



**CORRECTIONAL MANAGED HEALTH CARE
COMMITTEE
AGENDA**

March 15, 2016

10:00 a.m.

Frontiers of Flight Museum
Conference Room
6911 Lemmon Ave.
Dallas, Texas 75209

CORRECTIONAL MANAGED HEALTH CARE COMMITTEE

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10:00 a.m.

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Conference Room
6911 Lemmon Ave.
Dallas, Texas 75209

- I. Call to Order
- II. Recognitions and Introductions
- III. Consent Items
 1. Approval of Excused Absences
 2. Approval of CMHCC Meeting Minutes, December 8, 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 Fiscal Year 2016 First Quarter Report
 - 2. Texas Tech University Health Sciences Center
 - 3. The University of Texas Medical Branch
- VII. Update on Hematologic and Oncologic Cancers –
 - Olugbenga Ojo, MD
Chief Medical Officer /Chief Physician Executive
TDCJ Hospital & Clinics
Associate Professor of Medicine
Department of Internal Medicine
UTMB Galveston;

 - Avi B. Markowitz, M.D., F.A.C.P.
Bill and Louise Bauer Distinguished Chair in Cancer Research
Professor and Chief, Division of Hematology/Oncology
Associate Director for Experimental Therapeutics and Department Head,
Office of Oncology Clinical Trials, UTMB Comprehensive Cancer Center
- VIII. Joint Infection Control Committee Update –
 - Chris Black-Edwards, RN BSN
- IX. Public Comments
- X. Adjourn

Consent Item

Approval of CMHCC Meeting Minutes
December 8, 2015

CORRECTIONAL MANAGED HEALTH CARE COMMITTEE

December 8, 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., Elizabeth Anne Linder, Ed.D., Cynthia Jumper, M.D., Patricia Vojack, JD, MSN, Ben Raimer, M.D.

CMHCC Members Absent: Mary Annette Gary, Ph.D.

Partner Agency Staff Present: Bryan Collier, Bill Stephens, Ron Steffa, Marsha Brumley, Natasha Mills, Myra Walker, Charlene Maresh, Rebecka Berner, Darnel Durand, MD, Chris Black-Edwards, Linda Knight, Ph.D.; Texas Department of Criminal Justice; Stephen Smock, Anthony Williams, Owen Murray, DO., Monte Smith, DO., Joseph Penn, MD., Gary Eubank, Lauren Sheer, Jessica Khan, MD, Marjorie Kovacevich, Olugbenga Ojo, M.D., Susan Morris, MD, Kelly Coates, Clay Watson, MD., UTMB; Denise DeShields, M.D., TTUHSC

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

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>I. Call to Order</p> <p>- Margarita de la Garza-Graham</p>	<p>Dr. de la Garza-Graham called the Correctional Managed Health Care Committee (CMHCC) meeting to order at 10:00 a.m. then noted that a quorum was present and the meeting would be conducted in accordance with Chapter 551 of the Texas Government Code, the Open Meetings Act.</p>		
<p>II. Recognitions and Introductions</p> <p>- Margarita de la Garza-Graham</p>	<p>Dr. de la Garza-Graham acknowledged that all wishing to offer public comment must be registered and will be allowed a three minute time limit to express comment.</p> <p>Dr. de la Garza-Graham called upon Dr. Linthicum and Dr. Murray who recognized Lauren Sheer, Legislative Director, of the University Texas Medical Branch for her advocacy, tireless efforts and outstanding service presented during the Legislative Session.</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. Raimer due to a scheduling conflict.</p>		

<p>III. Approval of Consent Items (Cont.)</p> <ul style="list-style-type: none"> ○ Approval of CMHCC Meeting Minutes – September 22, 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 the next item on the agenda was the approval of the Minutes from the meeting held on September 22, 2015.</p> <p>Dr. de la Garza-Graham noted that the 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 items on the agenda was the approval of the Summary of CMHCC Joint Committee/Work Group Activities.</p>	<p>Dr. Harold Berenzweig noted a marked decrease in the number of HIV screenings on the monthly activity report and asked if it may be due to the fluctuation in those entering and leaving the system.</p> <p>Dr. Lannette Linthicum replied, that the intake numbers usually remain constant and asked Chris Black-Edwards to make note to check the fluctuation shown in the numbers.</p>	<p>Dr. Ben Raimer made a motion to approve the consent items and Dr. Berenzweig seconded the motion which prevailed by unanimous vote.</p>
<p>IV. Update on Financial Reports</p> <p>- Charlene Maresh</p>	<p>Dr. de la Garza-Graham called on Charlene Maresh to present the financial report.</p> <p>Ms. Maresh reported on statistics for the Fourth Quarter of Fiscal Year (FY) 2015, as submitted to the Legislative Budget Board (LBB). The report was submitted in</p>		

