

CORRECTIONAL MANAGED HEALTH CARE COMMITTEE

December 9, 2014

10:00 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, September 18, 2014
 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 Fourth Quarter Report
 - 2. Texas Tech University Health Sciences Center
 - 3. The University of Texas Medical Branch
- VII. TDCJ Dialysis Services Update
Dave S. Khurana, M.D., Director of Nephrology & Dialysis,
UTMB Correctional Managed Care
- VIII. Public Comments
- IX. Adjourn

Consent Item

Approval of CMHCC Meeting Minutes
September 18, 2014

CORRECTIONAL MANAGED HEALTH CARE COMMITTEE

September 18, 2014

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

CMHCC Members Present: Lannette Linthicum, M.D., CCHP-A, FACP; Harold Berenzweig, M.D., Edward John Sherwood, M.D., Cynthia Jumper, M.D., Patricia Vojack, JD, MSN.

CMHCC Members Absent: Mary Annette Gary, Ph.D., Elizabeth Anne Linder, Ed.D., Steffanie Risinger Campbell, M.D., Ben Raimer, M.D.

Partner Agency Staff Present: Bryan Collier, Ron Steffa, Marsha Brumley, Beckie Berner, Natasha Martin, Myra Walker, Charlene Maresh, Robert Williams, M.D., Linda Knight, PhD, Paula Reed, Texas Department of Criminal Justice; Steve Alderman, Susan Morris, M.D., Glenda Adams, M.D., MPH, CCHP, Gary Eubank, Joseph Penn, M.D., Anthony Williams, Stephen Smock, Lauren Sheer, Charles “Danny” Adams, M.D., MPH, Monte Smith, DO, UTMB; Denise DeShields, M.D., TTUHSC

Others Present:

Location: UTMB Conroe Office, 200 River Pointe Dr., Suite 200, Conroe, Texas

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>I. Call to Order</p> <p>- Margarita de la Garza-Graham</p>	<p>Dr. de la Garza-Graham called the Correctional Managed Health Care Committee (CMHCC) meeting to order at 10:00 a.m. then noted that a quorum was present and the meeting would be conducted in accordance with Chapter 551 of the Texas Government Code, the Open Meetings Act.</p>		
<p>II. Recognitions and Introductions</p> <p>- Margarita de la Garza-Graham</p>	<p>Dr. de la Garza-Graham acknowledged that all wishing to offer public comment must be registered and will be allowed a three minute time limit to express comment.</p> <p>Dr. de la Garza-Graham recognized Dr. Charles D. “Danny” Adams, Senior Medical Director, Outpatient Services, UTMB CMC, and Dr. Glenda M. Adams, Senior Medical Director, Inpatient Services, UTMB CMC, who both retired from UTMB in May 2014 for their dedicated service to the correctional managed health care program.</p>		
<p>III. Approval of Consent Items</p> <p>- Margarita de la Garza-Graham</p> <ul style="list-style-type: none"> o Approval of Excused Absences 	<p>Dr. de la Garza-Graham thanked and welcomed everyone for being in attendance.</p> <p>Dr. de la Garza-Graham noted approval of excused absence for Dr. Cynthia Jumper, Dr. Mary Annette Gary, Dr. Harold Berenzweig, and Patricia Vojack.</p>		<p>Dr. Lannette Linthicum made a motion to approve the unexcused absences and</p>

Agenda Topic / Presenter	Presentation	Discussion	Action
III. Approval of Consent Items (Cont.)			<p>Dr. Cynthia Jumper seconded the motion which prevailed by unanimous vote.</p>
<ul style="list-style-type: none"> ○ Approval of CMHCC Meeting Minutes – June 24, 2014 	<p>Dr. de la Garza-Graham stated the next item on the agenda was the approval of the Minutes from the meeting held on June 24, 2014.</p>		<p>Dr. Cynthia Jumper made a motion to approve the minutes and Dr. Lannette Linthicum seconded the motion which prevailed by unanimous vote.</p>
<ul style="list-style-type: none"> ○ Approval of TDCJ Health Services Monitoring Reports 	<p>Dr. de la Garza-Graham stated the next item on the agenda was the approval of the TDCJ Health Services Monitoring Reports.</p>		<p>Dr. Harold Berenzweig made a motion to approve the TDCJ Health Services Monitoring Reports and Dr. Cynthia Jumper seconded the motion which prevailed by unanimous vote.</p>
<ul style="list-style-type: none"> ○ University Medical Director's Reports <ul style="list-style-type: none"> - UTMB - TTUHSC 	<p>Dr. de la Garza-Graham stated the next item on the agenda was the approval of the UTMB and TTUHSC Medical Director's Reports.</p>		<p>Dr. Edward John Sherwood made a motion to approve the University Directors Reports and Dr. Jumper seconded the motion which prevailed by unanimous vote.</p>
<ul style="list-style-type: none"> ○ Summary of CMHCC Joint Committee/ Work Group Activities 	<p>Dr. de la Garza-Graham stated the next item on the agenda was the approval of the Summary of CMHCC Joint Committee/Work Group Activities.</p>		<p>Dr. Berenzweig made a motion to approve the Summary of CMHCC Joint Committee/ Work Group Activities and Dr. Jumper seconded the motion which prevailed by unanimous vote.</p>

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>III. Approval of Consent Items (Cont.)</p>			<p>Seeing no amendments or objections to the proposed consent items, Dr. de la Garza-Graham advised that all consent items will stand approved.</p>
<p>IV. Update on Financial Reports - Charlene Maresh</p>	<p>Dr. de la Garza-Graham called on Charlene Maresh to present the financial report.</p> <p>Ms. Maresh reported on statistics for the Third Quarter of Fiscal Year (FY) 2014, as submitted to the Legislative Budget Board (LBB). The report was submitted in accordance with the General Appropriations Act, Article V, Rider 50.</p> <p>Funding received by the universities is \$397.5 million and the total expenditures were \$413.7 million, resulting in a shortfall of \$16.2 million dollars.</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 55.5 percent, for a total of \$229.6 million, resulting in a shortfall of \$3.2 million dollars.</p> <p>Hospital and clinical care accounts for 34.7% of total expenditures at a cost of \$143.5 million. This strategy experienced a shortfall within the third quarter of \$17.5 million dollars.</p> <p>Pharmacy services makes up 9.8 % of total health care expenditures at a cost of \$40.6 million. This strategy experienced a surplus of \$4.5 million.</p> <p>The average service population is 150,085 which is a slight increase from FY 2013.</p> <p>The offender population age 55 and over continues to grow with an increase of 7.9% from FY 2013. The average daily census is 15,228 making up 10.1% of total service</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>IV. Update on Financial Reports (Cont.)</p>	<p>population and accounts for 41.2 percent of total hospital costs.</p> <p>The average mental health inpatient census is 1,915, which is 1.3 percent of the total service population. The average mental health outpatient census is 19,146 which is 12.8 percent of the total service population.</p> <p>The average health care cost is \$10.10 per offender, per day, which is a 6.9 percent increase from FY 2013 which was \$9.45, and a 13.5 percent increase from FY 2012 which was \$8.90.</p> <p>Annual projections submitted by the university providers showed the combined CMHC total projecting a shortfall of \$26.9 million at the end of the year with the majority of the shortfall being recognized in hospital and clinical care.</p>	<p>Dr. de la Garza-Graham asked where additional funding comes from when shortfall is experienced.</p> <p>Ms. Maresh explained TDCJ evaluates internally for additional funding that may be available to help cover the shortfall. Request may also be sent to the Legislative Budget Board (LBB) for consent to spend forward into the upcoming fiscal year to cover the shortfall.</p> <p>Dr. Berenzweig inquired if most of the shortfall comes from free world hospital cost or UTMB Hospital cost.</p> <p>Ms. Maresh responded that the greatest part of the shortfall was UTMB Hospital cost.</p> <p>Dr. Linthicum advised that the hospital cost includes 90 provider hospital network plus the prison hospital in Galveston so it is uncertain which portion is Hospital Galveston and which portion is of that 90 plus community hospitals.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p data-bbox="58 175 432 264">V. Summary of Critical Correctional Health Care Personnel Vacancies (Cont.)</p> <p data-bbox="117 946 420 1003">-Dr. Monte Smith on behalf of Dr. Owen Murray</p>	<p data-bbox="468 175 1108 293">Provisional acceptance has been made for the Montford Staff Psychiatry position and is currently being filled by locum tenens. The selected applicant is projected to begin January 1, 2015.</p> <p data-bbox="468 329 1108 480">Dr. DeShields further reported that the Medical Directors position at the Dalhart Unit had been filled, however positions are still vacant at both the Clements and Smith Units. TTUHSC will continue to recruit to fill these vacant positions.</p> <p data-bbox="468 821 1108 911">Dr. de la Garza-Graham then called upon Dr. Monte Smith to report on UTMB's critical vacancies on behalf of Dr. Owen Murray.</p> <p data-bbox="468 946 1108 1219">Dr. Smith reported that both Senior Medical positions had been filled. Dr. Smith advised that he was selected as the Senior Medical Director, Inpatient Services, UTMB Correctional Managed Care (CMC) having 19 to 20 years with UTMB CMC. Dr. Susan Morris was selected for the position of Senior Medical Director, Outpatient Services, UTMB CMC also having worked within UTMB Correctional Managed Health Care 20 years and holding dual board certification in emergency and family medicine.</p> <p data-bbox="468 1255 1108 1458">Dr. Smith further reported that UTMB had four physician positions, and 13 mid-level practitioner, physician assistants, nurse practitioner, and dental positions vacant. These positions are being advertised both local and nationally. UTMB is also participating in conferences to recruit applicants and using the assistance of agency contacts to fill the positions.</p>	<p data-bbox="1136 451 1659 570">Dr. de la Garza-Graham inquired on what propelled applicants to apply for these positions after so many years of them being vacant, was it increase in salary.</p> <p data-bbox="1136 605 1423 630">Dr. DeShields replied, yes.</p> <p data-bbox="1136 667 1659 786">Dr. Linthicum responded that salary increase for the position was an exceptional item that was granted in the last legislative session to augment the psychiatry position.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>VI. Medical Director's Updates</p> <ul style="list-style-type: none"> • TDCJ – Health Services Division FY 2014 Third Quarter Report - Lannette Linthicum, MD ○ Operational Review Audit ○ Capital Assets Monitoring ○ Dental Quality Review Audit ○ Grievance and Patient Liaison Correspondence 	<p>Dr. de la Garza-Graham then called upon Dr. Linthicum to begin presentation of the Medical Director's Report.</p> <p>Dr. Linthicum began by explaining that the deficiencies reported during operational reviews had been addressed with the units and each unit is working on corrective action plans to gain compliance. During the Third Quarter of FY 2014, (March, April, May), Operational Review Audits (ORAs) were conducted on 12 facilities: Connally, Garza East, Garza West, Glossbrenner, Hamilton, Lopez, McConnell, Murray, Pack, Segovia, Stevenson, and Willacy. There were also ORA's closed during this quarter for nine facilities: Bridgeport, Crain, Ellis, Hughes, Lewis, Lopez, Sanchez, Segovia, and Telford. Dr. Linthicum referred to the 11 items found to be most frequently below 80 percent compliance.</p> <p>Dr. Linthicum next reported that the same 12 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 15 facilities: Bridgeport, Bridgeport Pre-Parole Transfer Facility (PPT), Choice Moore, Cole, Diboll, Dominguez, Duncan, Fort Stockton, Goree, Kyle, Lewis, Lindsey, Lockhart, Lynaugh, and Sanchez. 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, Step II Medical Grievance Program, and Sick Call Request Verification Audit process. During the Third Quarter of FY 2014, the Patient Liaison Program (PLP) and the Step II Medical Grievance Program received 3,359 correspondences. The PLP received 1,746 correspondences and Step II Medical Grievance received 1,613. There were 504 Action Requests generated. The percentages of sustained Step II Medical Grievances from UTMB were eight percent and six percent for TTUHSC.</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>VI. Medical Director's Updates (Cont.)</p> <ul style="list-style-type: none"> ○ Quality Improvement (QI) Access to Care Audit ○ Office of Public Health 	<p>Dr. Linthicum added that the Quality Improvement Access to Care Audit addressed quality of care issues. There were 48 Sick Call Request Verification Audits conducted on 47 facilities. A total of 408 indicators were reviewed and 19 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 784 cases of Hepatitis C identified for the Third Quarter FY 2014. There were 20,444 intake tests and 119 were newly identified as having Human Immunodeficiency Virus (HIV) infections. During the Second Quarter FY 2014, 19,142 offenders had intake test and 129 were HIV positive. 23 new Acquired Immunodeficiency Syndrome (AIDS) cases were identified in the Third Quarter FY 2014 compared to four new AIDS cases identified during the Second Quarter FY 2014.</p> <p>257 cases of suspected Syphilis were reported in the Third Quarter FY 2014. 23 of those required treatment or retreatment.</p> <p>218 Methicillin-Resistant Staphylococcus Aureus (MRSA) cases were reported for the Third Quarter FY 2014. Dr. Linthicum advised that there was an average of 11 Tuberculosis (TB) cases under active management for the Third Quarter FY 2014.</p> <p>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. The SANE Coordinator position was vacant from March 31, 2014 until June 1, 2014. Inservices resumed in July 2014 and will be reported in the next report. This position also audits the documentation and services provided by medical personnel for each sexual assault reported. In addition, the new SANE Coordinator will perform audits of the</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
VI. Medical Director's Updates (Cont.)	<p>documentation and services provided by medical personnel for each sexual assault reported during the time that the position was vacant and will report those with the next report.</p>		
<ul style="list-style-type: none"> ○ Mortality and Morbidity 	<p>Dr. Linthicum noted the Peer Education Program which is a nationally recognized program in which many offenders participate. 19,629 offenders attended classes presented by educators in the Third Quarter, which is an increase from the Second Quarter FY 2014 of 18,672. Within the TDCJ, 100 of the 109 facilities have active peer education programs. 107 offenders trained to become peer educators. This is an increase from the 89 offenders trained in the Second Quarter FY 2014.</p> <p>Dr. Linthicum reported that there were 128 deaths reviewed by the Mortality and Morbidity Committee during the Third Quarter of FY 2014. Of those 128 deaths, 17 were referred to peer review committees for further review.</p>	<p>Dr. de la Garza-Graham inquired out of the 128 deaths only 17 were referred to peer review, what criteria is used to determine whether a death is referred to peer review.</p> <p>Dr. Linthicum responded there is Joint Morbidity and Mortality Committee that consists of both physicians, and nurses from TTUHSC, UTMB, and the TDCJ Health Services Division. A physician from the TDCJ and UTMB chair the committee, and the Correctional Managed Health Care Program has devised a mortality worksheet. Based upon the results, the committee collectively decides if reasonable care that is expected was given to the offender patient by the provider.</p> <p>If the care provided did not meet an acceptable standard as outlined through disease management guidelines or federal guidelines, it is referred to the peer review committee.</p>	
<ul style="list-style-type: none"> ○ Office of Mental Health Monitoring & Liaison 	<p>Dr. Linthicum provided a summary of the activities performed by the Office of Mental Health Monitoring &</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p data-bbox="50 172 327 237">VI. Medical Director's Updates (Cont.)</p> <p data-bbox="86 1159 432 1224">○ Office of Health Services & Liaison</p>	<p data-bbox="470 172 1104 204">Liaison (OMHM&L) during the Third Quarter of FY 2014.</p> <p data-bbox="470 237 1115 480">Administrative Segregation (Ad Seg) audits were conducted on 19 facilities. 3,788 offenders were observed 2,902 were interviewed and 6 offenders were referred to the university providers for further evaluation. Two of the 19 facilities fell below 100 percent compliance while the remaining 17 were found to be 100 percent compliant. Access to Care (ATC) 4 was met at 100 percent on 17 facilities. Two facilities fell below 100 percent compliance.</p> <p data-bbox="470 513 1115 789">Three inpatient mental health facilities were audited with respect to compelled medications. 68 instances of compelled psychoactive medication administration occurred. Skyview and Jester IV were 100 percent for logging all incidents of compelled psychoactive medication and documenting the required criteria in the medical record. The Montford Unit briefly fell below compliance, but quickly resolved all issues bringing all three units to 100 percent compliance.</p> <p data-bbox="470 821 1115 935">There were 24 intake facilities audited with respect to mental health evaluation within 14 days of identification. There were 19 facilities that met or exceeded 80 percent compliance.</p> <p data-bbox="470 967 1115 1130">Dr. Linthicum added the OMHM&L also reviews the mental health records of all pregnant offenders being considered for the Baby and Mother Bonding Initiative (BAMBI) Program. 11 offenders were reviewed and all 11 were allowed to participate.</p> <p data-bbox="470 1162 1115 1406">The Office of Health Services Liaison (HSL) conducted 159 hospital and 52 infirmary discharge audits. UTMB had 10 deficiencies identified and TTUHSC had two deficiencies identified for the hospital discharge audits. UTMB had 28 deficiencies identified and TTUHSC had 24 deficiencies for the infirmary discharge audits. There were seven deficiencies identified from UTMB and zero for TTUHSC.</p>		

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VI. Medical Director's Updates (Cont.)	<p>Dr. Linthicum reported that there were 11 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 announced to the committee that TTUHSC's primary report focused on the Critical Vacancies that were previously addressed during the meeting, and that there was no further information to report on behalf of TTUHSC for the Second or Third Quarters.</p> <p>Dr. de la Garza-Graham thanked Dr. DeShields and then called on Dr. Monte Smith to present the report for UTMB on behalf of Dr. Owen Murray.</p> <p>Dr. Smith announced that a Chief Medical Information Officer had been hired and both vacant Medical Directors positions for Regions I and III had been filled.</p> <p>Dr. Smith reported that the UTMB Correctional Managed Health Care Conference had recently been held, and recognized Dr. Lannette Linthicum for her participation in the conference. Dr. Smith also shared that participation was great at the American Correctional Association Conference (ACA) and made mention that all facilities that went before the panel were reaccredited.</p> <p>Dr. Smith gave a brief update on telemedicine, an ongoing project within Inpatient Services. Telemedicine to infirmary is being used to see patients via telemedicine; Dr. Cynthia Ho is heading up the project. The length of stay for those who truly do not need the infirmary will be reduced by the use of telemedicine.</p>	<p>Dr. de la Garza-Graham asked how many units have access to telemedicine.</p>	
<ul style="list-style-type: none"> o Accreditation 			
<ul style="list-style-type: none"> o Biomedical Research Projects 			
<ul style="list-style-type: none"> ▪ Texas Tech University Health Sciences Center 			
<ul style="list-style-type: none"> <ul style="list-style-type: none"> - Denise DeShields, MD 			
<ul style="list-style-type: none"> ▪ University of Texas Medical Branch 			
<ul style="list-style-type: none"> <ul style="list-style-type: none"> - Monte Smith, DO on behalf of Owen Murray, DO 			

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>VI. Medical Director's Updates (Cont.)</p>		<p>Dr. Monte Smith responded that access is available at all infirmaries, and the current project has been expanded to three of the more distant satellite infirmaries Telford, Stiles, and Polunsky. The expansion of telemedicine will also be made available to the Pack, and Terrell Units in October.</p>	
<p>VII. CMHCC Joint Mental Health Working Group Update</p> <p>- Dr. Joseph Penn, MD</p>	<p>Dr. de la Garza-Graham then introduced Dr. Joseph Penn, Director Mental Health Services, UTMB and Chair, Joint Mental Health Working Group.</p> <p>Dr. Penn began by acknowledging the partnership shown between the TDCJ, UTMB, and TTUHSC and gave a brief summary of his role as Chair of the Joint Mental Health Working Group.</p> <p>Dr. Penn explained that the shift of mentally ill offenders is being seen more within prisons and state jails due to economic pressures and lack of funding available to mental health centers.</p> <p>Dr. Penn reported that the UTMB provides mental health services to the eastern region of the State of Texas at 80 percent and the remaining western region of 20 percent is covered by TTUHSC. Dr. Penn made mention that even though the UTMB and TTUHSC are able to provide telepsychiatry through telemedicine, mental health staff are still also on-site providing treatment to offender patients.</p> <p>Dr. Penn expressed challenges being seen such as shortage of sheltered housing, inpatient and psychiatric beds, growth of the female mental health population, and cost issues associated with offender patients coming in to the prison systems on psychotropic medications that may not be consistent with the UTMB formulary. Restrictions must also be placed on some medications due to high abuse issues and street value that they hold behind bars. Challenges seen from an operational standpoint have been shortages of staff, transportation, shift changes, countdowns, boundary issues, and comfortable temperature control of facilities.</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>VII. CMHCC Joint Mental Health Working Group Update (Cont.)</p>	<p>Dr. Penn reported that each offender's mental health is based on Beta IQ testing among a battery of other testing's used to determine an offenders mental state. Those determined to be mentally retarded or disabled are placed in sheltered housing to protect them from other offenders as they would be targeted and preyed upon if they were placed in normal general population prison setting.</p> <p>Dr. Penn provided information on programs that have been developed to help with the treatment of the mentally ill offender population, one of them being the Program for the Aggressive Mentally Ill Offender (PAMIO) which is designed for those offenders who are not only mentally ill but also aggressive and violent. One of the newest programs introduced is the Treatment and Relapse Prevention Program (TARPP). This program acts as a case management program where offenders receive outreach and tracking while incarcerated. The Administrative Therapeutic Segregation Diversion Program has also been</p>	<p>Dr. Cynthia Jumper asked what the IQ cut off was to determine if an offender is mentally ill.</p> <p>Dr. Penn gave a detailed explanation of all test that are given and functions that are monitored and reviewed to confirm that an offender is mentally retarded.</p> <p>Dr. de la Garza-Graham asked if the individuals being confirmed as mentally retarded or disabled have been in some type of criminal activity.</p> <p>Dr. Penn responded yes, they are convicted felons.</p> <p>Dr. Berenzweig inquired if offenders were primarily moved into shelter housing for protection.</p> <p>Dr. Penn answered it is a combination of both keeping them safe from being victimized, but also providing them with appropriate services and treatments that are geared more toward their intellectual level.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>VII. CMHCC Joint Mental Health Working Group Update (Cont.)</p>	<p>implemented with the goal of providing offenders with counseling and therapy to help them control their anger and aggression and train them to communicate effectively with others. It also gives offenders the opportunity to be removed from administrative segregation so upon release back into the free world they are released from general population.</p> <p>Dr. Penn explained that many times county jails send individuals to the TDCJ with only two to three month sentences expecting psychiatrist and staff to provide a quick solution to their mental health needs causing a tremendous burden on staff. To eliminate mentally ill offenders from being released from the TDCJ who are still psychotic, delusional and at risk, a civil commitment can be completed through a judicial hearing to ensure that they remain within the system to continue receiving the treatment they need, rather than being released back into the community where they may pose threat to themselves or others. With many of the facilities being spread out over the State of Texas, executive staff has continued to meet with county officials to request their assistance in providing civil commitments throughout the State of Texas when they are needed.</p> <p>Dr. Penn reported that agency staff must ensure that Federal Standards Access to Care are being met at all times to ensure the TDCJ, UTMB, and TTUHSC are not subjected to be sued in federal court. He also reported that a fivefold increase of offenders with serious mental illness has continued to be seen being at 30,000 in 1984 and now showing a significant rise of 154,000 without a lot of additional staff being made available to agencies.</p> <p>Dr. Penn reported on the amazing job that is provided by the TDCJ, UTMB, and TTUHSC staff. The Texas Correctional Office on Offenders with Medical or Mental</p>	<p>Dr. DeShields asked on average, how long can a civil commitment last.</p> <p>Dr. Linthicum elaborated on the entire process of civil commitments, and explained that the average length of time on civil commitments can vary.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
VII. CMHCC Joint Mental Health Working Group Update (Cont.)	<p>Impairments (TCOOMMI) which falls under the Reentry and Integration Division ensures that offenders with special needs are placed into proper settings such as community mental health and medical settings upon their release into the free world. He also made mention of the nursing staff who are on call 24 hours 7 days a week along with psychiatrists and mid-level staff processing 30 to 50 calls nightly to ensure mentally ill offenders threatening to harm themselves are being properly monitored. This is all made possible through the partnership shown by medical, nursing, and mental health staff.</p>		
IX. Public Comments	<p>Dr. de la Garza-Graham thanked Dr. Penn, and with no further questions, proceeded with the announcement of the acceptance of registered public comments.</p> <p>Dr. de la Garza-Graham noted in accordance of the CMHCC's policy, during each meeting the public is given the opportunity to express comments. No one signed up to express public comment.</p>		
X. Adjourn	<p>Dr. de la Garza-Graham thanked everyone for attendance and adjourned the meeting at 11:45 a.m.</p>		

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

Date:

Consent Item

TDCJ Health Services
Monitoring Reports

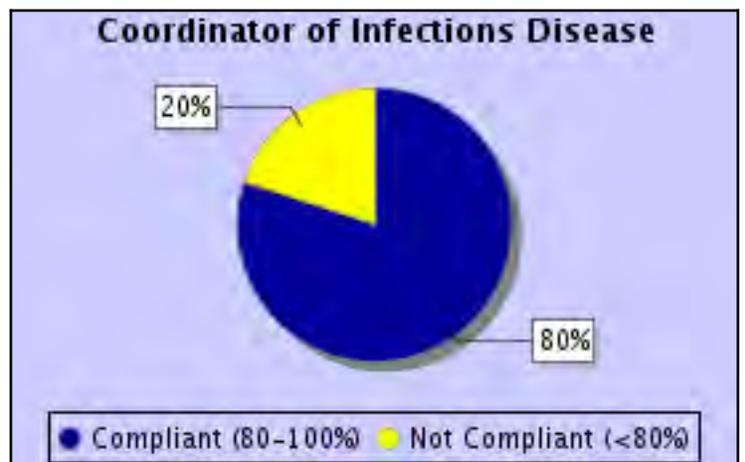
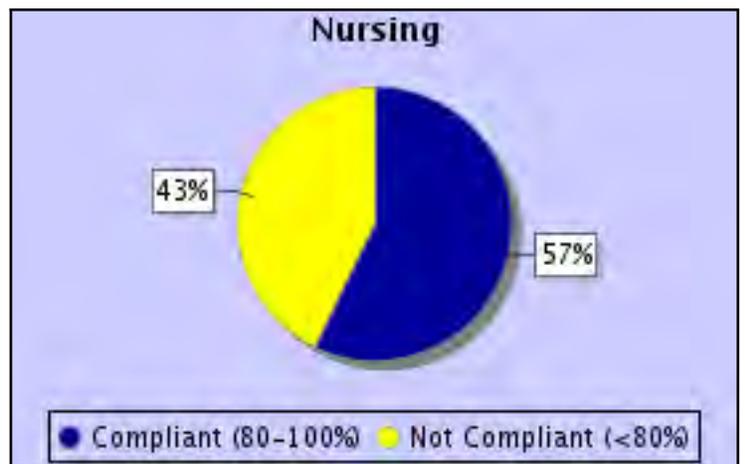
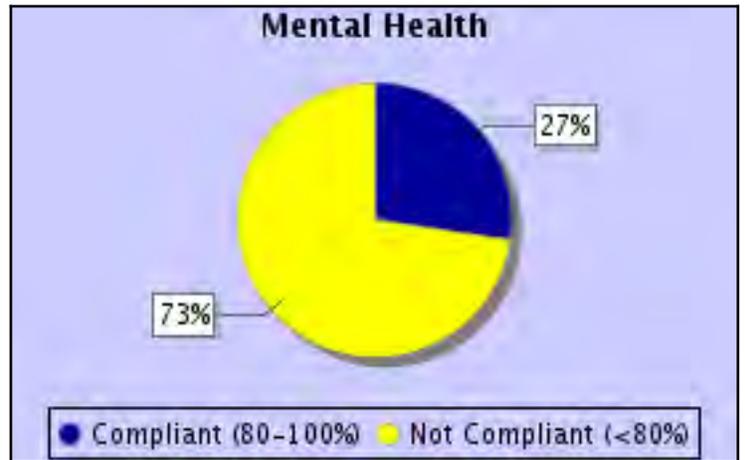
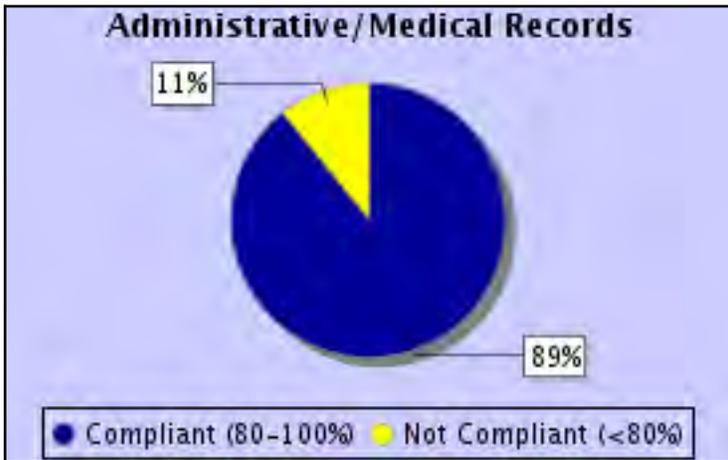
Rate of Compliance with Standards by Operational Categories
Fourth Quarter, Fiscal Year 2014
June 2014 - August 2014

