for each of the following six psychiatric disorders:

- Major Depressive Disorder
- Anxiety/Panic Disorder
- Psychosis
- Post Traumatic Stress Disorder (PTSD)
- Bipolar Disorder
- Impulse Control Disorder

The CMHC Pharmacy & Therapeutics Disease Management Guidelines for psychiatric disorders are based on standards established by:

- The American Psychiatric Association
- Texas Implementation of Medication Algorithms
- Expert Consensus Guidelines
- National Guidelines Clearinghouse.
- Published best practices specific to our treatment population (Research Literature Review).
- The National Commission on Correctional Health Care (NCCHC)
- The American Correctional Association (ACA)
- The Centers for Disease Control and Prevention (CDC)
- Correctional Managed Health Care (CMHC) policies.

Major Depressive Disorder



There are 7 questions specific to the management of Major Depressive Disorder in the audit tool.

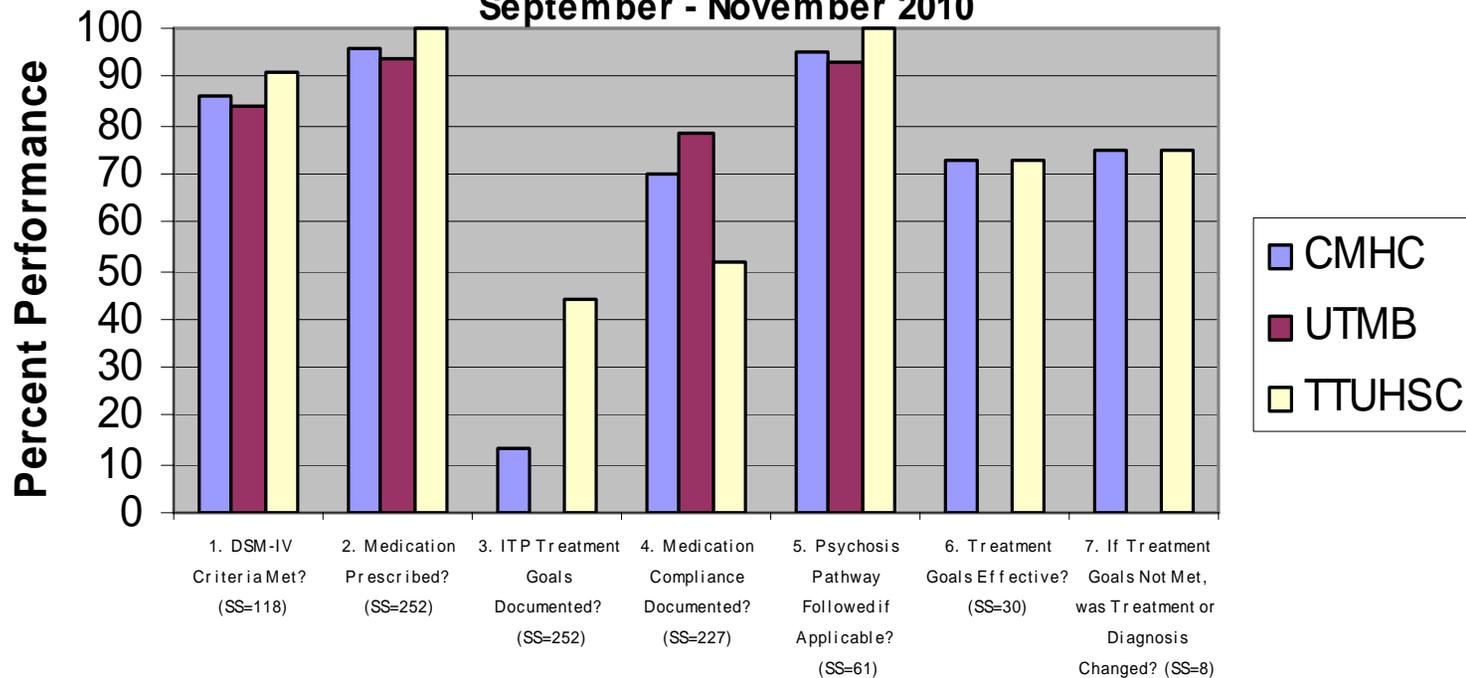
- **Question 1** assesses if the required DSM-IV criteria for the diagnosis, including exclusionary criteria, are documented or a rationale given.
- **Question 2** assesses if antidepressant medication was prescribed or a rationale for not initiating pharmacotherapy stated.
- **Question 3** assesses if the earliest Individualized Treatment Plan (ITP) in the last 12 months included treatment goals.

- **Question 4** assesses if medication compliance was documented as part of the ITP review at least every 6 months.
- **Question 5** assesses if psychotic symptoms when present with Major Depressive Disorder are treated with medication.
- **Question 6** assesses if treatment goals were met as documented in the most recent provider ITP note.
- **Question 7** assesses if the diagnosis or treatment was changed or a rationale provided, if treatment was documented as not effective.

- 252 Offender medical records were reviewed. This represents 5% of the 4,894 offenders diagnosed with Major Depressive Disorder.
- This provides a 95% confidence that the sample score is within plus or minus 4.8 of the score if the entire population of offenders diagnosed with Major Depressive Disorder had been reviewed.

Psychiatric Disorder Management Guideline Audit Major Depressive Disorder Pathway Audit Period

September - November 2010



CMHC – Correctional Managed Health Care
 UTMB – University of Texas Medical Branch
 TTUHSC – Texas Tech University Health Science Center
 SS – CMHC Sample Size

Question 3 – UTMB – 0%
 Question 6 and 7 – UTMB – N/A

Anxiety & Panic Disorder



There are seven questions specific to the management of Anxiety and Panic Disorder in the audit tool:

- **Question 1** assesses if the required DSM-IV criteria for the diagnosis, including exclusionary criteria, were documented or a rationale given.
- **Question 2** assesses if the patient was referred for a course of psychotherapy or a clinical rationale given.
- **Question 3** assesses if antidepressant medication was prescribed or a rationale stated for not initiating pharmacotherapy.

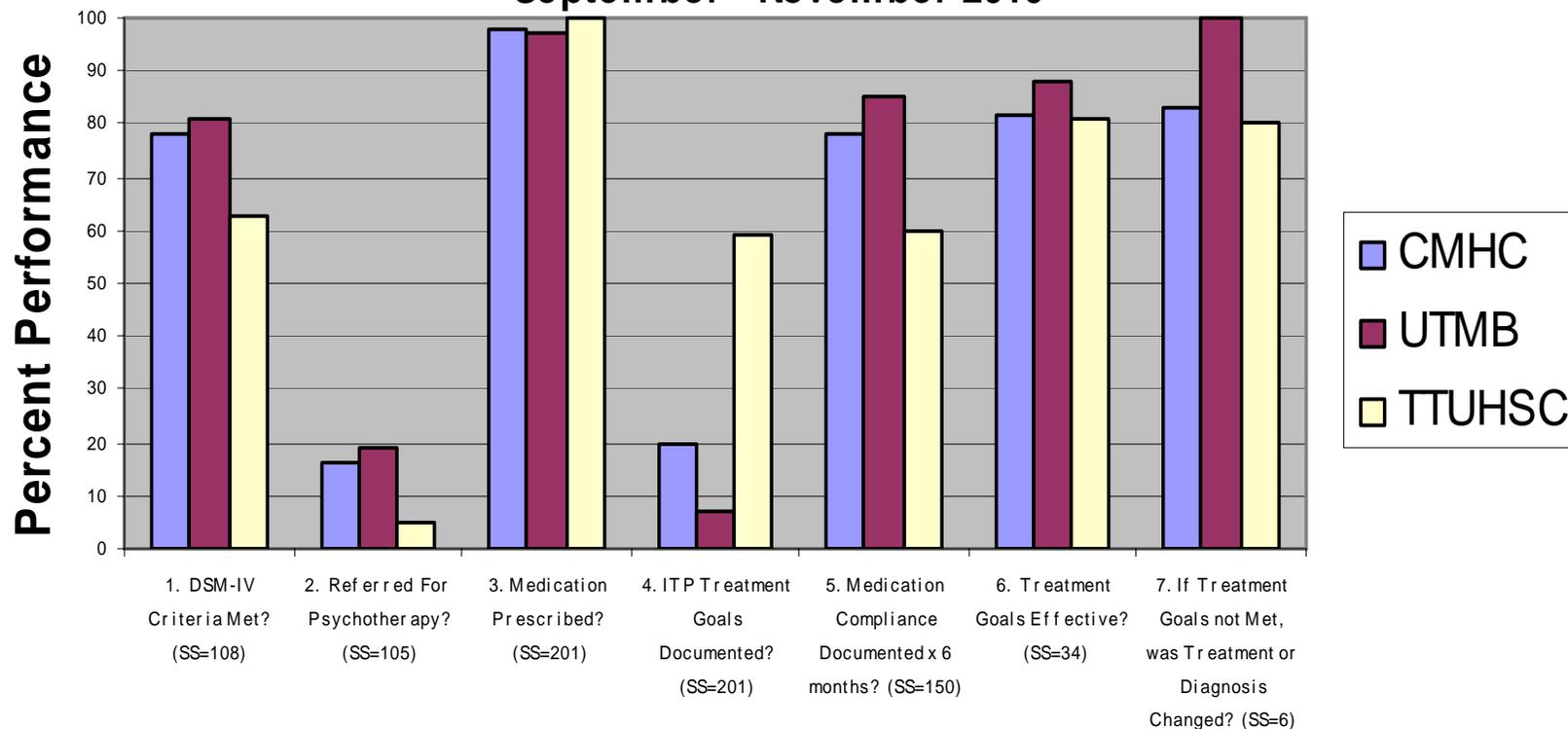
- **Question 4** assesses if the earliest Individualized Treatment Plan (ITP) in the last 12 months included treatment goals.
- **Question 5** assesses if medication compliance was documented as part of the ITP review at least every 6 months.
- **Question 6** assesses if treatment goals were met as documented in the most recent provider ITP note.
- **Question 7** assesses if treatment was documented as not effective, was the diagnosis or treatment changed or a rationale provided.

