



**CORRECTIONAL MANAGED HEALTH CARE  
COMMITTEE  
AGENDA**

December 7, 2010

9:00 a.m.

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

# **CORRECTIONAL MANAGED HEALTH CARE COMMITTEE**

December 7, 2010

9:00 a.m.

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

- I. Call to Order
- II. Recognitions and Introductions
- III. Approval Excused Absence
- IV. Consent Items
  1. Approval of Minutes, September 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 2010 Fourth Quarter Performance and Financial Status Report

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EACH ITEM ABOVE INCLUDES DISCUSSION AND ACTION AS NECESSARY

VII. Summary of Critical Correctional Health Care Personnel Vacancies

1. The University of Texas Medical Branch
2. Texas Tech University Health Sciences Center
3. Texas Department of Criminal Justice

VIII. Medical Director's Updates

1. Texas Department of Criminal Justice  
- Health Services Division FY2010 Fourth Quarter Report
2. The University of Texas Medical Branch  
- CMC Patient Services Overview
3. Texas Tech University Health Sciences Center

IX. Reentry and Integration Division Report

1. Reentry and Integration Division Overview

X. TDCJ Health Services Division, Chronic Disease Quality Audit Report

XI. TDCJ Health Services Division Dental Quality Monitor Report

XII. Financial Reports

1. FY 2010 Fourth Quarter Financial Report
2. Financial Monitoring Update

XIII. Public Comment

XIV. Date / Location of Next CMHCC Meeting

XV. Adjourn

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EACH ITEM ABOVE INCLUDES DISCUSSION AND ACTION AS NECESSARY

## Consent Item 1

Approval of Minutes, September 7, 2010

**MINUTES**

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

- Chairperson:** James D. Griffin, M.D.
- CMHCC Members Present:** Elmo Cavin, Bryan Collier, William Elger, Gerard Evenwel, Lannette Linthicum, M.D., Ben G. Raimer, M.D.
- CMHCC Members Absent:** Cynthia Jumper, M.D., Desmar Walkes, M.D.
- Partner Agency Staff Present:** Owen Murray, D. O., Anthony Williams, Gary Eubanks, Billy Horton, Dave Khurana, M.D., Steve Smock, The University of Texas Medical Branch; Denise DeShields, M.D., Larry Elkins Texas Tech University Health Sciences Center; Rick Thaler, Jerry McGinty, Ron Steffa, Robert Williams, M.D., George Crippen, R.N., MSN, April Zamora, 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, Tati Buentello, CMHCC Staff.
- Location:** Frontiers of Flight Museum Conference Room #1, 6911 Lemmon Avenue, Dallas, Texas

<b>Agenda Topic / Presenter</b>	<b>Presentation</b>	<b>Discussion</b>	<b>Action</b>
<b>I. Call to Order</b>  - <b>James D. Griffin, M.D.</b>	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 .		
<b>II. Recognitions and Introductions</b>  - <b>James D. Griffin, M.D.</b>	Dr. Griffin thanked and welcomed all those in attendance and asked everyone to introduce themselves and indicate whom they represent.		
<b>III. Approval of Excused Absence</b>  - <b>James Griffin, M.D</b>	Dr. Griffin stated that he would now entertain a motion to approve the excused absence of Desmar Walkes, M.D. who was unable to attend the June 8, 2010 CMHCC meeting due to scheduling conflicts.		Dr. Ben Raimer moved to approve Dr. Desmar Walkes absence from the June 8, 2010 CMHCC meeting. Mr. William Elger seconded the motion which prevailed by unanimous vote.

Agenda Topic / Presenter	Presentation	Discussion	Action
<p><b>IV. Approval of Consent Items</b></p> <p>- <b>James Griffin, M.D.</b></p>	<p>Dr. Griffin noted next on the agenda is the approval of the consent items to include the Minutes from the June 8, 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>Hearing no further comments, Dr. Griffin stated that he would entertain a motion on approving the consent items.</p>		<p>Mr. Evenwel noted that the meeting location for the June 8<sup>th</sup> Minutes was incorrectly listed as being held at the Dallas Love Field Multi-Purpose Conference Room.</p> <p>Dr. Griffin responded that the staff would make the correction to note that the June 8<sup>th</sup> meeting was held at the Frontiers of Flight Museum Conference Room.</p>
<p><b>V. Executive Director's Report</b></p> <p>- <b>Allen Hightower</b></p>	<p>Dr. Griffin then called on Mr. Hightower to provide the Executive Director's Report.</p> <p>Mr. Hightower reported that in order to meet budget request submission deadlines, the CMHCC staff worked with the partner agencies to solicit input and supporting data used to formulate the FY 2012-2013 Legislative Appropriations Request (LAR). He further noted that the overview of the budget request will be provided as a separate agenda item later on the agenda.</p> <p>Mr. Hightower next reported that a joint public hearing on the budget submission will be held in the near future. This hearing is normally co-chaired by the staff of the Legislative Budget Board (LBB) and the Governor's Budget Office. The primary purpose of the hearing is to outline the request; provide an opportunity for LBB and the Governor's Budget staff to ask questions; and, offer members of the public an opportunity to comment on the request. In addition, he noted</p>		<p>Mr. Gerry Evenwel moved to approve the consent items as provided at Tab A of the agenda packet with the correction to the minutes to reflect the correct location of the June 8<sup>th</sup> meeting. Dr. Ben Raimer seconded the motion. The motion passed by unanimous vote.</p>

Agenda Topic / Presenter	Presentation	Discussion	Action
<p><b>Executive Director's Report (Cont.)</b></p>	<p>that the legislative committees will soon begin to schedule meetings for an overview of the Legislative Appropriations Request.</p> <p>Mr. Hightower then noted as reported at the last meeting, the State Auditor's Office continues with their audit of the Correctional Managed Health Care program.</p> <p>The audit objectives, he noted again are as follows:</p> <p>1.) Examine the deficit reported by the CMHCC for FY 2009; the projected shortfall reported by the Committee for the FY 2010-2011 biennium; and any projected shortfall reported in the Committee's Legislative Appropriations Request (LAR) for FY 2012 and FY 2013; and,</p> <p>2.) follow-up on selected recommendations from the State Auditor's Office Report No. 07-17 (March 2007) on CMHC funding requirements.</p> <p>The audit process started and should be completed in October with the report being issued in November, 2010.</p> <p>Mr. Hightower next reported that the CMHCC staff spent several days responding to questions addressed by the LBB.</p> <p>He then concluded by thanking Tati Buentello for coming out of retirement to assist the Committee staff while Stephanie Harris is out due to family health issues.</p> <p>Dr. Griffin thanked Mr. Hightower for the updates and asked if there were any questions or comments?</p>		
<p><b>VI. Performance and Financial Status Report</b></p> <p><b>- David McNutt</b></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 third quarter, FY 2010 is provided at Tab C of the agenda packet. He then reported that the average offender population was 151,152 at the end of this third quarter compared to 150,572 for the same time period a year ago which is an increase of 580 or 0.38%.</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>Performance &amp; Financial Status Update (Cont.)</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 third quarter FY2010 was 11,714 compared to 10,929 the same quarter in FY 2009 which is an increase of approximately 7.2%.</p> <p>The psychiatric inpatient census remained consistent at the 1,928 bed level which he again noted is governed largely to the number of available inpatient beds. Through the third quarter of FY 2010, the average number of psychiatric outpatient visits was 21,056 representing 13.9% of the service population.</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 99% range; and dental access to care remained consistently between 98% - 99% range.</p> <p>Mr. McNutt continued by stating that the UTMB sector physician vacancy rate for this quarter was 10.67%; mid-level practitioners at 12.21%; RN's at 9.34%; LVN's at 9.54%, dentists at 4.35% and psychiatrists at 8.70%.</p> <p>TTUHSC sector physician vacancy rate for the same quarter averaged at 25.59%; mid-level practitioners at 20.53%; RN's at 18.19%; LVN's at 15.78%; dentists at 23.83%, and psychiatrists at 36.06%.</p> <p>The timeliness in the Medically Recommended Intensive Supervision Program (MRIS) medical summaries was 94.4% in March, 2010 then up to 96.3% in April then back down to 89.0% in May, 2010.</p> <p>Mr. McNutt next reported that for the statewide revenue v. expenses by month provided on page 116 of the agenda packet shows that the expenses again exceeded the revenue for this quarter.</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>Performance &amp; Financial Status Report (Cont.)</p>	<p>Mr. McNutt concluded by reporting that the overall health care costs through the third quarter of FY 2010 totaled \$411.7M. On a combined basis, this amount is above overall revenues earned by the university providers by approximately 19.0M or 4.8%.</p> <p>Dr. Griffin asked if there were any comments or questions?</p>	<p>Dr. DeShields noted that the data on TDCJ mental health census by gender provided on page 94 of the agenda packet only list UTMB sector units then asked if it was because Tech sector unit only had male offenders?</p> <p>Mr. McNutt responded that was correct and noted that the original intent of the report was to show the breakout by gender for the mental health census.</p> <p>Dr. Linthicum then asked if the committee staff would also list Texas Tech's mental health census so that the report reflects all the TDCJ facilities in future reports.</p> <p>Mr. McNutt responded that he would include all the units on his future reports.</p> <p>Dr. Murray then noted that the 55+ offender population steadily increased and asked if that was due to the offenders getting older while serving their sentence in prison or if it was due to older people entering into their criminal careers at a later age?</p> <p>Mr. McNutt responded it was both and that other state agencies are having the same census issue due to longer sentences served and also with offenders entering the system at a later age.</p> <p>Dr. Linthicum agreed that it was a combination of the two components and noted that the TDCJ Executive Services track the data on offender's length of sentence and age demographics.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p data-bbox="92 282 462 375"><b>VII. Overview of FY 2012-2013 Legislative Appropriations Request (LAR)</b></p> <p data-bbox="142 435 336 462"><b>- David McNutt</b></p>	<p data-bbox="487 282 1129 402">Hearing no further comments, Dr. Griffin thanked Mr. McNutt for the report. He then asked Mr. McNutt to provide the overview of FY 2012 – 2013 Legislative Appropriations Request (LAR).</p> <p data-bbox="487 435 1129 581">Mr. McNutt stated that the LAR report is provided at Tab D of the agenda packet. He then reported that the FY 2010-2011 estimated expenditures is provided on page 108 which gives the breakout of the four strategies that are for the CMHCC.</p> <p data-bbox="487 743 1129 1010">Mr. McNutt continued by reporting that the FY 2010 -11 estimated total for Strategy C.1.7 - Psychiatric Care was \$85,149,268. Strategy C.1.8 Managed Health Care Unit Care’s estimated total was \$413,205,156; Strategy C.1.9 - Managed Health Care Hospital being at \$387,047,177; and Strategy C.1.10 Managed Health Care Pharmacy estimated total was \$114,354,744. He then noted that this brings the total Correctional Health Care estimate for the biennium at \$999,757,345.</p> <p data-bbox="487 1052 1129 1286">Mr. McNutt next noted that the Governor’s Office and the Legislative Budget Board requested a 5% reduction in the baseline budget for FY 2012-2013 for all state agencies. He stated that this puts the adjusted base to \$877,940,251 and the breakout by strategies is provided on page 109. He further reported that this would be \$111,817,094 short of where it would have been based on the FY2011-2012 estimates.</p> <p data-bbox="487 1328 1129 1463">Mr. McNutt then reported that the amount requested to address the resource needs of the correctional health care is broken down into seven categories as provided on page 110. He then stated that the \$41.8M under Item #1 to recover the 5% base reduction is critical to ensure effective</p>	<p data-bbox="1155 162 1728 279">Mr. Collier added that he would have Executive Services provide the age and offender commitment data to the Committee staff to report back at the next CMHCC meeting.</p> <p data-bbox="1155 435 1728 495">Dr. Griffin asked if the method for the breakout of strategies were different from the previous years?</p> <p data-bbox="1155 527 1728 734">Mr. McNutt responded that previously the breakout was separated into two strategies; C.1.8 Managed Health Care and C.1.7 for Psychiatric. In addition to those two strategies, C.1.9 Managed Health Care Hospital Care and C.1.10 Managed Health Care Pharmacy were added for the current reporting method.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>- Overview of FY 2012 - 2013 LAR (Cont.)</p>	<p>overall quality of care within the system. Additionally, \$189.8M in Item #2 is being requested to bring the base level of funding to the level of expense actually incurred for the delivery of service. Item #3 is for increased hospital / specialty care as the aging offender population continues to exert pressure on the level of services and for the cost required of those services. Pharmacy and Drug increases requested under Item #4 is to offset the increasing costs of medication mainly due to chemotherapy drugs. He further reported that the correctional managed health care program is facing critical capital equipment needs for x-rays, dialysis and other equipment estimated to total approximately \$11.8M. Funding for expanding training and education listed on Item #6 will require \$2.8M; and an additional \$12.9M is being requested for the Marlin Medical Facility.</p> <p>Mr. McNutt further noted that the exception items are listed in more detail with the break out between the CMHCC and the university partners on page 111. A brief narrative with the detailed explanation of the exception items are provided on pages 114 – 116, but he noted that this is still in the process of being refined.</p> <p>Mr. McNutt next reported that CMHCC like all other agencies was also asked to list an additional 10% on top of the 5% baseline reduction which is found on page 117. He then stated that the reduction for the biennium would be an additional \$44,397,013 for FY2012 and FY 2013. He concluded by noting that the break-out for UTMB would be \$34.8M; Texas Tech at \$9.5M and \$63,000 for the CMHCC staff.</p> <p>Dr. Griffin thanked Mr. McNutt for the report and asked if there were any questions or comments?</p>	<p>Dr. Linthicum asked if the Marlin Medical Facility was part of the 5% reduction?</p> <p>Mr. McNutt responded that 5% reduction occurred back in February for the Marlin Medical Facility. He further noted the Marlin Medical Facility was listed as an exception item to provide the medical services in the event TDCJ gets the operating fund.</p> <p>Dr. Raimer noted in addition to the Texas Board of Criminal Justice voting to approve the LAR at their last meeting; he asked for the CMHCC's support by moving to take a vote on this request.</p> <p>Dr. Linthicum stated that she would first like to schedule a meeting with committee staff to go over the numbers in more detail.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p><b>VIII. Summary of Critical Personnel Vacancies</b></p> <ul style="list-style-type: none"> <li data-bbox="121 526 453 584">- Denise DeShields, M.D. (TTUHSC)</li> <li data-bbox="121 831 453 889">- Lannette Linthicum, M.D. (TDCJ)</li> <li data-bbox="121 954 390 1013">- Owen Murray, D.O. (UTMB)</li> </ul>	<p>Hearing no further comments, Dr. Griffin thanked Mr. McNutt for the report. He then asked Dr. DeShields to provide the TTUHSC Correctional Health Care Vacancy updates, followed by Dr. Linthicum for TDCJ and Dr. Murray for UTMB vacancy updates.</p> <p>Dr. DeShields reported that TTUHSC is still looking to fill the vacant PAMIO Director position but noted that Dr. Dana Andrew Butler currently is filling that position on an interim base. Tech continues with their efforts to fill vacancies through advertising with local and national publications; enhanced recruiting methods; and utilization of expanded recruiting agencies. She concluded by stating that a small number of recent retired dentists created some vacancies but those numbers should improve.</p> <p>Dr. Linthicum reported that TDCJ had a Nurse II vacancy within the Office of Health Services Monitoring and that they are in the process of interviewing to fill that position.</p> <p>Dr. Murray reported that UTMB continues to have difficulties recruiting in certain geographical regions such as Palestine. He however noted that there have been more applicants for the mid-level and physician positions in the Houston area.</p> <p>Dr. Murray next reported that after 15 years of service, Dr. Monty Smith, Medical Director for the Gatesville / Palestine area who also served in various other positions left to take over the new Internal Medicine Residency Program for the University of Texas in Tyler.</p> <p>Dr. Murray concluded by stating that Dr. Billy Horton will be presenting the update on dentists later on the agenda.</p> <p>Dr. Griffin thanked the three Medical Directors for the report.</p>	<p>After further discussion, Dr. Griffin deferred taking any action on the motion presented by Dr. Raimer until after the report has been issued State Auditor's Office. He further noted that it would be reasonable at that time to schedule a workshop to discuss the LAR.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p><b>IX. Medical Directors Update</b></p> <ul style="list-style-type: none"> <li data-bbox="121 467 443 524">- <b>Denise DeShields, M.D. (TTUHSC)</b></li> <li data-bbox="121 711 443 768">- <b>Lannette Linthicum, M.D. (TDCJ)</b></li> <li data-bbox="121 800 422 833">- Operational Review Audit</li> <li data-bbox="121 1019 380 1052">- Quality of Care Audit</li> <li data-bbox="121 1206 457 1263">- Grievances &amp; Patient Liaison Correspondences</li> </ul>	<p>Dr. Griffin next acknowledged and welcomed Ms. Janice Lord, Texas Board of Criminal Justice member who just joined in on the meeting.</p> <p>He then called on Dr. DeShields to provide the TTUHSC Medical Director's report, followed by Dr. Linthicum for TDCJ and Dr. Murray for UTMB updates.</p> <p>Dr. DeShields noted that the TTUHSC Third Quarter FY 2010 is provided on pages 71-74 of the agenda packet. She concluded by stating that she did not have any new items to report for TTUHSC.</p> <p>Dr. Griffin thanked Dr. DeShields then called on Dr. Linthicum.</p> <p>Dr. Linthicum noted that the TDCJ Medical Director's Report starts on page 121 of the agenda packet.</p> <p>During the third quarter of FY 2010, Dr. Linthicum reported that six operational review audits were conducted. The summary of the items found below 80 percent compliance during those six operational review audits and the corrective action to ensure future compliance are found on pages 122 and 124 of the agenda packet.</p> <p>Dr. Linthicum continued by stating that the TDCJ Health Services conducted a Chronic Disease Quality of Care Audit to assess the primary care management of offenders with Diabetes Mellitus which she noted would be presented by Dr. Buskirk later on the agenda.</p> <p>She then reported that the Patient Liaison Program and the Step II Grievance Program received a total of 4,170 correspondences. Of the total number of correspondences received, 410 or 12.24% action requests were generated.</p> <p>The Patient Liaison Program nurses and investigators performed 117 sick call request verification audits. Dr. Linthicum noted that this audit was formerly known as Access to Care audits.</p>	<p>Dr. Griffin asked that a sample corrective action of the audits that were not in compliance be included in Dr. Linthicum's future report as a resource document.</p> <p>Dr. Linthicum responded that she would include sample corrective action in her future report.</p>	

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- Capital Assets Monitoring	<p>She further noted that a random sample of sick call requests were also audited by the Office of Professional Standards staff. She then added that of the 113 facilities audited, a total of 1,053 indicators were reviewed and 29 or 3% fell below the 80% threshold.</p> <p>The Capital Assets Contract Monitoring Office audited six units during this quarter and these audits are conducted to monitor compliance with the Health Services Policy and State Property Accounting policy regarding inventory procedures. All six units were within the required compliance range.</p>		
- Office of Public Health	<p>Dr. Linthicum next reported that the Office of Public Health monitors the incidence of infectious diseases for TDCJ. For the third quarter of FY 2010, there were 211 cases of suspected syphilis; 348 Methicillin-Resistant Staphylococcus Aureus (MRSA) cases were reported compared to 625 during the same quarter of FY 2009. There was an average of 19 Tuberculosis (TB) cases under management per month during this quarter, compared to an average of 18 per month during the third quarter of the FY 2009.</p> <p>Dr. Linthicum then stated that the Office of Public Health began reporting the activities of the Sexual Assault Nurse Examiner (SANE) in FY 2006. This position collaborates with the Safe Prisons Program and is trained and certified as SANE. During the third quarter FY 2010, eight training sessions were held and attended by 50 medical staff. She further noted that there have been 157 chart reviews of alleged sexual assaults performed for this quarter.</p>		
- Peer Education Programs	<p>Currently, Peer Education Programs are available at 95 of the 112 facilities housing CID offenders. During this quarter, 15,933 offenders attended classes presented by peer educators and this is a decrease from the same quarter in FY 2009 during which 21,162 participants attended classes.</p>		
- Mortality & Morbidity Committee	<p>The Mortality and Morbidity Committee reviewed 146 deaths. Of those 146 deaths, 12 were referred to peer review committees and one was referred to utilization review.</p>		

Agenda Topic/Presenter	Presentation	Discussion	Action
<ul style="list-style-type: none"> <li>- Mental Health Services Monitoring and Liaison</li> </ul>	<p>The Mental Health Services Monitoring and Liaison with County Jails identified the immediate mental health needs of 39 offenders approved for expedited admission to TDCJ due to psychiatric conditions.</p> <p>Dr. Linthicum added that the MHMR history was reviewed for 20,049 offenders brought into TDCJ-ID/SJD. She further noted that 2,925 offenders were identified as having a documented history of mental illness and this information was provided to the appropriate intake / receiving facilities. Continuity of care was audited for 29 intake / receiving facilities and 20 of those facilities met or exceeded 80% compliance.</p> <p>At the request of the Byrd Facility Classification and Records, 14 offenders were behaviorally assessed and two offenders were referred to the university provider for mental health evaluation.</p>		
<ul style="list-style-type: none"> <li>- Clinical Administration</li> </ul>	<p>During the third quarter of FY 2010, ten percent of the combined UTMB and TTUHSC hospital and infirmary discharges were audited. The breakout of the summary of the audits are provided at page 128 – 129 of the agenda packet.</p>	<p>Ms. Lord noted that the unstable discharge cases listed seemed high and asked if Dr. Linthicum was concerned with any of those numbers?</p> <p>Dr. Linthicum responded that she was not too concerned when looking at the overall volume of offsite patients and having safety nets in place within the Health Services Liaison Office. She further noted that there are four RN's and two LVN's reviewing the cases.</p>	
<ul style="list-style-type: none"> <li>- Accreditation</li> </ul>	<p>Dr. Linthicum then reported that the American Correctional Association Panel of Commissioners awarded ACA Re-accreditation to Ellis, Ft. Stockton / Lynaugh, Hughes, Hutchins, Middleton, Montford, Murray , Stevenson and Stringfellow units.</p>		
<ul style="list-style-type: none"> <li>- Biomedical Research Project</li> </ul>	<p>Dr. Linthicum concluded by stating that the summary and pending research projects as provided by the TDCJ Executive Services are included in the consent items on pages 62 – 64 of the agenda packet.</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p data-bbox="92 224 380 280">- <b>Owen Murray, D. O. (UTMB)</b></p> <p data-bbox="130 375 447 431">UTMB-CMC Payment Rates for TDCJ Offenders</p>	<p data-bbox="489 131 1131 188">Dr. Griffin thanked Dr. Linthicum then called on Dr. Murray.</p> <p data-bbox="489 224 1131 342">Dr. Murray recalled at the last CMHCC meeting, the Committee asked for further data on UTMB's payment rates for TDCJ offender health care services and stated that Mr. Elger would be addressing this issue at this time.</p> <p data-bbox="489 378 1131 553">Mr. Elger noted that this report is provided on pages 133 – 134 of the agenda packet and that he would briefly go over this summary. He stated that payment rates were originally designed to proximate the costs at a level where UTMB recovers the cost to provide health care services without a loss which he noted has not happened for some time.</p> <p data-bbox="489 589 1131 764">He further stated that there were past discussions on what Medicaid rates were compared to the CMHC-UTMB contract rates. For the inpatient side, those costs are based on DRG payments and for every admission, UTMB gets certain payment rates adjusted which Mr. Elger noted is similar to Medicare.</p> <p data-bbox="489 800 1131 1227">Medicaid he noted is cost based, which is determined by various revenue producing cost centers. He further noted there are several non-revenue producing centers such as housekeeping and laundry. For example, a non-revenue housekeeping cost center would combine with radiology which is a revenue producing cost center, thereby using the square footage as a percentage to allocate the housekeeping costs. Those are then applied to the Medicare charges to come up with the Medicaid costs. Mr. Elger stated that those costs were used for this purpose as UTMB tried to benchmark the costs with Medicaid payments. Projection of cost, charges, and admissions are made based on historical activity and anticipated changes such as patient demographics, inflation factors and new services.</p> <p data-bbox="489 1263 1131 1438">Mr. Elger further reported without knowing the full impact of the actual costs due to Hurricane Ike in FY 2009, UTMB assumed that the cost for FY2010 would be approximately 4.5% higher than what was projected for the biennium. These costs were then used for this purpose as UTMB benchmarked the costs with Medicaid payments.</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>- UTMB Payment Rates for TDCJ Offenders (Cont.)</p>	<p>Mr. Elger then noted on page 144 is an example of what is paid by the CMHCC – UTMB contract in comparison to the Medicare and Medicaid benchmarks. The average inpatient admission payment under the contract is \$8,000 compared to Medicaid payment of \$10,900. When converted to a percentage of charges more like what Medicare does, he noted that Medicaid would have paid 54% of those charges compared to 43.5% paid under the contract. Medicaid does not break outpatient lab services as it does in the contract. The combined outpatient lab and other services averaged 29.3% under the contract compared to 43% of those charges by Medicaid. For the physician services, he noted that would be 49% under the contract compared to 42% of the charges under Medicaid. This in part is due to no-show rates when the clinic is fully staffed and the cost associated with travel. He again stressed that compared to what they would get under Medicaid and what they are getting from the contract is a significant loss.</p> <p>Mr. Elger concluded by stating that the benchmarks are those based on general population offenders and if you look at the Medicaid cost report, it shows that providing health care services to the offender population is significantly more expensive with the aging population and with the high acuity type diseases.</p>	<p>Dr. Linthicum noted that it was her understanding that each clinic is overbooked in the event there is a no-show.</p> <p>Dr. Murray responded that even if there were 30 appointments scheduled and they overbooked it to 45 patients; there are still often times only 25 who show up for that day.</p> <p>Dr. Griffin stated that it would be beneficial when going before the state leadership to know what the break even point or the dollar number projected on the shortfalls are then asked if UTMB could provide those numbers?</p> <p>Dr. Murray responded that there are other costs such as maintenance of the building and not having funding to replace aging equipment.</p> <p>Dr. Griffin responded that the cost of building maintenance came out of State funding and the supplemental appropriations was being requested to replace aging equipment.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>UTMB - CMC Payment Rates for TDCJ Offenders (Cont.)</p>		<p>Dr. Raimer also added that Hospital Galveston is the property of UTMB and a new MRI machine was recently purchased out of their funds. He further noted that the employees at Hospital Galveston are not TDCJ-CMC employees but are employed by UTMB.</p> <p>Dr. Griffin asked where the 200 employees are located that are listed on the personnel reports who are on CMC payroll in Galveston.</p> <p>Dr. Murray responded that most are officed at the Frost National Bank such as himself, Dr. Paar, Steve Alderman and his staff.</p> <p>Dr. Linthicum then asked if the nurses at the UTMB Hospital were being paid out of the CMC funding?</p> <p>Dr. Murray responded that offender care and services are being funded but the employees were not.</p> <p>Dr. Griffin further asked if the medication for UTMB are under the Pharmacy strategy?</p> <p>Dr. Raimer responded that was separate. He further noted that there are still numerous questions being asked that it may be helpful to have a workshop to go over the cost issues.</p> <p>Ms. Lord added that it would help her to also have the breakout numbers from Hurricane Ike provided at the workshop.</p> <p>Mr. Hightower also requested for the cost rates being charged and again noted that having the numbers for the break even point would be helpful as this is a question that State Leadership are asking for.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>- UTMB Dental Staffing</p>	<p>Dr. Murray continued by noting that Billy Horton, D.D.S. will next present the dental staffing information update requested at the last meeting.</p> <p>Dr. Horton noted that there are five documents provided in the agenda packet starting on page 136.</p> <p>The first three reports show dental positions affected by the reduction of force (RIF) categorized by dentist ( provided on page 137) , dental hygienist (page 138) and dental assistants (page 138).</p> <p>The fourth report lists the dental coverage by dental positions for all units in the UTMB sector. He further noted that the authorized dental coverage is the same now as it was before the reduction in force.</p>	<p>Mr. Elger stated he would have those issues addressed then added that the monthly payments are already included in the financial reports submitted to the Committee staff.</p> <p>Mr. Webb then noted that the DRG payments for Hospital Galveston inpatient and fee schedule payments for specialty clinic visits include fixed and variable costs. The fixed cost would include the costs of the building which was already paid by the State of Texas and moved from TDCJ to UTMB's general ledger. He further noted that these building costs would then be paid for twice, since they are included in the DRG and fee schedule payments. Mr. Webb agreed and stated that he would also be in favor of having a workshop to further discuss this issue.</p> <p>Mr. Elger responded that UTMB has a cost accounting system and that staff is welcome to look through this process.</p> <p>After some further discussion, Dr. Griffin asked Dr. Raimer to oversee setting up a workshop together with the Committee staff sometime in late November or in early December after the audit reports are issued.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>UTMB Dental Staffing</p>	<p>Dr. Horton then stated a list of the unit vacancies as of August 12, 2010 is provided on page 144 but that he would be presenting a more up-to-date data for those vacancies.</p> <p>He reported that there are currently 14.5 vacancies for dentists, of which seven of those are results from recent retirements and the remaining 7.5 are the result of the RIF. Dr. Horton further noted that they are in the process of hiring nine dentists to fill the vacancies but two are transfers within the UTMB system. By the end of this month, Dr. Horton noted that the dentist vacancy rate should be down to seven FTE's out of those 14.</p> <p>There are currently three hygienist position vacancies and those applicants are in the process of being interviewed. He further noted that they expect to hire those being interviewed.</p> <p>There are currently 13.45 dental assistant vacancies but Dr. Norton noted that they have had a good number of applicants for those positions. He concluded by reporting that the dental assistant positions are hired at the district level, therefore he did not have the specific status on where they are in filling those positions at this time.</p>	<p>Dr. Griffin asked Dr. Horton to repeat the numbers for the pre-RIF dentist.</p> <p>Dr. Horton responded that there were 4.5 vacancies pre-RIF but the actual number of vacancies as a result of the RIF's was 27.5 FTE's.</p> <p>Dr. Griffin asked if Dr. Horton would have the percentages of those numbers.</p> <p>Dr. Horton responded that there are currently 76.95 FTE's for dentist with 14.5 vacancies or approximately 18.8%. For the dental hygienist there are currently 26.2 FTE's with three vacancies which would be 11.5%. There are currently 115.75 dental assistant FTE's with 13.45 vacancies or 11.6%.</p> <p>Dr. Griffin further asked what the impact was for the delivery of service after the RIF's?</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
	<p data-bbox="489 862 1129 919">Dr. Griffin thanked Dr. Horton for the update and asked if there were any other items for the UTMB updates?</p> <p data-bbox="489 954 1129 1073">Dr. Murray further reported that UTMB now offer employees certified nursing and the Continuing Medical Education (CME) courses that had been unavailable during the time of fiscal challenges.</p> <p data-bbox="489 1109 1129 1349">He then noted that both he and Dr. Linthicum received a letter from the Board of Nursing Examiners regarding concerns expressed by nurses from the Palestine area about their work load and the changing work environment. Dr. Murray stated that these are also concerns the management are looking into with the added work load and longer working hours being placed on those health care providers due to staffing shortages.</p>	<p data-bbox="1155 164 1656 404">Dr. Horton responded that once the RIF letter were sent, some of the providers went and found other jobs which created staff shortages. Those remaining providers worked with patients who had higher priority or urgent dental needs first and delayed work on routine dental care such as cleaning or providing routine fillings.</p> <p data-bbox="1155 440 1656 496">Mr. Collier asked how long it would take to improve the dental vacancy rates?</p> <p data-bbox="1155 532 1656 797">Dr. Horton responded that when he first started approximately a year and a half ago, there were approximately 12.5 vacancies and it took almost a year to get those vacancies down to 4.5. With the economy being the way it is today, they have received positive response with more applications being processed and hoped that they will be able to fill those vacancies with less time.</p> <p data-bbox="1155 1292 1656 1466">Dr. Griffin then asked if Dr. Murray knew what the age or year of tenure for the average providers currently were? Dr. Griffin further asked if the trend was still where new applicants being recruited are those looking at an after retirement career?</p>	



Agenda Topic / Presenter	Presentation	Discussion	Action
<p data-bbox="94 164 359 220">- TCOOMMI Update (Cont.)</p> <p data-bbox="111 683 459 768"><b>XI. TDCJ Health Services Division, Chronic Disease Quality Care Audit</b></p> <p data-bbox="94 805 453 829">- Kathryn Buskirk, MD, CMD</p>	<p data-bbox="485 164 1131 280">Ms. Zamora further reported that they hoped to add two more Human Services Specialist to oversee the re-entry plan for the special needs of those offender patients who are diagnosed with HIV or AIDS.</p> <p data-bbox="485 318 1131 402">She concluded by again stating that Ms. Wilson will provide the Reentry and Integration Division process at the next CMHCC meeting.</p> <p data-bbox="485 591 1131 647">Hearing no further discussions, Dr. Griffin thanked Ms. Zamora for the update.</p> <p data-bbox="485 683 1131 768">Dr. Griffin called on Dr. Linthicum to introduce Kathryn Buskirk, MD, CMD who will be providing the chronic disease quality of care audit.</p> <p data-bbox="485 805 1131 1044">Dr. Linthicum introduced Kathryn Buskirk, MD, CMD, Director of Quality and Compliance Monitoring of the TDCJ Health Services Division. She further noted that Dr. Buskirk attended medical school at the University of Texas in San Antonio and has over 20 years of clinical experience in geriatrics and hospice. She is Board Certified in Hospice and Palliative Medicine and is also a certified medical director with extensive experience.</p> <p data-bbox="485 1081 1131 1166">Dr. Buskirk thanked Dr. Linthicum and the Committee staff for the opportunity to provide the audit. She then noted that the presentation is provided at Tab I of the agenda packet.</p> <p data-bbox="485 1203 1131 1463">She stated that the presentation is to introduce the Committee to the chronic disease quality of care audit process. The development of this audit she noted, is supported by two Texas Government Codes; Section 501.145 which mandates that TDCJ 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 data-bbox="1152 318 1661 402">Dr. Griffin asked if there was anything that the Committee can do to help support her program?</p> <p data-bbox="1152 440 1661 586">Ms. Zamora responded they are receiving medical updates and are working through the medical summaries in coordination with the three Medical Directors and thanked them for their assistance in this effort.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>- Chronic Care Quality Audit (Cont.)</p>	<p>Dr. Buskirk further reported that the audit is designed to monitor and measure the management of seven of the most common chronic diseases to include diabetes, hypertension, hyperlipidemia, coronary artery disease, congestive heart failure, seizure disorders and chronic respiratory disease.</p> <p>There are five common questions included in all seven chronic disease audits are provided on page 162 of the agenda packet. She then added that four of the seven chronic disease audit tools include two vaccine questions which can be found on page 163.</p> <p>Dr. Buskirk further reported that there are eleven diabetic specific questions provided on page 164. She noted that these cover issues such as patient education; diet; risk factor modification; exams and lab tests performed; and if appropriate medications were prescribed.</p> <p>She then noted that the questions used in these audits are based on standards established by the Center for Medicare and Medicaid Services (CMS); American Correctional Association (ACA); Correctional Managed Health Care (CMHC) Policies; and, the Disease Management Guidelines (DMG's) from the CMHC Pharmacy &amp; Therapeutics Committee.</p> <p>For the diabetes specific audit, 110 TDCJ facilities were audited using the Diabetes Audit Tool during the 3<sup>rd</sup> Quarter of FY 2010. A total of 1645 charts were audited of which 1306 were from the UTMB sector and 339 from the TTUHSC sector. Dr. Buskirk further noted that this represents about 21% of the nearly 8000 diabetic offenders in the TDCJ system and yields a 99% confidence level. She further noted that these 1645 charts were randomly selected from the Diabetes Chronic Care.</p> <p>The graph provided on page 168 demonstrates the performance percent for the overall system for those five common questions represented individually by the five bars. The overall performance was above 80%. The bar graph on page 169 represents the percent performance for the eleven diabetic specific questions and seven of those eleven were in the 80 percentile.</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>- Chronic Disease Quality of Care Audit (Cont.)</p>	<p>Dr. Buskirk then reported that the first bar on the graph provided on page 170 represents the average Hemoglobin A1c (HgA1c) for the entire system which was 7.89. She clarified that HgA1c is the indicator for diabetes control. The red line represents the NCCHC Standards which has a goal of less than eight for HgA1c and the yellow line below represents the American Diabetes Association Standards for HgA1c which is less than seven. She noted that CMHC did meet the NCCHC Standard but did not quite meet the ADA Standard. The last two bars on the right represent the vaccine questions and 74% of the offenders did receive the flu shot and 58% had received the Pneumococcal vaccine.</p> <p>The graph on page 171 is an example of how performance scores are reported for the individual facilities. Each bar represents 16 of the 110 facilities on this graph which represents the average HgA1c scores. Dr. Buskirk again stated that the red line indicates the NCCHC Standards and the yellow line is the ADA Standards.</p> <p>Dr. Buskirk further reported that there is an ADA article titled, "Diabetic management in correctional Institution" and in that article it quotes that, "...all diabetics receive care based on national standards and that being incarcerated does not change those standards.</p> <p>She then stated that the plan is to complete one to two systemwide chronic disease assessments per quarter and reported that they just completed the diabetes and hypertension audit and are currently working on seizure disorders. These reports will be provided to the health care providers as a resource reference to assist in their clinical oversight for quality of care issues and the results will also be reported to the CMHC Committee and the Texas Board of Criminal Justice.</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 of care.</p>	<p>Dr. Raimer commented that it would be interesting to do a comparison of the correctional HgA1c reports just provided with other national health care organization. He then added that Dr. Buskirk may want to look at publishing this report in a journal.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p><b>XII. Vascular Access in TDCJ &amp; UTMB-CMC</b></p> <p><b>- Dave Khurana, M.D.</b></p>	<p>Dr. Griffin next called on Dr. Murray to introduce Dave Khurana, M.D. who will be presenting the report on vascular access in TDCJ and UTMB-CMC</p> <p>Dr. Murray introduced Dave Khurana, M.D. who serves as the Medical Director of Nephrology and Dialysis for UTMB-CMC and also serves as the Clinical Assistant Professor for the Division of Nephrology and Hypertension at UTMB. Dr. Murray further stated that Dr. Khurana received his medical degree from St. Georges University, Grenada, West Indies and performed his Internal Medicine Internship and his Residency Program at the University of Texas Medical Branch. Dr. Khurana previously was with the Nephrology Associates out of Palm Beach, Florida and was the Co-Medical Director at the Atlantic Kidney Center and was also the Co-Medical Director of the Jupiter Kidney Center in Florida.</p> <p>Dr. Khurana thanked Dr. Murray for the introduction then thanked the Committee for the opportunity to provide the update on vascular access in TDCJ and UTMB-CMC.</p> <p>Dr. Khurana then stated that his presentation is provided at Tab J of the agenda packet. He reported that vascular access for hemodialysis, is a process used to treat patients whose kidneys are not functioning properly. This involves a special heomodialyzer machine and tubing that removes blood from the body, cleanses it of waste and then returns it back in to the body.</p> <p>Dr. Khurana noted that there are three types of vascular access options. First, is the use of an arteriovenous fistula or AVF which is a type of dialysis access created by joining or bridging an artery and the vein, usually in the forearm which he noted is the preferred method. The second less preferred process is the arteriovenous graft or AVG which uses a synthetic tube implanted under the skin in your arm, but he stated that this graft tend to have more problems with clotting or infection and generally will need to be replaced.</p>	<p>Dr. Griffin agreed and hearing no further discussions, thanked Dr. Buskirk for the report.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
	<p>The third least preferred method is the central venous catheter (CVC) which Dr. Khurana explained is a catheter placed into the vein that sits at the top of the heart but the adapters sticks out of the body which makes it prone to infection.</p> <p>Dr. Khurana expressed the importance of good vascular access as it equates to dialysis with less complications for the patient which decreases morbidity, mortality and hospitalization rates which makes for a cost effective patient care.</p> <p>He further noted that the key to success for this program is having credibility, consistency, communication, commitment and confidence. With his being named the new Medical Director of Nephrology and Dialysis and having two Vascular Access Coordinators; one with Correctional Managed Care and one on the UTMB side helps provide a direct line of communication as well as standardization of care within the program.</p> <p>Dr. Khurana next reported that the prevalent vascular access utilization type is provided in the graph on page 184 of the agenda packet. He also noted that the percent of utilized arteriovenous fistula, arteriovenous graft and the percent of the central venous catheters for TDCJ-UTMB is provided on pages 186 – 188 of the agenda packet.</p> <p>Dr. Khurana then stated that there are currently 1200 chronic kidney disease (CKD) and 240 pre-dialysis patients. Those pre-dialysis patients have less than 15% of the normal kidney function. He further stated that the health care providers are in direct weekly interaction with the offender patients to monitor their potential progression of the disease as well as providing educational materials to help them understand how to better manage their condition through the use of medication, diet and exercise.</p> <p>The physicians and administrations utilize the DMS / Telemedicine process for the patients health care needs and Dr. Khurana also noted that the TDCJ electronic medical records will be converting from Emerald EMR to the newer more efficient PERAL EMR system and are in the process of training staff.</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
	<p>Dr. Khurana further noted that the health care providers are making weekly rounds to examine access and to educate and answer questions that the offender patient may have. Monthly quality assurances and improvement process are in place and are committed to improving co-morbidity rates.</p> <p>He further stated quarterly multi-specialty meeting are held with staff from surgery, nephrology, TDCJ and CMC to review problems with patient issues.</p> <p>The percentage of CMS use of fistulas versus central venous catheter use compared to the Texas /USA percentage is provided page 95 of the agenda packet. The KDOQI (Dialysis Outcomes Quality Initiatives, an evidenced based clinical practice guidelines and recommendations for delivering dialysis care) benchmark percentage is at 65% with CMS at 63% and TX/USA at 53.6%.</p> <p>Dr. Khurana noted that the Estelle Unit provides nephrology care but that 155 of the 156 slots for non-Hepatitis B patients are full and 5 of the 12 slots for Hepatitis B positive patients are full. For the Carol Young facility 14 of 12 slots are full which forces them to run 6 days per week. He concluded by stating that they are at a critical point as the cost for necessary dialysis treatment increases and also with the aging offender population and will require appropriate resources.</p>	<p>Dr. Griffin asked what the average dialysis time?</p> <p>Dr. Khurana responded that it averaged from 3.5 – 4 hours compared to the national average dialysis time of 4 hours.</p> <p>Dr. Linthicum added that the Carol Young facility only housed females offenders when it opened therefore the male dialysis patients occupy infirmary beds as there are no housing available for the male offender patient.</p> <p>Mr. Tony Williams asked Dr. Khourana to update the Committee on other issues faced with the dialysis program.</p> <p>Dr. Khourana noted that they are currently licensed by the Texas Department of Health but the facility set up does not meet the new dialysis guidelines and appropriate modifications will need to be in place before the license expires. He added there are also concerns with the aging dialysis equipment where replacement parts are no longer available.</p> <p>Dr. DeShields agreed and noted that Texas Tech takes in the dialysis overflow patients and face the same issue of being over capacity with only a part time nephrologist at the Montford Unit.</p> <p>After some further discussions, Dr. Griffin thanked Dr. Khurana for the update.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p><b>XIII. Financial Reports</b></p> <p><b>- Lynn Webb</b></p>	<p>Dr. Griffin then called on Mr. Webb to provide the FY 2010 Third Quarter Financial Report.</p> <p>Mr. Webb noted that the financial summary will cover all data for the Third Quarter FY 2010 ending May 31, 2010 and the report is provided at Tab K of the agenda packet.</p> <p>As represented on Table 2 on page 206, Mr. Webb noted that the average daily population has increased slightly to 151,152 for this quarter as reported earlier by Mr. McNutt. Through this same quarter a year ago, the daily population was 150,572 which is an increase of 580 or 0.38%.</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 11,714 as of 3<sup>rd</sup> Quarter FY 2010. Mr. Webb noted that this was an increase of 785 or about 7.2% compared to 10,929 same quarter a year ago.</p> <p>The overall HIV+ population has remained relatively stable throughout the last few years at 2,400 through the second quarter FY 2010 or about 1.58% of the population serviced.</p> <p>The two mental health caseload measures have remained relatively stable with the average number of psychiatric inpatients within the system at 1,928 through this quarter and Mr. Webb again noted that the inpatient caseload is limited by the number of available inpatient beds in the system. The average number of mental health outpatient visits was 21,056 representing 13.9% of the service population.</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>- Financial Report (Cont.)</p>	<p>Mr. Webb further reported that the overall health costs through the Third Quarter of FY 2010 totaled \$411.7M. On a combined basis, this amount is above overall revenues earned by the university providers by approximately \$19.0M or 4.8%.</p> <p>He next noted that UTMB's total revenue through the third quarter was \$312.7M and the expenditures totaled \$329.4M resulting in a net shortfall of \$16.7M.</p> <p>Texas Tech's total revenue through the third quarter was \$79.9M and the expenditures totaled at \$82.2M resulting in a net shortfall of \$2.3M.</p> <p>He then stated that Table 4 and 4a provided on pages 209 and 210 indicates that of the \$411.7M in expenses reported through the 3rd Quarter of FY 2010, onsite services comprised \$193.7M or about 47.1% of the total expenses; Pharmacy Services totaled \$39.3M or about 9.6% of total expenses; offsite services accounted for \$132.1M or 32.1% of total expenses; Mental Health Services totaled \$36.3M or 8.8% of the total costs; and, indirect support expenses accounted for \$10.3M or about 2.4% of the total costs.</p> <p>As requested at the last quarterly meeting of FY 2009, Mr. Webb noted that Table 4a was constructed to provide the breakout of expenses by the UTNB and Texas Tech sectors.</p> <p>Mr. Webb further reported that Table 5 on page 211 indicates that the total cost per offender per day for all health care services statewide through the Third Quarter FY 2010 was \$9.98, compared to \$9.31 through this quarter or an increase of 7.2% over the past fiscal year. He then noted as a point of reference that healthcare costs was \$7.64 per day in FY 03 which would equate to a 30.6% increase since FY03 or approximately 4.8% increase per year average which is well below the national average.</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>- Financial Report (Cont.)</p>	<p>Older offenders continue to access the health care delivery system at a much higher acuity and frequency than younger offenders. Table 6 on page 212 shows that encounter data through this quarter indicates that older offenders had documented encounter with medical staff a little under three times as often as younger offenders.</p> <p>Table 7 on page 213 indicates that hospital costs received to date this fiscal year for older offenders averaged approximately \$3,122 per offender vs. \$481 for younger offenders.</p> <p>Hospitalization costs provided at Chart 15 shows that the older offenders were utilizing health care resources at a rate more than six times higher than the younger offenders. While comprising only about 7.7% of the overall service population, older offenders accounted for 35.3% of the hospitalization costs received to date.</p> <p>Table 8 on page 214 shows older offenders are represented five times more often in the dialysis population than younger offenders. Dialysis costs continue to be significant, averaging about \$23.6K per patient per year. Providing dialysis treatment for an average of 193 patients through the third quarter of FY 2010 cost \$3.4M.</p> <p>Total drug costs through the 3rd Quarter FY 2010 totaled \$30.2M as provided at Table 9 on page 215. Of this total, \$14.1M or under \$1.56M per month was for HIV medical costs which was about 46.8% of the total drug cost; psychiatric drug costs were approximately \$1.6M or about 5.1% of the overall drug costs; Hepatitis C drug costs were \$2.0M and represented about 6.6% of the total drug cost.</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>- Financial Report (Cont.)</p>	<p>Mr. Webb again noted that it is a legislative requirement that both UTMB and TTUHSC 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 \$16.7M through the end of the 3rd Quarter of Fiscal Year 2010.</p> <p>TTUHSC reports that they hold no such reserves and report a total operating shortfall of \$2.3M through the 3rd Quarter FY 2010.</p> <p>He then reported that a summary analysis of the ending balances revenue and payments through May 31, 2010 provided at Table 10 on page 216 for all CMHCC accounts are included in this report. The summary indicates that the net unencumbered balance on all CMHCC account on May 31, 2010 was \$62,089.85. It should be noted that this balance will decrease over the course of the third quarter.</p> <p>Mr. Webb next reported that the detailed transaction level data from both providers is being tested on a monthly basis to verify reasonableness, accuracy and compliance with policies and procedures.</p> <p>The testing of detail transactions performed on TTUHSC's financial information for March 2010 through May 2010 found all tested transactions with appropriate backup and found that all tested transactions to be verified.</p> <p>The testing of detail transactions performed on UTMB's financial information for March 2010 through May 2010 found all tested transactions with appropriate backup and found all tested transactions to be verified.</p> <p>Mr. Webb noted that concluded his report. Dr. Griffin asked if there were any questions? Hearing no further comments, thanked Mr. Webb for the report.</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p><b>XIV. Public Comments</b></p> <p>- Dr. Griffin</p>	<p>Dr. Griffin noted that the next agenda item is where the Committee at each regular meeting provides an opportunity to receive public comments. Dr. Griffin stated that there were no such requests at this time.</p>		
<p><b>XV. Date / Location of Next CMHCC Meeting</b></p> <p>- Dr. Griffin</p>	<p>Dr. Griffin then stated that the next CMHC meeting is scheduled for 9:00 a.m. on December 7, 2010 to be held at the Frontiers of Flight Museum Conference Room #1, 6911 Lemmon Avenue.</p>		
<p><b>XVI. Adjourn</b></p>	<p>Hearing no further comments, Dr. Griffin thanked the CMHCC members for their continued support and the Committee staff for their hard work then adjourned the meeting.</p>		

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

Date:

