

# **CORRECTIONAL MANAGED HEALTH CARE COMMITTEE**

March 18, 2014

9:00 a.m.

200 River Pointe Dr., Suite 200, Training Room  
Conroe, Texas

- I. Call to Order
- II. Recognitions and Introductions
- III. Consent Items
  1. Approval of Excused Absences
  2. Approval of CMHCC Meeting Minutes, December 11, 2013
  3. 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
  4. University Medical Directors Reports
    - The University of Texas Medical Branch
    - Texas Tech University Health Sciences Center
  5. Summary of CMHCC Joint Committee / Work Group Activities
- IV. Update on Financial Reports
- V. 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

---

EACH ITEM ABOVE INCLUDES DISCUSSION AND ACTION AS NECESSARY

- VI. Medical Directors Updates
  - 1. Texas Department of Criminal Justice  
- Health Services Division FY 2014 First Quarter Report
  - 2. Texas Tech University Health Sciences Center
  - 3. The University of Texas Medical Branch
- VII. Brief Overview of Joint Committee Structure –  
Lannette Linthicum, MD, CCHP-A, FACP
- VIII. Joint Pharmacy and Therapeutics Committee Presentation -  
Stephanie Zepeda, Pharm.D., Director, Pharmacy Services,  
UTMB Correctional Managed Care
- IX. Public Comments
- X. Adjourn

## Consent Item

Approval of CMHCC Meeting Minutes  
December 11, 2013

**CORRECTIONAL MANAGED HEALTH CARE COMMITTEE**

**December 11, 2013**

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

**CMHCC Members Present:** Lannette Linthicum, M.D., CCHP-A, FACP; Cynthia Jumper, M.D., Harold Berenzweig, M.D., Ben Raimer, M.D., Craig Brown, M.D. (sitting in for Kyle Janek, M.D.)

**CMHCC Members Absent:**

**Partner Agency Staff Present:** Bryan Collier, Ron Steffa, William Stephens, Charlene Maresh, Robert Williams, M.D., Michelle Medlock, Marsha Brumley, Texas Department of Criminal Justice; Owen Murray, M.D., Avi Markowitz, M.D., Olugbenga Ojo, M.D., Anthony Williams, Stephen Smock, Kelly Coates, UTMB, Denise DeShields, M.D., TTUHSC

**Others Present:**

**Location:** Frontiers of Flight Museum, 6911 Lemmon Ave., Dallas, Texas

Agenda Topic / Presenter	Presentation	Discussion	Action
<p><b>I. Call to Order</b></p> <p>- Margarita de la Garza-Graham</p>	<p>Dr. de la Garza-Graham called the CMHCC meeting to order at 9:04 a.m. then noted that a quorum was present and the meeting would be conducted in accordance with Chapter 551 of the Texas Government Code, the Open Meetings Act.</p>		
<p><b>II. Recognitions and Introductions</b></p> <p>- Margarita de la Garza-Graham</p>	<p>Dr. de la Garza-Graham thanked everyone for being in attendance. Dr. de la Garza-Graham recognized Dr. Craig Brown who sat in for Dr. Kyle Janek, Olugbenga Ojo, M.D and Dr. Avi Markowitz, M.D. with UTMB.</p> <p>Dr. de la Garza-Graham acknowledged that no one had registered to provide public comment.</p>		
<p><b>III. Approval of Consent Items</b></p> <p>- Margarita de la Garza-Graham</p> <ul style="list-style-type: none"> <li>o Approval of Excused Absences</li> <li>o Approval of CMHCC Meeting Minutes – June 18, 2013</li> </ul>	<p>Dr. de la Garza-Graham noted that Dr. Lannette Linthicum was absent during the September 26, 2013, CMHCC meeting due to medical leave.</p> <p>Dr. de la Garza-Graham stated the next item on the agenda was the approval of the Minutes from the meeting held on September 26, 2013.</p>		<p>Dr. Ben Raimer made a motion to approve the minutes and Dr. Linthicum seconded the motion which prevailed by unanimous</p>

Agenda Topic / Presenter	Presentation	Discussion	Action
<p><b>III. Approval of Consent Items (Cont.)</b></p> <ul style="list-style-type: none"> <li>○ Approval of TDCJ Health Services Monitoring Reports</li> <li>○ University Medical Director's Reports <ul style="list-style-type: none"> <li>- UTMB</li> <li>- TTUHSC</li> </ul> </li> <li>○ Summary of CMHCC Joint Committee/ Work Group Activities</li> </ul>	<p>Dr. de la Garza-Graham stated the next items on the agenda were the approval of the TDCJ Health Services Monitoring Reports.</p> <p>Dr. de la Garza-Graham stated the next items on the agenda were the approval of the UTMB and TTUHSC Medical Director's Reports.</p> <p>Dr. de la Garza-Graham stated the next item on the agenda was the approval of the Summary of Joint Committee/ Work Group Activities.</p>		<p>vote.</p> <p>Dr. Raimer made a motion to approve the TDCJ Health Services Monitoring Reports and Dr. Harold Berenzweig seconded the motion which prevailed by unanimous vote.</p> <p>Dr. Linthicum made a motion to approve the University Directors Reports and Dr. Raimer seconded the motion which prevailed by unanimous vote.</p> <p>Dr. Linthicum made a motion to approve the Summary of CMHCC Joint Committee/ Work Group Activities and Dr. Raimer seconded the motion which prevailed by unanimous vote.</p> <p>Seeing no amendments or objections to the proposed consent items, Dr. de la Garza-Graham advised that the all consent items will stand approved.</p>
<p><b>IV. Update on Financial Reports</b></p> <ul style="list-style-type: none"> <li>- Charlene Maresh</li> </ul>	<p>Dr. de la Garza-Graham called on Ms. Maresh to present the financial report.</p> <p>Charlene Maresh reported on statistics for the Fourth Quarter of FY 2013, as submitted to the Legislative Budget Board (LBB). The report was submitted in accordance with the General Appropriations Act, Article V, Rider 55.</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p><b>IV. Update on Financial Reports (Cont.)</b></p>	<p>Ms. Maresh explained that the report indicates a high level summary of funding and expenditures as follows:</p> <p>Funding received by the universities is \$482.1 million and the total expenditures were \$513.9 million, resulting in a shortfall of \$31.8 million. The shortfall was covered using \$2.4 million in offender health services fees and an additional \$29.4 million in other approved funding sources.</p> <p>The report also shows the expenditures broken down by strategies.</p> <p>Unit and psychiatric care makes up the majority of the costs at 56.7 percent, for a total of \$291.7 million.</p> <p>Hospital and clinical care accounts for 33.9% of total expenditures at a cost of \$174 million.</p> <p>Pharmacy services makes up 9.4 % of total health care expenditures at a cost of \$48.2 million. This strategy experienced a surplus of \$5.4 million. Of the \$48.2 million in expenditures, 76 percent of that \$36.5 million is actual pharmaceuticals.</p> <p>The average service population is 149,072 which is a slight decrease from FY 2012.</p> <p>The offender population age 55 and over continues to grow with an increase of 4.2% from FY 2012. The average daily census is 14,243, making up 9.6% of total service population and accounts for 39.1 percent of total hospital costs.</p> <p>The average mental health inpatient census is 1,771, which is 1.2 percent of the total service population.</p>	<p>Dr. de la Garza-Graham had a question about the shortfall and asked for clarification on where the other approved funding sources come from.</p> <p>Ms. Maresh explained that they had contracted temporary capacity funding of \$15 million that was not utilized that went towards the \$29.4 million shortfall. Additionally, with the declining population at Mineral Wells, those funds were available for use as well.</p>	



Agenda Topic / Presenter	Presentation	Discussion	Action
<p data-bbox="71 131 476 256"><b>V. Summary of Critical Correctional Health Care Personnel Vacancies (Cont.)</b></p> <p data-bbox="71 565 476 592">-Dr. Owen Murray</p> <p data-bbox="71 1175 476 1203">- Dr. Denise DeShields</p>	<p data-bbox="476 131 1144 289">There is also a Program Supervisor V position that supports the CMHCC by coordinating meetings, preparing meeting agendas, making postings to the Texas Registry, etc. This position has been filled. Marsha Brumley was the selected applicant.</p> <p data-bbox="476 321 1144 410">There is a Licensed Vocational Nurse Position vacant in OPS. TDCJ Health Services is in the process of requesting approval to post this position.</p> <p data-bbox="476 443 1144 532">There is a vacant Investigator II – PLP at the Montford Unit. TDCJ Health Services is in the process of requesting approval to post this position.</p> <p data-bbox="476 565 1144 621">Dr. de la Garza-Graham then called upon Dr. Murray to report on UTMB’s critical vacancies.</p> <p data-bbox="476 654 1144 954">Dr. Owen Murray reported that UTMB will have the Senior Medical Director for Outpatient Services position currently held by Dr. Charles “Danny” Adams and the Senior Medical Director for Inpatient Services position currently held by Dr. Glenda Adams as they will both be retiring in May 2014, and staying on part-time. Dr. Murray stated that it will be a challenge to fill their roles. Advertising efforts will be underway during the American Correctional Association (ACA) and the National Commission on Correctional Health Care (NCCHC) conferences.</p> <p data-bbox="476 987 1144 1141">UTMB will continue to advertise for physicians, mid-level practitioners and dentist positions. A lot of UTMB’s workforce from the various disciplines is close to retirement within the next five years. UTMB will need to look at recruiting younger individuals in the health care system.</p> <p data-bbox="476 1174 1144 1230">Dr. de la Garza-Graham then called on Dr. DeShields to report on TTUHSC’s critical vacancies.</p> <p data-bbox="476 1263 1144 1438">Dr. DeShields reported that the PAMIO Medical Director position at the Clements Unit is still vacant and advised they are continuing using several recruiting firms, posting fliers and on the internet. Over the past five years, there have been six qualified applicants for this job. Two have declined due to salary, two were not able to obtain a license</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p><b>V. Summary of Critical Correctional Health Care Personnel Vacancies (Cont.)</b></p> <p><b>VI. Medical Director's Updates</b></p> <ul style="list-style-type: none"> <li>• <b>TDCJ – Health Services Division FY 2013 Third Quarter Report</b> <ul style="list-style-type: none"> <li>- Lannette Linthicum, MD <ul style="list-style-type: none"> <li>○ Operational Review Audit</li> </ul> </li> <li>○ Capital Assets Monitoring</li> <li>○ Dental Quality Review Audit</li> <li>○ Grievance and Patient Liaison Correspondence</li> </ul> </li> </ul>	<p>in Texas and two said that Amarillo was too far away. The position is currently being covered by contract staff. Recruitment efforts will be continued.</p> <p>Dr. DeShields further reported that there is an applicant for the Medical Director position at Dalhart and is hopeful the position will be filled.</p> <p>Hearing no further discussions, Dr. de la Garza-Grahm then called on Dr. Linthicum to provide the Medical Director's Update for TDCJ.</p> <p>Dr. Linthicum began by explaining that the deficiencies reported during operational reviews have been addressed with the units and each unit is working on corrective action plans to gain compliance. During the Fourth Quarter of FY 2013, (June, July and August), operational review audits (ORAs) were conducted on nine facilities: Baten Intermediate Sanction Facility, Bridgeport Pre-Parole, Fort Stockton, Holliday, Hutchins, Jordan, Luther, Lynaugh and Middleton. There were also eight ORAs for several facilities closed during this quarter. Dr. Linthicum referred to the six items found to be most frequently below 80 percent compliance.</p> <p>Dr. Linthicum next reported that the same nine units listed above were audited and determined to be in compliance range for capital assets.</p> <p>Dr. Linthicum explained that Dental Quality Review audits were conducted at the following seventeen facilities: Crain, Darrington, Formby, Hilltop, Hughes, Jester I, Jester III, Jester IV, Luther, Montford, Mountain View, Murray, Pack, Tulia, Vance, Wheeler, and Woodman.</p> <p>Dr. Linthicum referred to the items found to be most frequently below 80 percent compliance.</p> <p>Dr. Linthicum then noted that the Office of Professional Standards has the Family Hotline, Patient Liaison Program and Step II Medical Grievance Program and Sick Call Request Verification Audit process. During the Fourth Quarter of FY 2013, the Patient Liaison Program (PLP) and</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p><b>VI. Medical Director's Updates (Cont.)</b></p> <ul style="list-style-type: none"> <li>○ Quality Improvement (QI) Access to Care Audit</li> <li>○ Office of Public Health</li> </ul>	<p>the Step II Medical Grievance Program received 3,645 correspondences. The PLP received 1,947 correspondences and Step II Medical Grievance received 1,698. There were 455 Action Requests generated. The percentage of sustained Step II medical grievances from UTMB was 10 percent and six percent for TTUHSC.</p> <p>Dr. Linthicum added that the Quality Improvement Access to Care Audit addressed quality of care issues. There were 44 Sick Call Request Verification Audits were conducted on 42 facilities. A total of 351 indicators were reviewed and six of the indicators fell below 80 percent compliance.</p> <p>Dr. Linthicum explained that the Public Health Program monitors cases of infectious diseases within the TDCJ population. There were 501 cases of Hepatitis C identified for the Fourth Quarter FY 2013. There were 24,728 intake tests and 132 were newly identified as having Human Immunodeficiency Virus (HIV) infections. During the Third Quarter FY 2013, 18,207 offenders had intake test and 125 were HIV positive. Only 15 new AIDs cases were identified in the Fourth Quarter FY 2013 and 16 new Acquired Immunodeficiency Syndrome (AIDS) cases identified during the Third Quarter FY 2013.</p> <p>212 cases of suspected Syphilis were reported in the Fourth Quarter FY 2013. 15 of those required treatment or retreatment.</p> <p>194 Methicillin-Resistant Staphylococcus Aureus (MRSA) cases were reported for the Fourth Quarter FY 2013.</p> <p>Dr. Linthicum advised that there was an average of 17 Tuberculosis (TB) cases under active management for the Fourth Quarter FY 2013.</p>	<p>Dr. de la Garza-Graham stated that 17 active TB cases doesn't seem very high and asked if that number is high or low.</p> <p>Dr. Linthicum reported that a lot of those offenders come into the TDCJ with TB. TDCJ tests offenders at the beginning of their incarceration and annually thereafter. TDCJ works closely with the Texas Department of</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p data-bbox="138 136 352 191"><b>Medical Director's Updates (Cont.)</b></p>	<p data-bbox="487 410 1129 922">Dr. Linthicum next reported the activities of the Sexual Assault Nurse Examiner (SANE) Coordinator which collaborates with the Safe Prisons Program and is trained and certified by the Texas Attorney General's Office. This person provides in-service training to facility staff in the performance of medical examinations, evidence collection and documentation and use of the sexual assault kits. During the Fourth Quarter FY 2013, 25 training sessions were held and 364 medical and mental health staff received training. This position also audits the documentation and services provided by medical personnel for each sexual assault reported. There were 232 chart reviews of alleged sexual assaults. There were no deficiencies found this quarter. 52 bloodborne exposure baseline labs were drawn on exposed offenders. To date, one offender has tested positive for HIV in baseline labs routinely obtained after the report of sexual assault.</p> <p data-bbox="487 1143 1129 1349">Dr. Linthicum noted that seven units received a two day training and one unit received a four day training which included the Wall Talk Training which is part of the Peer Education Program. 101 of the 111 facilities have active peer education programs. 106 offenders trained to become new peer educators. 17,693 offenders attended classes presented by educators.</p>	<p data-bbox="1155 136 1596 164">State Health Services to help control TB.</p> <p data-bbox="1155 196 1680 407">Dr. Linthicum explained that all of the 2250 prototype units and regional infirmaries have respiratory isolation beds. Also, TDCJ Health Services has a physician, Dr. Carol Lynn Coglianesse that Chairs the Infectious Disease Specialist that assists with handling the TB patients.</p> <p data-bbox="1155 899 1680 1013">Dr. Berenzweig asked if there were 232 chart reviews for sexual assault, but only 52 bloodborne blood test, is that because the other 180 were not as a result of sexual assault?</p> <p data-bbox="1155 1052 1680 1133">Dr. Linthicum explained that if an offender reports an alleged sexual assault, testing is initiated.</p> <p data-bbox="1155 1328 1680 1377">Dr. de la Garza-Graham asked, what is a peer educator?</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p><b>Medical Director's Updates (Cont.)</b></p>		<p>Dr. Linthicum explained that a peer educator is an offender that goes through training on various curriculums. TDCJ has a Wall Talk training that includes HIV, Hepatitis C and sexually transmitted infections. There is also information about suicide risk and prevention. Offenders are trained twice a year during refresher conferences as new therapies become available and they can communicate the newly received information. Each unit has staff that coordinates the trainings and schedules these training to be held in the unit chapels. They use training tools such as drama, skits, handouts and presentations. Health Services has a Peer Education Coordinator position that coordinates the program state-wide. The Safe Prison Program and the Rehabilitation Programs Division have related modules as well.</p> <p>Mr. William Stephens explained that newly received offenders receive peer education training providing awareness of sexual assault prevention and the zero tolerance.</p> <p>Dr. Raimer asked if education targeting diabetes and hypertension is still being provided.</p> <p>Dr. Linthicum explained there was a physician that was a coordinator and educator. However, some positions were lost during the reduction in force; therefore, this is training is not currently being done.</p> <p>Dr. Raimer stated that self-management of chronic diseases is an opportunity to decrease medical costs. There are approximately 30,000 offenders with hypertension and 9,000 diabetics.</p> <p>Dr. Linthicum stated that she and Dr. Murray would take that recommendation into consideration.</p>	



Agenda Topic / Presenter	Presentation	Discussion	Action
<p><b>Medical Director's Updates (Cont.)</b></p> <ul style="list-style-type: none"> <li>○ Accreditation</li> <li>○ Biomedical Research Projects</li> <li>● <b>Texas Tech University Health Sciences Center</b> <ul style="list-style-type: none"> <li>- Denise DeShields, MD</li> </ul> </li> <li>● <b>University of Texas Medical Branch</b> <ul style="list-style-type: none"> <li>- Owen Murray, DO</li> </ul> </li> </ul>	<p>one deficiency identified and TTUHSC had four deficiencies identified. Dr. Linthicum explained that there has been tremendous improvement in this area, thus resulting in better continuity of care.</p> <p>Dr. Linthicum reported that there were twelve units reaccredited by the American Correctional Association (ACA).</p> <p>Dr. Linthicum referenced the research projects as reported by the Texas Department of Criminal Justice (TDCJ) Executive Services.</p> <p>Dr. de la Garza-Graham thanked Dr. Linthicum then called on Dr. DeShields to present the report for TTUHSC.</p> <p>Dr. DeShields reported that there are no new projects, but have recently completed a comprehensive market analysis of correctional managed health care salaries. TTUHSC as well as UTMB struggles with salaries compared to market as well as a maturing workforce. TTUHSC is making every attempt to be proactive with regard to institutional succession as they move forward. Dr. DeShields thanked UTMB and Dr. Jane Moultrie for allowing TTUHSC staff to participate in the very comprehensive web-based presentation on updated HCV policy.</p> <p>Dr. de la Garza-Graham thanked Dr. DeShields then called on Dr. Murray to present the report for UTMB.</p> <p>Dr. Murray advised that the Hepatitis C treatment program for male offenders is at the Darrington Unit and the female offenders are at the Carole Young Facility. There will be a director of nurses at each of the two facilities to take the lead role to ensure medication compliance.</p> <p>Dr. Stephanie Zepeda will give a presentation regarding pharmacy operations at the March 2014 CMHCC meeting.</p> <p>Dr. Murray stated that TDCJ is experiencing an aging offender population and there is a rising amount of cancer being seen. Therefore, there is a significant cost in the</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p><b>VII. Novel Therapies for Cancer Treatment</b></p> <ul style="list-style-type: none"> <li>- <b>Avi Markowitz, MD, FACP</b></li> <li>- <b>Olugbenga Ojo, MD</b></li> </ul>	<p>management of offender patients. A presentation was prepared to discuss the current drug therapies.</p> <p>Dr. Murray introduced Dr. Avi Markowitz and Dr. Olugbenja Ojo to discuss the Novel therapies for cancer.</p> <p>Dr. Markowitz and Dr. Ojo gave a presentation on the current Novel therapies for cancer that UTMB is currently using and the expected costs, and discussed the drugs that were approved by the Federal Drug Administration over the past two years for treating cancers. The projected cost for cancer is projected to rise from \$104 billion in 2006 to over \$173 billion in 2020. The amount of cancer patients are increasing every year.</p> <p>Dr. Markowitz discussed transplants and the costs. He advised that UTMB does not perform transplants.</p> <p>Dr. de la Garza-Graham thanked Dr. Markowitz and Dr. Ojo for the presentation.</p>	<p>Dr. Murray stated that the drug prices reflect 340b pricing.</p> <p>Dr. Berenzweig asked if 340b pricing is available to TTUHSC.</p> <p>Dr. Murray advised that only UTMB qualifies for the 340b pricing as they are the covered entity because they have a disproportionate share hospital, employ the prescribers and maintain the medical records.</p> <p>Bryan Collier asked when offenders go through the transplant process and are released, would they be able to continue therapy, since they are usually indigent.</p> <p>Dr. Murray explained that Texas Correctional Office on Offenders with Medical or Mental Impairments and the Health Services Division work together to ensure that the offenders are provided with referrals for them to contact for their continuity of care.</p> <p>If they are not compliant with the continued treatment, the State may then later be burdened with additional costs of a higher level of HIV medication.</p>	



Consent Item

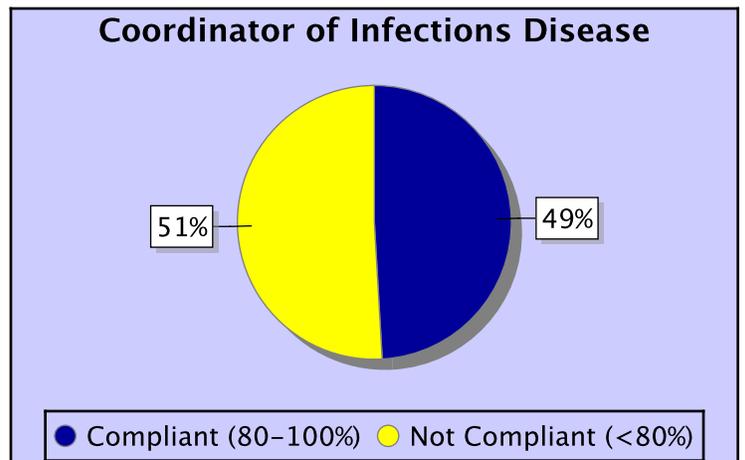
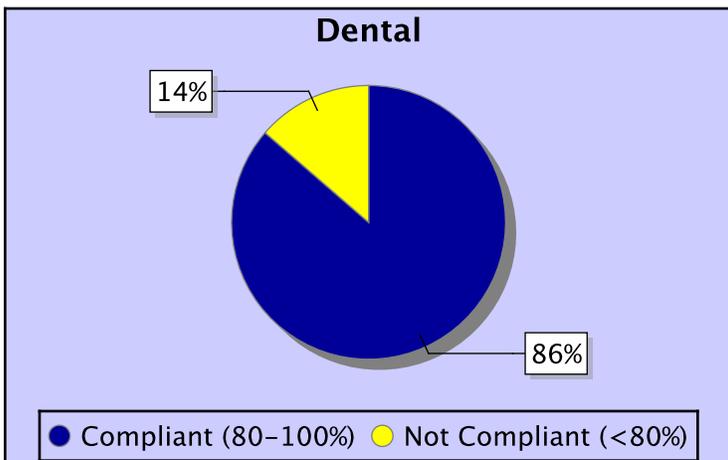
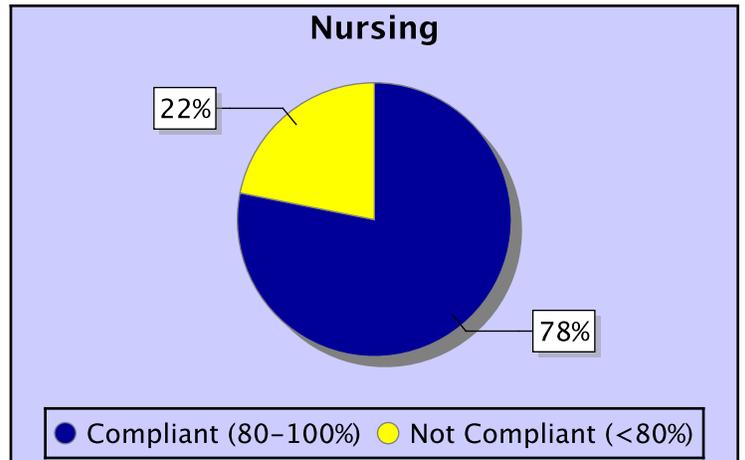
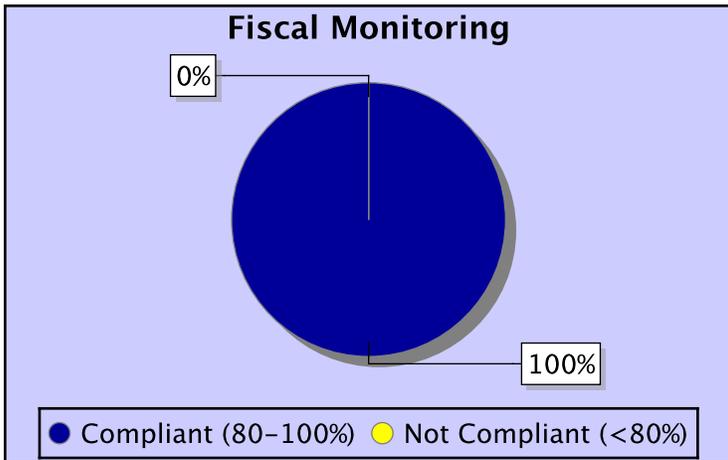
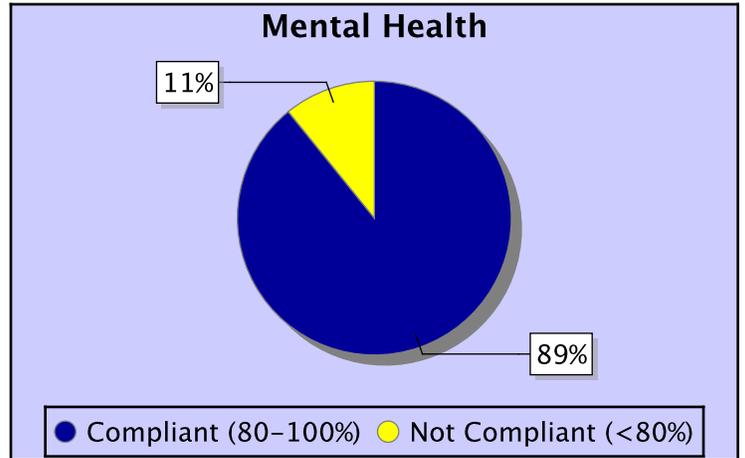
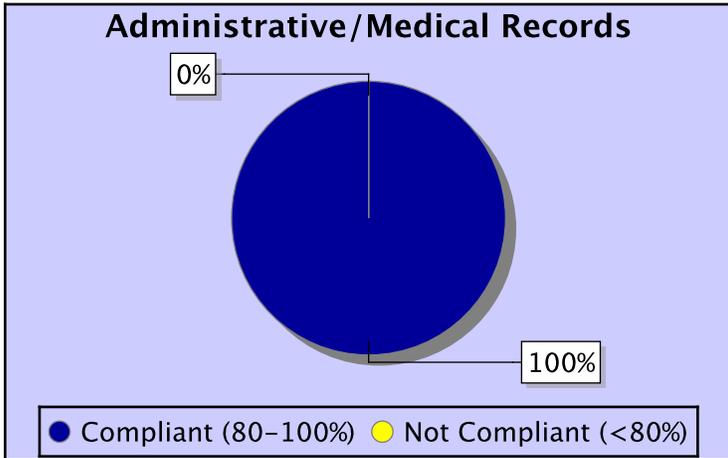
TDCJ Health Services  
Monitoring Reports

Rate of Compliance with Standards by Operational Categories  
 First Quarter, Fiscal Year 2014  
 September 2013 - November 2013

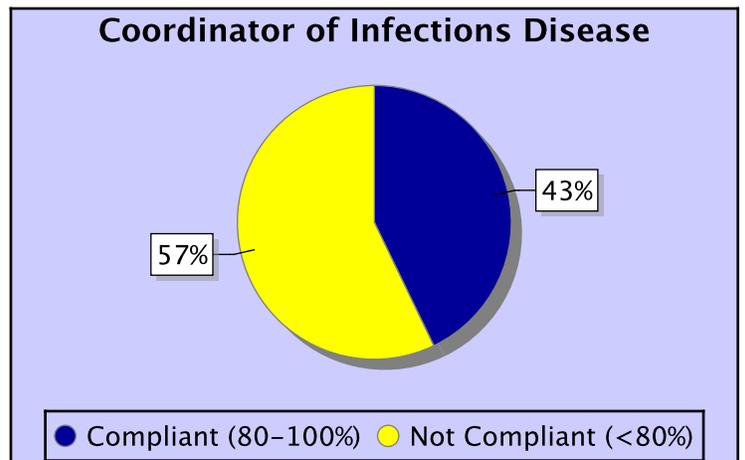
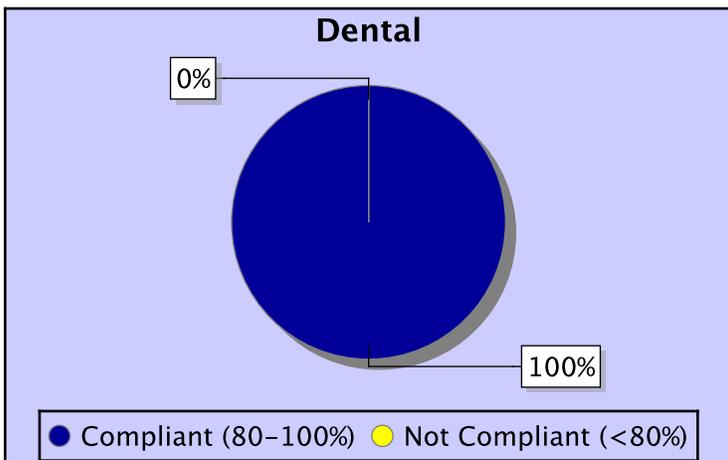
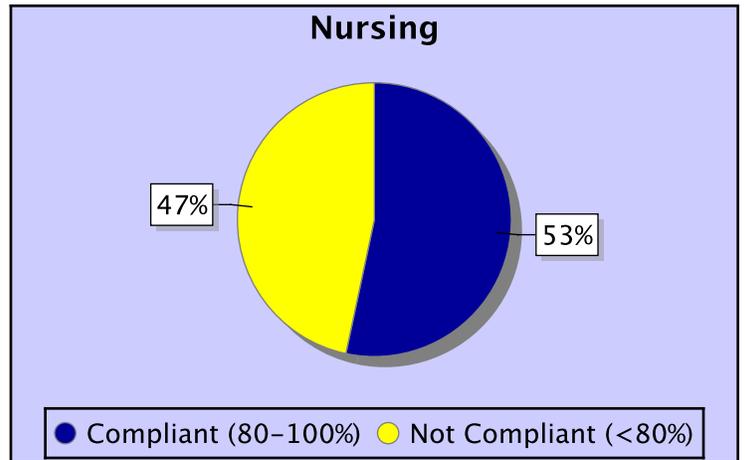
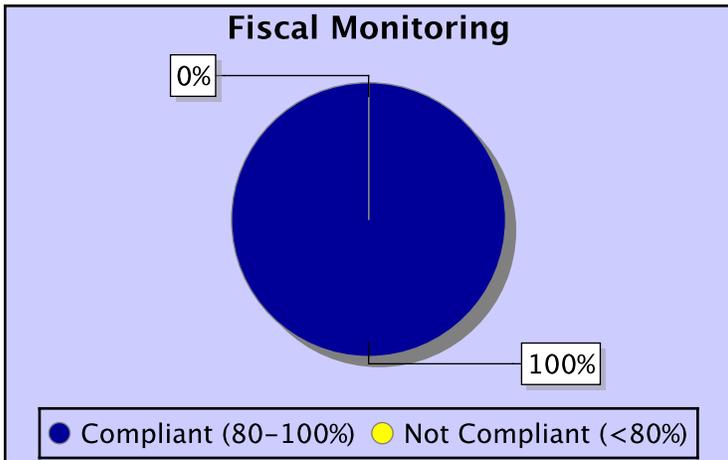
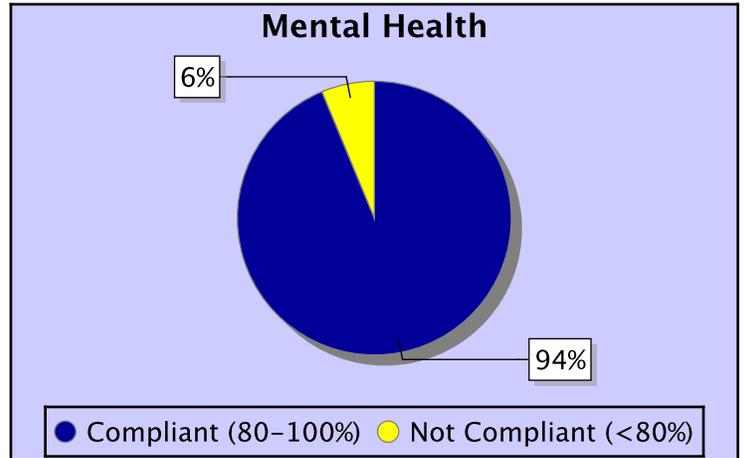
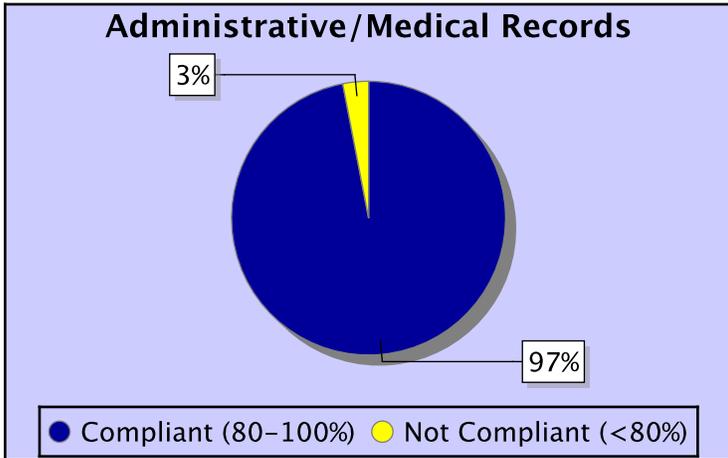
Unit	Operations/ Administration			General Medical/Nursing			Coordinator of Infectious Disease			Dental			Mental Health			Fiscal		
	<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance	
Allred	33	33	100%	32	25	78%	55	27	49%	22	19	86%	38	32	89%	6	6	100%
Boyd	33	32	97%	13	6	46%	28	12	43%	3	3	100%	16	15	94%	4	4	100%
Clemens	33	32	97%	15	13	87%	24	21	88%	12	12	100%	18	15	83%	6	6	100%
Darrington	34	33	97%	15	14	93%	27	14	52%	12	12	100%	18	16	89%	6	6	100%
Powledge	34	32	94%	21	13	62%	27	14	52%	12	12	100%	16	11	69%	5	5	100%
Roach	32	32	100%	15	11	73%	19	14	74%	12	11	92%	2	1	50%	4	4	100%
Scott	34	33	97%	15	12	80%	33	25	76%	12	12	100%	14	13	93%	6	6	100%
Terrell	34	32	94%	21	19	90%	34	27	79%	12	12	100%	14	13	93%	4	4	100%

*n* = number of applicable items audited.