- 201 Offender medical records were reviewed. This represents 24% of the 815 offenders diagnosed with Anxiety & Panic Disorder.
- This provides a 95% confidence that the sample score is within plus or minus 4.8 of the score if the entire population of offenders diagnosed with Anxiety & Panic Disorders had been reviewed.

Psychiatric Disorder Management Guideline Audit

Anxiety and Panic Disorder

Audit Period September - November 2010



CMHC – Correctional Managed Health Care
 UTMB – University of Texas Medical Branch
 TTUHSC – Texas Tech University Health Science Center
 SS – CMHC Sample Size

Common Questions
for the
Major Depressive Disorder
and the
Anxiety and Panic Disorder
Pathways



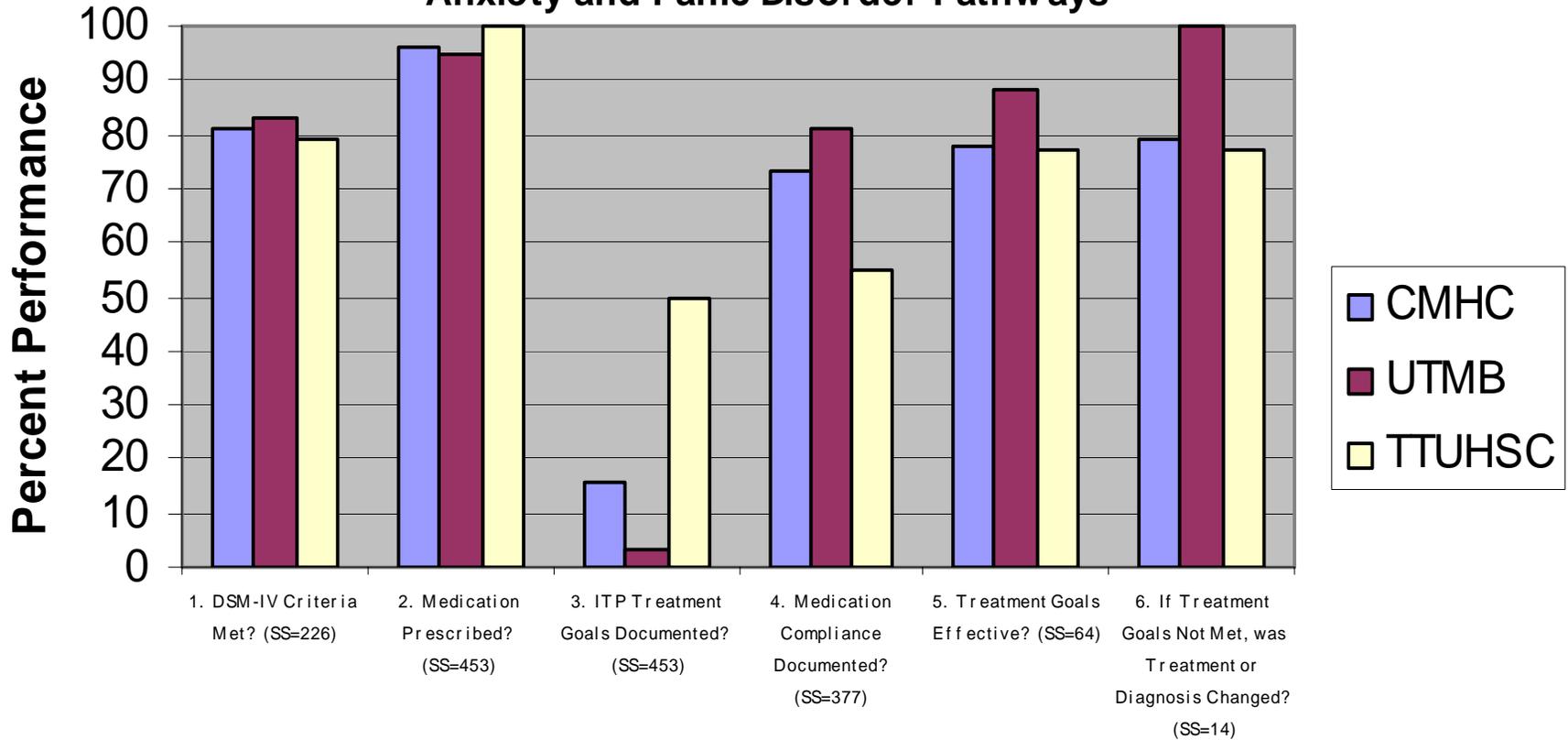
Common Questions

- **Question 1** assesses if the required DSM-IV criteria for the diagnosis, including exclusionary criteria, were documented or a rationale given.
- **Question 2** assesses if medication was prescribed or a rationale stated for not initiating pharmacotherapy.
- **Question 3** assesses if the earliest Individualized Treatment Plan (ITP) in the last 12 months included treatment goals.

- **Question 4** assesses if medication compliance was documented as part of the ITP review at least every 6 months.
- **Question 5** assesses if treatment goals were met as documented in the most recent provider ITP note.
- **Question 6** assesses if treatment was documented as not effective, was the diagnosis or treatment changed or a rationale provided.

Psychiatric Disorder Management Guideline Audit

Common Questions for the Major Depressive Disorder and the Anxiety and Panic Disorder Pathways



CMHC – Correctional Managed Health Care
 UTMB – University of Texas Medical Branch
 TTUHSC – Texas Tech University Health Science Center
 SS – CMHC Sample Size

**Texas Department of Criminal
Justice
Health Services Division**

Shellbook Project

*Kate Hendricks, M.D.
March 2011*

The Problem: Antiretroviral Therapy for HIV Following Release

- ~2/3 of 2,400 HIV-infected offenders at TDCJ are on antiretroviral therapy (ART)
- 5% of offenders filled a script within 10 days
- 30%, within 60 days

Measures to Improve Medication Adherence Postincarceration

- TCOOMMI will hire 3 staff with funds provided through a DSHS contract to provide pre-release continuity of care
- Update HIV policy -- more attention on discharge planning
- Educate offenders regarding why and how to take medications and access resources

*The greatest problem of communication is
the illusion that it has been accomplished.*

George Bernard Shaw

Characteristics of Effective Health Education Materials

- Literacy level low enough for audience
- Illustrated
- Narrative

Vulnerable Populations

- ≥ 60 – 2/3 have marginal literacy
- Minorities
- Immigrants
- Low income -- ~1/2 of Medicare/Medicaid recipients read $< 5^{\text{th}}$ grade
- People with chronic mental and/or physical health conditions

Patient Attention, Recall, & Adherence by Graphic Content of Materials (n=234)

	Text (%)	Text & Cartoons (%)
Read instructions	79	98
Answer 4 wound care instructions correctly	6	46
Adhere to wound care instructions	54	77
< HS: adhere to wound care instructions	45	82

Cervical Cancer Pamphlet Comprehension with/without Illustrations (n=217)

Comprehended
>6 of 8 points

Not Illustrated (%)

Illustrated (%)

Total

53

65

Low WRAT*

35

61

High WRAT

72

70

*WRAT =wide range achievement test

How to Take Medicine Study in Low Literacy Group, South Africa

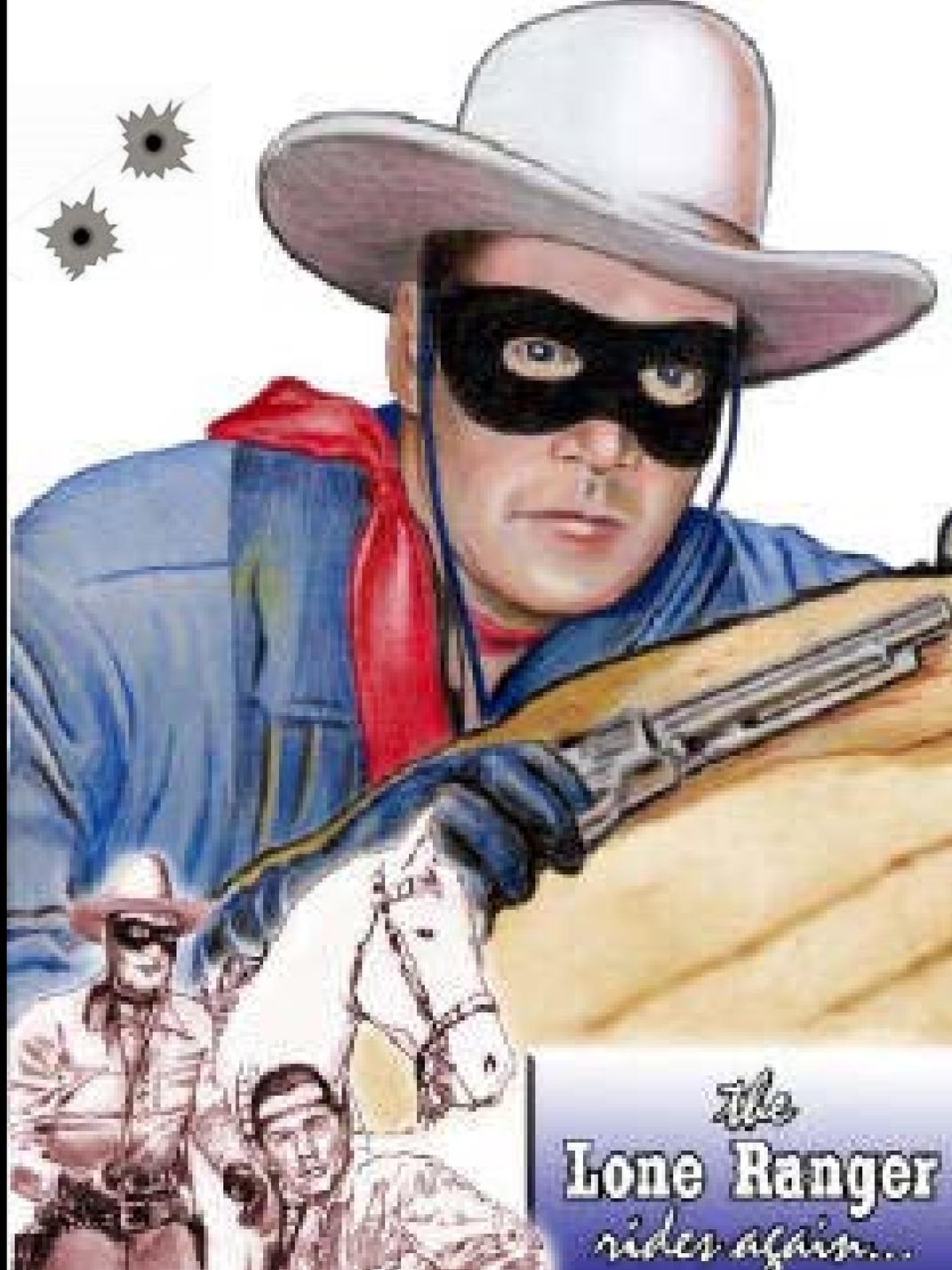
Question	Correct Response (%)	
	Text only	Text & Pictures
How must you take this medicine?	47	93
What are the actual times?	3	73