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	
Bridgeport PPT	28	25	89%	14	8	57%	15	12	80%	9	9	100%	11	3	27%	NA	NA	NA
Formby	32	32	100%	17	13	76%	29	22	76%	13	13	100%	18	9	50%	7	7	100%
Hobby	33	32	97%	17	8	47%	27	13	48%	12	10	83%	14	12	86%	5	5	100%
Marlin	33	32	97%	17	12	71%	28	20	71%	12	9	75%	15	10	67%	4	4	100%
Montford	65	63	97%	37	32	86%	54	42	78%	12	12	100%	41	36	88%	15	15	100%
Polunsky	34	33	97%	21	19	90%	26	7	27%	11	11	100%	23	18	78%	7	7	100%
Tulia	32	32	100%	13	13	100%	16	10	62%	12	10	83%	2	2	100%	7	7	100%
Wallace	31	31	100%	15	15	100%	19	17	89%	12	12	100%	3	3	100%	4	4	100%
Ware	32	32	100%	15	15	100%	20	19	95%	11	11	100%	3	3	100%	4	4	100%
West Texas ISF	30	26	87%	12	0	0%	21	4	19%	1	0	0%	12	5	42%	NA	NA	NA
Wheeler	28	28	100%	10	8	80%	25	21	84%	12	12	100%	9	3	33%	7	7	100%

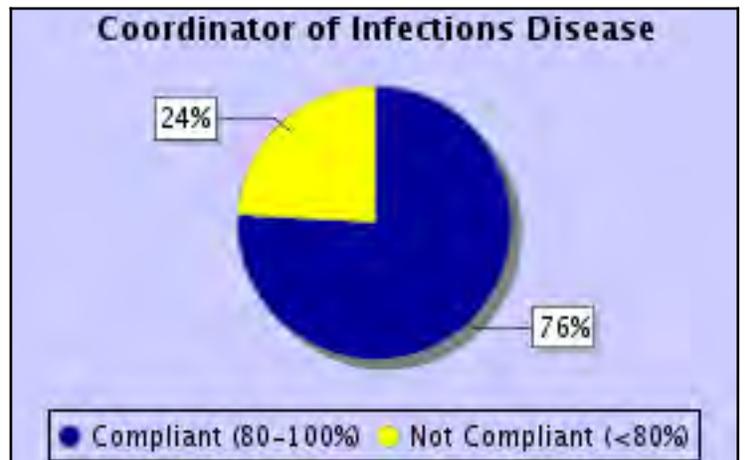
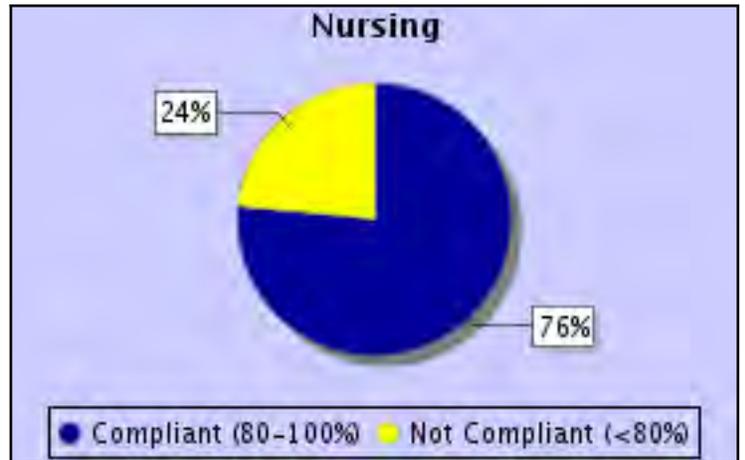
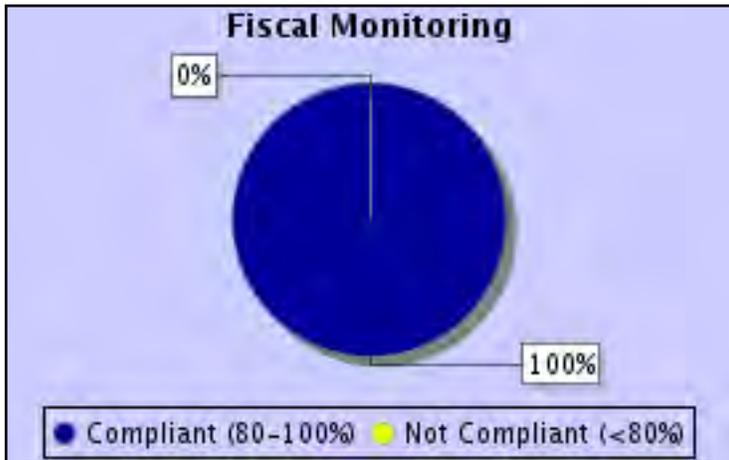
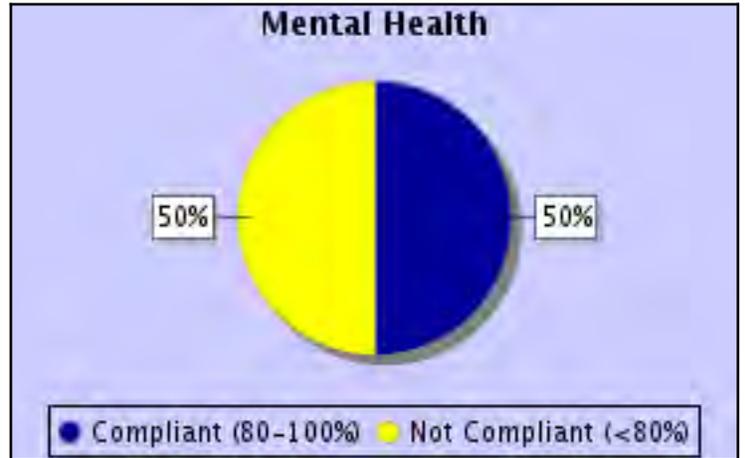
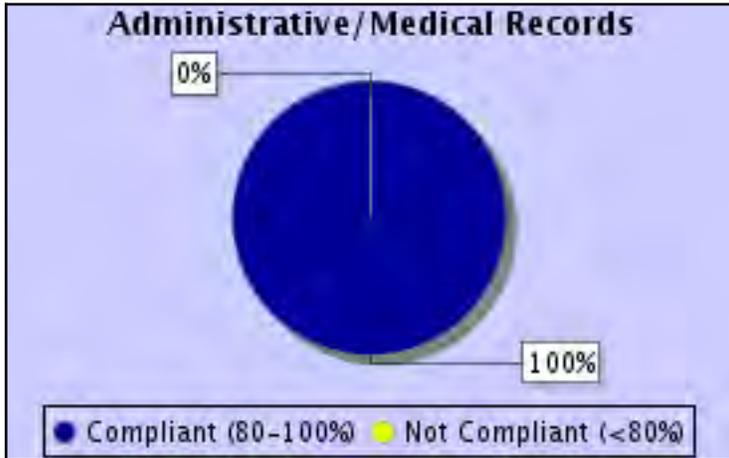
n = number of applicable items audited.

Compliance Rate By Operational Categories for BRIDGEPORT PPT FACILITY

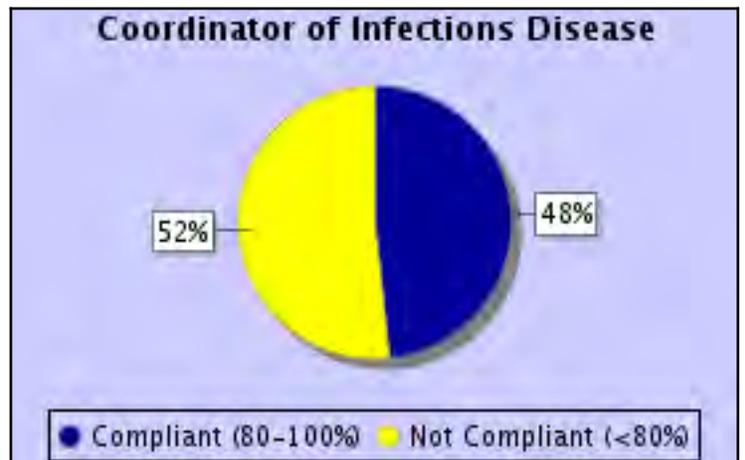
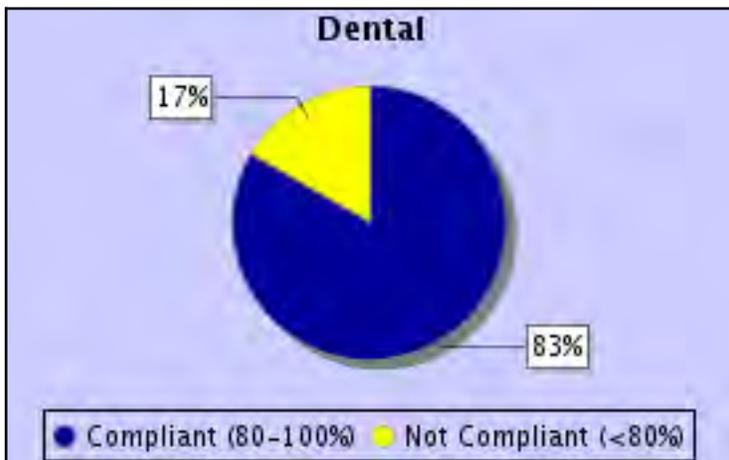
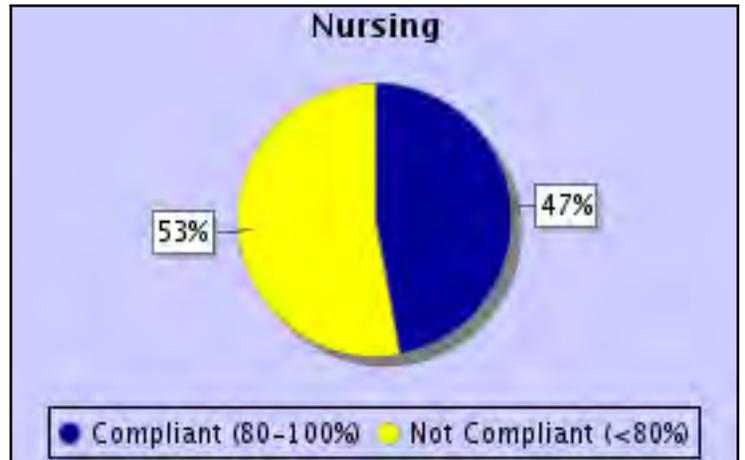
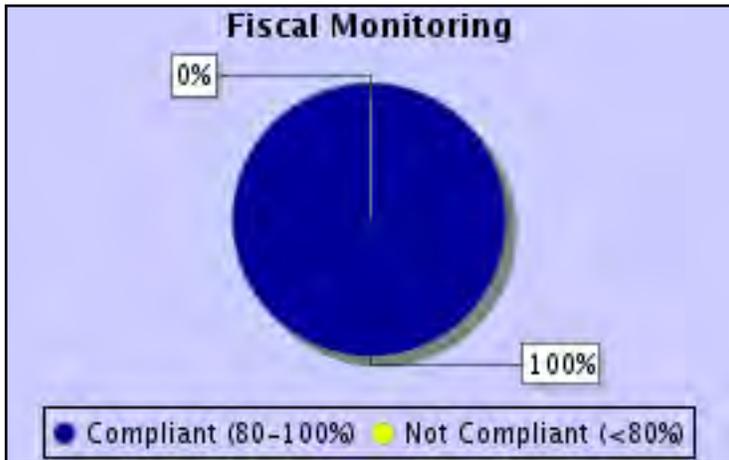
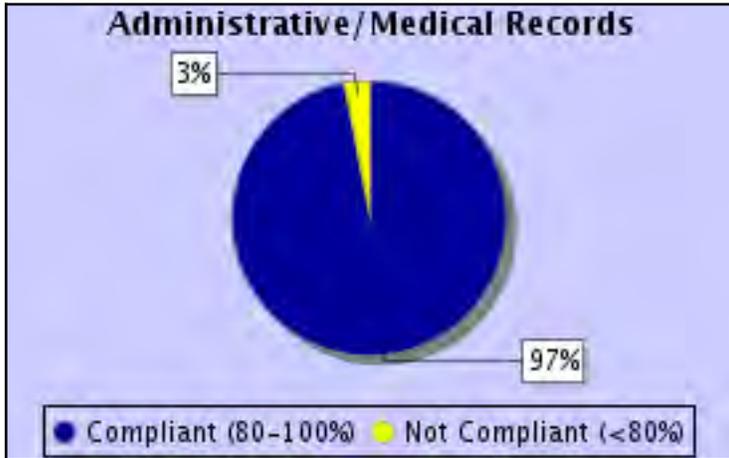
June 09, 2014



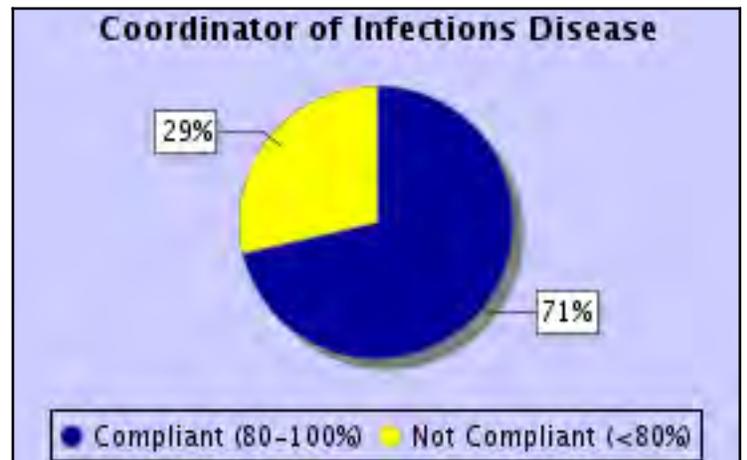
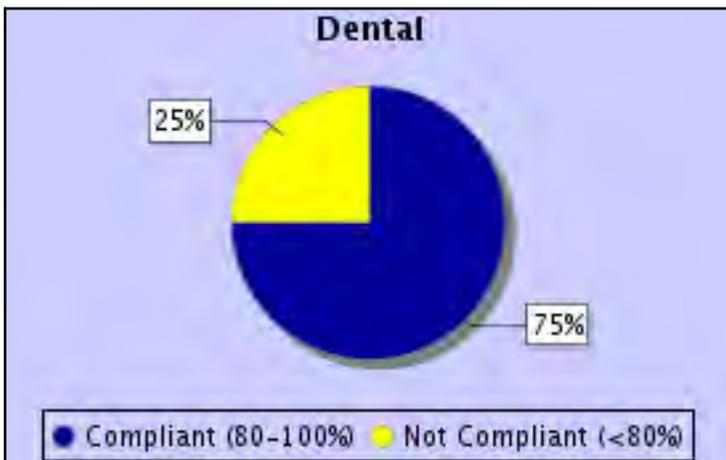
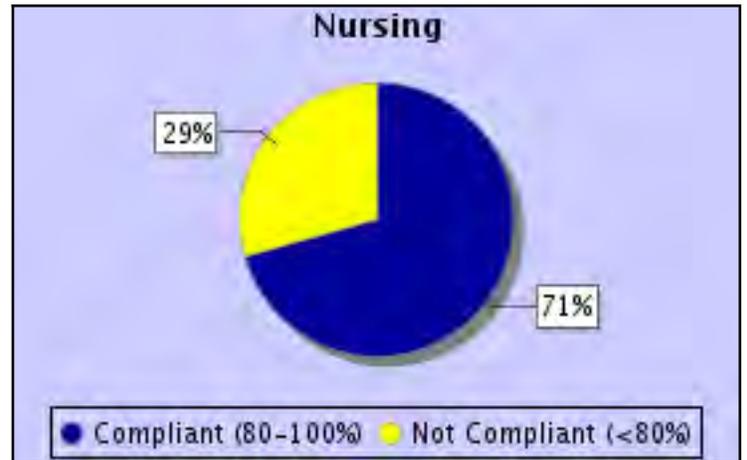
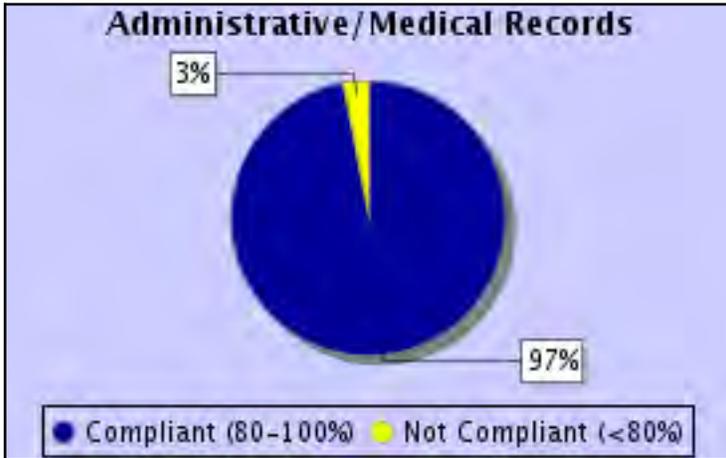
Compliance Rate By Operational Categories for
FORMBY FACILITY
July 01, 2014



Compliance Rate By Operational Categories for
HOBBY FACILITY
August 06, 2014

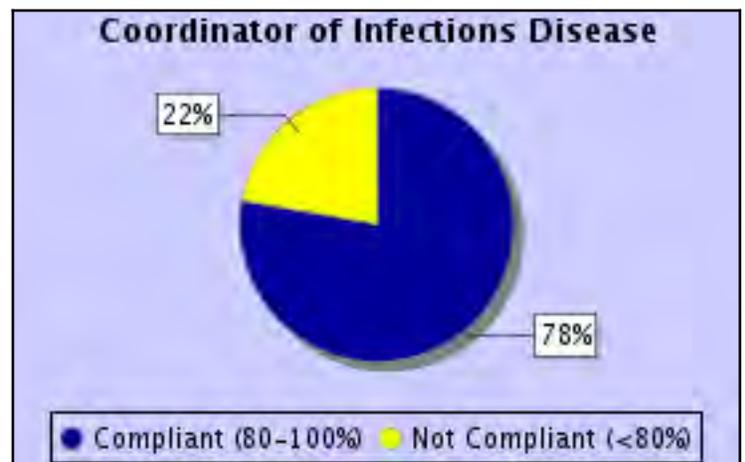
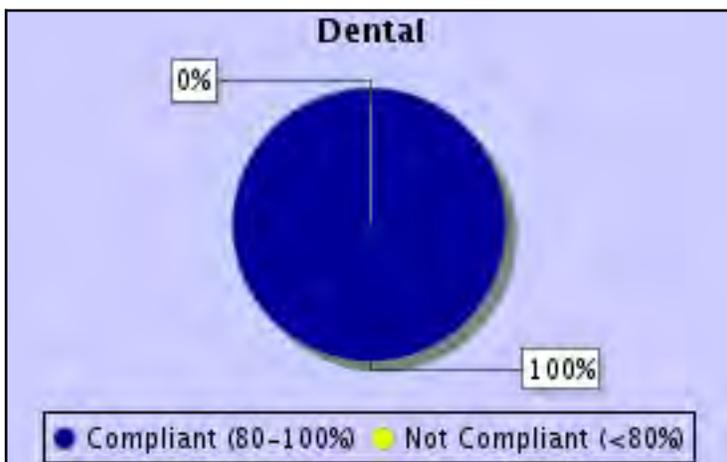
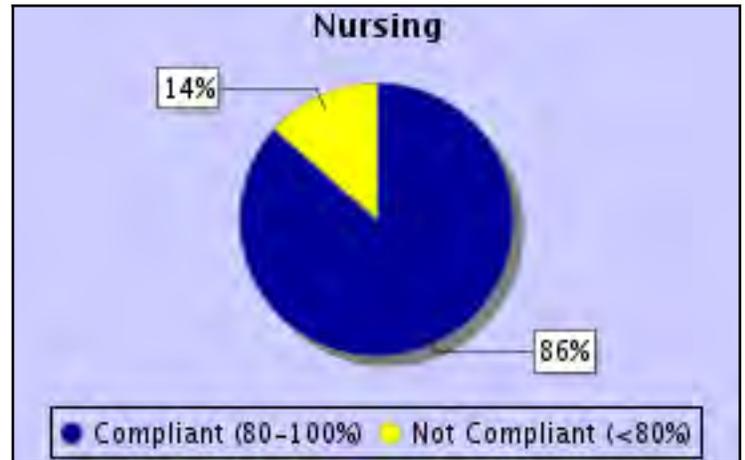
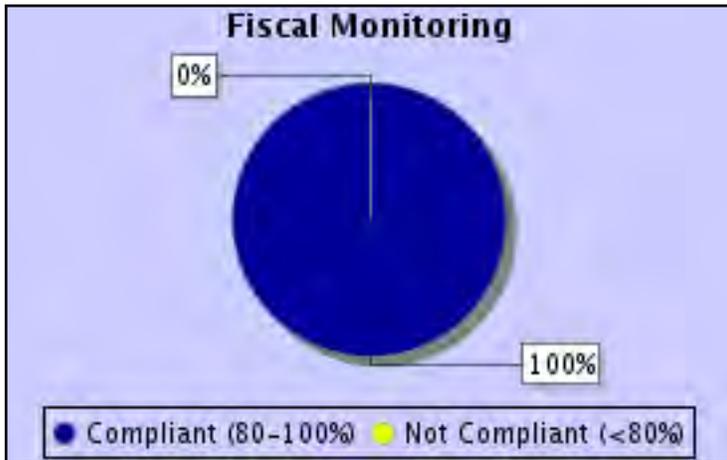
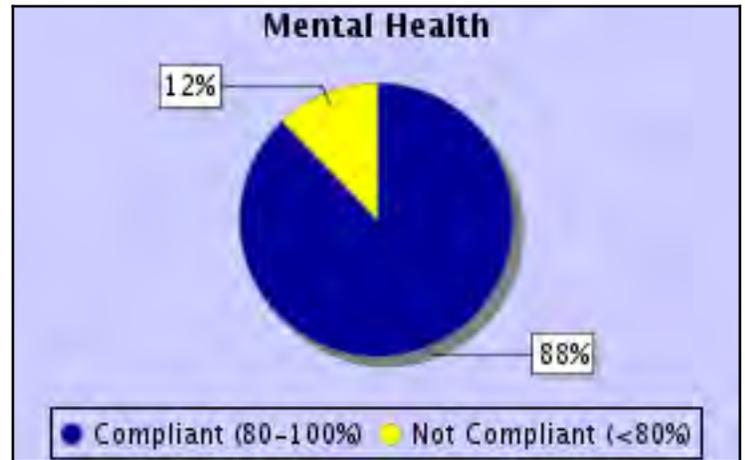


Compliance Rate By Operational Categories for
MARLIN FACILITY
August 05, 2014



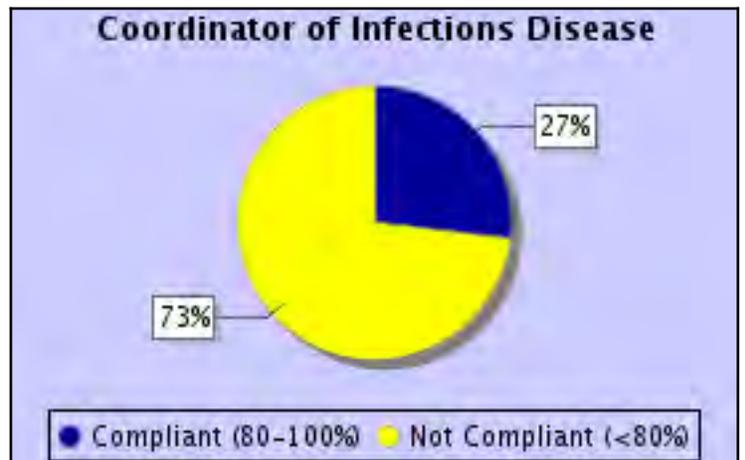
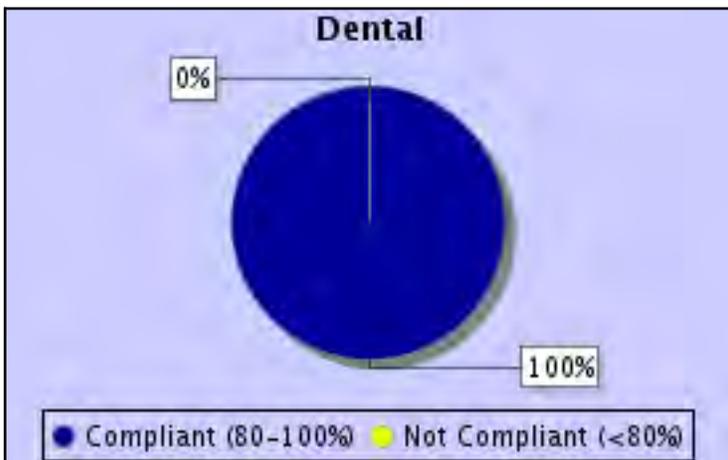
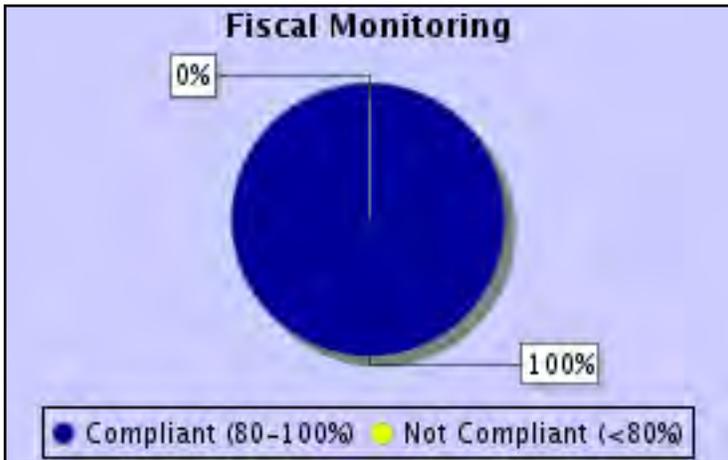
Compliance Rate By Operational Categories for MONTFORD FACILITY

June 03, 2014

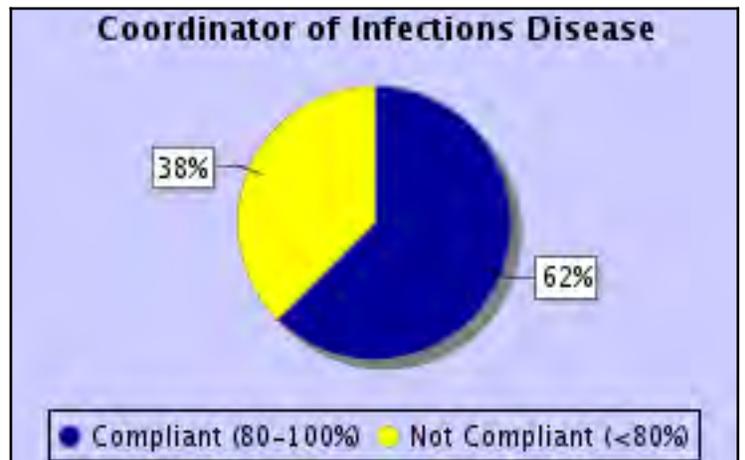
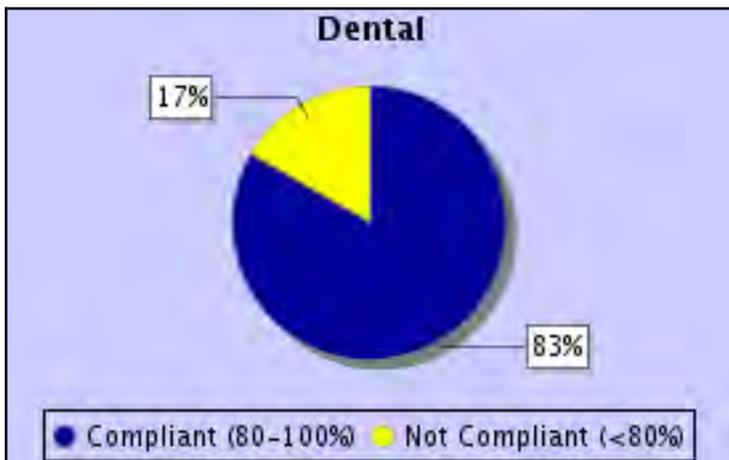
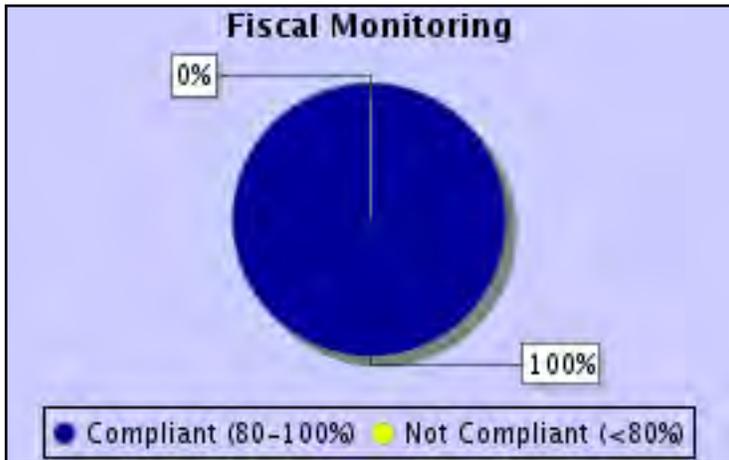