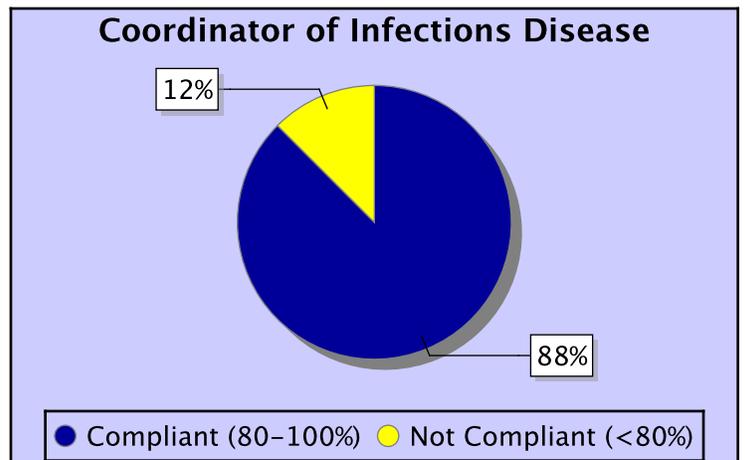
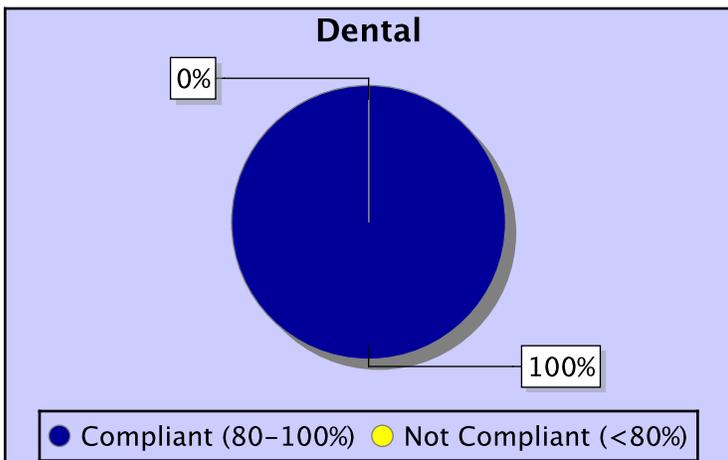
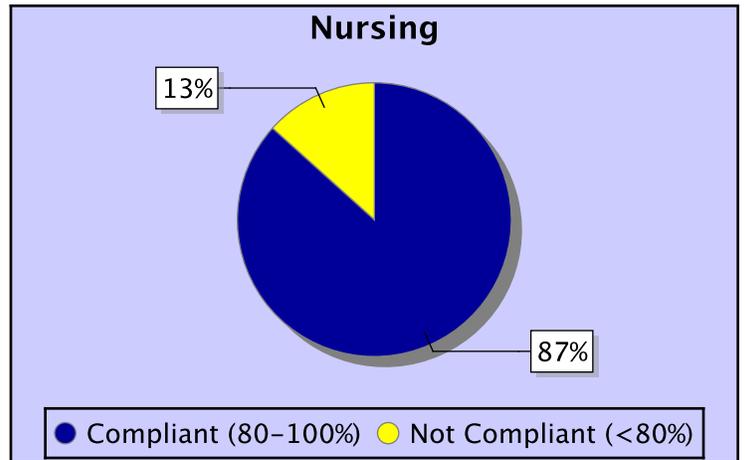
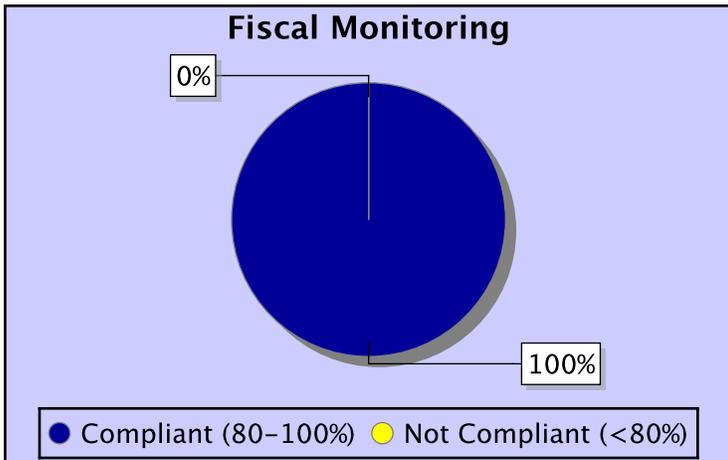
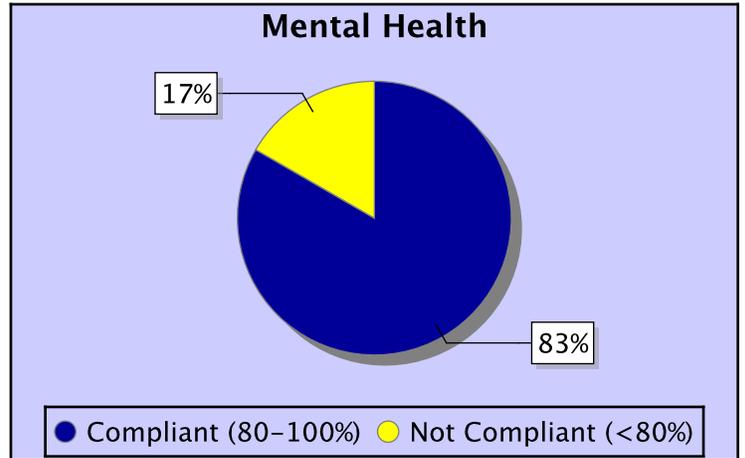
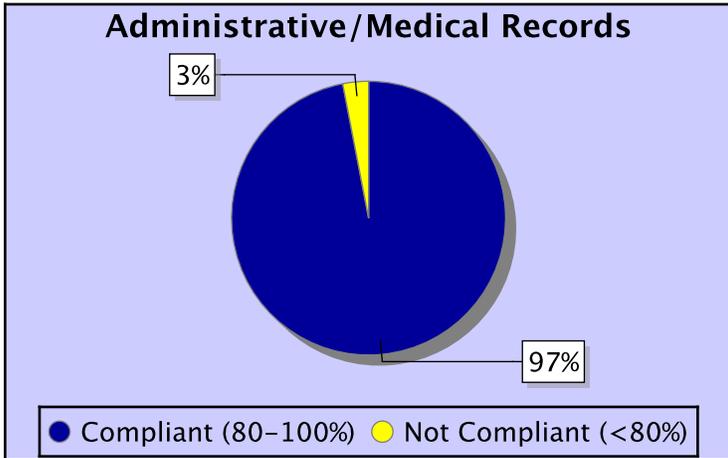
Compliance Rate By Operational Categories for  
ALLRED FACILITY  
September 05, 2013



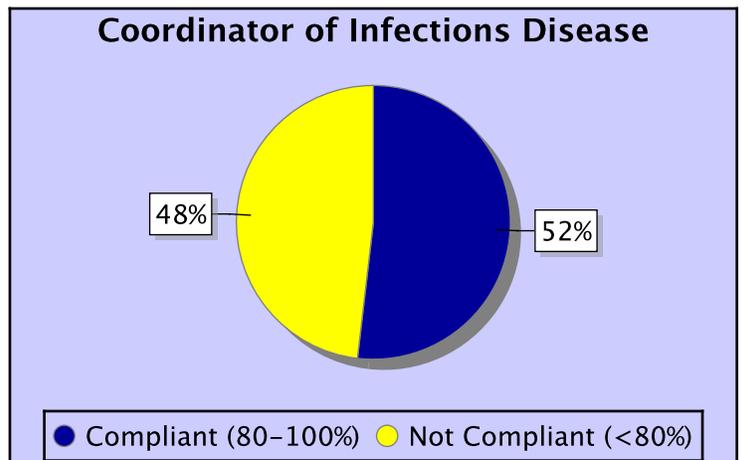
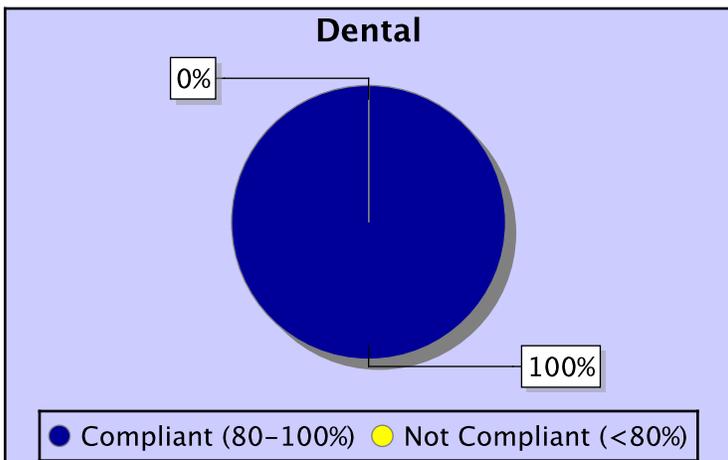
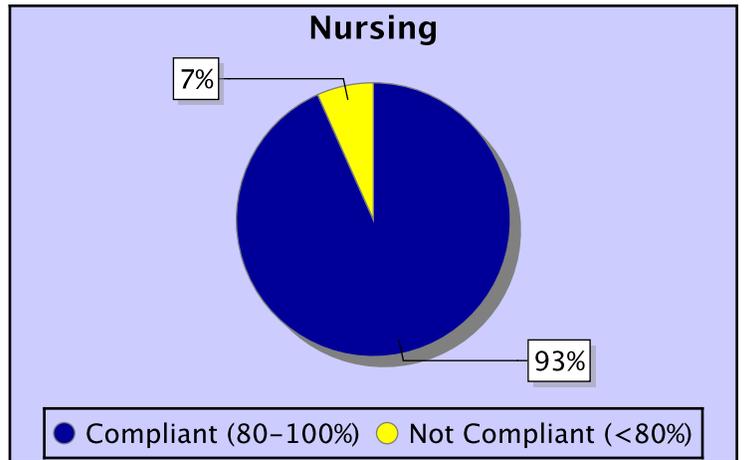
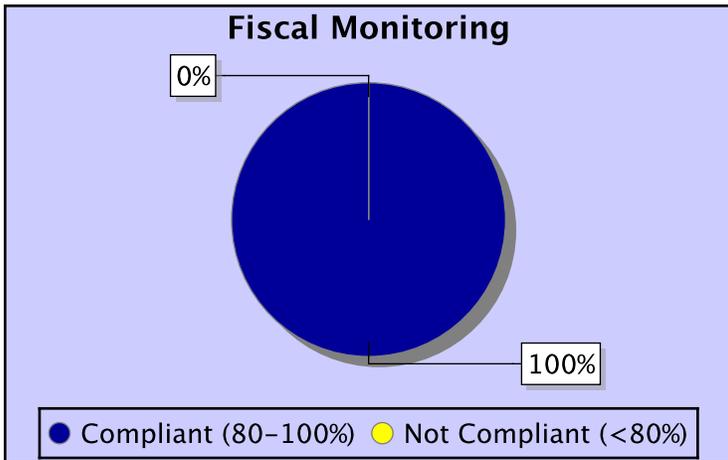
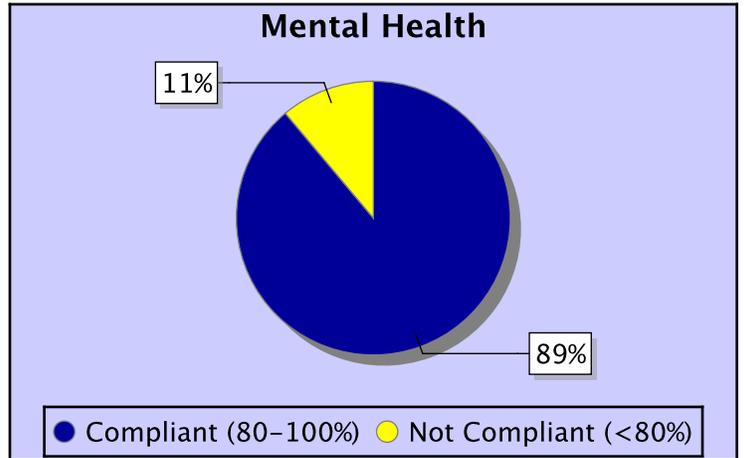
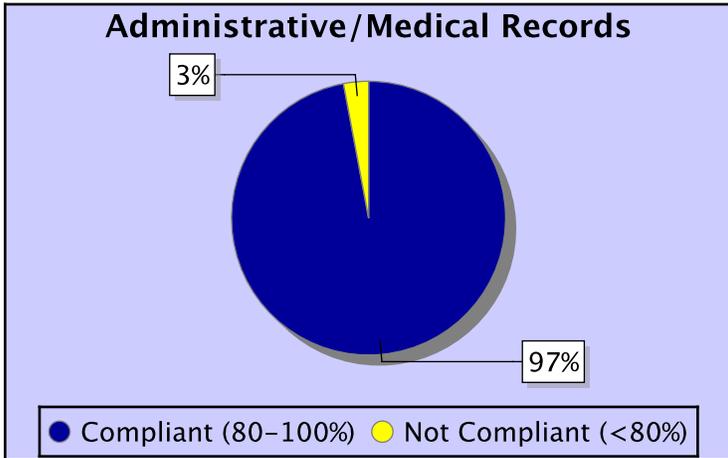
Compliance Rate By Operational Categories for  
BOYD FACILITY  
November 04, 2013



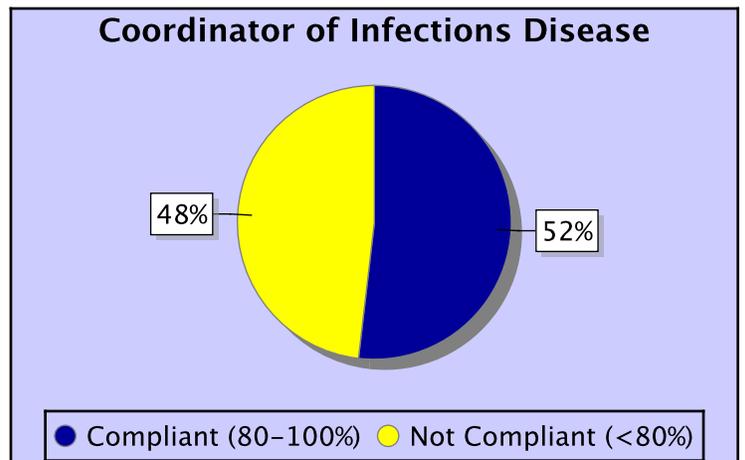
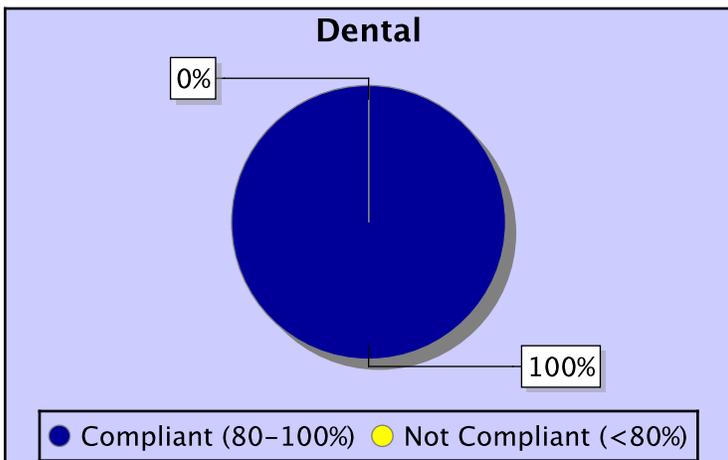
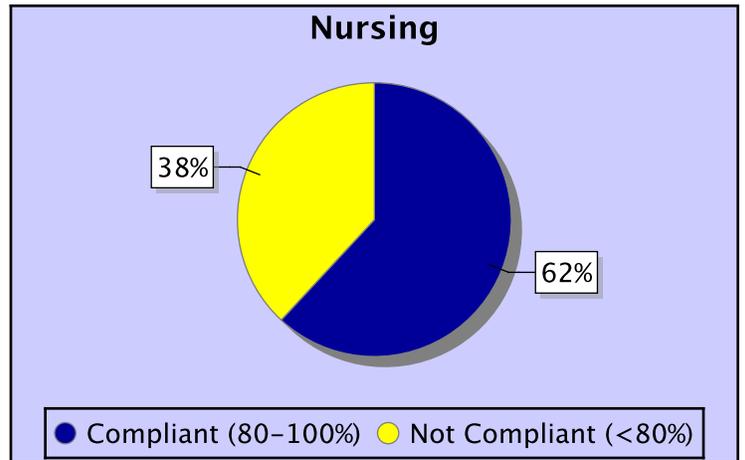
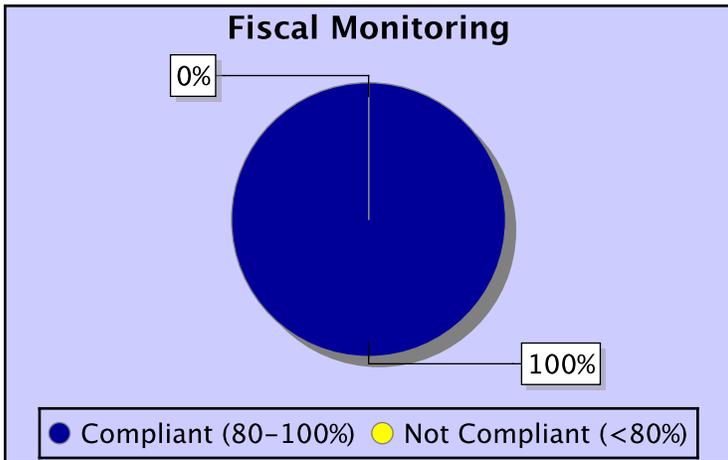
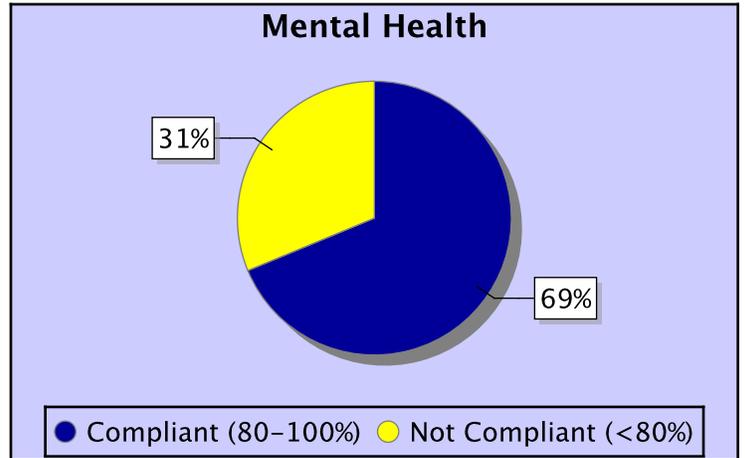
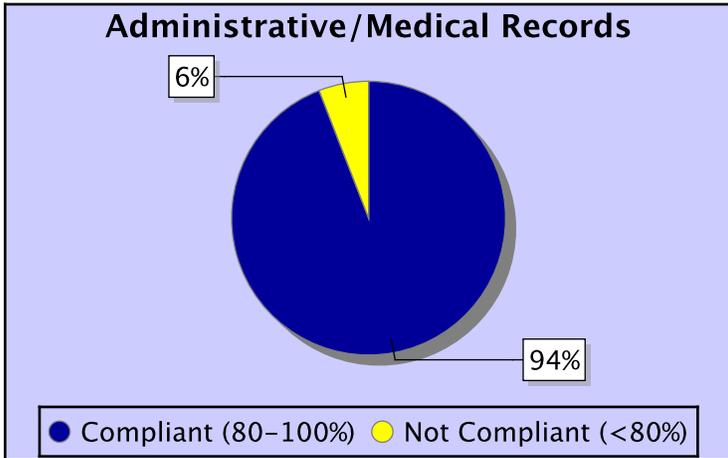
Compliance Rate By Operational Categories for  
CLEMENS FACILITY  
October 02, 2013



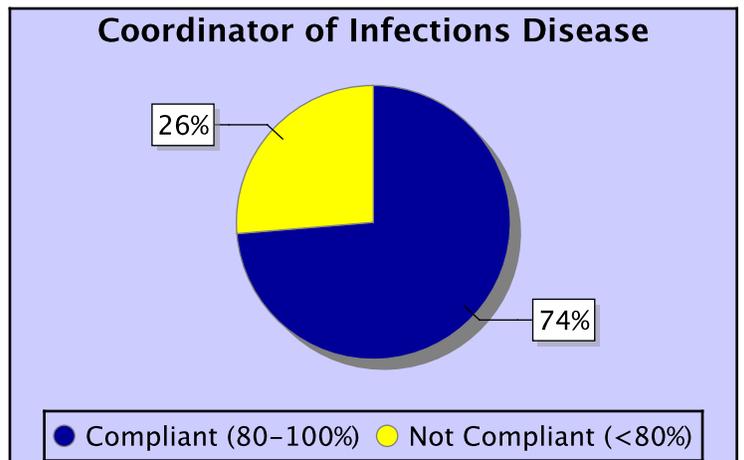
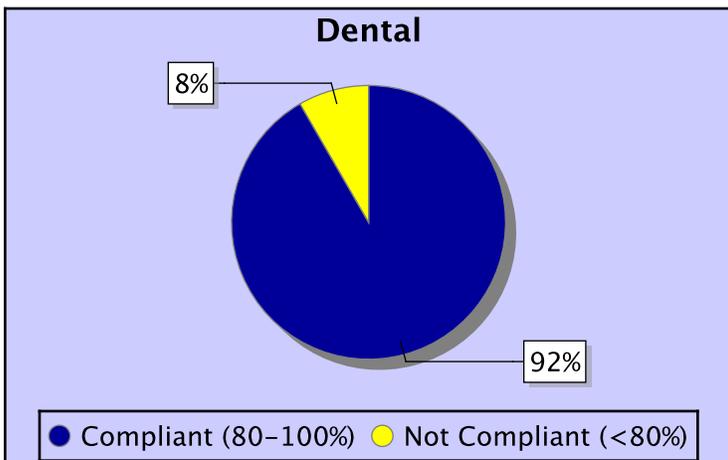
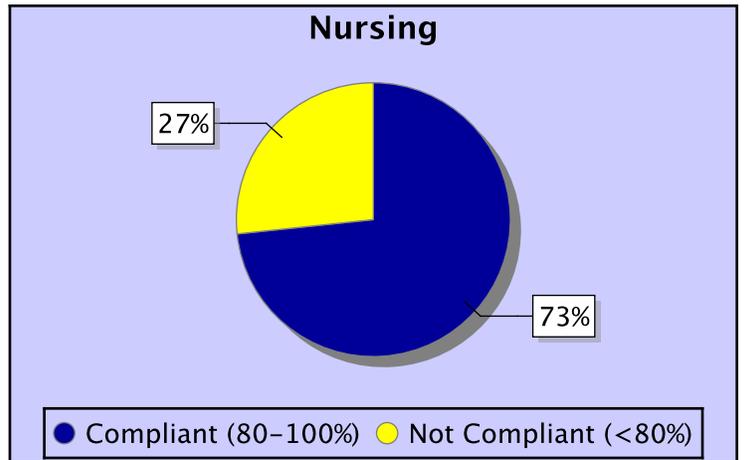
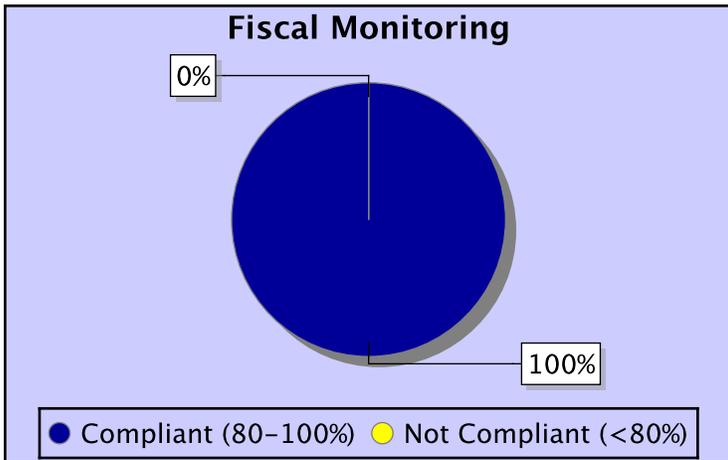
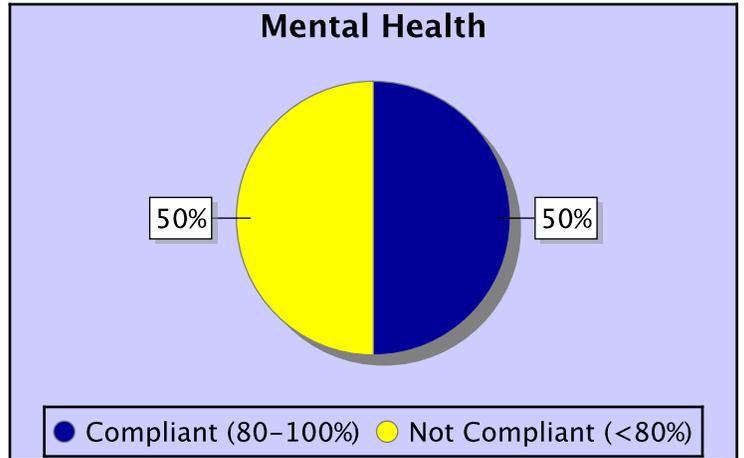
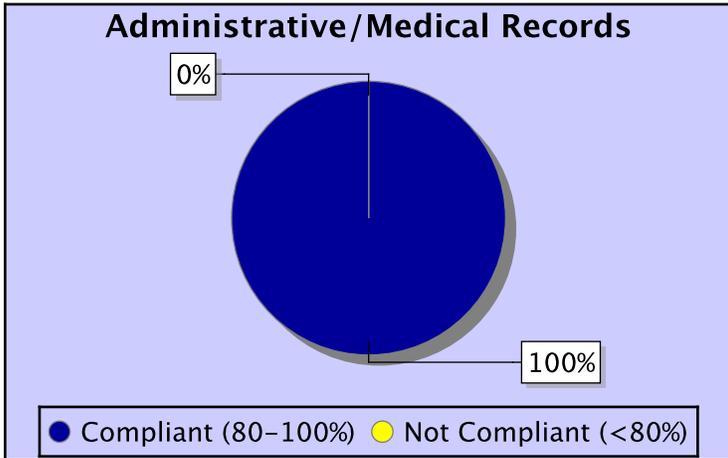
Compliance Rate By Operational Categories for  
DARRINGTON FACILITY  
October 02, 2013



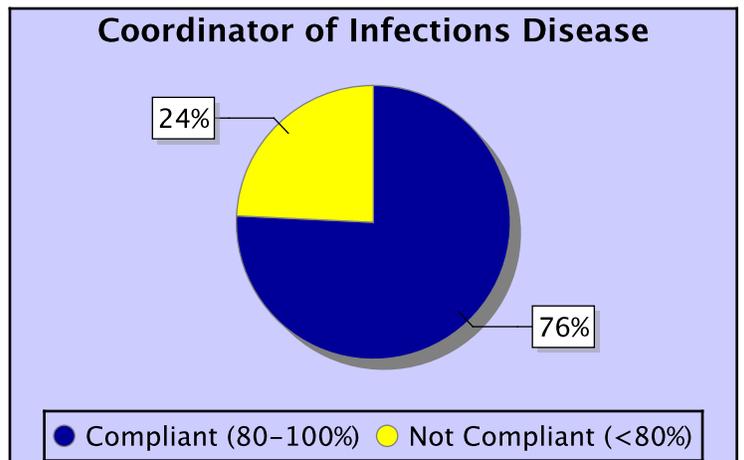
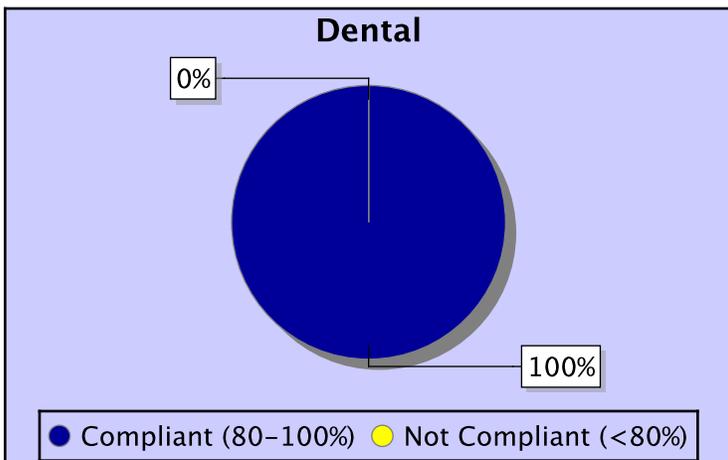
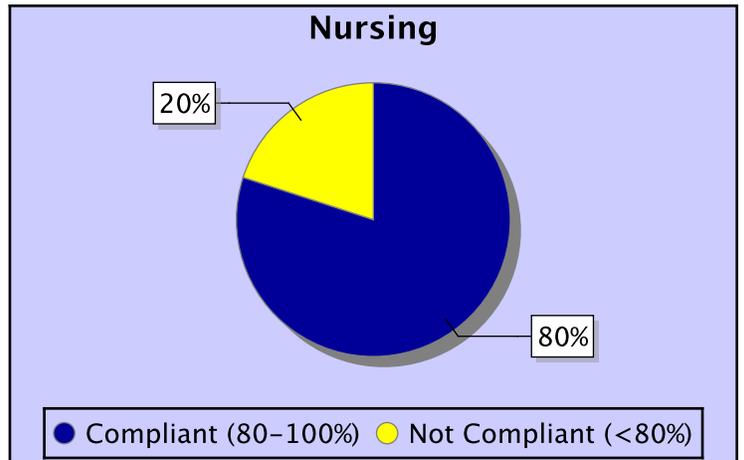
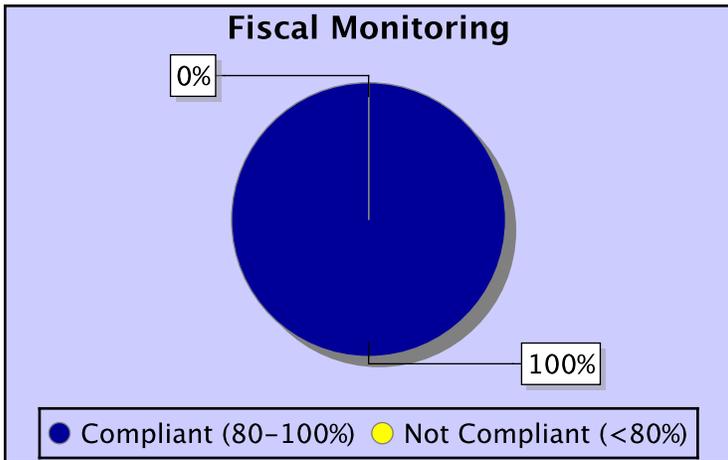
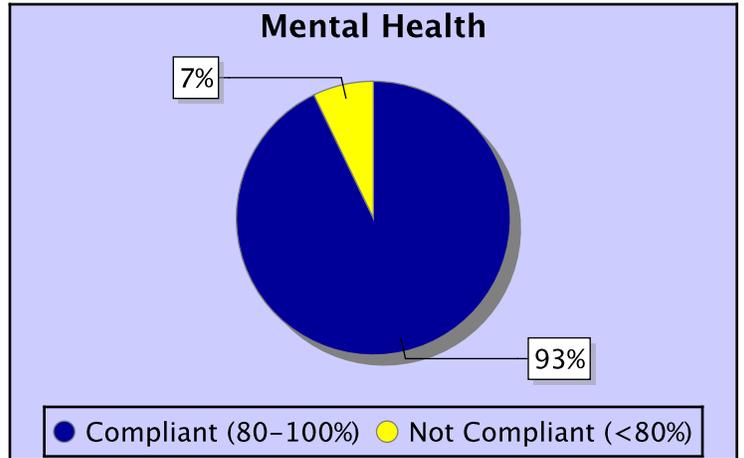
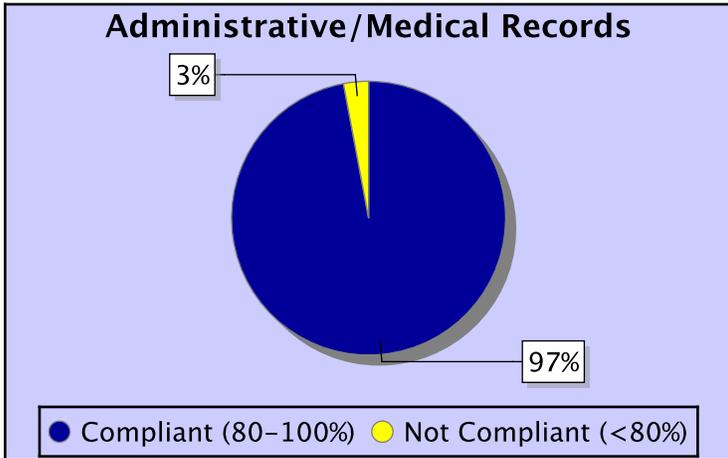
Compliance Rate By Operational Categories for  
POWLEDGE FACILITY  
November 04, 2013