Characteristics of Good Illustrations for Health Education

- Line drawings better than shaded or photos
- Color is better than B&W
- Simple is better
- Culturally relevant is important – an iterative process is best

Ways of Knowing: Paradigmatic & Narrative

- Paradigmatic: relies on empirical and experimental methods to discover facts
- Narrative: may include stories, drama, historical accounts, personal experience
 - Engagement depends on absorption/transportation identification with characters, quality of plot, suspense, perceived realism



The
Lone Ranger
rides again...



RCT of Story Telling to Improve Medication Adherence: Uncontrolled Hypertensives

	Baseline	3 months	6-9 months
Systolic mm Hg			
Intervention	152	135	137
Comparison	153	147	149
Diastolic mm Hg			
Intervention	87	79	83
Comparison	84	84	86

The Summer Institute of Linguistics (SIL) International

- Has worked in >1,600 unwritten languages
- Papua New Guinea (PNG) has 800 languages
- SIL linguist Michael Trainum developed Shellbook Method (SBM) in PNG in 1989
- PNG Dept Educ used SBM to localize
 - 80 Elementary Reform K-2 curriculum titles
 - 435 languages from 1993 to 2003

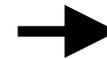
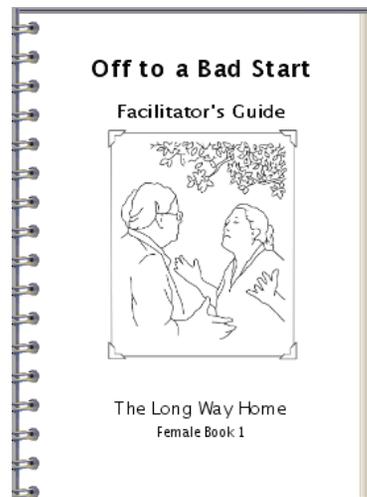


What is a Shellbook (or “learning shell”)?

- Case-studies/stories
- That convey expert-developed key concepts
- Illustrated flashcards with Facilitators Guide
- End-user groups write text & micro-publish



+



What is a Case Study?

CASE RECORDS OF THE MASSACHUSETTS GENERAL HOSPITAL

Case 2-2011 — A 30-Year-Old Woman with Shock after Treatment of a Furuncle

January 20, 2011 | Moellering R.C., Abbott G.F., Ferraro M.J. | N Engl J Med 2011; 364:266 - 275

A 30-year-old woman was transferred to this hospital because of hypotension and respiratory failure. One month earlier, cultures of an abscess on her leg grew MRSA; antibiotics were prescribed and the abscess resolved. On the day of admission, the patient was found unresponsive at home.



HANDLING CONFLICT



Female - Bk 1; page 6

DISCUSSION KEY: HANDLING CONFLICT

THINGS TO POINT OUT OR TALK ABOUT AS YOU SHOW THE PICTURE:

- Jane's mother keeps shouting at Jane.
- She tells Jane all the things she's been worried about.
- She doesn't even give Jane a chance to tell her what happened.

SAMPLE QUESTIONS:

- Was it Jane's fault that she had to work a double?
- Is Jane a victim? Is her mother treating her unjustly?
- Why is Jane's mother acting that way?
- What are some good ways Jane can respond?
- What are some ways Jane might calm herself and her mother?

SOMETHING IMPORTANT TO THINK ABOUT:

- Winning every battle isn't important. Instead, focus on making your life better.
- It can be hard to forgive someone. But forgiving will keep anger from eating up your energy and time.

12

HANDLING CONFLICT

In her anger, her mom says a lot of hurtful things. She doesn't even let Jane explain.

Finally Jane has had it. She shouts ...



"I'm a grown woman now. But you still treat me like a child!"

6

IMPULSIVE DECI

Jane jumps back drive away.



"I have

What is the Shellbook Method?

- A facilitated process within a community
- Flashcard illustrations allow a broadly inclusive, visual-oral engagement with the concepts
- Discussion and feedback ensure accurate understanding
- Group members then paraphrase the concepts from their own cultural perspective & re-illustrate as required
- Ownership through authorship

Off to a Bad Start



By Kelly, Angie, Nicole & Sharon

Crain Unit
September 2010



Steps to Localizing a Shellbook

- Trainers learn key concepts and how to train Peer Educators (PEs)
- Trainers train PEs on key concepts and the SBM
- PEs engage peer groups in localization process
- Each group authors their own version
- Once the group completes their version, the PE verifies that it is faithful to the key concepts
- Version is mailed out to be micro-published (ie, copies printed for offenders' use & to share with family members and others via lifestories.shellbook.net)



Life Stories

for a healthy family life!

...beyond the walls

Home

Life Stories

Write a Story

Our Story

Quick Links ...

Here are some great ways to connect with family members and friends in prison... and help them do well when they get out.

[How to use Life Stories](#)

[How to print a Life Story](#)

[How to adapt a Life Story](#)

[What's Your Life Story?](#)

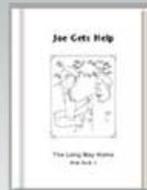
[Write a Life Story](#)

[Illustrate Life Stories](#)



Have you... or a member of your Family, or someone you know... ever been in prison?

If so, the *Life Stories* on this website are for you! [Read more...](#)



The Long Way Home Series

These *Life Stories* are based on true events. They tell how people with HIV can live a healthy and happy life.

[Read these new Life Stories...](#)



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Home



Life Stories

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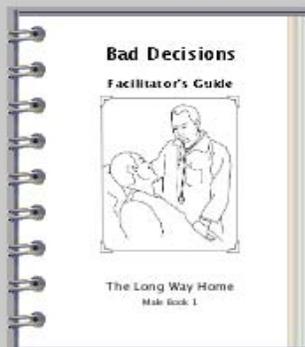
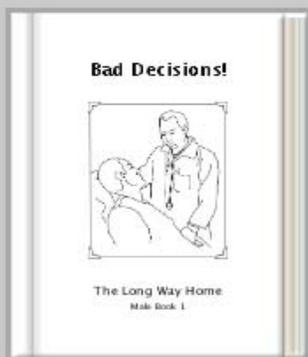
The Long Way Home Series



These *Life Stories* are about the struggles and then success of a man and a woman -- Joe and Jane -- after they are released from prison. Click any of the covers below to read these stories or view the Facilitators Guides online. Or you can download a PDF file (print-ready for duplex printers). Download the Shellbooks and Flashcards to personalize and print copies with *Shellbook Maker*.



Men's Book 1 - *Bad Decisions!*



Joe makes some really bad decisions when he first gets out of prison. Then he starts making some really good ones!

Download Print-Ready PDFs

Download Editable Shellbooks

▶ [Men's Book 2 - Joe Gets Help](#)

▶ [Women's Book 1 - Off to a Bad Start](#)

▶ [Women's Book 2 - Finding the Way](#)

TDCJ Shellbooks to Enhance Medication Adherence Postincarceration

- Focus groups with offenders that included the following groups
 - HIV+/HIV-
 - Male/female
 - Incarcerated/free world
 - Black, White, Hispanic
 - Literate/illiterate
- Discussed key concepts provided by experts and provided vignettes from their own lives that illustrated success/failure with the concepts
- “Case-study” story plots were developed to incorporate these

Key Concepts from Focus Groups

- Health is good
- Drug use takes you away from health
- Sobriety is good
- HIV/AIDS
 - What it is
 - Why take medication
 - Adherence
- Stigma

