

CORRECTIONAL MANAGED HEALTH CARE COMMITTEE

September 22, 2015

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 from June 16, 2015 and September 22, 2015 Meetings
(Note: The June 16, 2015, meeting consent agenda items also applies to this meeting due to a quorum not being present as a result of inclement weather).
 1. Approval of Excused Absences
 2. Approval of CMHCC Meeting Minutes, April 14, 2015 and June 16, 2015
 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 2015 Third Quarter Report
 - 2. Texas Tech University Health Sciences Center
 - 3. The University of Texas Medical Branch

- VII. Biennial Review of the Offender Health Services Plan –
Joint Medical Directors Working Group

- VIII. CMHCC Joint Nursing Working Group Update -
Justin Robison, MSN, RN, Director of Nursing Services,
In-Patient Services, UTMB Correctional Managed Care; and
CMHCC Joint Nursing Working Group Chair

- IX. Public Comments

- X. Adjourn

Consent Items

from

June 16, 2015 Meeting

Consent Item

Approval of CMHCC Meeting Minutes
April 14, 2015

CORRECTIONAL MANAGED HEALTH CARE COMMITTEE

April 14, 2015

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

Partner Agency Staff Present: Bryan Collier, Ron Steffa, Marsha Brumley, Natasha Mills, Myra Walker, Charlene Maresh, Robert Williams, M.D., Texas Department of Criminal Justice; Beverly Echols, Susan Morris, M.D., Anthony Williams, Stephen Smock, Lauren Sheer, Stephanie Zepeda, Pharm.D., Owen Murray, DO., UTMB; Denise DeShields, M.D., TTUHSC

Others Present: Terrell McCombs, Texas Board of Criminal Justice; Jimmy Blanton, Health & Human Services

Location: Price Daniel Building, 209 W. 14th St., Suite 500, Austin, 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 1:00 p.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 acknowledged the attendance of Terrell McCombs, Vice-Chairman, Texas Board of Criminal Justice and Jimmy Blanton, Health and Human Services Commission.</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. Elizabeth Linder.</p>		
			<p>Dr. Ben Raimer made a motion to approve the excused absence and Dr. Jumper seconded the motion which prevailed by unanimous vote.</p>

<p>III. Approval of Consent Items (Cont.)</p> <ul style="list-style-type: none"> ○ Approval of CMHCC Meeting Minutes – December 9, 2014 ○ Approval of TDCJ Health Services Monitoring Reports ○ University Medical Director’s Reports <ul style="list-style-type: none"> - UTMB - TTUHSC ○ 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 Minutes from the meeting held on December 9, 2014.</p> <p>Dr. de la Garza-Graham stated that next item on the agenda was the approval of the TDCJ Health Services Monitoring Reports.</p> <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. 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. Raimer made a motion to approve the minutes and Dr. Jumper seconded the motion which prevailed by unanimous vote.</p> <p>Dr. Lannette Linthicum made a motion to approve the TDCJ Health Services Monitoring Reports and Dr. Raimer seconded the motion which prevailed by unanimous vote.</p> <p>Dr. Raimer made motion to approve the University Directors Reports and Dr. Linthicum seconded the motion which prevailed by unanimous vote.</p> <p>Dr. Raimer made a motion to approve the Summary of CMHCC Joint Committee / Work Group Activities and Dr. Linthicum seconded the motion which prevailed by unanimous vote.</p>
<p>IV. Update on Financial Reports</p> <ul style="list-style-type: none"> - Charlene Maresh 	<p>Dr. de la Garza-Graham called on Charlene Maresh to present the financial report.</p> <p>Ms. Maresh reported on statistics for the First Quarter of Fiscal Year (FY) 2015, 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 was \$134.6 million dollars.</p>		

<p>IV. Update on Financial Reports (Cont.)</p>	<p>The report also shows the expenditures broken down by strategies.</p> <p>Unit and psychiatric care expenses make up the majority of health care costs at 53.9 percent, for a total of \$75.7 million dollars.</p> <p>Hospital and clinical care accounts for 35.6% of total expenditures at a cost of \$50.1 million.</p> <p>Pharmacy services makes up 10.5 % of total health care expenditures at a cost of \$14.8 million dollars.</p> <p>The average service population is 149,804 which is a slight decrease from FY 2014.</p> <p>The offender population age 55 and over continues to grow with an increase of 6.1 % from FY 2014. The average daily census is 15,889 making up 10.6% of total service population and accounts for 38.1 percent of total hospital costs.</p> <p>The average mental health inpatient census is 1,873 of the total service population. The average mental health outpatient census is 19,641 of the total service population.</p> <p>The average health care cost is \$10.32 per offender, per day, which is a 1.1% percent increase from FY 2014 which was \$10.21.</p> <p>The Texas Department of Criminal Justice (TDCJ) has made final payment to University of Texas Medical Branch (UTMB) to cover FY 2014 expenses in the amount of \$11.6 million dollars, this was a spend forward approved by the Legislative Budget Board (LBB) from FY 2015 to FY 2014.</p> <p>Dr. de la Garza-Graham thanked Ms. Maresh then called on Dr. Linticum to report TDCJ's critical vacancies.</p>		
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<p>V. Summary of Critical Correctional Health Care Personnel Vacancies (Cont.)</p> <p>- Dr. Owen Murray</p>	<p>applicants. The position is being filled by local tenens until it can be permanently filled.</p> <p>Dr. DeShields also announced that the clinical medical director's position at Clements Unit had been filled.</p> <p>Dr. de le Garza-Graham then called on Dr. Murray to report on UTMB's critical vacancies.</p> <p>Dr. Murray advised that the Director of Hospital Administration position was vacant and UTMB had been actively recruiting for the position. Interviews will be held at the end of April.</p> <p>Dr. Murray further reported that from a critical vacancy perspective, the lack of nurses is a continued concern for care of offender patients. The McConnell Unit, one of TDCJ's largest facilities is currently 25 to 30 percent vacant of nursing staff. UTMB's Director of Nursing is continuing recruiting efforts, but what is now being seen is that the secondary labor market has been ran through. In the past, these positions were at 80 to 90 percent filled and now the number has slipped down to about 50 percent, and in areas such as Beeville where the McConnell Unit is located, there is no access to temporary labor. With lack of nursing and health care staff, infirmery patients could not be assigned to the facility. Patients would need to be relocated which would create a situation where the state would end up paying more for prison health care. Recruiting efforts for dental and mental health care professional positions have also grown difficult.</p>	<p>Dr. de la Garza-Graham requested a report on the amount of money used on local tenens used to fill the medical director's position at the Smith Unit, compared to what it would cost to raise the position salary to market value.</p> <p>Dr. Raimer inquired if the position qualified for loan repayment.</p> <p>Dr. DeShields responded yes, this is one of the recruiting tools utilized to try to recruit applicants.</p>	
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<p>V. Summary of Critical Correctional Health Care Personnel Vacancies (Cont.)</p>	<p>Dr. Murray further reported that even though career options and retirement plans are attractive to health care professionals, it is difficult to remain competitive and retain employees with salaries that are 15 to 20 percent below market value. This is already being seen in larger facilities that have infirmaries as well as areas such as Huntsville that have a larger number of offender patients.</p> <p>Dr. Murray reported that the plan is to provide information at the upcoming June meeting of what is being spent on overtime by the agency, comparing this year's expenses to those of the last three to four years. The secondary labor market cannot be continuous in attempting to fulfill our prison health care needs. The state is spending more money overworking the secondary labor market.</p> <p>Dr. de la Garza-Graham then called upon Dr. Linthicum to begin presentation of the Medical Director's Report.</p>	<p>Mr. McCombs asked what state benefits were offered, and inquired on how they compared to those offered to nurses in the private sector.</p> <p>Dr. Murray responded that one of the biggest benefits is the Teachers Retirement System (TRS), lifetime medical benefits that are received after being employed for a certain number of years, and employees also receive longevity pay.</p> <p>Dr. de la Garza-Graham asked what amount of time an employee must work to receive those benefits.</p> <p>Dr. Raimer responded that they must meet the Rule of 80; age and years of service worked for the agency must equal 80.</p>	
<p>VI. Medical Director's Updates</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 First Quarter of FY 2015, (September, October, November), Operational</p>		

<p>VI. Medical Director's Updates (Cont.)</p> <ul style="list-style-type: none"> ○ Grievance and Patient Liaison Correspondence ○ Quality Improvement (QI) Access to Care Audit ○ Office of Public Health 	<p>Dr. Linthicum then noted that the Office of Professional Standards has the Family Hotline, Patient Liaison Program (PLP), Step II Medical Grievance Program, and Sick Call Request Verification Audit process. During the First Quarter of FY 2015, the PLP and the Step II Medical Grievance Programs received 3,105 correspondences. The PLP received 1,646 correspondences and Step II Medical Grievance received 1,459. There were 400 Action Requests generated. The percentages of sustained Step II Medical Grievances from UTMB were nine percent and five percent for TTUHSC.</p> <p>Dr. Linthicum added that the Quality Improvement Access to Care Audit addressed quality of care issues. There were 37 Sick Call Request Verification Audits conducted on 37 facilities. A total of 288 indicators were reviewed and 26 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 806 cases of Hepatitis C identified for the First Quarter FY 2015. There were 16,543 intake tests and 115 were newly identified as having Human Immunodeficiency Virus (HIV) infections. During the First Quarter FY 2015, 16,543 offenders had intake test and 115 were HIV positive. Five new Acquired Immunodeficiency Syndrome (AIDS) cases were identified in the First Quarter FY 2015 compared to 19 new AIDS cases identified during the Fourth Quarter FY 2014.</p> <p>197 cases of suspected Syphilis were reported in the First Quarter FY 2015. 33 of those required treatment or retreatment.</p> <p>208 Methicillin-Resistant Staphylococcus Aureus (MRSA) cases were reported for the First Quarter FY 2015.</p> <p>Dr. Linthicum advised that there was an average of 14 Tuberculosis (TB) cases under active management for the First Quarter FY 2015.</p> <p>Dr. Linthicum next reported the activities of the Sexual</p>		
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<p>VI. Medical Director's Updates (Cont.)</p> <ul style="list-style-type: none"> ○ Mortality and Morbidity ○ Office of Mental Health Monitoring & Liaison 	<p>Assault Nurse Examiner (SANE) Coordinator which collaborates with the Safe Prisons Program and is trained and certified by the Texas Attorney General's Office. This person provides in-service training to facility staff in the performance of medical examinations, evidence collection and documentation and use of the sexual assault kits. During the First Quarter FY 2015, 21 training sessions were held and 288 medical and mental health staff received training. This position also audits the documentation and services provided by medical personnel for each sexual assault reported. There were 187 chart reviews of alleged sexual assaults. There were no deficiencies found this quarter. 70 blood-borne exposure baseline labs were drawn on exposed offenders. To date, no offenders have tested positive for HIV in baseline labs routinely obtained after the report of sexual assault.</p> <p>Dr. Linthicum noted that the Peer Education Program is a nationally recognized program in which many offenders participate. 19,426 offenders attended classes presented by educators, this was an increase from the Fourth Quarter FY 2014 of 18,054. Within the TDCJ, 100 of the 109 facilities have active peer education programs. 142 offenders trained to become peer educators. This is a decrease from the 233 offenders trained in the Fourth Quarter FY 2014.</p> <p>Dr. Linthicum reported that there were 99 deaths reviewed by the Mortality and Morbidity Committee during the First Quarter of FY 2015. Of those 99 deaths, 7 were referred to peer review committees for further review.</p> <p>Dr. Linthicum provided a summary of the activities performed by the Office of Mental Health Monitoring & Liaison (OMHM&L) during the First Quarter of FY 2015. Administrative Segregation (Ad Seg) audits were conducted on 19 facilities. 3,253 offenders were observed 2,754 were interviewed and 6 offenders were referred to the university providers for further evaluation. One of the 18 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. One facility fell below 100 percent compliance.</p>		
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<p>VI. Medical Director's Updates (Cont.)</p> <ul style="list-style-type: none"> ○ Office of Health Services & Liaison ○ Accreditation ○ Biomedical Research Projects 	<p>Four inpatient mental health facilities were audited with respect to compelled medications. 50 instances of compelled psychoactive medication administration occurred. Montford, Skyview, and Clements were 100 percent compliant with logging all incidents of compelled psychoactive medication and documenting the required criteria in the medical record. The Jester IV unit briefly fell below compliance, but quickly resolved all issues bringing all four facilities to 100 percent compliance.</p> <p>There were 24 intake facilities audited with respect to mental health evaluation within 14 days of identification. There were 15 facilities that met or exceeded 80 percent compliance.</p> <p>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. Eight offenders were reviewed and seven were allowed to participate.</p> <p>The Office of Health Services Liaison (HSL) conducted 153 hospital and 65 infirmary discharge audits. UTMB had eight deficiencies identified and TTUHSC had three deficiencies identified for the hospital discharge audits. UTMB had one deficiency identified and TTUHSC had two deficiencies for the infirmary discharge audits.</p> <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. Sherwood inquired if it was required for offenders over the age of 50 to receive annual physicals, stating that if the answer is yes, this is a higher standard than offered to those in the free world.</p> <p>Dr. Linthicum responded that the TDCJ patterns</p>	
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<p>VI. Medical Director's Updates (Cont.)</p> <ul style="list-style-type: none"> • Texas Tech University Health Sciences Center <ul style="list-style-type: none"> - Denise DeShields, MD • University of Texas Medical Branch <ul style="list-style-type: none"> - Owen Murray, DO 	<p>Dr. de la Garza-Graham thanked Dr. Linthicum then called on Dr. DeShields to present the report for TTUHSC.</p> <p>Dr. DeShields reported on the Texas Tech University Health Sciences Center (TTUHSC) Correctional Managed Care (CMC) activities and advised that the Clements Unit Medical Director's position had been filled effective March 9, 2015.</p> <p>Dr. DeShields further reported that the Smith Unit Medical Director's position had been vacant since July of 2012 and was currently being filled by locum tenens. Recruitment has been difficult due to the geographical location. TTUHSC CMC will continue to aggressively advertise in local, regional and national publications and social media.</p> <p>Dr. de la Garza-Graham thanked Dr. DeShields and called on Dr. Owen Murray to present the report for UTMB.</p> <p>Dr. Murray presented the University of Texas Medical Branch (UTMB) Correctional Managed Care CMC Medical Director's Report.</p>	<p>themselves after the requirements of the United States Public Health Service Guidelines and it is age 50 that offenders receive annual physical examinations. However there have been recent updates and the new guidelines are currently being studied by UTMB and TDCJ representatives. It has already been noticed that the time lines have been extended out more than annually for physicals, therefore policies will also be updated. Historically the TDCJ has always followed the United States Public Health Service Guidelines which are also followed by the Federal Bureau of Prisons.</p> <p>Dr. Raimer added that in a correctional setting, it is assumed an individual is about 10 years older than their chronological age. This would be comparing the standard to around 60 to 65 years of age.</p>	
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<p>VI. Medical Director's Updates (Cont.)</p>	<p>Dr. Murray further reported that UTMB is exploring ideas to provide attractive employment options without increasing salaries.</p> <p>Dr. de la Garza-Graham then called on Dr. Stephanie Zepeda, Director of Central Pharmacy, UTMB and Co-Chair, Joint Hepatitis C Working Group.</p>		
<p>VII. Correctional Managed Health Care Hepatitis C and HIV Infection Policy Program Updates</p> <p>- Stephanie Zepeda, Pharm.D.</p>	<p>Dr. Zepeda began by informing the committee of proposed changes to CMHC Policy B-14.13.3 "Hepatitis C" and explained that the modifications were prompted by the change in the National Hepatitis C Treatment Guidelines.</p> <p>Dr. Zepeda explained that representatives from TDCJ, TTUHSC, and UTMB make up the Joint Hepatitis C, Infection Control, and Pharmacy and Therapeutics Committees. Before changes are made to the policies, they are first reviewed by these committees and then approved by the vote of the committees.</p> <p>Dr. Zepeda reported on new drug approvals and those that are no longer recommended for use. The new therapies represent a significant advancement in treatment and have shown an overall response rate of 95% or higher and in some cases have allowed shorter treatment durations and patients have shown better tolerability with these new drug treatments.</p> <p>It is estimated that 2.7 to 3.9 million people live with Chronic Hepatitis C in the United States and there is an even higher burden in U.S. prisons which increases with increasing age. TDCJ prevalence of Hepatitis C is currently estimated at about 12.3% compared to the U.S. population of 1.5%. The American Association for the Study of Liver Diseases (AASLD) predicts estimated medical cost to double in the next 20 years and death rates to triple in the next 10 to 20 years due to the aging Hepatitis C infected prison population, so screening criteria within the agency has been increased to include baby boomers because they are more likely to have Chronic Hepatitis C compared to the younger pattern of offenders. Hepatitis C is the 3rd</p>		

<p>VII. Correctional Managed Health Care Hepatitis C and HIV Infection Policy Program Updates (Cont.)</p>	<p>leading cause of death in state prisons countrywide and an increase in deaths has been seen due to liver cancer.</p> <p>Dr. Zepeda further reported since 2009 end stage liver disease has continued to rise within offender patients and that most patients this is seen in do have Chronic Hepatitis C, which increase the risk of developing cirrhosis, end stage liver disease, liver cancer, or will require a liver transplant.</p> <p>Dr. Zepeda explained that Aspartate Platelet Ratio Index (APRI) Score is a noninvasive series of blood test used to determine the risk of fibrosis or degree of fibrosis in offender patients without having to perform a liver biopsy.</p> <p>Dr. Zepeda reported that cost over the last 5 years to treat Hepatitis C has continued to rise. In FY 2014 cost for treatment represented about 6% of the total drug budget or \$2.4 million dollars. Studies have shown that treatment of the disease has not only in some cases provided cure but can also prevent progression and development of other diseases such as Hepatocellular Carcinoma (HCC) and death which leads to long term cost savings.</p>	<p>Dr. Berenzweig inquired as to how patients with bridging fibrosis or cirrhosis are identified.</p> <p>Dr. Zepeda responded that an evaluation is done by the virology team on all patients who have been diagnosed with Hepatitis C. If a patients APRI score is at 0.7 or higher it can be determined they are at the point of fibrosis.</p> <p>Dr. de la Garza-Grahm asked how it could be justified that better cures are being seen when studies predict a dramatic increase in mortality.</p> <p>Dr. Zepeda responded that study has demonstrated cure does decrease the number of deaths and provide long term savings. However one of the challenges are that these treatments are new therapies and there has been some controversy in the community and across the nation about implementing the new therapies. A wide spread adoption has not been seen as of yet unless the patient has use of private insurance.</p>	
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VII. Correctional Managed Health Care Hepatitis C and HIV Infection Policy Program Updates (Cont.)

The National Reentry Resource Center also reported that at least 95% of state prisoners are released back in to their communities. In FY 2014, a little over 70,500 offender patients were released from TDCJ back into the community so the treatment of Hepatitis C may protect the general community and spread of the disease.

Dr. Zepeda referred to the drug therapies that would no longer be used based on the same changes as the National Guidelines, and advised that as a cost saving mechanism it has been recommended that Hepatitis C patients only be treated by UTMB to maximize the 340B price savings. Treating 100 patients in the UTMB sector with the benefit of the 340B program would cost around \$3.3 million compared to approximately \$8.8 million if treatment is administered in the TTUHSC sector.

Dr. Zepeda also explained that once a patient has cirrhosis, generally reversal of the disease will not be seen and also advised the committee that the reported data was preliminary and published approximately a year prior to the new drug approvals.

Mr. McCombs asked if it could be explained as to why TTUHSC's cost to treat patients was so much higher compared to what it would cost to treat them at UTMB.

Dr. Jumper commented that TTUSHC does not own it's on hospital so they are not eligible to receive 340B pricing.

Dr. Zepeda responded that the 340B Program is a Federal Discounted Drug Program and there are only certain types of hospitals that qualify.

Dr. Linthicum asked if an estimate could be given on the cost savings that had been seen by the state with the use of the 340B Program.

Dr. Zepeda responded since approval was gained for use of the 340B Program, the Agency has seen a savings of \$383 million.

<p>VII. Correctional Managed Health Care Hepatitis C and HIV Infection Policy Program Updates (Cont.)</p>	<p>Dr. Zepeda reported that patient caseloads were being managed by the Virology Hepatitis C Virus (HCV) Treatment Team and that 40 patients have been scheduled to start therapy by the end of the fiscal year and at least 20 patients would complete therapy by the end of the fiscal year. Cost for these treatments for FY 2015 are estimated at \$992,250 for a twelve week treatment of patients having only genotype 1 assuming UTMB will provide the treatment to the patients taking advantage of the 340B Program. With the adoption of this policy, joint multi-disciplinary working groups would be appointed to ensure staff received appropriate training, monitor patients, and collect data including cost and outcome data to ensure the program is having a positive impact.</p> <p>Dr. Zepeda briefly shared with the committee future consideration of implementing universal testing of Hepatitis C for all patients received into TDCJ. This would help to identify those who need to be treated and give an opportunity to educate on methods to reduce transmission. Laboratory cost to implement these screenings are estimated at about \$1 million per year. A new technology called FibroScan may be a more economical option. Data received on the tool has been good, but the tool is not able to be supplied at this time.</p>	<p>Mr. McCombs inquired if federal rules required a hospital to be a full trauma care hospital to qualify for the 340B pricing.</p> <p>Dr. Zepeda responded that the requirements are very explicit in the statute. Hospitals that are referred to as disproportionate share hospitals, which is what UTMB is, but UTMB must still demonstrate to Centers for Medicare and Medicaid (CMS) that a certain percentage of indigent care is being provided and the percentage threshold must be met to continue to qualify as a disproportionate share hospital.</p> <p>Dr. Raimer commented that the hospital must also own the medical record of the patients, has</p>	
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<p>VII. Correctional Managed Health Care Hepatitis C and HIV Infection Policy Program Updates (Cont.)</p>	<p>Dr. de la Garza-Graham asked for approval of the Hepatitis C Policy change recommendations as there were no further comments or questions.</p> <p>Dr. de la Garza-Graham asked Dr. Zepeda to begin the HIV Infection Control Policy Program Updates.</p> <p>Dr. Zepeda began by informing the committee of proposed changes to CMHC Policy B-14.11 Human Immunodeficiency Virus (HIV) and explained that the modifications were prompted due to change in the National Guidelines published by Health and Human Services.</p> <p>Dr. Zepeda shared with the committee that all proposed policy changes must first go before the Joint Infection Control and Joint Pharmacy and Therapeutics Committees for approval, and that these committees consist of representatives from TDCJ, TTUHSC, and UTMB.</p> <p>Dr. Zepeda reported on recommended policy changes. It is</p>	<p>to have physicians employed by the hospital and be the source of primary care. A certain percentage of indigent patients that are being seen must meet specific criteria as well as a certain number of Medicaid patients.</p> <p>Mr. McCombs asked Dr. Linthicum if it would be possible to give an estimate on the amount of money that is being spent on patient testing in terms of Hepatitis B, or C.</p> <p>Dr. Linthicum responded that diagnostic testing administered is so pervasive that there is really no way to determine this. Blood samples are drawn at intake and tested for several different diseases.</p> <p>Mr. McCombs inquired if tests that are given are contracted out.</p> <p>Dr. Linthicum replied, yes.</p>	<p>Dr. Raimer made a motion to approve the Hepatitis C Policy and Dr. Sherwood seconded the motion which prevailed unanimously.</p>
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<p>VII. Correctional Managed Health Care Hepatitis C and HIV Infection Policy Program Updates (Cont.)</p>	<p>recommended that all patients regardless of CD4 count, like the National Guidelines, decrease the frequency of obtaining lab test every 3 to 6 months to being tested at 6 months only. Antiretroviral Therapy has been recommended for all HIV positive patients to help preserve immune function, reduce the risk of disease progression, morbidity, and mortality and prevent transmission. Drug references were also updated to include new agents approved since the latest revision.</p> <p>Dr. Zepeda reported that the HIV Western blot is no longer recommended for the diagnosis of HIV and that a series of new tests have been implemented providing faster turnaround time and is equally as accurate in identifying HIV-1 and HIV-2 diagnoses. HIV drug cost for FY 2014 was roughly 44% or \$17.9 million of the total drug budget.</p> <p>Dr. Zepeda explained that there was a significant decrease in cost shown in HIV drug cost because some of the drugs used to treat HIV had become available in generic so a formulary update was made and generic components were utilized rather than combination products. A six month follow-up was done after formulary changes were made and no negative difference was shown in patient outcomes after the switch to the generic drugs. UTMB is in the process of a two year study follow-up and this data should be ready in the next two to three months.</p> <p>Dr. Zepeda explained that intensive education was done during the HIV drug switch and she feels that patients who receive intensive education show greater compliance.</p> <p>Dr. Zepeda reported that patient caseloads were pulled in November of 2014 and it was determined that 433 patients were not on treatment therapy because they did not previously meet the CD4 cut off point for initial treatment. All patients are now being recommended for treatment so it is estimated that instead of an annual cost of \$17.9 million spent cost, would increase to approximately \$22.2 million. This is roughly a 24% or \$4.3 million increase on an annual basis.</p>		
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Consent Item

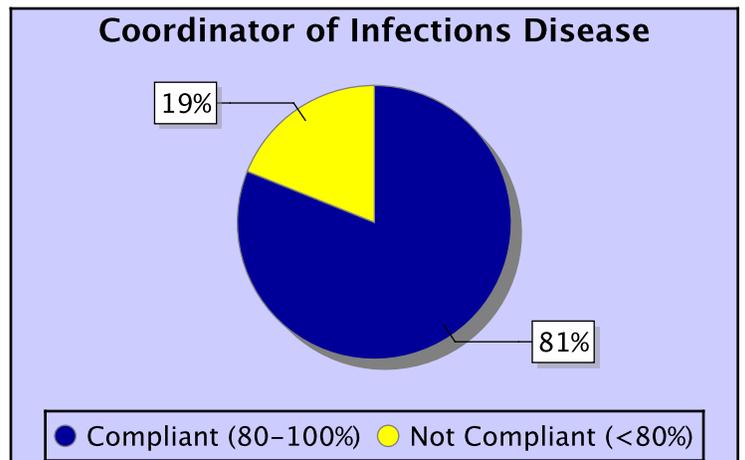
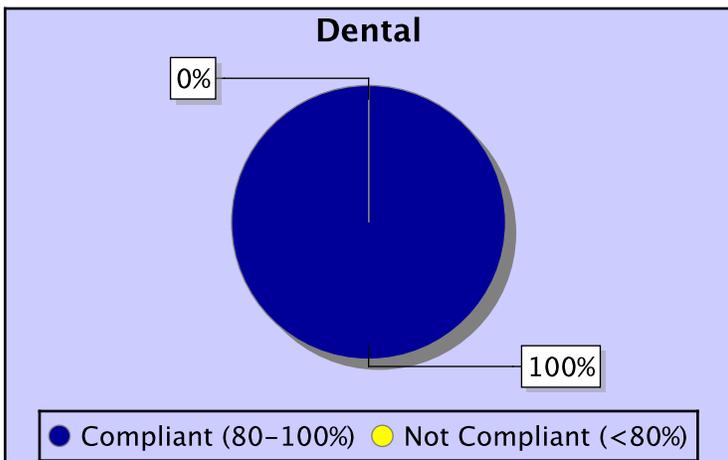
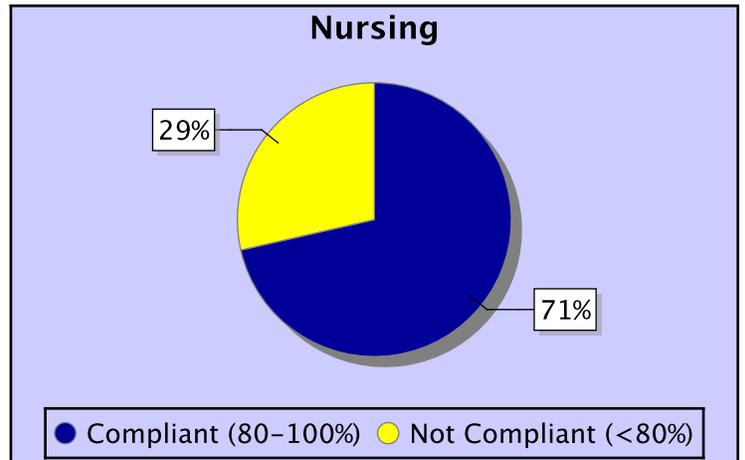
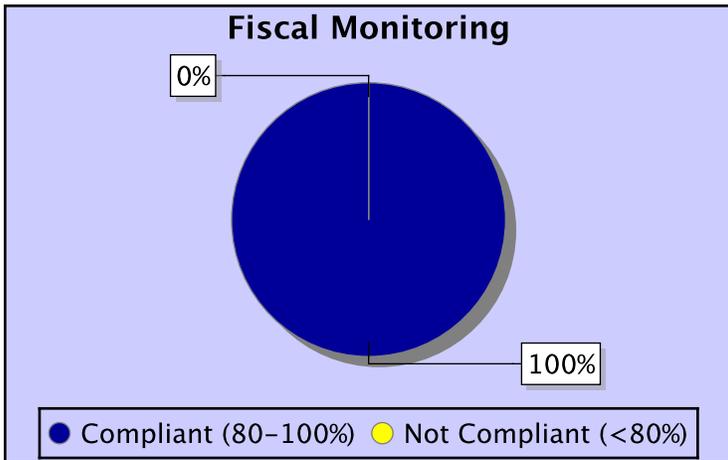
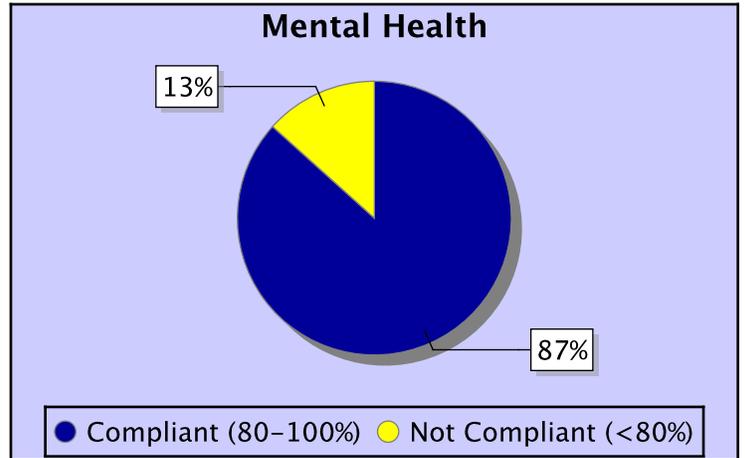
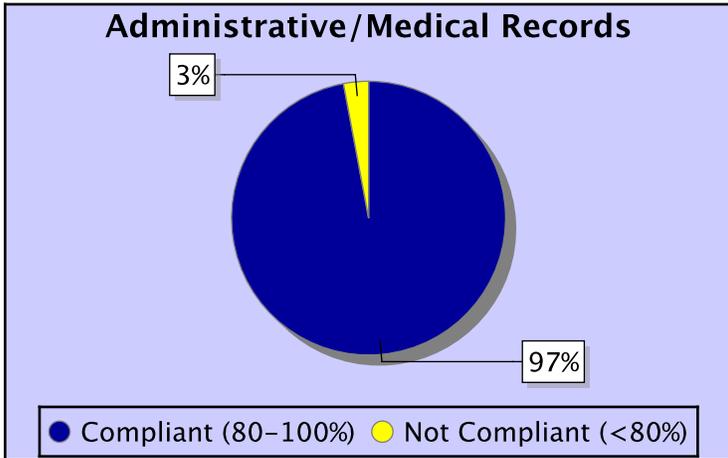
TDCJ Health Services
Monitoring Reports

Rate of Compliance with Standards by Operational Categories
 Second Quarter, Fiscal Year 2015
 December 2014 - February 2015

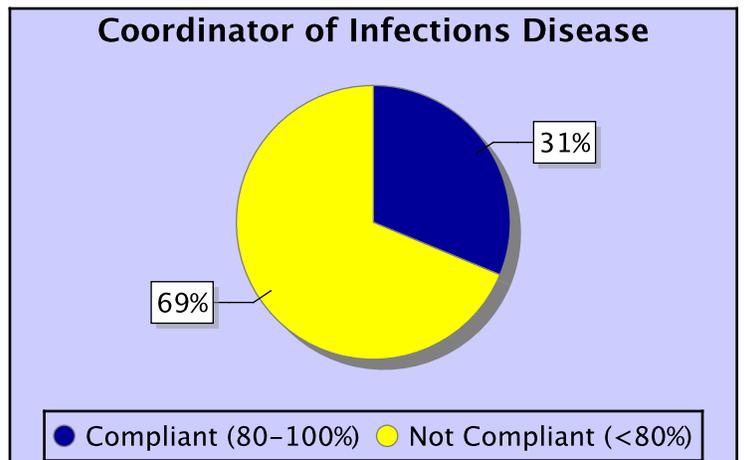
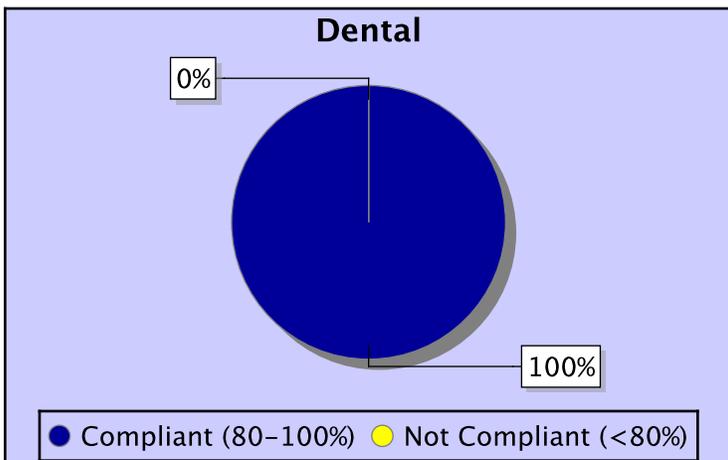
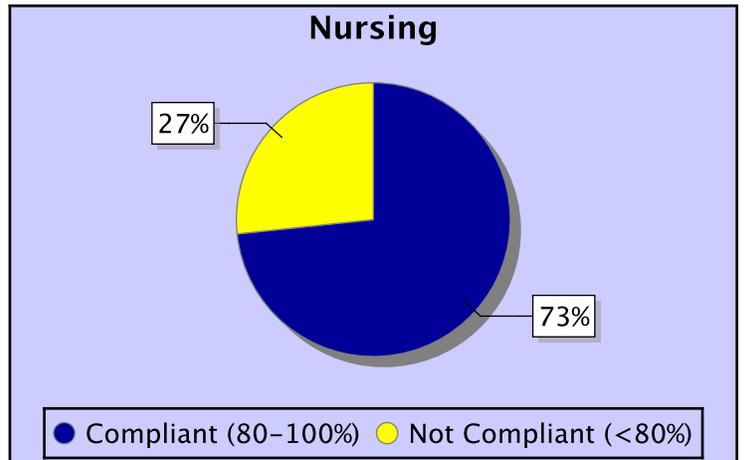
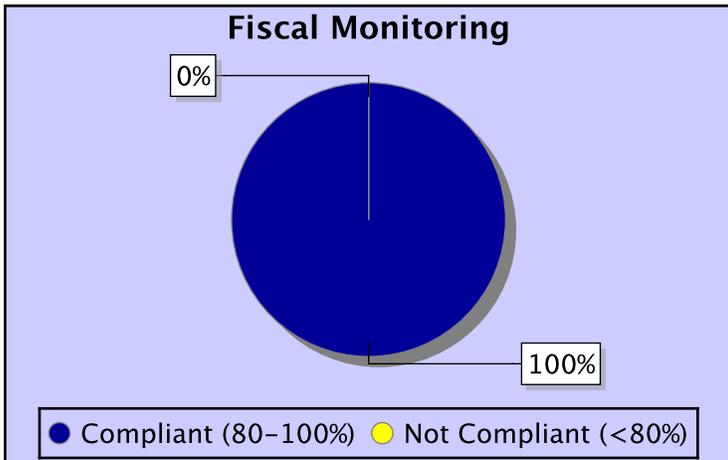
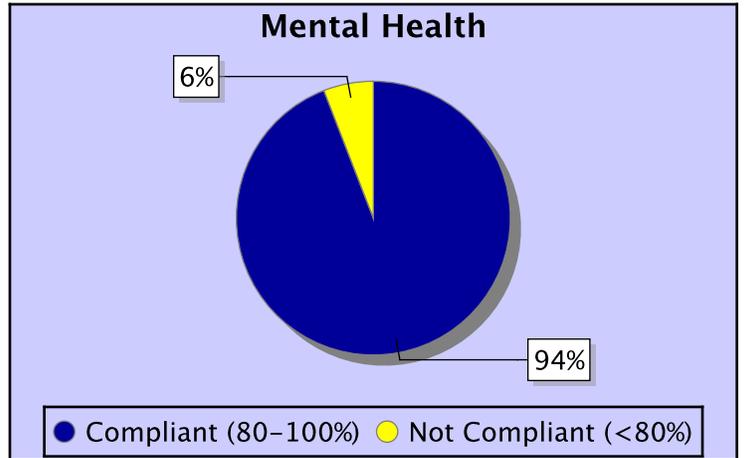
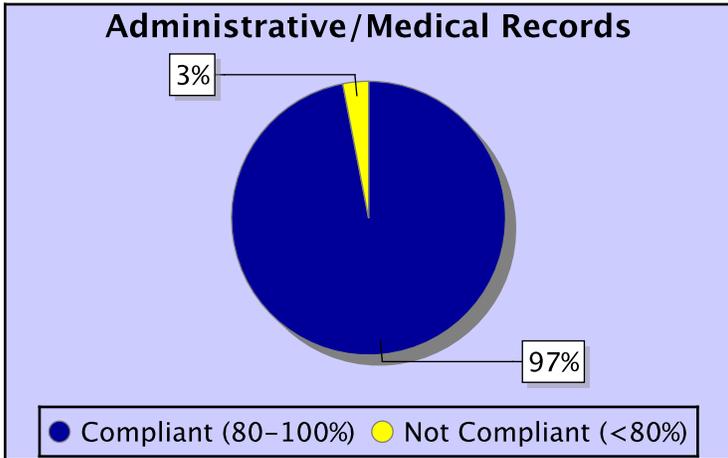
Unit	Operations/ Administration			General Medical/Nursing			Coordinator of Infectious Disease			Dental			Mental Health			Fiscal		
	<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance	
Beto	34	33	97%	21	15	71%	37	30	81%	11	11	100%	15	13	87%	6	6	100%
Coffield	33	32	97%	15	11	73%	32	10	31%	12	12	100%	17	16	94%	6	6	100%
Dominguez	33	33	100%	17	16	94%	33	27	82%	12	11	92%	19	18	95%	4	4	100%
Estelle	96	85	89%	55	28	51%	104	58	56%	25	20	80%	46	38	83%	4	4	100%
Ney	32	31	97%	15	14	93%	26	22	85%	11	11	100%	3	3	100%	4	4	100%
South Texas ISF	33	29	88%	13	2	15%	35	13	52%	10	4	40%	16	7	44%	NA	NA	NA
Stiles	34	33	97%	21	16	76%	39	26	67%	12	12	100%	19	13	68%	6	6	100%
Torres	33	33	100%	15	10	67%	16	10	62%	12	11	92%	3	3	100%	4	4	100%

n = number of applicable items audited.