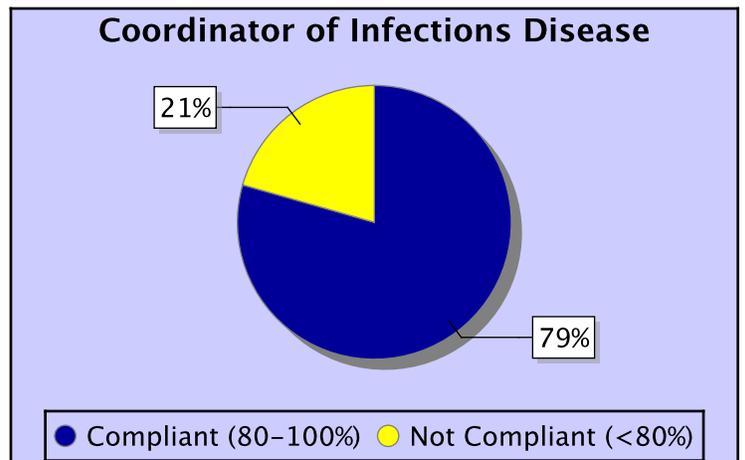
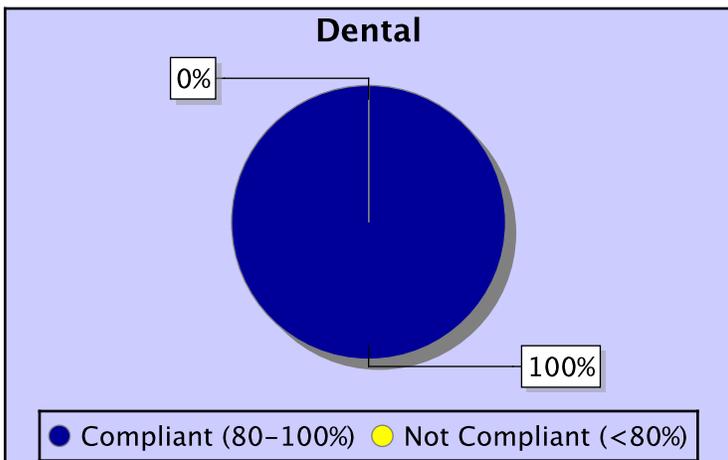
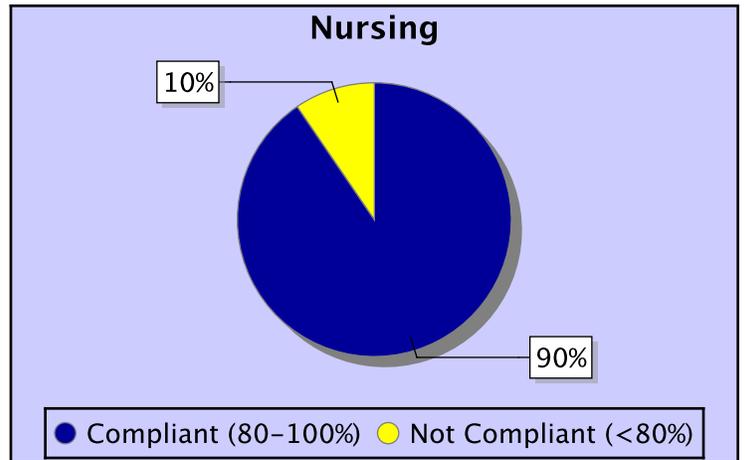
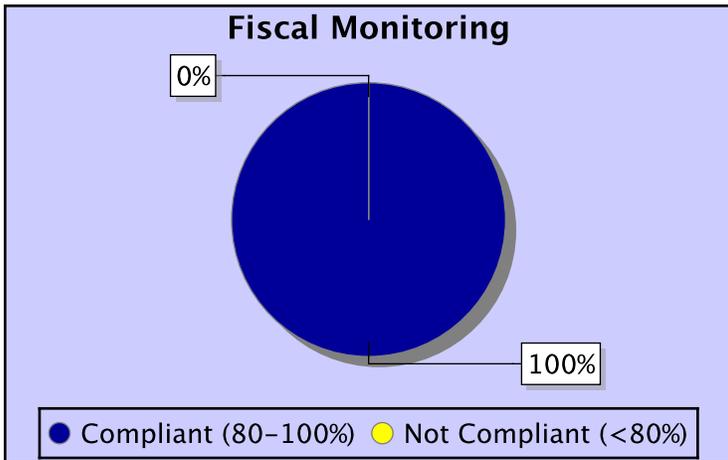
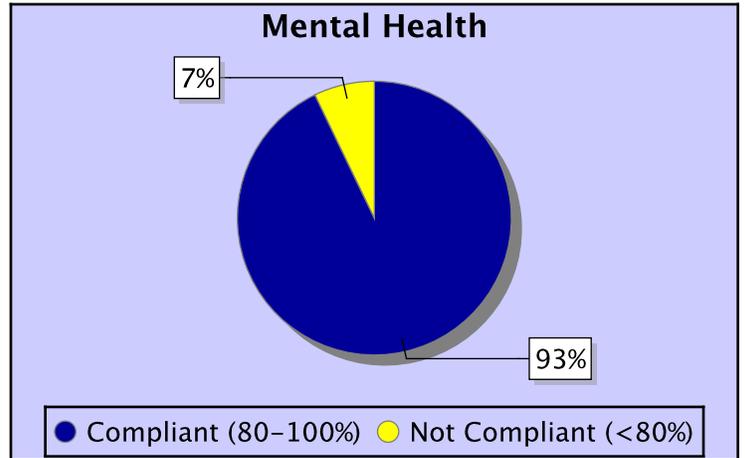
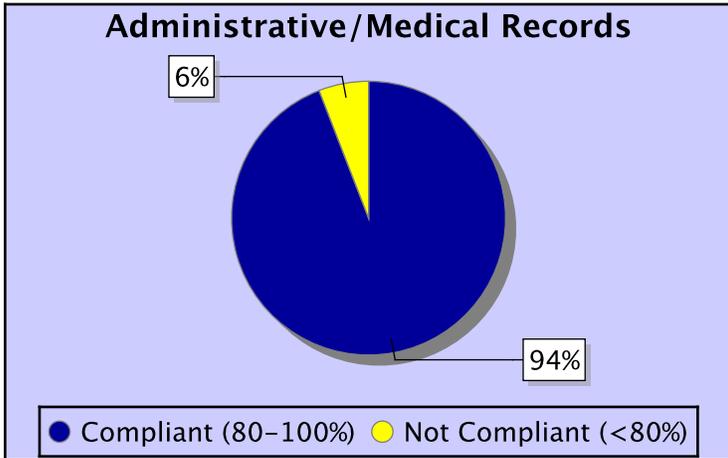
Compliance Rate By Operational Categories for  
ROACH FACILITY  
September 04, 2013



Compliance Rate By Operational Categories for  
SCOTT FACILITY  
October 01, 2013



Compliance Rate By Operational Categories for  
TERRELL FACILITY  
October 01, 2013



**Dental Quality of Care Audit  
Urgent Care Report  
For the Three Months Ended November 30, 2013**

**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. Policy CMHC E 36.1

Facility	Charts Assessed by TDCJ as Urgent	Urgent Care Score *	Offenders receiving treatment but not within timeframe **	Offenders identified as needing definitive care***
Bartlett	10	100	0	0
Connally	10	100	0	0
Daniel	10	80	2	0
Garza	10	40	6	0
Halbert	10	100	0	0
Havins	10	100	0	0
Hobby	10	100	0	0
Marlin	10	50	5	0
McConnell	10	100	0	0
Rudd	10	100	0	0
San Saba	10	100	0	0
Smith (GP)	10	80	2	0
Smith (ECB)	10	80	2	0
Stevenson	10	100	0	0
Travis County	10	100	0	0
West TX ISF	10	70	3	0

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

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

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

## PATIENT LIAISON AND STEP II GRIEVANCE STATISTICS QUALITY OF CARE/PERSONNEL REFERRALS AND ACTION REQUESTS

STEP II GRIEVANCE PROGRAM (GRV)													
Fiscal Year 2014	Total number of <b>GRIEVANCE</b> Correspondence Received Each Month	Total number of <b>GRIEVANCE</b> Correspondence Closed Each Month	Total number of Action Requests (Quality of Care, Personnel, and Process Issues)	Percent of Action Requests from Total # of <b>GRIEVANCE</b> Correspondence	Total number of Action Requests Referred to <b>University of Texas Medical Branch- Correctional Managed Health Care</b>			Total number of Action Requests Referred to <b>Texas Tech University Health Sciences Center- Correctional Managed Health Care</b>			Total number of Action Requests Referred to <b>PRIVATE FACILITIES</b>		
					Percent of Total Action Requests Referred	QOC*	QOC*	Percent of Total Action Requests Referred	QOC*	QOC*	Percent of Total Action Requests Referred	QOC*	QOC*
September	534	626	134	21.41%	102	18.53%	14	14	2.88%	4	0	0.00%	0
October	610	594	101	17.00%	65	13.97%	18	13	2.86%	4	1	0.17%	0
November	557	343	89	25.95%	71	24.20%	12	6	1.75%	0	0	0.00%	0
<b>Totals:</b>	<b>1,701</b>	<b>1,563</b>	<b>324</b>	<b>20.73%</b>	<b>238</b>	<b>18.04%</b>	<b>44</b>	<b>33</b>	<b>2.62%</b>	<b>8</b>	<b>1</b>	<b>0.06%</b>	<b>0</b>

PATIENT LIAISON PROGRAM (PLP)													
Fiscal Year 2014	Total number of <b>Patient Liaison Program</b> Correspondence Received Each Month	Total number of <b>Patient Liaison Program</b> Correspondence Closed Each Month	Total number of Action Requests (Quality of Care, Personnel, and Process Issues)	Percent of Action Requests from Total number of <b>Patient Liaison Program</b> Correspondence	Total number of Action Requests Referred to <b>University of Texas Medical Branch- Correctional Managed Health Care</b>			Total number of Action Requests Referred to <b>Texas Tech University Health Sciences Center- Correctional Managed Health Care</b>			Total number of Action Requests Referred to <b>PRIVATE FACILITIES</b>		
					Percent of Total Action Requests Referred	QOC*	QOC*	Percent of Total Action Requests Referred	QOC*	QOC*	Percent of Total Action Requests Referred	QOC*	QOC*
September	609	515	26	5.05%	16	3.88%	4	3	0.58%	0	0	0.78%	4
October	597	565	33	5.84%	27	4.78%	0	6	1.06%	0	0	0.00%	0
November	450	480	19	3.96%	14	3.13%	1	3	0.63%	0	0	0.00%	0
<b>Totals:</b>	<b>1,656</b>	<b>1,560</b>	<b>78</b>	<b>5.00%</b>	<b>57</b>	<b>3.97%</b>	<b>5</b>	<b>12</b>	<b>0.77%</b>	<b>0</b>	<b>0</b>	<b>0.26%</b>	<b>4</b>
<b>GRAND TOTAL=</b>	<b>3,357</b>	<b>3,123</b>	<b>402</b>	<b>12.87%</b>									

\*QOC= Quality of Care

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

September 2013

Reportable Condition	Reports			
	2013 This Month	2012 Same Month	2013 Year to Date*	2012 Year to Date*
Chlamydia	4	0	42	30
Gonorrhea	1	0	14	12
Syphilis	79	68	718	690
Hepatitis A	0	0	0	1
Hepatitis B, acute	1	0	5	4
Hepatitis C, total and (acute <sup>‡</sup> )	150	210	2120	2299(1)
Human immunodeficiency virus (HIV) +, known at intake	161	216	1750	1,840
HIV screens, intake	5,033	5,701	55,746	54,439
HIV +, intake	47	38	383	401
HIV screens, offender- and provider-requested	730	1,060	8,063	8,678
HIV +, offender- and provider-requested	2	1	7	12
HIV screens, pre-release	3,517	4,187	41,609	42,180
HIV +, pre-release	0	2	3	15
Acquired immune deficiency syndrome (AIDS)	5	4	48	40
Methicillin-resistant <i>Staph Aureus</i> (MRSA)	88	70	584	582
Methicillin-sensitive <i>Staph Aureus</i> (MSSA)	48	53	414	409
Occupational exposures of TDCJ staff	8	12	84	119
Occupational exposures of medical staff	0	0	20	23
HIV chemoprophylaxis initiation	0	2	16	24
Tuberculosis skin test (ie, PPD) +, intake	180	250	2023	2937
Tuberculosis skin test +, annual	1**	44	267	440
Tuberculosis, known (ie, on tuberculosis medications) at intake	0	1	9	11
Tuberculosis, diagnosed at intake and attributed to county of origin (identified before 42 days of incarceration)	0	0	4	0
Tuberculosis, diagnosed during incarceration (identified after 42 days of incarceration)	0	3	9	17
Tuberculosis cases under management	19	21		
Peer education programs <sup>¶</sup>	0	0	99	100
Peer education educators <sup>∞</sup>	40	30	3,666	3,246
Peer education participants	4,899	7,488	55,267	58,387
Sexual assault in-service (sessions/units)	0/0	2/2	55/43	14/16
Sexual assault in-service participants	0	7	680	98
Alleged assaults and chart reviews	90	72	690	626
Bloodborne exposure labs drawn on offenders	13	14	148	133
New Sero-conversions d/t sexual assault ±	0	0	2	0

\*\*\* 5,069 Annual TB evaluations due to PPD shortage. \*\*\* 6 with signs and symptoms that required chest x-rays.

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

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

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

∞ New peer educators are indicted in the column marked "This Month"; total peer educators are indicated in the column marked "Year to Date." ± New sero-conversions. \* New reporting beginning August 1, 2011

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

October 2013

Reportable Condition	Reports			
	2013 This Month	2012 Same Month	2013 Year to Date*	2012 Year to Date*
Chlamydia	5	5	47	35
Gonorrhea	1	1	15	13
Syphilis	73	80	791	769
Hepatitis A	0	0	0	1
Hepatitis B, acute	1	0	6	4
Hepatitis C, total and (acute <sup>‡</sup> )	245	255	2865(0)	2550(1)
Human immunodeficiency virus (HIV) +, known at intake	194	187	1,944	2,027
HIV screens, intake	7,220	7,047	62,966	61,486
HIV +, intake	46	43	429	444
HIV screens, offender- and provider-requested	763	925	8,826	9,603
HIV +, offender- and provider-requested	0	3	7	15
HIV screens, pre-release	4,219	4,524	45,828	46,704
HIV +, pre-release	3	0	6	15
Acquired immune deficiency syndrome (AIDS)	6	15	54	55
Methicillin-resistant <i>Staph Aureus</i> (MRSA)	96	59	680	641
Methicillin-sensitive <i>Staph Aureus</i> (MSSA)	63	36	477	445
Occupational exposures of TDCJ staff	14	17	98	136
Occupational exposures of medical staff	0	1	20	24
HIV chemoprophylaxis initiation	1	1	17	25
Tuberculosis skin test (ie, PPD) +, intake	226	345	2249	3282
Tuberculosis skin test +, annual	2	49	40	489
Tuberculosis, known (ie, on tuberculosis medications) at intake	0	0	9	11
Tuberculosis, diagnosed at intake and attributed to county of origin (identified before 42 days of incarceration)	0	0	4	0
Tuberculosis, diagnosed during incarceration (identified after 42 days of incarceration)	1	1	10	18
Tuberculosis cases under management	20	20		
Peer education programs <sup>¶</sup>	0	0	99	100
Peer education educators <sup>∞</sup>	70	33	3,736	3,260
Peer education participants	5,626	7,786	59,893	66,173
Sexual assault in-service (sessions/units)	8/4	1/4	63/47	41/35
Sexual assault in-service participants	85	20	765	445
Alleged assaults and chart reviews	107	48	797	567
Bloodborne exposure labs drawn on offenders	15	14	163	147
New Sero-conversions d/t sexual assault ±	0	0	2	0

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

<sup>‡</sup> Hepatitis C cases in parentheses are acute cases; these are also included in the total number reported. Only acute cases are reportable to the Department of State Health Services\*\* Tb interviews for the month of October **5187**. Signs and symptoms of Tb which required x-rays **36**

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

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

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

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

November 2013

Reportable Condition	Reports			
	2013 This Month	2012 Same Month	2013 Year to Date*	2012 Year to Date*
Chlamydia	3	2	50	37
Gonorrhea	2	3	17	16
Syphilis	73	83	864	852
Hepatitis A	0	0	0	1
Hepatitis B, acute	0	0	6	4
Hepatitis C, total and (acute <sup>‡</sup> )	255	294	3120	2840(1)
Human immunodeficiency virus (HIV) +, known at intake	194	212	2,138	2,239
HIV screens, intake	6,222	5,231	69,188	66,807
HIV +, intake	46	42	475	486
HIV screens, offender- and provider-requested	716	770	9,542	9,680
HIV +, offender- and provider-requested	1	0	8	15
HIV screens, pre-release	3,962	3,674	49,790	50,378
HIV +, pre-release	0	1	6	16
Acquired immune deficiency syndrome (AIDS)	4	4	58	59
Methicillin-resistant <i>Staph Aureus</i> (MRSA)	63	57	743	698
Methicillin-sensitive <i>Staph Aureus</i> (MSSA)	40	34	517	479
Occupational exposures of TDCJ staff	9	3	107	139
Occupational exposures of medical staff	2	1	22	25
HIV chemoprophylaxis initiation	2	0	19	25
Tuberculosis skin test (ie, PPD) +, intake	131	289	2380	3572
Tuberculosis skin test +, annual	5	50	45	541
Tuberculosis, known (ie, on tuberculosis medications) at intake	0	2	9	13
Tuberculosis, diagnosed at intake and attributed to county of origin (identified before 42 days of incarceration)	0	0	4	0
Tuberculosis, diagnosed during incarceration (identified after 42 days of incarceration)	1	3	11	21
Tuberculosis cases under management	21	22		
Peer education programs <sup>¶</sup>	0	0	99	100
Peer education educators <sup>∞</sup>	35	10	3,771	3,270
Peer education participants	6,159	6,585	66,052	72,758
Sexual assault in-service (sessions/units)	5/3	2/1	68/50	21/21
Sexual assault in-service participants	41	21	806	186
Alleged assaults and chart reviews	79	67	876	777
Bloodborne exposure labs drawn on offenders	18	16	181	170
New Sero-conversions d/t sexual assault ±	0	0	2	0

TB Interviews Due to shortage – total 3365

Signs/symptoms for x-rays – total 29

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

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

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

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

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

### Health Services Liaison Utilization Review Hospital and Infirmiry Discharge Audit

During the First Quarter of Fiscal Year 2014, ten percent of the UTMB and TTUHSC hospital and infirmiry discharges were audited. A total of 152 hospital discharge and 45 infirmiry discharge audits were conducted. This chart is a summary of the audits showing the number of cases with deficiencies and their percentage.

<b>Freeworld Hospital Discharges in Texas Tech Sector</b>											
Month	Audits Performed	Vital Signs Not Recorded <sup>1</sup> (Cases with Deficiencies)		Appropriate Receiving Facility <sup>2</sup> (Cases with Deficiencies)		No Chain-In Done <sup>3</sup> (Cases with Deficiencies)		Unscheduled Care within 7 Days <sup>4</sup> (Cases with Deficiencies)		Lacked Documentation <sup>5</sup> (Cases with Deficiencies)	
September	5	0	20.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
October	6	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
November	6	0	0.00%	0	0.00%	0	0.00%	1	16.67%	4	66.67%
<b>Total/Average</b>		<b>0</b>	<b>6.67%</b>	<b>0</b>	<b>0.00%</b>	<b>0</b>	<b>0.00%</b>	<b>1</b>	<b>5.56%</b>	<b>4</b>	<b>22.22%</b>
<b>Freeworld Hospital Discharges in UTMB Sector</b>											
Month	Audits Performed	Vital Signs Not Recorded <sup>1</sup> (Cases with Deficiencies)		Appropriate Receiving Facility <sup>2</sup> (Cases with Deficiencies)		No Chain-In Done <sup>3</sup> (Cases with Deficiencies)		Unscheduled Care within 7 Days <sup>4</sup> (Cases with Deficiencies)		Lacked Documentation <sup>5</sup> (Cases with Deficiencies)	
September	21	1	4.76%	0	0.00%	0	0.00%	1	4.76%	1	4.76%
October	17	1	5.88%	1	5.88%	2	11.76%	4	23.52%	5	29.41%
November	16	0	0.00%	0	0.00%	0	0.00%	0	0.00%	2	12.50%
<b>Total/Average</b>		<b>2</b>	<b>3.55%</b>	<b>1</b>	<b>1.96%</b>	<b>2</b>	<b>3.92%</b>	<b>5</b>	<b>9.43%</b>	<b>8</b>	<b>15.56%</b>
<b>UTMB Hospital Galveston Discharges</b>											
Month	Audits Performed	Vital Signs Not Recorded <sup>1</sup> (Cases with Deficiencies)		Appropriate Receiving Facility <sup>2</sup> (Cases with Deficiencies)		No Chain-In Done <sup>3</sup> (Cases with Deficiencies)		Unscheduled Care within 7 Days <sup>4</sup> (Cases with Deficiencies)		Lacked Documentation <sup>5</sup> (Cases with Deficiencies)	
September	20	0	0.00%	0	0.00%	1	0.00%	1	5.00%	0	0.00%
October	32	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
November	29	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
<b>Total/Average</b>		<b>0</b>	<b>0.00%</b>	<b>0</b>	<b>0.00%</b>	<b>1</b>	<b>0.00%</b>	<b>1</b>	<b>1.67%</b>	<b>0</b>	<b>0.00%</b>
<b>GRAND TOTAL: Combined Hospital Discharges (Texas Tech Sector, UTMB Sector and Hospital Galveston)</b>											
Month	Audits Performed	Vital Signs Not Recorded <sup>1</sup> (Cases with Deficiencies)		Appropriate Receiving Facility <sup>2</sup> (Cases with Deficiencies)		No Chain-In Done <sup>3</sup> (Cases with Deficiencies)		Unscheduled Care within 7 Days <sup>4</sup> (Cases with Deficiencies)		Lacked Documentation <sup>5</sup> (Cases with Deficiencies)	
September	46	1	8.25%	0	0.00%	1	0.00%	0	3.25%	1	1.59%
October	55	1	1.96%	1	1.96%	2	3.92%	4	7.84%	5	9.80%
November	51	0	0.00%	0	0.00%	3	0.00%	1	5.56%	6	26.39%
<b>Total/Average</b>		<b>2</b>	<b>3.40%</b>	<b>1</b>	<b>0.65%</b>	<b>3</b>	<b>1.31%</b>	<b>7</b>	<b>5.55%</b>	<b>12</b>	<b>12.59%</b>
<b>Texas Tech Infirmiry Discharges</b>											
Month	Audits Performed	Vital Signs Not Recorded <sup>1</sup> (Cases with Deficiencies)		Appropriate Receiving Facility <sup>2</sup> (Cases with Deficiencies)		No Chain-In Done <sup>3</sup> (Cases with Deficiencies)		Unscheduled Care within 7 Days <sup>4</sup> (Cases with Deficiencies)		Lacked Documentation <sup>5</sup> (Cases with Deficiencies)	
September	5	1	20.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
October	9	1	11.11%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
November	8	0	0.00%	0	0.00%	0	0.00%	1	12.50%	0	0.00%
<b>Total/Average</b>		<b>2</b>	<b>10.37%</b>	<b>0</b>	<b>0.00%</b>	<b>0</b>	<b>0.00%</b>	<b>1</b>	<b>4.17%</b>	<b>0</b>	<b>0.00%</b>
<b>UTMB Infirmiry Discharges</b>											
Month	Audits Performed	Vital Signs Not Recorded <sup>1</sup> (Cases with Deficiencies)		Appropriate Receiving Facility <sup>2</sup> (Cases with Deficiencies)		No Chain-In Done <sup>3</sup> (Cases with Deficiencies)		Unscheduled Care within 7 Days <sup>4</sup> (Cases with Deficiencies)		Lacked Documentation <sup>5</sup> (Cases with Deficiencies)	
September	8	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
October	9	0	0.00%	0	0.00%	0	0.00%	1	11.11%	0	0.00%
November	6	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
<b>Total/Average</b>		<b>0</b>	<b>0.00%</b>	<b>0</b>	<b>0.00%</b>	<b>0</b>	<b>0.00%</b>	<b>1</b>	<b>3.70%</b>	<b>0</b>	<b>0.00%</b>
<b>GRAND TOTAL: Combined Infirmiry Discharges (Texas Tech and UTMB)</b>											
Month	Audits Performed	Vital Signs Not Recorded <sup>1</sup> (Cases with Deficiencies)		Appropriate Receiving Facility <sup>2</sup> (Cases with Deficiencies)		No Chain-In Done <sup>3</sup> (Cases with Deficiencies)		Unscheduled Care within 7 Days <sup>4</sup> (Cases with Deficiencies)		Lacked Documentation <sup>5</sup> (Cases with Deficiencies)	
September	13	1	10.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
October	18	1	5.56%	0	0.00%	0	0.00%	1	5.56%	0	0.00%
November	14	0	0.00%	0	0.00%	0	0.00%	1	6.25%	0	0.00%
<b>Total/Average</b>		<b>2</b>	<b>5.19%</b>	<b>0</b>	<b>0.00%</b>	<b>0</b>	<b>0.00%</b>	<b>2</b>	<b>3.94%</b>	<b>0</b>	<b>0.00%</b>

**Footnotes:** 1. Vital signs were not recorded on the day the offender left the discharge facility. 2. 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. (Units not performing chain in were: Crain and Terrell) 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  
FIRST QUARTER, FISCAL YEAR 2014**

September 2013	Numbered Property On Inventory Report	Total Number of Deletions	Total Number of Transfers	Total Number of New Equipment
<b>Allred</b>	49	0	1	1
<b>Roach</b>	28	0	0	0
<b>Total</b>	77	0	1	1

October 2013	Numbered Property On Inventory Report	Total Number of Deletions	Total Number of Transfers	Total Number of New Equipment
<b>Clemens</b>	31	0	0	3
<b>Darrington</b>	41	0	0	0
<b>Scott</b>	36	0	2	4
<b>Terrell</b>	41	0	0	0
<b>Total</b>	149	0	2	7

November 2013	Numbered Property On Inventory Report	Total Number of Deletions	Total Number of Transfers	Total Number of New Equipment
<b>Boyd</b>	31	0	0	0
<b>Powledge</b>	35	0	1	0
<b>Total</b>	66	0	1	0

**CAPITAL ASSETS AUDIT  
FISRT QUARTER, FISCAL YEAR 2014**

<b>Audit Tools</b>	<b>September</b>	<b>October</b>	<b>November</b>	<b>Total</b>
<b>Total number of units audited</b>	2	4	2	8
<b>Total numbered property</b>	77	149	66	292
<b>Total number out of compliance</b>	0	0	0	0
<b>Total % out of compliance</b>	0.00%	0.00%	0.00%	0.00%

**AMERICAN CORRECTIONAL ASSOCIATION  
ACCREDITATION STATUS REPORT  
First Quarter FY-2014**

**University of Texas Medical Branch**

Unit	Audit Date	% Compliance	
		Mandatory	Non-Mandatory
Hilltop / Mt. View	September 16, 2013	100%	98.2
McConnell	September 23, 2013	100%	97.3
Johnston	September 30, 2013	100%	99.0
Lychner / Kegans	October 7, 2013	100%	99.1
Travis	October 21, 2013	100%	97.8
Halbert	October 28, 2013	100%	99.0
Byrd	November 18, 2013	100%	98.5

**Texas Tech University Health Science Center**

Unit	Audit Date	% Compliance	
		Mandatory	Non-Mandatory
Clements	November 4, 2013	100%	98.6

The ACA Winter Conference will held in Tampa, Florida January 31, 2014 – February 5, 2014. During this conference, the following units will be awarded reaccreditation by the ACA Panel of Commissioners: Dominguez, Eastham, Hightower, Hilltop/Mountain View, McConnell, Michael, Plane/Henley, Robertson, and Sanchez.

**Executive Services**  
**Active Monthly Academic Research Projects**  
**Correctional Institutions Division**

**FY-2014 First Quarterly Report: September, October and November**

**Project Number:** 459-R04

**Researcher:** Kevin Knight      **IRB Number:** S08-19      **IRB Expiration Date:** 3/23/2011      **Research Began:** 1/10/2005

**Title of Research:** Criminal Justice Drug Abuse Treatment Studies (CJ-DATS) Targeted Intervention Components (TIC) for Correctional Re-Entry Programs.      **Data Collection Began:** 6/9/2005

**Proponent:** Texas Christian University, Institute of Behavior Research      **Data Collection End:** 3/24/2009

**Project Status:** Pending Final Product Review      **Progress Report Due:** 6/14/2013      **Projected Completion:** 12/31/2013

---

**Project Number:** 510-AR07

**Researcher:** Chris Krebs      **IRB Number:** 11610      **IRB Expiration Date:** 3/5/2013      **Research Began:** 9/27/2006

**Title of Research:** The 2007 National Inmate Survey      **Data Collection Began:** 4/16/2007

**Proponent:** Bureau of Justice Statistics (BJS) , in cooperative agreement with RTI      **Data Collection End:**

**Project Status:** Proponent Reviewing for Closure      **Progress Report Due:** 2/20/2013      **Projected Completion:**

"BJS may indeed be required by Congress to collect PREA data, but at this time, we have no knowledge of a planned study or what the format of the study would be."

---

**Project Number:** 514-AR07

**Researcher:**  
Jennifer Skeem

**IRB Number:**  
2005-4355

**IRB Expiration Date:**  
3/19/2010

**Research Began:**  
11/13/2006

**Title of Research:**  
Outcomes for Probationers with Mental Illness

**Data Collection Began:**  
11/13/2006

**Data Collection End:**  
9/30/2009

**Proponent:**

University of California - Irvine; John D. and Catherine T. MacArthur

**Project Status:**  
Formulating Results

**Progress Report Due:**  
2/28/2014

**Projected Completion:**  
12/31/2013

---

**Project Number:** 524-AR07

**Researcher:**  
Marilyn Armour

**IRB Number:**  
2006-11-0095

**IRB Expiration Date:**  
12/29/2015

**Research Began:**  
1/5/2007

**Title of Research:**  
Mechanisms of Action in Bridges to Life

**Data Collection Began:**  
4/12/2007

**Data Collection End:**  
7/24/2007

**Proponent:**

University of Texas-Austin

**Project Status:**  
Data Analysis

**Progress Report Due:**  
9/11/2013

**Projected Completion:**  
1/6/2013

---

**Project Number:** 587-AR09

**Researcher:**  
Marcus Boccaccini

**IRB Number:**  
PHS-2009-04-

**IRB Expiration Date:**  
6/20/2013

**Research Began:**  
9/6/2009

**Title of Research:**  
Item and Factor Level Examination of the Static-99, MnSOST-R, and PCL-R to Predict Recidivism

**Data Collection Began:**  
10/13/2009

**Data Collection End:**  
6/28/2012

**Proponent:**

Sam Houston State University

**Project Status:**  
Data Analysis

**Progress Report Due:**  
2/28/2014

**Projected Completion:**  
12/31/2013

---

**Project Number: 591-AR09**

**Researcher:**  
Wayne Lehman

**IRB Number:**  
Sum08-13

**IRB Expiration Date:**  
8/31/2012

**Research Began:**  
5/20/2010

**Title of Research:**  
"Sustainable HIV Risk Reduction Strategies for CJ Systems"

**Data Collection Began:**  
6/29/2010

**Data Collection End:**  
7/2/2011

**Proponent:**  
Texas Christian University / NIDA

**Project Status:**  
Data Analysis

**Progress Report Due:**  
9/13/2013

**Projected Completion:**  
5/31/2013

---

**Project Number: 599-AR09**

**Researcher:**  
Julian Cano

**IRB Number:**  
FWA#00002030

**IRB Expiration Date:**  
11/15/2010

**Research Began:**  
4/14/2010

**Title of Research:**  
"Exploring The Theoretical Origins Of Male Sexual Deviance: What Are The Self-Regulatory And Sub-Group Differences Among A Sample Of Adult Incarcerated Sexual Offenders?"

**Data Collection Began:**  
4/15/2010

**Data Collection End:**  
6/30/2010

**Proponent:**  
University of Texas - Austin

**Project Status:**  
Formulating Results

**Progress Report Due:**  
1/14/2014

**Projected Completion:**  
12/31/2012

---

**Project Number: 600-AR10**

**Researcher:**  
Marcus Boccaccini

**IRB Number:**  
2010-06-005

**IRB Expiration Date:**  
6/21/2011

**Research Began:**  
7/15/2010

**Title of Research:**  
Risk Scores Using Deidentified Offender Files

**Data Collection Began:**  
7/20/2010

**Data Collection End:**  
7/20/2010

**Proponent:**  
Sam Houston State University

**Project Status:**  
Data Analysis

**Progress Report Due:**  
3/31/2013

**Projected Completion:**  
3/31/2013

---

**Project Number: 605-AR10**

**Researcher:**  
Patrick Flynn

**IRB Number:**  
S10-34

**IRB Expiration Date:**  
7/8/2014

**Research Began:**  
10/7/2011

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

**Data Collection Began:**  
10/7/2011

**Data Collection End:**

**Proponent:**  
Texas Christian University

**Project Status:**  
Data Collection

**Progress Report Due:**  
2/28/2014

**Projected Completion:**  
6/30/2015

9/9/13 sent researcher email for updated IRB.