Key Concepts from Focus Groups

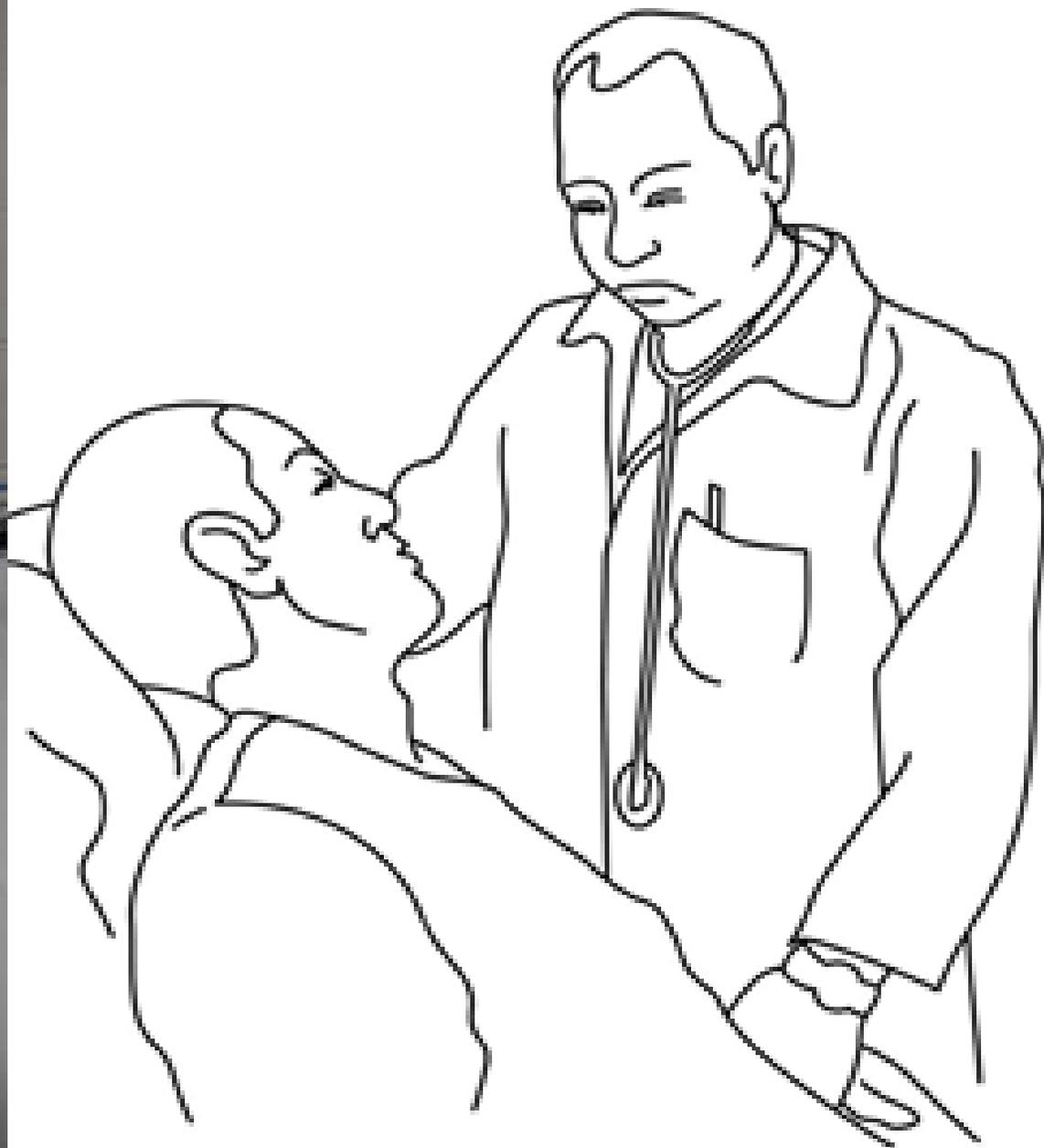
- Re-entry is hard
 - You need help with decisions
 - Avoid manipulative people
 - You probably need a case-manger
- Self-esteem
 - Be the helper when you can
 - Earn trust by helping out
- Everybody waits/bureaucracies are challenging
- Persistence pays off

Key Concepts from Focus Groups

- Somebody cares
 - Local, state, & federal agencies
 - Churches
 - NGOs, CBOs, & ASOs
- Support services are available
 - ADAP
 - Food, housing, & transportation
 - Work

Offenders Co-Wrote & “Produced” Stories

- 2 day writing session with males at HV unit
- 1 day writing session with females at Crain
- Photographed scenes
- Professional illustrator made scenes from the photos
- Editor smoothed out stories & held one session each with focus groups to check on the stories with illustrations





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Correctional Managed Health Care

Quarterly Report FY 2011 First Quarter

September 2010 – November 2010

Summary

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

Background

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

- \$422.1M in general revenue appropriations in strategy C.1.8 (Managed Health Care, medical services)
- \$41.4M in general revenue appropriations in strategy C.1.7. (Psychiatric Care).

Of this funding, \$462.8M (99.9%) was allocated for health care services provided by UTMB and TTUHSC. An amount \$669K (0.1%) was allocated for funding of the operation of the Correctional Managed Health Care Committee.

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

Report Highlights

Population Indicators

- Through the first quarter of this fiscal year, the correctional health care program has taken a slight increase in the overall offender population served by the program. The average daily population served through the first quarter of FY 2011 was 152,386. Through this same quarter a year ago (FY 2010), the average daily population was 151,551, an increase of 835 (0.6%). While overall growth was slightly higher, 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 faster rate than the overall population. Through the first quarter of FY 2011, the average number of older offenders in the service population was 12,410. Through this same quarter a year ago (FY 2010), the average number of offenders age 55 and over was 11,574. This represents an increase of 836 or about 7.2% more older offenders than a year ago.
- The overall HIV+ population has remained relatively stable throughout the last few years and continued to remain so through this quarter, averaging 2,403 (or about 1.6% of the population served).
- Two mental health caseload measures have also remained relatively stable:
 - The average number of psychiatric inpatients within the system was 1,928 through the first quarter of FY 2011, as compared to 1,927 through the same quarter a year ago (FY 2010). The inpatient caseload is limited by the number of available inpatient beds in the system.
 - Through the first quarter of FY 2011, the average number of mental health outpatients was 20,025 representing 13.1% of the service population.

Health Care Costs

- Overall health costs through the first quarter of FY 2011 totaled \$133.1M. This amount was above overall revenues earned by the university providers by \$5,077,039 or 4.0%.
 - UTMB's total revenue through the quarter was \$101.4M. Their expenditures totaled \$105.8M, resulting in a net loss of \$4.4M. On a per offender per day basis, UTMB earned \$9.21 in revenue, but expended \$9.61 resulting in a net loss of \$0.40 per offender per day.
 - TTUHSC's total revenue through the first quarter was \$26.7M. Expenditures totaled \$27.3M, resulting in a net loss of \$643,336. On a per offender per day basis, TTUHSC earned \$9.33 in revenue, but expended \$9.56 resulting in a net loss of \$0.23 per offender per day.
-
- Examining the health care costs in further detail indicates that of the \$133.1M in expenses reported through the first quarter of the year:
 - Onsite services (those medical services provided at the prison units) comprised \$57.7M representing about 43.3% of the total health care expenses:
 - Of this amount, 79.6% was for salaries and benefits and 20.4% for operating costs.
 - Pharmacy services totaled \$13.1M representing approximately 9.9% of the total expenses:
 - Of this amount 17.3% was for related salaries and benefits, 3.3% for operating costs and 79.4% for drug purchases.
 - Offsite services (services including hospitalization and specialty clinic care) accounted for \$47.2M or 35.4% of total expenses:
 - Of this amount 83.5% was for estimated university provider hospital, physician and professional services; and 16.5% for Freeworld (non-university) hospital, specialty and emergency care.
 - Mental health services totaled \$11.5M or 8.7% of the total costs:
 - Of this amount, 97.2% was for mental health staff salaries and benefits, with the remaining 2.8% for operating costs.
 - Indirect support expenses accounted for \$3.6M and represented 2.7% of the total costs.

- The total cost per offender per day for all health care services statewide through the first quarter of FY 2011 was \$9.60. The average cost per offender per day for the prior four fiscal years was \$8.94. As a point of reference healthcare costs was \$7.64 per day in FY03. This would equate to a 25.7% increase since FY03 or approximately 3.7% increase per year average, well below the national average.
 - For UTMB, the cost per offender per day was \$9.61. This is higher than the average cost per offender per day for the last four fiscal years of \$9.02.
 - For TTUHSC, the cost per offender per day was \$9.56. This is higher than the average cost per offender per day for the last four fiscal years of \$8.69.
 - Differences in cost between UTMB and TTUHSC relate to the differences in mission, population assigned and the acuity level of the offender patients served.

Aging Offenders

- As consistently noted in prior reports, the aging of the offender population has a demonstrated impact on the resources of the health care system. Offenders age 55 and older access the health care delivery system at a much higher level and frequency than younger offenders:
 - Encounter data through the first quarter of FY 2011 indicates that offenders aged 55 and over had a documented encounter with medical staff just under three times as often as those under age 55.
 - An examination of hospital admissions by age category found that through this quarter of FY 2011, hospital costs received to date for charges incurred this fiscal year for offenders over age 55 totaled approximately \$974 per offender. The same calculation for offenders under age 55 totaled about \$176. In terms of hospitalization, the older offenders were utilizing health care resources at a rate of more than five times higher than the younger offenders. While comprising about 8.1% of the overall service population, offenders age 55 and over account for more than 32.9% of the hospitalization costs received to date.
 - A third examination of dialysis costs found that, proportionately, older offenders are represented six times more often in the dialysis population than younger offenders. Dialysis costs continue to be significant, averaging about \$21.2K per patient per year. Providing medically necessary dialysis treatment for an average of 199 patients through the first quarter of FY2011 cost \$1,059,487.

Drug Costs

- Total drug costs through the first quarter of FY 2011 totaled \$10.6M.
 - Pharmaceutical costs related to HIV care continue to be the largest single component of pharmacy expenses.
 - Through this quarter, \$4.3M in costs (or just over \$1.4M per month) for HIV antiretroviral medication costs were experienced. This represents 41.0% of the total drug cost during this time period.
 - Expenses for psychiatric drugs are also being tracked, with approximately \$0.5M being expended for psychiatric medications through the first quarter, representing 4.6% of the overall drug cost.
 - Another pharmacy indicator being tracked is the cost related to Hepatitis C therapies. These costs were \$0.5M and represented about 4.7% of the total drug cost.

Reporting of Fund Balances

- In accordance with Rider 41, page V-21, Senate Bill 1, 81st Legislature, Regular Session 2009, both the University of Texas Medical Branch and Texas Tech University Health Sciences Center are required to report if they hold any monies in reserve for correctional managed health care. UTMB reports that they hold no such reserves and report a total net shortfall of \$4,443,703 through this quarter. TTUHSC reports that they hold no such reserves and report a total net shortfall of \$643,336.
- A summary analysis of the ending balances, revenue and payments through the first quarter for all CMHCC accounts is included in this report. That summary indicates that the net unencumbered balance on all CMHCC accounts on November 30, 2010 was \$98,669.83 due to CMHCC Operating Account personnel changes as compared to budget allocations.
- The FY 2010 unencumbered ending fund balance, as of August 31, 2010, was \$100,661.14. The total amount of this FY 2010 fund balance was lapsed back to the State General Revenue Fund in November 2010, as required by Rider 61.