Compliance Rate By Operational Categories for POLUNSKY FACILITY

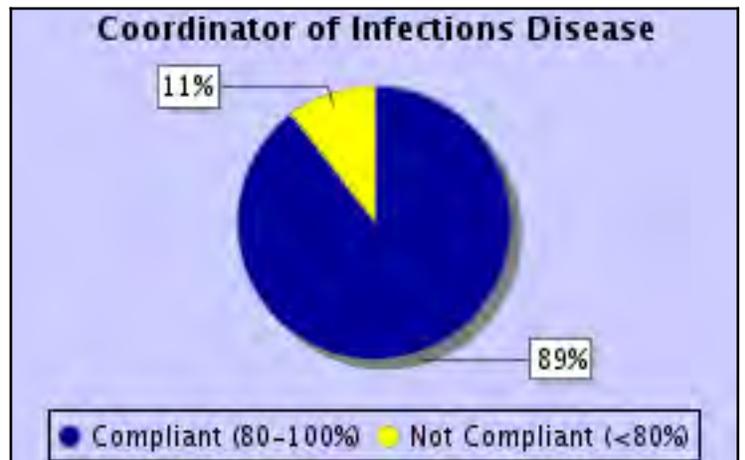
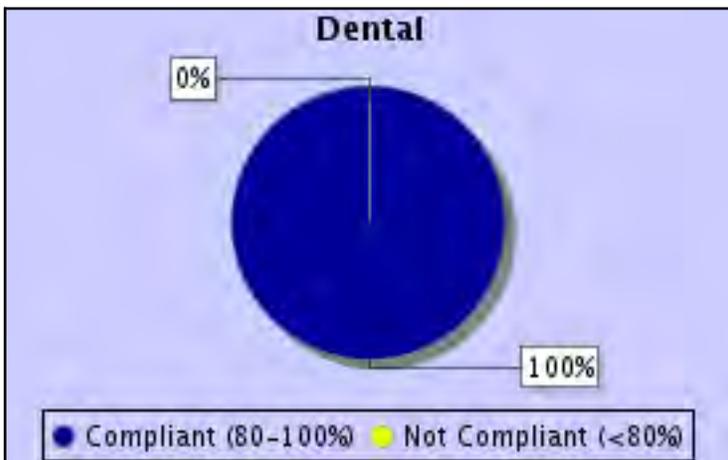
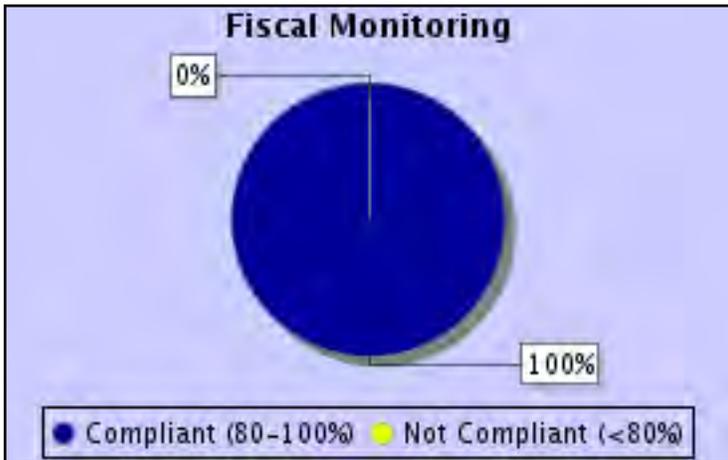
August 05, 2014



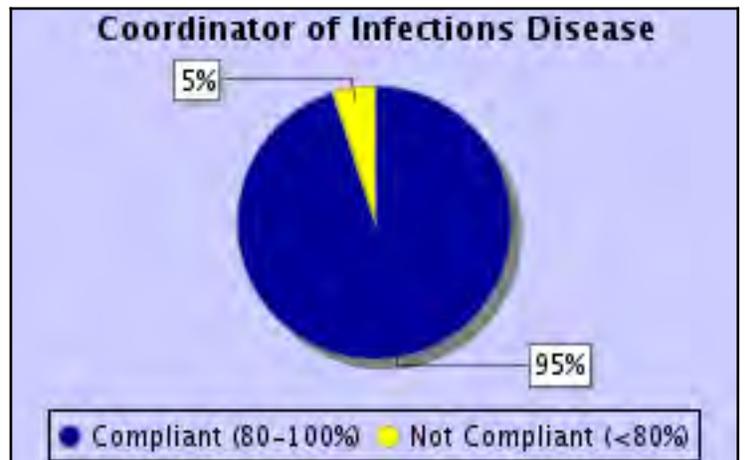
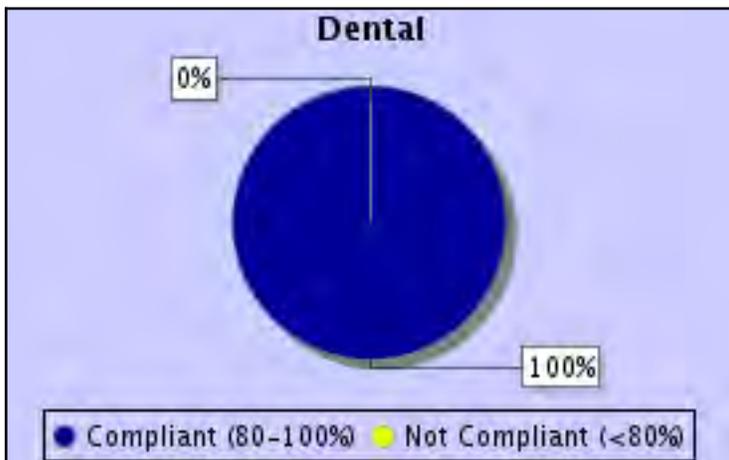
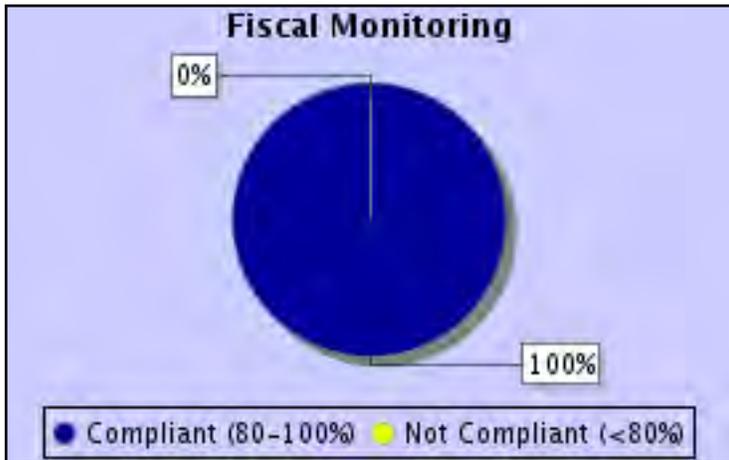
Compliance Rate By Operational Categories for
TULIA FACILITY
June 03, 2014



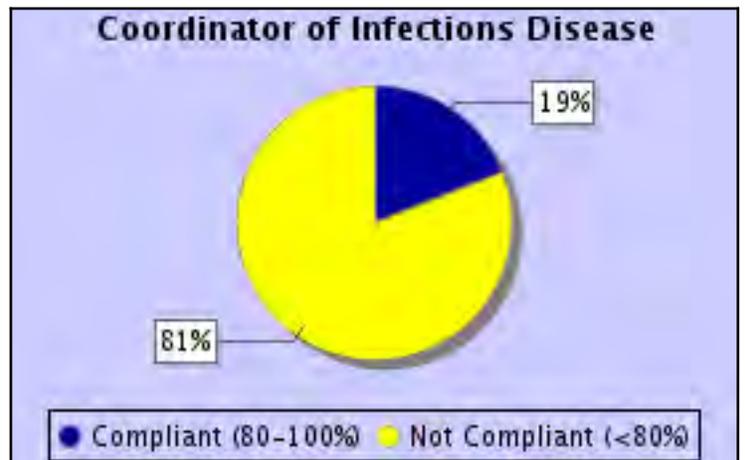
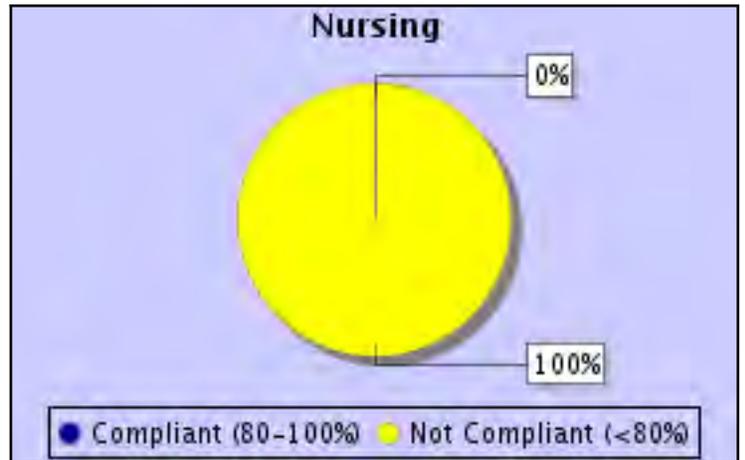
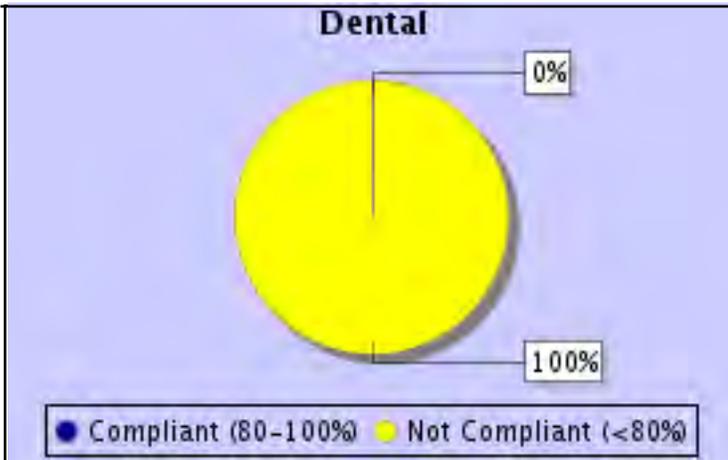
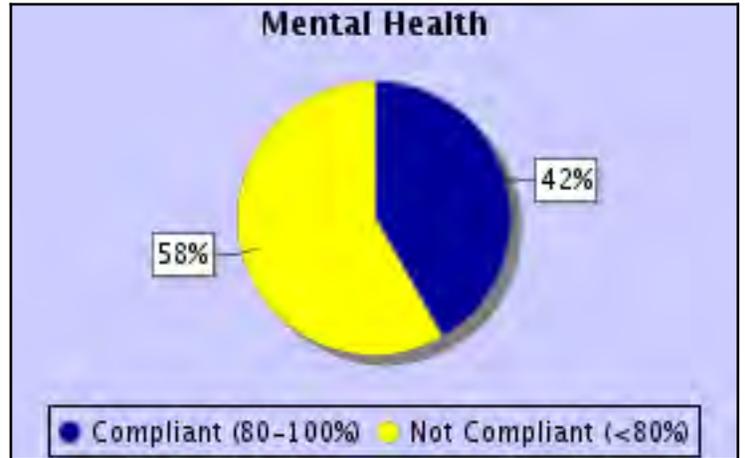
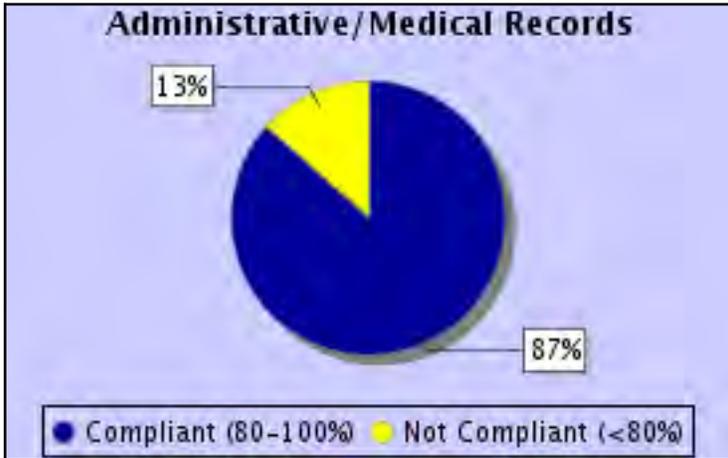
Compliance Rate By Operational Categories for
WALLACE FACILITY
July 01, 2014



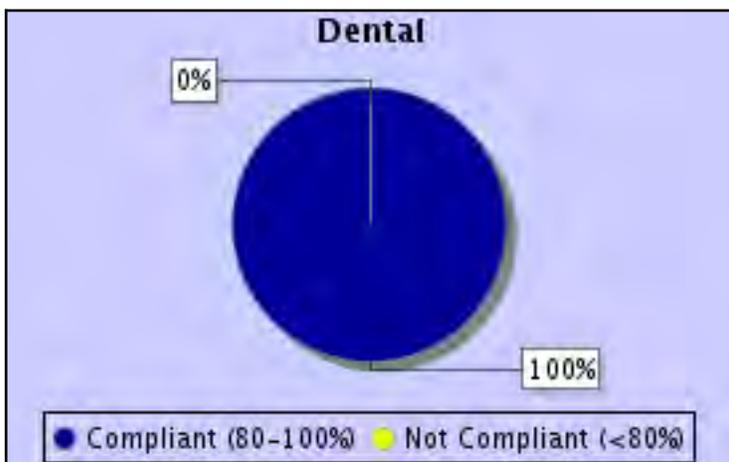
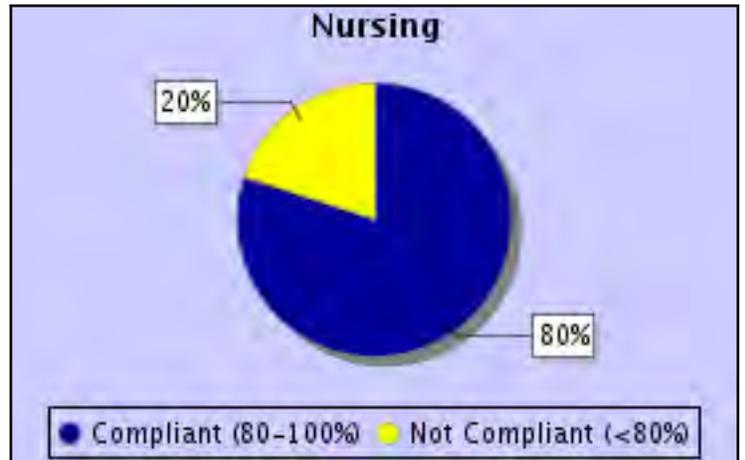
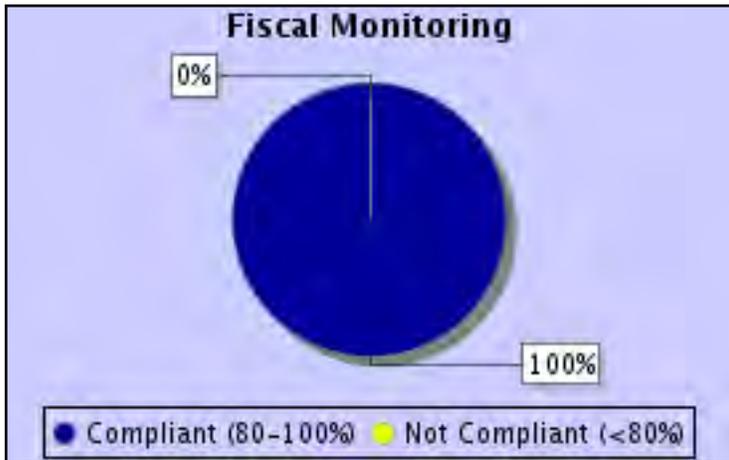
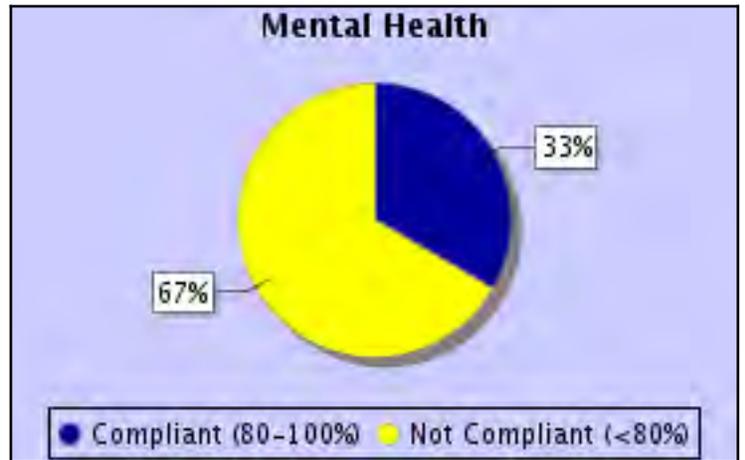
Compliance Rate By Operational Categories for
WARE FACILITY
July 01, 2014



Compliance Rate By Operational Categories for
WEST TEXAS ISF FACILITY
June 04, 2014



Compliance Rate By Operational Categories for
WHEELER FACILITY
July 02, 2014



Dental Quality of Care Audit Urgent Care Report For the Three Months Ended August 31, 2014

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***
Allred (GP)	10	100%	0	0
Allred (ECB)	10	100%	0	0
Bradshaw	10	100%	0	0
East Texas Treatment Facility	10	0%	10	0
Hodge	10	100%	0	0
Johnston	10	100%	0	0
Moore (B)	10	70%	3	0
Neal	10	80%	2	0
Roach	10	100%	0	0
Roach ISF	10	100%	0	0
Sayle	10	100%	0	0
Skyview	10	100%	0	0
Telford	10	90%	1	0

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

** 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 GRIEVANCE Correspondence Received Each Month	Total number of GRIEVANCE Correspondence Closed Each Month	Total number of Action Requests (Quality of Care, Personnel, and Process Issues)	Percent of Action Requests from Total # of GRIEVANCE Correspondence	Total number of Action Requests Referred to University of Texas Medical Branch-Correctional Managed Health Care			Total number of Action Requests Referred to Texas Tech University Health Sciences Center-Correctional Managed Health Care			Total number of Action Requests Referred to PRIVATE FACILITIES		
					Percent of Total Action Requests Referred	QOC*		Percent of Total Action Requests Referred	QOC*		Percent of Total Action Requests Referred	QOC*	
June	560	598	151	25.25%	106	21.07%	20	16	4.18%	9	0	0.00%	0
July	619	1,015	162	15.96%	94	12.81%	36	29	3.05%	2	1	0.10%	0
August	575	484	120	24.79%	65	19.21%	28	16	5.37%	10	1	0.21%	0
Totals:	1,754	2,097	433	20.65%	265	16.64%	84	61	3.91%	21	2	0.10%	0

PATIENT LIAISON PROGRAM (PLP)													
Fiscal Year 2014	Total number of Patient Liaison Program Correspondence Received Each Month	Total number of Patient Liaison Program Correspondence Closed Each Month	Total number of Action Requests (Quality of Care, Personnel, and Process Issues)	Percent of Action Requests from Total number of Patient Liaison Program Correspondence	Total number of Action Requests Referred to University of Texas Medical Branch-Correctional Managed Health Care			Total number of Action Requests Referred to Texas Tech University Health Sciences Center-Correctional Managed Health Care			Total number of Action Requests Referred to PRIVATE FACILITIES		
					Percent of Total Action Requests Referred	QOC*		Percent of Total Action Requests Referred	QOC*		Percent of Total Action Requests Referred	QOC*	
June	603	471	27	5.73%	18	4.46%	3	4	1.06%	1	1	0.21%	0
July	581	586	48	8.19%	25	6.66%	14	3	1.02%	3	3	0.51%	0
August	487	393	14	3.56%	9	2.29%	0	4	1.27%	1	0	0.00%	0
Totals:	1,671	1,450	89	6.14%	52	4.76%	17	11	1.10%	5	4	0.28%	0
GRAND TOTAL=	3,425	3,547	522	14.72%									

*QOC= Quality of Care

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

June 2014

Reportable Condition	Reports			
	2014 This Month	2013 Same Month	2014 Year to Date*	2013 Year to Date*
Chlamydia	4	7	33	30
Gonorrhea	3	2	11	9
Syphilis	79	75	527	503
Hepatitis A	0	0	0	0
Hepatitis B, acute	0	0	0	0
Hepatitis C, total and (acute [‡])	380	468	1833	1700
Human immunodeficiency virus (HIV) +, known at intake	202	190	1,192	1,000
HIV screens, intake	6,586	5,190	40,334	30,834
HIV +, intake	32	39	240	204
HIV screens, offender- and provider-requested	807	765	5,129	4,318
HIV +, offender- and provider-requested	0	0	4	0
HIV screens, pre-release	3,563	3,611	24,287	24,238
HIV +, pre-release	0	0	5	1
Acquired immune deficiency syndrome (AIDS)	3	5	27	28
Methicillin-resistant <i>Staph Aureus</i> (MRSA)	49	67	413	369
Methicillin-sensitive <i>Staph Aureus</i> (MSSA)	53	57	276	258
Occupational exposures of TDCJ staff	8	9	72	52
Occupational exposures of medical staff	7	3	21	14
HIV chemoprophylaxis initiation	4	4	12	12
Tuberculosis skin test (ie, PPD) +, intake	228	159	1362	1629
Tuberculosis skin test +, annual	57	30	99	260
Tuberculosis, known (ie, on tuberculosis medications) at intake	2	3	6	7
Tuberculosis, diagnosed at intake and attributed to county of origin (identified before 42 days of incarceration)	2	0	5	8
Tuberculosis, diagnosed during incarceration (identified after 42 days of incarceration)	4	5	5	20
Tuberculosis cases under management	13	16		
Peer education programs [¶]	0	0	100	101
Peer education educators [∞]	105	46	4,072	3,601
Peer education participants	5,728	4,326	37,839	35,801
Sexual assault in-service (sessions/units)	0	10/10	21/16	40-29
Sexual assault in-service participants	0	116	332	432
Alleged assaults and chart reviews	42	71	357	439
Bloodborne exposure labs drawn on offenders	19	15	79	98
New Sero-conversions d/t sexual assault ±	0	1	0	2

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

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

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

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

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

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

July 2014

Reportable Condition	Reports			
	2014 This Month	2013 Same Month	2014 Year to Date*	2013 Year to Date*
Chlamydia	1	4	34	34
Gonorrhea	0	2	11	11
Syphilis	90	76	617	578
Hepatitis A	0	0	0	0
Hepatitis B, acute	0	0	0	0
Hepatitis C, total and (acute [‡])	286	486	2119	2186
Human immunodeficiency virus (HIV) +, known at intake	336	187	1528	1402
HIV screens, intake	9613	6810	49947	44454
HIV +, intake	47	45	287	289
HIV screens, offender- and provider-requested	1392	1482	6521	6556
HIV +, offender- and provider-requested	1	1	5	3
HIV screens, pre-release	6373	3706	30660	31626
HIV +, pre-release	0	0	5	1
Acquired immune deficiency syndrome (AIDS)	5	7	32	40
Methicillin-resistant <i>Staph Aureus</i> (MRSA)	72	52	485	421
Methicillin-sensitive <i>Staph Aureus</i> (MSSA)	33	33	309	291
Occupational exposures of TDCJ staff	12	17	84	69
Occupational exposures of medical staff	4	2	25	16
HIV chemoprophylaxis initiation	2	1	14	13
Tuberculosis skin test (ie, PPD) +, intake	292	107	1654	1736
Tuberculosis skin test +, annual	61	5	160	265
Tuberculosis, known (ie, on tuberculosis medications) at intake	2	4	8	7
Tuberculosis, diagnosed at intake and attributed to county of origin (identified before 42 days of incarceration)	0	0	5	4
Tuberculosis, diagnosed during incarceration (identified after 42 days of incarceration)	4	1	9	6
Tuberculosis cases under management				
Peer education programs [¶]	0	0	100	101
Peer education educators [∞]	44	25	4,116	3,626
Peer education participants	6,293	8,357	44,132	44,358
Sexual assault in-service (sessions/units)	20/8	1/1	41/24	41/30
Sexual assault in-service participants	198	2	530	434
Alleged assaults and chart reviews	34	81	391	520
Bloodborne exposure labs drawn on offenders	23	9	102	107
New Sero-conversions d/t sexual assault ±	0	0	0	2

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

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

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

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

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

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

August 2014

Reportable Condition	Reports			
	2014 This Month	2013 Same Month	2014 Year to Date*	2013 Year to Date*
Chlamydia	2	4	36	38
Gonorrhea	0	2	11	13
Syphilis	58	61	675	639
Hepatitis A	0	0	0	0
Hepatitis B, acute	0	0	0	0
Hepatitis C, total and (acute [‡])	312	332	1417	2091
Human immunodeficiency virus (HIV) +, known at intake	204	187	1,732	1,589
HIV screens, intake	6,230	6259	56,177	50,713
HIV +, intake	12	47	299	336
HIV screens, offender- and provider-requested	786	777	7,307	7,333
HIV +, offender- and provider-requested	0	2	5	5
HIV screens, pre-release	3,245	3,320	33,905	38,062
HIV +, pre-release	1	1	6	2
Acquired immune deficiency syndrome (AIDS)	11	3	43	43
Methicillin-resistant <i>Staph Aureus</i> (MRSA)	79	75	564	496
Methicillin-sensitive <i>Staph Aureus</i> (MSSA)	57	75	366	366
Occupational exposures of TDCJ staff	8	7	92	76
Occupational exposures of medical staff	3	4	29	20
HIV chemoprophylaxis initiation	1	3	15	16
Tuberculosis skin test (ie, PPD) +, intake	228	170	1882	1843
Tuberculosis skin test +, annual	47	1	207	266
Tuberculosis, known (ie, on tuberculosis medications) at intake	2	2	10	9
Tuberculosis, diagnosed at intake and attributed to county of origin (identified before 42 days of incarceration)	1	0	6	4
Tuberculosis, diagnosed during incarceration (identified after 42 days of incarceration)	1	2	10	9
Tuberculosis cases under management	11	19		
Peer education programs [¶]	1	0	101	99
Peer education educators [∞]	84	35	4,200	3,626
Peer education participants	6,033	5,010	50,165	49,368
Sexual assault in-service (sessions/units)	37/19	14/13	78/43	55/43
Sexual assault in-service participants	395	246	925	680
Alleged assaults and chart reviews	48	80	439	600
Bloodborne exposure labs drawn on offenders	23	28	125	135
New Sero-conversions d/t sexual assault ±	0	0	0	0

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

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

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

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

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

Health Services Liaison Utilization Review Hospital and Infirmiry Discharge Audit

During the Fourth Quarter of Fiscal Year 2014, ten percent of the UTMB and TTUHSC hospital and infirmiry discharges were audited. A total of 150 hospital discharge and 57 infirmiry discharge audits were conducted. This chart is a summary of the audits showing the number of cases with deficiencies and their percentage.