Consent Item 2

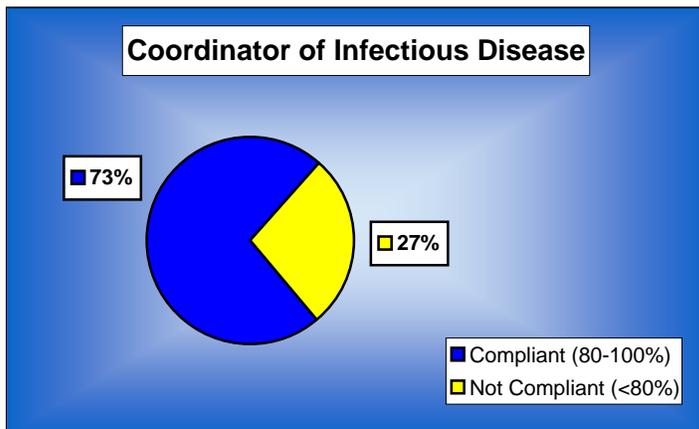
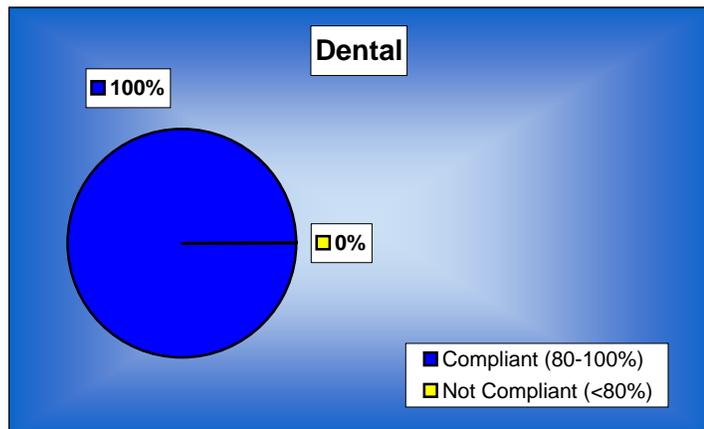
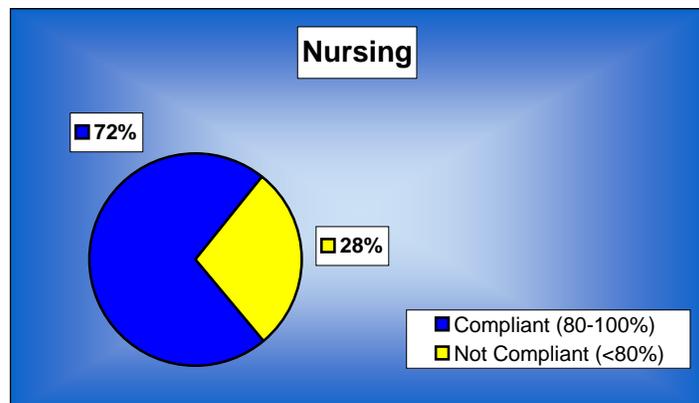
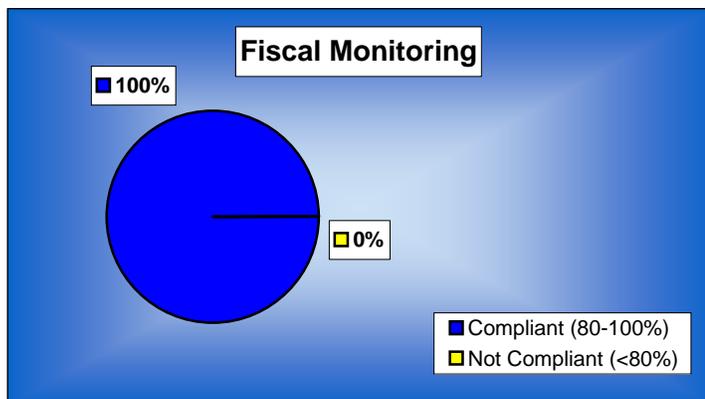
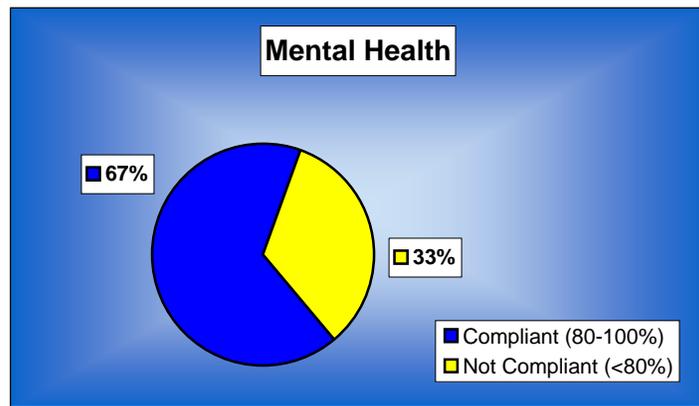
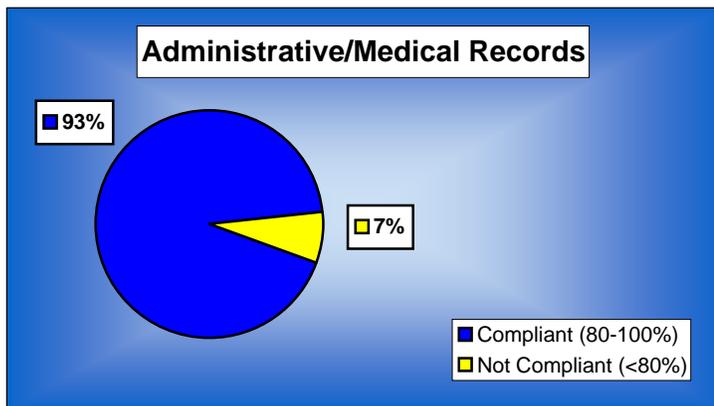
TDCJ Health Services  
Monitoring Reports

**Rate of Compliance with Standards by Operational Categories**  
**Fourth Quarter, Fiscal Year 2010**  
**June, July and August 2010**

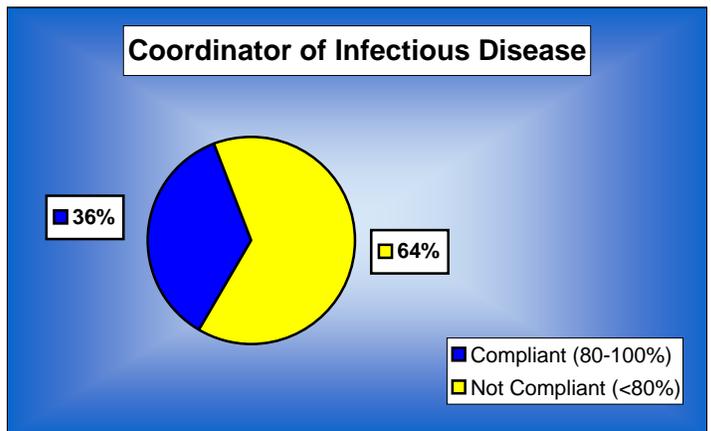
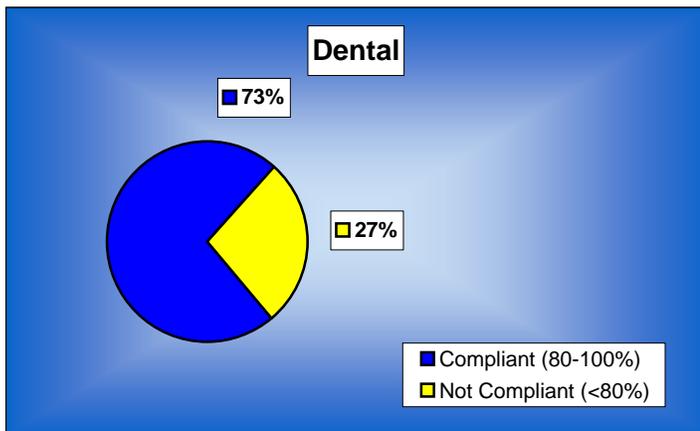
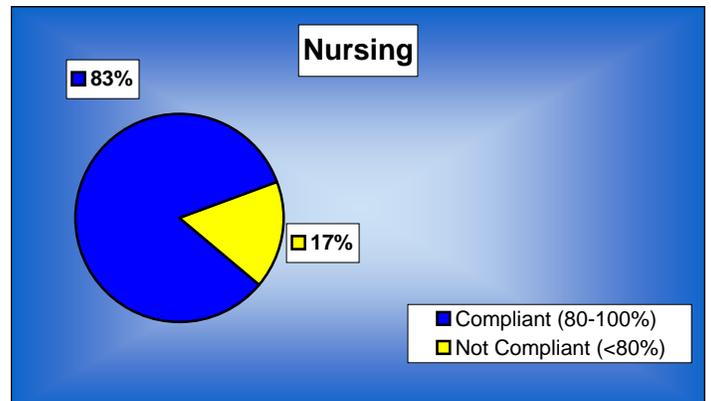
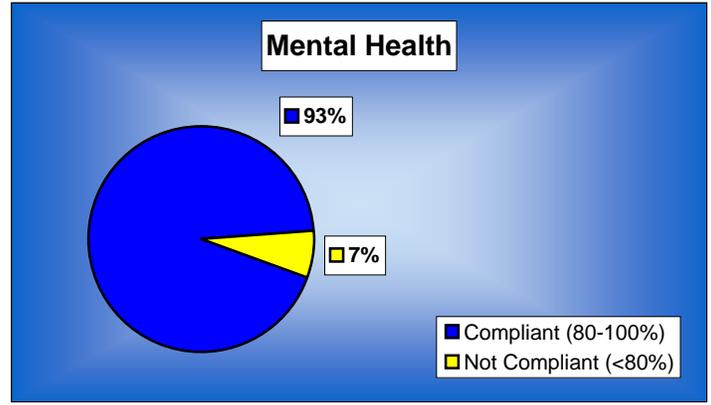
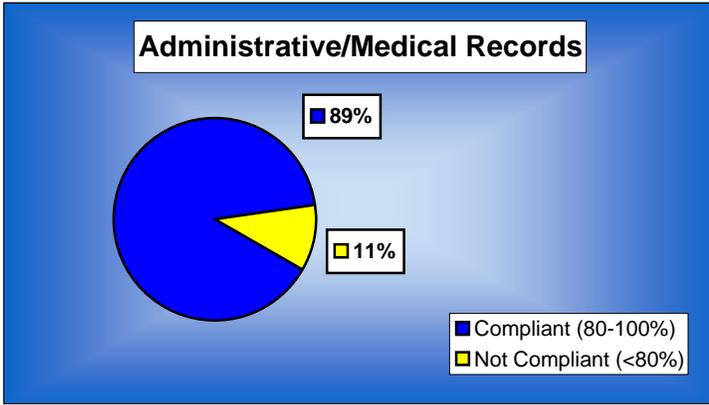
Unit	Operations/ Administration			General Medical/Nursing			Coordinator of Infectious Disease			Dental			Mental Health			Fiscal		
	<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance	
Baten Intermediate Sanction Facility	68	63	93%	25	18	72%	22	16	73%	7	7	100%	21	14	67%	7	7	100%
Bridgeport Pre-Parole Transfer	57	51	89%	30	25	83%	14	5	36%	11	8	73%	15	14	93%	NA	NA	NA
Clements	129	126	98%	68	37	54%	53	32	60%	42	40	95%	40	34	85%	20	20	100%
Dalhart	68	64	94%	30	25	83%	25	19	76%	21	21	100%	19	11	58%	10	10	100%
East Texas Treatment Facility	1	1	100%	7	4	57%	27	10	37%	12	12	100%	14	13	93%	NA	NA	NA
Ferguson	76	75	99%	28	21	75%	22	13	59%	21	21	100%	18	17	94%	12	12	100%
Fort Stockton	67	64	96%	31	25	81%	22	18	82%	20	20	100%	9	6	67%	7	7	100%
Holliday	73	67	92%	25	22	88%	30	20	67%	19	19	100%	19	17	89%	9	9	100%
Hutchins State Jail	77	73	95%	30	22	73%	34	21	62%	21	21	100%	21	20	95%	8	8	100%
Johnston	73	72	99%	33	31	94%	18	12	67%	19	19	100%	10	8	80%	9	9	100%
Jordan	71	69	97%	31	25	81%	22	22	100%	20	20	100%	8	8	100%	10	10	100%
Lynaugh	69	66	96%	31	17	55%	27	20	74%	21	19	90%	18	11	61%	10	7	70%
Neal	73	66	90%	31	14	45%	27	17	63%	20	20	100%	18	16	89%	10	10	100%
Plane State Jail	74	67	91%	39	24	62%	33	22	67%	22	18	82%	19	17	89%	10	10	100%
Polunsky	NA	NA	NA	42	31	74%	28	9	32%	20	18	90%	NA	NA	NA	NA	NA	NA

*n* = number of applicable items audited.

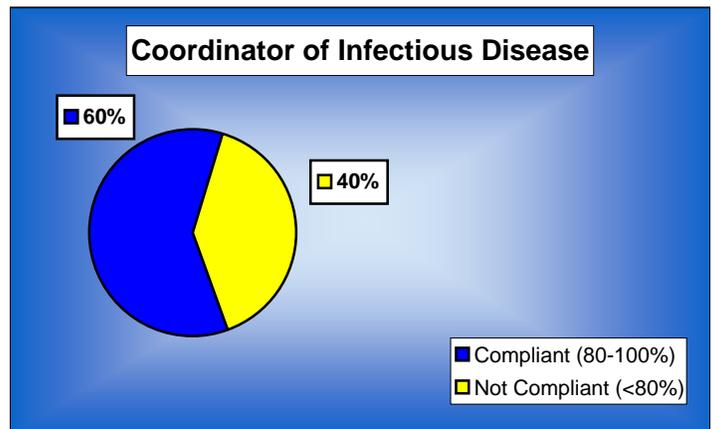
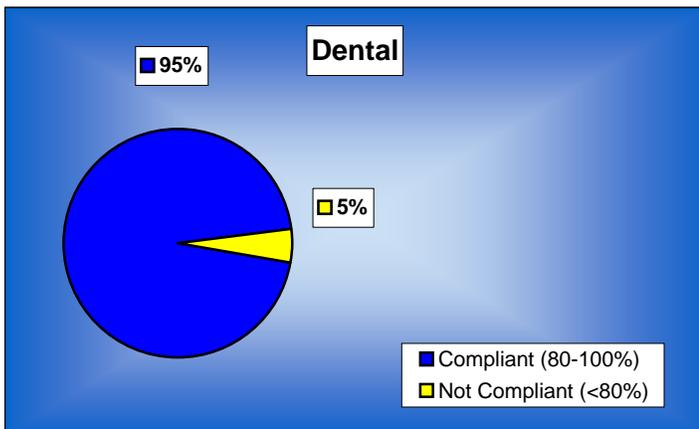
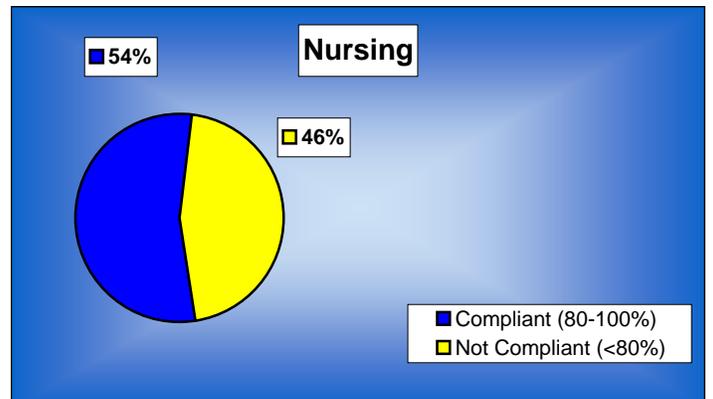
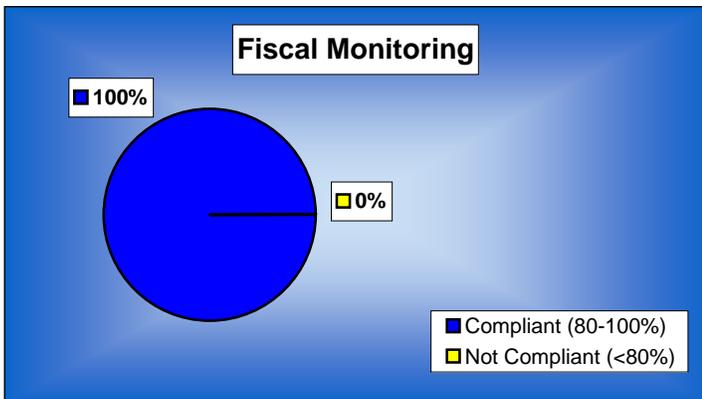
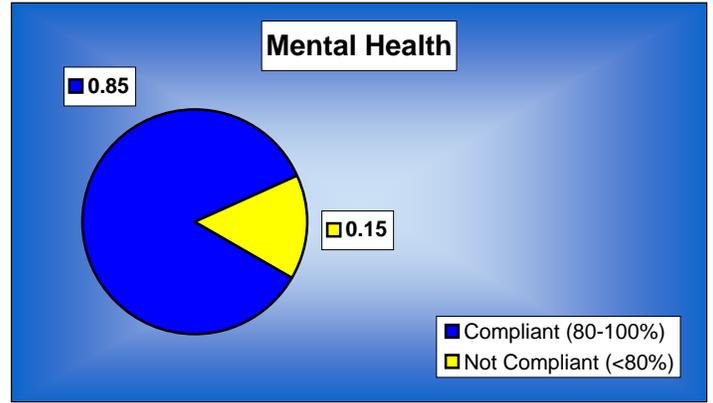
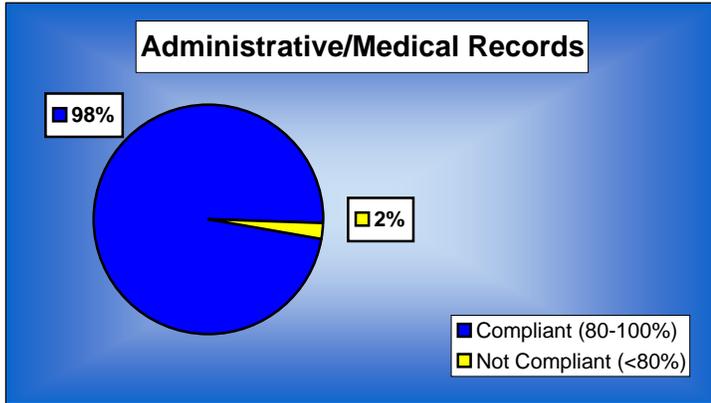
Compliance Rate by Operational Categories for  
Baten Intermediate Sanction Facility  
July 7, 2010



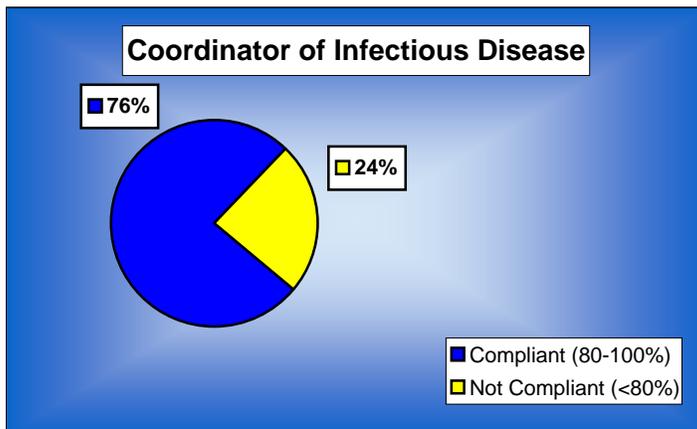
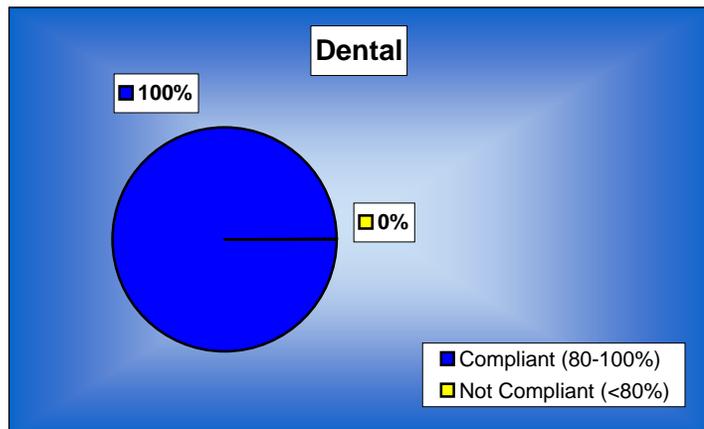
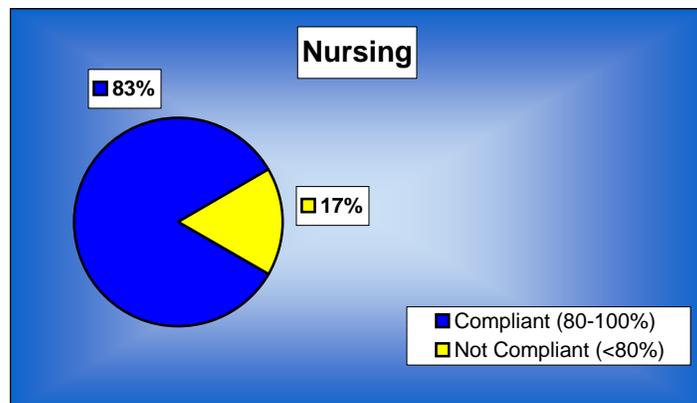
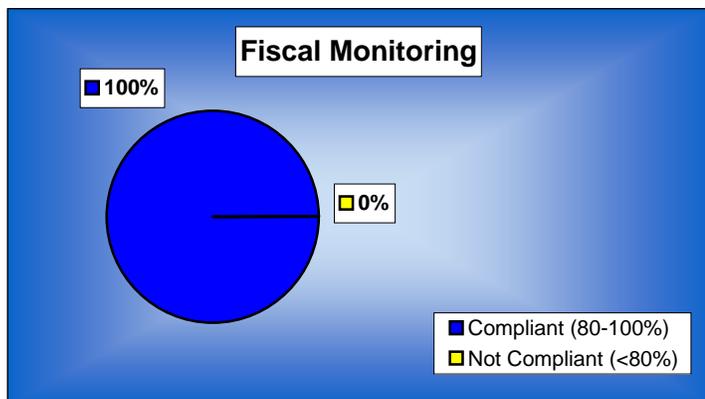
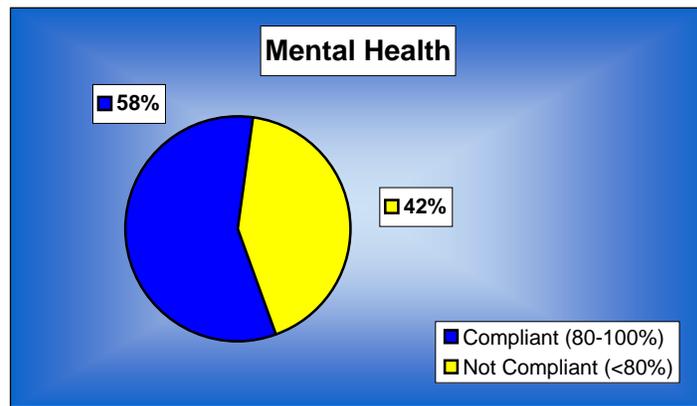
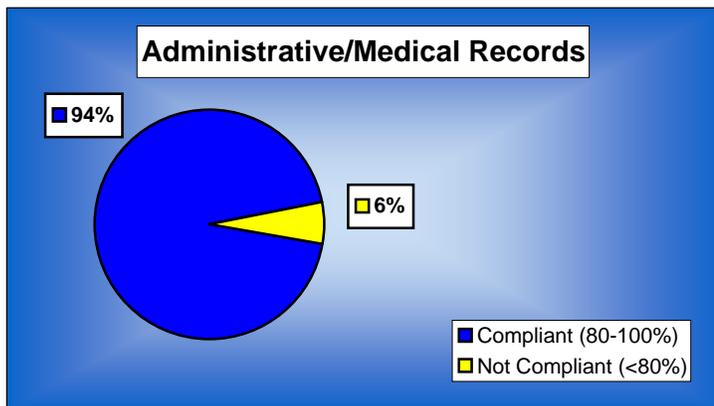
Compliance Rate by Operational Categories for  
Bridgeport Pre-Parole Transfer Facility  
June 7, 2010



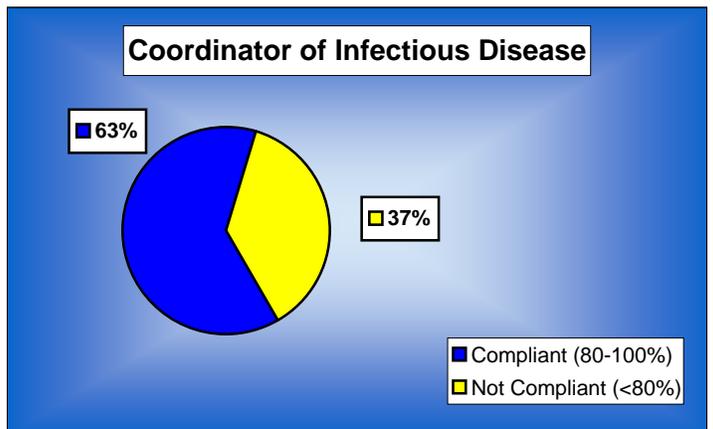
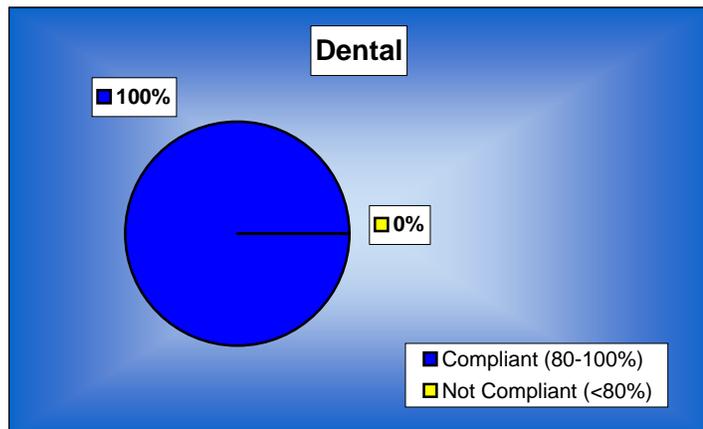
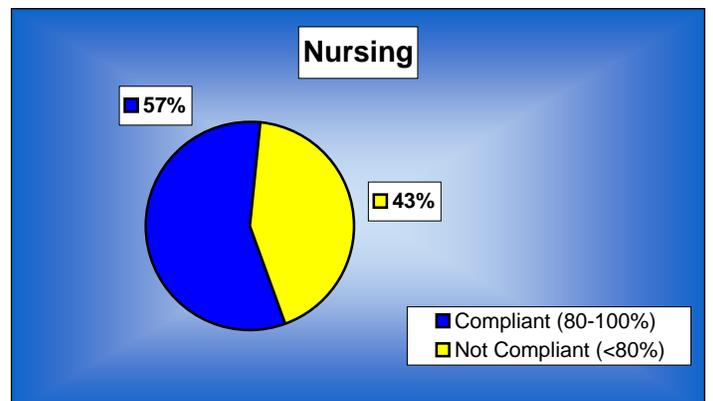
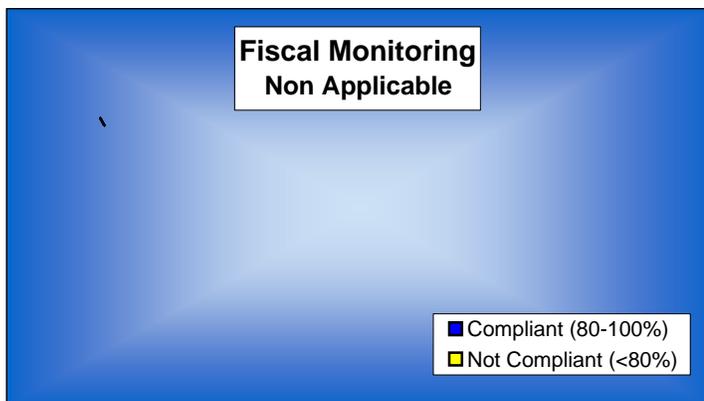
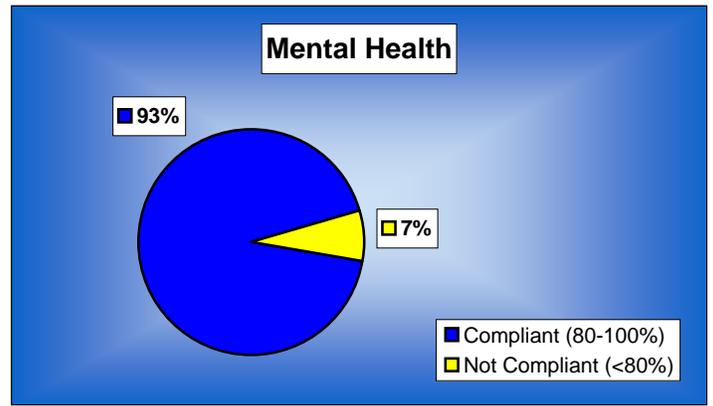
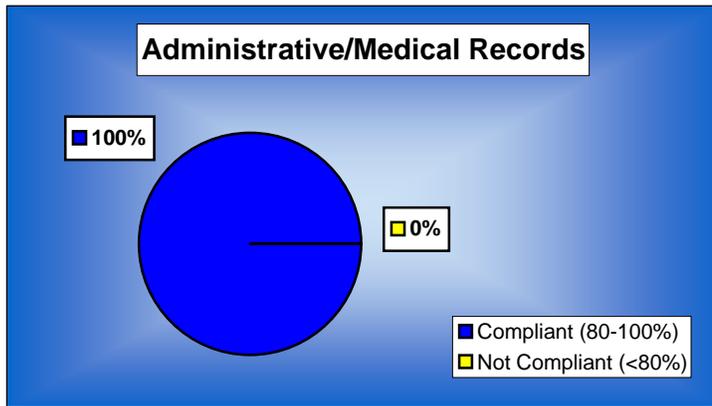
Compliance Rate by Operational Categories for  
Clements Facility  
July 7, 2010



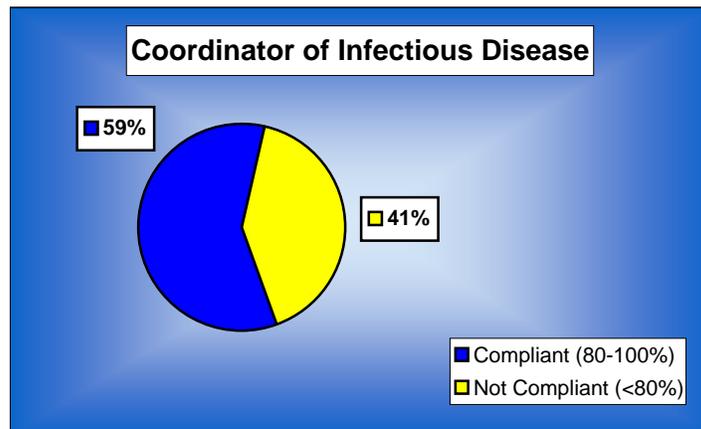
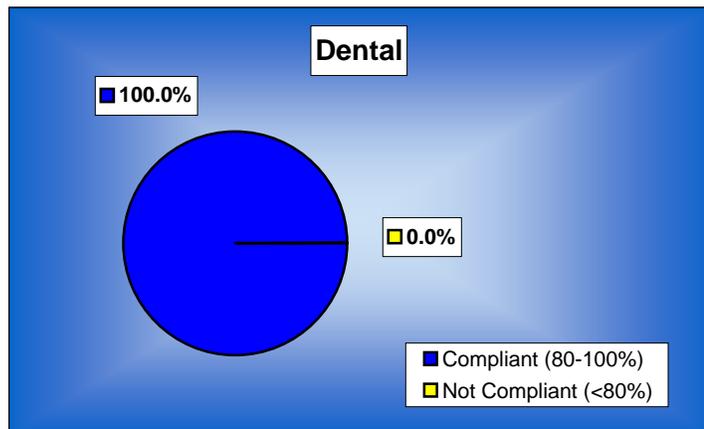
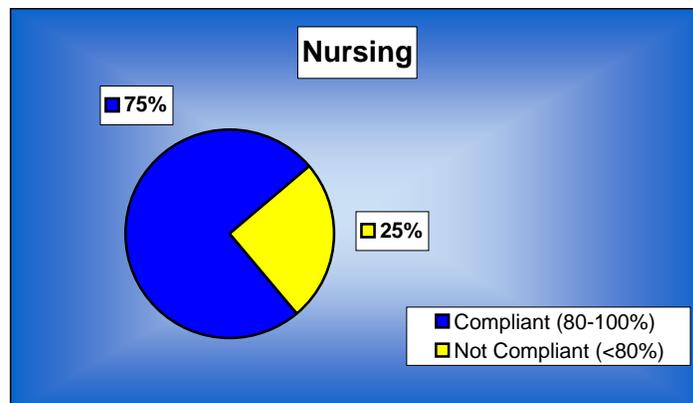
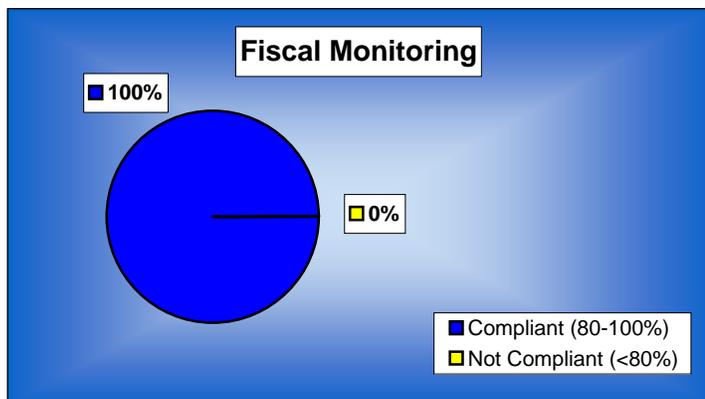
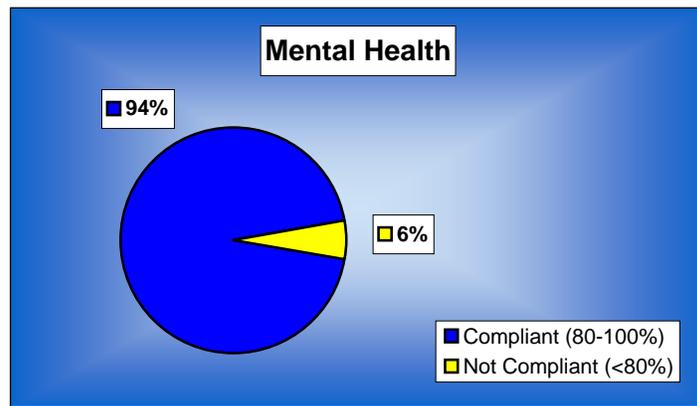
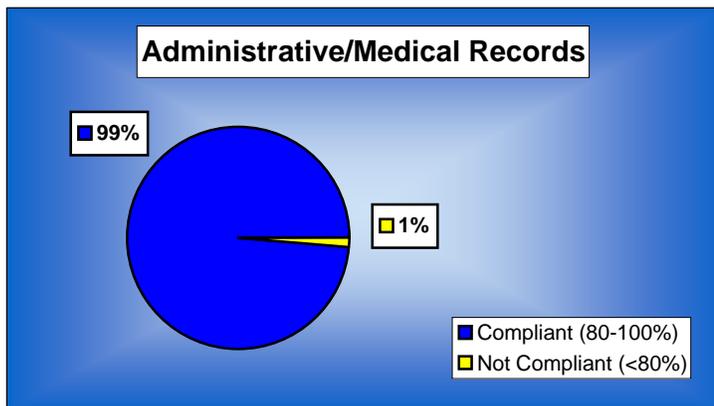
Compliance Rate by Operational Categories for  
Dalton Facility  
July 6, 2010



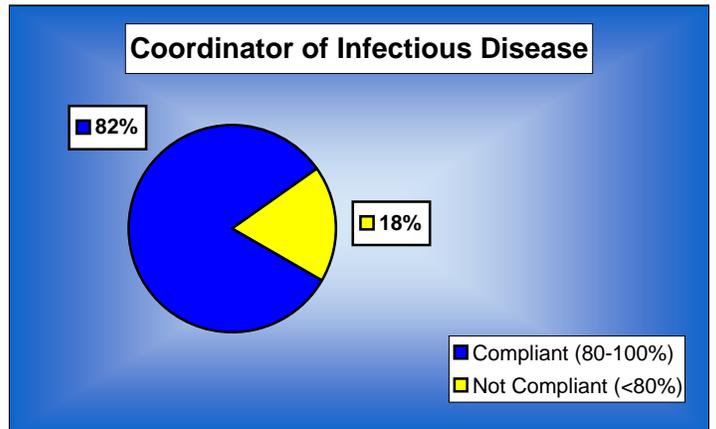
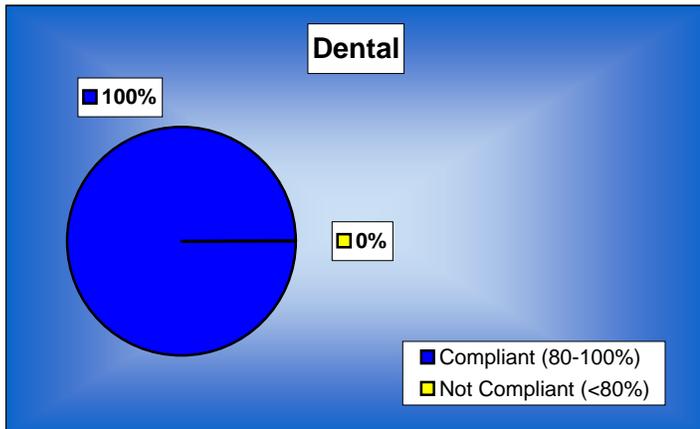
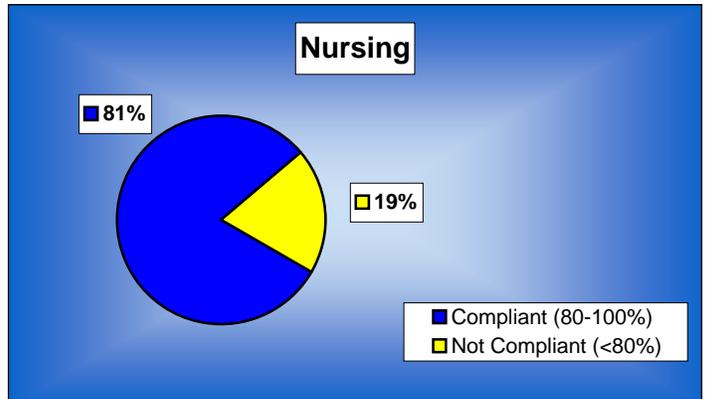
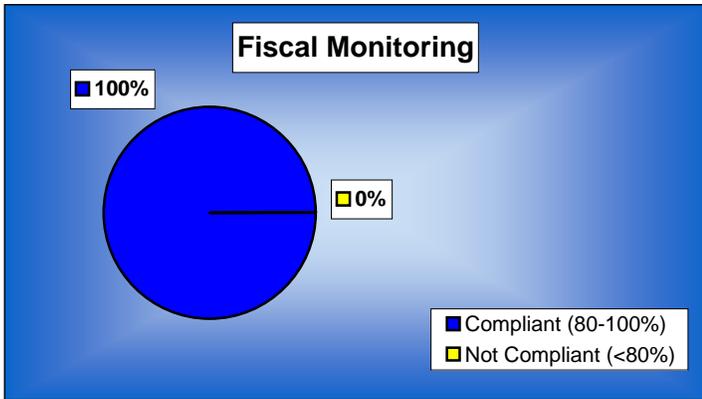
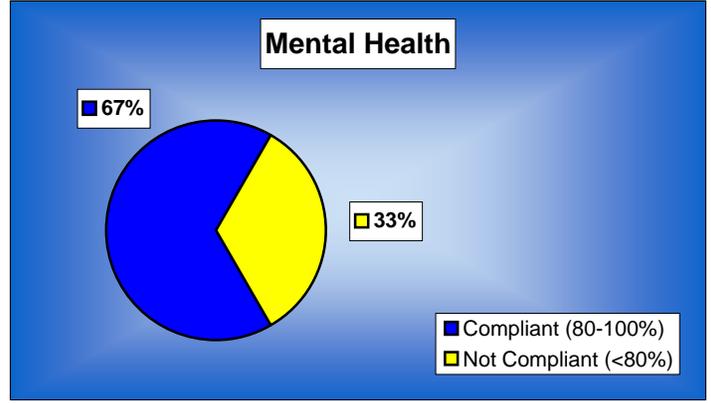
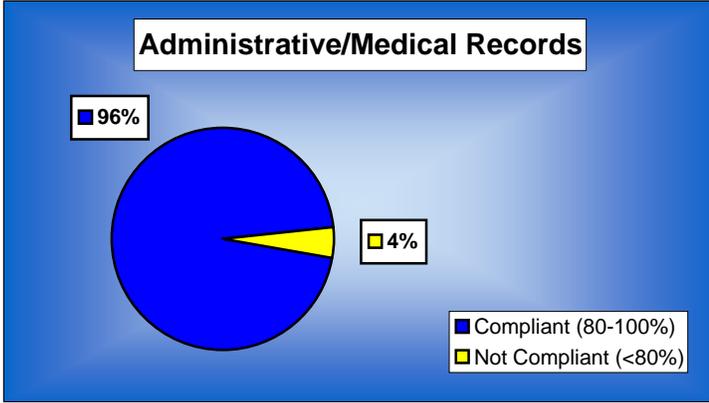
Compliance Rate by Operational Categories for  
East Texas Treatment Facility  
June 3, 2010



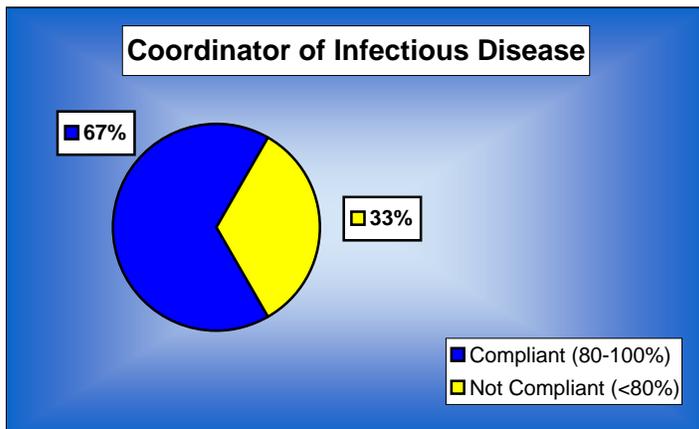
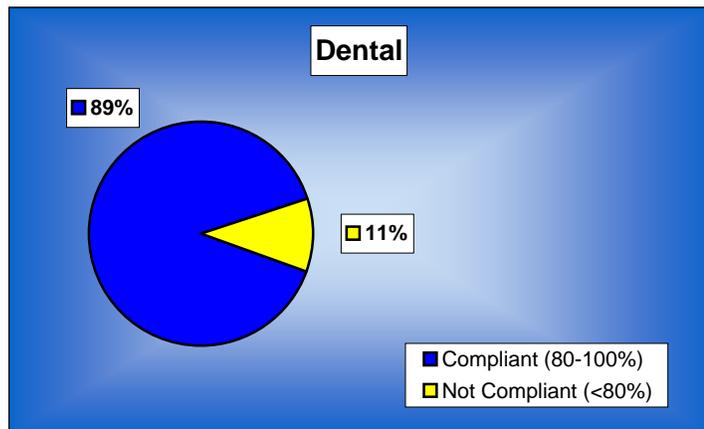
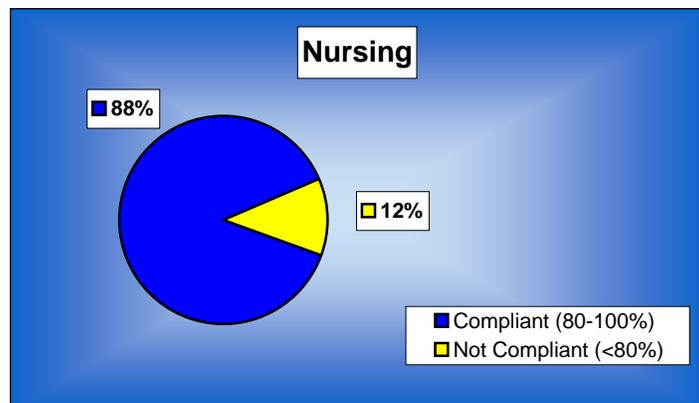
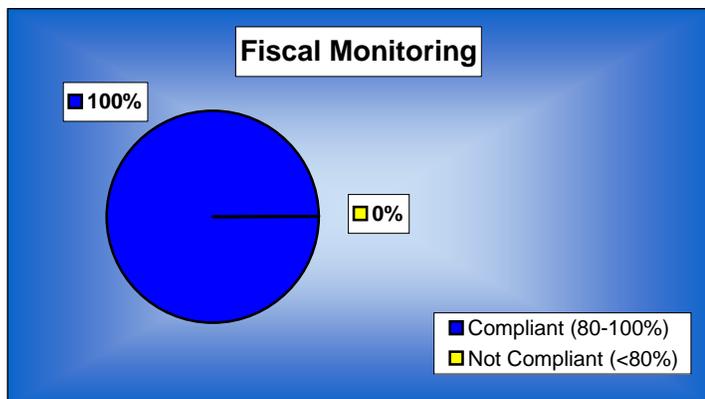
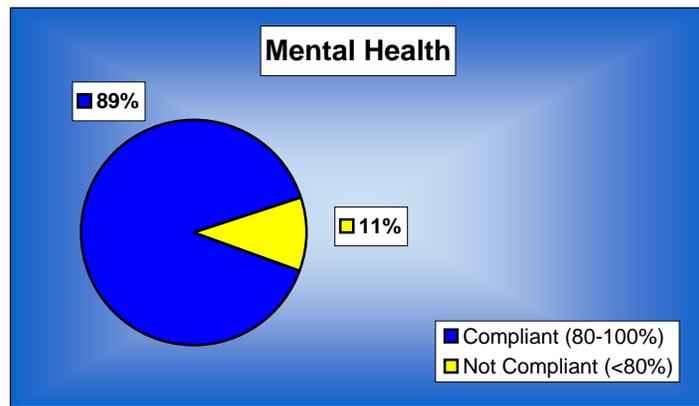
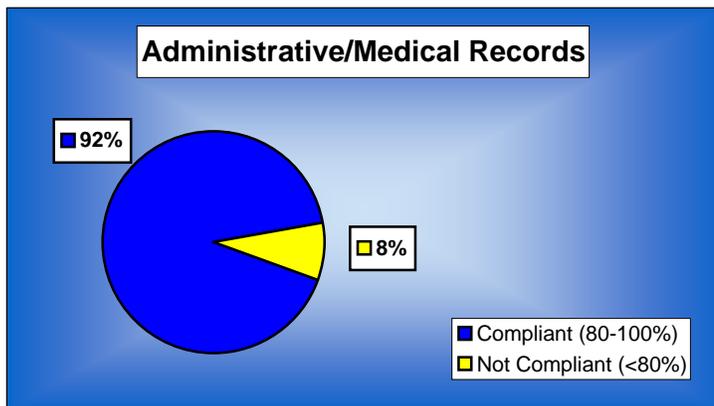
Compliance Rate by Operational Categories for  
Ferguson Facility  
August 4, 2010



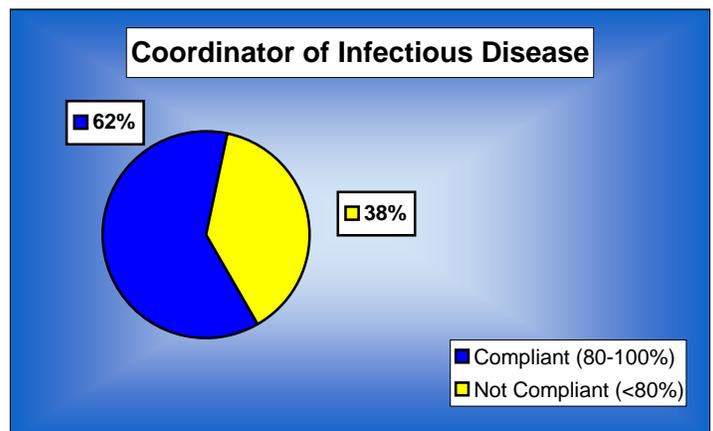
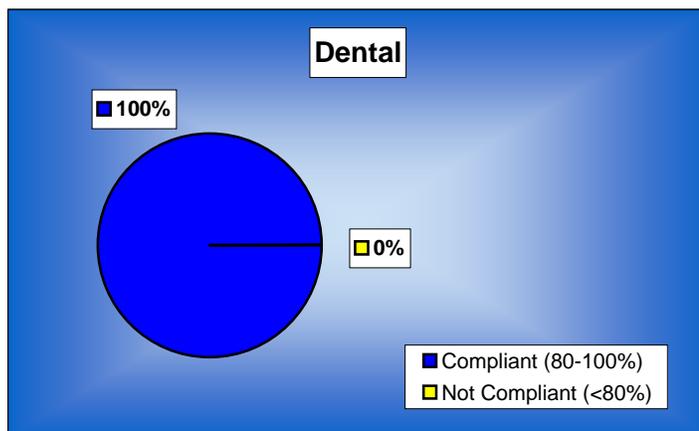
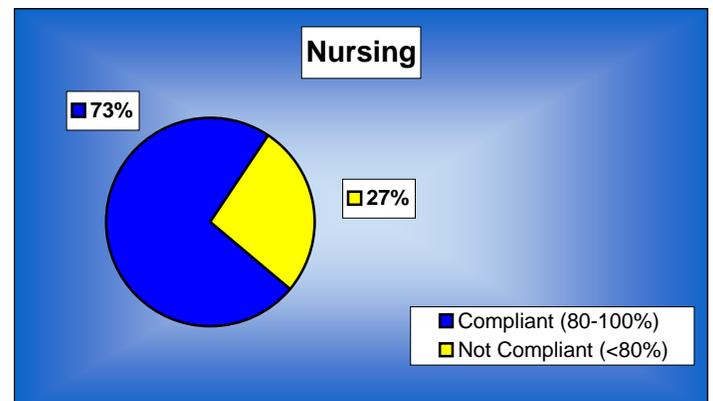
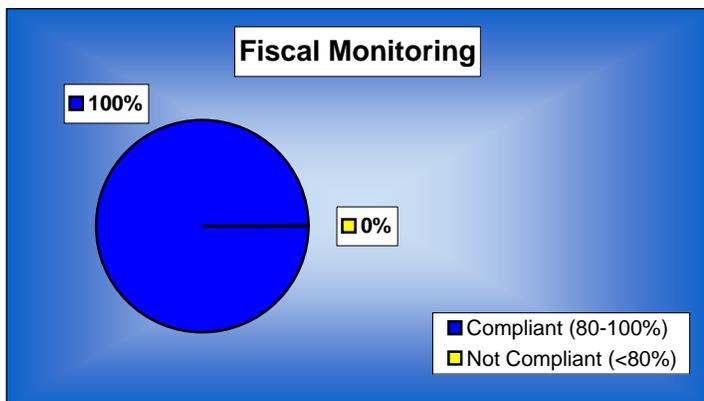
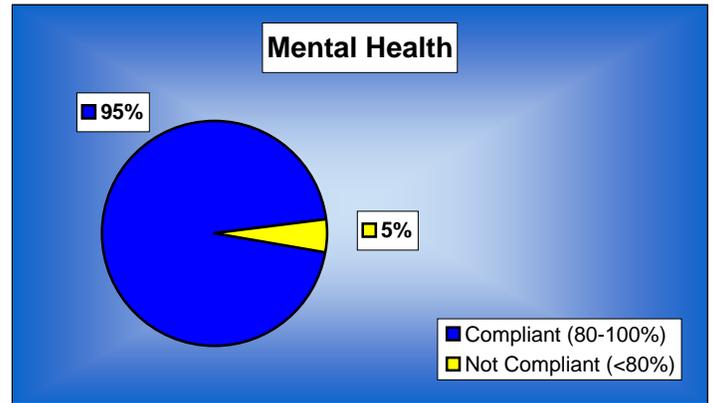
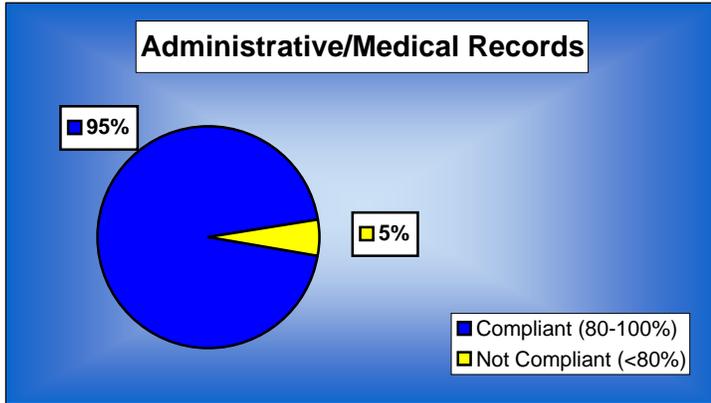
Compliance Rate by Operational Categories for  
Fort Stockton Facility  
August 11, 2010