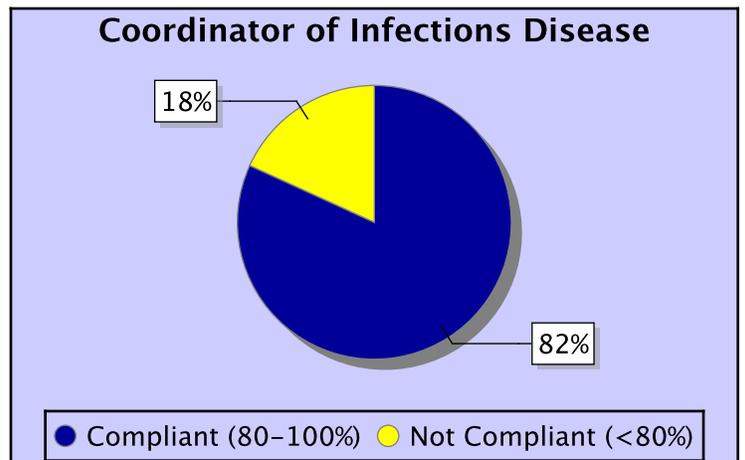
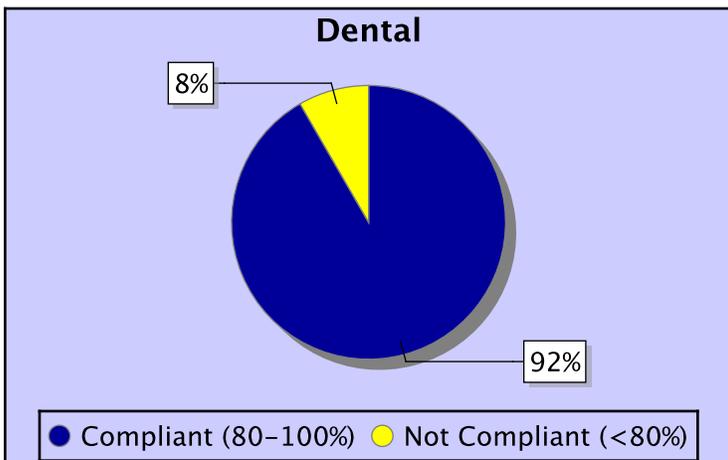
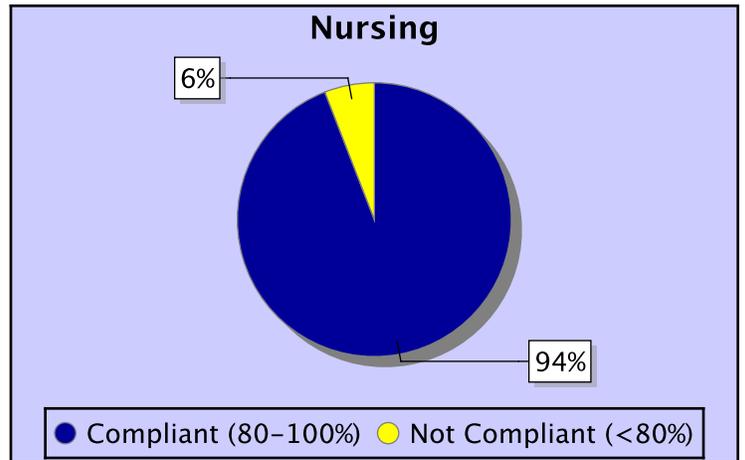
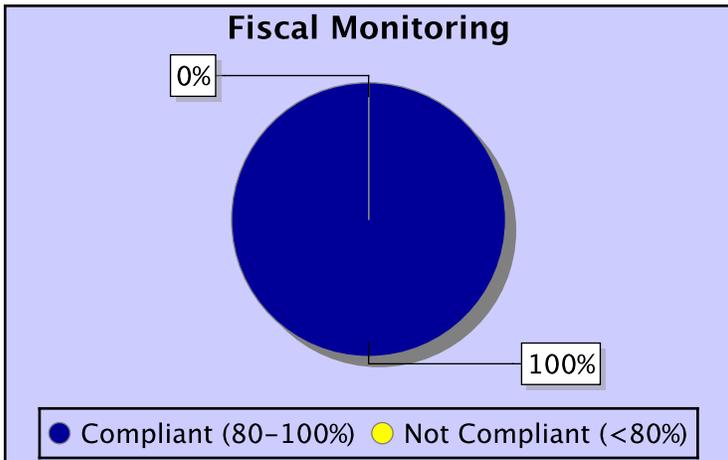
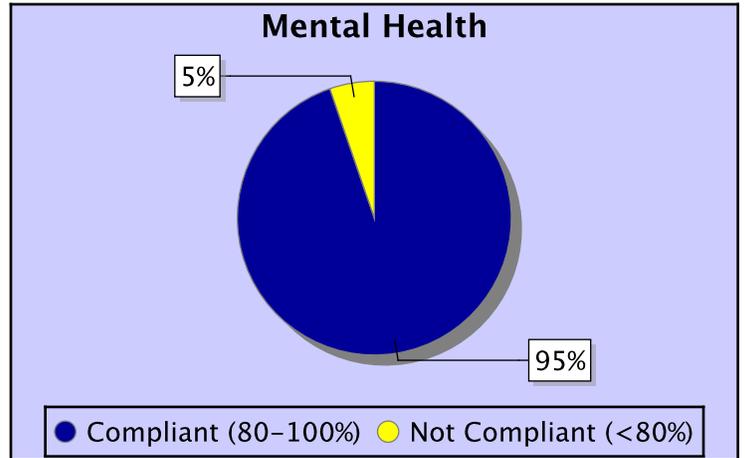
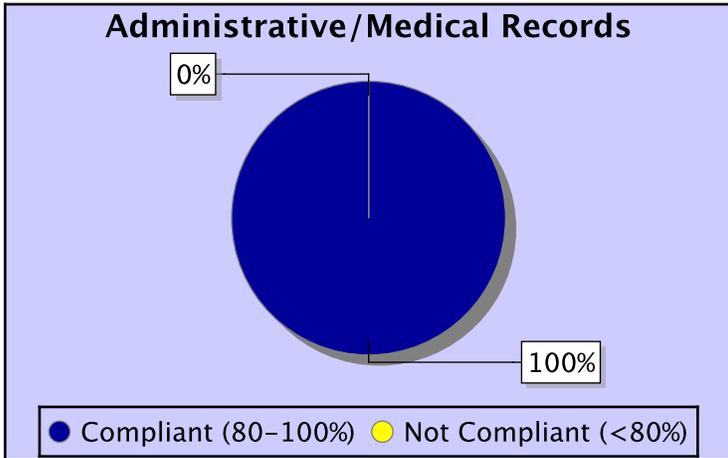
Compliance Rate By Operational Categories for
BETO FACILITY
January 05, 2015



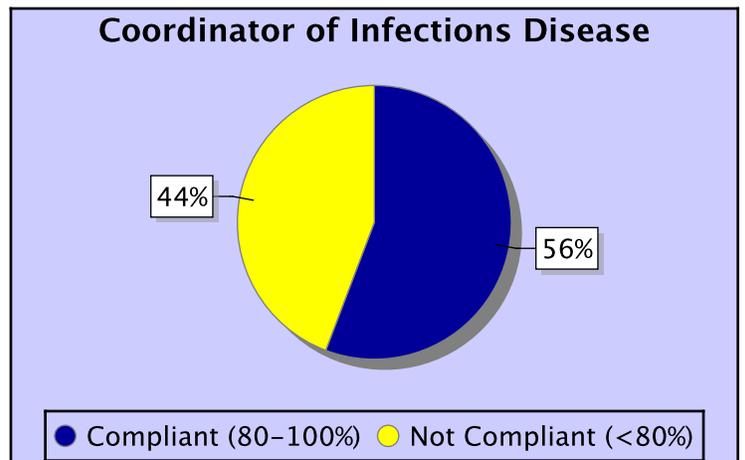
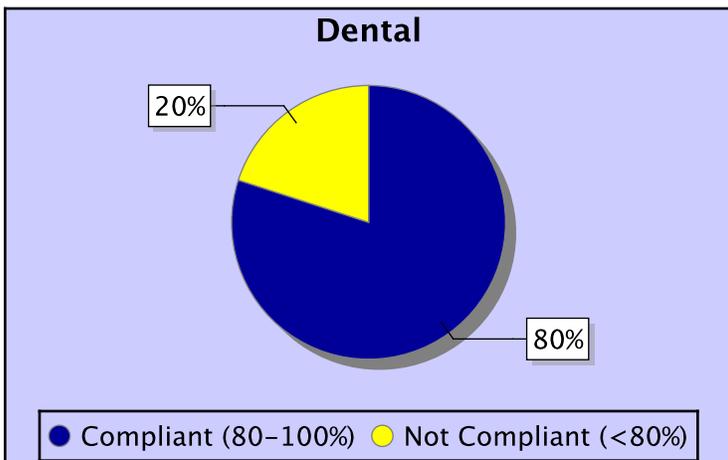
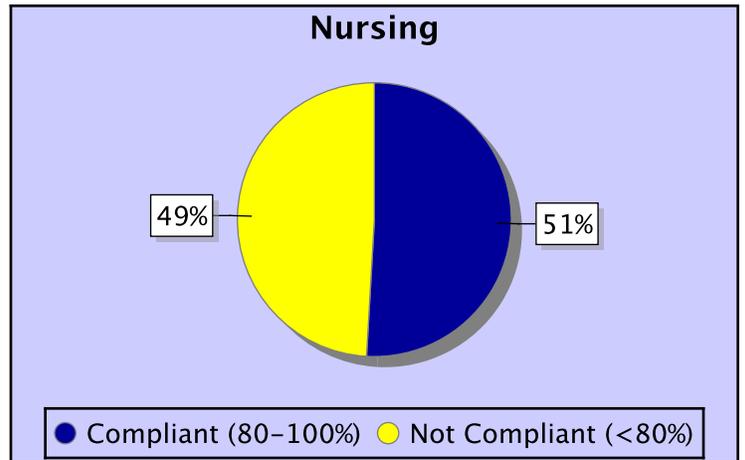
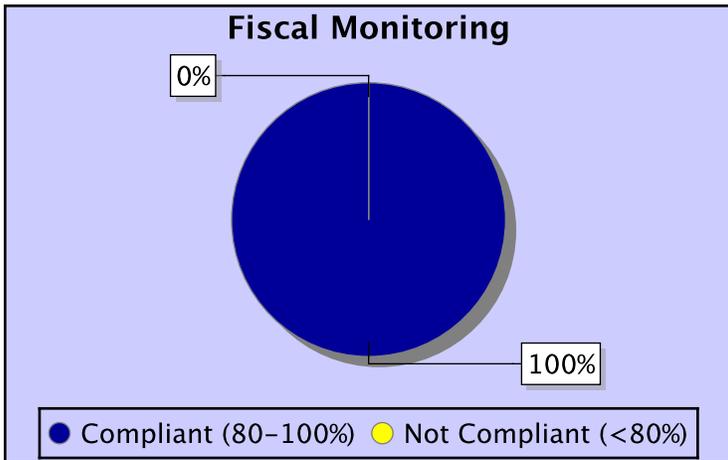
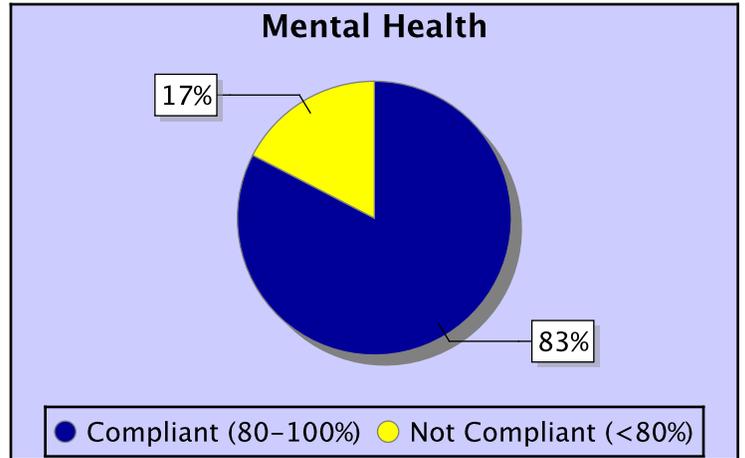
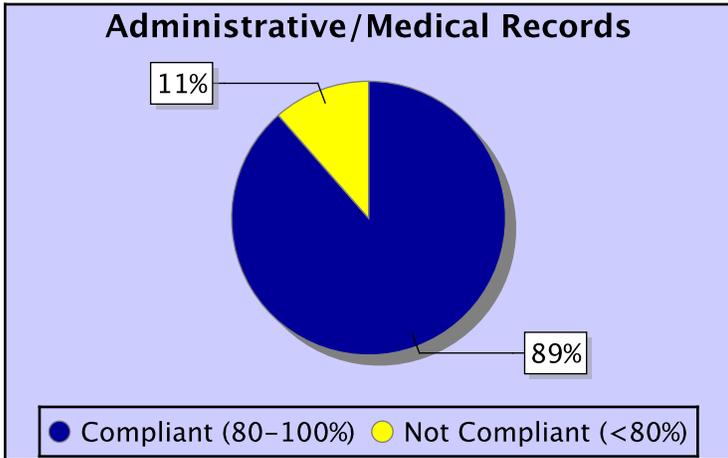
Compliance Rate By Operational Categories for
COFFIELD FACILITY
February 02, 2015



Compliance Rate By Operational Categories for
DOMINGUEZ FACILITY
December 02, 2014

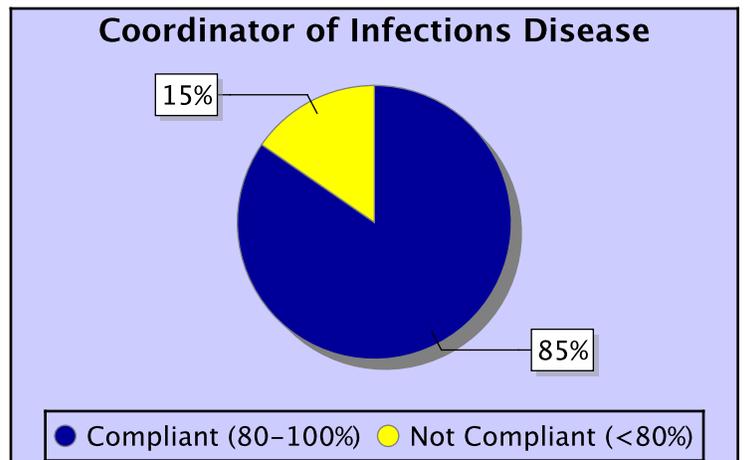
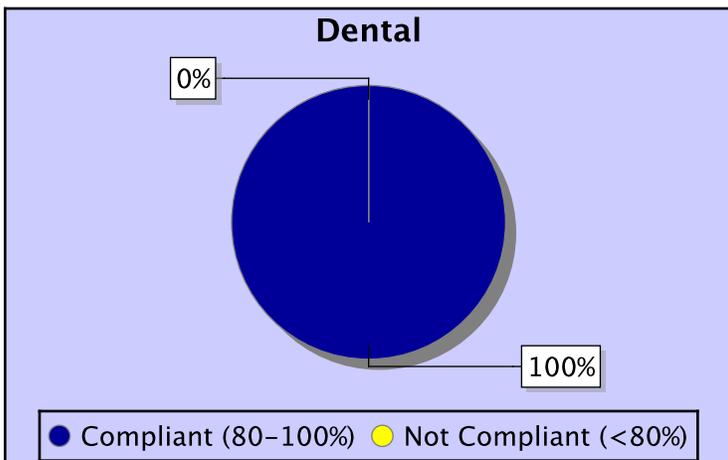
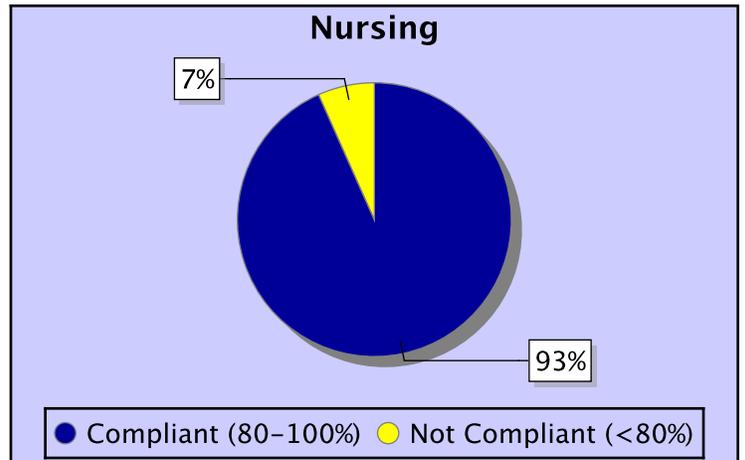
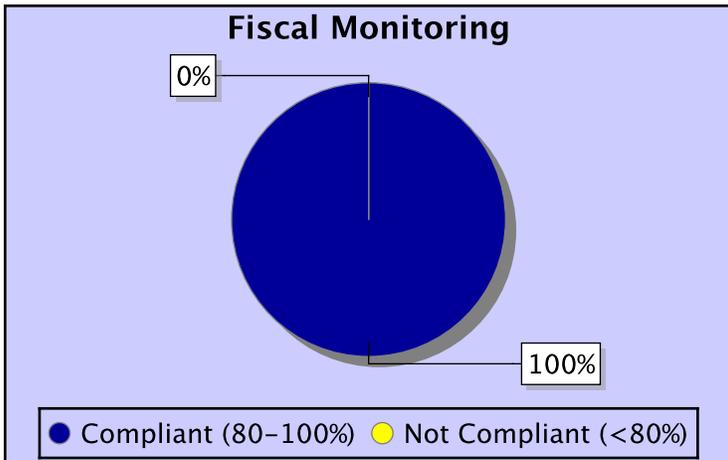
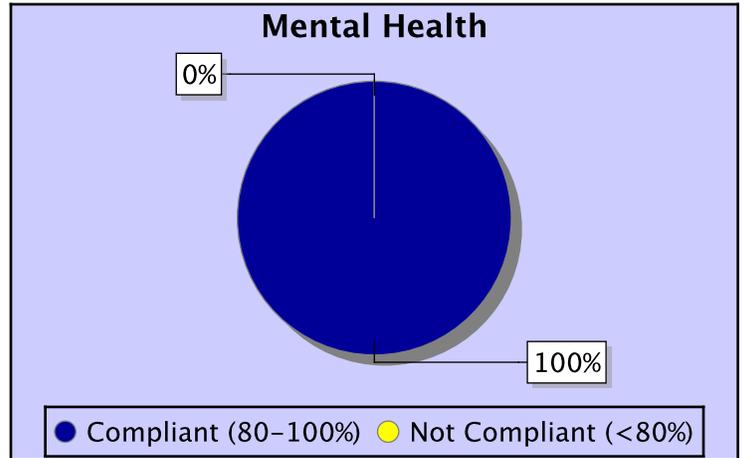
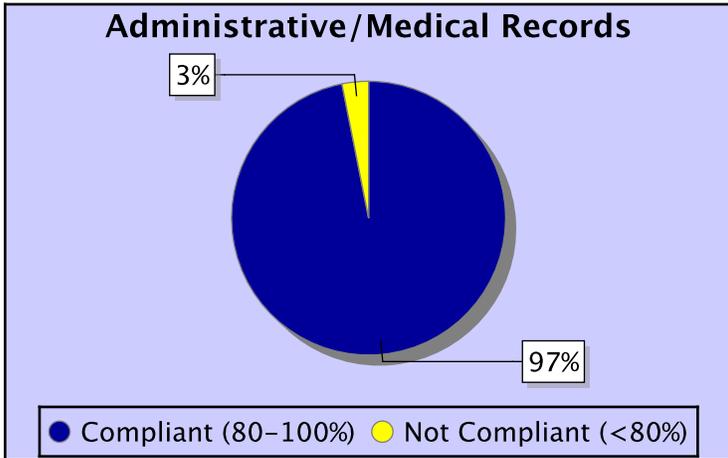


Compliance Rate By Operational Categories for
ESTELLE FACILITY
February 09, 2015



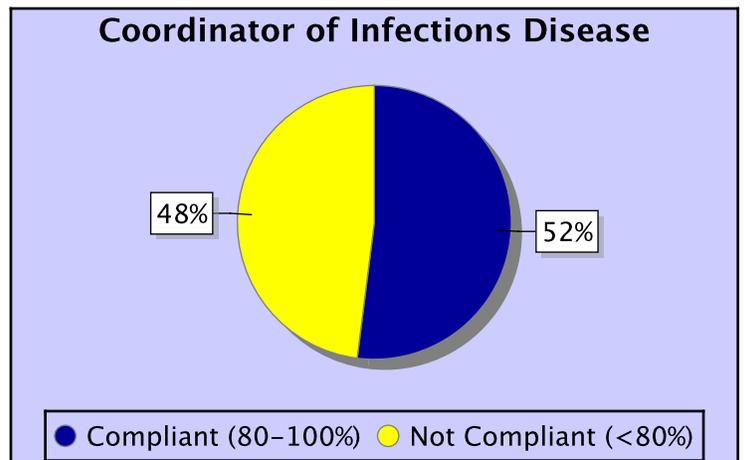
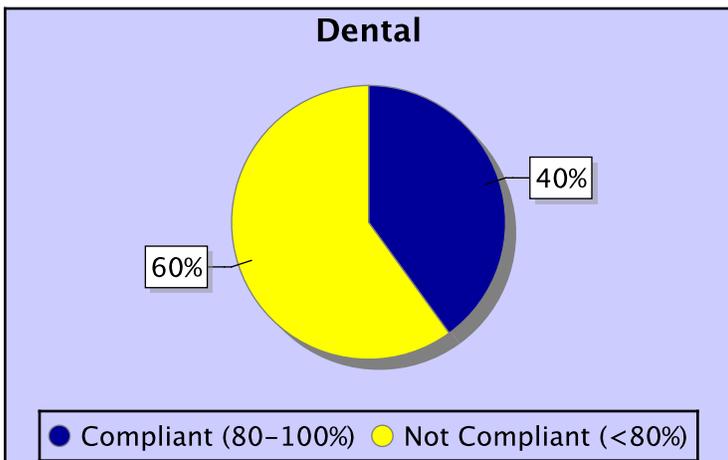
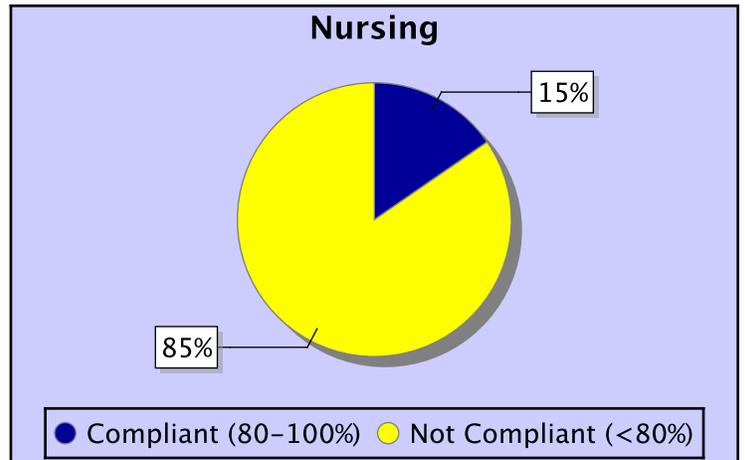
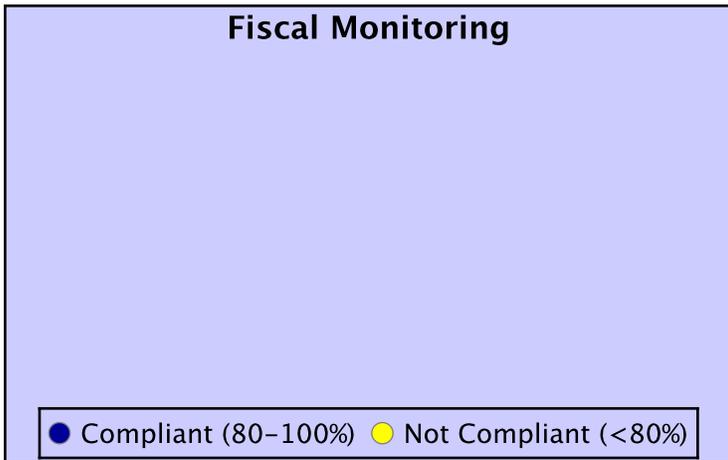
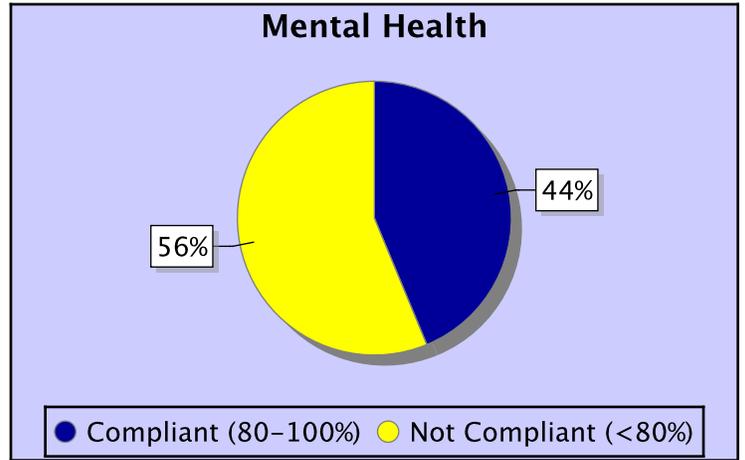
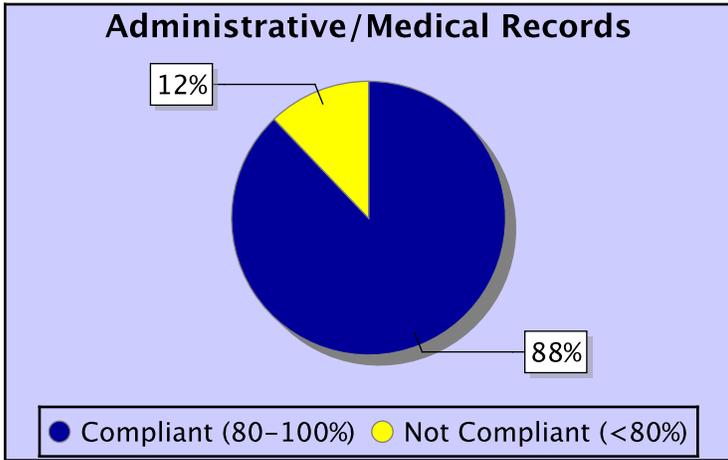
Compliance Rate By Operational Categories for NEY FACILITY

December 02, 2014

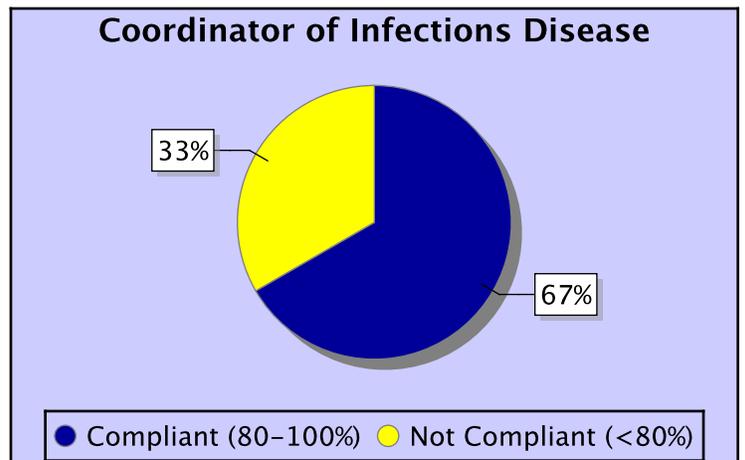
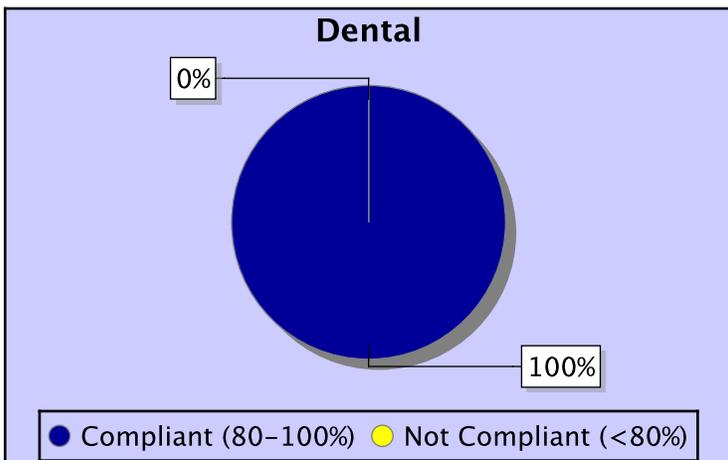
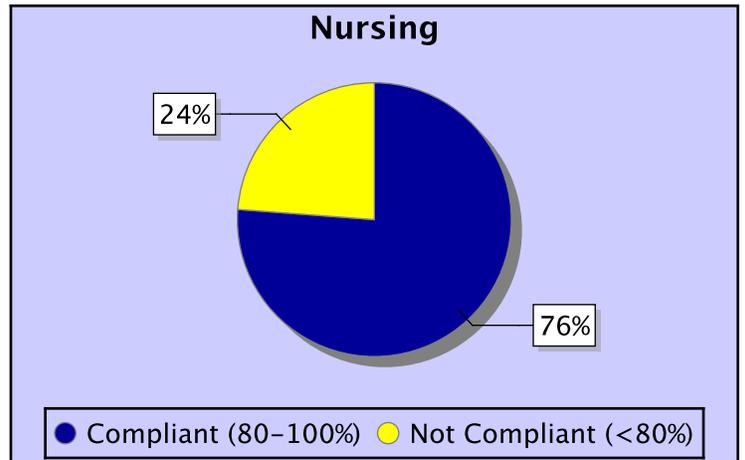
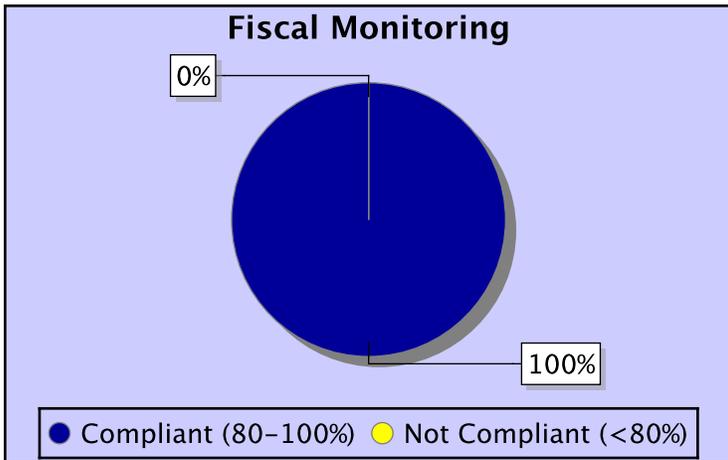
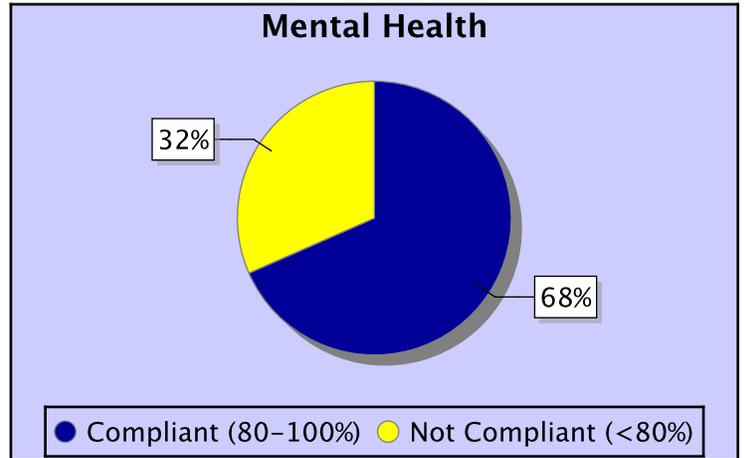
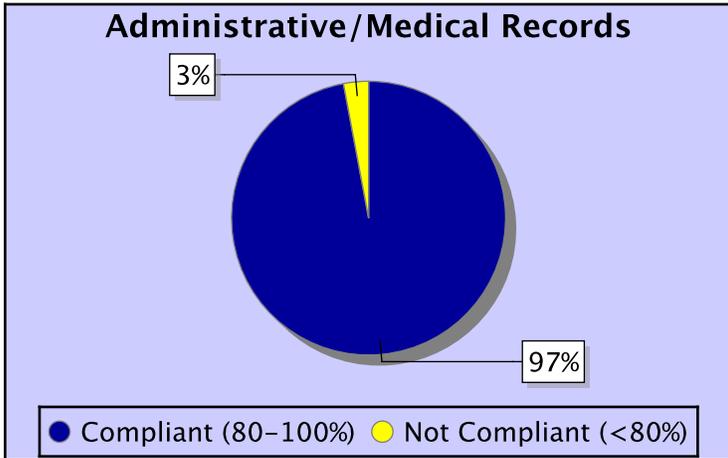


Compliance Rate By Operational Categories for SOUTH TEXAS ISF FACILITY

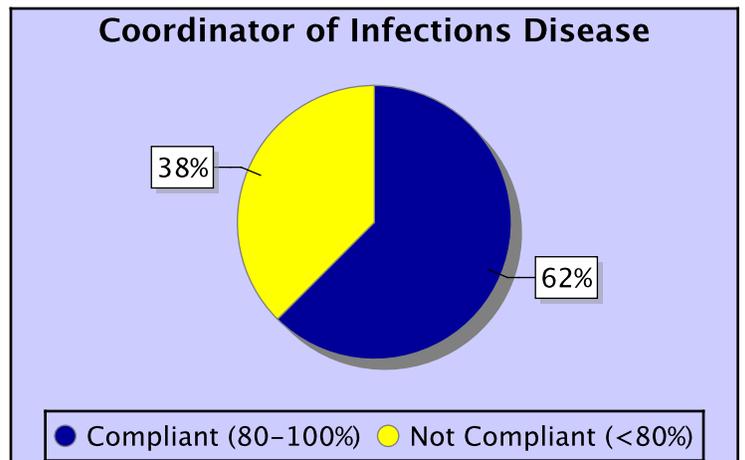
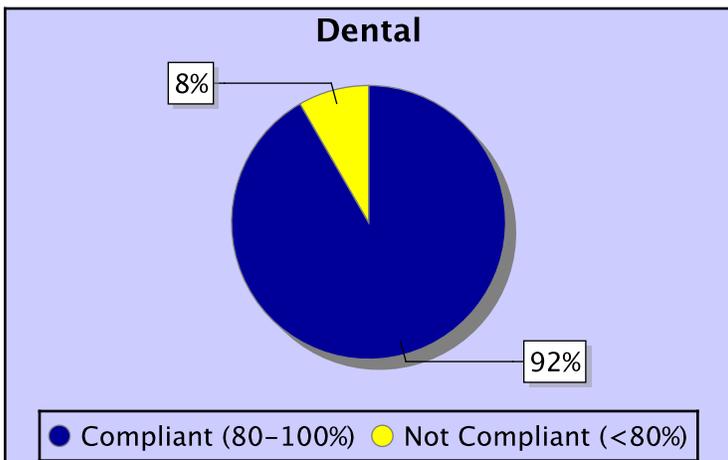
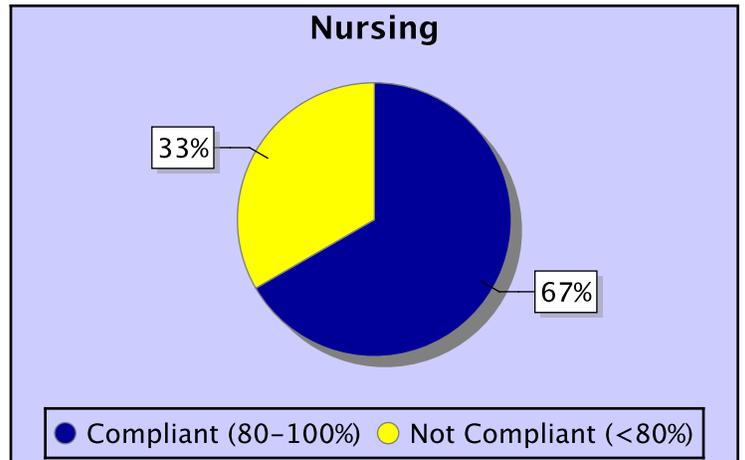
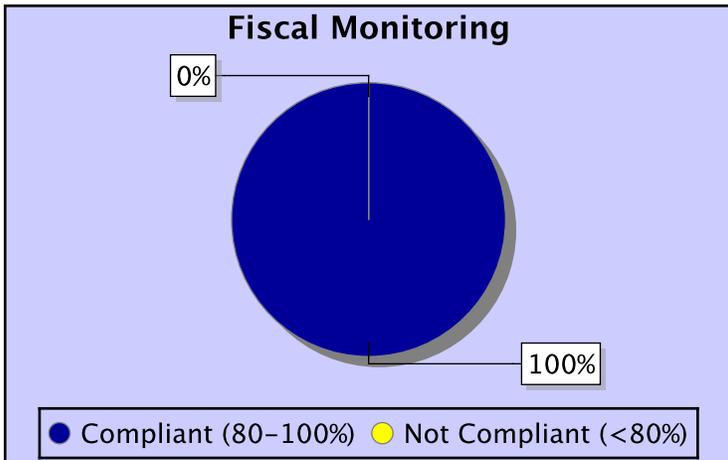
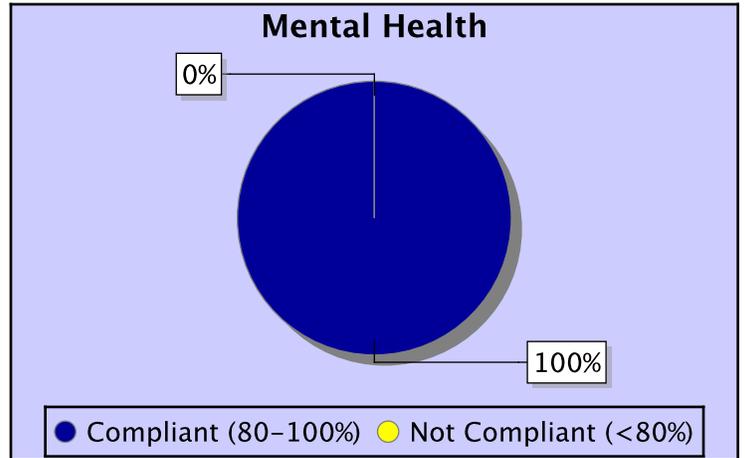
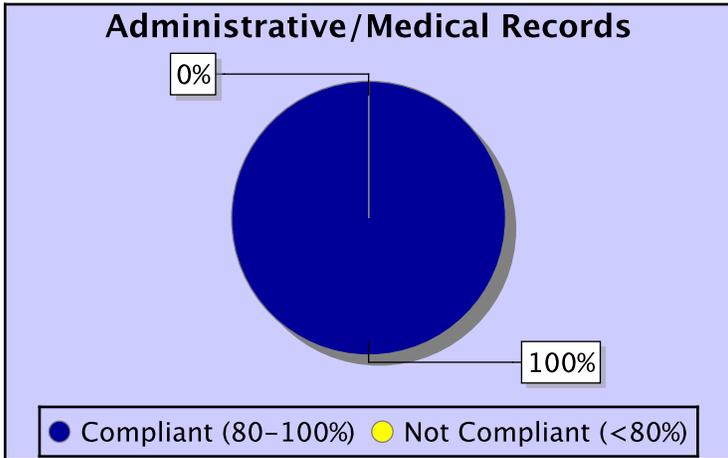
December 08, 2014



Compliance Rate By Operational Categories for
STILES FACILITY
January 05, 2015



Compliance Rate By Operational Categories for
TORRES FACILITY
December 02, 2014



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

STEP II GRIEVANCE PROGRAM (GRV)													
Fiscal Year 2015	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*	
December	537	631	67	10.62%	44	8.24%	8	12	2.38%	3	0	0.00%	0
January	598	596	98	16.44%	74	13.42%	6	14	2.85%	3	1	0.17%	0
February	524	591	118	19.97%	64	11.84%	6	27	5.08%	3	2	0.34%	0
Totals:	1,659	1,818	283	15.57%	182	11.11%	20	53	3.41%	9	3	0.17%	0

PATIENT LIAISON PROGRAM (PLP)													
Fiscal Year 2015	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*	
December	615	624	18	2.88%	12	2.24%	2	2	0.64%	2	0	0.00%	0
January	728	621	42	6.76%	21	5.31%	12	6	1.13%	1	1	0.16%	0
February	676	526	53	10.08%	33	7.41%	6	6	1.33%	1	0	0.00%	0
Totals:	2,019	1,771	113	6.38%	66	4.86%	20	14	1.02%	4	1	0.06%	0
GRAND TOTAL=	3,678	3,589	396	11.03%									

*QOC= Quality of Care

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

December 2014

Reportable Condition	Reports			
	2014 This Month	2013 Same Month	2014 Year to Date*	2013 Year to Date*
Chlamydia	2	3	47	53
Gonorrhea	2	2	16	19
Syphilis	83	68	1052	935
Hepatitis A	0	0	0	0
Hepatitis B, acute	0	0	0	0
Hepatitis C, total and (acute [‡])	251	153	2480 (0)	3273 (0)
Human immunodeficiency virus (HIV) +, known at intake	190	210	2628	2348
HIV screens, intake	5612	5385	76392	75026
HIV +, intake	30	38	439	513
HIV screens, offender- and provider-requested	513	662	9844	10204
HIV +, offender- and provider-requested	1	2	11	10
HIV screens, pre-release	3343	3619	55885	53409
HIV +, pre-release	1	0	13	6
Acquired immune deficiency syndrome (AIDS)	1	3	49	61
Methicillin-resistant <i>Staph Aureus</i> (MRSA)	61	81	833	924
Methicillin-sensitive <i>Staph Aureus</i> (MSSA)	38	35	562	551
Occupational exposures of TDCJ staff	16	1	145	108
Occupational exposures of medical staff	0	1	39	23
HIV chemoprophylaxis initiation	3	1	25	20
Tuberculosis skin test (ie, PPD) +, intake	175	212	2614	2762
Tuberculosis skin test +, annual	43	4	400	49
Tuberculosis, known (ie, on tuberculosis medications) at intake	1	0	14	9
Tuberculosis, diagnosed at intake and attributed to county of origin (identified before 42 days of incarceration)	0	0	9	4
Tuberculosis, diagnosed during incarceration (identified after 42 days of incarceration)	2	1	30	13
Tuberculosis cases under management	28	16		
Peer education programs [¶]	0	0	100	99
Peer education educators [∞]	16	6	4,353	3,777
Peer education participants	5,506	6,190	75,097	72,242
Sexual assault in-service (sessions/units)	0	20/12	99/53	88/62
Sexual assault in-service participants	0	208	1213	1014
Alleged assaults and chart reviews	57	93	707	969
Bloodborne exposure labs drawn on offenders	29	20	224	201
New Sero-conversions d/t sexual assault ±	0	1	0	3

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

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

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

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

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

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

January 2015

Reportable Condition	Reports			
	2015 This Month	2014 Same Month	2015 Year to Date*	2014 Year to Date*
Chlamydia	7	3	7	3
Gonorrhea	2	2	2	2
Syphilis	58	97	58	97
Hepatitis A	0	0	0	0
Hepatitis B, acute	0	0	0	0
Hepatitis C, total and (acute [‡])	112	147	112	147
Human immunodeficiency virus (HIV) +, known at intake	267	201	267	201
HIV screens, intake	7195	6909	7195	6909
HIV +, intake	53	47	53	47
HIV screens, offender- and provider-requested	947	856	947	856
HIV +, offender- and provider-requested	1	1	1	1
HIV screens, pre-release	4683	4758	4683	4758
HIV +, pre-release	113	121	113	121
Acquired immune deficiency syndrome (AIDS)	1	0	1	0
Methicillin-resistant <i>Staph Aureus</i> (MRSA)	67	87	67	87
Methicillin-sensitive <i>Staph Aureus</i> (MSSA)	39	42	39	42
Occupational exposures of TDCJ staff	4	15	4	15
Occupational exposures of medical staff	2	4	2	4
HIV chemoprophylaxis initiation	0	1	0	1
Tuberculosis skin test (ie, PPD) +, intake	131	290	131	290
Tuberculosis skin test +, annual	53	7	53	7
Tuberculosis, known (ie, on tuberculosis medications) at intake	0	1	0	1
Tuberculosis, diagnosed at intake and attributed to county of origin (identified before 42 days of incarceration)	1	0	1	0
Tuberculosis, diagnosed during incarceration (identified after 42 days of incarceration)	1	1	1	1
Tuberculosis cases under management	25	18		
Peer education programs [¶]	0	0	100	99
Peer education educators [∞]	102	71	4,455	3,848
Peer education participants	6,346	6,659	6,946	6,659
Sexual assault in-service (sessions/units)	11/3	13/12	11/3	13/12
Sexual assault in-service participants	66	122	66	122
Alleged assaults and chart reviews	51	104	51	104
Bloodborne exposure labs drawn on offenders	18	17	18	17
New Sero-conversions d/t sexual assault ±	0	1	0	1

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

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∞ 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

February 2015

Reportable Condition	Reports			
	2015 This Month	2014 Same Month	2015 Year to Date*	2014 Year to Date*
Chlamydia	8	6	15	9
Gonorrhea	2	0	4	2
Syphilis	71	94	129	191
Hepatitis A	0	0	0	0
Hepatitis B, acute	0	0	0	0
Hepatitis C, total and (acute [‡])	173	341	285	543
Human immunodeficiency virus (HIV) +, known at intake	180	223	447	402
HIV screens, intake	4763	6395	11958	12447
HIV +, intake	37	44	90	89
HIV screens, offender- and provider-requested	862	834	1809	1905
HIV +, offender- and provider-requested	1	0	2	3
HIV screens, pre-release	3706	3954	8389	2823
HIV +, pre-release	0	0	0	1
Acquired immune deficiency syndrome (AIDS)	2	1	3	3
Methicillin-resistant <i>Staph Aureus</i> (MRSA)	59	72	126	159
Methicillin-sensitive <i>Staph Aureus</i> (MSSA)	32	46	71	88
Occupational exposures of TDCJ staff	9	10	13	25
Occupational exposures of medical staff	2	1	4	5
HIV chemoprophylaxis initiation	4	1	4	2
Tuberculosis skin test (ie, PPD) +, intake	79	265	210	555
Tuberculosis skin test +, annual	46	7	99	14
Tuberculosis, known (ie, on tuberculosis medications) at intake	0	1	0	2
Tuberculosis, diagnosed at intake and attributed to county of origin (identified before 42 days of incarceration)	0	1	1	1
Tuberculosis, diagnosed during incarceration (identified after 42 days of incarceration)	2	0	3	1
Tuberculosis cases under management		18		
Peer education programs [¶]	0	0	100	99
Peer education educators [∞]	37	47	4,492	3,860
Peer education participants	5,147	5,915	11,493	12,482
Sexual assault in-service (sessions/units)	0/0	7/3	11/3	20/15
Sexual assault in-service participants	0	183	66	305
Alleged assaults and chart reviews	44	100	95	204
Bloodborne exposure labs drawn on offenders	14	14	32	31
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 Second Quarter of Fiscal Year 2015, ten percent of the UTMB and TTUHSC hospital and infirmiry discharges were audited. A total of 155 hospital discharge and 62 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	Charts Audited	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)	
December	6	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
January	5	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
February	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	0	N/A
Freeworld Hospital Discharges in UTMB Sector											
Month	Charts Audited	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)	
December	23	1	4.35%	1	4.35%	0	N/A	0	N/A	6	26.09%
January	22	2	9.09%	0	N/A	0	N/A	0	N/A	7	31.82%
February	25	1	4.00%	0	N/A	0	N/A	0	N/A	0	N/A
Total/Average		4	5.71%	1	1.43%	0	N/A	0	N/A	13	18.57%
UTMB Hospital Galveston Discharges											
Month	Charts Audited	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)	
December	24	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
January	23	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
February	22	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	0	N/A
GRAND TOTAL: Combined Hospital Discharges (Texas Tech Sector, UTMB Sector and Hospital Galveston)											
Month	Charts Audited	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)	
December	53	1	1.89%	1	1.89%	0	N/A	0	N/A	6	11.32%
January	50	2	4.00%	0	N/A	0	N/A	0	N/A	7	14.00%
February	52	1	1.92%	0	N/A	0	N/A	0	N/A	0	N/A
Total/Average		4	2.58%	1	0.65%	0	N/A	0	N/A	13	8.39%
Texas Tech Infirmiry Discharges											
Month	Charts Audited	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)	
December	13	4	30.77%	0	N/A	0	N/A	0	N/A	0	N/A
January	13	1	7.69%	0	N/A	0	N/A	0	N/A	0	N/A
February	9	2	22.22%	0	N/A	0	N/A	0	N/A	0	N/A
Total/Average		7	20.00%	0	N/A	0	N/A	0	N/A	0	N/A
UTMB Infirmiry Discharges											
Month	Charts Audited	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)	
December	9	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
January	9	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
February	9	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	0	N/A
GRAND TOTAL: Combined Infirmiry Discharges (Texas Tech and UTMB)											
Month	Charts Audited	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)	
December	22	4	18.18%	0	N/A	0	N/A	0	N/A	0	N/A
January	22	1	4.55%	0	N/A	0	N/A	0	N/A	0	N/A
February	18	2	11.11%	0	N/A	0	N/A	0	N/A	0	N/A
Total/Average		7	11.29%	0	N/A	0	N/A	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. 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
SECOND QUARTER, FISCAL YEAR 2015**

December 2014	Numbered Property On Inventory Report	Total Number of Deletions	Total Number of Transfers	Total Number of New Equipment
Dominguez	49	0	0	0
Ney	19	0	0	0
South Texas ISF	NA	NA	NA	NA
Torres	24	0	0	0
Total	92	0	0	0

January 2015	Numbered Property On Inventory Report	Total Number of Deletions	Total Number of Transfers	Total Number of New Equipment
Beto	87	5	4	3
Stiles	84	0	2	1
Total	171	5	6	4

February 2015	Numbered Property On Inventory Report	Total Number of Deletions	Total Number of Transfers	Total Number of New Equipment
Coffield	62	0	0	0
Estelle	209	0	0	0
Total	271	0	0	0

**CAPITAL ASSETS AUDIT
SECOND QUARTER, FISCAL YEAR 2015**

Audit Tools	December	January	February	Total
Total number of units audited	4	2	2	8
Total numbered property	92	171	271	534
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
Second Quarter FY-2015**

University of Texas Medical Branch

Unit	Audit Date	% Compliance	
		Mandatory	Non-Mandatory
Telford	December 1, 2014	100%	98.1%
Terrell	December 8, 2014	100%	98.4%
Young	December 10, 2014	100%	99.3%
Coffield	January 12, 2015	100%	97.7%
Connally	January 26, 2015	100%	98.2%
Ferguson	February 23, 2015	100%	98.1%

Texas Tech University Health Science Center

Unit	Audit Date	% Compliance	
		Mandatory	Non-Mandatory
Sayle	February 2, 2015	100%	98.8%

The ACA Winter Conference was held in Long Beach, California on February 6-11, 2015. During this conference, the following units were awarded reaccreditation by the ACA Panel of Commissioners: Briscoe/Cotulla, Cole/Moore, Gist, Jester I/III/Vance, LeBlanc, Polunsky and Smith.