Freeworld Hospital Discharges in Texas Tech Sector											
Month	Audits Performed	Vital Signs Not Recorded ¹ (Cases with Deficiencies)		Appropriate Receiving Facility ² (Cases with Deficiencies)		No Chain-In Done ³ (Cases with Deficiencies)		Unscheduled Care within 7 Days ⁴ (Cases with Deficiencies)		Lacked Documentation ⁵ (Cases with Deficiencies)	
		June	5	0	N/A	0	N/A	0	N/A	0	N/A
July	6	0	N/A	0	N/A	0	N/A	0	N/A	3	50.00%
August	5	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Total/Average		0	N/A	0	N/A	0	N/A	0	N/A	4	25.00%
Freeworld Hospital Discharges in UTMB Sector											
Month	Audits Performed	Vital Signs Not Recorded ¹ (Cases with Deficiencies)		Appropriate Receiving Facility ² (Cases with Deficiencies)		No Chain-In Done ³ (Cases with Deficiencies)		Unscheduled Care within 7 Days ⁴ (Cases with Deficiencies)		Lacked Documentation ⁵ (Cases with Deficiencies)	
		June	25	0	N/A	0	N/A	0	N/A	0	N/A
July	27	0	N/A	0	N/A	1	3.70%	1	3.70%	0	N/A
August	30	0	N/A	0	N/A	0	N/A	2	6.67%	0	N/A
Total/Average		0	N/A	0	N/A	1	1.22%	3	3.66%	0	N/A
UTMB Hospital Galveston Discharges											
Month	Audits Performed	Vital Signs Not Recorded ¹ (Cases with Deficiencies)		Appropriate Receiving Facility ² (Cases with Deficiencies)		No Chain-In Done ³ (Cases with Deficiencies)		Unscheduled Care within 7 Days ⁴ (Cases with Deficiencies)		Lacked Documentation ⁵ (Cases with Deficiencies)	
		June	19	0	N/A	0	N/A	1	5.26%	1	5.26%
July	18	0	N/A	0	N/A	1	5.56%	0	N/A	0	N/A
August	15	0	N/A	0	N/A	1	6.67%	0	N/A	0	N/A
Total/Average		0	N/A	0	N/A	3	5.77%	1	1.92%	0	N/A
GRAND TOTAL: Combined Hospital Discharges (Texas Tech Sector, UTMB Sector and Hospital Galveston)											
Month	Audits Performed	Vital Signs Not Recorded ¹ (Cases with Deficiencies)		Appropriate Receiving Facility ² (Cases with Deficiencies)		No Chain-In Done ³ (Cases with Deficiencies)		Unscheduled Care within 7 Days ⁴ (Cases with Deficiencies)		Lacked Documentation ⁵ (Cases with Deficiencies)	
		June	49	0	N/A	0	N/A	1	2.04%	0	N/A
July	51	0	N/A	0	N/A	2	3.92%	1	1.96%	3	5.88%
August	50	0	N/A	0	N/A	4	8.00%	2	4.00%	0	N/A
Total/Average		0	N/A	0	N/A	4	2.67%	4	2.67%	4	2.67%
Texas Tech Infirmiry Discharges											
Month	Audits Performed	Vital Signs Not Recorded ¹ (Cases with Deficiencies)		Appropriate Receiving Facility ² (Cases with Deficiencies)		No Chain-In Done ³ (Cases with Deficiencies)		Unscheduled Care within 7 Days ⁴ (Cases with Deficiencies)		Lacked Documentation ⁵ (Cases with Deficiencies)	
		June	7	0	N/A	0	N/A	1	14.29%	0	N/A
July	9	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
August	13	0	N/A	0	N/A	1	7.69%	0	N/A	0	N/A
Total/Average		0	N/A	0	N/A	2	6.90%	0	N/A	0	N/A
UTMB Infirmiry Discharges											
Month	Audits Performed	Vital Signs Not Recorded ¹ (Cases with Deficiencies)		Appropriate Receiving Facility ² (Cases with Deficiencies)		No Chain-In Done ³ (Cases with Deficiencies)		Unscheduled Care within 7 Days ⁴ (Cases with Deficiencies)		Lacked Documentation ⁵ (Cases with Deficiencies)	
		June	8	0	N/A	0	N/A	0	N/A	0	N/A
July	10	0	N/A	0	N/A	1	10.00%	0	N/A	0	N/A
August	10	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Total/Average		0	N/A	0	N/A	1	3.57%	0	N/A	0	N/A
GRAND TOTAL: Combined Infirmiry Discharges (Texas Tech and UTMB)											
Month	Audits Performed	Vital Signs Not Recorded ¹ (Cases with Deficiencies)		Appropriate Receiving Facility ² (Cases with Deficiencies)		No Chain-In Done ³ (Cases with Deficiencies)		Unscheduled Care within 7 Days ⁴ (Cases with Deficiencies)		Lacked Documentation ⁵ (Cases with Deficiencies)	
		June	15	0	N/A	0	N/A	1	6.67%	0	N/A
July	19	0	N/A	0	N/A	1	5.26%	0	N/A	0	N/A
August	23	0	N/A	0	N/A	1	4.35%	0	N/A	0	N/A
Total/Average		0	N/A	0	N/A	3	5.26%	0	N/A	0	N/A

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 Bill Clements, Michael, Middleton and Wynne) 4. The offender required unscheduled medical care related to the admitting diagnosis within the first seven days after discharge. 5. Discharge information was not available in the offender's electronic medical record within 24 hours of arriving at the unit.

**FIXED ASSETS CONTRACT MONITORING AUDIT
BY UNIT
FOURTH QUARTER, FISCAL YEAR 2014**

June 2014	Numbered Property On Inventory Report	Total Number of Deletions	Total Number of Transfers	Total Number of New Equipment
Bridgeport PPT	NA	NA	NA	NA
Montford	168	19	0	0
Tulia	18	0	0	0
West Texas ISF	NA	NA	NA	NA
Total	186	19	0	0

July 2014	Numbered Property On Inventory Report	Total Number of Deletions	Total Number of Transfers	Total Number of New Equipment
Formby	27	0	0	0
Wallace	25	0	0	0
Ware	19	0	0	0
Wheeler	70	0	0	0
Total	141	0	0	0

August 2014	Numbered Property On Inventory Report	Total Number of Deletions	Total Number of Transfers	Total Number of New Equipment
Hobby	35	0	0	0
Marlin	20	0	0	0
Polunsky	74	0	0	0
Total	129	0	0	0

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

Audit Tools	June	July	August	Total
Total number of units audited	4	4	3	11
Total numbered property	186	141	129	456
Total number out of compliance	0	0	0	0
Total % out of compliance	0.00%	0.00%	0.00%	0.00%

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

University of Texas Medical Branch

Unit	Audit Date	% Compliance	
		Mandatory	Non-Mandatory
Polunsky	June 9, 2014	100%	98.6%
Briscoe/Cotulla	June 23, 2014	100%	99.0%
Cole/Moore	July 7, 2014	100%	98.4%
Gist	July 21, 2014	100%	99.0%
LeBlanc	July 23, 2014	100%	98.6%

Texas Tech University Health Science Center

Unit	Audit Date	% Compliance	
		Mandatory	Non-Mandatory
N/A			

The ACA Summer Conference was held in Salt Lake City, UT on August 15, 2014. During this conference, the following units were awarded reaccreditation by the ACA Panel of Commissioners: Glossbrenner, Formby/Wheeler, Wynne, Woodman, Roach, Estelle, Skyview/Hodge, Torres/Ney, Jordan/Baten, and Ramsey.

Executive Services
Active Monthly Academic Research Projects
Correctional Institutions Division

FY-2014 Fourth Quarterly Report: June, July and August

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

Proponent:
Sam Houston State University

Data Collection End:
8/1/2004

Project Status:
Data Analysis

Progress Report Due:
7/16/2014

Projected Completion:
7/21/2016

Project Number: 202-RL02

Researcher:
Kymn Kochanek

IRB Number:
020502

IRB Expiration Date:
4/3/2015

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

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

Data Collection End:
7/1/2014

Project Status:
Data Analysis-Round 16 complete

Progress Report Due:
3/4/2015

Projected Completion:
7/31/2014

Project Number: 221-RL02

Researcher:
Kymn Kochanek

IRB Number:
000967

IRB Expiration Date:
5/20/2015

Research Began:
6/6/2002

Title of Research:
National Longitudinal Survey of Youth 1979 (for Bureau of Labor Statistics)

Data Collection Began:

Proponent:
NORC at the University of Chicago

Data Collection End:

Project Status:
Data Collection-Round 26
to begin on 10/1/2014

Progress Report Due:
3/4/2015

Projected Completion:
9/28/2015

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

Data Collection End:
5/31/2012

Proponent:

University of Texas- Austin

Project Status:

Data Analysis

Progress Report Due:

3/4/2015

Projected Completion:

12/13/2014

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

Project Status:

Pending Manuscript Review

Progress Report Due:

3/17/2014

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:
1/5/2007

Data Collection End:
7/24/2007

Proponent:

University of Texas-Austin

Project Status:

Data Analysis

Progress Report Due:

7/9/2014

Projected Completion:

6/6/2014

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

Data Collection End:
5/31/2014

Proponent:

Texas Tech University

Project Status:

Data Analysis

Progress Report Due:

12/9/2014

Projected Completion:

12/31/2014

Project Number: 587-AR09

Researcher:
Marcus Boccaccini

IRB Number:
2009-04-032

IRB Expiration Date:
6/23/2015

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:
7/15/2010

Data Collection End:

Proponent:
Sam Houston State University

Project Status:
Data Collection

Progress Report Due:
3/2/2015

Projected Completion:
7/15/2017

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:
3/2/2015

Projected Completion:
8/29/2015

Project Number: 599-AR09

Researcher:
Julian Cano

IRB Number:
FWA#0000203

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:
4/29/2010

Proponent:
University of Texas - Austin

Project Status:
Data Analysis

Progress Report Due:
3/2/2015

Projected Completion:
12/31/2015

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:
9/17/2014

Projected Completion:
3/31/2015

Project Number: 605-AR10

Researcher:
Patrick Flynn

IRB Number:
SUM 13-04-

IRB Expiration Date:
6/24/2015

Research Began:
10/3/2011

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

Data Collection Began:
10/3/2011

Data Collection End:

Proponent:
Texas Christian University

Project Status:
Data Collection

Progress Report Due:
2/28/2015

Projected Completion:
7/28/2015

Project Number: 622-AR11

Researcher:
Andrew Wiegand

IRB Number:
00003522

IRB Expiration Date:
12/11/2014

Research Began:
7/14/2011

Title of Research:
Evaluation of the Reintegration of Ex-Offenders (RExO) Project

Data Collection Began:
3/28/2012

Data Collection End:

Proponent:
Social Policy Research Associates

Project Status:
Data Collection

Progress Report Due:
3/5/2015

Projected Completion:
5/1/2015

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:
10/25/2011

Data Collection End:
4/2/2012

Proponent:
Sam Houston State University

Project Status:
Data Analysis

Progress Report Due:
2/25/2015

Projected Completion:
12/31/2014

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

Data Collection End:
11/10/2011

Proponent:
Sam Houston State University

Project Status:
Data Analysis

Progress Report Due:
3/15/2015

Projected Completion:

Project Number: 642-AR11

Researcher: Gaylene Armstrong/Bouf
IRB Number: 2011-09-074
IRB Expiration Date: 10/28/2012
Research Began: 10/28/2012

Title of Research: SHSU Workplace Experience Survey
Data Collection Began: 1/31/2012

Proponent: Sam Houston State University
Data Collection End: 5/15/2012

Project Status: Discussing New Research Plan
Progress Report Due: 11/15/2012
Projected Completion:

Project Number: 661-AR12

Researcher: Byron Johnson
IRB Number: 498996-1
IRB Expiration Date: 8/28/2015
Research Began: 1/7/2013

Title of Research: Assessing the Long-Term Effectiveness of Seminars 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: 10/7/2014
Projected Completion: 8/31/2017

Project Number: 664-AR12

Researcher: Scott Walters
IRB Number: 2011-125
IRB Expiration Date: 5/6/2015
Research Began: 1/1/2013

Title of Research: In-Person vs. Computer Interventions for Increasing Probation Compliance
Data Collection Began: 1/1/2013

Proponent: University of North Texas
Data Collection End:

Project Status: Data Collection
Progress Report Due: 3/2/2015
Projected Completion: 6/1/2015

Project Number: 666-AR12

Researcher: Jesus Amadeo
IRB Number: N/A
IRB Expiration Date:
Research Began: 12/28/2012

Title of Research: Enhanced Transitional Jobs Demonstration
Data Collection Began: 12/28/2012

Proponent: MDRC
Data Collection End:

Project Status: Project is external, TDCJ to provide follow up data only. MOU dated 12/21/12. Project will run through 2017
Progress Report Due:
Projected Completion: 12/31/2017

Project Number: 671-AR13

Researcher:
Bridget Williamson

IRB Number:
EXEMPT

IRB Expiration Date:

Research Began:
9/3/2013

Title of Research:

Female Sex Offender Recidivism: Risk and Assessment

Data Collection Began:
9/27/2013

Data Collection End:

Proponent:

Sam Houston State University

Project Status:

Data Collection

Progress Report Due:

2/15/2015

Projected Completion:

11/15/2014

Project Number: 676-AR13

Researcher:
Candace Johnson

IRB Number:
10.11.04

IRB Expiration Date:
11/4/2014

Research Began:
11/12/2013

Title of Research:

Reintegration of Ex-Offenders Random Assignment Evaluation (RExO)-2

Data Collection Began:
11/12/2013

Data Collection End:
5/30/2014

Proponent:

University of Chicago

Project Status:

Data Analysis-Round 3

Progress Report Due:

1/15/2015

Projected Completion:

7/11/2014

Project Number: 681-AR13

Researcher:
Sheremetria Taylor

IRB Number:
Exempt

IRB Expiration Date:

Research Began:
6/20/2013

Title of Research:

An Examination of Rural Factors and Re-Incarceration Rates Among
Female Offenders

Data Collection Began:
6/20/2013

Data Collection End:

Proponent:

Capella University - Minneapolis

Project Status:

Data Collection

Progress Report Due:

12/12/2014

Projected Completion:

12/1/2014

Project Number: 686-AR13

Researcher:
Jeffrey Bouffard

IRB Number:
10-12362

IRB Expiration Date:
10/12/2014

Research Began:
10/14/2013

Title of Research:

Criminal Decision Making Among Adult Felony Inmates

Data Collection Began:
3/25/2014

Data Collection End:
6/12/2014

Proponent:

Sam Houston State University

Project Status:

Data Analysis

Progress Report Due:

12/12/2014

Projected Completion:

1/19/2015

Project Number: 692-AR14

Researcher:
Jacqueline Hogan

IRB Number:
N/A

IRB Expiration Date:

Research Began:
1/22/2014

Title of Research:
U.S. Department of Education

Data Collection Began:
2/10/2014

Proponent:
United States Department of Education

Data Collection End:
6/13/2014

Project Status:
Data Analysis

Progress Report Due:
3/4/2015

Projected Completion:
12/31/2015

Executive Services
Pending Monthly Academic Research Projects
Correctional Institutions Division

FY-2014 Fourth Quarterly Report: June, July and August

Project **688-AR13**

Researcher:
Olufunto Olusanya

IRB Number:
2013-0623

Application Received:
10/31/2013

Application Completed:
11/1/2013

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

Division Review Requested:
2/6/2014

Proponent:
Texas A & M University

Reviewer:
Approved with Conditions

Review Status:
Pending Review of Researcher's
Response to Conditions

Detail: Sent email 03/25/14 & 09/09/14 to researcher for clarification
on publication of this information

Project **695-AR14**

Researcher:
Faye Taxman

IRB Number:
FWA 0003522

Application Received:
2/13/2014

Application Completed:
6/3/2014

Title of Research:
Evaluation of the Multi-site Demonstration Field Experiment:
What Works in Reentry Research (GMU / MDRC - Parolees)

Division Review Requested:
6/13/2014

Proponent:
George Mason University

Reviewer:
Approved with Conditions

Review Status:
Pending Receipt of Research
Agreement

Detail: Pending completion of pages 4 and 5 of agreement for Bloom
requested on 09/09/14

Executive Services
Active Monthly Medical Research Projects
Health Services Division

FY-2014 Fourth Quarterly Report: June, July and August

Project Number: 615-RM10

Researcher: John Petersen **IRB Number:** 11-069 **IRB Expiration Date:** 1/10/2015 **Research Began:** 9/12/2013

Title of Research: Serum Markers of Hepatocellular Cancer **Data Collection Began:** 9/12/2013

Data Collection End:

Proponent:
University of Texas Medical Branch at Galveston

Project Status: Data Collection **Progress Report Due:** 2/26/2015 **Projected Completion:** 1/1/2020

Project Number: 623-RM11

Researcher: Maurice Willis **IRB Number:** 10-191 **IRB Expiration Date:** 4/25/2015 **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:** 3/4/2015 **Projected Completion:** 3/31/2015

Executive Services
Pending Monthly Medical Research Projects
Health Services Division

FY-2014 Fourth Quarterly Report: June, July and August

Project **689-RM13**

Researcher:
Troy Quast

IRB Number:
2013-12371

Application Received:
11/7/2013

Application Completed:
12/12/2013

Title of Research:
Impact of the Annual Health Care Services Fee

Division Review Requested:
9/11/2014

Proponent:
Sam Houston State University

Reviewer:
Pending

Review Status:
Pending HS and OGC
Division Review

Detail:

Project **698-RM14**

Researcher:
Lindsey Hunter-Ellul

IRB Number:
140010

Application Received:
3/27/2014

Application Completed:
3/27/2014

Title of Research:
Evaluation of Inpatient Dermatologic Consultations: A 3- Year
Retrospective Review at a Texas Tertiary Care Center

Division Review Requested:
9/10/2014

Proponent:
University of Texas Medical Branch at Galveston

Reviewer:
Pending

Review Status:
Pending HS Division Review

Detail:

Project **703-RM14**

Researcher:
Joseph Sonstein

IRB Number:
13-037

Application Received:
4/7/2014

Application Completed:
5/14/2014

Title of Research:
Prostate Cancer in the Texas Prison System

Division Review Requested:
6/26/2014

Proponent:
UTMB

Reviewer:
Pending

Review Status:
Pending HS Division Review

Detail:

Project 705-RM14

Researcher:
Mostafa Borahay

IRB Number:
13-0428

Application Received:

3/13/2014

Application Completed:

3/27/2014

Title of Research:

Prospective Study of Clinical Outcomes and Cost Analysis of Robotic Gynecologic Surgery

Division Review Requested:

6/27/2014

Proponent:

UTMB

Reviewer:

Pending

Review Status:

Pending HS Division Review

Detail:

Project 706-RM14

Researcher:
Mostafa Borahay

IRB Number:
13-084

Application Received:

3/13/2014

Application Completed:

3/27/2014

Title of Research:

Retrospective Review of Clinical Outcomes and Cost Analysis of Robotic Gynecologic Surgery

Division Review Requested:

7/7/2014

Proponent:

UTMB

Reviewer:

Pending

Review Status:

Pending HS Division Review

Detail:

Project 707-RM14

Researcher:
Mostafa Borahay

IRB Number:
10-229

Application Received:

3/13/2014

Application Completed:

3/27/2014

Title of Research:

Study of mediators and potential therapeutics in uterine fibroids and endometriosis

Division Review Requested:

7/7/2014

Proponent:

UTMB

Reviewer:

Pending

Review Status:

Pending HS Division Review

Detail:

Project 709-RM14

Researcher:
Celia Chao

IRB Number:
14-0018

Application Received:

7/15/2014

Application Completed:

7/15/2014

Title of Research:

A Pilot Study to Correlate Cancer Diagnosis with Urine Thiosulfate

Division Review Requested:

9/15/2014

Proponent:

UTMB

Reviewer:

Pending

Review Status:

Pending HS Division Review

Detail:

Project 711-RM14

Researcher:
Celia Chao

IRB Number:
11-168

Application Received:

7/24/2014

Application Completed:

8/6/2014

Title of Research:

Diseases of the Colon and Rectum

Division Review Requested:

8/13/2014

Proponent:

UTMB

Reviewer:

Pending

Review Status:

Pending HS Division Review

Detail:

Project 697-AR14

Researcher:
Jodi Walton

IRB Number:
0557

Application Received:
4/18/2014

Application Completed:
8/1/2014

Title of Research:
Enhanced Transitional Jobs Demonstration (ETJD) - MDRC - Jail
Research Project

Division Review Requested:
8/13/2014

Proponent:
MDRC

Reviewer:
Pending

Review Status:
Pending CID Review

Detail:

Project 712-AR14

Researcher:
Tara Wilson

IRB Number:

Application Received:
8/12/2014

Application Completed:
8/18/2014

Title of Research:
Evaluation of the "My Dad Reads to Me Program"

Division Review Requested:
9/11/2014

Proponent:
Sam Houston State University

Reviewer:
Pending

Review Status:
Pending IRB Approval
Pending OGC Review

Detail:

4th Quarter FY 2014
TDCJ Office of Mental Health Monitoring & Liaison
Administrative Segregation Audit Summary

Date	*Unit	Observed	Interviewed	Mental Health Referrals	Requests Fwd	911 Tool	ATC 4	ATC 5	ATC 6
06/11-12/2014	Michael	435	387	0	8	100	83	100	100
06/16/2014	Murray	100	100	0	5	100	100	100	100
06/20/2014	Pack	11	11	0	0	100	100	100	100
07/02-03/2014	Hughes	223	187	1	7	100	100	100	100
07/09/2014	Lychner	15	15	0	0	100	100	100	100
07/09-10-2014	Smith	173	117	0	6	100	100	100	100
07/16/2014	Clemens	2	2	0	0	100	100	100	100
07/16-17/2014	Stiles	438	353	1	6	100	100	100	100
07/23-24/2014	Telford	437	363	0	8	100	100	100	100
07/24/2014	Gist	9	9	0	0	100	100	100	100
08/06-07/2014	Robertson	293	246	1	5	100	100	100	100
8/7/2014	Formby	26	26	0	2	100	100	100	100
08/13-14/2014	Coffield	518	404	1	6	100	100	100	100
08/20-21/2014	Ferguson	384	293	0	9	100	100	100	100
8/21/2014	Travis	5	5	0	0	100	100	100	100
8/22/2004	Bartlett	7	7	0	0	100	NSP	NSP	NSP
08/25-26/2014	Eastham	287	244	0	9	100	100	100	100
Total	17	3,363	2,769	4	71				

*There were no offenders in Ad Seg at the Luther and Goree units during the June 2014 audit period.

*There were no offenders in Ad Seg at the Plane unit during the July 2014 audit period.

INTAKE MENTAL HEALTH EVALUATION (MHE) AUDIT
Conducted in 4th Quarter 2014
Period Audited—June, July, August 2014

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	14	14	14	0	100
Bradshaw State Jail	19	15	11	4	73
Byrd Unit	16	12	10	4	83
Dominguez State Jail	19	18	12	1	67
Formby State Jail	9	7	5	2	71
Garza Transfer Facility	20	18	18	2	100
Gist State Jail	18	18	16	0	89
Glossbrenner SAFPF	3	3	3	0	100
Gurney Transfer Facility	20	19	16	1	84
Halbert SAFPF	20	20	19	0	95
Holliday Transfer Facility	20	20	19	0	95
Hutchins State Jail	20	19	16	1	84
Jester I SAFPF	20	20	20	0	100
Johnston SAFPF	20	20	19	0	95
Kyle SAFPF	0	0	0	0	N/A
Lindsey State Jail	20	20	19	0	95
Lychner State Jail	20	19	14	1	74
Middleton Transfer Facility	20	20	20	0	100
Plane State Jail	20	20	16	0	85
Roach	0	0	0	0	N/A
Sanchez State Jail	4	3	3	1	100
Sayle SAFPF	10	10	6	0	60
Travis State Jail	13	13	13	0	100
Woodman State Jail	20	10	6	10	60
GRAND TOTAL	365	338	295	27	

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

4th Quarter 2014

Audits Conducted in June, July, and August 2014

UNIT	Audit Month	Criteria for Compelled Meds Documented in Medical Record¹				
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		Reviewed	Applicable	Compliant	Score	Corrective Action
Montford	May 2014	2	2	2	100	N/A
Clements	May 2014	0	0	N/A	N/A	N/A
Skyview	May 2014	5	5	5	100	N/A
Jester IV	May 2014	3	3	3	100	N/A

		Reviewed	Applicable	Compliant	Score	Corrective Action
Montford	June 2014	2	2	2	100	N/A
Clements	June 2014	0	0	N/A	N/A	N/A
Skyview	June 2014	6	6	6	100	N/A
Jester IV	June 2014	4	4	4	100	N/A

		Reviewed	Applicable	Compliant	Score	Corrective Action
Montford	July 2014	0	0	N/A	N/A	N/A
Clements	July 2014	0	0	N/A	N/A	N/A
Skyview	July 2014	6	6	6	100	N/A
Jester IV	July 2014	6	6	6	100	N/A

1. 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.

Consent Item

University Medical Director's Report

The University of Texas Medical Branch



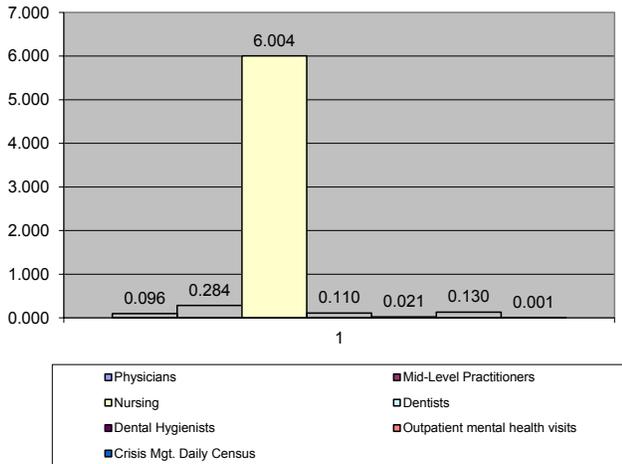
**Correctional Health Care
MEDICAL DIRECTOR'S REPORT**

**FOURTH QUARTER
FY 2014**

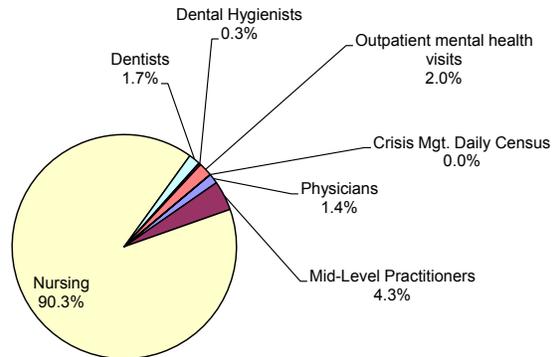
Medical Director's Report:

Average Population	June		July		August		Qtly Average	
	118,406		118,342		118,199		118,316	
	Number	Rate Per Offender						
Medical encounters								
Physicians	11,700	0.099	12,276	0.104	10,137	0.086	11,371	0.096
Mid-Level Practitioners	33,309	0.281	34,760	0.294	32,791	0.277	33,620	0.284
Nursing	735,672	6.213	703,906	5.948	691,664	5.852	710,414	6.004
Sub-total	780,681	6.593	750,942	6.346	734,592	6.215	755,405	6.385
Dental encounters								
Dentists	13,075	0.110	13,370	0.113	12,580	0.106	13,008	0.110
Dental Hygienists	2,558	0.022	2,434	0.021	2,588	0.022	2,527	0.021
Sub-total	15,633	0.132	15,804	0.134	15,168	0.128	15,535	0.131
Mental health encounters								
Outpatient mental health visits	15,355	0.130	15,953	0.135	15,012	0.127	15,440	0.130
Crisis Mgt. Daily Census	66	0.001	67	0.001	67	0.001	67	0.001
Sub-total	15,421	0.130	16,020	0.135	15,079	0.128	15,507	0.131
Total encounters	811,735	6.856	782,766	6.614	764,839	6.471	786,447	6.647

Encounters as Rate Per Offender Per Month



Encounters by Type

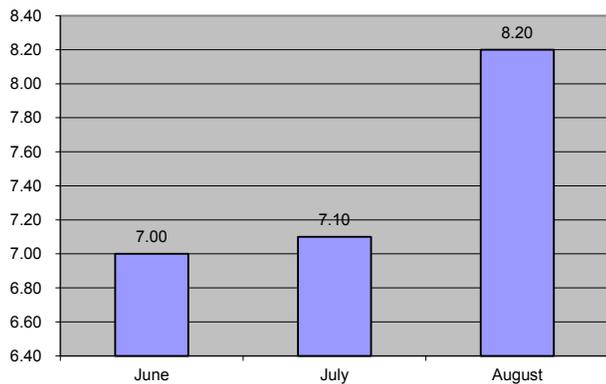


Medical Director's Report (Page 2):

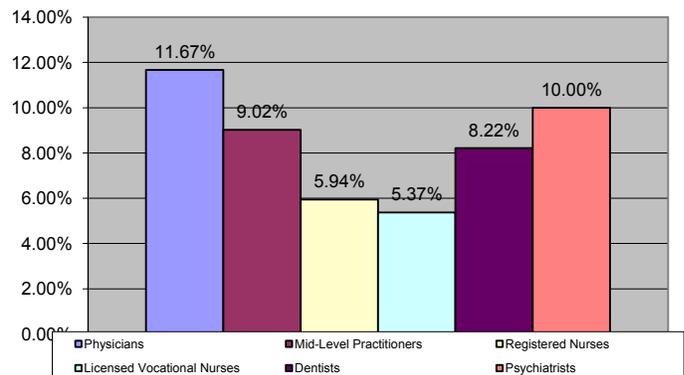
	June	July	August	Qtly Average
Medical Inpatient Facilities				
Average Daily Census	77.20	74.30	78.80	76.77
Number of Admissions	329.00	324.00	298.00	317.00
Average Length of Stay	7.00	7.10	8.20	7.43
Number of Clinic Visits	5,752.00	3,604.00	3,847.00	4,401.00
Mental Health Inpatient Facilities				
Average Daily Census	990.47	1,002.88	1,000.16	997.84
PAMIO/MROP Census	703.30	727.53	698.87	709.90
Telemedicine Consults	9,575	11,026	9,722	10,107.67

Health Care Staffing	Average This Quarter			Percent Vacant
	Filled	Vacant	Total	
Physicians	53.00	7.00	60.00	11.67%
Mid-Level Practitioners	121.00	12.00	133.00	9.02%
Registered Nurses	285.00	18.00	303.00	5.94%
Licensed Vocational Nurses	546.00	31.00	577.00	5.37%
Dentists	67.00	6.00	73.00	8.22%
Psychiatrists	18.00	2.00	20.00	10.00%