**Project Number: 612-AR10**

<b>Researcher:</b> Jeffrey Bouffard	<b>IRB Number:</b> 210-08-008	<b>IRB Expiration Date:</b> 10/4/2011	<b>Research Began:</b> 12/27/2010
<b>Title of Research:</b> A Test of Rational Choice Theory among Actual Offenders			<b>Data Collection Began:</b> 12/28/2010
<b>Proponent:</b> Sam Houston State University			<b>Data Collection End:</b> 6/30/2011
<b>Project Status:</b> Pending Manuscript		<b>Progress Report Due:</b> 2/28/2014	<b>Projected Completion:</b> 12/31/2011

---

**Project Number: 613-AR10**

<b>Researcher:</b> J. Miller	<b>IRB Number:</b> 10-218	<b>IRB Expiration Date:</b> 9/29/2012	<b>Research Began:</b> 6/11/2011
<b>Title of Research:</b> Effect of Prison-Based Alcohol Treatment: A Multi-Site Process and Outcome Evaluation			<b>Data Collection Began:</b> 12/31/2011
<b>Proponent:</b> University of Texas at San Antonio			<b>Data Collection End:</b> 12/31/2012
<b>Project Status:</b> Data Analysis		<b>Progress Report Due:</b> 9/1/2013	<b>Projected Completion:</b> 3/31/2013

---

**Project Number: 620-AR11**

<b>Researcher:</b> Kelly Dial	<b>IRB Number:</b> #S 2011-1002	<b>IRB Expiration Date:</b> 7/10/2011	<b>Research Began:</b> 5/31/2011
<b>Title of Research:</b> Registered Sex Offenders' Expectations for Community Re-Entry			<b>Data Collection Began:</b> 6/20/2011
<b>Proponent:</b> University of Louisville / Messiah College			<b>Data Collection End:</b> 6/24/2011
<b>Project Status:</b> Pending Final Product Review		<b>Progress Report Due:</b> 9/14/2013	<b>Projected Completion:</b> 12/31/2012

June 2011: Crain, Hilltop, Mt. View, Murray, Woodman

---

**Project Number: 622-AR11**

<b>Researcher:</b> Andrew Wiegand	<b>IRB Number:</b> (no number)	<b>IRB Expiration Date:</b> 12/11/2013	<b>Research Began:</b> 7/14/2011
<b>Title of Research:</b> Evaluation of the Reintegration of Ex-Offenders (RExO) Project			<b>Data Collection Began:</b> 9/13/2011
<b>Proponent:</b> Social Policy Research Associates			<b>Data Collection End:</b> 5/31/2015
<b>Project Status:</b> Data Collection		<b>Progress Report Due:</b> 2/28/2014	<b>Projected Completion:</b> 12/31/2014

**Project Number:** 629-AR11

**Researcher:** Jurg Gerber      **IRB Number:** 2011-03-071      **IRB Expiration Date:** 5/6/2012      **Research Began:** 11/10/2011

**Title of Research:** Perception of Family and Community Support among Released Felons in the State of Texas      **Data Collection Began:** 12/15/2011

**Proponent:** Sam Houston State University      **Data Collection End:** 4/1/2012

**Project Status:** Data Analysis      **Progress Report Due:** 2/28/2014      **Projected Completion:** 12/31/2013

---

**Project Number:** 640-AR11

**Researcher:** Brenda Riley      **IRB Number:** 2011-08-025      **IRB Expiration Date:** 10/10/2012      **Research Began:** 11/10/2011

**Title of Research:** Predicting Institutional Misconduct that Results in Uses of Force in the Texas Department of Criminal Justice      **Data Collection Began:** 11/10/2011

**Proponent:** Sam Houston State University      **Data Collection End:** 11/10/2011

**Project Status:** Data Analysis      **Progress Report Due:** 2/28/2014      **Projected Completion:** 10/10/2012

---

**Project Number:** 643-AR11

**Researcher:** Chad Trulson      **IRB Number:** 11590      **IRB Expiration Date:** 12/31/2012      **Research Began:** 5/9/2012

**Title of Research:** The Institutional Experiences of Mentally Retarded Death Row Commutees      **Data Collection Began:** 5/9/2012

**Proponent:** University of North Texas      **Data Collection End:** 9/30/2012

**Project Status:** Pending Final Product Review      **Progress Report Due:** 9/11/2013      **Projected Completion:** 12/31/2012

---

**Project Number:** 647-AR11

**Researcher:** Scott Culhane      **IRB Number:** no number      **IRB Expiration Date:** 11/3/2012      **Research Began:** 5/16/2012

**Title of Research:** Factors Influencing Crime as Self-Reported by Serial Killers, Violent Offenders, Non-violent Offenders, and Students      **Data Collection Began:** 5/18/2012

**Proponent:** University of Wyoming's Department of Criminal Justice      **Data Collection End:** 11/3/2012

**Project Status:** Pending Final Product Review      **Progress Report Due:** 12/29/2013      **Projected Completion:** 11/30/2012

**Project Number:** 648-AR12

**Researcher:**  
Meredith Dank

**IRB Number:**  
08572-000-00

**IRB Expiration Date:**  
2/7/2013

**Research Began:**  
5/21/2012

**Title of Research:**  
Estimating the Unlawful Commercial Sex Economy in the United States

**Data Collection Began:**  
7/18/2012

**Proponent:**  
The Urban Institute, Justice Policy Center

**Data Collection End:**  
9/7/2012

**Project Status:**  
Data Analysis

**Progress Report Due:**  
2/28/2014

**Projected Completion:**  
2/7/2013

---

**Project Number:** 652-AR12

**Researcher:**  
Heather Clark

**IRB Number:**  
2011-0857

**IRB Expiration Date:**  
01/17/2013

**Research Began:**  
04/24/2012

**Title of Research:**  
Evaluation of a Medication Adherence Curriculum in Ex-Offenders from the Texas Department of Criminal Justice System

**Data Collection Began:**  
04/24/2012

**Proponent:**  
Texas A & M University

**Data Collection End:**

**Project Status:**  
Pending manuscript review

**Progress Report Due:**  
11/1/2013

**Projected Completion:**  
01/17/2013

---

**Project Number:** 656-AR12

**Researcher:**  
Cassandra Atkin-Plunk

**IRB Number:**  
2012-04-011

**IRB Expiration Date:**  
9/7/2013

**Research Began:**  
9/7/2012

**Title of Research:**  
Examining the Impact of Adult Social Bonds on Inmates' Visitation and Recidivism

**Data Collection Began:**  
10/31/2012

**Proponent:**  
Sam Houston State University

**Data Collection End:**  
10/31/2012

**Project Status:**  
Data Analysis

**Progress Report Due:**  
2/28/2014

**Projected Completion:**  
3/1/2013

---

**Project Number:** 661-AR12

**Researcher:**  
Byron Johnson

**IRB Number:**  
498996-1

**IRB Expiration Date:**  
8/22/2014

**Research Began:**  
1/7/2013

**Title of Research:**  
Assessing the Long-Term Effectiveness of Seminaries In Maximum Security Prisons: An In-Depth Study of the Louisiana State Penitentiary and Darrington Prison

**Data Collection Began:**  
1/8/2013

**Proponent:**  
Baylor University

**Data Collection End:**

**Project Status:**  
Data Collection

**Progress Report Due:**  
10/6/2013

**Projected Completion:**  
8/31/2017

**Project Number:** 664-AR12

**Researcher:**  
Scott Walters

**IRB Number:**  
2011-125

**IRB Expiration Date:**  
6/4/2014

**Research Began:**  
5/22/2013

**Title of Research:**

In-Person vs. Computer Interventions for Increasing Probation Compliance

**Data Collection Began:**

5/22/2013

**Data Collection End:**

**Proponent:**

University of North Texas

**Project Status:**

Data Collection

**Progress Report Due:**

2/28/2014

**Projected Completion:**

As of 9/6/13, there are only two offenders to interview for the this project. The point of contact for Holliday and Gist Units have been provided. 9/26/13 email sent to Wardens for Hodge and Holliday. On 11/14/13 sent Warden at Woodman Letter of Advisement.

---

**Project Number:** 666-AR12

**Researcher:**  
Jesus Amadeo

**IRB Number:**

**IRB Expiration Date:**

**Research Began:**

12/28/2012

**Title of Research:**

Enhanced Transitional Jobs Demonstration

**Data Collection Began:**

12/28/2012

**Data Collection End:**

**Proponent:**

MDRC

**Project Status:**

Data Collection

**Progress Report Due:**

**Projected Completion:**

12/31/2017

Project is external to TDCJ. MOU dated 12/21/12. Project will run through 2017.

---

**Project Number:** 671-AR13

**Researcher:**  
Bridget Williamson

**IRB Number:**  
2013-01-4707

**IRB Expiration Date:**  
2/13/2014

**Research Began:**  
9/3/2013

**Title of Research:**

Female Sex Offender Recidivism: Risk and Assessment

**Data Collection Began:**

9/18/2013

**Data Collection End:**

**Proponent:**

Sam Houston State University

**Project Status:**

Data Collection

**Progress Report Due:**

11/30/2013

**Projected Completion:**

**Project Number:** 676-AR13

**Researcher:** Candace Johnson      **IRB Number:** 10.11.04      **IRB Expiration Date:** 11/4/2014      **Research Began:** 3/28/13

**Title of Research:** Reintegration of Ex-Offenders Random Assignment Evaluation (RExO) – 2      **Data Collection Began:** 11/12/13

**Data Collection End:**

**Proponent:** University of Chicago

**Project Status:** Data Collection      **Progress Report Due:**      **Projected Completion:**

External Research to #622 AR11-(sister). 8/21/13 Emailed Researcher on requesting the names of 72 offenders participants so they may be screened before project approval Mr.Upshaw; 10/01/2013 Offenders provided and sent to Mr.Upshaw. 11/12/13: email sent to Candace Johnson regarding Unit list, letter of advisement sent.

---

**Project Number:** 103-RL01

**Researcher:** Holly Miller      **IRB Number:** M20020807      **IRB Expiration Date:** 7/21/2006      **Research Began:** 11/1/2001

**Title of Research:** Psychopathy, Static Risk, and Dynamic Risk Among Sexual Offenders      **Data Collection Began:** 12/1/2001

**Data Collection End:** 8/1/2004

**Proponent:** Sam Houston State University

**Project Status:** Pending Final Product Review      **Progress Report Due:** 3/7/2013      **Projected Completion:** 7/21/2016

Offender interviews ended in '06. Data is being collected from DPS (10 yrs. following release) on all participants, for a recidivism study. Project to remain open so TDCJ can stay in contact with researcher & review final manuscript prior to publication.

---

**Project Number:** 202-RL02

**Researcher:** Kymn Kochanek      **IRB Number:** 020502      **IRB Expiration Date:** 8/16/2013      **Research Began:** 5/1/2002

**Title of Research:** National Longitudinal Survey of Youth 1997 (for Bureau of Labor Statistics)      **Data Collection Began:** 11/1/2002

**Data Collection End:** 6/1/2013

**Proponent:** NORC - National Organization for Research at the University of Chicago

**Project Status:** Data Analysis      **Progress Report Due:** 2/28/2014      **Projected Completion:**

September 2013 - currently analyzing Round 15. The projected completion date of Round 16 is 6/28/2014.

---

**Project Number: 221-RL02**

**Researcher:** Kymn Kochanek      **IRB Number:** 040202      **IRB Expiration Date:** 8/15/2011      **Research Began:** 6/6/2002

**Title of Research:** National Longitudinal Survey of Youth 1979 (for Bureau of Labor Statistics)      **Data Collection Began:** 5/1/2002

**Proponent:**  
NORC at the University of Chicago

**Data Collection End:**  
7/24/2013

**Project Status:** Data Analysis      **Progress Report Due:** 2/28/2014      **Projected Completion:** 9/14/2013

For Quarterly Report: Add: 'N/A (Ongoing Project)' & 'N/A' under Data Collection End Date & Projected Completion Date. For Data Collection field: "Round 25 Data Collection ended July 24,2013". Round 25 was completed 9/14/2013.

---

**Project Number: 434-RL04**

**Researcher:** Marilyn Armour      **IRB Number:** 2003-11-0076      **IRB Expiration Date:** 1/6/2014      **Research Began:** 3/10/2004

**Title of Research:** Victim Offender Mediated Dialogue: Study of the Impact of a Victim-Oriented Intervention in Crimes of Severe Violence      **Data Collection Began:** 8/31/2004

**Proponent:**  
University of Texas- Austin

**Data Collection End:**  
3/1/2007

**Project Status:** Data Analysis      **Progress Report Due:** 9/11/2013      **Projected Completion:** 12/31/2012

---

**Project Number: 547-RL07**

**Researcher:** Robert Morgan      **IRB Number:** 501024      **IRB Expiration Date:** 5/31/2009      **Research Began:** 6/11/2008

**Title of Research:** Re-Entry: Dynamic Risk Assessment      **Data Collection Began:** 6/11/2008

**Proponent:**  
Texas Tech University

**Data Collection End:**  
10/23/2008

**Project Status:** Pending Final Product Review      **Progress Report Due:** 3/1/2013      **Projected Completion:** 10/31/2012

---

**Executive Services**  
**Pending Monthly Academic Research Projects**  
**Correctional Institutions Division**

**FY-2014 First Quarterly Report: September, October and November**

**Project Number:** 687-AR13

**Researcher:**

Allan Seifert

**IRB Number:**

**Application Received:**

11/1/2013

**Completed Application:**

**Title of Research:**

Exploring Stress Reduction in Correctional Leaders

**Peer Panel Schedule:**

**Proponent:**

University of Texas - Phoenix

**Panel Recommendations:**

**Project Status:**

Pending Researcher Response

**Detail:** incomplete app, no ss#, sent email

---

**Project Number:** 669-AR13

**Researcher:**

Chad Trulson

**IRB Number:**

**Application Received:**

2/7/2013

**Completed Application:**

**Title of Research:**

Criminal Behavior and Criminal Prosecutions in the Texas Department of  
Criminal Justice

**Peer Panel Schedule:**

**Proponent:**

University of North Texas

**Panel Recommendations:**

**Project Status:**

**Detail:** 12/11/13: to OIG for project approval

12/3 OGC approval

---

**Project Number: 686-AR13**

**Researcher:**

Jeffrey Bouffard

**IRB Number:**

10-12362

**Application Received:**

10/31/2013

**Completed Application:**

**Title of Research:**

Criminal Decision Making Among Adult Felony Inmates

**Peer Panel Schedule:**

**Proponent:**

Sam Houston State University

**Panel Recommendations:**

**Project Status:**

Pending Approval

**Detail:**

12/6/13: Division approved with conditions. Executive Service's is working with CID to resolve.

**Project Number: 682-AR13**

**Researcher:**

Maribel Robles

**IRB Number:**

**Application Received:**

09/26/2013

**Completed Application:**

**Title of Research:**

The World of Politics: Women in Prison

**Peer Panel Schedule:**

**Proponent:**

University of Houston

**Panel Recommendations:**

**Project Status:**

Incomplete Application

**Detail:**

10/10/13 OIG for clearance and sent proponent email for consent form and list of questions, IRB.

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

**FY-2014 First Quarterly Report: September, October and November**

**Project Number:** 623-RM11

**Researcher:**  
Maurice Willis

**IRB Number:**  
10-191

**IRB Expiration Date:**  
12/14/2013

**Research Began:**  
11/23/2011

**Title of Research:**  
E1208: A Phase III randomized, Double-Blind Trial of Chemoembolization with or without Sorafenib in Unresectable Hepatocellular Carcinoma (HCC) in Patients with and without Vascular Invasion

**Data Collection Began:**  
11/23/2011

**Data Collection End:**

**Proponent:**  
University of Texas Medical Branch at Galveston

**Project Status:**  
Data Collection

**Progress Report Due:**  
2/28/2014

**Projected Completion:**  
3/31/2015

---

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

**FY-2014 First Quarterly Report: September, October and November**

**Project Number:** 668-RM13  
**Researcher:**  
Kori Novak (IRB app only)

**IRB Number:**

**Application Received:**

1/24/2013

**Completed Application:**

**Title of Research:**

Dying for Change: An Examination on the Effect Prison Hospice Programs Have on Institutional Culture

**Peer Panel Schedule:**

**Proponent:**

Capella University

**Panel Recommendations:**

**Project Status:**

Pending IRB Approval

**Detail:** 2/15/13 Sent to Medical Directors for review/approval  
2/18/13 Received approval from Dr. Murray / UTMB  
(Awaiting approval from Denise DeShields)

---

**Project Number:** 688-RM13

**Researcher:**  
Olufunto Olusanya

**IRB Number:**  
2013-0623

**Application Received:**

10/31/2013

**Completed Application:**

**Title of Research:**

Data Analysis on Pre-post Test from Evaluation of a Curriculum assessing Medication in HIV Positive Patients

**Peer Panel Schedule:**

**Proponent:**

Texas A & M University

**Panel Recommendations:**

**Project Status:**

Application Incomplete

**Detail:** This study will utilize secondary data from paired pre and post test results obtained from TDCJ offenders who participated in the Somebody Cares Curriculum.

---

**Project Number:** 615-RM10

**Researcher:**  
John Petersen

**IRB Number:**  
10-191

**Application Received:**

4/29/2011

**Completed Application:**

4/28/2011

**Title of Research:**

Serum Markers of Hepatocellular Cancer

**Peer Panel Schedule:**

**Proponent:**

University of Texas Medical Branch at Galveston

**Panel Recommendations:**

**Project Status:**

H.S. Approved / Pending Receipt of Research Agreement

**Detail:** University Medical Director approval received: 1/5/12

---

**Project Number:** 635-RM11

**Researcher:**  
Bryan Schneider

**IRB Number:**  
11-101

**Application Received:**

7/6/2011

**Completed Application:**

**Title of Research:**

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

**Peer Panel Schedule:**

**Proponent:**

UTMB / CMC

**Panel Recommendations:**

**Project Status:**

H.S. Approved/Pending Research Agreement

**Detail:** University Medical Director approval received: 11/4/13

OGC approved 11/14/13; 12/12/13 – sent email for updated IRB

---

**Project Number:** 689-RM13

**Researcher:**  
Quast Troy

**IRB Number:**

**Application Received:**

11/7/2013

**Completed Application:**

**Title of Research:**

Impact of the Annual Health Care Services Fee

**Peer Panel Schedule:**

**Proponent:**

Sam Houston State University

**Panel Recommendations:**

**Project Status:**

Pending IRB Approval

**Detail:** Impact of the Annual Health Services Fee

**Project Number:** 677-RM13

**Researcher:**  
Vivian Jimenez

**IRB Number:**  
L13-133

**Application Received:**  
7/22/2013

**Completed Application:**  
7/22/2013

**Title of Research:**  
Autoantibodies in Chronic Hepatitis C Patients

**Peer Panel Schedule:**

**Proponent:**  
Texas Tech University

**Panel Recommendations:**

**Project Status:**  
Pending HS Approval

**Detail:** Sent to Medical Director TTUHSC for review/approval 11/5/13, approved.

OCG approved 11/14/13  
Sent to HS Dr. Williams 11/20/13

---

**1<sup>st</sup> Quarter FY 2014**  
**TDCJ Office of Mental Health Monitoring & Liaison**  
**Administrative Segregation**

<b>Date</b>	<b>Unit</b>	<b>Observed</b>	<b>Interviewed</b>	<b>Referred</b>	<b>Requests Fwd</b>	<b>911 Tool</b>	<b>ATC 4</b>	<b>ATC 5</b>	<b>ATC6</b>
09/11/2013	Cole	7	7	0	1	100	*None	*None	*None
09/12/2013	Powledge	13	13	0	2	100	100	100	100
09/12/2013	Clements	442	362	0	10	100	100	100	100
09/19/2013	Connally	383	225	0	8	100	100	100	100
09/23/2013	Mt. View	24	24	0	3	100	100	100	100
09/24/2013	Ellis	74	71	0	1	100	100	100	100
09/26/2013	Wynne	234	175	0	5	100	100	100	100
10/08/2013	Bradshaw	11	11	2	0	100	50	50	100
10/09-10/2013	Allred (12 Building)	449	317	1	6	100	100	100	100
10/10-11/2013	Allred (ECB)	434	282	1	6	100	100	100	100
10/16-17/2013	McConnell	356	228	0	5	100	100	100	100
10/23/2013	Lopez	9	9	0	1	100	100	100	100
	*Willacy								
10/23-24/2013	Polunsky	443	344	2	5	100	100	100	100
11/06/2013	Hutchins	14	14	0	1	100	100	94	100
11/07/2013	Darrington	209	137	0	4	100	100	100	100
11/13-14/2013	Lewis	436	316	0	7	100	100	100	100
11/14/2013	Dominguez	24	24	1	0	100	100	100	100
11/21/2013	Sanchez	11	11	0	0	100	NSP	NSP	NSP
11/21/2013	Ramsey	114	105	0	3	100	100	100	100
<b>Grand Total</b>		<b>3,687</b>	<b>2,675</b>	<b>7</b>	<b>68</b>	<b>100</b>	<b>92</b>	<b>91</b>	<b>100</b>

\* There were no offenders in Ad Seg during the audit period.

\*\* As of the August 2013 report, the number of offenders interviewed will reflect the total number of offenders interviewed, instead of reflecting only the caseload offenders interviewed.

# INTAKE MENTAL HEALTH EVALUATION (MHE) AUDIT

Conducted in 1<sup>st</sup> Quarter 2014

Period Audited—September, October & November 2013

FACILITY	Charts Reviewed	Charts Requiring MHE (1)	MHE's completed within 14 days (at Intake Unit)	Charts Excluded (2)	MHE Audit Score
Bartlett State Jail	12	11	11	1	100%
Baten ISF	14	7	1	7	14%
Bradshaw State Jail	13	13	9	0	69%
Byrd Unit	12	12	12	0	100%
Dominguez State Jail	20	20	20	0	100%
Formby State Jail	12	11	8	1	73%
Garza Transfer Facility	20	20	19	0	95%
Gist State Jail	6	6	6	0	100%
Glossbrenner SAFPF	9	9	9	0	100%
Gurney Transfer Facility	20	18	15	2	83%
Halbert SAFPF	20	20	19	0	95%
Holliday Transfer Facility	20	20	20	0	100%
Hutchins State Jail	20	20	17	0	85%
Jester I SAFPF	16	16	16	0	100%
Johnston SAFPF	18	16	16	2	100%
Kyle SAFPF	0	0	0	0	N/A
Lindsey State Jail	9	7	6	2	86%
Lychner State Jail	20	20	20	0	100%
Middleton Transfer Facility	20	20	18	0	100%
Plane State Jail	20	19	13	1	68%
Sanchez State Jail	9	6	2	3	33%
Sayle SAFPF	3	3	3	0	100%
Travis State Jail	11	11	10	0	91%
Woodman State Jail	20	13	6	7	46%
<b>GRAND TOTAL</b>	<b>344</b>	<b>318</b>	<b>276</b>	<b>26</b>	<b>87%</b>

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

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

# COMPELLED PSYCHOACTIVE MEDICATION AUDIT

1<sup>st</sup> Quarter 2014

Audit Period—September-November 2013

UNIT	Audit Month	Criteria for Compelled Meds Documented in Medical Record <sup>1</sup>				
		Reviewed	Applicable	Compliant	Score	Corrective Action
Montford	August 2013	8	7	7	100	N/A
Clements	August 2013	0	0	0	N/A	N/A
Skyview	August 2013	12	12	12	100	N/A
Jester IV	August 2013	6	6	6	100	N/A

Montford	Sept. 2013	-	-	-	-	** Required
Clements	Sept. 2013	0	0	0	N/A	N/A
Skyview	Sept. 2013	9	9	9	100	N/A
Jester IV	Sept. 2013	6	6	6	100	N/A

Montford	Sept. 2013*	2	2	2	100	N/A
	Oct. 2013	7	7	7	100	N/A
Clements	Oct. 2013	0	0	0	N/A	N/A
Skyview	Oct. 2013	10	10	10	100	N/A
Jester IV	Oct. 2013	3	3	3	100	N/A

Documentation supports that psychoactive medication was compelled because the patient refused to voluntarily comply and failure to take the medication would have resulted in: 1. Emergency - imminent likelihood of serious harm to the patient and/or to others, or 2. Non-emergency – likelihood of continued suffering from severe and abnormal mental, emotional and physical distress or deterioration of the patient’s ability to function independently. Corrective Action was required for units scoring below 100% and/or those who turned report in late.

# Consent Item

University Medical Director's Report

The University of Texas Medical Branch



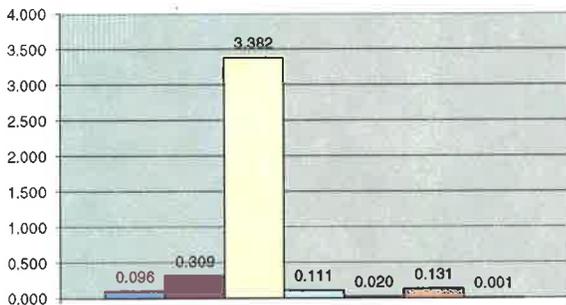
**Correctional Health Care  
MEDICAL DIRECTOR'S REPORT**

**FIRST QUARTER  
FY 2014**

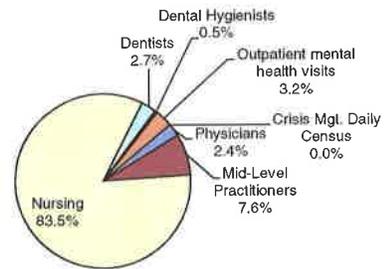
**Medical Director's Report:**

Average Population	September		October		November		Qtly Average	
	118,830		118,843		119,034		118,902	
	Number	Rate Per Offender						
<b>Medical encounters</b>								
Physicians	12,073	0.102	12,673	0.107	9,535	0.080	11,427	0.096
Mid-Level Practitioners	36,685	0.309	41,568	0.350	32,108	0.270	36,787	0.309
Nursing	451,181	3.797	498,670	4.196	256,702	2.157	402,184	3.382
<b>Sub-total</b>	<b>499,939</b>	<b>4.207</b>	<b>552,911</b>	<b>4.652</b>	<b>298,345</b>	<b>2.506</b>	<b>450,398</b>	<b>3.788</b>
<b>Dental encounters</b>								
Dentists	13,524	0.114	15,697	0.132	10,335	0.087	13,185	0.111
Dental Hygienists	2,438	0.021	2,551	0.021	2,163	0.018	2,384	0.020
<b>Sub-total</b>	<b>15,962</b>	<b>0.134</b>	<b>18,248</b>	<b>0.154</b>	<b>12,498</b>	<b>0.105</b>	<b>15,569</b>	<b>0.131</b>
<b>Mental health encounters</b>								
Outpatient mental health visits	15,301	0.129	17,155	0.144	14,222	0.119	15,559	0.131
Crisis Mgt. Daily Census	61	0.001	64	0.001	70	0.001	65	0.001
<b>Sub-total</b>	<b>15,362</b>	<b>0.129</b>	<b>17,219</b>	<b>0.145</b>	<b>14,292</b>	<b>0.120</b>	<b>15,624</b>	<b>0.131</b>
<b>Total encounters</b>	<b>531,263</b>	<b>4.471</b>	<b>588,378</b>	<b>4.951</b>	<b>325,135</b>	<b>2.731</b>	<b>481,592</b>	<b>4.050</b>

**Encounters as Rate Per Offender Per Month**



**Encounters by Type**

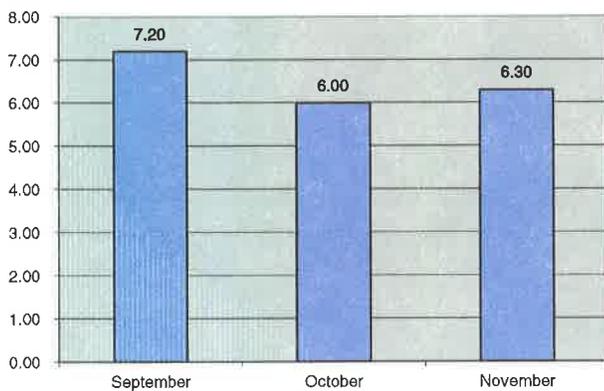


**Medical Director's Report (Page 2):**

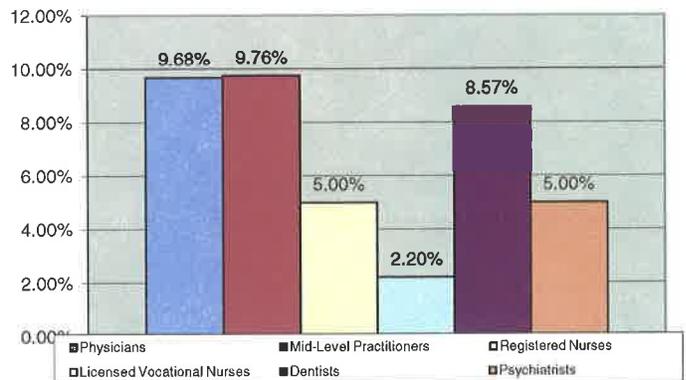
	September	October	November	Qtly Average
<b>Medical Inpatient Facilities</b>				
Average Daily Census	71.80	68.80	73.00	<b>71.20</b>
Number of Admissions	301.00	357.00	347.00	<b>335.00</b>
Average Length of Stay	7.20	6.00	6.30	<b>6.50</b>
Number of Clinic Visits	4,519.00	4,683.00	4,107.00	<b>4,436.33</b>
<b>Mental Health Inpatient Facilities</b>				
Average Daily Census	1,053.00	1,037.00	1,005.00	<b>1,031.67</b>
PAMIO/MROP Census	700.16	698.77	698.23	<b>699.05</b>
<b>Telemedicine Consults</b>	<b>9,024</b>	<b>10,746</b>	<b>7,467</b>	<b>9,079.00</b>

<b>Health Care Staffing</b>	<b>Average This Quarter</b>			<b>Percent Vacant</b>
	<b>Filled</b>	<b>Vacant</b>	<b>Total</b>	
Physicians	56.00	6.00	62.00	9.68%
Mid-Level Practitioners	111.00	12.00	123.00	9.76%
Registered Nurses	209.00	11.00	220.00	5.00%
Licensed Vocational Nurses	533.00	12.00	545.00	2.20%
Dentists	64.00	6.00	70.00	8.57%
Psychiatrists	19.00	1.00	20.00	5.00%

**Average Length of Stay**



**Staffing Vacancy Rates**



# Consent Item

University Medical Director's Report

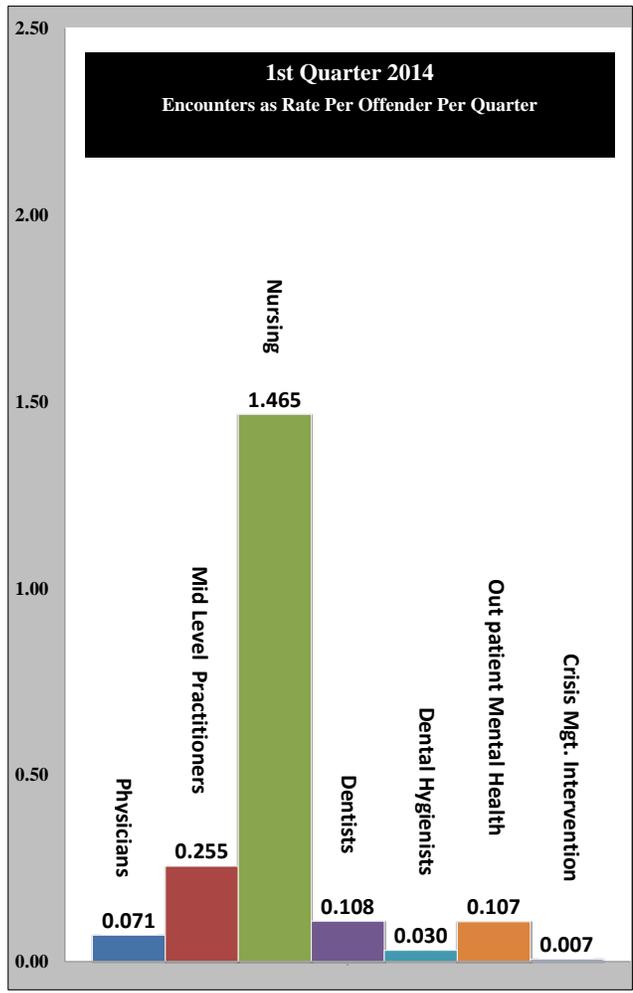
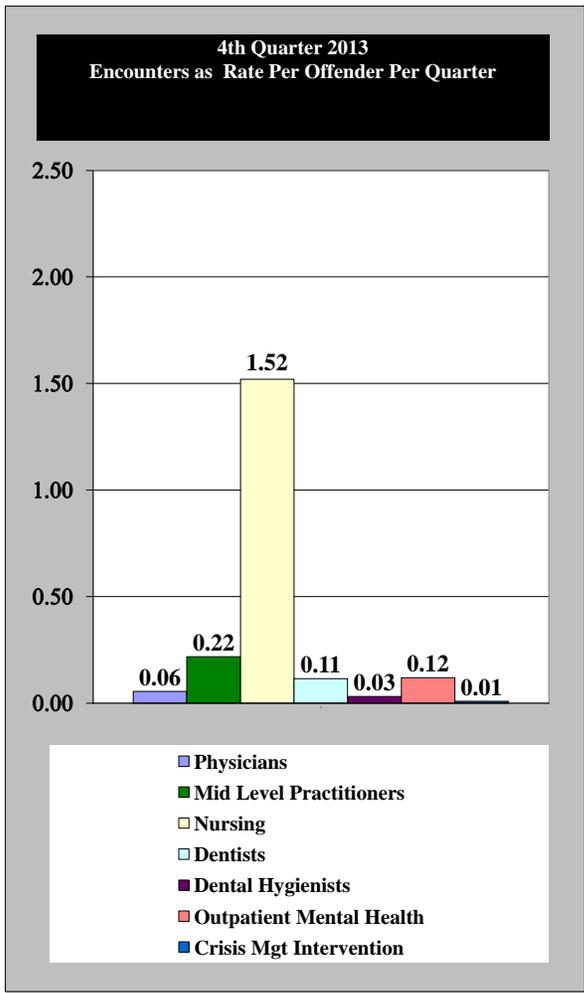
Texas Tech University  
Health Sciences Center