Financial Monitoring

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

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

The testing of detail transactions performed on UTMB's financial information for September through November, 2010, resulted in one discrepancy and found all tested transactions to be verified except one.

Concluding Notes

The combined operating shortfall for the university providers through the first quarter of FY 2011 is \$5,077,039. The university providers are continuing to monitor their expenditures closely, while seeking additional opportunities to reduce costs in order to minimize any future operating losses.

Listing of Supporting Tables and Charts

Table 1: FY 2011 Allocation of Funds	8
Chart 1: Allocations by Entity	8
Table 2: Key Population Indicators	9
Chart 2: Growth in Service Population and in Age 55	10
Chart 3: HIV+ Population.....	10
Chart 4: Mental Health Outpatient Census	10
Chart 5: Mental Health Inpatient Census.....	10
Table 3: Summary Financial Report.....	11-12
Table 4: UTMB/TTUHSC Expense Summary	13
Chart 6: Total Health Care by Category	13
Chart 7: Onsite Services.....	13
Chart 8: Pharmacy Services	13
Chart 9: Offsite Services.....	13
Chart 10: Mental Health Services	13
Table 4a: UTMB/TTUHSC Expense Summary	14
Table 5: Comparison Total Health Care Costs	15
Chart 11: UTMB Cost Per Day.....	15
Chart 12: TTUHSC Cost Per Day.....	15
Chart 13: Statewide Cost Per Day	15
Table 6: Medical Encounter Statistics by Age	16
Chart 14: Encounters Per Offender by Age Grouping.....	16
Table 7: Offsite Costs to Date by Age Grouping.....	17
Chart 15: Hospital Costs Per Offender by Age	17
Table 8: Dialysis Costs by Age Grouping	18
Chart 16: Percent of Dialysis Cost by Age Group.....	18
Chart 17: Percent of Dialysis Patients in Population by Age Group.....	18
Table 9: Selected Drug Costs.....	19
Chart 18: HIV Drug Costs	19
Table 10: Ending Balances FY 2011	20

Table 1
Correctional Managed Health Care
FY 2011 Budget Allocations

Distribution of Funds

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

Source of Funds

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

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

Chart 1

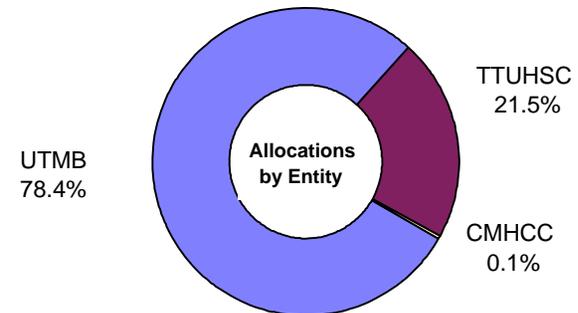


Table 2
FY 2011
Key Population Indicators
Correctional Health Care Program

Indicator	Sep-10	Oct-10	Nov-10	Population Year to Date Avg.
Avg. Population Served by CMHC:				
UTMB State-Operated Population	108,649	109,139	109,350	109,046
UTMB Private Prison Population*	11,910	11,907	11,914	11,910
UTMB Total Service Population	120,559	121,046	121,264	120,956
TTUHSC Total Service Population	31,328	31,438	31,525	31,430
CMHC Service Population Total	151,887	152,483	152,789	152,386
Population Age 55 and Over				
UTMB Service Population Average	10,162	10,255	10,374	10,264
TTUHSC Service Population Average	2,125	2,156	2,159	2,147
CMHC Service Population Average	12,287	12,411	12,533	12,410
HIV+ Population	2,408	2,417	2,385	2,403
Mental Health Inpatient Census				
UTMB Psychiatric Inpatient Average	1,031	1,019	1,022	1,024
TTUHSC Psychiatric Inpatient Average	920	894	897	904
CMHC Psychiatric Inpatient Average	1,951	1,913	1,919	1,928
Mental Health Outpatient Census				
UTMB Psychiatric Outpatient Average	16,234	16,306	14,773	15,771
TTUHSC Psychiatric Outpatient Average	4,179	4,377	4,205	4,254
CMHC Psychiatric Outpatient Average	20,413	20,683	18,978	20,025

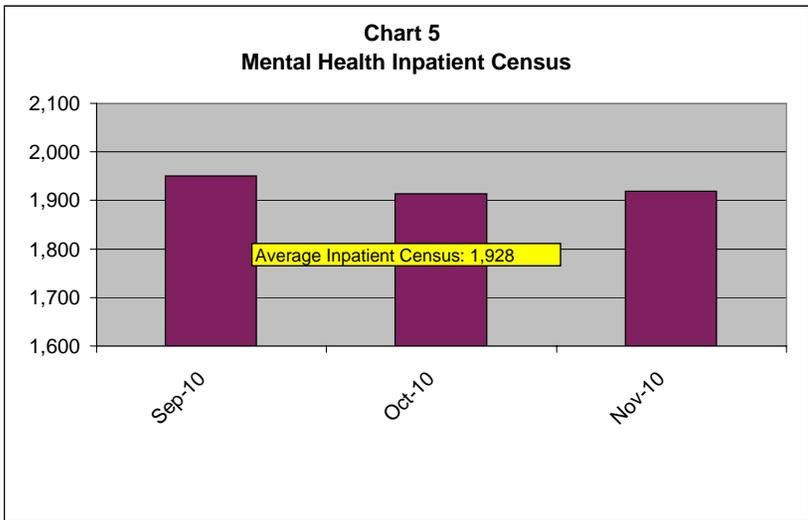
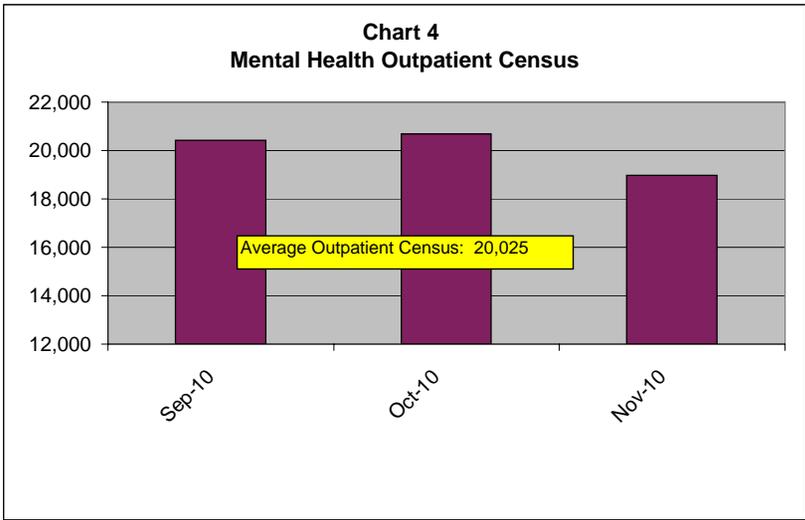
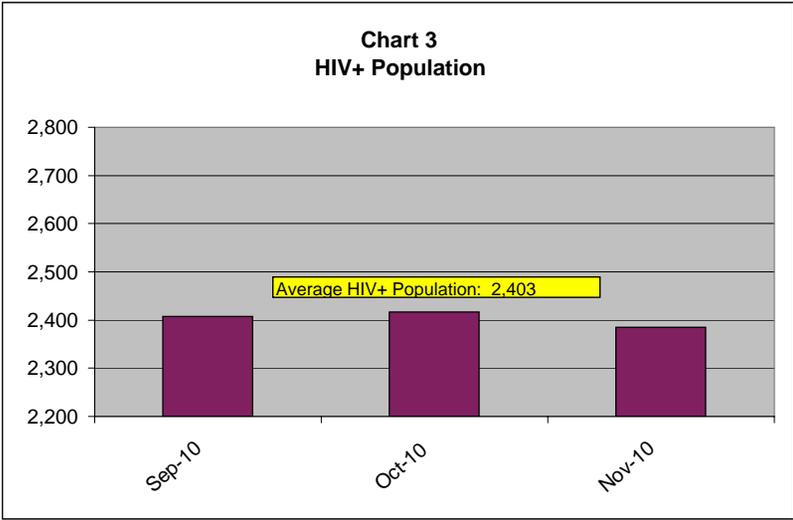
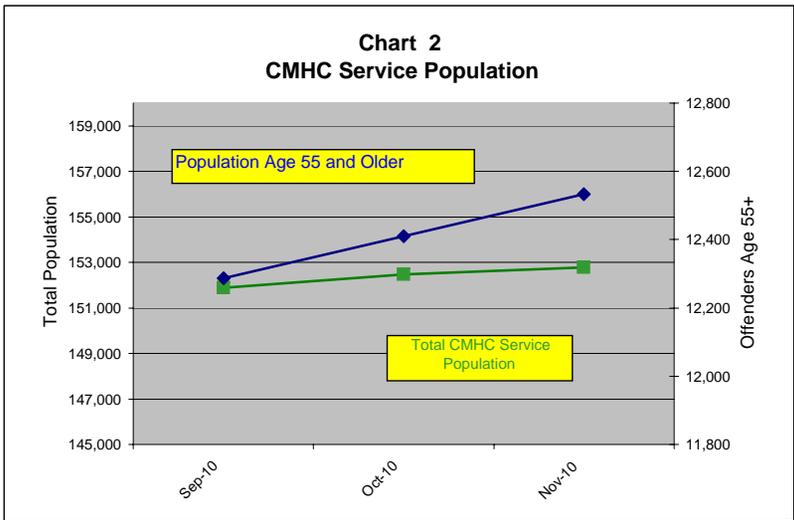


Table 3
Summary Financial Report: Medical Costs
Fiscal Year 2011 through Quarter 1 (Sep 2010 - Nov 2010)

