CORRECTIONAL MANAGED HEALTH CARE

COMMITTEE

AGENDA

September 19, 2012

9:00 a.m.

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

CORRECTIONAL MANAGED HEALTH CARE COMMITTEE
September 19, 2012
9:00 a.m.

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

I. Call to Order

II. Recognitions and Introductions

III. Approval Excused Absence

IV. Consent Items

1. Approval of Minutes, June 7, 2012

2. TDCJ Health Services Monitoring Reports - Operational Review Summary Data
   - Grievance and Patient Liaison Statistics
   - Preventive Medicine Statistics
   - Utilization Review Monitoring
   - Capital Assets Monitoring
   - Accreditation Activity Summary
   - Active Biomedical Research Project Listing
   - Administrative Segregation Mental Health Monitoring

3. University Medical Director's Report
   - The University of Texas Medical Branch
   - Texas Tech University Health Sciences Center

4. Summary of CMHCC Joint Committee / Work Group Activities

V. Executive Director's Report

VI. Financial Reports
1. FY 2012 Third Quarter Financial Report
2. Financial Monitoring Update

EACH ITEM ABOVE INCLUDES DISCUSSION AND ACTION AS NECESSARY

VII. Summary of Critical Correctional Health Care Personnel Vacancies

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

VIII. Medical Directors' Updates

1. Texas Department of Criminal Justice
   - Health Services Division FY2012 Third Quarter Report
2. Texas Tech University Health Sciences Center
3. The University of Texas Medical Branch

IX. CMHCC FY 2012 Third Quarter Performance Status Report

X. Public Comments

XI. Date / Location of Next CMHCC Meeting

XII. Adjourn

EACH ITEM ABOVE INCLUDES DISCUSSION AND ACTION AS NECESSARY

Consent Item 1

Approval of Minutes, June 7, 2012

CORRECTIONAL MANAGED HEALTH CARE COMMITTEE

June 7, 2012

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

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

CMHCC Members Absent: Ben G. Raimer, M.D., Billy Millwee

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

Others Present:

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

Agenda Topic / Presenter	Presentation	Discussion	Action
I. Call to Order **- Margarita de la Garza-Grahm**	Dr. de la Garza-Grahm called the CMHCC meeting to order at 9:20 a.m. then noted that a quorum was present and the meeting would be conducted in accordance with Chapter 551 of the Texas Government Code, the Open Meetings Act.		
II. Recognitions and Introductions **- Margarita de la Garza-Grahm**	Dr. de la Garza-Grahm thanked everyone for being in attendance and asked everyone to introduce themselves for the record. I wanted to point out Dr. Harold Berenzweig who is the newest member appointed by the Governor.		
III. Approval of Excused Absence **- Margarita de la Garza-Grahm**	Dr. Linthicum and Billy Millwee were absent from our March 19th meeting. Dr. de la Garza-Grahm stated next on the agenda is the approval of the Minutes from the meeting held on March 19, 2012: TDCJ Health Services Monitoring Report; both UTMB and TTUHSC Medical Director's Report; and the Summary of Joint Committee Activities. She then asked the members if they had any specific consent items(s) to pull out for separate discussion.	Dr. Jumper noted that on page 64 the TTUHSC Medical Director's Report it should be the 2nd Qtr and not the 1st Qtr.	Dr. Linthicum moved to approve the excused absences and Dr. Jumper seconded the motion.

Agenda Topic / Presenter	Presentation	Discussion	Action
IV. Approval of Consent Items **- Margarita de la Garza-Grahm**	Hearing no further comments, Dr. de la Garza-Grahm stated that she would now entertain a motion on approving the consent items.	Dr. Williams also noted that on page 76 that Dr. Glenda Adams was chair of the Joint Mortality and Morbidity committee and Dr. Williams was co-chair.	Both corrections were so noted and would be corrected. Dr. Linthicum moved to approve the consent items as presented at Tab A of the agenda booklet. Dr. Cynthia Jumper seconded the motion. The motion passed by unanimous vote.
V. Executive Director's Report **- Allen Hightower**	Dr. de la Garza-Grahm then called on Mr. Hightower to provide the Executive Director's report. I won't take up any more time than I have to. Everybody has taken the opportunity to review the Sunset Recommendations to the Legislature. I testified Tuesday before the Sunset Commission after visiting with the universities in regard to their response o tome of the changes that were made to include the makeup of the committee the universities will visit with the Legislature and the Sunset Commission as their universities wish to do. I made the comment before the House Committee that we had not had a formal board meeting since the final document had come out and therefore the committee had not been able to take a side by side by side stances on these issues but the committee and its staff are more than willing to assist the universities or to transport to the Sunset Commission wishes of the universities in regard to any of the issues in the Sunset Recommendation. What I call the interval part which is a big move, which makes the CMHCC an Advisory Committee to the TDCJ Board in name does caveat the ability of the committee that being us, being you board members to write, approve, alter the offender health care plan and adopt that plan without taking it to the TDCJ board for approval. Also, the committee should provide expertise and develop any associated policies and procedures to further		

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V. Executive Director's Report	implement the plans, directives and allow the committee to continue to keep its sub-committees with the universities in place for those purposes. The one thing that I talked about probably the only thing I talked about in that committee was to challenge the, not that someone in my position would challenges the Legislature I don't mean it to come out that way. The issue of the litigation shield that this committee has provided and done an excellent job of providing for the State of Texas in regard to what we always talk about in a friendly conversation with TDCJ is that we don't allow correctional people to make medical decisions and medical people to make correctional decisions often we have bad outcome of those issues. And I brought that to the attention of the members of the commission which I had already talked to about. I have met with the Attorney Generals trial lawyers to the extent I have asked the members of the Sunset Committee which is Rep. Bonham from Angleton who is the Chair, Dr. Nichols Vice-Chair to please, please, please sit down and have a long serious conversation with the AG lawyers in regard to the structural change that has been made does it weaken the states position in federal court against litigation before they move forward with combining what they recommended in this document. As I said, all of us have read it their changes to the committee talk about not talk about it gives TDCJ more authority and more leeway to do more contracting with different vendors. I did write as a response to the fiscal implications of the Sunset Commission and in good faith they had just taken 1st Qtr and 2nd Qtr and multiplied it by two and came up with the cost of the committee. For your information we did not request since Mr. McNutt retired in August and since we did not know whether or not we were going to do the study that the legislature had asked us to do. We had asked for a certain amount of money in our budget along with enough monies for the same budget that we ask for with fewer duties. As your staff we saw in May that we had enough money in our account not to request a 4th Qtr payment from TDCJ. Therefore it reduced the estimated savings that the commission made from $556,000 to somewhere around $330 to $340 thousand is the actual cost to the general revenue for this committee to exist and		

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V. Executive Director's Report (Cont'd)	for this committee to continue its work. Madam Chairman I'm willing to answer any questions that anyone might have in regard to the Sunset Commissions request or the Legislative Response. I didn't intend to go any deeper into this unless the membership wanted to at this meeting. Mr. Hightower added that he had not talked to Dr. Nichols since the final report came out, but he has talked to Rep. Bonnen.	Dr. de la Garza-Grahm asked what their feelings up to this point were. Mr. Hightower responded with, I think their feeling are that this is an issue that they have not really gotten into before and as I said, I have talked to Sen. Whitmire and Rep. Dutton. I served with all three of the others. Sen. Nichols came along after I did and Sen. Whitmire was there during all the reform and during all of the majority of the Ruiz lawsuit. I have read the California lawsuit and there a many similarities in California being put in receivership in their health care delivery and what Texas was placed in their receivership for its medical issues. I wanted to remind the committee with this committees support would like to continue to talk with the members of the Legislature in making sure in the attempt to save $340 or $350 thousand dollars a year we don't create more liability at the federal court level for the State of Texas. The shield that was put in place by the initiation of this committee along with saving the state money and along with providing the constitution in the level of health care. That shield has worked well for the whole tenure of this committee, the shield is for the Board of Criminal Justice, it's not just necessarily its more easy to testify about treatments, inmate health services plan when it comes from a physician dominated license practitioner recommendation before	

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V. Executive Director's Report (Cont'd)		federal court than from people that are not that don't have that expertise. And my long time interest in this is that and I even said this even though I have been voted off the island and if this is best for the State of Texas that this change be made it would be my request that you would at length talk to not only the Attorney General but more specially to the trial lawyers that have to try these cases in court to make sure that a movement to save $340 thousand dollars does not put the State of Texas in more litigation situation. Dr. de la Garza-Grahm asked if he had an idea when we were going to hear from them. Mr. Hightower responded that it would be a long drawn out process. They have at least 20 other state agencies that are under Sunset now. The work now is for universities, the committee and TDCJ to work with the Legislature and Legislative leadership because the Sunset Commission now has made their recommendations in the form of a bill. The Legislature will take that bill just like they would any other bill and work its way thru the House, it has to work its way thru the Senate it has to be signed or not signed by the Governor for a period of time to go into law. This will be a long drawn out process before it is	
VI. Performance and Financial Status Report **- Lynn Webb**	Dr. de la Garza-Grahm thanked Mr. Hightower for the report and asked if there were any questions. Mr. Webb will now present the financial report. Mr. Webb began with as kind of a follow-up to Mr. Hightower I thought I would go ahead to let the committee know also when Sunset was visiting with us and when they had come out with their recommendation they had sat down with us in our area. I actually indicated to them as far as my rule, I was very comfortable with the idea since TDCJ right now receives all the legislative funding and because it's all in one pile.		

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VI. Performance and Financial Status Report (Cont'd)	It makes sense to get some economies to scale. TDCJ has a very large auditing division which can handle the auditing functions which I essentially do and also they have a very sophisticated roll up in tracking their financials as which I think they get some economies to scale on that. Then as far as the statistical data and all the other data that we track. I indicated to them that I will be willing to help transition very smoothly this process into TDCJ. This financial summary report will cover all data for the 2nd Quarter FY 2012 ending February 29, 2012. This report is found in your packet at Tab C. Population Indicators on pages 90 and 91 as represented on (Table 2 and page 90), the average daily offender population has increased slightly to 152,924 for the Second Quarter Fiscal Year 2012. Through this same quarter a year ago (FY 2011), the daily population was 152,655, an increase of 269 or (0.17%). Consistent with trends over the last several years, the number of offenders in the service population aged 55 or older has continued to rise at a faster rate than the overall offender population to 13,534 as of 2nd Quarter FY 2012. This is an increase of 961 or about 7.6% from 12,573 as compared to this same second quarter a year ago. Hospital Inpatient Census is a new statistical indicator established to reflect the health care dollars spent in the C.1.8 Strategy "Hospital and Clinic Costs". The hospital inpatient average daily census (ADC) served through the second quarter of FY 2012 was 204 inmates for both the Texas Tech and UTMB Sectors. Outpatient Clinic and ER Visits is another new statistical indicator established to reflect the health care dollars spent in the C.1.8 Strategy "Hospital and Clinic Costs". The medical outpatient clinic and ER visits served through the second quarter of FY 2012 was 3,252 for both the Texas Tech and UTMB Sectors.		

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VI. Performance and Financial Status Report (Cont'd)	The overall HIV+ population has remained relatively stable throughout the last few years at 2,319 through 2nd Quarter FY 2012 (or about 1.52% of the population served). The two mental health caseload measures have remained relatively stable: 1). The average number of psychiatric inpatients within the system was 1,817 through the Second Quarter of FY 2012. This inpatient caseload is limited by the number of available inpatient beds in the system. 2). Through the Second Quarter of FY 2012, the average number of mental health outpatient visits was 18,136 representing 11.9% of the service population. Health Care Costs (Table 3 and page 92, 93 and 94) Overall health costs through the Second Quarter of FY 2012 totaled $244.3M. On a combined basis, this expense amount is more than overall revenues earned by the university providers by approximately $7.5M. UTMB's total revenue through the second quarter was $188.1M; expenditures totaled $196.3M, resulting in a net shortfall of $8.2M. Texas Tech's total revenue through the second quarter was $48.7M; expenditures totaled $48.0M, resulting in a net gain of $722K. Examining the healthcare costs in further detail on (Table 4 of page 95) indicates that of the $244.3M in expenses reported through the Second Quarter of FY 2012: Onsite services comprised $111.4M, or about 45.6% of expenses: Pharmacy services totaled $27.1M, about 11.1% of total expenses: Offsite services accounted for $78.6M or 32.1% of total expenses: Mental health services totaled $20.4M or 8.4% of the total costs: and Indirect support expenses accounted for $6.8M, about 2.8% of the total costs.		

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VI. Performance and Financial Status Report (Cont'd)	Table 5 and page 97 shows that the total cost per offender per day for all health care services statewide through the Second Quarter FY 2012, was $8.78, compared to $9.65 through the Second Quarter of the FY 2011. This is a reduction of 9.0% in costs year over year from the previous fiscal year. The average cost per offender per day for the last four fiscal years was $9.44. As a point of reference healthcare costs was $7.64 per day in FY03. This would equate to a 14.9% increase since FY03 or approximately 1.7% increase per year average, well below the national average. Aging Offenders Older offenders access the health care delivery system at a much higher acuity and frequency than younger offenders: Table 6 and page 98 shows that encounter data through the 2nd Quarter indicates that older offenders had a documented encounter with medical staff 1.2 times as often as younger offenders. Table 7 and page 99 indicates that hospital and outpatient clinic costs received to date this Fiscal Year for older offenders averaged approximately $1,802 per offender vs. $285 for younger offenders. Regarding hospitalization and specialty clinic costs shown in Chart 12, the older offenders were utilizing health care resources at a rate of 6.3 times higher than the younger offenders. While comprising only about 8.8% of the overall service population, older offenders account for 38.1% of the hospitalization and outpatient clinic costs received to date. Also, per Table 8 and page 100, older offenders are represented 4.8 times more often in the dialysis population than younger offenders. Dialysis costs continue to be significant, averaging about $20.2K per patient per year. Providing dialysis treatment for an average of 220 patients through the Second Quarter of FY 2012 cost $2.2M. On Drug Costs please note that Table 9 and page 101 shows that total drug costs through the 2nd Quarter FY		

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VI. Performance and Financial Status Report (Cont'd)	2012 totaled $21.3M. Of this, $9.9M (or under $1.7M per month) was for HIV medication costs, which was about 46.9% of the total drug cost. Psychiatric drugs costs were approximately $1.2M, or about 5.6% of overall drug costs. Hepatitis C drug costs were $1.6M and represented about 7.7% of the total drug cost. Reporting of Reserves: It is a legislative requirement that both UTMB and Texas Tech are required to report if they hold any monies in reserve for correctional managed health care. UTMB reports that they hold 6.2 Million Dollars in such reserves which is left over from FY 2011 SAR, and report a total operating loss of $8.2M through the end of the 2nd Quarter of Fiscal Year 2012. Texas Tech reports that they hold no such reserves and report a total operating gain of $721,986 through the 2nd Quarter FY 2012. A summary analysis of the ending balances of revenue and payments through February 29th FY 2012, on (Table 10 and page 102) for all CMHCC accounts are included in this report. The summary indicates that the net unencumbered balance on all CMHCC accounts on February 29, 2012 is $105,303.10. This excess amount is due to the un-filled position of Assistant Executive Director when Mr. David McNutt when he retired. On financial monitoring detailed transaction level data from both providers is being tested on a monthly basis to verify reasonableness, accuracy, and compliance with policies and procedures. The testing of detail transactions performed on TTUHSC's financial information for December 2011 through February 2012 found all tested transactions to be verified with appropriate backup documentation. The testing of detail transactions performed on UTMB's financial information for December 2011 through		

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VI. Performance and Financial Status Report (cont'd)	February 2012 found all tested transactions to be verified with appropriate back-up documentation, except for two transactions with no back-up in January 2012 and one transaction in February 2012 with no back-up documentation. That concludes my report Dr. de la Garza-Grahm. Dr. de la Garza-Grahm asked if there were any questions for Mr. Webb.	Dr. Deshields had a question about page 85, under aging offenders, second bullet point where it says encounter data through the second quarter of FY2012 indicates that offenders aged 55 and over had a documented encounter with medical staff a little more than one time as often as those under age 55. Is that correct? Mr. Webb I'm glad you brought that to our attention because typically I've reported that previously in the range of about 5 and that is a perfect kind of segway into some changes it was determined. Mr. Alderman apparently they were tracking TTUHSC in with the UTMB data and so for quite a few years that has been an incorrect number. Dr. Linthicum asked how they were able to track Texas Tech encounter data. Mr. Webb apparently they have a program and looked at it closely enough. Dr. Linthicum said thru the EMR? Dr. Murray added that it all centralizes in that EMR. Mr. Webb added it pulled the data and so now I have to report it, obviously it's something that is a cliché and I report numbers I'm given. Sorry they have been incorrect for quite a while. Dr. Linthicum added some of the reduction is probably due to the health services fee because we have seen reductions across the board and that was implemented in September.	

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VII. Medical Director's Updates - Critical Vacancies - **Lannette Linthicum, M.D. (TDCJ)**	Dr. de la Garza-Grahm then called upon Dr. Linthicum to report TDCJ's critical vacancies. Dr. Linthicum began with that TDCJ had three vacancies, Chief Public Health Officer, which is a Physicians position and has been vacant for some time and what we have done to litigate that is we placed a Registered Nurse in charge of that department who has a background in infection control and we are were using one of our physicians who is also a infectious disease specialist for the clinical consultation in that office until such time that we are able to recruit and obtain a public health officer. Our Director of the Office of Mental Health Monitoring & Liaison, Dr. Montrose who is a PHD, Psychologist retired last month, and we have another position in that office which is an Associate Psychologist. We are taking the opportunity with these vacancies to look at the entire office and maybe do some reengineering. Dr. de la Garza-Grahm asked if there were any questions and then called on Dr. Murray to present UTMB's position vacancies. Dr. Murray began with actually our mix is about two to one mid level providers. We struggle in both categories right now just because we have had no opportunities to expand current salaries with what we can offer. At least on our list again we have the general vacancies and mid level psychiatrists. The one specific vacancy I've spoke about before is our Clinical Director Virology that is Dr. Kahn to start June 25, she will be full time we will have her up to meet the health services staff and Dr. Linthicum to be indoctrinated into the system and we're very happy to have her. She's from Cook County and she will actually work out very very well.	Dr. de la Garza-Grahm added that looking back at the personnel, could we look at the physician assistants to place in some of these slots. Dr. Linthicum answered these positions that I have are all administrative. I know both universities on the unit use employee mid providers, physician assistants and advanced nurse practitioners.	
- **Owen Murray, D.O. (UTMB)**			

Agenda Topic / Presenter	Presentation	Discussion	Action
VII. Medical Director's Updates - Critical Vacancies		Dr. Linthicum responded with Cook County, Illinois. Dr. Murray said yes. Dr. Linthicum added Cook County Jail, so she has correctional experience. Dr. Murray added that he really didn't know, but I think she trained at the county and that's the extent but typically most county residents have jail experience anyway. More on the professional side.	
- **Denise DeShields, M.D. (TTUHSC)**	Dr. DeShields began with Texas Tech again we are reporting the PAMIO Medical Director vacancy which has been prolonged for the last three years. We are still continuing to canvas several search engines. We have been approaching some psychiatric geo med programs see if we can encourage someone to apply for this position. In the meantime we have been utilizing locum to cover that vacancy when that is available and also increased telemedicine coverage. We have recently met with the Department of Psychiatry at Tech to provide some additional telemedicine and they unfortunately however are two psychiatrists down themselves and won't be able to probably help us until the end of 2012. We also have had one psychiatry vacancy at the Allred Unit which we are currently in the process of recruiting as well. And those are all our critical vacancies we have at Texas Tech.		
VIII. Medical Director's Updates (Cont'd.) - **Lannette Linthicum, M.D. (TDCJ)** - **Operational Review Audit**	Dr. de la Garza-Grahm thanked Dr. DeShields and then called on Dr. Linthicum for the TDCJ Health Services Medical Directors' Review. Dr. Linthicum began with report on page 105 under Tab E of the agenda packet. During the 2nd quarter of FY 2012, Dr. Linthicum reported that eight operational review audits were conducted at the Beto, Dawson State Jail, Dominquez State Jail, East Texas Treatment, Estelle, Ney State Jail, Stiles, and Torres. Also during the 2nd quarter at the second bullet with 13 ORA's were closed for the following facilities: Daniel, Dominquez, Ellis, Formby State jail, Glossbrenner, McConnell, Montford,		

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VIII. Medical Director's Updates (Cont'd.)	Murray, Ramsey, Rudd, Smith, Stringfellow, and Wheeler. The 10 most found items out of compliance during those eight ORA's conducted being interpreter services for monolingual Spanish-speaking offenders, and all eight facilities were not in compliance with this requirement. The next area were the Hemoccult cards were collected offenders 40 years of age or greater, Within 60 days of their annual date of incarceration. This is a preventive measure that we do to monitor for fecal cult blood for colon cancer.	Dr. de la Garza-Grahm asked at what age. Dr. Linthicum responded from offenders 40 years of age or greater. We use the United States Public Health Services guide line that they publish annually. Dr. de la Garza-Grahm said we don't do that in the private sector. Dr. Linthicum answered that it's really an issue for us of doing colonoscopies or us doing fecal cult blood, and due to our fiscal conditions, this is a less costly mechanism for us to do. The United States Public Health Services Agency publishes guidelines all these preventive measures. All these things we do in terms of prevention are patterned after their guidelines. So again and for the benefit of Dr. Berenzweig, we underwent some reductions and now our funding across all those strategies, unit, hospital, pharmacy strategies. As a result of the funding reductions, we were forced to do a reduction in force of lying off a lot of key health care staff last FY2011 in July it happen. And then we have had previous reduction in force in July of 2010. And then in 2003 we lost over 500 FTE's, so if you look at it in total we've lost more than a 1,000 FTE's out of our health care operations over the unit levels. I think it's starting to show up as we are having some significant struggles in trying to in this	

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VIII. Medical Director's Updates (Cont'd.)	Dr. Linthicum continued with number three having to do with Hepatitis C. We have two policies that the committee is iatrical in deciding how we treat. One is Hepatitis C and the other one is HIV. Those policies are brought before the committee for approval and adoption. There are joint working groups that work on these policies under the committee's umbrella and the chairman is involved in appointing the members of those committees. In item 5.250 our current Hepatitis C policy we require an initial evaluation of offenders be completed by a provider either a physician or mid-level provider and we unfortunately on this round of audits I see that this was occurring and again I relate a lot of this back to the reduction in force. Item 6.360 is that those people who are when the decision is made for treatment for Hepatitis C it requires the provider to document if treatment for Hepatitis C is determined not to be implicated. So once they have been diagnosed they are not ready for treatment and they have to document it in their electronic medical record why. And again we didn't see adequate compliance on that.	compliance monitoring trying to stay in compliant with our policies and procedures. And all of our facilities are accredited by the American Correctional Association. There are two national organizations that are correctional health care facilities one is the American Correctional Association, the other is the National Commission for Correctional Health Care and both organizations follow the national standards. At one time we were accredited by the National Commission for Correctional Health Care and when TDCJ moved to accredit the entire unit then the health care portion of accreditation had to be done by the American Correctional Association. So all of these questions that are listed here are part of the operational review and they correlate back to a standard of ACA.	

Agenda Topic / Presenter	Presentation	Discussion	Action
VIII. Medical Director's Updates (Cont'd.)	Getting back to item 5.210 our preventive annual physical exam for offenders 50 years of age or greater again to be documented in the electronic medical record within 30 days of their annual date of incarceration. Seven of the eight facilities were not in compliance. Next item 6.350 again deals with Hepatitis C Virus infected patients with AST Platelet Ratio Index (APRI) index which is a laboratory test and if the score greater than 0.42 or with abnormal liver function either the Prothrombin Time, Total Bilirubin, or Albumin and they do not have a documented contraindication for antiviral therapy they are suppose to be referred to a specialist at that point so that their treatment plans can be developed. Only Seven of the eight facilities were not in compliance. Item 6.380 deals with the pheumococcal vaccine are offered to offenders with certain chronic diseases and conditions, and all offenders 65 of age or older. Seven of the eight facilities were not in compliance. Item 6.450 is follow-up monitoring of serologies for Syphilis. Seven of the eight facilities were not in compliance in terms of their monitoring and follow up of treatment of Syphilis. Item 5.090 requires that nursing staff make daily rounds on offenders who are in segregation those are offenders who are locked down 23 out of 24 hours and that get one hour out for recreation. If they are in disciplinary segregation or solitary they do not get that one hr. The ACA standard which is a mandatory standard requires that look at these offenders everyday and make sure that they are doing ok in this environment and be documented on Flow Sheet (HSN-46). Six of the eight facilities were not in compliance. Item 5.150 requires all intra within the TDCJ system medical transfers that are coming back to a facility either from a free world hospital, free world diagnostic procedure or physician visit or whatever but when they come back a physicians or mid-level providers review		

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VIII. Medical Director's Updates (Cont'd.)	and sign the Nursing Incoming Chair Review (HSN-1) within 48 hours for returning offenders who had changes in medication orders, treatment plan, housing assignments or disciplinary restrictions and this is a continuity of care measure. Six of the eight facilities were not in compliance. So overall in terms of the compliance monitoring I think what we're seeing is that the units are struggling due to the sequential reductions of forces. They are many, many task to be done and what they are trying to do is focus on the resources they have in providing direct care. I'm hopeful that a lot of this care is being done but not being documented as well as it has in the past because of the fact that a lot of the support staff were taken out of the units. For example, nurses instead of just doing nursing now are doing all the support functions and nursing together. We lost our assistant unit health administrators, our medication aides, our patient care technicians and all of these allie health care staff that supported the daily operations at the unit level was lost thru the reductions in forces and budgetary problems that we face. So you have clinical staff now instead of being totally devoted to direct care, they are having to divide that function and I think if comes down to it a nurse will deliver rather than worry about catching up with the paper work later. We got a lot of our colleagues here, our nursing director for UTMB, that Dr. Berenzweig needs to be introduced to, Owen will you introduce your staff. Steve Smock, UTMB, Associate VP for Outpatient Services Gary Eubank, UTMB, Chief Nursing Officer Kelley Coates, UTMB, Director of Clinical Support Services Anthony Williams, UTMB, Associate VP for Inpatient Services Dr. Robert Williams, TDCJ, Deputy Director for Health Services George Crippen, RN, TDCJ, Chief Nursing Officer Dr. Kathryn Buskirk, TDCJ, Director of Quality Monitoring & Compliance Ron Steffa, TDCJ, Deputy Chief Financial Officer		

Agenda Topic / Presenter	Presentation	Discussion	Action
VIII. Medical Director's Updates (Cont'd.) **- Capital Assets Monitoring**	Dr. Linthicum continued that the Capital Assets Monitoring ….	Dr. Berenzweiz asked if he could interrupt since you have given him some administrative information I have a couple of questions. So we went back three years or so for the last two RIFs and the compliance report was significantly different. Dr. Linthicum responded that yes it was a lot better. Dr. Berenzweig added the other question which I guess would be premature since the compliance has just taken a nose dive. Have you seen any changes in the medical condition of the inmates now? The inferences that's being done and not documented. That is just a concern of mine certainly with the infectious diseases that in fact the state would have shot it self in the foot and the cost would go up because the infectious diseases either progressed untreated now that we have treatments to keep from spreading in the inmate population. Dr. Linthicum added that our TB case rates were on the rise. In fact the Department of State Health Services has gotten intrically involved in our units and the TB Elimination Division. I will let Dr. Williams tell you about a strand of TB that is only in the State of Texas that they sort of localized to our prison system. Dr. Williams began with this is identified as a specific genie type to date within the United States that exists only in Texas. There are 26 cases, 25 of those 26 cases have a history of incarceration, and 21 of the 26 cases have a history of incarceration within TDCJ. There were not all diagnosed in TDCJ and we do not know for sure where they were exposed. The one key component of this information that is	

Agenda Topic / Presenter	Presentation	Discussion	Action
VIII. Medical Director's Updates (Cont'd.)		missing at this time is that from the sources that they were not from TDCJ but were from Fort Bend and Harris Counties. So we are talking about a specific area within Texas. And then our offenders once they are in the system they may be at any different units, but the country south of the United States are not doing genie typing. So right now that genotype only exists in Texas and more predominately in Harris county and then commuting into our system. I really suspect that when we have more genia typing information ultimately it's going to lead from south of the border. Because we don't have that information right now, we are setting up to conduct a field investigation and where we can get a little more detail in trying to figure out what the relationships and where people were exposed. Our initial data we had two to three cases at the same unit, so you think there must be a link. But if you look at temp they were not at the unit at the same time. It's separated by even periods of years. So there was no obvious link, now we are going into a little more detail and trying to see if there are any links. The really confusing thing is within the United States 25 out of 26 have some link to incarceration. Dr. Linthicum added that the United States for Disease Control are involved and want to get involved and we need to let Dr. DeShields and UTMB know of this. Further discussions between, Dr. Linthicum, Dr. de la Garza-Grahm, and Mr. Hightower. Dr. Linthicum also added and informed Dr. Berenzweig that several years ago we did a seroprevalence study with our State Health Department with DISHES and we found that 30% of the incoming offender population had Hep C positive. So our total population is	