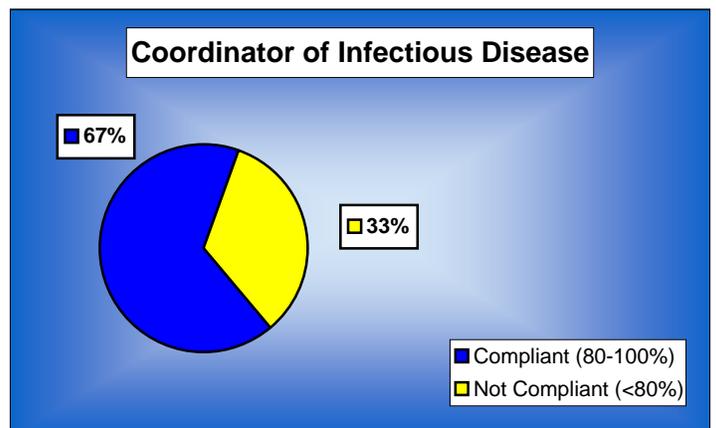
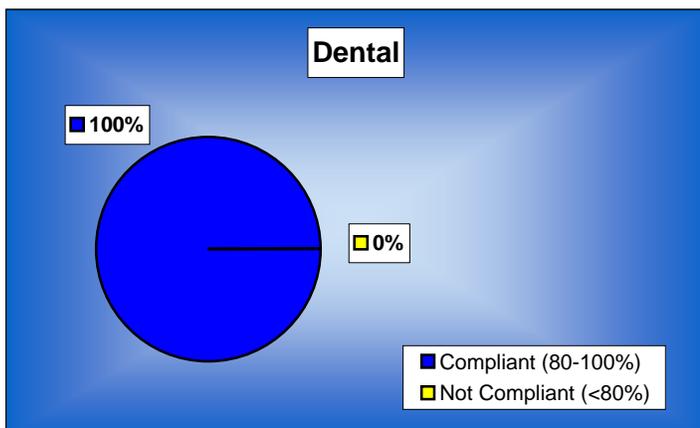
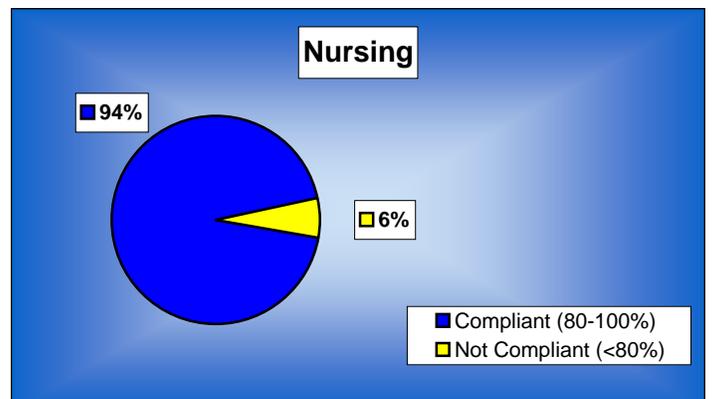
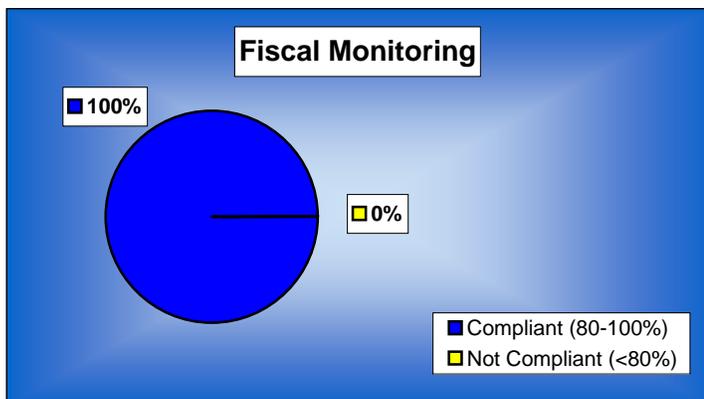
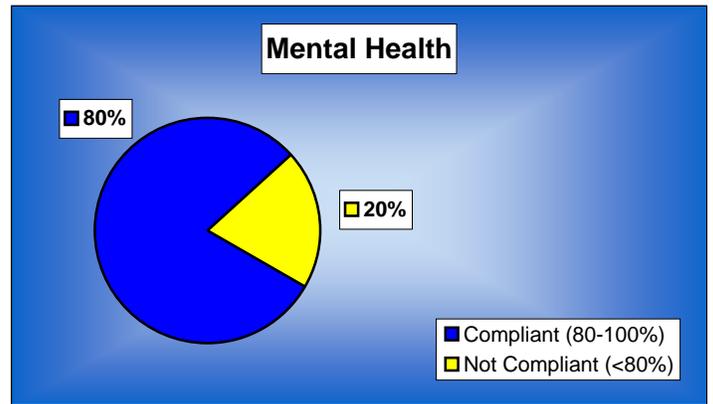
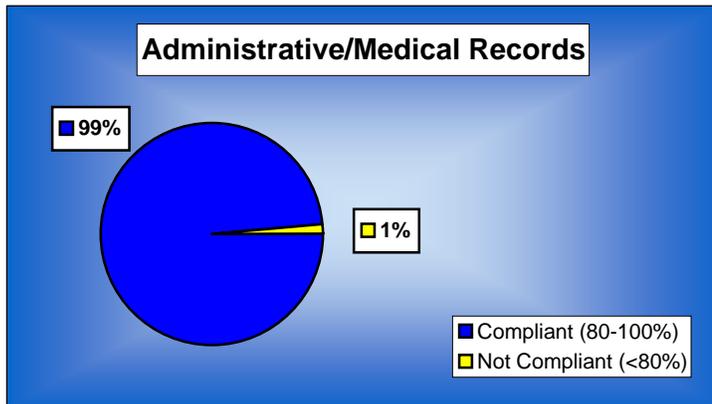
Compliance Rate by Operational Categories for  
Holliday Facility  
August 5, 2010



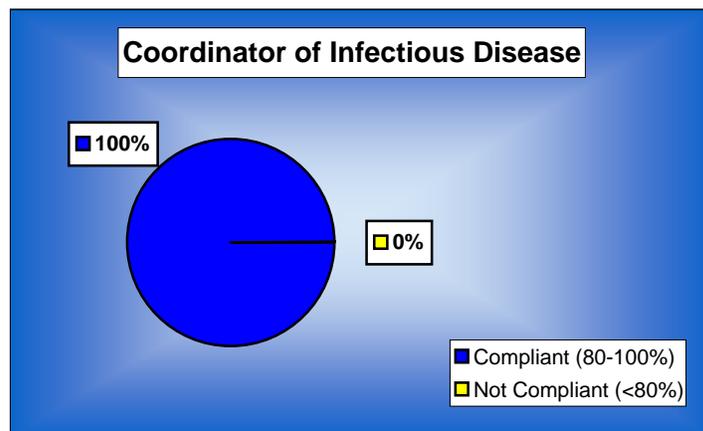
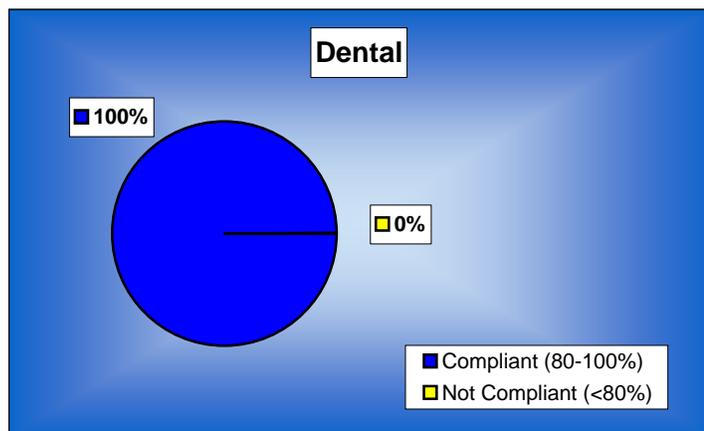
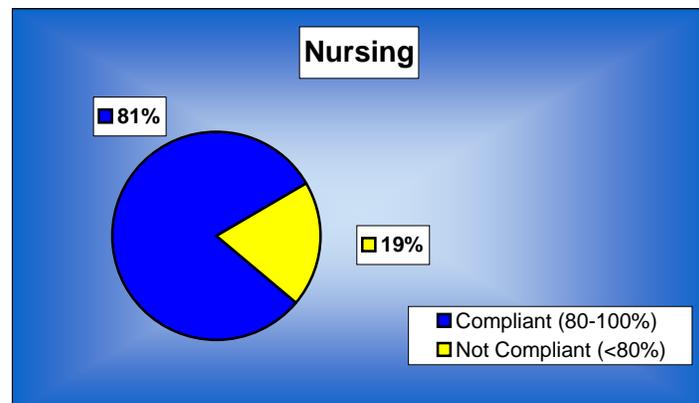
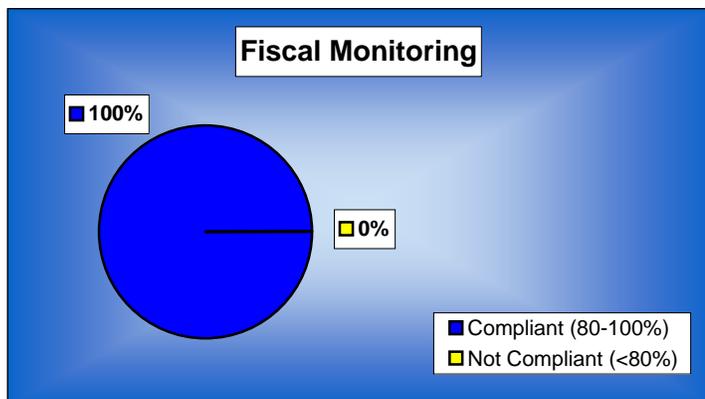
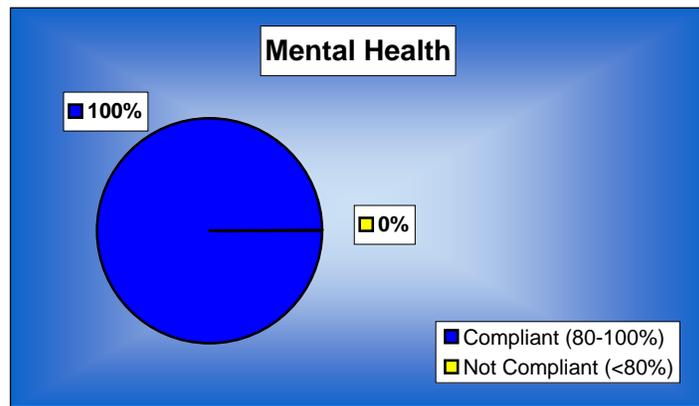
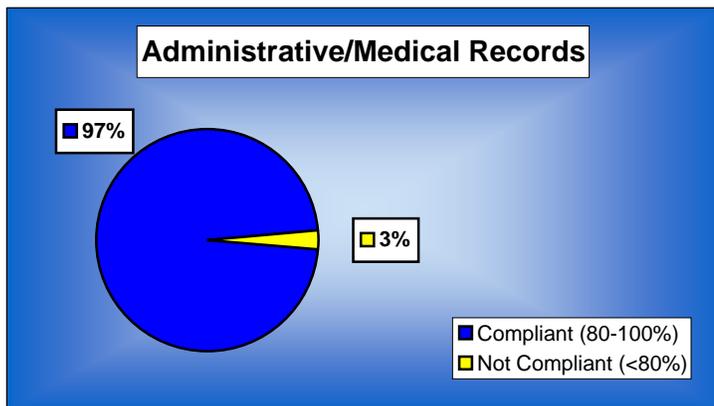
Compliance Rate by Operational Categories for  
Hutchins State Jail  
June 8, 2010



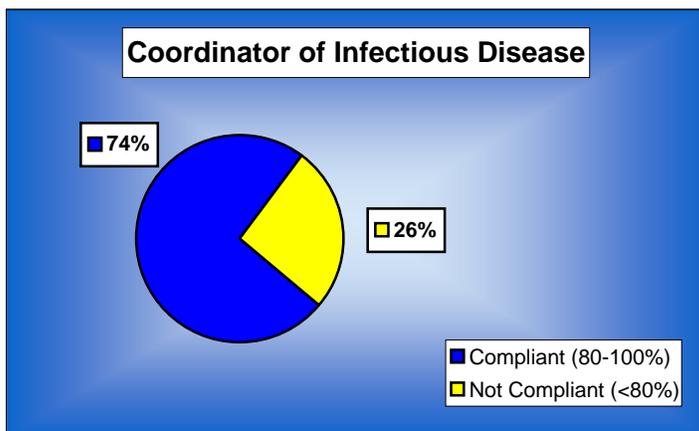
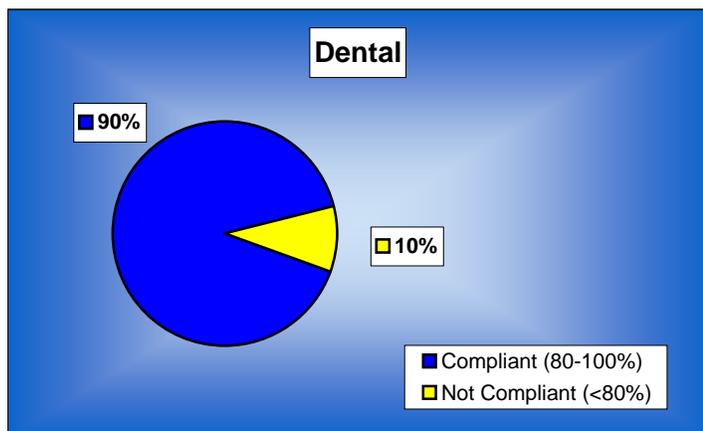
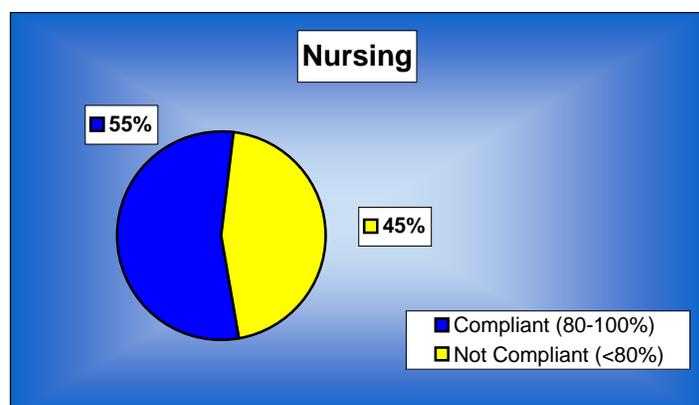
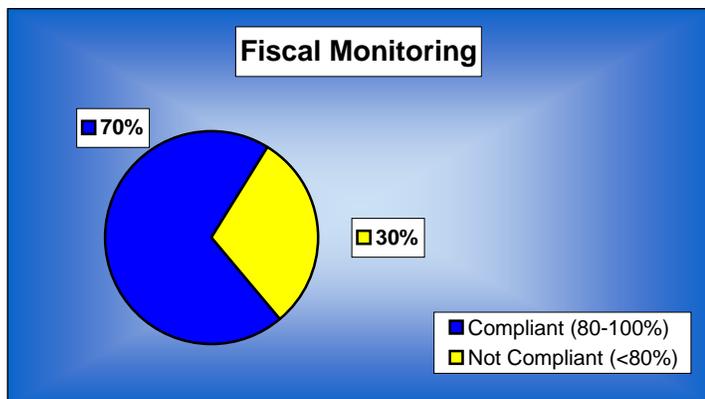
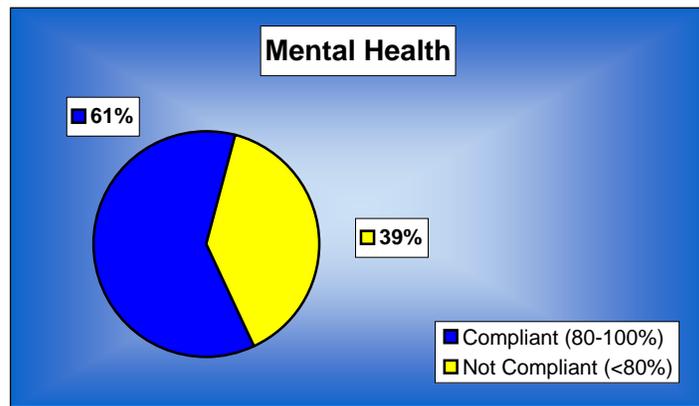
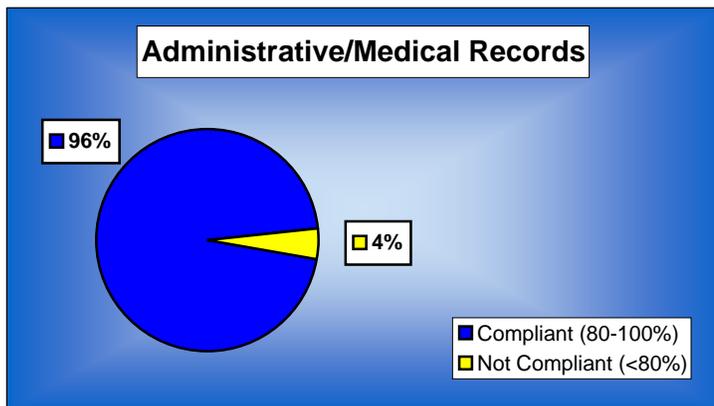
Compliance Rate by Operational Categories for  
Johnston Facility  
June 2, 2010



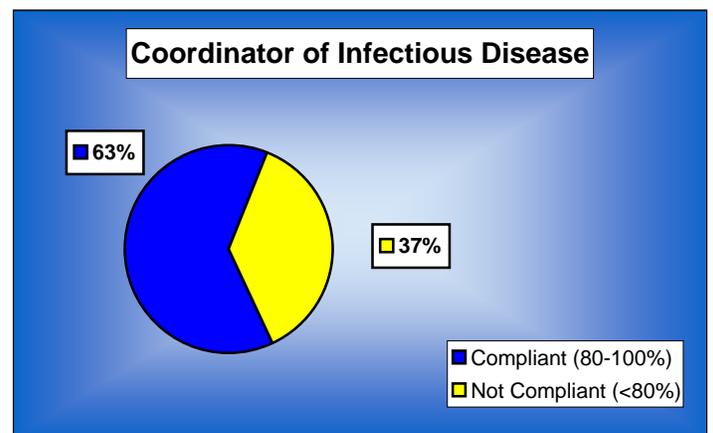
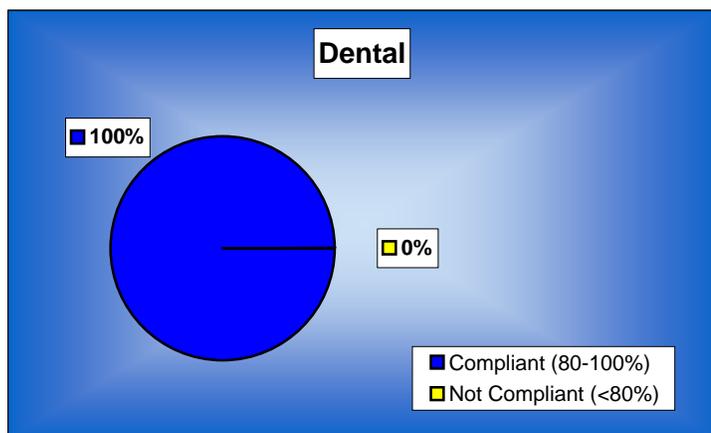
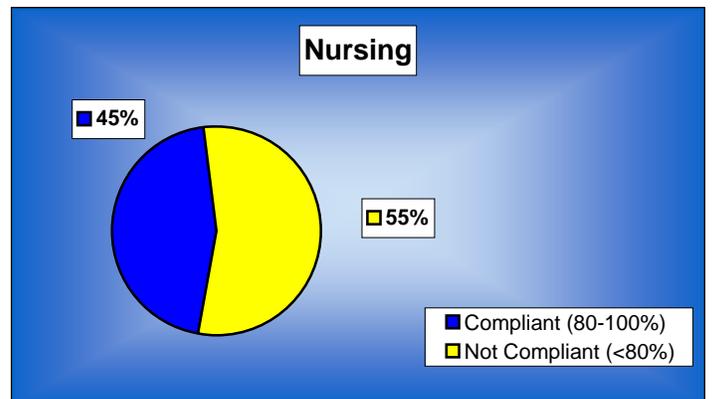
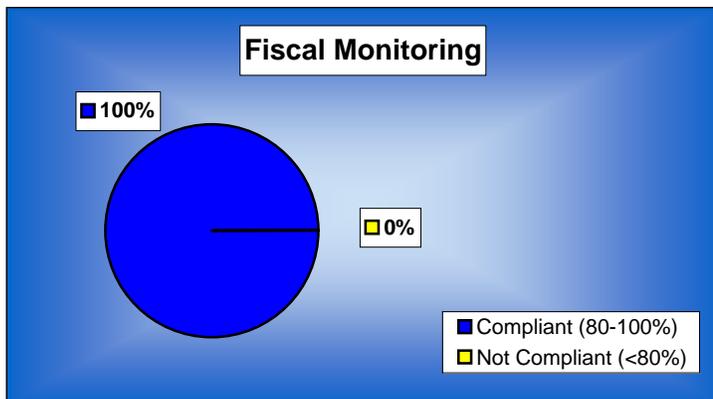
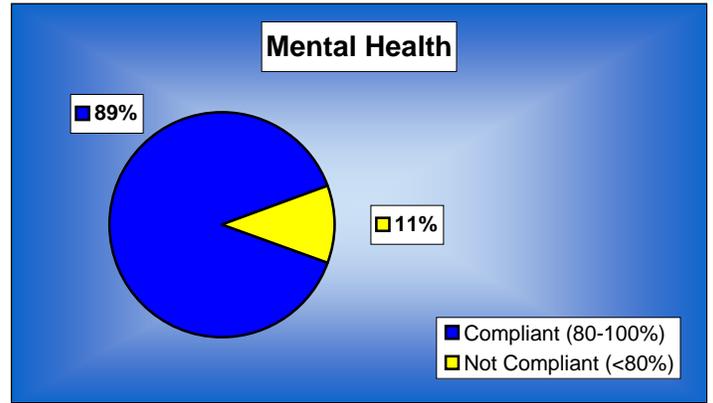
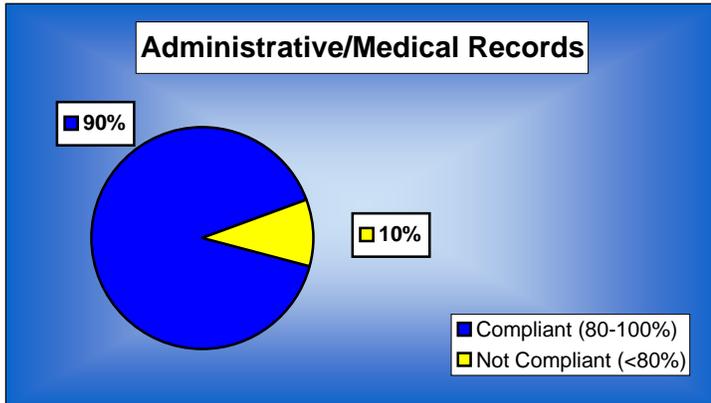
Compliance Rate by Operational Categories for  
Jordan Facility  
July 7, 2010



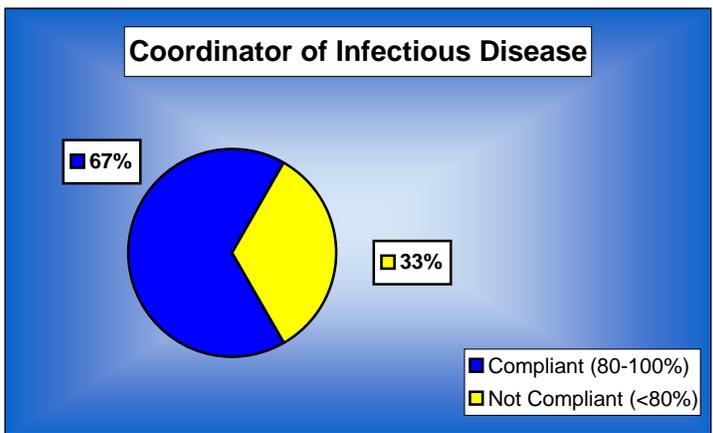
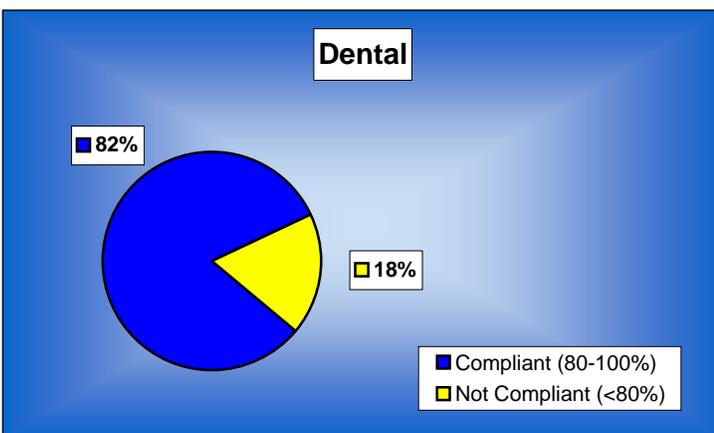
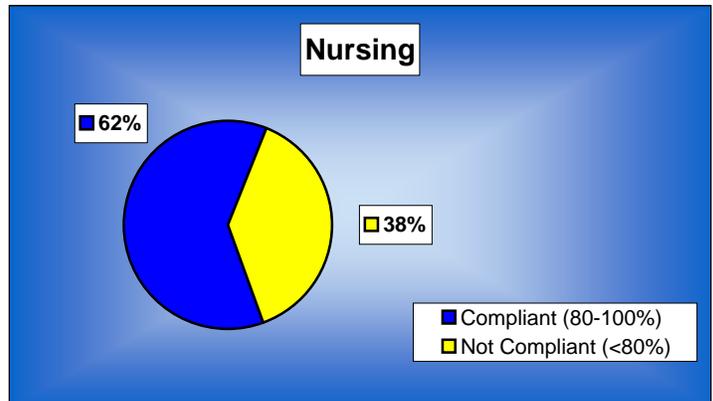
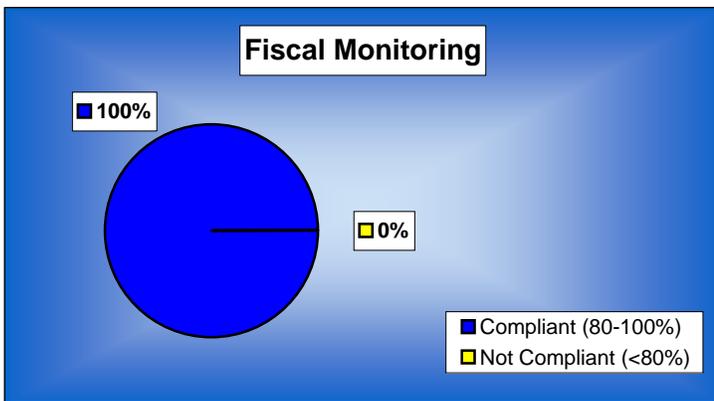
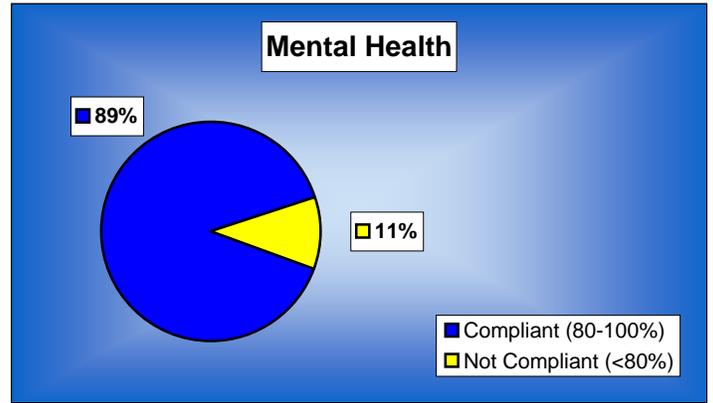
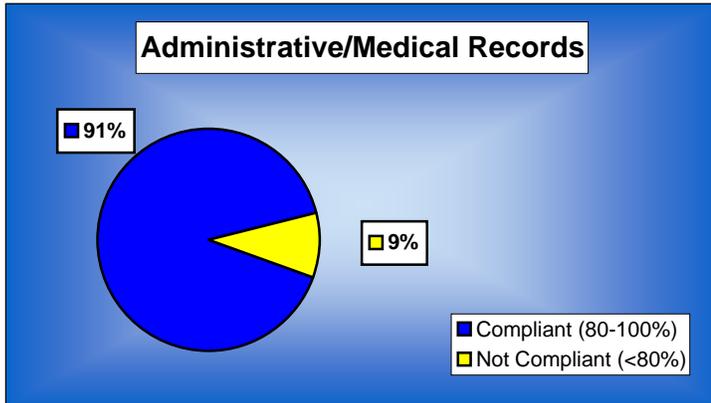
Compliance Rate by Operational Categories for  
Lynaugh Facility  
August 10, 2010



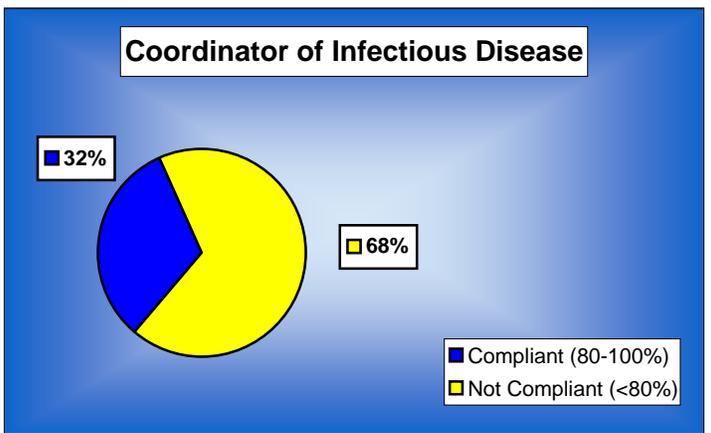
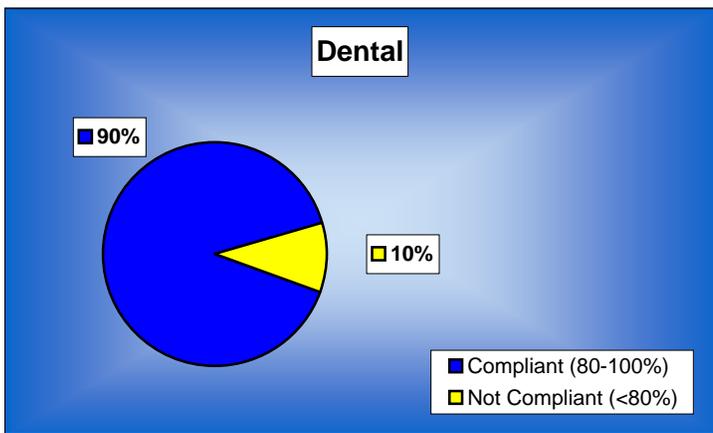
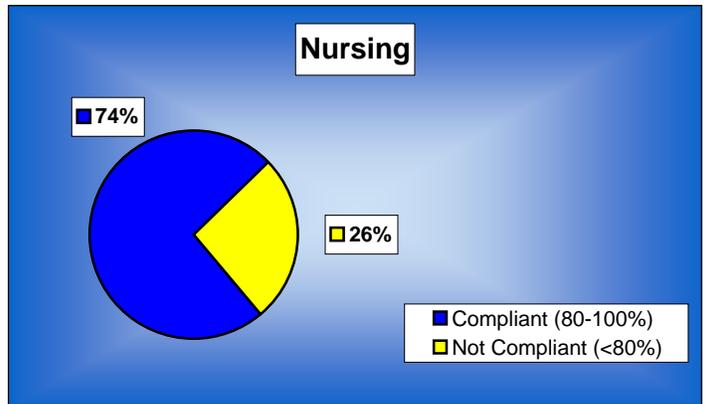
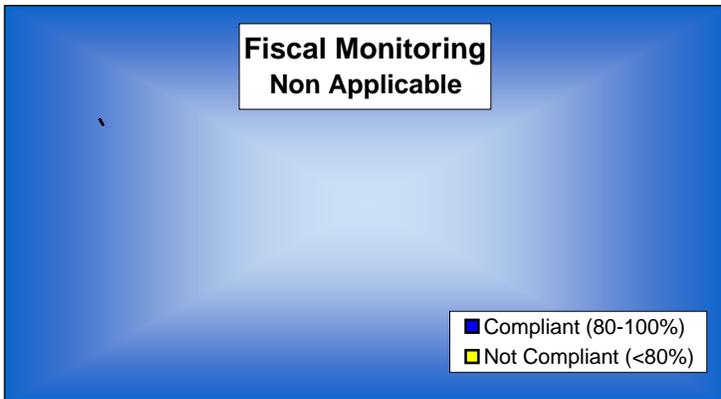
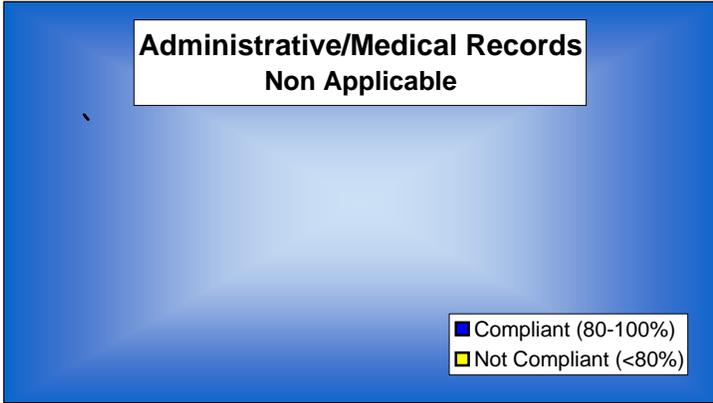
**Compliance Rate by Operational Categories for  
Neal Facility  
July 6, 2010**



**Compliance Rate by Operational Categories for  
Plane State Jail  
August 3, 2010**



Compliance Rate by Operational Categories for  
Polunsky Facility  
June 14, 2010

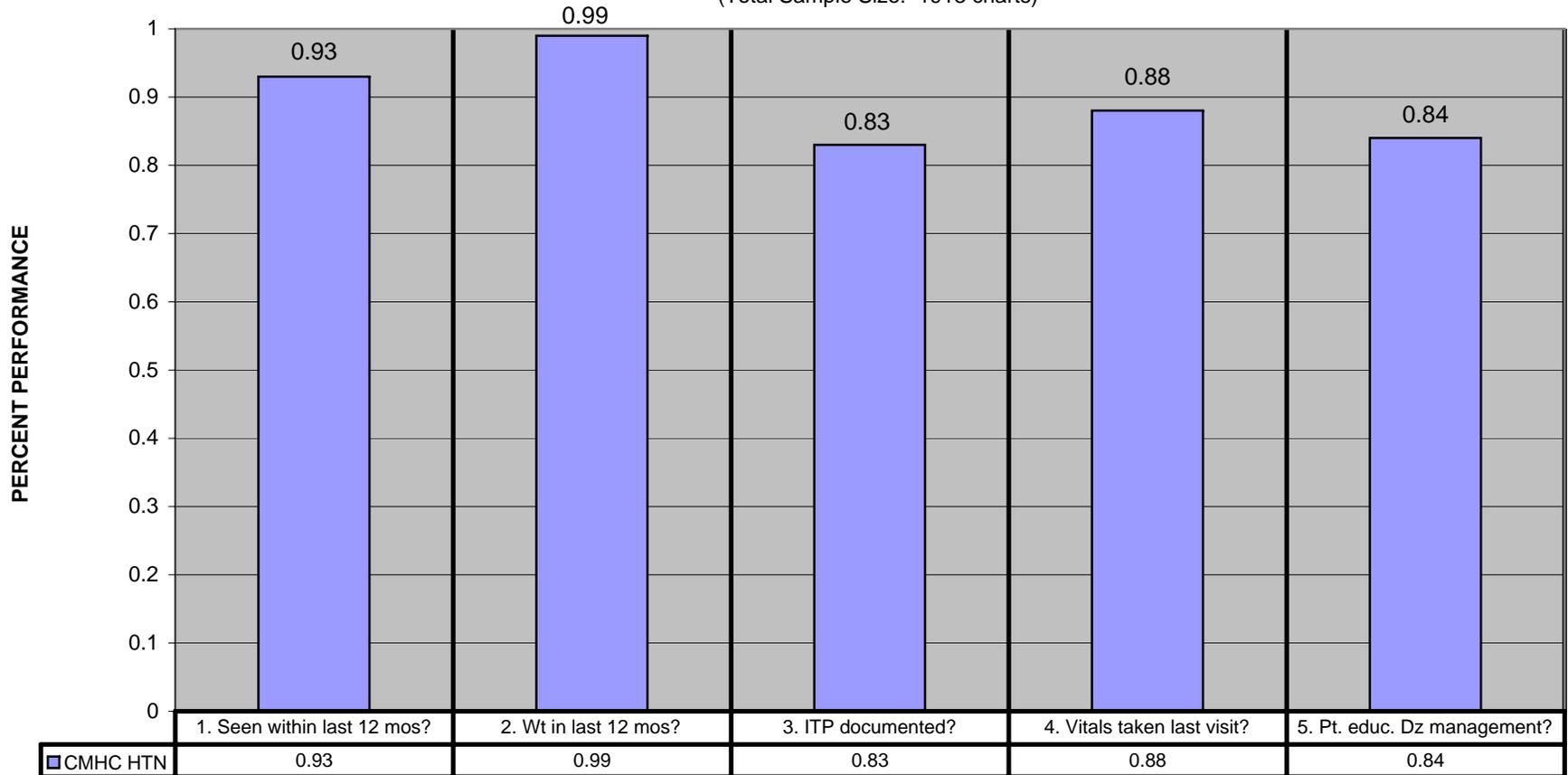


# CMHC HYPERTENSION SUMMARY REPORT

## Hypertension Common Questions

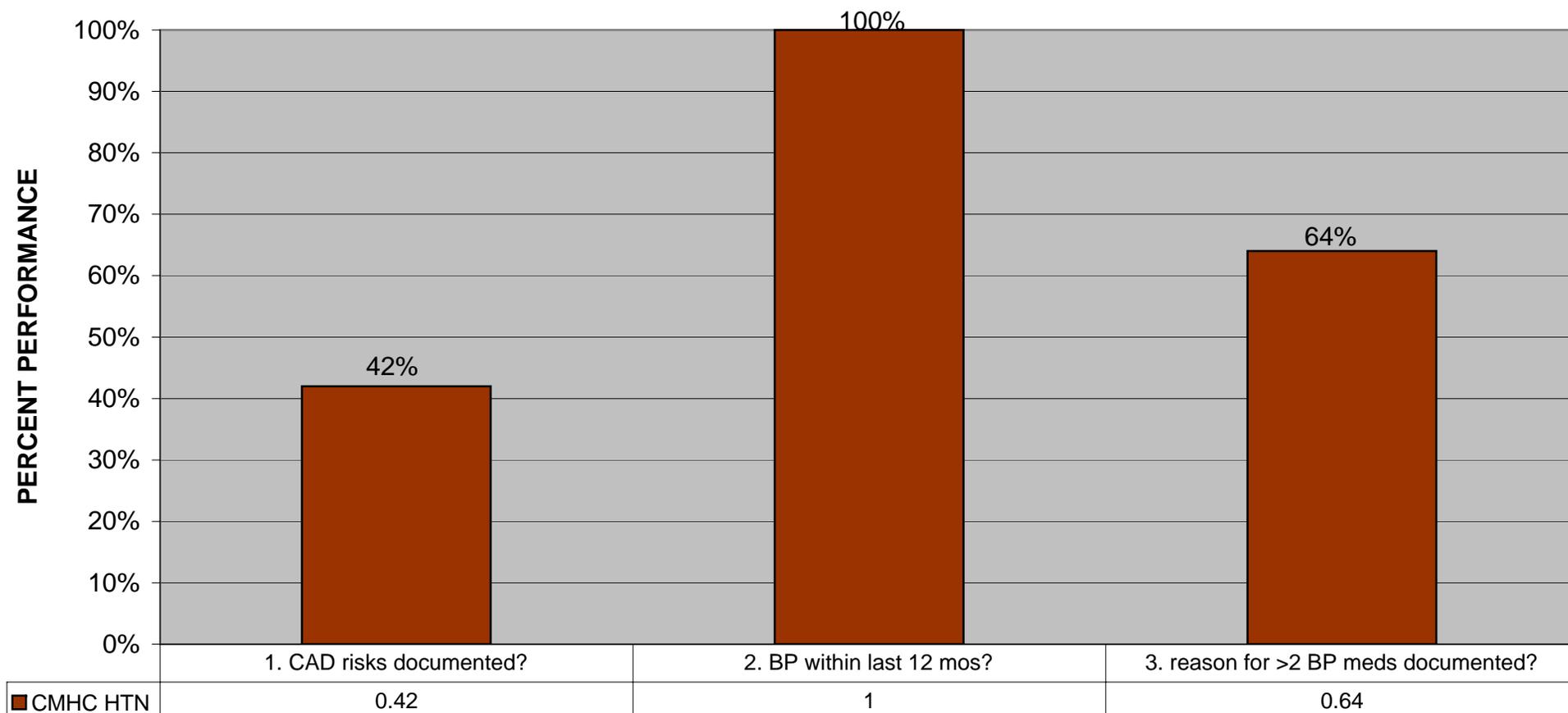
ALL FACILITIES AUDITED 04/27/2010 THROUGH 07/16/2010

(Total Sample Size: 1913 charts)



CMHC HYPERTENSION COMMON QUESTIONS

**CMHC HYPERTENSION SUMMARY REPORT**  
**Hypertension Specific Questions**  
 ALL FACILITIES AUDITED 04/27/2010 through 07/16/2010  
 (Sample Size: 1913 charts)



**CMHC HYPERTENSION SPECIFIC QUESTIONS**

**PATIENT LIAISON AND STEP II GRIEVANCE STATISTICS**  
**QUALITY OF CARE/PERSONNEL REFERRALS AND ACTION REQUESTS**  
**Fourth Quarter FY-2010 (June, July, and August)**

STEP II GRIEVANCE PROGRAM (GRV)												
Fiscal Year 2010	Total number of <b>GRIEVANCE</b> Correspondence Received Each Month	Total number of Action Requests (Quality of Care, Personnel, and Process Issues)	Percent of Action Requests from Total number of <b>GRIEVANCE</b> Correspondence	Total number of Action Requests Referred to <b>University of Texas Medical Branch-Correctional Managed Health Care</b>			Total number of Action Requests Referred to <b>Texas Tech University Health Sciences Center-Correctional Managed Health Care</b>			Total number of Action Requests Referred to <b>PRIVATE FACILITIES</b>		
					Percent of Total Action Requests Referred	QOC*		Percent of Total Action Requests Referred	QOC*		Percent of Total Action Requests Referred	QOC*
June	555	51	9.19%	30	7.21%	10	20	4.86%	7	1	0.18%	1
July	676	88	13.02%	69	13.76%	24	19	3.85%	7	0	0.00%	0
August	527	65	12.33%	48	11.01%	10	17	4.93%	9	0	0.00%	0
<b>Totals:</b>	<b>1,758</b>	<b>204</b>	<b>11.60%</b>	<b>147</b>	<b>8.36%</b>	<b>44</b>	<b>56</b>	<b>3.19%</b>	<b>23</b>	<b>1</b>	<b>0.06%</b>	<b>1</b>

PATIENT LIAISON PROGRAM (PLP)												
Fiscal Year 2010	Total number of <b>Patient Liaison Program</b> Correspondence Received Each Month	Total number of Action Requests (Quality of Care, Personnel, and Process Issues)	Percent of Action Requests from Total number of <b>Patient Liaison Program</b> Correspondence	Total number of Action Requests Referred to <b>University of Texas Medical Branch-Correctional Managed Health Care</b>			Total number of Action Requests Referred to <b>Texas Tech University Health Sciences Center-Correctional Managed Health Care</b>			Total number of Action Requests Referred to <b>PRIVATE FACILITIES</b>		
					Percent of Total Action Requests Referred	QOC*		Percent of Total Action Requests Referred	QOC*		Percent of Total Action Requests Referred	QOC*
June	642	46	7.17%	37	6.85%	7	9	2.34%	6	0	0.00%	0
July	696	49	7.04%	41	7.18%	9	7	1.15%	1	1	0.14%	1
August	655	108	16.49%	75	14.05%	17	29	5.65%	8	4	0.61%	4
<b>Totals:</b>	<b>1,993</b>	<b>203</b>	<b>10.19%</b>	<b>153</b>	<b>7.68%</b>	<b>33</b>	<b>45</b>	<b>2.26%</b>	<b>15</b>	<b>5</b>	<b>0.25%</b>	<b>5</b>
<b>GRAND TOTAL=</b>	<b>3,751</b>	<b>407</b>	<b>10.85%</b>									

\*QOC= Quality of Care

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

**Month JUNE 2010**

Reportable Condition	Reports			
	2010 This Month	2009 Same Month	2010 Year to Date*	2009 Year to Date*
Chlamydia	7	6	18	12
Gonorrhea	3	1	5	33
Syphilis	101	46	437	366
Hepatitis A	0	0	0	0
Hepatitis B, acute	3	1	6	5
Hepatitis C, total and (acute <sup>£</sup> )	275	387	1,640 (1 )	1,827 (2 )
Human immunodeficiency virus (HIV) +, known at intake	32	NA	162	NA
HIV screens, intake	2,868	17,130		43,755
HIV +, intake	46	NA	296	NA
HIV screens, offender- and provider-requested	348	NA	4,772	NA
HIV +, offender- and provider-requested	2	NA	11	NA
HIV screens, pre-release	2,036	3,427		22,556
HIV +, pre-release	1	1	15	13
Acquired immune deficiency syndrome (AIDS)	9	5	46	55
Methicillin-resistant <i>Staph Aureus</i> (MRSA)	122	176	658	2,325
Methicillin-sensitive <i>Staph Aureus</i> (MSSA)	68	89	356	966
Occupational exposures of TDCJ staff	10	17	62	36
Occupational exposures of medical staff	3	6	24	35
HIV chemoprophylaxis initiation	3	5	13	11
Tuberculosis skin test (ie, PPD) +, intake	221	253	1,725	1,919
Tuberculosis skin test +, annual	61	48	306	340
Tuberculosis, known (ie, on tuberculosis medications) at intake	0	0	10	2
Tuberculosis, diagnosed at intake and attributed to county of origin	1	0	1	0
Tuberculosis, diagnosed during incarceration	5	2	13	13
Tuberculosis cases under management	17	17		
Peer education programs <sup>¶</sup>	2	0	97	108
Peer education educators <sup>∞</sup>	62	137	2,210	1,424
Peer education participants	6,208	7,220	32,142	40,057
Sexual assault in-service (sessions/units)	0/0	0/0	13/15	4/3
Sexual assault in-service participants	0	0	138	32
Alleged assaults and chart reviews	69	57	324	318
Bloodborne exposure labs drawn on offenders	8	5	26	17

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

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

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

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

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

**Month JULY 2010**

Reportable Condition	Reports			
	2010 This Month	2009 Same Month	2010 Year to Date*	2009 Year to Date*
Chlamydia	1	5	19	40
Gonorrhea	1	2	6	14
Syphilis	95	49	532	413
Hepatitis A	0	0	0	0
Hepatitis B, acute	0	1	6	6
Hepatitis C, total and (acute <sup>£</sup> )	146	413	1,786 (2 )	2,240 (3 )
Human immunodeficiency virus (HIV) +, known at intake	121	na	283	na
HIV screens, intake	6,156	7,455	35,936	51,210
HIV +, intake	42	na	338	na
HIV screens, offender- and provider-requested	1,194	na	5,966	na
HIV +, offender- and provider-requested	3	na	14	na
HIV screens, pre-release	3,643	4,058	22,527	26,614
HIV +, pre-release	0	6	15	19
Acquired immune deficiency syndrome (AIDS)	4	13	51	68
Methicillin-resistant <i>Staph Aureus</i> (MRSA)	133	314	791	1,761
Methicillin-sensitive <i>Staph Aureus</i> (MSSA)	67	149	423	920
Occupational exposures of TDCJ staff	6	15	69	49
Occupational exposures of medical staff	4	9	28	41
HIV chemoprophylaxis initiation	4	4	17	15
Tuberculosis skin test (ie, PPD) +, intake	179	333	1,904	2,252
Tuberculosis skin test +, annual	37	54	343	394
Tuberculosis, known (ie, on tuberculosis medications) at intake	0	3	10	5
Tuberculosis, diagnosed at intake and attributed to county of origin	1	0	2	0
Tuberculosis, diagnosed during incarceration	1	3	14	16
Tuberculosis cases under management	13	20		
Peer education programs <sup>¶</sup>	0	0	97	108
Peer education educators <sup>∞</sup>	53	109	2,263	1,533
Peer education participants	6,246	6,417	38,388	46,470
Sexual assault in-service (sessions/units)	0	0	13/15	4/3
Sexual assault in-service participants	0	0	138	32
Alleged assaults and chart reviews	57	56	381	374
Bloodborne exposure labs drawn on offenders	13	5	39	32

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

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

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

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

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

**Month AUGUST 2010**

Reportable Condition	Reports			
	2010 This Month	2009 Same Month	2010 Year to Date*	2009 Year to Date*
Chlamydia	3	12	22	52
Gonorrhea	2	3	8	17
Syphilis	65	45	596	459
Hepatitis A	0	0	0	0
Hepatitis B, acute	1	1	7	7
Hepatitis C, total and (acute <sup>£</sup> )	442	88	2,228 (2 )	2,328 (2 )
Human immunodeficiency virus (HIV) +, known at intake	65	NA	348	NA
HIV screens, intake	4,701	NA	40,637	NA
HIV +, intake	44	NA	382	NA
HIV screens, offender- and provider-requested	996	NA	6,962	NA
HIV +, offender- and provider-requested	1	NA	15	NA
HIV screens, pre-release	3,131	3,459	25,658	30,073
HIV +, pre-release	0	2	15	21
Acquired immune deficiency syndrome (AIDS)	5	8	56	76
Methicillin-resistant <i>Staph Aureus</i> (MRSA)	137	231	928	2,197
Methicillin-sensitive <i>Staph Aureus</i> (MSSA)	70	100	493	1,096
Occupational exposures of TDCJ staff	12	12	80	66
Occupational exposures of medical staff	4	5	32	47
HIV chemoprophylaxis initiation	2	2	19	17
Tuberculosis skin test (ie, PPD) +, intake	191	270	2,230	2,627
Tuberculosis skin test +, annual	31	41	374	441
Tuberculosis, known (ie, on tuberculosis medications) at intake	1	2	3	2
Tuberculosis, diagnosed at intake and attributed to county of origin	2	1	12	6
Tuberculosis, diagnosed during incarceration	2	1	16	17
Tuberculosis cases under management	13	22		
Peer education programs <sup>¶</sup>	0	0	97	108
Peer education educators <sup>°</sup>	44	57	2,307	1,590
Peer education participants	6,772	6,234	4,516	52,708
Sexual assault in-service (sessions/units)	0	9/7	13/15	13/10
Sexual assault in-service participants	0	30	138	64
Alleged assaults and chart reviews	54	63	434	437
Bloodborne exposure labs drawn on offenders	4	5	43	37

\* 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."