Average Length of Stay



Staffing Vacancy Rates



Consent Item

University Medical Director's Report

Texas Tech University
Health Sciences Center

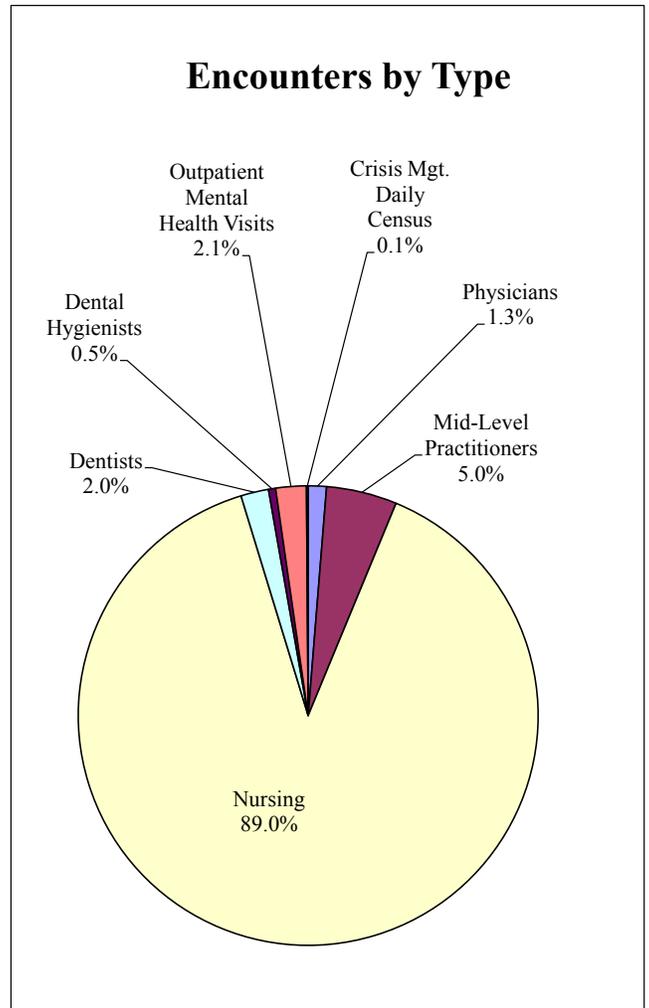
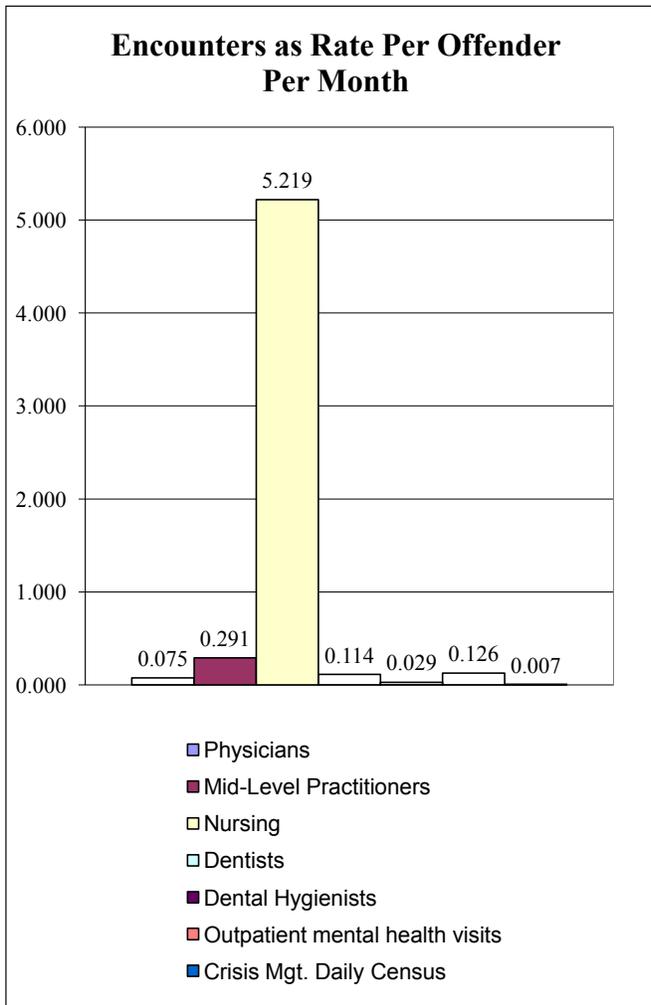


**Correctional Health Care
MEDICAL DIRECTOR'S REPORT**

**FOURTH QUARTER
FY 2014**

Medical Director's Report:

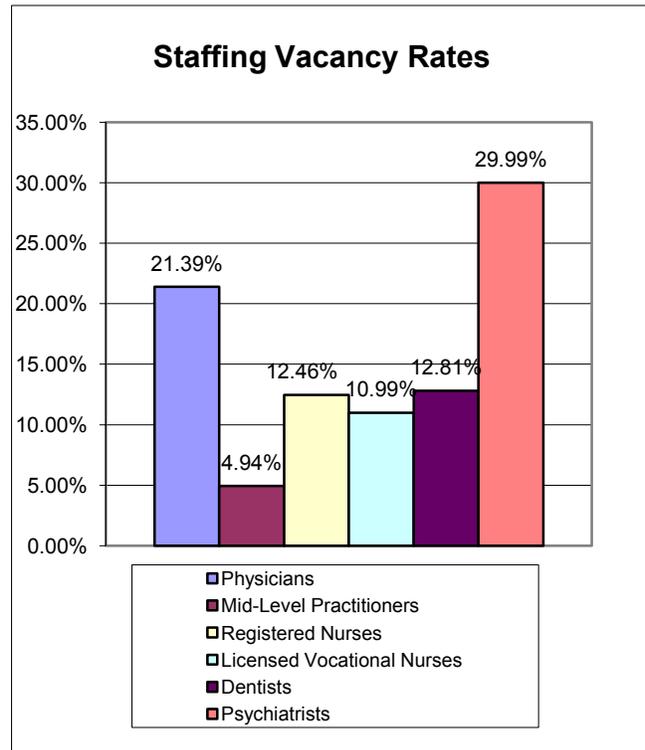
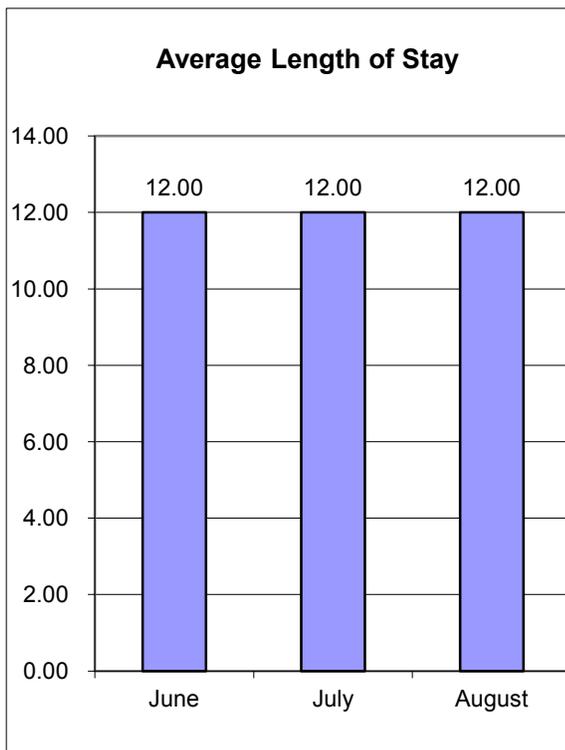
Average Population	June 31,384	July 31,585	August 31,546	Qtly Average 31,505				
Medical encounters								
Physicians	2,504	0.080	2,454	0.078	2,134	0.068	2,364	0.075
Mid-Level Practitioners	9,217	0.294	9,478	0.300	8,810	0.279	9,168	0.291
Nursing	174,690	5.566	169,182	5.356	149,419	4.737	164,430	5.219
Sub-total	186,411	5.940	181,114	5.734	160,363	5.083	175,963	5.585
Dental encounters								
Dentists	3,740	0.119	3,719	0.118	3,356	0.106	3,605	0.114
Dental Hygienists	959	0.031	968	0.031	842	0.027	923	0.029
Sub-total	4,699	0.150	4,687	0.148	4,198	0.133	4,528	0.144
Mental health encounters								
Outpatient mental health visits	4,070	0.130	3,962	0.125	3,876	0.123	3,969	0.126
Crisis Mgt. Daily Census	186	0.006	198	0.006	264	0.008	216	0.007
Sub-total	4,256	0.136	4,160	0.132	4,140	0.131	4,185	0.133
Total encounters	195,366	6.225	189,961	6.014	168,701	5.348	184,676	5.862



Medical Director's Report (Page 2):

	June	July	August	Qtly Average
Medical Inpatient Facilities				
Average Daily Census	111.00	115.00	111.00	112.33
Number of Admissions	206.00	218.00	254.00	226.00
Average Length of Stay	12.00	12.00	12.00	12.00
Number of Clinic Visits	560.00	654.00	612.00	608.67
Mental Health Inpatient Facilities				
Average Daily Census	458.00	450.00	444.00	450.67
PAMIO/MROP Census	433.00	435.00	418.00	428.67
Specialty Referrals Completed	903	1,003	1,002	969.33
Telemedicine Consults	781	1,057	947	928.33

Health Care Staffing	Average This Quarter			Percent Vacant
	Filled	Vacant	Total	
Physicians	15.99	4.35	20.34	21.39%
Mid-Level Practitioners	38.50	2.00	40.50	4.94%
Registered Nurses	139.44	19.85	159.29	12.46%
Licensed Vocational Nurses	283.95	35.05	319.00	10.99%
Dentists	16.68	2.45	19.13	12.81%
Psychiatrists	5.44	2.33	7.77	29.99%



Consent Item

Summary of CMHCC Joint Committee/
Work Group Activities

Correctional Managed Health Care Joint Committee/Work Group Activity Summary for December 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: November 13, 2014

Key Activities:

- (1) Call to Order
- (2) 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
 - 1. Dental
 - 2. Mental Health
 - 3. Nursing
 - 4. Medical
- B. CMHCC Updates

Miscellaneous/Open for Discussion Participants:

- A. ATC Accuracy Evaluation
- B. Nurse Protocol Audits
- C. QI/QM Nurse Site Visit Audits

Adjournment

Joint Policy and Procedure Committee

Co-Chair: Cynthia Ho, MD, MPH, CWS

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: October 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 - Mike Jones, RN, BSN
- D. Medical Passes – Committee to be decided

Old Business:

G-51.5 Certified American Sign Language (ASL) Interpreter Services

New Business:

The Following Policies Were Reviewed:

A-09.1; A-10.1; A-11.1*; A-11.2; A-12.1*; A-12.2; A-13.1; C-24.1, C-25.1; D-30.1; D-30.2; E-36.7*; E-42.2*; E-42.3*; E-43.1*; E-43.2; E-44.1; E-44.2*; F-50.1; G-55.1; G-56.1; G-57.1*; G-59.2; G-59.3*; H-64.1*; H-65.1; I-66.2; I-66.3; I-67.1*; I-70.2; I-71.2*; I-72.1

The Following Policies Were Submitted for Changes and Updates:

- A-08.4 Offender Medical and Mental Health Classification
- A-08.4 Attachment A – Guidelines for Completing the Health Summary for Classification Form
- A-08.6 Attachment B – MRIS Standard Operating Procedure for Completing Medical Summary
- A-11.1 Procedure in the Event of an Offender Death
- A-12.1 Grievance Mechanism
- A-12.1 Attachment C – Informal Resolution Process
- A-13.1 Physician Peer Review
- C-24.1 Staffing Levels
- D-27.2 Heat Stress
- D-27.2 Attachment A – Drugs Associated with Heat Stress
- D-27.2 Attachment B – Comorbidities that May Affect Heat Tolerance
- D-27.2 Attachment C – Heat-Related Illness Reporting Form
- E-41.2 Attachment A – Inventory List
- E-42.2 Missed Clinic Appointment
- E-42.3 Transportation of Infirm and Inpatient Mental Health Offenders
- E-42.3 Attachment A – Authorization to Leave the Inpatient Setting
- E-44.2 Attachment A – Health Services
- F-47.1 Therapeutic Diets and Food Allergies
- F-50.1 Tobacco Free Environment
- G-51.5 Certified American Sign Language (ASL) Interpreter Services
- G-55.1 Pregnant Offenders
- G-56.1 Alcohol or Other Drug Dependent Offenders
- G-57.1 Sexual Assault
- G-57.1 Attachment A – Penal Code, Chapter 22. – Assaultive Offenses
- G-57.1 Attachment B – Code of Criminal Procedure, Chapter 56. – Rights of Crime Victims, Subchapter A. – Crime Victims’ Rights
- G-59.2 Optical Prostheses and Appliances
- G-59.3 Attachment A – Medical Conditions not Suitable for B&L Referral
- H-64.1 Transfer of Health Records
- I-66.2 Therapeutic Restraint of Mental Health Patients
- I-66.3 Psychiatric Inpatient Seclusion
- I-67.1 Compelled Psychoactive Medication for Mental Illness
- I-70.2 Consent for Admission to Inpatient Psychiatric Care

Adjournment

- Next Meeting Date is January 8, 2015.

Joint Pharmacy and Therapeutics Committee

Chair: Susan Morris, MD

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

Meeting Date: September 11, 2014

Key Activities:

Approval of Minutes from July 10, 2014 Meeting

Reports from Subcommittees:

- A. DMG Triage – Dr. Sandmann
- B. HIV – Dr. Sandmann
- C. Hyperlipidemia - Dr. Munch
- D. Opioid Discontinuation – Dr. Smith
- E. Psychiatry – Dr. Koranek
 1. Benzodiazepine Discontinuation DMG
 2. Benzodiazepine Withdrawal Note builder Template

Monthly Reports

- A. Adverse Drug Reaction Reports (None)
- B. Pharmacy Clinical Activity Report
- C. Drug Recalls (July – August 2014)
- D. Non-formulary Deferral Reports
 1. UTMB Sector (July – August 2014)
 2. Texas Tech Sector (June 2014)
- E. Quarterly Medication Error Reports – (4th quarter to be reported in November)
- F. Utilization Reports (FY14 through June 2014)
 1. HIV Utilization
 2. Hepatitis C Utilization
 3. Hepatitis B Utilization
 4. Psychotropic Utilization
- G. Special Reports (4th quarter to be reported in November)
- H. Policy Review Schedule

Old Business

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

New Business

- A. Action Requests
 - 1. Formulary Addition Request of Haldol 10mg Tablets
 - 2. CMHC Heat Stress Policy Revisions
- B. Joint Commissary Committee Reports
- C. Drug Category Review
 - 1. Anti-hypertensive Agents
 - 2. Endocrinology Agents
- D. Medication Use Evaluation
 - 1. Vitamin B12 with Peginterferon and Ribavirin in the Treatment of HCV
 - 2. Albuterol/Ipratropium Nebulizer MUE
- E. FDA Medication Safety Advisories (None)
- F. Manufacturer Shortages and Discontinuations
- G. Policy and Procedure Revisions
 - 1. Pharmacy and Therapeutics Committee (05-05)
 - 2. Non-Formulary Medications (05-10)
 - 3. Additions to the Correctional Managed Care Formulary (05-15)
 - 4. Prescribing and Ordering Medications (10-05)
 - 5. Automatic Stop Orders for Drugs (10-10)
 - 6. Investigational Drugs within Correctional Managed Care Facilities (10-20)
 - 7. Medications Restricted to Specific Protocols for Use (10-25)
 - 8. Ordering Floor Stock Medication (10-30)
 - 9. Ordering Warehouse Medication (10-35)

Miscellaneous

Adjournment

Joint Infection Control Committee

Co-Chair: Dr. Carol Coglianese

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

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

Meeting Date: October 9, 2014

Key Activities:

Reviewed and Approved Minutes from Previous Meeting

Public Health Update

- A. Chris Black-Edwards – HIV
- B. Latasha Hill, LVN – Occupational Exposure, MRSA & MSSA
- C. Anthony Turner – Syphilis
- D. Chris Black-Edwards - Tuberculosis
- E. Sandra Jones, RN – Sexual Assault Nurse Examiner
- F. Dianna Langley – Peer Education

Old Business

None

New Business

- a. B-14.3 Employee TB Testing
- b. Proposed Calendar Schedule for 2015

CID – Operational Review Audit (ORA)

Policies Under Review

- a. B-14.31 – Personal Protective Equipment and Other Protective Supplies
- b. B-14.40 – Infection Control in Dental Clinics and Dental Laboratories
- c. B-14.41 – Barber / Beauty Shop Personnel (Health and Hygiene)
- d. B-14.42 – Food Handlers
- e. B-14.50 – Housing and Job Restrictions
- f. B-14.51 – Influenza – Like Illness (ILI)
- g. B-15.1 – Environmental Inspection
- h. B-16.1 – Kitchen Sanitation and Food Handlers
- i. B-17.1 – Ectoparasite Control

Adjourn

- Next Meeting proposed – February 12, 2015
- Policies to be reviewed are B-14.1; B-14.10

Joint Dental Work Group

Chair: Dr. Brian Tucker

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

Meeting Date: November 12, 2014

Approval of Minutes from September 9, 2014 Meeting

Old Business

- A. Inprocessing
 - 1. Audit
 - 2. ROT
- B. Compliance
 - 1. SLC Indicator
 - 2. Amal. Sep.
- C. Perio
 - 1. P. Type Rpt.
- D. Reporting
 - 1. Aging
 - 2. Productivity
 - 3. Staffing
- E. EOHR/Digital
 - 1. Project List Status
- F. Update on digital roll-out
 - 1. Digital Radiology Reprint
 - 2. Sensor Repair
 - 3. MiPACs
- G. Other
- H. Endo paste template

New Business

Policies Under Review

- G -51.10 – Chronic Care Program – Dental
- H -60.1 – Dental Health Record – Organization and Maintenance

- A. Quick Manual
- B. Reprint: Disinfection and Sterilization in Dentistry
- C. ORA Documentation List

System Directors Meeting

- A. Dr. Brian Tucker
 - NCCHC Conference Notes
 - Legibility
 - NSAID Overuse
 - Lost Records
 - Litigation holds
 - Aging Patients – Beer's List
 - Appropriate Documentation
 - Shield Against Legal Attack
 - Ethical Issues in Inmate Lawsuits
- 1. Case Discussion
 - Anterior Endo Scenario

2. Strategic Leadership FY 15

- Mission Statements
- Mottos
- Goals – FY 15
- Overarching Strategic Objectives
- Projects
- Offender Health Plan Update
- Tasks FY 15

3. Dental Clinical Care Council: CPG's

B. Sector Updates

- TDCJ
- UTMB
- TTUHSC

C. Meeting Evaluation

Adjourn

Joint Mortality and Morbidity Committee

Co-Chair: Dr. Monte Smith

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 November 30, 2014

There were 99 deaths reviewed by the Mortality and Morbidity Committee during the months of September, October, and November 2014. Of those 99 deaths, 7 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, MSN, RN

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

Meeting Date: October 8, 2014

Old Business

1. Proposed revision to CMHC policy E-37.4 Lockdown Procedures – Justin Robison
2. CMHC Policy E-32.1 (after hours form) – Mike Jones
3. HSM-13 Intake History and Health Screening – Justin Robison

New Business

1. Joint Nursing Performance Indicator – Justin Robison
2. HSN-1 Part 3 & 4 – Revision – Justin Robison
3. Inpatient Mental Health Assessment – Revision – Justin Robison
4. Develop a sign/symbol for high risk offenders to be placed above their cell door to indicate things such as suicide risk, heat sensitivity, etc. – Justin Robison
5. CMHC policy F-48.1 – discuss exercise for infirmary patients – Gary Eubank
6. AED availability on Inpatient Mental Health facilities (Jester IV (13), Skyview (6), Montford) – Dr. Williams
7. Requirement of Code Blue Drills – Dr. Williams
8. Medication Administration – Mike Jones
9. UOF physicals on tape – Mike Jones
10. PREA audits – Mike Jones
11. Estelle 15 bed infirmary – Justin Robison

**Financial Report on
Correctional Managed Health Care**



**Quarterly Report
FY2014 Fourth Quarter**

September 2013 – August 2014

Fourth Quarter Financial Report on Correctional Managed Health Care

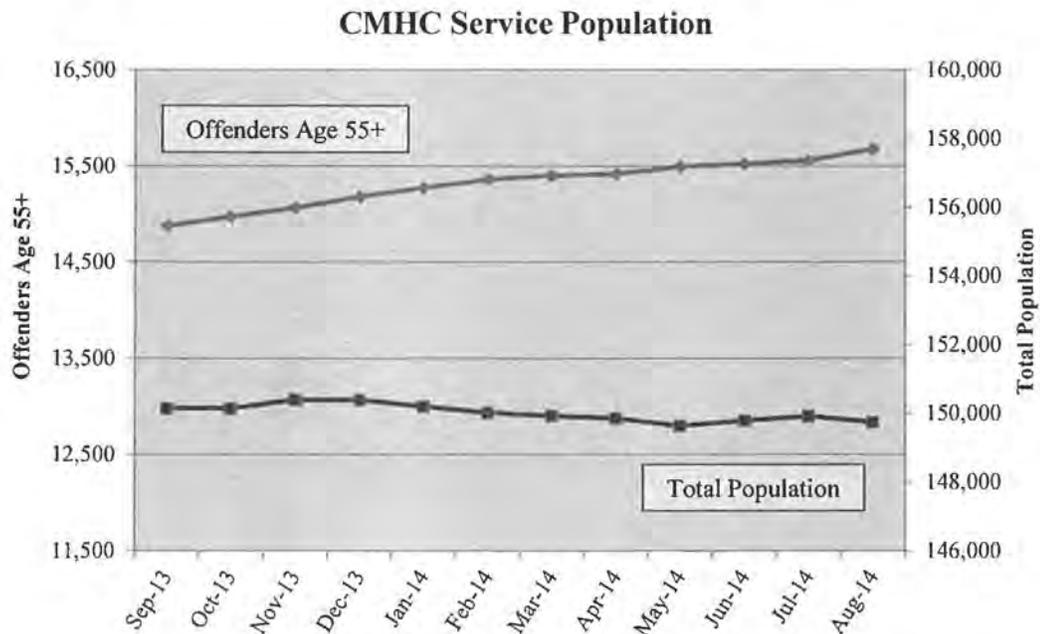
Overview

- Report submitted in accordance with the FY2014-15 General Appropriations Act, Article V, Rider 50, 83rd 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>
SB 1, Article V, TDCJ Appropriations	
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
TOTAL	\$ 477,411,178
<u>Allocation to Universities</u>	
University of Texas Medical Branch	
Unit and Psychiatric Care	\$ 198,853,766
Hospital and Clinic Care	\$ 135,435,698
Pharmacy Care	\$ 46,039,466
Subtotal UTMB	\$ 380,328,930
Texas Tech University Health Sciences Center	
Unit and Psychiatric Care	\$ 53,748,743
Hospital and Clinic Care	\$ 31,074,180
Pharmacy Care	\$ 12,259,325
Subtotal TTUHSC	\$ 97,082,248
TOTAL TO UNIVERSITY PROVIDERS	\$ 477,411,178

Population

- Overall offender service population has increased 0.6% from FY2013
 - Average daily census 149,072 through 4th quarter of FY2013 compared to 150,019 through 4th quarter of FY2014
- Offenders aged 55 or older population increased 7.5% from FY2013
 - Average daily census 14,243 through 4th quarter of FY2013 compared to 15,318 through 4th quarter of FY2014
 - While comprising about 10.2% of the overall service population, offenders age 55 and over account for 41.6% of the hospitalization costs received to date.
- Mental health caseloads:
 - FY2014 average number of psychiatric inpatients through 4th quarter: 1,906
 - FY2014 average number of psychiatric outpatients through 4th quarter: 19,212



Health Care Costs

- Total expenses through 4th quarter, FY2014: \$559.1M
- Unit and Psychiatric Care expenses represent the majority of total health care costs
 - \$308.3M, 55.1% of total expenses
- Hospital and Clinical Care - \$196.6M, 35.2% of total
- Pharmacy Services - \$54.2M, 9.7% of total
 - HIV related drugs: 44.4% of total drug costs
 - Psychiatric drugs: 7.8% of total drug costs
 - Hepatitis C drug therapies: 6.0% of total drug costs
- Cost per offender per day, FY2014 through 4th quarter: \$10.21
 - 8.0% increase compared to FY2013 cost per day of \$9.45

Comparison of Total Health Care Costs

	FY 10	FY 11	FY 12	FY 13	4-Year Average	FYTD 14 1st Qtr	FYTD 14 2nd Qtr	FYTD 14 3rd Qtr	FYTD 14 4th Qtr
Population									
UTMB	120,177	121,417	120,557	118,359	120,128	118,902	118,931	118,835	118,705
TTUHSC	31,048	31,419	31,491	30,713	31,168	31,330	31,291	31,250	31,314
Total	151,225	152,836	152,048	149,072	151,296	150,232	150,222	150,085	150,019
Expenses									
UTMB	\$435,710,000	\$432,371,801	\$397,606,713	\$415,579,990	\$420,317,126	\$106,339,031	\$220,339,701	\$337,441,409	\$456,286,749
TTUHSC	\$109,767,882	\$110,272,668	\$97,426,964	\$98,335,680	\$103,950,799	\$25,275,676	\$50,815,758	\$76,251,746	\$102,834,980
Total	\$545,477,882	\$542,644,469	\$495,033,677	\$513,915,670	\$524,267,925	\$131,614,707	\$271,155,459	\$413,693,155	\$559,121,729
Cost/Day									
UTMB	\$9.93	\$9.76	\$9.01	\$9.62	\$9.58	\$9.83	\$10.24	\$10.40	\$10.53
TTUHSC	\$9.69	\$9.62	\$8.45	\$8.77	\$9.13	\$8.87	\$8.97	\$8.94	\$9.00
Total	\$9.88	\$9.73	\$8.90	\$9.45	\$9.49	\$9.63	\$9.97	\$10.10	\$10.21

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<u>Method of Finance</u>	<u>TTUHSC</u>	<u>UTMB</u>	<u>Total</u>
C.1.7. Unit & Psychiatric Care			
TDCJ Appropriation	\$ 53,748,743	\$ 198,853,766	\$ 252,602,509
State Reimbursement Benefits	\$ 7,356,642	\$ 42,874,090	\$ 50,230,732
Other Misc Revenue	\$ 4,632	\$ 72,042	\$ 76,674
C.1.7. Total Method of Finance	\$ 61,110,017	\$ 241,799,898	\$ 302,909,915
C.1.8. Hospital & Clinical Care			
TDCJ Appropriation	\$ 31,074,180	\$ 135,435,698	\$ 166,509,878
State Reimbursement Benefits	\$ 1,925,986	\$ -	\$ 1,925,986
Other Misc Revenue	\$ -	\$ -	\$ -
C.1.8. Total Method of Finance	\$ 33,000,166	\$ 135,435,698	\$ 168,435,864
C.1.9. Managed Health Care - Pharmacy			
TDCJ Appropriation	\$ 12,259,325	\$ 46,039,466	\$ 58,298,791
State Reimbursement Benefits	\$ 56,658	\$ 1,931,763	\$ 1,988,421
Other Misc Revenue	\$ 8,746	\$ 72,159	\$ 80,905
C.1.9. Total Method of Finance	\$ 12,324,729	\$ 48,043,388	\$ 60,368,117
TOTAL METHOD OF FINANCE	\$ 106,434,912	\$ 425,278,984	\$ 531,713,896

<u>Method of Finance Summary</u>	<u>TTUHSC</u>	<u>UTMB</u>	<u>Total</u>
TDCJ Appropriation	\$ 97,082,248	\$ 380,328,930	\$ 477,411,178
State Reimbursement Benefits	\$ 9,339,286	\$ 44,805,853	\$ 54,145,139
Other Misc Revenue	\$ 13,378	\$ 144,201	\$ 157,579
TOTAL METHOD OF FINANCE	\$ 106,434,912	\$ 425,278,984	\$ 531,713,896

<u>Expenditures</u>	<u>TTUHSC</u>	<u>UTMB</u>	<u>Total</u>
C.1.7. Unit & Psychiatric Care	\$ 60,280,542	\$ 248,059,889	\$ 308,340,431
C.1.8. Hospital & Clinical Care	\$ 30,887,546	\$ 165,697,103	\$ 196,584,649
C.1.9. Managed Health Care - Pharmacy	\$ 11,666,892	\$ 42,529,757	\$ 54,196,649
TOTAL EXPENDITURES	\$ 102,834,980	\$ 456,286,749	\$ 559,121,729

DIFFERENCE	\$ 3,599,932	\$ (31,007,765)	\$ (27,407,833)
UNCOLLECTED HEALTH CARE FEES	\$ -	\$ (947,718)	\$ (947,718)
TTUHSC FY14 SURPLUS	\$ (3,599,932)	\$ 3,599,932	\$ -
OTHER APPROVED FUNDING SOURCES		\$ 7,000,000	\$ 7,000,000
NET DIFFERENCE	\$ -	\$ (21,355,551)	\$ (21,355,551)

Expenditures in this report do not include UTMB final FY2014 Hospital Cost Reconciliation to be completed by UTMB during FY2015.