Agenda Topic / Presenter	Presentation	Discussion	Action
VIII. Medical Director's Updates (Cont'd.)		around is 156,000 so we have a lot of Hep C on hand. In fact when you look at our Mortality data second behind chronical vascular related deaths is cancer. And the largest numbers of cancer related deaths are now hepatocellular carcinoma. Probably greater than 90% of offender population has substance abuse history, so a lot intravenous abuse is contributing factors.	
- Grievances and Patient Liaison	Dr. Linthicum continued with her report in stating that she has in her office an office called the Office of Professional Standards and there are two programs in that office they have Offender Grievance Program and Patient Liaison. The Patient Liaison Program really functions like an ombudsmen for health care we take third party complaints from anybody about health care. Inmate families, legislators, governor's office, federal officials, lawyers, representatives, senators, just anybody can write into that program if they have a complaint and of course we get the necessary information and answer their complaints. So during the second quarter of FY2012, the Patient Liaison Program and the Step II grievance Program together received 3,963 correspondences. The Patient Liaison Program received 1,882 correspondences and Step II Grievance program received 2,081 grievances. As a result of us investigating there were 263 Action Requests generated. UTMB and Texas Tech combined had a sustained percentage of offender grievances that was at 6%. Performance expectation is 6% and for UTMB separate their percentage was 1.07 and Texas Tech was 3%.	Dr. Berenzweig thanked Dr. Linthicum. Sorry for the interruption.	
- Quality Improvement (QI) Access to Care Audits	We also have under the umbrella of the committee the Quality Improvement and the Quality Management Program. It is organized into a central System Leadership Council and at the unit level we have the Facility Leadership Councils. Within my office are auditors that go out and verify sick call requests, which		

Agenda Topic / Presenter	Presentation	Discussion	Action
VIII. Medical Director's Updates (Cont'd.)	is a mechanism for us to ensure access to care? In the Correctional Managed Health Care Statue 501.150 specifies what responsibilities are the departments and what the responsibilities are the university providers. TDCJ is the department and we're responsible for ensuring access to care, conducting operational review audits, investigating medical grievances, and monitoring quality of care. So one of the ways that we ensure access to care is thru this sick call verification audit. Units that have scored 80 percent or above in each discipline, which we look at medical, dental, mental health and nursing, we've agreed they will be audited one time per fiscal year. So our threshold is 80 percent. Those that have less than 80 percent in a discipline(s) or less than a two year history of scores will be audited quarterly. So during the second quarter they performed 44 audits on 44 facilities. At some units have multiple areas, they have a general population, then they have what we call Expansion Cell Block or high security which is where all the administrative segregation is and which we'll do a separate audit. So the result of that was a total of 279 indicators were reviewed at the 44 facilities and 21 of the indicators fell below the 80 percent compliance threshold representing seven percent. So then corrective action is requested from these facilities and that will be reported back. Dr. Buskirk who just introduced herself as our Director of Compliance and Quality Monitoring is an MD and she does all of the quality audits centrally utilizing the electronic medical records. And during this quarter she looked at how we're managing Hyperlipidemia across the system. She reviewed a total of 1,273 charts, 1,012 from the UTMB sector and 261 from TTUHSC sector. On page 109 is an outline of the questions used in the Hyperlipidemia audit, and the results and I won't take the time to go over all of that. But overall I think we did fairly well actually more than fairly well.		
- Office of Public Health	The Office of Public Health where we have a physician vacancy and we have an infectious disease doctor filling in. The Public Health program monitors		

Agenda Topic / Presenter	Presentation	Discussion	Action
VIII. Medical Director's Updates (Cont'd.)	cases of infectious diseases in newly incarcerated offenders as well as new cases that occur in the on hand offenders within TDCJ population. The data is reported by the facilities for 11 infectious conditions including Syphilis, Hepatitis C Virus (HCV), Human Immunodeficiency Virus (HIV), and Tuberculosis (TB) as well as the data for occupational exposures to bloodborne pathogens. There were 657 cases of Hepatitis C identified for the Second Quarter FY2012, compared to 706 cases identified during the same quarter last year. The HIV tests were changed effective February 1, 2010. HIV tests are now to be classified as belonging to one of four categories: intake, offender-requested, provider-requested, or pre-release. HIV test became mandatory at intake in July 2007. However, offenders who are already known to be HIV positive are not required to be retested at intake. Instead, they are offered laboratory testing to assess the severity of their infections. HIV testing became mandatory for pre-release in September 2005 (HB43). During the Second Quarter FY2012, 21,075 offenders had intake tests, and 135 are newly identified as having HIV infections. During the Second Quarter FY2012, 17,702 offenders had pre-release tests; 4 were HIV positive. 15 new AIDS cases were identified during the Second Quarter FY2012. We had 195 cases of Syphilis reported during the quarter, 213 Methicillin-Resistant Staphylococcus Aureus cases, and 15 active Tuberculosis cases under management for the Second Quarter. Also we have in the Office of Public Health a SANE Registered Nurse (Sexual Assault Nurse Examiner). All correctional facilities in the United States (i.e., prisons, jails, juvenile and community corrections facilities) must comply with the Prison Rape Elimination Act (PREA). The United States Attorney General last month approved the standards that were promulgated by the PREA Commission and signed them into law. The American Correctional Association (ACA) will be addressing the PREA standards at the July Congress of Corrections Standards Committee in Denver. Correctional facilities that do not comply with these standards will lose all federal funding.		

Agenda Topic / Presenter	Presentation	Discussion	Action
VIII. Medical Director's Updates (Cont'd.)	So we are going to have a lot of work to do. There a lot of medical and mental health standards that has been passed under this statue. So we'll be pairing behind what ACA adopts and we'll have to develop policies and procedures and monitoring mechanisms. Dr. Linthicum went on to add that we employee in TDCJ a SANE nurse. This position collaborates on the security side with the Safe Prisons Program and our nurses are actually trained and certified as a SANE nurse by the United States Attorney General's Office. And she reviews all allegations of sexual assaults. And in this second quarter she conducted 9 educational in-service programs that are held for 63 medical staff. In fact under the new standards all medical staff on every unit will have to be trained yearly on these standards. This position also audits all the documentation and services provided by medical staff for each sexual assault reported. There were 179 charts reviewed of alleged sexual assaults with one deficiency and a corrective action plan was requested. There were 31 bloodborne exposed victims and there were zero seroconversions as a result of sexual assault. We have a Peer Education program that has gotten national recognition. Many states have pattern behind our peer education program here in Texas. 98 of the 111 facilities have the Peer education program. During the second quarter health educators trained 212 offenders. This is an increase from the same quarter of FY2011. During the same quarter of this year, 16,813 offenders attended classes presented by peer educators. This is a slight decrease from last year.		
- Mortality and Morbidity	We have a Joint Mortality and Morbidity Committee under the umbrella of the Correctional Managed Health Care Committee there's several joint committees. One is the Mortality & Morbidity Committee, the Joint Pharmacy & Therapeutics Committee, the Joint Infection Control Committee and Joint Peer Review Committees all of these function under the umbrella of the CMHCC. The Mortality and Morbidity committee is composed of		

Agenda Topic / Presenter	Presentation	Discussion	Action
VIII. Medical Director's Updates (Cont'd.)	physicians and doctors from UTMB, Texas Tech and from my staff TDCJ. They look at all the deaths during the quarter and there were 107 deaths reviewed and of those 87 deaths, 12 were referred to peer review committees as this chart on page 111 outlines.		
- Mental Health Services Monitoring and Liaison	The Office of Mental Health Services Monitoring and Liaison is our office that does primarily continuity of care for offenders coming into our system from the counties that have mental health illness history. As Lynn reported we have over 18,000 offenders on outpatient caseload, we have 2,000 inpatient psychiatric beds, we have 800 developmental disabled males, and 100 developmental disabled females mentally retarded. We have substance abuse felony punishment facilities where offenders are directly sentenced into these in-prison therapeutic communities by district judges and we have special needs ones where they are dual diagnose with mental health and substance abuse issues. So this office of mental health monitoring liaison they looked at 602 offenders that were identified as having a documented history of mental illness when they came to our facility. We also have a master's level psychologist and his job is to go to every administrative segregation unit because of the environment these offenders are on lock down 23 out of 24 hrs. particularly those with mental health histories. M&L monitors all offenders in Administrative Segregation facilities within the TDCJ Correctional Institution Division/State jails every six months. 4,857 offenders were observed, 2,474 of them were interviewed and six offenders were referred to the university providers for further evaluation. The four Substance Abuse Felony Punishment Facilities we look at the medications they come in on from the counties and make sure that those medications are continued for continuity of care. The district judges seem to be very concerned about the continuity of care of these offenders and so we have incorporated that into our monitoring. We also look at the use of enforce medications in our four psychiatric facilities when		

Agenda Topic / Presenter	Presentation	Discussion	Action
VIII. Medical Director's Updates (Cont'd.)	medications when it is determined that they have to compell medications, we monitor that to make sure that all the policies and procedures are followed. The universities are doing very well with that and we had 100 percent compliance.		
- Clinical Administration	We have 24 intake facilities where offenders are coming into our system. Overall TDCJ has 111 institutions and 24 of them are intake facilities. And this is where our Mental Health Services Monitoring spends most of their time in looking at these intake facilities and ensuring that none of the mentally ill fall thru the cracks. And finally we have a program called BAMBI that is not in Health Services but is in the Rehabilitation Program Division. The BAMBI acronyms stand for Baby and Mother Bonding Initiative. These are for women that have had babies and can go out into the residential setting and have that bonding with their infant. UTMB has subcontracted with our division that's responsible for this program. Our role in Health Services is to make sure from a health care perspective that the women in this program are appropriate. So our mental health staff review them and make sure they do not have a history with child protective services and that they don't have any sort of access one or even access two personality that is going to endanger the babies or other people. So they interviewed 15 offenders and 12 of them were allowed to participate in the program in this quarter. Lastly I have an office called the Health Services Liaison office which is an office of all nurses. They are responsible for intake entities for TDCJ from all county jails, all offenders with special medical needs. If you can imagine the counties are wanting to get rid of these people first. Because they cost a lot of money, these are dialysis patients, patients that are in the hospital, stroke victims, etc. that are state prisoners or that they are going to be state prisoners. We can't take them until they are state ready but they are the first ones that the sheriff calls and say hey we need for you to take these people. So these nurses and the health services liaison coordinate the intake of all the special needs offenders into the system.		

Agenda Topic / Presenter	Presentation	Discussion	Action
VIII. Medical Director's Updates (Cont'd.)	In addition to that they make all of the entrust system moves and within these there are 111 institutions that are moved for medical reasons. So if Dr. DeShields calls and says Dr. Linthicum I have in my sector a mentally retarded offender that somehow got into the Texas Tech sector where we don't provide those services, then my nurses will move him into the UTMB sector. Where we have the developmental and disabled program. If they need physical therapy, occupational therapy, brace and limb clinic or oral surgeons, any kind specialty services that we concentrate on certain units then the requests comes into our office for transfers. The monitoring functions that these nurses do is that they look at continuity of care from the level of free world hospitals back into our system and then from offenders from within our system to our infirmary beds back to the system and we are doing very well on that.		
- Accreditation	Accreditation is the last area if you look at page 114, and the following units were awarded ACA Re-Accreditation: Briscoe, Cole, Gist, Jester I, Jester III, LeBlanc, C. Moore, Polunsky, Smith, and Vance.		
- Biomedical Research Projects	On the Biomedical Research the summary lists the current and pending research projects as reported by the Texas Department of Criminal Justice Executive Services. Madam Chairman thank you for your indulgence. I just wanted to be able to give Dr. Berenzweig an overview of our programs since he was new. That ends my report.		
		Dr. de la Garza-Grahm noted that she was just going to go back to the Hemoccult testing and colonoscopies. The Gastroenterology Society decided to recognize the first colonospy at the	

Agenda Topic / Presenter	Presentation	Discussion	Action
VIII. Medical Director's Updates (Cont'd.)	Dr. de la Garza-Grahm thanked Dr. Linthicum and called on Dr. DeShields for her report.	age of 50. I see a savings there. Dr. Linthicum noted they have recently put out some new guidelines and we are going to review them The United States Public Health Service. We are looking at a lot of things now with the reduction of forces that we may be changing.	
- **Denise DeShields, M.D. (TTUHSC)**	Dr. DeShields noted that the report she was going to give was short and really just stems from a lot of what Dr. Linthicum has already said. Our clinical volume as you recall in the beginning of FY12 there was a marked reduction in the volume of patients being seen. Presumably related to the initiation of the offender health care services fee the $100.00 co-pay as it is called. Over the course of these first two quarters however, we've started to see these encounters start to ramp up which is essentially what we anticipated when we had introduced the $3.00 copay some years ago and we saw the very same kind of phenomena. After about six months the volume pretty much returned to its previous level. So again these encounter numbers are a little bit misleading in that we really were able to manage the patient volume in the beginning of this fiscal year because the volume was so low. However, with the reduction of 77 actual FTE's and a functional reduction of about 176 FTE's including our vacant and frozen positions. We are really starting to see that the clinical volume is quickly outpacing our personnel resources. One of the largest areas of reduction to ensure workforce numbers is in the nursing discipline and that is from a particular interest because nursing is the portal of entry for these offenders to access health care. Some of the issues that we've seen are of course really impact access to care and they've been reflected in some of the declining compliances that we're seeing in our program mandates. The other issue that I think can't be ignored at this point is the employees salaries has been stagnant for the last three years. And this has been very difficult for us to recruit and then retain our employees particularly in light of the fact that they are now doing more with less. They are overwhelmed, there is evidence of staff burnout,		

Agenda Topic / Presenter	Presentation	Discussion	Action
VIII. Medical Director's Updates (Cont'd.)	dissatisfaction and this will lead to further attrition of our workforce. So in short I believe that the return of the volume of patients to our previous FY12 levels is really taxing and already overburden system. We are starting to really witness the real impact of our reduced appropriations. I think that we really were not see this as readily in our first quarter as we have in our second quarter and Owen I'm sure you have mirrored that issue in UTMB as well.	Dr. de la Garza-Grahm responded with I just don't see that changing, do ya'll see that changing? Dr. Linthicum responded with no. Dr. Owen asked the volume or the staff? Dr. de la Garza-Grahm said staff. Dr. Owen responded with again that is obviously that is a decision for the state. And I think that bringing what Dr. Linthicum just reported in terms in our own failure to meet some of our standards. I think to bring antidote that reflect not just a system issue but a public health concern. We've had two cases of Tuberculosis that spilled outside of the facility. In fact in both officers and our health care workers and they returned to their communities. I'll tell you 15 yrs ago when we first started we had the best CID program in the entire country. We didn't have these issues when TB was much more visible and much more of a concern given the troubles of HIV and now we have eroded that system to basically nothing. And we have CID nurses in title but because we have such limited staff that they get pulled to do day to day clinical duties. And so in some of our larger facilities we really don't have a CID program at all and so if the state feels comfortable with these things continuing to happen within their prison system	

Agenda Topic / Presenter	Presentation	Discussion	Action
VIII. Medical Director's Updates (Cont'd.)		then we will not have any additional staff. If there is no dollars for trying to find competitive salaries and trying to find a place to at least to reward those folks who are currently doing the work in what are very adverse circumstances then we will see further erosion of our work force. And ultimately it really gets back to I think Dr. Linthicum commented on this much more clearly than I can. When you erode your facility resources that is the focal point that some federal court will come look at it. It won't be the isolated sub specialty care or this or that. It will be our day to day basis for those patients that have serious medical problems and certainly diagnosed medical and mental illness. Are you providing a fair and reasonable access to care and a fair and reasonable level quality of care and if our own documents state that we are not doing that, I would struggle to think how we are going to muster a defense at some point and time down the road in a federal court. And again I think that's just the reality the state has to look at and make a decision as to whether they want to head in that direction. Dr. de la Garza-Grahm commented that she wasn't sure that the state actually knows all these numbers we have discussed here today. Dr. Linthicum added that various legislative offices do. But we'll have an opportunity during the legislative session. Because Correctional Managed Health Care is an interim charge in Appropriations, Senate Finance and Corrections and House. Dr. de la Garza-Grahm asked wouldn't that be an opportunity for us to discuss. If they call the committee, they call Mr. Hightower and put the committee on the	

Agenda Topic / Presenter	Presentation	Discussion	Action
VIII. Medical Director's Updates (Cont'd.)		agenda. And I'm sure they will since the Correctional Managed Health Care is an interim charge in all three committees and hopefully we'll have….. Mr. Hightower added that it's a difficult issue now for the committee, I'm not saying it's the right thing or the wrong thing to do but with TDCJ now negotiating the contract it's not that I'm not willing to go before those committees to testify as to those things but now if their asking TDCJ contract, budget to negotiate. Dr. Linthicum added but I think those committees are going to be looking at Correctional Managed Health as a whole and trying to sort thru what's going to be the best model for the state. So all of us will be at the table to give our opinion on that, I hope. Dr. Owen commented that I think that legislatures weren't everywhere when they made those reductions, we provided them a wealth of information, not that we want to be a carmat, but quite frankly everything that we laid out has materialized due to the reductions in staff, the inability to pay market rates and again we have been doing this long enough now to know exactly what you know that A leads to B and B leads to C. We made that very clear to the legislature and it's become their issue to act upon. Dr. Linthicum commented not only that most of these legislators, I mean the state was in the thirty plus years lawsuit with Ruiz class action. Mr. Hightower added that there's very few of us left. Dr. Linthicum added I mean it was historical and then they're still those left over there that know how much we paid in Ruiz and knew that	

Agenda Topic / Presenter	Presentation	Discussion	Action
VIII. Medical Director's Updates (Cont'd.)	Dr. de la Garza asked if there were any questions for our medical directors.	the entire health care system was found unconstitutional and not only that we were left with 5 general orders and the consent degree. And the consent degree wasn't vacated until 2002 so we're not that far away from it. And Managed Health Care started in 1994 so we were still under a federal judge and under a consent degree from 1994 till we vacated that judgment in 2002. Mr. Hightower added that from our side Dr. David Smith from TTUHSC and Dr. Linthicum were the states expert witnesses from when we got relieved from the court order. I know Owen and Dr. Raimer had been in meetings with me and so have Tech people and Dr. L. We have explained this to the leadership and the House & Senate members. Further discussions were had between Mr. Hightower, Dr. de la Garza-Grahm, Dr. Owen, Dr. Linthicum and Dr. de la Garza-Grahm. Dr. de la Garza-Grahm added that there was one thing that she wanted to bring up from our last meeting that was suggested when you gave your presentation Owen on how to understand our acuity and we had discussed about bringing the medical directors together to try to come up with suggestions, I think on page 11. Dr. Murray responded with we have not got together on that because we're really working on the Hep C issue which is another unfunded kind of change in therapy and other issues. Both from an organizational operational stand point which is a challenge let alone how do we do it and manage with we are already running a deficit in the pharmacy strategy as is. Again you know Dr. Linthicum has us together and we will…	

Agenda Topic / Presenter	Presentation	Discussion	Action
VIII. Medical Director's Updates (Cont'd.)		Dr. Linthicum added that she was glad that you mentioned that Owen because that was suppose to be part of my medical directors report to ask the chairman if she would allow the joint Hepatitis C working group to reconvene. That's a committee under the CMHC so that we can begin looking at the new recommendations for management of Hep C. What happens Dr. de la Garza-Grahm is that you say to us as medical directors to reconvene the membership and then we'll bring back recommendations back to the committee. Dr. de la Garza-Graham responded so be it. She asked where do you get your members from. Dr. Linthicum commented that each medical director appoints a committee members and we ask each university to appoint a specialist or sub specialist to serve with us. Like a GI they have a Hepatoligist, you ask if they can serve on the committee. Tech in the past has appointed an infectious disease consultant.	
IX. Public Comments	Dr. de la Garza-Grahm then stated that the next agenda item is where the Committee at each regular meeting provides an opportunity to receive public comments. Dr. de la Garza-Grahm noted that there was no such request at this time.		
X. Date / Location of Next Meeting **- Margarita de la Garza-Grahm, M.D.**	Dr. de la Garza-Grahm next noted that the next CMHC meeting will announced at a later date.		

Agenda Topic / Presenter	Presentation	Discussion	Action
XI. Adjourn	Dr. de la Garza-Grahm asked if there were any other questions. Hearing none adjourned the meeting.		

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Margarita de la Garza-Grahm, M.D., Chairperson
Correctional Managed Health Care Committee

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Date:

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Consent Item 2

TDCJ Health Services Monitoring Reports

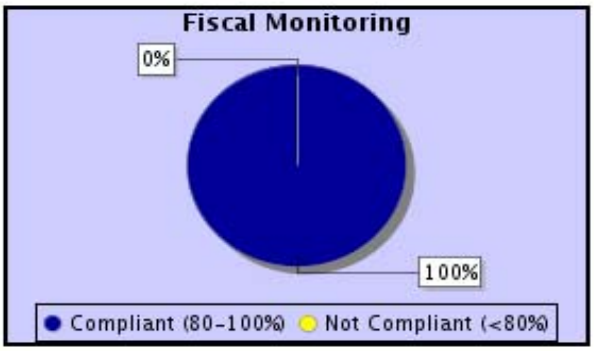
ATTACHMENT 1

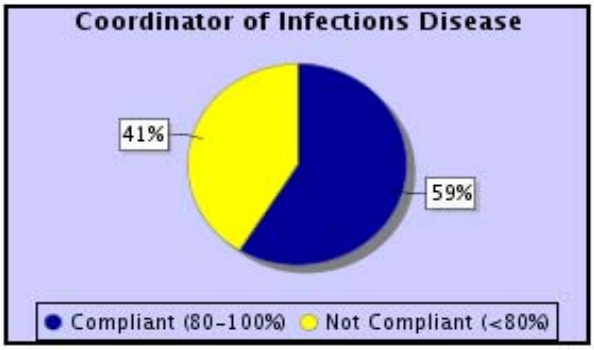
Rate of Compliance with Standards by Operational Categories
Third Quarter, Fiscal Year 2012
March 2012 - May 2012

Unit	Operations/ Administration			General Medical/Nursing			Coordinator of Infectious Disease			Dental			Mental Health			Fiscal		
	n	Items 80% or Greater Compliance		*n*	Items 80% or Greater Compliance		*n*	Items 80% or Greater Compliance		*n*	Items 80% or Greater Compliance		*n*	Items 80% or Greater Compliance		*n*	Items 80% or Greater Compliance	
Bartlett State Jail	73	71	97%	32	31	97%	34	20	59%	22	22	100%	20	20	100%	7	7	100%
Cleveland	68	64	94%	29	25	86%	23	22	96%	21	20	95%	5	5	100%	7	7	100%
Diboll	62	58	94%	31	21	68%	30	17	57%	22	19	86%	7	7	100%	7	7	100%
Duncan	62	59	95%	31	22	71%	30	21	70%	21	18	86%	7	7	100%	7	7	100%
Eastham	71	64	90%	31	28	90%	30	15	50%	21	21	100%	17	15	88%	7	7	100%
Henely State Jail	70	62	89%	37	26	70%	30	17	57%	21	21	100%	15	14	93%	10	10	100%
Hightower	71	57	80%	31	18	58%	22	10	45%	21	18	86%	15	13	87%	12	8	67%
Hilltop	62	60	97%	33	29	1%	29	20	69%	21	21	100%	18	17	94%	8	8	100%
Huntsville	72	68	94%	28	17	61%	28	25	89%	20	19	95%	17	17	100%	9	5	56%
Moutain View	68	65	96%	33	31	94%	23	8	35%	21	21	100%	23	22	96%	8	8	100%
Vance	66	65	98%	24	21	88%	26	14	54%	21	20	95%	5	5	100%	7	7	100%
Young Medical Facility	73	67	92%	43	31	72%	32	26	81%	21	18	86%	16	15	94%	10	7	70%

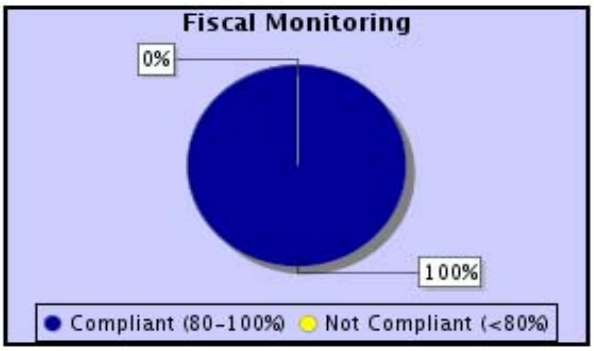
n = number of applicable items audited.

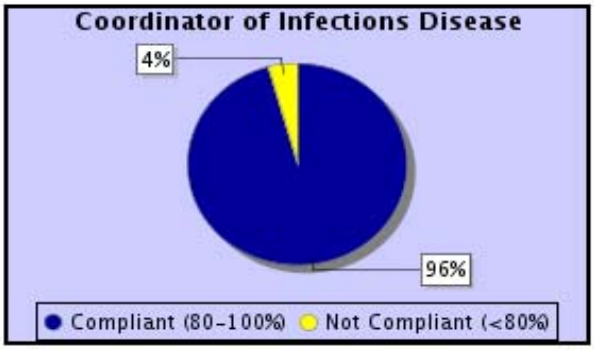
Compliance Rate By Operational Categories for
BARTLETT STATE JAIL FACILITY
March 19, 2012



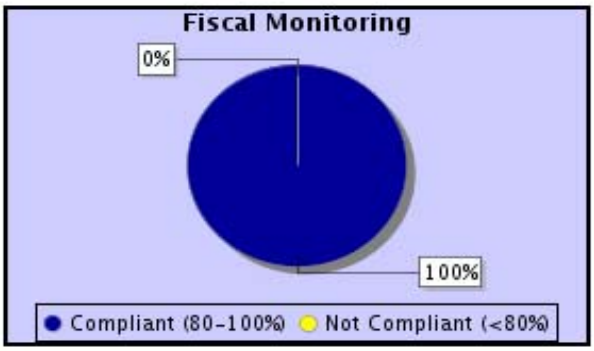


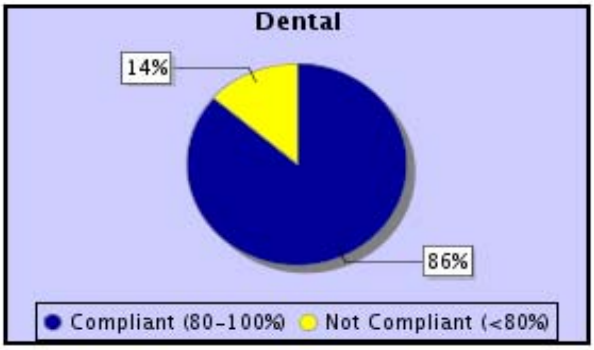
Compliance Rate By Operational Categories for
CLEVELAND FACILITY
March 13, 2012

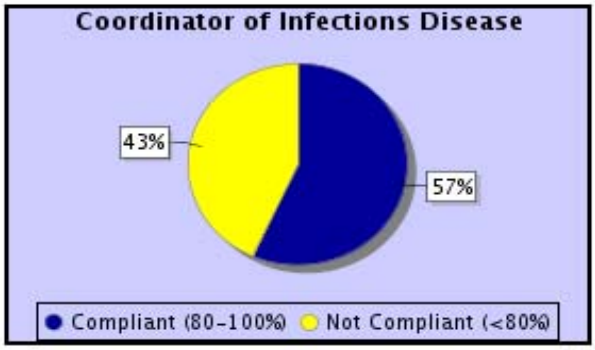




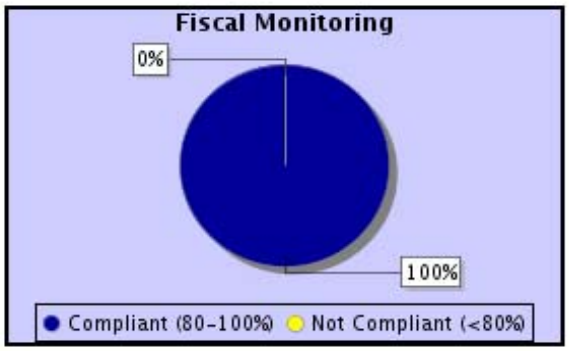
Compliance Rate By Operational Categories for
DIBOLL PRIVATE FACILITY
May 04, 2012