**Office of Health Services Liaison Utilization Review Audit  
Hospital and Inpatient Facilities Audited with Deficiencies Noted  
Fourth Quarter Report 2010**

Hospital	University	Audits Performed*	Deficiencies Noted	Comments (See Key)
Angleton/Danbury	UTMB			
Bayshore	UTMB			
Ben Taub	UTMB	1	1	A-1; C-1; E-1
Brackenridge	UTMB	1	0	N/A
Christus Spohn	UTMB			
Cogdell Memorial	TTUHSC	2	1	A-1
Conroe Regional	UTMB	11	8	A-7; C-5; D-1; E-4
Coryell Memorial	UTMB	3	2	A-1; C-1; E-2
Electra Medical Center	TTUHSC			
ETMC/Crockett	UTMB	1	1	A-1; E-1
ETMC/Trinity	UTMB			
ETMC/Tyler	UTMB	1	1	E-1
Faith Community	UTMB	1	0	N/A
Falls County/Marlin	UTMB			
Hendrick Memorial	TTUHSC	4	2	A-1; E-1
Hospital Galveston	UTMB	111	27	A-12; C-11; D-5; E-5
Huntsville Memorial	UTMB	2	1	A-1; E-1
John Peter Smith	UTMB	1	1	A-1; C-1; E-1
Liberty/Dayton	UTMB	2	1	E-1
Mainland Memorial	UTMB	4	4	A-3; C-3; E-4
McAllen Medical Center	UTMB	1	1	A-1; C-1; E-1
Medical Center/College Sta.	UTMB	1	1	A-1; C-1; E-1
Medina County	UTMB	1	0	N/A
Memorial Hermann/Beaumont	UTMB	1	1	A-1; E-1
Memorial Hermann/Houston	UTMB	1	1	E-1
Methodist/Houston	UTMB	1	1	A-1; C-1; E-1
Mitchell County Hospital	TTUHSC			
Northwest Texas	TTUHSC	5	4	E-4
Oak Bend	UTMB			
Palestine Regional	UTMB			
Pampa	TTUHSC			
Parkland Hospital	UTMB			
Pecos	TTUHSC	1	1	E-1
Red River Hospital	UTMB			
Scott & White/Dallas	UTMB	3	3	A-3; C-1; E-3
Scott & White/Temple	UTMB	1	1	E-1
St. Joseph's	UTMB	2	2	A-2; C-2; E-2
Thomason	TTUHSC			
Trinity Mother Frances	UTMB			
United Regional/11 <sup>th</sup> St.	TTUHSC	1	1	A-1
University HCS/San Antonio	UTMB	2	1	A-1; E-1

University Medical Center	TTUHSC	6	3	A-2; C-1; D-1; E-2
UT Tyler	UTMB	1	1	A-1; C-1; E-1
Valley Baptist	UTMB			
Wadley Regional	UTMB			
Woodland Heights	UTMB			

Inpatient Facility	University	Audits Performed*	Deficiencies Noted	Comments (See Key)
Allred	TTUHSC			
Beto	UTMB	15	3	A-2; C-1
Clements	TTUHSC	11	6	A-6; C-2; E-4
Connally	UTMB			
Estelle	UTMB	3	1	E-1
Hughes	UTMB	1	0	N/A
Jester 3	UTMB	1	0	N/A
Luther	UTMB			
McConnell	UTMB	2	0	N/A
Michael	UTMB			
Montford	TTUHSC	26	16	A-14; C-2; E-8
Pack	UTMB			
Polunsky	UTMB	1	0	N/A
Robertson	TTUHSC	4	4	A-4; E-1
Stiles	UTMB	1	1	A-1; E-1
Telford	UTMB			
CT Terrell	UTMB			
Carole Young	UTMB	4	0	N/A

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

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>
Were the level of medical services available at the receiving facility sufficient to meet the offender's current needs?
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?
Did the patient require unscheduled medical care related to the admitting diagnosis within the first seven days after discharge?
Was discharge documentation available in the offender's electronic medical record (including results of diagnostic tests, discharge planning, medication recommendations and/or treatments, etc.) within 24 hours of arriving at the unit?

**FIXED ASSETS CONTRACT MONITORING AUDIT  
BY UNIT  
FOURTH QUARTER, FISCAL YEAR 2010**

<b>June 2010</b>	<b>Numbered Property On Inventory Report</b>	<b>Total Number of Deletions</b>	<b>Total Number of Transfers</b>	<b>Total Number of New Equipment</b>
<b>Bridgeport Pre-Parole Transfer</b>	NA	NA	NA	NA
<b>East Texas Treatment Facility</b>	NA	NA	NA	NA
<b>Hutchins State Jail</b>	26	0	11	0
<b>Johnston</b>	30	9	0	0
<b>Polunsky</b>	NA	NA	NA	NA
<b>Total</b>	56	9	11	0

<b>July 2010</b>	<b>Numbered Property On Inventory Report</b>	<b>Total Number of Deletions</b>	<b>Total Number of Transfers</b>	<b>Total Number of New Equipment</b>
<b>Baten Intermediate Sanction Facility</b>	12	0	0	0
<b>Clements</b>	202	7	0	6
<b>Dalhart</b>	38	1	0	1
<b>Jordan</b>	33	1	0	3
<b>Neal</b>	53	2	0	3
<b>Total</b>	338	11	0	13

<b>August 2010</b>	<b>Numbered Property On Inventory Report</b>	<b>Total Number of Deletions</b>	<b>Total Number of Transfers</b>	<b>Total Number of New Equipment</b>
<b>Ferguson</b>	43	10	1	13
<b>Fort Stockton</b>	18	0	0	0
<b>Holliday</b>	44	0	1	0
<b>Lynaugh</b>	47	5	0	5
<b>Plane State Jail</b>	61	4	0	2
<b>Total</b>	213	19	2	20

**CAPITAL ASSETS AUDIT  
FOURTH QUARTER, FISCAL YEAR 2010**

<b>Audit Tools</b>	<b>June</b>	<b>July</b>	<b>August</b>	<b>Total</b>
<b>Total number of units audited</b>	5	5	5	15
<b>Total numbered property</b>	56	338	213	607
<b>Total number out of compliance</b>	0	0	0	0
<b>Total % out of compliance</b>	0.00%	0.00%	0.00%	0.00%

**AMERICAN CORRECTIONAL ASSOCIATION  
ACCREDITATION STATUS REPORT  
Fourth Quarter FY-2010**

**University of Texas Medical Branch**

Unit	Audit Date	% Compliance	
		Mandatory	Non-Mandatory
Michael	June 2010	100%	98.4%
Dominguez	June 2010	100%	99.3%
Eastham	July 2010	100%	97.9%

**Texas Tech University Health Science Center**

Unit	Audit Date	% Compliance	
		Mandatory	Non-Mandatory
Robertson	June 2010	100%	98.3%
Sanchez	July 2010	100%	99.8%

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

**FY-2010 Fourth Quarterly Report: June, July, and August**

**Project Number:** 408-RM03

<b>Researcher:</b> John Petersen	<b>IRB Number:</b> 02-377	<b>IRB Expiration Date:</b> 3/31/2011	<b>Research Began:</b> 6/3/2003
<b>Title of Research:</b> Serum Markers of Fibrosis in Chronic Hepatitis C			<b>Data Collection Began:</b> 7/1/2003
<b>Proponent:</b> University of Texas Medical Branch at Galveston			<b>Data Collection End:</b> 7/3/2008
<b>Project Status:</b> Data Collection		<b>Progress Report Due:</b> 10/1/2010	<b>Projected Completion:</b> 7/31/2008

7/23/10 Researcher is requesting that this project be re-designated as longitudinal. (Formerly under Ned Snyder)

**Units:** Hospital Galveston

**Project Number:** 527-MR07

<b>Researcher:</b> Roger Soloway	<b>IRB Number:</b> 05-277	<b>IRB Expiration Date:</b> 6/30/2008	<b>Research Began:</b> 4/12/2007
<b>Title of Research:</b> Capsule endoscopy versus traditional EGD for variceal screening: a head-to-head comparison			<b>Data Collection Began:</b> 3/12/2007
<b>Proponent:</b> UTMB			<b>Data Collection End:</b> 7/31/2008
<b>Project Status:</b> Formulating Results		<b>Progress Report Due:</b> 3/11/2010	<b>Projected Completion:</b> 

6/10/10 Email from Researcher: Results are being written up, and soon will be submitted for Health Services Review.

**Units:** UTMB

**Project Number:** 567-RM08

<b>Researcher:</b> Cynthia Mundt	<b>IRB Number:</b> 2009-03-013	<b>IRB Expiration Date:</b> 12/7/2010	<b>Research Began:</b> 12/30/2009
<b>Title of Research:</b> Treatment Amenability of Youths Convicted of Crimes in Texas as Adults			<b>Data Collection Began:</b> 1/29/2010
<b>Proponent:</b> Sam Houston State University			<b>Data Collection End:</b> 
<b>Project Status:</b> Data Analysis		<b>Progress Report Due:</b> 10/1/2010	<b>Projected Completion:</b> 8/31/2010

7/23/10 Sent additional data to researcher

**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-2010 Fourth Quarterly Report: June, July, and August**

**Project Number:** 605-RM10

**Researcher:**  
Patrick Flynn

**IRB Number:**

**Application Received:**

3/24/2010

**Title of Research:**  
Reducing the Spread of HIV by Released Prisoners

**Completed Application:**  
3/24/2010

**Proponent:**  
Texas Christian University

**Peer Panel Schedule:**  
7/23/2010

**Project Status:**  
Peer Panel Review pending receipt of IRB approved version

**Panel Recommendations:**

**Recent Activity:**  
08/04/10 Email from PI stating that the title has been changed from "RCT of an Augmented Test, Treat, Link & Retain Model for NC and Texas Prisoners" and the TCU IRB is currently reviewing the protocol. They are awaiting NIH funding. Health Services peer panel will hold off reviewing until we receive the approved IRB version.

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**Project Number:** 606-RM10

**Researcher:**  
Josiah Rich

**IRB Number:**

**Application Received:**

3/19/2010

**Title of Research:**  
Improving Linkage to HIV Care following Release from Incarceration

**Completed Application:**

**Proponent:**  
The Miriam Hospital / Brown University

**Peer Panel Schedule:**

**Project Status:**  
Application Incomplete

**Panel Recommendations:**

**Recent Activity:**  
09/22/10 Phone call to PI for status, since funding date has passed. 'Project received funding 9/14/10' Researcher will be sending a full proposal for review. They are in process of obtaining IRB approval.

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**TDCJ Office of Mental Health Monitoring & Liaison  
Administrative Segregation  
4th Quarter FY 2010  
(June, July, and August)**

Unit	Observed	Interviewed	Referred	Requests Fwd	ATC 4	ATC 5	ATC 6
Michael	471	272	1	9	92%	100%	100%
Estelle	485	244	1	7	100%	100%	100%
Stiles	469	251	1	6	100%	100%	100%
Darrington	236	101		5	100%	100%	100%
Ramsey I	48	48	0	0	100%	100%	100%
Eastham	351	216	0	4	100%	100%	100%
Smith	457	242	1	8	92%	100%	100%
Telford	484	228	1	3	100%	100%	100%
Ellis	99	67	0	1	100%	100%	100%
Robertson	466	232	0	7	100%	100%	100%
Pack	17	17	0	4	100%	100%	100%
Gist	15	15	0	0	100%	100%	100%
Clemens	5	5	2	0	100%	100%	100%
Lychner	22	22	0	0	100%	100%	100%
Bartlett	12	12	0	1	100%	100%	100%
Travis County	10	10	0	1	100%	100%	100%
<b>Total: 16</b>	3,647	1,982	7	56	2 units 92% 14 units 100%	16 units 100%	16 units 100%

**County Jail Texas Uniform Health Status Update Forms**

Reviewed	3,204
Problems	789

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

Reviewed	20,268
Referred	3,782

**Boot Camp Offenders**

Interviewed	41
Approved	41

**Substance Abuse Felony Program**

Units Audited	3	Continuity of Care Appropriate	3
Discharge Reviews	42	Discharge Appropriate	42

**County Jail Liaison**

Admissions Facilitated	51
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**Compelled Psychoactive Medication**

Reviewed	58
Appropriate	58

# Consent Item 3(a)

University Medical Director's Report

The University of Texas Medical Branch



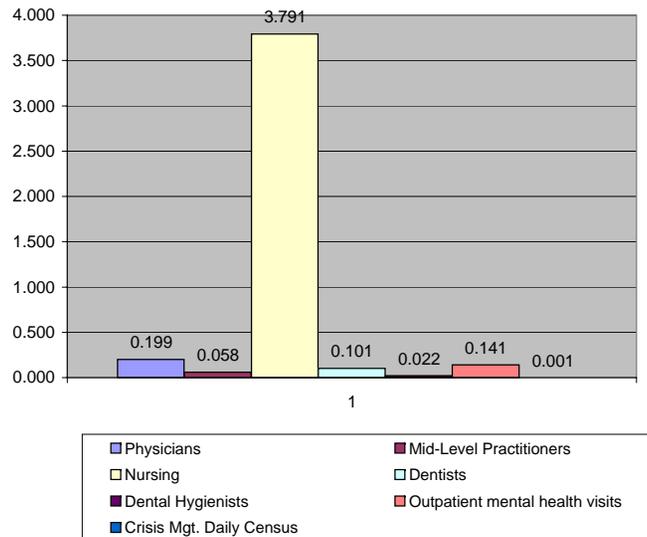
**Correctional Health Care  
MEDICAL DIRECTOR'S REPORT**

**FOURTH QUARTER  
FY2010**

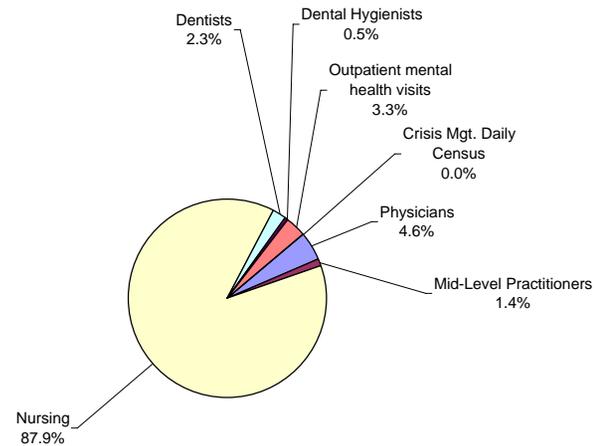
**Medical Director's Report:**

<i>Average Population</i>	<b>June</b>		<b>July</b>		<b>August</b>		<b>Qtly Average</b>	
	<b>120,235</b>		<b>120,113</b>		<b>120,443</b>		<b>120,264</b>	
	<b>Number</b>	<b>Rate Per Offender</b>	<b>Number</b>	<b>Rate Per Offender</b>	<b>Number</b>	<b>Rate Per Offender</b>	<b>Number</b>	<b>Rate Per Offender</b>
<b>Medical encounters</b>								
Physicians	24,894	0.207	23,380	0.195	23,608	0.196	<b>23,961</b>	<b>0.199</b>
Mid-Level Practitioners	7,578	0.063	7,012	0.058	6,447	0.054	<b>7,012</b>	<b>0.058</b>
Nursing	459,399	3.821	477,209	3.973	431,149	3.580	<b>455,919</b>	<b>3.791</b>
<b>Sub-total</b>	<b>491,871</b>	<b>4.091</b>	<b>507,601</b>	<b>4.226</b>	<b>461,204</b>	<b>3.829</b>	<b>486,892</b>	<b>4.049</b>
<b>Dental encounters</b>								
Dentists	12,640	0.105	11,562	0.096	12,241	0.102	<b>12,148</b>	<b>0.101</b>
Dental Hygienists	2,818	0.023	2,544	0.021	2,726	0.023	<b>2,696</b>	<b>0.022</b>
<b>Sub-total</b>	<b>15,458</b>	<b>0.129</b>	<b>14,106</b>	<b>0.117</b>	<b>14,967</b>	<b>0.124</b>	<b>14,844</b>	<b>0.123</b>
<b>Mental health encounters</b>								
Outpatient mental health visits	16,861	0.140	17,666	0.147	16,371	0.136	<b>16,966</b>	<b>0.141</b>
Crisis Mgt. Daily Census	74	0.001	72	0.001	69	0.001	<b>72</b>	<b>0.001</b>
<b>Sub-total</b>	<b>16,935</b>	<b>0.141</b>	<b>17,738</b>	<b>0.148</b>	<b>16,440</b>	<b>0.136</b>	<b>17,038</b>	<b>0.142</b>
<b>Total encounters</b>	<b>524,264</b>	<b>4.360</b>	<b>539,445</b>	<b>4.491</b>	<b>492,611</b>	<b>4.090</b>	<b>518,773</b>	<b>4.314</b>

**Encounters as Rate Per Offender Per Month**



**Encounters by Type**

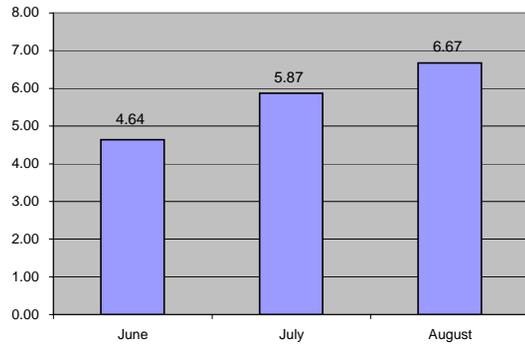


**Medical Director's Report (Page 2):**

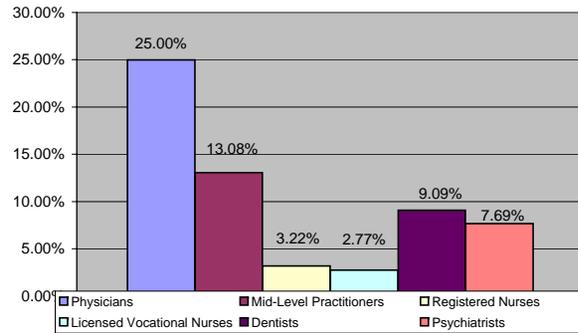
	June	July	August	Qtly Average
<b>Medical Inpatient Facilities</b>				
Average Daily Census	91.00	94.00	91.00	<b>92.00</b>
Number of Admissions	404.00	359.00	331.00	<b>364.67</b>
Average Length of Stay	4.64	5.87	6.67	<b>5.73</b>
Number of Clinic Visits	1,683.00	1,635.00	1,906.00	<b>1,741.33</b>
<b>Mental Health Inpatient Facilities</b>				
Average Daily Census	1,022.16	1,026.45	1,038.16	<b>1,028.92</b>
PAMIO/MROP Census	709.73	693.10	682.71	<b>695.18</b>
<b>Telemedicine Consults</b>	<b>7,700</b>	<b>6,181</b>	<b>6,635</b>	<b>6,838.67</b>

<b>Health Care Staffing</b>	<b>Average This Quarter</b>			<b>Percent Vacant</b>
	<b>Filled</b>	<b>Vacant</b>	<b>Total</b>	
Physicians	53.00	15.00	60.00	25.00%
Mid-Level Practitioners	113.00	17.00	130.00	13.08%
Registered Nurses	301.00	10.00	311.00	3.22%
Licensed Vocational Nurses	562.00	16.00	578.00	2.77%
Dentists	70.00	7.00	77.00	9.09%
Psychiatrists	24.00	2.00	26.00	7.69%

**Average Length of Stay**



**Staffing Vacancy Rates**



# Consent Item 3(b)

University Medical Director's Report

Texas Tech University  
Health Sciences Center

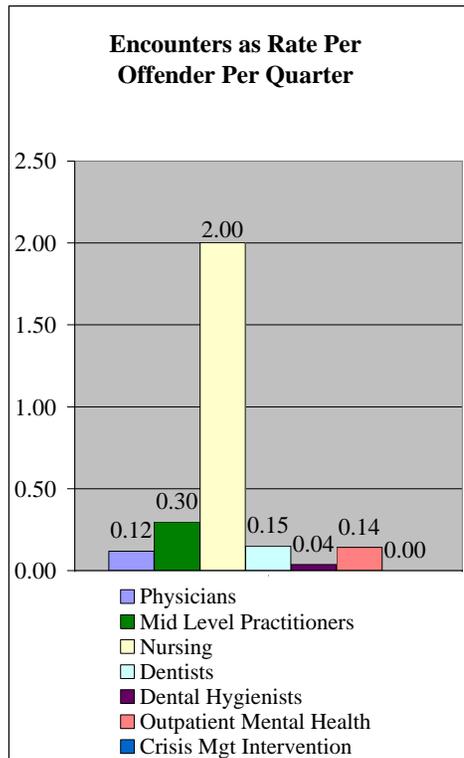


**Correctional Managed Health Care  
MEDICAL DIRECTOR'S REPORT**

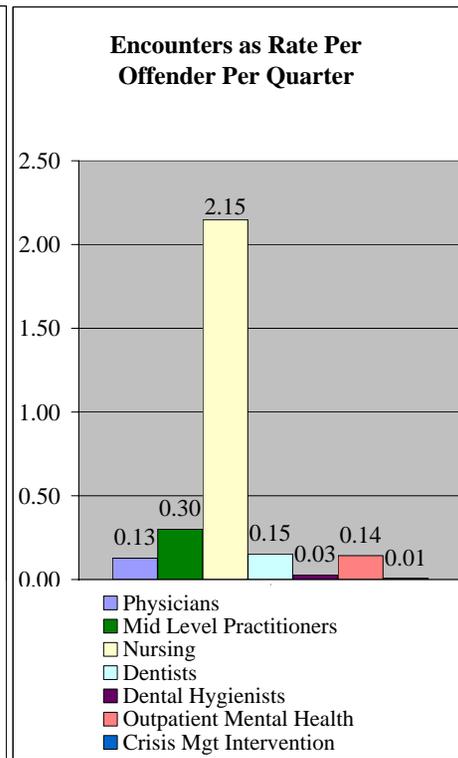
**FOURTH QUARTER  
FY 2010**

Medical Director's Report:

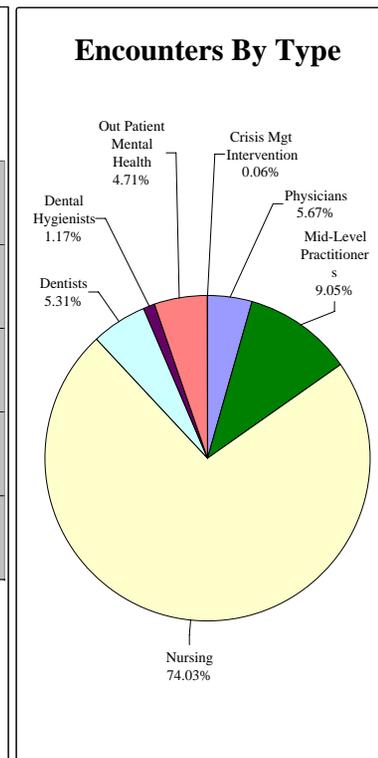
	June		July		August		Quarterly Average	
<i>Average Population</i>	31,082.41		31,145.10		31,303.81		31,177.11	
<i>Medical Encounters</i>	Rate Per		Rate Per		Rate Per		Rate Per	
	Number	Offender	Number	Offender	Number	Offender	Number	Offender
Physicians	4,151	0.134	3,687	0.118	4,164	0.133	4,001	0.128
Mid-Level Practitioners	9,627	0.310	8,855	0.284	9,628	0.308	9,370	0.301
Nursing	67,261	2.164	66,113	2.123	67,577	2.159	66,984	2.148
Sub-Total	81,039	2.607	78,655	2.525	81,369	2.599	80,354	2.577
<i>Dental Encounters</i>	Rate Per		Rate Per		Rate Per		Rate Per	
	Number	Offender	Number	Offender	Number	Offender	Number	Offender
Dentists	4,842	0.156	4,563	0.147	4,864	0.155	4,756	0.153
Dental Hygienists	879	0.028	834	0.027	1,029	0.033	914	0.029
Sub-Total	5,721	0.184	5,397	0.173	5,893	0.188	5,670	0.182
<i>Mental Health Encounters</i>	Rate Per		Rate Per		Rate Per		Rate Per	
	Number	Offender	Number	Offender	Number	Offender	Number	Offender
Outpatient mental health visits	4,606	0.148	4,281	0.137	4,467	0.143	4,451	0.143
Crisis Mgt. Interventions	225	0.007	250	0.008	206	0.007	227	0.007
Sub-Total	4,831	0.155	4,531	0.145	4,673	0.149	4,678	0.150
<i>Total Encounters</i>	91,591	2.947	88,583	2.844	91,935	2.937	90,703	2.909



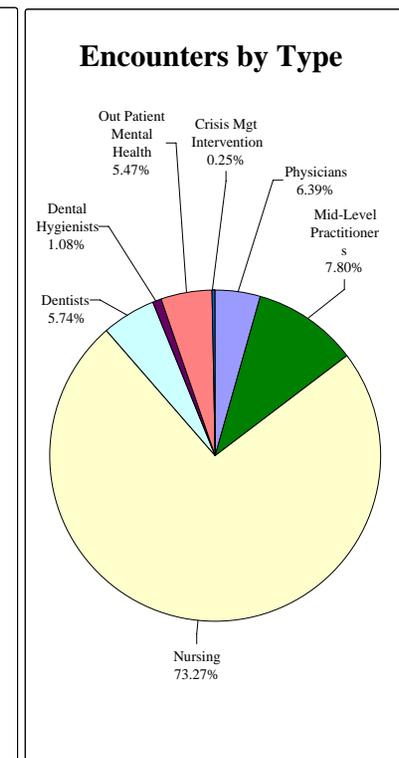
3rd Quarter 2010



4th Quarter 2010



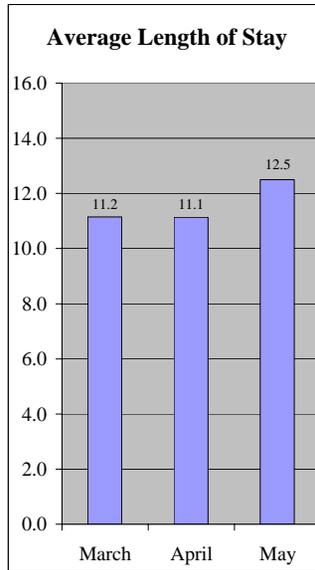
3rd Quarter 2010



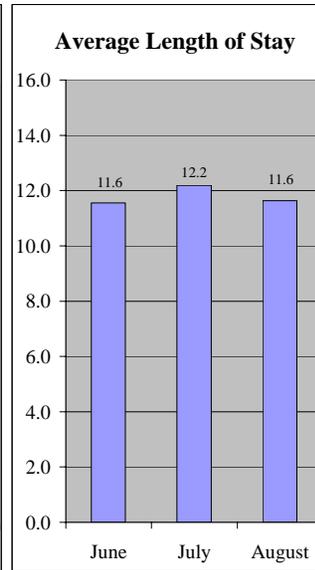
4th Quarter 2010

Medical Director's Report (page 2):

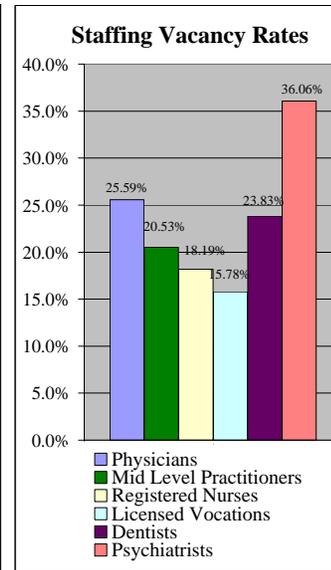
	June	July	August	Quarterly Average
<i>Medical Inpatient Facilities</i>				
Average Daily Census	114.69	117.8	122.13	<b>118.21</b>
Number of Admissions	224	206	297	<b>242.33</b>
Average Length of Stay	11.55	12.19	11.64	<b>11.79</b>
Number of Clinic Visits	985	916	1014	<b>971.67</b>
<i>Mental Health Inpatient Facilities</i>				
Average Daily Census	489	516	527	<b>510.67</b>
PAMIO/MROP Census	428	360	421	<b>403.00</b>
<i>Specialty Referrals Completed</i>	1732	1691	1995	<b>1806.00</b>
<i>Telemedicine Consults</i>	649	500	578	<b>575.67</b>
<i>Health Care Staffing</i>	Average This Quarter			Percent Vacant
	Filled	Vacant	Total	
Physicians	21.38	3.62	25	14.48%
Mid-Level Practitioners	28.73	5.33	34.06	15.65%
Registered Nurses	148.01	30.18	178.19	16.94%
Licensed Vocational Nurses	311.25	47.48	358.73	13.24%
Dentists	16	3.9	19.9	19.60%
Psychiatrists	7.09	3.5	10.59	33.05%



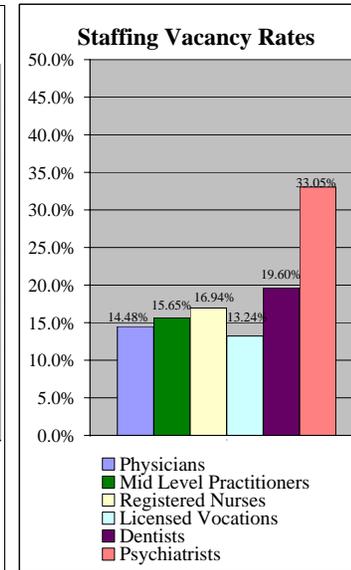
3rd Quarter 2010



4th Quarter 2010



3rd Quarter 2010



4th Quarter 2010

## Consent Item 4

Summary of CMHCC Joint  
Committee \ Work Groups

**Correctional Managed Health Care  
Joint Committee/Work Group Activity Summary  
for December 2010 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: November 10, 2010

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. FY2010 SLC Indicators
  - 1. Periodontal Type
  - 2. Mental Health PULHES
  - 3. Refusal of Treatment (ROT)
  - 4. Inpatient Physical Therapy
  - 5. Missed Appointments (No Shows)

### **Standing Issues**

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

**Miscellaneous/Open for Discussion Participants:**

- A. Mental Health New Quality Indicator
- B. CMHCC Updates
- C. Joint Nursing Committee Update
- D. Chronic Disease Audit Update
- E. ATC Methodology
- F. Hand Washing Audit
- G. 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: October 13, 2010

Key Activities:

**Sub Committee Updates**

- Geriatric
- Transient Medications
- Infirmary (G-52.1)

**Old Business:**

- A-08.6 Attachments A and B, Medically Recommended Intensive Supervision Screening
- A-12.1 Attachment A, getting medical Treatment (see E31.1)
- G-52.1 Infirmary Care
- E-57.1 Sexual Assault

**New Business:**

Sections B, C and D are scheduled for review.

**Discussion:** Add relevant TDCJ Administrative Directives to the CMHC Policy Manual as an addendum – Mike Jones

New draft on Offender/Patient in General Population with Medical, Mental Health and Mobility needs – Phyllis McWhorter

A-08.6 Attachment A, Medically recommended Intensive Supervision – Robert Williams

C-18.1 Licensure and Credential Verification – Mike Jones

E-31.1 Information on Health Care Services – Myra Walker

G-51.2 Geriatric Offender and Attachments A thru D – Kathryn Buskirk

H-60.1 Attachment C page 8, Health Records – Organization and Maintenance

H61.1 Confidential and Release of Information – Lisa D’Cunha

I-68.4 Medical Consultation for the Offender Drug Testing Program and Attachment B – Jim Montross

I-71.1 Attachment C, Instructions for Completing the Refusal of Treatment Form – Lisa D’Cunha

I-71.2 Patient Self-Determination Act, Natural Death Act, Advance Directives Act and Attachment A and B – Kathryn Buskirk

Adjournment

Next Meeting Date is January 13, 2011

Section to be covered will be E. Comments on Section E are due by December 1, 2010.

## **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: November 10, 2010

Key Activities:

### **Approval of Minutes from September 9, 2010 Meeting Reports from Subcommittees:**

- Drug Overdose – Dr. Lenz
- Psychiatry – Dr. Butler
  - Major Depressive Disorder DMG Revision
  - Venlafaxine Formulary Addition Request

### **Reviewed and discussed monthly reports as follows:**

- Adverse Drug Reaction Report (none)
- Pharmacy Clinical Activity Report
- Non-Formulary Deferral Reports
  - UTMB Sector (August-September 2010)
  - Texas Tech Sector (July-September 2010)
- Quarterly Medication Error Reports –4th Quarter (June-August) FY10
  - UTMB Sector – Outpatient Services
    - Beaumont District
    - Houston District
    - Huntsville District
    - Northeast District
    - Northwest District (not received)
    - San Antonio District

- UTMB Sector-Inpatient Services
- Texas Tech Sector
- Medication Dispensing Error Report (FY10)
- Utilization Reports (FY10 & 11 YTD)
  - HIV Utilization
  - Hepatitis C Utilization
  - Hepatitis B Utilization
  - Psychotropic Utilization
- Policy Review Schedule

**Old Business:**

KOP Renagel Pilot Update at Estelle (Dr. Khurana)

**New Business:**

Action Requests

- Request to add Pneumovax single dose vial to the formulary
- Request to restrict the use of pyridoxine (B6)
- Request to allow unit stock sodium chloride nasal spray
- Request to change ziprasidone and bupropion to nonformulary status

**Diabetes Patient Education Materials**

**Drug Category Review**

- Respiratory Agents
- Anti-infectives

**FDA Medication Safety Advisories**

**Policy and Procedure Revisions**

- On Call Pharmacy Phone Number (10-40)
- Total Parenteral Nutrition (10-45)
- Critical Medications Dispensed upon HG Discharge (10-50)
- Medication Area Security (15-05)
- Storage of Pharmaceuticals (15-10)
- Transfer of Medications (15-15)
- Medication Security During Courier Transfer (15-25)

- Disposition of Outdated Drugs (15-30)
- Reclamation of Drugs (15-35)
- Ordering Erythropoiesis Stimulating Agents (55-20-new)

**Miscellaneous**

- Texas Department of State Health Services – 2011 Expiring Antiviral Stock

**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: October 14, 2010

Key Activities:

**Reviewed and Approved Minutes**

**Public Health Update**

- A. Review of current months PMO

**Old Business**

- A. Policy B-14.11 HIV (review changes)  
HIV Fact Sheet

**New Business**

- A. Policy B-14.10 Tuberculosis

1. Add to Section IV, Letter C, Number 1: “Although biweekly chemoprophylaxis for LTB1 must be administered by DOT, daily chemoprophylaxis may be administered at the pill window.”
- B. Policy B-14.17 Vancomycin-Resistant Enterococcus (VRE)
  1. Drop VRE reporting to the Office of Public Health since the state no longer takes VRE reports
- C. New Policy B-14.51 Influenza-Like Illness (ILI)
  1. Attachments A-D
- D. 2011 Infection Control Committee Calendar

**Policy Review – B-14.26 through B-14.50**

- A. B-14.31 Personal Protective Equipment and Other Protective Supplies

**Adjourn**

- Next Meeting – February 10, 2011
- Policies to be reviewed are B-14.1 through B-14.10

**Joint Dental Work Group**

Chair: Dr. Billy Horton

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

Meeting Date: September 29, 2010

Key Activities:

- (1) Power Point Training
- (2) Dental Hygiene Manager, Ms. Pam Myers
- (3) DUQRC
- (4) Chain in template
- (5) D-28.1: Instrument accountability; form
- (6) Comprehensive TXPL template
- (7) Overtime
- (8) Grievances
- (9) Vacancies
- (10) SLC Indicator FY 10/11
- (11) Formulary Update – Dr. Beason
- (12) 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:**

- June, 2010 (review of 31 cases)
- July, 2010 (review of 31 cases)
- August, 2010 (review of 29 cases)

**Joint Nursing Work Group**

Chair: Mary Goetcher, RN

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

Meeting Date: October 14, 2010

**Old Business:**

- **ER Record**
- RM 04 Injury Report
- PH1 and Warden's List
- Inpatient Classification
- TDCJ Administrative Directives / CMHC Policy Manual

**New Business:**

- DOT Policy and Flow Sheet
- Nursing Procedure Codes for Counting Workload



## CORRECTIONAL MANAGED HEALTH CARE COMMITTEE

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

*Allen R. Hightower*  
*Executive Director*

Date: November 19, 2010

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 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.

### **Annual Financial Reporting Requirements (AFR):**

The CMHCC submitted the annual financial report schedules for the committee for FY2010. CMHCC started submitting these reports in November 2007.

### **82<sup>nd</sup> Legislative Session:**

The 82<sup>nd</sup> 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.

### **Budget Reduction:**

Legislative leadership will be asking state agencies to identify 2 to 3 percent budget cuts in the current biennium.

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Health Care Committee*

**Key Statistics Dashboard**

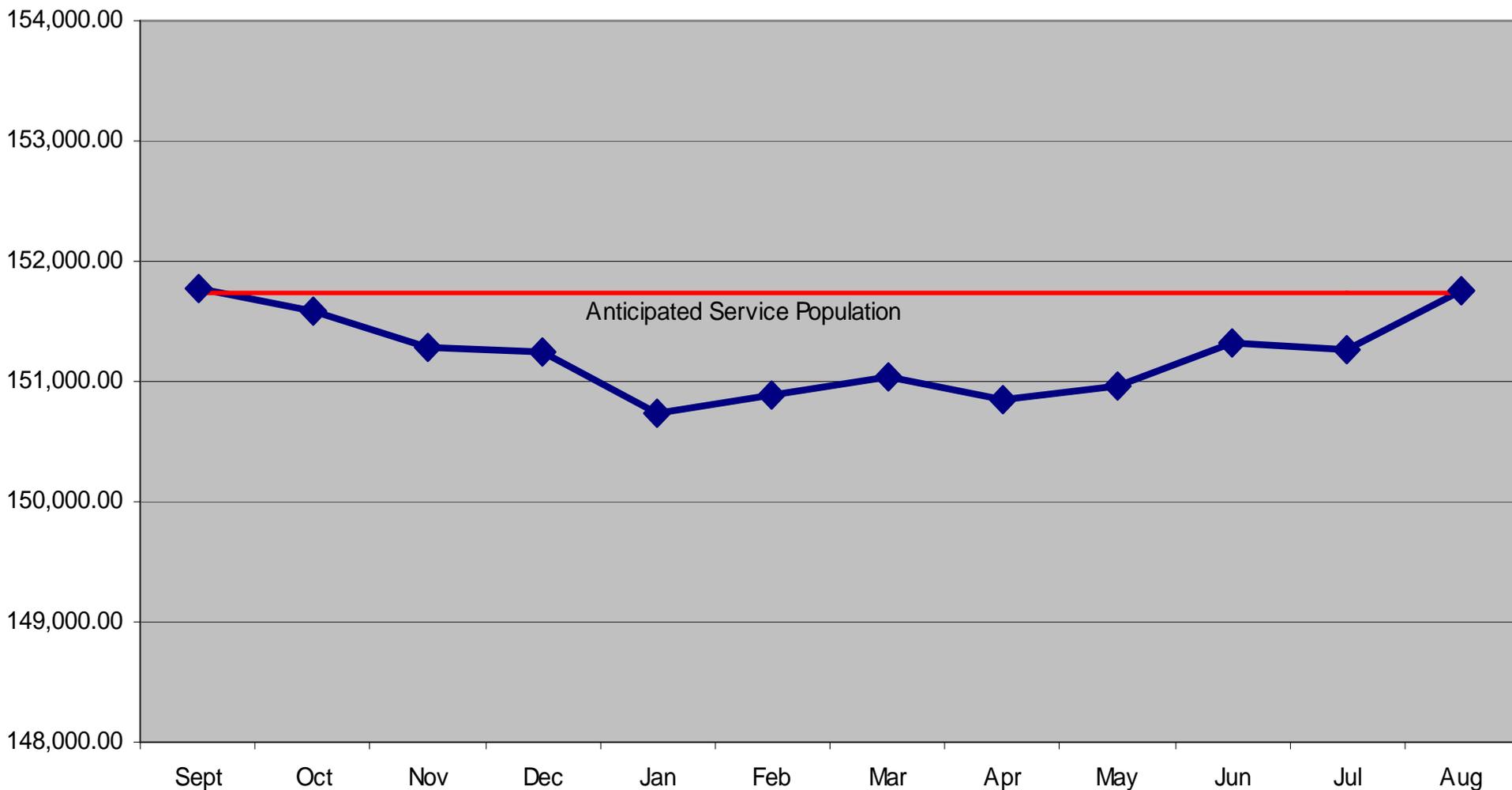
**December 2010**

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# CMHC Service Population FY 2010



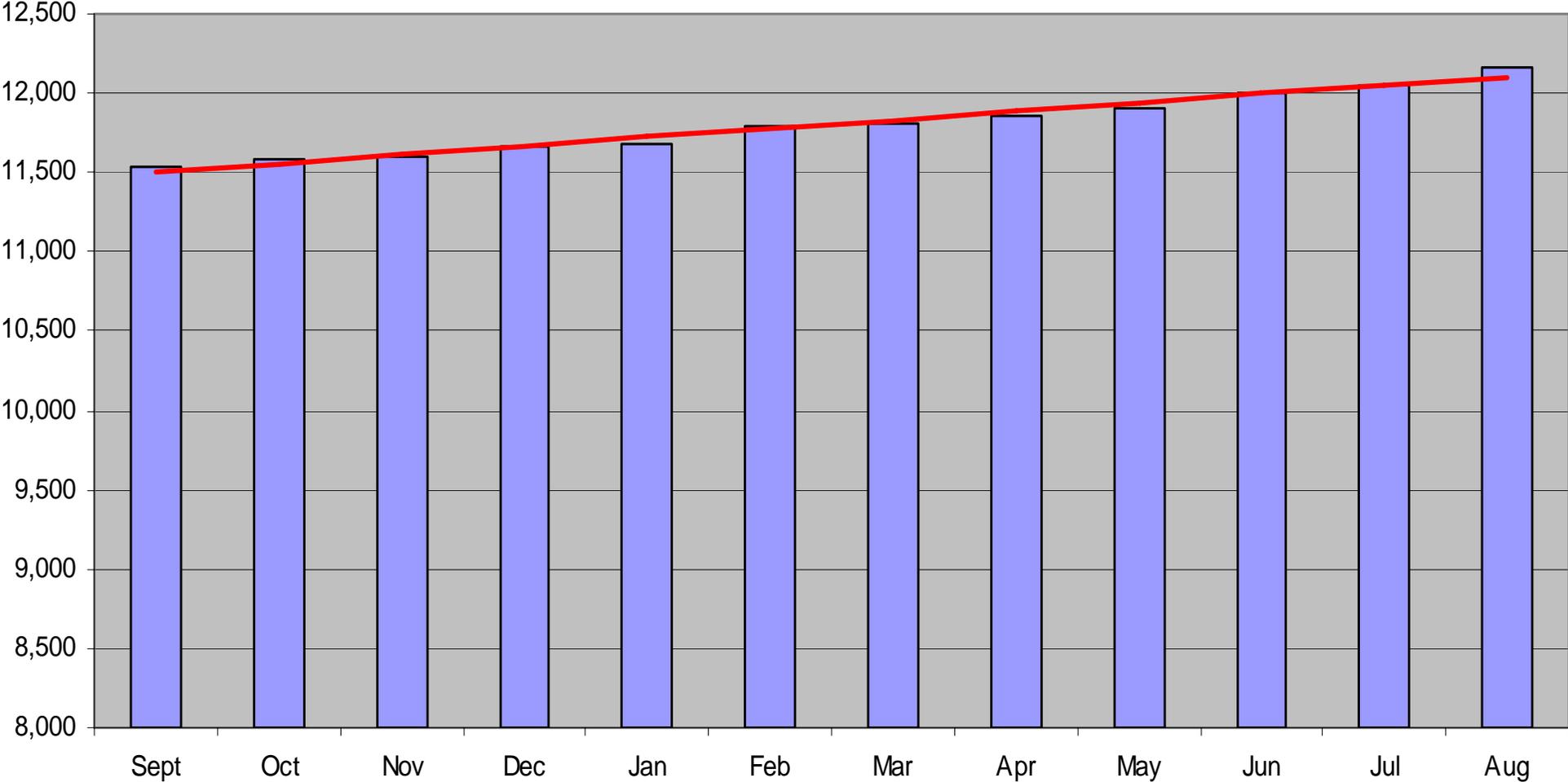
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HEALTH SCIENCES CENTER

# Offenders Age 55+ FY 2010

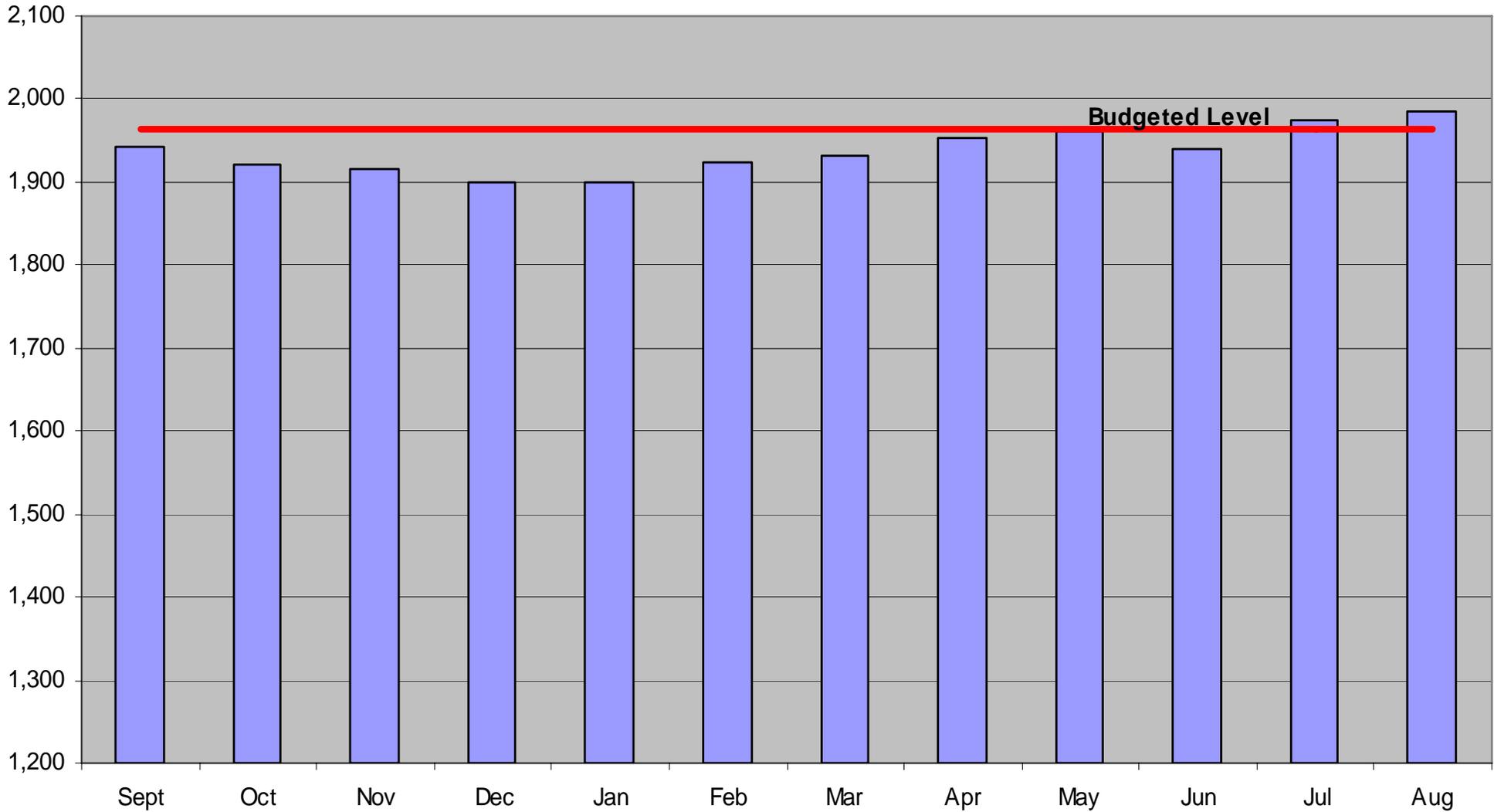


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# Psychiatric Inpatient Census



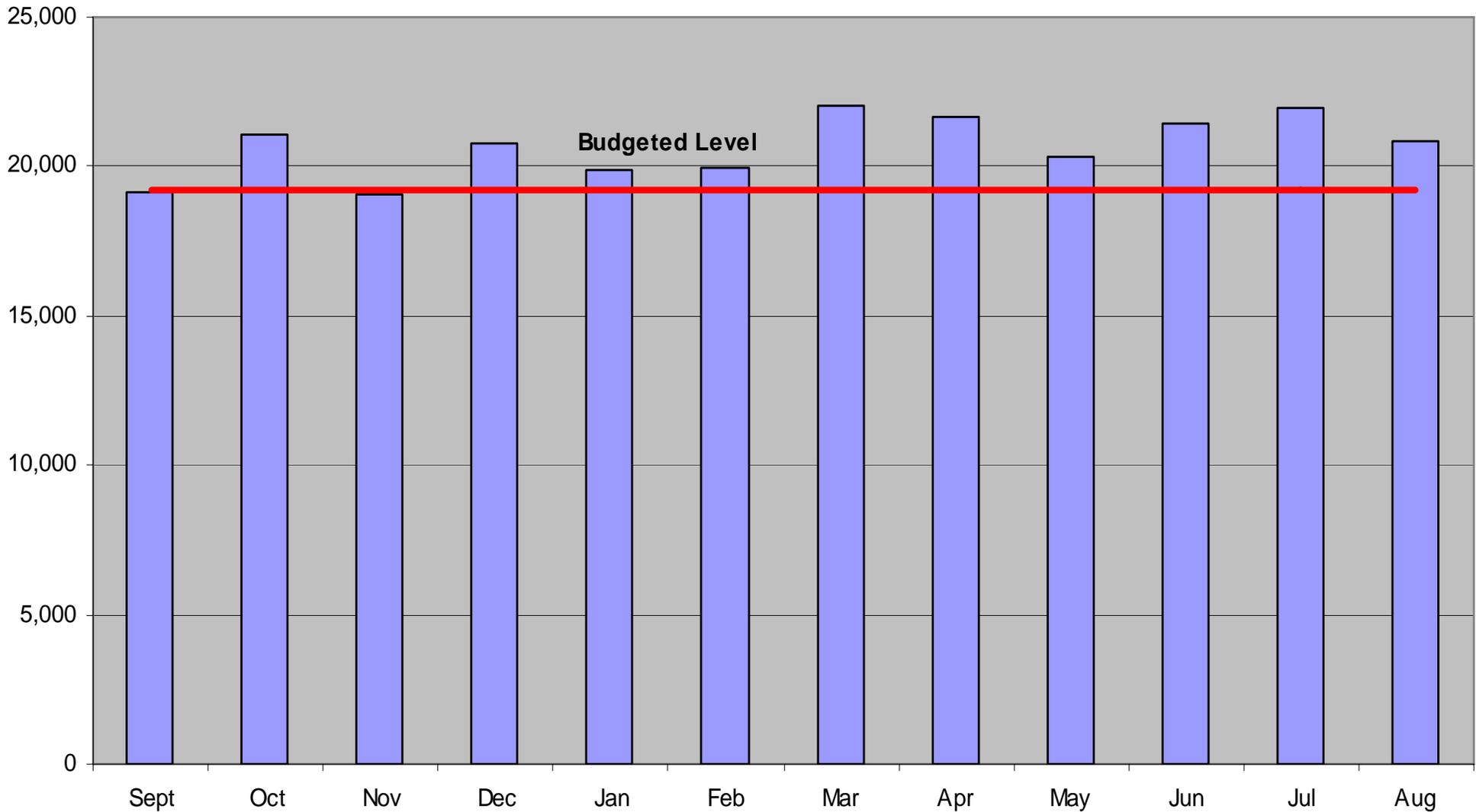
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# Psychiatric Outpatient Census



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TDCJ MENTAL HEALTH CENSUS BY GENDER

June-10 Facility	AVERAGE DAILY POPULATION		UNIQUE ENCOUNTERS Outpatient	LAST DAY CENSUS	
	Inpatient	MROP		Male	Female
SKYVIEW	505.50			446.00	58.00
JESTER IV	497.53			478.00	18.00
MT. VIEW	19.13				19.00
GATESVILLE (Valley)		92.53			93.00
HODGE		617.20		617.00	
MONTFORD PSYCHIATRIC	643.00			643.00	
PAMIO	465.00			465.00	
CASELOAD - TTUHSC			4,606.00	4,606.00	
CASELOAD			17,640.00	14,089.00	2,503.00
	2,130.16	709.73	22,246.00		

July-10 Facility	AVERAGE DAILY POPULATION		UNIQUE ENCOUNTERS Outpatient	LAST DAY CENSUS	
	Inpatient	MROP		Male	Female
SKYVIEW	511.68			463.00	59.00
JESTER IV	495.32			471.00	9.00
MT. VIEW	19.45				19.00
GATESVILLE (Valley)		92.55			93.00
HODGE		600.55		601.00	
MONTFORD PSYCHIATRIC	638.00				
PAMIO	465.00				
CASELOAD - TTUHSC			4,281.00	4,281.00	
CASELOAD			17,666.00	14,196.00	2,456.00
	2,129.45	693.10	21,947.00		

August-10 Facility	AVERAGE DAILY POPULATION		UNIQUE ENCOUNTERS Outpatient	LAST DAY CENSUS	
	Inpatient	MROP		Male	Female
SKYVIEW	518.77			463.00	55.00
JESTER IV	500.23			471.00	18.00
MT. VIEW	19.16				19.00
GATESVILLE (Valley)		92.19			92.00
HODGE		590.52		591.00	
MONTFORD PSYCHIATRIC	621.00			621.00	
PAMIO	455.00			455.00	
CASELOAD - TTUHSC			4,467.00	4,467.00	
CASELOAD			16,371.00	12,937.00	2,415.00
	2,114.16	682.71	20,838.00		