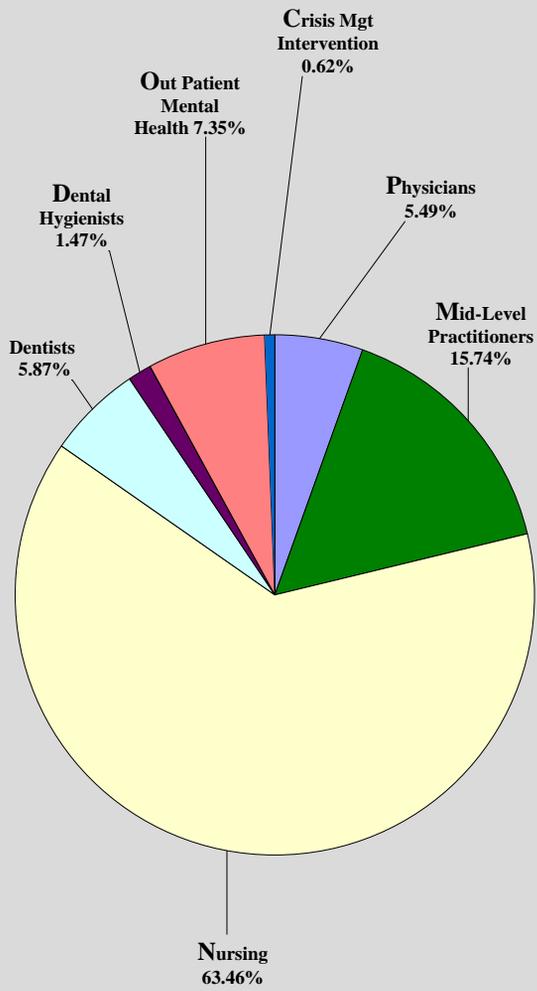
Correctional Managed Health Care  
**MEDICAL DIRECTOR'S REPORT**

**FIRST QUARTER  
FY 2014**

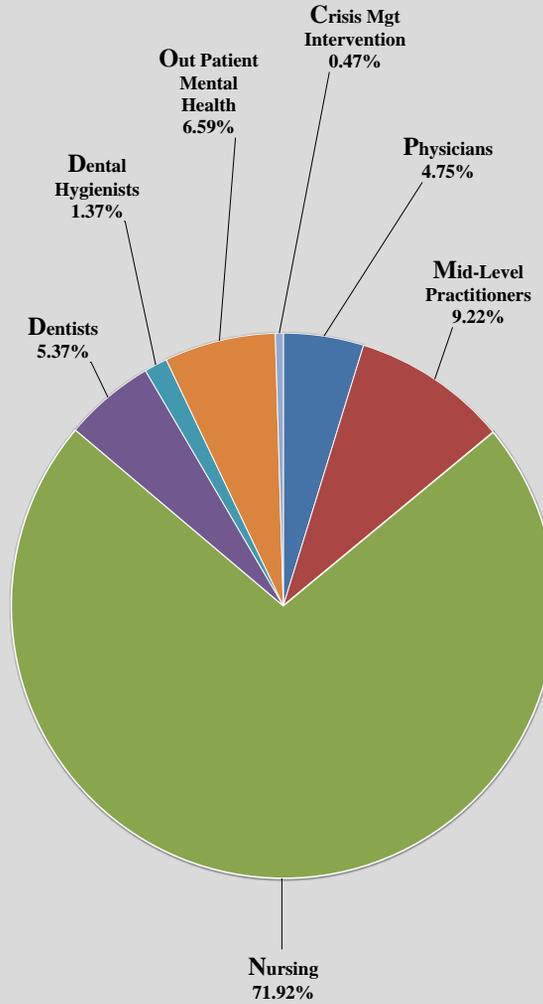
<b>Medical Director's Report:</b>							
	September		October		November		Quarterly Average
<b>Average Population</b>	<b>31,315.28</b>		<b>31,302.53</b>		<b>31,371.76</b>		<b>31,329.86</b>
<b>Medical Encounters</b>	Number	Rate Per Offender	Number	Rate Per Offender	Number	Rate Per Offender	Number Rate Per Offender
Physicians	1,802	0.058	2,721	0.087	2,116	0.067	2,213 0.071
Mid-Level Practitioners	6,387	0.204	9,652	0.308	7,952	0.253	7,997 0.255
Nursing	50,879	1.625	54,800	1.751	32,050	1.022	45,910 1.465
Sub-Total	59,068	1.886	67,173	2.146	42,118	1.343	56,120 1.791
<b>Dental Encounters</b>							
Dentists	3,606	0.115	3,971	0.127	2,580	0.082	3,386 0.108
Dental Hygienists	957	0.031	995	0.032	853	0.027	935 0.030
Sub-Total	4,563	0.146	4,966	0.159	3,433	0.109	4,321 0.138
<b>Mental Health Encounters</b>							
Outpatient mental health visits	3,482	0.111	3,865	0.123	2,665	0.085	3,337 0.107
Crisis Mgt. Interventions	238	0.008	215	0.007	183	0.006	212 0.007
Sub-Total	3,720	0.119	4,080	0.130	2,848	0.091	3,549 0.113
<b>Total Encounters</b>	<b>67,351</b>	<b>2.151</b>	<b>76,219</b>	<b>2.435</b>	<b>48,399</b>	<b>1.543</b>	<b>63,990</b> <b>2.042</b>



**4th Quarter 2013**  
Encounters by Type

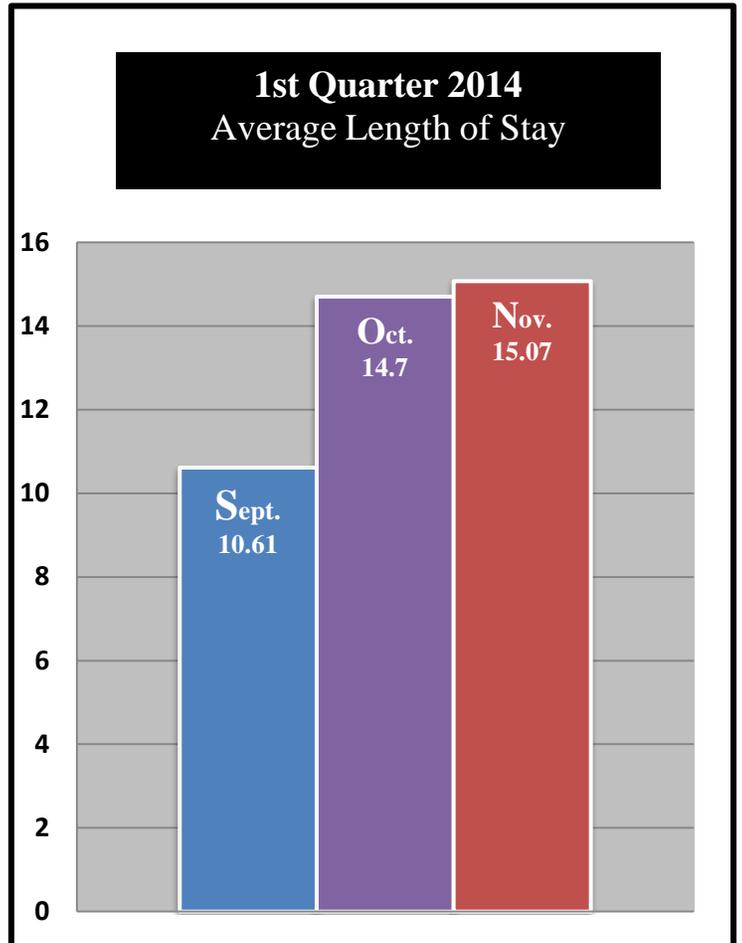
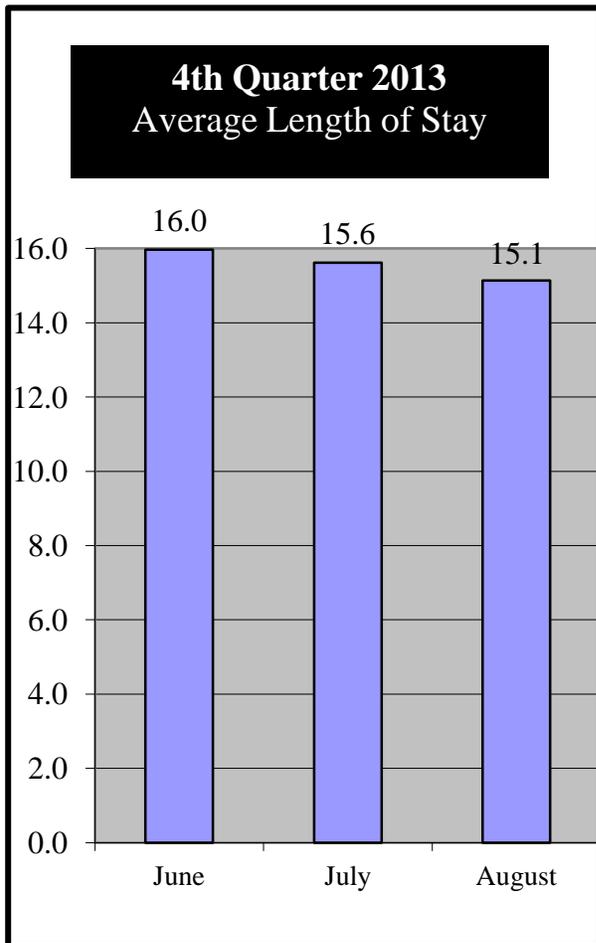


**1st Quarter 2014**  
Encounters by Type

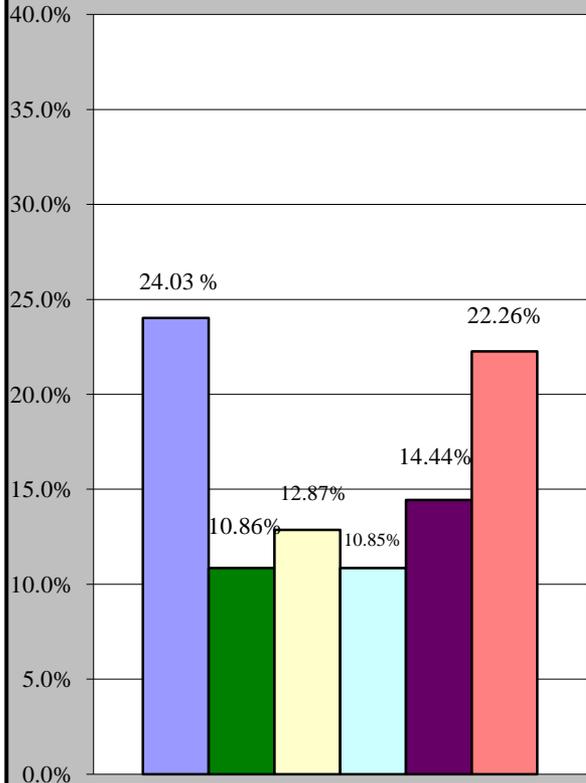


*Medical Director's Report (page 2)*

	September	October	November	Quarterny Average
<b>Medical Inpatient Facilities</b>				
Average Daily Census	108.86	112.71	111.93	111.17
Number of Admissions	170	230	179	193.00
Average Length of Stay	10.61	14.7	15.07	13.46
Number of Clinic Visits	564	643	459	555.33
<b>Mental Health Inpatient Facilities</b>				
Average Daily Census	474	460	464	466.00
PAMIO/MROP Census	409	441	442	430.67
<b>Specialty Referrals Completed</b>	977	1079	912	989.33
<b>Telemedicine Consults</b>	849	935	759	847.67
<b>Health Care Staffing</b>				
	Average This Quarter			Percent
	Filled	Vacant	Total	Vacant
Physicians	15.89	4.15	20.04	20.71%
Mid-Level Practitioners	35.17	3.33	38.50	8.66%
Registered Nurses	133.82	20.47	154.29	13.27%
Licensed Vocational Nurses	266.82	33.18	300.00	11.06%
Dentists	16.28	2.75	19.03	14.45%
Psychiatrist	6.06	1.33	7.39	18.04%

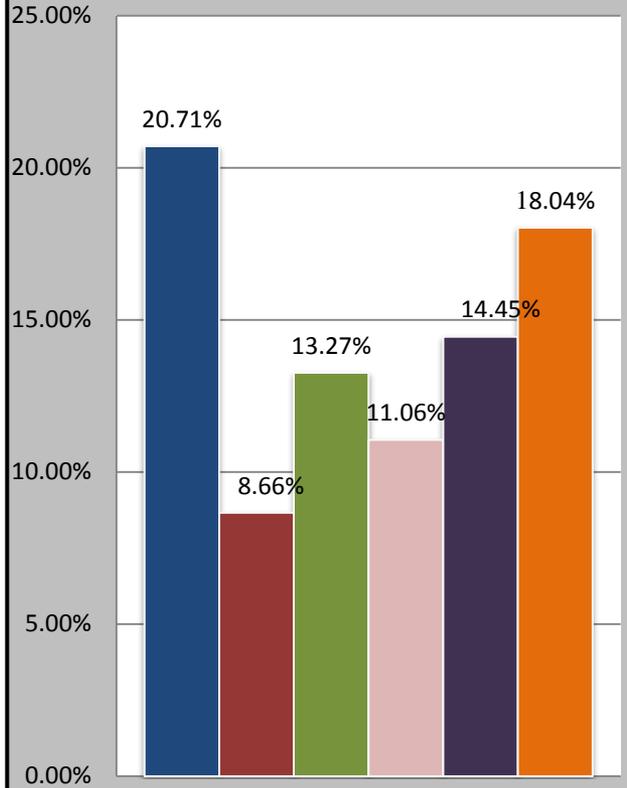


**4th Quarter 2013  
Staffing Vacancy Rates**



- Physicians
- Mid Level Practitioners
- Registered Nurses
- Licensed Vocations
- Dentists
- Psychiatrists

**1st Quarter 2014  
Staffing Vacancy Rates**



- Physicians
- Mid Level Practitioners
- Registered Nurses
- Licensed Vocations
- Dentists
- Psychiatrists

## Consent Item

Summary of CMHCC Joint Committee/  
Work Group Activities

**Correctional Managed Health Care  
Joint Committee/Work Group Activity Summary  
For March 2014 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. Lannette Linthicum

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

Meeting Date: February 13, 2014

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. FY2014 SLC Indicators
  - 1. Dental: Total Open Reminders with Delay > 180 Days
  - 2. Nursing Refusal of Treatment (ROT)
  - 3. Inpatient Physical Therapy
  - 4. Missed Appointments (No Shows)

**Standing Issues**

- A. New SLC Indicators
- B. CMHCC Updates

**Miscellaneous/Open for Discussion Participants:**

- A. Chronic Disease Audit Update
- D. ATC Accuracy Evaluation
- E. Nurse Protocol Audits
- F. QI/QM Nurse Site Visit Audits
- G. Missed Appointments Offenders Survey

**Adjournment****Joint Policy and Procedure Committee**

Co-Chair: Dr. Cynthia Ho, Regional Infirmiry Medical Director

Co-Chair: Chris Black-Edwards, RN, BSN

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

Meeting Date: January 9, 2014

**Sub Committee Updates:**

- A. Release of Information – Phyllis McWhorter, RN, Chair
- B. Hospice Subcommittee- Monte Smith, DO, Chair
- C. No Chemicals Use of Force Subcommittee- Chris Edwards, RN, BSN

**Old Business:**

None

**New Business:**

The Following Policies Were Reviewed:

A-01.1; A-02.1; A-02.2; A-03.1; A-04.1; A-04.2; A-08.9\*; A-08.10\*; C-18.1; C-19.1, D-27.1; D-27.3; D-28.1; E-31.1; E-31.2\*; E-31.3; E-32.1; E-34.1; E-34.2; E-34.3; E-36.1; E-36.2; F-46.1; G-51.1; G-51.2;G-51.3\*; G-51.4, G-51.5; G-52.2\*; H-60.1\*; I-66.1; I-68.1; I-68.2; I-68.3; E-31.4

The Following Policies Were Submitted for Changes and Updates:

A-01.1 Access to Care  
C-18.1 Licensure and Credential Verification  
D-27.3 Photosensitivity  
E-31.2 Organ or Tissue Donation and Attachment(s)  
E-31.4 Management of Offenders who have received Solid Organ Transplants  
E-34.2 Periodic Physical Examinations  
E-34.3 Use of Force Procedures  
E-42.1 Offender Transport and Transfer  
G-51.1 Offenders with Special Needs  
G-51.8 Care of Offenders with Terminal Conditions  
G-53.1 Suicide Prevention Plan and New Attachment  
H-60.1 Health Records- Organization and Maintenance  
I-66.1 Medical Therapeutic Restraints  
I-68.3 Forensic Information  
I-70.1 Informed Consent  
I-71.1 Attachment C  
Instructions for Completing the Refusal of Treatment Form

### **Adjournment**

- Next Meeting Date is April 10, 2014.

### **Joint Pharmacy and Therapeutics Committee**

Chair: Dr. Susan Morris

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

Meeting Date: January 9, 2014

Key Activities:

**Approval of Minutes from November 14, 2013 Meeting**

### **Reports from Subcommittees:**

- A. DMG Triage – Dr. Sandmann
- B. HIV - Dr. Sandmann
- C. Psychiatry - Dr. Koranek
- D. Thyroid – Dr. Agrawal
- E. Transfer Medications- Dr. Williams

### **Monthly Reports**

- A. Adverse Drug Reaction Reports (None)
- B. Pharmacy Clinical Activity Report
- C. Drug Recalls (November-December 2013)
  
- D. Non-formulary Deferral Reports
  - 1. UTMB Sector (reports not available)
  - 2. Texas Tech Sector (October-November 2013)
- E. Quarterly Medication Error Reports- 1<sup>st</sup> Quarter FY13
  - 1. UTMB Sector
  - 2. TT Sector
  - 3. Medication Dispensing Error Report
  
- F. Utilization Reports
  - 1. HIV Utilization
  - 2. Hepatitis C Utilization
  - 3. Hepatitis B Utilization
  - 4. Psychotropic Utilization
  
- G. Special Report- Top 50 Medications by Cost and Volume in 1<sup>st</sup> Quarter FY14
- H. Policy Review Schedule

### **Old Business**

- A. Policy and Procedure Revisions
  - 1. Transfer of Medications (15-15)

### **New Business**

- A. Action Request
  - 1. Formulary Deletion of Alamag Plus- Manufacturer Discontinuation
  - 2. Formulary Switch from Cenestin to Premarin
- B. Drug Category Review
  - 1. Anti-Infective agents
  - 2. Cardiovascular agents
- C. Medication Use Evaluation
  - 1. Albuterol/Atrovent Nebulizer MUE
- D. FDA Medication Safety Advisories
- E. Manufacturer Shortages and Discontinuations
- F. Policy and Procedure Revisions

1. Return of Damaged or Miss shipped Drugs (15-40)
2. Drug/Recalls/Defective Products (15-45)
3. Use of Controlled Substances (20-05)
4. Security of Controlled Substances (20-10)
5. Controlled Substances Record Keeping (20-15)
6. Incoming Patients Free World Medications (25-05)
7. Discharge Medications (25-10)
8. IV Admixture (30-05)
9. Therapeutic Interchange (55-15)

## **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: February 13, 2014  
Key Activities:

### **Reviewed and Approved Minutes from Previous Meeting**

#### **Public Health Update**

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

#### **Old Business**

#### **New Business**

- A. Repeat TB testing of offenders at intake who come with recent documented testing from the county jails.- Justin Robison
- B. HIV Pre and Post Test Counseling-Stephanie Zepeda
- C. Treatment of Co-infected HIV + HCV patients undergoing treatment for HCV – Carol Lynne Coglianese
- D. B-14.12- Syphilis – Chris Black-Edwards
- E. B-14.13.2- Hepatitis B -Kirk Abbott
- F. B-14.16- Skin and Soft Tissue Infection- Chris Black – Edwards

- G. B-14.26- Gastro-intestinal Illness - Carol Lynne Coglianesi
- H. Current Tracking process of Occupational Exposure. Stephanie Zepeda
  - i. Number started treatment
  - ii. Number completed in 28 day regimen
  - iii. If discontinued prematurely, reason for discontinuation (e.g., side effects)
  - iv. Number converted

### **Policies Under Review**

- a. B-14.2-Correctinal Managed Health Care Infection Control Committee
  - b. B-14.3- Employee TB Testing
  - c. B-14. 4-Prevention Hepatitis B Virus (HBV) Infection in TDCJ Facilities
  - d. B-14.06- Management of Offender Bloodborne Exposure
  - e. B-14.10- Tuberculosis

### **Adjourn**

- Next Meeting – April 10, 2014
- Policies to be reviewed are B-14.11-B-14.19

### **Joint Dental Work Group**

Chair: Dr. Brian Tucker

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

Meeting Date: January 8, 2014

### **Systems Director Meeting**

- Joint Dental Working Group Charter
- Electronic Oral Health Record
- Improve Inprocessing/HSD-3
- State Wide Monitoring Report
- New SLC Indicator
- Cell Side Screening
- Dental Policies Review
- Intake Tracking Process and Form
- Dental Ergonomics
- Chain-In/Traveling Reminders
- UTMB Sector Update
- Meeting Evaluation

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 February 28, 2014**

There were 108 deaths reviewed by the Mortality and Morbidity Committee during the months of December, January, and February 2014. Of those 108 deaths, 5 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.

## **Joint Nursing Work Group**

Chair: Justin Robison, Assistant Director of Nursing

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

Meeting Date: January 8, 2014

- A. Develop a Joint Nursing PI indicator as requested by SLC-Justin
- B. Offender /Patient Self-Catherization- George
- C. Care of gastrostomy tube sites- George
- D. RN Pronouncement of Death- Gary
  - a. Discuss moving CPR exclusionary criteria from CMHC policy A-11.2 to a new policy
- E. Forensic Exams-Chris
- F. Proposed revision to CMHC policy E-37.4 Lockdown Procedures- Justin
- G. Administration of newly ordered medications by HG Specialty Clinics while Offenders are in-transit returning to their UOA. - Requested agenda topic from Dr. Williams
- H. Processing of ATC (Nursing triaging for other disciplines such as Mental Health or Dental) CMHC policy E-37.1- George
- I. Documentation issues in PRS- Insulin and stock meds- Candy

J. Offender placement at Duncan- Gary/Justin

K. Seeking approval from the Security Operations Technology Review Team to pilot the Ferno EZ Glide Stair Chair- Justin

**Adjourn**

# **Financial Report on Correctional Managed Health Care**



## **Quarterly Report FY2014 First Quarter**

**September 2013 – November 2013**

## First Quarter Financial Report on Correctional Managed Health Care

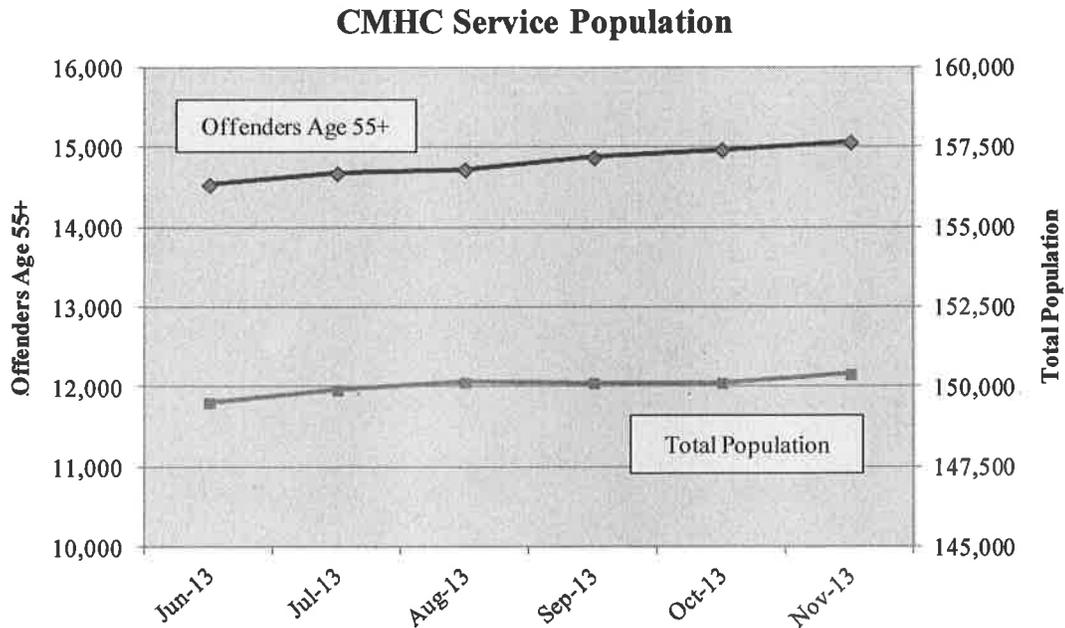
### Overview

- Report submitted in accordance with the FY2014-15 General Appropriations Act, Article V, Rider 50, 83<sup>rd</sup> Legislature, Regular Session 2013
- FY2014 TDCJ Appropriations allocated to Correctional Managed Health Care:
  - \$252.6M Unit and Psychiatric Care, Strategy C.1.7
  - \$166.5M Hospital and Clinical Care, Strategy C.1.8
  - \$58.3M Pharmacy Care, Strategy C.1.9

<u>Method of Finance Summary</u>	<u>FY2014</u>
<b>SB 1, Article V, TDCJ Appropriations</b>	
Strategy C.1.7. Unit and Psychiatric Care	\$ 252,602,509
Strategy C.1.8. Hospital and Clinic Care	\$ 166,509,878
Strategy C.1.9. Pharmacy Care	\$ 58,298,791
<b>TOTAL</b>	<b>\$ 477,411,178</b>
<b><u>Allocation to Universities</u></b>	
<b>University of Texas Medical Branch</b>	
Unit and Psychiatric Care	\$ 198,853,766
Hospital and Clinic Care	\$ 135,435,698
Pharmacy Care	\$ 46,039,466
<b>Subtotal UTMB</b>	<b>\$ 380,328,930</b>
<b>Texas Tech University Health Sciences Center</b>	
Unit and Psychiatric Care	\$ 53,748,743
Hospital and Clinic Care	\$ 31,074,180
Pharmacy Care	\$ 12,259,325
<b>Subtotal TTUHSC</b>	<b>\$ 97,082,248</b>
<b>TOTAL TO UNIVERSITY PROVIDERS</b>	<b>\$ 477,411,178</b>

## Population

- Overall offender service population has increased 0.6% from FY2013
  - Average daily census 149,336 through 1<sup>st</sup> quarter of FY2013 compared to 150,232 through 1<sup>st</sup> quarter of FY2014
- Offenders aged 55 or older population increased 7.5% from FY2013
  - Average daily census 13,931 through 1<sup>st</sup> quarter of FY2013 compared to 14,973 through 1<sup>st</sup> quarter of FY2014
  - While comprising about 10% of the overall service population, offenders age 55 and over account for 39.6% of the hospitalization costs received to date.
- Mental health caseloads:
  - FY2014 average number of psychiatric inpatients through 1<sup>st</sup> quarter: 1,929
  - FY2014 average number of psychiatric outpatients through 1<sup>st</sup> quarter: 18,883



## Health Care Costs

- Total expenses through 1<sup>st</sup> quarter, FY2014: \$131.6M
- Unit and Psychiatric Care expenses represent the majority of total health care costs
  - \$74.3M, 56.4% of total expenses
- Hospital and Clinical Care - \$43.9M, 33.4% of total
- Pharmacy Services - \$13.4M, 10.2% of total
  - HIV related drugs: 43.4% of total drug costs
  - Psychiatric drugs: 8.4% of total drug costs
  - Hepatitis C drug therapies: 5.9% of total drug costs
- Cost per offender per day, FY2014 through 1<sup>st</sup> quarter: \$9.63
  - 1.9% increase compared to FY2013 cost per day of \$9.45
  - 8.2% increase compared to FY2012 cost per day of \$8.90

### Comparison of Total Health Care Costs

	FY 10	FY 11	FY 12	FY 13	4-Year Average	FYTD 14 1st Qtr
<b>Population</b>						
UTMB	120,177	121,417	120,557	118,359	120,128	118,902
TTUHSC	31,048	31,419	31,491	30,713	31,168	31,330
<b>Total</b>	<b>151,225</b>	<b>152,836</b>	<b>152,048</b>	<b>149,072</b>	<b>151,296</b>	<b>150,232</b>
<b>Expenses</b>						
UTMB	\$435,710,000	\$432,371,801	\$397,606,713	\$415,579,990	\$420,317,126	\$106,339,031
TTUHSC	\$109,767,882	\$110,272,668	\$97,426,964	\$98,335,680	\$103,950,799	\$25,275,678
<b>Total</b>	<b>\$545,477,882</b>	<b>\$542,644,469</b>	<b>\$495,033,677</b>	<b>\$513,915,670</b>	<b>\$524,267,925</b>	<b>\$131,614,709</b>
<b>Cost/Day</b>						
UTMB	\$9.93	\$9.76	\$9.01	\$9.62	\$9.58	\$9.83
TTUHSC	\$9.69	\$9.62	\$8.45	\$8.77	\$9.13	\$8.87
<b>Total</b>	<b>\$9.88</b>	<b>\$9.73</b>	<b>\$8.90</b>	<b>\$9.45</b>	<b>\$9.49</b>	<b>\$9.63</b>

**TEXAS DEPARTMENT OF CRIMINAL JUSTICE**  
**Financial Report on Offender Health Care, pursuant to Agency Rider 50**  
**First Quarter, FY2014**

<u>Method of Finance</u>	<u>TTUHSC</u>	<u>UTMB</u>	<u>Total</u>
<b>C.1.7. Unit &amp; Psychiatric Care</b>			
TDCJ Appropriation	\$ 13,400,372	\$ 49,577,241	\$ 62,977,613
State Reimbursement Benefits	\$ 1,737,363	\$ 10,186,392	\$ 11,923,755
Other Misc Revenue	\$ 683	\$ 14,111	\$ 14,794
<b>C.1.7. Total Method of Finance</b>	<b>\$ 15,138,418</b>	<b>\$ 59,777,744</b>	<b>\$ 74,916,162</b>
<b>C.1.8. Hospital &amp; Clinical Care</b>			
TDCJ Appropriation	\$ 7,747,261	\$ 33,766,160	\$ 41,513,421
State Reimbursement Benefits	\$ 456,334	\$ -	\$ 456,334
Other Misc Revenue	\$ -	\$ -	\$ -
<b>C.1.8. Total Method of Finance</b>	<b>\$ 8,203,595</b>	<b>\$ 33,766,160</b>	<b>\$ 41,969,755</b>
<b>C.1.9. Managed Health Care - Pharmacy</b>			
TDCJ Appropriation	\$ 3,056,434	\$ 11,478,333	\$ 14,534,767
State Reimbursement Benefits	\$ 13,823	\$ 465,823	\$ 479,646
Other Misc Revenue	\$ -	\$ 37,479	\$ 37,479
<b>C.1.9. Total Method of Finance</b>	<b>\$ 3,070,257</b>	<b>\$ 11,981,635</b>	<b>\$ 15,051,892</b>
<b>TOTAL METHOD OF FINANCE</b>	<b>\$ 26,412,270</b>	<b>\$ 105,525,539</b>	<b>\$ 131,937,809</b>

<u>Method of Finance Summary</u>	<u>TTUHSC</u>	<u>UTMB</u>	<u>Total</u>
TDCJ Appropriation	\$ 24,204,067	\$ 94,821,734	\$ 119,025,801
State Reimbursement Benefits	\$ 2,207,520	\$ 10,652,215	\$ 12,859,735
Other Misc Revenue	\$ 683	\$ 51,590	\$ 52,273
<b>TOTAL METHOD OF FINANCE</b>	<b>\$ 26,412,270</b>	<b>\$ 105,525,539</b>	<b>\$ 131,937,809</b>

<u>Expenditures</u>	<u>TTUHSC</u>	<u>UTMB</u>	<u>Total</u>
C.1.7. Unit & Psychiatric Care	\$ 14,688,794	\$ 59,651,446	\$ 74,340,240
C.1.8. Hospital & Clinical Care	\$ 7,606,164	\$ 36,313,073	\$ 43,919,237
C.1.9. Managed Health Care - Pharmacy	\$ 2,980,720	\$ 10,374,512	\$ 13,355,232
<b>TOTAL EXPENDITURES</b>	<b>\$ 25,275,678</b>	<b>\$ 106,339,031</b>	<b>\$ 131,614,709</b>

<b>DIFFERENCE</b>	<b>\$ 1,136,592</b>	<b>\$ (813,492)</b>	<b>\$ 323,100</b>
-------------------	---------------------	---------------------	-------------------

**TEXAS DEPARTMENT OF CRIMINAL JUSTICE**  
**Financial Report on Offender Health Care, pursuant to Agency Rider 50**  
**First Quarter, FY2014**

<b>C.1.7. UNIT &amp; PSYCHIATRIC CARE</b>			
	<u>TTUHSC</u>	<u>UTMB</u>	<u>Total</u>
<b>Method of Finance:</b>			
TDCJ Appropriation	\$ 13,400,372	\$ 49,577,241	\$ 62,977,613
State Reimbursement Benefits	\$ 1,737,363	\$ 10,186,392	\$ 11,923,755
Other Misc Revenue	\$ 683	\$ 14,111	\$ 14,794
<b>TOTAL METHOD OF FINANCE</b>	<b>\$ 15,138,418</b>	<b>\$ 59,777,744</b>	<b>\$ 74,916,162</b>
<b>Expenditures:</b>			
<b>Unit Care</b>			
Salaries	\$ 4,395,219	\$ 33,054,205	\$ 37,449,424
Benefits	\$ 1,187,858	\$ 10,026,594	\$ 11,214,452
Other Operating Expenses	\$ 422,605	\$ 5,188,758	\$ 5,611,363
Professional Services	\$ 600,266	\$ -	\$ 600,266
Contracted Units/Services	\$ 3,922,136	\$ -	\$ 3,922,136
Travel	\$ 28,228	\$ 261,438	\$ 289,666
Electronic Medicine	\$ 180,998	\$ -	\$ 180,998
Capitalized Equipment	\$ 165,805	\$ 212,423	\$ 378,228
<b>Subtotal, Unit Care</b>	<b>\$ 10,903,115</b>	<b>\$ 48,743,418</b>	<b>\$ 59,646,533</b>
<b>Psychiatric Care</b>			
Salaries	\$ 2,557,043	\$ 5,972,925	\$ 8,529,968
Benefits	\$ 668,823	\$ 1,465,581	\$ 2,134,404
Other Operating Expenses	\$ 31,967	\$ 52,945	\$ 84,912
Professional Services	\$ 60,813	\$ -	\$ 60,813
Contracted Units/Services	\$ -	\$ -	\$ -
Travel	\$ 2,157	\$ 24,345	\$ 26,502
<b>Subtotal, Psychiatric Care</b>	<b>\$ 3,320,803</b>	<b>\$ 7,515,796</b>	<b>\$ 10,836,599</b>
<b>Indirect Expenditures (Shared Services)</b>	<b>\$ 464,876</b>	<b>\$ 3,392,232</b>	<b>\$ 3,857,108</b>
<b>TOTAL EXPENDITURES</b>	<b>\$ 14,688,794</b>	<b>\$ 59,651,446</b>	<b>\$ 74,340,240</b>
<b>DIFFERENCE</b>	<b>\$ 449,624</b>	<b>\$ 126,298</b>	<b>\$ 575,922</b>