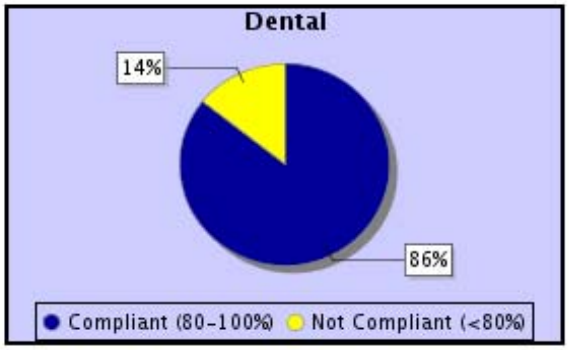


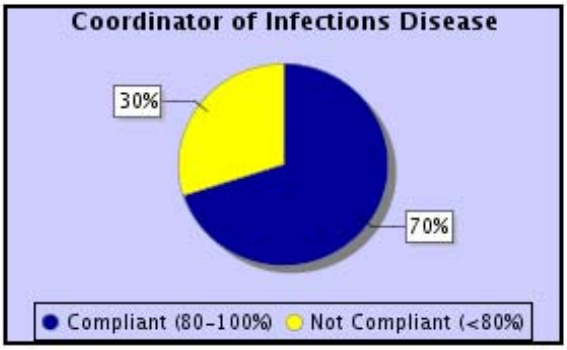




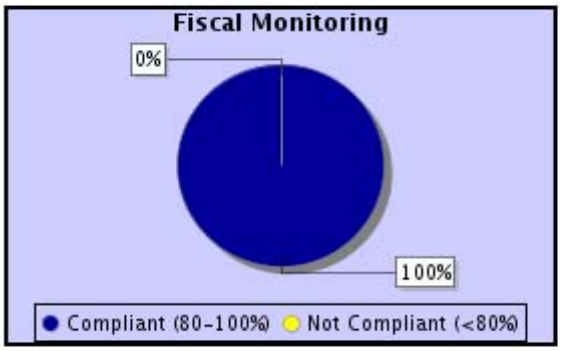
Compliance Rate By Operational Categories for
DUNCAN FACILITY
May 03, 2012

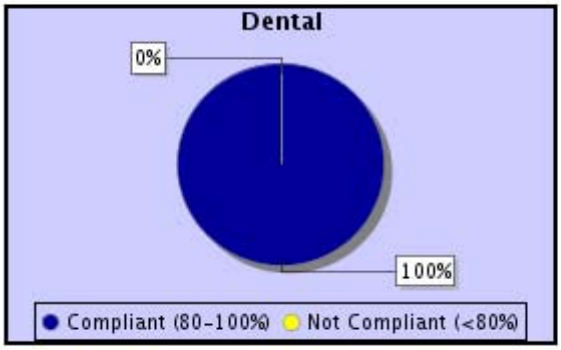


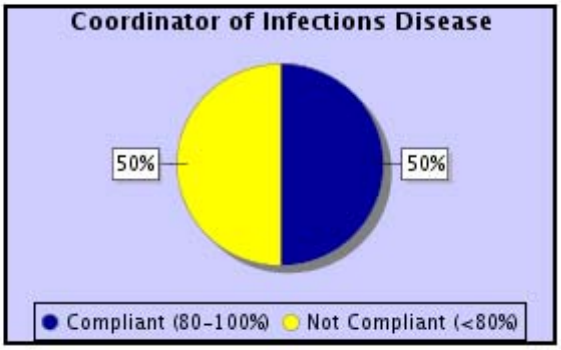




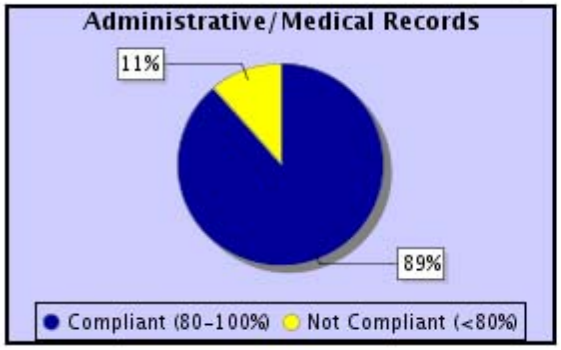
Compliance Rate By Operational Categories for
EASTHAM FACILITY
March 22, 2012

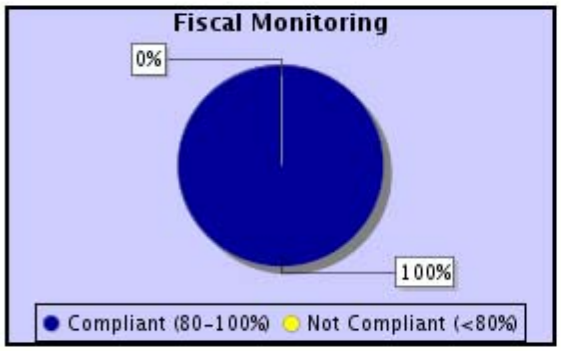


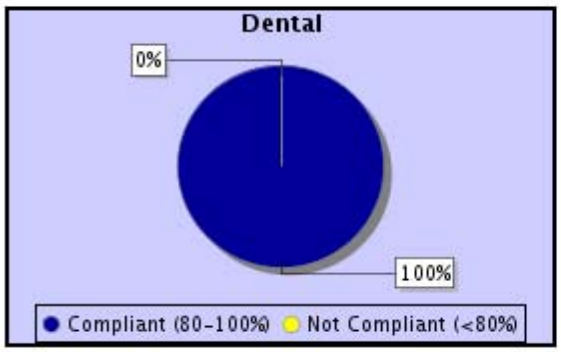


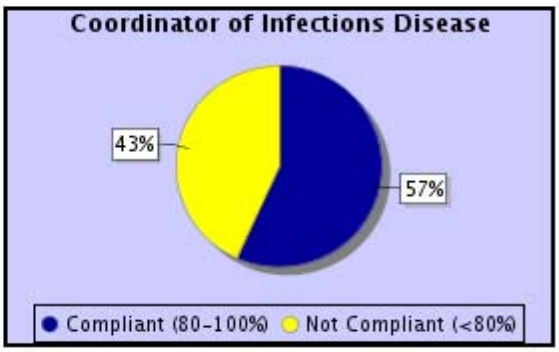


Compliance Rate By Operational Categories for
HENLEY STATE JAIL FACILITY
April 03, 2012

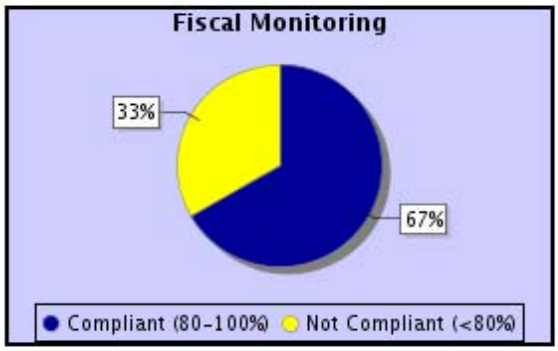


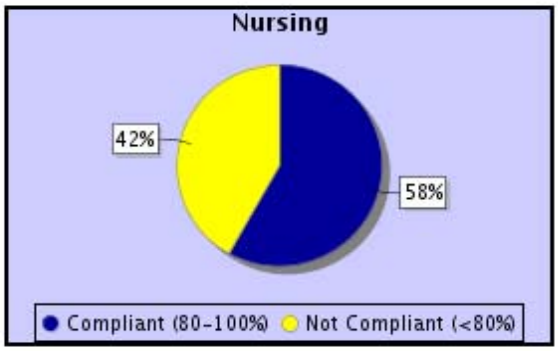


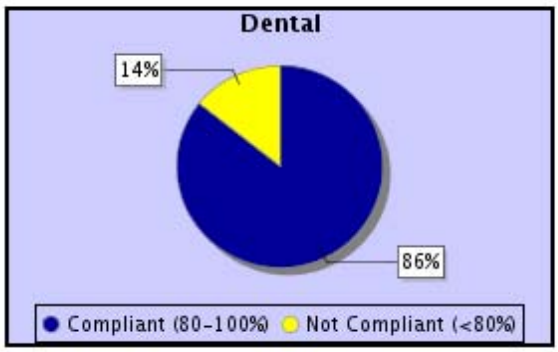


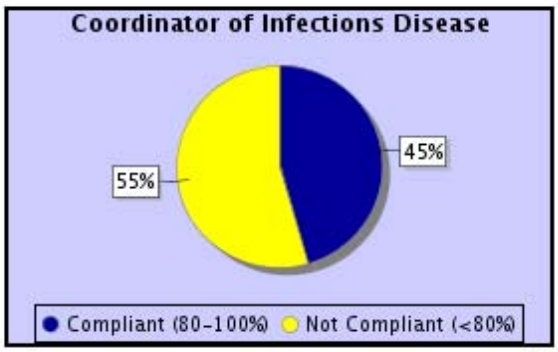


Compliance Rate By Operational Categories for
HIGHTOWER FACILITY
April 04, 2012

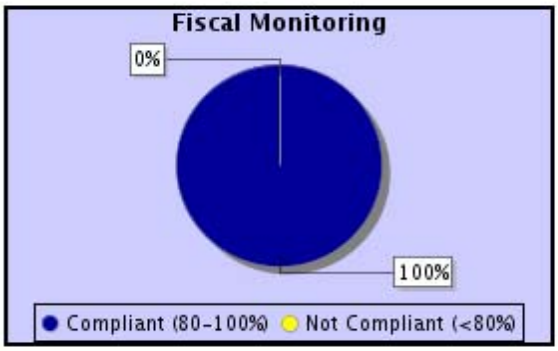


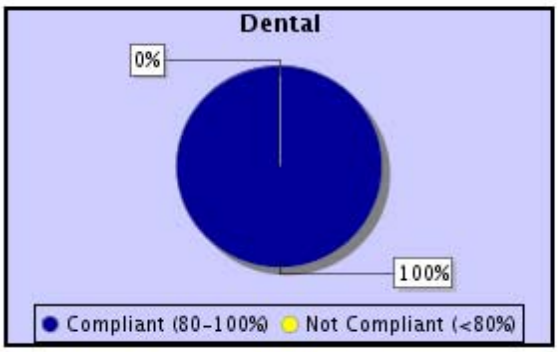


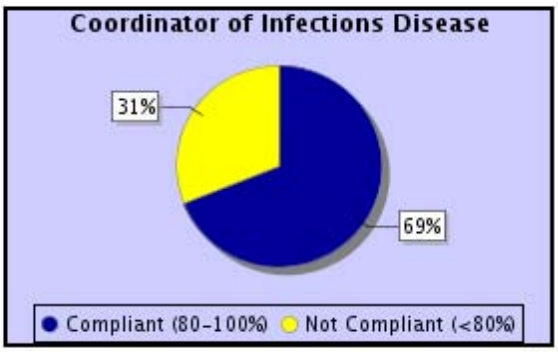




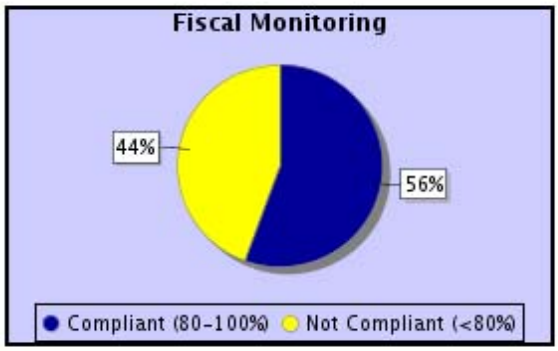
Compliance Rate By Operational Categories for
HILLTOP FACILITY
April 03, 2012

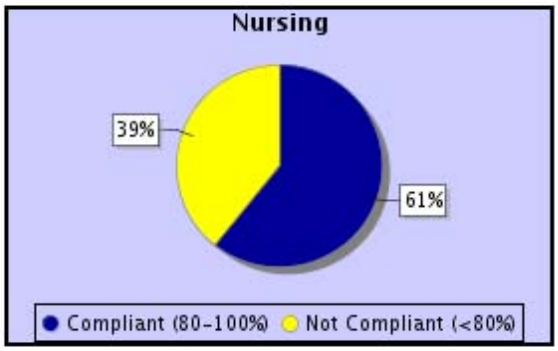


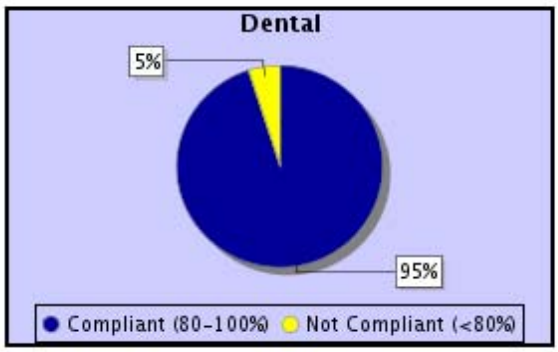




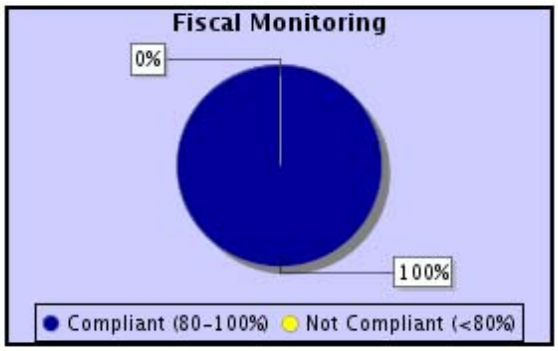
Compliance Rate By Operational Categories for
HUNTSVILLE FACILITY
March 01, 2012

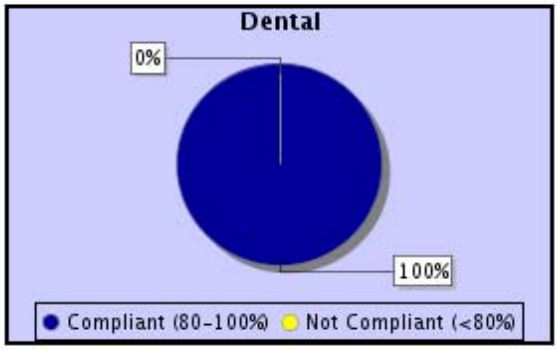


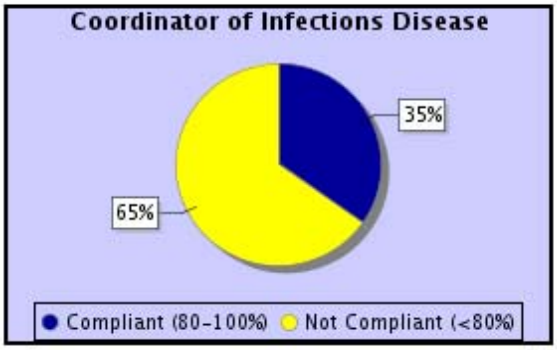




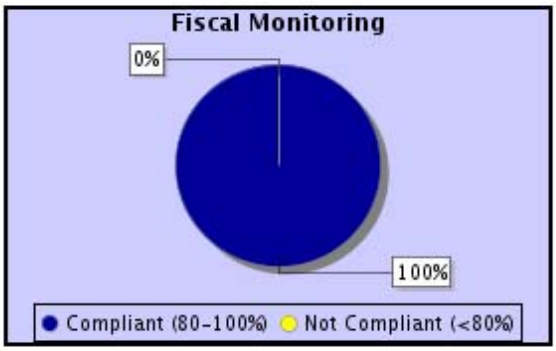
Compliance Rate By Operational Categories for
MOUNTAIN VIEW FACILITY
April 04, 2012

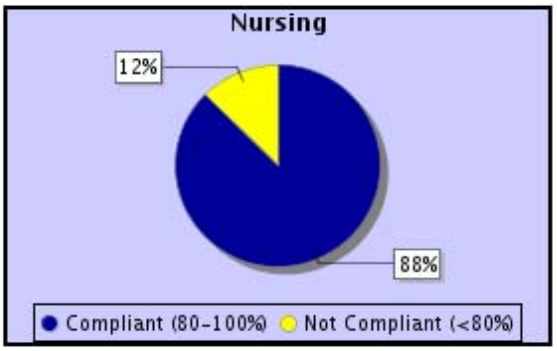


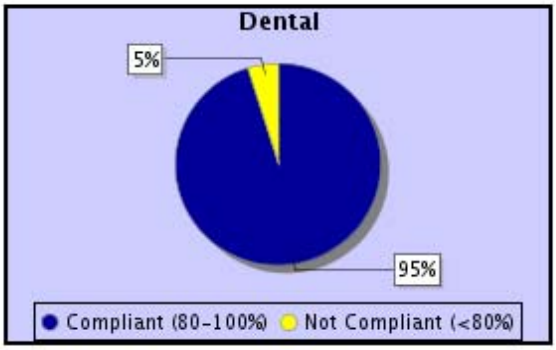


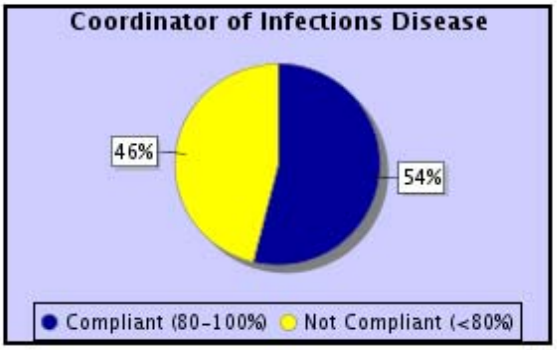


Compliance Rate By Operational Categories for
VANCE FACILITY
March 06, 2012

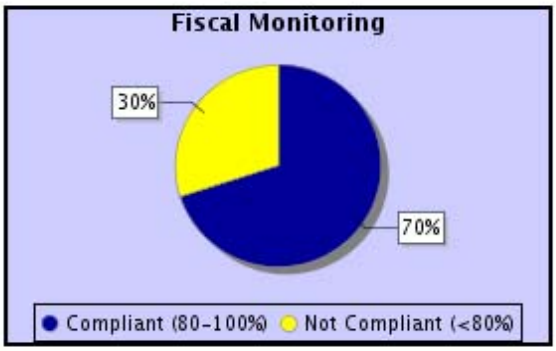


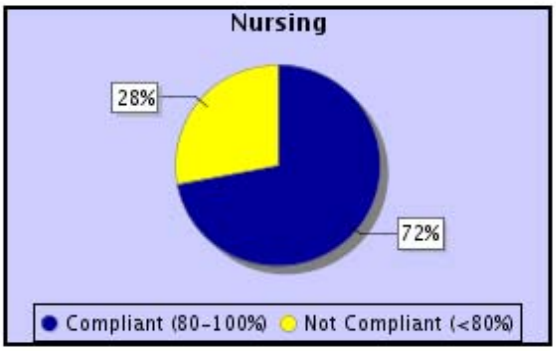


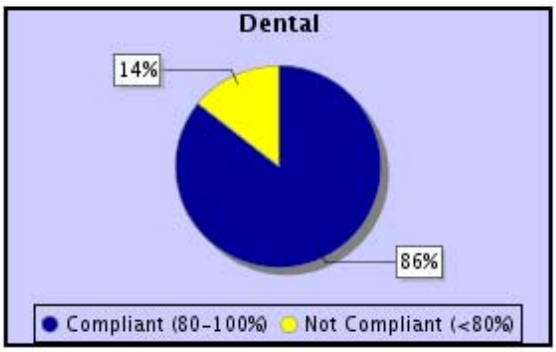


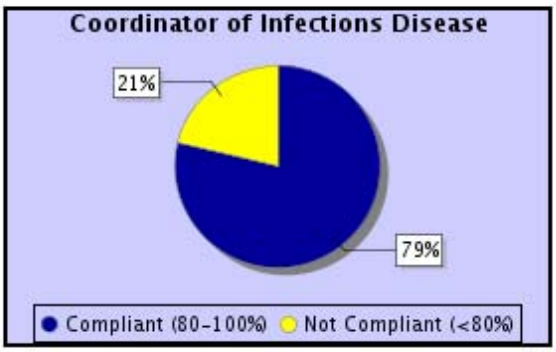


Compliance Rate By Operational Categories for
YOUNG MEDICAL FACILITY
May 01, 2012









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

Urgent Care Definition: Individuals, who in the dentist's professional judgment, require treatment for an acute oral or maxillofacial condition which may be accompanied by pain, infection, trauma, swelling, or bleeding and is likely to worsen without immediate intervention. Individuals with this designation will receive definitive treatment within 14 days after a diagnosis is established by a dentist.
Reference: CMHC Policy E-36.1

Facility	Urgent Care Score	Offenders Receiving Treatment but not within timeframe	Offenders identified as needing definitive care	Number of Additional findings as identified
Baten ISF – TTUHSC	100	0	0	TRD-1, TRI-1, HPR-1, PRI-3
Byrd – UTMB	100	0	0	---
Cole – UTMB	90	1	0	PRI-5
Daniel – TTUHSC	90	1	0	NOT-1
Darrington – UTMB	70	3	0	PRI-2
Dawson – UTMB	80	2	0	---
Diboll – UTMB	100	0	0	PRI-1
Ferguson – UTMB	70	3	0	PRI-10
Garza East – UTMB	90	1	0	---
Glossbrenner – UTMB	100	0	0	PRI-6, VSN-1, ROT-1
Gurney – UTMB	100	0	0	PST-1
Hamilton – UTMB	100	0	0	---
Henley – UTMB	100	0	0	---
Hightower – UTMB	100	0	0	---
Hutchins – UTMB	40	6	0	PRI-2
Kegans – UTMB	100	0	0	---
Lewis – UTMB	100	0	0	---
Lockhart – UTMB	70	2	1	PRC-1
Lychner – UTMB	100	0	0	PRC-1
Middleton – TTUHSC	70	2	0	PRI-8
Moore, B. – UTMB	100	0	0	---
Ney – UTMB	50	3	2	PRI-1, PRC-1
Plane – UTMB	90	1	0	PRI-3
Polunsky – UTMB	100	0	0	PST-3
Powledge – UTMB	100	0	0	---
Robertson – TTUHSC	100	0	0	---
Rudd – TTUHSC	100	0	0	PRI-2
Stringfellow – UTMB	100	0	0	---
Telford – UTMB	90	1	0	---
Travis – UTMB	70	3	0	---
Tulia – TTUHSC	90	1	0	ROT-1
Wallace – TTUHSC	10	9	0	---
Ware – TTUHSC	80	2	0	PRI-3
Wynne – UTMB	100	0	0	PRI-3

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

Abbreviations Used in "Number of Additional Findings as Identified"

PRI	INCORRECT ASSIGNMENT OF PRIORITY
PRC	PRIORITY 1 NOT NOTED ON CHAIN-IN AT SAME UNIT
ROT	REFUSAL OF TREATMENT FORM NOT SIGNED
PST	USE OF P* AS A PRIORITY
VSN	VITAL SIGNS NOT MEDICALLY STABLE AND NOT REFERRED TO MEDICAL
PNM	HIGHEST PRIORITY NOT MARKED ON INTAKE EXAM
TRI	INTAKE EXAM/SCE ON SAME DATE – NO TREATMENT
TRD	TREATMENT DONE ON DIFFERENT TOOTH FROM SICK CALL EXAM
NOT	INCORRECT NOTING FROM SICK CALL EXAM TO CHART REVIEW

PATIENT LIAISON AND STEP II GRIEVANCE STATISTICS

QUALITY OF CARE/PERSONNEL REFERRALS AND ACTION REQUESTS

Third Quarter FY-2012 (March, April, and May)

STEP II GRIEVANCE PROGRAM (GRV)

Fiscal Year 2012	Total number of **GRIEVANCE** Correspondence Received Each Month	Total number of **GRIEVANCE** Correspondence Closed Each Month	Total number of Action Requests (Quality of Care, Personnel, and Process Issues)	Percent of Action Requests from Total # of **GRIEVANCE** Correspondence	Total number of Action Requests Referred to **University of Texas Medical Branch-Correctional Managed Health Care**			Total number of Action Requests Referred to **Texas Tech University Health Sciences Center-Correctional Managed Health Care**			Total number of Action Requests Referred to **PRIVATE FACILITIES**		
						Percent of Total Action Requests Referred	**QOC***		Percent of Total Action Requests Referred	**QOC***		Percent of Total Action Requests Referred	**QOC***
March	701	511	99	19.37%	50	14.68%	25	18	4.70%	6	0	0.00%	0
April	675	746	176	23.59%	109	18.36%	28	23	3.75%	5	0	0.13%	1
May	787	693	139	20.06%	85	15.30%	21	27	4.62%	5	0	0.14%	1
Totals:	**2,163**	**1,950**	**414**	**21.23%**	**244**	**16.31%**	**74**	**68**	**4.31%**	**16**	**0**	**0.10%**	**2**

PATIENT LIAISON PROGRAM (PLP)

Fiscal Year 2012	Total numberof **Patient Liaison Program** Correspondence Received Each Month	Total numberof **Patient Liaison Program** Correspondence Closed Each Month	Total number of Action Requests (Quality of Care, Personnel, and Process Issues)	Percent of Action Requests from Total number of **Patient Liaison Program** Correspondence	Total number of Action Requests Referred to **University of Texas Medical Branch-Correctional Managed Health Care**			Total number of Action Requests Referred to **Texas Tech University Health Sciences Center-Correctional Managed Health Care**			Total number of Action Requests Referred to **PRIVATE FACILITIES**		
						Percent of Total Action Requests Referred	**QOC***		Percent of Total Action Requests Referred	**QOC***		Percent of Total Action Requests Referred	**QOC***
March	670	611	27	4.42%	19	3.60%	3	5	0.82%	0	0	0.00%	0
April	668	619	24	3.88%	21	3.55%	1	2	0.32%	0	0	0.00%	0
May	647	616	54	8.77%	40	7.31%	5	9	1.46%	0	0	0.00%	0
Totals:	**1,985**	**1,846**	**105**	**5.69%**	**80**	**4.82%**	**9**	**16**	**0.87%**	**0**	**0**	**0.00%**	**0**
GRAND TOTAL=	**4,148**	**3,796**	**519**	**13.67%**									

***QOC= Quality of Care**

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

Month: MARCH 2012

Reportable Condition	Reports			
	2012 This Month	2011 Same Month	2012 Year to Date*	2011 Year to Date*
Chlamydia	5	8	13	16
Gonorrhea	2	0	5	0
Syphilis	66	87	193	205
Hepatitis A	0	0	0	0
Hepatitis B, acute	1	1	2	1
Hepatitis C, total and (acute[£])	166	319	784 (0)	748 (0)
Human immunodeficiency virus (HIV) +, known at intake	224	132	653	335
HIV screens, intake	6326	6825	18773	17825
HIV +, intake	44	45	133	142
HIV screens, offender- and provider-requested	802	178	2707	3125
HIV +, offender- and provider-requested	0	1	3	3
HIV screens, pre-release	5227	4338	15050	11707
HIV +, pre-release	2	1	5	5
Acquired immune deficiency syndrome (AIDS)	4	6	7	27
Methicillin-resistant *Staph Aureus* (MRSA)	66	104	201	296
Methicillin-sensitive *Staph Aureus* (MSSA)	42	67	114	176
Occupational exposures of TDCJ staff	15	24	48	35
Occupational exposures of medical staff	6	3	11	7
HIV chemoprophylaxis initiation	3	2	5	6
Tuberculosis skin test (ie, PPD) +, intake	383	176	1021	631
Tuberculosis skin test +, annual	57	37	163	103
Tuberculosis, known (ie, on tuberculosis medications) at intake	2	2	3	4
Tuberculosis, diagnosed at intake and attributed to county of origin	0	0	0	0
Tuberculosis, diagnosed during incarceration	1	0	4	4
Tuberculosis cases under management	14	14		
Peer education programs[¶]	0	0	98	98
Peer education educators[∞]	17	59	3,042	2,581
Peer education participants	5,944	6,663	16,574	19,300
Sexual assault in-service (sessions/units)	2/3	4/2	10/11	15/10
Sexual assault in-service participants	19	19	76	159
Alleged assaults and chart reviews	94	72	225	183
Bloodborne exposure labs drawn on offenders	15	16	41	43
New Sero-conversions d/t sexual assault ±	0		0	
New Sero-conversions NOT from sexual assault	2		4	

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

APRIL 2012

Reportable Condition	Reports			
	2012 This Month	**2011 Same Month**	**2012 Year to Date***	**2011 Year to Date***
Chlamydia	3	3	16	19
Gonorrhea	0	0	5	0
Syphilis	53	57	246	262
Hepatitis A	0	0	0	0
Hepatitis B, acute	0	0	2	1
Hepatitis C, total and (acute£)	200	306	983 (1)	1053 (0)
Human immunodeficiency virus (HIV) +, known at intake	181	116	834	451
HIV screens, intake	5,635	6819	24,408	24,644
HIV +, intake	39	39	172	181
HIV screens, offender- and provider-requested	1,062	956	3,769	4,081
HIV +, offender- and provider-requested	0	0	3	3
HIV screens, pre-release	4,986	7,281	20,036	19,528
HIV +, pre-release	2	0	8	5
Acquired immune deficiency syndrome (AIDS)	2	122	1	25
Methicillin-resistant *Staph Aureus* (MRSA)	80	108	281	404
Methicillin-sensitive *Staph Aureus* (MSSA)	44	72	158	248
Occupational exposures of TDCJ staff	13	7	61	42
Occupational exposures of medical staff	2	3	13	10
HIV chemoprophylaxis initiation	3	2	14	9
Tuberculosis skin test (ie, PPD) +, intake	328	253	1350	915
Tuberculosis skin test +, annual	47	51	211	158
Tuberculosis, known (ie, on tuberculosis medications) at intake	3	0	6	4
Tuberculosis, diagnosed at intake and attributed to county of origin	0	1	0	1
Tuberculosis, diagnosed during incarceration	2	2	6	6
Tuberculosis cases under management	19	14		
Peer education programs¶	1	0	99	98
Peer education educators∞	38	22	3,080	2,603
Peer education participants	6,062	6,377	23,426	25,707
Sexual assault in-service (sessions/units)	0	4/2	10/11	19/12
Sexual assault in-service participants	0	43	76	202
Alleged assaults and chart reviews	59	60	284	243
Bloodborne exposure labs drawn on offenders	13	14	54	57
New Sero-conversions d/t sexual assault ±	0	0	0	0
New Sero-conversions NOT from sexual assault	0	0	4	0

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

May 2012

Reportable Condition	Reports			
	2012 This Month	**2011 Same Month**	**2012 Year to Date***	**2011 Year to Date***
Chlamydia	3	7	19	26
Gonorrhea	2	2	7	2
Syphilis	102	85	348	347
Hepatitis A	0	0	0	0
Hepatitis B, acute	0	0	2	1
Hepatitis C, total and (acute[£])	221	222	1203 (1)	1275 (0)
Human immunodeficiency virus (HIV) +, known at intake	225	145	1059	596
HIV screens, intake	5971	6901	30379	31545
HIV +, intake	43	45	215	226
HIV screens, offender- and provider-requested	985	1285	4754	5366
HIV +, offender- and provider-requested	3	2	6	5
HIV screens, pre-release	4969	5137	25005	24665
HIV +, pre-release	2	0	10	5
Acquired immune deficiency syndrome (AIDS)	3	4	12	32
Methicillin-resistant *Staph Aureus* (MRSA)	70	100	351	504
Methicillin-sensitive *Staph Aureus* (MSSA)	49	70	207	318
Occupational exposures of TDCJ staff	13	9	74	51
Occupational exposures of medical staff	0	3	13	13
HIV chemoprophylaxis initiation	1	4	15	12
Tuberculosis skin test (ie, PPD) +, intake	343	200	1696	1115
Tuberculosis skin test +, annual	54	37	268	199
Tuberculosis, known (ie, on tuberculosis medications) at intake	1	2	7	6
Tuberculosis, diagnosed at intake and attributed to county of origin	0	0	0	1
Tuberculosis, diagnosed during incarceration	3	2	9	8
Tuberculosis cases under management	19	16		
Peer education programs[¶]				
Peer education educators[∞]				
Peer education participants				
Sexual assault in-service (sessions/units)	0	2/1	10/11	21/13
Sexual assault in-service participants	0	75	76	277
Alleged assaults and chart reviews	72	51	356	294
Bloodborne exposure labs drawn on offenders	22	8	76	65
New Sero-conversions d/t sexual assault ±	0	0	0	0
New Sero-conversions NOT from sexual assault	2	0	6	0

Health Services Liaison Utilization Review Audit

During the third quarter of FY 2012, ten percent of the combined UTMB and TTUHSC hospital and infirmary discharges were audited. A total of 156 hospital discharge and 49 infirmary discharge audits were conducted. This chart is a summary of the audits showing the number of cases with deficiencies and their percentage.