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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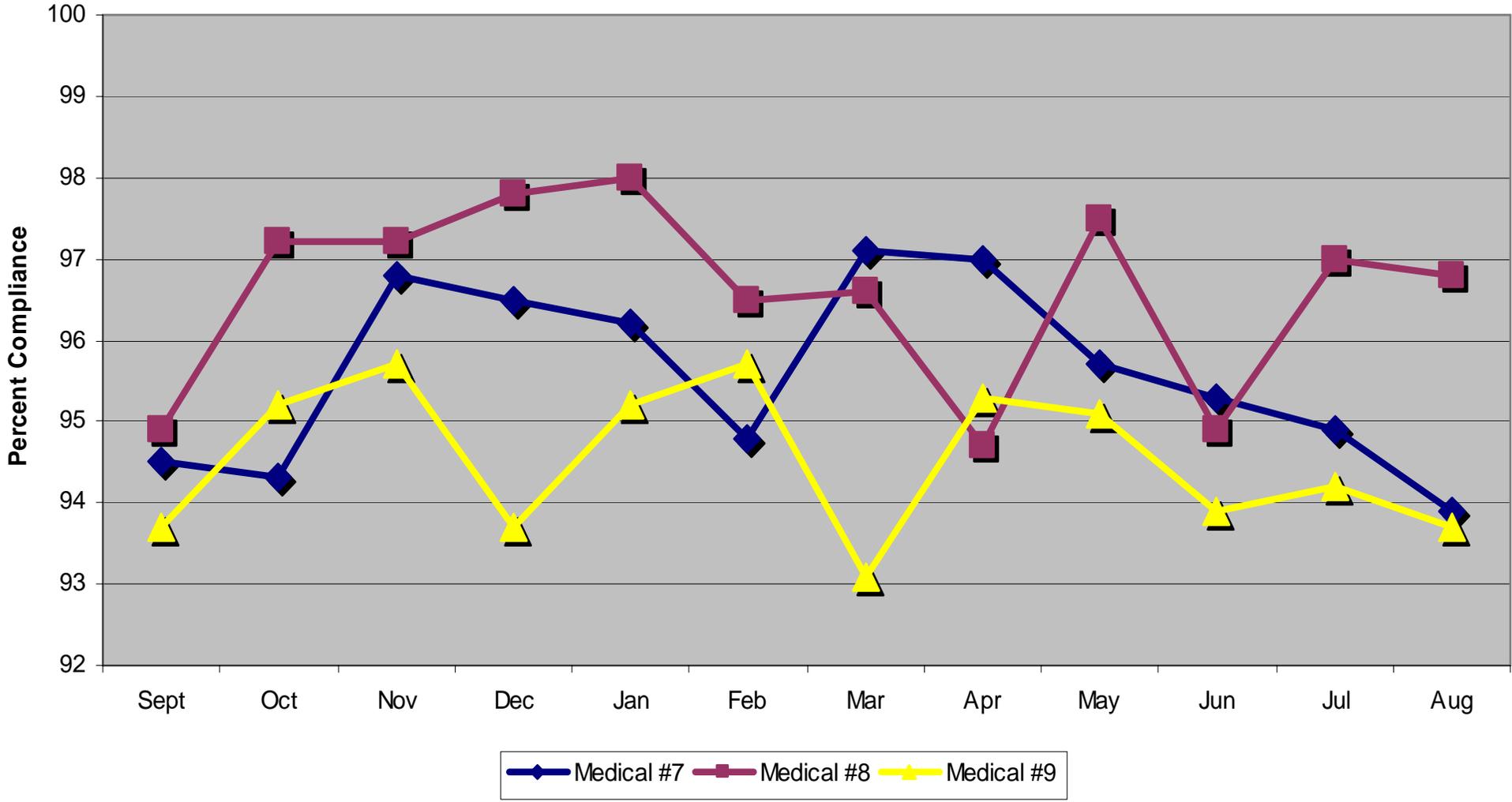
*Health Care*



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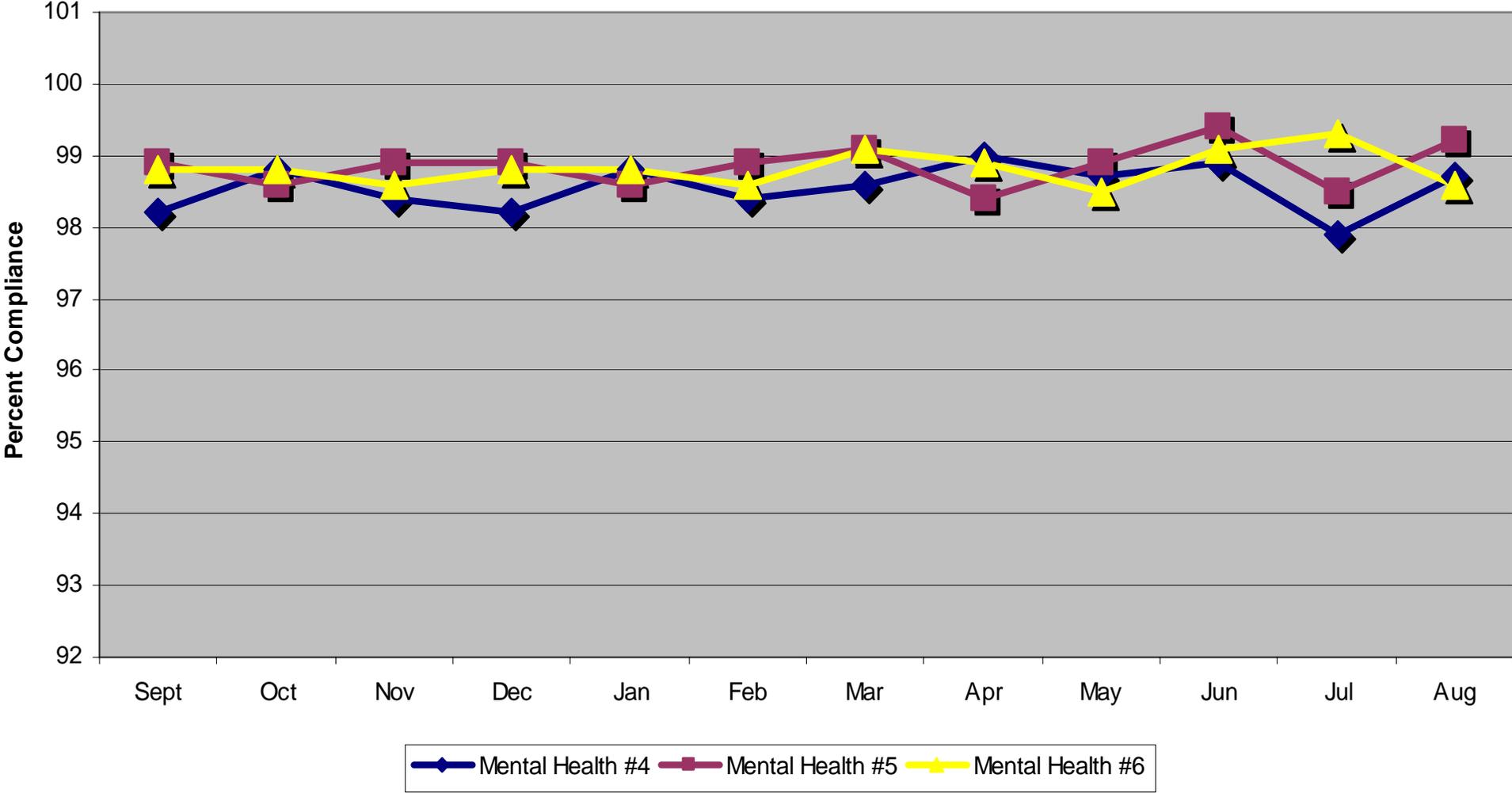
## Medical Access to Care Indicators FY 2010



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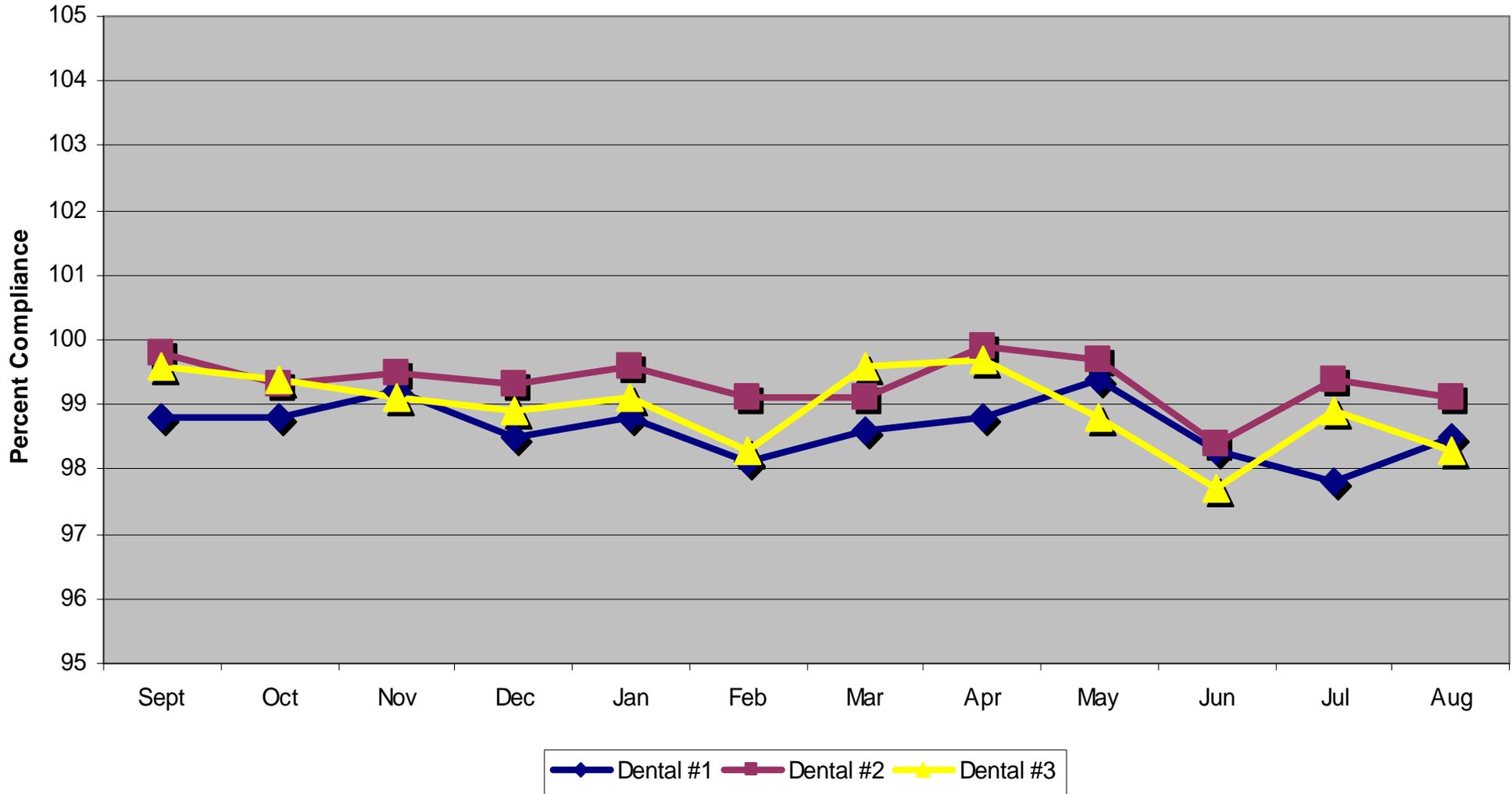
# Mental Health Access to Care Indicators FY 2010



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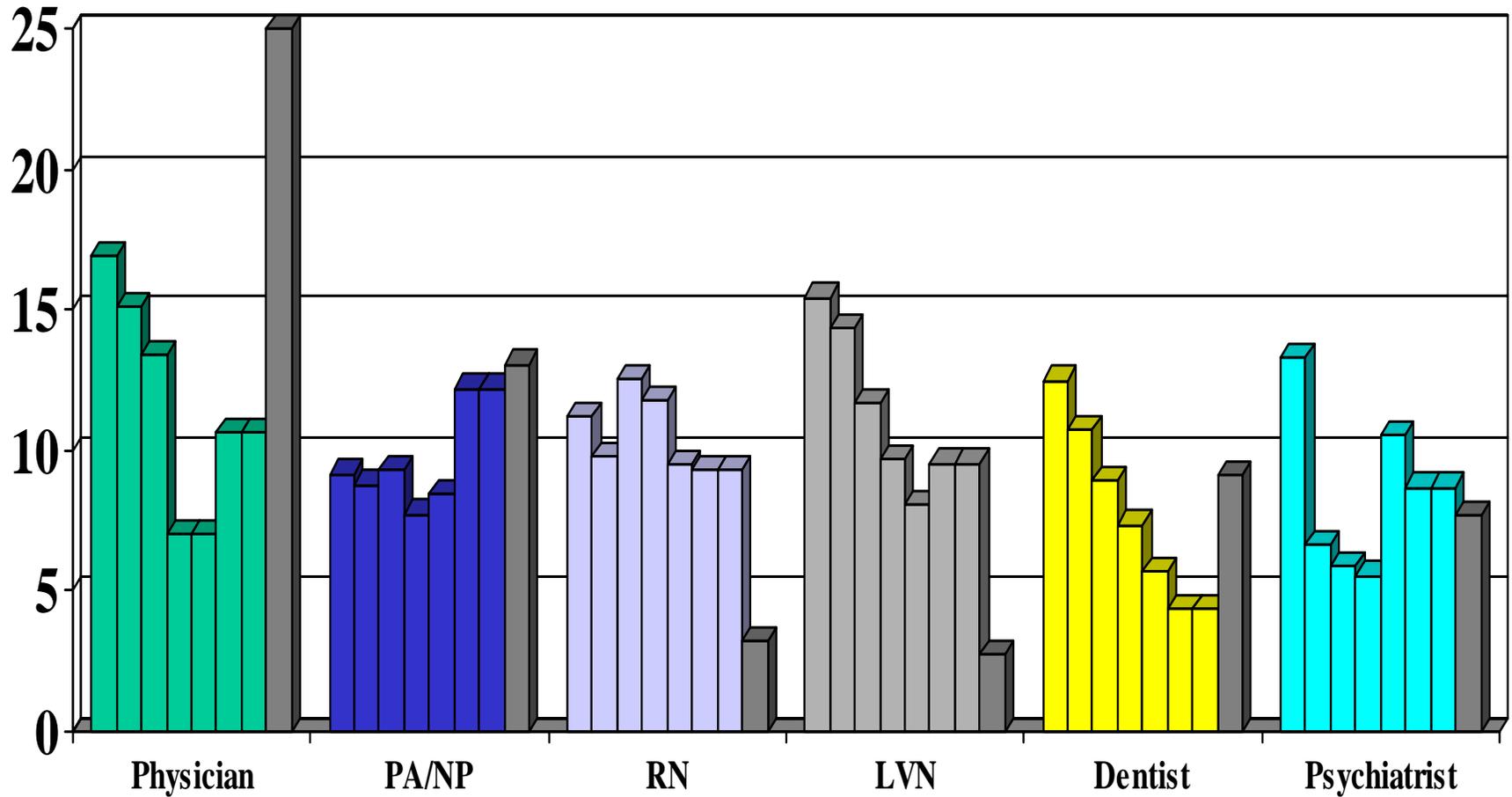
## Dental Access to Care Indicators FY 2010



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## UTMB Vacancy Rates (%) by Quarter FY 2010



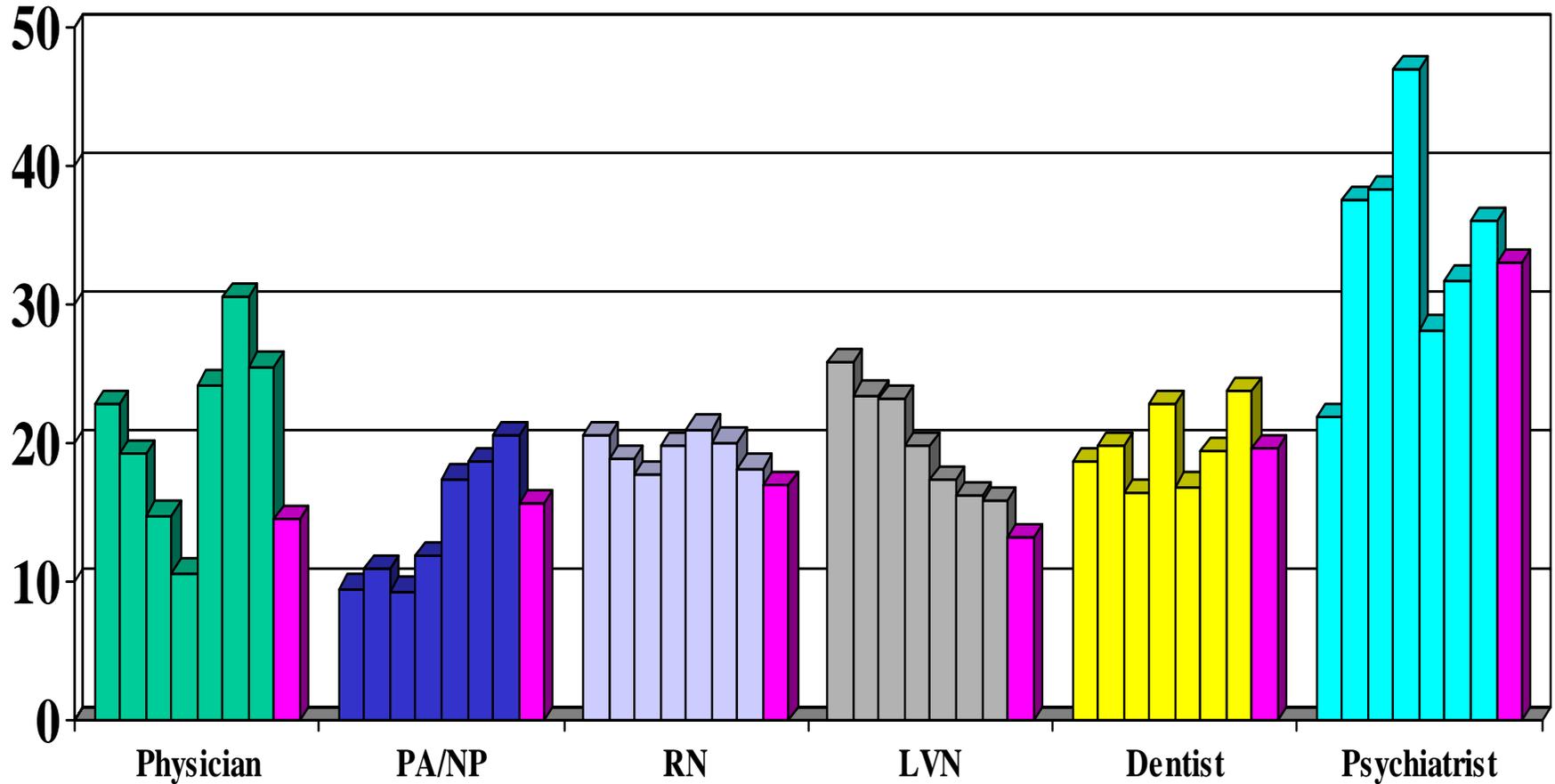
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# TTUHSC Vacancy Rates (%) by Quarter FY 2010



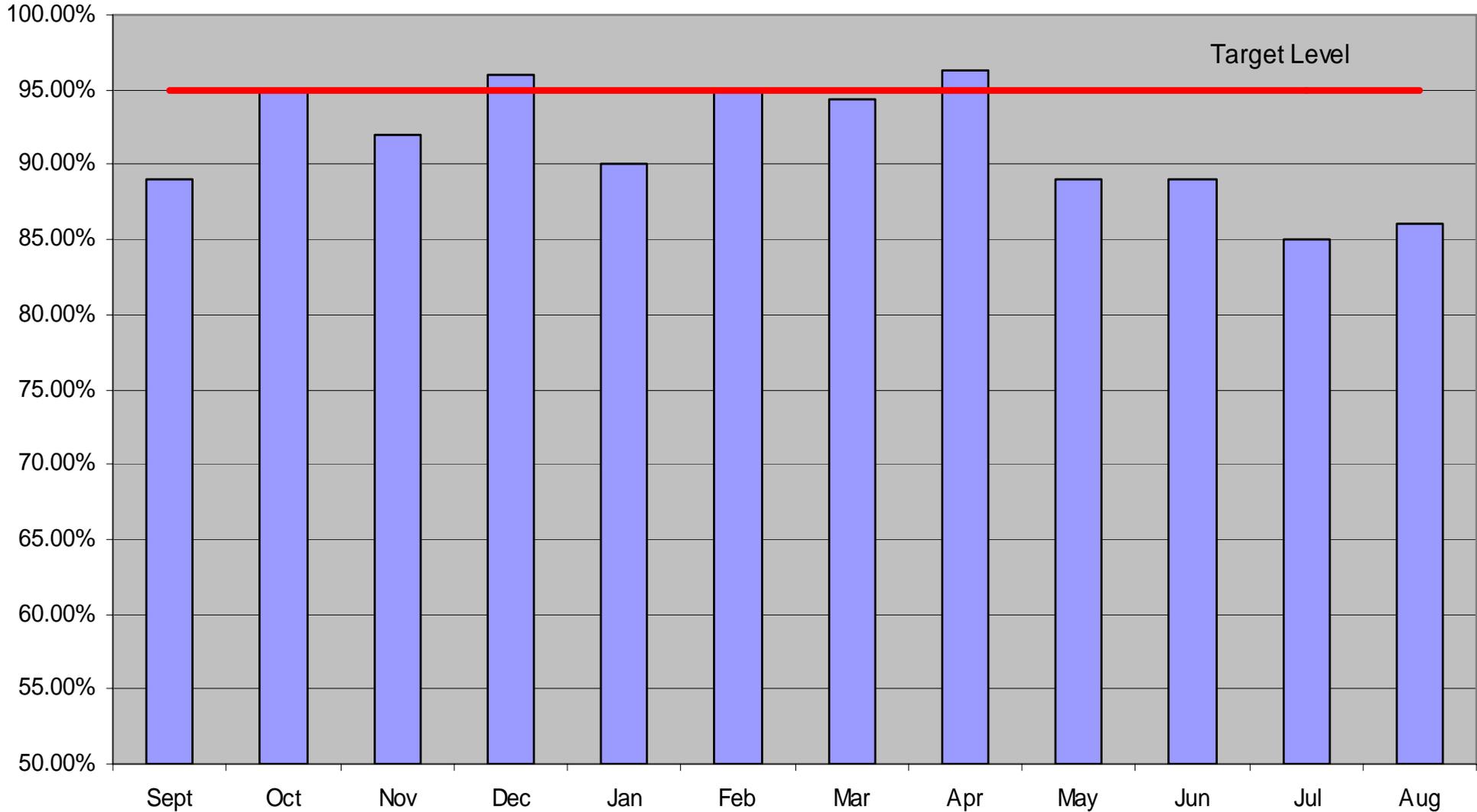
*Correctional Managed*

*Health Care*



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## Percent of Timely MRIS Summaries FY 2010



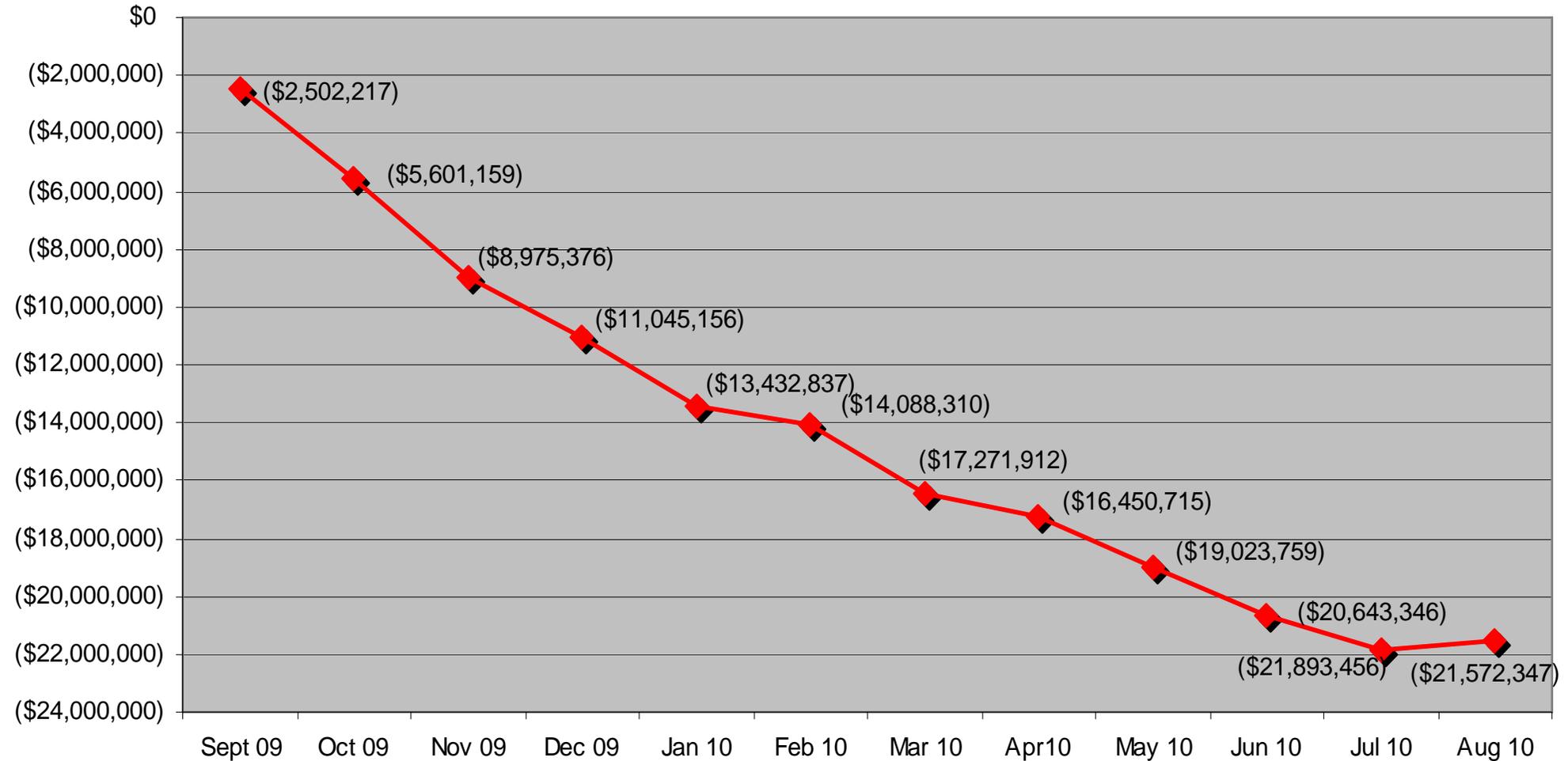
*Correctional Managed*

*Health Care*



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## Statewide Cumulative Loss/Gain FY 2010



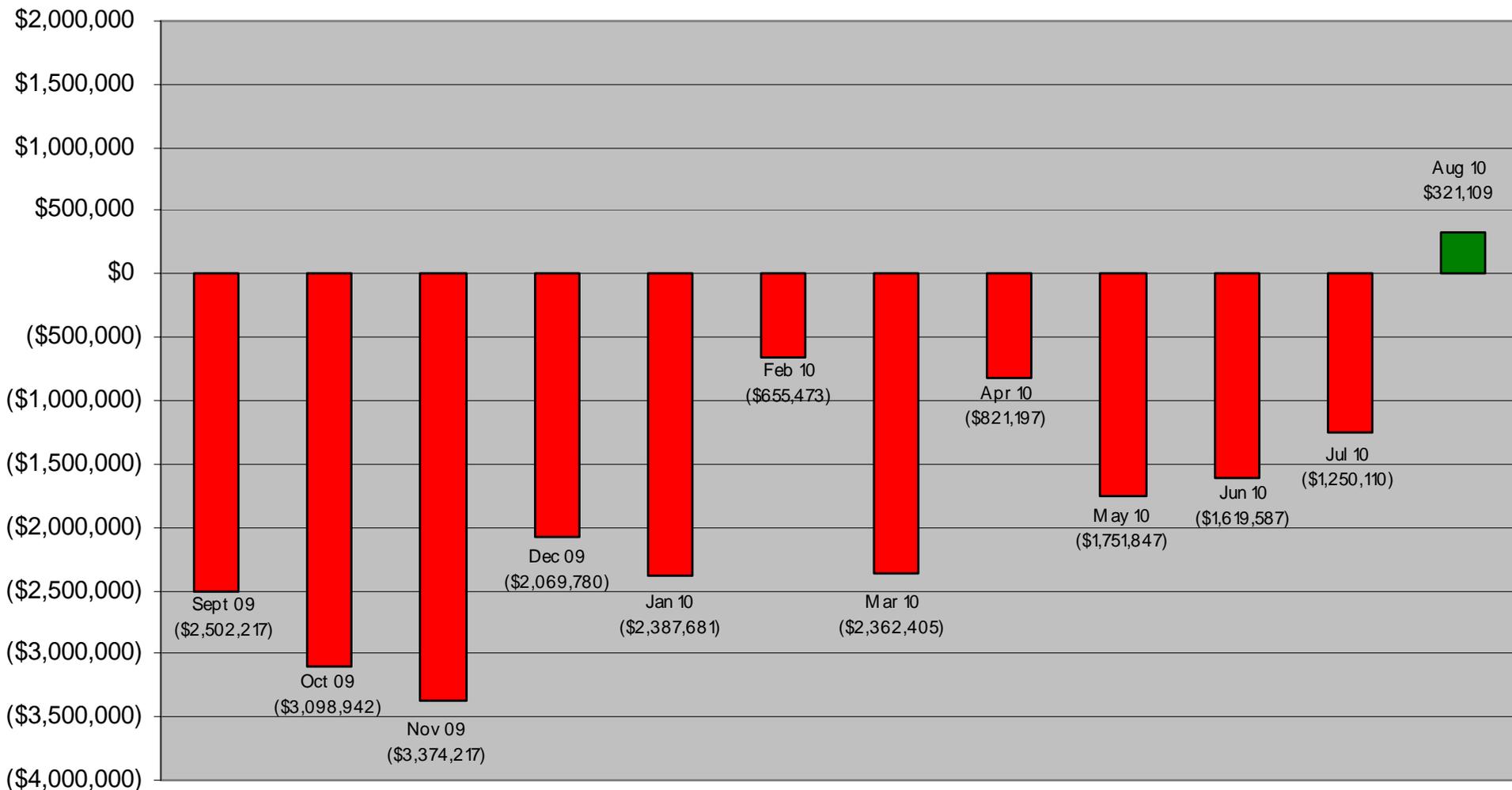
*Correctional Managed*

*Health Care*



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## Statewide Loss/Gain by Month FY 2010



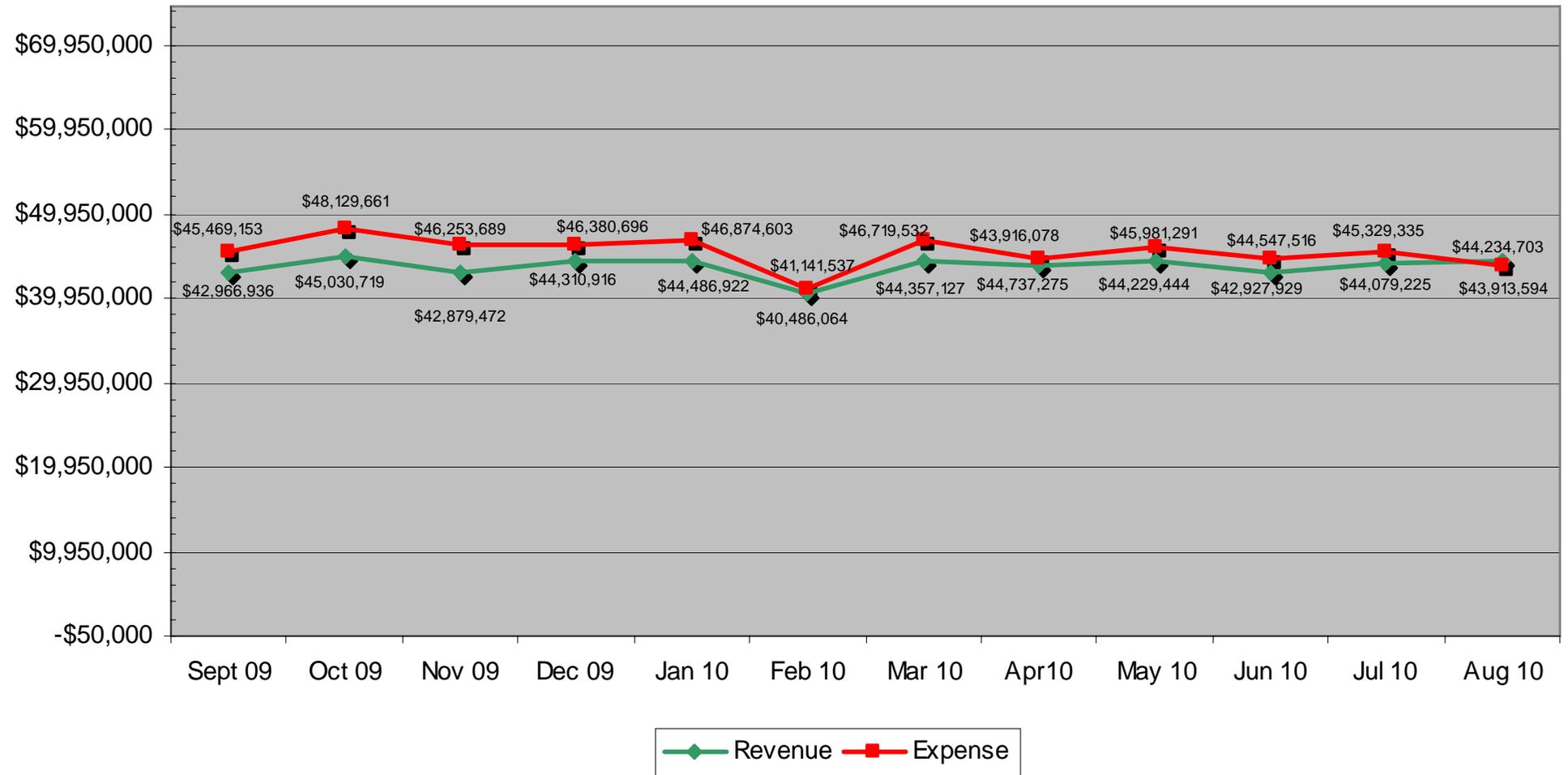
*Correctional Managed*

*Health Care*



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## Statewide Revenue v. Expenses by Month FY 2010



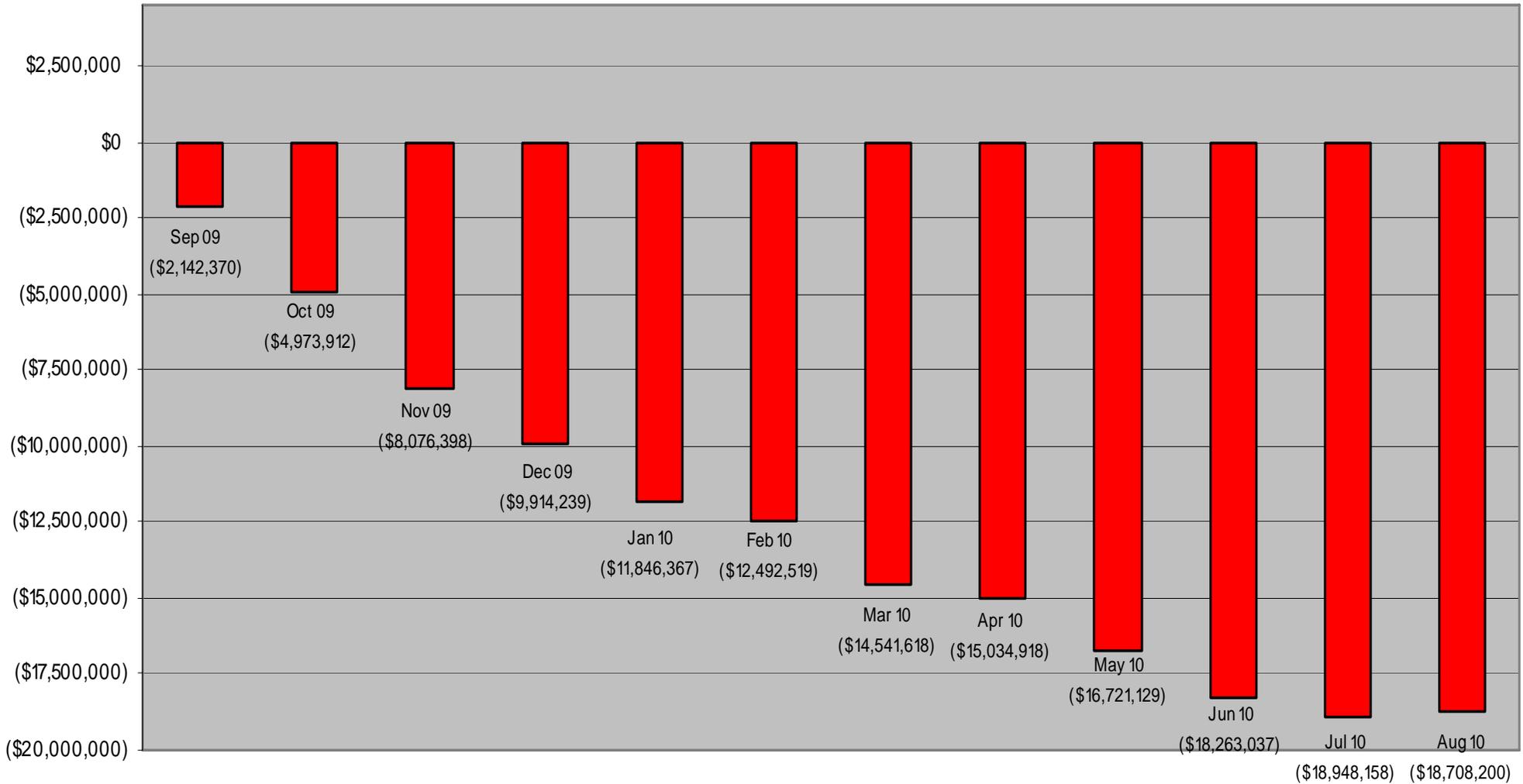
*Correctional Managed*

*Health Care*



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## UTMB Cumulative Loss/Gain FY 2010



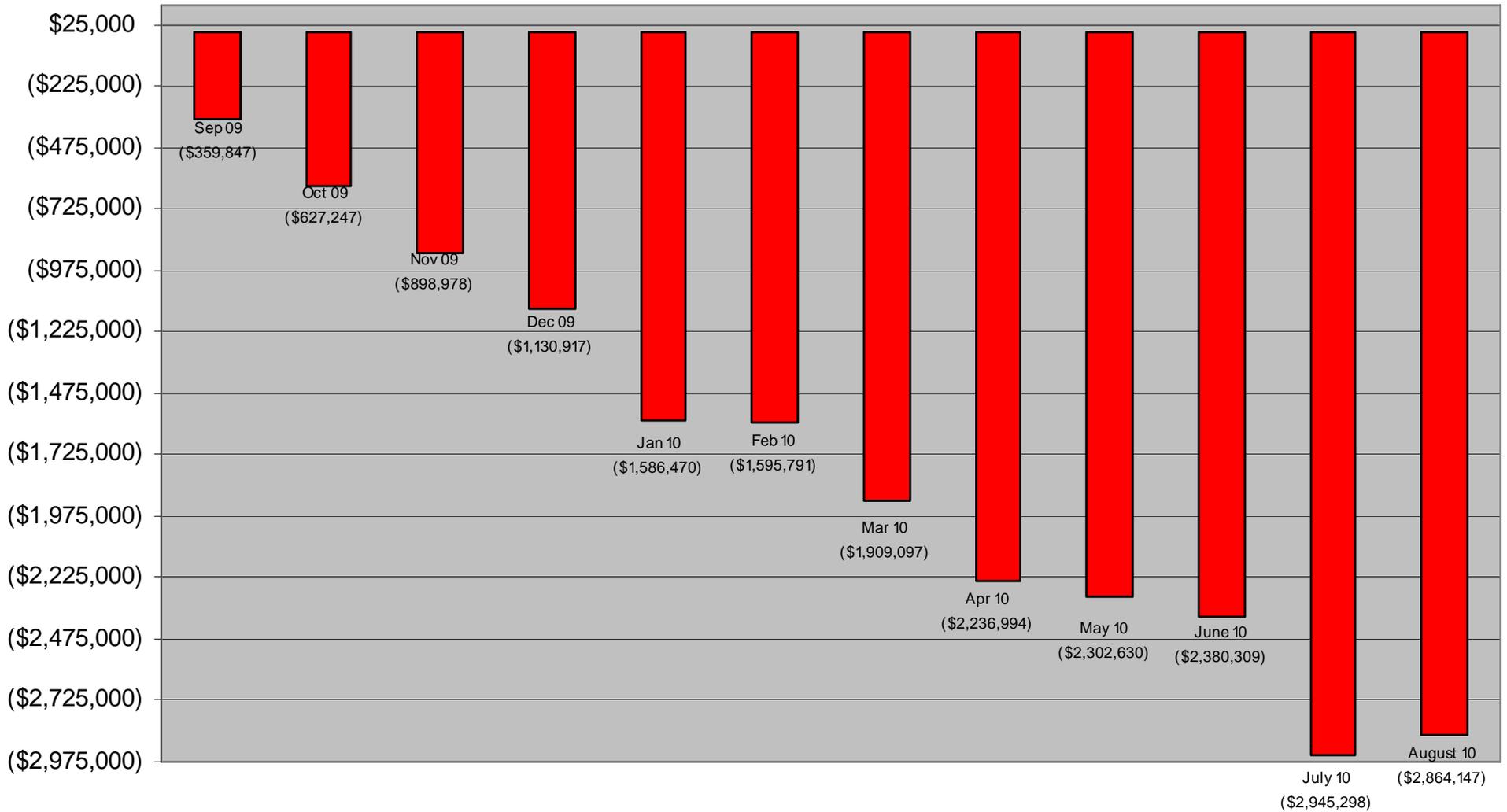
*Correctional Managed*

*Health Care*



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## TTUHSC Cumulative Loss/Gain FY 2010



*Correctional Managed*

*Health Care*



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

**As of November 2010**

<b>Title of Position</b>	<b>CMHCC Partner Agency</b>	<b>Vacant Since (mm/yyyy)</b>	<b>Actions Taken to Fill Position</b>
Psychiatrists	UTMB	1/1/2010	Local and National Advertising, Conference, Contract with Timeline National Recruiting and other Agency Staffing
Physician I-III	UTMB	1/1/2010	Local and National Advertising, Conferences, Timeline National Recruiting and other agency
Mid Level Practitioners (PA and FNP)	UTMB	1/1/2010	Local and National Advertising, Career Fairs, Conferences, Intern programs with numerous PA schools
Correctional Physician	TTUHSC	03/2009	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.

<b>Title of Position</b>	<b>CMHCC Partner Agency</b>	<b>Vacant Since (mm/yyyy)</b>	<b>Actions Taken to Fill Position</b>
Staff Psychiatrists	TTUHSC	03/2009	Continued advertisement in local and national publications; Expanded Recruiting Agency utilization.
Extenders	TTUHSC	12/2008	Continued advertisement in local and national publications; Expanded Recruiting Agency utilization.
Dentists	TTUHSC	01/2009	Continued advertisement in local and national publications; Expanded Recruiting Agency utilization.
Licensed Vocational Nurse III- Office of Professional Standards	TDCJ	10/31/10	Posted; Closed on 11/1/10; in process of interviewing.
Licensed Vocational Nurse III- Office of Professional Standards	TDCJ	12/8/10	Approved to post after 11/1/10



**TEXAS DEPARTMENT OF  
CRIMINAL JUSTICE**

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

***Fourth Quarter FY-2010***

***Lannette Linthicum, MD, CCHP-A, FACP***

# TDCJ Medical Director's Report

## Office of Health Services Monitoring (OHSM)

### Operational Review Audit (ORA)

- During the Fourth Quarter of FY-2010 (June, July, and August), 15 Operational Review Audits were conducted at the following facilities: Baten Intermediate Sanction Facility (ISF), Bridgeport Pre-Parole Transfer (PPT), Clements, Dalhart, East Texas Treatment, Ferguson, Fort Stockton, Holliday, Hutchins State Jail, Johnston, Jordan, Lynaugh, Neal, Plane State Jail, and Polunsky. The following is a summary of the items found to be most frequently below 80 percent compliant in the 15 Operational Review Audits conducted in the Fourth Quarter FY 2010.
  1. Item **6.35** requires the medical provider to document the reason treatment for Hepatitis C Virus (HCV) antiviral therapy is not prescribed to a patient with HCV when indicated by the Correctional Managed Health Care HCV Treatment guidelines. 14 of the 15 facilities were not in compliance with this requirement. The fourteen facilities out of compliance were: Baten ISF, Bridgeport PPT, Clements, Dalhart, East Texas Treatment, Ferguson, Fort Stockton, Holliday, Hutchins State Jail, Johnston, Lynaugh, Neal, Plane State Jail, and Polunsky. Corrective actions were requested from the fourteen facilities. At the time of this report, the 14 facilities are preparing facility-specific corrective actions to ensure future compliance.
  2. Item **6.34 (3)** requires all Hepatitis C Virus (HCV) infected patients with AST Platelet Ratio Index (APRI) score greater than 0.42 or with abnormal liver function (Prothrombin Time, Total Bilirubin, or Albumin) that do not have a documented contraindication for antiviral therapy be referred to the designated physician, clinic, or be appropriately treated according to Correctional Managed Health Care (CMHC) Hepatitis C Evaluation and Treatment Pathway (CMHC Policy B-14.13). 12 of the 15 facilities were not in compliance with this requirement. The 12 facilities out of compliance were: Bridgeport PPT, Clements, Dalhart, East Texas Treatment, Ferguson, Fort Stockton, Holliday, Hutchins State Jail, Johnston, Neal, Plane State Jail, and Polunsky. Corrective actions were requested from the twelve facilities. At the time of this report, the 12 facilities are preparing facility-specific corrective actions to ensure future compliance.
  3. Item **6.33 (2)** requires AST Platelet Ratio Index (APRI) be calculated at least annually for all offenders diagnosed with Hepatitis C virus (HCV). 11 of the 15 facilities were not in compliance with this requirement. The 11 facilities out of compliance were: Baten ISF, Bridgeport PPT, Clements, Dalhart, Ferguson, Fort Stockton, Holliday, Hutchins State Jail, Lynaugh, Neal, and Polunsky. Corrective actions were requested from the 11 facilities. At the time of this report, the 11 facilities are preparing facility-specific corrective actions to ensure future compliance.
  4. Item **6.07 (2)** requires Texas Department of State Health Services Tuberculosis Elimination Division (TB-400) form to be completed for the following offenders receiving Tuberculosis (TB) chemoprophylaxis, all TB suspect cases, active TB cases, and upon termination or completion of TB therapy. Eight of the 15 facilities were not in compliance with this requirement. The eight facilities out of compliance were: Clements, Dalhart, East Texas Treatment, Ferguson, Hutchins State Jail, Lynaugh, Neal, and Polunsky. 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 **6.37** requires the pneumococcal vaccine be offered to offenders with certain chronic diseases and conditions\*, and all offenders 65 years of age or older. Vaccinations are to be documented on the Abstract of Immunizations Form (HSM-2) when administered. If the vaccination is refused, the refusal

## Operational Review Audit (ORA) Continued

must be documented with a signed Refusal of Treatment Form (HSM-82). 11 of the 15 facilities were not in compliance with this requirement. The 11 facilities out of compliance were: Baten ISF, Bridgeport PPT, Clements, Dalhart, Ferguson, Holliday, Hutchins State Jail, Lynaugh, Neal, Plane State Jail, and Polunsky. Corrective actions were requested from the five facilities.

\* *Diseases and conditions for which the pneumococcal vaccine is indicated: heart disease, emphysema, COPD, diabetes, splenic dysfunction, anatomic asplenia, HIV infection, most cancers, sickle cell disorder, cirrhosis, alcoholism, renal failure, and CSF leaks. (Note that asthma is not included unless it is associated with COPD, emphysema or long-term systemic steroid use).*

6. Item **6.36 (2)** requires the influenza vaccine be offered annually to offenders with certain chronic diseases\*, all offenders 55 years of age or older, and pregnant females after the first trimester. Vaccinations are to be documented on the Abstract of Immunizations Form (HSM-2) when administered. If the vaccination is refused, the refusal must be documented with a signed Refusal of Treatment Form (HSM-82). Eight of the 15 facilities were not in compliance with this requirement. The eight facilities out of compliance were: Baten ISF, Bridgeport PPT, Fort Stockton, Holliday, Hutchins State Jail, Lynaugh, Neal, and Plane 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.

\* *Diseases for which influenza vaccine is indicated: heart disease, moderate to severe asthma, COPD, diabetes, immunocompromised conditions such as HIV infection, most cancers, end-stage renal disease, and sickle cell disease.*

7. Item **5.19 (8)** 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. 13 of the 15 facilities were not in compliance with this requirement. The 13 facilities out of compliance were: Baten ISF, Clements, Dalhart, East Texas Treatment, Ferguson, Fort Stockton, Holliday, Hutchins State Jail, Jordan, Lynaugh, Neal, Plane State Jail, and Polunsky. Corrective actions were requested from the thirteen facilities. At the time of this report, the 13 facilities are preparing facility-specific corrective actions to ensure future compliance.
8. Item **5.19 (3)** requires an annual physical exam for offenders 50 years of age or greater be documented in the medical record within 30 days of their annual date of incarceration. Ten of the fifteen facilities were not in compliance with this requirement. The 10 facilities out of compliance were: Clements, Dalhart, Ferguson, Fort Stockton, Hutchins State Jail, Jordan, Lynaugh, Neal, Plane State Jail, and Polunsky. Corrective actions were requested from the 10 facilities. At the time of this report, the 10 facilities are preparing facility-specific corrective actions to ensure future compliance.
9. Item **4.08 (1)** requires documentation of a current Mental Health Individual Treatment Plan (ITP) for all offenders receiving ongoing mental health care. The ITP must include diagnosis and treatment. 10 of the 15 facilities were not in compliance with this requirement. The 10 facilities out of compliance were: Baten ISF, Clements, Dalhart, East Texas Treatment, Ferguson, Holliday, Hutchins State Jail, Lynaugh, Neal, and Plane State Jail. Corrective actions were requested from the 10 facilities. At the time of this report, the 10 facilities are preparing facility-specific corrective actions to ensure future compliance.
10. Item **5.15 (1)** requires an assessment be completed by nursing staff daily on offenders in disciplinary segregation and it must be documented on Flow Sheets (HSN-46). Nine of the 15 facilities were not in compliance with this requirement. The nine facilities out of compliance were: Clements, East Texas Treatment, Ferguson, Holliday, Hutchins State Jail, Jordan, Lynaugh, Plane State Jail, and Polunsky. Corrective actions were requested from the nine facilities. At the time of this report, the nine facilities are preparing facility-specific corrective actions to ensure future compliance.

## Quality of Care Audit: Hypertension

During the Fourth Quarter of FY-2010, TDCJ Health Services conducted a Chronic Disease Quality of Care Audit to assess the primary care management of offenders with Hypertension in 110 facilities contracted by the Correctional Managed Health Care Committee (CMHCC).

A total of 1,913 charts were audited (1,509 UTMB charts and 404 TTUHSC charts) using a confidence level of 95 percent for each facility. This represents approximately 6.9 percent of the 27,907 Hypertensive offenders in the TDCJ system. Accumulatively, this yields a 99 percent confidence level that the sample population scores in this audit are within 2.3 of the actual score of the entire hypertensive population served by CMHC.