**TEXAS DEPARTMENT OF CRIMINAL JUSTICE**  
**Financial Report on Offender Health Care, pursuant to Agency Rider 50**  
**First Quarter, FY2014**

<b>C.1.8. HOSPITAL &amp; CLINICAL CARE</b>			
<b>Method of Finance</b>	<b><u>TTUHSC</u></b>	<b><u>UTMB</u></b>	<b><u>Total</u></b>
TDCJ Appropriation	\$ 7,747,261	\$ 33,766,160	\$ 41,513,421
State Reimbursement Benefits	\$ 456,334	\$ -	\$ 456,334
Other Misc Revenue	\$ -	\$ -	\$ -
<b>TOTAL METHOD OF FINANCE</b>	<b>\$ 8,203,595</b>	<b>\$ 33,766,160</b>	<b>\$ 41,969,755</b>
<b>Expenditures:</b>			
<b>Hospital and Clinical Care</b>			
University Professional Services	\$ 275,000	\$ 4,595,227	\$ 4,870,227
Freeworld Provider Services	\$ 3,372,373	\$ 3,821,509	\$ 7,193,882
TTUHSC Western Regional Medical Facility & UTMB Hospital Galveston Hospital Services	\$ 2,905,077	\$ 23,367,127	\$ 26,272,204
Estimated IBNR	\$ 777,628	\$ 4,529,210	\$ 5,306,838
<b>Subtotal, Hospital &amp; Clinical Care</b>	<b>\$ 7,330,078</b>	<b>\$ 36,313,073</b>	<b>\$ 43,643,151</b>
<b>Indirect Expenditures (Shared Services)</b>	<b>\$ 276,086</b>	<b>\$ -</b>	<b>\$ 276,086</b>
<b>TOTAL EXPENDITURES</b>	<b>\$ 7,606,164</b>	<b>\$ 36,313,073</b>	<b>\$ 43,919,237</b>
<b>DIFFERENCE</b>	<b>\$ 597,431</b>	<b>\$ (2,546,913)</b>	<b>\$ (1,949,482)</b>

**TEXAS DEPARTMENT OF CRIMINAL JUSTICE**  
**Financial Report on Offender Health Care, pursuant to Agency Rider 50**  
**First Quarter, FY2014**

<b>C.1.9. MANAGED HEALTH CARE - PHARMACY</b>			
<b>Method of Finance</b>	<b><u>TTUHSC</u></b>	<b><u>UTMB</u></b>	<b><u>Total</u></b>
TDCJ Appropriation	\$ 3,056,434	\$ 11,478,333	\$ 14,534,767
State Reimbursement Benefits	\$ 13,823	\$ 465,823	\$ 479,646
Other Misc Revenue	\$ -	\$ 37,479	\$ 37,479
<b>TOTAL METHOD OF FINANCE</b>	<b>\$ 3,070,257</b>	<b>\$ 11,981,635</b>	<b>\$ 15,051,892</b>
<b>Expenditures:</b>			
<b>Managed Health Care - Pharmacy</b>			
Salaries	\$ 458,894	\$ 1,585,795	\$ 2,044,689
Benefits	\$ 14,932	\$ 498,406	\$ 513,338
Other Operating Expenses	\$ 48,916	\$ 274,275	\$ 323,191
Pharmaceutical Purchases	\$ 2,350,473	\$ 8,007,385	\$ 10,357,858
Travel	\$ 1,324	\$ 8,651	\$ 9,975
<b>Subtotal, Managed Health Care - Pharmacy Expenditures</b>	<b>\$ 2,874,539</b>	<b>\$ 10,374,512</b>	<b>\$ 13,249,051</b>
<b>Indirect Expenditures (Shared Services)</b>	<b>\$ 106,181</b>	<b>\$ -</b>	<b>\$ 106,181</b>
<b>TOTAL EXPENDITURES</b>	<b>\$ 2,980,720</b>	<b>\$ 10,374,512</b>	<b>\$ 13,355,232</b>
<b>DIFFERENCE</b>	<b>\$ 89,537</b>	<b>\$ 1,607,123</b>	<b>\$ 1,696,660</b>

**TEXAS DEPARTMENT OF CRIMINAL JUSTICE**  
**Financial Report on Offender Health Care, pursuant to Agency Rider 50**  
**First Quarter, FY2014**

**Key Population Indicators**

	<u>September</u>	<u>October</u>	<u>November</u>	<u>1st Quarter</u>
<b>Average Service Population</b>				
UTMB Service Population	118,830	118,843	119,034	118,902
TTUHSC Service Population	31,315	31,302	31,372	31,330
<b>Average Service Population</b>	<b>150,145</b>	<b>150,145</b>	<b>150,406</b>	<b>150,232</b>
<b>Population Age 55 and Over</b>				
UTMB Population	12,430	12,524	12,588	12,514
TTUHSC Population	2,448	2,449	2,479	2,459
<b>Population Age 55 and Over</b>	<b>14,878</b>	<b>14,973</b>	<b>15,067</b>	<b>14,973</b>
<b>HIV Population</b>				
	2,226	2,234	2,241	2,234
<b>Medical Inpatient Average Daily Census</b>				
UTMB-Hospital Galveston	74	72	76	74
UTMB Freeworld Hospitals	32	24	24	27
TTUHSC Freeworld Hospitals	7	8	6	7
<b>Medical Inpatient Average Daily Census</b>	<b>113</b>	<b>104</b>	<b>106</b>	<b>108</b>
<b>Medical Outpatient Visits</b>				
UTMB Specialty Clinics and ER Visits	5,247	5,468	4,934	5,216
TTUHSC Freeworld Outpatient and ER Visits	749	1,540	969	1,086
<b>Medical Outpatient Visits</b>	<b>5,996</b>	<b>7,008</b>	<b>5,903</b>	<b>6,302</b>
<b>Mental Health Inpatient Average Census</b>				
UTMB Psychiatric Inpatient	1,053	1,037	1,005	1,032
TTUHSC Psychiatric Inpatient	883	901	906	897
<b>Mental Health Inpatient Average Census</b>	<b>1,936</b>	<b>1,938</b>	<b>1,911</b>	<b>1,929</b>
<b>Mental Health Outpatient Average Census</b>				
UTMB Psychiatric Outpatient	15,301	17,115	14,222	15,546
TTUHSC Psychiatric Outpatient	3,482	3,865	2,665	3,337
<b>Mental Health Outpatient Average Census</b>	<b>18,783</b>	<b>20,980</b>	<b>16,887</b>	<b>18,883</b>

*Amounts may differ from previous report due to updates received from the university provider.*

**TEXAS DEPARTMENT OF CRIMINAL JUSTICE**  
**Financial Report on Offender Health Care, pursuant to Agency Rider 50**  
**First Quarter, FY2014**

Texas Tech University Health Sciences Center						
STRATEGY	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Total TTUHSC	Annual Projection 12/20/2013
<b>REVENUE:</b>						
TDCJ Appropriation	\$ 24,204,067	\$ -	\$ -	\$ -	\$ 24,204,067	\$ 97,082,247
State Reimbursement Benefits	\$ 2,207,520	\$ -	\$ -	\$ -	\$ 2,207,520	\$ 9,087,747
Other Misc Revenue	\$ 683	\$ -	\$ -	\$ -	\$ 683	\$ 2,732
<b>TOTAL REVENUES</b>	<b>\$ 26,412,270</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 26,412,270</b>	<b>\$ 106,172,726</b>

C.1.7. UNIT & PSYCHIATRIC CARE						
<b>EXPENDITURES:</b>						
<b>Unit Care Expenditures</b>						
Salaries	\$ 4,395,219	\$ -	\$ -	\$ -	\$ 4,395,219	\$ 18,121,121
Benefits	\$ 1,187,858	\$ -	\$ -	\$ -	\$ 1,187,858	\$ 4,897,439
Other Operating Expenses	\$ 422,605	\$ -	\$ -	\$ -	\$ 422,605	\$ 1,690,420
Professional Services	\$ 600,266	\$ -	\$ -	\$ -	\$ 600,266	\$ 2,401,064
Contracted Units/Services	\$ 3,922,136	\$ -	\$ -	\$ -	\$ 3,922,136	\$ 15,688,544
Travel	\$ 28,228	\$ -	\$ -	\$ -	\$ 28,228	\$ 112,912
Electronic Medicine	\$ 180,998	\$ -	\$ -	\$ -	\$ 180,998	\$ 723,992
Capitalized Equipment	\$ 165,805	\$ -	\$ -	\$ -	\$ 165,805	\$ 663,220
Estimated IBNR	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Subtotal, Unit Care Expenditures</b>	<b>\$ 10,903,115</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 10,903,115</b>	<b>\$ 44,298,712</b>
<b>Psychiatric Care Expenditures</b>						
Salaries	\$ 2,557,043	\$ -	\$ -	\$ -	\$ 2,557,043	\$ 10,531,673
Benefits	\$ 668,823	\$ -	\$ -	\$ -	\$ 668,823	\$ 2,754,676
Other Operating Expenses	\$ 31,967	\$ -	\$ -	\$ -	\$ 31,967	\$ 127,868
Professional Services	\$ 60,813	\$ -	\$ -	\$ -	\$ 60,813	\$ 243,252
Travel	\$ 2,157	\$ -	\$ -	\$ -	\$ 2,157	\$ 8,628
Estimated IBNR	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Subtotal, Psychiatric Care Expenditures</b>	<b>\$ 3,320,803</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 3,320,803</b>	<b>\$ 13,666,097</b>
<b>Total Expenditures, Unit &amp; Psychiatric Care</b>	<b>\$ 14,223,918</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 14,223,918</b>	<b>\$ 57,964,809</b>

C.1.8. HOSPITAL & CLINICAL CARE						
<b>EXPENDITURES:</b>						
University Professional Services	\$ 275,000	\$ -	\$ -	\$ -	\$ 275,000	\$ 1,100,000
Freeworld Provider Services	\$ 3,372,373	\$ -	\$ -	\$ -	\$ 3,372,373	\$ 16,900,000
TTUHSC Western Regional Medical Facility & UTMB Hospital Galveston Hospital Services	\$ 2,905,077	\$ -	\$ -	\$ -	\$ 2,905,077	\$ 12,400,946
Estimated IBNR	\$ 777,628	\$ -	\$ -	\$ -	\$ 777,628	\$ -
<b>Total Expenditures, Hospital &amp; Clinical Care</b>	<b>\$ 7,330,078</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 7,330,078</b>	<b>\$ 30,400,946</b>

C.1.9. MANAGED HEALTH CARE PHARMACY						
<b>EXPENDITURES:</b>						
Salaries	\$ 458,894	\$ -	\$ -	\$ -	\$ 458,894	\$ 1,835,576
Benefits	\$ 14,932	\$ -	\$ -	\$ -	\$ 14,932	\$ 59,728
Other Operating Expenses	\$ 48,916	\$ -	\$ -	\$ -	\$ 48,916	\$ 195,664
Pharmaceutical Purchases	\$ 2,350,473	\$ -	\$ -	\$ -	\$ 2,350,473	\$ 9,401,892
Travel	\$ 1,324	\$ -	\$ -	\$ -	\$ 1,324	\$ 5,296
Capitalized Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Estimated IBNR	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Total Expenditures, Managed Health Care Pharmacy</b>	<b>\$ 2,874,539</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 2,874,539</b>	<b>\$ 11,498,156</b>

<b>Indirect Expenditures (Shared Services)</b>	<b>\$ 847,143</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 847,143</b>	<b>\$ 3,397,881</b>
--	-------------------	-------------	-------------	-------------	-------------------	---------------------

<b>TOTAL EXPENDITURES</b>	<b>\$ 25,275,678</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 25,275,678</b>	<b>\$ 103,261,792</b>
---------------------------	----------------------	-------------	-------------	-------------	----------------------	-----------------------

<b>DIFFERENCE</b>	<b>\$ 1,136,592</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 1,136,592</b>	<b>\$ 2,910,934</b>
-------------------	---------------------	-------------	-------------	-------------	---------------------	---------------------

<b>OFFENDER HEALTH CARE FEES</b>	<b>\$ -</b>					
----------------------------------	-------------	-------------	-------------	-------------	-------------	-------------

<b>OTHER APPROVED FUNDING SOURCES</b>	<b>\$ -</b>					
---------------------------------------	-------------	-------------	-------------	-------------	-------------	-------------

<b>NET DIFFERENCE</b>	<b>\$ 1,136,592</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 1,136,592</b>	<b>\$ 2,910,934</b>
-----------------------	---------------------	-------------	-------------	-------------	---------------------	---------------------

**TEXAS DEPARTMENT OF CRIMINAL JUSTICE**  
**Financial Report on Offender Health Care, pursuant to Agency Rider 50**  
**First Quarter, FY2014**

University of Texas Medical Branch						
STRATEGY	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Total UTMB	Annual Projection 12/20/2013
REVENUE:						
TDCJ Appropriation	\$ 94,821,734	\$ -	\$ -	\$ -	\$ 94,821,734	\$ 380,328,930
State Reimbursement Benefits	\$ 10,652,215	\$ -	\$ -	\$ -	\$ 10,652,215	\$ 43,136,949
Other Misc Revenue	\$ 51,590	\$ -	\$ -	\$ -	\$ 51,590	\$ 206,930
<b>TOTAL REVENUES</b>	<b>\$ 105,525,539</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 105,525,539</b>	<b>\$ 423,672,809</b>

C.1.7. UNIT & PSYCHIATRIC CARE						
EXPENDITURES:						
Unit Care Expenditures						
Salaries	\$ 33,054,205	\$ -	\$ -	\$ -	\$ 33,054,205	\$ 133,913,783
Benefits	\$ 10,026,594	\$ -	\$ -	\$ -	\$ 10,026,594	\$ 40,621,125
Other Operating Expenses	\$ 5,188,758	\$ -	\$ -	\$ -	\$ 5,188,758	\$ 21,326,053
Professional Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Contracted Units/Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Travel	\$ 261,438	\$ -	\$ -	\$ -	\$ 261,438	\$ -
Electronic Medicine	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Capitalized Equipment	\$ 212,423	\$ -	\$ -	\$ -	\$ 212,423	\$ 2,622,350
Estimated IBNR	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Subtotal, Unit Care Expenditures</b>	<b>\$ 48,743,418</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 48,743,418</b>	<b>\$ 198,483,311</b>
Psychiatric Care Expenditures						
Salaries	\$ 5,972,925	\$ -	\$ -	\$ -	\$ 5,972,925	\$ 24,198,368
Benefits	\$ 1,465,581	\$ -	\$ -	\$ -	\$ 1,465,581	\$ 5,937,576
Other Operating Expenses	\$ 52,945	\$ -	\$ -	\$ -	\$ 52,945	\$ 309,162
Professional Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Travel	\$ 24,345	\$ -	\$ -	\$ -	\$ 24,345	\$ -
Estimated IBNR	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Subtotal, Psychiatric Care Expenditures</b>	<b>\$ 7,515,796</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 7,515,796</b>	<b>\$ 30,445,106</b>
<b>Total Expenditures, Unit &amp; Psychiatric Care</b>	<b>\$ 56,259,214</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 56,259,214</b>	<b>\$ 228,928,417</b>

C.1.8. HOSPITAL & CLINICAL CARE						
EXPENDITURES:						
University Professional Services	\$ 4,595,227	\$ -	\$ -	\$ -	\$ 4,595,227	\$ 18,682,232
Freeworld Provider Services	\$ 3,821,509	\$ -	\$ -	\$ -	\$ 3,821,509	\$ 39,100,757
TTUHSC Western Regional Medical Facility & UTMB Hospital Galveston Hospital Services	\$ 23,367,127	\$ -	\$ -	\$ -	\$ 23,367,127	\$ 95,701,887
Estimated IBNR	\$ 4,529,210	\$ -	\$ -	\$ -	\$ 4,529,210	\$ -
<b>Total Expenditures, Hospital &amp; Clinical Care</b>	<b>\$ 36,313,073</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 36,313,073</b>	<b>\$ 153,484,876</b>

C.1.9. MANAGED HEALTH CARE PHARMACY						
EXPENDITURES:						
Salaries	\$ 1,585,795	\$ -	\$ -	\$ -	\$ 1,585,795	\$ 6,360,631
Benefits	\$ 498,406	\$ -	\$ -	\$ -	\$ 498,406	\$ 1,999,111
Other Operating Expenses	\$ 274,275	\$ -	\$ -	\$ -	\$ 274,275	\$ 1,134,818
Pharmaceutical Purchases	\$ 8,007,385	\$ -	\$ -	\$ -	\$ 8,007,385	\$ 35,718,099
Travel	\$ 8,651	\$ -	\$ -	\$ -	\$ 8,651	\$ -
Capitalized Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Estimated IBNR	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Total Expenditures, Managed Health Care Pharmacy</b>	<b>\$ 10,374,512</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 10,374,512</b>	<b>\$ 45,212,659</b>

Indirect Expenditures (Shared Services)	\$ 3,392,232	\$ -	\$ -	\$ -	\$ 3,392,232	\$ 14,582,836
---	--------------	------	------	------	--------------	---------------

<b>TOTAL EXPENDITURES</b>	<b>\$ 106,339,031</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 106,339,031</b>	<b>\$ 442,208,788</b>
---------------------------	-----------------------	-------------	-------------	-------------	-----------------------	-----------------------

<b>DIFFERENCE</b>	<b>\$ (813,492)</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ (813,492)</b>	<b>\$ (18,535,979)</b>
-------------------	---------------------	-------------	-------------	-------------	---------------------	------------------------

OFFENDER HEALTH CARE FEES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
---------------------------	------	------	------	------	------	------

OTHER APPROVED FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
--------------------------------	------	------	------	------	------	------

<b>NET DIFFERENCE</b>	<b>\$ (813,492)</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ (813,492)</b>	<b>\$ (18,535,979)</b>
-----------------------	---------------------	-------------	-------------	-------------	---------------------	------------------------

**TEXAS DEPARTMENT OF CRIMINAL JUSTICE**  
**Financial Report on Offender Health Care, pursuant to Agency Rider 50**  
**First Quarter, FY2014**

<b>Combined Total</b>						
STRATEGY	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Combined Total	Annual Projection
<b>REVENUE:</b>						
TDCJ Appropriation	\$ 119,025,801	\$ -	\$ -	\$ -	\$ 119,025,801	\$ 477,411,177
State Reimbursement Benefits	\$ 12,859,735	\$ -	\$ -	\$ -	\$ 12,859,735	\$ 52,224,696
Other Misc Revenue	\$ 52,273	\$ -	\$ -	\$ -	\$ 52,273	\$ 209,662
<b>TOTAL REVENUES</b>	<b>\$ 131,937,809</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 131,937,809</b>	<b>\$ 529,845,535</b>

<b>C.1.7. UNIT &amp; PSYCHIATRIC CARE</b>						
<b>EXPENDITURES:</b>						
<b>Unit Care Expenditures</b>						
Salaries	\$ 37,449,424	\$ -	\$ -	\$ -	\$ 37,449,424	\$ 152,034,904
Benefits	\$ 11,214,452	\$ -	\$ -	\$ -	\$ 11,214,452	\$ 45,518,564
Other Operating Expenses	\$ 5,611,363	\$ -	\$ -	\$ -	\$ 5,611,363	\$ 23,016,473
Professional Services	\$ 600,266	\$ -	\$ -	\$ -	\$ 600,266	\$ 2,401,064
Contracted Units/Services	\$ 3,922,136	\$ -	\$ -	\$ -	\$ 3,922,136	\$ 15,688,544
Travel	\$ 289,666	\$ -	\$ -	\$ -	\$ 289,666	\$ 112,912
Electronic Medicine	\$ 180,998	\$ -	\$ -	\$ -	\$ 180,998	\$ 723,992
Capitalized Equipment	\$ 378,228	\$ -	\$ -	\$ -	\$ 378,228	\$ 3,285,570
Estimated IBNR	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Subtotal, Unit Care Expenditures</b>	<b>\$ 59,646,533</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 59,646,533</b>	<b>\$ 242,782,023</b>
<b>Psychiatric Care Expenditures</b>						
Salaries	\$ 8,529,968	\$ -	\$ -	\$ -	\$ 8,529,968	\$ 34,730,041
Benefits	\$ 2,134,404	\$ -	\$ -	\$ -	\$ 2,134,404	\$ 8,692,252
Other Operating Expenses	\$ 84,912	\$ -	\$ -	\$ -	\$ 84,912	\$ 437,030
Professional Services	\$ 60,813	\$ -	\$ -	\$ -	\$ 60,813	\$ 243,252
Travel	\$ 26,502	\$ -	\$ -	\$ -	\$ 26,502	\$ 8,628
Estimated IBNR	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Subtotal, Psychiatric Care Expenditures</b>	<b>\$ 10,836,599</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 10,836,599</b>	<b>\$ 44,111,203</b>
<b>Total Expenditures, Unit &amp; Psychiatric Care</b>	<b>\$ 70,483,132</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 70,483,132</b>	<b>\$ 286,893,226</b>

<b>C.1.8. HOSPITAL &amp; CLINICAL CARE</b>						
<b>EXPENDITURES:</b>						
University Professional Services	\$ 4,870,227	\$ -	\$ -	\$ -	\$ 4,870,227	\$ 19,782,232
Freeworld Provider Services	\$ 7,193,882	\$ -	\$ -	\$ -	\$ 7,193,882	\$ 56,000,757
TTUHSC Western Regional Medical Facility & UTMB Hospital Galveston Hospital Services	\$ 26,272,204	\$ -	\$ -	\$ -	\$ 26,272,204	\$ 108,102,833
Estimated IBNR	\$ 5,306,838	\$ -	\$ -	\$ -	\$ 5,306,838	\$ -
<b>Total Expenditures, Hospital &amp; Clinical Care</b>	<b>\$ 43,643,151</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 43,643,151</b>	<b>\$ 183,885,822</b>

<b>C.1.9. MANAGED HEALTH CARE PHARMACY</b>						
<b>EXPENDITURES:</b>						
Salaries	\$ 2,044,689	\$ -	\$ -	\$ -	\$ 2,044,689	\$ 8,196,207
Benefits	\$ 513,338	\$ -	\$ -	\$ -	\$ 513,338	\$ 2,058,839
Other Operating Expenses	\$ 323,191	\$ -	\$ -	\$ -	\$ 323,191	\$ 1,330,482
Pharmaceutical Purchases	\$ 10,357,858	\$ -	\$ -	\$ -	\$ 10,357,858	\$ 45,119,991
Travel	\$ 9,975	\$ -	\$ -	\$ -	\$ 9,975	\$ 5,296
Capitalized Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Estimated IBNR	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Total Expenditures, Managed Health Care Pharmacy</b>	<b>\$ 13,249,051</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 13,249,051</b>	<b>\$ 56,710,815</b>

<b>Indirect Expenditures (Shared Services)</b>	<b>\$ 4,239,375</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 4,239,375</b>	<b>\$ 17,980,717</b>
--	---------------------	-------------	-------------	-------------	---------------------	----------------------

<b>TOTAL EXPENDITURES</b>	<b>\$ 131,614,709</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 131,614,709</b>	<b>\$ 545,470,580</b>
---------------------------	-----------------------	-------------	-------------	-------------	-----------------------	-----------------------

<b>DIFFERENCE</b>	<b>\$ 323,100</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 323,100</b>	<b>\$ (15,625,045)</b>
-------------------	-------------------	-------------	-------------	-------------	-------------------	------------------------

<b>OFFENDER HEALTH CARE FEES</b>	<b>\$ -</b>					
----------------------------------	-------------	-------------	-------------	-------------	-------------	-------------

<b>OTHER APPROVED FUNDING SOURCES</b>	<b>\$ -</b>					
---------------------------------------	-------------	-------------	-------------	-------------	-------------	-------------

<b>NET DIFFERENCE</b>	<b>\$ 323,100</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 323,100</b>	<b>\$ (15,625,045)</b>
-----------------------	-------------------	-------------	-------------	-------------	-------------------	------------------------

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

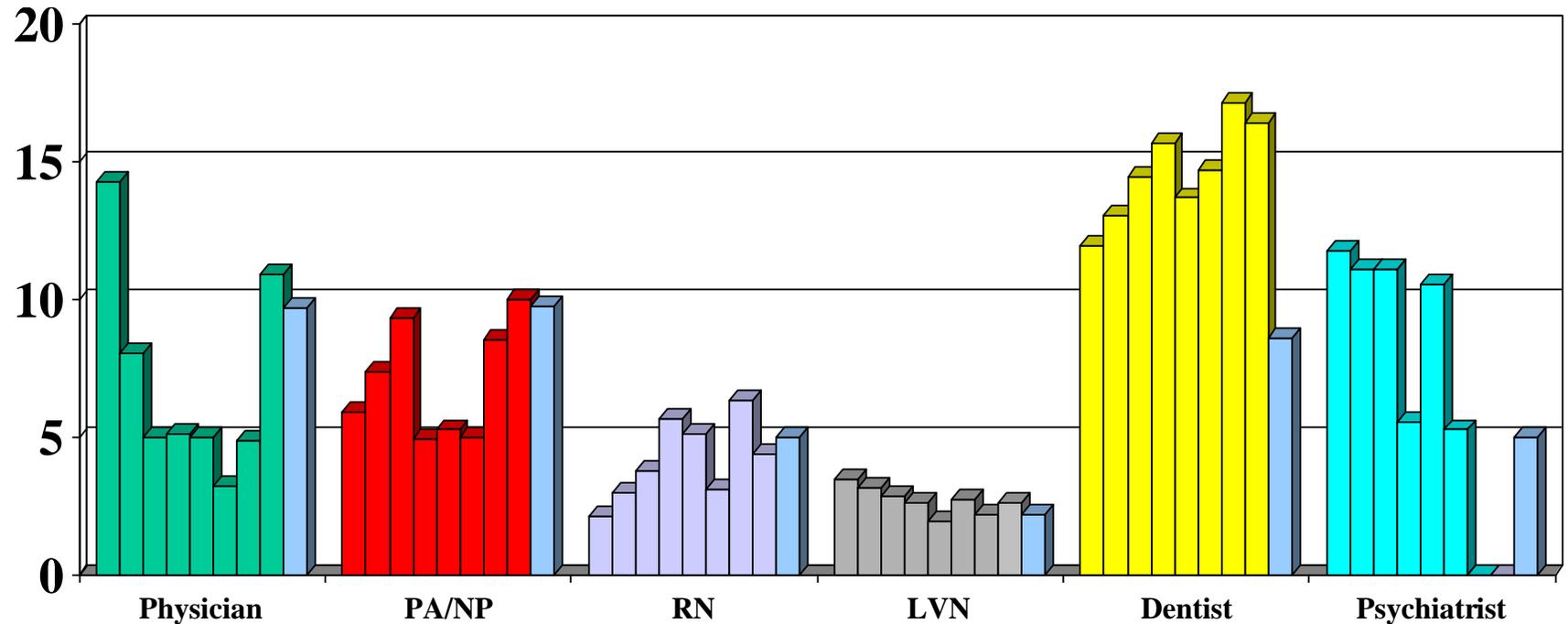
**As of February 2014**

<b>Title of Position</b>	<b>CMHCC Partner Agency</b>	<b>Vacant Since (mm/yyyy)</b>	<b>Actions Taken to Fill Position</b>
Manager III-Office of Professional Standards	TDCJ	8/9/2013	Request to post has been sent; HRHQ will post by 2/28/14.
LVN III-HS Liaison	TDCJ	3/1/2014	Changing extended title to "Office of Professional Standards" and moving position to OPS
Nurse II-Utilization Review	TDCJ	9/15/2013	Changing extended title to "Nursing Program Monitor" and moving position to HS Liaison
Administrative Asst IV-Grievance Coordinator	TDCJ	1/15/2014	Sent subsequent applicant to HR for clearance
Executive Assistant I-Division Director's office	TDCJ	12/15/2013	Posting closed 2/18/14; applications are in the screening process
Health Specialist V-Office of Mental Health Monitoring & Liaison	TDCJ	2/28/2014	Posting closed 2/20/14; applications are in the screening process
Accountant II-Resource Management	TDCJ	12/15/2013	Interviews scheduled for 2/27/14.
PAMIO Medical Director	TTUHSC CMC	2/2009	Continued advertisement in local and national publications; Expanded Recruiting Agency utilization.
Medical Director	TTUHSC CMC	7/2012	Continued advertisement in local and national publications; Expanded Recruiting Agency utilization.
Physician I-III	UTMB CMC	01/01/2014	Local and National Advertising, TAFP, NCCHC Conferences, and Agency contacts
Mid Level Practitioners (PA and FNP)	UTMB CMC	01/01/2014	Local and National Advertising, Career Fairs, TAPA and TNP Conferences, Intern programs.
Psychiatrist	UTMB CMC	01/01/2014	Local and National Advertising, NCCHC, TSPP, Agency contacts
Dentists	UTMB CMC	01/01/2014	Local and National Advertising, Star of the South Conference
Sr. Medical Director	UTMB CMC	01/01/2014	NCCHC Conference, ACA Conference, TAFP Conference, National and Local Advertising, Agency contacts

University Vacancy Rate Report  
by Quarter FY 2012 – 2014

University of Texas Medical Branch

# UTMB Vacancy Rates (%) by Quarter FY2012 – FY2014



*Correctional Managed*

*Health Care*

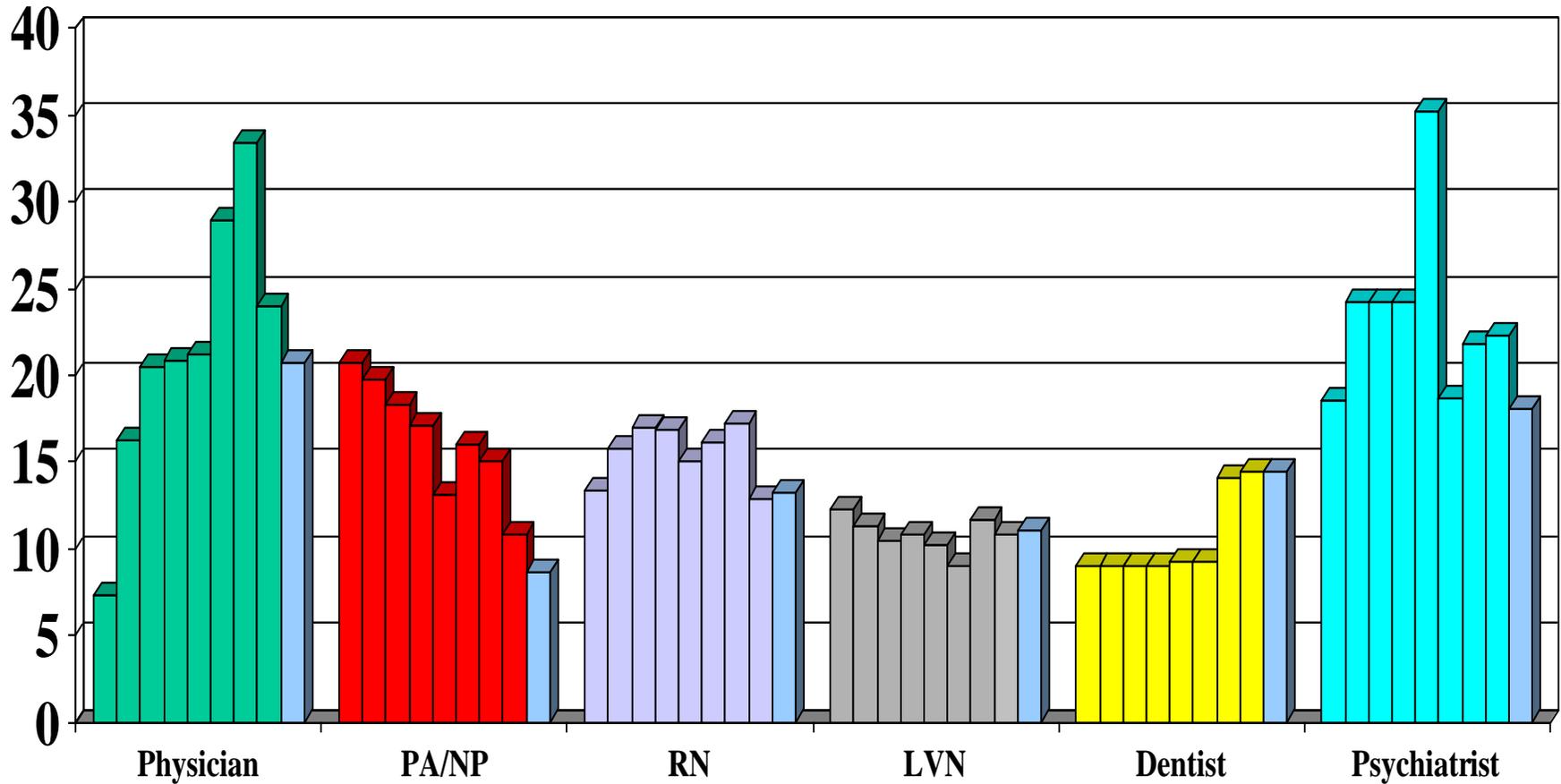


TEXAS TECH UNIVERSITY  
HEALTH SCIENCES CENTER<sup>®</sup>

University Vacancy Rate Report  
by Quarter FY 2012 – 2014

Texas Tech University  
Health Sciences Center

# TTUHSC Vacancy Rates (%) by Quarter FY 2012 – FY 2014

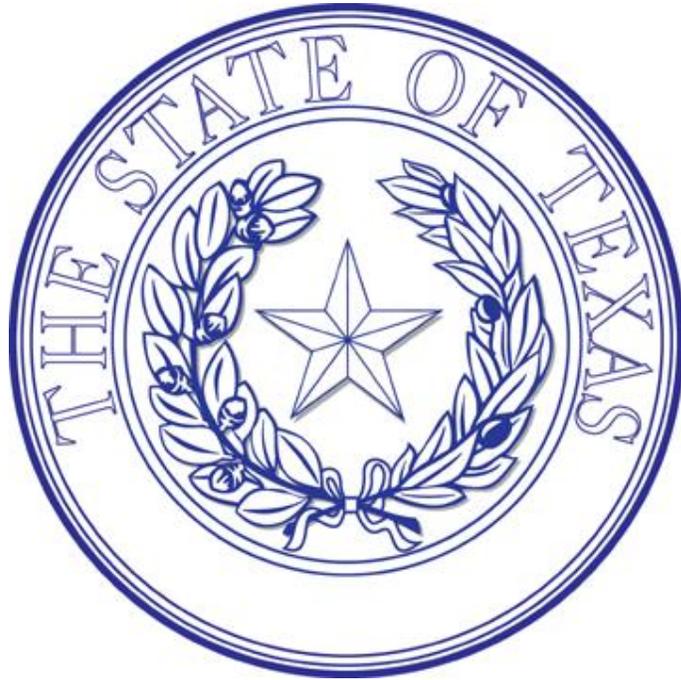


*Correctional Managed*

*Health Care*



TEXAS TECH UNIVERSITY  
HEALTH SCIENCES CENTER



**TEXAS DEPARTMENT OF  
CRIMINAL JUSTICE**

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

***First Quarter FY-2014***

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

# TDCJ Medical Directors' Report

## Office of Health Services Monitoring (OHSM)

### Operational Review Audit (ORA)

During the First Quarter of FY-2014 (September, October, and November 2013), **eight** Operational Review Audits (ORAs) were conducted at the following facilities: Allred, Boyd, Clemens, Darrington, Powledge, Roach, Scott, and Terrell.