Days in Year: 91

	Medical Services Costs			Medical Cost Per Day Calculations		
	UTMB	TTUHSC	TOTAL	UTMB	TTUHSC	TOTAL
Population Served	120,956	31,430	152,386			
Revenue						
Capitation Payments	\$83,541,111	\$21,524,959	\$105,066,070	\$7.59	\$7.53	\$7.58
State Reimbursement Benefits	\$9,355,764	\$1,175,427	\$10,531,191	\$0.85	\$0.41	\$0.76
Non-Operating Revenue	\$99,646	\$846	\$100,492	\$0.01	\$0.00	\$0.01
Total Revenue	\$92,996,521	\$22,701,232	\$115,697,753	\$8.45	\$7.94	\$8.34
Expenses						
Onsite Services						
Salaries	\$32,648,060	\$3,282,813	\$35,930,873	\$2.97	\$1.15	\$2.59
Benefits	\$9,213,421	\$808,005	\$10,021,426	\$0.84	\$0.28	\$0.72
Operating (M&O)	\$4,364,327	\$420,624	\$4,784,951	\$0.40	\$0.15	\$0.35
Professional Services	\$0	\$650,692	\$650,692	\$0.00	\$0.23	\$0.05
Contracted Units/Services	\$0	\$5,738,228	\$5,738,228	\$0.00	\$2.01	\$0.41
Travel	\$203,101	\$22,800	\$225,901	\$0.02	\$0.01	\$0.02
Electronic Medicine	\$0	\$167,544	\$167,544	\$0.00	\$0.06	\$0.01
Capitalized Equipment	\$62,110	\$122,823	\$184,933	\$0.01	\$0.04	\$0.01
Subtotal Onsite Expenses	\$46,491,019	\$11,213,529	\$57,704,548	\$4.22	\$3.92	\$4.16
Pharmacy Services						
Salaries	\$1,327,538	\$511,984	\$1,839,522	\$0.12	\$0.18	\$0.13
Benefits	\$424,091	\$16,491	\$440,582	\$0.04	\$0.01	\$0.03
Operating (M&O)	\$338,423	\$87,914	\$426,337	\$0.03	\$0.03	\$0.03
Pharmaceutical Purchases	\$8,317,973	\$2,105,344	\$10,423,317	\$0.76	\$0.74	\$0.75
Professional Services	\$0	\$0	\$0	\$0.00	\$0.00	\$0.00
Travel	\$2,715	\$3,600	\$6,315	\$0.00	\$0.00	\$0.00
Subtotal Pharmacy Expenses	\$10,410,740	\$2,725,333	\$13,136,073	\$0.95	\$0.95	\$0.95
Offsite Services						
University Professional Services	\$4,698,831	\$237,500	\$4,936,331	\$0.43	\$0.08	\$0.36
Freeworld Provider Services	\$3,408,560	\$4,371,229	\$7,779,789	\$0.31	\$1.53	\$0.56
UTMB or TTUHSC Hospital Cost	\$24,342,338	\$3,215,675	\$27,558,013	\$2.21	\$1.12	\$1.99
Estimated IBNR	\$6,491,440	\$385,834	\$6,877,274	\$0.59	\$0.13	\$0.50
Subtotal Offsite Expenses	\$38,941,169	\$8,210,238	\$47,151,407	\$3.54	\$2.87	\$3.40
Indirect Expenses	\$1,879,400	\$1,324,800	\$3,204,200	\$0.17	\$0.46	\$0.23
Total Expenses	\$97,722,328	\$23,473,900	\$121,196,228	\$8.88	\$8.21	\$8.74
Operating Income (Loss)	(\$4,725,807)	(\$772,668)	(\$5,498,475)	(\$0.43)	(\$0.27)	(\$0.40)

Table 3 (Continued)
Summary Financial Report: Mental Health Costs
Fiscal Year 2011 through Quarter 1 (Sep 2010 - Nov 2010)

Days in Year: 91

	Mental Health Services Costs			Mental Health Cost Per Day Calculations		
	UTMB	TTUHSC	TOTAL	UTMB	TTUHSC	TOTAL
Population Served	120,956	31,430	152,386			
Revenue						
Capitation Payments	\$7,001,907	\$3,312,635	\$10,314,542	\$0.64	\$1.16	\$0.74
State Reimbursement Benefits	\$1,337,797	\$671,647	\$2,009,444	\$0.12	\$0.23	\$0.14
Other Misc Revenue	\$0	\$0	\$0	\$0.00	\$0.00	\$0.00
Total Revenue	\$8,339,704	\$3,984,282	\$12,323,986	\$0.76	\$1.39	\$0.89
Expenses						
Mental Health Services						
Salaries	\$6,105,838	\$2,821,124	\$8,926,962	\$0.55	\$0.99	\$0.64
Benefits	\$1,582,035	\$702,853	\$2,284,888	\$0.14	\$0.25	\$0.16
Operating (M&O)	\$170,494	\$43,489	\$213,983	\$0.02	\$0.02	\$0.02
Professional Services	\$0	\$86,330	\$86,330	\$0.00	\$0.03	\$0.01
Contracted Units/Services	\$0	\$0	\$0	\$0.00	\$0.00	\$0.00
Travel	\$17,346	\$2,396	\$19,742	\$0.00	\$0.00	\$0.00
Electronic Medicine	\$0	\$0	\$0	\$0.00	\$0.00	\$0.00
Capitalized Equipment	\$0	\$0	\$0	\$0.00	\$0.00	\$0.00
Subtotal Mental Health Expenses	\$7,875,713	\$3,656,192	\$11,531,905	\$0.72	\$1.28	\$0.83
Indirect Expenses	\$171,887	\$198,758	\$370,645	\$0.02	\$0.07	\$0.03
Total Expenses	\$8,047,600	\$3,854,950	\$11,902,550	\$0.73	\$1.35	\$0.86
Operating Income (Loss)	\$292,104	\$129,332	\$421,436	\$0.03	\$0.05	\$0.03

All Health Care Summary

	All Health Care Services			Cost Per Offender Per Day		
	UTMB	TTUHSC	TOTAL	UTMB	TTUHSC	TOTAL
Medical Services	\$92,996,521	\$22,701,232	\$115,697,753	\$8.45	\$7.94	\$8.34
Mental Health Services	\$8,339,704	\$3,984,282	\$12,323,986	\$0.76	\$1.39	\$0.89
Total Revenue	\$101,336,225	\$26,685,514	\$128,021,739	\$9.21	\$9.33	\$9.23
Medical Services	\$97,722,328	\$23,473,900	\$121,196,228	\$8.88	\$8.21	\$8.74
Mental Health Services	\$8,047,600	\$3,854,950	\$11,902,550	\$0.73	\$1.35	\$0.86
Total Expenses	\$105,769,928	\$27,328,850	\$133,098,778	\$9.61	\$9.56	\$9.60
Operating Income (Loss)	(\$4,433,703)	(\$643,336)	(\$5,077,039)	(\$0.40)	(\$0.23)	(\$0.37)

**Table 4
FY 2011 1st Quarter
UTMB/TTUHSC EXPENSE SUMMARY**

Category	Expense	Percent of Total
Onsite Services	\$57,704,548	43.35%
Salaries	\$35,930,873	
Benefits	\$10,021,426	
Operating	\$11,752,249	
Pharmacy Services	\$13,136,073	9.87%
Salaries	\$1,839,522	
Benefits	\$440,582	
Operating	\$432,652	
Drug Purchases	\$10,423,317	
Offsite Services	\$47,151,407	35.43%
Univ. Professional Svcs.	\$4,936,331	
Freeworld Provider Svcs.	\$7,779,789	
Univ. Hospital Svcs.	\$27,558,013	
Est. IBNR	\$6,877,274	
Mental Health Services	\$11,531,905	8.66%
Salaries	\$8,926,962	
Benefits	\$2,284,888	
Operating	\$320,055	
Indirect Expense	\$3,574,845	2.69%
Total Expenses	\$133,098,778	100.00%

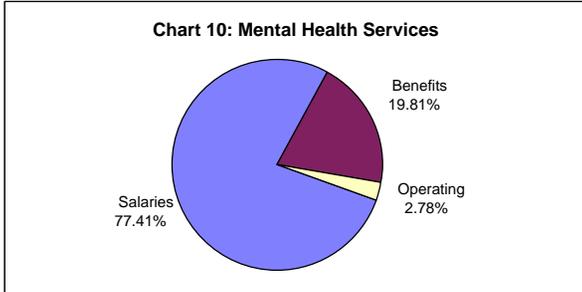
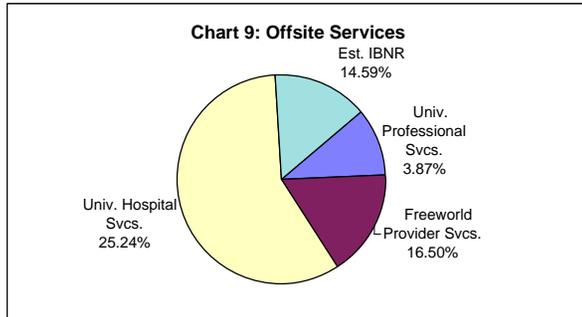
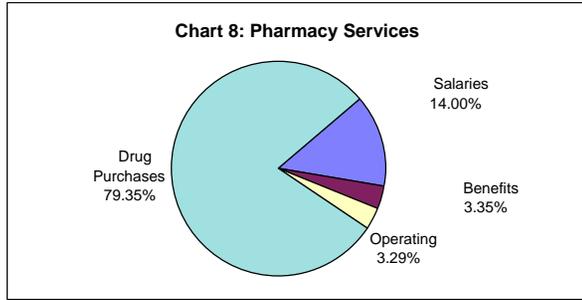
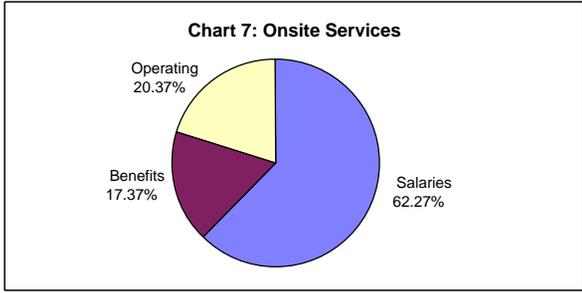
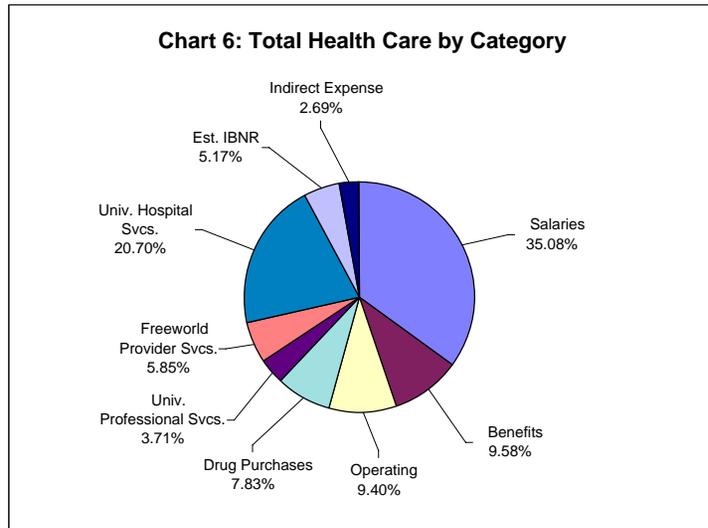