Freeworld Texas Tech Hospital Discharges						
Month	Audits Performed	Discharge Without Vital Signs[1] (Cases with Deficiencies)	Appropriate Receiving Facility[2] (Cases with Deficiencies)	No Chain-In Done[3] (Cases with Deficiencies)	Unscheduled Care within 7 Days[4] (Cases with Deficiencies)	Lacked Documentation[5] (Cases with Deficiencies)
March	6	0 (0%)	0 (0%)	0 (0%)	0 (0%)	2 (33%)
April	6	1 (17%)	0 (0%)	0 (0%)	0 (0%)	3 (50%)
May	5	0 (0%)	0 (0%)	0 (0%)	0 (0%)	1 (20%)
Average		**<1 (6%)**	**0 (0%)**	**0 (0%)**	**0 (0%)**	**2 (34%)**
UTMB Hospital Galveston Discharges						
Month	Audits Performed	Discharge Without Vital Signs[1] (Cases with Deficiencies)	Appropriate Receiving Facility[2] (Cases with Deficiencies)	No Chain-In Done[3] (Cases with Deficiencies)	Unscheduled Care within 7 Days[4] (Cases with Deficiencies)	Lacked Documentation[5] (Cases with Deficiencies)
March	38	0 (0%)	0 (0%)	2 (5%)	1 (2%)	5 (13%)
April	30	0 (0%)	0 (0%)	1 (3%)	2 (7%)	0 (0%)
May	30	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Average		**0 (0%)**	**0 (0%)**	**1 (3%)**	**1 (3%)**	**2 (4%)**
Freeworld Hospital Discharges in UTMB Sector						
Month	Audits Performed	Discharge Without Vital Signs[1] (Cases with Deficiencies)	Appropriate Receiving Facility[2] (Cases with Deficiencies)	No Chain-In Done[3] (Cases with Deficiencies)	Unscheduled Care within 7 Days[4] (Cases with Deficiencies)	Lacked Documentation[5] (Cases with Deficiencies)
March	**9**	0 (0%)	0 (0%)	0 (0%)	1 (11%)	0 (0%)
April	**16**	5 (31%)	0 (0%)	0 (0%)	0 (0%)	6 (38%)
May	**16**	4 (25%)	0 (0%)	0 (0%)	1 (6%)	14 (88%)
Average		**3 (19%)**	0 (0%)	0 (0%)	**<1 (6%)**	**7 (42%)**
GRAND TOTAL: Combined Hospital Discharges (Texas Tech and UTMB sectors)						
Month	Audits Performed	Discharge Without Vital Signs[1] (Cases with Deficiencies)	Appropriate Receiving Facility[2] (Cases with Deficiencies)	No Chain-In Done[3] (Cases with Deficiencies)	Unscheduled Care within 7 Days[4] (Cases with Deficiencies)	Lacked Documentation[5] (Cases with Deficiencies)
March	53	0 (0%)	0 (0%)	2 (4%)	2 (4%)	7 (13%)
April	52	6 (12%)	0 (0%)	1 (2%)	2 (4%)	9 (17%)
May	51	4 (8%)	0 (0%)	0 (0%)	1 (2%)	15 (29%)
Average		**3 (7%)**	**0 (0%)**	**1 (2%)**	**2 (3%)**	**10 (20%)**
Texas Tech Infirmary Discharges						
Month	Audits Performed	Discharge Without Vital Signs[1] (Cases with Deficiencies)	Appropriate Receiving Facility[2] (Cases with Deficiencies)	No Chain-In Done[3] (Cases with Deficiencies)	Unscheduled Care within 7 Days[4] (Cases with Deficiencies)	Lacked Documentation[5] (Cases with Deficiencies)
March	6	0 (0%)	0 (0%)	3 (50%)	0 (0%)	1 (17%)
April	9	0 (0%)	0 (0%)	1 (11%)	0 (0%)	0 (0%)
May	1	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Average		0 (0%)	0 (0%)	**1 (20%)**	0 (0%)	**<1 (6%)**
UTMB Infirmary Discharges						
March	13	0 (0%)	0 (0%)	1 (8%)	0 (0%)	1 (8%)
April	10	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
May	10	0 (0%)	0 (0%)	1 (10%)	1 (10%)	0 (0%)
Average		0 (0%)	0 (0%)	**<1 (6%)**	**<1 (3%)**	**< 1 (3%)**
GRAND TOTAL: Combined Infirmary Discharges (Texas Tech and UTMB)						
Month	Audits Performed	Discharge Without Vital Signs[1] (Cases with Deficiencies)	Appropriate Receiving Facility[2] (Cases with Deficiencies)	No Chain-In Done[3] (Cases with Deficiencies)	Unscheduled Care within 7 Days[4] (Cases with Deficiencies)	Lacked Documentation[5] (Cases with Deficiencies)
March	19	0 (0%)	0 (0%)	4 (21%)	0 (0%)	2 (11%)
April	19	0 (0%)	0 (0%)	1 (5%)	0 (0%)	0 (0%)
May	11	0 (0%)	0 (0%)	1 (9%)	1 (9%)	0 (0%)
Average		0 (0%)	0 (0%)	2 (12%)	<1 (3%)	<1 (4%)

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

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

March 2012	Numbered Property On Inventory Report	Total Number of Deletions	Total Number of Transfers	Total Number of New Equipment
Bartlett State Jail	20	0	0	0
Cleveland	14	0	0	0
Eastham	41	0	0	0
Huntsville	43	0	1	1
Vance	23	0	0	0
Total	141	0	1	1

April 2012	Numbered Property On Inventory Report	Total Number of Deletions	Total Number of Transfers	Total Number of New Equipment
Henley State Jail	27	0	2	0
Hightower	29	6	0	1
Hilltop	39	0	0	0
Moutain View	38	0	0	0
Total	133	6	2	1

May 2012	Numbered Property On Inventory Report	Total Number of Deletions	Total Number of Transfers	Total Number of New Equipment
Diboll	15	0	0	0
Duncan	11	0	0	0
Young Medical Facility	111	7	0	18
Total	137	7	0	18

CAPITAL ASSETS AUDIT
THIRD QUARTER, FISCAL YEAR 2012

Audit Tools	March	April	May	Total
Total number of units audited	5	4	3	12
Total numbered property	141	133	111	385
Total number out of compliance	0	0	0	0
Total % out of compliance	0.00%	0.00%	0.00%	0.00%

AMERICAN CORRECTIONAL ASSOCIATION
ACCREDITATION STATUS REPORT
Third Quarter FY-2012

University of Texas Medical Branch

Unit	Audit Date	% Compliance	
		Mandatory	Non-Mandatory
Gurney	March 2012	100%	98.4%
Hobby/Marlin	March 2012	100%	98.6%
Lewis	May 2012	100%	98.6%
San Saba	May 2012	100%	98.8%

Texas Tech University Health Science Center

Unit	Audit Date	% Compliance	
		Mandatory	Non-Mandatory
Allred	April 2012	100%	99.0%
Rudd	April 2012	100%	97.9%

Executive Services
Pending Monthly Medical Research Projects
Health Services Division

FY-2012 Third Quarterly Report: March, April, and May

Project Number: 615-RM10

Researcher: John Petersen

IRB Number: 11-069

Application Received: 04/29/2011

Completed Application: 04/28/2011

Title of Research:
Serum Markers of Hepatocellular Cancer

Proponent:
University of Texas Medical Branch at Galveston

University Medical Director Approval:
01/05/2012

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

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

Project Status:
Pending Division Director Approval

Project Number: 627-RM11

Researcher: Amy Harzke

IRB Number: 11-013

Application Received: 04/26/2011

Completed Application: 04/26/2011

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

Proponent:
University of Texas Medical Branch at Galveston

University Medical Director Approval:
08/16/2011

Sent to Peer Panel:
08/16/2011

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

Project Status:
Pending Peer Panel 2nd review

Project Number: 630-RM11

Researcher: Jacques Baillargeon

IRB Number: 11-067

Application Received: 05/18/2011

Title of Research:
The Older Prisoner

Completed Application: 05/18/2011

Proponent:
University of Texas Medical Branch at Galveston

Sent to Peer Panel: 06/24/2011, 12/30/11

University Medical Director Approval: 01/03/2012

Panel Recommendations:

Project Status:
Pending Peer Panel

Project Number: 633-RM11

Researcher: Robert Morgan

IRB Number: 502838

Application Received: 06/17/2011

Completed Application: 06/23/2011

Title of Research:
Thinking Patterns of Mentally Disordered Offenders

Sent to Peer Panel: 06/24/2011, 11/22/2011 01/17/2012, 02/15/2012

Proponent:
Texas Tech University Dept. of Psychology

Panel Recommendations:

University Medical Director Approval: 11/15/2011

Project Status:
Pending Peer Panel (4th review)

Project Number: 635-RM11

Researcher: Bryan Schneider

IRB Number: 11-101

Application Received: 07/06/2011

Completed Application: 07/08/2011

Title of Research:
Lactulose compliance levels among patients admitted to a prison system hospital with a hepatic diagnosis

Sent to Peer Panel: 02/06/2012

Proponent:
University of Texas Medical Branch at Galveston

Panel Recommendations:

University Medical Director Approval: 08/31/2011

Project Status:
Pending Peer Panel

Project Number: 644-RM11

Researcher: Avi Markowitz

IRB Number: 11-065

Application Received: 10/21/2011

Completed Application: 10/24/2011

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

Sent to Peer Panel: 12/30/2011

Proponent:
University of Texas Medical Branch at Galveston

Panel Recommendations:

University Medical Director Approval:
12/28/2011

Project Status:
Pending Peer Panel

Project Number: 649-RM12

Researcher: Jacques Baillargeon

IRB Number: 11-098

Application Received: 01/13/2012

Completed Application: 01/13/2012

Title of Research:
Prevalence of Major Psychiatric Disorders in the Texas Prison System

Sent to Peer Panel:

Proponent:
University of Texas Medical Branch at Galveston

Panel Recommendations:

University Medical Director Approval:

Project Status:
Pending Medical Director Approval

3rd Quarter FY 2012
TDCJ Office of Mental Health Monitoring & Liaison
Administrative Segregation

Date	Unit	Observed	Interviewed	Referred	Requests Fwd	911 Tool	ATC 4	ATC 5	ATC6
03/13/2012	Powledge	17	17	0	0	100%	100%	100%	100%
03/14/2012	Mtn. View	26	26	0	0	100%	100%	100%	100%
03/20/2012	Cole	7	7	0	0	100%	100%	100%	100%
03/08-09/12	Clements	453	294	0	7	100%	100%	100%	100%
03/20/2012	Ellis	101	46	0	5	100%	100%	100%	100%
03/21-22/12	Wynne	371	160	0	3	100%	100%	100%	100%
03/28-29/12	Connally	482	246	0	8	100%	100%	100%	100%
04/01/2012	Bradshaw	14	14	0	1	100%	100%	100%	100%
04/10/2012	Lopez	7	7	0	2	100%	N/A	N/A	N/A
04/11-12/12	Polunsky	485	218	0	5	100%	100%	100%	100%
04/18-19/12	Allred	312	312	0	8	100%	100%	100%	100%
04/26-27/12	McConnell	486	203	0	7	100%	100%	100%	100%
05/08/2012	Dawson	8	8	0	1	100%	100%	100%	100%
05/08/2012	Hutchins	15	15	0	0	100%	100%	100%	100%
05/17/2012	Dominguez	19	19	0	1	100%	100%	100%	100%
05/23/2012	Sanchez	10	10	0	0	100%	N/A	N/A	N/A
05/03/2012	Darrington	216	108	0	5	100%	100%	100%	100%
05/16-17/12	Lewis	432	240	1	5	100%	100%	100%	100%
05/25/2012	Ramsey	42	41	0	3	100%	100%	100%	100%
Grand Total	**19 units**	**3503**	**1941**	**1**	**61**	**100%**	**100%**	**100%**	**100%**

Consent Item 3(a)

University Medical Director's Report

The University of Texas Medical Branch

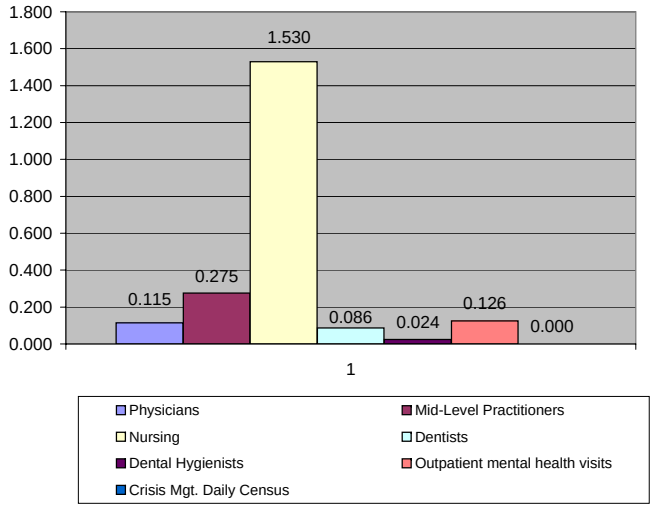
Correctional Health Care
MEDICAL DIRECTOR'S REPORT

THIRD QUARTER
FY 2012

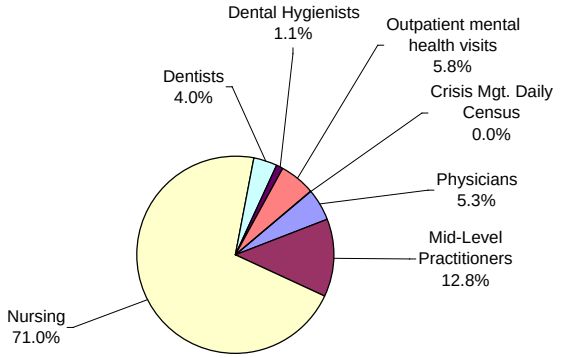
Medical Director's Report:

Average Population	March 120,623		April 120,334		May 119,943		Qtly Average 120,300	
	Number	**Rate Per Offender**	**Number**	**Rate Per Offender**	**Number**	**Rate Per Offender**	**Number**	**Rate Per Offender**
Medical encounters								
Physicians	13,983	0.116	13,022	0.108	14,320	0.119	**13,775**	**0.115**
Mid-Level Practitioners	31,385	0.260	32,867	0.273	35,169	0.293	**33,140**	**0.275**
Nursing	185,578	1.538	187,037	1.554	179,626	1.498	**184,080**	**1.530**
Sub-total	**230,946**	**1.915**	**232,926**	**1.936**	**229,115**	**1.910**	**230,996**	**1.920**
Dental encounters								
Dentists	8,537	0.071	9,162	0.076	13,305	0.111	**10,335**	**0.086**
Dental Hygienists	2,789	0.023	2,936	0.024	2,856	0.024	**2,860**	**0.024**
Sub-total	**11,326**	**0.094**	**12,098**	**0.101**	**16,161**	**0.135**	**13,195**	**0.110**
Mental health encounters								
Outpatient mental health visits	15,039	0.125	14,813	0.123	15,449	0.129	**15,100**	**0.126**
Crisis Mgt. Daily Census	59	0.000	56	0.000	52	0.000	**56**	**0.000**
Sub-total	**15,098**	**0.125**	**14,869**	**0.124**	**15,501**	**0.129**	**15,156**	**0.126**
Total encounters	**257,370**	**2.134**	**259,893**	**2.160**	**260,777**	**2.174**	**259,347**	**2.156**

Encounters as Rate Per Offender Per Month



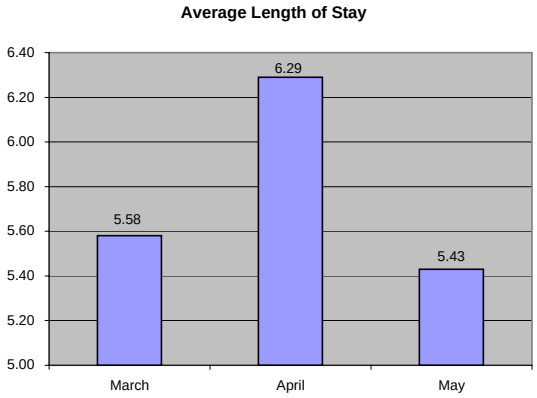
Encounters by Type

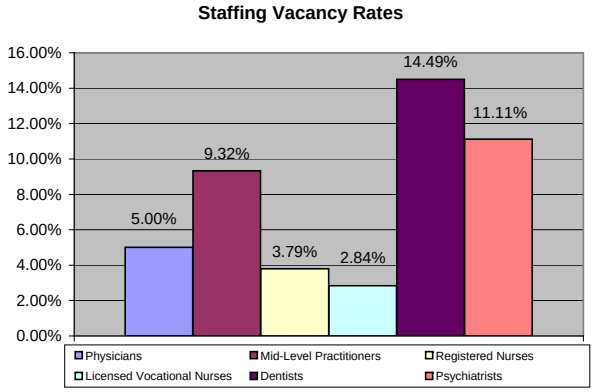


Medical Director's Report (Page 2):

	March	April	May	Qtly Average
Medical Inpatient Facilities				
Average Daily Census	60.00	60.00	62.00	**60.67**
Number of Admissions	332.00	286.00	341.00	**319.67**
Average Length of Stay	5.58	6.29	5.43	**5.77**
Number of Clinic Visits	2,349.00	2,200.00	2,235.00	**2,261.33**
Mental Health Inpatient Facilities				
Average Daily Census	1,019.94	1,020.94	1,022.63	**1,021.17**
PAMIO/MROP Census	689.10	688.77	699.94	**692.60**
Telemedicine Consults	6,647	6,868	8,142	**7,219.00**

	Average This Quarter			Percent
Health Care Staffing	Filled	Vacant	Total	Vacant
Physicians	57.00	3.00	60.00	5.00%
Mid-Level Practitioners	107.00	11.00	118.00	9.32%
Registered Nurses	203.00	8.00	211.00	3.79%
Licensed Vocational Nurses	514.00	15.00	529.00	2.84%
Dentists	59.00	10.00	69.00	14.49%
Psychiatrists	16.00	2.00	18.00	11.11%





Consent Item 3(b)

University Medical Director's Report

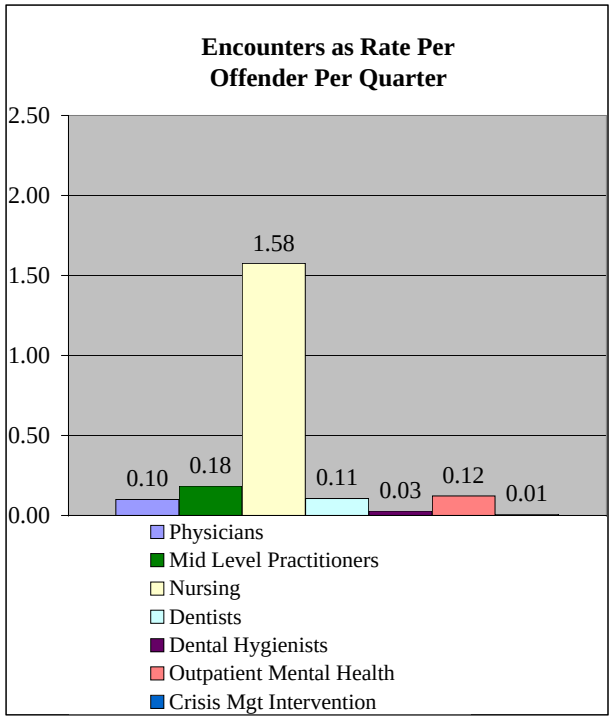
Texas Tech University
Health Sciences Center

Correctional Managed Health Care
MEDICAL DIRECTOR'S REPORT

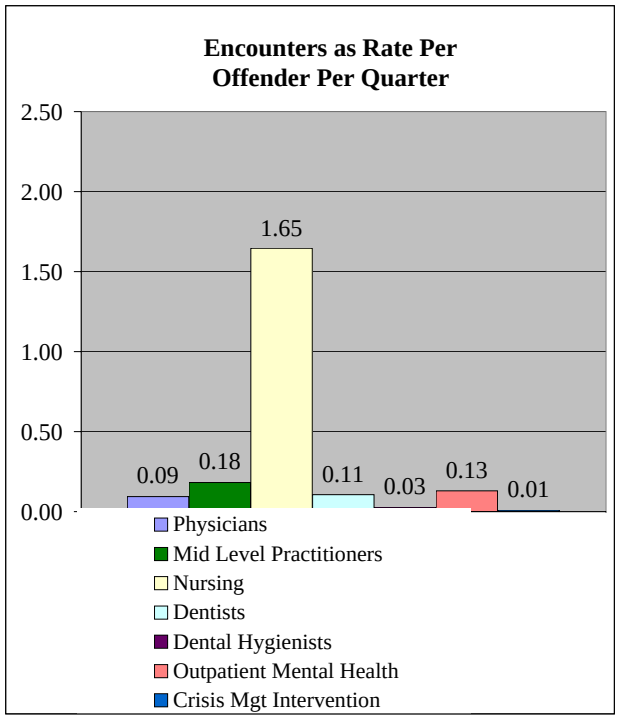
THIRD QUARTER
FY 2012

Medical Director's Report:

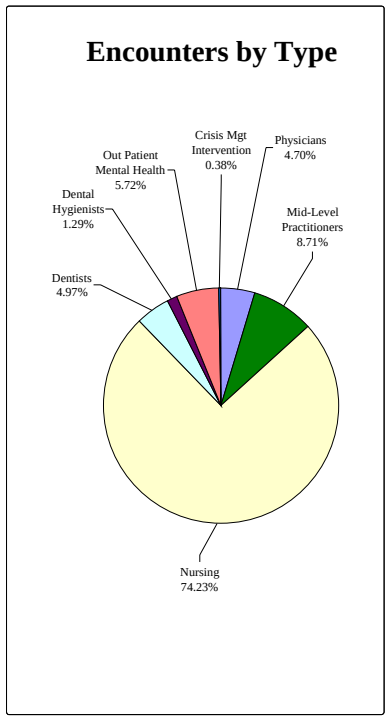
	March		April		May		Quarterly Average	
Average Population	31,534.82		31,633.40		31,518.11		31,562.11	
Medical Encounters	Number	Rate Per Offender	Number	Rate Per Offender	Number	Rate Per Offender	Number	Rate Per Offender
Physicians	3,436	0.109	3,541	0.112	1,882	0.060	2,953	0.094
Mid-Level Practitioners	6,587	0.209	6,554	0.207	4,068	0.129	5,736	0.182
Nursing	51,603	1.636	52,717	1.666	51,461	1.633	51,927	1.645
Sub-Total	**61,626**	**1.954**	**62,812**	**1.986**	**57,411**	**1.822**	**60,616**	**1.921**
Dental Encounters								
Dentists	3,478	0.110	3,647	0.115	2,893	0.092	3,339	0.106
Dental Hygienists	874	0.028	833	0.026	857	0.027	855	0.027
Sub-Total	**4,352**	**0.138**	**4,480**	**0.142**	**3,750**	**0.119**	**4,194**	**0.133**
Mental Health Encounters								
Outpatient Mental Health Visits	4,415	0.140	3,981	0.126	3,892	0.123	4,096	0.130
Crisis Mgt. Interventions	292	0.009	286	0.009	302	0.010	293	0.009
Sub-Total	**4,707**	**0.149**	**4,267**	**0.135**	**4,194**	**0.133**	**4,389**	**0.139**
Total Encounters	**70,685**	**2.241**	**71,559**	**2.262**	**65,355**	**2.074**	**69,200**	**2.192**



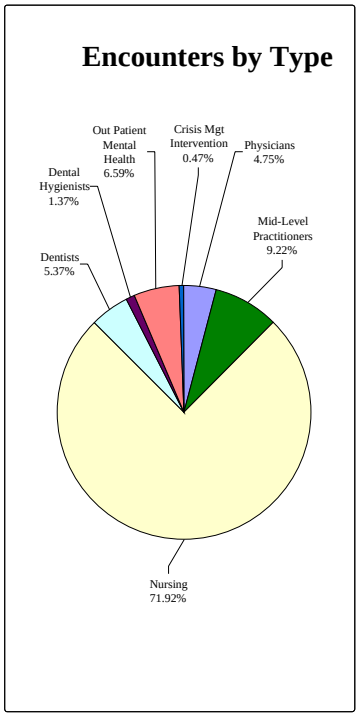
2nd Quarter 2012



3rd Quarter 2012



2nd Quarter 2012

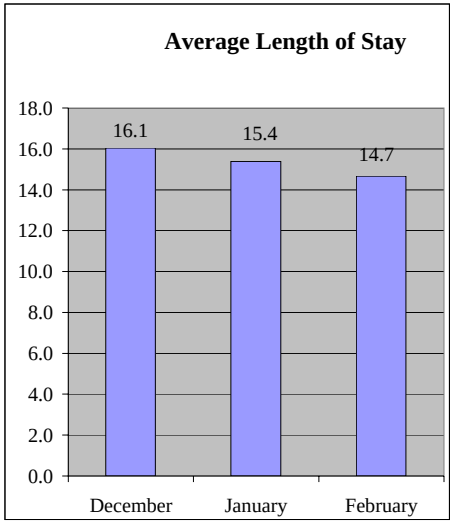


3rd Quarter 2012

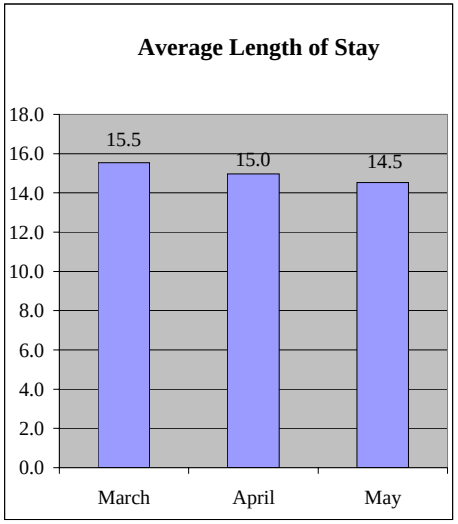
Medical Director's Report (page 2):

	March	April	May	Quarterly Average
Medical Inpatient Facilities				
Average Daily Census	113.75	116.11	109.55	**113.14**
Number of Admissions	191	200	184	**191.67**
Average Length of Stay	15.54	14.97	14.52	**15.01**
Number of Clinic Visits	711	682	736	**709.67**
Mental Health Inpatient Facilities				
Average Daily Census	487	496	511	**498.00**
PAMIO/MROP Census	262	259	245	**255.33**
Specialty Referrals Completed	973	990	976	**979.67**
Telemedicine Consults	573	751	811	**711.67**

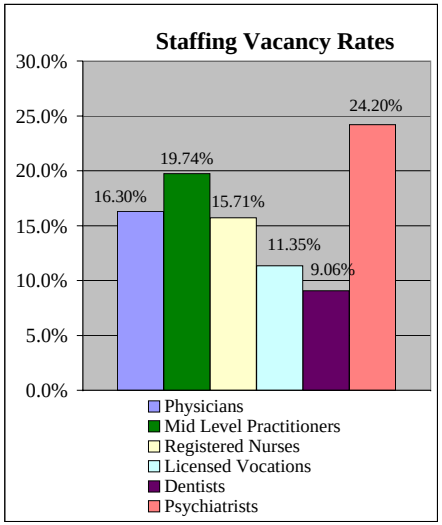
	Average This Quarter			Percent
Health Care Staffing	Filled	Vacant	Total	Vacant
Physicians	16.33	4.22	20.55	20.54%
Mid-Level Practitioners	28.17	6.33	34.5	18.35%
Registered Nurses	124.99	25.47	150.46	16.93%
Licensed Vocational Nurses	270.02	31.48	301.5	10.44%
Dentists	17.57	1.75	19.32	9.06%
Psychiatrists	6.89	2.2	9.09	24.20%



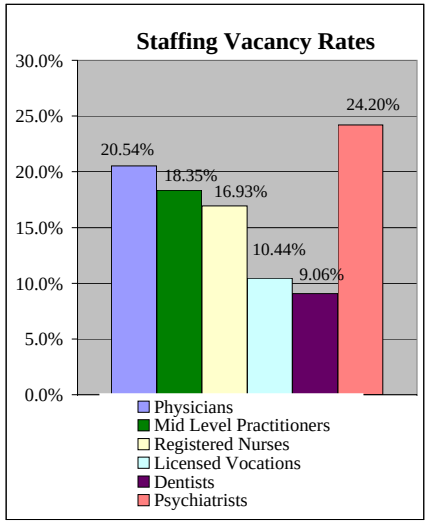
2nd Quarter 2012



3rd Quarter 2012



2nd Quarter 2012



3rd Quarter 2012

Consent Item 4

Summary of CMHCC Joint Committee \ Work Groups

Correctional Managed Health Care
Joint Committee/Work Group Activity Summary
for September 2012 CMHCC Meeting

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

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

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

Workgroup activity covered in this report includes:

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

System Leadership Council

Chair: Dr. Denise DeShields

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

Meeting Date: August 9, 2012
Key Activities:

(1) Approval of Minutes

Reports from Champions/Discipline Directors:

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

Standing Issues

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

Miscellaneous/Open for Discussion Participants:

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

Joint Policy and Procedure Committee

Co-Chair: Dr. Robert Williams, TDCJ Health Services Division
Co-Chair: Allen Hightower, Executive Director, CMHC

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

Meeting Date: July 12, 2012

Sub Committee Updates: None

Old Business:

A-08.7 (Att. A, B) - Tabled
A-12.1 Grievance Mechanism – Tabled
G-57.1 Sexual Assault – Continued to Tabled

New Business:

Sections G, H and I are scheduled for review.