Executive Services
Active Monthly Academic Research Projects
Correctional Institutions Division

FY-2015 Second Quarterly Report: December, January and February

Project Number: 103-RL01

<u>Researcher:</u> Holly Miller	<u>IRB Number:</u> M20020807	<u>IRB Expiration Date:</u> 7/21/2006	<u>Research Began:</u> 11/1/2001
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<u>Title of Research:</u> Psychopathy, Static Risk, and Dynamic Risk among Sexual Offenders	<u>Data Collection Began:</u> 12/1/2001
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<u>Proponent:</u> Sam Houston State University	<u>Data Collection End:</u> 8/1/2004
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<u>Project Status:</u> Data Analysis	<u>Progress Report Due:</u> 7/16/2014	<u>Projected Completion:</u> 7/21/2016
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Project Number: 202-RL02

<u>Researcher:</u> Kymn Kochanek	<u>IRB Number:</u> 020502	<u>IRB Expiration Date:</u> 4/3/2015	<u>Research Began:</u> 5/1/2002
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<u>Title of Research:</u> National Longitudinal Survey of Youth 1997 (for Bureau of Labor Statistics)	<u>Data Collection Began:</u> 9/1/2013
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<u>Proponent:</u> NORC at the University of Chicago	<u>Data Collection End:</u> 7/31/2014
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<u>Project Status:</u> Data Analysis-Round 16 complete	<u>Progress Report Due:</u> 9/4/2015	<u>Projected Completion:</u> 11/15/2015
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Project Number: 221-RL02

<u>Researcher:</u> Kymn Kochanek	<u>IRB Number:</u> 000967	<u>IRB Expiration Date:</u> 5/20/2015	<u>Research Began:</u> 6/6/2002
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<u>Title of Research:</u> National Longitudinal Survey of Youth 1979 (for Bureau of Labor Statistics)	<u>Data Collection Began:</u> 10/1/2014
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<u>Proponent:</u> NORC at the University of Chicago	<u>Data Collection End:</u>
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<u>Project Status:</u> Data Collection-Round 26	<u>Progress Report Due:</u> 9/4/2015	<u>Projected Completion:</u> 11/15/2015
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Project Number: 434-RL04

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

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

Proponent: University of Texas-Austin **Data Collection End:** 5/31/2012

Project Status: Data Analysis **Progress Report Due:** 9/4/2015 **Projected Completion:** 6/1/2015

Project Number: 524-AR07

Researcher: Marilyn Armour **IRB Number:** 2006-11-0095 **IRB Expiration Date:** 12/29/2015 **Research Began:** 1/5/2007

Title of Research: Mechanisms of Action in Bridges to Life **Data Collection Began:** 4/23/2007

Proponent: University of Texas-Austin **Data Collection End:** 7/24/2007

Project Status: Data Analysis **Progress Report Due:** 6/8/2015 **Projected Completion:** 3/1/2015

Project Number: 547-RL07

Researcher: Robert Morgan **IRB Number:** 501024 **IRB Expiration Date:** 12/31/2012 **Research Began:** 6/11/2008

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

Proponent: Texas Tech University **Data Collection End:** 8/30/2012

Project Status: Data Analysis **Progress Report Due:** 6/5/2015 **Projected Completion:** 12/1/2015

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:

8/27/2015

Projected Completion:

1/1/2018

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:

5/20/2010

Data Collection End:

7/2/2011

Proponent:

Texas Christian University/NIDA

Project Status:

Data Analysis

Progress Report Due:

8/27/2015

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: 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:

7/13/2015

Projected Completion:

7/31/2016

Project Number: 622-AR11

Researcher:

Andrew Wiegand

IRB Number:

00003522

IRB Expiration Date:

12/18/2015

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:

9/4/2015

Projected Completion:

6/14/2015

Project Number: 629-AR11

Researcher:

Jurg Gerber

IRB Number:

2011-03-071

IRB Expiration Date:

5/6/2012

Research Began:

10/25/2011

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:

9/4/2015

Projected Completion:

12/31/2015

Project Number: 640-AR11

Researcher:
Brenda Riley

IRB Number:
2011-08-025

IRB Expiration Date:
10/10/2012

Research Began:
11/10/2011

Title of Research:
Predicting Institutional Misconduct that Results in Uses
of Force in the Texas Department of Criminal Justice

Data Collection Began:
11/10/2011

Proponent:
Sam Houston State University

Data Collection End:
11/10/2011

Project Status:
Data Analysis

Progress Report Due:
3/15/2015

Projected Completion:
9/30/2015

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 Seminaries in
Maximum Security Prisons: An In-Depth Study of the
Louisiana State Penitentiary and Darrington Prison

Data Collection Began:
1/7/2013

Proponent:
Baylor University

Data Collection End:

Project Status:
Data Collection

Progress Report Due:
3/27/2015

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:
9/2/2015

Projected Completion:
8/31/2015

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

Data Collection End:

Proponent:
MDRC

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:
8/30/2013

Title of Research:
Female Sex Offender Recidivism:
Risk and Assessment

Data Collection Began:
9/3/2013

Data Collection End:
9/1/2014

Proponent:
Sam Houston State University

Project Status:
Data Analysis

Progress Report Due:
8/27/2015

Projected Completion:
4/15/2015

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:
4/30/2014

Data Collection End:
9/30/2014

Proponent:
Capella University–Minneapolis

Project Status:
Data Analysis

Progress Report Due:
6/17/2015

Projected Completion:
2/15/2015

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:** 4/11/2014

Proponent: Sam Houston State University **Data Collection End:** 6/12/2014

Project Status: Data Analysis **Progress Report Due:** 7/21/2015 **Projected Completion:** 6/30/2015

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

Mr. Livingston approved 01/22/14

Project Number: 695-AR14

Researcher: Faye Taxman **IRB Number:** FWA 0003522 **IRB Expiration Date:** 4/1/2015 **Research Began:** 8/17/2014

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

Proponent: George Mason University/MDRC **Data Collection End:**

Project Status: Pending New IRB Due to project changes **Progress Report Due:** 6/18/2015 **Projected Completion:**

Project Number: 697-AR14

Researcher:
Jodi Walton

IRB Number:
0003522

IRB Expiration Date:
9/30/2015

Research Began:
12/15/2014

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

Data Collection Began:
12/15/2014

Proponent:
MDRC

Data Collection End:

Project Status:
Data Collection

Progress Report Due:
3/15/2015

Projected Completion:

Project Number: 715-AR14

Researcher:
Shannon Carey

IRB Number:
HSRRC 121177

IRB Expiration Date:
6/4/2015

Research Began:
1/9/2015

Title of Research:
Cross-Site Evaluation of the Second
Chance Act Reentry Courts Program

Data Collection Began:
1/9/2015

Proponent:
NPC Research

Data Collection End:

Project Status:
Data Collection

Progress Report Due:
4/9/2015

Projected Completion:

Executive Services
Pending Monthly Academic Research Projects
Correctional Institutions Division

FY-2015 Second Quarterly Report: December, January and February

Project Number: 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:
3/25/2014

Proponent:
Texas A & M University

Reviewer:
Approved with Conditions

Review Status:
Pending RID Approval
and SS#'s (clearances)

Detail:
Sent email requesting SS#'s on two of the researchers 9/16/14
Researchers response to conditions sent to Zamora on 9/17/14

Project Number: 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
Pending Researcher Response

Detail:
Sent researcher letter 10/7/14 on issues/questions
to be addressed from OGC

Project Number: 716-AR14

Researcher:
Janet Mullings

IRB Number:
2014-09-19302

Application Received:
11/3/2014

Application Completed:
11/14/2014

Title of Research:
Understanding Prison Adjustment and Programming
Needs of Female Offenders Survey

Division Review Requested:
1/5/2015

Proponent:
Sam Houston State University

Reviewer:
Pending

Review Status:
Pending Executive Services
Review of DR's

Detail:
Reviewing CID and RPD division reviews

Project Number: 717-AR14

Researcher:
James Estrada

IRB Number:

Application Received:
12/5/2014

Application Completed:
1/30/2015

Title of Research:
The Impact of Understaffing on Correctional
Officers in Texas Prisons

Division Review Requested:
2/24/2015

Proponent:
Capella University

Reviewer:
Pending

Review Status:
Pending CID Review

Detail:
Sent to CID for Division Review on 2/24/2015

Project Number: 718-AR14

Researcher:
Kevin Reitz

IRB Number:

Application Received:
11/13/2014

Application Completed:
12/1/2014

Title of Research:
Probation Violations and Revocations Study

Division Review Requested:
1/28/2015

Proponent:
Robina Institute of Criminal Law -
Criminal Justice at the University

Reviewer:
Pending

Review Status:
Pending CJAD Review

Detail:
Sent to CJAD for Division Review on 1/28/2015

Project Number: 720-AR14

Researcher:
George Day

IRB Number:

Application Received:
12/1/2014

Application Completed:
1/15/2015

Title of Research:
Causes of Recidivism among Faith Based Prison
and Aftercare Program Participants

Division Review Requested:
2/23/2015

Proponent:
East Texas Baptist University

Reviewer:
Pending

Review Status:
Pending CID, RPD and
PFCMOD Review

Detail:
Sent to CID, RPD and PFCMOD for Division Review on 2/23/2015

Project Number: 722-AR15

Researcher:
Bruce Taylor

IRB Number:
00000967

Application Received:
1/7/2015

Application Completed:
2/11/2015

Title of Research:
Decision-making Factors Influencing the
Wearing of Body Armor: A National Study

Division Review Requested:
2/23/2015

Proponent:
NORC at the University of Chicago

Reviewer:
Pending

Review Status:
Pending CID and
PFCMOD Review

Detail:
Sent to CID and PFCMOD for Division Review on 2/23/2015

Project Number: 723-AR15

Researcher:
David Pyrooz

IRB Number:
00001971

Application Received:
2/10/2015

Application Completed:
2/20/2015

Title of Research:
Gangs on the Street, Gangs in Prison: Their Nature,
Interrelationship, Control, and Re-entry

Division Review Requested:
2/24/2015

Proponent:
Sam Houston State University

Reviewer:
Pending

Review Status:
Pending CID and OGC Review

Detail:
Sent to CID and OGC for Division Review on 2/24/2015

Executive Services
Active Monthly Medical Research Projects
Health Services Division

FY-2015 Second Quarterly Report: December, January and February

Project Number: 615-RM10

<u>Researcher:</u> John Petersen	<u>IRB Number:</u> 11-069	<u>IRB Expiration Date:</u> 12/19/2015	<u>Research Began:</u> 9/12/2013
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<u>Title of Research:</u> Serum Markers of Hepatocellular Cancer	<u>Data Collection Began:</u> 1/1/2014
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<u>Proponent:</u> UTMB	<u>Data Collection End:</u>
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<u>Project Status:</u> Data Collection	<u>Progress Report Due:</u> 8/27/2015	<u>Projected Completion:</u> 1/1/2020
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Project Number: 623-RM11

<u>Researcher:</u> Maurice Willis	<u>IRB Number:</u> 10-191	<u>IRB Expiration Date:</u> 4/25/2015	<u>Research Began:</u> 11/23/2011
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<u>Title of Research:</u> 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	<u>Data Collection Began:</u> 11/23/2011
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<u>Proponent:</u> UTMB	<u>Data Collection End:</u>
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<u>Project Status:</u> Data Collection	<u>Progress Report Due:</u> 3/4/2015	<u>Projected Completion:</u> 3/31/2015
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Project Number: 703-RM14

Researcher:

Joseph Sonstein

IRB Number:

13-037

IRB Expiration Date:

1/26/2016

Research Began:

12/15/2014

Title of Research:

Prostate Cancer in the Texas Prison System

Data Collection Began:

12/22/2014

Data Collection End:

Proponent:

UTMB

Project Status:

Data Collection

Progress Report Due:

3/15/2015

Projected Completion:

1/26/2016

Project Number: 719-RM14

Researcher:

Maria Diaz

IRB Number:

14-0389

IRB Expiration Date:

10/24/2015

Research Began:

2/27/2015

Title of Research:

Effectiveness of substituting Emtricitabine (FTC) with Lamivudine (3TC) as ART in Virologically suppressed HIV-1 infected patients: 2 year follow-up study

Data Collection Began:

2/27/2015

Data Collection End:

Proponent:

UTMB-Correctional Managed Care Pharmacy

Project Status:

Data Collection

Progress Report Due:

5/20/2015

Projected Completion:

Executive Services
Pending Monthly Medical Research Projects
Health Services Division

FY-2015 Second Quarterly Report: December, January and February

Project Number: 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 Division Review

Detail:
Sent Dr. Williams proposed revisions on 9/11/14

Project Number: 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:
1/29/2015

Proponent:
UTMB

Reviewer:
Pending

Review Status:
Pending OGC Review

Detail:
Sent to OGC for Division Review on 1/29/15

Project Number: 705-RM14

Researcher:
Mostafa Borahay

IRB Number:
13-0428

Application Received:
3/13/2014

Application Completed:
3/27/2014

Title of Research:
Study of Clinical Outcomes and Cost Analysis of Robotic Gynecologic Surgery

Division Review Requested:
1/22/2015

Proponent:
UTMB

Reviewer:
Approved

Review Status:
Pending Receipt of Research Agreement

Detail:
Sent approval letter/agreement to researcher for completion 3/5/15

Project Number: 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:

1/22/2015

Proponent:

UTMB

Reviewer:

Approved

Review Status:

Pending Receipt of
Research Agreement

Detail:

Sent approval letter/agreement to researcher
for completion 3/5/15

Project Number: 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:

1/23/2015

Proponent:

UTMB

Reviewer:

Approved

Review Status:

Pending Receipt of
Research Agreement

Detail:

Sent approval letter/agreement to researcher
for completion 3/5/15

Project Number: 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:

1/29/2015

Proponent:

UTMB

Reviewer:

Pending

Review Status:

Pending OGC Review

Detail:

Sent to OGC for Division Review on 1/29/15

Project Number: 713-RM14

Researcher:
Jacqueline Aoughsten

IRB Number:
Exempt

Application Received:
9/9/2014

Application Completed:
9/23/2014

Title of Research:
Evidence-Based Triage of Newly Diagnosed Hepatocellular Carcinoma Patients in the Prison Population: A Collaborative, Hospital-Based Quality Improvement Project

Division Review Requested:
12/5/2014

Proponent:
UTMB

Reviewer:
Pending

Review Status:
Pending HS Division Review

Detail:
Sent to Dr. Williams for Division Review on 12/5/14

Project Number: 721-RM15

Researcher:
Jacques Baillargeon

IRB Number:
14-0283

Application Received:
1/16/2015

Application Completed:
2/4/2015

Title of Research:
Epidemiology in the Texas Prison System

Division Review Requested:
2/24/2015

Proponent:
UTMB

Reviewer:
Pending

Review Status:
Pending University Medical Director Approval – UTMB

Detail:
Sent to Dr. Murray for Division Review on 2/24/15

Project Number: 724-RM15

Researcher:
Zbigniew Gugala

IRB Number:
14-0351

Application Received:
2/3/2015

Application Completed:
2/24/2015

Title of Research:
The Efficacy of the Air Barrier System in the Prevention of Surgical Site Infection: A Multi-Center, Randomized, Controlled Trial

Division Review Requested:
3/4/2015

Proponent:
UTMB

Reviewer:
Pending

Review Status:
Pending University Medical Director Approval – UTMB

Detail:
Sent to Dr. Murray for Division Review on 3/4/15

2nd Quarter FY 2015
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
12/3-4/2014	Hughes	445	365	1	10	100	100	100	100
12/10-11/2014	Michael	377	347	0	11	100	100	100	100
12/17-18/2014	Estelle ECB	442	362	0	9	100	100	100	100
12/18/2014	Pack	11	11	0	0	100	100	100	100
01/07-08/2015	Stiles	416	361	1	6	100	100	100	100
01/08/2015	Clemens	9	9	1	5	100	N/A	N/A	N/A
01/13/2015	Lychner	10	10	0	0	100	88	88	88
01/13/2015	Gist	16	16	0	0	100	100	100	100
01/14-15/2015	Telford	456	364	0	7	100	100	100	100
02/03-04/2015	Ferguson	264	216	1	6	100	100	100	100
02/11/2015	Bartlett	6	6	0	0	100	100	100	50
02/11-12/2015	Coffield	432	374	0	6	100	100	100	100
02/12/2015	Travis	8	8	1	0	100	100	100	100
02/17-18/2015	Robertson	298	233	0	6	100	100	100	100
02/24-25/2015	Eastham	241	204	0	5	100	100	100	100
Total	15	3,431	2,886	5	71				

INTAKE MENTAL HEALTH EVALUATION (MHE) AUDIT

Conducted in 2nd Quarter of 2015

Period Audited—December 2014, January, and February 2015

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	11	11	11	0	100
Bradshaw State Jail	20	20	1	0	5
Byrd Unit	20	19	19	1	100
Dominguez State Jail	20	20	20	0	100
Formby State Jail	5	5	4	0	80
Garza Transfer Facility	20	19	19	1	100
Gist State Jail	11	11	9	0	82
Glossbrenner SAFPF	7	7	7	0	100
Gurney Transfer Facility	20	18	9	2	50
Halbert SAFPF	18	16	14	2	89
Holliday Transfer Facility	20	20	20	0	100
Hutchins State Jail	20	18	6	2	33
Jester I SAFPF	12	12	12	0	100
Johnston SAFPF	8	8	8	0	100
Kyle SAFPF	0	0	0	0	N/A
Lindsey State Jail	11	11	10	0	91
Lychner State Jail	20	20	18	0	90
Middleton Transfer Facility	20	20	19	0	95
Plane State Jail	20	20	19	0	95
Roach ISF	13	13	9	0	69
Sanchez State Jail	4	4	4	0	100
Sayle SAFPF	6	6	5	0	83
Travis State Jail	13	13	9	0	69
Woodman State Jail	20	20	19	0	95
GRAND TOTAL	339	331	271	8	

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. If the offender was transferred from the intake unit within 14 days of identification, the chart is excluded from the sample of charts requiring an MHE.

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 the relevant offenders receive the evaluation.

COMPELLED PSYCHOACTIVE MEDICATION AUDIT

2nd Quarter 2015

Audits Conducted in December 2014, January, and February 2015

UNIT	Audit Month	Compelled Medication Cases Documented in Medical Record¹				
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		Reviewed	Applicable	Compliant	Score	Corrective Action
Clements	November	N/A	N/A	N/A	N/A	None
Jester IV	November	2	2	2	100	None
Montford	November	6	6	5	83	CAP Requested
Skyview	November	4	4	4	100	None

		Reviewed	Applicable	Compliant	Score	Corrective Action
Clements	December	N/A	N/A	N/A	N/A	None
Jester IV	December	3	3	3	100	None
Montford	December	16	14	13	93	CAP Requested
Skyview	December	5	5	5	100	None

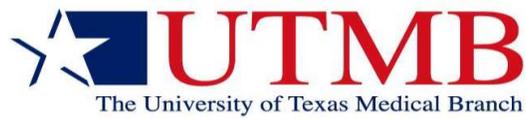
		Reviewed	Applicable	Compliant	Score	Corrective Action
Clements	January	2	2	2	100	None
Jester IV	January	3	3	3	100	None
Montford	January	13	9	9	100	None
Skyview	January	5	5	5	100	None

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



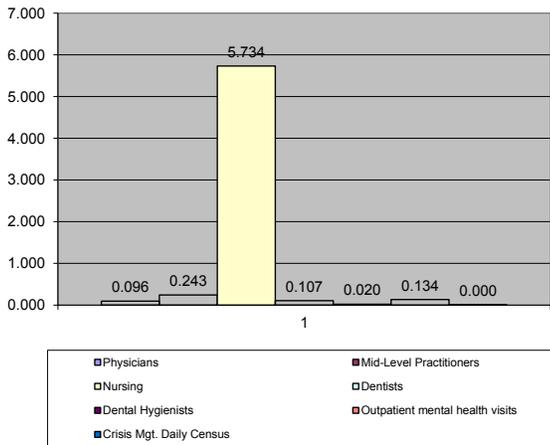
**Correctional Health Care
MEDICAL DIRECTOR'S REPORT**

**SECOND QUARTER
FY 2015**

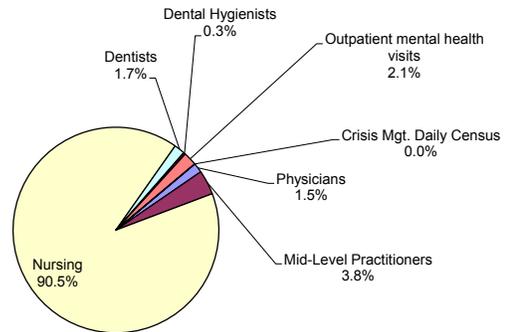
Medical Director's Report:

Average Population	December		January		February		Qtly Average	
	118,570		117,960		117,949		118,160	
	Number	Rate Per Offender						
Medical encounters								
Physicians	11,018	0.093	12,311	0.104	10,848	0.092	11,392	0.096
Mid-Level Practitioners	27,487	0.232	29,968	0.254	28,791	0.244	28,749	0.243
Nursing	692,545	5.841	704,144	5.969	635,888	5.391	677,526	5.734
Sub-total	731,050	6.166	746,423	6.328	675,527	5.727	717,667	6.074
Dental encounters								
Dentists	11,603	0.098	13,473	0.114	12,833	0.109	12,636	0.107
Dental Hygienists	2,057	0.017	2,557	0.022	2,496	0.021	2,370	0.020
Sub-total	13,660	0.115	16,030	0.136	15,329	0.130	15,006	0.127
Mental health encounters								
Outpatient mental health visits	15,317	0.129	16,428	0.139	15,828	0.134	15,858	0.134
Crisis Mgt. Daily Census	60	0.001	56	0.000	54	0.000	57	0.000
Sub-total	15,377	0.130	16,484	0.140	15,882	0.135	15,914	0.135
Total encounters	760,087	6.410	778,937	6.603	706,738	5.992	748,587	6.335

Encounters as Rate Per Offender Per Month



Encounters by Type

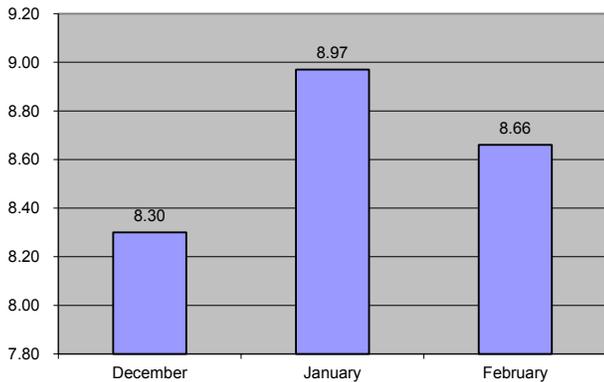


Medical Director's Report (Page 2):

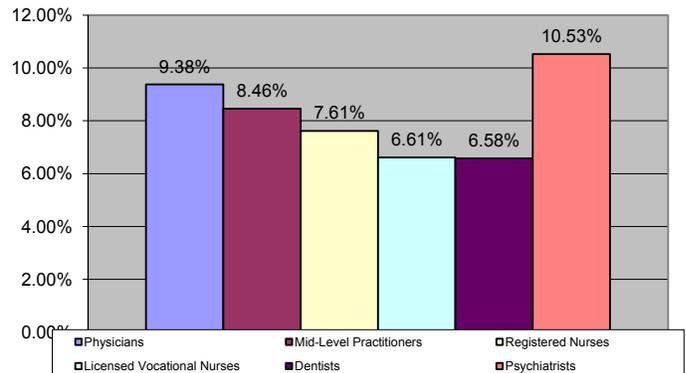
	December	January	February	Qtly Average
Medical Inpatient Facilities				
Average Daily Census	82.40	91.50	93.70	89.20
Number of Admissions	308.00	351.00	306.00	321.67
Average Length of Stay	8.30	8.97	8.66	8.64
Number of Clinic Visits	5,314.00	5,715.00	5,440.00	5,489.67
Mental Health Inpatient Facilities				
Average Daily Census	1,019.88	1,003.78	988.75	1,004.14
PAMIO/MROP Census	703.23	693.19	701.97	699.46
Telemedicine Consults	9,080	10,360	9,580	9,673.33

Health Care Staffing	Average This Quarter			Percent Vacant
	Filled	Vacant	Total	
Physicians	58.00	6.00	64.00	9.38%
Mid-Level Practitioners	119.00	11.00	130.00	8.46%
Registered Nurses	267.00	22.00	289.00	7.61%
Licensed Vocational Nurses	537.00	38.00	575.00	6.61%
Dentists	71.00	5.00	76.00	6.58%
Psychiatrists	17.00	2.00	19.00	10.53%

Average Length of Stay



Staffing Vacancy Rates



Medical Director's Report (Page 3):

CMC Update

Comparison of Overtime to Market Value Salaries

Consent Item

University Medical Director's Report

Texas Tech University
Health Sciences Center



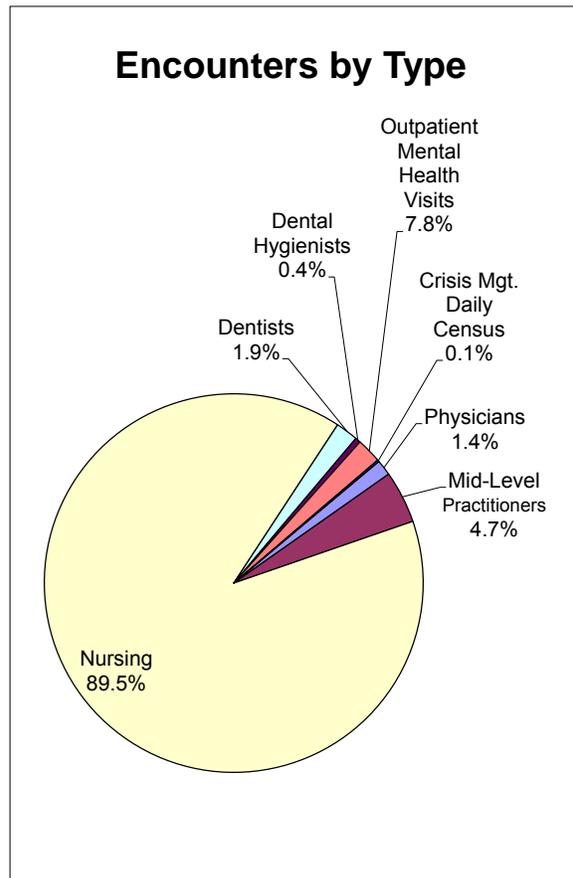
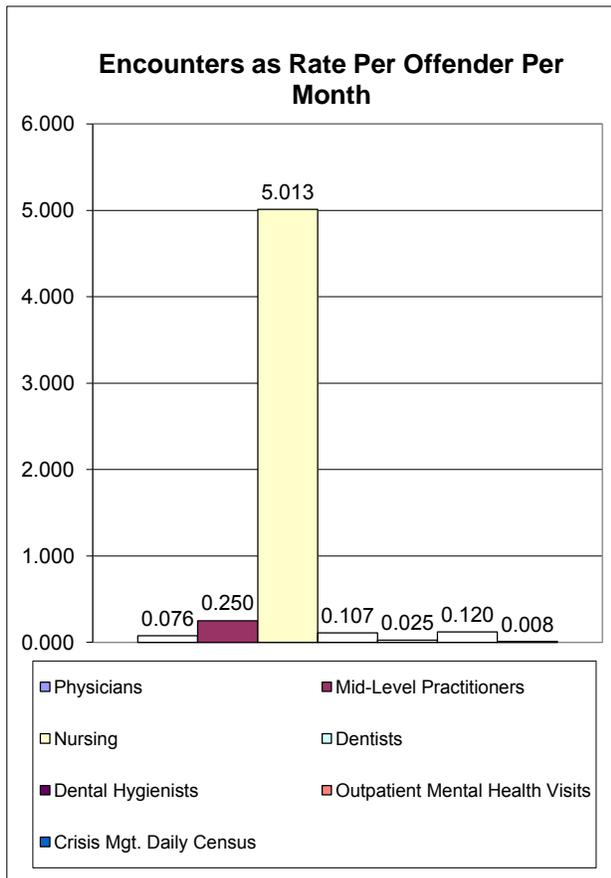
**Correctional Health Care
MEDICAL DIRECTOR'S REPORT**

SECOND QUARTER

FY 2015

Medical Director's Report:

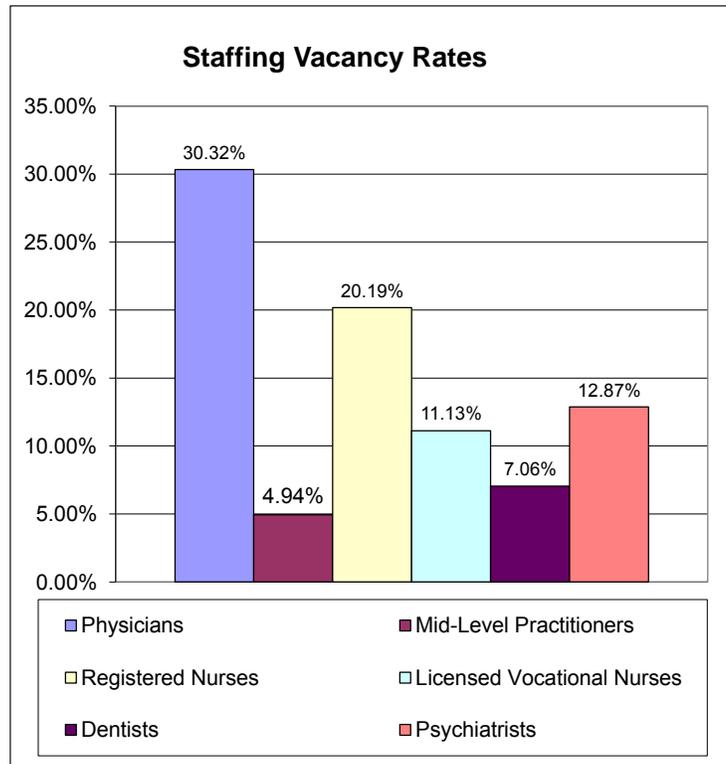
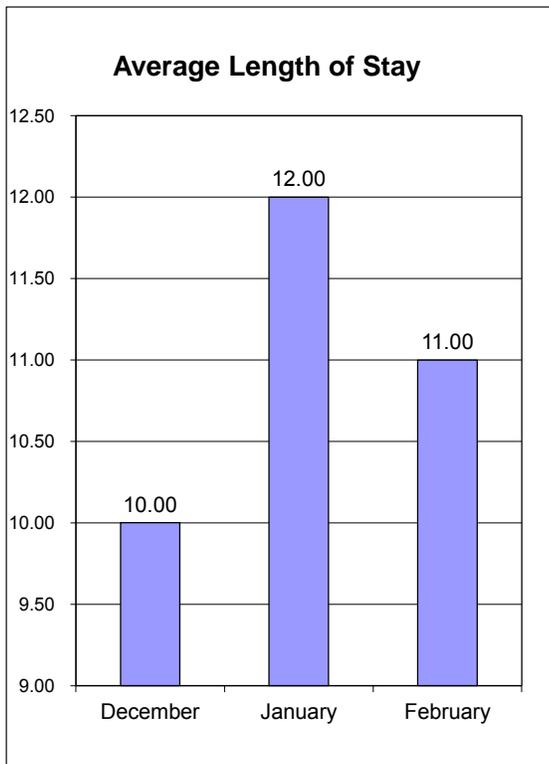
Average Population	December		January		February		Qtly Average	
	31,043		30,834		30,768		30,882	
	Number	Rate Per Offender						
Medical encounters								
Physicians	2,424	0.078	2,328	0.076	2,252	0.073	2,335	0.076
Mid-Level Practitioners	7,343	0.237	8,230	0.267	7,631	0.248	7,735	0.250
Nursing	176,421	5.683	150,030	4.866	137,969	4.484	154,807	5.013
Sub-total	186,188	5.998	160,588	5.208	147,852	4.805	164,876	5.339
Dental encounters								
Dentists	3,183	0.103	3,578	0.116	3,187	0.104	3,316	0.107
Dental Hygienists	758	0.024	707	0.023	867	0.028	777	0.025
Sub-total	3,941	0.127	4,285	0.139	4,054	0.132	4,093	0.133
Mental health encounters								
Outpatient Mental Health Visits	3,600	0.116	3,840	0.125	3,658	0.119	3,699	0.120
Crisis Mgt. Daily Census	239	0.008	262	0.008	253	0.008	251	0.008
Sub-total	3,839	0.124	4,102	0.133	3,911	0.127	3,951	0.128
Total encounters	193,968	6.248	168,975	5.480	155,817	5.064	172,920	5.599



Medical Director's Report (Page 2):

	December	January	February	Qtly Average
Medical Inpatient Facilities				
Average Daily Census	111.00	118.00	118.00	115.67
Number of Admissions	262.00	245.00	204.00	237.00
Average Length of Stay	10.00	12.00	11.00	11.00
Number of Clinic Visits	659.00	607.00	564.00	610.00
Mental Health Inpatient Facilities				
Average Daily Census	427.00	432.00	438.00	432.33
PAMIO/MROP Census	422.00	420.00	422.00	421.33
Specialty Referrals Completed				
	1,099.00	1,103.00	1,087.00	1,096.33
Telemedicine Consults				
	520	942	889	783.67

Health Care Staffing	Average This Quarter			Percent Vacant
	Filled	Vacant	Total	
Physicians	14.59	6.35	20.94	30.32%
Mid-Level Practitioners	38.50	2.00	40.50	4.94%
Registered Nurses	128.99	32.63	161.62	20.19%
Licensed Vocational Nurses	281.42	35.25	316.67	11.13%
Dentists	18.18	1.38	19.56	7.06%
Psychiatrists	6.77	1.00	7.77	12.87%



Consent Item

Summary of CMHCC Joint Committee/
Work Group Activities

**Correctional Managed Health Care
Joint Committee/Work Group Activity Summary
for June 2015 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: May 14, 2015

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. FY 2015 SLC Indicators
 - 1. Dental: Total Open Reminders with Delay > 180 Days
 - 2. Mental Health: Antipsychotic Injectables
 - 3. Nursing: Refusal of Treatment (ROT)
 - 4. Inpatient Physical Therapy
 - 5. 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: April 9, 2015

Sub Committee Updates:

- A. Release of Information – Phyllis McWhorter, RN
- B. No Chemicals Use of Force Subcommittee – Susan Morris, MD
- C. Missed Clinic Appointments – Robert Williams, MD
- D. Heat Subcommittee – Kathryn Buskirk, MD
- E. Joint Mental Health Working Group – Joseph Penn, MD

Old Business:

- E-34.2 Periodic Physical Examinations
- G-55.1 Pregnant Offenders
- G-51.1 Offenders with Special Needs
- G-59.2 Optical Prosthesis and Appliances

New Business:

The Following Policies Were Reviewed:

A-05.1; A-06.1; A-06.2; A-07.1; A-08.1; A-08.2; C-19.2; C-20.1, D-28.2; D-28.3; D-28.4;
E-34.4; E-35.1; E-35.2; E-36.3; E-36.4; E-37.1; E-37.2; E-37.3; E-37.4; E-37.5; F-47.1; F-48.1;
G-51.6; G-51.7; G-51.8; G-51.9; G-51.10; H-60.2; I-68.4; I-69.1

The Following Policies Were Submitted for Changes and Updates:

- A-06.2 Professional and Vocational Nurse Peer Review Process
- A-07.1 Emergency Plans and Drills
- A-08.2 Transfers of Offenders with Acute Conditions
- C-19.2 Health Services Reference Materials
- C-19.2 Attachment A – Sample Health Services Bookshelf
- C-20.1 Training for Correctional Officers
- D-28.2 Sharp, Needle and Syringe Control
- D-28.3 Facility Repairs and Renovations
- E-34.4 Reporting Suspected Abuse
- E-36.4 Dental Prosthodontic Services
- F-47.1 Therapeutic Diets and Food Allergies
- G-51.6 Referral of an Offender for Admission in to a Mental Health Inpatient Treatment Facility
- G-51.9 Wheelchair Use
- G-52.3 Admission to the Administrative Segregation Therapeutic Diversion Program (ASTDP)
- G-52.3 Attachment A – Administrative Segregation Therapeutic Diversion Program Referral Form
- I-68.4 Attachment B – Prescription Drugs Giving Positive Results for the Sure-Screen Test
- I-71.2 Patient Self-Determination Act, Natural Death Act, Advance Directives Act

Adjournment

- Next Meeting Date is July 9, 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: March 12, 2015

Key Activities:

Approval of Minutes from January 8, 2015 Meeting

Reports from Subcommittees:

- A. DMG Triage – Dr. Sandmann
- B. Psychiatry – Dr. Koranek
- C. Transfer Medications – Dr. Williams

Monthly Reports

- A. Adverse Drug Reaction Reports (None)
- B. Pharmacy Clinical Activity Report
- C. Drug Recalls (January – February 2015)
- D. Non-formulary Deferral Reports
 - 1. Texas Tech Sector (December 2014 – January 2015)
- E. Utilization Reports (FY 2015 through December)
 - 1. HIV Utilization
 - 2. Hepatitis C Utilization
 - 3. Hepatitis B Utilization
 - 4. Psychotropic Utilization
- G. Special Reports – Top 50 Medications by Cost and Volume – 2nd Quarter FY 2015
- H. Policy Review Schedule

Old Business

- A. Policy Revisions
 - 1. Disposition of Outdated Drugs (15-30) – tabled pending DEA recommendations for disposal of controlled substances
 - 2. Reclamation of Drugs (15-35) – tabled pending DEA recommendations for disposal of controlled substances.
 - 3. Use of Controlled Substances (20-05) – tabled pending DEA recommendations for disposal of controlled substances.
 - 4. Security of Controlled Substances (20-10) - tabled pending DEA recommendations for disposal of controlled substances.
 - 5. Controlled Substances Record Keeping (20-15) – tabled pending DEA recommendations for disposal of controlled substances.

New Business

- A. Action Requests
 - 1. Manufacturer Discontinuation of NP Hemorrhoidal Ointment (Tucks®)
 - 2. Reevaluation of Nebulizer Use Restriction – TT request
 - 3. Formulary Substitutions – Lidocaine 1% with epinephrine 1:100,000 30 ml vial (shortage item since 5/12) with 20 ml vial
- B. Drug Category Review
 - 1. Cardiovascular Agents
 - 2. Psychotropic Agents
 - 3. Topical Agents
- C. Medication Use Evaluation
 - 1. Novolin N vs. 70/30
 - 2. Trazodone
- D. FDA Medication Safety Advisories
- E. Manufacturer Shortages and Discontinuations
- F. Policy and Procedure Revisions
 - 1. Multi-dose Vials (30-10)
 - 2. Crushing of Medications (35-05)
 - 3. Unit Receipt (40-03)
 - 4. Medication Administration during Computer Breakdown (40-05)
 - 5. Administration and Distribution of Patient Medications (40-10)
 - 6. Distribution of Medications during Lockdown or Disaster Situations (40-15)
 - 7. Missing Medications (40-20)
 - 8. KOP Medication Distribution Program (50-05)

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: April 9, 2015

Key Activities:

Reviewed and Approved Minutes from Previous Meeting

Public Health Update

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

Old Business

- a. B-14.07 Immunizations
- b. B-14.10 Tuberculosis

New Business

None

Policies Under Review

- a. B-14.12 Syphilis
- b. B-14.13.1 Hepatitis A
B-14.13.1 Technical Reference for Hepatitis A Policy
- c. B-14.13.2 Hepatitis B Policy
B-14.13.2 Technical Reference for Hepatitis B Policy
- d. B-14.13.3 Hepatitis C
B-14.13.3 Technical Reference for Hepatitis C Policy
- e. B-14.14 Varicella and Shingles
- f. B-14.15 Meningitis
- g. B-14.16 Skin and Soft Tissue Infection
- h. B-14.17 Vancomycin-Resistant Enterococcus (VRE)
- i. B- 14.18 Clostridium Difficile

Adjourn

- Next Meeting proposed – August 13, 2015
- Policies to be reviewed – B-14.19; B-14.27

Joint Dental Work Group

Chair: Dr. Brian Tucker

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

Meeting Date: May 13, 2015

Approval of Minutes from March 11, 2015

Old Business

- A.** Flossers
- B.** Quick Manual
- C.** Compliance – SLC Indicator
- D.** Amalgam Separators
- E.** Reporting
- F.** Staffing
- G.** EOHR/Dental Chart
- H.** Update on Digital Roll-out
- I.** MiPACs
- J.** Reminders/Chain-in
- K.** DHR Forms

New Business

Policies Under Review

- D-28.2 Sharp, Needle and Syringe Control
- E-31.1 Information on Health Care Services
- E-36.1 Dental Treatment Priorities and Appendix I, II, and Dental Sealants
- E36.2 Inprocessing Offenders – Dental Examination, Classification, Education and Treatment
- E-36.3 Recording and Scheduling Dental Patient Visits
- E36.4 Dental Prosthodontic Services

NHSC Loan Repayment Plan

System Directors Meeting

- A. Dr. Manuel Hirsch
 - Audits Update
- B. Dr. Billy Horton
 - F-46.1 Health Education and Promotion - Patient Info (leaflets)
- C. Dr. Brian Tucker
 - Recall System

Sector Updates

- TDCJ
- UTMB
- TTUHSC

Meeting 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 May 2015

There were 92 deaths reviewed by the Mortality and Morbidity Committee during the months of March, April and May 2015. Of those 92 deaths, 10 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: The third quarter meeting was deferred due to scheduling conflicts.
The next meeting is scheduled for July 8, 2015.