Table 4a
FY 2011 1st Quarter
UTMB/TTUHSC EXPENSE SUMMARY

Category	Total Expense	UTMB	TTUHSC	% UTMB
Onsite Services	\$57,704,548	\$46,491,019	\$11,213,529	80.57%
Salaries	\$35,930,873	\$32,648,060	\$3,282,813	
Benefits	\$10,021,426	\$9,213,421	\$808,005	
Operating	\$11,752,249	\$4,629,538	\$7,122,711	
Pharmacy Services	\$13,136,073	\$10,410,740	\$2,725,333	79.25%
Salaries	\$1,839,522	\$1,327,538	\$511,984	
Benefits	\$440,582	\$424,091	\$16,491	
Operating	\$432,652	\$341,138	\$91,514	
Drug Purchases	\$10,423,317	\$8,317,973	\$2,105,344	
Offsite Services	\$47,151,407	\$38,941,169	\$8,210,238	82.59%
Univ. Professional Svcs.	\$4,936,331	\$4,698,831	\$237,500	
Freeworld Provider Svcs.	\$7,779,789	\$3,408,560	\$4,371,229	
Univ. Hospital Svcs.	\$27,558,013	\$24,342,338	\$3,215,675	
Est. IBNR	\$6,877,274	\$6,491,440	\$385,834	
Mental Health Services	\$11,531,905	\$7,875,713	\$3,656,192	68.29%
Salaries	\$8,926,962	\$6,105,838	\$2,821,124	
Benefits	\$2,284,888	\$1,582,035	\$702,853	
Operating	\$320,055	\$187,840	\$132,215	
Indirect Expense	\$3,574,845	\$2,051,287	\$1,523,558	57.38%
Total Expenses	\$133,098,778	\$105,769,928	\$27,328,850	79.47%

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

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

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

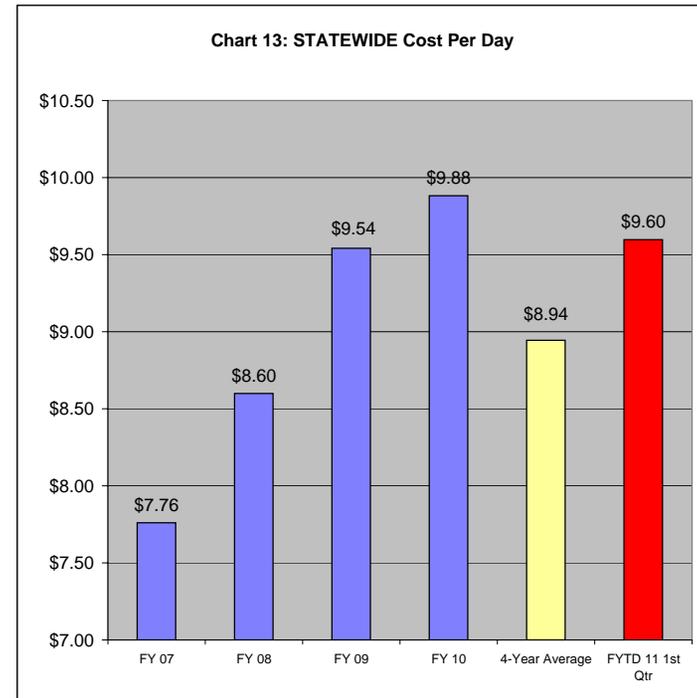
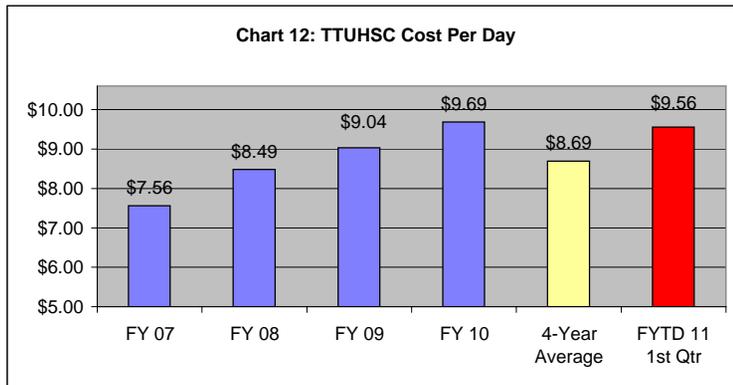
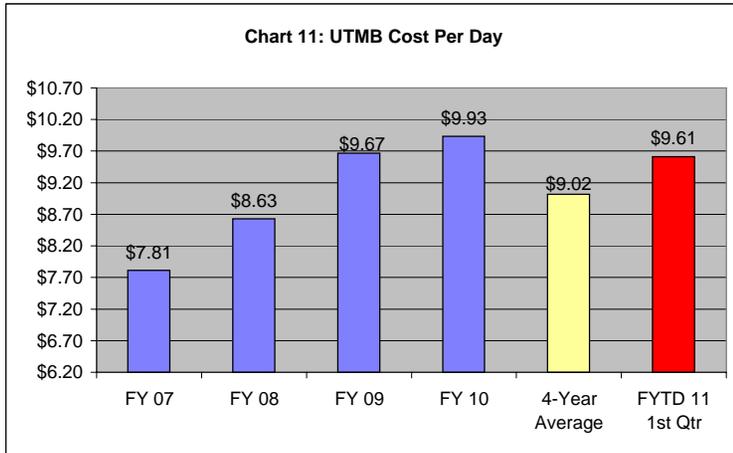


Table 6
Medical Encounter Statistics* by Age Grouping

3

Month	Encounters			Population			Encounters Per Offender		
	Age 55 and Over	Under Age 55	Total	Age 55 and Over	Under Age 55	Total	Age 55 and Over	Under Age 55	Total
Sep-10	40,901	156,908	197,809	10,162	110,397	120,559	4.02	1.42	1.64
Oct-10	40,518	155,004	195,522	10,255	110,791	121,046	3.95	1.40	1.62
Nov-10	35,999	136,061	172,060	10,374	110,890	121,264	3.47	1.23	1.42
Average	39,139	149,324	188,464	10,264	110,693	120,956	3.81	1.35	1.56

*Detailed data available for **UTMB** Sector only (representing approx. 79% of total population). Includes all medical and dental onsite visits. Excludes mental health visits.

Chart 14
Encounters Per Offender By Age Grouping

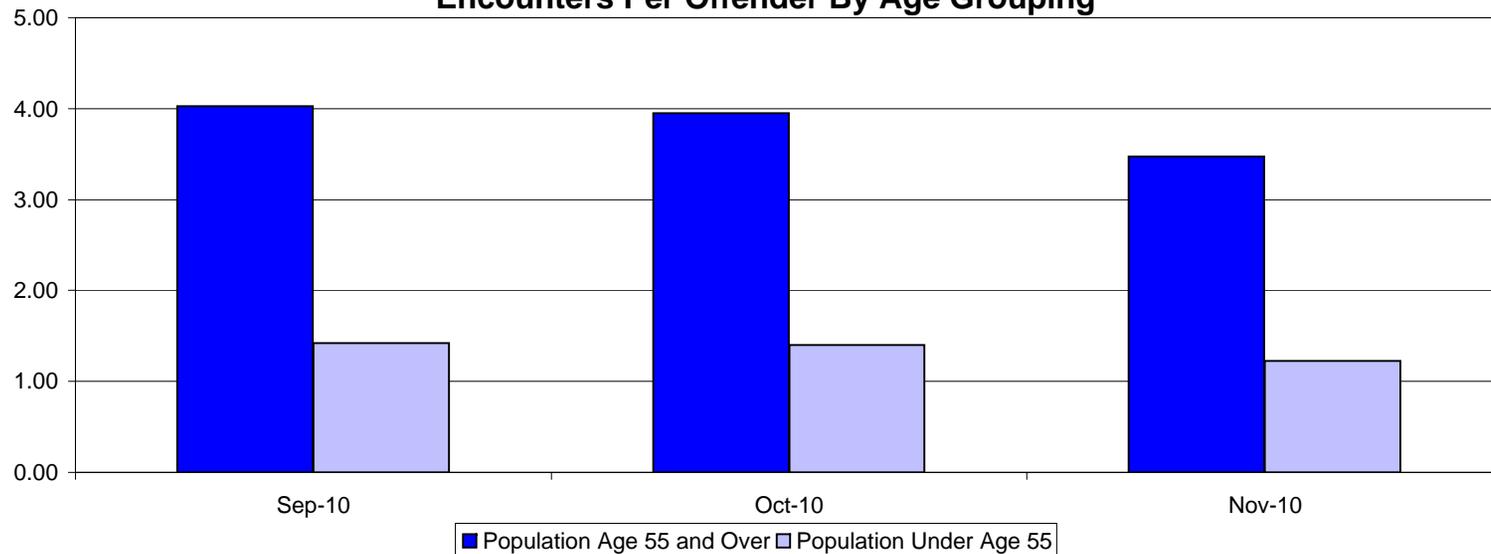
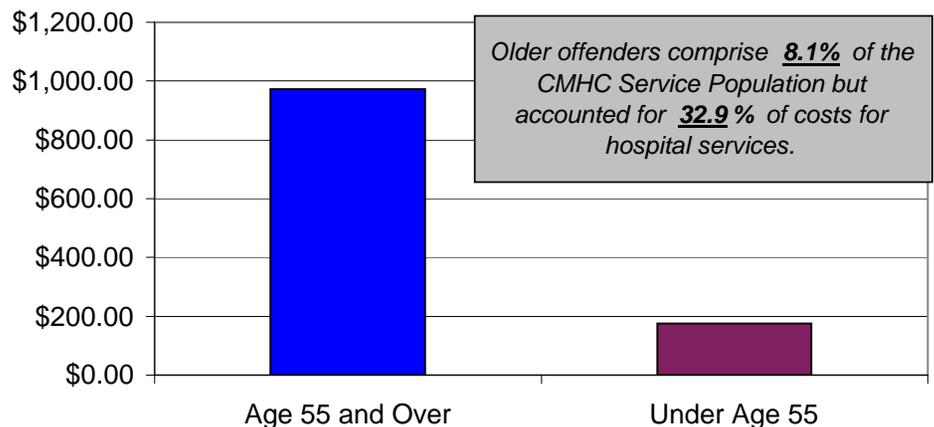