E-32.1 Receiving, Transfer and Continuity of Care Screening – Robert Williams, MD, Justin Robison, MSN,RN

E-35.2 Mental Health Evaluation
E-39.1 Health Evaluation and Documentation Offenders in Segregation
E-41.2 Emergency Response During Hours of Operation
E-41.2 CMHC Inventory List
Attachments A
G-51.1 Offenders with Special Needs
G-51.7 Psychiatric Inpatient Treatment for Substance Abuse Felony Punishment Facility Offenders
G-51.10 Chronic Care Program
G-53.3 Management of Offender Hunger-Strikes
H-60.2 Inpatient Health Records
I-66.2 Therapeutic Restraint of Mental Health Patients
I-70.1 Informed Consent
I-70.1 Request / Consent for Treatment or Services
Attachment A **NEW**

Adjournment

- Next Meeting Date is October 11, 2012
- Section to be covered will be B, C and D. Comments on Section B, C and D are due by September 1, 2012.

Joint Pharmacy and Therapeutics Committee

Chair: Dr. Benjamin Leeah

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

Meeting Date: July 12, 2012

Key Activities:

Approval of Minutes from March 10, 2011 Meeting

Reports from Subcommittees:

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

Reviewed and discussed monthly reports as follows:

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

- **E.** Quarterly Medication Error Reports – 3rd Quarter (March-May) FY12
    1. UTMB Sector
    2. Texas Tech Sector
    3. Medication Dispensing Error Report

- **F.** Utilization Reports (April-May 2012)
    4. HIV Utilization
    5. Hepatitis C Utilization
    6. Hepatitis B Utilization
    7. Psychotropic Utilization

- **G.** Special Report – Top 50 Drugs by Volume and Cost – 3rd Quarter FY12
- **H.** Policy Review Schedule

Old Business - None

New Business

- **A.** New Members

1. Ex-Officio Member – Jessica Khan, MD
2. TT Pharmacy Representative – Tiffany Coomer, PharmD

B. Action Request

1. Removal of Long-Acting Injectable Antipsychotics from Floor Stock
2. Formulary Addition of Perphenazine 16 mg. Tablest
3. Formulary Addition of D5W 250 ml bag and D10W 1000 ml bag
4. Formulary Deletion of Alamag and Commissary Request for Alcalak Substitution
5. Commissary List Update
6. Floor Stock of Ibuprofen

C. Drug Category Review

1. Analgesics
2. Endocrinology
3. Topical Agents

D. FDA Medication Safety Advisories

E. Manufacturer Shortages and Discontinuations

F. Policy and Procedure Revisions

1. Therapeutic Optometrists (65-10)
2. Representatives of Pharmaceutical Supplies and Related (70-05)
3. Drug Samples (70-10)
4. Adverse Medication Reaction Reports (75-05)
5. Medication Errors (75-10)
6. Pharmacy Medication Area Audits and Inspections (75-15)
7. Record Retention (75-20)
8. Look Alike / Sound Alike Medications (75-30)

G. Miscellaneous

Adjournment

Joint Infection Control Committee

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

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

Meeting Date: August 9, 2012

Key Activities:

Reviewed and Approved Minutes

Public Health Update

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

Old Business - None

New Business

A. B-14.10 – Tuberculosis – Attachment E – DOT Flow Sheet
B. 2013 Calendar Suggested Meeting Dates
C. Procedure for submitting policy revisions

Policy Under Reviews - B-14.15 - B.14.24

a. B14.15 Meningitis
b. B.14.16 Skin and Soft tissue Infection
c. B-14.18 Clostridium Difficile
d. B.14.19 Disease Report
e. B.14.20 Standard Precautions – No Revisions
f. B-14.22 Handwashing – No Revisions
g. B-14.23 Medical Supply Decontamination – No Revisions
h. B-14.24 Disposal of Sharps, Needles and Syringes – No Revisions

Adjourn

- Next Meeting – October 11, 2012
- Policies to be reviewed are B-14.25 through B-14.51

Joint Dental Work Group

Chair: Dr. Billy Horton

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

Meeting Date: July 18, 2012

UTMB – CMC Director's Meeting

- Approval of Minutes, Division and Department Directors
- Dental Utilization Quality Review Committee, Chairperson: Dr. Scott Reinecke
- Eastern Sector Dental Services Director, UTMB-CMC, Dr. Billy Horton
- Dental Hygiene Manager, Ms. Pam Myers

- Eastern Sector Dental Services
    - Region 1, Dr. Scott Reinecke
    - Region 2, Dr. John Beason
    - Region 3, Dr. Joseph Sheringo

- Adjourn

Joint Mortality and Morbidity Committee

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

Key Activities:

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

Purpose:

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

For the Three Months Ended May 31, 2012

- There were 117 deaths reviewed by the Mortality and Morbidity Committee during the months of March, April, and May 2012. Of those 117 deaths, 10 were referred to peer review committees.

Joint Nursing Work Group

Chair: Mike Jones, RN, BSN

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

Meeting Date: July 11, 2012

- Nurse Chart Completion Module
- DOT Flow Sheet revision
- Revisions to CMHC policies E-32.1 and E-39.1
- Update on CMA program
- Use of Force Form
- Counting workload
- Staffing
- Expiration Dates
- Frequency of change
- Other

Adjourn

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CORRECTIONAL MANAGED HEALTH CARE COMMITTEE

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

Allen R. Hightower
Executive Director

Date: September 19, 2012

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

From: Allen Hightower, Executive Director

Subject: Executive Director's Report

Discussion of Legislative Sunset Committee's final decisions on recommended changes by the Sunset Committee staff regarding Correctional Managed Health Care Committee.

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Correctional Managed Health Care

Quarterly Report
FY 2012 Third Quarter

September 2011 – May 2012

Summary

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

Background

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

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

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

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

Report Highlights

Population Indicators

- Through the third quarter of this fiscal year, the correctional health care program has slightly decreased in the overall offender population served. The average daily population served through the third quarter of FY 2012 was 152,571. Through this same quarter a year ago (FY 2011), the average daily population was 152,722, a decrease of 151 (0.10%). While overall growth has slightly decreased, the number of offenders age 55 and over has continued to steadily increase at a much greater rate.
  - Consistent with the trend for the last several years, the number of offenders in the service population aged 55 or older has continued to rise at a much faster rate than the overall population. Through the third quarter of FY 2012, the average number of older offenders in the service population was 13,625. Through this same quarter a year ago (FY 2011), the average number of offenders age 55 and over was 12,701. This represents an increase of 924 or about 7.3% more older offenders than a year ago.
  - Hospital Inpatient Census is a new statistical indicator established to reflect the health care dollars spent in the C.1.8 Strategy "Hospital and Clinic Costs". The hospital inpatient average daily census (ADC) served through the third quarter of FY 2012 was 206 for both the Texas Tech and UTMB Sectors.
  - Outpatient Clinic and ER Visits is another new statistical indicator established to reflect the health care dollars spent in the C.1.8 Strategy "Hospital and Clinic Costs". The medical outpatient clinic and ER visits served through the third quarter of FY 2012 was 3,476 for both the Texas Tech and UTMB Sectors.
  - The overall HIV+ population has remained relatively stable throughout the last few years and continued to remain so through this quarter, averaging 2,300 (or about 1.5% of the population served).
  - Two mental health caseload measures have also remained relatively stable:
    - The average number of psychiatric inpatients within the system was 1,803 through the third quarter of FY 2012, as compared to 1,941 through the same quarter a year ago (FY 2011). The inpatient caseload is limited by the number of available inpatient beds in the system.
    - Through the third quarter of FY 2012, the average number of mental health outpatients was 18,490 representing 12.1% of the service population.

Health Care Costs

- Overall health costs through the third quarter of FY 2012 totaled $368.7M. This amount is above the overall revenues earned by the university providers by $11.8M.
  - UTMB's total revenue through the third quarter was $283.5M. Their expenditures totaled $295.4M, resulting in a net loss of $11.9M. On a per offender per day basis, UTMB earned $8.55 in revenue and expended $8.91 resulting in a loss of $0.36 per offender per day.
  - TTUHSC's total revenue through the third quarter was $73.3M. Expenditures totaled $73.2M, resulting in a net gain of $59,264. On a per offender per day basis, TTUHSC earned $8.49 in revenue, but expended $8.48 resulting in a gain of $0.01 per offender per day.
- Examining the health care costs in further detail indicates that of the $368.7M in expenses reported through the third quarter of the year:
  - Onsite services (those medical services provided at the prison units) comprised $168.4M representing about 45.7% of the total health care expenses:
    - Of this amount, 82.7% was for salaries and benefits and 17.3% for operating costs.
  - Pharmacy services totaled $40.3M representing approximately 10.9% of the total expenses:
    - Of this amount 18.2% was for related salaries and benefits, 2.8% for operating costs and 79.0% for drug purchases.
  - Offsite services (services including hospitalization and specialty clinic care) accounted for $118.9M or 32.3% of total expenses:
    - Of this amount 70.6% was for estimated university provider hospital, physician and professional services; and 29.4% for Freeworld (non-university) hospital, specialty and emergency care.
  - Mental health services totaled $30.8M or 8.3% of the total costs:
    - Of this amount, 98.0% was for mental health staff salaries and benefits, with the remaining 2.0% for operating costs.
  - Indirect support expenses accounted for $10.3M and represented 2.8% of the total costs.

- The total cost per offender per day for all health care services statewide through the third quarter of FY 2012 was $8.82. However, when benchmarked against the average cost per offender per day for the prior four fiscal years of $9.44, the decrease is at (6.6%). As a point of reference healthcare costs was $7.64 per day in FY03. This would equate to a 15.5% increase since FY03 or approximately 1.77% increase per year average, well below the national average.
    - For UTMB, the cost per offender per day was $8.91. This is lower than the average cost per offender per day for the last four fiscal years of $9.50.
    - For TTUHSC, the cost per offender per day was $8.48, lower than the average cost per offender per day for the last four fiscal years of $9.21.
    - Differences in cost between UTMB and TTUHSC relate to the differences in mission, population assigned and the acuity level of the offender patients served.

Aging Offenders

- As consistently noted in prior reports, the aging of the offender population has a demonstrated impact on the resources of the health care system. Offenders age 55 and older access the health care delivery system at a much higher level and frequency than younger offenders:
    - Encounter data through the third quarter of FY 2012 indicates that offenders aged 55 and over had a documented encounter with medical staff a little more than 1.2 times as often as those under age 55.
    - An examination of hospital admissions by age category found that through this quarter of the fiscal year, hospital costs and outpatient clinic costs received to date for charges incurred this fiscal year for offenders over age 55 totaled approximately $2,778 per offender. The same calculation for offenders under age 55 totaled about $453. In terms of hospitalization and clinic costs, the older offenders were utilizing health care resources at a rate more than 6.1 times higher than the younger offenders. While comprising about 8.9% of the overall service population, offenders age 55 and over account for 37.6% of the hospitalization and clinic costs received to date.
    - A third examination of dialysis costs found that, proportionately, older offenders are represented 5.4 times more often in the dialysis population than younger offenders. Dialysis costs continue to be significant, averaging $28,563 per patient per year. Providing medically necessary dialysis treatment for an average of 216 patients through the third quarter of FY2012 cost $3.1M.

Drug Costs

- Total drug costs through the third quarter of FY 2012 totaled $31.8M.
    - Pharmaceutical costs related to HIV care continue to be the largest single component of pharmacy expenses.
        - Through this quarter, $14.98M in costs (or $1.66M per month) for HIV antiretroviral medication costs were experienced. This represents 47.1% of the total drug cost during this time period.
        - Expenses for psychiatric drugs are also being tracked, with approximately $2.0M being expended for psychiatric medications through the second quarter, representing 6.4% of the overall drug cost.
        - Another pharmacy indicator being tracked is the cost related to Hepatitis C therapies. These costs were $2.2M and represented about 6.8% of the total drug cost.

Reporting of Fund Balances

- UTMB reports that they have a total loss of $11,886,493 through this third quarter of this fiscal year. TTUHSC reports that they have a total gain of $59,264 through this third quarter of this fiscal year. Please note Table 3 - All Health Care Summary of this financial report for the details of the Overall Revenue and Expense Summary by the Three Healthcare Strategies that we follow.

- A summary analysis of the ending balances, revenue and payments through the third quarter for the CMHCC account is included in this report. That summary indicates that the ending balance on the CMHCC account on May 31, 2012 was $175,893.31. This is primarily due to the vacancy of one employee in the Correctional Managed Health Care Committee.

Financial Monitoring

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

The testing of detail transactions performed on TTUHSC's financial information for March 2012 through May 2012 found all tested transactions to be verified and found all back up detail to be validated, except for April 2012 with one classification error which was corrected.

The testing of detail transactions performed on UTMB's financial information for March 2012 through May 2012 found all tested transactions to be verified and found all back up detail to be validated, except for two transactions. One transaction in April 2012 with no back-up documentation and one transaction in March 2012 with a correction made for a Drug item which was overcharged.

Concluding Notes

The combined operating loss for the university providers through the third quarter of FY 2012 is $11.8 M. The university providers are continuing to monitor their expenditures closely, while seeking additional opportunities to reduce costs in order to minimize their operating losses.

Listing of Supporting Tables and Charts

Table 1

Correctional Managed Health Care

FY 2012 Budget Allocations

Distribution of Funds

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

Source of Funds

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

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

Chart 1

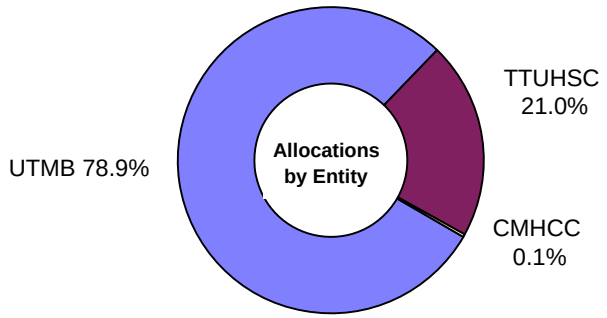


Table 2
FY 2012
Key Population Indicators
Correctional Health Care Program

Indicator	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Population Year to Date Avg.
Avg. Population Served by CMHC:										
UTMB State-Operated Population	109,767	109,780	109,834	109,611	109,222	108,806	108,715	108,421	108,035	109,132
UTMB Private Prison Population*	11,919	11,912	11,907	11,912	11,899	11,903	11,908	11,912	11,908	11,909
UTMB Total Service Population	121,686	121,692	121,740	121,523	121,121	120,709	120,623	120,334	119,943	121,041
TTUHSC Total Service Population	31,715	31,678	31,538	31,464	31,343	31,337	31,538	31,635	31,521	31,530
CMHC Service Population Total	**153,401**	**153,370**	**153,278**	**152,987**	**152,464**	**152,046**	**152,161**	**151,969**	**151,464**	**152,571**
Population Age 55 and Over										
UTMB Service Population Average	11,158	11,215	11,256	11,289	11,368	11,411	11,508	11,488	11,502	11,355
TTUHSC Service Population Average	2,215	2,231	2,247	2,260	2,256	2,295	2,311	2,308	2,309	2,270
CMHC Service Population Average	**13,373**	**13,446**	**13,503**	**13,549**	**13,624**	**13,706**	**13,819**	**13,796**	**13,811**	**13,625**
Medical Health Inpatient Daily Census										
UTMB Hospital Galveston Inpatient ADC	74	63	62	65	66	68	62	65	66	66
UTMB FreeWorld Hospital Inpatient ADC	17	13	15	20	20	21	23	28	26	20
TTUHSC RMF Inpatient ADC	112	111	111	111	116	114	114	112	109	112
TTUHSC FreeWorld Hospital Inpatient ADC	7	11	9	9	7	6	8	9	5	8
CMHC Medical Inpatient Daily Census	**210**	**198**	**197**	**205**	**209**	**209**	**206**	**213**	**206**	**206**
Medical Health Outpatient Visits										
UTMB Specialty Clinic & ER Visits	2,657	2,288	2,089	1,946	2,541	2,713	2,970	2,821	3,211	2,582
TTUHSC FreeWorld Outpatient & ER Visits	876	905	876	886	891	844	1,020	643	1,105	894
CMHC Medical Outpatient Visits	**3,533**	**3,193**	**2,965**	**2,832**	**3,432**	**3,557**	**3,990**	**3,464**	**4,316**	**3,476**
HIV+ Population	**2,324**	**2,352**	**2,318**	**2,320**	**2,297**	**2,302**	**2,288**	**2,251**	**2,245**	**2,300**
Mental Health Inpatient Census										
UTMB Psychiatric Inpatient Average	1,001	999	1,009	1,009	1,017	1,012	1,020	1,021	1,023	1,012
TTUHSC Psychiatric Inpatient Average	914	891	779	764	756	750	749	755	756	790
CMHC Psychiatric Inpatient Average	**1,915**	**1,890**	**1,788**	**1,773**	**1,773**	**1,762**	**1,769**	**1,776**	**1,779**	**1,803**
Mental Health Outpatient Census										
UTMB Psychiatric Outpatient Average	14,566	14,131	13,582	13,697	14,263	14,822	15,039	14,813	15,449	14,485
TTUHSC Psychiatric Outpatient Average	4,275	3,946	4,111	3,631	3,681	4,113	4,415	3,981	3,892	4,005
CMHC Psychiatric Outpatient Average	**18,841**	**18,077**	**17,693**	**17,328**	**17,944**	**18,935**	**19,454**	**18,794**	**19,341**	**18,490**

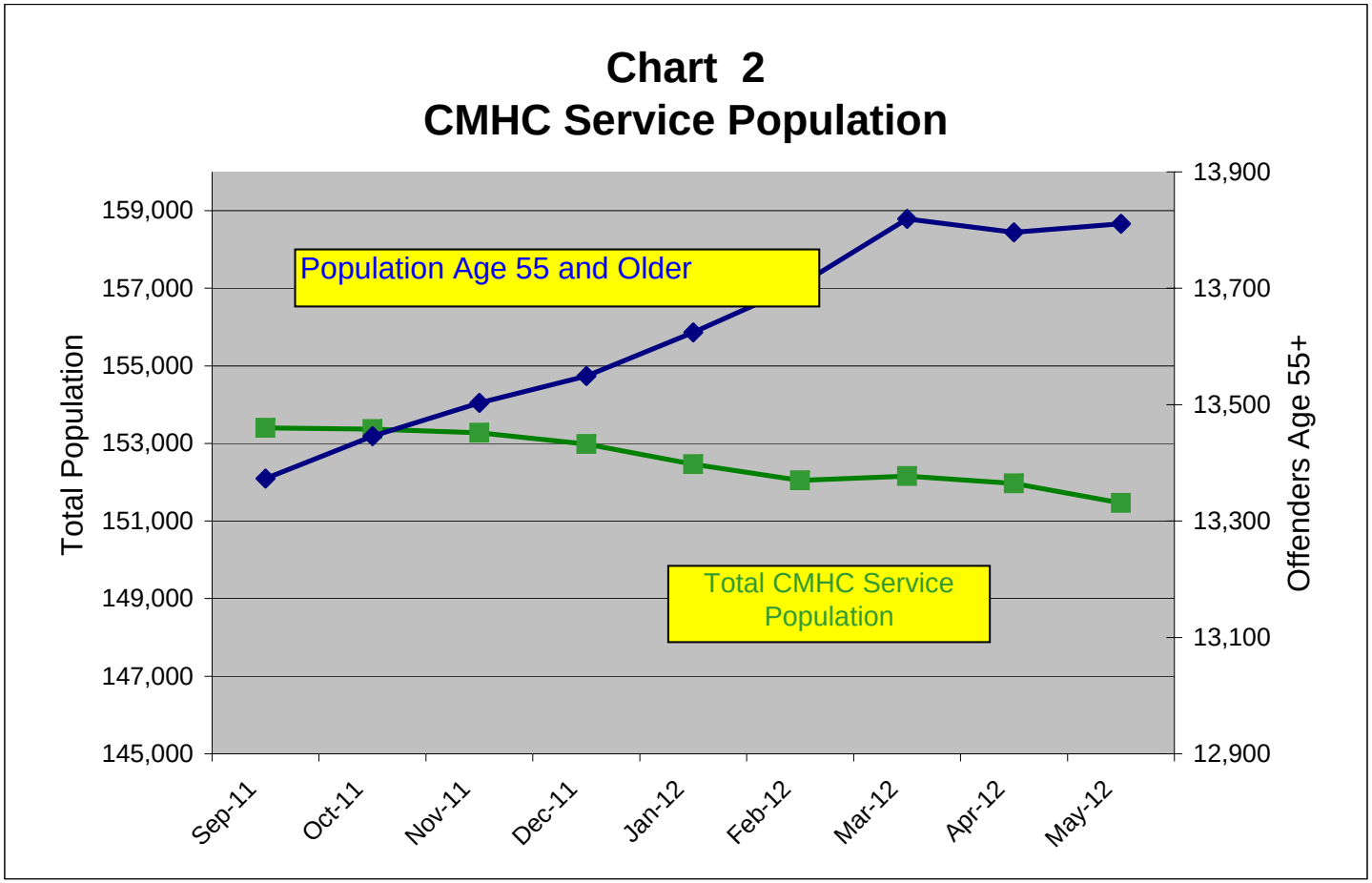


Chart 2
CMHC Service Population
Total Population
Offenders Age 55+
159,000
157,000
155,000
153,000
151,000
149,000
147,000
145,000
13,900
13,700
13,500
13,300
13,100
12,900
Population Age 55 and Older
Total CMHC Service Population
Sep-11
Oct-11
Nov-11
Dec-11
Jan-12
Feb-12
Mar-12
Apr-12
May-12

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

Days in Year: 274

	Unit and Mental Health Services Costs			Unit & Mental Cost Per Day Calculations		
	UTMB	TTUHSC	TOTAL	UTMB	TTUHSC	TOTAL
Population Served	**121,041**	**31,530**	**152,571**			
Revenue						
Capitation Payments	$140,226,624	$40,703,943	$180,930,567	$4.23	$4.71	$4.33
State Reimbursement Benefits	$30,067,903	$4,660,985	$34,728,888	$0.91	$0.54	$0.83
Other Misc Revenue	$40,597	$1,961	$42,558	$0.00	$0.00	$0.00
Total Revenue	**$170,335,124**	**$45,366,889**	**$215,702,013**	**$5.14**	**$5.25**	**$5.16**
Expenses						
Unit Services						
Salaries	$94,208,986	$13,222,840	$107,431,826	$2.84	$1.53	$2.57
Benefits	$28,648,717	$3,202,265	$31,850,982	$0.86	$0.37	$0.76
Operating (M&O)	$12,966,023	$918,606	$13,884,629	$0.39	$0.11	$0.33
Professional Services	$0	$1,798,775	$1,798,775	$0.00	$0.21	$0.04
Contracted Units/Services	$0	$12,637,693	$12,637,693	$0.00	$1.46	$0.30
Travel	$564,448	$27,367	$591,815	$0.02	$0.00	$0.01
Electronic Medicine	$0	$161,216	$161,216	$0.00	$0.02	$0.00
Capitalized Equipment	$27,854	$0	$27,854	$0.00	$0.00	$0.00
Subtotal Onsite Expenses	$136,416,028	$31,968,762	$168,384,790	$4.11	$3.70	$4.03
Mental Health Services						
Salaries	$16,540,746	$7,703,520	$24,244,266	$0.50	$0.89	$0.58
Benefits	$4,073,632	$1,845,312	$5,918,944	$0.12	$0.21	$0.14
Operating (M&O)	$288,638	$48,976	$337,614	$0.01	$0.01	$0.01
Professional Services	$0	$244,119	$244,119			
Contracted Units/Services	$0	$0	$0			
Travel	$28,566	$4,911	$33,477	$0.00	$0.00	$0.00
Electronic Medicine	$0	$0	$0	$0.00	$0.00	$0.00
Capital Expenditures	$0	$0	$0	$0.00	$0.00	$0.00
Subtotal Mental Health Expenses	$20,931,582	$9,846,838	$30,778,420	$0.63	$1.11	$0.73
Indirect Expenses	$7,956,740	$1,358,860	$9,315,600	$0.24	$0.16	$0.22
Total Unit and Mental Health Expenses	**$165,304,350**	**$43,174,460**	**$208,478,810**	**$4.98**	**$4.97**	**$4.98**
Operating Income (Loss)	**$5,030,774**	**$2,192,429**	**$7,223,203**	**$0.15**	**$0.28**	**$0.18**

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

Days in Year: 274

	Hospital and Clinic Costs			Hospital & Clinic Cost Per Day Calculations		
	UTMB	TTUHSC	TOTAL	UTMB	TTUHSC	TOTAL
Population Served	**121,041**	**31,530**	**152,571**			
Revenue						
Capitation Payments	$82,362,367	$18,934,391	$101,296,758	$2.48	$2.19	$2.42
State Reimbursement Benefits	$0	$1,114,094	$1,114,094	$0.00	$0.13	$0.03
Other Misc Revenue	$0	$0	$0	$0.00	$0.00	$0.00
Total Revenue	**$82,362,367**	**$20,048,485**	**$102,410,852**	**$2.48**	**$2.32**	**$2.45**
Expenses						
Hospital and Clinic Services						
University Professional Services	$11,613,661	$947,008	$12,560,669	$0.35	$0.11	$0.30
Freeworld Provider Services	$15,967,193	$11,575,855	$27,543,048	$0.48	$1.34	$0.66
UTMB or TTUHSC Hospital Cost	$63,387,476	$8,059,262	$71,446,738	$1.91	$0.93	$1.71
Estimated IBNR	$7,306,710	$41,777	$7,348,487	$0.22	$0.00	$0.18
Subtotal Offsite Expenses	$98,275,040	$20,623,902	$118,898,942	$2.96	$2.39	$2.84
Indirect Expenses	$0	$735,640	$735,640	$0.00	$0.09	$0.02
Total Hospital and Clinic Expenses	**$98,275,040**	**$21,359,542**	**$119,634,582**	**$2.96**	**$2.47**	**$2.86**
Operating Income (Loss)	**($15,912,673)**	**($1,311,057)**	**($17,223,730)**	**($0.48)**	**($0.15)**	**($0.41)**