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

- **Question 1** assesses if the hypertensive offender was seen in the Hypertension Chronic Care Clinic within the last 12 months. The overall system-wide performance score was 93 percent. **Seven** facilities fell below a score of 80 percent.
- **Question 2** assesses if the hypertensive offender's weight was taken within the last 12 months. Overall system-wide performance score was 99 percent. There were no facilities that fell below a score of 80 percent.
- **Question 3** assesses if an Individual Treatment Plan (ITP) was documented within the past 12 months. An ITP is required to contain information such as vital signs, allergies, medications, labs, diagnoses, subjective information, assessment, plan, counseling, signature and date. The overall compliance was 83 percent. There were **33** facilities which scored less than 80 percent.
- **Question 4** assesses if a complete set of vital signs was taken at the last visit. Vital signs must include a blood pressure, pulse, respiratory rate, temperature and weight. The overall compliance was 88 percent. There were **16** facilities that scored below 80 percent.
- **Question 5** assesses if there is documentation that the hypertensive offender was educated about hypertension management. The overall compliance was 84 percent. **25** facilities scored below 80 percent.

There are three Hypertension-specific questions in this Audit Tool. Overall performance was greater than 80 percent for 1 question and less than 80 percent for 2 questions.

- **Question 1** assesses if there is documentation that the hypertensive offender was counseled on modifying risk factors for Coronary Artery Disease, such as controlling blood pressure, cholesterol and blood sugars). The overall compliance was 42 percent. There were **97** facilities that scored below 80 percent.
- **Question 2** assesses if the hypertensive offender's blood pressure was taken within the past 12 months. The overall compliance was 100 percent. There were no facilities that fell below 80 percent.
- **Question 3** assesses for documentation of the reason for prescribing more than two anti-hypertensive medications (if more than two anti-hypertensive medications were prescribed.) The overall compliance was 64 percent. **58** facilities fell below 80 percent.

The Hypertension Audit Database generated an anti-hypertensive medication summary report.

- 7 percent of the hypertensive offenders were prescribed zero anti-hypertensive medications.
- 24 percent of the hypertensive offenders were prescribed one anti-hypertensive medication.
- 42 percent of the hypertensive offenders were prescribed two anti-hypertensive medications.
- 21 percent of the hypertensive offenders were prescribed three anti-hypertensive medications.
- 6 percent of the hypertensive offenders were prescribed four anti-hypertensive medications.
- 1 percent of the hypertensive offenders were prescribed five anti-hypertensive medications.
- 0 percent of the hypertensive offenders were prescribed six anti-hypertensive medications.

## **Quality of Care Audit: Hypertension Continued**

The Hypertension Audit Database generated a report of average blood pressures.

- The CMHC average blood pressure of the offenders audited was 137/80. 46 facilities had an average blood pressure that was greater than 140/90.

## **Quality of Care Audit: Dental**

During the fourth quarter of FY-2010 (June, July and August), 19 Quality Review audits were conducted at the following facilities: Bartlett, Baten, Byrd, Cole, Dalhart, Estelle, Estelle ECB, Garza East, Garza West, Hobby, Jordan, Marlin, McConnell, C. Moore, San Saba, Sayle, Stevenson, Telford, and Travis County. The following is a summary of the audit questions for which the facilities most frequently scored less than 80 percent.

- **Question 1** requires that patients with signs and/or symptoms of an urgent dental need receive definitive care, within 14 days of the Sick Call Examination. Six of the 19 facilities were not in compliance with this requirement. The six facilities out of compliance were: Baten, Byrd, Cole, Garza East, Telford, and Travis County. Corrective actions were requested from the six facilities. At the time of this report, the six facilities are preparing facility-specific corrective actions to ensure future compliance.
- **Question 2** requires that charts of offenders transferring from unit to unit be reviewed by the facility dental department within seven days of arrival. Seven of the 19 facilities were not in compliance with this requirement. The seven facilities out of compliance were: Bartlett, Estelle, Estelle ECB, McConnell, Marlin, San Saba, and Travis County. 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.
- **Question 19** requires the Ending Priority on the Comprehensive Treatment Plan agree with the objective findings and assessment. Four of the 19 facilities were not in compliance with this requirement. The four facilities out of compliance were: Garza East, Garza West, McConnell, and Stevenson. Corrective actions were requested from the four facilities. At the time of this report, the four facilities are preparing facility-specific corrective actions to ensure future compliance.
- **Question 21** requires that the dental radiographs (x-rays) utilized in the formulation of the Comprehensive Treatment Plan are of diagnostic quality, which are necessary for assessment and treatment planning. Four of the 19 facilities were not in compliance with this requirement. The four facilities out of compliance were: Jordan, Marlin, Stevenson, and Travis County. Corrective actions were requested from the four facilities. At the time of this report, the four facilities are preparing facility-specific corrective actions to ensure future compliance.

## **Grievances and Patient Liaison Correspondence**

During the Fourth Quarter of FY-2010 (June, July, and August), the Patient Liaison Program and the Step II Grievance Program received 3,751 correspondences: Patient Liaison Program had 1,993 and Step II Grievance had 1,758. Of the 3,751 correspondences received, 407 (10.85 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 (5) percent for the Fourth Quarter of FY-2010. Performance measure expectation is six (6) percent or less (Article IX, Correctional Managed Health Care contract). The percentage of sustained Step II medical grievances from UTMB was five (5) percent and five (5) percent for TTUHSC for the Fourth Quarter of FY-2010.

## **Quality Improvement (QI) Access to Care Audits**

During the Fourth Quarter of FY-2010 (June, July, and August), the Patient Liaison Program nurses and investigators performed 117 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 audits. The SCRIV 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 the education of the medical staff. Of the 113 facilities audited, a total of 1,053 indicators were reviewed and 48 of them fell below the 80 percent threshold, which represents five (5) percent.

## **Capital Assets Monitoring**

The Fixed Assets Contract Monitoring officer audited the same 15 units listed above for operational review audits during the Fourth Quarter of FY-2010, which were: Baten Intermediate Sanction Facility (ISF), Bridgeport Pre-Parole Transfer (PPT), Clements, Dalhart, East Texas Treatment, Ferguson, Fort Stockton, Holliday, Hutchins State Jail, Johnston, Jordan, Lynaugh, Neal, Plane State Jail, and Polunsky. These audits are conducted to monitor compliance with the Health Services Policy and State Property Accounting (SPA) policy regarding inventory procedures. All fifteen (15) units were within the required compliance range.

## **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 Fourth Quarter of FY-2010:

- 261 cases of suspected syphilis were reported in the Fourth Quarter FY-2010, compared to 140 in the same quarter in FY-2009. 105 of the 261 required treatment (61 were newly identified and 44 required retreatment). The remainder, 156 suspected syphilis reported, were treated and resolved prior infections. 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.
- 392 Methicillin-Resistant Staphylococcus Aureus (MRSA) cases were reported in this quarter, compared to 721 during the same quarter FY-2009. 205 Methicillin-Sensitive Staphylococcus Aureus (MSSA) were reported in the Fourth Quarter FY-2010 compared to 338 reported for FY-2009. 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 Fourth Quarter FY-2010, compared to an average of 20 per month during the same quarter in FY-2009.
- 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. There was 180 chart reviews of alleged sexual assaults performed for the Fourth Quarter FY-2010. The Powledge Unit had one deficiency. A corrective action plan was requested from the Powledge Unit. The corrective action was received from the Powledge Unit and closed. Baseline Laboratory tests were performed on 23 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 on their follow-up tests; thus no one appears to have been infected with any of these pathogens as a result of a sexual assault.

## Office of Public Health Continued

- During the Fourth Quarter FY-2010, 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 FY-2010, seven units added peer education programs. Currently, Peer Education Programs are functioning at 97 of the 112 facilities. During the Fourth Quarter FY-2010, 19,226 offenders attended classes presented by peer educators. This is a decrease from the same quarter in FY-2009, during which 19,871 participants attended classes.

## Mortality and Morbidity

There were 89 deaths reviewed by the Mortality and Morbidity Committee during the months of June, July, and August 2010. Of those 89 deaths, 12 were referred to peer review committees and one was 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.

<b>Peer Review Committee</b>	<b>Number of Cases Referred</b>
Provider & Nursing Peer Review	2
Provider Peer Review	8
Nursing Peer Review	2
<b>Total</b>	<b>12</b>

## 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 Fourth Quarter of FY-2010.

- Liaison with County Jails identified the immediate mental health needs of 51 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 20,268 offenders, who were brought into TDCJ Correctional Institutions Division/State Jail (CID/SJ) and Intermediate Sanction Facilities (ISF). 3,782 offenders were identified as having a documented history of mental illness. This information was provided to the appropriate intake/receiving facilities.
- 3,204 Texas Uniform Health Status Update (TUHSU) forms were reviewed and 789 ( 24.5 percent) TUHSU forms were identified with deficiencies (primarily incomplete data).
- 41 offenders were assessed for TDCJ Boot Camp. All 41 offenders were determined to be appropriate for TDCJ Boot Camp
- The following 16 Administrative Segregation facilities were audited: Bartlett, Clemens, Darrington, Eastham, Ellis, Estelle, Gist, Lychner, Michael, Pack, Ramsey I, Robertson, Smith, Stiles, Telford, and Travis County. 3,647 offenders were observed, 1,982 of them were interviewed and 6 offenders were referred to the university providers for further evaluation. Access to Care (ATC) 4 [i.e. timely triage] and ATC 5 (i.e. documentation of Sick Call Requests) met or exceeded 80 percent compliance for 16 facilities. All 16 units met or exceeded the 80 percent compliance for ATC 6 (i.e. referral from triage).

## Mental Health Services Monitoring & Liaison Continued

- Three Special Needs Substance Abuse Felony Punishment (SAFP) facilities: Estelle, Henley, and Jester I were audited for continuity of mental health care. Continuity of care on the three units was appropriate. The OMH M&L reviewed all proposed behavioral discharges from Special Needs SAFP facilities to ensure that mental health issues were appropriately addressed prior to the final decision to discharge the offender from the program. There were 42 behavioral discharges reviewed and all of them met the discharge criteria established by the Substance Abuse Treatment Program.
- 58 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 58 cases.

## Clinical Administration

During the Fourth Quarter of FY-2010, 10 percent of the combined UTMB and TTUHSC hospital and infirmary discharges were audited. A total of the 175 hospital discharges and 68 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	Audits Performed	Unstable Discharges <sup>1</sup> (Cases with deficiencies)	Acute Problems <sup>2</sup> (Cases with deficiencies)	Lack Documentation <sup>3</sup> (Cases with deficiencies)
June	6	3 (5%)	0 (0%)	2 (3%)
July	5	2 (3%)	0 (0%)	2 (3%)
August	8	0 (0%)	1 (1%)	4 (6%)
UTMB Hospital Discharges				
Month	Audits Performed	Unstable Discharges <sup>1</sup> (Cases with deficiencies)	Acute Problems <sup>2</sup> (Cases with deficiencies)	Lack Documentation <sup>3</sup> (Cases with deficiencies)
June	48	15 (27%)	1 (2%)	10 (19%)
July	53	11 (18%)	3 (5%)	11 (19%)
August	55	12 (19%)	2 (3%)	13 (21%)
Total: Combined Hospital Discharges (Texas Tech and UTMB)				
Month	Audits Performed	Unstable Discharges <sup>1</sup> (Cases with deficiencies)	Acute Problems <sup>2</sup> (Cases with deficiencies)	Lack Documentation <sup>3</sup> (Cases with deficiencies)
June	54	18 (33%)	1 (2%)	12 (22%)
July	58	13 (22%)	3 (5%)	13 (22%)
August	63	12 (19%)	3 (4%)	17 (27%)

Texas Tech Inpatient Facility Discharges				
Month	Audits Performed	Unstable Discharges <sup>1</sup> (Cases with deficiencies)	Acute Problems <sup>2</sup> (Cases with deficiencies)	Lack Documentation <sup>3</sup> (Cases with deficiencies)
June	14	7 (32%)	0 (0%)	1 (5%)
July	7	10 (43%)	0 (0%)	8 (35%)
August	9	6 (26%)	0 (0%)	4 (17%)
UTMB Inpatient Facility Discharges				
Month	Audits Performed	Unstable Discharges <sup>1</sup> (Cases with deficiencies)	Acute Problems <sup>2</sup> (Cases with deficiencies)	Lack Documentation <sup>3</sup> (Cases with deficiencies)
June	8	0 (0%)	0 (0%)	0 (0%)
July	16	0 (0%)	0 (0%)	1 (4%)
August	14	3 (13%)	0 (0%)	1 (4%)

## Clinical Administration Continued

<b>Total: Combined Inpatient Facility Discharges (Texas Tech and UTMB)</b>				
Month	Audits Performed	Unstable Discharges <sup>1</sup> (Cases with deficiencies)	Acute Problems <sup>2</sup> (Cases with deficiencies)	Lack Documentation <sup>3</sup> (Cases with deficiencies)
June	22	7 (32%)	0 (0%)	1 (5%)
July	23	10 (43%)	0 (0%)	9 (39%)
August	23	9 (39%)	0 (0%)	5 (21%)

### Footnotes:

- <sup>1</sup> Vital signs for discharged patient offenders were not recorded on the day of discharge so patient stability was not able to be determined (Audit question A).
- <sup>2</sup> Discharged patient offenders required emergency acute care or readmission to tertiary level care within a 7 day period (Audit questions B and D).
- <sup>3</sup> Discharge documentation was not available in the offender's medical record within 24 hours of arriving at the unit (Audit question E).

## Accreditation

The American Correctional Association (ACA) Panel of Commissioners met in Chicago, Illinois in August 2010. The following facilities were awarded ACA Reaccreditation: Central, Clemens, Crain, Dalhart, Duncan, Garza East and West, Goree, Huntsville, Jester IV, Scott, Wallace, and Ware.

## 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 – 32
- Correctional Institutions Division Pending Monthly Research Projects – 5
- Health Services Division Active Monthly Medical Research Projects – 3
- Health Services Division Pending Medical Research Projects – 2

# CMC PATIENT SERVICES OVERVIEW

December 7, 2010

## OUTPATIENT SERVICES LINE

- Provides all medical, dental, nursing and Mental Health care to TDCJ offenders, other than care delivered in hospital, emergency room or infirmaries.
- 77 TDCJ Facilities
- 5 million encounters annually(all disciplines)

## OUTPATIENT SERVICES LINE

### OUTPATIENT FOCUS

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

## **OUTPATIENT SERVICES LINE**

### **FY10-11 Initiatives & Updates**

- Hub
- Telehealth PCP - Weekday
- Telehealth PCP -Weekend

## **OUTPATIENT SERVICES LINE UPDATES FY10**

### **HUB**

- 11 Units providing 24-7 physical offender services
- Beto, Connally, Crain, Estelle, Hughes, Jester III, McConnell, Polunsky, Stiles, Terrell, Young
- Provides physical coverage to 30 units
- Point of care testing and cardiac monitors

## FY10 HUB WORKLOAD/ PATIENTS

QUARTER	TOTAL # SEEN	# SENT TO SV, J4, HOSPITAL GALVESTON	# SENT TO FREEWORLD	# RETURNED TO UNIT OF ASSIGNMENT
1st	1823	249	249	1326
2 <sup>nd</sup>	2324	285	290	1748
3 <sup>rd</sup>	2375	321	285	1767
4 <sup>th</sup>	2446	314	259	1873
TOTAL	8968	1169	1083	6714

## FY10 HUB WORKLOAD / %

	# PATIENTS SEEN	%
<b>Sent to Hospital Galveston, Skyview or Jester IV</b>	1169	13%
<b>Sent to Freeworld</b>	1083	12%
<b>Returned to Unit of Assignment</b>	6714	75%
<b>Total Patients Seen</b>	8968	N/A

# OUTPATIENT SERVICES

## Primary Care Tele-health Services

### WEEKDAY

- Tele-health delivery of sick call services
- Four (4) full time midlevel providers
- Provide services as requested for up to 20 clinics per day

Encounters



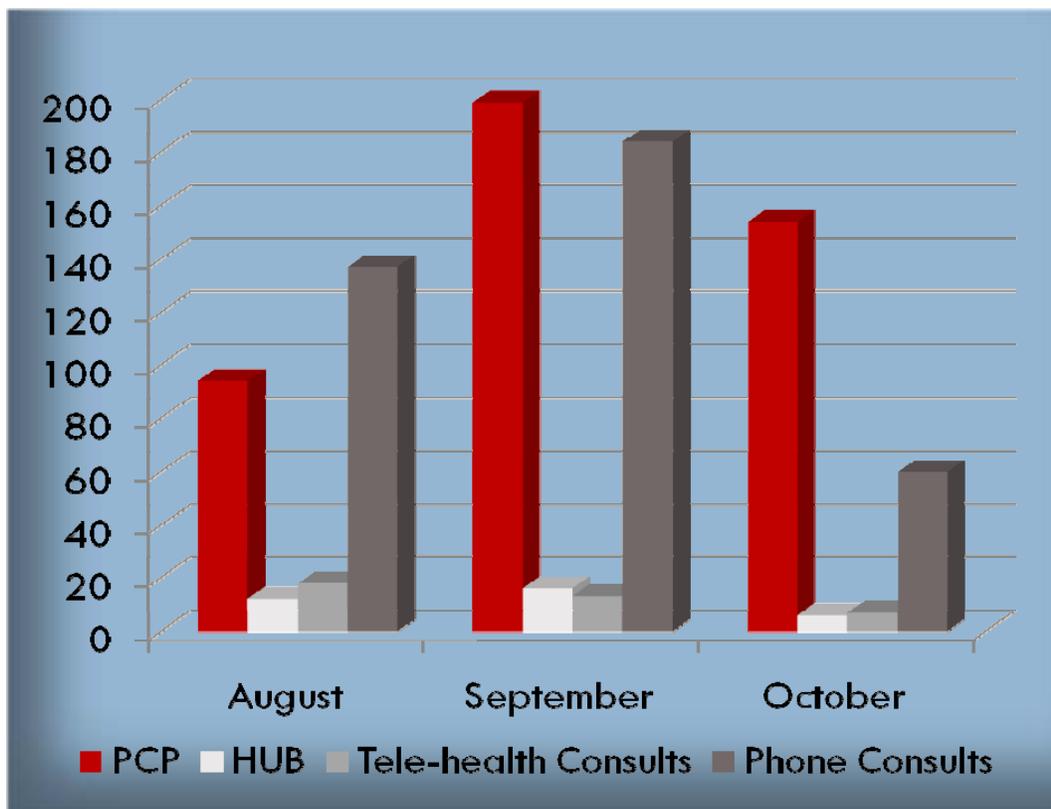
# OUTPATIENT SERVICES

## Primary Care Tele-health Services

### WEEKEND

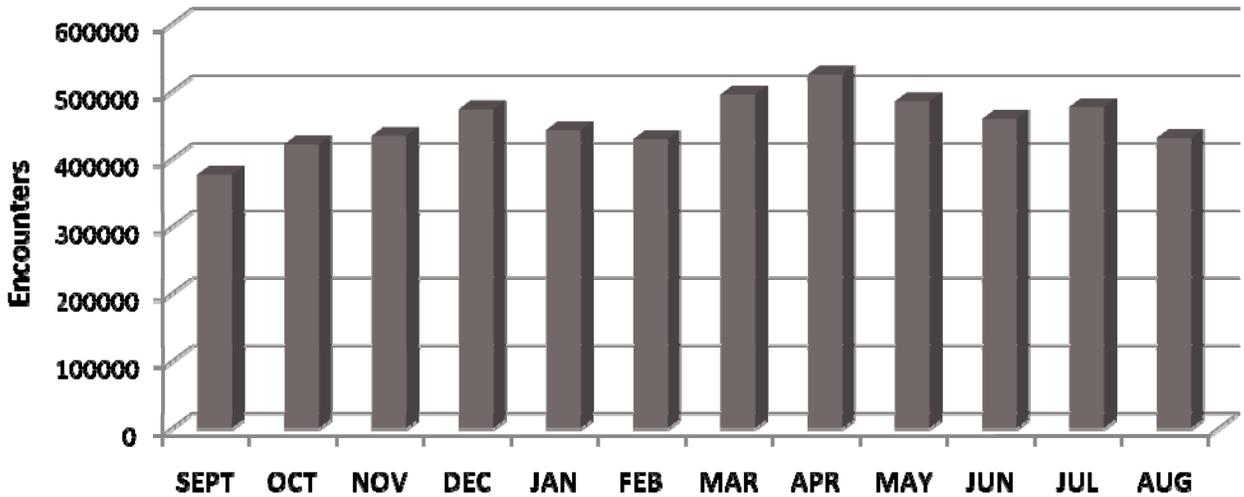
- 1 Mid-level provider daily
- Provide Tele-health & Telephonic services to facilities without an RN/Provider onsite
- Delivers clinical services via Tele-health system

### Encounters



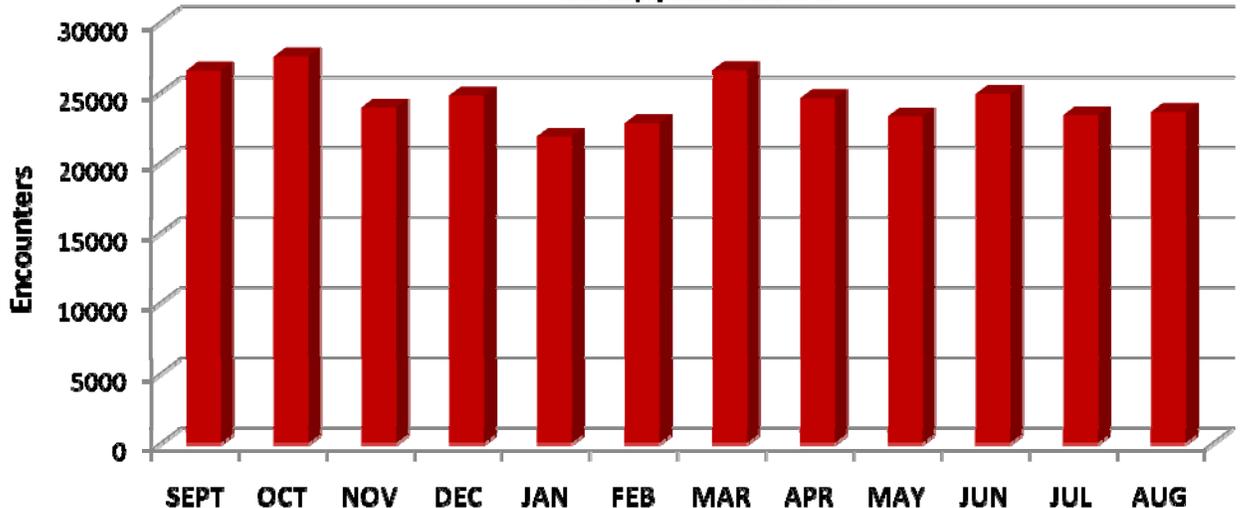
# OUTPATIENT SERVICES FY10 DISCIPLINE ENCOUNTERS

## Nursing



## Medical

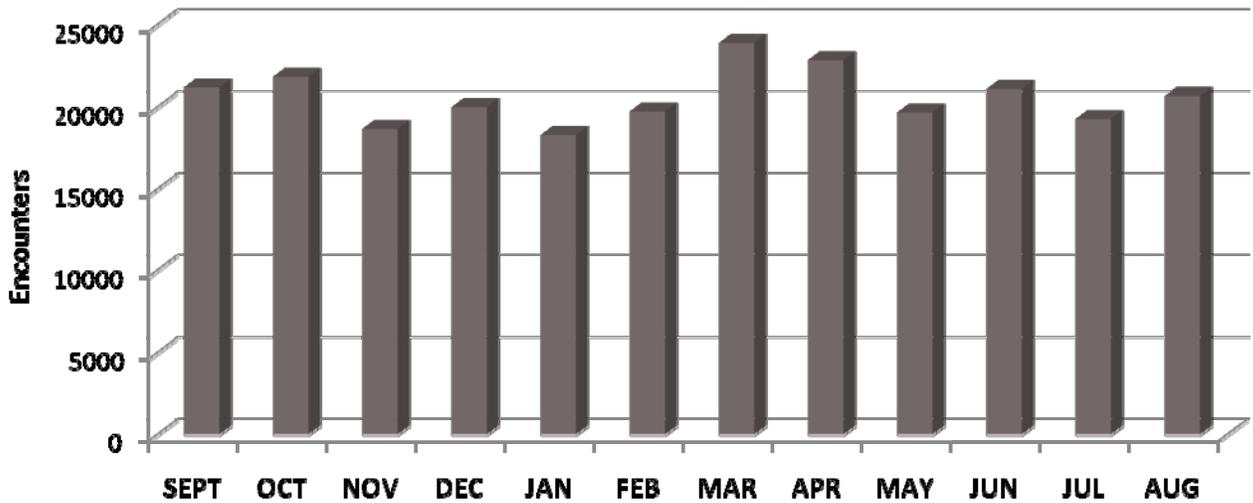
*\*Includes physicians & mid-levels*



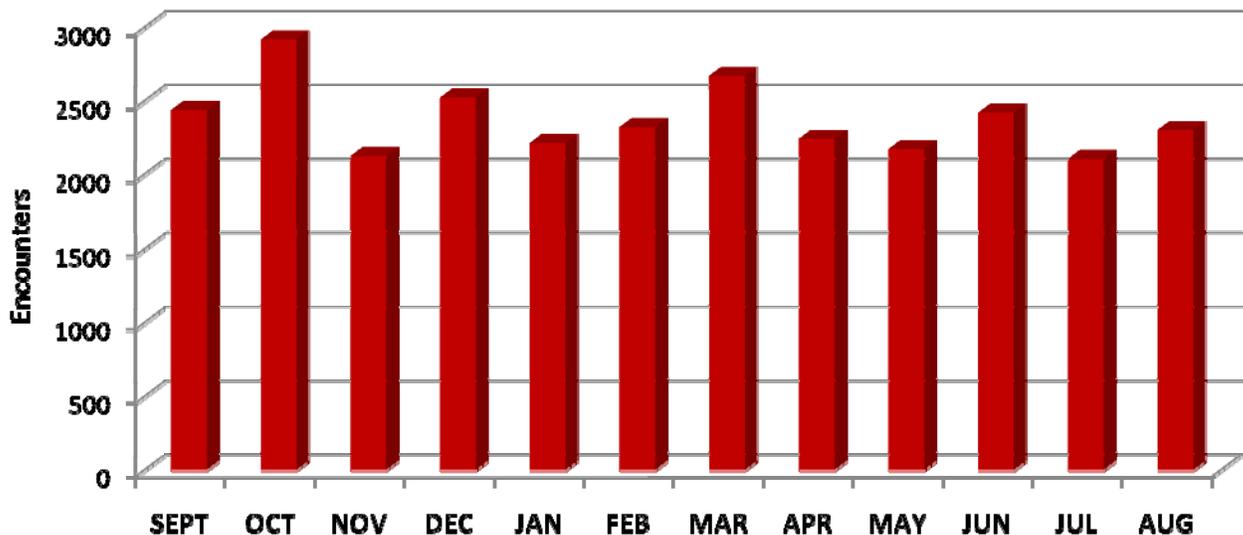
# OUTPATIENT SERVICES FY10 DISCIPLINE ENCOUNTERS

## Dental

*\*Includes dentists & dental hygienists*



## Mental Health

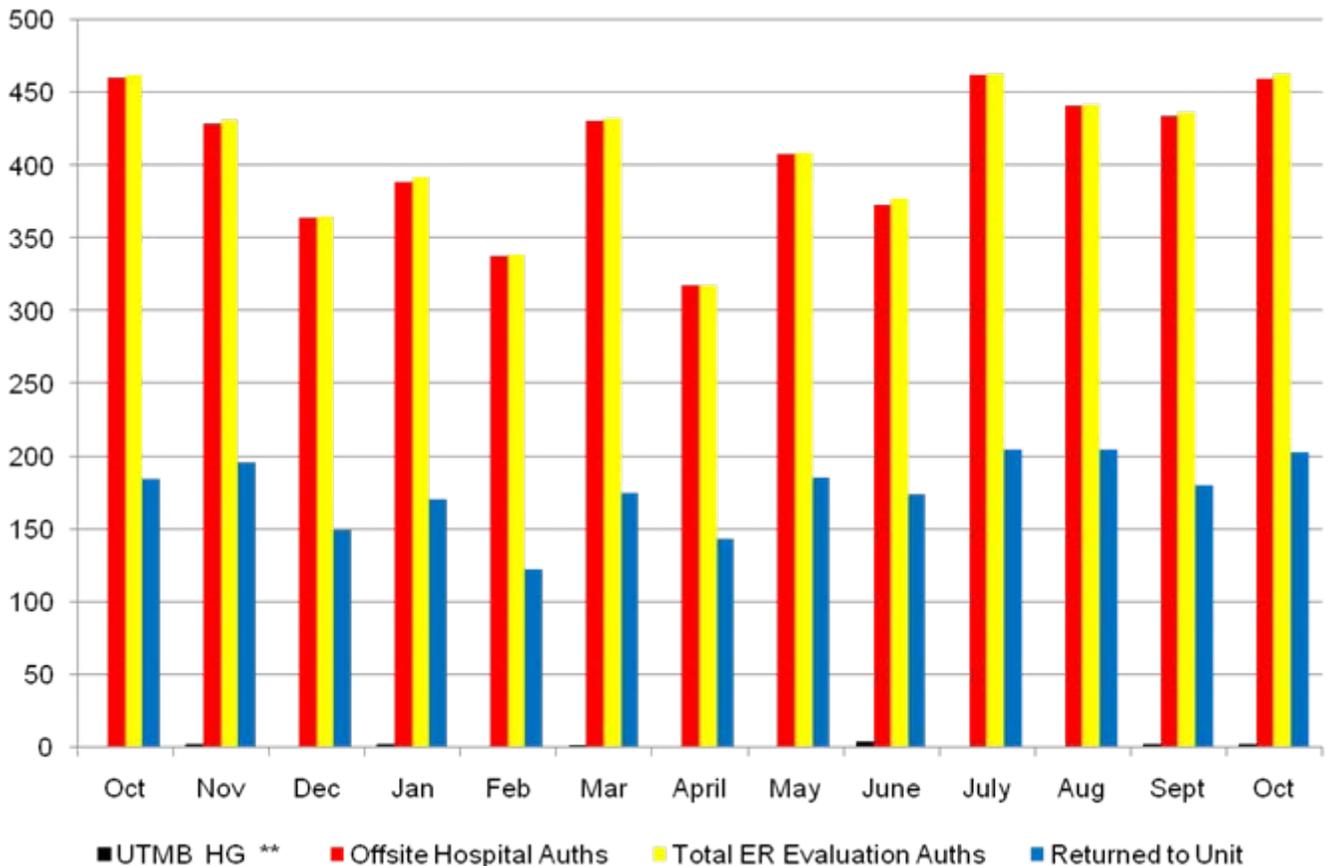


# Offsite and UTMB Emergency Evaluations

- CMC UR Department manages over 400 offsite hospital admissions each month.
- CMC UR Department tracks over 400 emergency room evaluations each month.
- On any given month, greater than 40% of the patients sent to emergency rooms for evaluations return to their unit of assignment.

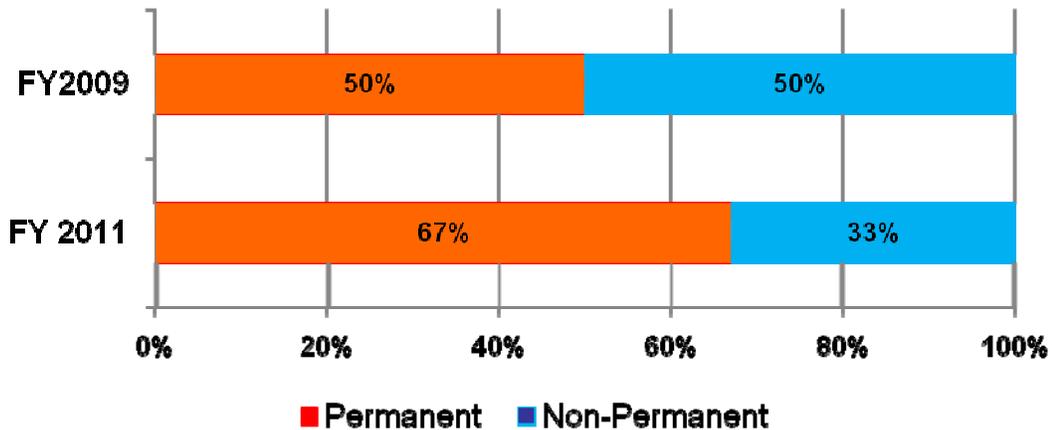
Oct 09 - Oct 10

										RIFF				Total
	Oct	Nov	Dec	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	
UTMB HG **	1	3	1	3	1	2	0	1	4	1	1	3	3	24
Offsite Hospital Auths	461	429	364	389	338	431	318	408	373	462	441	434	460	5308
Total ER Evaluation Auths	462	432	365	392	339	433	318	409	377	463	442	437	463	5332
Returned to Unit	185	196	150	171	123	175	144	186	174	205	205	180	203	2297
% Returned to Unit	40%	45%	41%	44%	36%	40%	45%	45%	46%	44%	46%	41%	44%	43%

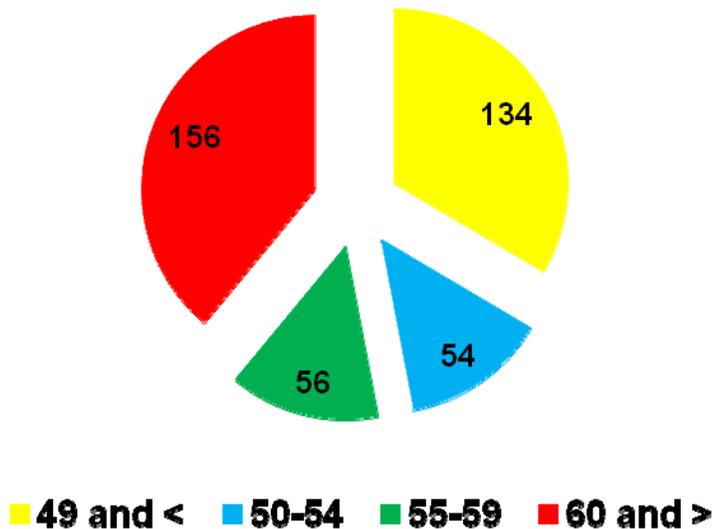


**Permanent/Non-Permanent LOS Breakdown**

UTMB-CMC, in collaboration with TDCJ Health Services, conducted clinical surveys of all patients in infirmary beds in May 2009 and classified these patients as either permanent or non-permanent length of stays. CMC's Infirmary Director's has maintained the LOS system and has seen a 34% increase of "permanent LOS patient" classifications.



**November 1, 2010 Age Breakdown of CMC Infirmary Patient**



## Inpatient Correctional Mental Health Treatment Tracks

### **Crisis Management**

Provides protective housing, intensive behavioral observation and brief crisis intervention counseling to offenders at imminent risk of suicide or serious self-injury.

### **Diagnosis & Evaluation (D&E)**

Provides comprehensive psychiatric and psychosocial evaluation to offenders suspected of having a serious mental illness and/or who are felt to be in need of brief or extended inpatient mental health care.

### **Acute Care/Rapid Stabilization**

Provides intensive inpatient psychiatric care to acutely and severely mentally ill offenders.

### **Partial Remission**

Provides concentrated inpatient mental health care to unstable, severely ill psychotic patients; promote less restrictive housing.

### **Mood Disorder**

Provides intensive psychotherapeutic and psychiatric intervention to offenders with severe, debilitating major depressive or bipolar disorders (non-psychotic); promote rapid transition back to the general prison population.

### **Impulsive/Self-Injurious Behavior**

Provide intensive psychotherapeutic and psychiatric intervention to offenders with severe impulse control problems and/or offenders who engage in severe and frequent acts of life-threatening self-injury with little or no provocation; may not be diagnosed with psychotic disorder, cognitive disorder or major mood disorder as primary diagnosis.

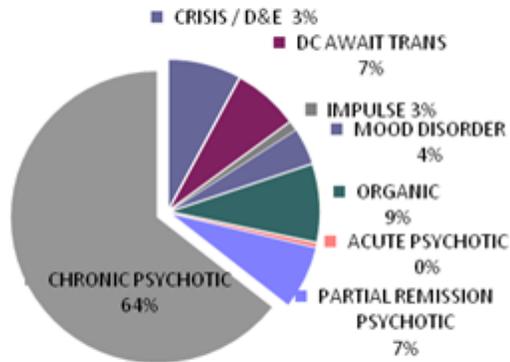
### **Chronic Care**

Provide sheltered housing and focused mental health care to severely and chronically mentally ill patients; promote restoration to independent functioning.

### **Organic Disorder**

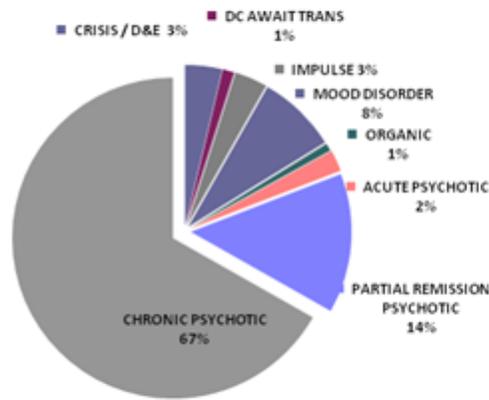
Provide sheltered housing and rehabilitative psychiatric and therapeutic services to offenders diagnosed with organic mental disorders (e.g. Alzheimer's, senile, HIV dementia); promote return to independent functioning.

**Inpatient Mental Health Census as of 11/1/2010**



**JESTER IV INPATIENT CENSUS**

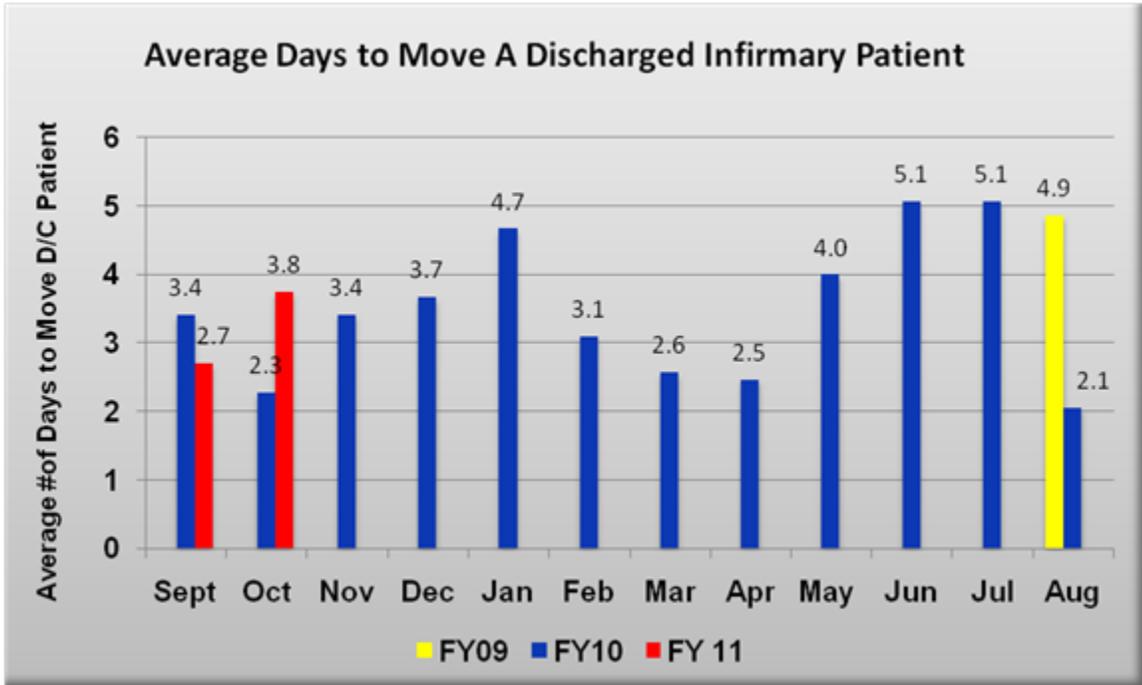
As of November 1, 2010 - Inpatient Census 509



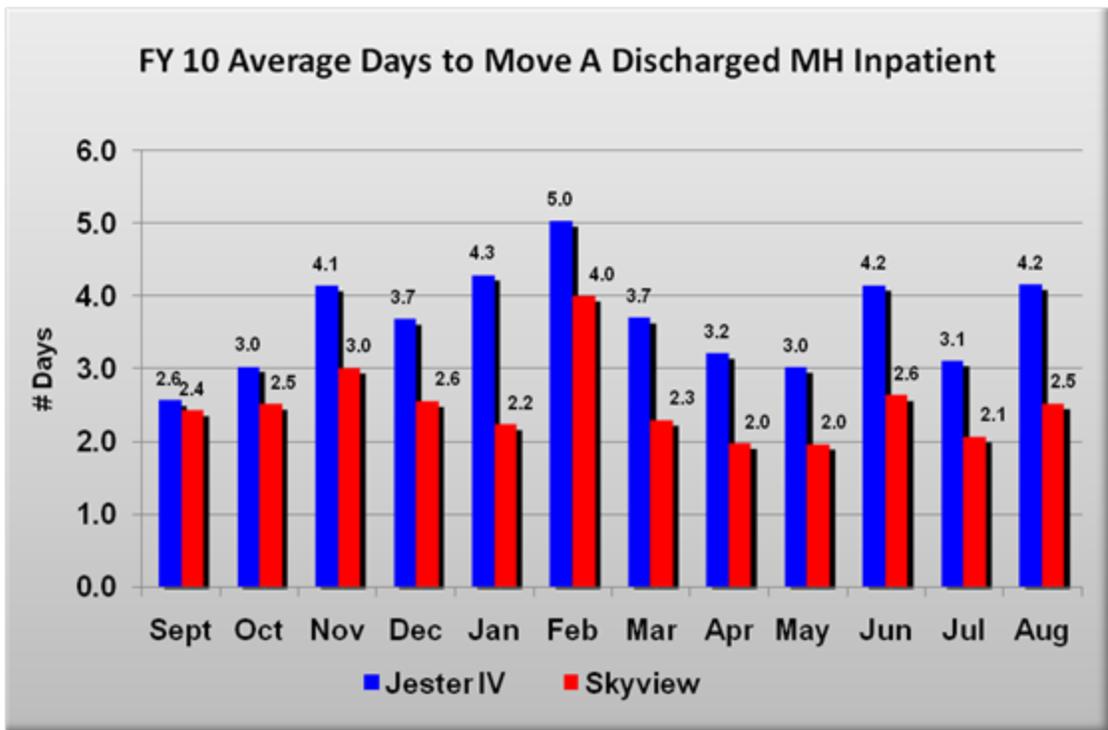
**SKYVIEW INPATIENT CENSUS**

As of November 1, 2010 - Inpatient Census 512

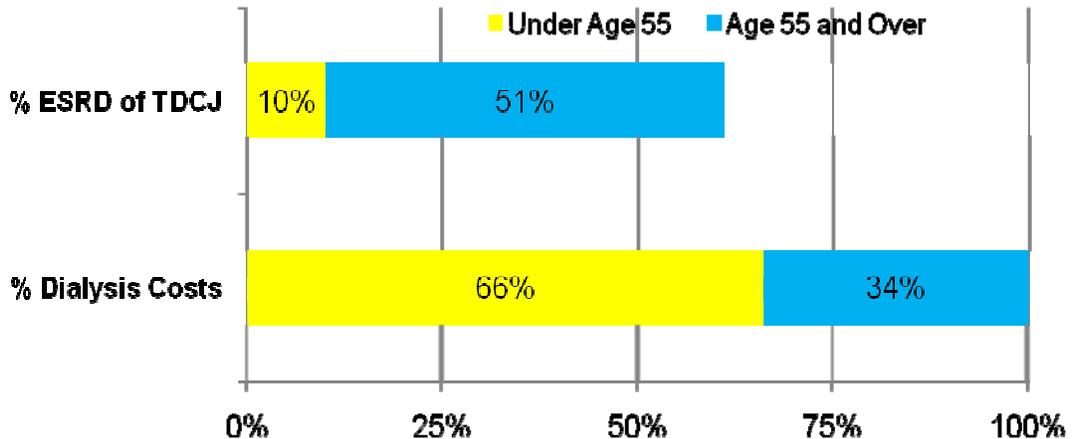
**AVERAGE DAYS TO MOVE A DISCHARGED INFIRMARY PATIENT**



**AVERAGE DAYS TO MOVE A DISCHARGED INPATIENT MENTAL HEALTH PATIENT**

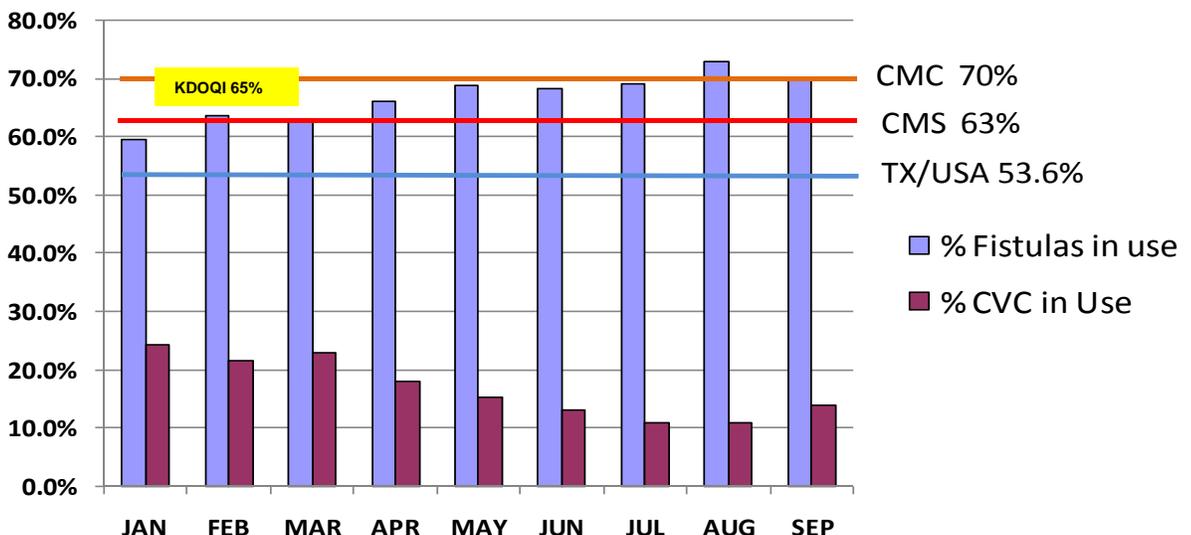


## DIALYSIS COSTS BY AGE GROUPING THROUGH FY 2010 THIRD QUARTER



## CMC Dialysis Services Compared to TX/USA and KDOQI

UTMB-CMC has focused on the clinical outcomes of its dialysis patients as compared to those at state and federal level. CMC% Arterial Venous Fistula (AVF) to Central Venous Catheter (CVC) was 70% at the end of September 2010. This percentage of access use exceeds the KDOQI, CMS (Medicare Goal), State of Texas, and United States average of AVF to CVC.





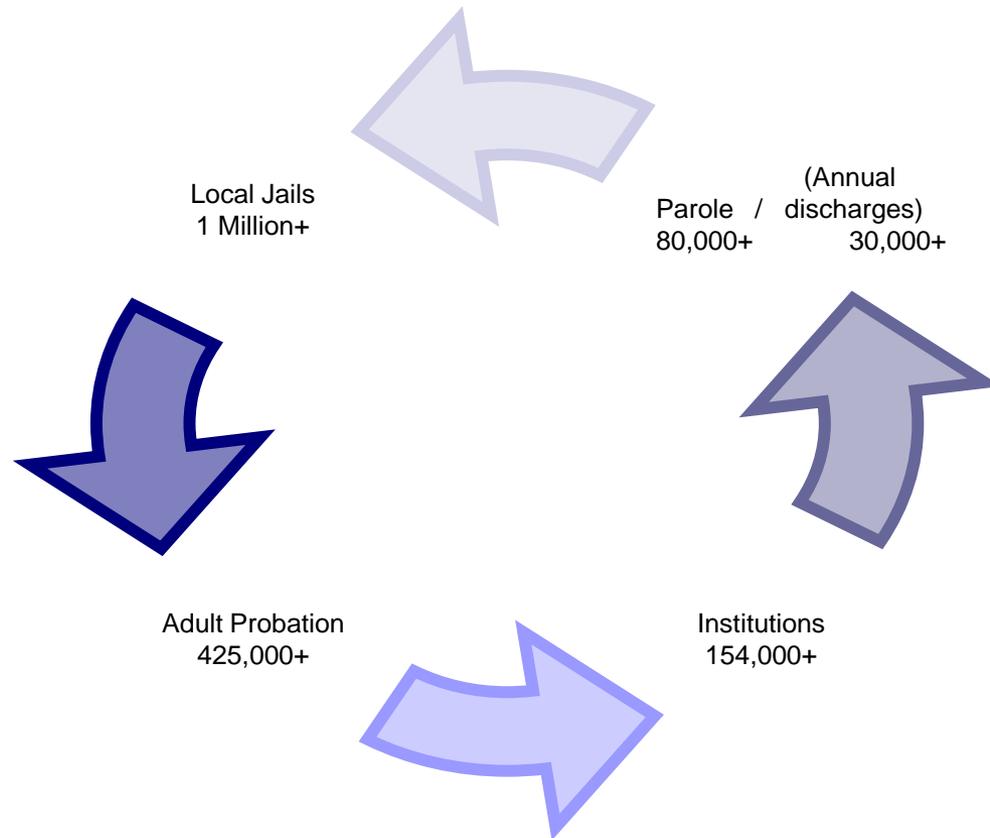
# Report on REENTRY AND INTEGRATION DIVISION and Activities

September 7, 2010

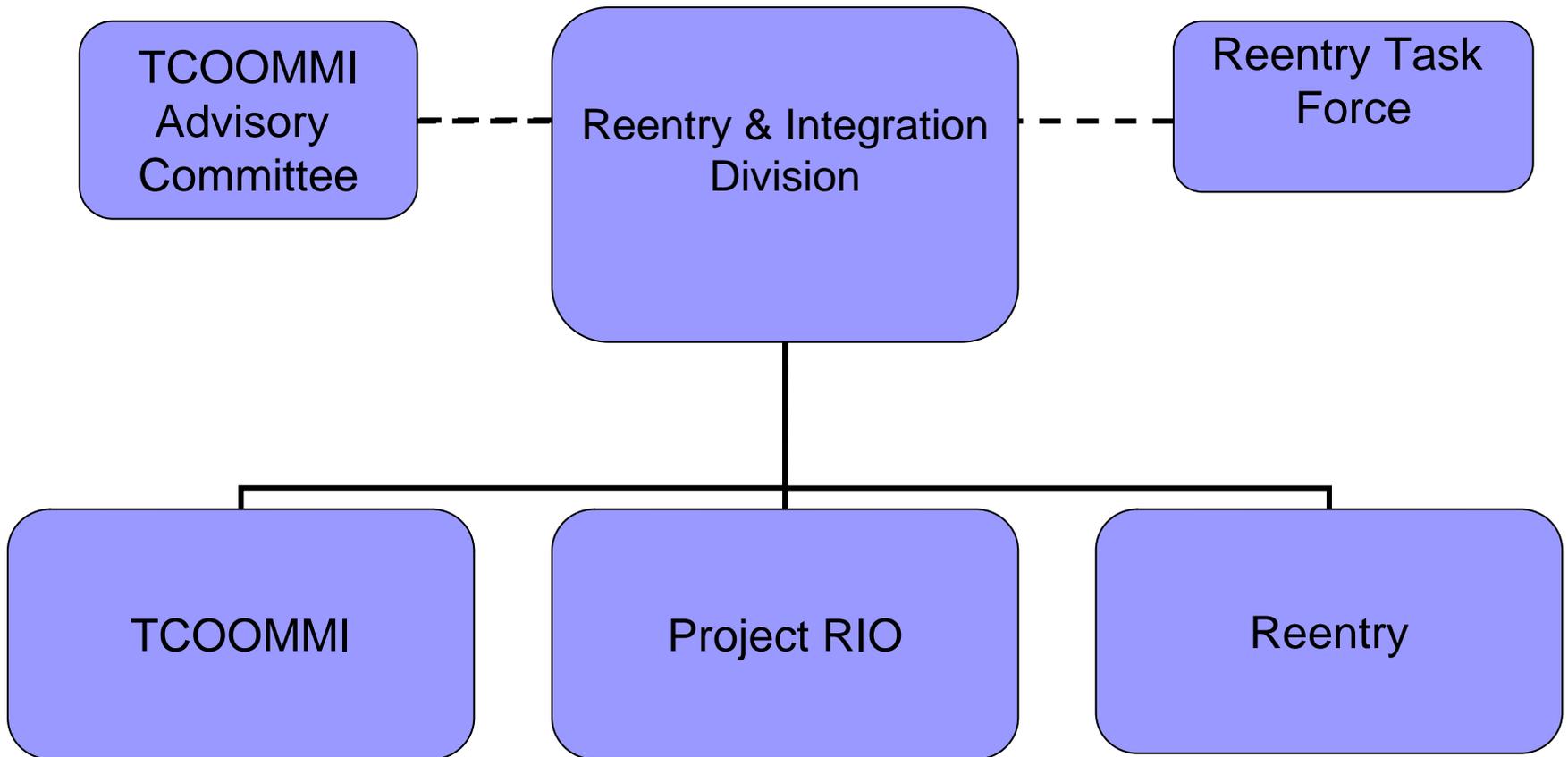


# Reentry Relay

## 4x4 Criminal Justice Stages



# Reentry and Integration Division



# Reentry and Integration Division

- Completed the process of hiring Reentry and Project RIO case managers to coordinate reentry functions for offenders released from TDCJ. Priority reentry activities will be targeted to the 30,000 (+) offenders released on flat or state jail discharge on an annual basis
- Created a centralized identification and verification unit to obtain documents (social security card, birth certificates) and verify identification in accordance with state and federal law.