- During the First Quarter of FY-2014, **eight** ORAs were closed for the following facilities: Baten Intermediate Sanction Facility (ISF) , Fort Stockton, Holliday, Hutchins State Jail, Jordan, Luther, Lynaugh, and Roach.
- The following is a summary of the nine items found to be most frequently less than 80% compliant in the **eight** Operational Review Audits conducted in the First Quarter of FY-2014:
  1. Item **5.070** requires offenders to have their medical record reviewed, and a physical examination completed within the required time frame of placement in administrative segregation, prehearing detention, or isolation. Seven of the eight facilities were not in compliance with this requirement. The seven facilities out of compliance were: Allred, Clemens, Darrington, Powledge, Roach, Scott, and Terrell. Corrective actions were requested from the seven facilities. At the time of this report, two facilities have returned their corrective action plan: Allred and Roach. Five facilities are preparing facility-specific corrective actions to ensure future compliance: Clemens, Darrington, Powledge, Scott, and Terrell.
  2. Item **6.080** requires a Texas Department of State Health Services Tuberculosis Elimination Division (TB-400) form to be completed for the offenders receiving Tuberculosis chemoprophylaxis, all TB suspect cases, active TB cases, and upon termination or completion of TB therapy. Seven of the eight facilities were not in compliance with this requirement. The seven facilities out of compliance were: Allred, Boyd, Darrington, Powledge, Roach, Scott, and Terrell. Corrective actions were requested from the seven facilities. At the time of this report, two facilities have returned their corrective action plan: Allred and Roach. Five facilities are preparing facility-specific corrective actions to ensure future compliance: Boyd, Darrington, Powledge, Scott, and Terrell.
  3. Item **1.100** requires interpreter services to be arranged and documented in the medical record for monolingual Spanish-speaking offenders. Six of the eight facilities were not in compliance with this requirement. The six facilities out of compliance were: Boyd, Clemens, Darrington, Powledge, Scott, and Terrell. Corrective actions were requested from the six facilities. Six facilities are preparing facility-specific corrective actions to ensure future compliance: Boyd, Clemens, Darrington, Powledge, Scott, and Terrell.
  4. Item **5.111** requires intra-system medical transfers returning to the facility have a HSN-1 Nursing Incoming Chain Review (Sections III and IV) completed within the required time frame of the offender's arrival. Six of the eight facilities were not in compliance with this requirement. The six facilities out of compliance were: Allred, Boyd, Clemens, Powledge, Roach, and Scott. Corrective actions were requested from the six facilities. At the time of this report, two facilities have returned their corrective action plan: Allred and Roach. Four facilities are preparing facility-specific corrective actions to ensure future compliance: Boyd, Clemens, Powledge, and Scott.
  5. Item **6.040** require offenders receiving anti-tuberculosis medication at the facility have a Tuberculosis Patient Monitoring Record (HSM-19) completed. Six of the eight facilities were not in compliance with this requirement. The six facilities out of compliance were:

## Operation Review Audit (Continued)

Allred, Boyd, Darrington, Powledge, Roach, and Terrell. Corrective actions were requested from the six facilities. At the time of this report, two facilities have returned their corrective action plan: Allred and Roach. Four facilities are preparing facility-specific corrective actions to ensure future compliance: Boyd, Darrington, Powledge, and Terrell.

6. Item **6.325** requires offenders with Hepatitis B on the facility to be seen in chronic care clinic annually. Six of the eight facilities were not in compliance with this requirement. The six facilities out of compliance were: Allred, Boyd, Darrington, Powledge, Scott, and Terrell. Corrective actions were requested from the six facilities. At the time of this report, one facility has returned their corrective action plan: Allred. Five facilities are preparing facility-specific corrective actions to ensure future compliance: Boyd, Darrington, Powledge, Scott, and Terrell.
7. 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. Five of the eight facilities were not in compliance with this requirement. The five facilities out of compliance were: Allred, Boyd, Powledge, Roach, and Scott. Corrective actions were requested from the five facilities. At the time of this report, two facilities have returned their corrective action plan: Allred and Roach. Three facilities are preparing facility-specific corrective actions to ensure future compliance: Boyd, Powledge, and Scott.
8. Item **6.210** requires Human Immunodeficiency Virus (HIV) positive offenders to be seen in chronic care clinic every six months. Five of the eight facilities were not in compliance with this requirement. The five facilities out of compliance were: Allred,, Boyd, Powledge, Roach, and Scott. Corrective actions were requested from the five facilities. At the time of this report, two facilities have returned their corrective action plan: Allred and Roach. Three facilities are preparing facility-specific corrective actions to ensure future compliance: Boyd, Powledge, and Scott.
9. Item **6.330** requires the initial evaluations of offenders diagnosed with Hepatitis C be completed by a physician or mid-level provider. Five of the eight facilities were not in compliance with this requirement. The five facilities out of compliance were: Allred, Boyd, Darrington, Powledge, and Scott. Corrective actions were requested from the five facilities. At the time of this report, one facility has returned their corrective action plan: Allred. Four facilities are preparing facility-specific corrective actions to ensure future compliance: Boyd, Darrington, Powledge, and Scott.

## Capital Assets Monitoring

The Fixed Assets Contract Monitoring officer audited the same eight units listed above for operational review audits during the First Quarter of FY-2014. These audits are conducted to monitor compliance with the Health Services Policy and State Property Accounting (SPA) policy regarding inventory procedures. **All** eight units were within the required compliance range.

## Dental Quality Review Audit

During the first quarter of FY-2014 (September, October and November 2013), Dental Quality Review audits were conducted at the following sixteen facilities: Bartlett, Connally, Daniel, Garza, Halbert, Havins, Hobby, Marlin, McConnell, Rudd, San Saba, Smith, Stevenson, Travis State Jail, and The West Texas ISF. The West Texas ISF is not a unit contracted to Correctional Managed Health Care. It is part of the TDCJ Private Facilities Contract Monitoring Division. The following is a summary of the items found to be most frequently below 80 percent.

•  
**Dental Quality Review Audit (Continued)**

**Item 1** assesses if patients presenting with signs and/or symptoms consistent with an urgent dental need received definitive care within fourteen (14) days of receipt of the Sick Call Exam (SCE). Three of the sixteen facilities were not in compliance with this requirement. The three facilities out of compliance were: Garza (40%), Marlin (50%) and The West Texas ISF (70%). **Corrective Action Requests are pending with all facilities.**

- **Item 20** assesses if the panoramic radiograph was taken during in-processing and if so, is the radiograph currently available at the facility. The two facilities out of compliance were: Halbert (50%) and McConnell (77%). Corrective Action Requests are pending with all facilities.
- **Item 27** assesses if infection control guidelines regarding the covering of objects within the field of operation are maintained. The two facilities out of compliance were: Daniel (43%) and Travis State Jail (71%). Corrective Action Requests are pending for Travis State Jail.
- **Item 37** assesses if dental reference materials are available to Dental Clinic Personnel at the facility. The two facilities out of compliance were: Marlin (0%) and San Saba (0%). Corrective Action Requests are pending for both facilities.

**Grievances and Patient Liaison Correspondence**

During the Fourth Quarter of FY-2014 (September, October, and November 2013), the Patient Liaison Program and the Step II Grievance Program received **3,357** correspondences: The PLP received **1,656** and Step II Grievance received **1,701 grievances**. There were **402** Action Requests generated by the Patient Liaison and the Step II Grievance Programs.

The University of Texas Medical Branch (UTMB) and Texas Tech University Health Sciences Center (TTUHSC) *overall* combined percentage of sustained offender medical grievances closed in the First Quarter FY-2014 for the Step II medical grievances was **eight** percent. Performance measure expectation is six percent or less (Article IX, Correctional Managed Health Care contract). The percentage of sustained Step II medical grievances from UTMB was **11** percent and **six** percent for TTUHSC for the First Quarter of FY-2014.

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 access to care and policy and documentation issues.

**Quality Improvement (QI) Access to Care Audit**

During the First Quarter of FY-2014 (September, October, and November 2013), the Patient Liaison Program nurses and investigators performed 43 Sick Call Request Verification audits on 42 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 315 indicators were reviewed at the **42 facilities and 12 of the indicators fell below the 80 percent** compliance threshold representing one percent. The discipline composite score (medical/nursing, dental, and mental health) is an overall assessment of compliance with the sick call process at the 42 facilities audited. There were **six** 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 Health care staff on methodology.

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

**There were 762 cases of Hepatitis C identified** for the First Quarter FY-2014, compared to 501 case identified during the Fourth 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 six months of an offender's release date. During the First Quarter FY-2014, 19,375 offenders had intake tests, and **139** are newly identified as having HIV infections. For the Fourth Quarter FY-2013, 24,728 offenders had intake tests and 132 were HIV positive. During the First Quarter FY-2014, 11,698 offenders had pre-release tests; 3 were HIV positive compared to **one** in the Fourth Quarter FY-2013. **15** new AIDS cases were identified during the First Quarter FY-2014, compared to **15** new AIDS cases in the Fourth Quarter FY-2013.

- **225 cases of suspected Syphilis** were reported in the First Quarter FY-2014, compared to **212** in the Fourth Quarter in FY-2013. **14 required treatment or retreatment** compared to **15** in the Fourth Quarter FY-2013. 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.
- **247 Methicillin-Resistant Staphylococcus Aureus (MRSA)** cases were reported for the First Quarter FY-2014, compared to **194** during the Fourth Quarter of FY-2013. **151** Methicillin-Sensitive Staphylococcus Aureus (MSSA) cases were reported for the First Quarter of FY-2014 compared to **165** for the Third Quarter of FY-2013. Numbers of both MRSA and MSSA have been decreasing for the last few years.
- There was an average of **18 Tuberculosis (TB) cases** under management for the First Quarter FY-2014, compared to an average of **17** (TB) cases for the Fourth Quarter of FY-2013. Although TB numbers often fluctuate significantly from year to year, there has been a slight decrease 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 staff in the performance of medical examination, evidence collection and documentation, and use of the sexual assault kits. During the First Quarter FY-2014, **13** training sessions were held and **126** medical and mental health staff received training. This position also audits the documentation and services provided by medical personnel for each sexual assault reported. There have been **276** chart reviews of alleged sexual assaults performed for the First Quarter FY-2014. There were no deficiencies found this quarter. **45** bloodborne exposure baseline labs were drawn on exposed offenders. To date, no offender has tested positive for HIV in baseline labs routinely obtained after the report of sexual assault.
- During the First Quarter FY-2014 the **six units** received a three day training which included the Wall Talk Training. As of the close of the quarter, **99 of the 109 facilities** housing Correctional Institutional Division offenders had active peer education programs. During the First Quarter FY-2014, **145 offenders trained** to become peer educators. This is an increase from the Fourth Quarter FY-2013. During the First Quarter FY-2014, **16,684** offenders attended classes presented by educators. This is a decrease from the Fourth Quarter FY-2013 (i.e. 17,693).

## Mortality and Morbidity

There were **97** deaths reviewed by the Mortality and Morbidity Committee during the months of September, October, and November 2013. Of those 97 deaths, **13** 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	4
Provider Peer Review	9
Nursing Peer Review	0
Mental Health	0
<b>Total</b>	<b>13</b>

## Office of Mental Health Services Monitoring & Liaison

The following is a summary of the activities performed by the Office of Mental Health Monitoring & Liaison (OMHM&L) during the First Quarter of FY-2014:

- The OMHM&L monitors all Administrative Segregation (Ad Seg) facilities within the TDCJ Correctional Institution Division and State Jails once every six months. During the First Quarter of FY-2014, **18** Ad Seg facilities were audited including: Allred, Bradshaw, Clements, Cole, Connally, Darrington, Dominguez, Ellis, Hutchins, Lewis, Lopez, McConnell, Mountain View, Polunsky, Powledge, Ramsey, Sanchez and Wynne. The OMHM&L auditors observed 3,687 offenders, interviewed 2,675 offenders, and referred 7 offenders to the university providers for further evaluation. The Bradshaw Unit was **50** percent compliant while the other 17 units were **100** percent compliant on ATC 4 (i.e. timely triage). The Bradshaw Unit was **50** percent compliant and the Hutchins Unit was **94** percent compliant while the other 16 units were **100** percent compliant on ATC 5 (i.e. documentation of Chief Complaint from Sick Call Requests). All 18 facilities were **100** percent compliant on ATC 6 (i.e. timely provider visit after referral from triage).
- The OMHM&L monitors all instances of administration of compelled psychoactive medication to offenders to ensure that all instances are appropriately logged and documented. During the First Quarter FY-2014, a total of **62** instances of compelled psychoactive medication administration occurred. 16 instances occurred at the Montford unit, 31 instances occurred at the Skyview unit, and 15 instances occurred at the Jester IV unit. All 3 facilities were **100** percent compliant with required criteria for logging and documentation of compelled psychoactive medication.
- The Intake Mental Health Evaluation audit conducted by the OMHM&L is designed to provide reasonable assurance that those offenders identified as having a potential mental health need receive a Mental Health Evaluation within 14 days of identification. 23 of the 24 intake facilities identified incoming offenders in need of a Mental Health Evaluation. 17 facilities met or **exceeded 80% percent compliance** for completing Mental Health Evaluations within 14 days of identified need: Bartlett, Byrd, Dominguez, Garza, Gist, Glossbrenner, Gurney, Halbert, Holliday, Hutchins, Jester I, Johnston, Lindsey, Lychner, Middleton, Sayle, and Travis. Six facilities earned **compliance scores of 79% or lower**: Formby (73%), Bradshaw (69%), Plane (68%), Woodman (46%), Sanchez (33%) and Baten (14%).
- The OMHM&L reviewed the mental health records of **9** pregnant offenders being considered for the Baby and Mother Bonding Initiative (BAMBI) and determined that none of them exhibited mental health issues that precluded their participation in BAMBI.

## Office of The Health Services Liaison

- The Office of The Health Services Liaison (HSL) conducts a random audit of 10 percent of electronic medical records (EMR) of offenders discharged from hospitals and infirmaries in the Texas Tech University Health Science Center (TTUHSC) and the University of Texas Medical Branch (UTMB) sectors. In the First Quarter of FY-2014, **HSL conducted 152 hospital and 45 infirmary discharge audits.**
- Each audit determines if vital signs were recorded on the day the offender left the hospital/infirmarium; if the receiving facility had medical services sufficient to meet the offender's current needs; if the medical record was reviewed by nursing staff and referred (if applicable) to an appropriate provider as required by policy; if the offender required unscheduled medical care related to the admitting diagnosis within the first seven days after discharge and if discharge information was available in the offender's electronic medical record within 24 hours of the offender arriving at the unit.
- Of the 152 hospital discharge audits conducted, **135** were from the UTMB Sector and **19** were from the TTUHSC sector. There were **17** deficiencies identified for UTMB and six identified for TTUHSC. Of the **45** infirmary discharge audits conducted **23** were from the UTMB sector and **22** were from the TTUHSC sector. There was **one** deficiency identified from UTMB and **three** for TTUHSC.

## Accreditation

The American Correctional Association Winter Conference was held in Tampa, Florida January 31, 2014 – February 5, 2014. During this conference, the following units were awarded reaccreditation by the ACA Commission on Accreditation Commissioners: Dominguez, Eastham, Hightower, Hilltop/Mountain View, McConnell, Michael, Plane/Henley, Robertson, and Sanchez.

## 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 -4,
- Health Services Division Active Monthly Medical Research Projects -1, and
- Health Services Division Pending Medical Research Projects -6.

# Correctional Managed Health Care

## Brief Overview of Joint Committee Structure

A Presentation Prepared for the  
Correctional Managed Health Care Committee

March 18, 2014

By:

Lannette Linthicum, M.D., CCHP-A, FACP  
Director, Health Services Division  
Texas Department of Criminal Justice



# Texas Government Code § 501.146

## Managed Health Care Plan

- (a) “The committee shall develop and approve a managed health care plan for all persons confined by the department”
  - (1) specifies the types and general level of care to be provided to persons confined by the department;  
and
  - (2) ensures continued access to needed care in the correctional health care system...
  
- (c) The committee shall provide expertise to the department, and **may appoint subcommittees to assist the department, in developing policies and procedures** for implementation of the managed health care plan.

# Correctional Managed Health Care Committee (CMHCC) Monitoring Processes

- The CMHCC and its partner agencies have worked steadily to improve and enhance monitoring processes
- Monitoring is a joint effort among all the parties that involves numerous mechanisms for providing feedback on both access to care and quality of care issues.
- Joint monitoring activities generally function within medical review committee structures
- Both universities and TDCJ also carry out independent monitoring activities

- *Accreditation reviews*
- *Access to care monitoring, to include access to specialty clinics*
- *Credentialing reviews*
- *Operational Review Audits*
- *Quality Improvement Quality Management programs*
- *Quality of Care monitoring*
- *Utilization Management*
- *Tracking grievances and correspondence*
- *Peer review activities*
- *Morbidity/Mortality reviews*
- *Policy and procedure reviews*
- *Pharmacy and Therapeutics*
- *Infection Control Activities*

# Joint Committees

## Quality Improvement Program

- The QI Program is a statewide mechanism for monitoring both access to care and quality of care indicators.
- The program is directed by the System wide Leadership Council (SLC) which is comprised of senior health care staff of all partner agencies.
- The SLC reviews data collected on statewide indicators, requests corrective actions, and examines processes to determine how to improve their effectiveness.
- Results from other monitoring activities often provide the impetus for selection of indicators within the QI program.
- Each facility also has its own QI team that in addition to collecting statewide data, also selects indicators their specific unit for tracking and response.

- **System Leadership Council**
  - Oversees the statewide quality improvement plan  
Chair: Lannette Linthicum, MD, CCHP-A, FACP  
Director, Health Services Division

- **Joint Policy and Procedure Committee**

- Every policy in the Correctional Managed Health Care Policy Manual is reviewed and updated annually
- Need for changes evidenced through monitoring processes are taken into account
- Updates in standards of credentialing agencies are taken into account

Co-Chairs: Cynthia Ho, MD, MPH, CWS, Regional Infirmary  
Medical Director, UTMB CMC

Chris Black-Edwards, RN, BSN, Assistant Chief  
Nursing Officer/ Director II, Infection Control,  
TDCJ Health Services Division

- **Joint Infection Control Committee**

- Monitors incidence of infectious disease
- Develops and promulgates appropriate policies and procedures regarding infection control, prevention and treatment

Co-Chairs: Carol Lynn Coglianese, MD, Quality Monitoring Physician, TDCJ Health Services Division  
Chris Black-Edwards, RN, BSN, Assistant Chief Nursing Officer/ Director II, Infection Control  
TDCJ Health Services Division

# Joint Pharmacy and Therapeutics Committee

- Disease Management Guidelines are reviewed annually and updated as needed
  - All changes to consensus guidelines published by CDC, NIH or other nationally recognized authorities are considered
- Reports Reviewed
  - Adverse Drug Reaction Reports
  - Drug Recalls
  - Nonformulary Deferral Reports
  - Medication Error Reports
- Formulary Review
  - Clinical pharmacist present review of drug classes for the committee's education and consideration of new updates
- Medication Usage Evaluations
  - Periodically conducted by clinical pharmacist
- CMC Pharmacy Policy and Procedures
  - Policy and procedures are reviewed and updated annually

Chair: Susan Morris MD, UTMB Region I Medical Director, UTMB CMC

# Joint Morbidity and Mortality Committee

- A joint committee of health care clinicians review the circumstances and records of each offender death.
- The committee makes a determination as to whether or not a referral to a peer review committee is indicated.

Co-Chairs: Robert Williams, MD, Deputy Director for Health Services Division;  
Glenda Adams, MD, Senior Medical Director, Inpatient Operations, UTMB CMC

## **Joint Peer Review Committees: (Physician, Physician Extender, Nursing, Dental and Allied Mental Health Staff)**

- Peer review is conducted in accordance with state law and with the contract(s) between TDCJ and the university providers.
- Each university provider shall ensure that formal peer review committees are established and adhere to applicable provisions of state law; the university providers peer review bylaws, rules and regulations.
- A request for peer review may be initiated by a university provider Medical Director , the TDCJ Division Director for Health Services or the Chairman of the Correctional Managed Health Care Committee or their designees.

- The TDCJ Division Director for Health Services shall appoint a TDCJ representative licensed in the same discipline as an ad hoc member of any university provider's peer review committee that relates directly to health care services provided to TDCJ offender patients. The TDCJ Division Director for Health Services will be provided a written summary of peer review matters.
- Unless disclosure is required or authorized by law, all proceedings and records of a health care peer review committee are confidential.

# **Additional Subcommittees of the Correctional Managed Health Care Committee (CMHCC)**

- **Joint Medical Directors Working Group**

Chair: Margarita de la Garza-Graham, Chair CMHCC

- **Joint Nursing Working Group**

Chair: Justin Robison, MSN, RN, Assistant Director of Nursing  
Inpatient Services, UTMB CMC

- **Joint Dental Working Group**

Chair: Brian Tucker, DDS, Director TTUHSC CMC – Dental Services

- **Joint Mental Health Working Group**

Chair: Joseph Penn, MD, CCHP FAPA,  
Director, Mental Health Services, UTMB CMC

- **Joint Information Technology Working Group**

Chair: Michael Warren, MD, Interim Director of Information Systems, UTMB-CMC

- **Joint Electronic Medical Record (EMR) Committee**

Chair: Andy DeYoung, Director, Healthcare Information Management, UTMB CMC

- **Joint Suicide Prevention Working Group**

Chair: Linda Knight, PhD., Director Mental Health Monitoring and Liaison, TDCJ Health Services Division

# **An Update on the Joint Pharmacy and Therapeutics Committee & Overview of Pharmacy Operations**

**For the  
Correctional Managed  
Health Care Committee  
March 18, 2014**

**By:  
Stephanie Zepeda, PharmD  
Director, Pharmacy Services, UTMB CMC**

---

*Correctional Managed  
Health Care*



TEXAS TECH UNIVERSITY  
HEALTH SCIENCES CENTER

---

# Joint P&T Committee Functions

- Develop medication formulary to ensure drug therapy is safe, efficacious, & cost-effective
- Develop disease management guidelines
- Develop drug use policies & procedures
- Develop educational programs relating to drug use
- Develop medication use evaluation studies, review results, & implement changes if needed
- Develop quality assurance programs related to drug use
- Meets bimonthly

---

*Correctional Managed  
Health Care*



TEXAS TECH UNIVERSITY  
HEALTH SCIENCES CENTER

---

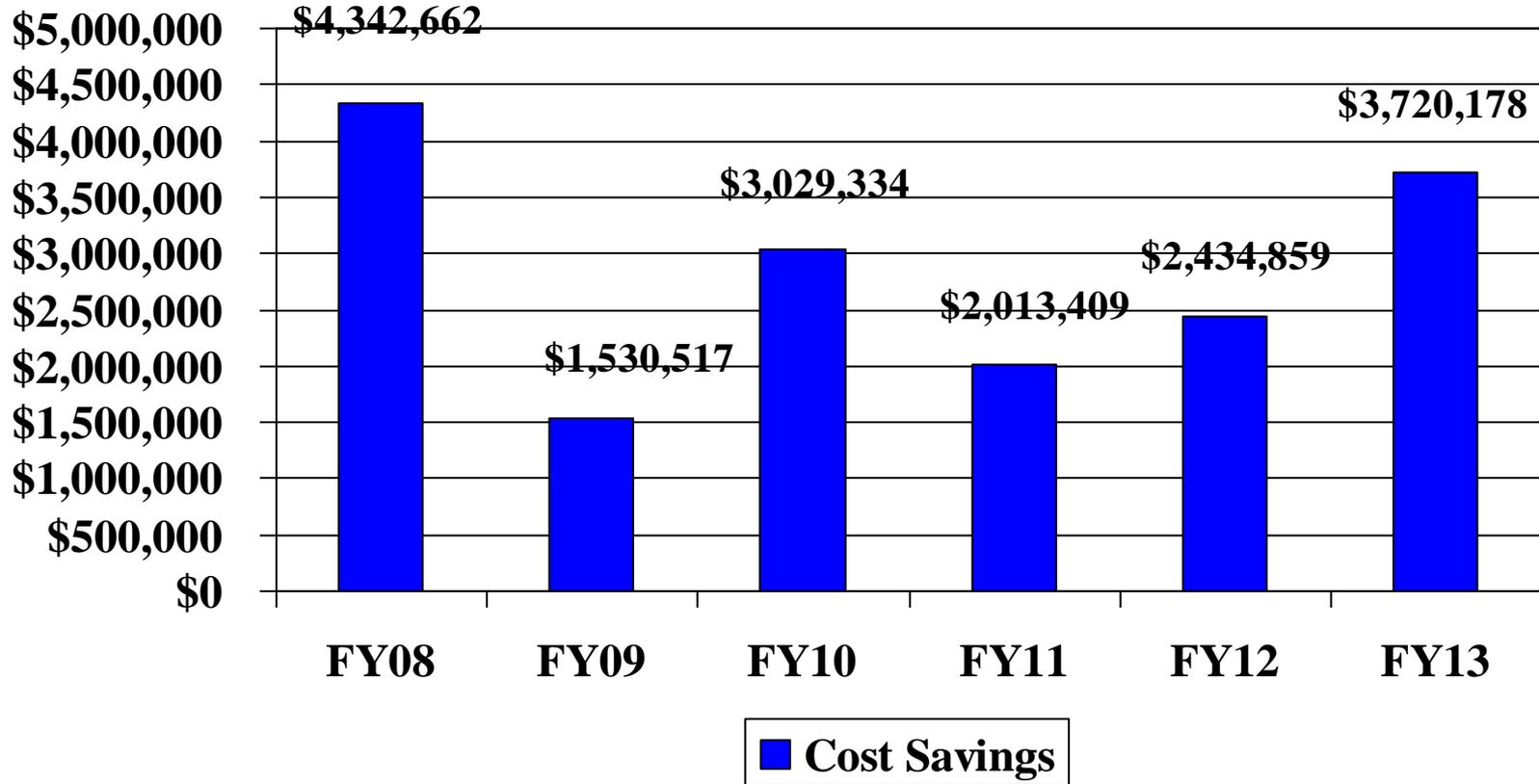
# Joint P&T Committee Membership

- ❑ Chairperson
  - Appointed by TDCJ Health Services Division Director
  - 2 year term and may not serve more than 2 consecutive terms
  - Nonpartisan facilitator that votes only to break a tie
- ❑ Permanent members
  - TDCJ Health Services Division Director or designee
  - TDCJ Office of Public Health Director
  - University Medical Directors or designees
  - University Regional Medical Directors
  - Texas Tech Chief of Pharmacy Services
  - UTMB Inpatient and Outpatient Services Senior Medical Directors
  - UTMB Regional Medical Directors
  - UTMB Director of Pharmacy Services (Secretary)
  - UTMB Assistant Directors of Pharmacy Services
- ❑ Appointed members
  - Agency Directors of Nursing
  - Agency Dental Directors
  - Agency Mental Health Services Directors
- ❑ Other appointments
  - Ex-officio members
  - Term may not exceed tenure of Chairperson

# Recent Action Items

- ❑ Change in HIV formulary agents to generic
- ❑ Pricing agreement pending approval for agents used in the treatment of chronic hepatitis C
- ❑ New practice tools developed
  - Major revision to HCV disease management guideline
  - ESLD disease management guideline
  - ESLD patient education materials
- ❑ Implemented electronic returns process for controlled substances
- ❑ New COGS discount negotiated with prime vendor

# Estimated Cost Avoidance



*Correctional Managed  
Health Care*





# Pharmacy Services



*Correctional Managed  
Health Care*

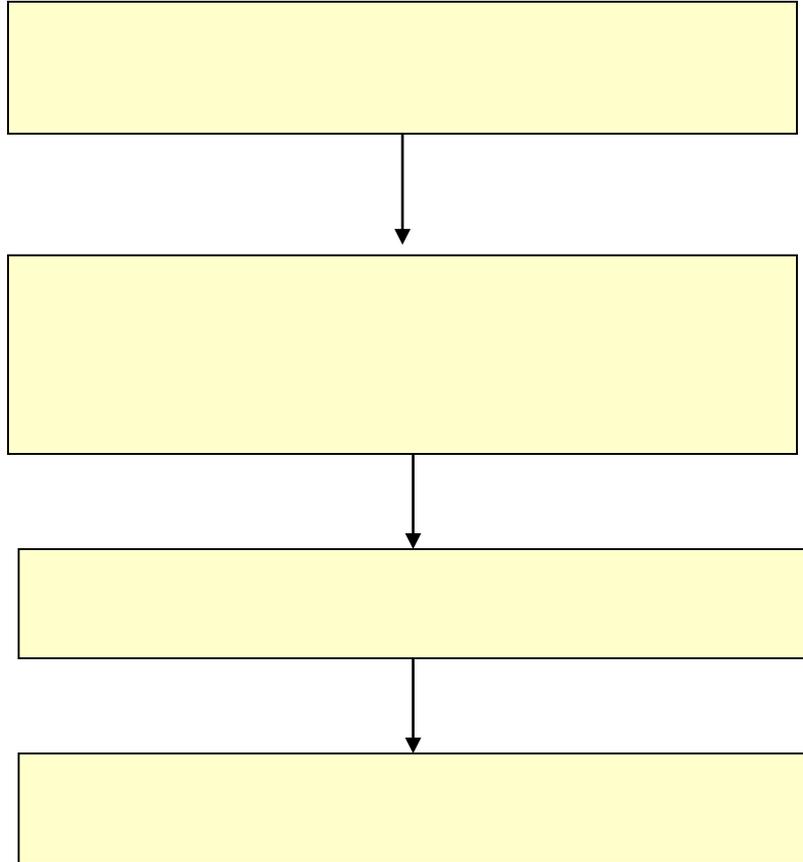


# Overview of Operations

- ❑ Drug distribution provided from an automated, centralized facility in Huntsville, Texas
- ❑ Clinical pharmacy services are decentralized and provided by UTMB and TTUHSC within their sectors
- ❑ 132 FTEs
- ❑ Mail order distribution model with next business day delivery
- ❑ Open 6:00 am to 6:00 pm Monday through Friday with 24/7 on-call support
- ❑ Medications are repackaged into unit dose packaging
- ❑ Medications for chronic conditions are typically provided as a 30-day supply
- ❑ Computerized physician order entry system integrated with EMR
  - Clinical decision support tools
  - Standardized templates to reduce errors
  - Electronic MAR
  - Report set to monitor and manage drug use and the pharmacy program

# Medication Delivery System

- ❑ Computerized ordering system integrated with the EMR provides a template for each medication with normal dose and frequency to reduce order entry errors
- ❑ Computer system flags potential drug-drug interactions, drug-allergy interactions, and high doses at the time of prescribing
- ❑ A list of current medications is maintained in the EMR so that each provider is aware of all medications being taken by the patient
- ❑ Access to the prescribing system is restricted to licensed providers through use of identification security



# Pharmacy Service Statistics

Number of facilities at end of year	110
Average number of patients per month	149,072
Number of prescriptions dispensed	4,494,251
Average number of prescriptions dispensed per month	374,521
Average number of prescriptions dispensed per business day	18,086
Number of prescriptions per offender per year	30.2
Generic utilization	91.1%
Average cost per prescription	\$8.53
Average cost per formulary prescription	\$7.47
Average cost per non-formulary prescription	\$93.04
% non-formulary medications represent of cost	13.6%
% non-formulary medications represent of volume	1.3%
Non-drug cost per prescription	\$2.28

*Correctional Managed  
Health Care*



# Challenges

- Large population with rising drug use and costs
- Multiple service sites across the state
- Increased prevalence of disease and demand for care, & changing standards of care such as
  - Chronic hepatitis C
  - HIV
  - Aging offender population & treatment of chronic diseases
  - Cancer
  - CKD and need for dialysis
- National drug shortages
- Implementation of best practices & technology
  - Mobile MAR
  - Point of care barcode check for medication administration
  - Inventory system
- Aging equipment and automated systems
- Salaries and staff retention and recruitment
- Pharmacist workload
- Legislation, Regulatory Agencies & Accreditation Bodies