Consent Items

for

September 22, 2015 Meeting

Consent Item

Approval of CMHCC Meeting Minutes
June 16, 2015

CORRECTIONAL MANAGED HEALTH CARE COMMITTEE

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<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 not 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>		
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<p>o Approval of Excused Absences</p>	<p>Dr. de la Garza-Graham noted there were no absences to report from the April 14, 2015 meeting.</p>		

<p>III. Approval of Consent Items (Cont.)</p> <ul style="list-style-type: none"> ○ Approval of CMHCC Meeting Minutes – April 14, 2015 ○ Approval of TDCJ Health Services Monitoring Report ○ University Medical Director’s Reports <ul style="list-style-type: none"> - UTMB - TTUHSC ○ Summary of CMHCC Joint Committee/ Work Group Activities 	<p>Dr. de la Garza-Graham stated that consent items would be deferred until the September 22, 2015 CMHCC meeting due to a quorum not being present.</p>		
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<p>V. Medical Director's Updates (Cont.)</p> <ul style="list-style-type: none"> • TDCJ – Health Services Division FY 2015 Second Quarter Report - Lannette Linthicum, MD <ul style="list-style-type: none"> ○ Operational Review Audit ○ Capital Assets Monitoring ○ Dental Quality Review Audit ○ Grievance and Patient Liaison Correspondence ○ Quality Improvement (QI) Access to Care Audit 	<p>FY 2015, (December, January, February), Operational Review Audits (ORAs) were conducted on eight facilities: Beto, Coffield, Dominguez, Estelle, Ney, South Texas ISF, Stiles, and Torres. There were also ORAs closed during this quarter for 10 facilities: Cleveland, Dominguez, Ney, Ramsey, Roach ISF, San Saba, Smith, Stringfellow, Torres, and Vance. Dr. Linthicum referred to the 10 items found to be most frequently below 80 percent compliance.</p> <p>Dr. Linthicum next reported that the same eight 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 two facilities: South Texas Intermediate Sanction Facility (ISF) and Bridgeport Pre-Parole Transfer Facility (PPT). 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 (PLP), Step II Medical Grievance Program, and Sick Call Request Verification Audit process. During the Second Quarter of FY 2015, the PLP and the Step II Medical Grievance Programs received 3,678 correspondences. The PLP received 2,019 correspondences and Step II Medical Grievance received 1,659. There were 396 Action Requests generated. The percentages of sustained Step II Medical Grievances from UTMB were nine percent and nine percent for TTUHSC.</p> <p>Dr. Linthicum added that the Quality Improvement Access to Care Audit addressed quality of care issues. There were 28 Sick Call Request Verification Audits conducted on 27 facilities. A total of 252 indicators were reviewed and 34 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 630 cases of Hepatitis C identified</p>		
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<p>V. Medical Director's Updates (Cont.)</p> <ul style="list-style-type: none"> ○ Office of Public Health 	<p>for the Second Quarter FY 2015. There were 17,570 intake tests and 129 were newly identified as having Human Immunodeficiency Virus (HIV) infections. During the First Quarter FY 2015, 16,543 offenders had intake test and 115 were HIV positive. Four new Acquired Immunodeficiency Syndrome (AIDS) case was identified in the Second Quarter FY 2015 compared to five new AIDS cases identified during the First Quarter FY 2015.</p> <p>212 cases of suspected Syphilis were reported in the Second Quarter FY 2015. 18 of those required treatment or retreatment.</p> <p>187 Methicillin-Resistant Staphylococcus Aureus (MRSA) cases were reported for the Second Quarter FY 2015.</p> <p>Dr. Linthicum advised that there was an average of 24 Tuberculosis (TB) cases under active management for the Second Quarter FY 2015.</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. During the Second Quarter FY 2015, 11 training sessions were held and 66 medical and mental health staff received training. This position also audits the documentation and services provided by medical personnel for each sexual assault reported. There were 152 chart reviews of alleged sexual assaults. There were no deficiencies found this quarter. 61 blood-borne exposure baseline labs were drawn on exposed offenders. To date, no offenders have tested positive for HIV in baseline labs routinely obtained after the report of sexual assault.</p> <p>Dr. Linthicum noted that the Peer Education Program is a nationally recognized program in which many offenders participate. 17,573 offenders attended classes presented by</p>	<p>Dr. de la Garza-Graham asked if the MRSA cases reported were new cases.</p> <p>Dr. Linthicum replied, yes.</p>	
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<p>V. Medical Director's Updates (Cont.)</p> <ul style="list-style-type: none"> ○ Mortality and Morbidity ○ Office of Mental Health Monitoring & Liaison 	<p>educators, this was a decrease from the First Quarter FY 2015 of 19,426. Within the TDCJ, 100 of the 109 facilities have active peer education programs. 155 offenders trained to become peer educators. This is an increase from the 142 offenders trained in the First Quarter FY 2015.</p> <p>Dr. Linthicum reported that there were 83 deaths reviewed by the Mortality and Morbidity Committee during the Second Quarter of FY 2015. Of those 83 deaths, 5 were referred to peer review committees for further review.</p> <p>Dr. Linthicum provided a summary of the activities performed by the Office of Mental Health Monitoring & Liaison (OMHM&L) during the Second Quarter of FY 2015. Administrative Segregation (Ad Seg) audits were conducted on 15 facilities. 3,431 offenders were observed 2,886 were interviewed and 5 offenders were referred to the university providers for further evaluation. One of the 14 facilities fell below 100 percent compliance while the remaining 13 were found to be 100 percent compliant. Access to Care (ATC) 4 was met at 100 percent on 13 facilities. One facility fell below 100 percent compliance.</p> <p>Four inpatient mental health facilities were audited with respect to compelled medications. 59 instances of compelled psychoactive medication administration occurred. Clements, Jester IV, and Skyview were 100 percent compliant with 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 four facilities to 100 percent compliance.</p> <p>There were 24 intake facilities audited with respect to mental health evaluation within 14 days of identification. There were 18 facilities that met or exceeded 80 percent compliance.</p> <p>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. 15 offenders were reviewed and 14</p>		
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<p>V. Medical Director's Updates (Cont.)</p> <ul style="list-style-type: none"> ○ Office of Health Services & Liaison ○ Accreditation ○ Biomedical Research Projects ● Texas Tech University Health Sciences Center <ul style="list-style-type: none"> - Denise DeShields, MD ● University of Texas Medical Branch <ul style="list-style-type: none"> - Owen Murray, DO 	<p>were allowed to participate.</p> <p>The Office of Health Services Liaison (HSL) conducted 103 hospital and 22 infirmary discharge audits. UTMB had 17 deficiencies identified and TTUHSC had zero deficiencies identified for the hospital discharge audits. UTMB had nine deficiencies identified and TTUHSC had 13 deficiencies for the infirmary discharge audits.</p> <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. Linthicum also announced that Chris Black-Edwards, Office of Public Health had been selected for the position of Director of Nursing Administration, TDCJ Health Services Division.</p> <p>Dr. de la Garza-Graham thanked Dr. Linthicum.</p> <p>Due to inclement weather Dr. DeShields was unable to attend and the Texas Tech University Health Sciences Center (TTUHSC) Medical Director's Report will be deferred to the September 22, 2015 CMHCC meeting.</p> <p>Dr. de la Garza-Graham then called on Dr. Murray to present the report for UTMB.</p> <p>Dr. Murray announced that the Director of Hospital Administration position had been filled by Marjorie Kovacevich, a current employee of UTMB who has over 20 years of experience within the university, and she is scheduled to begin on July 1, 2015.</p> <p>Dr. Murray reported that the need for additional staff was still an issue and that reports were presented to officials during the Legislative Session to help improve the staffing shortage.</p>		
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<p>V. Medical Director's Updates (Cont.)</p>	<p>Adjustments to base salaries were requested and Legislators did agree to increase appropriations to maintain current service levels and market adjustments of 5% each year. A request to replace staff lost from the previous reduction in force was submitted but not approved by Legislators.</p> <p>Dr. Murray reported that even though requests for additional capital was also not approved, there will still be enough funding left from FY 2014 and 2015 to replace necessary equipment on facilities and continue investments into electronic medical records (EMR) and telemedicine programs.</p> <p>A request for a five percent pay increase for FY 2016 and 2017 was also requested and the Legislature did agree to provide the funding.</p> <p>Nursing was one of the main focuses when the request for the additional pay increase was proposed to Legislators. A 15 percent vacancy rate for nursing is being seen in some facilities. If this continues this would cause infirmary beds and some programs to be closed.</p> <p>Dr. Murray reported that approximately \$15 million is spent on agency overtime.</p>	<p>Dr. de la Garza-Graham asked how the decision is made on what equipment will be replaced and how funding will distributed.</p> <p>Dr. Murray replied that UTMB management works closely with TTUHSC to determine which machines are in their last working phases. Those would be considered priority when replacing equipment.</p> <p>Capital funding was focused towards the EMR system and its programs. The EMR allows all three agencies to document the quality of care being provided to offender patients and allows the information to be visible by all three entities so that they are able to work together collectively.</p>	
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<p>VI. Correctional Managed Health Care Committee Joint Morbidity and Mortality (M&M) Review Committee Update (Cont.)</p>	<p>days of the offender's death, it is then assigned to a member of the CMHCC Joint M&M Review Committee within 90 days depending on availability of the autopsy.</p> <p>If there is no autopsy or the autopsy is completed in less than 90 days, the case is immediately assigned to be reviewed in the upcoming CMHCC Joint M&M Review Committee meeting. In the event that an autopsy has been pending over 90 days, it is also assigned to be reviewed by the committee to ensure that the case is being reviewed and not being held up by pathology.</p> <p>Dr. Williams explained that the purpose of the IDR is to make sure that TDCJ Leadership, as well as Correctional Managed Health Care are aware of any issues that need to be addressed in a timelier manner before they go before the CMHCC Joint M&M Review Committee. In some cases there are some findings that may require further action or</p>	<p>Dr. Sherwood inquired as to who performs the autopsies.</p> <p>Dr. Williams responded that Tarrant County performs most of the autopsies in the West Texas area and UTMB covers the majority of those that occur on the eastern side of the state. On occasion, an autopsy is performed by Harris or Beaumont Counties because the Justice of the Peace has the authority to order an autopsy to be done by a specific service.</p> <p>Dr. Sherwood asked if there were any issues with the quality of work performed when the Justice of the Peace orders for the autopsy to be completed by a different servicer.</p> <p>Dr. Williams responded that the deaths are still tracked by the CMHCC Joint M&M Review Committee to determine if the death clinically makes sense and coincides with the autopsy information. If the committee feels that the information does not coincide with the autopsy information, they follow up with the servicer that performed the autopsy.</p>	
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<p>VI. Correctional Managed Health Care Committee Joint Morbidity and Mortality (M&M) Review Committee Update (Cont.)</p> <p>- Monte Smith, DO</p>	<p>review (i.e., unexpected death, deviation from standard of care, if the death involved a high profile offender, if a complaint had been filed within the past year that may have been related to the suspected cause of death, if a potentially inflammatory situation took place or if the death or injury occurred in transient status.) If indicated, immediate action may be taken and an audit or peer review may be performed depending on how severe the issues are, rather than waiting until the entire M&M review process is completed.</p> <p>Dr. Williams then turned the presentation over to Dr. Smith.</p> <p>Dr. Smith began by explaining that the CMHCC Joint M&M Review Committee includes members from TDCJ, UTMB and TTUHSC. The committee consist of 17 members (i.e., 11 physicians, 2 mid-level practitioners, and 4 nursing representatives).</p> <p>Dr. Smith reported that the CMHCC Joint M&M Review Committee convenes monthly and then explained details of the M&M worksheets that are used by the committee to help better understand what may have led to the death of an offender. The information that is provided on the M&M worksheets help the committee in determining if the case needs to be referred to peer review, allied health professionals or an additional committee for further review.</p> <p>Dr. Smith referred back to the question asked earlier during the presentation regarding the action that is taken if any inconsistencies are found between the clinical history and autopsy findings. If this occurs, a review or discussion would take place to go over the findings.</p> <p>Dr. Smith reported that depending on the findings, further review can be requested. The case may be sent to Quality Review or Formal Peer Review for the issues of concern to be addressed further. Following a Quality Review, the university submits a report of its findings and actions taken regarding the issue to the committee, and the response is reviewed by the TDCJ Health Services Division Deputy Director and Co-Chair of the CMHCC Joint M&M Review Committee. If a Formal Review is required, the university</p>		
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<p>VI. Correctional Managed Health Care Committee Joint Morbidity and Mortality (M&M) Review Committee Update (Cont.)</p> <p>- Billy Shelton, PhD</p>	<p>submits a report stating that a formal review has been conducted and indicates if the case was referred to the respective licensing board. In addition, each university also reports the total number of cases submitted to Formal or Peer Review and a summary of actions to the TDCJ Health Services Division Director annually.</p> <p>Dr. Smith concluded and turned the report over to Dr. Billy Shelton.</p> <p>Dr. Shelton reported that when a suicide occurs, every aspect is thoroughly reviewed by every level of TDCJ and health care. It is assigned to several review panels for review and, an Initial Death Review is conducted by a TDCJ quality monitoring physician. Concurrently, an IDR is conducted by a TDCJ mental health professional. Additionally, each suicide is reviewed by a university mental health provider. All of these reviews are conducted within one to five days of the offender's death and each suicide is reviewed by a mental health quality council within 60 days of the occurrence. Peer review also takes place at this time where not only the suicide is reviewed but also events leading up to the suicide, and the offenders medical records are reviewed. Quality of care and policies are reviewed to ensure they were being followed. If there are any findings of deviation it is addressed.</p> <p>Dr. Shelton further reported that each offender suicide is reviewed by a multi-disciplinary TDCJ Suicide Task Force and the CMHCC Joint Suicide M&M Subcommittee within 60 days of the occurrence.</p> <p>Dr. Shelton explained that extensive data about the offender's medical and mental health history can be found on the TDCJ Offender Initial Death Review Forms.</p> <p>In the event that a finding is seen in the Initial Suicide Review such as failure to comply with policy, apparent deviation from standard of care, or if the suicide occurred while in transient status, in an inpatient psychiatric facility, or while the offender was under Constant and Direct Observation (CDO), a plan of correction is issued</p>		
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<p>VI. Correctional Managed Health Care Committee Joint Morbidity and Mortality (M&M) Review Committee Update (Cont.)</p>	<p>immediately.</p> <p>Dr. Shelton referred to the TDCJ Suicide Prevention Task Force outlining its members and the large variety of TDCJ management that complete its makeup. Dr. Shelton explained that each member conducts their own review of the suicide and brings the information to the committee where ideas are openly shared. These reviews take place monthly.</p> <p>Dr. Shelton reported that a Suicide Prevention Retreat is held once a year and members come together to review suicide data and methods that are learned during the year are implemented to help reduce the number of suicides.</p> <p>Dr. Shelton listed the members of the CMHCC Joint Suicide M&M Subcommittee and reported that a Psychiatrist, Senior Psychologist, and PhD Psychologist from all three representing agencies are present during each meeting. CMHCC Joint Suicide M&M Subcommittee meetings are held immediately after the Suicide Prevention Task Force meeting where findings and recommendations and trends are discussed.</p> <p>Dr. Shelton explained the CMHCC Joint Suicide M&M Subcommittee, comparing its functions to those of the CMHCC Joint M&M Review Committee and explained details of the worksheet used to answer questions of the patient's mental history. Dr. Shelton shared that peer review can be requested to discuss findings, but in most instances, the findings have already been addressed prior to the meeting and a plan of correction has already been implemented.</p> <p>Dr. Shelton reported that the CMHCC Joint M&M Review Committee and the CMHCC Joint Suicide Subcommittee interact with one another to identify medical concerns where they are then referred to the TDCJ Health Services Division's Deputy Director for review.</p> <p>Dr. Shelton turned the presentation back over to Dr. Williams.</p>		
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<p>VI. Correctional Managed Health Care Committee Joint Morbidity and Mortality (M&M) Review Committee Update (Cont.)</p> <p>- Robert Williams, MD</p>	<p>Dr. Williams explained that currently a database is maintained by each agency TDCJ, UTMB, and TTUHSC. A new database is currently underway that will facilitate uniform reporting between all three agencies allowing them to share and view data that is inputted into the database eliminating duplicate data entry. The database will enable more thorough statistical analysis and will give users the option to download selected information that will be able to be analyzed. Dr. Williams shared that input was received from the mental health professionals focusing on the parameters that they wanted to be able to follow and analyze.</p> <p>In closing Dr. de la Garza-Graham again announced that Dr. Sherwood would be resigning from the CMHCC</p>	<p>Dr. Linthicum asked for an example to be given of how the new database will be able to give information for example, how many suicides occur in a single cell setting.</p> <p>Dr. Williams replied details such as the time of day that suicide risks are higher will be able to be tracked using the new database.</p> <p>Dr. Berenzweig asked if an idea could be given on the approximate percentage of those who committed suicide, but showed no signs of prior suicidal behavior and had not been diagnosed with any mental illness.</p> <p>Dr. Shelton responded that approximately one-third of these instances are seen within the offender population.</p> <p>Dr. Sherwood asked if there would be access to epidemiology expertise when working with the new database.</p> <p>Dr. Murray answered yes, contracts are held with Community Medicine Preventive Health and it provides two full time employees who are clinical epidemiologists.</p>	
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<p>IX. Public Comments</p>	<p>Committee and asked Dr. Linthicum to present him with a plaque of appreciation for the time he served on the committee.</p>		
<p>X. Adjourn</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> <p>Dr. de la Garza-Graham thanked everyone for attendance and adjourned the meeting at 11:05 a.m.</p>		

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

Date:

Consent Item

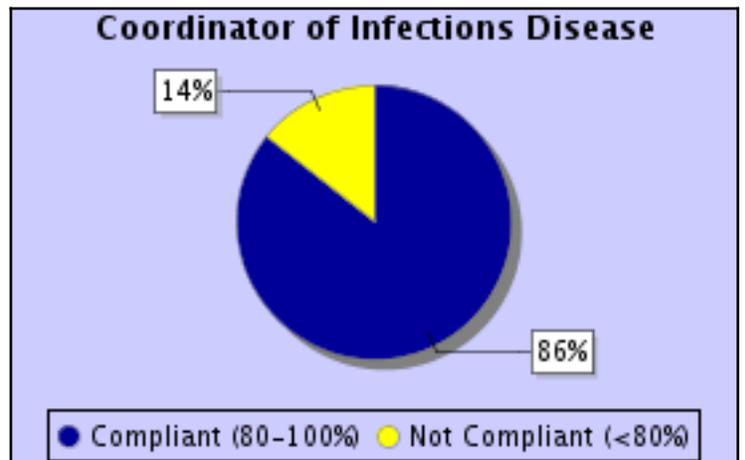
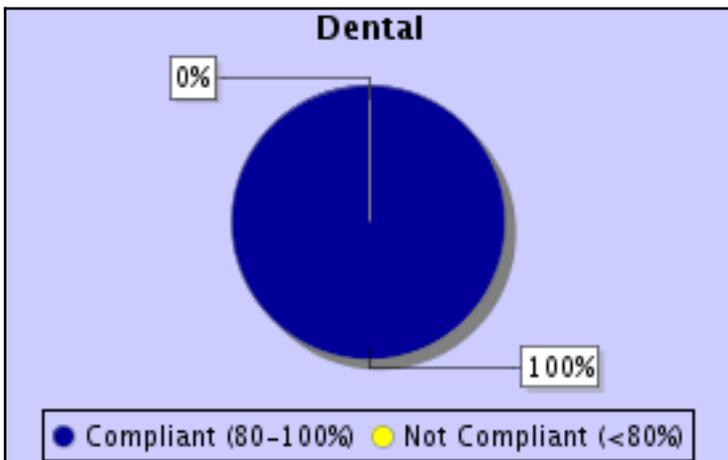
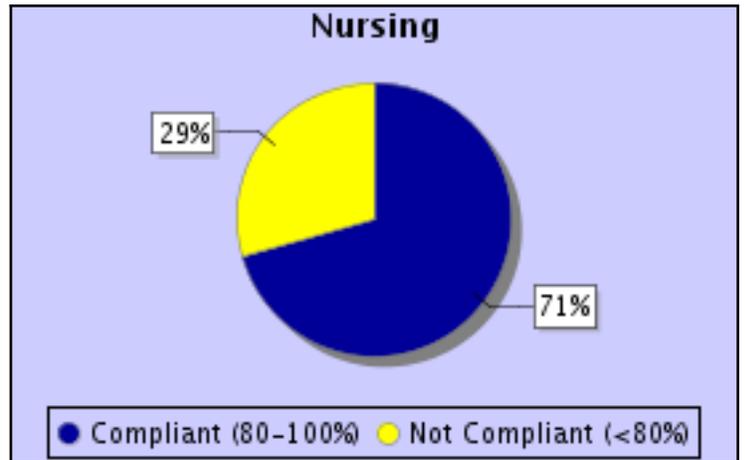
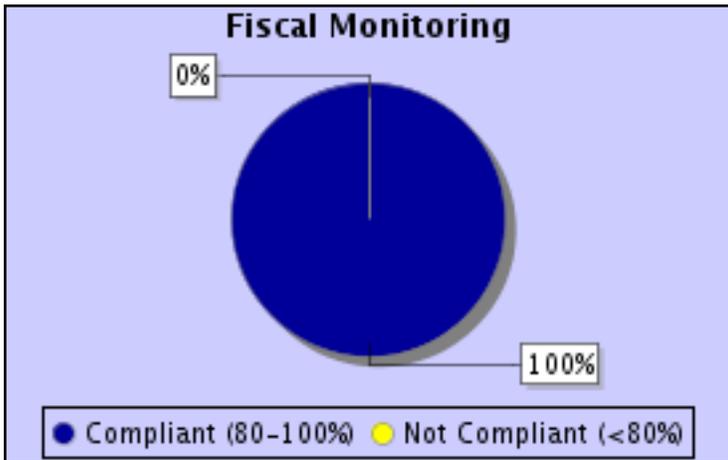
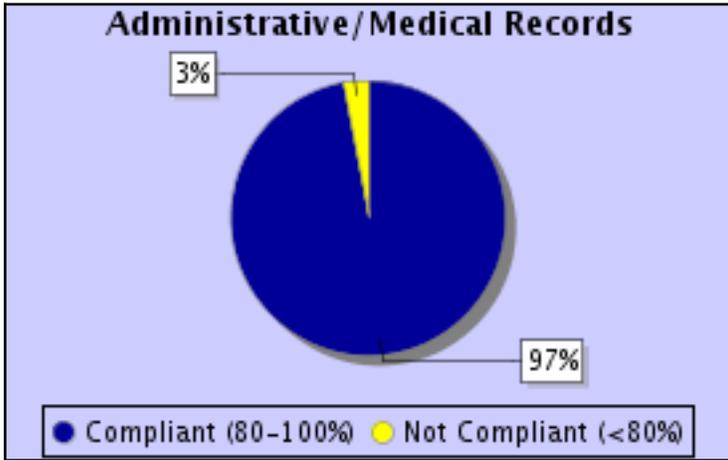
TDCJ Health Services
Monitoring Reports

Rate of Compliance with Standards by Operational Categories
Third Quarter, Fiscal Year 2015
March 2015 - May 2015

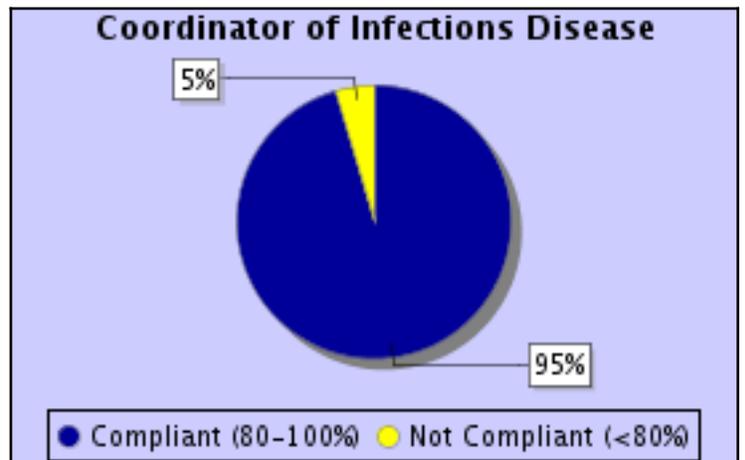
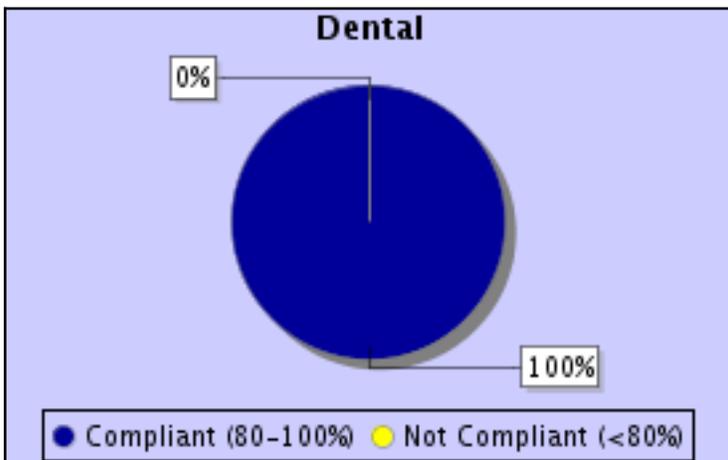
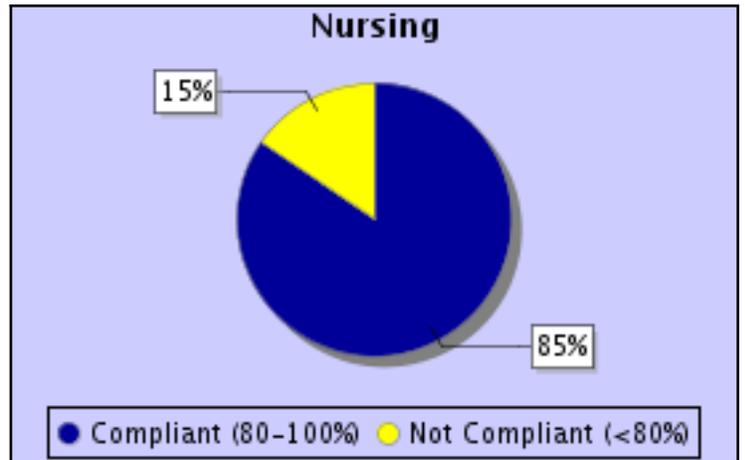
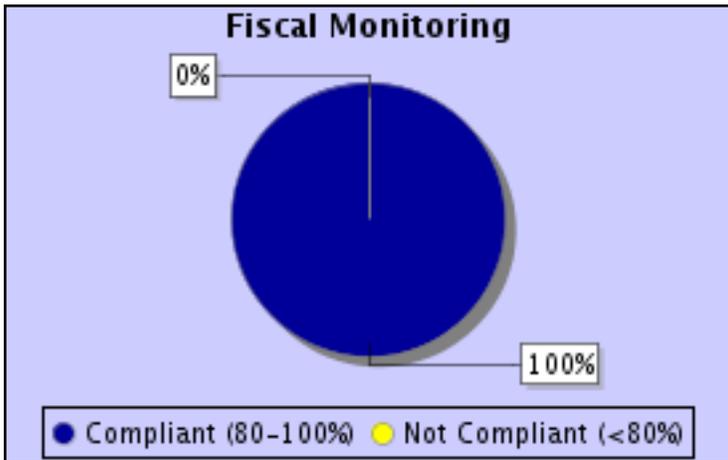
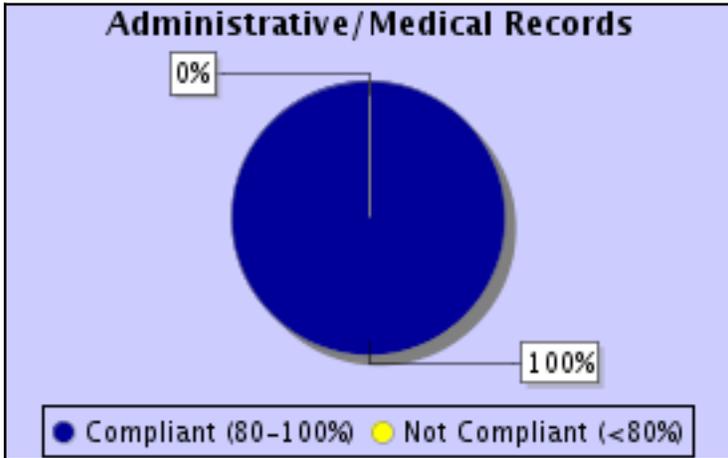
Unit	Operations/ Administration			General Medical/Nursing			Coordinator of Infectious Disease			Dental			Mental Health			Fiscal		
	<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance	
Barlett	34	33	97%	17	12	71%	35	30	86%	12	12	100%	19	17	89%	6	6	100%
Baten	31	31	100%	13	11	85%	22	21	95%	3	3	100%	3	3	100%	4	4	100%
Bradshaw	35	34	97%	17	12	71%	37	32	86%	13	13	100%	17	14	82%	6	6	100%
Bridgeport PPT (follow-up)	NA	NA	NA	12	12	100%	10	8	80%	NA	NA	NA	12	8	67%	NA	NA	NA
Diboll	33	33	100%	15	11	73%	15	13	87%	12	12	100%	3	2	67%	4	4	100%
Duncan	34	34	100%	15	13	87%	23	18	78%	12	9	75%	3	3	100%	4	4	100%
Hilltop	32	32	100%	17	16	94%	24	16	67%	11	11	100%	15	14	93%	4	4	100%
Kyle	32	32	100%	17	17	100%	18	12	67%	12	12	100%	3	3	100%	4	4	100%
Moore, B	34	33	97%	15	13	87%	9	4	44%	12	12	100%	15	12	80%	4	4	100%
Mountain View	34	33	97%	17	17	100%	16	12	75%	12	12	100%	24	23	96%	4	4	100%
Travis	33	32	97%	17	17	100%	37	35	95%	12	12	100%	19	16	84%	4	4	100%
Woodman	33	33	100%	23	20	87%	27	21	78%	12	12	100%	17	14	82%	5	5	100%

n = number of applicable items audited.

Compliance Rate By Operational Categories for
BARTLETT FACILITY
March 03, 2015

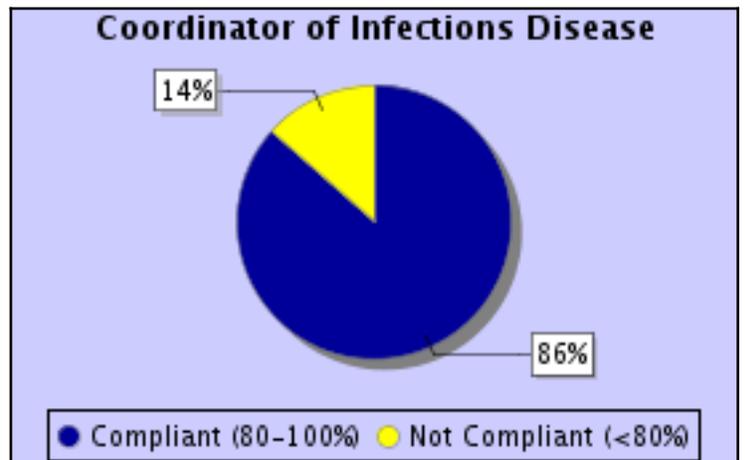
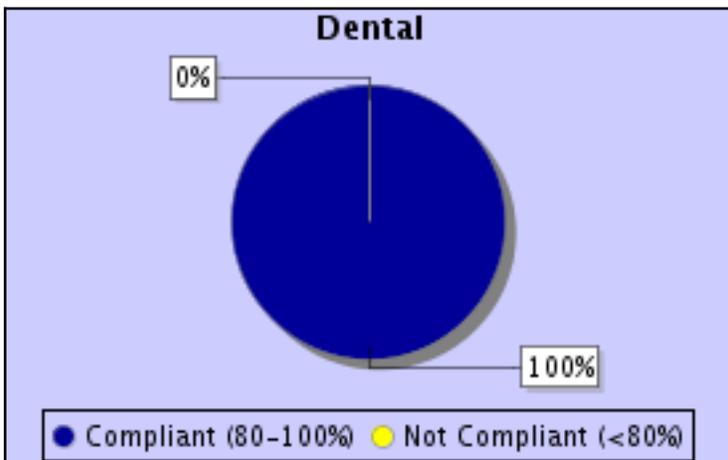
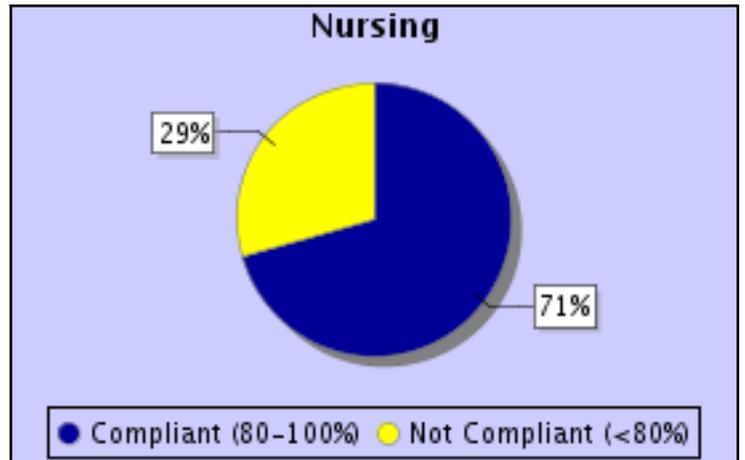
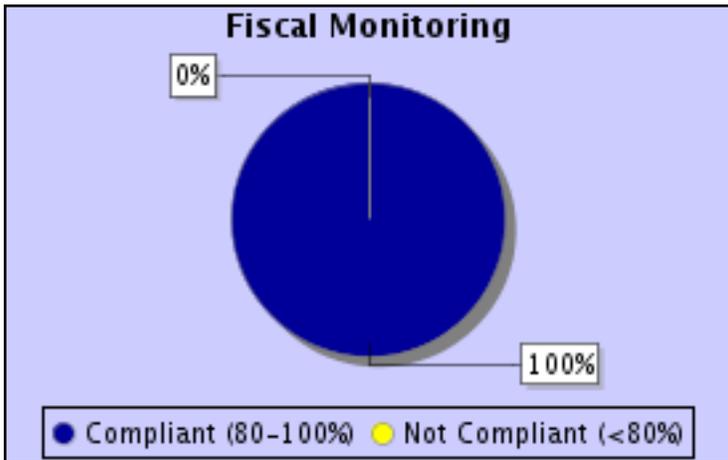
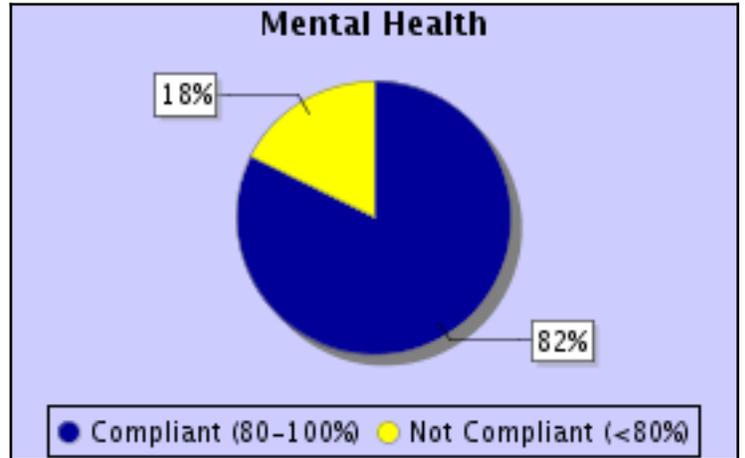
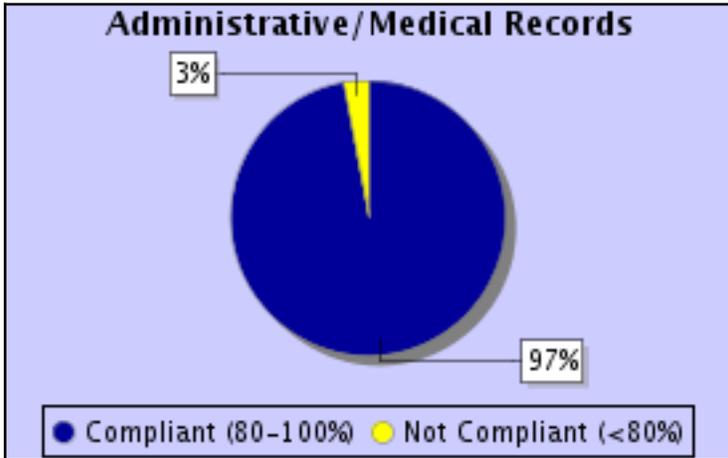


Compliance Rate By Operational Categories for
BATEN FACILITY
April 09, 2015

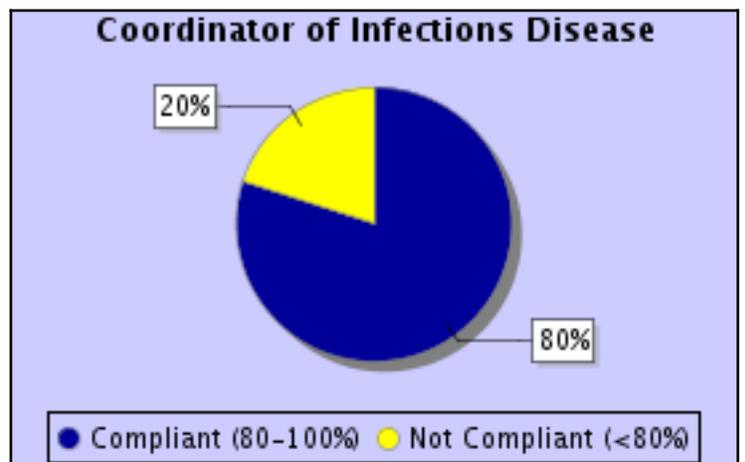
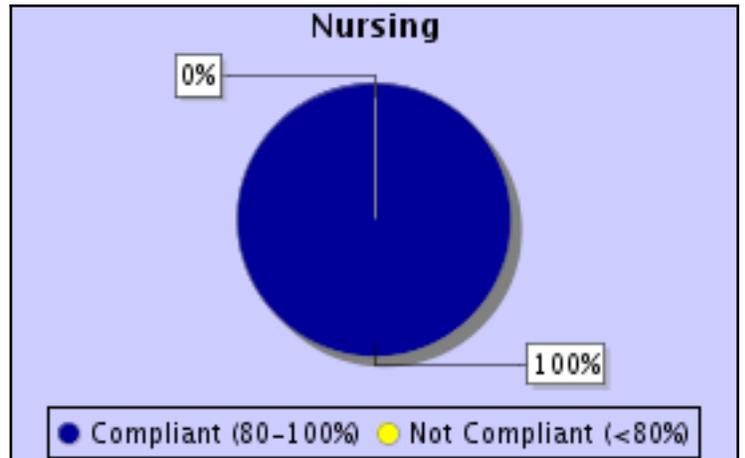
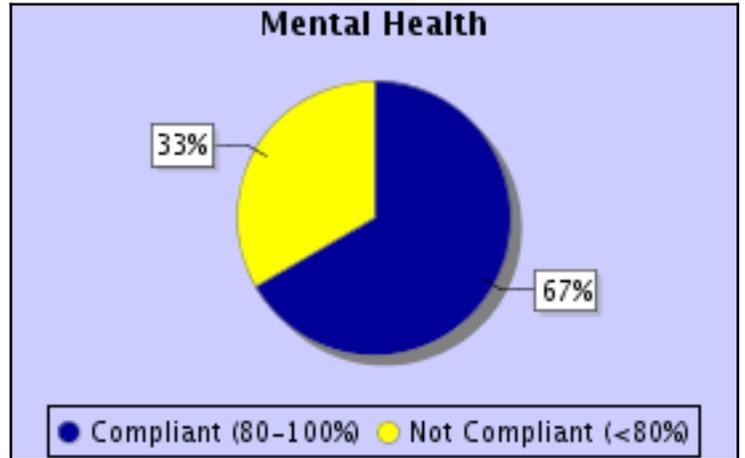


Compliance Rate By Operational Categories for
BRADSHAW FACILITY

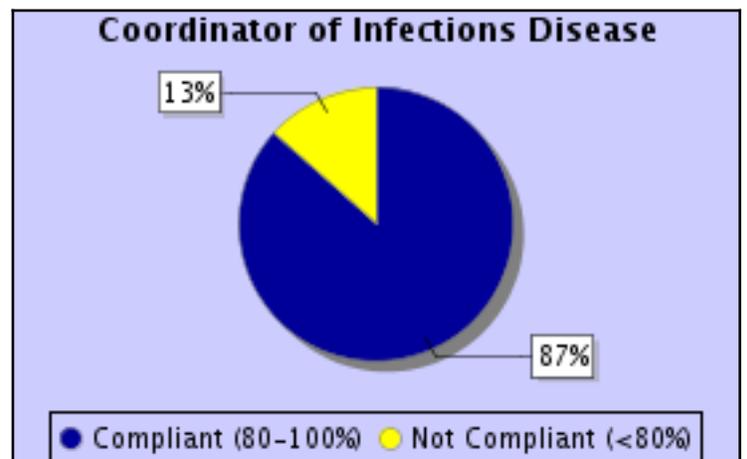
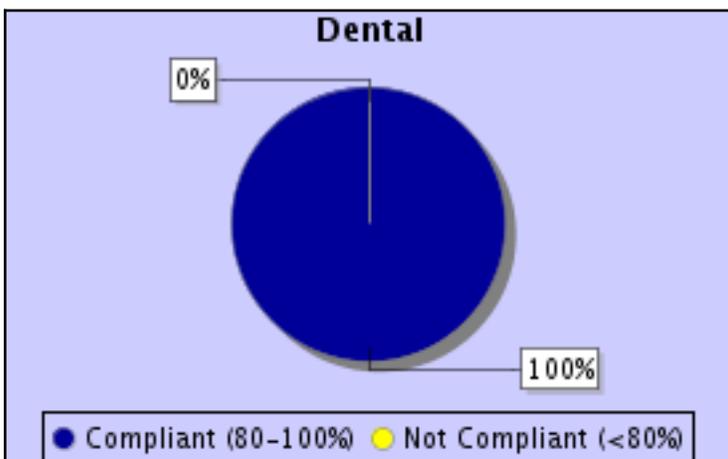
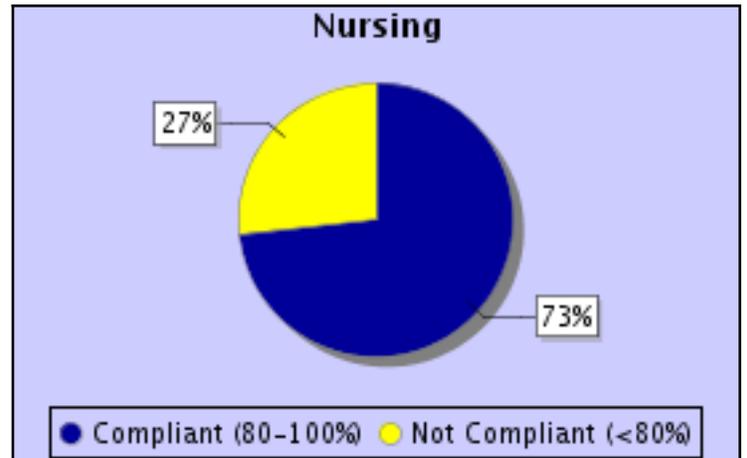
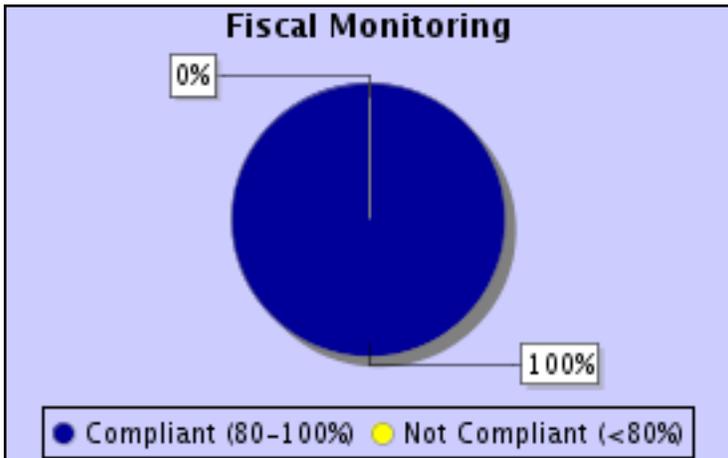
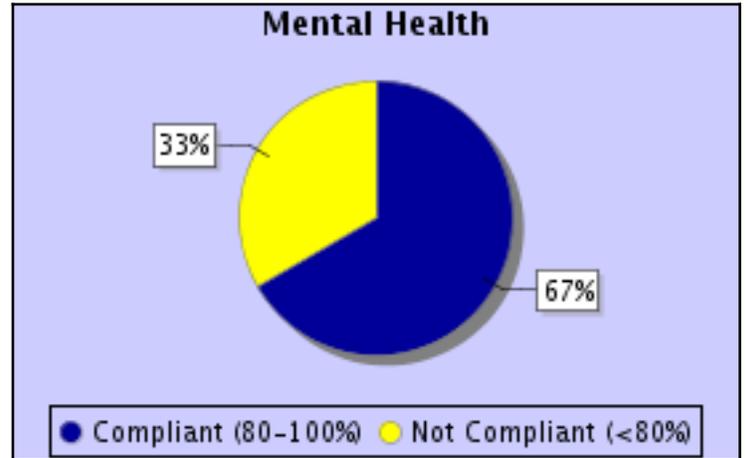
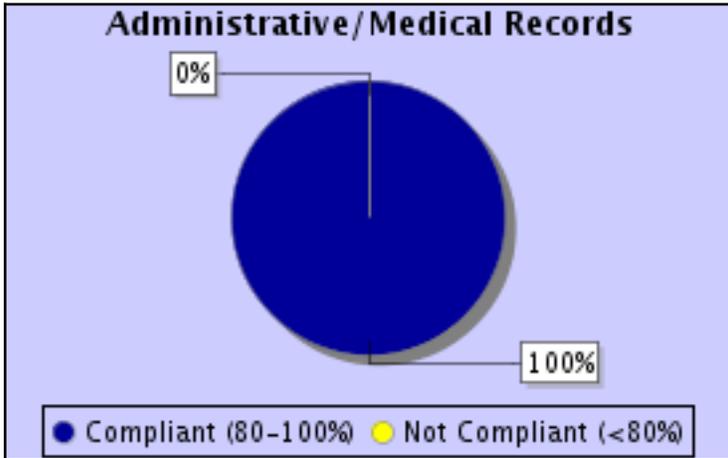
May 05, 2015



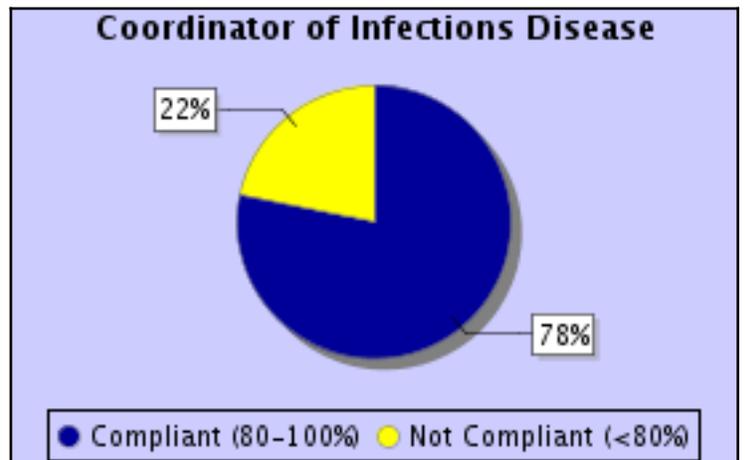
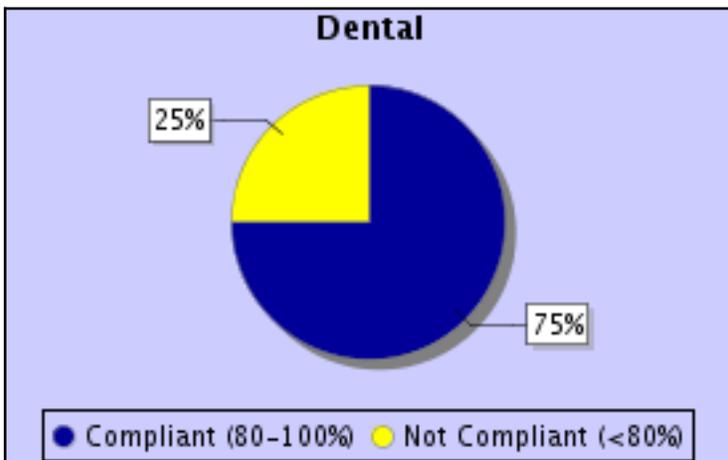
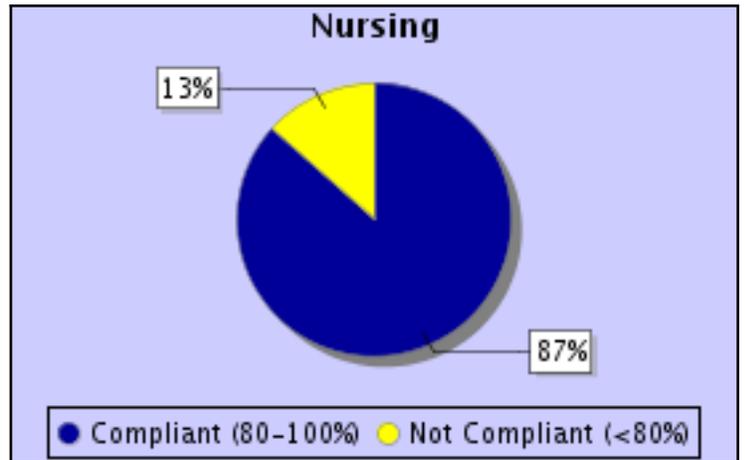
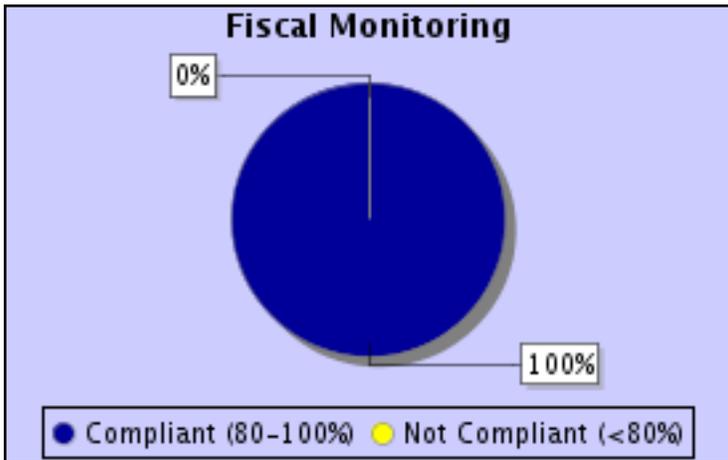
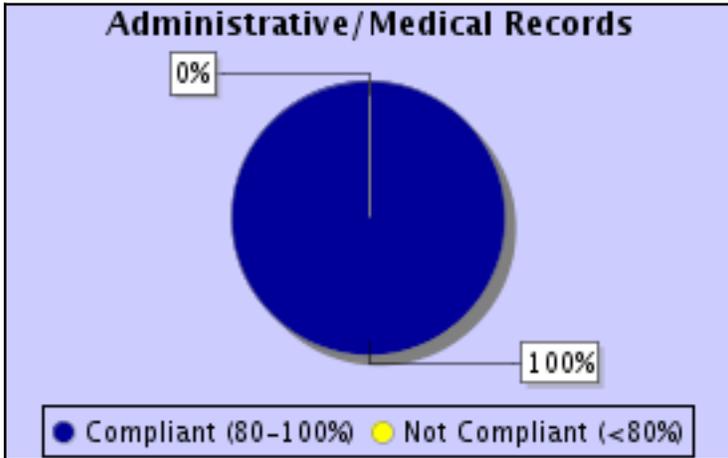
Compliance Rate By Operational Categories for
BRIDGEPORT PPT FACILITY (Follow-up Audit)
May 07, 2015