# Reentry and Integration Division

- Completed or initiated interagency contracts with the DSHS-Bureau of Vital Statistics (birth certificates) and Social Security Administration (Social Security number verification)
- Established a toll free number (1-877-887-6151) for individuals to call with reentry problems or questions.
- Proposed and submitted two (2) Second Chance Act grants targeted to discharged offender populations

# Reentry and Integration Division

- Selected by the National Institute of Corrections (NIC) be one of six states to receive a technical assistance grant on reentry practices. This grant will cover a 3-5 year period and will provide two nationally recognized reentry experts to assist the agency and reentry task force on implementation activities.
- Created a 23 member reentry task force comprised of state agencies, trade associations, advocacy groups and representatives from the courts. The task force membership included those entities identified in HB 1711, by Turner, as well as representatives referenced in SB 2280 by Senator Ellis.

# Reentry and Integration Division

## ■ Identification Documents / Verification

□ In March 2010, initiated the following activities for all offenders scheduled for release within 12 months:

### ■ Initiated the process for determining the status of Driver License or State ID

(March to date)

- Total DPS records reviewed – 37,972
- Number with DL/ID record – 28,029 (74%)
- Number with no record – 9,933 (26%)

### ■ Identified offenders needing a certified birth certificate for identification verification

### ■ Initiated application process for Social Security Card and contract for Social Security verification.

# Reentry Task Force

National Institute of  
Corrections /  
Technical Assistance  
Grant

## Work Groups

### Information Sharing/ Identifying Documents

- Issues:**
- Drivers License / State ID at time of release
  - Identification Verification
  - Minimize surcharge fees or fines

### Family Supports/ Faith Based

- Issues:**
- Family Orientation Manual
  - Family Reunification
  - Faith based post-release support

### Community Reentry

- Issues:**
- Pre & post release reentry planning
  - Resource availability / barriers for reentry
  - Examine state jail provisions for release

### Housing

- Issues:**
- Variations among housing authorities on offender eligibility criteria
  - Blended funding opportunities among stakeholders

### Special Needs

- Issues:**
- Lack of appropriate mental health screening at the jails
  - Limited housing options for special needs due to medical & psychiatric costs, or offense

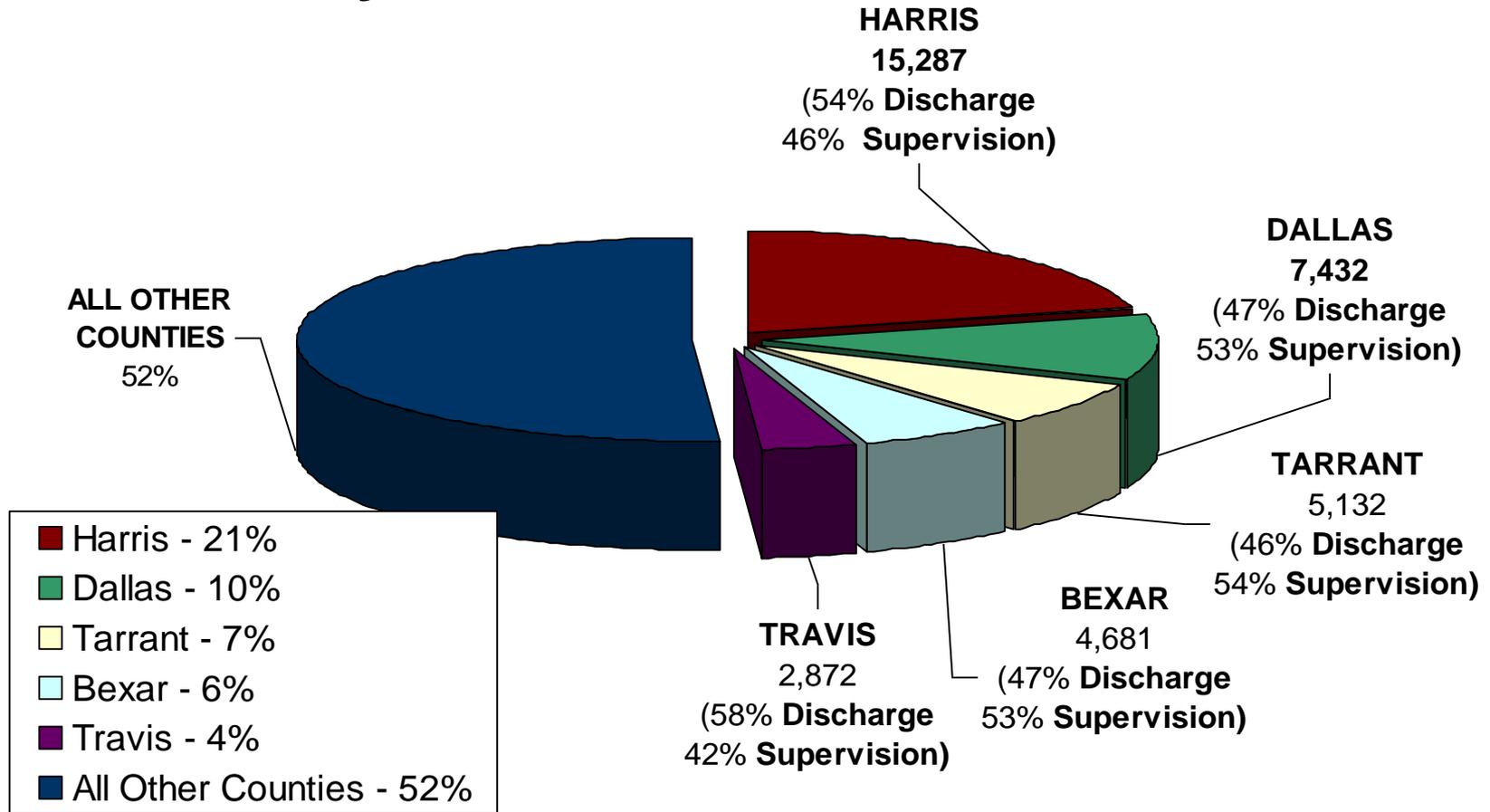
### Women's Issues

- Issues:**
- Improved efforts to develop women specific skill & treatment programming
  - Enhance pre & post release family coordination & interactions

### Employment

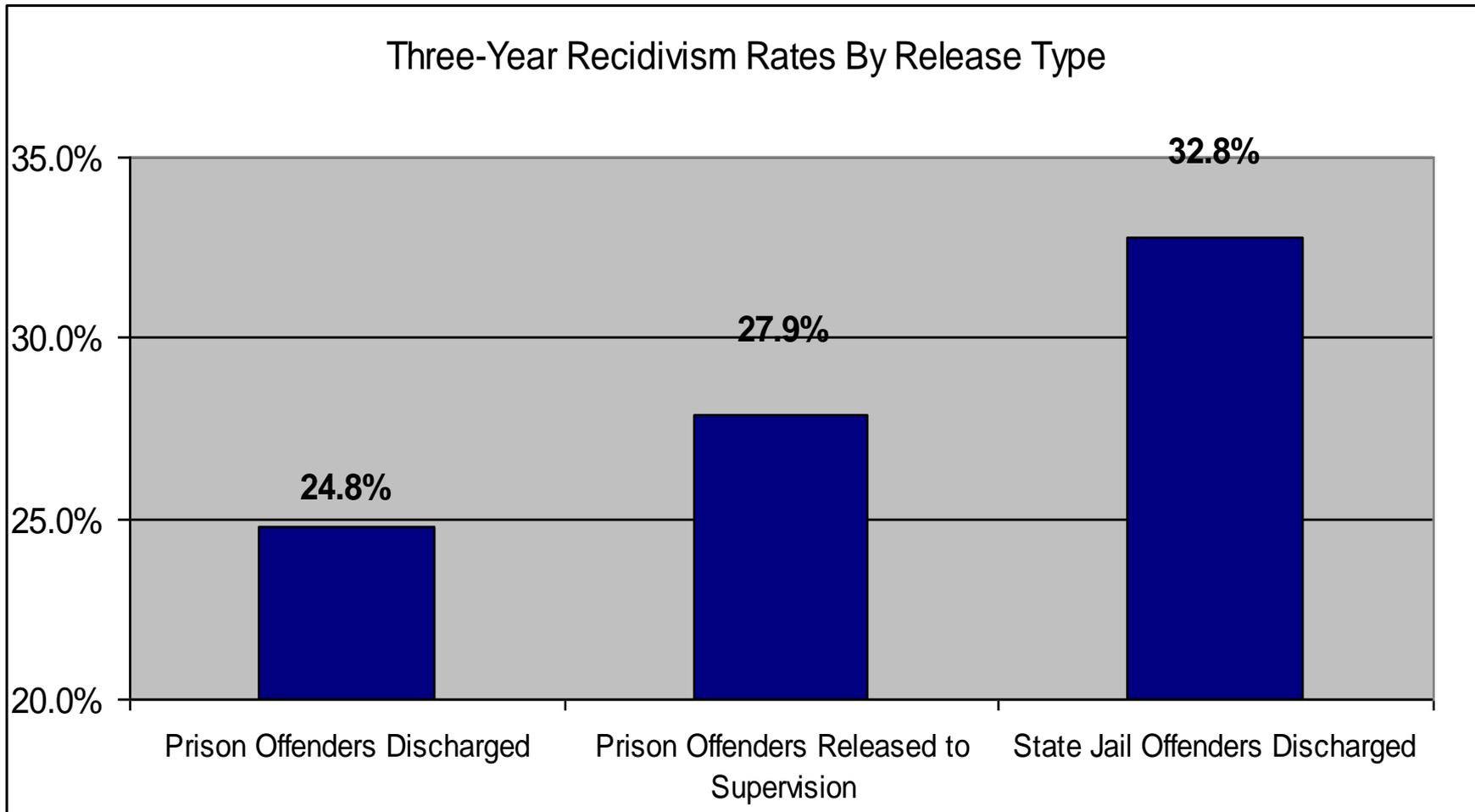
- Issues:**
- Community based Project RIO services need to be more uniform & collaborative
  - Improve incentive for employers to use offenders

# FY 2009 Release Statistics: Primary Counties and Release Status



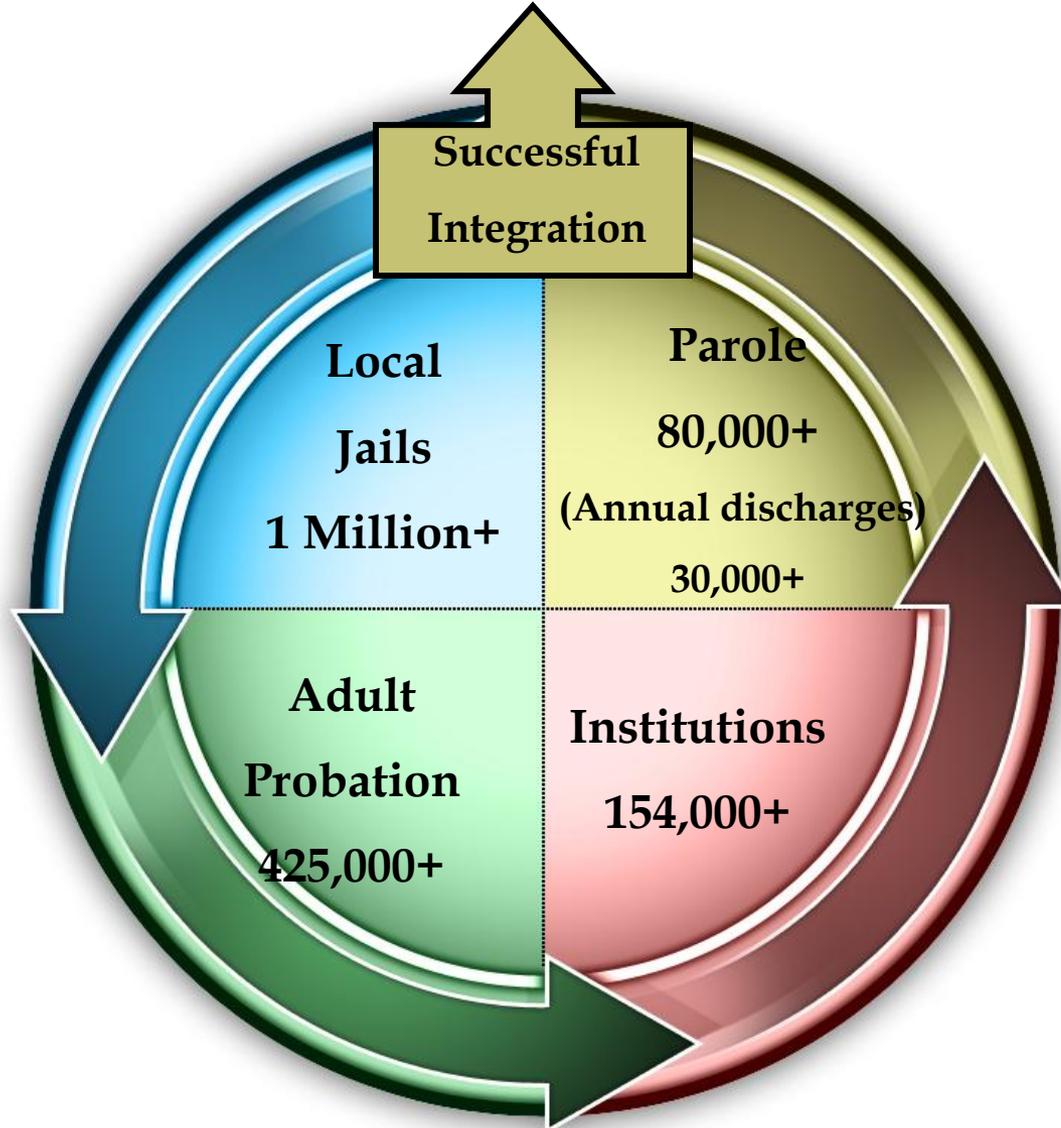
**Total Releases = 72,218**

# Reentry and Integration Division



# Reentry Relay

## 4x4 Criminal Justice Stages



# Texas Department of Criminal Justice Health Services Division

CHRONIC DISEASE  
QUALITY OF CARE AUDIT  
HYPERTENSION REPORT

Kathryn Buskirk, MD, CMD  
November 2010

# Chronic Disease Quality of Care Audit

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## 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

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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. Hyperlipidemia
7. Chronic Respiratory Diseases

# Chronic Disease Quality of Care Audit

---

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

1. American Correctional Association (ACA)
2. Centers for Medicare and Medicaid Services (CMS)
3. Correctional Managed Health Care (CMHC) policies
4. Disease Management Guidelines (DMGs) from the CMHC Pharmacy & Therapeutics (P&T) Committee
5. National Commission on Correctional Health Care (NCCCHC)
6. The Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation and Treatment of High Blood Pressure (JNC-7).

# Chronic Disease Quality of Care Audit

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1. There are five common questions included in all seven chronic disease audits.
2. Each of the seven chronic disease audit tools also include specific questions that apply to that specific disease.
3. Some of the seven chronic disease audit tools generate laboratory reports.

# Chronic Disease Quality of Care Audit

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## 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

## Hypertension Specific Questions

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1. Was coronary artery disease risk factor modification documented in the medical record?
2. Was blood pressure measured within the last 12 months?
3. Was the reason for prescribing more than two anti-hypertensive medications documented, if more than two anti-hypertensive medications were prescribed?

# HYPERTENSION

## Chronic Disease Quality of Care Audit

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- 110 TDCJ facilities were audited using the Hypertension Audit Tool during the fourth quarter of FY-2010.
- A total of 1913 charts were audited (1509 UTMB charts and 404 TTUHSC charts).

# HYPERTENSION

## Chronic Disease Quality of Care Audit

---

- This represents ~7% of the 27,907 hypertensive offenders in the TDCJ system.
- Accumulatively, this yields a 99% confidence level that sample population scores are within 2.3 of the actual score of the entire hypertensive population served by CMHC.

# HYPERTENSION

## Chronic Disease Quality of Care Audit

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- These 1913 charts were randomly selected from the Hypertension Chronic Care Clinic (CCC) list.
- A minimum sample size required for a 95% confidence level was obtained from each facility audited.

# HYPERTENSION

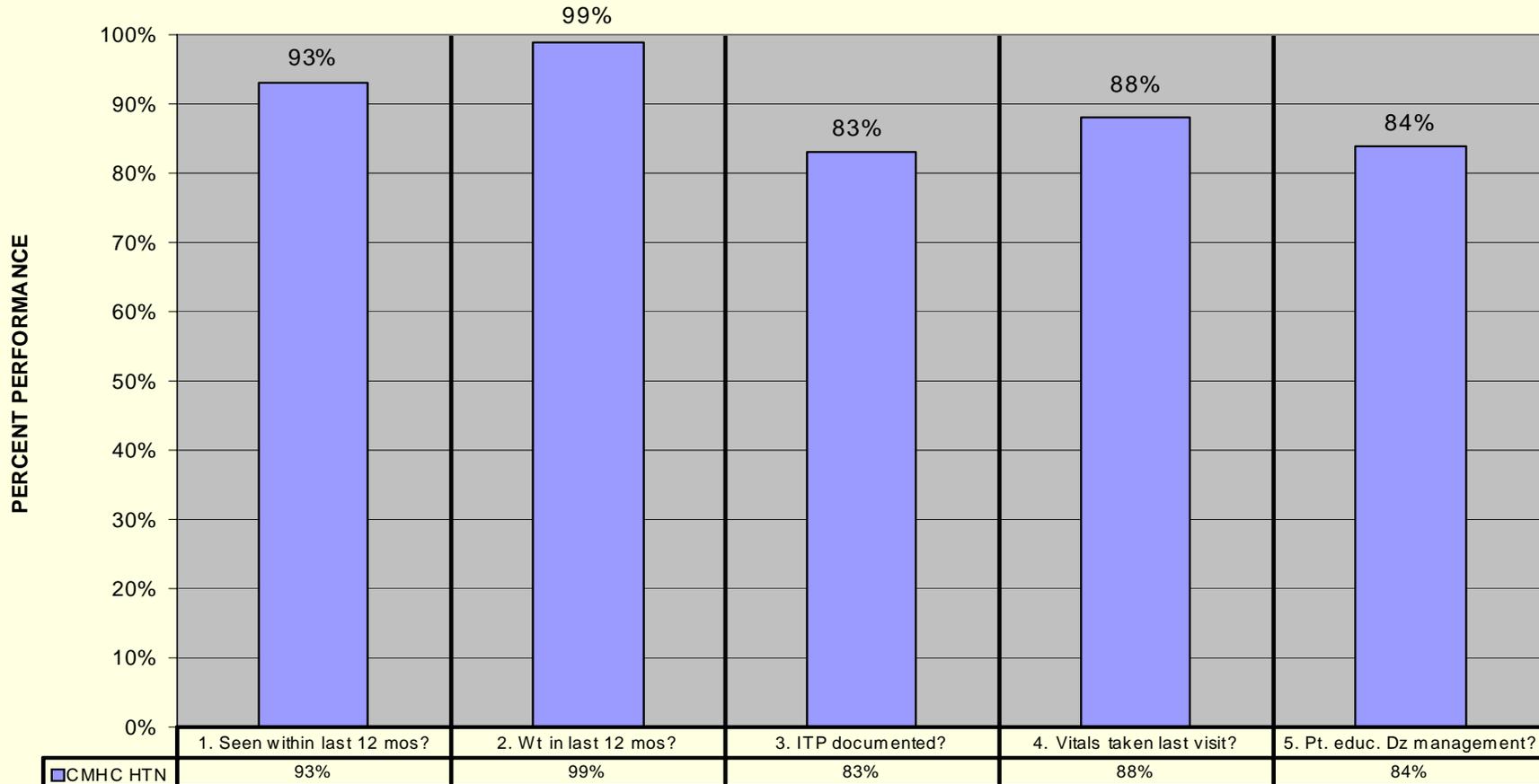
## Chronic Disease Quality of Care Audit

### CMHC HYPERTENSION SUMMARY REPORT

#### Hypertension Common Questions

ALL FACILITIES AUDITED 04/27/2010 THROUGH 07/16/2010

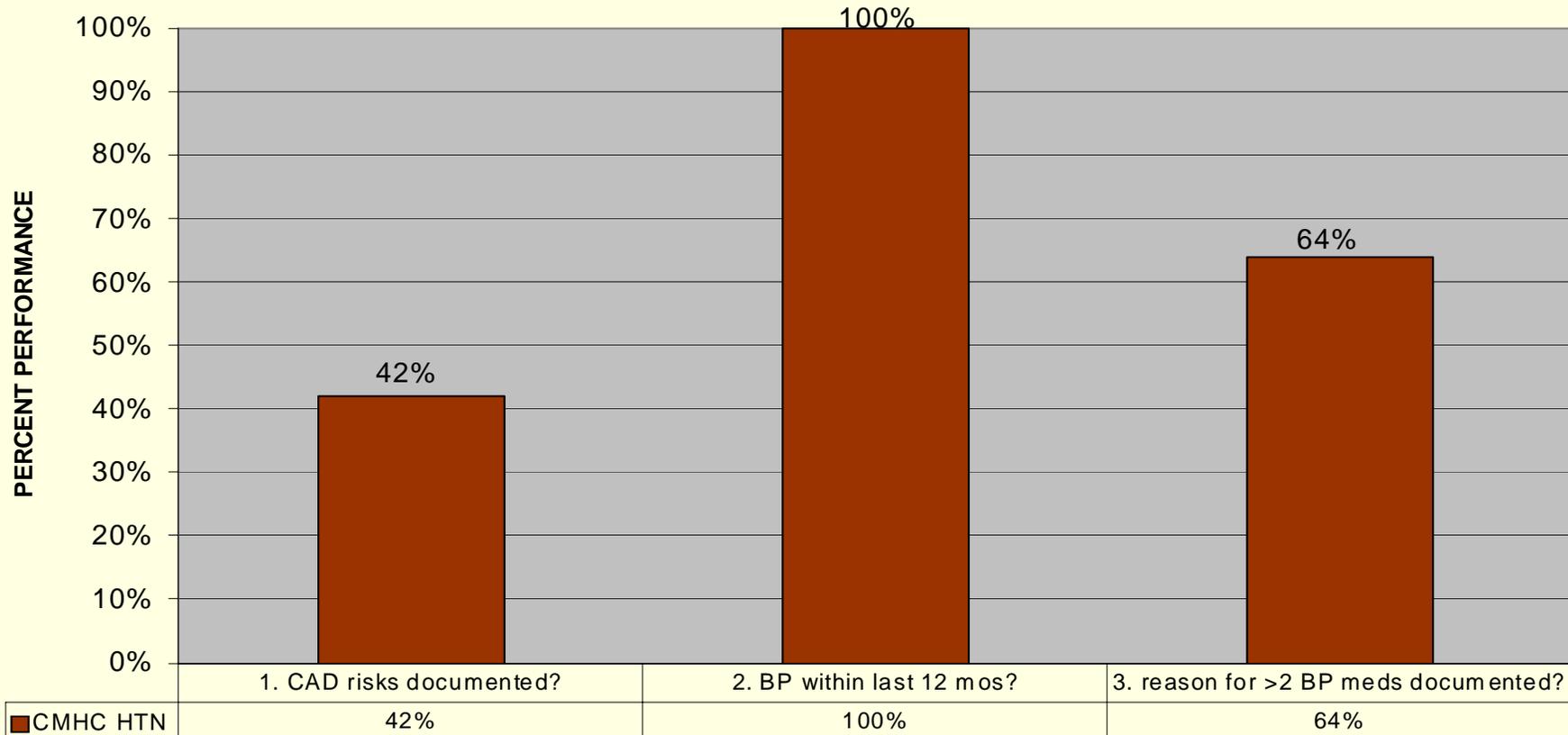
(Total Sample Size: 1913 charts)



# HYPERTENSION

## Chronic Disease Quality of Care Audit

**CMHC HYPERTENSION SUMMARY REPORT**  
**Hypertension Specific Questions**  
ALL FACILITIES AUDITED 04/27/2010 through 07/16/2010  
(Sample Size: 1913 charts)

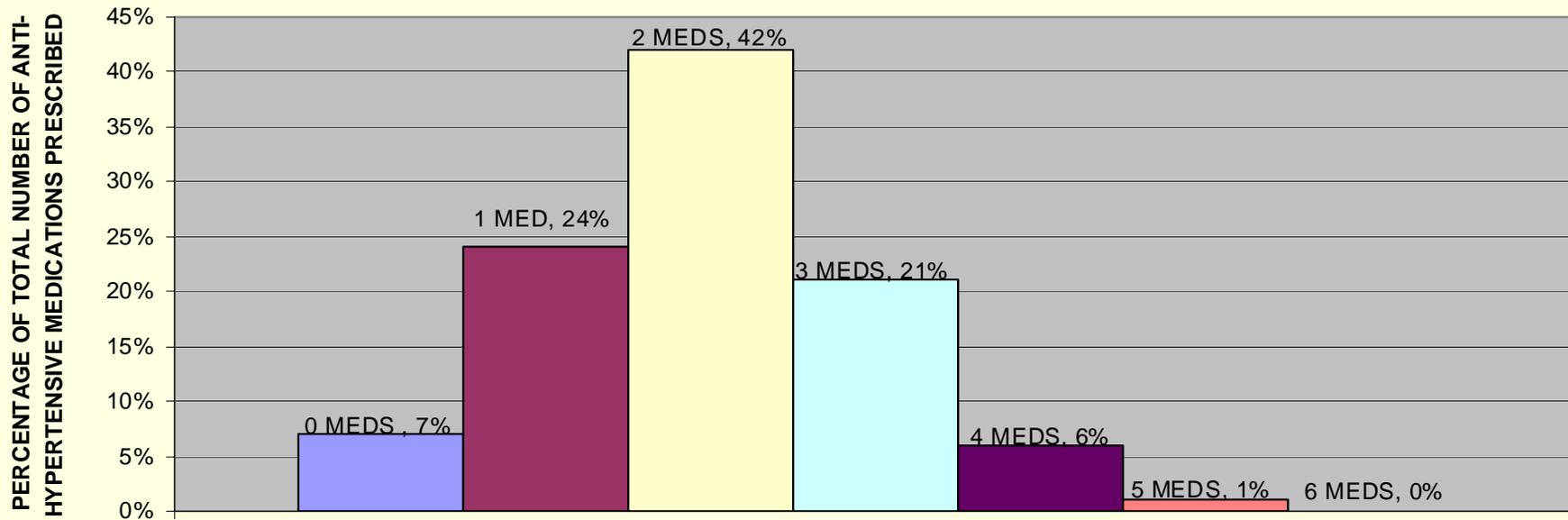


**CMHC HYPERTENSION SPECIFIC QUESTIONS**

# HYPERTENSION

## Chronic Disease Quality of Care Audit

CMHC ANTI-HYPERTENSIVE MEDICATIONS SUMMARY REPORT  
ALL FACILITIES AUDITED 04/27//2010 through 07/16/2010  
(sample size 1913 charts)



0 MEDS	7%
1 MED	24%
2 MEDS	42%
3 MEDS	21%
4 MEDS	6%
5 MEDS	1%
6 MEDS	0%

NUMBER OF ANTI-HYPERTENSIVE MEDICATIONS PRESCRIBED PER PATIENT

# HYPERTENSION

## Chronic Disease Quality of Care Audit

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- The average blood pressure of hypertensive offenders in all TDCJ facilities was 137/80.
- 46 (~42%) facilities had a blood pressure average for hypertensive offenders that was greater than 140/90.

# HYPERTENSION

## Chronic Disease Quality of Care Audit

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### CONCLUSION:

1. In keeping with legislative expectations, TDCJ Health Services has recently 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. It is anticipated that a system-wide assessment will be completed for minimally one 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.

# HYPERTENSION

## Chronic Disease Quality of Care Audit

### REFERENCES:

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- 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) 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.
- The Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation and Treatment of High Blood Pressure (JNC-7)..
- 2010 Physician Quality Reporting Initiative (PQRI). Centers for Medicare & Medicaid Services (CMS) 2010 PFS Final Rule-CMS-1413-FC (74 FR 61788-61844).

Texas Department of  
Criminal Justice

***Health Services Division***

*M.B. Hirsch B.S., M.Ed., D.D.S.*

**Office of Dental Quality and  
Contract Compliance**

# *Dental Quality of Care Audit*

## Purpose:

1. **Texas Government Code Sections 501.145.**  
mandates TDCJ to provide dental 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

# *Dental Quality of Care Audit-Areas of Audit*

- Urgent Care
- Chain-In
- In-Processing
- Comprehensive Treatment Plan
- Radiographi
- Infection Control
- Medical Emergencies

# *Medical Emergencies*

# *Infection Control*



# Personal Protective Equipment- Barrier Protection

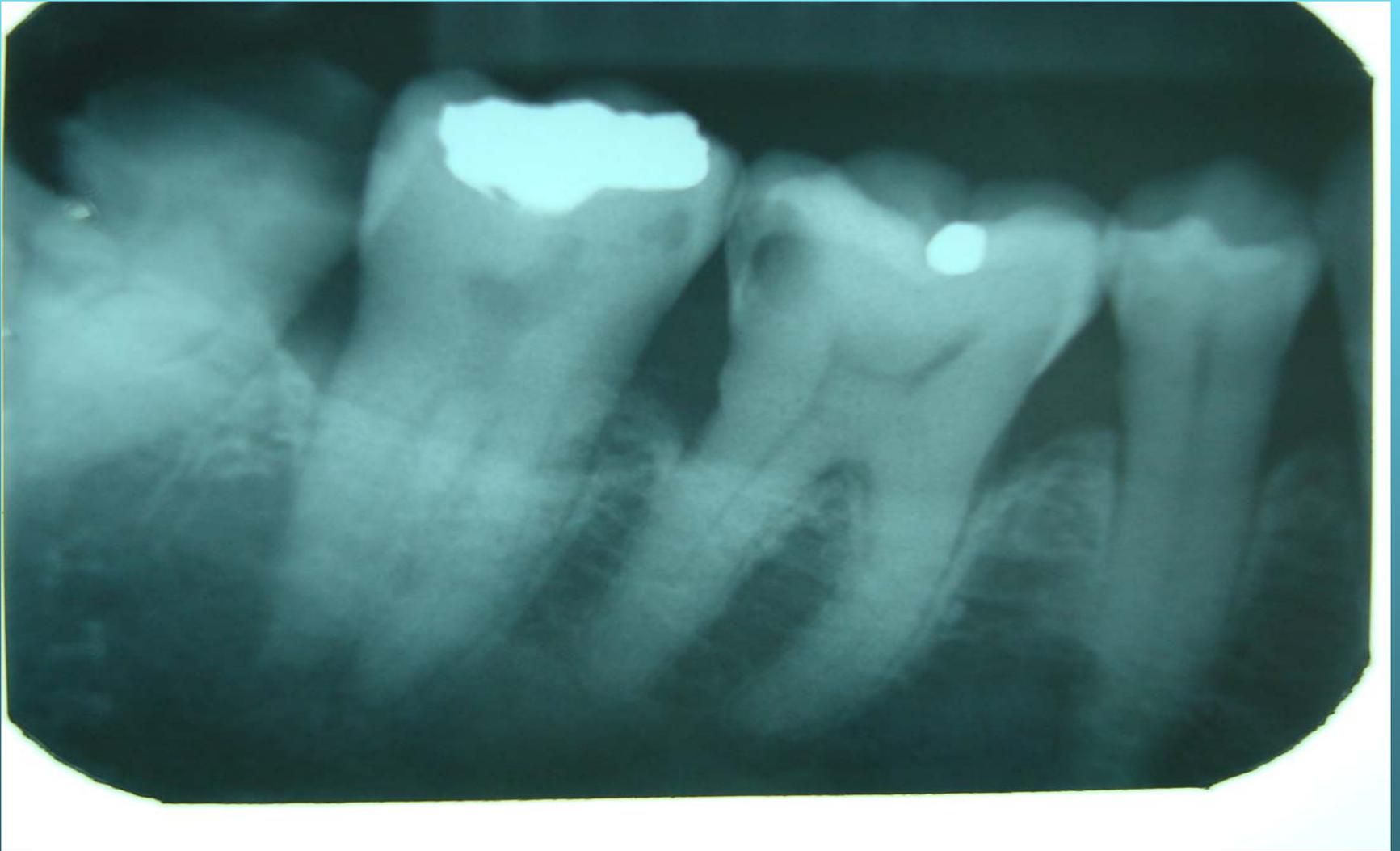


# *Radiographs*

# Extractions



# Posterior Interproximal Lesions



# Panoramic Radiograph



# *Comprehensive Treatment Plan*

# Comprehensive Treatment Plan Template

Correctional Managed Care  
DHR – COMPREHENSIVE TREATMENT PLAN

Patient Name: TEST, CARLOS TDC#: 67 Date: 10/08/2010 09:17 Facility: HUNTSVILLE (HV)  
 Age: 28 Years Race: B Sex: Male  
 DOB: 04/17/ 982  
 Most recent vitals from 08/24/2009: BP: 120 / 80 (Sitting) ; Wt: 350 Lbs.; Height: 72 In.; Pulse: 72 (Sitting) ; Resp: 18 / min; Temp: 97.8 (Oral)  
 Allergies:

Patient Language:  Name of Interpreter, if required:

SCR Received On: \_\_\_\_\_ (date), Chief Complaint: \_\_\_\_\_

**SUBJECTIVE:**

Request for Routine Care per SCR:  
 C/O:

**OBJECTIVE:**

Current Vital Signs Reviewed  
 Medical History Reviewed – no changes noted  
 Oral Cancer Screening Exam – normal  
 Gingival Condition: Normal Inflammation Present Recession  
 Materia Alba Present: Light Moderate Heavy  
 Calculus: Light Moderate Heavy  
 Stain: Light Moderate Heavy  
 Bone Loss: Slight Moderate Severe Generalized Localized  
 Tooth Defects Noted (Tooth # and Surfaces):  
 Missing Teeth #'s:

**ASSESSMENT:**

V72.2 Dental Examination  
 Restorable caries  
 Non-restorable caries  
 Soft tissue abnormalities/pathology  
 Provisional Periodontal Type: By: Topography

**PLAN:**

**Numerical Treatment Plan:**

PRIORITY 2: (If no other P-2 needs are treatment planned then upon completion of P-2 gross debridement the dental hygienist is to change to Priority 4, CARS 1.)

**PRIORITY 4**

1. Maintenance of Acceptable PI
2. Hygiene, PSR, Fluoride, DDS review PSR if >1
3. Restorations
4. Extractions
5. Periodontal Maintenance Plan
6. Change to P5 upon completion of Prophylaxis if all other care is completed per treatment plan & PSR codes are <= 1 and the Dental CARS to 0.

**TREATMENT PROVIDED:**

Comprehensive Treatment Plan  
 Plaque Index with disclosant: % (# of teeth stained/total # of teeth)  
 OHC, including a demonstration of brushing and flossing

Correctional Managed Care  
DHR – COMPREHENSIVE TREATMENT PLAN

Patient Name: TEST, CARLOS TDC#: 67 Date: 10/08/2010 09:17 Facility: HUNTSVILLE (HV)

Flossing devices prescribed  
 CHX, Fluoride Prescribed with Treatment PRN  
 Radiographs taken: #  
 Radiographs of Diagnostic Quality taken on \_\_\_\_\_, Reviewed for Treatment Plan.  
 PSR

	R	L

Eligibility Date:  
 RTC =  
 ENDING PRIORITY:

# Audit Worksheet for Comprehensive Treatment Plan

*Dental Quality Audit*

## COMPREHENSIVE TREATMENT PLAN AND HSD-4 WORKSHEET

Data Collection Date:   
 Auditor: M.B.Hirsch, DDS

Sample Size:   
 Total in Pool:

Facility: W ynne

	<u>SUBJECTIVE</u>		<u>OBJECTIVE</u>			<u>ASSESSMENT</u>		<u>PLAN</u>				
		TDCJ #	Chief complaint	Vital signs	Medical history	Radiographic studies	Individual tooth abnormalities documented	Periodontal condition	Diseases and abnormalities noted on HSD-4	Priorities reflected in CTP		Ending priority consistent with objective findings/assessment
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20												
21												
22												
23												
24												
25												
<b>TOTAL APPLICABLE</b>												
<b>ACCEPTED</b>												
<b>NOT ACCEPTED</b>												
<b>PERFORMANCE SCORE</b>												
												#11
												#12
												#13
												#14
												#15
												#16
												#17
												#18
												#19

<b><u>Audit Question #11</u></b>
Does the subjective portion of the CTP reflect information in the SCR?
<b><u>Audit Question #12</u></b>
Are current vital signs documented in the CTP?
<b><u>Audit Question #13</u></b>
Is the dental and medical history completed on the HSD-4 form?
<b><u>Audit Question #14</u></b>
Are radiographs necessary for a CTP available for review at the facility?
<b><u>Audit Question #15</u></b>
Does the Assessment portion of the CTP document individual tooth abnormalities?
<b><u>Audit Question #16</u></b>
Is the periodontal condition noted in the CTP?
<b><u>Audit Question #17</u></b>
Are diseases and abnormalities noted on the dental chart of the HSD-4 form?
<b><u>Audit Question #18</u></b>
Does the CTP reflect priorities?
<b><u>Audit Question #19</u></b>
Is the Ending Priority on the CTP consistent with objective findings and assessments?

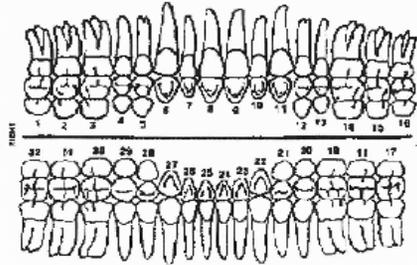


*In-Processing*

# In-Processing Form

PATIENT IDENTIFICATION		DENTAL SERVICES RECORD	
NAME: _____			
MRN: _____			
RACE/SEX: _____			
DOB: _____			
DATE RECEIVED: _____			
		INPROCESSING EXAMINATION (HSD-3)	

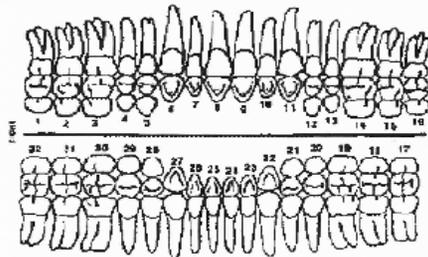
MISSING TEETH, CARIES, DISEASE, AND ABNORMAL TIES AS CHART IMMEDIATELY BELOW



Comments: Offender advised to request care at unit of assignment.

PROVISIONAL PERIODONTAL TYPE						Serviceable existing prosthesis(es)?						
CIRCLE ONE:	I	II	III	IV	V	HIGHEST PRIORITY (circle one):	1	2	3	4	5	
PLACE OF EXAMINATION:						UTMB CARS (circle one):	0	1	2	3	4	5
DATE OF EXAM:						Panograph available?:						
Signature of DDS:						Other radiographs used? (Specify):						

If no panograph or other radiographs are taken for the examination, indicate on y existing restorations and prior treatments on the chart below. Check the box to the right if no restorations or prior treatments or noted.



# Audit Worksheet for In-Processing

## INPROCESSING (INTAKE) WORKSHEET

Dental Quality Audit

	TDCJ#	Date of Intake	Date of Exam	Completed within 90 days?	Highest priority noted?	Urgent conditions identified?	Provisional perio type noted?	Panorex taken?	If not, chart marked?	Facility of exam noted?	Signature of dentist affixed?	Diseases or abnormalities noted?
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20												
21												
22												
23												
24												
25												
TOTAL APPLICABLE												
ACCEPTED												
NOT ACCEPTED												
PERFORMANCE SCORE												
				# 3	# 4	# 5	# 6	# 7	# 8	# 9	# 10	

Data Collection Date: \_\_\_\_\_  
 Auditor: M.B. Hirsch, DD

Sample Size: \_\_\_\_\_  
 Total in Pool:  

Facility: Wynne

**Audit Question #3:**  
 Was the dental in-processing (intake) exam completed within three (3) months?

**Audit Question #4:**  
 Was the highest (most urgent) priority documented in the dental in-processing (intake) exam?

**Audit Question #5:**  
 For urgent priorities, were conditions listed or teeth identified in the dental in-processing (intake) exam?

**Audit Question #6:**  
 Was the provisional periodontal type noted on the dental in-processing (intake) exam?

**Audit Question #7:**  
 Was a Panorex taken during the in-processing exam? If not, were pre-existing conditions documented in the dental in-processing (intake) exam?

**Audit Question #8:**  
 Was the facility where the dental in-processing (intake) exam was performed documented in the dental in-processing (intake) exam?

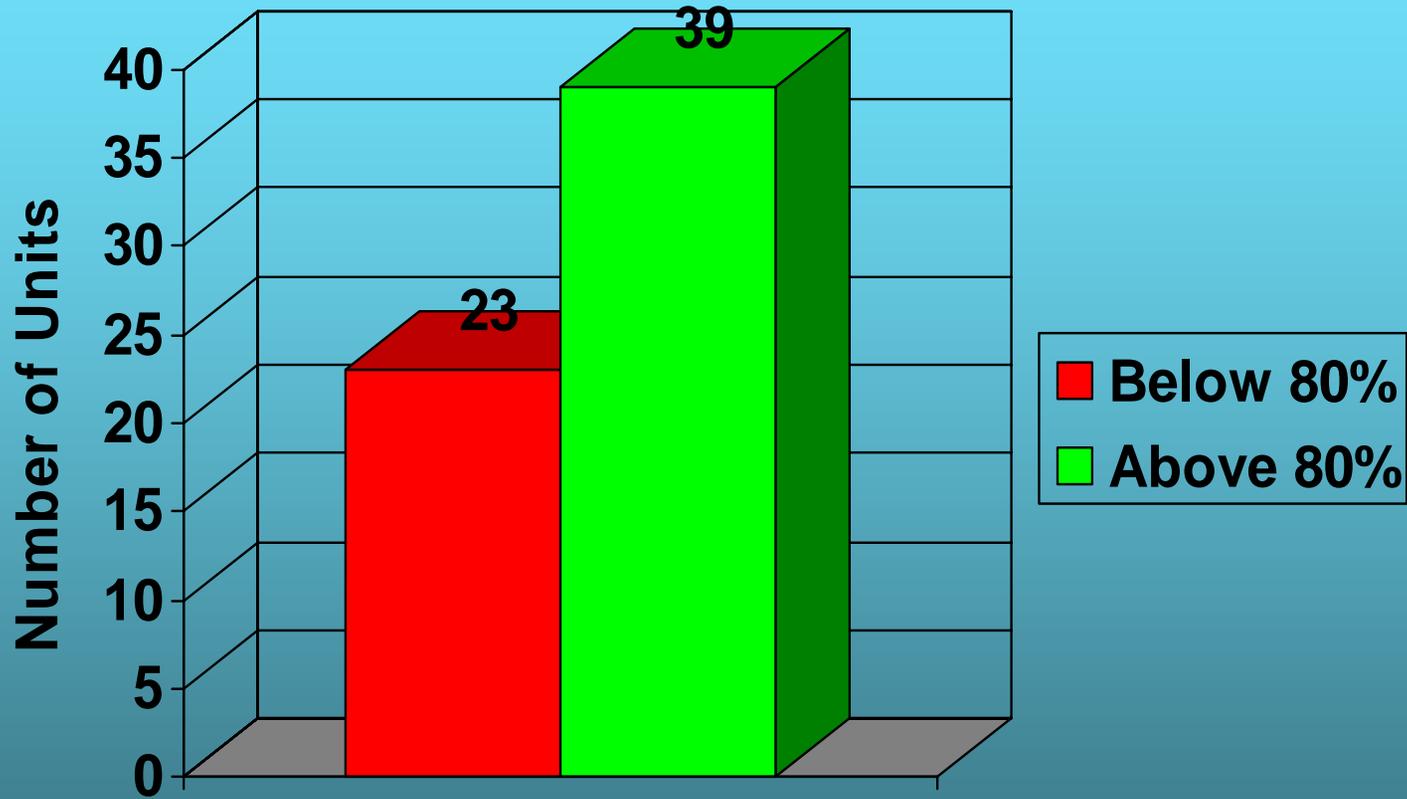
**Audit Question #9:**  
 Did the examining dentist sign the dental in-processing (intake) exam note?

**Audit Question #10:**  
 Was the treatment indicated for each tooth clearly identified on the schematic in the dental in-processing (intake) exam?

*Chain-In*

*Continuity of Care*

# Chain-In



*Urgent Care*

# CMHC Policy E-36.1

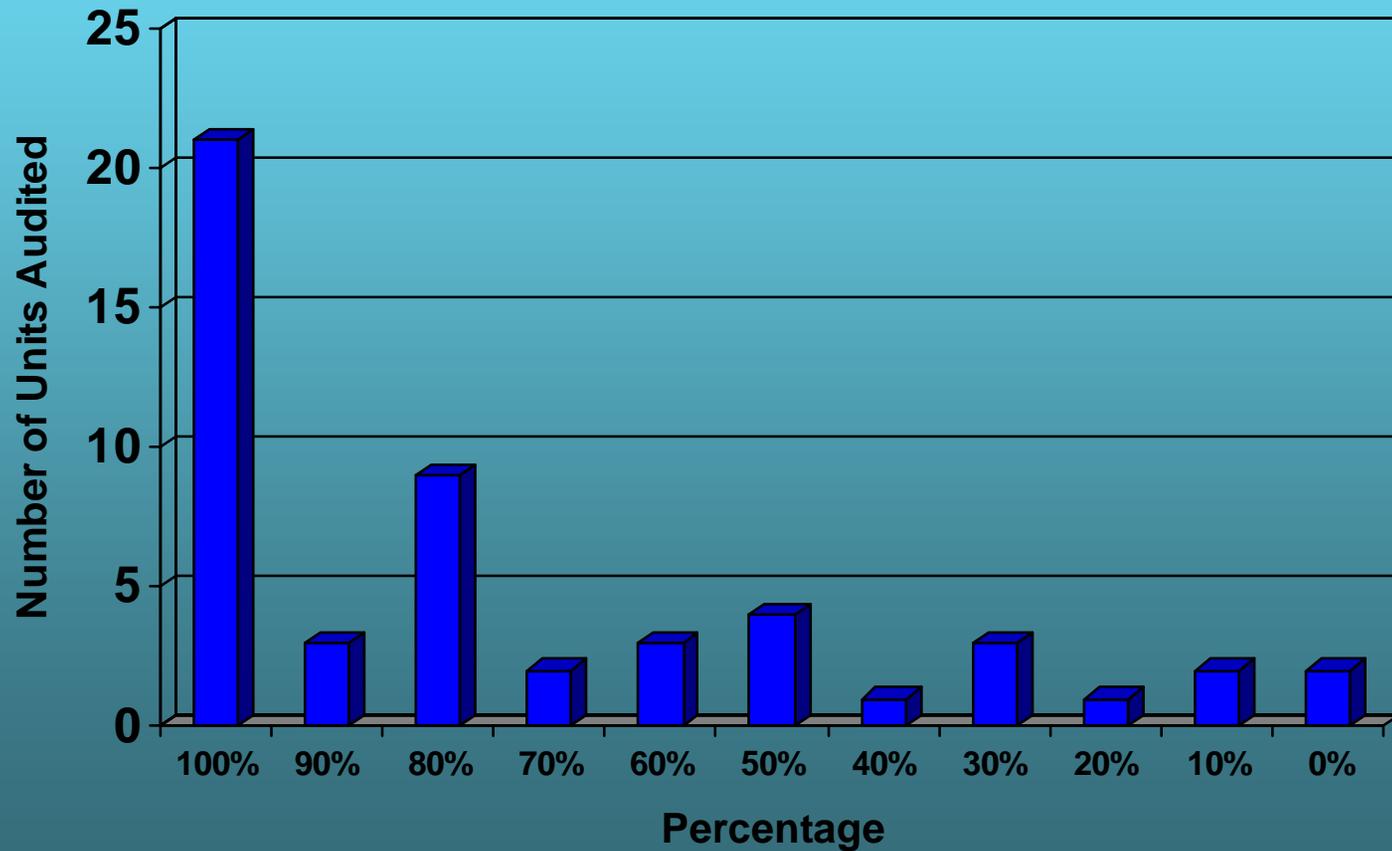
## Appendix I

### Dental Treatment Priorities

Priority of Treatment Need	Description of Need	Eligibility
1. (Emergent/Urgent)	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.	All

# Urgent Care

## Percentage of Urgent Care Treatment Within 14 Days





# **Correctional Managed Health Care**

## **Quarterly Report FY 2010 Fourth Quarter**

**September 2009 – August 2010**

## **Summary**

This report is submitted in accordance with Rider 41; page V-21, Senate Bill 1, 81<sup>st</sup> Legislature, and Regular Session 2009. The report summarizes activity through the fourth quarter of FY 2010. Following this summary are individual data tables and charts supporting this report.

### ***Background***

During Fiscal Year 2010, approximately \$466.4 million within the TDCJ appropriation has been allocated for funding correctional health care services. This funding included:

- \$425.0M 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, \$465.7M (99.9%) was allocated for health care services provided by UTMB and TTUHSC. The 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 fourth quarter of this fiscal year, the correctional health care program has slightly increased in the overall offender population served. The average daily population served through the fourth quarter of FY 2010 was 151,225. Through this same quarter a year ago (FY 2009), the average daily population was 150,568, an increase of 657 (0.44%). Even though the overall population has slightly increased, 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 fourth quarter of FY 2010, the average number of older offenders in the service population was 11,803. Through this same quarter a year ago (FY 2009), the average number of offenders age 55 and over was 11,033. This represents an increase of 770 or about 7.0% more older offenders than a year ago.
- The overall HIV+ population has remained relatively stable throughout the last two years and continued to remain so through this quarter, averaging 2,397 (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 1,937 through the fourth quarter of FY 2010, as compared to 1,914 through the same quarter a year ago (FY 2009). The inpatient caseload is limited by the number of available inpatient beds in the system.
  - Through the fourth quarter of FY 2010, the average number of mental health outpatients was 21,509 representing 14.2% of the service population.