Table 7
FY 2011 1st Quarter
Offsite Costs* To Date by Age Grouping

Age Grouping	Cost Data	Total Population	Total Cost Per Offender
Age 55 and Over	\$12,081,522	12,410	\$973.51
Under Age 55	\$24,663,000	139,976	\$176.19
Total	\$36,744,522	152,386	\$241.13

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

Chart 15
Hospital Costs to Date Per Offender
by Age Grouping

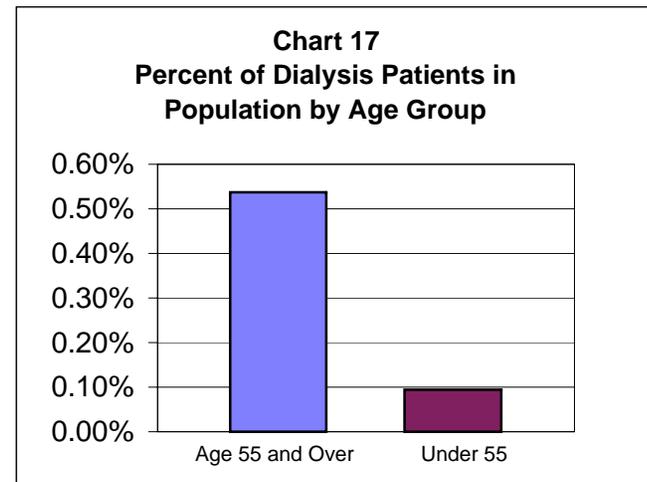
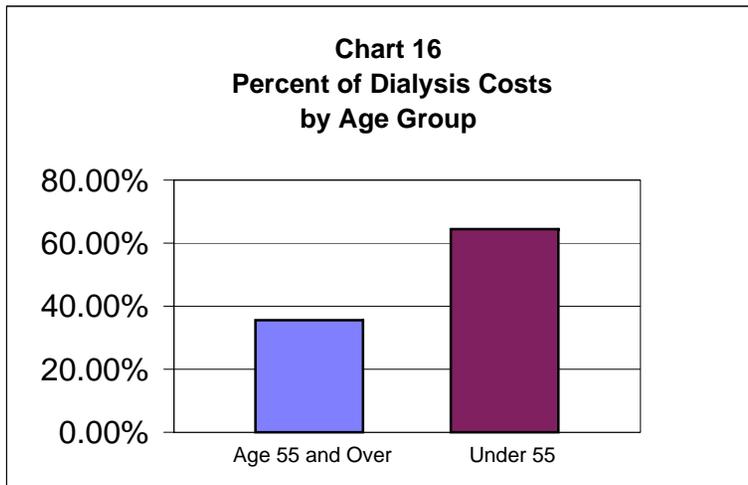


**Table 8
Through FY 2011 1st Quarter
Dialysis Costs by Age Grouping**

Age Group	Dialysis Costs	Percent of Costs	Average Population	Percent of Population	Avg Number of Dialysis Patients	Percent of Dialysis Patients in Population
Age 55 and Over	\$376,080	35.50%	12,410	8.14%	67	0.54%
Under Age 55	\$683,407	64.50%	139,976	91.86%	133	0.09%
Total	\$1,059,487	100.00%	152,386	100.00%	199	0.13%

Projected Avg Cost Per Dialysis Patient Per Year:

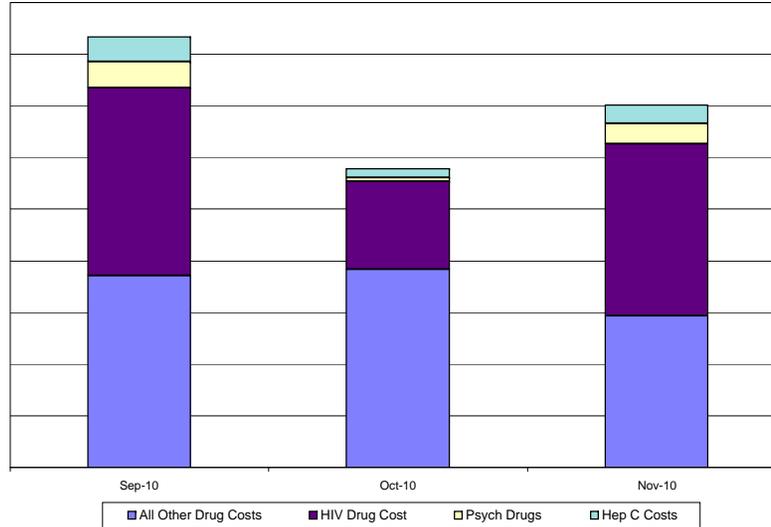
\$21,261



**Table 9
Selected Drug Costs FY 2011**

Category	Sep-10	Oct-10	Nov-10	Total Year-to-Date
<i>Total Drug Costs</i>	\$4,165,682	\$2,888,852	\$3,507,800	\$10,562,334
<i>HIV Medications</i>				
HIV Drug Cost	\$1,817,559	\$846,407	\$1,666,960	\$4,330,926
HIV Percent of Cost	43.63%	29.30%	47.52%	41.00%
<i>Psychiatric Medications</i>				
Psych Drug Cost	\$253,600	\$40,725	\$192,832	\$487,156
Psych Percent of Cost	6.09%	1.41%	5.50%	4.61%
<i>Hepatitis C Medications</i>				
Hep C Drug Cost	\$236,702	\$81,764	\$181,523	\$499,990
Hep C Percent of Cost	5.68%	2.83%	5.17%	4.73%
<i>All Other Drug Costs</i>	\$1,857,821	\$1,919,955	\$1,466,485	\$5,244,262

**Chart 18
Drug Costs by Selected Categories**



**Table 10
Ending Balances 1st Qtr FY 2011**

	Beginning Balance September 1, 2010	Net Activity FY 2011	Ending Balance November 30, 2010
CMHCC Operating Funds	\$89,264.62	\$9,405.15	\$98,669.77
CMHCC Medical Services	\$9,855.40	(\$9,856.19)	(\$0.79)
CMHCC Mental Health	\$1,541.12	(\$1,540.27)	\$0.85
Ending Balance All Funds	\$100,661.14	(\$1,991.31)	\$98,669.83

SUPPORTING DETAIL

CMHCC Operating Account	
Beginning Balance	\$89,264.62
FY 2010 Funds Lapsed to State Treasury	(\$89,264.62)
Revenue Received	
1st Qtr Payment	\$166,823.71
2nd Qtr Advance Payment	\$164,990.53
Interest Earned	\$14.18
Subtotal Revenue	\$331,828.42
Expenses	
Salary & Benefits	(\$126,116.71)
Operating Expenses	(\$107,041.94)
Subtotal Expenses	(\$233,158.65)
Net Activity thru this Qtr	\$9,405.15
Total Fund Balance CMHCC Operating	\$98,669.77

SUPPORTING DETAIL

CMHCC Capitation Accounts	Medical Services	Mental Health
Beginning Balance	\$9,855.40	\$1,541.12
FY 2010 Funds Lapsed to State Treasury	(\$9,855.40)	(\$1,541.12)
Revenue Detail		
1st Qtr Payment FY 2011 from TDCJ	\$105,066,069.70	\$10,314,542.59
2nd Qtr Advance Payment from TDCJ	\$103,911,497.51	\$10,201,195.96
Interest Earned	\$0.00	\$0.30
Revenue Received	\$208,977,567.21	\$20,515,738.85
Payments to UTMB		
1st Qtr Payment FY 2011 to UTMB	(\$83,541,111.00)	(\$7,001,907.00)
2nd Qtr Advance Payment to UTMB	(\$82,623,077.00)	(\$6,924,963.00)
Subtotal UTMB Payments	(\$166,164,188.00)	(\$13,926,870.00)
Payments to TTUHSC		
1st Qtr Payment FY 2011 to TTUHSC	(\$21,524,959.00)	(\$3,312,635.00)
2nd Qtr Advance Payment to TTUHSC	(\$21,288,421.00)	(\$3,276,233.00)
Subtotal TTUHSC Payments	(\$42,813,380.00)	(\$6,588,868.00)
Total Payments Made thru this Qtr	(\$208,977,568.00)	(\$20,515,738.00)
Net Activity Through This Qtr	(\$9,856.19)	(\$1,540.27)
Total Fund Balance	(\$0.79)	\$0.85