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C.1.7. UNIT & PSYCHIATRIC CARE			
	TTUHSC	UTMB	Total
Method of Finance:			
TDCJ Appropriation	\$ 53,748,743	\$ 198,853,766	\$ 252,602,509
State Reimbursement Benefits	\$ 7,356,642	\$ 42,874,090	\$ 50,230,732
Other Misc Revenue	\$ 4,632	\$ 72,042	\$ 76,674
TOTAL METHOD OF FINANCE	\$ 61,110,017	\$ 241,799,898	\$ 302,909,915
Expenditures:			
Unit Care			
Salaries	\$ 18,192,357	\$ 136,409,622	\$ 154,601,979
Benefits	\$ 5,128,076	\$ 41,750,089	\$ 46,878,165
Other Operating Expenses	\$ 1,984,401	\$ 19,988,784	\$ 21,973,185
Professional Services	\$ 2,041,539	\$ -	\$ 2,041,539
Contracted Units/Services	\$ 16,000,192	\$ -	\$ 16,000,192
Travel	\$ 176,069	\$ 1,169,586	\$ 1,345,655
Electronic Medicine	\$ 431,320	\$ -	\$ 431,320
Capitalized Equipment	\$ 556,615	\$ 2,119,335	\$ 2,675,950
Subtotal, Unit Care	\$ 44,510,569	\$ 201,437,416	\$ 245,947,985
Psychiatric Care			
Salaries	\$ 10,559,983	\$ 24,231,020	\$ 34,791,003
Benefits	\$ 2,807,467	\$ 6,129,573	\$ 8,937,040
Other Operating Expenses	\$ 160,173	\$ 226,810	\$ 386,983
Professional Services	\$ 342,571	\$ -	\$ 342,571
Contracted Units/Services	\$ -	\$ -	\$ -
Travel	\$ 35,167	\$ 91,549	\$ 126,716
Subtotal, Psychiatric Care	\$ 13,905,361	\$ 30,678,952	\$ 44,584,313
Indirect Expenditures (Shared Services)	\$ 1,864,612	\$ 15,943,521	\$ 17,808,133
TOTAL EXPENDITURES	\$ 60,280,542	\$ 248,059,889	\$ 308,340,431
DIFFERENCE	\$ 829,475	\$ (6,259,991)	\$ (5,430,516)

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C.1.8. HOSPITAL & CLINICAL CARE			
Method of Finance	TTUHSC	UTMB	Total
TDCJ Appropriation	\$ 31,074,180	\$ 135,435,698	\$ 166,509,878
State Reimbursement Benefits	\$ 1,925,986	\$ -	\$ 1,925,986
Other Misc Revenue	\$ -	\$ -	\$ -
TOTAL METHOD OF FINANCE	\$ 33,000,166	\$ 135,435,698	\$ 168,435,864
Expenditures:			
Hospital and Clinical Care			
University Professional Services	\$ 1,000,000	\$ 19,443,475	\$ 20,443,475
Freeworld Provider Services	\$ 16,028,598	\$ 37,442,519	\$ 53,471,117
TTUHSC Western Regional Medical Facility & UTMB Hospital Galveston Hospital Services	\$ 12,030,169	\$ 101,871,826	\$ 113,901,995
Estimated IBNR	\$ 721,402	\$ 6,939,283	\$ 7,660,685
Subtotal, Hospital & Clinical Care	\$ 29,780,169	\$ 165,697,103	\$ 195,477,272
Indirect Expenditures (Shared Services)	\$ 1,107,377	\$ -	\$ 1,107,377
TOTAL EXPENDITURES	\$ 30,887,546	\$ 165,697,103	\$ 196,584,649
DIFFERENCE	\$ 2,112,620	\$ (30,261,405)	\$ (28,148,785)

Cost Analysis, per Texas Government Code Chapter 501.1471 (a)(4)

- Based on FY2014 expenditure data received from UTMB, the average cost per patient day for FY2014, adjusted for each hospital's case mix index (CMI), was approximately \$1,104 for Huntsville Memorial Hospital (HMH), and \$1,608 for UTMB Hospital Galveston (HG).
- FY2014 expenditures at HMH totaled \$5.4 million for 3,675 patient days (equivalent to an average population of 10.1 offenders). Based upon the cost comparison above, expenditures for those patient days billed through HG would have totaled approximately \$7.9 million.
- Based on FY2014 actual expenditures to date, the estimated cost avoidance by utilizing HMH would be approximately \$2.5 million. It is important to note that not all procedures performed at HG are available at HMH. The TDCJ Health Services Division works with UTMB Utilization Management to ensure optimal utilization of HMH.

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C.1.9. MANAGED HEALTH CARE - PHARMACY			
	<u>TTUHSC</u>	<u>UTMB</u>	<u>Total</u>
Method of Finance			
TDCJ Appropriation	\$ 12,259,325	\$ 46,039,466	\$ 58,298,791
State Reimbursement Benefits	\$ 56,658	\$ 1,931,763	\$ 1,988,421
Other Misc Revenue	\$ 8,746	\$ 72,159	\$ 80,905
TOTAL METHOD OF FINANCE	\$ 12,324,729	\$ 48,043,388	\$ 60,368,117
Expenditures:			
Managed Health Care - Pharmacy			
Salaries	\$ 1,867,493	\$ 6,481,103	\$ 8,348,596
Benefits	\$ 62,533	\$ 2,059,118	\$ 2,121,651
Other Operating Expenses	\$ 268,380	\$ 1,592,043	\$ 1,860,423
Pharmaceutical Purchases	\$ 9,032,839	\$ 31,948,620	\$ 40,981,459
Travel	\$ 9,757	\$ 26,874	\$ 36,631
Capitalized Equipment	\$ -	\$ 421,999	\$ 421,999
Subtotal, Managed Health Care - Pharmacy Expenditures	\$ 11,241,002	\$ 42,529,757	\$ 53,770,759
Indirect Expenditures (Shared Services)	\$ 425,890	\$ -	\$ 425,890
TOTAL EXPENDITURES	\$ 11,666,892	\$ 42,529,757	\$ 54,196,649
DIFFERENCE	\$ 657,837	\$ 5,513,631	\$ 6,171,468

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Key Population Indicators

	<u>1st Quarter</u>	<u>2nd Quarter</u>	<u>3rd Quarter</u>	<u>June</u>	<u>July</u>	<u>August</u>	<u>4th Quarter</u>	<u>FY2014</u>
Average Service Population								
UTMB Service Population	118,902	118,959	118,503	118,406	118,342	118,199	118,316	118,705
TTUHSC Service Population	31,330	31,252	31,168	31,384	31,585	31,546	31,505	31,314
Average Service Population	150,232	150,211	149,671	149,790	149,927	149,745	149,821	150,019
Population Age 55 and Over								
UTMB Population	12,514	12,769	12,882	12,935	12,955	13,049	12,980	12,786
TTUHSC Population	2,459	2,504	2,557	2,590	2,605	2,628	2,608	2,532
Population Age 55 and Over	14,973	15,273	15,439	15,525	15,560	15,677	15,588	15,318
HIV Population	2,234	2,243	2,229	2,191	2,154	2,136	2,160	2,217
Medical Inpatient Average Daily Census								
UTMB-Hospital Galveston	74	78	82	78	78	80	79	78
UTMB Freeworld Hospitals	27	34	45	42	38	44	41	37
TTUHSC Freeworld Hospitals	7	7	7	8	10	7	8	7
Medical Inpatient Average Daily Census	108	119	134	128	126	131	128	122
Medical Outpatient Visits								
UTMB Specialty Clinics and ER Visits	5,576	5,768	6,749	6,642	5,417	5,026	5,695	5,947
TTUHSC Freeworld Outpatient and ER Visits	1,086	1,202	1,243	1,143	1,025	2,022	1,397	1,232
Medical Outpatient Visits	6,662	6,970	7,992	7,785	6,442	7,048	7,092	7,179
Mental Health Inpatient Average Census								
UTMB Psychiatric Inpatient	1,032	999	1,006	990	1,002	1,000	997	1,009
TTUHSC Psychiatric Inpatient	897	896	916	891	885	862	879	897
Mental Health Inpatient Average Census	1,929	1,896	1,922	1,881	1,887	1,862	1,876	1,906
Mental Health Outpatient Average Census								
UTMB Psychiatric Outpatient	15,546	15,225	15,901	15,355	15,953	15,012	15,440	15,528
TTUHSC Psychiatric Outpatient	3,337	3,483	3,946	4,070	3,962	3,876	3,969	3,684
Mental Health Outpatient Average Census	18,883	18,708	19,847	19,425	19,915	18,888	19,409	19,212

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

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Texas Tech University Health Sciences Center					
STRATEGY	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Total TTUHSC
REVENUE:					
TDCJ Appropriation	\$ 24,204,067	\$ 23,938,089	\$ 24,470,046	\$ 24,470,046	\$ 97,082,248
State Reimbursement Benefits	\$ 2,207,520	\$ 2,399,111	\$ 2,388,712	\$ 2,343,943	\$ 9,339,286
Other Misc Revenue	\$ 683	\$ 1,119	\$ 1,036	\$ 10,540	\$ 13,378
TOTAL REVENUES	\$ 26,412,270	\$ 26,338,319	\$ 26,859,794	\$ 26,824,529	\$ 106,434,912

C.1.7. UNIT & PSYCHIATRIC CARE

EXPENDITURES:					
Unit Care Expenditures					
Salaries	\$ 4,395,219	\$ 4,601,124	\$ 4,608,906	\$ 4,587,108	\$ 18,192,357
Benefits	\$ 1,187,858	\$ 1,329,342	\$ 1,308,980	\$ 1,301,896	\$ 5,128,076
Other Operating Expenses	\$ 422,605	\$ 533,430	\$ 532,563	\$ 495,803	\$ 1,984,401
Professional Services	\$ 600,266	\$ 519,476	\$ 469,898	\$ 451,889	\$ 2,041,530
Contracted Units/Services	\$ 3,922,136	\$ 3,877,901	\$ 4,072,506	\$ 4,127,647	\$ 16,000,192
Travel	\$ 28,228	\$ 29,434	\$ 58,846	\$ 59,561	\$ 176,069
Electronic Medicine	\$ 180,998	\$ 30,405	\$ 126,175	\$ 93,742	\$ 431,320
Capitalized Equipment	\$ 165,805	\$ 303,018	\$ 80,218	\$ 7,574	\$ 556,615
Estimated IBNR	\$ -	\$ -	\$ -	\$ -	\$ -
Subtotal, Unit Care Expenditures	\$ 10,903,115	\$ 11,224,130	\$ 11,258,094	\$ 11,125,230	\$ 44,510,569
Psychiatric Care Expenditures					
Salaries	\$ 2,557,043	\$ 2,681,150	\$ 2,690,898	\$ 2,630,892	\$ 10,559,983
Benefits	\$ 668,823	\$ 712,674	\$ 720,874	\$ 705,096	\$ 2,807,467
Other Operating Expenses	\$ 31,967	\$ 31,273	\$ 48,676	\$ 48,257	\$ 160,173
Professional Services	\$ 60,813	\$ 60,978	\$ 71,889	\$ 148,891	\$ 342,571
Travel	\$ 2,157	\$ 3,897	\$ 8,849	\$ 20,264	\$ 35,167
Estimated IBNR	\$ -	\$ -	\$ -	\$ -	\$ -
Subtotal, Psychiatric Care Expenditures	\$ 3,320,803	\$ 3,489,972	\$ 3,541,186	\$ 3,553,400	\$ 13,905,361
Total Expenditures, Unit & Psychiatric Care	\$ 14,223,918	\$ 14,714,102	\$ 14,799,280	\$ 14,678,630	\$ 58,415,930

C.1.8. HOSPITAL & CLINICAL CARE

EXPENDITURES:					
University Professional Services	\$ 275,000	\$ 225,000	\$ 250,000	\$ 250,000	\$ 1,000,000
Freeworld Provider Services	\$ 3,372,373	\$ 3,953,496	\$ 3,998,566	\$ 4,704,163	\$ 16,028,598
TTUHSC Western Regional Medical Facility & UTMB Hospital Galveston Hospital Services	\$ 2,905,077	\$ 3,096,222	\$ 2,926,487	\$ 3,102,383	\$ 12,030,189
Estimated IBNR	\$ 777,628	\$ (103,487)	\$ (84,994)	\$ 132,265	\$ 721,402
Total Expenditures, Hospital & Clinical Care	\$ 7,330,078	\$ 7,171,221	\$ 7,090,059	\$ 8,188,811	\$ 29,780,169

C.1.9. MANAGED HEALTH CARE PHARMACY

EXPENDITURES:					
Salaries	\$ 458,894	\$ 468,718	\$ 469,642	\$ 470,239	\$ 1,867,493
Benefits	\$ 14,932	\$ 16,934	\$ 16,936	\$ 13,731	\$ 62,533
Other Operating Expenses	\$ 48,916	\$ 63,718	\$ 84,199	\$ 71,547	\$ 268,380
Pharmaceutical Purchases	\$ 2,350,473	\$ 2,266,239	\$ 2,115,127	\$ 2,301,000	\$ 9,032,839
Travel	\$ 1,324	\$ 1,316	\$ 4,292	\$ 2,825	\$ 9,767
Capitalized Equipment	\$ -	\$ -	\$ -	\$ -	\$ -
Estimated IBNR	\$ -	\$ -	\$ -	\$ -	\$ -
Total Expenditures, Managed Health Care Pharmacy	\$ 2,874,539	\$ 2,816,925	\$ 2,690,196	\$ 2,859,342	\$ 11,241,002

Indirect Expenditures (Shared Services)	\$ 847,143	\$ 837,832	\$ 856,453	\$ 856,451	\$ 3,397,879
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TOTAL EXPENDITURES	\$ 25,275,678	\$ 25,540,080	\$ 25,435,988	\$ 26,583,234	\$ 102,834,980
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DIFFERENCE	\$ 1,136,592	\$ 798,239	\$ 1,423,806	\$ 241,295	\$ 3,599,932
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University of Texas Medical Branch					
STRATEGY	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Total UTMB
REVENUE:					
TDCJ Appropriation	\$ 94,821,734	\$ 93,779,736	\$ 95,863,730	\$ 95,863,730	\$ 380,328,930
State Reimbursement Benefits	\$ 10,652,215	\$ 11,499,736	\$ 11,161,054	\$ 11,492,848	\$ 44,805,853
Other Misc Revenue	\$ 51,590	\$ 10,176	\$ 21,770	\$ 60,665	\$ 144,201
TOTAL REVENUES	\$ 105,525,539	\$ 105,289,648	\$ 107,046,554	\$ 107,417,243	\$ 425,278,984

C.1.7. UNIT & PSYCHIATRIC CARE

EXPENDITURES:					
Unit Care Expenditures					
Salaries	\$ 33,054,205	\$ 33,622,087	\$ 34,740,946	\$ 34,992,384	\$ 136,409,622
Benefits	\$ 10,026,594	\$ 10,668,194	\$ 10,677,569	\$ 10,377,732	\$ 41,750,089
Other Operating Expenses	\$ 5,188,758	\$ 5,090,994	\$ 4,737,739	\$ 4,971,293	\$ 19,988,784
Professional Services	\$ -	\$ -	\$ -	\$ -	\$ -
Contracted Units/Services	\$ -	\$ -	\$ -	\$ -	\$ -
Travel	\$ 261,438	\$ 261,081	\$ 247,588	\$ 399,479	\$ 1,169,586
Electronic Medicine	\$ -	\$ -	\$ -	\$ -	\$ -
Capitalized Equipment	\$ 212,423	\$ 683,661	\$ 1,105,848	\$ 117,403	\$ 2,119,335
Estimated IBNR	\$ -	\$ -	\$ -	\$ -	\$ -
Subtotal, Unit Care Expenditures	\$ 48,743,418	\$ 50,326,017	\$ 51,509,690	\$ 50,858,291	\$ 201,437,416
Psychiatric Care Expenditures					
Salaries	\$ 5,972,925	\$ 6,023,720	\$ 6,067,082	\$ 6,167,293	\$ 24,231,020
Benefits	\$ 1,465,581	\$ 1,596,995	\$ 1,546,549	\$ 1,520,448	\$ 6,129,573
Other Operating Expenses	\$ 52,945	\$ 46,736	\$ 48,754	\$ 78,375	\$ 226,810
Professional Services	\$ -	\$ -	\$ -	\$ -	\$ -
Travel	\$ 24,345	\$ 21,888	\$ 21,393	\$ 23,923	\$ 91,549
Estimated IBNR	\$ -	\$ -	\$ -	\$ -	\$ -
Subtotal, Psychiatric Care Expenditures	\$ 7,515,796	\$ 7,689,339	\$ 7,683,778	\$ 7,790,039	\$ 30,678,952
Total Expenditures, Unit & Psychiatric Care	\$ 56,259,214	\$ 58,015,356	\$ 59,193,468	\$ 58,648,330	\$ 232,116,368

C.1.8. HOSPITAL & CLINICAL CARE

EXPENDITURES:					
University Professional Services	\$ 4,595,227	\$ 4,915,375	\$ 5,467,491	\$ 4,465,382	\$ 19,443,475
Freeworld Provider Services	\$ 3,821,509	\$ 9,183,980	\$ 11,335,828	\$ 13,101,202	\$ 37,442,519
TTUHSC Western Regional Medical Facility & UTMB Hospital Galveston Hospital Services	\$ 23,367,127	\$ 24,946,769	\$ 25,579,961	\$ 27,977,969	\$ 101,871,826
Estimated IBNR	\$ 4,529,210	\$ 1,415,726	\$ 1,912,597	\$ (918,250)	\$ 6,939,283
Total Expenditures, Hospital & Clinical Care	\$ 36,313,073	\$ 40,461,850	\$ 44,295,877	\$ 44,626,303	\$ 165,697,103

C.1.9. MANAGED HEALTH CARE PHARMACY

EXPENDITURES:					
Salaries	\$ 1,585,795	\$ 1,800,415	\$ 1,650,691	\$ 1,644,202	\$ 6,481,103
Benefits	\$ 498,406	\$ 521,424	\$ 518,681	\$ 520,607	\$ 2,059,118
Other Operating Expenses	\$ 274,275	\$ 287,998	\$ 367,980	\$ 661,790	\$ 1,592,043
Pharmaceutical Purchases	\$ 8,007,385	\$ 8,090,321	\$ 8,250,170	\$ 7,600,744	\$ 31,948,620
Travel	\$ 8,651	\$ 7,110	\$ 4,765	\$ 6,348	\$ 26,874
Capitalized Equipment	\$ -	\$ -	\$ 203,454	\$ 218,545	\$ 421,999
Estimated IBNR	\$ -	\$ -	\$ -	\$ -	\$ -
Total Expenditures, Managed Health Care Pharmacy	\$ 10,374,512	\$ 10,507,268	\$ 10,995,741	\$ 10,652,236	\$ 42,529,757

Indirect Expenditures (Shared Services)	\$ 3,392,232	\$ 5,016,196	\$ 2,616,622	\$ 4,918,471	\$ 15,943,521
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TOTAL EXPENDITURES	\$ 106,339,031	\$ 114,000,670	\$ 117,101,708	\$ 118,845,340	\$ 456,286,749
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DIFFERENCE	\$ (813,492)	\$ (8,711,022)	\$ (10,055,154)	\$ (11,428,097)	\$ (31,007,765)
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UNCOLLECTED HEALTH CARE FEES	\$ (947,718)
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OTHER APPROVED FUNDING SOURCES	\$ 7,000,000
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NET DIFFERENCE	\$ (24,955,483)
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TEXAS DEPARTMENT OF CRIMINAL JUSTICE
Financial Report on Offender Health Care, pursuant to Agency Rider 50
Fourth Quarter, FY2014

Combined Total					
STRATEGY	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Combined Total
REVENUE:					
TDCJ Appropriation	\$ 119,025,801	\$ 117,717,825	\$ 120,333,776	\$ 120,333,776	\$ 477,411,178
State Reimbursement Benefits	\$ 12,859,735	\$ 13,898,847	\$ 13,549,766	\$ 13,836,791	\$ 54,145,139
Other Misc Revenue	\$ 52,273	\$ 11,295	\$ 22,806	\$ 71,205	\$ 157,579
TOTAL REVENUES	\$ 131,937,809	\$ 131,627,967	\$ 133,906,348	\$ 134,241,772	\$ 531,713,896

C.1.7. UNIT & PSYCHIATRIC CARE					
EXPENDITURES:					
Unit Care Expenditures					
Salaries	\$ 37,449,424	\$ 38,223,211	\$ 39,349,852	\$ 39,579,492	\$ 154,601,979
Benefits	\$ 11,214,452	\$ 11,997,536	\$ 11,986,549	\$ 11,679,628	\$ 46,878,165
Other Operating Expenses	\$ 5,611,363	\$ 5,624,424	\$ 5,270,302	\$ 5,467,096	\$ 21,973,185
Professional Services	\$ 600,266	\$ 519,476	\$ 469,898	\$ 451,899	\$ 2,041,539
Contracted Units/Services	\$ 3,922,136	\$ 3,877,901	\$ 4,072,508	\$ 4,127,647	\$ 16,000,192
Travel	\$ 289,666	\$ 290,515	\$ 306,434	\$ 459,040	\$ 1,345,655
Electronic Medicine	\$ 180,998	\$ 30,405	\$ 126,175	\$ 93,742	\$ 431,320
Capitalized Equipment	\$ 378,228	\$ 986,679	\$ 1,186,066	\$ 124,977	\$ 2,675,950
Estimated IBNR	\$ -	\$ -	\$ -	\$ -	\$ -
Subtotal, Unit Care Expenditures	\$ 59,646,533	\$ 61,550,147	\$ 62,767,784	\$ 61,983,521	\$ 245,947,985
Psychiatric Care Expenditures					
Salaries	\$ 8,529,968	\$ 8,704,870	\$ 8,757,980	\$ 8,798,185	\$ 34,791,003
Benefits	\$ 2,134,404	\$ 2,309,669	\$ 2,267,423	\$ 2,225,544	\$ 8,937,040
Other Operating Expenses	\$ 84,912	\$ 78,009	\$ 97,430	\$ 126,632	\$ 386,983
Professional Services	\$ 60,813	\$ 60,978	\$ 71,889	\$ 148,891	\$ 342,571
Travel	\$ 26,502	\$ 25,785	\$ 30,242	\$ 44,187	\$ 126,716
Estimated IBNR	\$ -	\$ -	\$ -	\$ -	\$ -
Subtotal, Psychiatric Care Expenditures	\$ 10,836,599	\$ 11,179,311	\$ 11,224,964	\$ 11,343,439	\$ 44,584,313
Total Expenditures, Unit & Psychiatric Care	\$ 70,483,132	\$ 72,729,458	\$ 73,992,748	\$ 73,326,960	\$ 290,532,298

C.1.8. HOSPITAL & CLINICAL CARE					
EXPENDITURES:					
University Professional Services	\$ 4,870,227	\$ 5,140,375	\$ 5,717,491	\$ 4,715,382	\$ 20,443,475
Freeworld Provider Services	\$ 7,193,882	\$ 13,137,476	\$ 15,334,394	\$ 17,805,365	\$ 53,471,117
TTUHSC Western Regional Medical Facility & UTMB Hospital Galveston Hospital Services	\$ 26,272,204	\$ 28,042,991	\$ 28,506,448	\$ 31,080,352	\$ 113,901,995
Estimated IBNR	\$ 5,306,838	\$ 1,312,229	\$ 1,827,603	\$ (785,985)	\$ 7,660,685
Total Expenditures, Hospital & Clinical Care	\$ 43,643,151	\$ 47,633,071	\$ 51,385,936	\$ 52,815,114	\$ 195,477,272

C.1.9. MANAGED HEALTH CARE PHARMACY					
EXPENDITURES:					
Salaries	\$ 2,044,689	\$ 2,069,133	\$ 2,120,333	\$ 2,114,441	\$ 8,348,596
Benefits	\$ 513,338	\$ 538,358	\$ 535,617	\$ 534,338	\$ 2,121,651
Other Operating Expenses	\$ 323,191	\$ 351,716	\$ 452,179	\$ 733,337	\$ 1,860,423
Pharmaceutical Purchases	\$ 10,357,858	\$ 10,356,560	\$ 10,365,297	\$ 9,901,744	\$ 40,981,459
Travel	\$ 9,975	\$ 8,426	\$ 9,057	\$ 9,173	\$ 36,631
Capitalized Equipment	\$ -	\$ -	\$ 203,454	\$ 218,545	\$ 421,999
Estimated IBNR	\$ -	\$ -	\$ -	\$ -	\$ -
Total Expenditures, Managed Health Care Pharmacy	\$ 13,249,051	\$ 13,324,193	\$ 13,685,937	\$ 13,511,578	\$ 53,770,759

Indirect Expenditures (Shared Services)	\$ 4,239,375	\$ 5,854,028	\$ 3,473,075	\$ 5,774,922	\$ 19,341,400
TOTAL EXPENDITURES	\$ 131,614,709	\$ 139,540,750	\$ 142,537,696	\$ 145,428,574	\$ 559,121,729

DIFFERENCE	\$ 323,100	\$ (7,912,783)	\$ (8,631,348)	\$ (11,186,802)	\$ (27,407,833)
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UNCOLLECTED HEALTH CARE FEES					\$ (947,718)
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OTHER APPROVED FUNDING SOURCES					\$ 7,000,000
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NET DIFFERENCE					\$ (21,355,551)
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**Summary of Critical Correctional Health Care Personnel Vacancies
Prepared for the Correctional Managed Health Care Committee**

As of November 2014

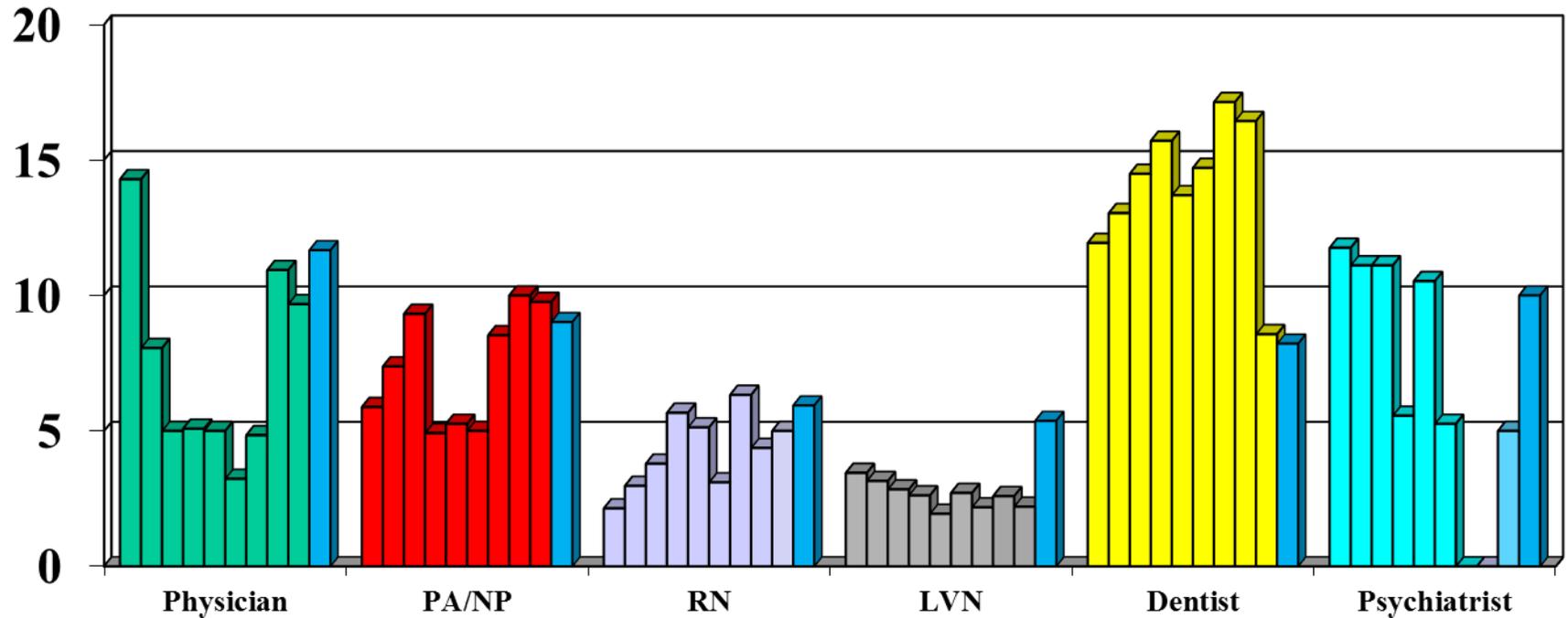
Title of Position	CMHCC Partner Agency	Vacant Since (mm/yyyy)	Actions Taken to Fill Position
Director III – Chief Nursing Officer	TDCJ	08/01/2014	Position closed on December 5, 2014.
Health Specialist V – Intelligence Testing	TDCJ	New Position	This position has closed and the applications are under review.
Manager III – Office of Mental Health Monitoring and Liaison	TDCJ	10/01/2014	The interview has been conducted. The selection is going through the approval process.
PAMIO Clinical Director	TTUHSC CMC	02/2009	Continued advertisement in local and national publications; Expanded Recruiting Agency utilization.
Medical Director (Smith, Clements)	TTUHSC CMC	07/2012	Continued advertisement in local and national publications; Expanded Recruiting Agency utilization.
Physician I-II (6)	UTMB CMC	09/01/2014	Local and National Advertising, TAFP [‡] , NCCHC [†] Conferences, and Agency contacts
Mid Level Practitioners (PA and FNP) (13)	UTMB CMC	09/01/2014	Local and National Advertising, Career Fairs, TAPA [#] and TNP Conferences, Intern Programs.
Psychiatrist (2)	UTMB CMC	09/01/2014	Local and National Advertising, NCCHC [†] , TSPP ^Δ , Agency contacts
Dentists (7)	UTMB CMC	09/01/2014	Local and National Advertising, Star of the South Conference

- * ACA: American Corrections Association
- † NCCHC: National Commission on Correctional Health Care
- ‡ TAFP: Texas Academy of Family Physicians
- # TAPA: Texas Academy of Physician Assistants
- || TNP: Texas Nurse Practitioners
- Δ TSPP: Texas Society of Psychiatric Physicians