## **Health Care Costs**

- Overall health costs through the fourth quarter of FY 2010 totaled \$545.5M. This amount is above the overall revenues earned by the university providers by \$21.6M.
- UTMB's total revenue through the quarter was \$417.0M. Their expenditures totaled \$435.7M, resulting in a net loss of \$18.7M. On a per offender per day basis, UTMB earned \$9.51 in revenue and expended \$9.93 resulting in a loss of \$0.42 per offender per day.
- TTUHSC's total revenue through the fourth quarter was \$106.9M. Expenditures totaled \$109.8M, resulting in a net loss of \$2.9M. On a per offender per day basis, TTUHSC earned \$9.43 in revenue, but expended \$9.69 resulting in a loss of \$0.26 per offender per day.
- Examining the health care costs in further detail indicates that of the \$545.5M in expenses reported through the fourth quarter of the year:
  - Onsite services (those medical services provided at the prison units) comprised \$253.2M representing about 46.4% of the total health care expenses:
    - Of this amount, 80.2% was for salaries and benefits and 19.8% for operating costs.
  - Pharmacy services totaled \$52.3M representing approximately 9.6% of the total expenses:
    - Of this amount 18.3% was for related salaries and benefits, 3.2% for operating costs and 78.5% for drug purchases.
  - Offsite services (services including hospitalization and specialty clinic care) accounted for \$177.7M or 32.6% of total expenses:
    - Of this amount 66.9% was for estimated university provider hospital, physician and professional services; and 33.1% for Freeworld (non-university) hospital, specialty and emergency care.
  - Mental health services totaled \$48.0M or 8.8% of the total costs:
    - Of this amount, 96.8% was for mental health staff salaries and benefits, with the remaining 3.2% for operating costs.
  - Indirect support expenses accounted for \$14.3M and represented 2.6% of the total costs.

- The total cost per offender per day for all health care services statewide through the fourth quarter of FY 2010 was \$9.88. However, when benchmarked against the average cost per offender per day for the prior four fiscal years of \$8.38, the increase is higher at (17.9%). 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.
  - For UTMB, the cost per offender per day was \$9.93. This is significantly higher than the average cost per offender per day for the last four fiscal years of \$8.46.
  - For TTUHSC, the cost per offender per day was \$9.69, significantly higher than the average cost per offender per day for the last four fiscal years of \$8.09.
  - Differences in cost between UTMB and TTUHSC relate to the differences in mission, population assigned and the acuity level of the offender patients served.

### **Aging Offenders**

- As consistently noted in prior reports, the aging of the offender population has a demonstrated impact on the resources of the health care system. Offenders age 55 and older access the health care delivery system at a much higher level and frequency than younger offenders:
  - Encounter data through the fourth quarter of FY 2010 indicates that offenders aged 55 and over had a documented encounter with medical staff two and a half times as often as those under age 55.
  - An examination of hospital admissions by age category found that through this quarter of the fiscal year, hospital costs received to date for charges incurred this fiscal year for offenders over age 55 totaled approximately \$4,853 per offender. The same calculation for offenders under age 55 totaled about \$795. In terms of hospitalization costs, the older offenders were utilizing health care resources at a rate more than six times higher than the younger offenders. While comprising about 7.8% of the overall service population, offenders age 55 and over account for 34.1% of the hospitalization costs received to date.
  - A third examination of dialysis costs found that, proportionately, older offenders are represented five times more often in the dialysis population than younger offenders. Dialysis costs continue to be significant, averaging \$23,044 per patient per year. Providing medically necessary dialysis treatment for an average of 196 patients through the fourth quarter of FY2010 cost \$4.5M.

### **Drug Costs**

- Total drug costs through the fourth quarter of FY 2010 totaled \$39.8M.
  - Pharmaceutical costs related to HIV care continue to be the largest single component of pharmacy expenses.
    - Through this quarter, \$19.0M in costs (or \$1.6M per month) for HIV antiretroviral medication costs were experienced. This represents 47.6% of the total drug cost during this time period.
    - Expenses for psychiatric drugs are also being tracked, with approximately \$2.2M being expended for psychiatric medications through the fourth quarter, representing 5.4% of the overall drug cost.
    - Another pharmacy indicator being tracked is the cost related to Hepatitis C therapies. These costs were \$2.7M and represented about 6.7% 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 shortfall of \$18,708,200 through this quarter. TTUHSC reports that they hold no such reserves and report a total shortfall of \$2,864,147.
- A summary analysis of the ending balances, revenue and payments through the fourth quarter for all CMHCC accounts is included in this report. That summary indicates that the ending balance on all CMHCC accounts on August 31, 2010 was \$100,661.14. In accordance with Rider 61, TDCJ Appropriations, Senate Bill 1, 81st Legislature, the CMHCC end of year balance will be returned to TDCJ for return to the State General Revenue Fund.

### ***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 June through August 2010 found all tested transactions to be verified and found all back up detail to be validated.

The testing of detail transactions performed on UTMB's financial information for June through August 2010 resulted in two non-allowable business entertainment transactions and one classification errors that received the required correction entries to the General Ledger.

### ***Concluding Notes***

The combined operating loss for the university providers through the fourth quarter of FY 2010 is \$21,572,347. This closes the first year of Biennium with a combined operating loss. The university providers are continuing to monitor their expenditures closely, while seeking additional opportunities to reduce costs in order to minimize these operating losses.

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**Table 1  
Correctional Managed Health Care  
FY 2010 Budget Allocations**

**Distribution of Funds**

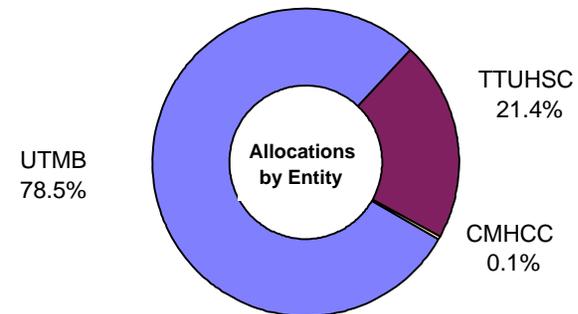
<u>Allocated to</u>	<u>FY 2010</u>
<b>University Providers</b>	
<b>The University of Texas Medical Branch</b>	
Medical Services	\$337,982,054
Mental Health Services	\$28,084,575
Subtotal UTMB	\$366,066,629
<b>Texas Tech University Health Sciences Center</b>	
Medical Services	\$86,347,837
Mental Health Services	\$13,286,944
Subtotal TTUHSC	\$99,634,781
<b>SUBTOTAL UNIVERSITY PROVIDERS</b>	<b>\$465,701,410</b>
<b>Correctional Managed Health Care Committee</b>	<b>\$669,053</b>
<b>TOTAL DISTRIBUTION</b>	<b>\$466,370,463</b>

**Source of Funds**

<u>Source</u>	<u>FY 2010</u>
<b>Legislative Appropriations</b>	
SB 1, Article V, TDCJ Appropriations	
Strategy C.1.8. Managed Health Care	\$424,998,944
Strategy C.1.7 Psychiatric Care	\$41,371,519
<b>TOTAL</b>	<b>\$466,370,463</b>

**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.**

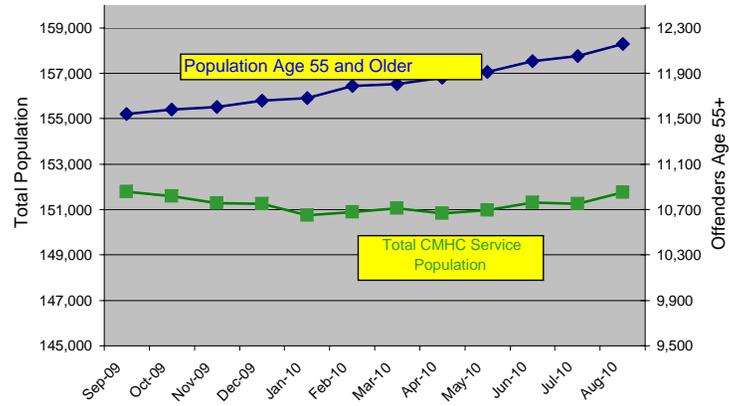
**Chart 1**



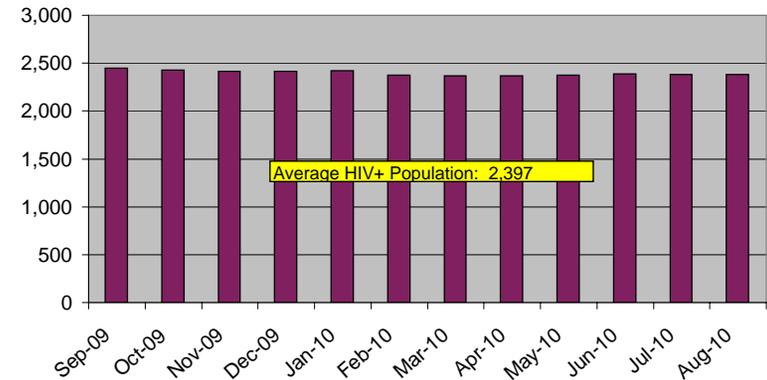
**Table 2**  
**FY 2010**  
**Key Population Indicators**  
**Correctional Health Care Program**

Indicator	Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Population Year to Date Avg.
<b>Avg. Population Served by CMHC:</b>													
UTMB State-Operated Population	108,963	108,894	108,450	108,413	108,068	108,220	108,316	107,960	107,992	108,330	108,198	108,530	108,361
UTMB Private Prison Population*	11,852	11,811	11,796	11,783	11,731	11,687	11,746	11,809	11,845	11,904	11,913	11,911	11,816
UTMB Total Service Population	120,815	120,705	120,246	120,196	119,799	119,908	120,062	119,770	119,837	120,234	120,111	120,441	120,177
TTUHSC Total Service Population	30,958	30,887	31,042	31,051	30,945	30,972	30,984	31,072	31,123	31,084	31,147	31,307	31,048
<b>CMHC Service Population Total</b>	<b>151,773</b>	<b>151,592</b>	<b>151,287</b>	<b>151,247</b>	<b>150,744</b>	<b>150,879</b>	<b>151,046</b>	<b>150,842</b>	<b>150,959</b>	<b>151,318</b>	<b>151,258</b>	<b>151,748</b>	<b>151,225</b>
<b>Population Age 55 and Over</b>													
UTMB Service Population Average	9,564	9,595	9,608	9,652	9,654	9,733	9,728	9,768	9,812	9,894	9,964	10,045	9,751
TTUHSC Service Population Average	1,978	1,984	1,993	2,007	2,029	2,055	2,076	2,095	2,097	2,111	2,086	2,113	2,052
<b>CMHC Service Population Average</b>	<b>11,542</b>	<b>11,579</b>	<b>11,601</b>	<b>11,659</b>	<b>11,683</b>	<b>11,788</b>	<b>11,804</b>	<b>11,863</b>	<b>11,909</b>	<b>12,005</b>	<b>12,050</b>	<b>12,158</b>	<b>11,803</b>
<b>HIV+ Population</b>	<b>2,445</b>	<b>2,430</b>	<b>2,414</b>	<b>2,414</b>	<b>2,419</b>	<b>2,376</b>	<b>2,365</b>	<b>2,367</b>	<b>2,374</b>	<b>2,390</b>	<b>2,382</b>	<b>2,382</b>	<b>2,397</b>
<b>Mental Health Inpatient Census</b>													
UTMB Psychiatric Inpatient Average	1,028	1,023	1,000	978	987	994	991	1,001	1,030	1,022	1,026	1,038	1,010
TTUHSC Psychiatric Inpatient Average	915	899	915	923	911	929	941	953	931	917	948	948	928
<b>CMHC Psychiatric Inpatient Average</b>	<b>1,943</b>	<b>1,922</b>	<b>1,915</b>	<b>1,901</b>	<b>1,898</b>	<b>1,923</b>	<b>1,932</b>	<b>1,954</b>	<b>1,961</b>	<b>1,939</b>	<b>1,974</b>	<b>1,986</b>	<b>1,937</b>
<b>Mental Health Outpatient Census</b>													
UTMB Psychiatric Outpatient Average	17,715	17,909	16,361	17,484	16,732	16,577	18,229	18,006	16,897	17,640	17,666	16,371	17,299
TTUHSC Psychiatric Outpatient Average	3,981	4,150	3,639	4,372	3,788	4,075	4,532	4,429	4,201	4,606	4,281	4,467	4,210
<b>CMHC Psychiatric Outpatient Average</b>	<b>21,696</b>	<b>22,059</b>	<b>20,000</b>	<b>21,856</b>	<b>20,520</b>	<b>20,652</b>	<b>22,761</b>	<b>22,435</b>	<b>21,098</b>	<b>22,246</b>	<b>21,947</b>	<b>20,838</b>	<b>21,509</b>

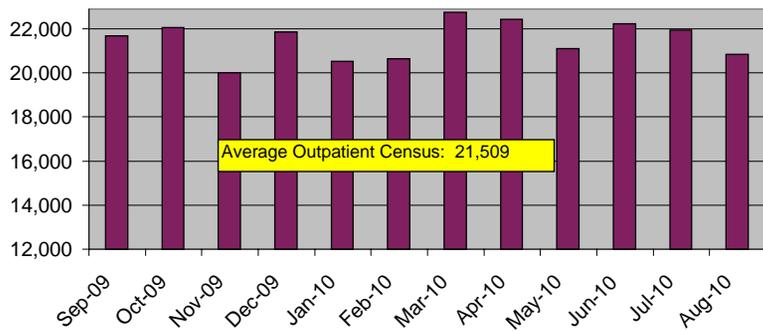
**Chart 2  
CMHC Service Population**



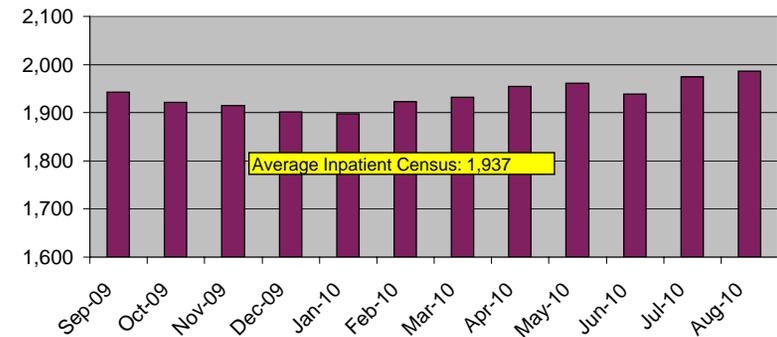
**Chart 3  
HIV+ Population**



**Chart 4  
Mental Health Outpatient Census**



**Chart 5  
Mental Health Inpatient Census**



**Table 3**  
**Summary Financial Report: Medical Costs**  
**Fiscal Year 2010 through Quarter 4 (Sep 2009 - August 2010)**

Days in Year: 365

	Medical Services Costs			Medical Cost Per Day Calculations		
	UTMB	TTUHSC	TOTAL	UTMB	TTUHSC	TOTAL
<b>Population Served</b>	<b>120,177</b>	<b>31,048</b>	<b>151,225</b>			
<b>Revenue</b>						
Capitation Payments	\$337,982,054	\$86,347,837	\$424,329,891	\$7.71	\$7.62	\$7.69
State Reimbursement Benefits	\$44,652,246	\$4,523,198	\$49,175,444	\$1.02	\$0.40	\$0.89
Non-Operating Revenue	\$542,043	\$2,113	\$544,156	\$0.01	\$0.00	\$0.01
<b>Total Revenue</b>	<b>\$383,176,343</b>	<b>\$90,873,148</b>	<b>\$474,049,491</b>	<b>\$8.74</b>	<b>\$8.02</b>	<b>\$8.59</b>
<b>Expenses</b>						
<b>Onsite Services</b>						
Salaries	\$148,086,145	\$13,081,914	\$161,168,059	\$3.38	\$1.15	\$2.92
Benefits	\$38,819,523	\$3,214,973	\$42,034,496	\$0.88	\$0.28	\$0.76
Operating (M&O)	\$19,734,289	\$1,433,770	\$21,168,059	\$0.45	\$0.13	\$0.38
Professional Services	\$0	\$3,268,991	\$3,268,991	\$0.00	\$0.29	\$0.06
Contracted Units/Services	\$0	\$22,921,137	\$22,921,137	\$0.00	\$2.02	\$0.42
Travel	\$1,003,211	\$125,963	\$1,129,174	\$0.02	\$0.01	\$0.02
Electronic Medicine	\$0	\$371,697	\$371,697	\$0.00	\$0.03	\$0.01
Capitalized Equipment	\$790,576	\$370,010	\$1,160,586	\$0.02	\$0.03	\$0.02
<b>Subtotal Onsite Expenses</b>	<b>\$208,433,744</b>	<b>\$44,788,455</b>	<b>\$253,222,199</b>	<b>\$4.75</b>	<b>\$3.95</b>	<b>\$4.59</b>
<b>Pharmacy Services</b>						
Salaries	\$5,797,618	\$1,981,680	\$7,779,298	\$0.13	\$0.17	\$0.14
Benefits	\$1,729,452	\$66,968	\$1,796,420	\$0.04	\$0.01	\$0.03
Operating (M&O)	\$1,300,353	\$344,714	\$1,645,067	\$0.03	\$0.03	\$0.03
Pharmaceutical Purchases	\$33,418,336	\$7,605,150	\$41,023,486	\$0.76	\$0.67	\$0.74
Professional Services	\$0	\$0	\$0	\$0.00	\$0.00	\$0.00
Travel	\$25,020	\$24,329	\$49,349	\$0.00	\$0.00	\$0.00
<b>Subtotal Pharmacy Expenses</b>	<b>\$42,270,779</b>	<b>\$10,022,841</b>	<b>\$52,293,620</b>	<b>\$0.96</b>	<b>\$0.88</b>	<b>\$0.95</b>
<b>Offsite Services</b>						
University Professional Services	\$17,941,376	\$1,122,476	\$19,063,852	\$0.41	\$0.10	\$0.35
Freeworld Provider Services	\$33,126,308	\$18,904,415	\$52,030,723	\$0.76	\$1.67	\$0.94
UTMB or TTUHSC Hospital Cost	\$86,595,035	\$13,149,983	\$99,745,018	\$1.97	\$1.16	\$1.81
Estimated IBNR	\$6,508,861	\$325,000	\$6,833,861	\$0.15	\$0.03	\$0.12
<b>Subtotal Offsite Expenses</b>	<b>\$144,171,580</b>	<b>\$33,501,874</b>	<b>\$177,673,454</b>	<b>\$3.29</b>	<b>\$2.96</b>	<b>\$3.22</b>
<b>Indirect Expenses</b>	<b>\$7,512,707</b>	<b>\$5,336,195</b>	<b>\$12,848,902</b>	<b>\$0.17</b>	<b>\$0.47</b>	<b>\$0.23</b>
<b>Total Expenses</b>	<b>\$402,388,810</b>	<b>\$93,649,365</b>	<b>\$496,038,175</b>	<b>\$9.17</b>	<b>\$8.26</b>	<b>\$8.99</b>
<b>Operating Income (Loss)</b>	<b>(\$19,212,467)</b>	<b>(\$2,776,217)</b>	<b>(\$21,988,684)</b>	<b>(\$0.44)</b>	<b>(\$0.24)</b>	<b>(\$0.40)</b>

**Table 3 (Continued)**  
**Summary Financial Report: Mental Health Costs**  
**Fiscal Year 2010 through Quarter 4 (Sep 2009 - August 2010)**

Days in Year: 365

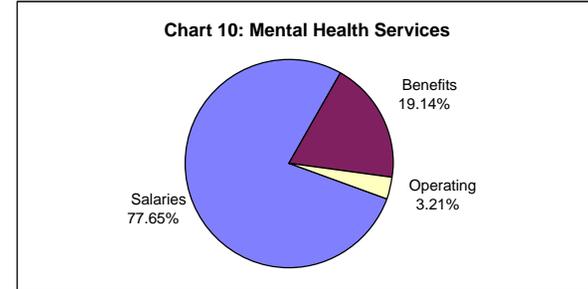
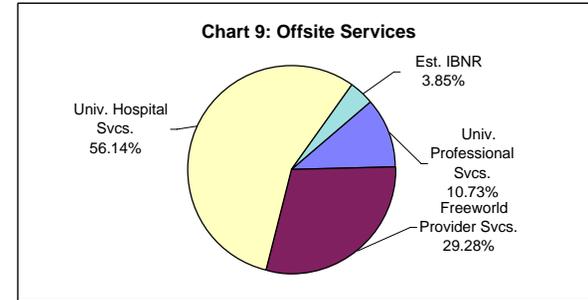
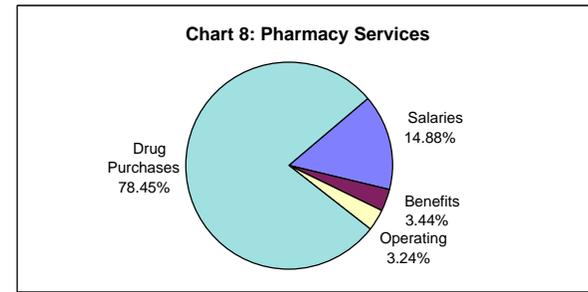
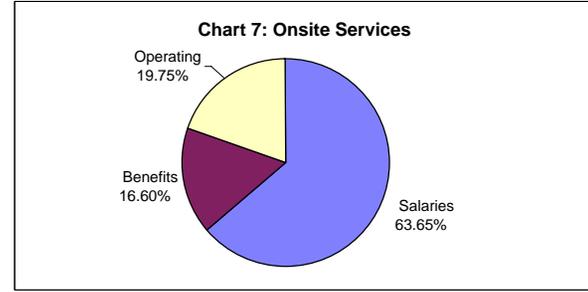
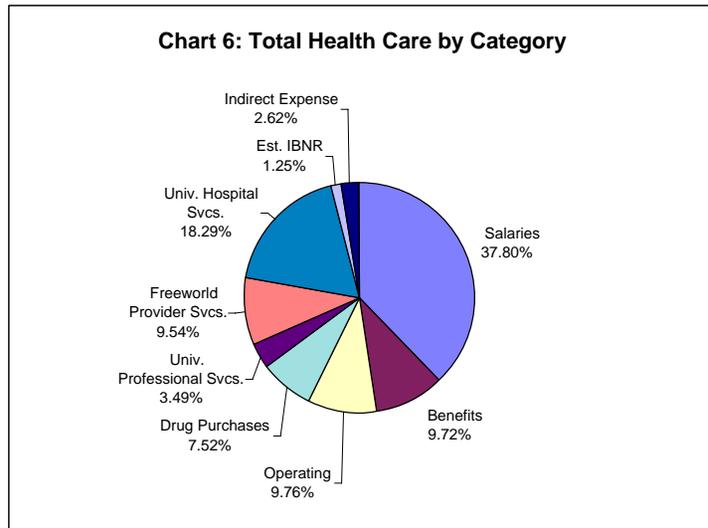
	Mental Health Services Costs			Mental Health Cost Per Day Calculations		
	UTMB	TTUHSC	TOTAL	UTMB	TTUHSC	TOTAL
<b>Population Served</b>	120,177	31,048	151,225			
<b>Revenue</b>						
Capitation Payments	\$28,084,577	\$13,286,944	\$41,371,521	\$0.64	\$1.17	\$0.75
State Reimbursement Benefits	\$5,740,880	\$2,743,643	\$8,484,523	\$0.13	\$0.24	\$0.15
Other Misc Revenue	\$0	\$0	\$0	\$0.00	\$0.00	\$0.00
<b>Total Revenue</b>	<b>\$33,825,457</b>	<b>\$16,030,587</b>	<b>\$49,856,044</b>	<b>\$0.77</b>	<b>\$1.41</b>	<b>\$0.90</b>
<b>Expenses</b>						
<b>Mental Health Services</b>						
Salaries	\$25,651,102	\$11,606,183	\$37,257,285	\$0.58	\$1.02	\$0.67
Benefits	\$6,271,249	\$2,913,358	\$9,184,607	\$0.14	\$0.26	\$0.17
Operating (M&O)	\$584,366	\$183,377	\$767,743	\$0.01	\$0.02	\$0.01
Professional Services	\$0	\$587,600	\$587,600	\$0.00	\$0.05	\$0.01
Contracted Units/Services	\$0	\$0	\$0	\$0.00	\$0.00	\$0.00
Travel	\$152,401	\$30,782	\$183,183	\$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
<b>Subtotal Mental Health Expenses</b>	<b>\$32,659,118</b>	<b>\$15,321,300</b>	<b>\$47,980,418</b>	<b>\$0.74</b>	<b>\$1.35</b>	<b>\$0.87</b>
<b>Indirect Expenses</b>	<b>\$662,072</b>	<b>\$797,217</b>	<b>\$1,459,289</b>	<b>\$0.02</b>	<b>\$0.07</b>	<b>\$0.03</b>
<b>Total Expenses</b>	<b>\$33,321,190</b>	<b>\$16,118,517</b>	<b>\$49,439,707</b>	<b>\$0.76</b>	<b>\$1.42</b>	<b>\$0.90</b>
<b>Operating Income (Loss)</b>	<b>\$504,267</b>	<b>(\$87,930)</b>	<b>\$416,337</b>	<b>\$0.01</b>	<b>(\$0.01)</b>	<b>\$0.01</b>

**All Health Care Summary**

	All Health Care Services			Cost Per Offender Per Day		
	UTMB	TTUHSC	TOTAL	UTMB	TTUHSC	TOTAL
Medical Services	\$383,176,343	\$90,873,148	\$474,049,491	\$8.74	\$8.02	\$8.59
Mental Health Services	\$33,825,457	\$16,030,587	\$49,856,044	\$0.77	\$1.41	\$0.90
<b>Total Revenue</b>	<b>\$417,001,800</b>	<b>\$106,903,735</b>	<b>\$523,905,535</b>	<b>\$9.51</b>	<b>\$9.43</b>	<b>\$9.49</b>
Medical Services	\$402,388,810	\$93,649,365	\$496,038,175	\$9.17	\$8.26	\$8.99
Mental Health Services	\$33,321,190	\$16,118,517	\$49,439,707	\$0.76	\$1.42	\$0.90
<b>Total Expenses</b>	<b>\$435,710,000</b>	<b>\$109,767,882</b>	<b>\$545,477,882</b>	<b>\$9.93</b>	<b>\$9.69</b>	<b>\$9.88</b>
<b>Operating Income (Loss)</b>	<b>(\$18,708,200)</b>	<b>(\$2,864,147)</b>	<b>(\$21,572,347)</b>	<b>(\$0.42)</b>	<b>(\$0.26)</b>	<b>(\$0.39)</b>

**Table 4  
FY 2010 4th Quarter  
UTMB/TTUHSC EXPENSE SUMMARY**

Category	Expense	Percent of Total
<b>Onsite Services</b>	<b>\$253,222,199</b>	<b>46.42%</b>
Salaries	\$161,168,059	
Benefits	\$42,034,496	
Operating	\$50,019,644	
<b>Pharmacy Services</b>	<b>\$52,293,620</b>	<b>9.59%</b>
Salaries	\$7,779,298	
Benefits	\$1,796,420	
Operating	\$1,694,416	
Drug Purchases	\$41,023,486	
<b>Offsite Services</b>	<b>\$177,673,454</b>	<b>32.57%</b>
Univ. Professional Svcs.	\$19,063,852	
Freeworld Provider Svcs.	\$52,030,723	
Univ. Hospital Svcs.	\$99,745,018	
Est. IBNR	\$6,833,861	
<b>Mental Health Services</b>	<b>\$47,980,418</b>	<b>8.80%</b>
Salaries	\$37,257,285	
Benefits	\$9,184,607	
Operating	\$1,538,526	
<b>Indirect Expense</b>	<b>\$14,308,191</b>	<b>2.62%</b>
<b>Total Expenses</b>	<b>\$545,477,882</b>	<b>100.00%</b>



**Table 4a**  
**FY 2010 4th Quarter**  
**UTMB/TTUHSC EXPENSE SUMMARY**

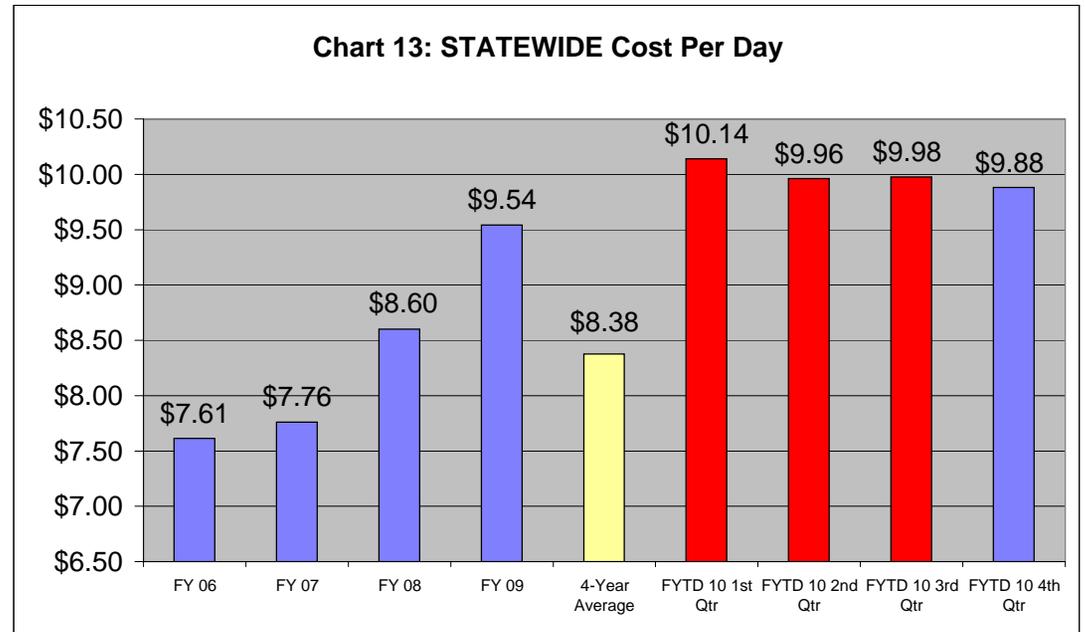
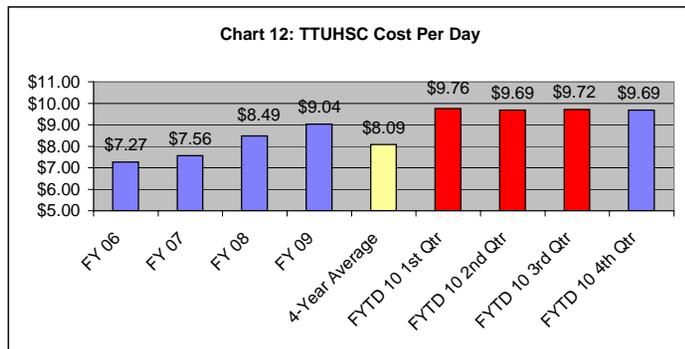
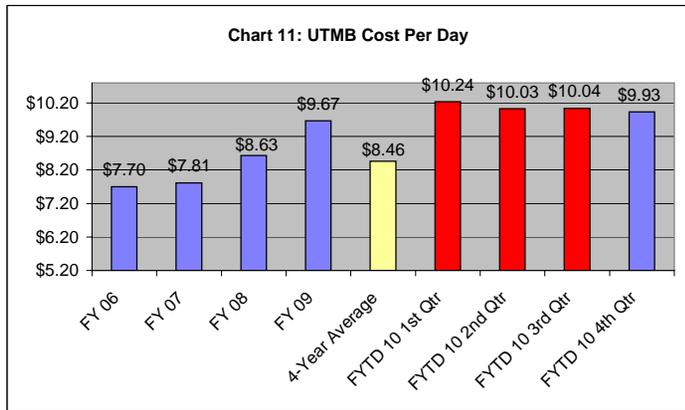
<b>Category</b>	<b>Total Expense</b>	<b>UTMB</b>	<b>TTUHSC</b>	<b>% UTMB</b>
<b>Onsite Services</b>	<b>\$253,222,199</b>	<b>\$208,433,744</b>	<b>\$44,788,455</b>	<b>82.31%</b>
Salaries	\$161,168,059	\$148,086,145	\$13,081,914	
Benefits	\$42,034,496	\$38,819,523	\$3,214,973	
Operating	\$21,168,059	\$19,734,289	\$1,433,770	
<b>Pharmacy Services</b>	<b>\$52,293,620</b>	<b>\$42,270,779</b>	<b>\$10,022,841</b>	<b>80.83%</b>
Salaries	\$7,779,298	\$5,797,618	\$1,981,680	
Benefits	\$1,796,420	\$1,729,452	\$66,968	
Operating	\$1,694,416	\$1,325,373	\$369,043	
Drug Purchases	\$41,023,486	\$33,418,336	\$7,605,150	
<b>Offsite Services</b>	<b>\$177,673,454</b>	<b>\$144,171,580</b>	<b>\$33,501,874</b>	<b>81.14%</b>
Univ. Professional Svcs.	\$19,063,852	\$17,941,376	\$1,122,476	
Freeworld Provider Svcs.	\$52,030,723	\$33,126,308	\$18,904,415	
Univ. Hospital Svcs.	\$99,745,018	\$86,595,035	\$13,149,983	
Est. IBNR	\$6,833,861	\$6,508,861	\$325,000	
<b>Mental Health Services</b>	<b>\$47,980,418</b>	<b>\$32,659,118</b>	<b>\$15,321,300</b>	<b>68.07%</b>
Salaries	\$37,257,285	\$25,651,102	\$11,606,183	
Benefits	\$9,184,607	\$6,271,249	\$2,913,358	
Operating	\$767,743	\$584,366	\$183,377	
<b>Indirect Expense</b>	<b>\$14,308,191</b>	<b>\$8,174,779</b>	<b>\$6,133,412</b>	<b>57.13%</b>
<b>Total Expenses</b>	<b>\$545,477,882</b>	<b>\$435,710,000</b>	<b>\$109,767,882</b>	<b>79.88%</b>

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

	FY 06	FY 07	FY 08	FY 09	4-Year Average	FYTD 10 1st Qtr	FYTD 10 2nd Qtr	FYTD 10 3rd Qtr	FYTD 10 4th Qtr
<b>Population</b>									
UTMB	119,835	120,235	120,648	119,952	120,167	120,588	120,278	120,149	120,177
TTUHSC	31,448	31,578	31,064	30,616	31,177	30,963	30,976	31,004	31,048
Total	151,283	151,813	151,712	150,568	151,344	151,551	151,254	151,152	151,225
<b>Expenses</b>									
UTMB	\$336,934,127	\$342,859,796	\$381,036,398	\$423,338,812	\$371,042,283	\$112,356,950	\$219,640,888	\$329,433,558	\$435,710,000
TTUHSC	\$83,467,550	\$87,147,439	\$96,482,145	\$100,980,726	\$92,019,465	\$27,495,553	\$54,608,451	\$82,253,879	\$109,767,882
Total	\$420,401,677	\$430,007,235	\$477,518,543	\$524,319,538	\$463,061,748	\$139,852,503	\$274,249,339	\$411,687,437	\$545,477,882
<b>Cost/Day</b>									
UTMB	\$7.70	\$7.81	\$8.63	\$9.67	\$8.46	\$10.24	\$10.03	\$10.04	\$9.93
TTUHSC	\$7.27	\$7.56	\$8.49	\$9.04	\$8.09	\$9.76	\$9.69	\$9.72	\$9.69
<b>Total</b>	<b>\$7.61</b>	<b>\$7.76</b>	<b>\$8.60</b>	<b>\$9.54</b>	<b>\$8.38</b>	<b>\$10.14</b>	<b>\$9.96</b>	<b>\$9.98</b>	<b>\$9.88</b>

365

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



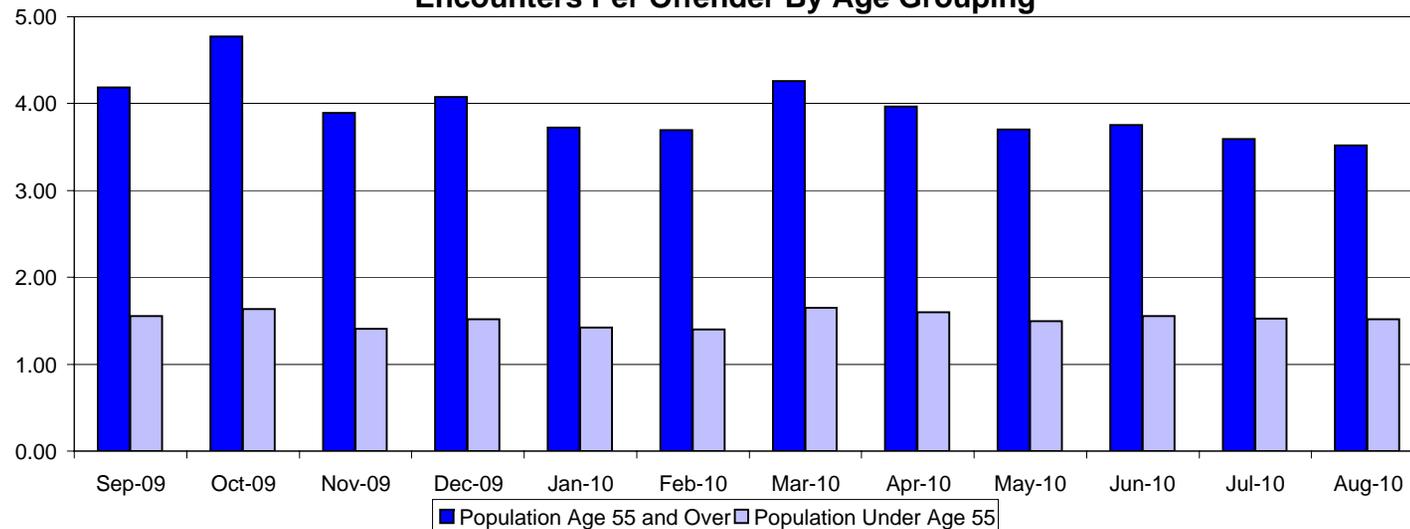
**Table 6  
Medical Encounter Statistics\* by Age Grouping**

12

Month	Encounters			Population			Encounters Per Offender		
	Age 55 and Over	Under Age 55	Total	Age 55 and Over	Under Age 55	Total	Age 55 and Over	Under Age 55	Total
Sep-09	40,051	172,655	212,706	9,564	111,251	120,815	4.19	1.55	1.76
Oct-09	45,799	181,712	227,511	9,595	111,110	120,705	4.77	1.64	1.88
Nov-09	37,403	155,985	193,388	9,608	110,638	120,246	3.89	1.41	1.61
Dec-09	39,333	168,117	207,450	9,652	110,544	120,196	4.08	1.52	1.73
Jan-10	35,981	156,716	192,697	9,654	110,145	119,799	3.73	1.42	1.61
Feb-10	35,973	154,510	190,483	9,733	110,175	119,908	3.70	1.40	1.59
Mar-10	41,462	181,722	223,184	9,728	110,334	120,062	4.26	1.65	1.86
Apr-10	38,747	175,730	214,477	9,768	110,002	119,770	3.97	1.60	1.79
May-10	36,311	164,191	200,502	9,812	110,025	119,837	3.70	1.49	1.67
Jun-10	37,149	171,802	208,951	9,894	110,340	120,234	3.75	1.56	1.74
Jul-10	35,811	167,960	203,771	9,964	110,147	120,111	3.59	1.52	1.70
Aug-10	35,319	167,446	202,765	10,045	110,396	120,441	3.52	1.52	1.68
Average	38,278	168,212	206,490	9,751	110,426	120,177	3.93	1.52	1.72

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

**Chart 14  
Encounters Per Offender By Age Grouping**

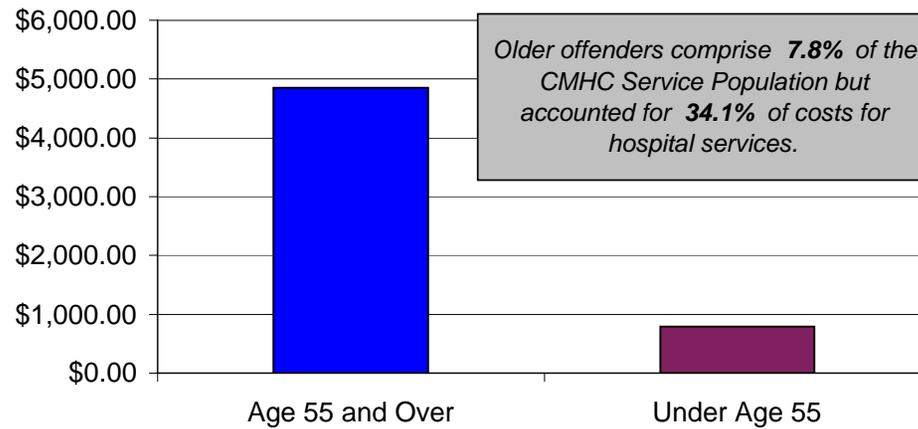


**Table 7**  
**FY 2010 4th Quarter**  
**Offsite Costs\* To Date by Age Grouping**

Age Grouping	Cost Data	Total Population	Total Cost Per Offender
Age 55 and Over	\$57,287,163	11,803	\$4,853.44
Under Age 55	\$110,848,867	139,421	\$795.06
<b>Total</b>	<b>\$168,136,030</b>	<b>151,225</b>	<b>\$1,111.83</b>

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

**Chart 15**  
**Hospital Costs to Date Per Offender**  
**by Age Grouping**

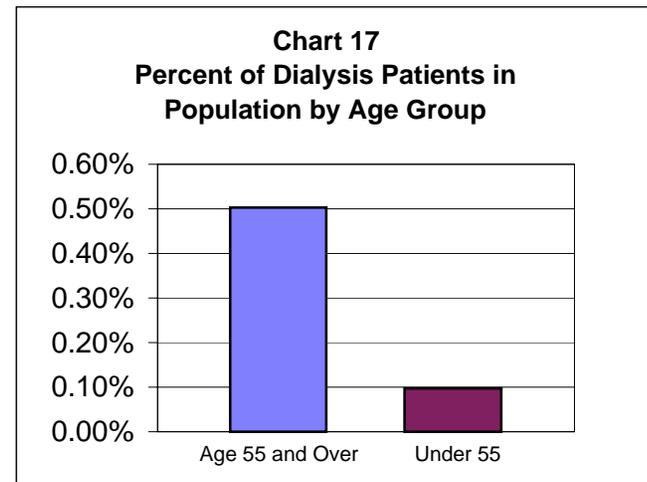
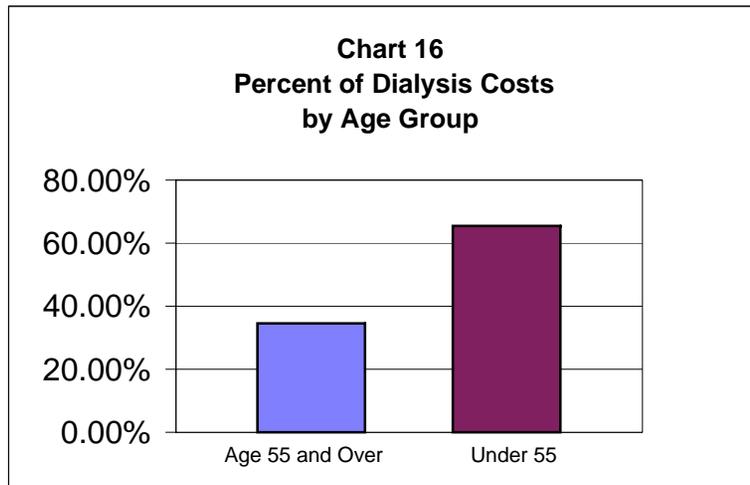


**Table 8**  
**Through FY 2010 4th Quarter**  
**Dialysis Costs by Age Grouping**

Age Group	Dialysis Costs	Percent of Costs	Average Population	Percent of Population	Avg Number of Dialysis Patients	Percent of Dialysis Patients in Population
Age 55 and Over	\$1,555,178	34.51%	11,803	7.81%	59	0.50%
Under Age 55	\$2,951,685	65.49%	139,421	92.19%	136	0.10%
<b>Total</b>	<b>\$4,506,863</b>	<b>100.00%</b>	<b>151,225</b>	<b>100.00%</b>	<b>196</b>	<b>0.13%</b>

**Projected Avg Cost Per Dialysis Patient Per Year:**

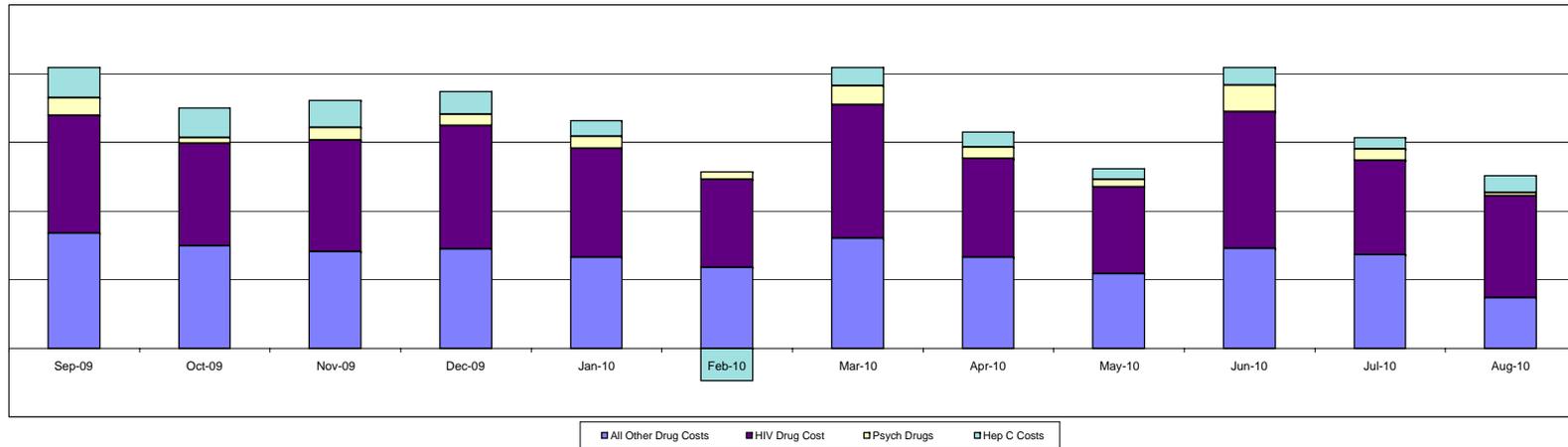
\$23,044



**Table 9  
Selected Drug Costs FY 2010**

Category	Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Total Year-to-Date
<b>Total Drug Costs</b>	\$4,090,594	\$3,497,612	\$3,608,385	\$3,740,760	\$3,312,646	\$2,081,172	\$4,087,014	\$3,145,983	\$2,612,968	\$4,088,908	\$3,068,928	\$2,512,517	\$39,847,487
<b>HIV Medications</b>													
HIV Drug Cost	\$1,714,275	\$1,488,935	\$1,622,836	\$1,801,578	\$1,582,347	\$1,279,081	\$1,944,359	\$1,439,386	\$1,258,336	\$1,988,516	\$1,368,650	\$1,486,310	\$18,974,609
HIV Percent of Cost	41.91%	42.57%	44.97%	48.16%	47.77%	61.46%	47.57%	45.75%	48.16%	48.63%	44.60%	59.16%	47.62%
<b>Psychiatric Medications</b>													
Psych Drug Cost	\$264,579	\$87,514	\$183,690	\$166,303	\$176,539	\$111,582	\$276,675	\$170,687	\$112,648	\$390,570	\$169,336	\$41,313	\$2,151,435
Psych Percent of Cost	6.47%	2.50%	5.09%	4.45%	5.33%	5.36%	6.77%	5.43%	4.31%	9.55%	5.52%	1.64%	5.40%
<b>Hepatitis C Medications</b>													
Hep C Drug Cost	\$442,260	\$431,934	\$395,049	\$334,527	\$228,631	-\$482,830	\$270,479	\$215,271	\$157,481	\$259,240	\$167,901	\$253,456	\$2,673,400
Hep C Percent of Cost	10.81%	12.35%	10.95%	8.94%	6.90%	-23.20%	6.62%	6.84%	6.03%	6.34%	5.47%	10.09%	6.71%
<b>All Other Drug Costs</b>	\$1,669,480	\$1,489,230	\$1,406,811	\$1,438,353	\$1,325,128	\$1,173,339	\$1,595,502	\$1,320,640	\$1,084,503	\$1,450,582	\$1,363,040	\$731,437	\$16,048,043

**Chart 18  
Drug Costs by Selected Categories**



**Table 10  
Ending Balances 4th Qtr FY 2010**

	Beginning Balance September 1, 2009	Net Activity FY 2010	Ending Balance August 31, 2010
CMHCC Operating Funds	\$27,819.97	\$61,444.65	\$89,264.62
CMHCC Medical Services	\$1,909.59	\$7,945.81	\$9,855.40
CMHCC Mental Health	\$343.06	\$1,198.06	\$1,541.12
<b>Ending Balance All Funds</b>	<b>\$30,072.62</b>	<b>\$70,588.52</b>	<b>\$100,661.14</b>

**SUPPORTING DETAIL**

<b>CMHCC Operating Account</b>	
Beginning Balance	\$27,819.97
<b>FY 2009 Funds Lapsed to State Treasury</b>	<b>(\$27,819.97)</b>
<b>Revenue Received</b>	
1st Qtr Payment	\$166,805.57
2nd Qtr Payment	\$164,972.85
3rd Qtr Payment	\$168,637.29
4th Qtr Payment	\$168,637.29
Interest Earned	\$51.05
<b>Subtotal Revenue</b>	<b>\$669,104.05</b>
<b>Expenses</b>	
Salary & Benefits	(\$508,687.28)
Operating Expenses	(\$71,152.15)
<b>Subtotal Expenses</b>	<b>(\$579,839.43)</b>
<b>Net Activity thru Year End</b>	<b>\$61,444.65</b>
<b>Total Fund Balance CMHCC Operating</b>	<b>\$89,264.62</b>

**SUPPORTING DETAIL**

<b>CMHCC Capitation Accounts</b>	<b>Medical Services</b>	<b>Mental Health</b>
Beginning Balance	\$1,909.59	\$343.06
<b>FY 2009 Funds Lapsed to State Treasury</b>	<b>(\$1,909.59)</b>	<b>(\$343.06)</b>
<b>Revenue Detail</b>		
1st Qtr Payment from TDCJ	\$105,791,835.84	\$10,314,542.59
2nd Qtr Payment from TDCJ	\$104,629,288.19	\$10,201,195.96
3rd Qtr Payment from TDCJ	\$106,954,383.48	\$10,427,890.23
4th Qtr Payment from TDCJ	\$106,954,383.48	\$10,427,890.23
Interest Earned	\$9,855.41	\$1,543.11
<b>Revenue Received</b>	<b>\$424,339,746.40</b>	<b>\$41,373,062.12</b>
<b>Payments to UTMB</b>		
1st Qtr Payment to UTMB	(\$84,264,018.94)	(\$7,001,906.99)
2nd Qtr Payment to UTMB	(\$83,338,040.71)	(\$6,924,962.96)
3rd Qtr Payment to UTMB	(\$85,189,997.17)	(\$7,078,852.53)
4th Qtr Payment to UTMB	(\$85,189,997.00)	(\$7,078,853.00)
<b>Subtotal UTMB Payments</b>	<b>(\$337,982,053.82)</b>	<b>(\$28,084,575.48)</b>
<b>Payments to TTUHSC</b>		
1st Qtr Payment to TTUHSC	(\$21,527,816.90)	(\$3,312,636.00)
2nd Qtr Payment to TTUHSC	(\$21,291,247.28)	(\$3,276,234.05)
3rd Qtr Payment to TTUHSC	(\$21,764,387.00)	(\$3,349,038.47)
4th Qtr Payment to TTUHSC	(\$21,764,387.00)	(\$3,349,037.00)
<b>Subtotal TTUHSC Payments</b>	<b>(\$86,347,838.18)</b>	<b>(\$13,286,945.52)</b>
<b>Total Payments Made thru this Qtr</b>	<b>(\$424,329,892.00)</b>	<b>(\$41,371,521.00)</b>
<b>Net Activity Through This Qtr</b>	<b>\$7,945.81</b>	<b>\$1,198.06</b>
<b>Total Fund Balance</b>	<b>\$9,855.40</b>	<b>\$1,541.12</b>