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

Days in Year: 274

	Pharmacy Health Services Costs			Pharmacy Health Cost Per Day Calculations		
	UTMB	TTUHSC	TOTAL	UTMB	TTUHSC	TOTAL
Population Served	**121,041**	**31,530**	**152,571**			
Revenue						
Capitation Payments	$30,708,003	$7,846,641	$38,554,644	$0.93	$0.91	$0.92
State Reimbursement Benefits	$0	$42,510	$42,510	$0.00	$0.00	$0.00
Other Misc Revenue	$128,748	$0	$128,748	$0.00	$0.00	$0.00
Total Revenue	**$30,836,751**	**$7,889,151**	**$38,725,902**	**$0.93**	**$0.91**	**$0.93**
Expenses						
Pharmacy Services						
Salaries	$4,493,844	$1,379,551	$5,873,395	$0.14	$0.16	$0.14
Benefits	$1,410,052	$47,438	$1,457,490	$0.04	$0.01	$0.03
Operating (M&O)	$903,423	$220,420	$1,123,843	$0.03	$0.03	$0.03
Pharmaceutical Purchases	$25,019,486	$6,793,107	$31,812,593	$0.75	$0.79	$0.76
Professional Services	$0	$0	$0	$0.00	$0.00	$0.00
Travel	$14,540	$5,112	$19,652	$0.00	$0.00	$0.00
Subtotal Pharmacy Health Expenses	$31,841,345	$8,445,628	$40,286,973	$0.96	$0.98	$0.96
Indirect Expenses	$0	$265,631	$265,631	$0.00	$0.03	$0.01
Total Pharmacy Expenses	**$31,841,345**	**$8,711,259**	**$40,552,604**	**$0.96**	**$1.01**	**$0.97**
Operating Income (Loss)	**($1,004,594)**	**($822,108)**	**($1,826,702)**	**($0.03)**	**($0.10)**	**($0.04)**

All Health Care Summary

	All Health Care Services			Cost Per Offender Per Day		
	UTMB	TTUHSC	TOTAL	UTMB	TTUHSC	TOTAL
Unit & Mental Health Services	$170,335,124	$45,366,889	$215,702,013	$5.14	$5.25	$5.16
Hospital & Clinic Services	$82,362,367	$20,048,485	$102,410,852	$2.48	$2.32	$2.45
Pharmacy Health Services	$30,836,751	$7,889,151	$38,725,902	$0.93	$0.91	$0.93
Total Revenue	**$283,534,242**	**$73,304,525**	**$356,838,767**	**$8.55**	**$8.49**	**$8.54**
Unit & Mental Health Services	$165,304,350	$43,174,460	$208,478,810	$4.98	$5.00	$4.99
Hospital & Clinic Services	$98,275,040	$21,359,542	$119,634,582	$2.96	$2.47	$2.86
Pharmacy Health Services	$31,841,345	$8,711,259	$40,552,604	$0.96	$1.01	$0.97
Total Expenses	**$295,420,735**	**$73,245,261**	**$368,665,996**	**$8.91**	**$8.48**	**$8.82**
Operating Income (Loss)	**($11,886,493)**	**$59,264**	**($11,827,229)**	**($0.36)**	**$0.01**	**($0.28)**

Table 4
FY 2012 3rd Quarter
UTMB/TTUHSC EXPENSE SUMMARY

Category	Expense	Percent of Total
Onsite Services	**$168,384,790**	**45.67%**
Salaries	$107,431,826	
Benefits	$31,850,982	
Operating	$29,101,982	
Pharmacy Services	**$40,286,973**	**10.93%**
Salaries	$5,873,395	
Benefits	$1,457,490	
Operating	$1,143,495	
Drug Purchases	$31,812,593	
Offsite Services	**$118,898,942**	**32.25%**
Univ. Professional Svcs.	$12,560,669	
Freeworld Provider Svcs.	$27,543,048	
Univ. Hospital Svcs.	$71,446,738	
Est. IBNR	$7,348,487	
Mental Health Services	**$30,778,420**	**8.35%**
Salaries	$24,244,266	
Benefits	$5,918,944	
Operating	$615,210	
Indirect Expense	**$10,316,871**	**2.80%**
Total Expenses	**$368,665,996**	**100.00%**

Chart 3: Total Health Care by Category

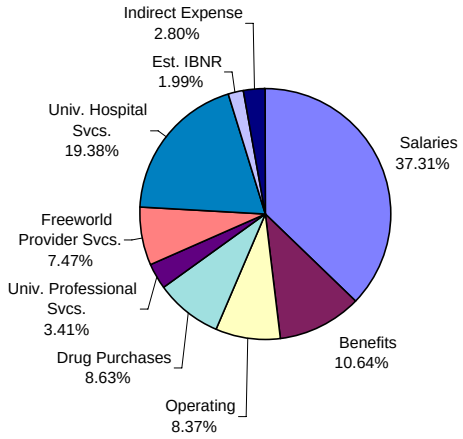


Chart 4: Onsite Services

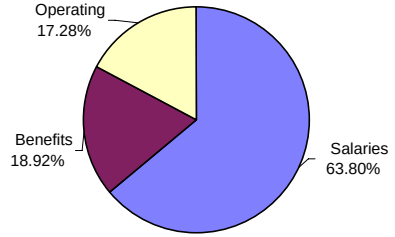


Chart 5: Pharmacy Services

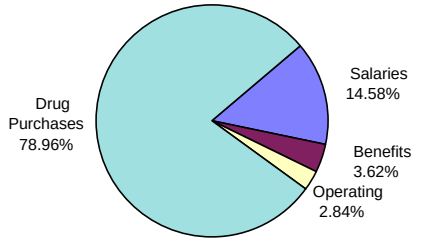


Chart 6: Offsite Services

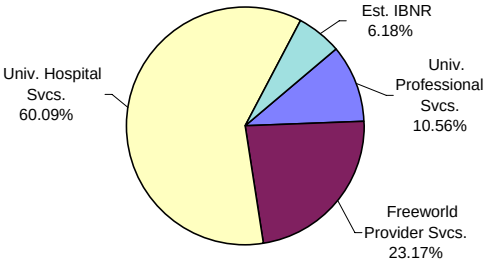


Chart 7: Mental Health Services

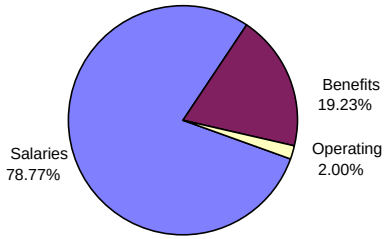


Table 4a
FY 2012 3rd Quarter
UTMB/TTUHSC EXPENSE SUMMARY

Category	Total Expense	UTMB	TTUHSC	% UTMB
Onsite Services	**$168,384,790**	**$136,416,028**	**$31,968,762**	**81.01%**
Salaries	$107,431,826	$94,208,986	$13,222,840	
Benefits	$31,850,982	$28,648,717	$3,202,265	
Operating	$29,101,982	$13,558,325	$15,543,657	
Pharmacy Services	**$40,286,973**	**$31,841,345**	**$8,445,628**	**79.04%**
Salaries	$5,873,395	$4,493,844	$1,379,551	
Benefits	$1,457,490	$1,410,052	$47,438	
Operating	$1,143,495	$917,963	$225,532	
Drug Purchases	$31,812,593	$25,019,486	$6,793,107	
Offsite Services	**$118,898,942**	**$98,275,040**	**$20,623,902**	**82.65%**
Univ. Professional Svcs.	$12,560,669	$11,613,661	$947,008	
Freeworld Provider Svcs.	$27,543,048	$15,967,193	$11,575,855	
Univ. Hospital Svcs.	$71,446,738	$63,387,476	$8,059,262	
Est. IBNR	$7,348,487	$7,306,710	$41,777	
Mental Health Services	**$30,778,420**	**$20,931,582**	**$9,846,838**	**68.01%**
Salaries	$24,244,266	$16,540,746	$7,703,520	
Benefits	$5,918,944	$4,073,632	$1,845,312	
Operating	$615,210	$317,204	$298,006	
Indirect Expense	**$10,316,871**	**$7,956,740**	**$2,360,131**	**77.12%**
Total Expenses	**$368,665,996**	**$295,420,735**	**$73,245,261**	**80.13%**

Table 5
Comparison of Total Health Care Costs

	FY 08	FY 09	FY 10	FY 11	4-Year Average	FYTD 12 1st Qtr	FYTD 12 2nd Qtr	FYTD 12 3rd Qtr
Population								
UTMB	120,648	119,952	120,177	121,417	120,548	121,706	121,412	121,041
TTUHSC	31,064	30,616	31,048	31,419	31,037	31,643	31,512	31,530
Total	151,712	150,568	151,225	152,836	151,585	153,350	152,924	152,571
Expenses								
UTMB	381,036,398	423,338,812	435,710,000	$432,371,801	418,114,253	97,279,543	196,347,076	$295,420,735
TTUHSC	96,482,145	100,980,726	109,767,882	$110,272,668	104,375,855	23,797,251	47,993,851	$73,245,261
Total	477,518,543	524,319,538	545,477,882	$542,644,469	522,490,108	121,076,794	244,340,927	$368,665,996
Cost/Day								
UTMB	$8.63	$9.67	$9.93	$9.76	$9.50	$8.78	$8.89	$8.91
TTUHSC	$8.49	$9.04	$9.69	$9.62	$9.21	$8.26	$8.37	$8.48
Total	**$8.60**	**$9.54**	**$9.88**	**$9.73**	**$9.44**	**$8.68**	**$8.78**	**$8.82**

* 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

Chart 8: UTMB Cost Per Day

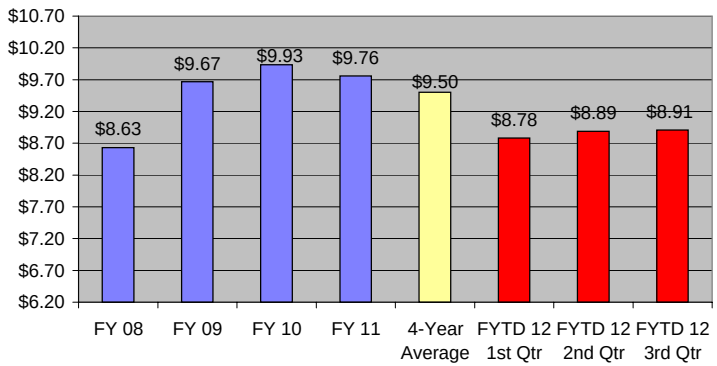


Chart 9: TTUHSC Cost Per Day

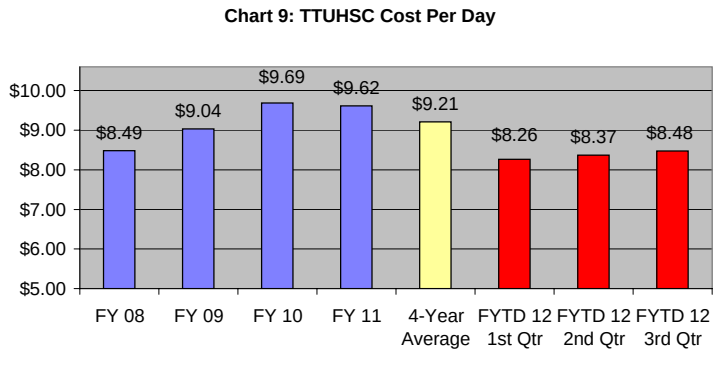


Chart 10: STATEWIDE Cost Per Day

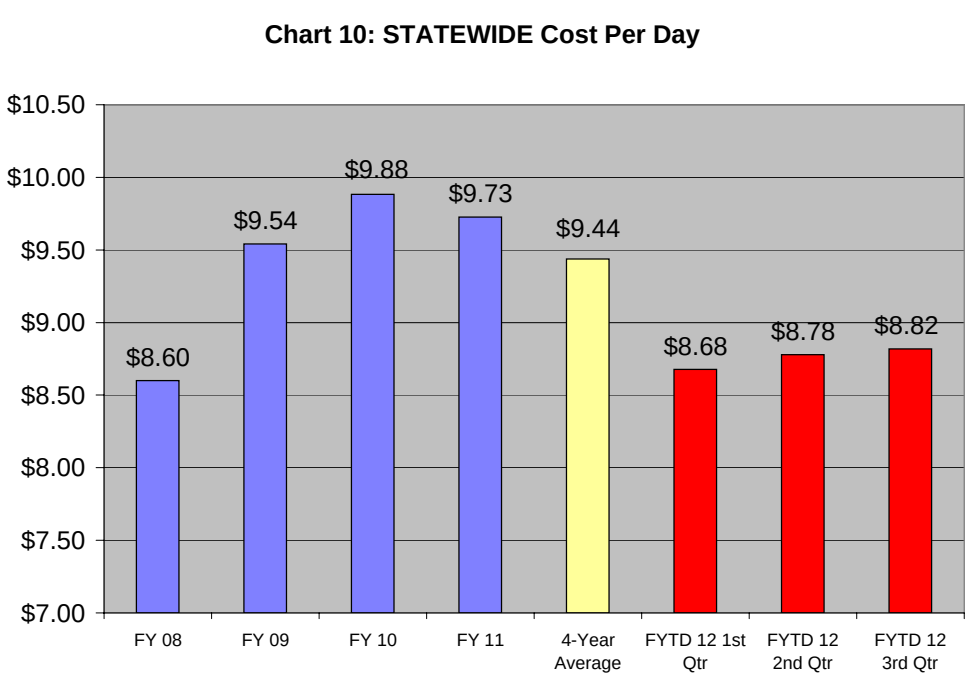


Table 6
Medical Encounter Statistics* by Age Grouping

9

Month	Encounters			Population			Encounters Per Offender		
	Age 55 and Over	Under Age 55	Total	Age 55 and Over	Under Age 55	Total	Age 55 and Over	Under Age 55	Total
Sep-11	15,511	120,032	135,543	11,158	110,528	121,686	1.39	1.09	1.11
Oct-11	15,492	134,907	150,399	11,215	110,477	121,692	1.38	1.22	1.24
Nov-11	13,052	98,434	111,486	11,256	110,484	121,740	1.16	0.89	0.92
Dec-11	13,275	99,072	112,347	11,289	110,234	121,523	1.18	0.90	0.92
Jan-12	13,732	107,848	121,580	11,368	109,753	121,121	1.21	0.98	1.00
Feb-12	14,203	110,117	124,320	11,411	109,298	120,709	1.24	1.01	1.03
Mar-12	14,748	117,977	132,725	11,508	109,115	120,623	1.28	1.08	1.10
Apr-12	14,522	118,814	133,336	11,488	108,846	120,334	1.26	1.09	1.11
May-12	14,996	125,525	140,521	11,502	108,441	119,943	1.30	1.16	1.17
Average	14,392	114,747	129,140	11,355	109,686	121,041	1.27	1.05	1.07

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

Chart 11
Encounters Per Offender By Age Grouping

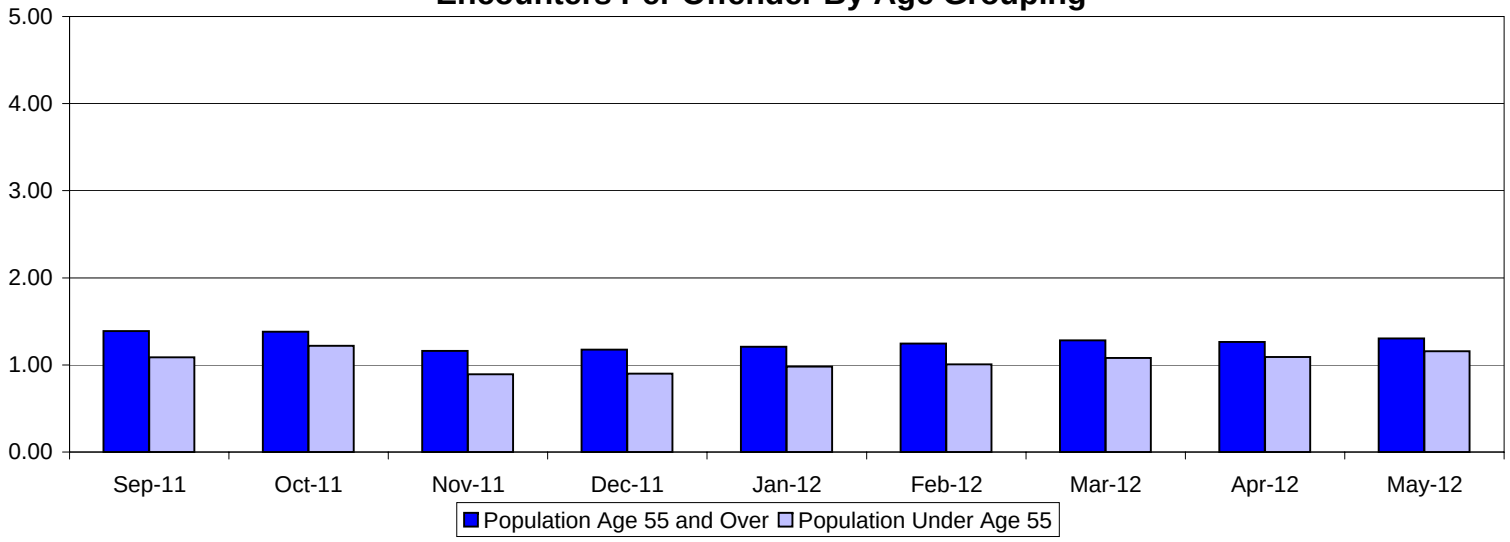


Table 7
FY 2012 3rd Quarter
Offsite Costs* To Date by Age Grouping

Age Grouping	Cost Data	Total Population	Total Cost Per Offender
Age 55 and Over	$37,849,661	13,625	$2,777.91
Under Age 55	$62,929,830	138,946	$452.91
Total	**$100,779,491**	**152,571**	**$660.54**

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

Chart 12
Hospital Costs to Date Per Offender
by Age Grouping

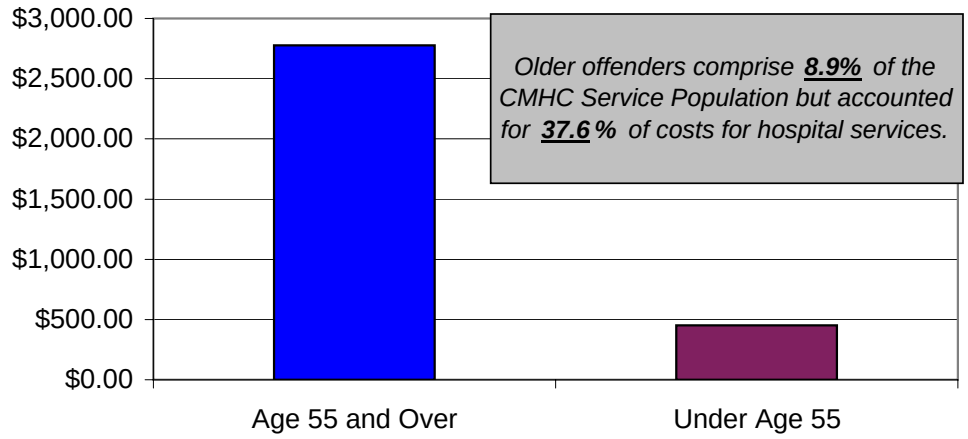
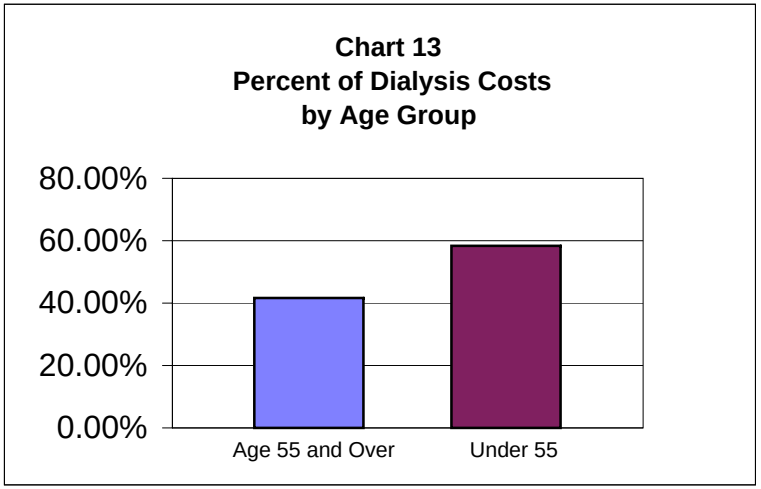


Table 8
Through FY 2012 3rd Quarter
Dialysis Costs by Age Grouping

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	$1,286,848	41.63%	13,625	8.93%	73	0.54%
Under Age 55	$1,804,367	58.37%	138,946	91.07%	143	0.10%
Total	**$3,091,215**	**100.00%**	**152,571**	**100.00%**	**216**	**0.14%**

Projected Avg Cost Per Dialysis Patient Per Year: $28,563



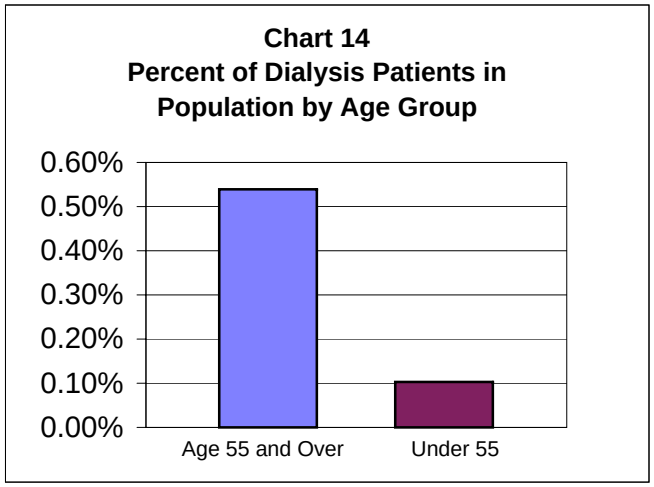


Table 9
Selected Drug Costs FY 2012

Category	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Total Year-to-Date
Total Drug Costs	$4,086,218	$3,164,390	$3,577,783	$3,912,301	$3,347,709	$3,174,211	$3,860,258	$3,448,249	$3,203,420	$31,774,538
HIV Medications										
HIV Drug Cost	$1,781,207	$1,444,984	$1,631,976	$1,866,294	$1,651,365	$1,592,168	$1,804,922	$1,601,149	$1,603,394	$14,977,459
HIV Percent of Cost	43.59%	45.66%	45.61%	47.70%	49.33%	50.16%	46.76%	46.43%	50.05%	47.14%
Psychiatric Medications										
Psych Drug Cost	$241,957	$163,901	$232,635	$192,113	$163,877	$198,561	$350,169	$268,762	$205,034	$2,017,009
Psych Percent of Cost	5.92%	5.18%	6.50%	4.91%	4.90%	6.26%	9.07%	7.79%	6.40%	6.35%
Hepatitis C Medications										
Hep C Drug Cost	$335,560	$286,440	$250,374	$308,821	$239,032	$226,026	$171,647	$253,727	$91,918	$2,163,545
Hep C Percent of Cost	8.21%	9.05%	7.00%	7.89%	7.14%	7.12%	4.45%	7.36%	2.87%	6.81%
All Other Drug Costs	$1,727,494	$1,269,064	$1,462,798	$1,545,073	$1,293,435	$1,157,456	$1,533,520	$1,324,611	$1,303,075	$12,616,526

Chart 15
Drug Costs by Selected Categories

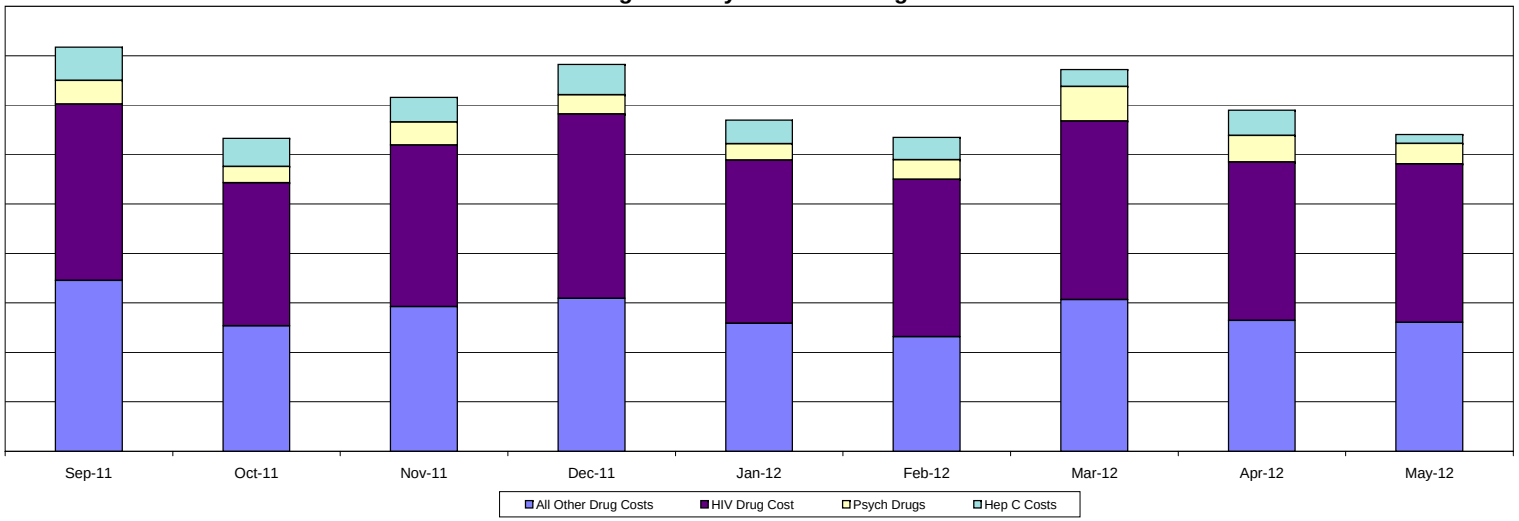


Table 10
Ending Balances 3rd Qtr FY 2012

	Beginning Balance September 1, 2011	Net Activity FY 2012	Ending Balance May 31, 2012
CMHCC Operating Funds	$30,582.32	$145,310.99	$175,893.31
CMHCC Unit & Mental Health S	$3,505.81		Balances Maintained by TDCJ
CMHCC Hospital & Clinic Servi	$447.88		Balances Maintained by TDCJ
CMHCC Pharmacy Health	$0.00		Balances Maintained by TDCJ
Ending Balance All Funds	**$34,536.01**	**$145,310.99**	**$175,893.31**

SUPPORTING DETAIL

CMHCC Operating Account	
Beginning Balance	$30,582.32
FY 2011 Funds Lapsed to State Treasury	($30,582.32)
Revenue Received	
1st Qtr Payment	$167,312.00
2nd Qtr Payment	$169,150.00
3rd Qtr Payment	$167,312.00
Interest Earned	$35.92
Subtotal Revenue	$503,809.92
Expenses	
Salary & Benefits	($267,520.05)
Operating Expenses	($60,396.56)
Subtotal Expenses	**($327,916.61)**
Net Activity thru this Qtr	**$145,310.99**
Total Fund Balance CMHCC Operating	**$175,893.31**

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

As of August 2012

Title of Position	CMHCC Partner Agency	Vacant Since (mm/yyyy)	Actions Taken to Fill Position
Physician III-Chief Public Health Officer	TDCJ	4/30/11	Changed from F/T to P/T; posting on hold
Director III-Office of Mental Health Monitoring & Liaison	TDCJ	5/31/12	DM approved to fill; seeking qualified applicants
Associate Psychologist V-Office of Mental Health Monitoring & Liaison	TDCJ	New	DM approved to fill; seeking qualified applicants
Psychiatrists	UTMB	5/1/2012	Local and National Advertising, Conference, Contract with Timeline National Recruiting and other Agency Staffing
Physician I-III	UTMB	5/1/2012	Local and National Advertising, Conferences, Timeline National Recruiting and other agency
Mid Level Practitioners (PA and FNP)	UTMB	5/1/2012	Local and National Advertising, Career Fairs, Conferences, Intern programs with numerous PA schools
PAMIO Medical Director	TTUHSC	02/2009	Continued advertisement in local and national publications; Expanded Recruiting Agency utilization.
Staff Psychiatrists	TTUHSC	09/2010	Continued advertisement in local and national publications; Expanded Recruiting Agency utilization.

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TEXAS DEPARTMENT OF CRIMINAL JUSTICE

HEALTH SERVICES DIVISION MEDICAL DIRECTORS' REPORT

Third Quarter FY-2012

Lannette Linthicum, MD, CCHP-A, FACP

TDCJ Medical Directors' Report

Office of Health Services Monitoring (OHSM)

Operational Review Audit (ORA)

- During the Third Quarter of FY-2012 (March, April, and May), 12 Operational Review Audits (ORAs) were conducted at the following facilities: Bartlett State Jail, Cleveland, Diboll, Duncan, Eastham, Henley State Jail, Hightower , Hilltop, Huntsville, Mountain View, Vance, and Young Medical Facility.