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

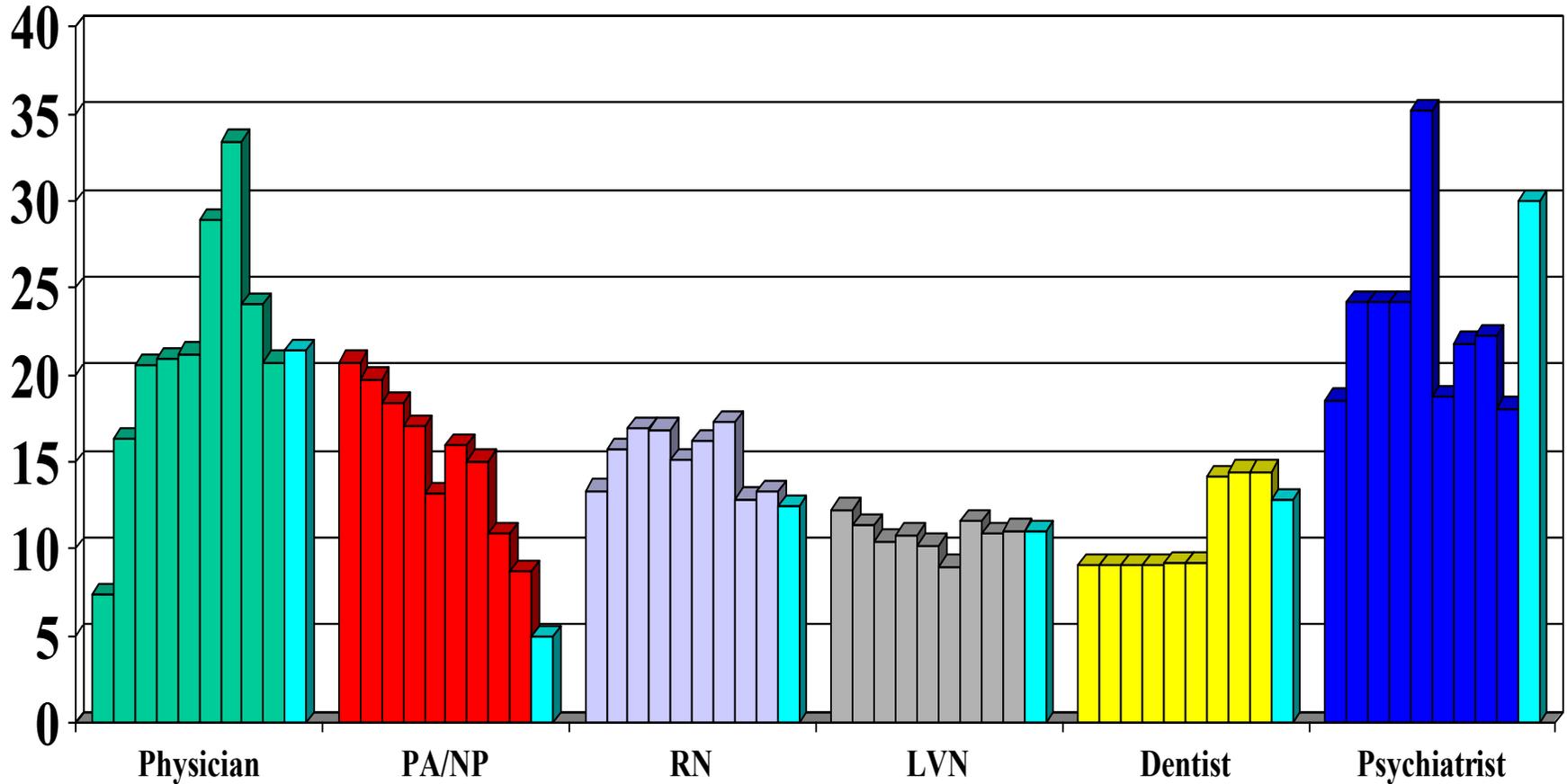


TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER

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***

Fourth 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 Fourth Quarter of Fiscal Year (FY) 2014 (June, July, and August) 11 Operational Review Audits (ORAs) were conducted at the following facilities: Bridgeport Pre-Parole Transfer (PPT), Formby, Hobby, Marlin, Montford, Polunsky, Tulia, Wallace, Ware, West Texas Intermediate Sanction Facility (ISF), and Wheeler. During the Fourth Quarter of FY 2014, seven ORAs were closed for the following facilities: Connally, Glossbrenner, Montford, Murray, Pack, Tulia and Willacy State Jail.
- The following is a summary of the seven items found to be most frequently less than 80% compliant in the 11 Operational Review Audits conducted in the Fourth Quarter of FY 2014:
 1. Item **6.040** requires offenders receiving anti-tuberculosis medication at the facility to have a Tuberculosis Patient Monitoring Record (HSM-19) completed. Ten of the 11 facilities were not in compliance with this requirement. The ten facilities out of compliance were: Bridgeport PPT, Formby, Hobby, Marlin, Montford, Polunsky, Tulia, Wallace, Ware, and West Texas ISF. Corrective actions were requested from the ten facilities. At the time of this report, four facilities have returned their corrective action plan: Bridgeport PPT, Montford, Tulia, and West Texas ISF. Six facilities are preparing facility-specific corrective actions to ensure future compliance: Formby, Hobby, Marlin, Polunsky, Wallace, and Ware.
 2. Item **6.351** requires Hepatitis C Virus infected patients that do not have documented contraindication for antiviral therapy, with Aspartateaminotransferase (AST) Platelet Ratio Index (APRI) score greater than 0.42 or with abnormal liver function (Prothrombin Time, Total Bilirubin, or Albumin) be referred to the designated physician, clinic, or appropriately treated according to Correctional Managed Health Care (CMHC) Hepatitis C Evaluation, and Treatment Pathway. Seven of the eleven facilities were not in compliance with this requirement. The seven facilities out of compliance were: Formby, Hobby, Marlin, Montford, Polunsky, West Texas ISF and Wheeler. Corrective actions were requested from the seven facilities. At the time of this report, two facilities have returned their corrective action plan: Montford and West Texas ISF. Five facilities are preparing facility-specific corrective actions to ensure future compliance: Formby, Hobby, Marlin, Polunsky, and Wheeler.
 3. Item **4.080** requires medical alert codes entered into the TDCJ mainframe to be consistent with the Mental Health diagnostic category on the Master Problem List. Six of the 11 facilities were not in compliance with this requirement. The six facilities out of compliance were: Bridgeport PPT, Formby, Marlin, Montford, West Texas ISF and Wheeler. Corrective actions were requested from the six facilities. At the time of this report, three facilities have returned their corrective action plan: Bridgeport PPT, Montford, and West Texas ISF. Three facilities are preparing facility-specific corrective actions to ensure future compliance: Formby, Marlin, and Wheeler.
 4. Item **4.090** requires medical alert codes entered into the TDCJ mainframe to be consistent with the current Mental Health diagnosis identified on the Individual Treatment Plan or clinic notes of the Qualified Mental Health Professional. Six of the 11 facilities were not in compliance with this requirement. The six facilities out of compliance were: Bridgeport PPT Formby, Marlin, Montford, West Texas ISF and Wheeler. Corrective actions were requested from the six facilities. At the time of this report, three facilities have returned their corrective action plan: Bridgeport

Operation Review Audit (Continued)

PPT, Montford, and West Texas ISF. Three facilities are preparing facility-specific corrective actions to ensure future compliance: Formby, Marlin, and Wheeler.

5. Item **5.111** requires intra-system medical transfers returning to the facility to 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 11 facilities were not in compliance with this requirement. The six facilities out of compliance were: Bridgeport PPT, Formby, Marlin, Montford, West Texas ISF and Wheeler. Corrective actions were requested from the six facilities. At the time of this report, three facilities have returned their corrective action plan: Bridgeport PPT, Montford and West Texas ISF. Three facilities are preparing facility-specific corrective actions to ensure future compliance: Formby, Marlin, and Wheeler.
6. Item **6.340** requires Aspartateaminotransferase (AST) Platelet Ratio Index (APRI) be calculated at least annually for offenders diagnosed with Hepatitis C Virus. Six of the 11 facilities were not in compliance with this requirement. The six facilities out of compliance were: Formby, Hobby, Marlin, Montford, Polunsky, and West Texas ISF. Corrective actions were requested from the six facilities. At the time of this report, two facilities have returned their corrective action plan: Montford and West Texas ISF. Four facilities are preparing facility-specific corrective actions to ensure future compliance: Formby, Hobby, Marlin, and Polunsky.
7. Item **6.380** requires the pneumococcal vaccine be offered to offenders with certain chronic diseases and conditions* and all offenders 65 years of age or older. Vaccinations are to be documented on the Abstract of Immunizations Form (HSM-2) when administered. If the vaccination is refused, the refusal should be documented with a signed Refusal of Treatment Form (HSM-82). Six of the 11 facilities were not in compliance with this requirement. The six facilities out of compliance were: Bridgeport PPT, Hobby, Marlin, Polunsky, Tulia, and West Texas ISF. Corrective actions were requested from the six facilities. At the time of this report, three facilities have returned their corrective action plan: Bridgeport PPT, Tulia, and West Texas ISF. Three facilities are preparing facility-specific corrective actions to ensure future compliance: Hobby, Marlin, and Polunsky.

**Diseases and conditions for which the pneumococcal vaccine is indicated: heart disease, Emphysema, Chronic Obstructive Pulmonary Disease (COPD), Diabetes, Splenic Dysfunction, Anatomic Asplenia, Human Immunodeficiency Virus(HIV) infection, most cancers, Sickle Cell Disorder, Cirrhosis, alcoholism, Renal Failure, and Cerebral Spinal Fluid leaks. (Note: Asthma is not included unless it is associated with COPD, Emphysema or long-term systemic steroid use).*

Capital Assets Monitoring

The Fixed Assets Contract Monitoring officer audited the same 11 units listed above for operational review audits during the Fourth Quarter of FY 2014. These audits are conducted to monitor compliance with the Health Services Policy and State Property Accounting (SPA) policy regarding inventory procedures. All **11** units were within the required compliance range.

Dental Quality Review Audit

During the Fourth Quarter of FY 2014 (June, July, and August 2014), Dental Quality Review audits were conducted at the following 13 facilities Allred, Allred Extended Cell Block (ECB), Bradshaw, East Texas Treatment Facility, Hodge, Johnston, Billy Moore, Neal, Roach, Roach ISF, Sayle, Skyview, and Telford. 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 14 days of receipt of the Sick Call Exam (SCE). Two of the 13 facilities were not in compliance with this requirement. The two facilities out of compliance were: B. Moore (70%) and East Texas Treatment Facility (0%). Corrective Action Requests are pending with all facilities.
- **Item 20** assesses if the panoramic radiograph was taken during in-processing as if so, is the radiograph currently available at the facility. Four of the 13 facilities were not in compliance with this requirement. The following facilities were out of compliance: Allred (67%), Allred ECB (57%), Hodge (78%), and Skyview (67%). Corrective Action Requests are pending with all facilities.
- **Item 22** assesses if inter-proximal radiographic findings are documented in the Comprehensive Treatment Plan (CTP). Two of the 13 facilities were not in compliance with this requirement. The following facilities were out of compliance: Allred (67%) and Bradshaw (79%). Corrective Action Requests are pending with all facilities.

Grievances and Patient Liaison Correspondence

During the Fourth Quarter of FY 2014, the Patient Liaison Program (PLP) and the Step II Medical Grievance Program received **3,425** correspondences: The PLP received **1,671** and Step II Medical Grievance received **1,754**. There were 522 Action Requests generated by the Patient Liaison and the Step II Medical 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 Fourth 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 **eight** percent and **five** percent for TTUHSC for the Fourth 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 Fourth Quarter of FY 2014, the PLP nurses and investigators performed 48 Sick Call Request Verification audits (SCRVA) on 39 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 **300** indicators were reviewed at the **38** facilities and **11** of the indicators fell below the **80** percent compliance threshold representing **eight** percent. The discipline composite score (medical/nursing, dental, and mental health) is an overall assessment of compliance with the sick call process of the **38** 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 report totals due to late reporting or to a determination that some previously reported may differ from the monthly reports

Office of Public Health (Continued)

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 **817** cases of Hepatitis C identified for the Fourth Quarter FY 2014, compared to **784** cases identified during the Third Quarter. The reporting mechanism for HIV tests was changed effective February 1, 2010. HIV tests are now to be classified as belonging to one of four categories: intake, offender-requested, provider requested, or pre-release. HIV testing 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 (HB 43). 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 Fourth Quarter FY 2014, **22,429** offenders had intake tests, and **91** are newly identified as having HIV infections. For the Third Quarter FY 2014, **20,444** offenders had intake tests and **119** were HIV positive. During the Fourth Quarter FY 2014, **13,181** offenders had pre-release tests; there was one found to be HIV positive compared to **none** in the Third Quarter FY 2014. **19** new AIDS cases were identified during the Fourth Quarter FY 2014, compared to **23** new AIDS cases in the Third Quarter FY 2014.
- **162** cases of suspected Syphilis were reported in the Fourth Quarter FY 2014, compared to **257** in the Third Quarter in FY 2014. **14** required treatment or retreatment compared to **23** in the Third Quarter FY 2014. 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.
- **200** Methicillin-Resistant Staphylococcus Aureus (MRSA) cases were reported for the Fourth Quarter FY 2014, compared to **218** during the Third Quarter of FY 2014. **143** Methicillin-Sensitive Staphylococcus Aureus (MSSA) cases were reported for the Fourth Quarter of FY 2014 compared to **146** for the Third Quarter of FY 2014. Numbers of both MRSA and MSSA have been fluctuating for the last few years.
- There was an average of **17** Tuberculosis (TB) cases under management for the Fourth Quarter FY 2014, compared to an average of **11** TB cases for the Third Quarter of FY 2014. Although TB numbers often fluctuate significantly from year to year, there has been a slight increase in the numbers of offenders with TB.
- In FY 2006, the Office of Public Health began reporting the activities of the Sexual Assault Nurse Examiner (SANE) Coordinator. This position collaborates with the Safe Prisons Program and is trained and certified as a SANE. Although the SANE Coordinator does not teach the SANE Curriculum because of restrictions imposed by the State Attorney General's Office, this person provides inservice training to facility staff in the performance of medical examination, evidence collection and documentation, and use of the sexual assault kits. During the Fourth Quarter FY 2014, **57** training sessions were held and **593** 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 **124** chart reviews of alleged sexual assaults performed for the Fourth Quarter FY 2014. There were no deficiencies found this quarter. Blood-borne exposure baseline labs were drawn on **65** exposed offenders. To date, no offenders have tested positive for HIV in follow-up labs routinely obtained after the report of sexual assault but were negative on previous labs; therefore not a true sero-conversion.
- During the Fourth Quarter FY 2014, three units received three day training and five units received a two day training which included the Wall Talk Training. Seven units received a two day training which included the Somebody Cares Training. As of the close of the quarter, 101 of the 109 facilities housing Correctional Institutional Division offenders had active peer education programs. During the Fourth Quarter FY 2014, 233 offenders trained to become peer educators. This is an increase from the 107 offenders in the Third Quarter FY-2014. During the Fourth Quarter FY 2014, 18,054 offenders attended the classes presented by peer educators. This is a decrease from the Third Quarter FY 2014 of 19, 629.

Mortality and Morbidity

There were **87** deaths reviewed by the Mortality and Morbidity Committee during the months of June, July and August 2014. Of those 87 deaths, **9** were referred to peer review committees.

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

Peer Review Committee	Number of Cases Referred
Provider & Nursing Peer Review	3
Provider Peer Review	3
Nursing Peer Review	3
Mental Health	
Total	9

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 Fourth 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 Fourth Quarter of FY 2014, **17** Ad Seg facilities were audited including: Bartlett, Clemens, Coffield, Eastham, Ferguson, Formby, Gist, Hughes, Lychner, Michael, Murray, Pack, Robertson, Smith, Stiles, Telford and Travis. The OMHM&L auditors **observed 3,363 offenders, interviewed 2,769 offenders, and referred 4 offenders** for further evaluation by university providers. In addition to monitoring the mental health status of segregated offenders, the OMHM&L auditors also assess access to care (ATC) regarding mental health. The auditors check for timely triage (ATC 4), appropriate description of chief complaint (ATC 5), and timely provider visits after referral (ATC 6). Of the 17 units for which an Ad Seg audit was completed, **16** units had sick calls to be audited for access to care. For ATC 4, **15** of 16 units were **100%** compliant, the Michael unit was **83%** compliant. For ATC 5, **16** of 16 units were **100%** compliant. For ATC 6, **16** of 16 units were **100%** compliant.
- The OMHM&L monitors all instances of administration of compelled psychoactive medication to offenders to ensure that all instances are appropriately documented. During the Fourth Quarter FY 2014, a total of **34** instances of compelled psychoactive medication administration occurred. There were 4 instances at the Montford unit, 17 instances at the Skyview unit, and 13 instances at the Jester IV unit. All 3 facilities were **100%** compliant with required criteria for implementation 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 upon intake receive a Mental Health Evaluation within 14 days of identification. Of the 24 intake facilities, **22** facilities identified incoming offenders in need of Mental Health Evaluations. 16 facilities met or exceeded 80% compliance for completing Mental Health Evaluations within 14 days of identified need: Bartlett, Byrd, Garza, Gist, Glossbrenner, Gurney, Halbert, Holliday, Hutchins, Jester I, Johnston, Lindsey, Middleton, Plane, Sanchez and Travis. Six facilities earned **compliance scores of 79% or lower**: Lychner (74%), Bradshaw (73%), Formby (71%), Dominguez (67%), Sayle (60%) and Woodman (60%).
- The OMHM&L reviewed the mental health records of **6** pregnant offenders considered for the Baby and Mother Bonding Initiative (BAMBI) and determined that none of them exhibited mental health issues precluding 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 TTUHSC and the UTMB sectors. In the Fourth Quarter of FY 2014, **HSL conducted 150 hospital and 57 infirmary discharge audits.**
- Each audit determines if vital signs were recorded on the day the offender left the hospital/infirmery; if the receiving facility had medical services sufficient to meet the offender's current needs; if the medical record was reviewed by a nursing staff member 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 150 hospital discharge audits conducted, 138 were from the UTMB Sector and 12 were from the TTUHSC sector. There were **9** deficiencies identified for UTMB and three identified for TTUHSC. Of the **57** infirmary discharge audits conducted, **28** were from the UTMB sector and 29 were from the TTUHSC sector. There was one deficiency identified from UTMB and two for TTUHSC.

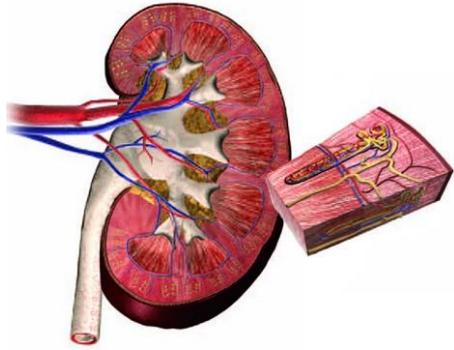
Accreditation

The American Correctional Association Summer Conference was held in Salt Lake City, UT on August 15, 2014. During this conference, the following units were awarded reaccreditation by the ACA Panel of Commissioners: Glossbrenner, Formby/Wheeler, Wynne, Woodman, Roach, Estelle, Skyview, Hodge, Torres, Ney, Jordan/Baten, and Ramsey.

Biomedical Research Projects

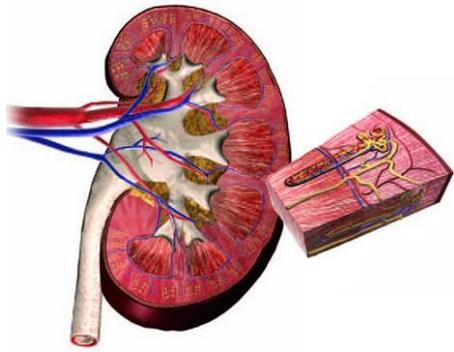
The following is a summary of current and pending research projects as reported by the Texas Department of Criminal Justice (TDCJ) Executive Services:

- Correctional Institutions Division Active Monthly Research Projects – 24,
- Correctional Institutions Division Pending Monthly Research Projects - 4,
- Health Services Division Active Monthly Medical Research Projects -2, and
- Health Services Division Pending Medical Research Projects - 8



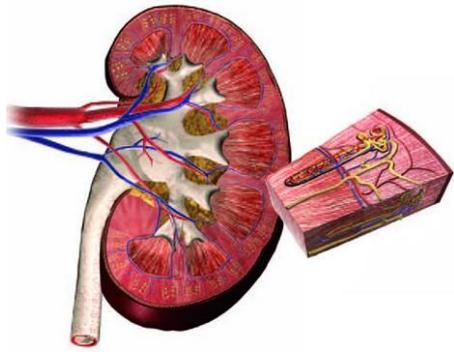
Dialysis and Chronic Kidney Disease: The Impact and Management in Correctional Managed Care

Dave S. Khurana, M.D.,
Senior Medical Director of Nephrology & Dialysis
University of Texas Medical Branch
Correctional Managed Care



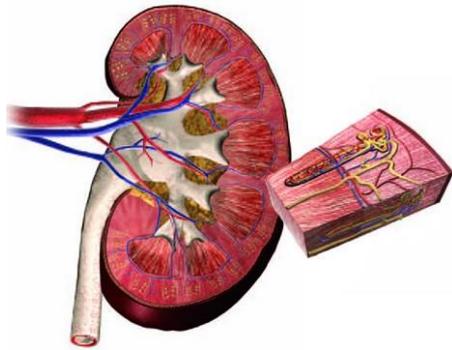
What is CKD or Chronic Kidney Disease?

- It is the presence of kidney damage that is detected in blood test, urine tests, or imaging.
- Why Does it Happen?
- Does it go away?
- I am stuck doing dialysis?



CKD Affects Millions of People (World-Wide)

- Over 500 million people with kidney damage
- Over 1.5 million people on dialysis or with a kidney transplant



CKD Affects Millions of People

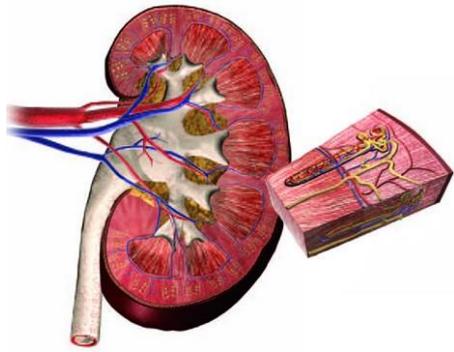
- 31 million Americans with CKD
- More than 500,000 receiving renal replacement therapy (RRT)
- U.S. has third highest incidence and prevalence of end-stage renal disease (ESRD) worldwide
- U.S. has second highest rate of transplants in the world
- 88,000 deaths from kidney disease (2006)



Stages of CKD

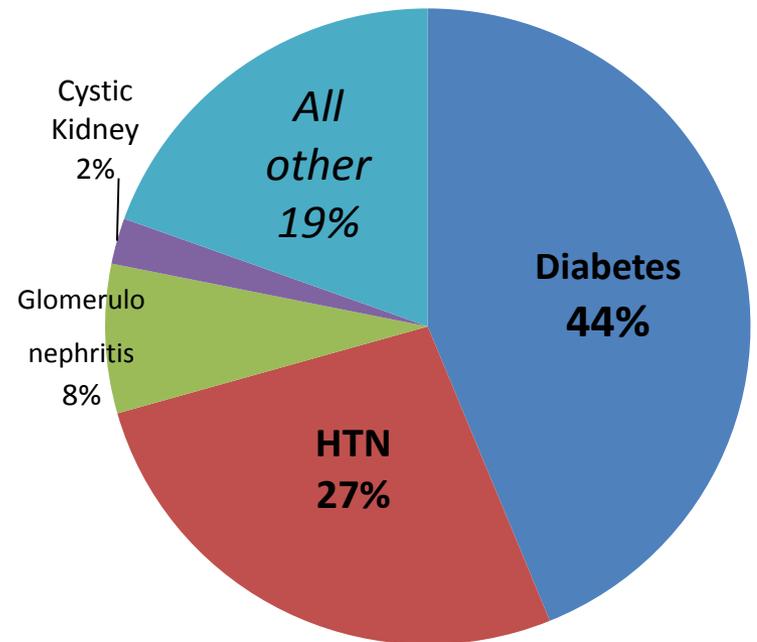


Stage	Description	GFR	Prevalence
5	Kidney failure	<15	N = .5+ m*
4	Severe decrease in GFR	15-29	N = .7 m**
3	Moderate decrease in GFR	30-59	N = 15.5 m**
2	Kidney damage with mild decrease in GFR	60-89	N = 6.55 m**
1	Kidney damage with normal or increased GFR	≥90	N = 3.6 m**



Diabetes and CKD

- Diabetes is the leading cause of kidney failure.
- Together, diabetes and hypertension are the primary diagnoses in 70% of ESRD cases.

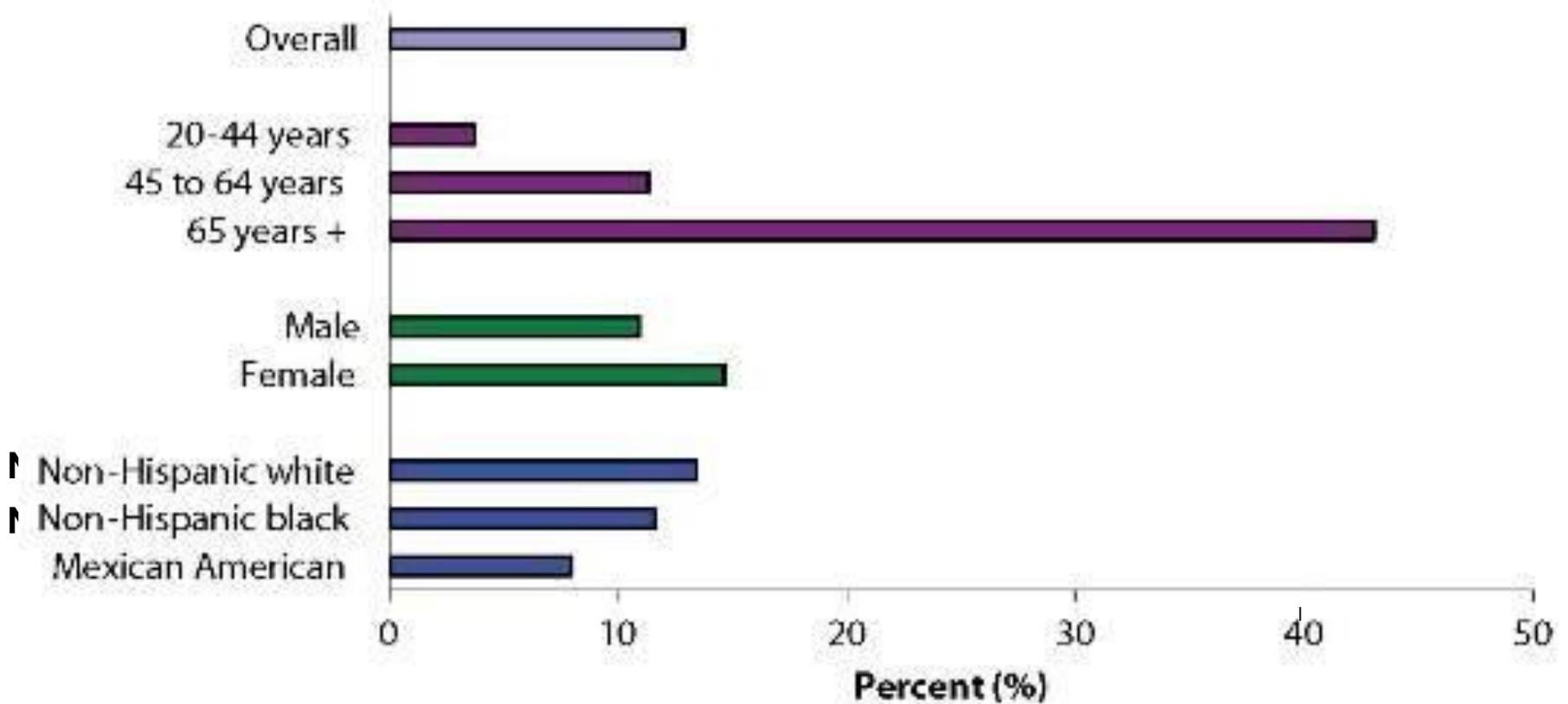


ESRD Incidence by Primary Diagnosis (USRDS 2009)



Burden of CKD

➤ CKD is common among adults in the U.S.