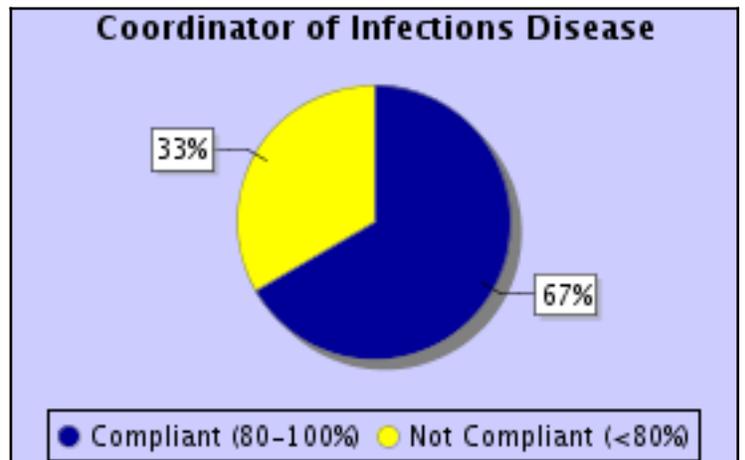
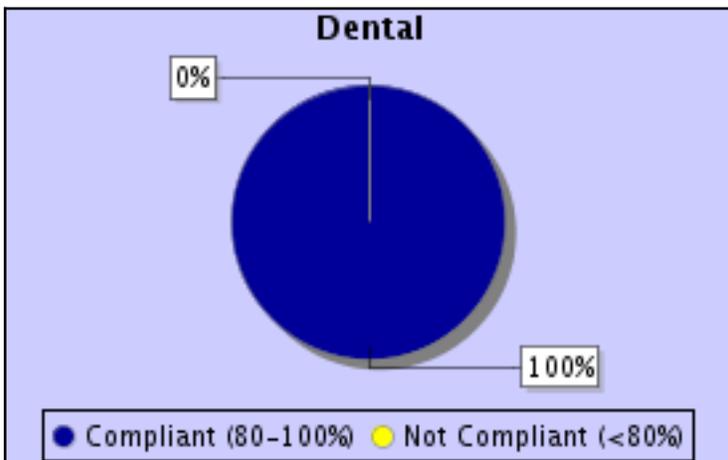
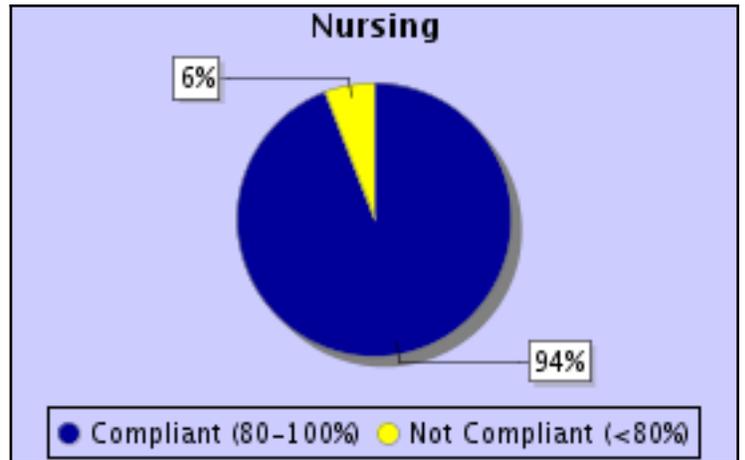
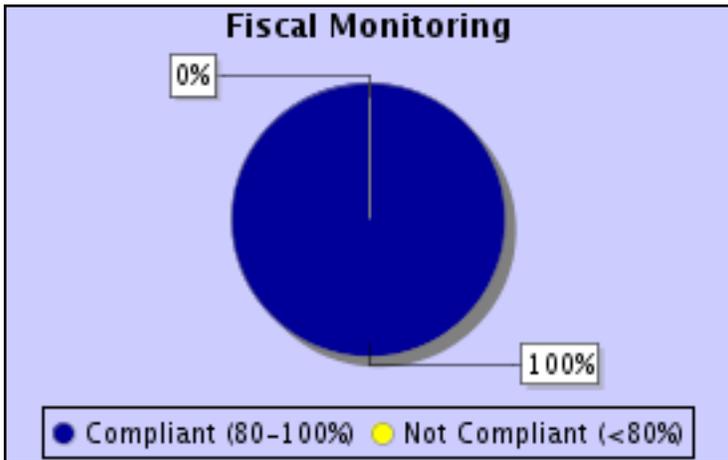
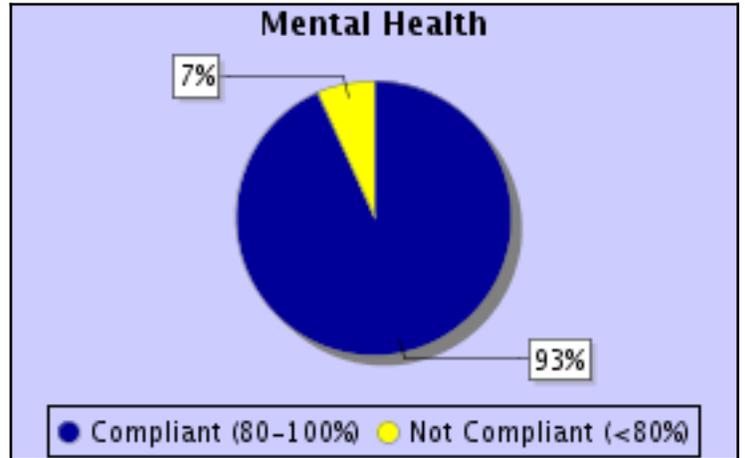
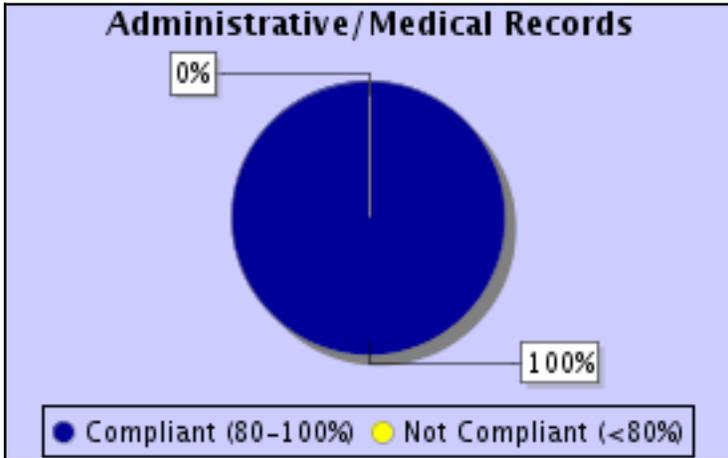
Compliance Rate By Operational Categories for
DIBOLL PRIVATE FACILITY
May 04, 2015



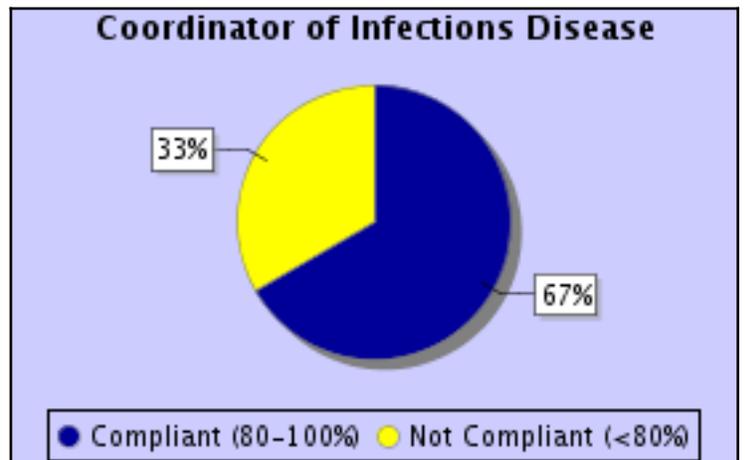
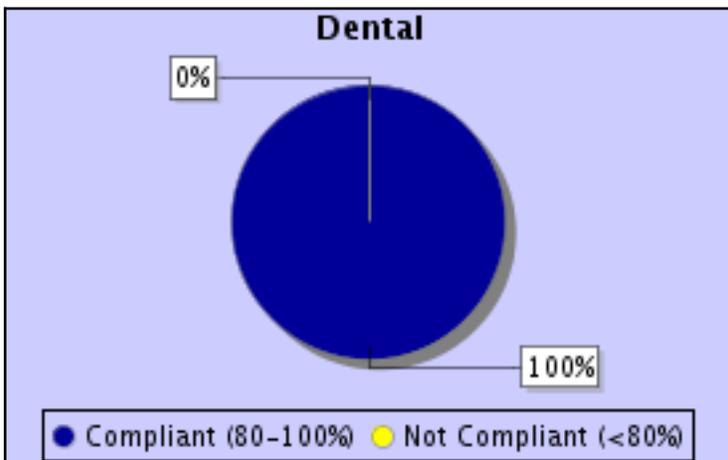
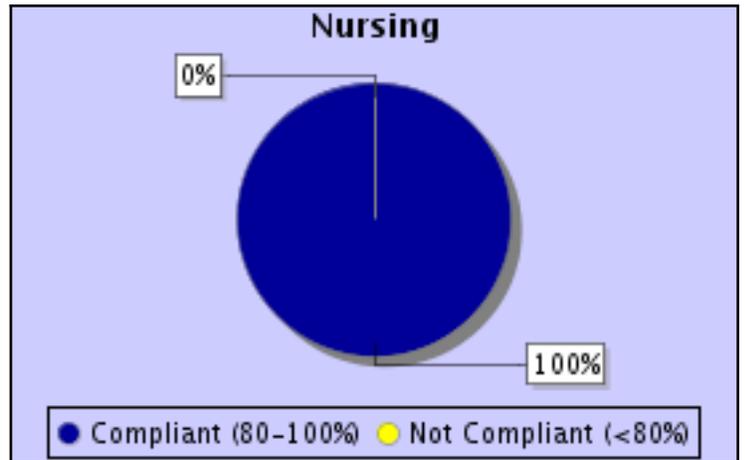
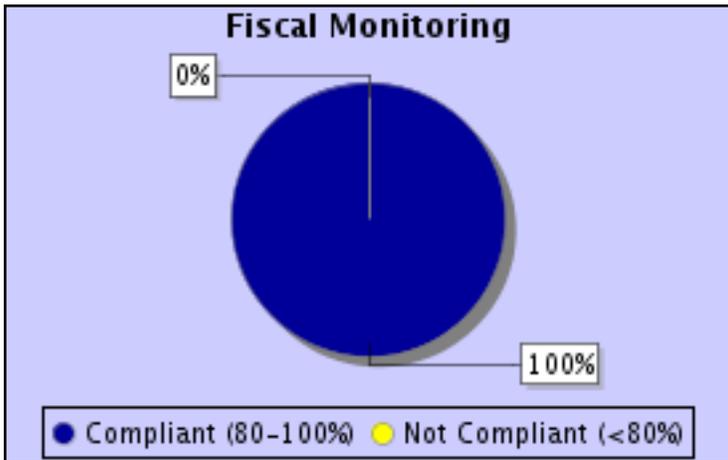
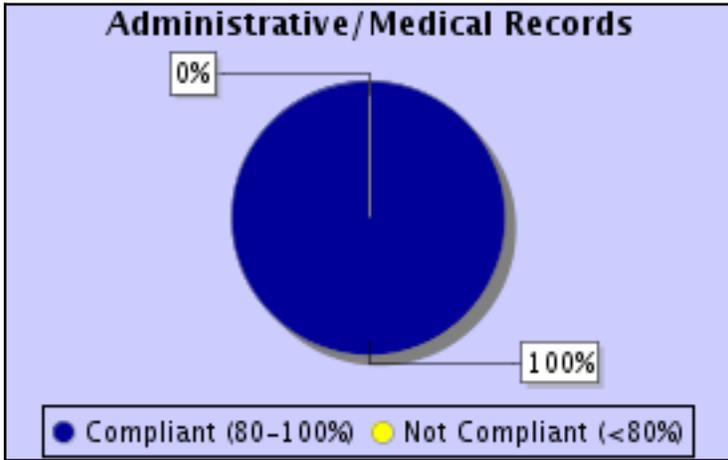
Compliance Rate By Operational Categories for
DUNCAN FACILITY
May 05, 2015



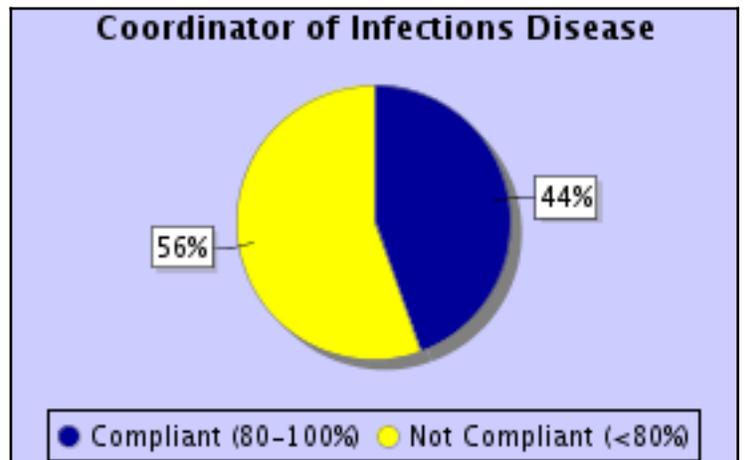
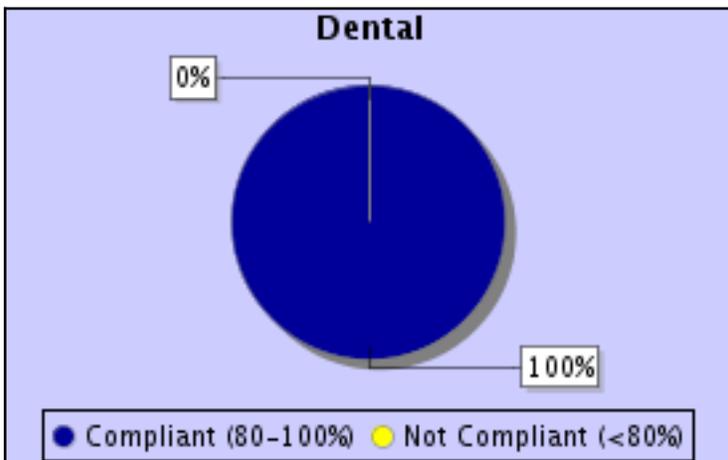
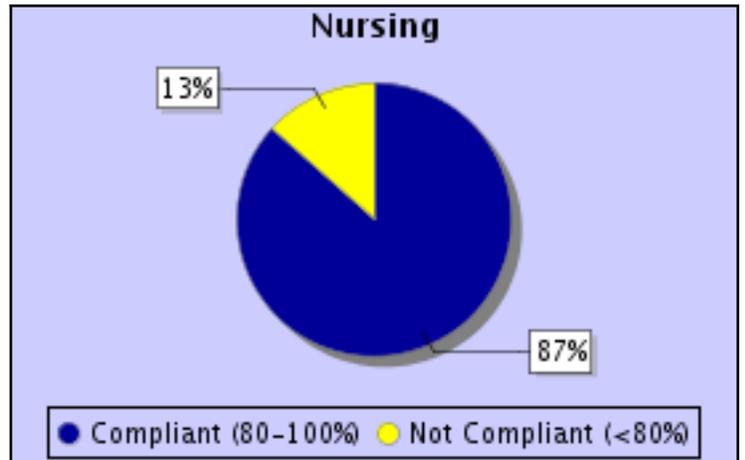
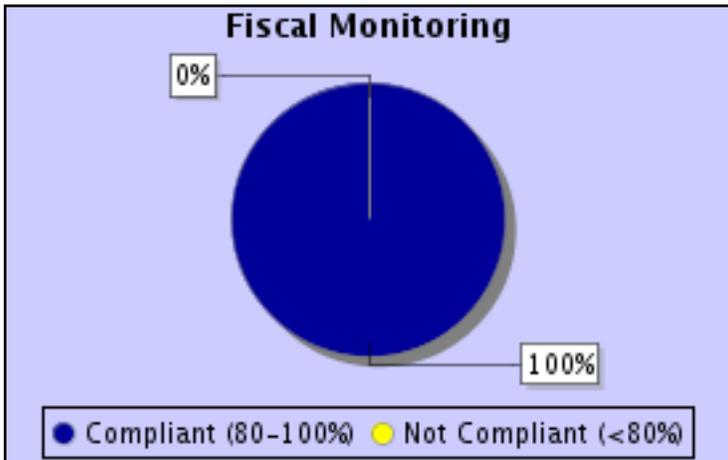
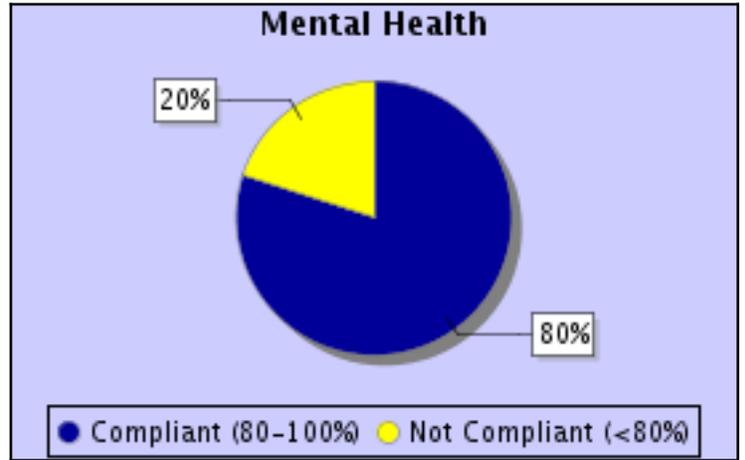
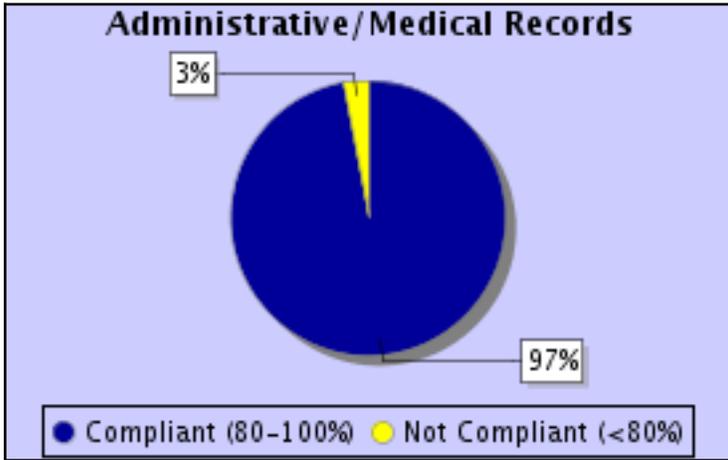
Compliance Rate By Operational Categories for
HILLTOP FACILITY
April 06, 2015



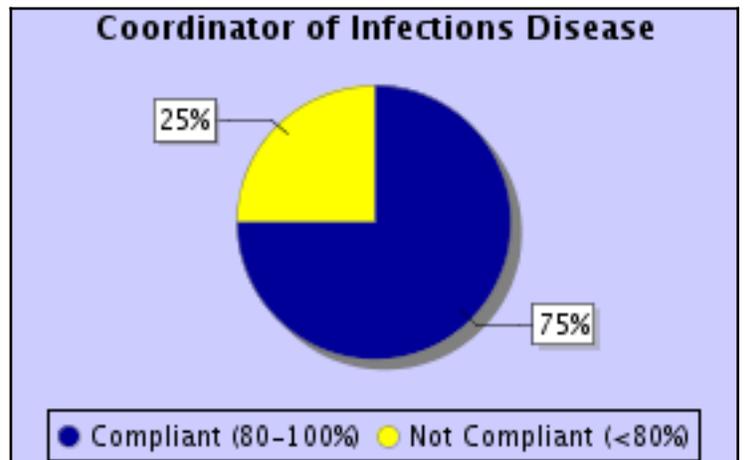
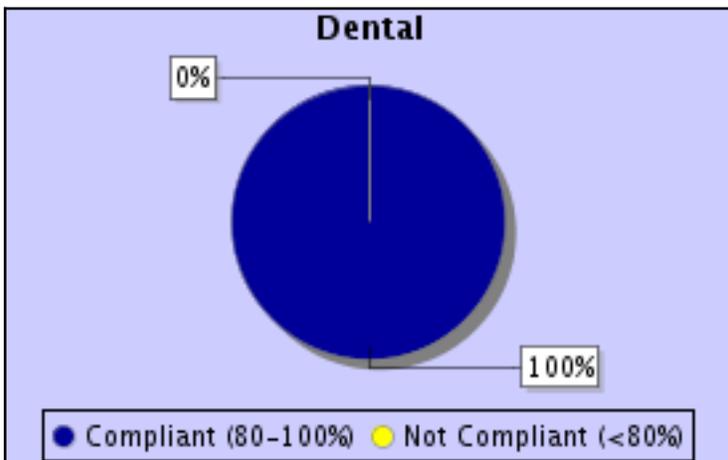
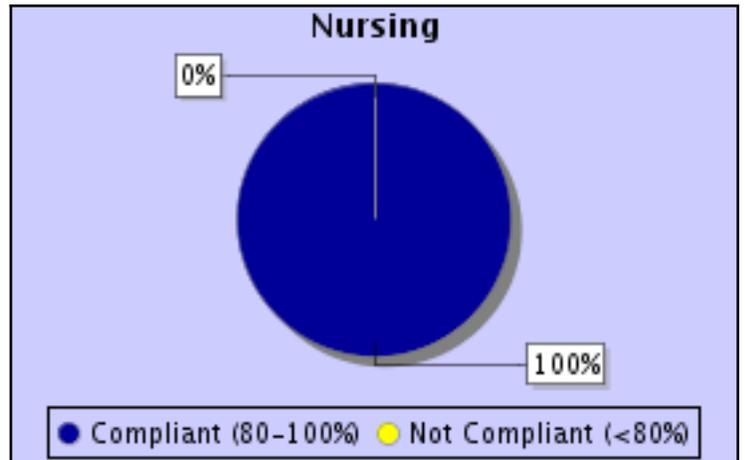
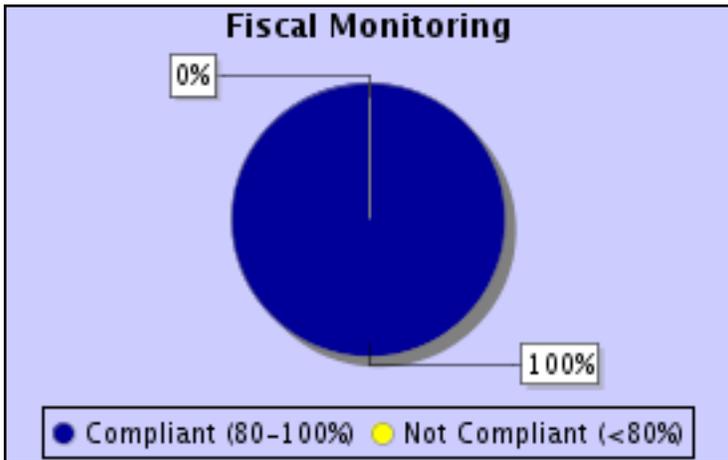
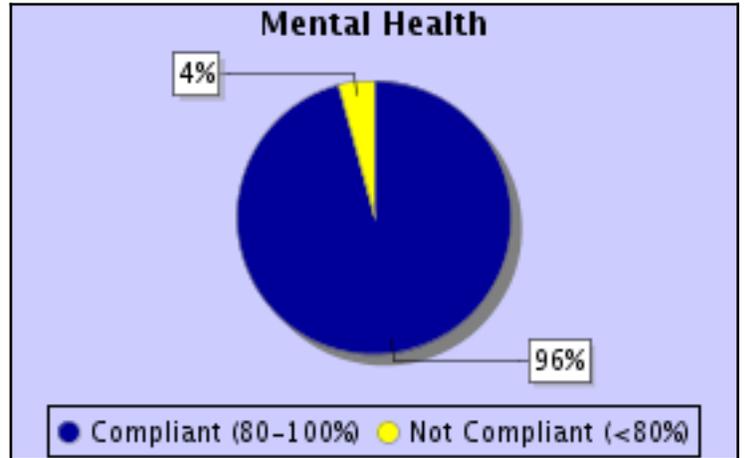
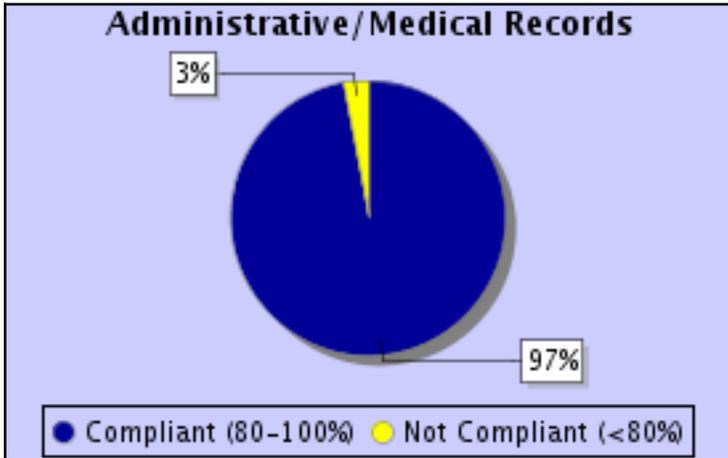
Compliance Rate By Operational Categories for
KYLE FACILITY
March 03, 2015



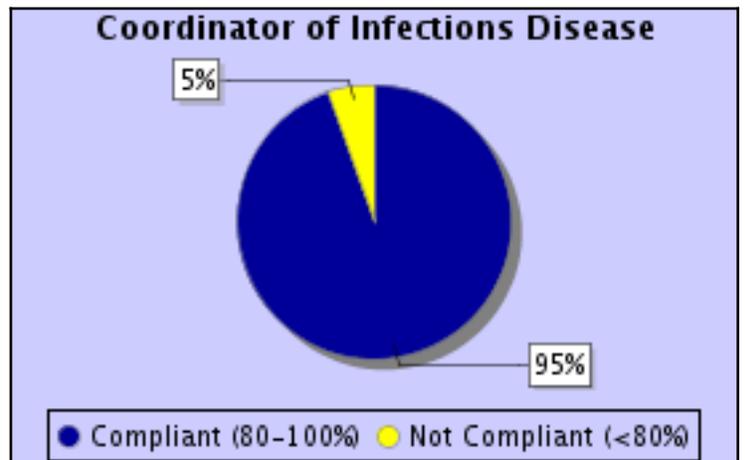
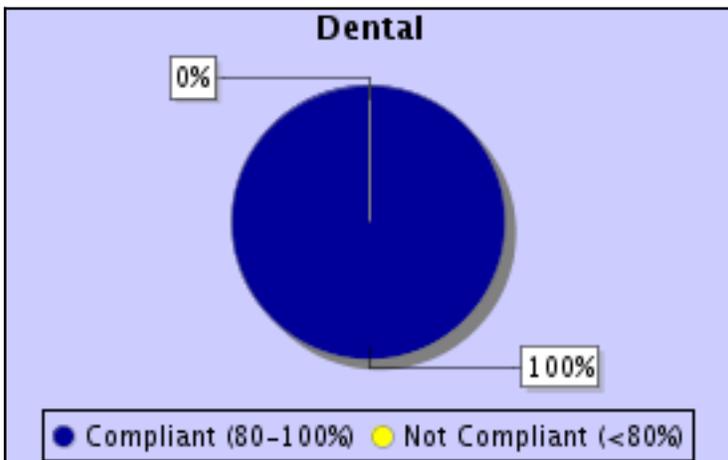
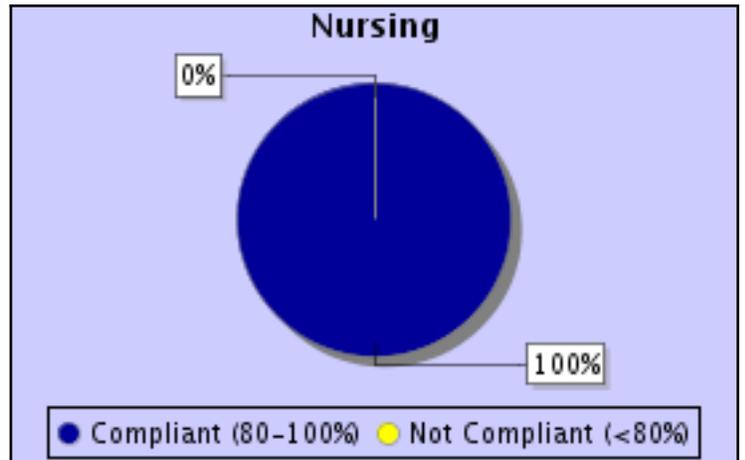
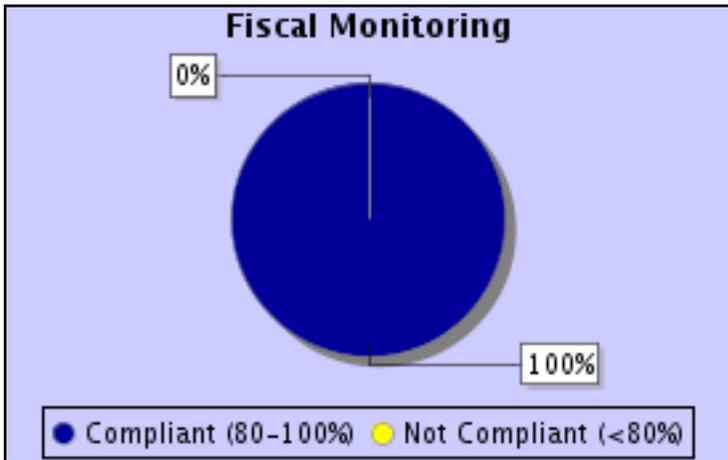
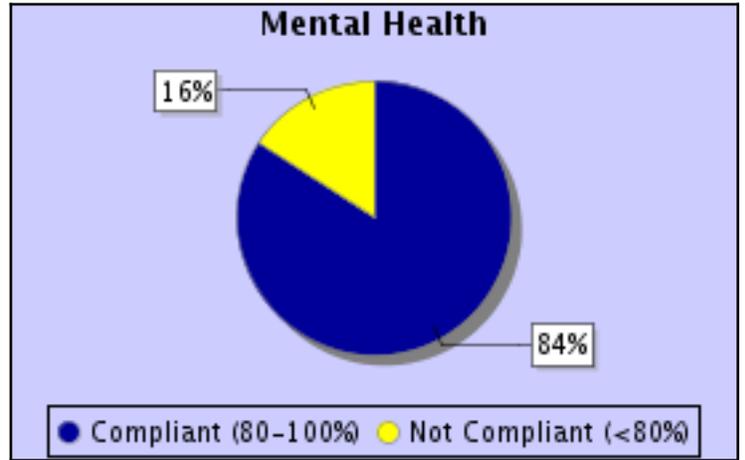
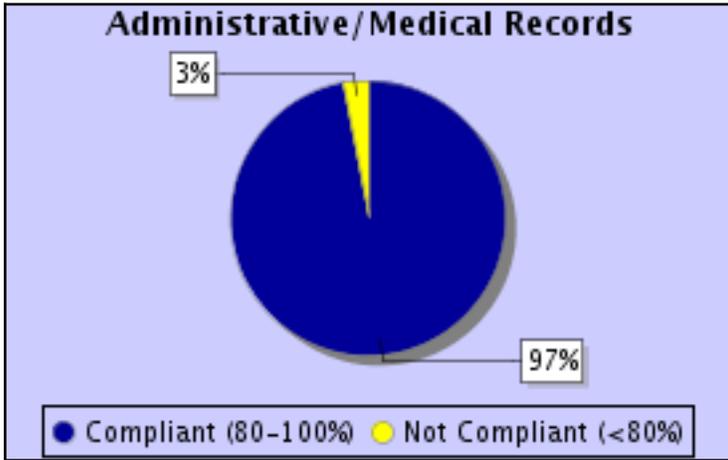
Compliance Rate By Operational Categories for
MOORE (B) FACILITY
May 04, 2015



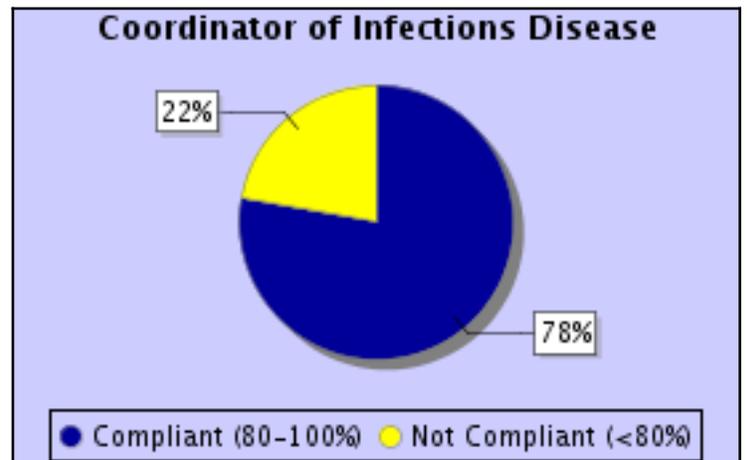
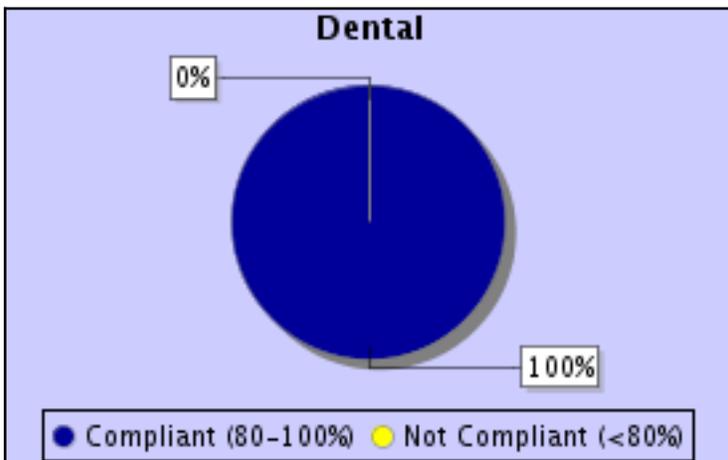
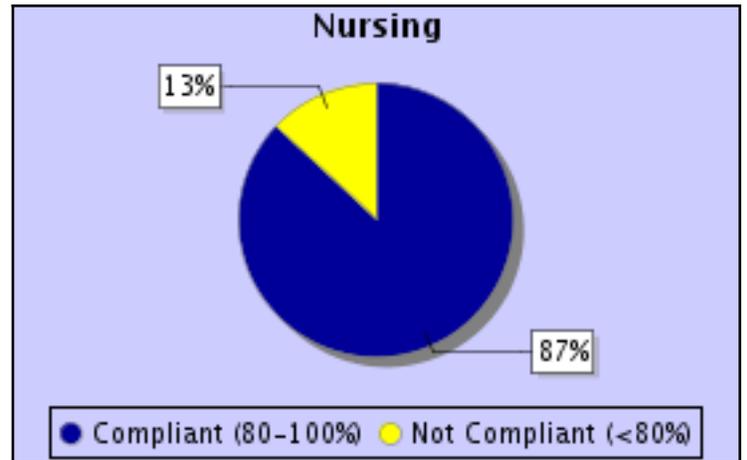
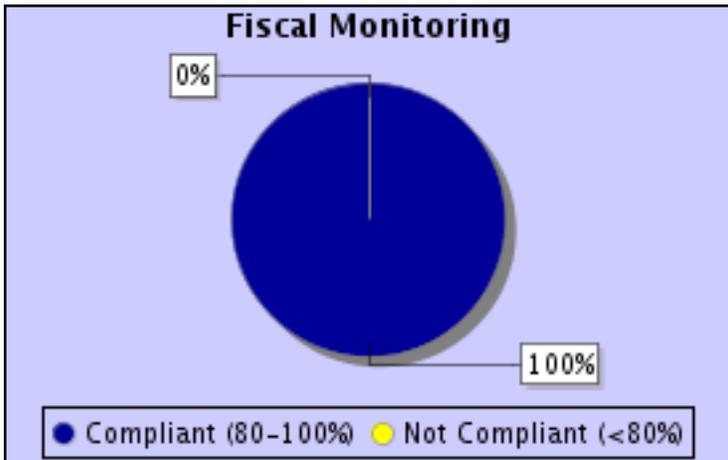
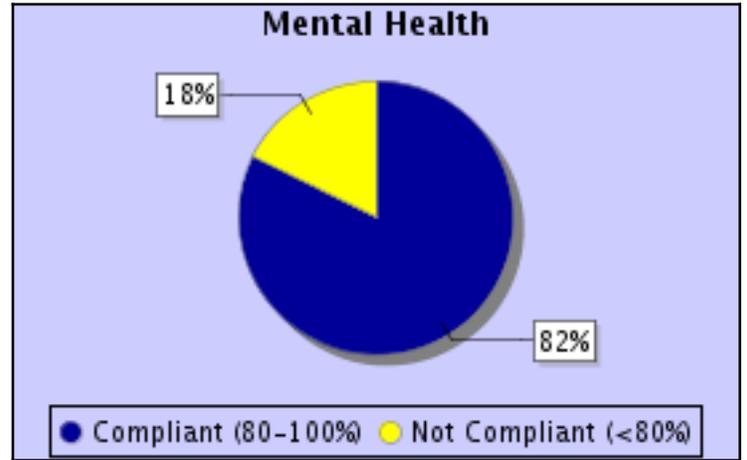
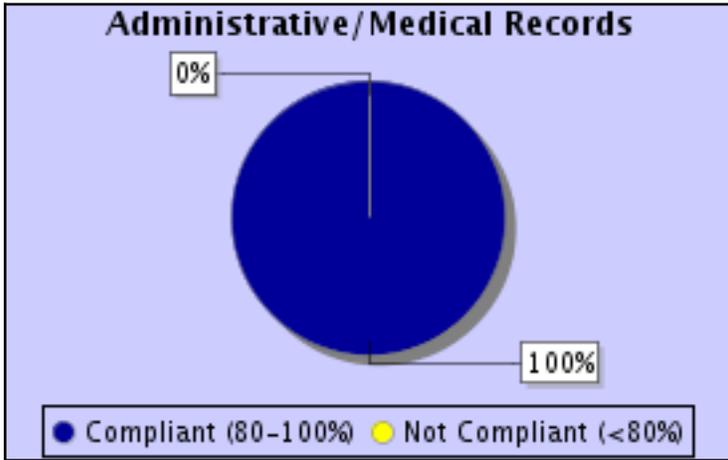
Compliance Rate By Operational Categories for
MT. VIEW FACILITY
April 06, 2015



Compliance Rate By Operational Categories for
TRAVIS CO. FACILITY
March 02, 2015



Compliance Rate By Operational Categories for
WOODMAN FACILITY
April 06, 2015



Dental Quality of Care Audit Urgent Care Report For the Three Months Ended May 31, 2015

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	5	80%	1	0
Bridgeport	10	80%	6	*1 – Released before treatment*
Estelle	10	100	0	0
Hutchins	10	80	2	0
Ellis	10	100	0	0
Henley	10	100	0	0
Hobby	10	30	5	2
Marlin	10	90	1	0
West Texas ISF	10	10	3	6
Diboll	10	80	2	0
Garza	10	90	1	0
Ney	10	100	0	0
Torres	10	100	0	0
Willacy	10	80	2	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 2015	Total number of GRIEVANCE Correspondence Received Each Month	Total number of GRIEVANCE Correspondence Closed Each Month	Total number of Action Requests (Quality of Care, Personnel, and Process Issues)	Percent of Action Requests from Total # of GRIEVANCE Correspondence	Total number of Action Requests Referred to University of Texas Medical Branch-Correctional Managed Health Care			Total number of Action Requests Referred to Texas Tech University Health Sciences Center-Correctional Managed Health Care			Total number of Action Requests Referred to PRIVATE FACILITIES		
					Percent of Total Action Requests Referred	QOC*		Percent of Total Action Requests Referred	QOC*		Percent of Total Action Requests Referred	QOC*	
March	469	569	89	15.64%	55	12.65%	17	15	2.99%	2	0	0.00%	0
April	515	444	69	15.54%	42	11.94%	11	7	3.60%	9	0	0.00%	0
May	541	481	91	18.92%	68	15.38%	6	9	3.53%	8	0	0.00%	0
Totals:	1,525	1,494	249	16.67%	165	13.32%	34	31	3.35%	19	0	0.00%	0

PATIENT LIAISON PROGRAM (PLP)													
Fiscal Year 2015	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*	
March	838	772	38	4.92%	28	4.79%	9	0	0.13%	1	0	0.00%	0
April	967	799	75	9.39%	46	7.13%	11	5	0.88%	2	0	0.00%	0
May	833	661	42	6.35%	29	5.60%	8	0	0.76%	5	0	0.00%	0
Totals:	2,638	2,232	155	6.94%	103	5.87%	28	5	0.58%	8	0	0.00%	0
GRAND TOTAL=	4,163	3,726	404	10.84%									

*QOC= Quality of Care

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

March 2015

Reportable Condition	Reports			
	2015 This Month	2014 Same Month	2015 Year to Date*	2014 Year to Date*
Chlamydia	1	7	16	16
Gonorrhea	0	4	4	6
Syphilis	64	110	193	301
Hepatitis A	0	0	0	0
Hepatitis B, acute	0	0	0	0
Hepatitis C, total and (acute [‡])	231	249	693	792
Human immunodeficiency virus (HIV) +, known at intake	227	195	674	619
HIV screens, intake	6138	7549	18096	20853
HIV +, intake	42	43	132	132
HIV screens, offender- and provider-requested	914	915	2723	2650
HIV +, offender- and provider-requested	1	0	3	2
HIV screens, pre-release	4021	4240	12410	12952
HIV +, pre-release	0	0	0	0
Acquired immune deficiency syndrome (AIDS)	8	10	11	17
Methicillin-resistant <i>Staph Aureus</i> (MRSA)	76	70	202	229
Methicillin-sensitive <i>Staph Aureus</i> (MSSA)	56	40	127	129
Occupational exposures of TDCJ staff	12	11	25	36
Occupational exposures of medical staff	2	3	6	8
HIV chemoprophylaxis initiation	2	1	6	3
Tuberculosis skin test (ie, PPD) +, intake	101	251	311	806
Tuberculosis skin test +, annual	53	7	152	21
Tuberculosis, known (ie, on tuberculosis medications) at intake	0	0	0	2
Tuberculosis, diagnosed at intake and attributed to county of origin (identified before 42 days of incarceration)	1	0	2	1
Tuberculosis, diagnosed during incarceration (identified after 42 days of incarceration)	5	1	8	2
Tuberculosis cases under management	22	9		
Peer education programs [¶]	0	0	100	99
Peer education educators [∞]	17	19	4,509	3,879
Peer education participants	6,013	6,599	17,506	19,081
Sexual assault in-service (sessions/units)	5/1	1/1	16/4	21/16
Sexual assault in-service participants	72	27	138	332
Alleged assaults and chart reviews	65	87	160	291
Bloodborne exposure labs drawn on offenders	42	15	74	45
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

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

April 2015

Reportable Condition	Reports			
	2015 This Month	2014 Same Month	2015 Year to Date*	2014 Year to Date*
Chlamydia	5	6	21	22
Gonorrhea	2	1	6	7
Syphilis	72	69	265	370
Hepatitis A	0	0	0	0
Hepatitis B, acute	0	0	0	0
Hepatitis C, total and (acute [‡])	334	312	1027	1104
Human immunodeficiency virus (HIV) +, known at intake	187	179	861	798
HIV screens, intake	5229	6830	23,325	27,683
HIV +, intake	52	33	184	167
HIV screens, offender- and provider-requested	836	867	3559	3517
HIV +, offender- and provider-requested	0	0	2	2
HIV screens, pre-release	3950	4158	16,350	17,110
HIV +, pre-release	0	5	0	5
Acquired immune deficiency syndrome (AIDS)	1	3	12	14
Methicillin-resistant <i>Staph Aureus</i> (MRSA)	61	72	263	301
Methicillin-sensitive <i>Staph Aureus</i> (MSSA)	35	50	162	179
Occupational exposures of TDCJ staff	9	12	34	50
Occupational exposures of medical staff	2	2	8	10
HIV chemoprophylaxis initiation	3	3	9	6
Tuberculosis skin test (ie, PPD) +, intake	153	167	464	973
Tuberculosis skin test +, annual	61	16	213	37
Tuberculosis, known (ie, on tuberculosis medications) at intake	2	1	2	3
Tuberculosis, diagnosed at intake and attributed to county of origin (identified before 42 days of incarceration)	0	2	1	3
Tuberculosis, diagnosed during incarceration (identified after 42 days of incarceration)	1	3	7	5
Tuberculosis cases under management	25	9+2		
Peer education programs [¶]	0	1	100	100
Peer education educators [∞]	27	48	4,536	3,927
Peer education participants	7,979	6,634	25,485	25,715
Sexual assault in-service (sessions/units)	0/0	0	16/4	21/16
Sexual assault in-service participants	0	0	138	332
Alleged assaults and chart reviews	67	6	227	297
Bloodborne exposure labs drawn on offenders	19	6	93	51
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

Last year's annual TB skin testing's are lower than this year's due to the national shortage of Tuberculin (PPD) injections.