- During the Third Quarter of FY-2012, 16 ORAs were closed for the following facilities: Bartlett State Jail, Beto, Cleveland, Dawson State Jail, Eastham, East Texas Treatment Center, Estelle, Hobby, Huntsville, Marlin, Ney State Jail State Jail State Jail, Polunsky, San Saba, Stevenson, Stiles, and Torres.

- The following is a summary of the 11 items found to be most frequently below 80 percent compliance in the 12 ORAs conducted in the Third Quarter FY-2012.

1. Item **1.100** requires interpreter services to be arranged and documented in the medical records for monolingual Spanish-speaking offenders. Ten of the twelve facilities were not in compliance with this requirement. The ten facilities out of compliance were: Bartlett State Jail, Cleveland, Diboll, Duncan, Eastham, Henley State Jail, Hightower, Huntsville, Mountain View, and Young Medical Facility. Corrective actions were requested from the ten facilities. At the time of this report, four facilities have returned their corrective action plan: Bartlett State Jail, Cleveland, Eastham, and Huntsville. Six facilities are preparing facility-specific corrective actions to ensure future compliance: Diboll, Duncan, Henley State Jail, Hightower, Mountain View, and Young Medical Facility.

2. Item **5.250** requires documentation that three Hemoccult cards were collected from offenders 40 years of age or greater, or that they refused the screening test, within 60 days of their annual date of incarceration. Nine of the twelve facilities were not in compliance with this requirement. The nine facilities out of compliance were: Cleveland, Diboll, Duncan, Henley State Jail, Hightower, Hilltop, Huntsville, Mountain View, and Young Medical Facility. Corrective actions were requested from the nine facilities. At the time of this report, two facilities have returned their corrective action plan: Cleveland, and Huntsville. Seven facilities are preparing facility-specific corrective actions to ensure future compliance: Diboll, Duncan, Henley State Jail, Hightower, Hilltop, Mountain View, and Young Medical Facility.

3. Item **6.360** requires the provider to document the reason if treatment for Hepatitis C Virus is determined to not be indicated for offenders with chronic Hepatitis C Virus infection. Nine of the twelve facilities were not in compliance with this requirement. The nine facilities out of compliance were: Bartlett State Jail, Diboll, Duncan, Eastham, Hilltop, Huntsville, Mountain View, Vance, and Young Medical Facility. Corrective actions were requested from the nine facilities. At the time of this report, four facilities have returned their corrective action plan: Bartlett State Jail, Eastham, Huntsville, and Vance. Five facilities are preparing facility-specific corrective actions to ensure future compliance: Diboll, Duncan, Hilltop, Mountain View, and Young Medical Facility.

4. Item **5.210** requires an annual physical exam for offenders 50 years of age or greater to be documented in the medical record within 30 days of their annual date of incarceration. Eight of the twelve facilities were not in compliance with this requirement. The eight facilities out of compliance were: Cleveland, Diboll, Duncan, Henley State Jail, Hightower, Hilltop, Mountain

Operational Review Audit (ORA) (Continued)

View, and Young Medical Facility. Corrective actions were requested from the eight facilities. At the time of this report, one facility has returned their corrective action plan: Cleveland. Seven facilities are preparing facility-specific corrective actions to ensure future compliance: Diboll, Duncan, Henley State Jail, Hightower, Hilltop, Mountain View, and Young Medical Facility.

5. Item **6.020** requires offenders with a positive tuberculin skin test be evaluated for active disease or the need for chemoprophylaxis by a physician or mid-level practitioner before initiation of medication. Eight of the twelve facilities were not in compliance with this requirement. The eight facilities out of compliance were: Diboll, Duncan, Eastham, Henley State Jail, Hightower, Huntsville, Mountain View, and Vance. Corrective actions were requested from the eight facilities. At the time of this report, three facilities have returned their corrective action plan: Eastham, Huntsville, and Vance. Five facilities are preparing facility-specific corrective actions to ensure future compliance: Diboll, Duncan, Henley State Jail, Hightower, and Mountain View.

6. Item **6.040** requires offenders receiving anti-tuberculosis medication at the facility have a Tuberculosis Patient Monitoring Record (HSM-19) completed monthly while on treatment. Eight of the twelve facilities were not in compliance with this requirement. The eight facilities out of compliance were: Bartlett State Jail, Diboll, Eastham, Henley State Jail, Hightower, Hilltop, Mountain View, and Vance. Corrective actions were requested from the eight facilities. At the time of this report, three facilities have returned their corrective action plan: Bartlett State Jail, Eastham and Vance. Five facilities are preparing facility-specific corrective actions to ensure future compliance: Diboll, Henley State Jail, Hightower, Hilltop, and Mountain View.

7. Item **6.330** requires the initial evaluations of offenders diagnosed with Hepatitis C be completed by a physician or mid-level provider. Eight of the twelve facilities were not in compliance with this requirement. The eight facilities out of compliance were: Bartlett State Jail, Cleveland, Eastham, Hightower, Hilltop, Mountain View, Vance, and Young Medical Facility. Corrective actions were requested from the eight facilities. At the time of this report, four facilities have returned their corrective action plan: Bartlett State Jail, Cleveland, Eastham, and Vance. Four facilities are preparing facility-specific corrective actions to ensure future compliance: Hightower, Hilltop, Mountain View, and Young Medical Facility.

8. Item **6.350** requires all Hepatitis C Virus infected patients with AST Platelet Ratio Index (APRI) score greater than 0.42 or with abnormal liver function (Prothrombin Time, Total Bilirubin, or Albumin) that do not have a documented contraindication for antiviral therapy be referred to the designated physician, clinic, or be appropriately treated according to Correctional Managed Health Care (CMHC) Hepatitis C Evaluation and Treatment Pathway (CMHC Policy B-14.13). Eight of the twelve facilities were not in compliance with this requirement. The eight facilities out of compliance were: Bartlett State Jail, Diboll, Duncan, Eastham, Hilltop, Mountain View, Vance, and Young Medical Facility. Corrective actions were requested from the eight facilities. At the time of this report, three facilities have returned their corrective action plan: Bartlett State Jail, Eastham, and Vance. Five facilities are preparing facility-specific corrective actions to ensure future compliance: Diboll, Duncan, Hilltop, Mountain View, and Young Medical Facility.

9. Item **6.010** requires screening offenders for tuberculosis annually at the facility. Seven of the twelve facilities were not in compliance with this requirement. The seven facilities out of compliance were: Diboll, Duncan, Eastham, Henley State Jail, Hightower, Mountain View and Young Medical Facility. Corrective actions were requested from the seven facilities.

Operational Review Audit (ORA) (Continued)

Corrective actions were requested from the seven facilities. At the time of this report, one facility has returned their corrective action plan: Eastham. Six facilities are preparing facility-specific corrective actions to ensure future compliance: Diboll, Duncan, Henley State Jail, Hightower, Mountain View, and Young Medical Facility.

10. Item **6.030** requires offenders receiving anti-tuberculosis medication at the facility be assessed monthly by a provider or nurse. Seven of the twelve facilities were not in compliance with this requirement. The seven facilities out of compliance were: Bartlett State Jail, Diboll, Eastham, Henley State Jail, Hightower, Hilltop, and Vance. Corrective actions were requested from the seven facilities. At the time of this report, three facilities have returned their corrective action plan: Bartlett State Jail, Eastham, and Vance. Four facilities are preparing facility-specific corrective actions to ensure future compliance: Diboll, Henley State Jail, Hightower, and Hilltop.

11. Item **6.060** requires offenders receiving anti-tuberculosis medication at the facility that have signs or symptoms of drug toxicity due to anti-tuberculosis medication be evaluated and monitored by laboratory studies as per CMHC Policy B-14.10. Seven of the twelve facilities were not in compliance with this requirement. The seven facilities out of compliance were: Bartlett State Jail, Eastham, Henley State Jail, Hightower, Hilltop, Mountain View, and Vance. Corrective actions were requested from the seven facilities. At the time of this report, three facilities have returned their corrective action plan: Bartlett State Jail, Eastham, and Vance. Four facilities are preparing facility-specific corrective actions to ensure future compliance: Henley State Jail, Hightower, Hilltop, and Mountain View.

Capital Assets Monitoring

The Fixed Assets Contract Monitoring Officer audited the same eight units listed above for ORAs during the Third Quarter of FY-2012. These audits are conducted to monitor compliance with the Health Services Policy and State Property Accounting Policy regarding inventory procedures. All 12 units were within the required compliance range.

Urgent Care Audit Dental

During the Third Quarter of FY-2012 (March, April, and May), Dental Urgent Care audits were conducted on the following thirty-four (34) facilities: Baten Intermediate Sanction Facility, Byrd, Cole, Daniel, Darrington, Dawson State Jail, Diboll, Ferguson, Garza East, Glossbrenner, Gurney, Hamilton, Henley State Jail, Hightower, Hutchins State Jail, Kegans, Lewis, Lockhart, Lychner, Middleton, Billy Moore, Ney State Jail, Plane State Jail, Polunsky, Powledge, Robertson, Rudd, Stringfellow, Telford, Travis, Tulia, Wallace, Ware, and Wynne. The following is a summary of the items found to be most frequently below 80 percent.

The audit assesses if patients presenting with signs and/or symptoms consistent with an urgent dental need received definitive care within 14 days of receipt of the Sick Call Exam (SCE). The following eight (8) facilities were out of compliance: Darrington, Ferguson, Hutchins State Jail, Lockhart, Middleton, Ney State Jail, Travis, and Wallace. Seven of the eight facilities have submitted Corrective Action Plans. The Wallace Facility requested and was granted a two-week extension on June 14, 2012.

The following 26 facilities had no items scoring less than 80% compliance: Baten Intermediate Sanction Facility, Byrd, Cole, Daniel, Dawson State Jail, Diboll, Garza East, Glossbrenner, Gurney, Hamilton, Henley State Jail, Hightower, Kegans, Lewis, Lychner State Jail, Billy Moore, Plane State Jail, Polunsky, Robertson, Rudd, Stingfellow, Telford, Tulia, Ware and Wynne.

Urgent Care Audit Dental (Continued)

Along with the Urgent Care Audit, any additional findings were noted, and corrective actions were requested from units with three or more findings. The following nine facilities were required to submit a Corrective Action Plan: Baten Intermediate Sanction Facility, Cole, Ferguson, Glossbrenner, Middleton, Plane State Jail, Polunsky, Ware, and Wynne. The most frequently found finding was "Incorrect Assignment of Priority." This finding applied to 12 of the 34 facilities audited.

Grievances and Patient Liaison Correspondence

During the Third Quarter of FY-2012 (March, April, and May), the Patient Liaison Program (PLP) and the Step II Grievance Program received **4,148** correspondences: The PLP received **1,985** correspondences and Step II Grievance received **2,163** grievances. There were 519 Action Request generated by the Patient Liaison and the Step II Grievance Programs.

The University of Texas Medical Branch (UTMB) and Texas Tech University Health Sciences Center (TTUHSC) *overall* combined percentage of sustained offender grievances closed in the Third Quarter of FY-2012, for the Step II medical grievance was 12 percent. Performance measure expectation is **six** percent or less (Article IX, Correctional Managed Health Care contract). The percentage of sustained Step II medical grievances from UTMB was **12** percent and **11** percent for TTUHSC.

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

Quality Improvement (QI) Access to Care Audits

The frequency of the Sick Call Request Verification Audits (SCRVA) was changed in the Fourth Quarter of FY-2011. Units with an average composite score of 80 percent or above in each discipline will be audited one time per fiscal year. Those with average composite scores less than 80 percent in a discipline(s) or less than a two year history of scores will have that discipline(s) audited quarterly.

During the Third Quarter of FY-2012 (March, April, and May 2012) the Patient Liaison Program nurses and investigators performed 46 SCRVAS on 45 facilities. At some units, Expansion Cell Block areas were counted as a separate audit. This audit was formerly known as Access to Care (ATC) audits.

The SCRVA examines and verifies the facility methodology for reporting Access to Care. A random sample of Sick Call Requests was also audited by the Office of Professional Standards (OPS) staff. A total of 336 indicators were reviewed at the 46 facilities and 25 of the indicators fell below the 80 percent compliance threshold representing seven percent. The discipline composite score (medical/nursing, dental, and mental health) is an overall assessment of compliance with the sick call process of the 46 facilities audited, there were **5** units with one or more discipline composite scores below 80. Corrective action has been requested from these facilities. At each unit OPS staff continued educating the medical staff.

Office of Public Health

- The Public Health Program monitors cases of infectious diseases in newly incarcerated offenders as well as new cases that occur in the offenders within TDCJ population. The data is reported by the facilities for 11 infectious conditions including Syphilis, Hepatitis C Virus (HCV), Human Immunodeficiency Virus (HIV), and Tuberculosis (TB) as well as the data for occupational exposures to bloodborne pathogens. Year-to-date figures for a disease may differ from the monthly reports totals due to late reporting or to a determination that some previously reported cases fail to meet the criteria to be considered new cases.

Office of Public Health (Continued)

There were 759 cases Hepatitis C identified for the Third Quarter FY-2012, compared to 657 cases identified during the second quarter. The reporting mechanism for HIV tests was changed effective February 1, 2010. HIV tests are now to be classified as belonging to one of four categories: intake, offender-requested, provider-requested, or pre-release. HIV test became mandatory at intake in July 2007. However, offenders who are already known to be HIV positive are not required to be retested at intake. Instead, they are offered laboratory testing to assess the severity of their infections. HIV testing became mandatory for pre-release in September 2005 (HB43). Pre-release testing generally occurs during the last six months of incarceration. Two categories of offenders do not require pre-release testing: those already known to be HIV positive and those whose intake test were drawn within 6 months of an offender's release date. During the Third Quarter FY-2012, 17,932 offenders had intake tests, and 126 are newly identified as having HIV infections. For the Second Quarter FY-2012, 21,075 offenders had intake tests, and 135 were HIV positive. During the Third Quarter FY-2012, 18,182 offenders had pre-release tests; seven were HIV positive compared to four in the Second Quarter FY-2012. 15 new AIDS cases were identified during the Third Quarter FY-2012, compared to nine new AIDS cases in the Second Quarter FY-2012.

- 221 cases of suspected Syphilis were reported in the Third Quarter FY-2012, compared to 179 in the Second Quarter in FY-2012. 17 required treatment or retreatment compared to 19 in the Second Quarter FY-2012. Syphilis can take months to identify, these figures represent an overestimation of actual number of cases. Some of the suspected cases will later be reclassified as resolved prior infections.

- 216 Methicillin-Resistant Staphylococcus Aureus (MRSA) cases were reported for the Third Quarter FY-2012, compared to 287 during the Second Quarter of FY- 2012. 135 Methicillin-Sensitive Staphylococcus Aureus (MSSA) cases were reported compared to 190 for the Second Quarter of FY- 2012. Numbers of both MRSA and MSSA have been decreasing for the last few years.

- There was an average of 17 Tuberculosis (TB) cases under management for the Third Quarter FY-2012, compared to an average of 15 (TB) cases for the Second Quarter FY-2012. Although TB numbers often fluctuate significantly from year to year, there has been a slight increase in the numbers of offenders with TB.

- In FY-2006, the Office of Public Health began reporting the activities of the Sexual Assault Nurse Examiner (SANE) Coordinator. This position collaborates with the Safe Prisons Program and is trained and certified as a SANE. Although the SANE Coordinator does not teach the SANE Curriculum because of restrictions imposed by the State Attorney General's Office, this person provides inservice training to facility providers and staff in the performance of medical examination, evidence collection and documentation, and use of the sexual assault kits. During the Third Quarter FY-2012, two educational training sessions were held and 19 medical staff received training. There have been 225 chart reviews of alleged sexual assaults performed for the Third Quarter FY-2012. One deficiency was found at the Wayne Scott Unit. A Corrective action plan was requested and received April 20, 2012 and closed. There were 44 bloodborne exposure baseline labs drawn on exposed victims and there were no seroconversions as a result of sexual assault for this quarter.

- During the Third Quarter FY-2012, three of five Tenth Annual Peer Education Health Conferences were held for offenders. The conferences included peer educators from the following 43 units: Beto, Boyd, Byrd, Carol Vance, Choice Moore, Clemens, Coffield, Cole, Darrington, Duncan, Eastham, Ellis, Estelle, Ferguson, Gib Lewis, Gist Goodman, Goree, Gurney, Hamilton, Hightower, Hodge, Holiday, Hughes, Huntsville, Hutchins, Jester III, LeBlanc, Luther, Lychner, Marlin, Michael, Pack, Polunsky, Powledge, Ramsey, San Saba, Stiles, Telford, Terrell, Travis, Wayne Scott, and Wynne. As of the close of the Third Quarter FY-2012, 99 of the 111 facilities housing Correctional Institutional Division offenders had active peer education programs. During the Third Quarter FY-2012, 81 offenders trained to become peer educators.

Office of Public Health (Continued)

This is a decrease in the number of offenders who trained to become educators during the second quarter of 2012 (i.e., 212). During the third quarter of fiscal year 2012, 21,103 offenders attended classes presented by educators. This is an increase from the second quarter of 2012, 16,813 offenders attended classes.

Mortality and Morbidity

There were 118 deaths reviewed by the Mortality and Morbidity Committee during the months of March, April, and May 2012. Of those 118 deaths, 9 were referred to peer review committees.

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

Peer Review Committee	**Number of Cases Referred**
Provider & Nursing Peer Review	0
Provider Peer Review	6
Nursing Peer Review	2
Mental Health	1
Total	**9**

Mental Health Services Monitoring & Liaison

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

- The Texas Department of Mental Health Mental Retardation CARE database was reviewed for 3,690 offenders, who were received into Intermediate Sanction Facilities. 657 offenders were identified as having a documented history of mental illness. This information was provided to the appropriate facilities.

- OMH M&L monitors all offenders in Administrative Segregation (Ad Seg) facilities within the TDCJ Correctional Institution Division/State Jails every six months. In the Third Quarter, 19 Ad Seg facilities were audited: Allred, Bradshaw, Clements, Cole, Connally, Darrington, Dawson State Jail, Dominguez, Ellis, Hutchins State Jail, Lewis, Lopez, McConnell, Mountain View, Polunsky, Powledge, Ramsey, Sanchez State Jail, and Wynne. 3,503 offenders were observed, 1,941 of them were interviewed and one offender was referred to the university providers for further evaluation. Access to Care (ATC) 4 (i.e. timely triage), ATC 5 (i.e. documentation of SCR), and ATC 6 (i.e.referral from triage) achieved 100 percent for all 19 facilities.

- Four Special Needs Substance Abuse Felony Punishment Facilities (SAFPF): Crain-Hackberry, Estelle, Henley State Jail, and Jester I were audited for continuity of mental health care. Continuity of care on the four facilities was appropriate.

- Four inpatient mental health facilities: Clements, Jester IV, Montford, and Skyview were audited to ensure that all incidents of compelled psychoactive medication documented on the Security Use of Force (UOF) Log were also documented on the Mental Health Compelled Psychoactive Medication Log and that the medical records contained documentation of the required criteria for all incidents of compelled psychoactive mediation. All facilities were 100 percent compliant for logging all incidents of compelled psychoactive medication identified on the UOF log in the mental health folder. All four facilities were

Mental Health Services Monitoring & Liaison (Continued)

100 percent compliant for documenting the required criteria for compelled psychoactive medication in the medical record.

- All 24 intake facilities were audited to ensure offenders entering TDCJ with potential mental health needs received a mental health evaluation within 14 days of identification. The intake facilities are: Bartlett State Jail, Baten Intermediate Sanction Facility, Bradshaw State Jail, Byrd, Dominguez, Formby State Jail, Garza Transfer Facility, Gist State Jail, Glossbrenner Substance Abuse Felony Punishment Facility, Gurney Transfer Facility, Ney State Jail, Halbert SAFPF, Holliday Transfer Facility, Hutchins State Jail, Jester I SAFPF, Johnston SAFPF, Kyle SAFPF, Lindsey State Jail, Lychner State Jail, Middleton Transfer Facility, Plane State Jail, Sanchez State Jail, Sayle SAFPF, Travis State Jail, and Woodman State Jail. **17** facilities met or exceeded the 80 percent compliance for completing mental health evaluations within 14 days. There were 6 facilities that did not meet 80 percent compliance: Garza Transfer Facility, Hutchins State Jail, Lindsey State Jail, Plane State Jail, Travis State Jail and Woodman State Jail. Corrective action plans were requested from these six units and have been received. The Baten Intermediate Sanction Facility transferred the offenders with potential mental health needs before the 14 day time limit for completing a mental health evaluation.

- OMH M&L reviews the mental health records of all pregnant offenders being considered for the Baby and Mother Bonding Initiative (BAMBI) to determine if there are any mental health issues that preclude participation. In the Third Quarter FY-2012, 17 offenders were reviewed and 12 of them were allowed to participate in BAMBI.

Office of Health Services Liaison Utilization Review Audit

Hospital and Inpatient Facilities Audited with Deficiencies Noted

Third Quarter Report 2012

Hospital	University	Audits Performed*	Deficiencies Noted	Comments (See Key)
Angleton/Danbury	UTMB			
Bayshore	UTMB			
Ben Taub	UTMB	1	1	A-1; E-1
Brackenridge	UTMB			
Christus St. Michael	UTMB	1	1	A-1
Childress Regional	TTUHSC	1	1	E-1
Conroe Regional	UTMB	5	3	E-3
Coryell Memorial	UTMB			
Cuero Memorial	UTMB	1	0	N/A
ETMC/Jacksonville	UTMB			
ETMC/Trinity	UTMB			
ETMC/Tyler	UTMB	1	1	E-1
Faith Community	UTMB			
Falls County/Marlin	UTMB			
Hendrick Memorial	TTUHSC			
Hospital Galveston	UTMB	97	6	C-3*; D-3
Huntsville Memorial	UTMB	14	8	A-2; D-1; E-8
John Peter Smith	UTMB			
Liberty/Dayton	UTMB	1	1	A-1
Mainland Memorial	UTMB	4	3	A-1; E-3
McAllen Medical Center	UTMB	1	1	A-1; E-1
Medical Center/College Sta.	UTMB	1	1	E-1
Memorial Hermann	UTMB	4	3	A-1; E-3
Methodist/Houston	UTMB	1	1	A-1
Mitchell County Hospital	TTUHSC			
Northeast Memorial	UTMB	1	1	E-1
Northwest Texas	TTUHSC	3	1	E-1
Oak Bend	UTMB			
Palestine Regional	UTMB			
Pampa	TTUHSC	1	1	E-1
Parkland Hospital	UTMB			
Pecos	TTUHSC			
Red River Hospital	UTMB			
Scott & White/Dallas	UTMB			
Scott & White/Temple	UTMB	3	2	E-2
St. David's	UTMB	1	1	E-1
St. Joseph's/College Sta.	UTMB	2	0	N/A
St. Luke's/Sugarland	UTMB			
Stephens Memorial	TTUHSC	1	0	N/A
Trinity Mother Frances	UTMB			
United Regional/11th St.	TTUHSC	1	1	E-1
University HCS/San Ant.	UTMB	2	1	E-1
University Medical Center	TTUHSC	5	2	E-2
UT Tyler	UTMB			
Valley Baptist	UTMB	1	1	E-1
Wadley Regional	UTMB			
Woodland Heights	UTMB			

Utilization Review Audit [Continued]

Inpatient Facility	University	Audits Performed*	Deficiencies Noted	Comments (See Key)
Allred	TTUHSC			
Beto	UTMB	5	1	D-1
Clements	TTUHSC	3	1	C-1*; E-1
Connally	UTMB	1	0	N/A
Estelle	UTMB	4	0	N/A
Hughes	UTMB	3	0	N/A
Jester 3	UTMB	1	1	C-1
Luther	UTMB	1	0	N/A
McConnell	UTMB	2	0	N/A
Michael	UTMB			
Montford	TTUHSC	14	3	C-3*
Pack	UTMB	1	0	N/A
Polunsky	UTMB			
Robertson	TTUHSC			
Stiles	UTMB	3	0	N/A
Telford	UTMB			
CT Terrell	UTMB	1	0	N/A
Carole Young	UTMB	9	2	C-2*; E-1

*Units failing to perform chain in this quarter: Allred, Estelle (2), Goree (2), Middleton, Robertson, CT Terrell, Young

A	On the day the offender left the inpatient facility, were vital signs recorded by the discharging facility?
B	Were the level of medical services available at the receiving facility sufficient to meet the offender's current needs?
C	Was the medical record reviewed by qualified health care staff and referred to an appropriate medical provider (if applicable) on the day of arrival at the unit?
D	Did the patient require unscheduled medical care related to the admitting diagnosis within the first seven days after discharge?
E	Was discharge documentation available in the offender's electronic medical record (including results of diagnostic tests, discharge planning, medication recommendations and/or treatments, etc.) within 24 hours of arriving at the unit?

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

Accreditation

TDCJ officials and representatives from UTMB and Texas Tech attended the Correctional Accreditation Managers' Association conference in Austin in April, 2012. The following units were awarded ACA re-accreditation: Lopez, Segovia, Luther, Holliday, Telford, Young, Terrell, Coffield, Connally, and Sayle.

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 – 30,
- Correctional Institutions Division Pending Monthly Research Projects –1,
- Health Services Division Active Monthly Medical Research Projects – 3, and
- Health Services Division Pending Medical Research Projects – 7.