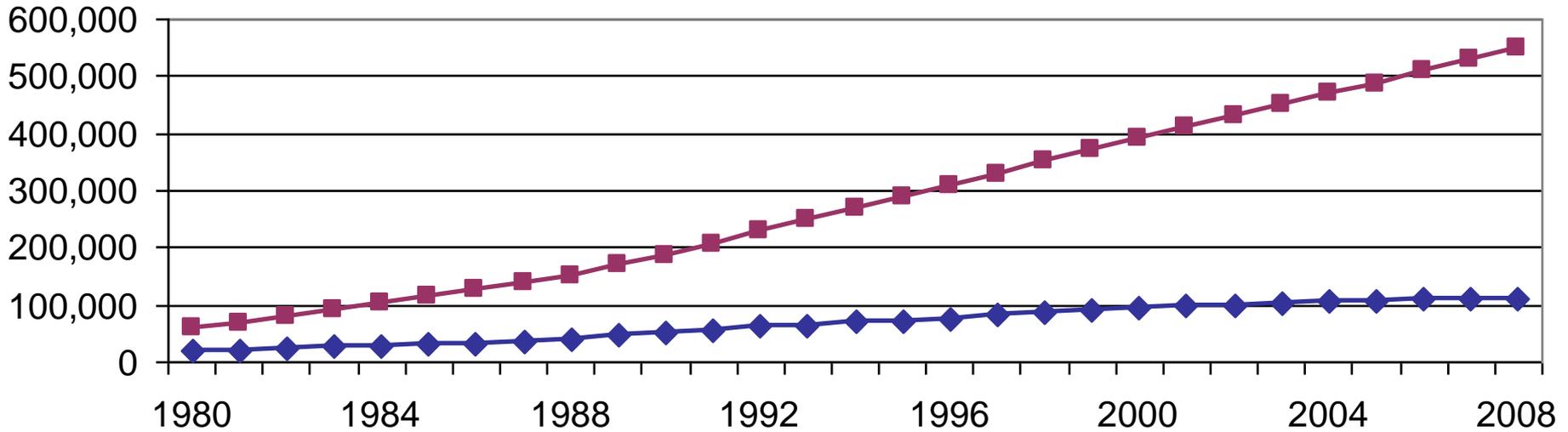


Burden of CKD

➤ ESRD Rates Continue to Rise

Incidence and Prevalence of ESRD 1980 to 2008

◆ Incidence ■ Prevalence

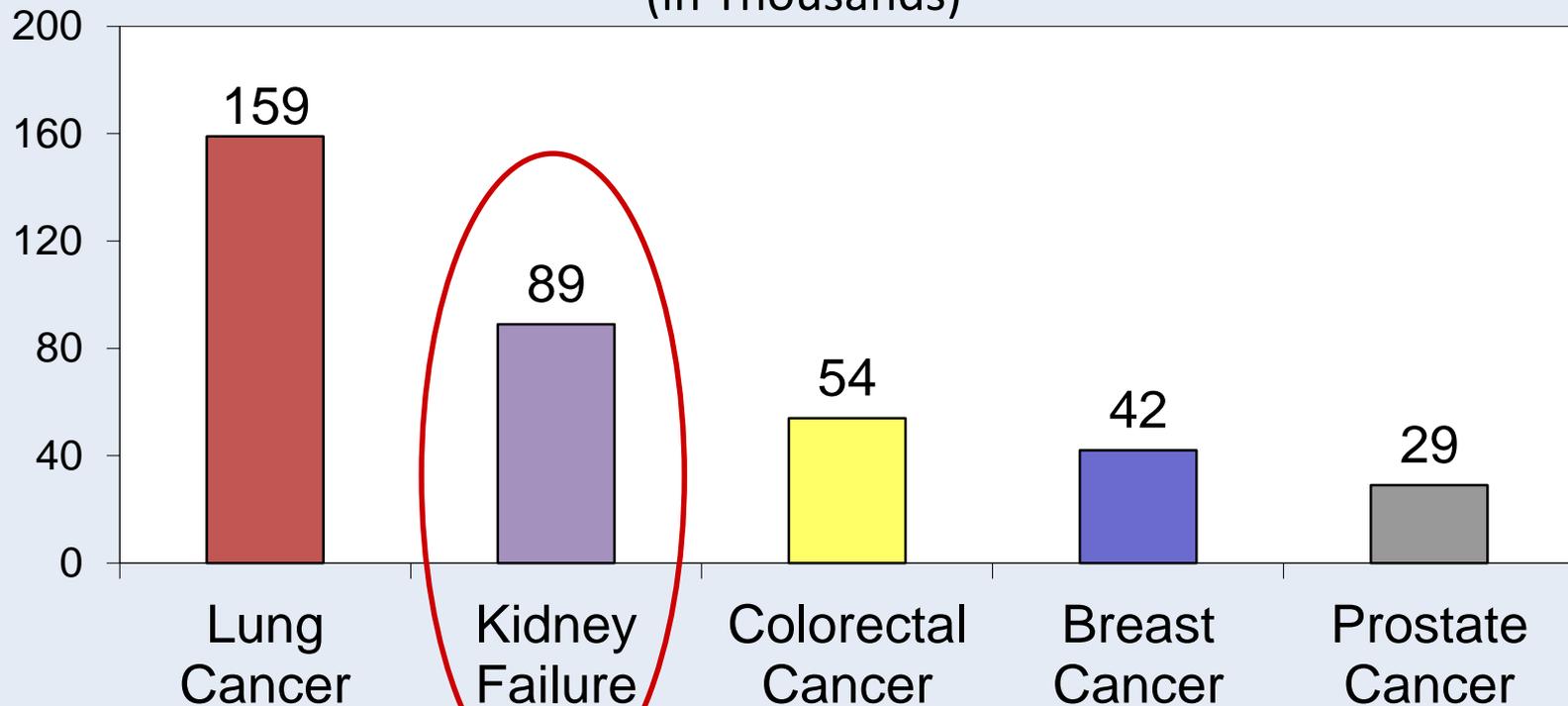




Burden of CKD

Kidney Failure Deaths Compared to Cancer Deaths in the U.S. in 2007

(in Thousands)

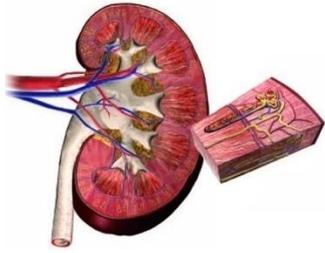




ESRD in TDCJ

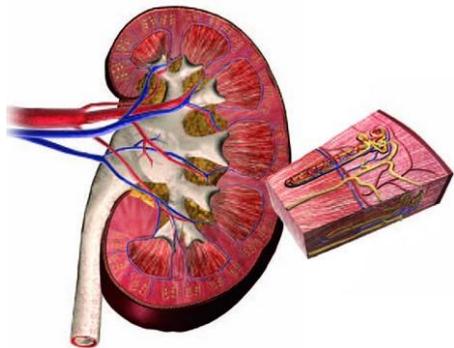
➤ FY 2010

- 196 patients provided dialysis care
- Average 164 patients per month (current capacity 172)
- Average cost per patient \$23,044 per year
- \$4.5 million total
- Cost per day dialysis patient \$63.13 (\$9.88 per patient per day non-dialysis)

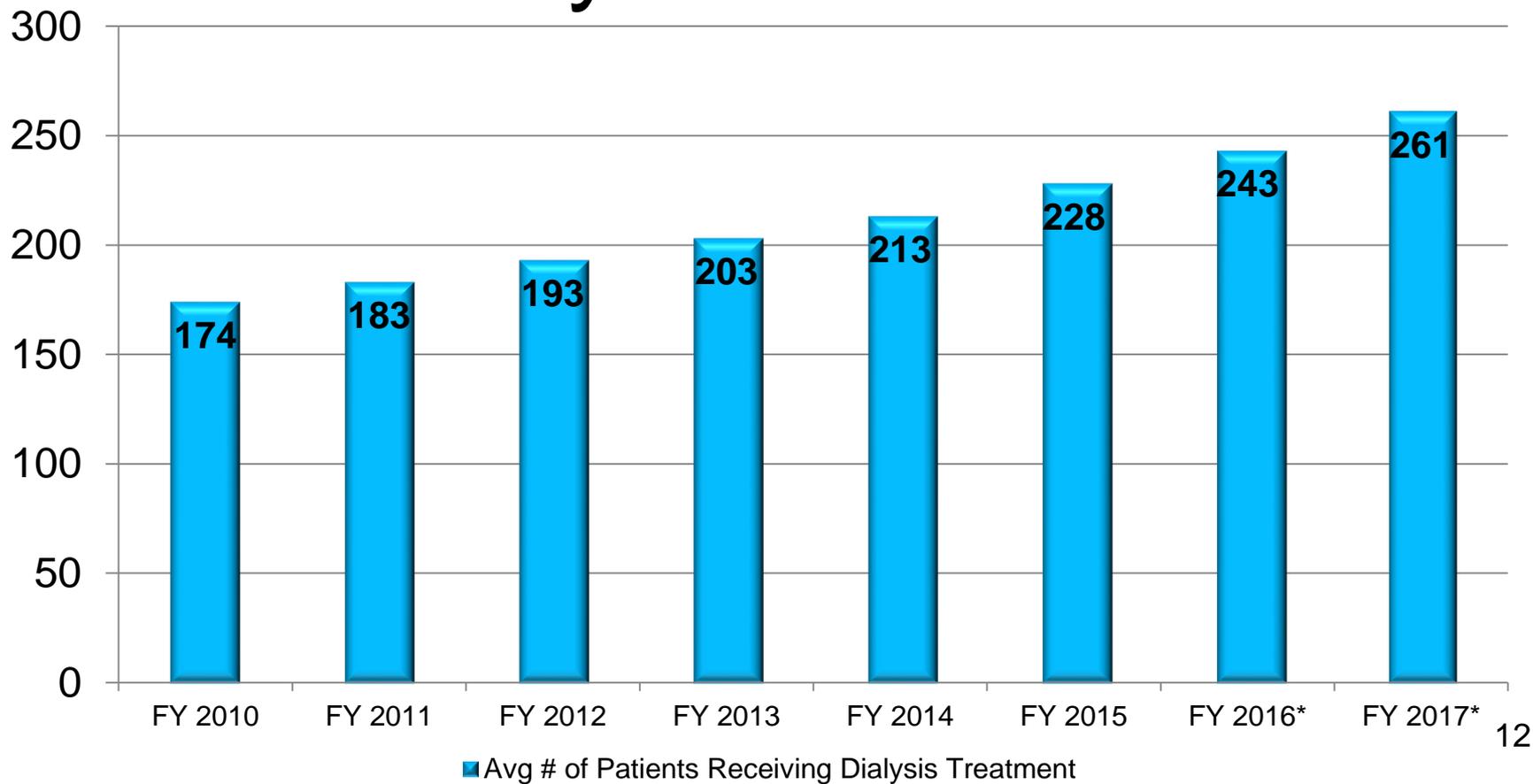


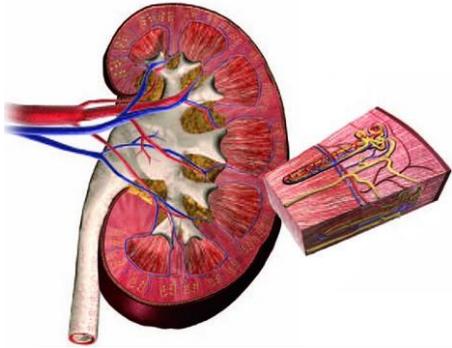
How Are We Addressing This Issue?

- Education & awareness
 - Providers
 - Patients
- Multi-disciplinary approach to treatment
- Prevention of progression
 - Clinical pharmacist managed CKD clinic
 - Target diabetes & hypertension
- Teledialysis

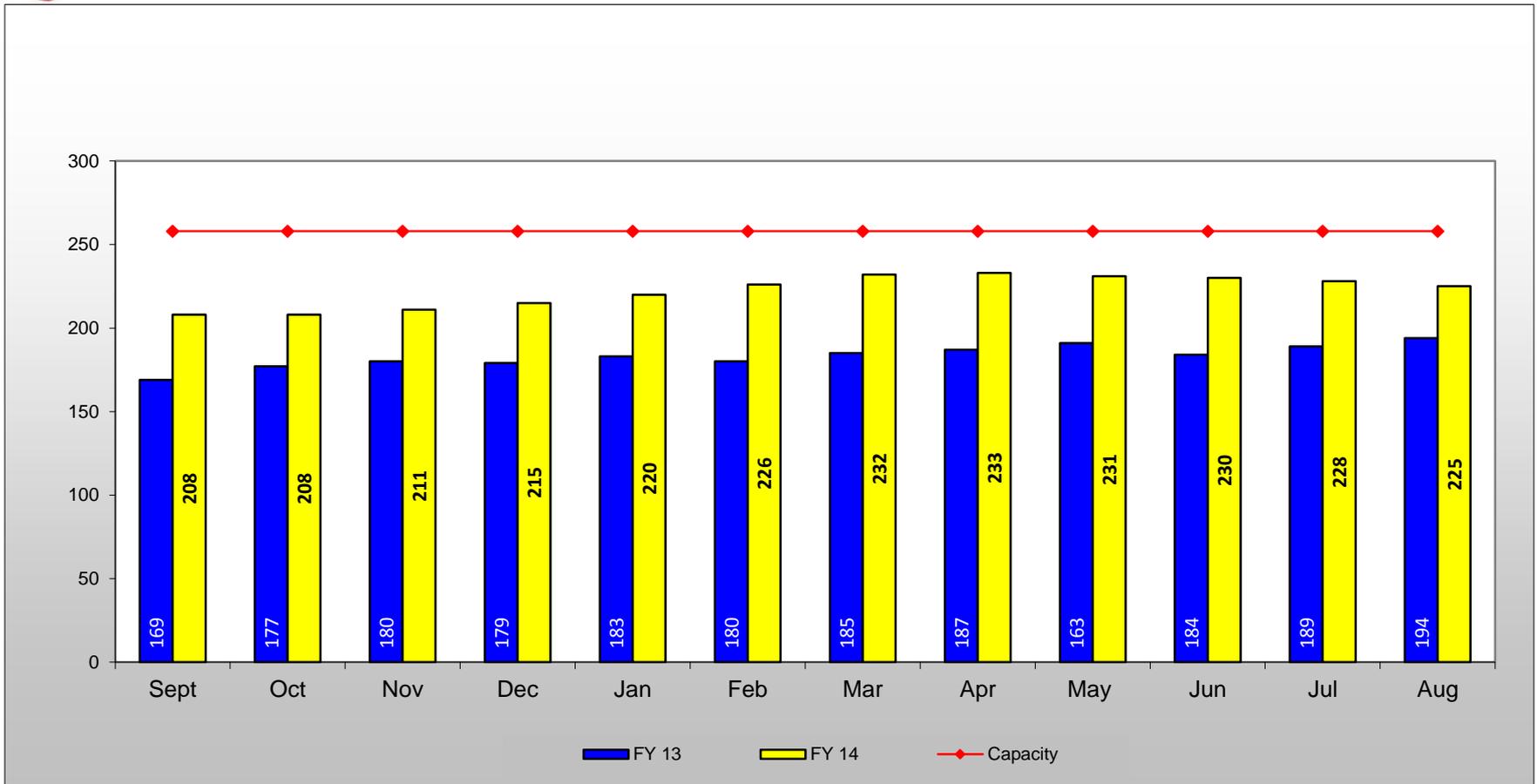


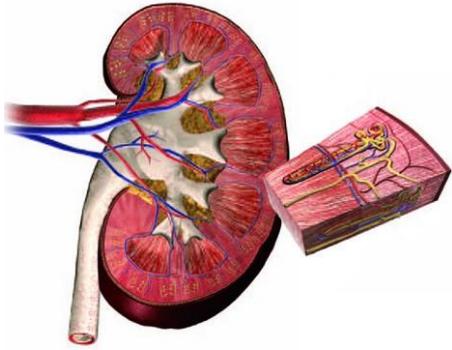
CMC Dialysis Patient Growth



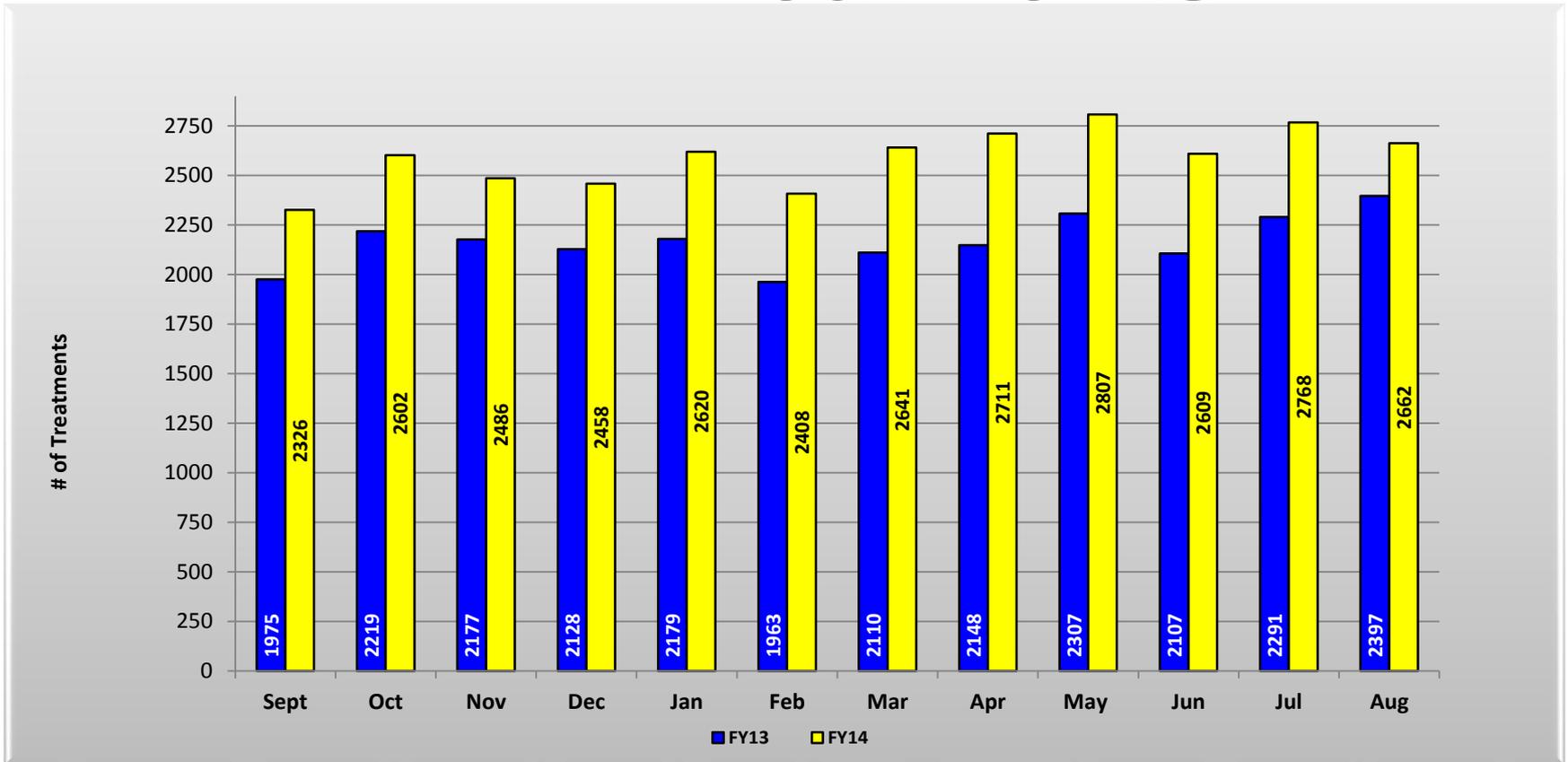


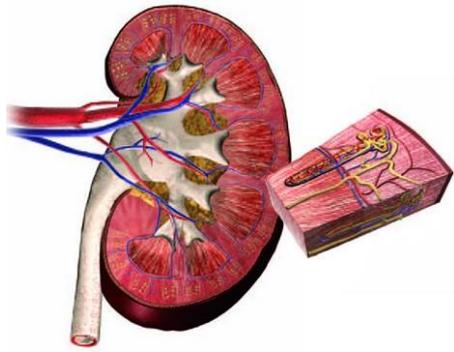
CMC Dialysis Service Patient Volume



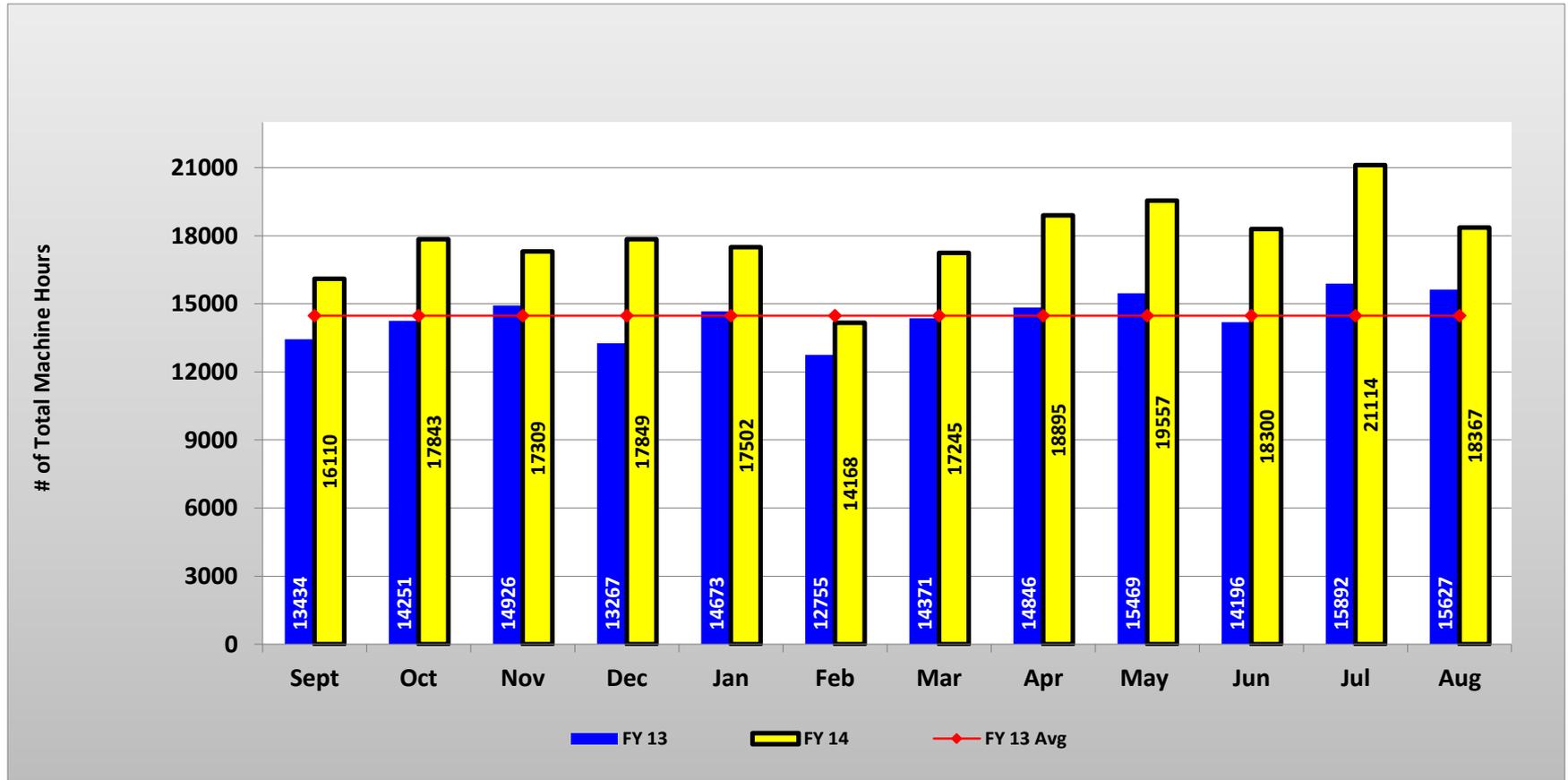


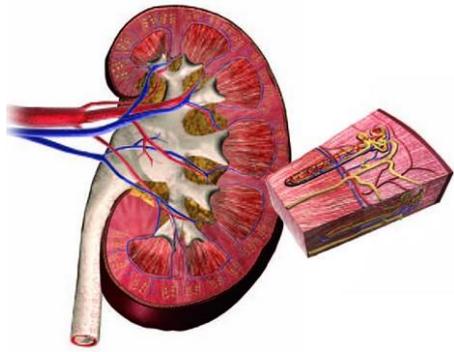
CMC Dialysis Treatments



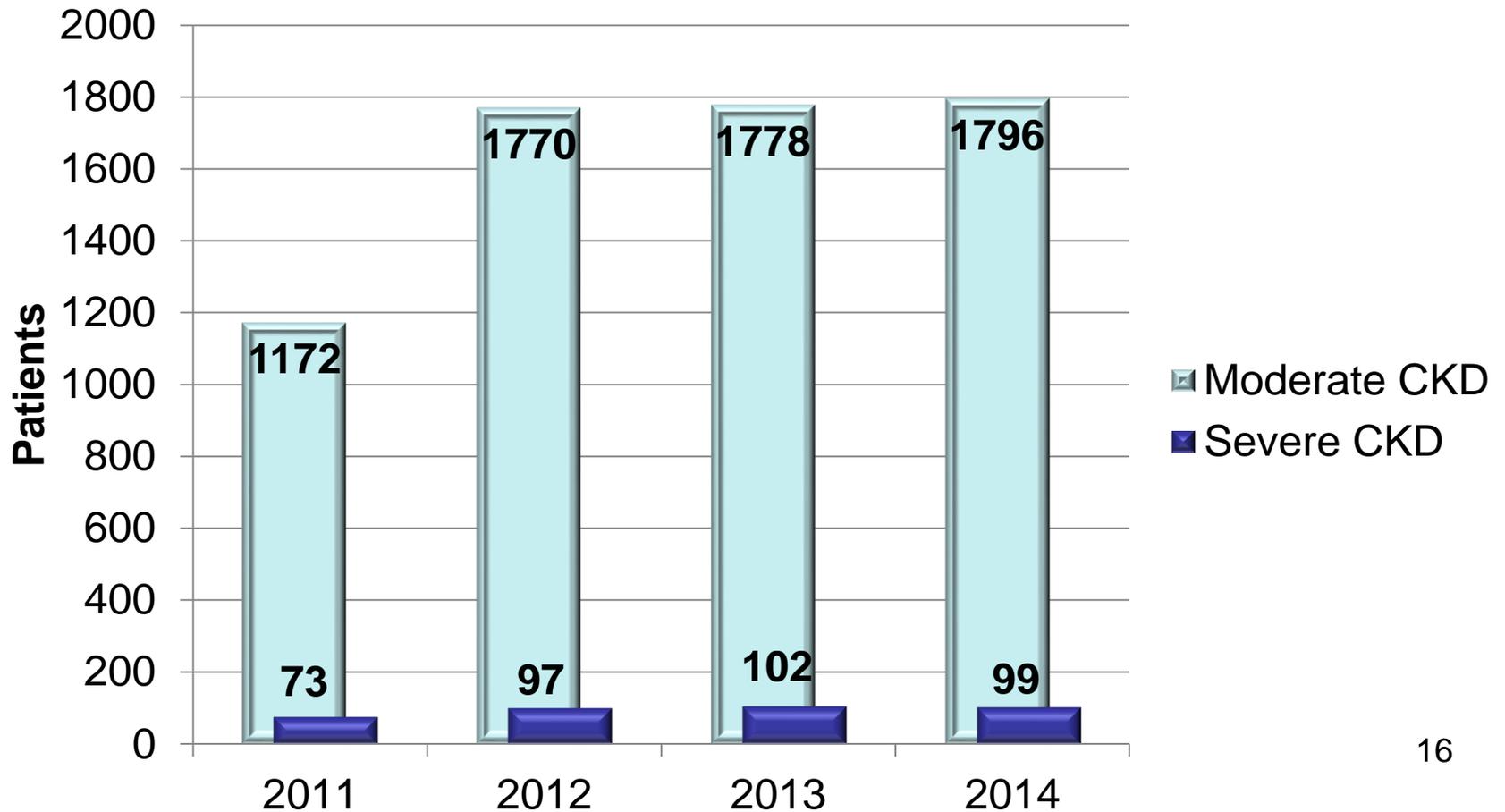


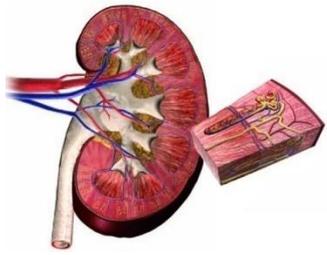
CMC Dialysis Machine Hours





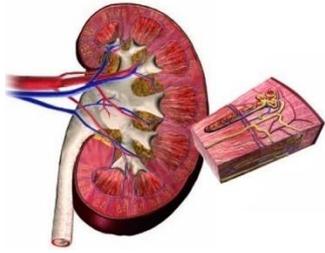
Chronic Kidney Disease





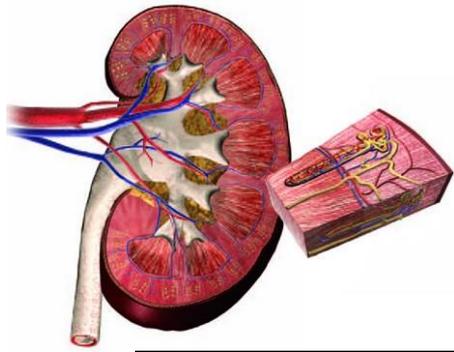
Patient Population

Patient Demographics	
Total Patient GFR 26-47	309
Age Range	21-86
Average Age	57
Male	269 (87%)
Female	40 (13%)
African American	106 (34%)
Hispanic	52 (17%)
White	141 (46%)
Hypertension	247 (80%)
Diabetes	107 (35%)
Average GFR	40 mL/min



Establishing Pharmacist CKD Clinics

1. Medical Director & Nephrology support and consultation
2. Pharmacist training
3. Patient identification
4. Protocol development & establishment of treatment goals
5. Standardized clinic note
6. Clinic referral process



Tele-dialysis