¶ 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

May 2015

Reportable Condition	Reports			
	2015 This Month	2014 Same Month	2015 Year to Date*	2014 Year to Date*
Chlamydia	5	7	26	29
Gonorrhea	5	1	11	8
Syphilis	55	78	320	448
Hepatitis A	0	0	0	0
Hepatitis B, acute	0	0	0	0
Hepatitis C, total and (acute [‡])	356	349	1381	1453
Human immunodeficiency virus (HIV) +, known at intake	155	192	1016	811
HIV screens, intake	5118	6065	28,443	26,918
HIV +, intake	36	41	220	175
HIV screens, offender- and provider-requested	678	805	4237	3455
HIV +, offender- and provider-requested	1	2	3	4
HIV screens, pre-release	3009	3615	19,369	16,567
HIV +, pre-release	0	0	0	0
Acquired immune deficiency syndrome (AIDS)	1	10	13	21
Methicillin-resistant <i>Staph Aureus</i> (MRSA)	66	76	329	377
Methicillin-sensitive <i>Staph Aureus</i> (MSSA)	32	56	194	235
Occupational exposures of TDCJ staff	7	14	41	64
Occupational exposures of medical staff	5	4	13	14
HIV chemoprophylaxis initiation	4	2	13	8
Tuberculosis skin test (ie, PPD) +, intake	115	161	579	1134
Tuberculosis skin test +, annual	61	5	274	42
Tuberculosis, known (ie, on tuberculosis medications) at intake	1	1	3	4
Tuberculosis, diagnosed at intake and attributed to county of origin (identified before 42 days of incarceration)	1	0	2	3
Tuberculosis, diagnosed during incarceration (identified after 42 days of incarceration)	1	1	8	4
Tuberculosis cases under management	28			
Peer education programs [¶]	0	0	100	100
Peer education educators [∞]	22	40	4,558	3,967
Peer education participants	6,100	6,396	31,585	32,111
Sexual assault in-service (sessions/units)	0	0	16/4	21/16
Sexual assault in-service participants	0	0	138	332
Alleged assaults and chart reviews	54	18	281	315
Bloodborne exposure labs drawn on offenders	15	9	108	60
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 Third Quarter of Fiscal Year 2015, ten percent of the UTMB and TTUHSC hospital and infirmiry discharges were audited. A total of 153 hospital discharge and 65 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	Charts Audited	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)	
March	5	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
April	5	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
May	5	0	N/A	0	N/A	0	N/A	0	N/A	1	20.00%
Total/Average		0	N/A	0	N/A	0	N/A	0	N/A	1	6.67%
Freeworld Hospital Discharges in UTMB Sector											
Month	Charts Audited	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)	
March	25	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
April	24	2	8.33%	0	N/A	0	N/A	0	N/A	2	8.33%
May	24	1	4.17%	0	N/A	0	N/A	0	N/A	2	8.33%
Total/Average		3	4.11%	0	N/A	0	N/A	0	N/A	4	5.48%
UTMB Hospital Galveston Discharges											
Month	Charts Audited	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)	
March	27	2	7.41%	0	N/A	0	N/A	0	N/A	0	N/A
April	21	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
May	17	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Total/Average		2	3.08%	0	N/A	0	N/A	0	N/A	0	N/A
GRAND TOTAL: Combined Hospital Discharges (Texas Tech Sector, UTMB Sector and Hospital Galveston)											
Month	Charts Audited	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)	
March	57	2	3.51%	0	N/A	0	N/A	0	N/A	0	N/A
April	50	2	4.00%	0	N/A	0	N/A	0	N/A	0	N/A
May	46	1	2.17%	0	N/A	0	N/A	0	N/A	0	N/A
Total/Average		5	3.27%	0	N/A	0	N/A	0	N/A	5	3.27%
Texas Tech Infirmiry Discharges											
Month	Charts Audited	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)	
March	14	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
April	13	0	N/A	0	N/A	1	7.69%	0	N/A	0	N/A
May	12	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Total/Average		0	N/A	0	N/A	1	2.56%	0	N/A	0	N/A
UTMB Infirmiry Discharges											
Month	Charts Audited	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)	
March	9	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
April	9	4	44.44%	0	N/A	0	N/A	0	N/A	0	N/A
May	8	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Total/Average		4	15.38%	0	N/A	0	N/A	0	N/A	0	N/A
GRAND TOTAL: Combined Infirmiry Discharges (Texas Tech and UTMB)											
Month	Charts Audited	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)	
March	23	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
April	22	4	18.18%	0	N/A	1	4.55%	0	N/A	0	N/A
May	20	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Total/Average		4	6.15%	0	N/A	1	1.54%	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. 4. The offender required unscheduled medical care related to the admitting diagnosis within the first seven days after discharge. 5. Discharge information was not available in the offender's electronic medical record within 24 hours of arriving at the unit.

**FIXED ASSETS CONTRACT MONITORING AUDIT
BY UNIT
THIRD QUARTER, FISCAL YEAR 2015**

March 2015	Numbered Property On Inventory Report	Total Number of Deletions	Total Number of Transfers	Total Number of New Equipment
Barlett	22	1	0	0
Baten ISF	13	0	0	0
Kyle	18	0	0	0
Travis	32	0	0	0
Total	85	1	0	0

April 2015	Numbered Property On Inventory Report	Total Number of Deletions	Total Number of Transfers	Total Number of New Equipment
Hilltop	44	0	0	0
Mountain View	36	0	0	0
Woodman	38	0	0	0
Total	118	0	0	0

May 2015	Numbered Property On Inventory Report	Total Number of Deletions	Total Number of Transfers	Total Number of New Equipment
Bradshaw	28	0	0	0
Bridgeport PPT (Follow-up)	NA	NA	NA	NA
Diboll	11	0	0	0
Duncan	16	0	0	0
B Moore	9	0	0	0
Total	64	0	0	0

**CAPITAL ASSETS AUDIT
THIRD QUARTER, FISCAL YEAR 2015**

Audit Tools	March	April	May	Total
Total number of units audited	4	3	5	12
Total numbered property	85	118	64	267
Total number out of compliance	0	0	0	0
Total % out of compliance	0.00%	0.00%	0.00%	0.00%

**AMERICAN CORRECTIONAL ASSOCIATION
ACCREDITATION STATUS REPORT
Third Quarter FY-2015**

University of Texas Medical Branch

Unit	Audit Date	% Compliance	
		Mandatory	Non-Mandatory
Gurney	March 2-4, 2015	100%	98.8%
Darrington	March 16-18, 2015	100%	98.3%
Hobby/Marlin	March 23-25, 2015	100%	99.0%
Lewis	May 4-6, 2015	100%	98.8%
San Saba	May 18-20, 2015	100%	99.3%

Texas Tech University Health Science Center

Unit	Audit Date	% Compliance	
		Mandatory	Non-Mandatory
Allred	April 13-15, 2015	100%	99.2%
Rudd	April 20-22, 2015	100%	98.8%

The ACA CAMA Conference was held in Columbus, Ohio on May 30, 2015. During this conference, the following units were awarded reaccreditation by the ACA Panel of Commissioners: Holliday, Lopez/Segovia, Luther, Telford, Terrell and Young.

Executive Services
Active Monthly Academic Research Projects
Correctional Institutions Division

FY-2015 Third Quarter Report: March, April and May

Project Number: 103-RL01

<u>Researcher:</u> Holly Miller	<u>IRB Number:</u> M20020807	<u>IRB Expiration Date:</u> 7/21/2006	<u>Research Began:</u> 11/1/2001
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<u>Title of Research:</u> Psychopathy, Static Risk, and Dynamic Risk among Sexual Offenders	<u>Data Collection Began:</u> 12/1/2001
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<u>Proponent:</u> Sam Houston State University	<u>Data Collection End:</u> 8/1/2004
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<u>Project Status:</u> Data Analysis	<u>Progress Report Due:</u> 11/18/2015	<u>Projected Completion:</u> 12/31/2016
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Project Number: 202-RL02

<u>Researcher:</u> Kymn Kochanek	<u>IRB Number:</u> 11.07.04	<u>IRB Expiration Date:</u> 4/3/2015	<u>Research Began:</u> 5/1/2002
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<u>Title of Research:</u> National Longitudinal Survey of Youth 1997 (Bureau of Labor Statistics)	<u>Data Collection Began:</u> 9/1/2013
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<u>Proponent:</u> NORC-National Organization for Research at the University of Chicago	<u>Data Collection End:</u> 7/31/2014
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<u>Project Status:</u> Data Analysis-Round 16 complete	<u>Progress Report Due:</u> 9/4/2015	<u>Projected Completion:</u> 11/15/2015
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Project Number: 221-RL02

Researcher: Kymn Kochanek **IRB Number:** 12.05.11 **IRB Expiration Date:** 5/17/2016 **Research Began:** 6/6/2002

Title of Research: National Longitudinal Survey of Youth 1979
(Bureau of Labor Statistics) **Data Collection Began:** 9/30/2014

Proponent: NORC at the University of Chicago **Data Collection End:**

Project Status: Data Collection-Round 26 **Progress Report Due:** 9/4/2015 **Projected Completion:** 11/15/2015

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

Proponent: University of Texas- Austin **Data Collection End:** 5/31/2012

Project Status: Data Analysis **Progress Report Due:** 9/4/2015 **Projected Completion:** 6/1/2015

Project Number: 524-AR07

Researcher: Marilyn Armour **IRB Number:** 2006-11-0095 **IRB Expiration Date:** 12/29/2015 **Research Began:** 1/5/2007

Title of Research: Mechanisms of Action in Bridges to Life **Data Collection Began:** 4/23/2007

Proponent: University of Texas-Austin **Data Collection End:** 7/24/2007

Project Status: Data Analysis **Progress Report Due:** 6/8/2015 **Projected Completion:** 3/1/2015

Project Number: 547-RL07

Researcher: Robert Morgan **IRB Number:** 501024 **IRB Expiration Date:** 12/31/2012 **Research Began:** 6/11/2008

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

Proponent: Texas Tech University **Data Collection End:** 8/30/2012

Project Status: Data Analysis **Progress Report Due:** 6/5/2015 **Projected Completion:** 12/1/2015

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

Proponent: Sam Houston State University **Data Collection End:**

Project Status: Data Collection **Progress Report Due:** 8/27/2015 **Projected Completion:** 1/1/2018

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:** 5/20/2010

Proponent: Texas Christian University/NIDA **Data Collection End:** 7/2/2011

Project Status: Data Analysis **Progress Report Due:** 8/27/2015 **Projected Completion:** 8/29/2015

Project Number: 605-AR10

Researcher:
Patrick Flynn

IRB Number:
SUM 13-04-
1406CR

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:
7/13/2015

Projected Completion:
7/31/2016

Project Number: 622-AR11

Researcher:
Andrew Wiegand

IRB Number:
00003522

IRB Expiration Date:
12/18/2015

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:
9/4/2015

Projected Completion:
6/14/2015

Project Number: 629-AR11

Researcher:
Jurg Gerber

IRB Number:
2011-03-071

IRB Expiration Date:
5/6/2012

Research Began:
10/25/2011

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:
9/4/2015

Projected Completion:
12/31/2015

Project Number: 640-AR11

Researcher:
Brenda Riley

IRB Number:
2011-08-025

IRB Expiration Date:
10/10/2012

Research Began:
11/10/2011

Title of Research:
Predicting Institutional Misconduct that Results in
Uses of Force in the Texas Department of Criminal Justice

Data Collection Began:
11/10/2011

Proponent:
Sam Houston State University

Data Collection End:
11/10/2011

Project Status:
Data Analysis

Progress Report Due:
3/15/2015

Projected Completion:
9/30/2015

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:
1/7/2013

Proponent:
Baylor University

Data Collection End:

Project Status:
Data Collection

Progress Report Due:
9/30/2015

Projected Completion:
8/31/2017

Project Number: 664-AR12

Researcher:
Scott Walters

IRB Number:
2011-125

IRB Expiration Date:
4/7/2016

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:
9/2/2015

Projected Completion:
8/31/2015

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:
8/30/2013

Title of Research:
Female Sex Offender Recidivism:
Risk and Assessment

Data Collection Began:
9/3/2013

Proponent:
Sam Houston State University

Data Collection End:
9/1/2014

Project Status:
Data Analysis

Progress Report Due:
8/27/2015

Projected Completion:
4/15/2015

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:
4/30/2014

Proponent:
Capella University - Minneapolis

Data Collection End:
1/31/2015

Project Status:
Data Analysis

Progress Report Due:
12/3/2015

Projected Completion:
9/15/2015

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:** 4/11/2014

Proponent: Sam Houston State University **Data Collection End:** 6/12/2014

Project Status: Data Analysis **Progress Report Due:** 7/21/2015 **Projected Completion:** 6/30/2015

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:** 4/28/2014

Proponent: United States Department of Education **Data Collection End:** 5/30/2014

Project Status: Data Analysis **Progress Report Due:** 9/9/2015 **Projected Completion:** 6/30/2016

Mr. Livingston approved 01/22/14

Project Number: 697-AR14

Researcher: Jodi Walton **IRB Number:** 0003522 **IRB Expiration Date:** 9/30/2015 **Research Began:** 12/15/2014

Title of Research: Enhanced Transitional Jobs Demonstration (ETJD) - MDRC - Jail Research Project **Data Collection Began:** 12/15/2014

Proponent: MDRC **Data Collection End:**

Project Status: Data Collection **Progress Report Due:** 9/25/2015 **Projected Completion:** 7/31/2016

Project Number: 715-AR14

Researcher:
Shannon Carey

IRB Number:
HSRRC 121177

IRB Expiration Date:
6/4/2016

Research Began:
1/9/2015

Title of Research:
Cross-Site Evaluation of the Second
Chance Act Reentry Courts Program

Data Collection Began:
1/9/2015

Data Collection End:

Proponent:
NPC Research

Project Status:
Data Collection

Progress Report Due:
10/14/2015

Projected Completion:
1/30/2016

Project Number: 725-AR15

Researcher:
Vikram Maheshri

IRB Number:
Exempt

IRB Expiration Date:

Research Began:
6/9/2015

Title of Research:
Local Impacts of Incarceration

Data Collection Began:
6/9/2015

Data Collection End:

Proponent:
University of Houston

Project Status:
Data Collection

Progress Report Due:
9/1/2015

Projected Completion:

Executive Services
Pending Monthly Academic Research Projects
Correctional Institutions Division

FY-2015 Third Quarter Report: March, April and May

Project Number: 688-AR13

Application Received:
10/31/2013

Researcher:
Olufunto Olusanya

IRB Number:
2013-0623

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:
3/25/2014

Proponent:
Texas A & M University

Reviewer:
Approved with Conditions

Review Status:
Pending RID Approval and
SS#'s (clearances)

Detail:
Sent email requesting SS#'s on two of the researchers 9/16/14
Researchers response to conditions sent to Zamora on 9/17/14

Project Number: 695-AR14

Application Received:
2/13/2014

Researcher:
Dan Bloom

IRB Number:
FWA 0003522

Application Completed:
6/3/2014

Title of Research:
Multi-site Demonstration Field Experiment:
What Works in Reentry Research
(CHAMP: Changing Adult Attitudes and Motivation in Parolees)

Division Review Requested:
6/13/2014

Proponent:
MDRC

Reviewer:
Approved with Conditions

Review Status:
Pending CJAD and OGC
Review of changes

Detail:
Sent to CJAD and OGC for Division Review
of revised proposal on 4/30/15

Project Number: 712-AR14

Application Received:
8/12/2014

Researcher:
Tara Wilson

IRB Number:

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 Researcher Response-OGC

Detail:
Sent researcher letter 10/7/14 on issues/
questions to be addressed from OGC

Project Number: 716-AR14

Application Received:
11/3/2014

Researcher:
Janet Mullings

IRB Number:
2014-09-19302

Application Completed:
11/14/2014

Title of Research:
Understanding Prison Adjustment and
Programming Needs of Female Offenders Survey

Division Review Requested:
5/6/2015

Proponent:
Sam Houston State University

Reviewer:
Pending

Review Status:
Pending CID Review-
Revised proposal

Detail:
Sent to CID for Division Review of revised proposal on 5/6/15

Project Number: 718-AR14

Application Received:
11/13/2014

Researcher:
Kevin Reitz

IRB Number:

Application Completed:

Title of Research:
Probation Violations and Revocations Study

Division Review Requested:
1/28/2015

Proponent:
Robina Institute of Criminal Law and
Criminal Justice at the University

Reviewer:
Pending

Review Status:
Pending Researcher Response

Detail:
Sent researcher letter 5/8/15 on conditions to be addressed from CJAD

Project Number: 723-AR15

Application Received:
2/10/2015

Researcher:
David Pyrooz

IRB Number:
00001971

Application Completed:
2/20/2015

Title of Research:
Gangs on the Street, Gangs in Prison: Their Nature,
Interrelationship, Control, and Re-entry

Division Review Requested:
4/13/2015

Proponent:
Sam Houston State University

Reviewer:
Pending

Review Status:
Pending CID Review

Detail:
Sent to Lorie Davis for review of revised survey questions on 5/13/15

Project Number: 726-AR15

Application Received:
3/9/2015

Researcher:
Veronica Solaris

IRB Number:
SF02-01-16VS

Application Completed:
4/19/2015

Title of Research:
Is Social Isolation in Solitary
Confinement Impacting Cognitive

Division Review Requested:
6/8/2015

Proponent:
Alliant International University-
San Francisco

Reviewer:
Pending

Review Status:
Pending CID Review

Detail:
Sent to CID for Division Review on 6/8/15

Executive Services
Active Monthly Medical Research Projects
Health Services Division

FY-2015 Third Quarter Report: March, April and May

Project Number: 615-RM10

<u>Researcher:</u> John Petersen	<u>IRB Number:</u> 11-069	<u>IRB Expiration Date:</u> 12/19/2015	<u>Research Began:</u> 9/12/2013
<u>Title of Research:</u> Serum Markers of Hepatocellular Cancer			<u>Data Collection Began:</u> 1/1/2014
<u>Proponent:</u> UTMB-Galveston			<u>Data Collection End:</u>
<u>Project Status:</u> Data Collection	<u>Progress Report Due:</u> 8/27/2015		<u>Projected Completion:</u> 1/1/2020

Project Number: 698-RM14

<u>Researcher:</u> Lindsey Hunter-Ellul	<u>IRB Number:</u> 140010	<u>IRB Expiration Date:</u> 3/10/2016	<u>Research Began:</u> 5/28/2015
<u>Title of Research:</u> Evaluation of Inpatient Dermatologic Consultations: A 3-Year Retrospective Review at a Texas Tertiary Care Center			<u>Data Collection Began:</u> 5/28/2015
<u>Proponent:</u> UTMB-Galveston			<u>Data Collection End:</u>
<u>Project Status:</u> Data Collection	<u>Progress Report Due:</u> 8/28/2015		<u>Projected Completion:</u>

Project Number: 703-RM14

<u>Researcher:</u> Joseph Sonstein	<u>IRB Number:</u> 13-037	<u>IRB Expiration Date:</u> 1/26/2016	<u>Research Began:</u> 12/15/2014
<u>Title of Research:</u> Prostate Cancer in the Texas Prison System			<u>Data Collection Began:</u> 12/22/2014
<u>Proponent:</u> UTMB			<u>Data Collection End:</u>
<u>Project Status:</u> Data Collection	<u>Progress Report Due:</u> 9/15/2015		<u>Projected Completion:</u> 7/1/2015

Project Number: 705-RM14

Researcher: Mostafa Borahay **IRB Number:** 13-0428 **IRB Expiration Date:** 7/9/2015 **Research Began:** 3/4/2015

Title of Research: Clinical Outcomes and Cost Analysis of Robotic Gynecologic Surgery **Data Collection Began:** 3/9/2015

Proponent: UTMB **Data Collection End:**

Project Status: Data Collection **Progress Report Due:** 11/22/2015 **Projected Completion:** 12/31/2018

Project Number: 707-RM14

Researcher: Mostafa Borahay **IRB Number:** 10-229 **IRB Expiration Date:** 3/13/2016 **Research Began:** 3/4/2015

Title of Research: Study of Mediators and potential Therapeutics in Uterine Fibroids and Endometriosis and Adenomyosis **Data Collection Began:** 3/9/2015

Proponent: UTMB **Data Collection End:**

Project Status: Data Collection **Progress Report Due:** 11/22/2015 **Projected Completion:** 12/31/2018

Project Number: 709-RM14

Researcher: Celia Chao **IRB Number:** 14-0018 **IRB Expiration Date:** 3/31/2016 **Research Began:** 5/28/2015

Title of Research: A Pilot Study to Correlate Cancer Diagnosis with Urine Thiosulfate **Data Collection Began:** 5/28/2015

Proponent: UTMB **Data Collection End:**

Project Status: Data Collection **Progress Report Due:** 8/28/2015 **Projected Completion:**

Project Number: 719-RM14

Researcher:

Maria Diaz

IRB Number:

14-0389

IRB Expiration Date:

10/24/2015

Research Began:

2/27/2015

Title of Research:

Effectiveness of substituting Emtricitabine (FTC) with Lamivudine (3TC) as ART in Virologically suppressed HIV-1 infected patients: 2 year follow-up study

Data Collection Began:

4/1/2015

Data Collection End:

Proponent:

UTMB-Correctional Managed Care Pharmacy

Project Status:

Data Collection

Progress Report Due:

11/28/2015

Projected Completion:

6/25/2015

Executive Services
Pending Monthly Medical Research Projects
Health Services Division

FY-2015 Third Quarter Report: March, April and May

Project Number: 689-RM13

Application Received:
11/7/2013

Researcher:
Troy Quast

IRB Number:
2013-12371

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 Researchers Response

Detail:
Meeting with researcher, project on hold

Project Number: 713-RM14

Application Received:
9/9/2014

Researcher:
Jacqueline Aoughsten

IRB Number:
Exempt

Application Completed:
9/23/2014

Title of Research:
Evidence-Based Triage of Newly Diagnosed Hepatocellular
Carcinoma Patients in the Prison Population: A Collaborative,
Hospital-Based Quality Improvement Project

Division Review Requested:
12/5/2014

Proponent:
UTMB

Reviewer:
Pending

Review Status:
Pending HS Division Review

Detail:
Sent to Dr. Williams for Division Review on 12/5/14

Project Number: 721-RM15

Application Received:
1/16/2015

Researcher:
Jacques Baillargeon

IRB Number:
14-0283

Application Completed:
2/4/2015

Title of Research:
Epidemiology in the Texas Prison System

Division Review Requested:
3/31/2015

Proponent:
UTMB

Reviewer:
Pending

Review Status:
Pending HS Division Review

Detail:
Sent to Dr. Williams for Division Review on 3/31/15

Project Number: 724-RM15

Application Received:
2/3/2015

Researcher:
Zbigniew Gugala

IRB Number:
14-0351

Application Completed:
2/24/2015

Title of Research:
The Efficacy of the Air Barrier System in the
Prevention of Surgical Site Infection: A
Multi-Center, Randomized, Controlled Trial

Division Review Requested:
5/29/2015

Proponent:
UTMB

Reviewer:
Pending

Review Status:
Pending OGC Division Review

Detail:
Sent to OGC for Division Review on 5/29/15

Project Number: 727-RM15

Application Received:
4/2/2015

Researcher:
Odette Comeau

IRB Number:
15-0044

Application Completed:
4/20/2015

Title of Research:
Implementation of Delirium
Screening in the Adult ICU's

Division Review Requested:
6/8/2015

Proponent:
UTMB

Reviewer:
Pending

Review Status:
Pending OGC Division Review

Detail:
Sent to OGC for Division Review on 6/8/15

Project Number: 728-RM15

Application Received:
4/9/2015

Researcher:
Scarlett Lusk-Edwards

IRB Number:

Application Completed:

Title of Research:
Relationships between HIV/AIDS and
Behavioral Risk Factors among
Texas Prison Inmates

Division Review Requested:

Proponent:
Walden University

Reviewer:
Pending

Review Status:
Pending Researcher
Response and IRB

Detail:
Sent letter to researcher on 5/11/15 with
information available and requesting IRB

**3rd Quarter FY 2015
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
03/04-05/2015	Connally	339	260	1	4	100	100	100	100
03/18-19/2015	Clements ECB	420	239	1	5	100	100	100	100
03/19/2015	Powledge	12	12	0	1	100	100	100	100
03/20/2015	Cole	4	4	0	0	100	100	100	100
03/24/2015	Ellis	111	105	0	3	100	100	100	100
03/26/2015	Mountain View	33	33	0	1	100	100	94	100
04/02/2015	Lopez	2	2	0	0	100	100	100	100
04/07-08/2015	Allred ECB	406	279	0	5	100	100	100	100
04/08-09/2015	Allred 12 Bldg	398	335	0	8	100	100	100	100
04/15-16/2015	McConnell	290	203	1	4	100	100	100	100
04/21/2015	Bradshaw	11	11	0	0	100	100	93	71
04/21-22/2015	Polunsky	434	317	2	5	100	100	100	100
05/06-07/2015	Lewis ECB	360	237	0	6	100	100	100	100
05/12/2015	Ramsey	33	33	0	1	100	100	100	100
05/12/2015	Hutchins	13	13	2	1	100	100	100	100
05/14/2015	Darrington	193	169	0	5	100	100	100	100
05/20/2015	Sanchez	21	21	0	0	100	NSP	NSP	NSP
05/22/2015	Dominguez	18	18	0	0	100	100	100	100
Total	18	3,098	2,291	7	49				

INTAKE MENTAL HEALTH EVALUATION (MHE) AUDIT

Conducted in 3rd Quarter of 2015

Period Audited—March, April & May 2015

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	11	11	11	0	100
Bradshaw State Jail	14	14	3	0	21
Byrd Unit	20	14	10	6	71
Dominguez State Jail	16	16	16	0	100
Formby State Jail	8	8	8	0	100
Garza Transfer Facility	20	17	14	3	82
Gist State Jail	16	16	14	0	88
Glossbrenner SAFPF	7	7	6	0	86
Gurney Transfer Facility	20	20	20	0	100
Halbert SAFPF	10	10	9	0	90
Holliday Transfer Facility	20	20	16	0	80
Hutchins State Jail	20	18	18	2	100
Jester I SAFPF	12	12	12	0	100
Johnston SAFPF	15	15	10	0	67
Kyle SAFPF	0	0	0	0	N/A
Lindsey State Jail	8	8	8	0	100
Lychner State Jail	20	20	18	0	90
Middleton Transfer Facility	20	20	20	0	100
Plane State Jail	20	20	18	0	90
Roach ISF	16	16	13	0	81
Sanchez State Jail	6	6	6	0	100
Sayle SAFPF	6	5	4	1	80
Travis State Jail	20	20	18	0	90
Woodman State Jail	20	19	17	1	89
GRAND TOTAL	345	332	288	13	

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. If the offender was transferred from the intake unit within 14 days of identification, the chart is excluded from the sample of charts requiring an MHE.

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 the relevant offenders receive the evaluation.

COMPELLED PSYCHOACTIVE MEDICATION AUDIT

3rd Quarter 2015

Audits Conducted in March, April & May 2015

UNIT	Audit Month	Compelled Medication Cases Documented in Medical Record¹				
-------------	--------------------	--	--	--	--	--

		Reviewed	Applicable	Compliant	Score	Corrective Action
Clements	February	1	1	1	100	None
Jester IV	February	5	5	5	100	None
Montford	February	1	1	1	100	None
Skyview	February	12	12	12	100	None

		Reviewed	Applicable	Compliant	Score	Corrective Action
Clements	March	0	0	N/A	N/A	None
Jester IV	March	6	6	6	100	None
Montford	March	11	11	11	100	None
Skyview	March	9	9	9	100	None

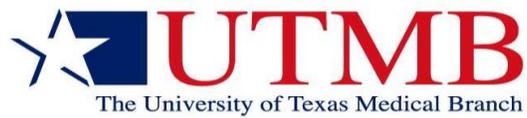
		Reviewed	Applicable	Compliant	Score	Corrective Action
Clements	April	1	1	1	100	None
Jester IV	April	3	3	3	100	None
Montford	April	6	6	6	100	None
Skyview	April	6	6	6	100	None

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



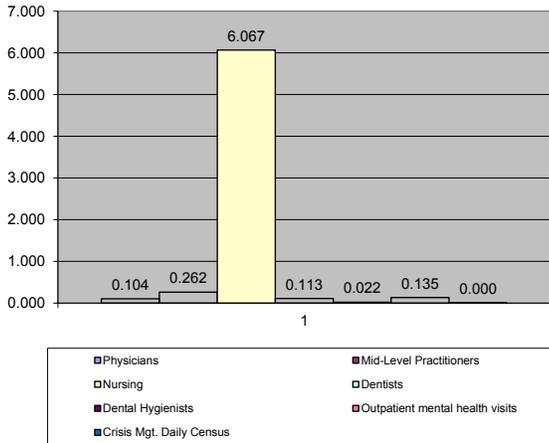
**Correctional Health Care
MEDICAL DIRECTOR'S REPORT**

**THIRD QUARTER
FY 2015**

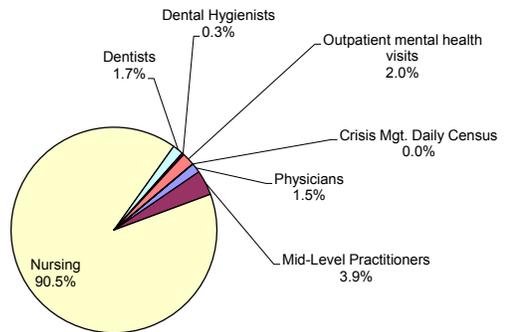
Medical Director's Report:

Average Population	March		April		May		Qtly Average	
	117,717		117,499		117,035		117,417	
	Number	Rate Per Offender						
Medical encounters								
Physicians	12,364	0.105	12,466	0.106	11,653	0.100	12,161	0.104
Mid-Level Practitioners	31,422	0.267	31,531	0.268	29,334	0.251	30,762	0.262
Nursing	714,189	6.067	667,935	5.685	754,885	6.450	712,336	6.067
Sub-total	757,975	6.439	711,932	6.059	795,872	6.800	755,260	6.432
Dental encounters								
Dentists	13,592	0.115	14,065	0.120	12,026	0.103	13,228	0.113
Dental Hygienists	2,657	0.023	2,659	0.023	2,391	0.020	2,569	0.022
Sub-total	16,249	0.138	16,724	0.142	14,417	0.123	15,797	0.135
Mental health encounters								
Outpatient mental health visits	16,597	0.141	16,014	0.136	14,880	0.127	15,830	0.135
Crisis Mgt. Daily Census	59	0.001	53	0.000	45	0.000	52	0.000
Sub-total	16,656	0.141	16,067	0.137	14,925	0.128	15,883	0.135
Total encounters	790,880	6.718	744,723	6.338	825,214	7.051	786,939	6.702

Encounters as Rate Per Offender Per Month



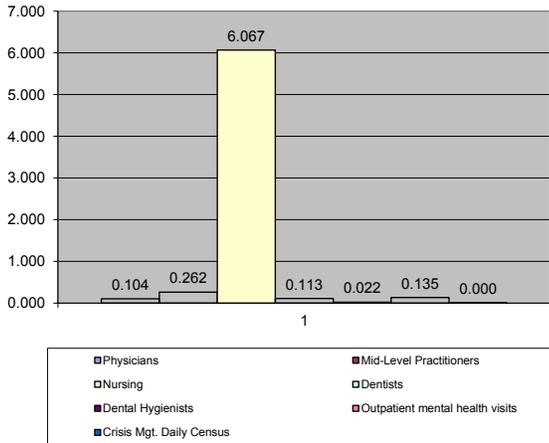
Encounters by Type



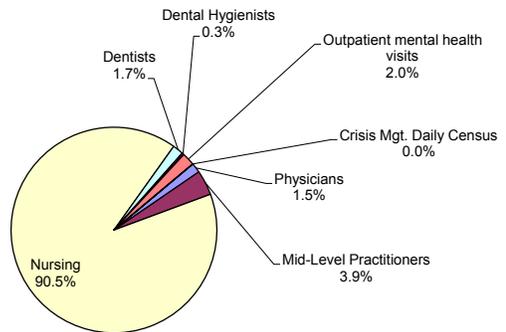
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Encounters as Rate Per Offender Per Month



Encounters by Type



Medical Director's Report (Page 3):

CMC Update

Consent Item

University Medical Director's Report

Texas Tech University
Health Sciences Center



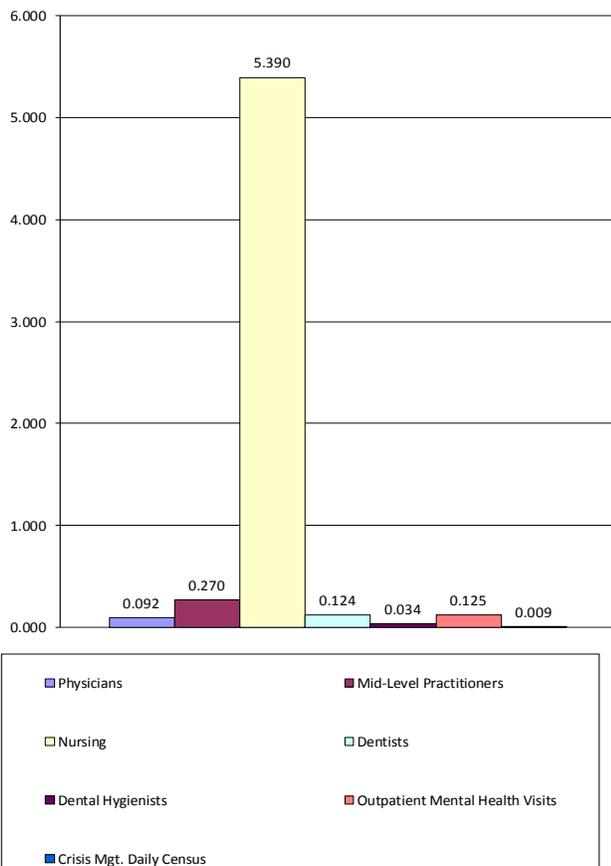
Correctional Health Care
MEDICAL DIRECTOR'S REPORT

THIRD QUARTER
FY 2015

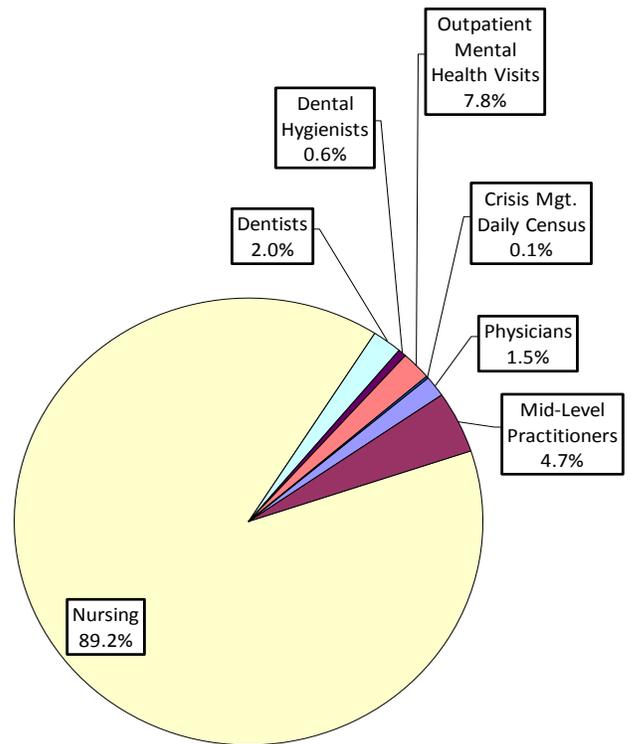
Medical Director's Report:

	March		April		May		Qtly Average	
Average Population	30,716		30,627		30,671		30,671	
	Number	Rate Per Offender						
Medical encounters								
Physicians	2,525	0.082	3,232	0.106	2,748	0.090	2,835	0.092
Mid-Level Practitioners	8,835	0.288	8,901	0.291	7,133	0.233	8,290	0.270
Nursing	146,736	4.777	148,675	4.854	200,522	6.538	165,311	5.390
Sub-total	158,096	5.147	160,808	5.251	210,403	6.860	176,436	5.753
Dental encounters								
Dentists	3,821	0.124	4,093	0.134	3,473	0.113	3,796	0.124
Dental Hygienists	1,052	0.034	1,093	0.036	1,007	0.033	1,051	0.034
Sub-total	4,873	0.159	5,186	0.169	4,480	0.146	4,846	0.158
Mental health encounters								
Outpatient Mental Health Visits	3,998	0.130	3,889	0.127	3,640	0.119	3,842	0.125
Crisis Mgt. Daily Census	279	0.009	269	0.009	269	0.009	272	0.009
Sub-total	4,277	0.139	4,158	0.136	3,909	0.127	4,115	0.134
Total encounters	167,246	5.445	170,152	5.556	218,792	7.133	185,397	6.045

Encounters as Rate Per Offender Per Month



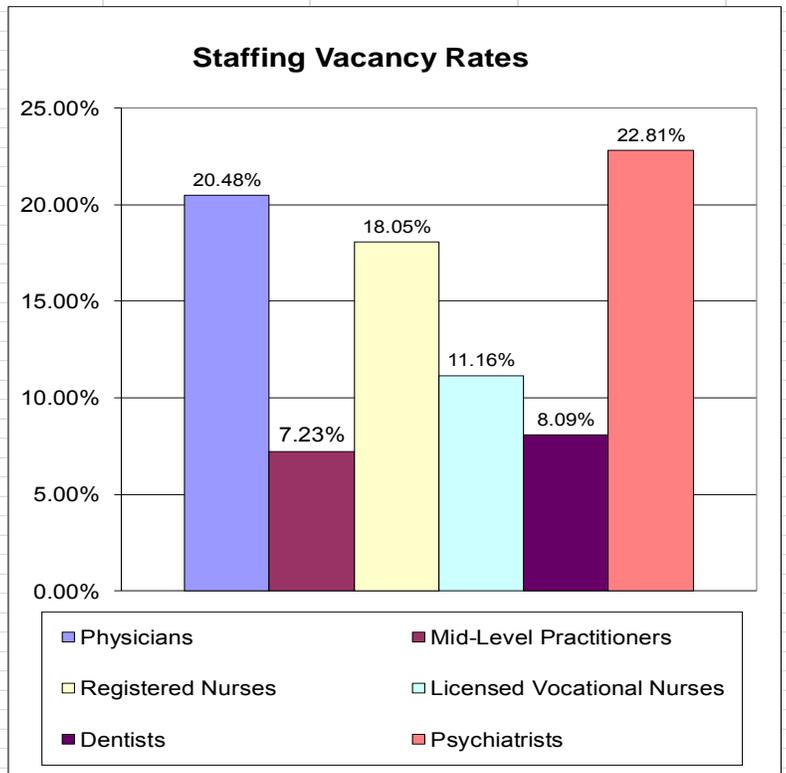
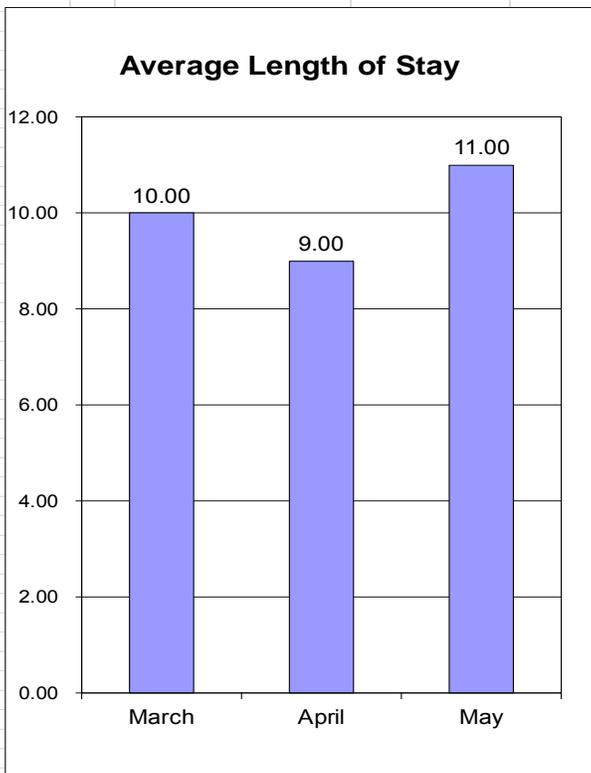
Encounters by Type



Medical Director's Report (Page 2):

	March	April	May	Qtly Average
Medical Inpatient Facilities				
Average Daily Census	110.00	106.00	116.00	110.67
Number of Admissions	246.00	284.00	282.00	270.67
Average Length of Stay	10.00	9.00	11.00	10.00
Number of Clinic Visits	613.00	700.00	698.00	670.33
Mental Health Inpatient Facilities				
Average Daily Census	439.00	450.00	467.00	452.00
PAMIO/MROP Census	416.00	417.00	418.00	417.00
Specialty Referrals Completed	1,194.00	1,315.00	1,229.00	1,246.00
Telemedicine Consults	819	699	791	769.67

Health Care Staffing	Average This Quarter			Percent Vacant
	Filled	Vacant	Total	
Physicians	16.89	4.35	21.24	20.48%
Mid-Level Practitioners	38.50	3.00	41.50	7.23%
Registered Nurses	132.99	29.30	162.29	18.05%
Licensed Vocational Nurses	281.62	35.38	317.00	11.16%
Dentists	18.18	1.60	19.78	8.09%
Psychiatrists	6.77	2.00	8.77	22.81%



Consent Item

Summary of CMHCC Joint Committee/
Work Group Activities

**Correctional Managed Health Care
Joint Committee/Work Group Activity Summary
for September 22, 2015 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: August 10, 2015

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. FY 2015 SLC Indicators
 - 1. Dental: Total Open Reminders with Delay > 180 Days
 - 2. Mental Health: Antipsychotic Injectables
 - 3. Nursing: Refusal of Treatment (ROT)
 - 4. Inpatient Physical Therapy
 - 5. Missed Appointments (No Shows)

Standing Issues

- A. New SLC Indicators
 - 1. Dental
 - 2. Mental Health
 - 3. Nursing
 - 4. Medical
- B. CMHCC Updates
- C. CMHC Pharmacy Report

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: July 9, 2015

Sub Committee Updates:

- A. Release of Information “Notification of next of Kin” -Phyllis McWhorter, RN
- B. No Chemicals Use of Force Subcommittee – Mike Jones, RN
- C. Missed Clinic Appointments – Robert Williams, MD

- D. Pregnant Offenders- Phyllis McWhorter, RN
- E. Heat Subcommittee – Kathryn Buskirk, MD
- F. Ad Seg Therapeutic Diversion Program – Debra Guthrie, MD
- G. Treatment of Offenders with Gender Disorders (G-1.11) – Kelly Coates

Committee Referrals:

Joint Mental Health Working Group – Joseph Penn, MD

Old Business:

- E-34.2 Periodic Physical Examinations
- G-55.1 Pregnant Offenders
- G-51.1 Offenders with Special Needs
- G-59.2 Optical Prosthesis and Appliances

The Following Policies Were Reviewed:

A-08.3	A-08.4*	A-08.5	A-08.6*	A-08.7*	A-08.8	C-22.1	C-23.1	D-28.1	D-28.5
D-29.1	E-36.5	E-36.6	E-37.6	E-39.1	E-40.1	E-41.1	E-41.2*	E-42.1	F-49.1
G-51.11*	G-51.12*	G-52.1	G-53.1	G-53.3	G-54.1	H-60.3	H-61.1*	I-70.1*	I-71.1*
I-72.1					* Indicates Attachment(s) included in the policy.				