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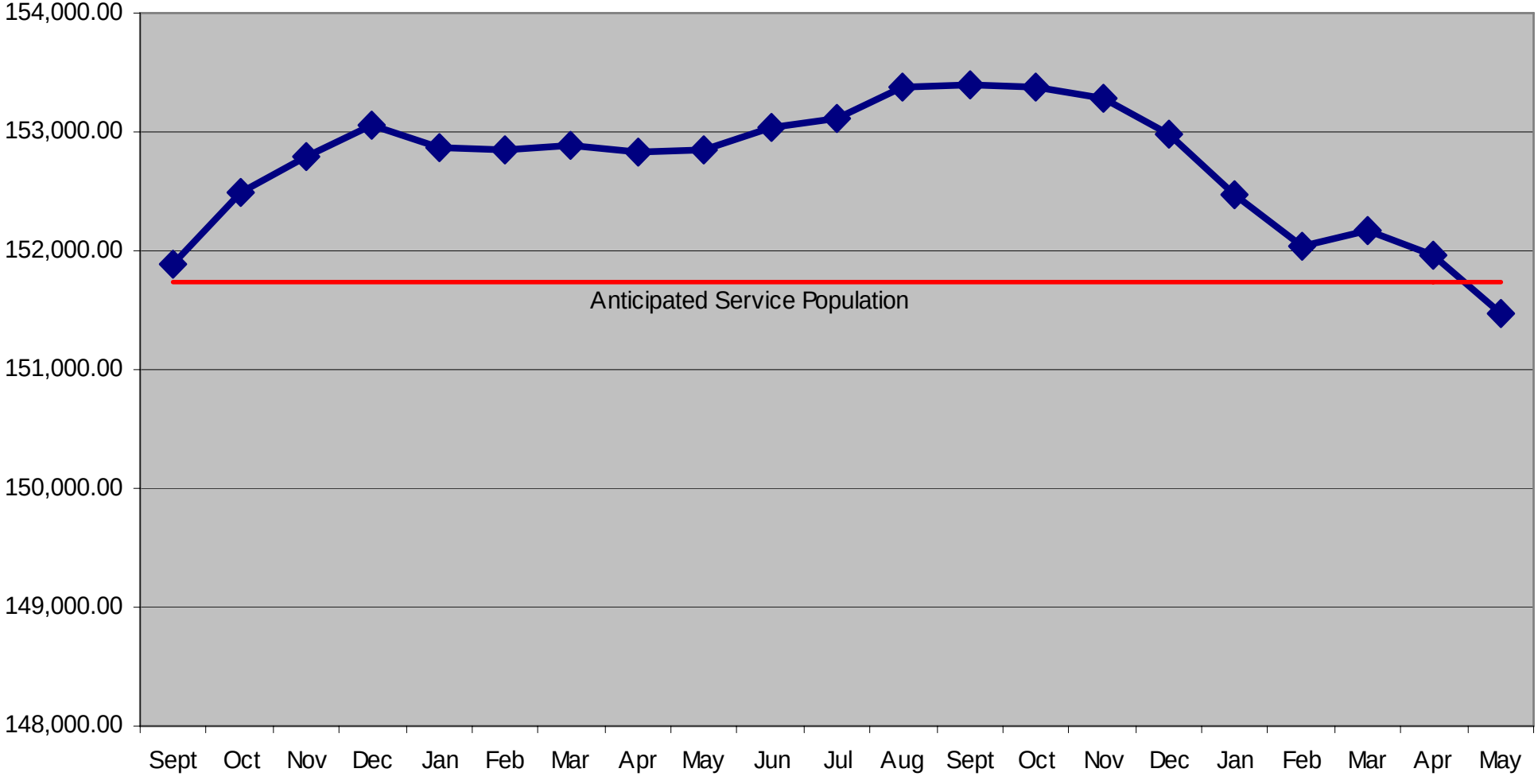
Correctional Managed Health Care Committee

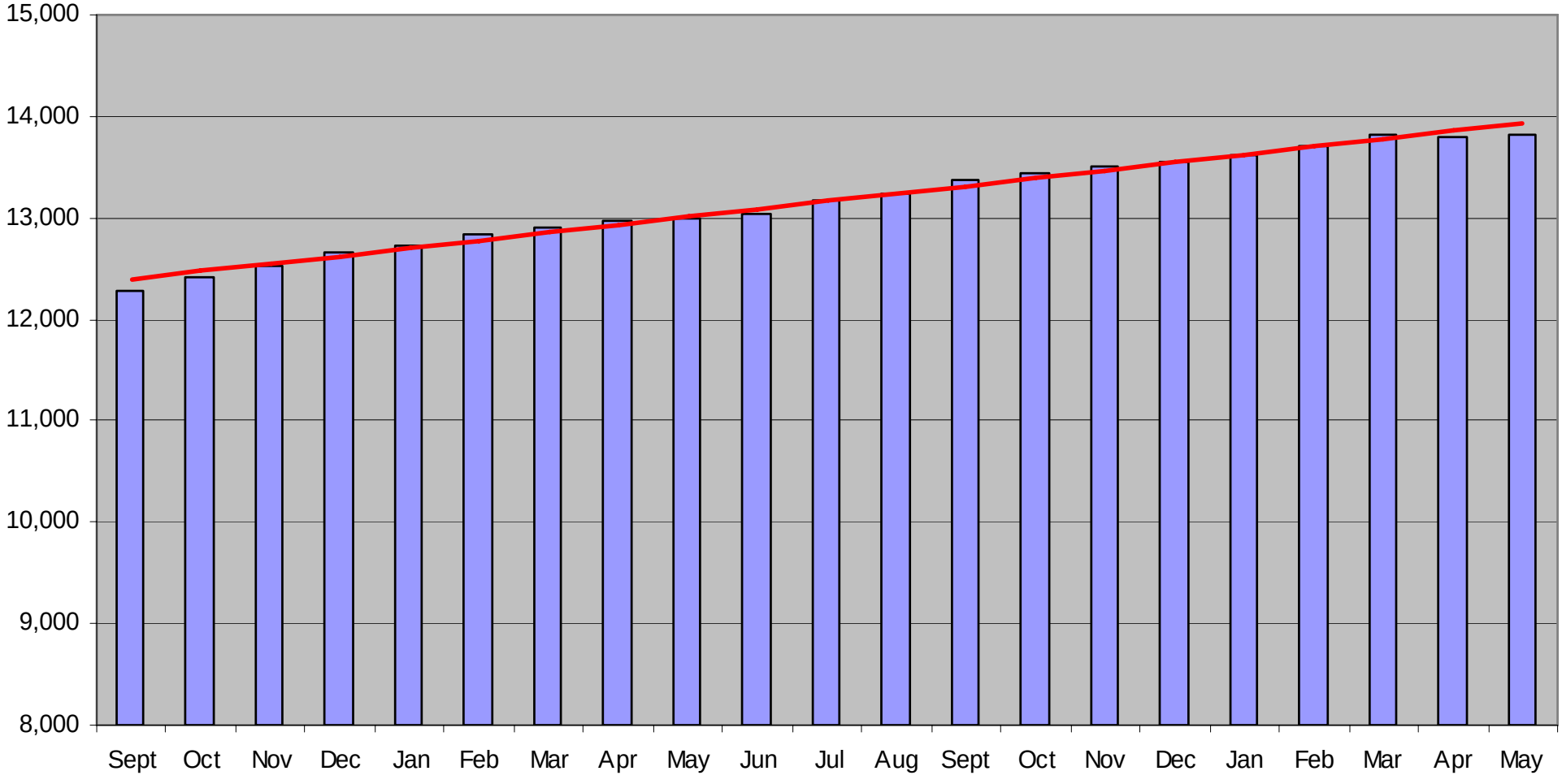
Key Statistics Dashboard

September, 2012

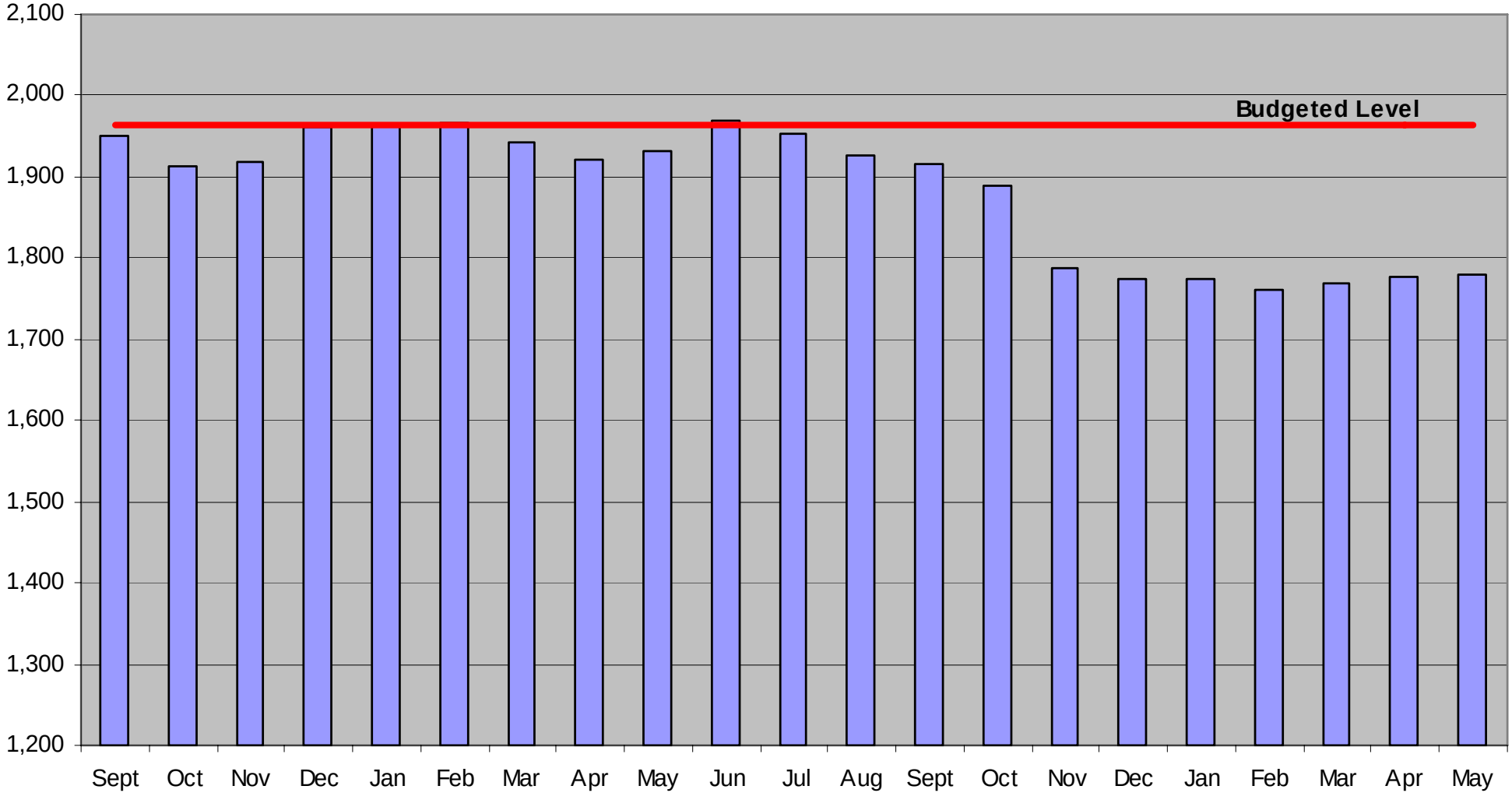
CMHC Service Population
FY 2011-2012 to Date



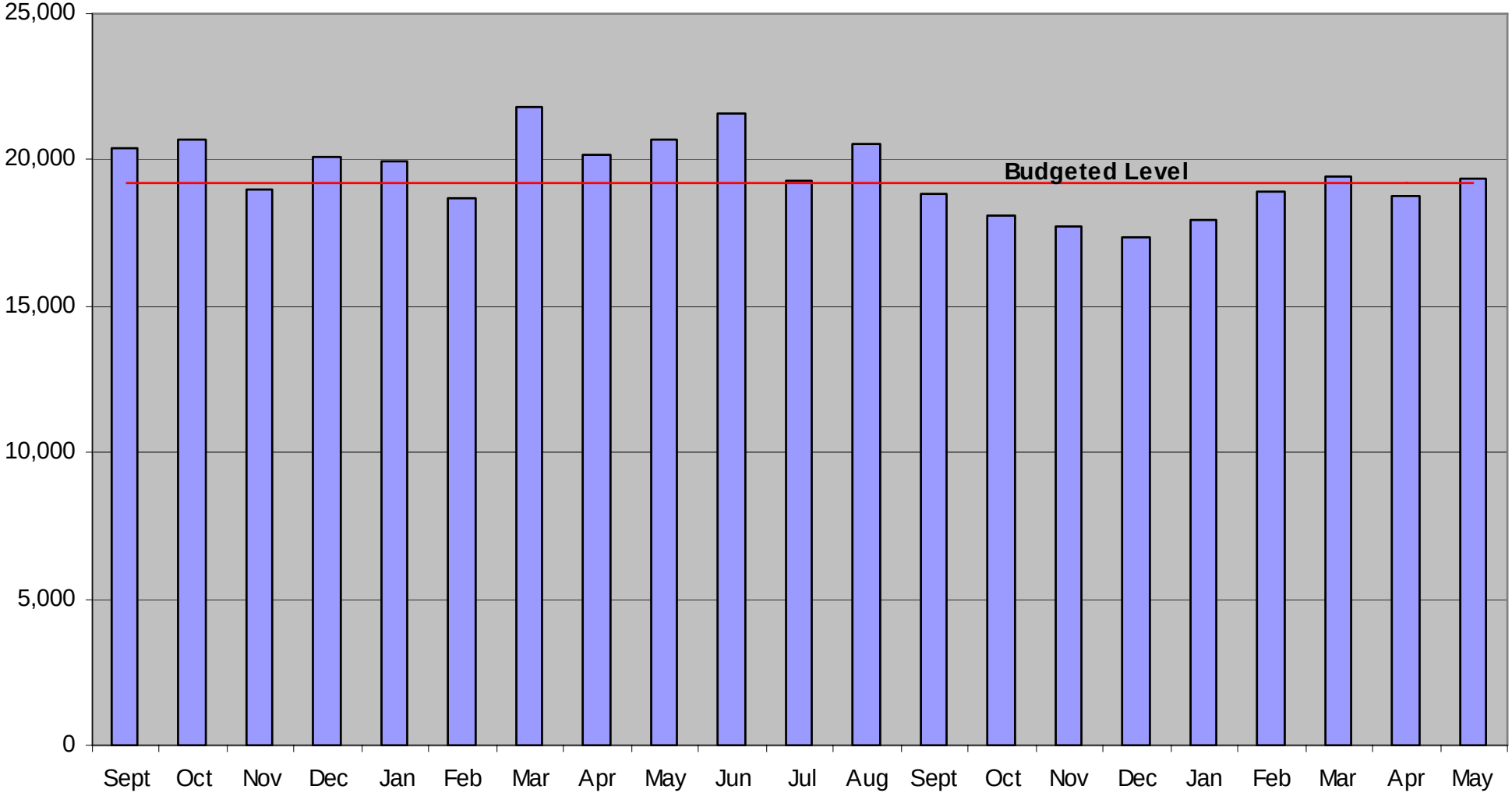
Offenders Age 55+
FY 2011-2012 to Date



Psychiatric Inpatient Census



Psychiatric Outpatient Census



TDCJ MENTAL HEALTH CENSUS BY GENDER

March-12	AVERAGE DAILY POPULATION		UNIQUE ENCOUNTERS	LAST DAY CENSUS	
Facility	Inpatient	Outpatient	MROP	Male	Female
SKYVIEW	507.58			454.00	52.00
JESTER IV	496.81			493.00	4.00
MT. VIEW	15.55				16.00
GATESVILLE (Valley)			98.68		99.00
HODGE			590.42	590.00	
CASELOAD		15,039.00		11,939.00	3,100.00
MONTFORD PSYCHIATRIC	487.00			487.00	
PAMIO	262.00			262.00	
CASELOAD - TTUHSC		4,415.00		4,415.00	
	1,768.94	19,454.00	689.10		

April-12	AVERAGE DAILY POPULATION		UNIQUE ENCOUNTERS	LAST DAY CENSUS	
Facility	Inpatient	Outpatient	MROP	Male	Female
SKYVIEW	518.40			465.00	54.00
JESTER IV	485.57			480.00	9.00
MT. VIEW	16.37				17.00
GATESVILLE (Valley)			98.70		99.00
HODGE			590.07	590.00	
CASELOAD		14,813.00		11,766.00	3,047.00
MONTFORD PSYCHIATRIC	496.00			496.00	
PAMIO	259.00			259.00	
CASELOAD - TTUHSC		3,981.00		3,981.00	
	1,775.94	18,794.00	688.77		

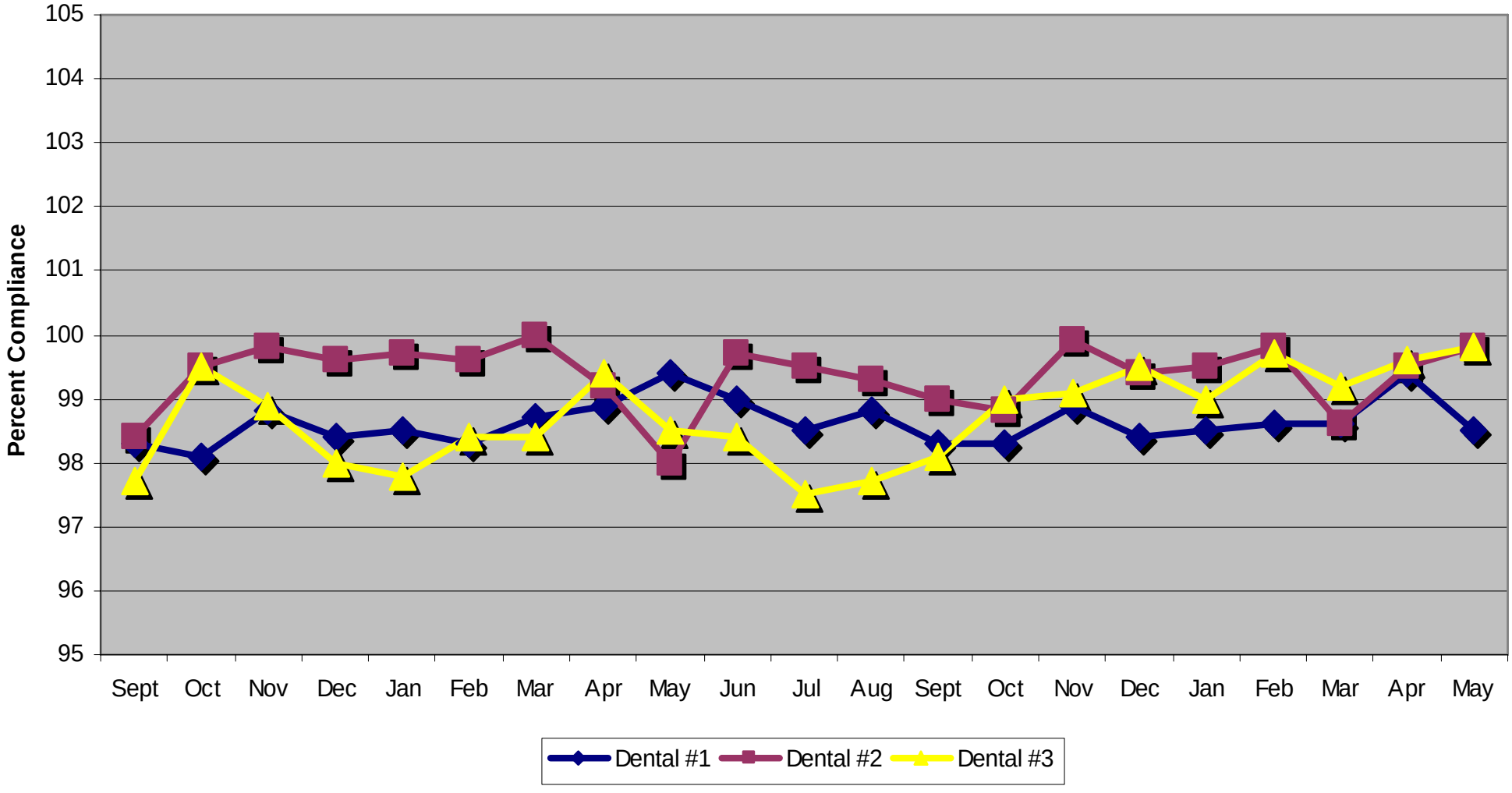
May-12	AVERAGE DAILY POPULATION		UNIQUE ENCOUNTERS	LAST DAY CENSUS	
Facility	Inpatient	Outpatient	MROP	Male	Female
SKYVIEW	520.74			468.00	48.00
JESTER IV	485.57			482.00	7.00
MT. VIEW	16.32				16.00
GATESVILLE (Valley)			98.68		99.00
HODGE			601.26	601.00	
CASELOAD		15,449.00		12,287.00	3,162.00
MONTFORD PSYCHIATRIC	511.00			511.00	
PAMIO	245.00			245.00	
CASELOAD - TTUHSC		3,892.00		3,892.00	
	1,778.63	19,341.00	699.94		

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

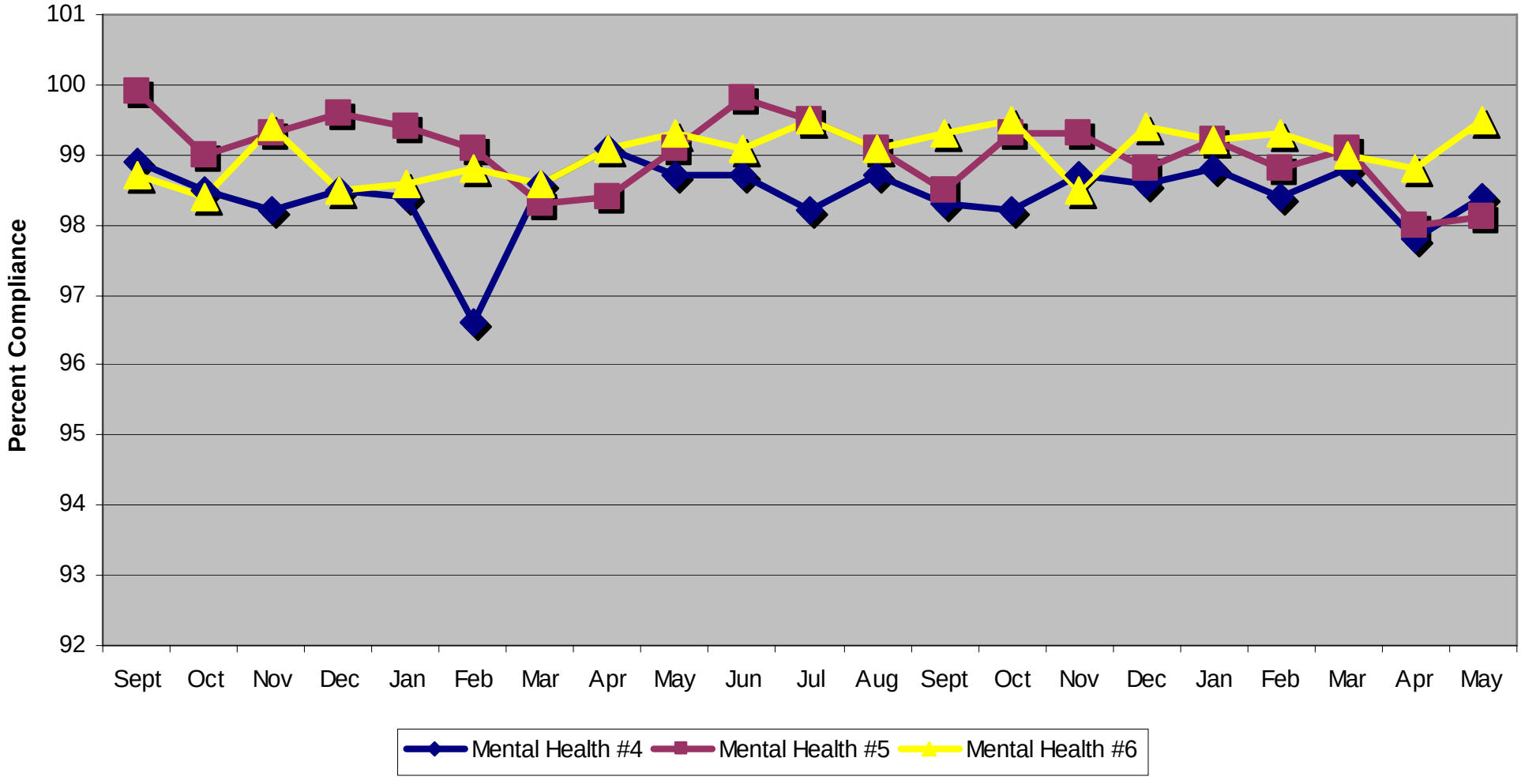
Access to Care Indicators

#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

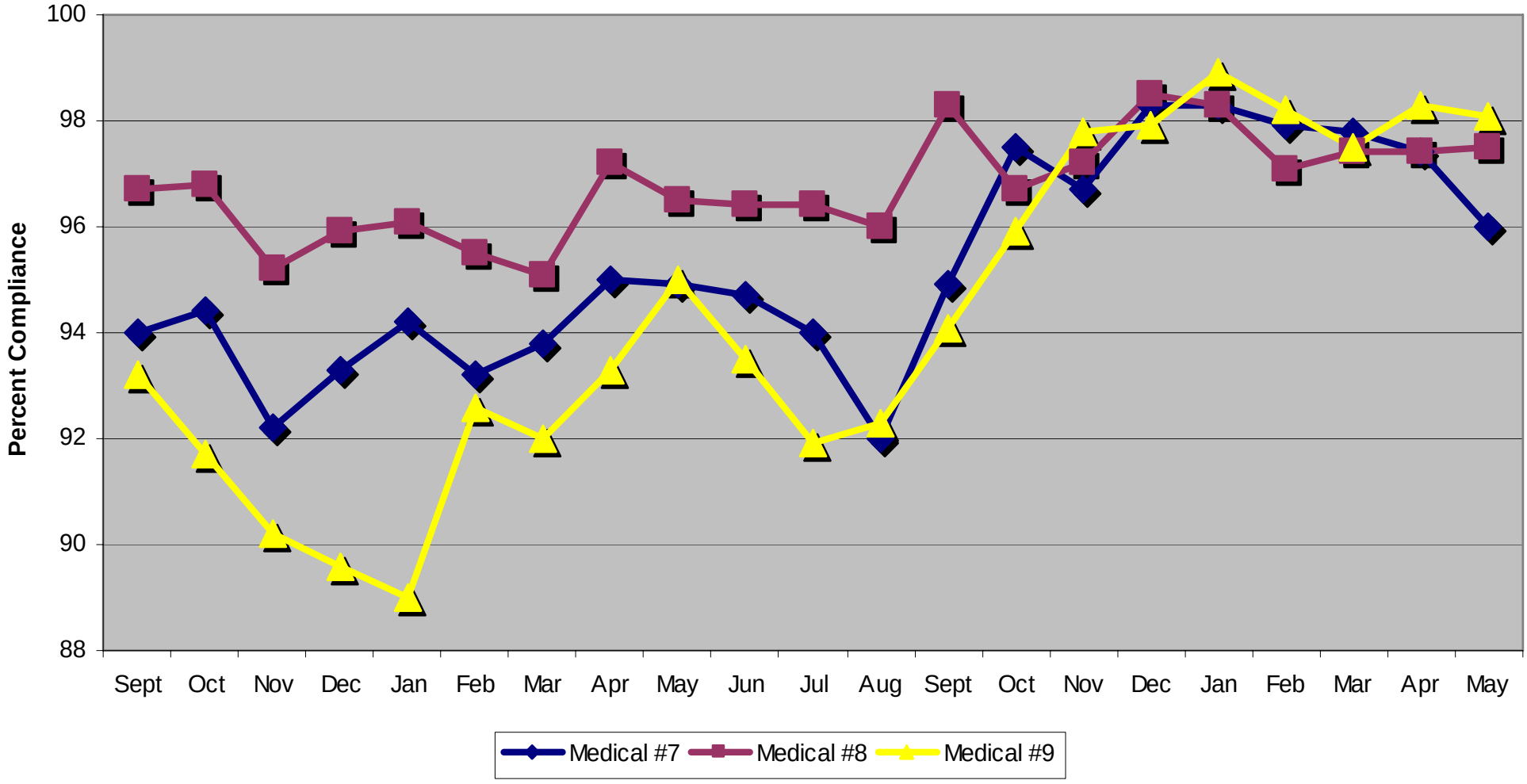
Dental Access to Care
Indicators FY 2011-2012 to Date



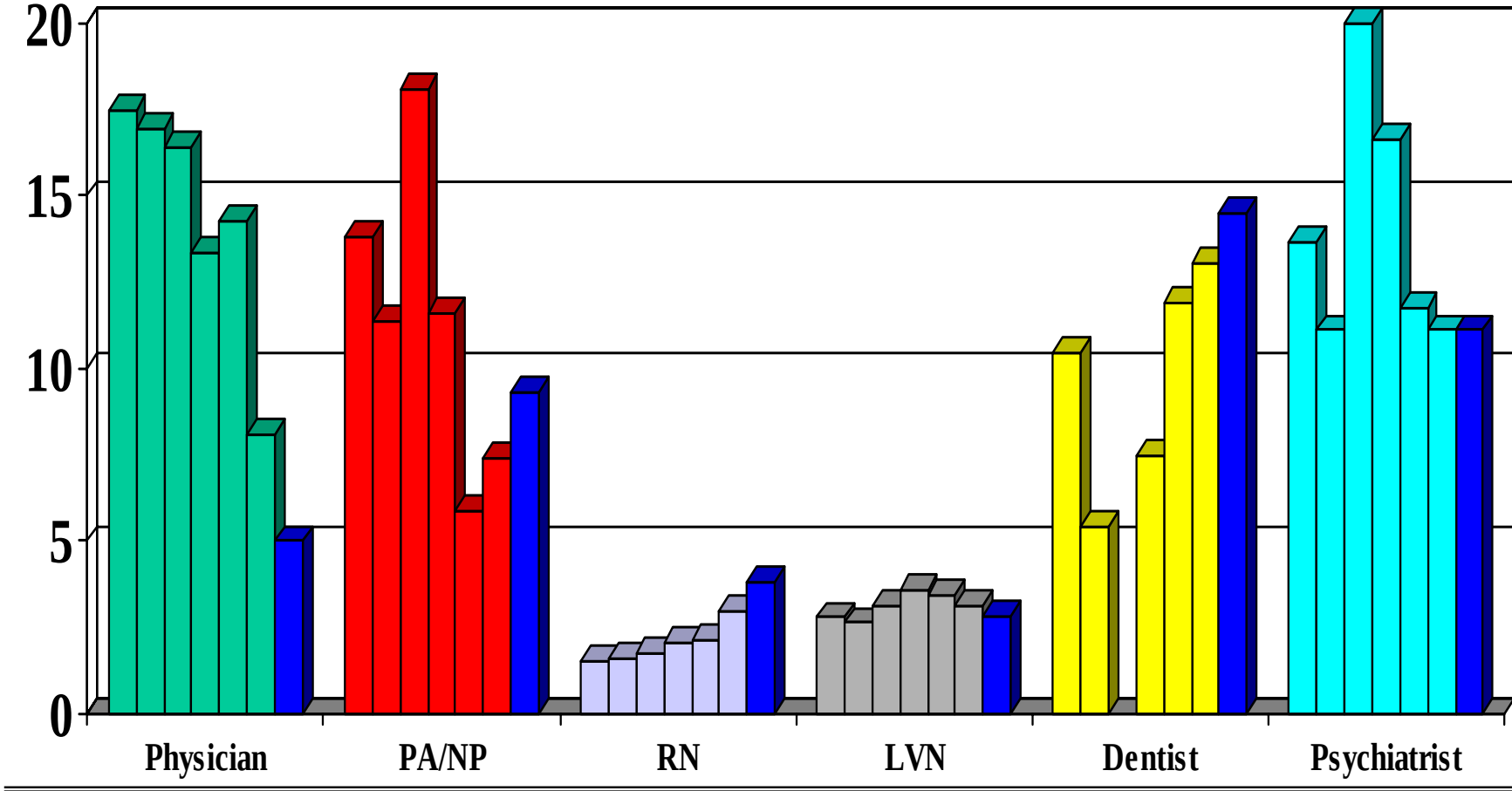
Mental Health Access to Care
Indicators FY 2011-2012 to Date



Medical Access to Care
Indicators FY 2011-2012 to Date



UTMB Vacancy Rates (%) by Quarter FY2011 – FY2012



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