# Strategies Used to Maximize Services

- ❑ Technology
  - EMR & electronic POE
  - Pharmacy automation
- ❑ Centralized drug distribution services
- ❑ Purchasing initiatives
  - 340B drug pricing program
  - Prime vendor agreement
  - Single source contracts
- ❑ TSBP initiatives
  - Elimination of pharmacist final check
  - Reclamation program
- ❑ Clinical pharmacy program
  - P&T Committee consulting
  - Academic detailing and educational programs
  - Drug information
  - Medication therapy management
  - Formulary and utilization management
- ❑ Formulary management program
  - Strict formulary controls
  - Use of disease management guidelines

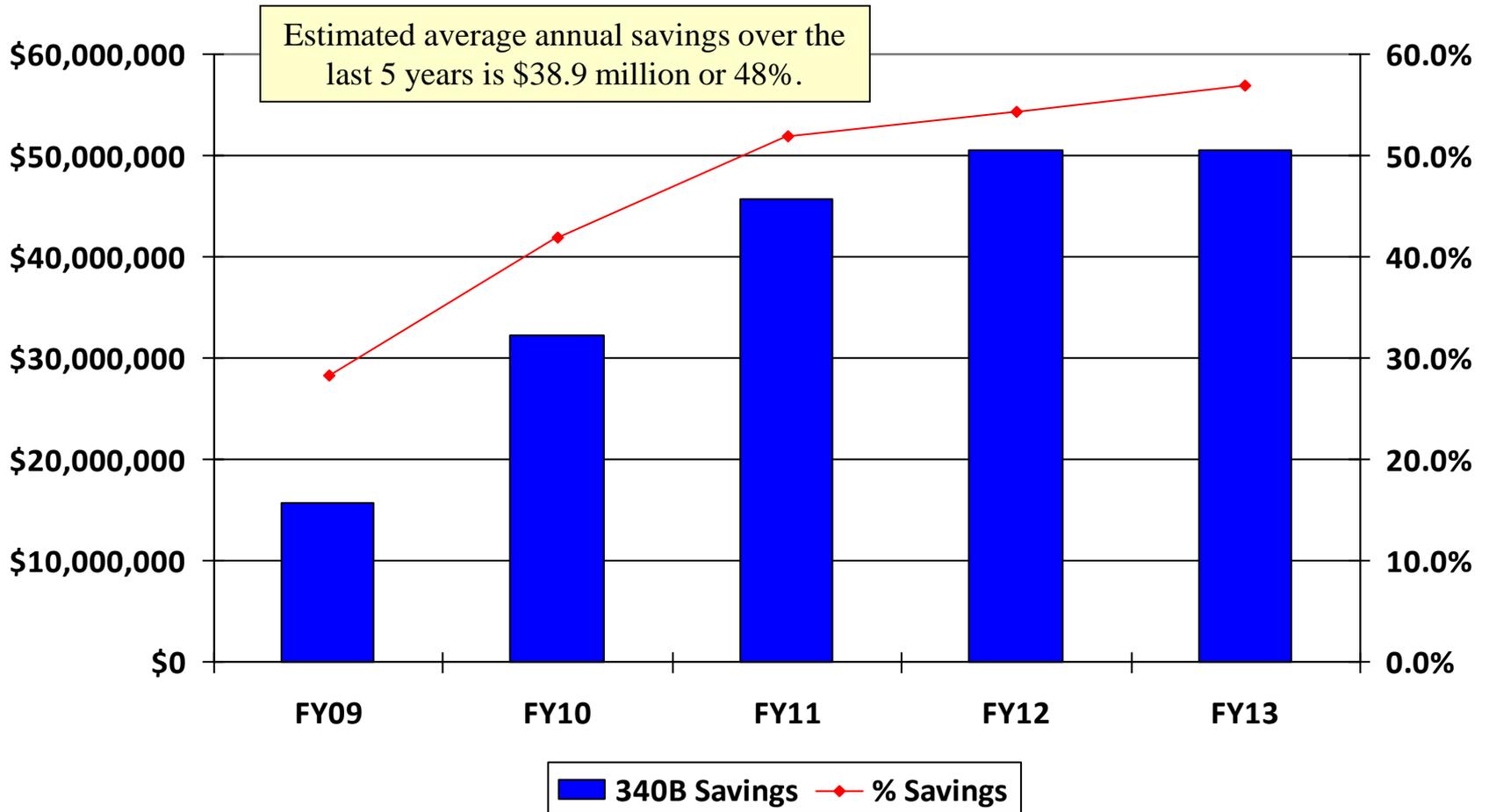
# 340B Drug Pricing Program

- ❑ SB 347, Regular Session, 2001 required a good faith effort to qualify for PHS pricing through the federal 340B program using UTMB's status as a Disproportionate Share Hospital
- ❑ Federal approval granted April & program began May 2002
- ❑ Key requirements:
  - Must be patient of an eligible entity
  - Health Care Providers are employees of eligible entity
  - Medical records must be maintained by eligible entity
- ❑ OPA reports savings of 25 – 50% for eligible entities
  - Est. total savings through FY13 has been \$307.6 million or 47.2%
  - Est. average annual savings over the last 5 years is \$38.9 million or 48.4%
  - FY13 savings \$50.4 million or 56.9%

# 340B Drug Pricing Program

- ❑ 340B Drug Pricing Program was established through the Veterans Health Care Act of 1992
- ❑ Enables “eligible entities” serving the most vulnerable patient populations to purchase outpatient pharmaceuticals at discounted prices resulting in substantial savings
- ❑ Intent of legislation
  - Stretch scarce federal resources as far as possible to reach more patients and provide more services
  - Provide financial relief to facilities that provide care to medically underserved patients.
- ❑ Program is administered by the Office of Pharmacy Affairs (OPA) of HRSA, under the US Department of Health and Human Services

# 340B Savings

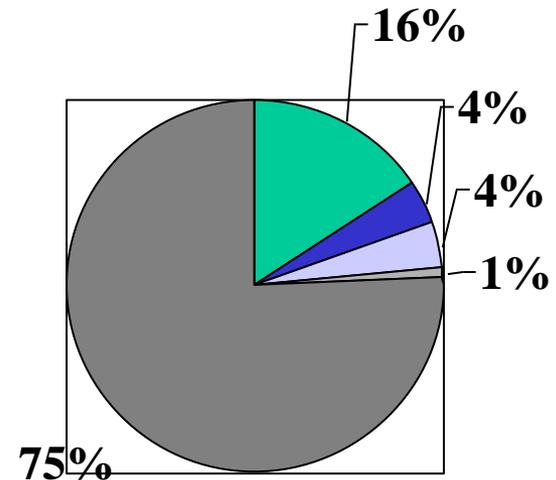


*Correctional Managed  
Health Care*

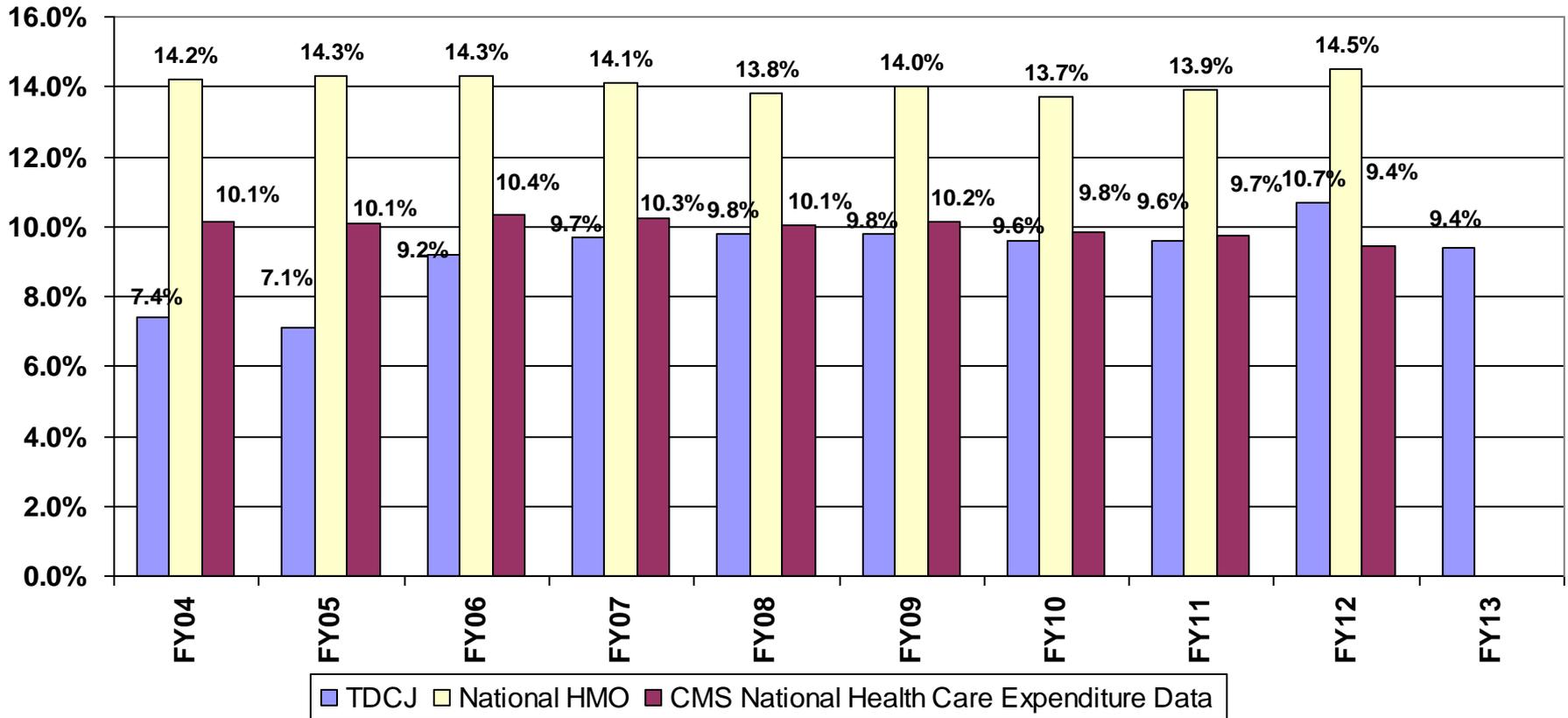


# FY13 Total Pharmacy Costs

- ❑ 9.38% total health care costs
- ❑ \$48,219,023
  - Salaries - \$7,609,552
  - Benefits - \$1,929,884
  - Operations - \$1,779,320
  - Indirect - \$407,777
  - Drug Purchases - \$36,492,490
- ❑ \$0.89 per offender per day



# Percentage of Total Health Care Costs

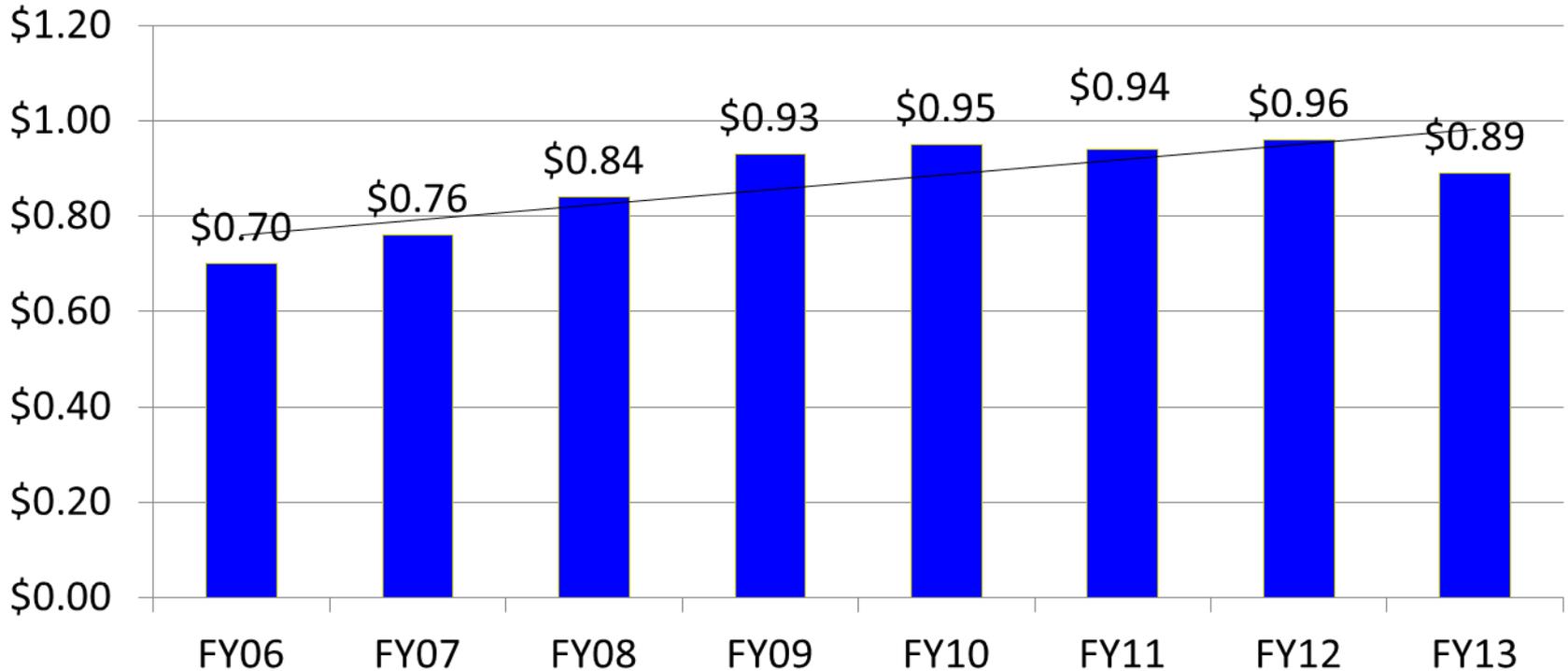


*Correctional Managed  
Health Care*



# Total Cost PMPD

## Per Member Per Day

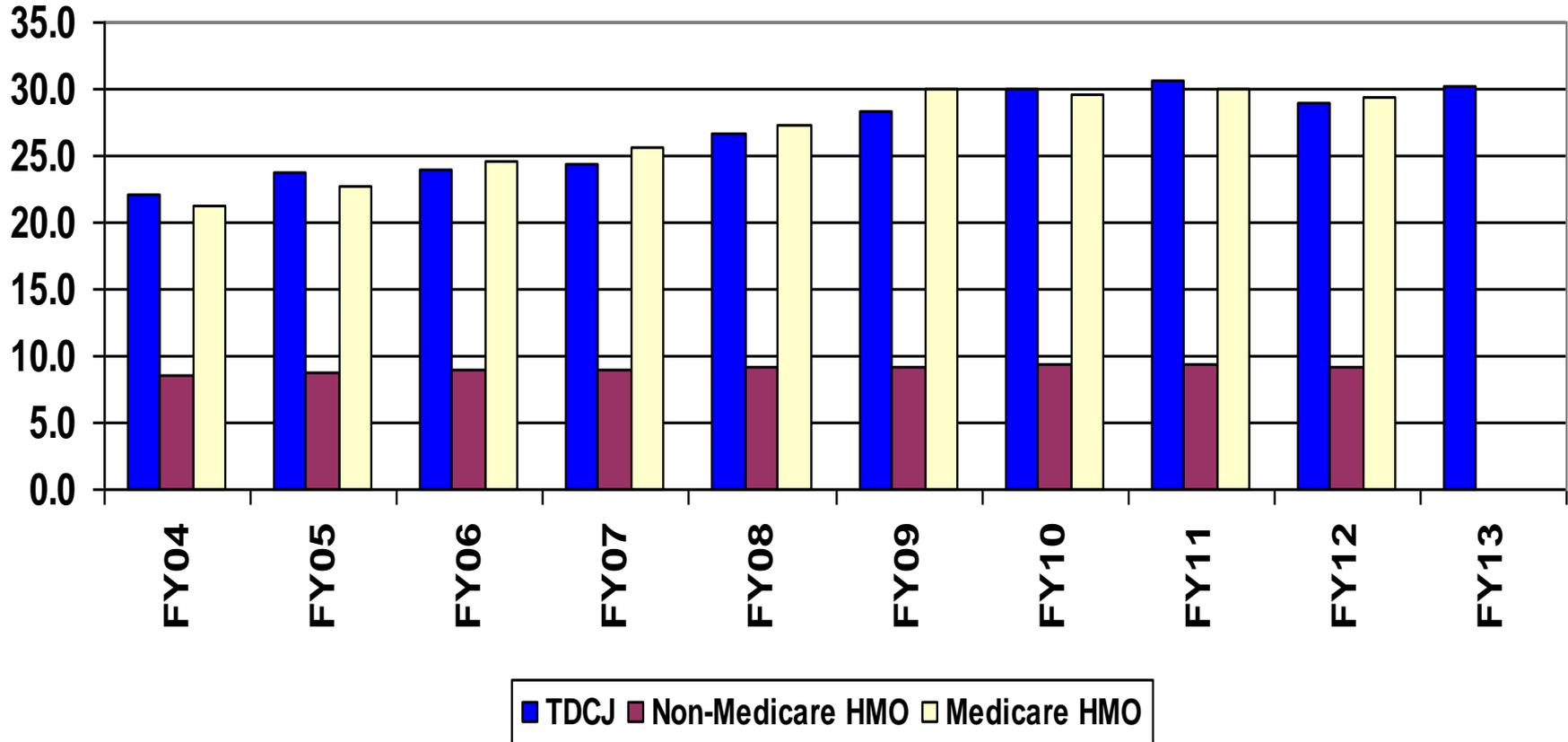


*Correctional Managed  
Health Care*



# Pharmacy Utilization

## Number of Prescriptions Per Member Per Year



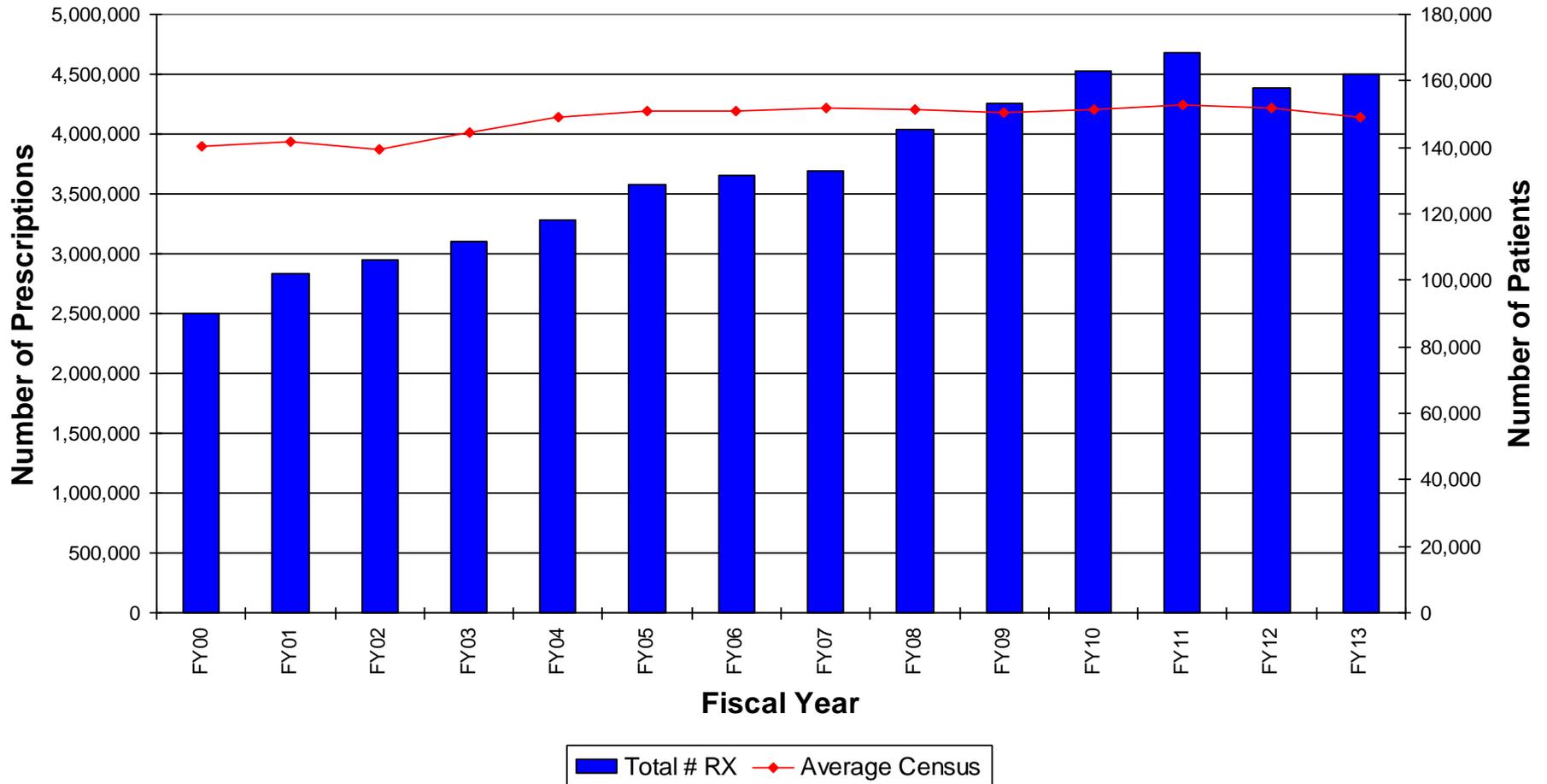
*Correctional Managed  
Health Care*



# Major Cost Drivers

- ❑ HIV
- ❑ Chronic hepatitis C
- ❑ Psychotropic agents
- ❑ Chronic Care Medications
  - Dialysis agents
  - Cardiovascular agents
  - Antidiabetic agents
  - Respiratory agents

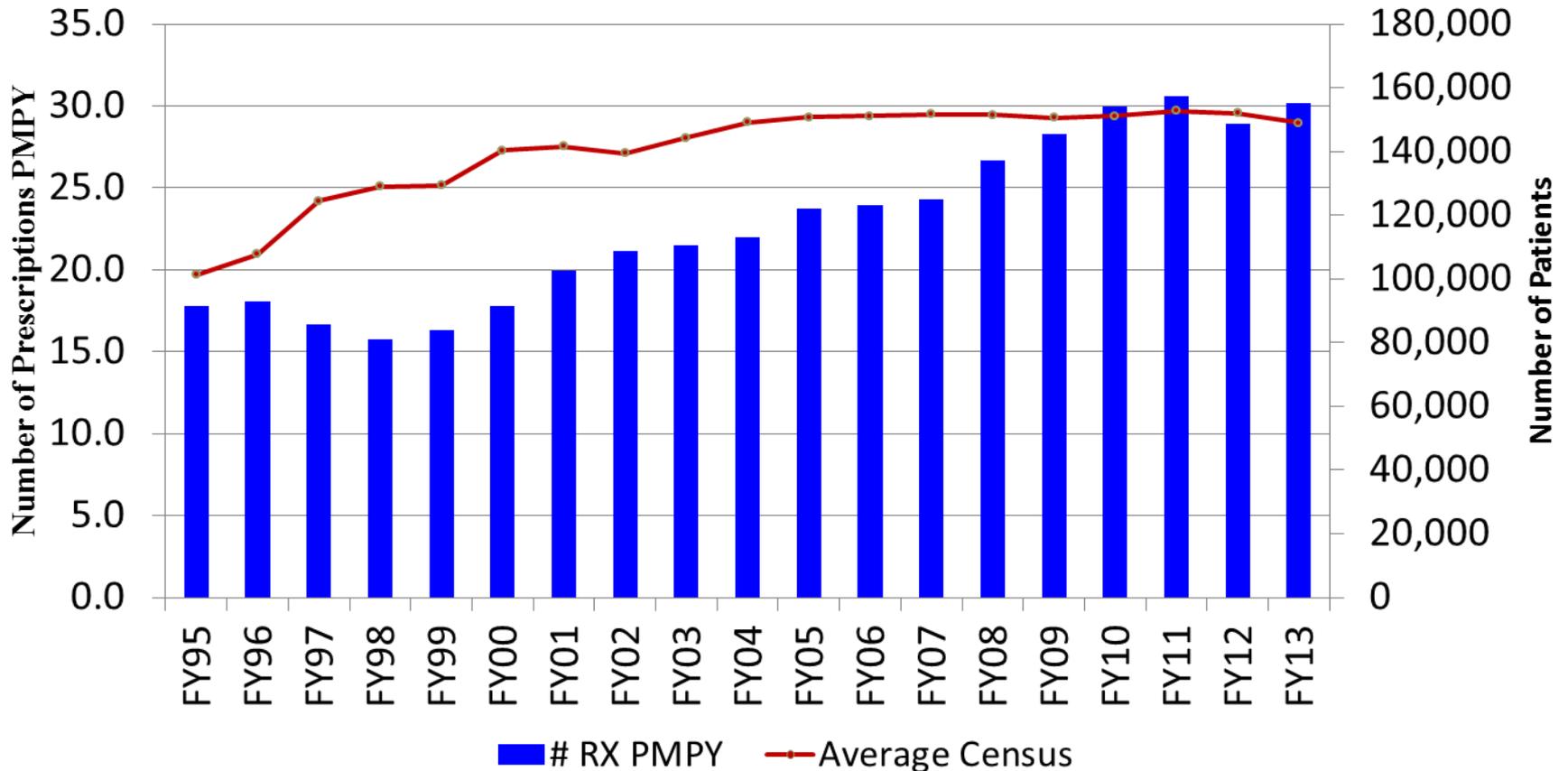
# Total Number of Prescriptions Filled Per Year



*Correctional Managed  
Health Care*



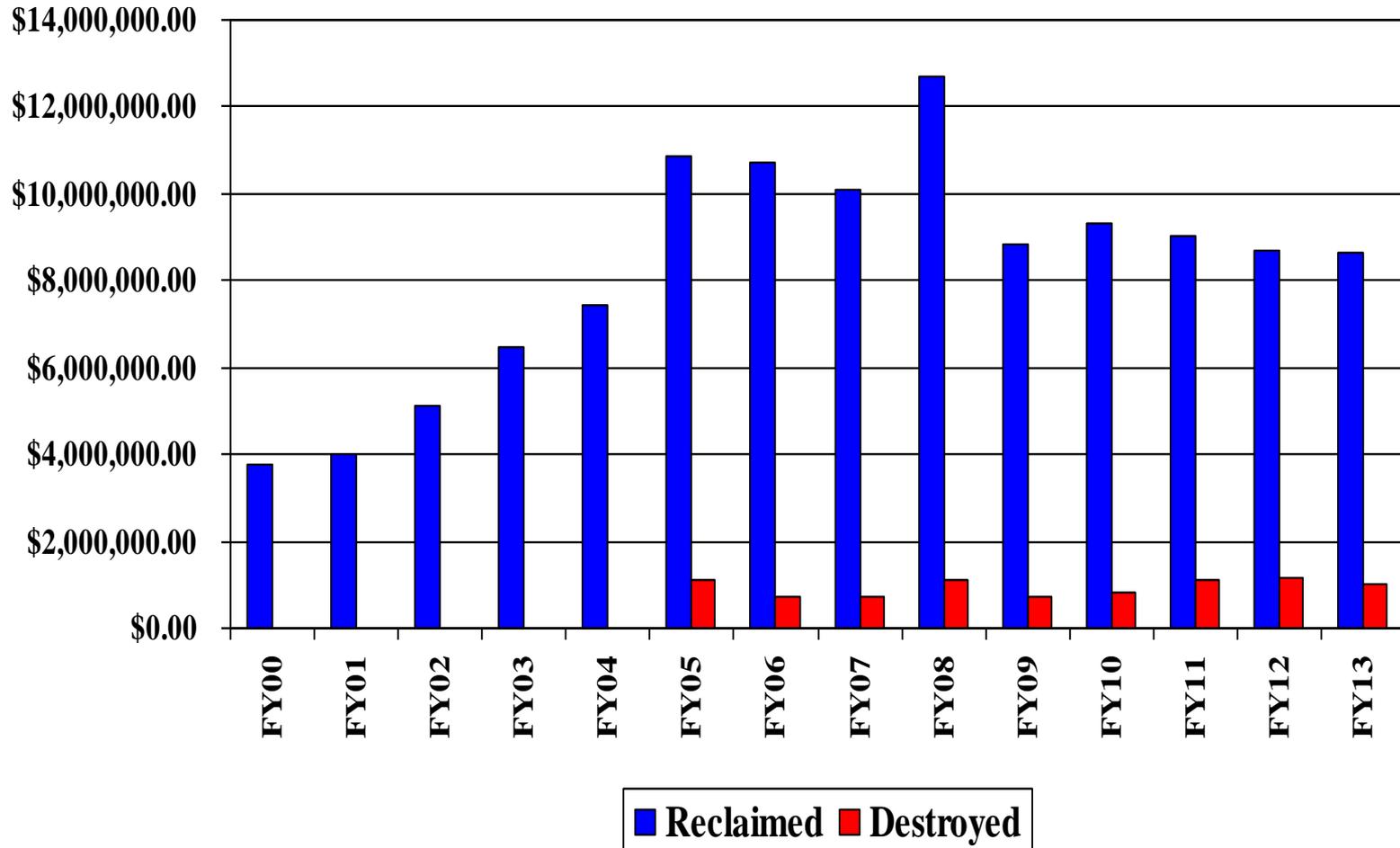
# Total Number of Prescriptions Per Member Per Year



*Correctional Managed  
Health Care*



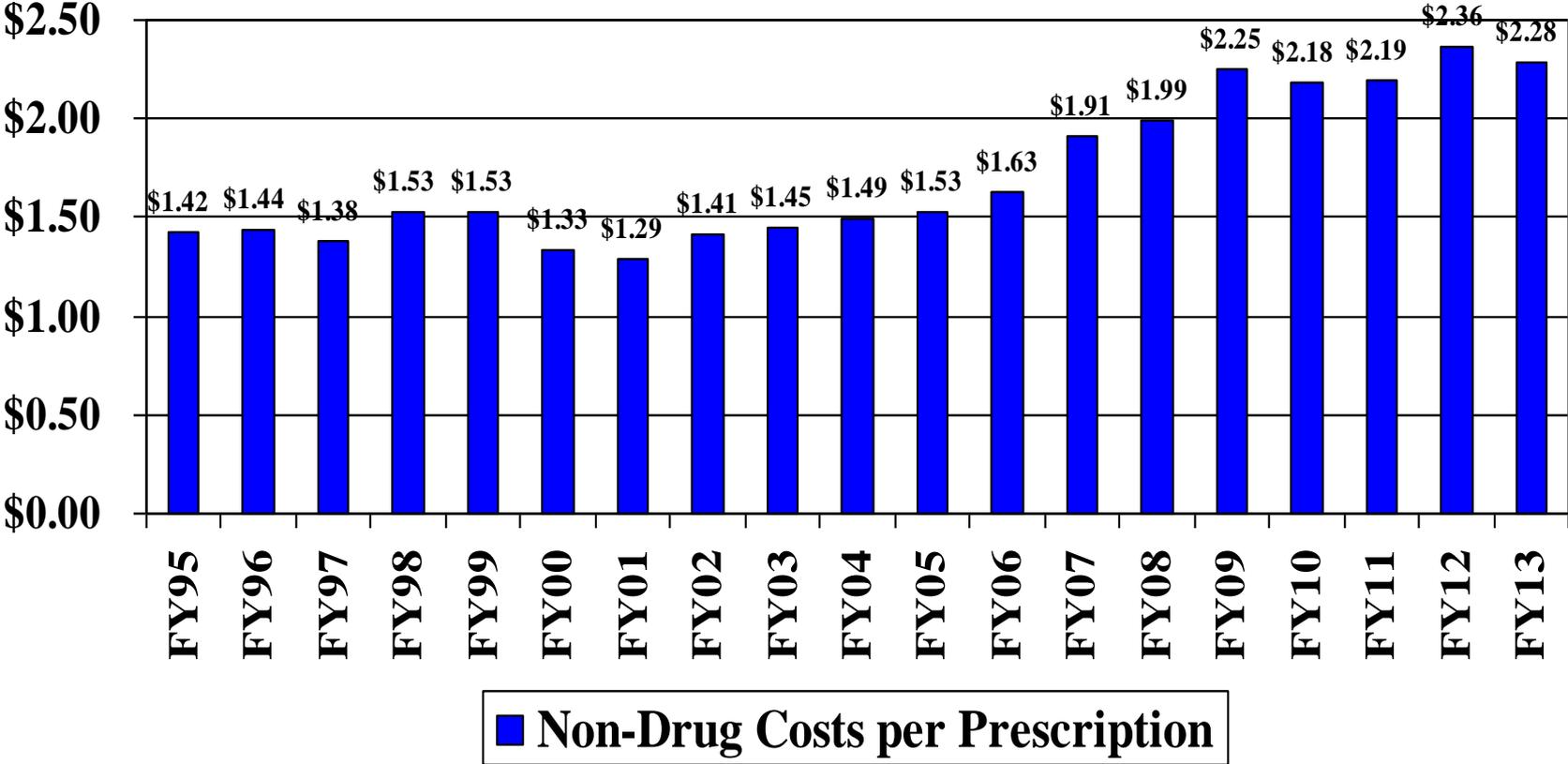
# Return Trends



*Correctional Managed  
Health Care*



# Non-Drug Costs Per Prescription



# Primary Role of Pharmacists

- Review medication orders
- Identify & resolve drug-related problems
- Provide drug information & clinical consultations
- Provide drug therapy management
- Support P&T and formulary management program
- Audit prison unit medication rooms quarterly
- Train & supervisor pharmacy support staff
- Educate health care staff such as nurses and practitioners
- Ensure compliance with agency and regulatory requirements

# Major Staffing Challenges

- ❑ Workload
  - Fill an average of 18,000 orders per day
  - Total number of orders filled per year has increased 96% over the last 19 years.
  - Over the past 19 years the number of medication orders dispensed PMPY has increased 56%
  - Pharmacist workload has increased 47% over the last 19 years
- ❑ Competitive market
  - Salary
  - Rural location
  - Correctional practice
  - Lack of correctionally trained pharmacists

# Pharmacist Workload: FY95 – FY13