The Following Policies Were Submitted for Changes or for Discussion:

POLICY #	POLICY NAME	SUBMITTED BY
A-08.4 Attachment A	Guidelines for Completing the Health Summary for Classification Form	Phyllis McWhorter
A-08.5	Coordination with Windham School District	Beckie Berner
E-35.2	Mental Health Evaluation	Beverly Sloan
E-41.1	Emergency Services	Beckie Berner
E-42.2	Missed Clinical Appointments	Robert Williams, MD
G-51.11	Treatment of Offenders with Intersex Conditions, Gender Identity Disorder or Gender Dysphoria	Kelly Coates
G-52.1	Infirmity Care	Robert Williams, MD
I-70.1 Attachment A	Request/Consent for Treatment or Services	Dale Dorman
I-72.1	Medical Research	Robert Williams, MD

Adjournment

- Next Meeting Date is October 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: July 9, 2015

Key Activities:

- I. Approval of the Minutes from May 15, 2015 Meeting
- II. Reports from Subcommittees
 - A. DMG Triage – Dr. Sandmann – Need to form new Hepatitis B Subcommittee
 - B. COPD – Dr. Smith
 - C. Psychiatry – Dr. Koranek
 - D. Transfer Medications – Dr. Williams
- III. Monthly Reports
 - A. Adverse Drug Reaction Reports (none)
 - B. Pharmacy Clinical Activity Report
 - C. Drug Recalls (May – June 2015)
 - D. Non-formulary Deferral Reports
 1. Texas Tech Sector (April 2015)
 2. UTMB Sector (March – May 2015)
 - E. Quarterly Medication Error Reports – 2nd Quarter FY15
 1. UTMB Sector
 2. Texas Tech Sector
 3. Medication Dispensing Error Report
 - F. Utilization Reports (FY15 through April)
 1. HIV Utilization
 2. Hepatitis C Utilization
 3. Hepatitis B Utilization
 4. Psychotropic Utilization
 - G. Special Reports – Top 50 Medications by Cost and Volume – 3rd Quarter FY15
 - H. Policy Review Schedule
- IV. Old Business
 - A. Policy Revisions
 1. Disposition of Outdated Drugs (15-30) – tabled previously
 2. Reclamation of Drugs (15-35) – tabled previously

- V. New Business
 - A. Medication Use Evaluation
 - 1. Emtricitabine to Lamivudine Switch Follow Up.
 - B. Action Requests
 - 1. Review of Infliximab – UTMB Nursing Leadership.
 - C. Drug Category Review
 - 1. Gastrointestinal Agents
 - 2. Miscellaneous Agents
 - D. FDA Medication Safety Advisories
 - E. Manufacturer Shortages and Discontinuations.
 - F. Policy and Procedure Revisions
 - 1. Therapeutic Optometrists (65-10)
 - 2. Representatives of Pharmaceutical Supplies and Related (70-05)
 - 3. Drug Samples (70-10)
 - 4. Adverse Medication Reaction Reports (75-05)
 - 5. Medication Errors (75-10)
 - 6. Pharmacy Medication Area Audits and Inspections (75-15)
 - 7. Record Retention (75-20)
 - 8. Medication Safety (75-30)

V. Miscellaneous

VI. Adjournment

Joint Infection Control Committee

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

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

Meeting Date: August 13, 2015

Key Activities:

Reviewed and Approved Minutes from Previous Meeting

Public Health Update

- A. Peggy Davis, LVN – HIV
- B. Latasha Hill, LVN – Occupational Exposure, MRSA & MSSA
- C. Anthony Turner – Syphilis
- D. Mary Parker - Tuberculosis
- E. Sandra Jones, RN – Sexual Assault Nurse Examiner (SANE)
- F. Dianna Langley – Peer Education

New Business

- a. Isolation
- b. B-14.07 Immunizations
- c. B-14.13.1 Hepatitis A
- d. B-14.14 Varicella and Shingles
- e. Time Frame for Submitting Policies

Policies Under Review

- a. B-14.19- Disease Reporting - Revised
- b. B-14.20- Standard Precautions- Revised
- c. B-14.21- Transmission Based Precautions – No Revisions
- d. B.14.22- Handwashing- No Revisions
- e. B-14.23- Medical Supply Decontamination – No Revisions
- f. B-14.24- Disposal of Sharps, Needles and Syringes –No Revisions
- g. B-14.25 – Special (Medical) Waste Management- No Revisions
- h. B-14.26- - Gastro – Intestinal Illness - No Revisions
- i. B- 14.27- Bloodborne Pathogen Exposure Control Plan –Revisions were discussed

Adjourn

- Next Meeting proposed – October 8, 2015
- Policies to be reviewed – B-14.31, B-14.51, B15.1 and B-17.1

Joint Dental Work Group

Chair: Dr. Brian Tucker

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

Meeting Date: July 16, 2015

Approval of Minutes from May 13, 2015

New Business

Staffing/ Vacancies – Dr. Manuel Hirsch

Policies Under Review

- B-14.1 Infection Control Program
- E-36.1 Dental Treatment Priorities and Appendix I, II, and Dental Sealants
- E-36.2 Inprocessing Offenders – Dental Examination, Classification, Education and Treatment
- E-36.5 Dental Utilization/Quality Review Committee

- E-36.6 Periodontal Disease Program
- E-36.7 Dental Clinic Operations Reporting
- F-46.1 Health Education and Promotion

Sector Updates

- TDCJ
- UTMB
- TTUHSC

Meeting 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 August 2015

There were 95 deaths reviewed by the Mortality and Morbidity Committee during the months of June, July and August 2015. Of those 95 deaths, 16 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: July 8, 2015

Old Business

1. Medication Barcode Administration – Justin Robison
2. Inpatient Nursing Care Plans – Justin Robison

New Business

1. FY16 Joint Nursing Indicator for SLC – Emergency Response - Justin Robison
2. Pressure Ulcer Surveillance – Chris Black-Edwards
3. Nursing Policy on the management of medical equipment (PEG tubes, central lines, life vests, colostomies, trachs, chemo bombs, PICC lines, drains, foleys, nephrostomy tubes, port-a-caths, etc) – Requested by Dr. Linthicum
4. UTMB Infirmary Expansion Update – Justin Robison
5. Recommendation for HSL to Conduct Annual ORA Audits – Mike Jones
6. Review CMHC Lockdown Policy E-37.4 re: create guidelines for critical staffing. Requested by Dr. Linthicum.
7. HSN-3 and the Inpatient RN Assessment Form – Mike Jones
8. New Morphine Syringes – Mike Jones
9. Nurse Evaluation for Mental Health Observation – Mike Jones
10. CMHCC – Joint Nursing Presentation 9/22/15 – Justin Robison
11. Injury Report – RM-04 – Mike Jones

Financial Report on Correctional Managed Health Care



Quarterly Report FY2015 Third Quarter

September 2014 – May 2015

Third Quarter Financial Report on Correctional Managed Health Care

Overview

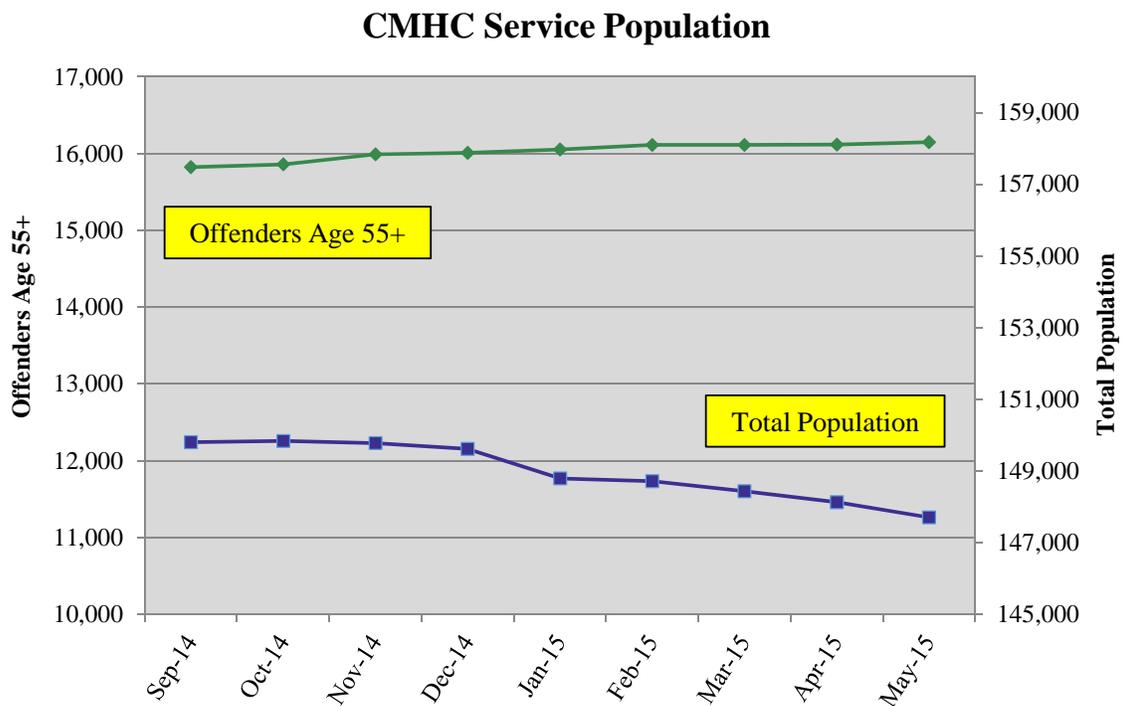
- Report submitted in accordance with the FY2014-15 General Appropriations Act, Article V, Rider 50, 83rd Legislature, Regular Session 2013
- FY2015 TDCJ Appropriations allocated to Correctional Managed Health Care:
 - \$256.1M Unit and Psychiatric Care, Strategy C.1.7
 - \$170.8M Hospital and Clinical Care, Strategy C.1.8
 - \$58.8M Pharmacy Care, Strategy C.1.9

<u>Method of Finance Summary</u>	<u>FY2015</u>
SB 1, Article V, TDCJ Appropriations	
Strategy C.1.7. Unit and Psychiatric Care	\$ 256,142,476
Strategy C.1.8. Hospital and Clinic Care	\$ 170,788,053
Strategy C.1.9. Pharmacy Care	\$ 58,765,870
TOTAL	\$ 485,696,399
<u>Allocation to Universities</u>	
University of Texas Medical Branch	
Unit and Psychiatric Care	\$ 202,517,101
Hospital and Clinic Care	\$ 139,713,873
Pharmacy Care	\$ 46,006,545
Subtotal UTMB	\$ 388,237,519
Texas Tech University Health Sciences Center	
Unit and Psychiatric Care	\$ 53,625,375
Hospital and Clinic Care	\$ 31,074,180
Pharmacy Care	\$ 12,759,325
Subtotal TTUHSC	\$ 97,458,880
TOTAL TO UNIVERSITY PROVIDERS	\$ 485,696,399

Note: The FY2015 amounts shown above do not reflect a transfer of funds into FY2014 in the amount of \$11.6M, as approved by the Legislative Budget Board on January 5, 2015.

Population

- Overall offender service population has decreased 0.7% from FY2014
 - Average daily census 150,085 through 3rd quarter of FY2014 compared to 148,978 through 3rd quarter of FY2015
- Offenders aged 55 or older population increased 5.2% from FY2014
 - Average daily census 15,228 through 3rd quarter of FY2014 compared to 16,024 through 3rd quarter of FY2015
 - While comprising about 10.8% of the overall service population, offenders age 55 and over account for 41.1% of the hospitalization costs received to date.
- Mental health caseloads:
 - FY2015 average number of psychiatric inpatients through 3rd quarter: 1,864
 - FY2015 average number of psychiatric outpatients through 3rd quarter: 22,489



Health Care Costs

- Total expenses through 3rd quarter, FY2015: \$429.2M
- Unit and Psychiatric Care expenses represent the majority of total health care costs
 - \$228.7M, 53.3% of total expenses
- Hospital and Clinical Care - \$156.2M, 36.4% of total
- Pharmacy Services - \$44.3M, 10.3% of total
 - HIV related drugs: 40.4% of total drug costs
 - Psychiatric drugs: 8.4% of total drug costs
 - Hepatitis C drug therapies: 4.7% of total drug costs
- Cost per offender per day, FY2015 through 3rd quarter: \$10.55
 - 3.3% increase compared to FY2014 cost per day of \$10.21

Comparison of Total Health Care Costs

	FY 11	FY 12	FY 13	FY 14	4-Year Average	FYTD 15 1st Qtr	FYTD 15 2nd Qtr	FYTD 14 3rd Qtr
Population								
UTMB	121,417	120,557	118,359	118,705	119,760	118,425	118,293	118,001
TTUHSC	31,419	31,491	30,713	31,314	31,234	31,379	31,131	30,977
Total	152,836	152,048	149,072	150,019	150,994	149,804	149,424	148,978
Expenses								
UTMB	\$432,371,801	\$397,606,713	\$415,579,990	\$456,286,749	\$425,461,313	\$114,204,125	\$231,392,406	\$349,188,372
TTUHSC	\$110,272,668	\$97,426,964	\$98,335,680	\$102,834,980	\$102,217,573	\$26,474,582	\$52,985,635	\$80,006,395
Total	\$542,644,469	\$495,033,677	\$513,915,670	\$559,121,729	\$527,678,886	\$140,678,707	\$284,378,041	\$429,194,767
Cost/Day								
UTMB	\$9.76	\$9.01	\$9.62	\$10.53	\$9.73	\$10.60	\$10.81	\$10.84
TTUHSC	\$9.62	\$8.45	\$8.77	\$9.00	\$8.96	\$9.27	\$9.40	\$9.46
Total	\$9.73	\$8.90	\$9.45	\$10.21	\$9.57	\$10.32	\$10.51	\$10.55

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
Financial Report on Offender Health Care, pursuant to Agency Rider 50
Third Quarter, FY2015

<u>Method of Finance</u>	<u>TTUHSC</u>	<u>UTMB</u>	<u>Total</u>
C.1.7. Unit & Psychiatric Care			
TDCJ Appropriation	\$ 40,108,842	\$ 151,471,695	\$ 191,580,537
State Reimbursement Benefits	\$ 5,978,063	\$ 32,675,700	\$ 38,653,763
Other Misc Revenue	\$ 1,860	\$ 49,999	\$ 51,859
C.1.7. Total Method of Finance	\$ 46,088,765	\$ 184,197,394	\$ 230,286,159
C.1.8. Hospital & Clinical Care			
TDCJ Appropriation	\$ 23,241,784	\$ 104,498,321	\$ 127,740,105
State Reimbursement Benefits	\$ 1,542,691	\$ -	\$ 1,542,691
Other Misc Revenue	\$ -	\$ -	\$ -
C.1.8. Total Method of Finance	\$ 24,784,475	\$ 104,498,321	\$ 129,282,796
C.1.9. Managed Health Care - Pharmacy			
TDCJ Appropriation	\$ 9,543,276	\$ 34,410,375	\$ 43,953,651
State Reimbursement Benefits	\$ 55,425	\$ 1,451,618	\$ 1,507,043
Other Misc Revenue	\$ -	\$ 32,395	\$ 32,395
C.1.9. Total Method of Finance	\$ 9,598,701	\$ 35,894,388	\$ 45,493,089
TOTAL METHOD OF FINANCE	\$ 80,471,941	\$ 324,590,103	\$ 405,062,044

<u>Method of Finance Summary</u>	<u>TTUHSC</u>	<u>UTMB</u>	<u>Total</u>
TDCJ Appropriation	\$ 72,893,902	\$ 290,380,391	\$ 363,274,293
State Reimbursement Benefits	\$ 7,576,179	\$ 34,127,318	\$ 41,703,497
Other Misc Revenue	\$ 1,860	\$ 82,394	\$ 84,254
TOTAL METHOD OF FINANCE	\$ 80,471,941	\$ 324,590,103	\$ 405,062,044

<u>Expenditures</u>	<u>TTUHSC</u>	<u>UTMB</u>	<u>Total</u>
C.1.7. Unit & Psychiatric Care	\$ 47,514,446	\$ 181,230,834	\$ 228,745,280
C.1.8. Hospital & Clinical Care	\$ 23,508,260	\$ 132,653,964	\$ 156,162,224
C.1.9. Managed Health Care - Pharmacy	\$ 8,983,689	\$ 35,303,574	\$ 44,287,263
TOTAL EXPENDITURES	\$ 80,006,395	\$ 349,188,372	\$ 429,194,767

DIFFERENCE	\$ 465,546	\$ (24,598,269)	\$ (24,132,723)
FY2015 Spend Forward to FY2014	\$ -	\$ (11,586,014)	\$ (11,586,014)
NET DIFFERENCE	\$ 465,546	\$ (36,184,283)	\$ (35,718,737)

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C.1.7. UNIT & PSYCHIATRIC CARE			
	<u>TTUHSC</u>	<u>UTMB</u>	<u>Total</u>
Method of Finance:			
TDCJ Appropriation	\$ 40,108,842	\$ 151,471,695	\$ 191,580,537
State Reimbursement Benefits	\$ 5,978,063	\$ 32,675,700	\$ 38,653,763
Other Misc Revenue	\$ 1,860	\$ 49,999	\$ 51,859
TOTAL METHOD OF FINANCE	\$ 46,088,765	\$ 184,197,394	\$ 230,286,159
Expenditures:			
Unit Care			
Salaries	\$ 14,259,180	\$ 103,716,878	\$ 117,976,058
Benefits	\$ 4,205,433	\$ 32,789,683	\$ 36,995,116
Other Operating Expenses	\$ 1,481,245	\$ 14,374,415	\$ 15,855,660
Professional Services	\$ 1,675,852	\$ -	\$ 1,675,852
Contracted Units/Services	\$ 12,248,751	\$ -	\$ 12,248,751
Travel	\$ 141,357	\$ 930,549	\$ 1,071,906
Electronic Medicine	\$ 284,703	\$ -	\$ 284,703
Capitalized Equipment	\$ 537,326	\$ 470,761	\$ 1,008,087
Subtotal, Unit Care	\$ 34,833,847	\$ 152,282,286	\$ 187,116,133
Psychiatric Care			
Salaries	\$ 8,309,742	\$ 18,089,105	\$ 26,398,847
Benefits	\$ 2,265,710	\$ 4,612,713	\$ 6,878,423
Other Operating Expenses	\$ 141,020	\$ 139,848	\$ 280,868
Professional Services	\$ 528,848	\$ -	\$ 528,848
Contracted Units/Services	\$ -	\$ -	\$ -
Travel	\$ 31,470	\$ 113,905	\$ 145,375
Subtotal, Psychiatric Care	\$ 11,276,790	\$ 22,955,571	\$ 34,232,361
Indirect Expenditures (Shared Services)	\$ 1,403,809	\$ 5,992,977	\$ 7,396,786
TOTAL EXPENDITURES	\$ 47,514,446	\$ 181,230,834	\$ 228,745,280
DIFFERENCE	\$ (1,425,681)	\$ 2,966,560	\$ 1,540,879

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C.1.8. HOSPITAL & CLINICAL CARE				
Method of Finance	<u>TTUHSC</u>	<u>UTMB</u>	<u>Total</u>	
TDCJ Appropriation	\$ 23,241,784	\$ 104,498,321	\$	127,740,105
State Reimbursement Benefits	\$ 1,542,691	\$ -	\$	1,542,691
Other Misc Revenue	\$ -	\$ -	\$	-
TOTAL METHOD OF FINANCE	\$ 24,784,475	\$ 104,498,321	\$	129,282,796
Expenditures:				
Hospital and Clinical Care				
University Professional Services	\$ 802,500	\$ 15,276,081	\$	16,078,581
Freeworld Provider Services	\$ 12,201,056	\$ 26,646,718	\$	38,847,774
TTUHSC Western Regional Medical Facility & UTMB Hospital Galveston Hospital Services	\$ 9,657,297	\$ 78,198,213	\$	87,855,510
Estimated IBNR	\$ 33,944	\$ 8,146,325	\$	8,180,269
Subtotal, Hospital & Clinical Care	\$ 22,694,797	\$ 128,267,337	\$	150,962,134
Indirect Expenditures (Shared Services)	\$ 813,463	\$ 4,386,627	\$	5,200,090
TOTAL EXPENDITURES	\$ 23,508,260	\$ 132,653,964	\$	156,162,224
DIFFERENCE	\$ 1,276,215	\$ (28,155,643)	\$	(26,879,428)

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C.1.9. MANAGED HEALTH CARE - PHARMACY				
Method of Finance	<u>TTUHSC</u>	<u>UTMB</u>	<u>Total</u>	
TDCJ Appropriation	\$ 9,543,276	\$ 34,410,375	\$	43,953,651
State Reimbursement Benefits	\$ 55,425	\$ 1,451,618	\$	1,507,043
Other Misc Revenue	\$ -	\$ 32,395	\$	32,395
TOTAL METHOD OF FINANCE	\$ 9,598,701	\$ 35,894,388	\$	45,493,089
Expenditures:				
Managed Health Care - Pharmacy				
Salaries	\$ 1,474,880	\$ 4,948,542	\$	6,423,422
Benefits	\$ 61,323	\$ 1,608,997	\$	1,670,320
Other Operating Expenses	\$ 184,821	\$ 1,125,051	\$	1,309,872
Pharmaceutical Purchases	\$ 6,921,402	\$ 26,365,048	\$	33,286,450
Travel	\$ 7,248	\$ 25,825	\$	33,073
Capitalized Equipment	\$ -	\$ 62,686	\$	62,686
Subtotal, Managed Health Care - Pharmacy Expenditures	\$ 8,649,674	\$ 34,136,149	\$	42,785,823
Indirect Expenditures (Shared Services)	\$ 334,015	\$ 1,167,425	\$	1,501,440
TOTAL EXPENDITURES	\$ 8,983,689	\$ 35,303,574	\$	44,287,263
DIFFERENCE	\$ 615,012	\$ 590,814	\$	1,205,826

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Key Population Indicators

	<u>1st Quarter</u>	<u>2nd Quarter</u>	<u>March</u>	<u>April</u>	<u>May</u>	<u>3rd Quarter</u>	<u>FY2015 YTD</u>
Average Service Population							
UTMB Service Population	118,425	118,160	117,717	117,499	117,035	117,417	118,001
TTUHSC Service Population	31,379	30,882	30,716	30,627	30,671	30,671	30,977
Average Service Population	149,804	149,042	148,433	148,126	147,706	148,088	148,978
Population Age 55 and Over							
UTMB Population	13,268	13,413	13,444	13,426	13,462	13,444	13,375
TTUHSC Population	2,621	2,645	2,667	2,689	2,686	2,681	2,649
Population Age 55 and Over	15,889	16,058	16,111	16,115	16,148	16,125	16,024
HIV Population	2,171	2,160	2,134	2,134	2,110	2,126	2,153
Medical Inpatient Average Daily Census							
UTMB-Hospital Galveston	75	79	80	76	76	77	77
UTMB Freeworld Hospitals	41	38	37	37	38	37	39
TTUHSC Freeworld Hospitals	7	10	9	9	8	9	8
Medical Inpatient Average Daily Census	123	127	126	122	122	123	124
Medical Outpatient Visits							
UTMB Specialty Clinics and ER Visits	6,690	6,377	7,508	7,456	7,061	7,342	6,803
TTUHSC Freeworld Outpatient and ER Visits	1,050	1,257	1,218	1,017	1,218	1,151	1,153
Medical Outpatient Visits	7,740	7,634	8,726	8,473	8,279	8,493	7,956
Mental Health Inpatient Average Census							
UTMB Psychiatric Inpatient	1,020	1,004	984	995	994	991	1,005
TTUHSC Psychiatric Inpatient	853	854	855	867	885	869	859
Mental Health Inpatient Average Census	1,873	1,858	1,839	1,862	1,879	1,860	1,864
Mental Health Outpatient Caseload, Month End							
UTMB Psychiatric Outpatient	17,691	18,004	18,249	17,981	17,723	17,984	17,893
TTUHSC Psychiatric Outpatient	4,613	4,551	4,627	4,616	4,628	4,624	4,596
Mental Health Outpatient Caseload, Month End	22,304	22,555	22,876	22,597	22,351	22,608	22,489

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	Annual Projection 6/29/2015
REVENUE:						
TDCJ Appropriation	\$ 24,297,967	\$ 24,030,957	\$ 24,564,978	\$ -	\$ 72,893,902	\$ 97,458,880
State Reimbursement Benefits	\$ 2,467,421	\$ 2,551,437	\$ 2,557,321	\$ -	\$ 7,576,179	\$ 10,101,572
Other Misc Revenue	\$ 507	\$ 572	\$ 781	\$ -	\$ 1,860	\$ 2,480
TOTAL REVENUES	\$ 26,765,895	\$ 26,582,966	\$ 27,123,080	\$ -	\$ 80,471,941	\$ 107,562,932

C.1.7. UNIT & PSYCHIATRIC CARE						
EXPENDITURES:						
Unit Care Expenditures						
Salaries	\$ 4,626,593	\$ 4,728,965	\$ 4,903,622	\$ -	\$ 14,259,180	\$ 19,012,240
Benefits	\$ 1,334,719	\$ 1,410,761	\$ 1,459,953	\$ -	\$ 4,205,433	\$ 5,607,244
Other Operating Expenses	\$ 457,788	\$ 441,196	\$ 582,261	\$ -	\$ 1,481,245	\$ 2,003,884
Professional Services	\$ 571,476	\$ 497,579	\$ 606,797	\$ -	\$ 1,675,852	\$ 2,234,469
Contracted Units/Services	\$ 4,082,917	\$ 4,038,186	\$ 4,127,648	\$ -	\$ 12,248,751	\$ 16,331,668
Travel	\$ 46,546	\$ 36,751	\$ 58,060	\$ -	\$ 141,357	\$ 188,476
Electronic Medicine	\$ 94,496	\$ 102,773	\$ 87,434	\$ -	\$ 284,703	\$ 348,775
Capitalized Equipment	\$ 417,398	\$ 55,524	\$ 64,404	\$ -	\$ 537,326	\$ 873,518
Estimated IBNR	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subtotal, Unit Care Expenditures	\$ 11,631,933	\$ 11,311,735	\$ 11,890,179	\$ -	\$ 34,833,847	\$ 46,600,274
Psychiatric Care Expenditures						
Salaries	\$ 2,735,982	\$ 2,820,199	\$ 2,753,561	\$ -	\$ 8,309,742	\$ 11,079,656
Benefits	\$ 743,109	\$ 774,868	\$ 747,733	\$ -	\$ 2,265,710	\$ 3,020,947
Other Operating Expenses	\$ 28,437	\$ 55,993	\$ 56,590	\$ -	\$ 141,020	\$ 188,026
Professional Services	\$ 159,879	\$ 154,174	\$ 214,795	\$ -	\$ 528,848	\$ 705,131
Travel	\$ 10,121	\$ 10,431	\$ 10,918	\$ -	\$ 31,470	\$ 41,960
Estimated IBNR	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subtotal, Psychiatric Care Expenditures	\$ 3,677,528	\$ 3,815,665	\$ 3,783,597	\$ -	\$ 11,276,790	\$ 15,035,720
Total Expenditures, Unit & Psychiatric Care	\$ 15,309,461	\$ 15,127,400	\$ 15,673,776	\$ -	\$ 46,110,637	\$ 61,635,994

C.1.8. HOSPITAL & CLINICAL CARE						
EXPENDITURES:						
University Professional Services	\$ 266,250	\$ 271,250	\$ 265,000	\$ -	\$ 802,500	\$ 1,070,000
Freeworld Provider Services	\$ 3,047,684	\$ 5,019,139	\$ 4,134,233	\$ -	\$ 12,201,056	\$ 16,230,000
TTUHSC Western Regional Medical Facility & UTMB Hospital Galveston Hospital Services	\$ 3,142,214	\$ 3,214,610	\$ 3,300,473	\$ -	\$ 9,657,297	\$ 12,876,396
Estimated IBNR	\$ 936,065	\$ (840,388)	\$ (61,733)	\$ -	\$ 33,944	\$ -
Total Expenditures, Hospital & Clinical Care	\$ 7,392,213	\$ 7,664,611	\$ 7,637,973	\$ -	\$ 22,694,797	\$ 30,176,396

C.1.9. MANAGED HEALTH CARE PHARMACY						
EXPENDITURES:						
Salaries	\$ 492,527	\$ 489,792	\$ 492,561	\$ -	\$ 1,474,880	\$ 1,966,506
Benefits	\$ 18,064	\$ 21,625	\$ 21,634	\$ -	\$ 61,323	\$ 81,764
Other Operating Expenses	\$ 56,842	\$ 58,101	\$ 69,878	\$ -	\$ 184,821	\$ 246,428
Pharmaceutical Purchases	\$ 2,352,420	\$ 2,305,652	\$ 2,263,330	\$ -	\$ 6,921,402	\$ 9,475,000
Travel	\$ 2,626	\$ 2,789	\$ 1,833	\$ -	\$ 7,248	\$ 9,664
Capitalized Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Estimated IBNR	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Expenditures, Managed Health Care Pharmacy	\$ 2,922,479	\$ 2,877,959	\$ 2,849,236	\$ -	\$ 8,649,674	\$ 11,779,362

Indirect Expenditures (Shared Services)	\$ 850,429	\$ 841,083	\$ 859,775	\$ -	\$ 2,551,287	\$ 3,411,062
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TOTAL EXPENDITURES	\$ 26,474,582	\$ 26,511,053	\$ 27,020,760	\$ -	\$ 80,006,395	\$ 107,002,814
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DIFFERENCE	\$ 291,313	\$ 71,913	\$ 102,320	\$ -	\$ 465,546	\$ 560,118
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FY2015 Spend Forward to FY2014	\$ -					
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NET DIFFERENCE	\$ 291,313	\$ 71,913	\$ 102,320	\$ -	\$ 465,546	\$ 560,118
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University of Texas Medical Branch						
STRATEGY	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Total UTMB	Annual Projection 6/18/2015
REVENUE:						
TDCJ Appropriation	\$ 96,793,463	\$ 95,729,800	\$ 97,857,128	\$ -	\$ 290,380,391	\$ 388,237,519
State Reimbursement Benefits	\$ 11,015,593	\$ 11,786,207	\$ 11,325,518	\$ -	\$ 34,127,318	\$ 45,533,962
Other Misc Revenue	\$ 39,221	\$ 20,045	\$ 23,128	\$ -	\$ 82,394	\$ 109,934
TOTAL REVENUES	\$ 107,848,277	\$ 107,536,052	\$ 109,205,774	\$ -	\$ 324,590,103	\$ 433,881,415

C.1.7. UNIT & PSYCHIATRIC CARE						
EXPENDITURES:						
Unit Care Expenditures						
Salaries	\$ 34,618,360	\$ 34,517,967	\$ 34,580,551	\$ -	\$ 103,716,878	\$ 138,443,367
Benefits	\$ 10,683,907	\$ 11,139,528	\$ 10,966,248	\$ -	\$ 32,789,683	\$ 44,228,564
Other Operating Expenses	\$ 4,639,090	\$ 5,017,713	\$ 4,717,612	\$ -	\$ 14,374,415	\$ 19,276,155
Professional Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Contracted Units/Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Travel	\$ 198,460	\$ 328,514	\$ 403,575	\$ -	\$ 930,549	\$ 1,240,732
Electronic Medicine	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Capitalized Equipment	\$ 101,492	\$ 194,863	\$ 174,406	\$ -	\$ 470,761	\$ 1,569,000
Estimated IBNR	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subtotal, Unit Care Expenditures	\$ 50,241,309	\$ 51,198,585	\$ 50,842,392	\$ -	\$ 152,282,286	\$ 204,757,818
Psychiatric Care Expenditures						
Salaries	\$ 6,012,366	\$ 5,989,121	\$ 6,087,618	\$ -	\$ 18,089,105	\$ 24,074,795
Benefits	\$ 1,494,287	\$ 1,583,506	\$ 1,534,920	\$ -	\$ 4,612,713	\$ 6,139,061
Other Operating Expenses	\$ 54,902	\$ 43,571	\$ 41,375	\$ -	\$ 139,848	\$ 186,464
Professional Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Travel	\$ 41,880	\$ 27,813	\$ 44,212	\$ -	\$ 113,905	\$ 151,873
Estimated IBNR	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subtotal, Psychiatric Care Expenditures	\$ 7,603,435	\$ 7,644,011	\$ 7,708,125	\$ -	\$ 22,955,571	\$ 30,552,193
Total Expenditures, Unit & Psychiatric Care	\$ 57,844,744	\$ 58,842,596	\$ 58,550,517	\$ -	\$ 175,237,857	\$ 235,310,011

C.1.8. HOSPITAL & CLINICAL CARE						
EXPENDITURES:						
University Professional Services	\$ 4,890,095	\$ 4,921,996	\$ 5,463,990	\$ -	\$ 15,276,081	\$ 20,614,497
Freeworld Provider Services	\$ 4,583,866	\$ 10,165,639	\$ 11,897,213	\$ -	\$ 26,646,718	\$ 47,153,043
TTUHSC Western Regional Medical Facility & UTMB Hospital Galveston Hospital Services	\$ 24,610,212	\$ 25,749,407	\$ 27,838,594	\$ -	\$ 78,198,213	\$ 104,962,903
Estimated IBNR	\$ 6,865,637	\$ 1,632,324	\$ (351,636)	\$ -	\$ 8,146,325	\$ -
Total Expenditures, Hospital & Clinical Care	\$ 40,949,810	\$ 42,469,366	\$ 44,848,161	\$ -	\$ 128,267,337	\$ 172,730,443

C.1.9. MANAGED HEALTH CARE PHARMACY						
EXPENDITURES:						
Salaries	\$ 1,613,342	\$ 1,640,673	\$ 1,694,527	\$ -	\$ 4,948,542	\$ 6,602,532
Benefits	\$ 529,339	\$ 537,848	\$ 541,810	\$ -	\$ 1,608,997	\$ 2,150,812
Other Operating Expenses	\$ 333,544	\$ 350,076	\$ 441,431	\$ -	\$ 1,125,051	\$ 1,501,108
Pharmaceutical Purchases	\$ 8,815,497	\$ 9,422,207	\$ 8,127,344	\$ -	\$ 26,365,048	\$ 36,725,042
Travel	\$ 5,977	\$ 8,489	\$ 11,359	\$ -	\$ 25,825	\$ 34,433
Capitalized Equipment	\$ 62,686	\$ -	\$ -	\$ -	\$ 62,686	\$ 230,000
Estimated IBNR	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Expenditures, Managed Health Care Pharmacy	\$ 11,360,385	\$ 11,959,293	\$ 10,816,471	\$ -	\$ 34,136,149	\$ 47,243,927

Indirect Expenditures (Shared Services)	\$ 4,049,186	\$ 3,917,026	\$ 3,580,817	\$ -	\$ 11,547,029	\$ 15,866,548
TOTAL EXPENDITURES	\$ 114,204,125	\$ 117,188,281	\$ 117,795,966	\$ -	\$ 349,188,372	\$ 471,150,929
DIFFERENCE	\$ (6,355,848)	\$ (9,652,229)	\$ (8,590,192)	\$ -	\$ (24,598,269)	\$ (37,269,514)
FY2015 Spend Forward to FY2014	\$ (11,586,014)	\$ -	\$ -	\$ -	\$ (11,586,014)	\$ (11,586,014)
NET DIFFERENCE	\$ (17,941,862)	\$ (9,652,229)	\$ (8,590,192)	\$ -	\$ (36,184,283)	\$ (48,855,528)

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Combined Total						
STRATEGY	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Combined Total	Annual Projection
REVENUE:						
TDCJ Appropriation	\$ 121,091,430	\$ 119,760,757	\$ 122,422,106	\$ -	\$ 363,274,293	\$ 485,696,399
State Reimbursement Benefits	\$ 13,483,014	\$ 14,337,644	\$ 13,882,839	\$ -	\$ 41,703,497	\$ 55,635,534
Other Misc Revenue	\$ 39,728	\$ 20,617	\$ 23,909	\$ -	\$ 84,254	\$ 112,414
TOTAL REVENUES	\$ 134,614,172	\$ 134,119,018	\$ 136,328,854	\$ -	\$ 405,062,044	\$ 541,444,347

C.1.7. UNIT & PSYCHIATRIC CARE						
EXPENDITURES:						
Unit Care Expenditures						
Salaries	\$ 39,244,953	\$ 39,246,932	\$ 39,484,173	\$ -	\$ 117,976,058	\$ 157,455,607
Benefits	\$ 12,018,626	\$ 12,550,289	\$ 12,426,201	\$ -	\$ 36,995,116	\$ 49,835,808
Other Operating Expenses	\$ 5,096,878	\$ 5,458,909	\$ 5,299,873	\$ -	\$ 15,855,660	\$ 21,280,039
Professional Services	\$ 571,476	\$ 497,579	\$ 606,797	\$ -	\$ 1,675,852	\$ 2,234,469
Contracted Units/Services	\$ 4,082,917	\$ 4,038,186	\$ 4,127,648	\$ -	\$ 12,248,751	\$ 16,331,668
Travel	\$ 245,006	\$ 365,265	\$ 461,635	\$ -	\$ 1,071,906	\$ 1,429,208
Electronic Medicine	\$ 94,496	\$ 102,773	\$ 87,434	\$ -	\$ 284,703	\$ 348,775
Capitalized Equipment	\$ 518,890	\$ 250,387	\$ 238,810	\$ -	\$ 1,008,087	\$ 2,442,518
Estimated IBNR	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subtotal, Unit Care Expenditures	\$ 61,873,242	\$ 62,510,320	\$ 62,732,571	\$ -	\$ 187,116,133	\$ 251,358,092
Psychiatric Care Expenditures						
Salaries	\$ 8,748,348	\$ 8,809,320	\$ 8,841,179	\$ -	\$ 26,398,847	\$ 35,154,451
Benefits	\$ 2,237,396	\$ 2,358,374	\$ 2,282,653	\$ -	\$ 6,878,423	\$ 9,160,008
Other Operating Expenses	\$ 83,339	\$ 99,564	\$ 97,965	\$ -	\$ 280,868	\$ 374,490
Professional Services	\$ 159,879	\$ 154,174	\$ 214,795	\$ -	\$ 528,848	\$ 705,131
Travel	\$ 52,001	\$ 38,244	\$ 55,130	\$ -	\$ 145,375	\$ 193,833
Estimated IBNR	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subtotal, Psychiatric Care Expenditures	\$ 11,280,963	\$ 11,459,676	\$ 11,491,722	\$ -	\$ 34,232,361	\$ 45,587,913
Total Expenditures, Unit & Psychiatric Care	\$ 73,154,205	\$ 73,969,996	\$ 74,224,293	\$ -	\$ 221,348,494	\$ 296,946,005

C.1.8. HOSPITAL & CLINICAL CARE						
EXPENDITURES:						
University Professional Services	\$ 5,156,345	\$ 5,193,246	\$ 5,728,990	\$ -	\$ 16,078,581	\$ 21,684,497
Freeworld Provider Services	\$ 7,631,550	\$ 15,184,778	\$ 16,031,446	\$ -	\$ 38,847,774	\$ 63,383,043
TTUHSC Western Regional Medical Facility & UTMB Hospital Galveston Hospital Services	\$ 27,752,426	\$ 28,964,017	\$ 31,139,067	\$ -	\$ 87,855,510	\$ 117,839,299
Estimated IBNR	\$ 7,801,702	\$ 791,936	\$ (413,369)	\$ -	\$ 8,180,269	\$ -
Total Expenditures, Hospital & Clinical Care	\$ 48,342,023	\$ 50,133,977	\$ 52,486,134	\$ -	\$ 150,962,134	\$ 202,906,839

C.1.9. MANAGED HEALTH CARE PHARMACY						
EXPENDITURES:						
Salaries	\$ 2,105,869	\$ 2,130,465	\$ 2,187,088	\$ -	\$ 6,423,422	\$ 8,569,038
Benefits	\$ 547,403	\$ 559,473	\$ 563,444	\$ -	\$ 1,670,320	\$ 2,232,576
Other Operating Expenses	\$ 390,386	\$ 408,177	\$ 511,309	\$ -	\$ 1,309,872	\$ 1,747,536
Pharmaceutical Purchases	\$ 11,167,917	\$ 11,727,859	\$ 10,390,674	\$ -	\$ 33,286,450	\$ 46,200,042
Travel	\$ 8,603	\$ 11,278	\$ 13,192	\$ -	\$ 33,073	\$ 44,097
Capitalized Equipment	\$ 62,686	\$ -	\$ -	\$ -	\$ 62,686	\$ 230,000
Estimated IBNR	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Expenditures, Managed Health Care Pharmacy	\$ 14,282,864	\$ 14,837,252	\$ 13,665,707	\$ -	\$ 42,785,823	\$ 59,023,289

Indirect Expenditures (Shared Services)	\$ 4,899,615	\$ 4,758,109	\$ 4,440,592	\$ -	\$ 14,098,316	\$ 19,277,610
TOTAL EXPENDITURES	\$ 140,678,707	\$ 143,699,334	\$ 144,816,726	\$ -	\$ 429,194,767	\$ 578,153,743
DIFFERENCE	\$ (6,064,535)	\$ (9,580,316)	\$ (8,487,872)	\$ -	\$ (24,132,723)	\$ (36,709,396)
FY2015 Spend Forward to FY2014	\$ (11,586,014)	\$ -	\$ -	\$ -	\$ (11,586,014)	\$ (11,586,014)
NET DIFFERENCE	\$ (17,650,549)	\$ (9,580,316)	\$ (8,487,872)	\$ -	\$ (35,718,737)	\$ (48,295,410)

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

As of August 2015

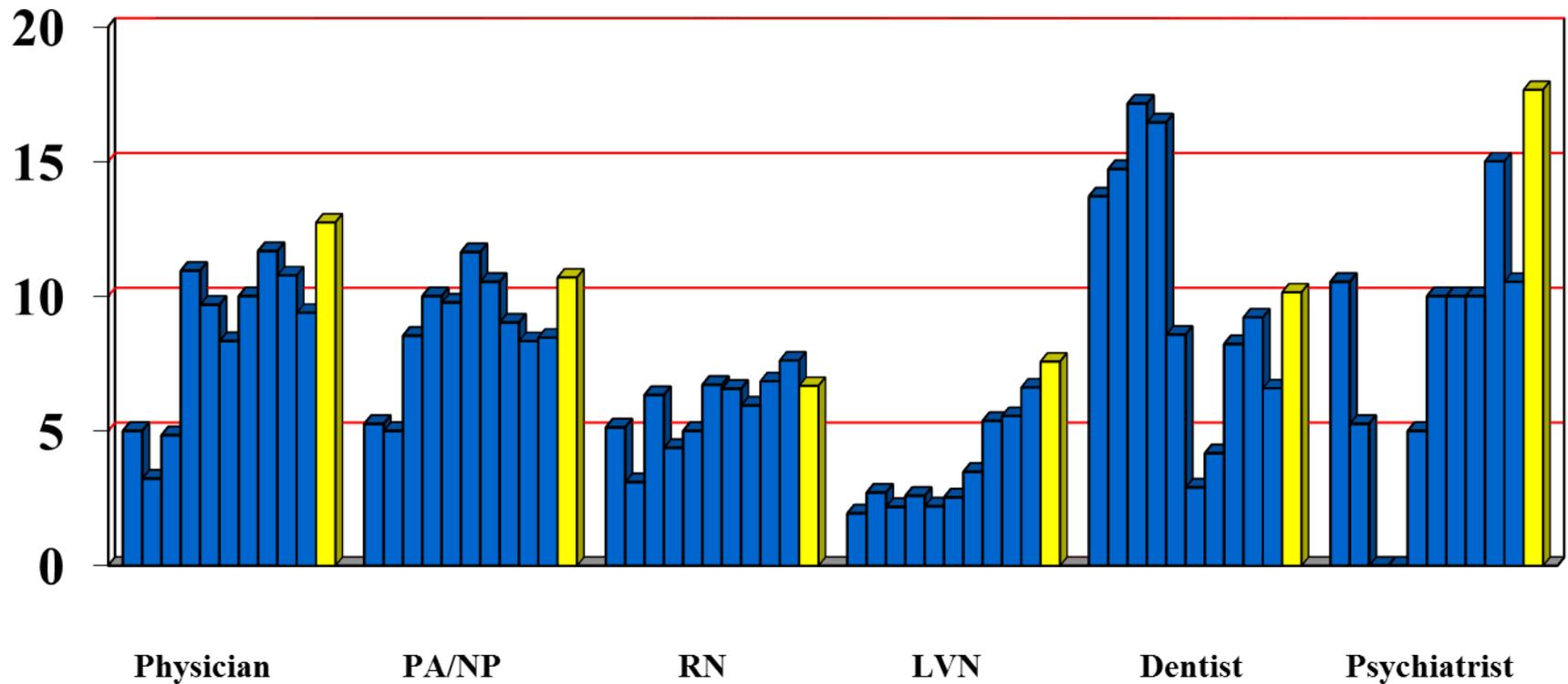
Title of Position	CMHCC Partner Agency	Vacant Since (mm/yyyy)	Actions Taken to Fill Position
Health Specialist V- Intelligence Testing	TDCJ	New Position	This position posting closed on August 14, 2015. There were no qualified applicants. Therefore, this position will be reposted.
Director II – Office of Public Health	TDCJ	06/15/2015	The position posting will close on September 18, 2015.
Physician II (Contract)	TDCJ/ UTMB	06/30/2015	The position posting closed on August 7, 2015. Interviews were conducted. However, a final decision has not been made.
Nurse II – Special Investigations	TDCJ	06/30/2015	Interviews for this position were held on August 11, 2015. The selected applicant is in the clearance process.
Investigator III – Patient Liaison Program/ Hilltop Unit	TDCJ	07/31/2015	Interviews have been held. The selected applicant for this position is in the clearance process.
Medical Director - Smith Unit	TTUHSC CMC	07/2012	Continued advertisement in local, regional and national publications; Expanded Recruiting Agency utilization, GME programs, internet advertising
Physician I – II (10) Physician III Rehab	UTMB CMC	03/01/2015 06/01/2015	Local and National Advertising, TAFP [‡] , NCCHC [†] Conferences, ACA Conference and Agency Contacts
Mid-Level Practitioners (PA and FNP) (11)	UTMB CMC	01/01/2015	Local and National Advertising, Career Fairs, TAPA [#] and TNP Conferences, Intern Programs
Psychiatrist (3)	UTMB CMC	04/08/2014	Local and National Advertising, NCCHC [†] Conferences, TSPP ^Δ , Agency Contacts
Dentists (8)	UTMB CMC	04/01/2015	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 2013 - 2015

University of Texas Medical Branch

UTMB Vacancy Rates (%) by Quarter FY 2013 – FY 2015



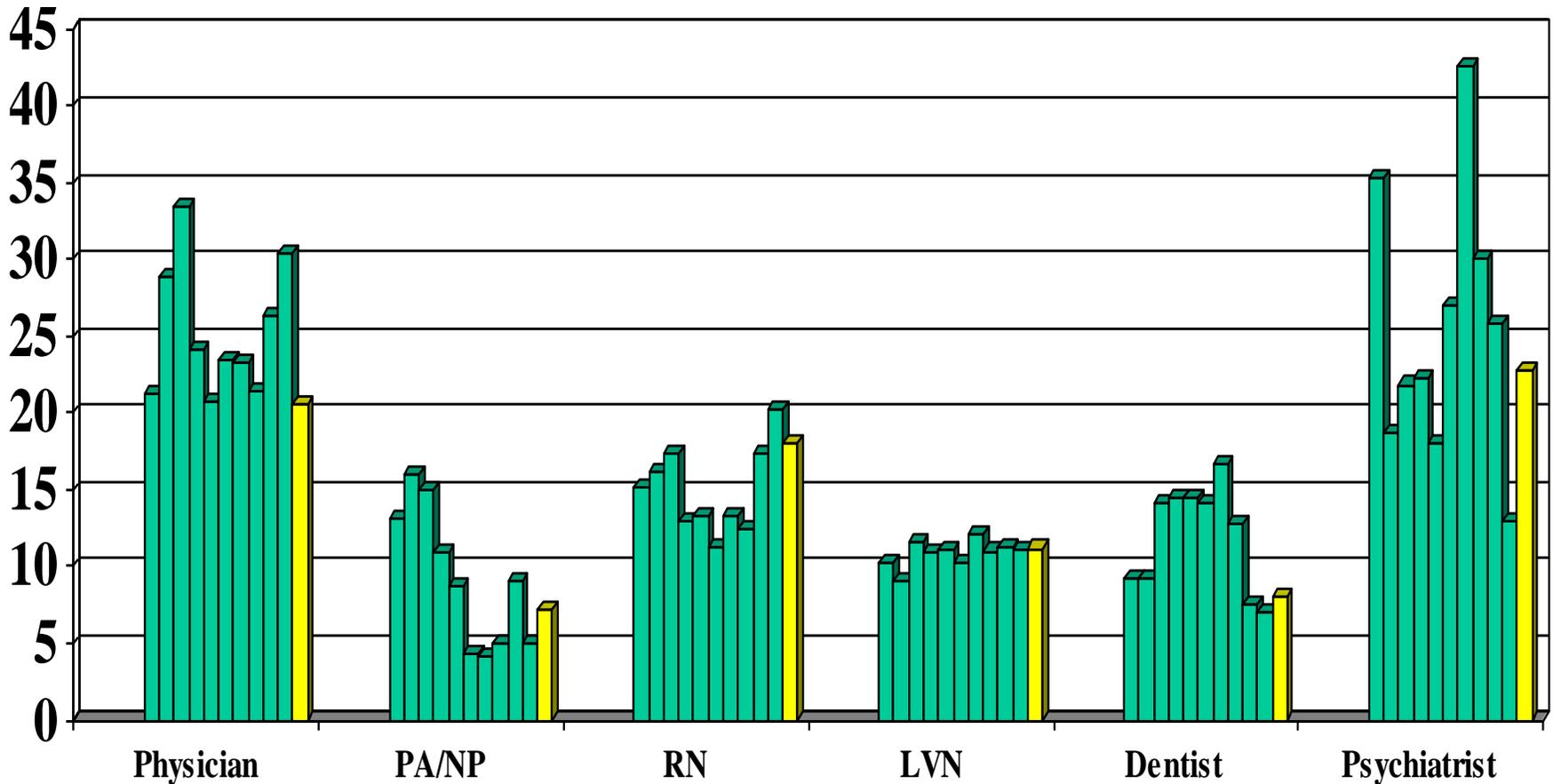
*Correctional Managed
Health Care*



University Vacancy Rate Report by Quarter FY 2013 - 2015

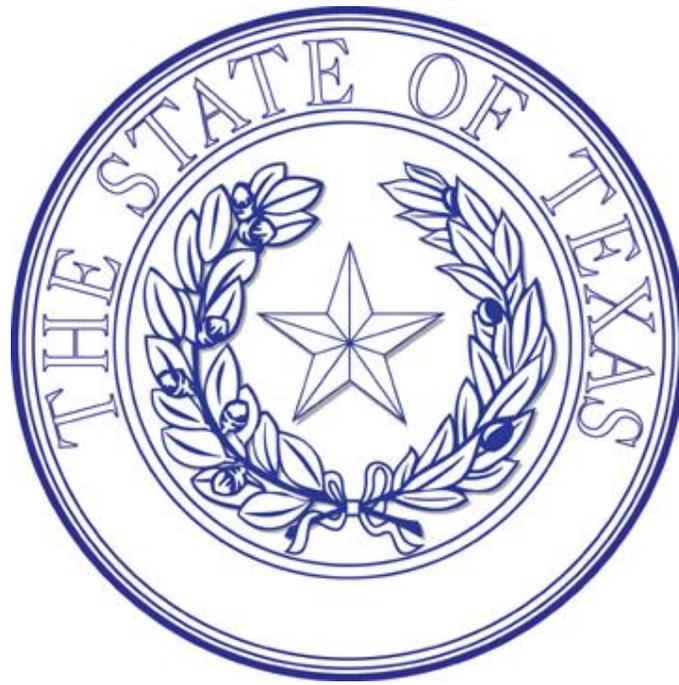
Texas Tech University
Health Sciences Center

TTUHSC Vacancy Rates (%) by Quarter FY 2013 – FY 2015



*Correctional Managed
Health Care*





**TEXAS DEPARTMENT OF
CRIMINAL JUSTICE**

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

Third Quarter FY 2015

Lannette Linthicum, MD, CCHP-A, FACP

TDCJ Medical Director's Report

Office of Health Services Monitoring (OHSM)

Operational Review Audit (ORA)

During the Third Quarter Fiscal Year (FY) 2015 (March, April and May 2015), 12 Operational Review Audits (ORAs) were conducted at the following facilities: Bartlett, Baten, Bradshaw, Bridgeport Pre-Parole Transfer Facility (PPT), Diboll, Duncan, Hilltop, Kyle, Billy Moore, Mountain View, Travis County State Jail and Woodman State Jail. During the Third Quarter of FY 2015, seven ORAs were closed for the following facilities: Beto, Coffield, Estelle, Kyle, South Texas Intermediate Sanction Facility (ISF), Stiles, and Travis County State Jail.

- The following is a summary of the six items found to be most frequently less than 80% compliant in the 12 Operational Review Audits conducted in the Third Quarter of FY 2015:

1. Item **5.251** requires documentation that three Hemocult cards were offered to offenders 50 years of age or greater within the required time frame of their annual date of incarceration. Seven of the twelve facilities were not in compliance with this requirement. The seven facilities out of compliance were: Bartlett, Bradshaw, Diboll, Duncan, B. Moore, Mountain View and Woodman. Corrective actions were requested from the seven facilities. Seven facilities are preparing facility-specific corrective actions to ensure future compliance: Bartlett, Bradshaw, Diboll, Duncan, B. Moore, Mountain View and Woodman.
2. Item **6.040** requires offenders receiving anti-tuberculosis medication at the facility have a Tuberculosis Patient Monitoring Record (HSM-19) completed. Six of the twelve facilities were not in compliance with this requirement. The six facilities out of compliance were: Bartlett, Baten, Bradshaw, Duncan, Hilltop and Mountain View. Corrective actions were requested from the six facilities. Six facilities are preparing facility-specific corrective actions to ensure future compliance: Bartlett, Baten, Bradshaw, Duncan, Hilltop and Woodman.
3. 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). Five of the twelve facilities were not in compliance with this requirement. The five facilities out of compliance were: Hilltop, Kyle, B. Moore, Travis and Woodman. Corrective actions were requested from the five facilities. Two Operational Review Audits (ORA) were closed for the following facilities: Kyle and Travis. Three facilities are preparing facility-specific corrective actions to ensure future compliance: Hilltop, B. Moore and Woodman.

**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, Sick 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).*

4. Item **1.100** requires interpreter services to be arranged, and documented in the medical record for monolingual Spanish-speaking offenders. Four of the twelve facilities were not in compliance with this requirement. The four facilities out of compliance were: Bartlett, Bradshaw, Mountain View

Operational Review Audit (Continued)

and Travis. Corrective actions were requested from the four facilities. One Operational Review Audit (ORA) was closed for the following facility: Travis. Three facilities are preparing facility-specific corrective actions to ensure future compliance: Bartlett, Bradshaw and Mountain View.

5. Item **6.051** requires offenders receiving biweekly anti-tuberculosis medication at the facility have medication documented by direct observed therapy. Four of the twelve facilities were not in compliance with this requirement. The four facilities out of compliance were: Duncan, Hilltop, Travis and Woodman. Corrective actions were requested from the four facilities. One Operational Review Audit (ORA) was closed for the following facility: Travis. Three facilities are preparing facility-specific corrective actions to ensure future compliance: Duncan, Hilltop, and Woodman.
6. Item **6.390** requires new positive RPR results for offenders on the facility reported to the TDCJ Health Services Office of Public Health within time frames required by Correctional Managed Health Care Policy B14.12: (1) One working day for titers 1:16 or greater and (2) Seven calendar days for titers less than 1:16. Four of the twelve facilities were not in compliance with this requirement. The four facilities out of compliance were: Bradshaw, Kyle, Travis and Woodman. Corrective actions were requested from the four facilities. Two Operational Review Audits (ORA) were closed for the following facilities: Kyle and Travis. Two facilities are preparing facility-specific corrective actions to ensure future compliance: Bradshaw and Woodman.

Capital Assets Monitoring

The Fixed Assets Contract Monitoring officer audited the same 12 units listed above for operational review audits during the Third Quarter of FY 2015. These audits are conducted to monitor compliance with the Health Services Policy and State Property Accounting (SPA) policy regarding inventory procedures. All 12 units were within the required compliance range.

Dental Quality Review Audit

During the Third Quarter of FY 2015 (March, April, and May 2015), Dental Quality Review audits were conducted at the following 14 facilities: Allred, Bridgeport, Estelle, Hutchins, Ellis, Henley, Hobby, Marlin, West Texas ISF, Diboll, Garza, Ney, Torres, Willacy County Jail Facility. The following is a summary of the items found to be most frequently below 80 percent.

- **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). Of the 14 facilities audited, Bridgeport and Hobby were not in compliance with this requirement. Bridgeport scored 60%, Hobby scored 30%. Corrective Action Response has been received from the Bridgeport facility. Corrective Action Request is pending with the Hobby facility.
- **Item 2** assesses if the charts of incoming (chain-in) intra-system offender transfers are being reviewed by the facility dental department within seven days of arrival. Ellis and Hobby were not in compliance with this requirement. Ellis scored 56% and Hobby scored 38%. Corrective Action Requests are pending for these facilities.
- **Item 3** assesses if the dental In-Processing Exam was completed at the intake facility within the thirty 30 day timeframe of arrival to TDCJ. Of the 14 facilities audited, Hutchins was not in compliance with this requirement. Hutchins scored 78%. Corrective Action Response has been received from this facility.
- **Item 19** assesses if the ending Priority on the Comprehensive Treatment Plan (CTP) is consistent with objective findings and assessments. Of the 14 facilities audited, Ellis, Estelle, Hobby and Ney Units were not in compliance

Dental Quality of Care Audit (Continued)

with this requirement. Ellis scored 79%, Estelle scored 72%, Hobby scored 72%, Ney scored 78%. Corrective Action Response has been received from the Estelle Unit. Corrective Action Requests are pending with the Ellis, Hobby and Ney facilities.

- **Item 20** assesses if a panoramic radiograph was taken during in-processing (intake), is the radiograph currently available at the facility. Of the 14 facilities audited, Hobby was not in compliance with this requirement. Hobby scored 63%. Corrective Action Response is pending with this facility.
- **Item 22** assesses if all inter-proximal radiographic findings are documented in the Comprehensive Treatment Plan (CTP). Of the 14 facilities audited, Hutchins was not in compliance with this requirement. Hutchins scored 77%. Corrective Action Response has been received from this facility.
- **Item 40 – Other Findings** assesses other issues that may not fall under specific topics. Of the 14 facilities audited, Ellis had the following deficiency: Are current number of radiographs documented on the CTP. Two offender records were found to be non-compliant on this requirement. Findings were reviewed and corrected at time of audit. No further corrective action was requested.

Grievances and Patient Liaison Correspondence

During the Third Quarter of FY 2015, the Patient Liaison Program (PLP) and the Step II Medical Grievance Program received 4,163 correspondences: The PLP received 2,638 and Step II Medical Grievance received 1,525. There were 404 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 Third Quarter FY 2015 for the Step II medical grievances was 12 percent. Performance measure expectation is six percent or less (Article IX, Correctional Managed Health Care contract). The percentage of sustained Step II medical grievances from UTMB was 12 percent and 11 percent for TTUHSC for the Second Quarter of FY 2015.

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 Third Quarter of FY 2015, the PLP nurses and investigators performed 45 Sick Call Request Verification Audits (SCRVA) on 43 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 363 indicators were reviewed at the **43** facilities and **5** of the indicators fell below the **80** percent compliance threshold representing one percent. The discipline composite score (medical/nursing, dental, and mental health) is an overall assessment of compliance with the sick call process of the **43** facilities audited. There were two 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

Office of Public Health (Continued)

data for occupational exposures to bloodborne pathogens. Year-to-date figures for a disease cases fail to meet the criteria to be considered new cases.

- There were **673** cases of Hepatitis C identified for the Third Quarter FY 2015, compared to **630** cases identified during the Second Quarter 2015. 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 Third Quarter FY 2015, **16,485** offenders had intake tests, and **130** are newly identified as having HIV infections. For the Second Quarter FY 2015, **17,570** offenders had intake tests and **129** were HIV positive. During the Third Quarter FY 2015, **10,980** offenders had pre-release tests; there were 10 found to be HIV positive compared to **one** in the Second Quarter FY 2015. **10** new AIDS cases were identified during the Third Quarter FY 2015, compared to **four** new AIDS cases in the Second Quarter FY 2015.
- **191** cases of suspected Syphilis were reported in the Third Quarter FY 2015, compared to **212** in the Second Quarter FY 2015. **21** required treatment or retreatment compared to 18 in the Second Quarter FY 2015. 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.
- **203** Methicillin-Resistant Staphylococcus Aureus (MRSA) cases were reported for the Third Quarter FY 2015, compared to 187 during the Second Quarter of FY2015. **123** Methicillin-Sensitive Staphylococcus Aureus (MSSA) cases were reported for the Third Quarter of FY 2015 compared to **109** for the Second Quarter of FY 2015. Numbers of both MRSA and MSSA have been fluctuating for the last few years.
- There was an average of **25** Tuberculosis (TB) cases under management for the Third Quarter FY 2015, compared to an average of **24** TB cases for the Second Quarter of FY 2015. 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 Third Quarter FY 2015, no training sessions were held. This position also audits the documentation and services provided by medical personnel for each sexual assault reported. There have been 186 chart reviews of alleged sexual assaults performed for the Third Quarter FY 2015. There were no deficiencies found this quarter. Blood-borne exposure baseline labs were drawn on 76 exposed offenders. To date, no offenders have tested positive for HIV in follow-up labs routinely obtained after the report of sexual assault.
- During the Third Quarter, FY 2015, three of six Thirteenth Annual Peer Education Health Conferences were held in the month of March 2015 for offenders to gain more knowledge about infectious diseases that are important in TDCJ and in the communities from which they come. The conferences include peer educators from 39 units: Baten, Beto, Boyd, Carol Vance, Choice Moore, Clemens, Clements, Coffield, Cole, Dalhart, Darrington, Formby, Gist, Gurney, Hamilton, Havins, Hightower, Hodge, Hughes, Hutchins, Jester III, Jordan, LeBlanc, Luther, Lychner, Michael, Neal, Pack, Powledge, Ramsey, Roach, Scott, Stiles, Stringfellow, Telford, Terrell, Travis, Tulia and Wheeler. In the month of May 2015, one unit received a five day training which included the Wall Talk and Somebody Cares Training. As of the close of the quarter, 100 of the 109 facilities housing Correctional Institutional

Office of Public Health (Continued)

Division offenders have active peer education programs. During the Third Quarter of FY2015, 66 offenders trained to become peer educators. This is a decrease from the 155 offenders trained in the Second Quarter FY 2015. During the Third Quarter of FY 2015, 20,092 offenders attended classes presented by educators. This is an increase from the Second Quarter of FY 2015 of 17,573 offenders.

Mortality and Morbidity

There were 92 deaths reviewed by the Mortality and Morbidity Committee during the months of March, April and May 2015. Of those 92 deaths, 10 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	2
Provider Peer Review	6
Nursing Peer Review	2
Mental Health	0
Total	10

Office of Mental Health Monitoring & Liaison

The following is a summary of findings by the Office of Mental Health Monitoring & Liaison (OMHM&L) during the Third Quarter of FY 2015:

- The OMHM&L monitors all Administrative Segregation facilities within the TDCJ Correctional Institution Division and State Jails once every six months. During the third quarter of FY 2015, **17** Administrative Segregation facilities were audited including: Allred, Bradshaw, Clements ECB, Cole, Connally, Darrington, Dominguez, Ellis, Hutchins, Lewis ECB, Lopez, McConnell, Mountain View, Polunsky, Powledge, Ramsey and Sanchez. The OMHM&L auditors **observed 3,098 offenders, interviewed 2,291 offenders, and referred seven 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) for 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 18 units for which an Administrative Segregation audit was completed, **17** units had sick calls to be audited for access to care compliance. At the Sanchez unit, there were no Mental Health sick calls during the audit period. For ATC 4, **17** of 17 units were **100%** compliant. For ATC 5, **15** of 17 units were **100%** compliant and the Mountain View unit was **94%** compliant and the Bradshaw unit was **93%** compliant. For ATC 6, **16** of 17 units were **100%** compliant and the Bradshaw unit was **71%** 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 Third Quarter FY 2015, a total of **61** instances of compelled psychoactive medication administration occurred. There were 18 instances at the Montford unit, 27 instances at the Skyview unit, 14 instances at the Jester IV unit and 2 instances at the Clements unit. Clements, Jester IV, Montford and Skyview were 100% compliant with required criteria for implementation and documentation of compelled psychoactive medication.

Office of Mental Health Monitoring & Liaison (Continued)

- 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, **23** facilities identified incoming offenders in need of Mental Health Evaluations. At the Kyle unit there were no offenders in need of mental health evaluation. **20** facilities met or **exceeded 80% percent compliance** for completing Mental Health Evaluations within 14 days of identified need: Bartlett, Dominguez, Formby, Garza, Gist, Glossbrenner, Gurney, Halbert, Holliday, Hutchins, Jester I, Lindsey, Lychner, Middleton, Plane, Sanchez, Sayle, Travis, Roach and Woodman. Three (**3**) facilities earned **compliance scores of 79% or lower**: Byrd 71%, Johnston 67% and Bradshaw 21%.
- The OMHM&L reviewed the mental health records of **19** 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 Third Quarter of FY 2015, **HSL conducted 153 hospital and 65 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 **153** hospital discharge audits conducted, **138** were from the UTMB Sector and **15** were from the TTUHSC sector. There were **10** deficiencies identified for UTMB and one identified for TTUHSC. Of the infirmary discharge audits conducted, **26** were from the UTMB sector and 39 were from the TTUHSC sector. There was four deficiencies identified from UTMB and none for TTUHSC.

Accreditation

The ACA CAMA Conference was held in Columbus, Ohio on May 30, 2015. During this conference, the following units were awarded reaccreditation by the ACA Panel of Commissioners: Holliday, Lopez, Segovia, Luther, Telford, Terrell and Carol Young.

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 -22,
- Correctional Institutions Division Pending Monthly Research Projects -7,
- Health Services Division Active Monthly Medical Research Projects -6,and
- Health Services Division Pending Medical Research Projects -6

696-HS-14-15-A

**Correctional Managed
Health Care Committee**

Offender Health Services Plan

Adopted September 2003

(Reviewed August 2005)

(Reviewed and Updated June 2007)

(Reviewed and Updated August 2009)

(Reviewed and Updated September 2011)

(Reviewed August 2013)

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Offender Health Services Plan

Correctional Managed Health Care Committee

Introduction

The Offender Health Services Plan describes the level, type and variety of health care services made available to offenders incarcerated within the Texas Department of Criminal Justice. This Plan is adopted pursuant to Section 501.146 of the Texas Government Code. In this Plan health care services are delivered through a cooperative arrangement between TDCJ, the University of Texas Medical Branch at Galveston and the Texas Tech University Health Sciences Center under the direction of the Correctional Managed Health Care Committee.

Definition of Health Care Services

Health Care, for the purposes of this Plan, is defined as health-related actions taken, both preventive and medically necessary, to provide for the physical and mental well-being of the offender population. Health care, among other aspects, includes medical services, dental services, and mental health services.

Access to Care

All offenders shall have equal access to health care services. Each facility within TDCJ has written procedures which describe the process for offenders to gain access to the care needed to meet their medical, dental and mental health needs. Offenders are provided information at intake and upon receipt at their unit of assignment on the procedures for obtaining health care services.

Classification of Levels of Care

For purposes of this Plan, health care services can be prioritized into the following classifications:

Level I Medically Mandatory: Care that is essential to life and health and without which rapid deterioration is expected. The recommended treatment intervention is expected to make a significant difference or is very cost effective.

- *Care at Level I is authorized and provided to all inmates.*

Level II Medically Necessary: Care that is not immediately life threatening, but without which the patient could not be maintained without significant risk of serious deterioration or where there is a significant reduction in the possibility of repair later without treatment.

- *Care and treatment of conditions at Level II is provided to all inmates but evolving standard and practice guidelines controls the extent of service.*

Utilization Management and Review

Utilization management and review is a physician-driven system for making individual evaluations as to medical necessity. The review process entails consulting national accepted standards of care and comparing the individual circumstances of each case. Referrals for certain types of care require prior authorization through the utilization review process. Determinations made through the utilization management and review process may be appealed by the referring provider for additional review and decision in accordance with established procedures.

Formulary and Disease Management Guidelines

A standard statewide formulary is maintained by the Pharmacy and Therapeutics Committee and updated as needed and at least annually. This committee meets regularly

to review the use of drugs within the health care system, evaluate agents on the formulary and consider changes to the available medications. All medications prescribed for offenders must be listed in the formulary, unless specific medical necessity exists for authorizing a non-formulary medication. In such circumstances, a request for non-formulary approval will be processed and evaluated. Non-formulary determinations may be appealed by the referring provider for additional review and decision in accordance with established procedures.

In addition to the formulary, the Pharmacy and Therapeutics Committee develops and maintains disease management guidelines that outline recommended treatment approaches for management of a variety of illnesses and chronic diseases. These guidelines are reviewed regularly and updated as necessary. Disease management guidelines focus on disease-based drug therapy and outline a recommended therapeutic approach to specific diseases. They are typically developed for high risk, high volume, or problem prone diseases encountered in the patient population. The goal is to improve patient outcomes and provide consistent, cost-effective care, which is based on national guidelines, current medical literature, and has been tailored to meet the specific needs of the patient population served.

Disease management guidelines are just that. They are guidelines. They represent pathways that will help practitioners provide care for the majority of patients in the middle portion of a bell shaped curve. Pathways do not replace sound clinical judgment nor are they intended to strictly apply to all patients.

Complaints and Grievances About Health Care

If an offender believes that he/she has not received medical care that is necessary and appropriate for his/her medical condition, the following mechanisms are available:

- First, asking questions of the treating professionals in the medical department in order to understand what is being done to address the issue;
- If the issue remains unresolved, the next step is to complete an I-60 Request to Official form and send it to the facility medical complaints coordinator at the medical department for informal resolution;
- An offender also has the right to file a grievance in accordance with the appropriate offender grievance procedures.

Offender Co payment Requirements

In accordance with state law, if a visit to a health care provider meets offender health care co-payment criteria, the offender may be assessed a \$100.00 annual co-payment fee. Offenders will be afforded access to health care services regardless of their ability to pay this fee.

Offender Health Services Plan

All services are subject to a determination of medical necessity.

Medical Services And Supplies Provided By Physicians And Other Health Care Professionals

Service Description
<p>Diagnostic and treatment services</p> <p>Professional services of providers</p> <ul style="list-style-type: none"> ■ In provider's office or department ■ Consultations by specialists when indicated ■ Office medical consultations ■ During a hospital stay ■ During an infirmary stay
<p>Laboratory, X-ray and other diagnostic tests</p> <p>Tests, including but not limited to:</p> <ul style="list-style-type: none"> ■ Blood tests ■ Urinalysis ■ Pathology ■ X-rays ■ Mammograms ■ Cat Scans/MRI ■ Ultra sound ■ Electrocardiogram and EEG

Treatment Therapies

- Chemotherapy and radiation therapy
- Respiratory and inhalation therapy
- Dialysis--hemodialysis and peritoneal dialysis
- Intravenous (IV)/Infusion therapy

Physical and Occupational Therapies

Services for each of the following:

- Qualified physical therapists
- Occupational therapists
- Rehabilitation therapy and exercise

Notes: Physical and occupational therapy is limited to services that assist the member to achieve and maintain self-care and improved functioning in other activities of daily living.

Cardiac rehabilitation is provided subject to the limitations below.

Therapy to restore bodily function is provided only when there has been a total or partial loss of bodily function due to injury or illness.

Services are limited to those that continue to meet or exceed the treatment goals established by the provider. For the physically disabled--maintenance of functioning or prevention of or slowing of further deterioration.

Hearing Services

- Audiogram if medically indicated
- Placement of hearing aid when medically necessary

Vision Services

- Eye examination (vision screening) to determine the need for vision correction
- Ocular prosthesis if medically indicated
- Optometry services
- Corrective lenses as medically indicated

Foot Care

- Corrective orthopedic shoes, arch supports, braces, splints or other foot care items if medically indicated

Orthopedic and prosthetic devices

- Artificial limbs and eyes; stump hose
- Terminal devices
- Braces for arms, legs, back or neck
- External cardiac pacemaker
- Internal prosthetic devices, such as artificial joints, pacemakers
- Foot orthotics when medically necessary

Durable Medical Equipment

Provision of necessary durable medical equipment, including repair and adjustment, as prescribed by the provider, such as:

- Hospital beds
- Standard wheelchairs
- Crutches
- Walkers
- Blood glucose monitors
- Suction machines
- Oxygen

Educational Material, Classes or Programs

Health education material, classes and programs are provided

Preventive Health Care Services

Service Description
<p>Routine Immunizations</p> <p>Limited to Td, MMR, influenza (over age 54), pneumococcal vaccine (over age 64)</p>
<p>Medically Indicated Immunizations</p>
<p>Hepatitis A vaccination for Occupational Risk</p>
<p>Hepatitis B vaccinations will be administered according to correctional managed health care infection control policy and protocol</p>
<p>Post-exposure testing and prophylaxis for offender non-occupational bloodborne pathogen exposure</p>
<p>TB Related Services</p> <ul style="list-style-type: none"> ■ Annual TB screening tests ■ Treatment of Latent TB infection ■ Directly observed therapy for TB disease ■ Treatment for TB, including respiratory isolation when indicated ■ Contact investigation around active TB cases ■ Specialty Consultation for drug-resistant TB cases

<p>HIV Related Services</p> <ul style="list-style-type: none"> ■ HIV testing and counseling upon intake and prior to release as required by state law ■ HIV testing and counseling upon request (no more than every 6 months) ■ Antiretroviral therapy for HIV according to correctional managed health care policy and protocol ■ Opportunistic infection prophylaxis ■ Infectious disease consultation for HIV infection
<p>Partner elicitation and referral for Sexually Transmitted Diseases, including HIV</p>
<p>Syphilis screening upon intake</p>
<p>Testing for communicable diseases when clinically indicated</p>
<p>Treatment of chronic Hepatitis B and C according to correctional managed health care policies and protocols</p>
<p>Hepatitis C antibody testing upon offender request</p> <p style="text-align: center;">No greater than once per year</p>
<p>Post-exposure prophylaxis for varicella when medically indicated</p>
<p>Post-exposure Prophylaxis for meningitis when clinically indicated</p>
<p>Periodic medical assessments as required for certain job assignments involving excessive noise exposure or use of a respirator</p>
<p>Access to personal hygiene supplies as described in correctional managed health care policy and protocol</p>
<p>Periodic physical examination, according to frequency designated in policy</p>
<p>Annual fecal occult blood test over age 50</p>
<p>Health education services</p>

Mammogram Services for Females

- Baseline mammogram at age 40
- Mammogram every 1-2 years for ages 40-49; annually from age 50 and higher

For females, annual pelvic exam and Pap smear

Frequency may be adjusted by the provider when clinically indicated

Obstetrical Services

- Prenatal and postnatal care, including medically indicated vitamins and nutritional care
- Delivery and complications of pregnancy

Note: Elective termination of pregnancy is not covered. Medical care of the newborn infant is not covered.

Surgical and Anesthesia Services provided by Providers and other Health Care Professionals

Facility Providers must obtain precertification for all offsite surgical procedures.

Service Description
<p>Surgical Procedures</p> <p>A comprehensive range of services, such as:</p> <ul style="list-style-type: none">■ Operative procedures■ Treatment of fractures, including casting■ Normal pre- and post-operative care by the surgeon■ Endoscopy procedures■ Biopsy procedures■ Removal of tumors and cysts■ Insertion of internal prosthetic devices

Services Provided by an Infirmary, Hospital or Other Facility and Ambulance Services

Facility physicians must obtain precertification for hospital stays. All services are subject to a finding of medical necessity.

Service Description
<p>Infirmary Care</p> <p>Health care services at TDCJ facilities with infirmaries for an illness or diagnosis that requires limited observation and/or management by a registered nurse, but does not require admission to a licensed hospital.</p> <p>Inpatient Hospital</p> <p>Room and Board</p> <ul style="list-style-type: none"> ■ General Nursing Care ■ Meals and Special Diets <p>Other Hospital Services, such as:</p> <ul style="list-style-type: none"> ■ Operating, recovery, obstetrical and other treatment rooms ■ Prescribed drugs and medicines ■ Diagnostic laboratory tests and X-rays ■ Administration of blood and blood products ■ Blood or blood plasma ■ Dressings, splints, casts and sterile tray services ■ Medical supplies and equipment, including oxygen ■ Anesthetic services as necessary

Hospice Care

Supportive and palliative care for the terminally ill is provided in a designated hospice facility. Services include inpatient and outpatient care. These services are provided by a multidisciplinary team under the direction of the facility provider who certifies the terminal stages of illness, with a life expectancy of approximately six months or less. Services include appropriate support services at the correctional unit for the offender's family as outlined in policy.

Ambulance

Local professional ambulance service when medically necessary

Medical Emergency Services

A medical emergency is the sudden and unexpected onset of a condition or an injury that your facility provider believes endangers your life or could result in serious injury or disability, and requires immediate medical or surgical care.

Mental Health Services**Service Description****Mental Health Care**

Diagnostic and treatment services recommended by a qualified mental health provider, including:

- Professional services such as medication monitoring and management
- Outpatient services
- Psycho-social services as indicated
- Inpatient services provided by a correctional health care approved facility, including as necessary, diagnostic evaluation, acute care, transitional care and extended care
- Crisis management/Suicide Prevention
- Continuity of care services
- Specialized mental health programs
 - Program for the Aggressive Mentally-Ill Offender
 - Mentally Retarded Offender Program
 - Administrative Segregation step-down program
 - Program for the chronic self-injurious
- Emergency mental health services are available 24 hours a day, seven days per week.

Pharmacy Services

Service Description

Medically necessary medications are provided to offenders when clinically indicated.

- Over the counter medications as specified by the formulary and policy
- Formulary prescription medications
- Non-formulary medications must have prior authorization through the non-formulary approval process
- Maintenance medications are dispensed as a 30-day supply with up to 11 refills authorized
- Acute medications (e.g., antibiotics) are dispensed as a course of therapy and may not be refilled without obtaining a new prescription from the provider
- Certain medications may be provided KOP (Keep on Person) based on policy

Dental Services

Eligibility for Dental Services:

- All offenders are eligible for emergency or urgent needs
- After 6 months of incarceration and demonstration of satisfactory oral hygiene self care--interception and stabilization, i.e., temporary fillings, gross scalings
- After 12 months of incarceration and demonstration of satisfactory oral hygiene--corrective care, i.e., fillings
- Referrals for evaluation and treatment by specialists will be subject to utilization review process and require prior authorization
- Dentists may request variation from the guidelines regarding eligibility and scope of services for the protection of patients judged to have special dental needs jeopardizing overall health.

Service Description
<p>Diagnostic/Preventive Dentistry by Primary Dentist</p> <ul style="list-style-type: none"> ■ Initial/Periodic oral examination ■ Development of treatment plan ■ Oral cancer examination ■ Visual aids ■ Consultations
<p>Dental X-rays</p> <ul style="list-style-type: none"> ■ Bitewing ■ Single ■ Other X-rays <ul style="list-style-type: none"> ■ Full Mouth ■ Panoramic

<p>Prophylaxis</p> <ul style="list-style-type: none"> ■ Oral hygiene instruction ■ Fluoride treatment ■ Sealant treatment (per tooth) ■ Infection control
<p>Restorative (fillings) by Primary Dentist</p> <ul style="list-style-type: none"> ■ Amalgram (silver) restorations: primary or permanent (1, 2, 3 or more surfaces) ■ Composite resin (white) restorations on anterior teeth only (1, 2, 3 or more surfaces) ■ Acid etch bonding for repair of incisal edge
<p>Endodontics (Root Canal Therapy) by Primary Dentist</p>
<p>Oral Surgery by Primary Dentist</p> <ul style="list-style-type: none"> ■ Single tooth extraction ■ Surgical extraction-erupted tooth ■ Surgical extraction-soft tissue impaction ■ Surgical extraction-partial bony impaction ■ Surgical extraction-full bony impaction
<p>Periodontics (Gum treatment) by Primary Dentist</p> <ul style="list-style-type: none"> ■ Occlusal Adjustment-Limited ■ Occlusal Adjustment-Complete <p>Periodontal scaling and root planing (per quadrant)</p>
<p>Major restorative dentistry by Primary Dentist</p> <ul style="list-style-type: none"> ■ Re-cement crown/bridge ■ Post for crown ■ Stainless steel crown

Prosthodontics (dentures) by Primary Dentist

- Complete dentures (upper or lower)
- Partial denture
- TMJ Appliance

University Providers will demonstrate best effort to comply with a 30-90 day time frame for delivery of those qualifying for oral prosthetics.

The Offender Health Services Plan is intended to serve as a guide for determining the health care services provided to offenders. It is not intended to represent an all-inclusive list of services to be provided nor to replace sound clinical judgment of the health care providers. In addition, the Plan is intended to work in conjunction with other tools provided to health care providers such as the approved formulary and disease management guidelines adopted by the program.

The Plan should also be considered a work in progress. As necessary and at least annually, the Plan will be updated to reflect changes in policy, practice, and standards of care. The Plan was developed in a cooperative effort of the three medical directors involved in the correctional managed health care program, along with the input of management in various health care disciplines. The Plan also draws heavily on a number of reference documents, most notably, the Oregon Department of Corrections Health Care Plan and the HMO Blue Texas Plan.

CMHCC Joint Nursing Working Group Update



September 22, 2015

Members

Director of Nursing
Administration,
TDCJ Health
Services Division

Director of Nursing
Services,
Texas Tech - CMC

Chief Nursing
Officer,
UTMB-CMC

Director of
Nursing, Offender
Care Services,
UTMB-CMC

Objectives

- Shared Communication
- Identify, collaborate, and address systemic nursing issues
- Ensure nursing practice remains within the scope and meets minimal acceptable standards as defined by the Board of Nursing.
- Standardize nursing practice through policy and form review, revision, and creation
- Quality Improvement

New Initiatives

Joint Nursing Quality Indicator

Nursing Plans of Care (NPOC)

Medication Barcode
Administration

Joint Nursing Quality Indicator

- System Leadership Council Supplemental Indicator
 - Emergency Response
 - The audit will determine if nurses are meeting minimum clinical expectations when responding to emergencies outside of the medical department as defined by applicable policies, accrediting body standards, and Rules and Regulations of the Board of Nursing.
 - CMHC Policy E-41.1
 - CMHC Policy E-41.2
 - ACA standard 4-4389
 - BON Rule §217.11



Joint Nursing Quality Indicator

Emergency Response Indicator Components:

- Response to the patient occurred within 4 minutes
- Nursing staff responded with the emergency response bag and the AED
- The nurse remained with the patient at the scene utilizing other staff to obtain additional equipment or assistance
- If indicated, CPR was initiated at the scene or maintained if Security initiated.
- If indicated, AED applied at the scene
- If indicated, prompt 911 activation
- If indicated, protective devices (C-collar, splint, backboard) utilized prior to moving the patient
- If indicated, the Code Sheet was completed
- Documentation indicating a head to toe evaluation was performed

Joint Nursing Quality Indicator

CONTINUITY OF CARE WORKSHEET - Emergency Response

Facility:

Month/Year Audited: September, 2015 Sample Size 3

Total Pool:

Overall Compliance: 93%			100%	67%	67%	100%	100%	100%	100%	100%	100%	COMMENTS
TDCJ #	PATIENT'S NAME	Response to the patient occurred within 4 minutes	Nursing staff responded with the emergency response bag and the AED	The Nurse remained at the scene utilizing other staff to obtain additional equipment or assistance	CPR was initiated at the scene or maintained if Security initiated	AED applied at the scene	Prompt 911 activation	Protective devices (C-collar, splint, backboard) utilized prior to moving the patient	Code Sheet completed	Documentation indicating a head to toe evaluation was performed		
		Yes/No	Yes/No	Yes/No	Yes/No/NA	Yes/No/NA	Yes/No/NA	Yes/No/NA	Yes/No/NA	Yes/No		
1	123456	John Smith	Yes	Yes	Yes	NA	NA	NA	NA	Yes	Yes	
2	234567	Joe Johnson	Yes	Yes	No	NA	NA	Yes	Yes	Yes	Yes	
3	111111	Mike Malcolm	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
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Nursing Plan of Care (NPOC)

A nursing plan of care will be initiated on all inpatient patients upon admission and as new problems are identified.

The NPOC is:

- Patient problem focused (less diagnosis focused)
 - Addresses what is preventing the patient from moving to lower level of care
- Identifies nursing independent interventions
- Offers a standardized approach but is individualized to meet the needs of each patient

Benefits of the NPOC are:

- Enhances the effectiveness of the interdisciplinary approach towards patient centered care
- Facilitates better communication between care providers
- Electronic
- Simple to create
- Easy to organize/ update across the continuum of care

Nursing Plan of Care (NPOC)

A - Upon admission to an infirmary, the RN completes a patient assessment.

- Infirmary Admission Assessment
- IP RN Assessment

P - From the assessment findings, the RN identifies the patient problems.

- NPOC problems will be created from the Patient Summary screen in PEARL.

P - The RN creates a nursing plan of care based on the patient problems.

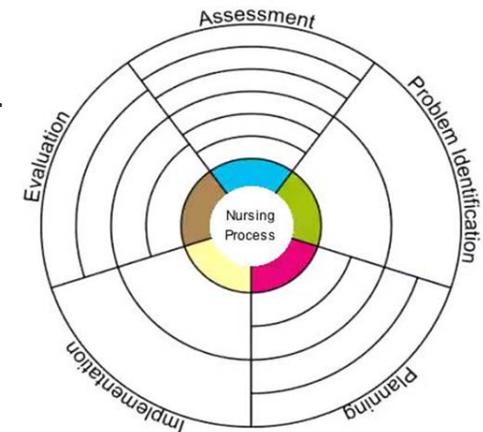
- Interventions are selected from the NPOC problem decision trees.
- Reminders are generated from the selected interventions.

I - The plan is implemented.

- As interventions are completed, the nurse will document on the reminder notes
- Reminders will be closed as interventions are completed.

E - The plan is evaluated

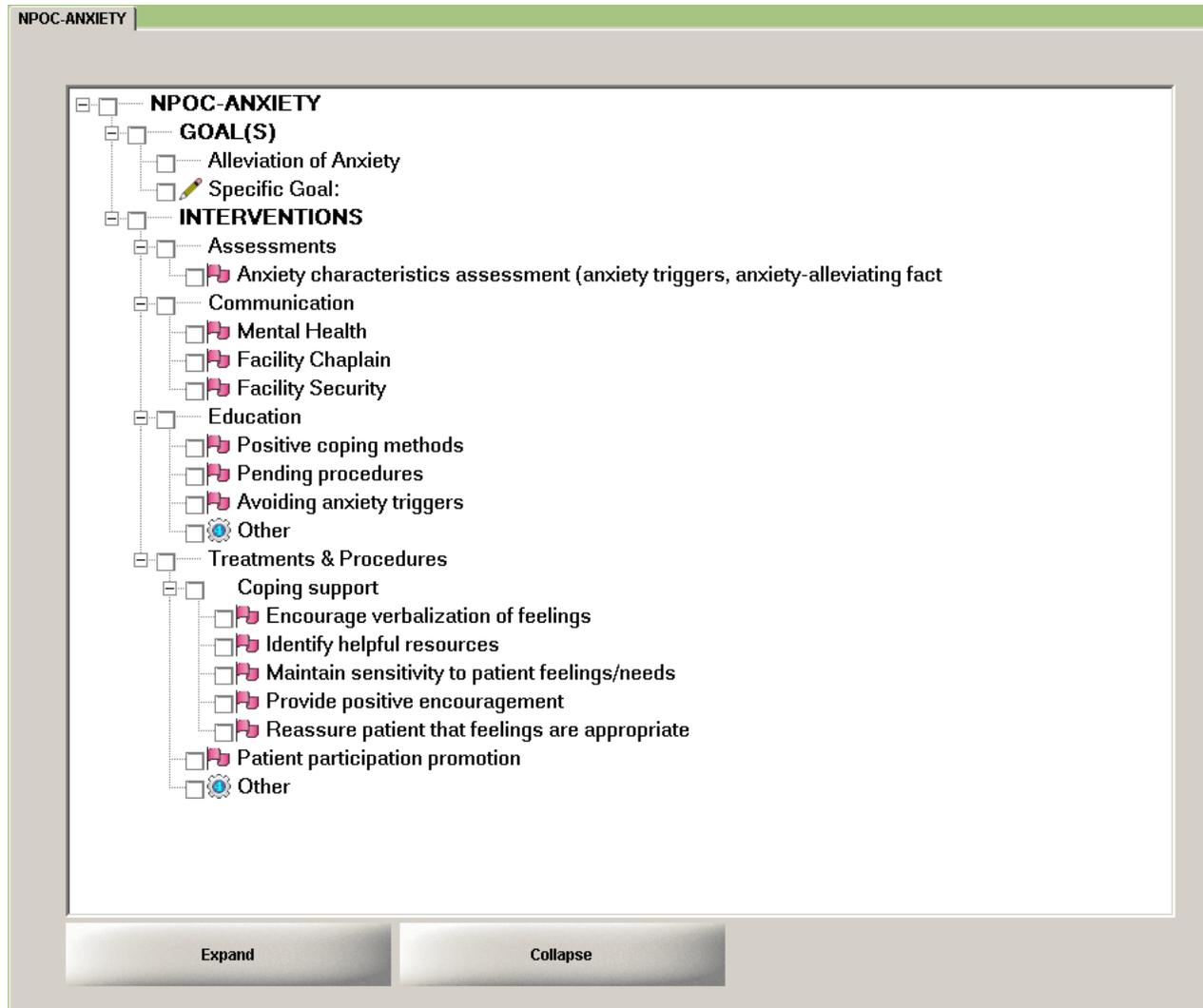
- Resolved problems are inactivated from the patient Problem list.
- Unresolved problems are evaluated by the RN to determine if modification of the plan is indicated.



Nursing Plan of Care (NPOC)

- Activity Tolerance
- Anxiety
- Bleeding
- Bowel Function Altered
- Discharge Planning
- Fluid Volume Imbalance
- Grieving
- Infection / Sepsis
- Mental Status Impaired
- Mobility Impaired
- Nutrition Deficit
- Pain
- Respiratory Function Impaired
- Restraint Use
- Self Harm
- Swallowing Impaired
- Urinary Elimination Impaired

Nursing Plan of Care (NPOC)



Barcode Medication Administration

- UTMB-CMC nursing staff administered almost 34 million doses of medication in FY'14.
- Reported medication errors are questionably low as they are solely dependent on self-reporting.
- The current medication administration process has no electronic check and balance at the point of administration to ensure patients are receiving the correct medications in the correct doses at the correct times.



Barcode Medication Administration Project Goal



- Reduce medication errors
- Ensure patients are receiving the correct medications in the correct doses at the correct times by electronically validating and documenting medications
- Studies have shown the use of barcoding to support medication administration have reduced errors by as much as 50 percent (Friday Flash Report, 2014).



Comments or Questions