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<p>IV. Update on Financial Reports (Cont.)</p>	<p>accordance with the General Appropriations Act, Article V, Rider 50.</p> <p>Funding received by the universities was \$542.1 million dollars.</p> <p>The report also shows expenditures broken down by strategies.</p> <p>Unit and psychiatric care expenses make up the majority of health care costs at 53.5% percent, for a total of \$306.2 million dollars.</p> <p>Hospital and clinical care accounts for 37.2% of total expenditures at a cost of \$216.9 million. This strategy showed the greatest shortfall at \$44.1 million dollars for FY 2015.</p> <p>Pharmacy services makes up 10.3 % of total health care expenditures at a cost of \$59.8 million dollars.</p> <p>As of the Fourth Quarter of FY 2015, the average service population is 148,978. This is a slight decrease from the FY 2015 Second Quarter.</p> <p>The overall service population has remained stable with an average daily census of 148,569 for FY 2015.</p> <p>The offender population age 55 and over had a slight increase with an average daily census of 16,069. This population makes up about 10.8 % of the overall population and accounts for 40.7 % of total hospital cost.</p> <p>The average mental health inpatient census is 1,865 of the total service population. The average mental health outpatient census is 22,634 of the total service population.</p> <p>The average health care cost is \$10.75 per offender, per day, which is a 5.3% percent increase from FY 2014 which was \$10.21.</p> <p>Ms. Maresh reported that \$11.6 million dollars in FY 2015</p>		
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<p>IV. Update on Financial Reports (Cont.)</p>	<p>funding was used to cover shortfalls of FY 2014 bringing the total shortfall to \$35.7 million during the Third Quarter.</p> <p>The total shortfall for FY 2015 was \$40.8 million when accounting for the \$11.6 million dollar spend forward that was used from FY 2015 funding to cover the FY 2014 shortfall, bringing the total shortfall to \$52.4 million dollars.</p> <p>Ms. Maresh further reported that \$83,870 in excess offender health care fees were collected in 2015 and a supplemental appropriation of \$42.5 million dollars was approved for TDCJ to spend along with an additional \$5 million dollars in additional resources bringing the shortfall to \$4.9 million dollars.</p>	<p>Dr. Linthicum referenced that the greatest deficit is in the hospital strategy, and inquired if it was known if the cost was related more to hospital or emergency room cost.</p> <p>Dr. Linthicum asked that Dr. Olugbenga Ojo research the total number of funds that had been spent on stem cell transplants, so that it could be determined how it is impacting the hospital strategy.</p> <p>Dr. Linthicum inquired on how many stem cell transplants had been completed on patients during the biennium.</p> <p>Dr. Ojo responded that about seven stem cell transplants had been completed within the biennium, and one was in the completion process bringing the total to eight.</p> <p>Charlene responded that she would provide a breakdown of the cost to the committee.</p> <p>Dr. de la Garza-Graham requested a report be given on patients who have had stem cell transplants and what criteria is used to determine if they qualify, as well as what signifies a</p>	
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<p>V. Summary of Critical Correctional Health Care Personnel Vacancies (Cont.)</p> <ul style="list-style-type: none"> - Dr. Owen Murray 	<p>been vacant since Spring of 2015. Dr. Nyack who was the former full time psychiatrist in the position had remained on with the UTMB but at a part time status. Dr. Murray announced that Dr. Abram had been selected, and accepted the position of full-time psychiatrist and would be providing services at the Jester III Facility and throughout the UTMB sector. Dr. Murray further reported that Dr. Nyack would also be staying with UTMB in a part-time role to provide mentorship to Dr. Abram.</p> <p>Dr. Murray further reported that Dr. Clay Watson would be replacing Dr. Jessica Khan as virologist beginning December 7, 2015. Dr. Murray reported that Dr. Watson would be working with Dr. Khan on a transition timeline.</p> <p>Dr. de la Garza-Graham then called upon Dr. Linthicum to begin presentation of the Medical Director’s Report.</p>		
<p>VI. Medical Director’s Updates</p> <ul style="list-style-type: none"> - Lannette Linthicum, MD • TDCJ – Health Services Division FY 2015 Fourth Quarter Report <ul style="list-style-type: none"> ○ Operational Review Audit ○ Capital Assets Monitoring ○ Dental Quality Review Audit 	<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 Fourth Quarter of FY 2015, (June, July, August), Operational Review Audits (ORAs) were conducted on nine facilities: Eastham, Estes, Goodman, Henley, Hightower, Huntsville, Sayle, West Texas Intermediate Sanction Facility (WTISF), and Carol Young. There were also ORAs closed during this quarter for twelve facilities: Bartlett, Baten, Bradshaw, Bridgeport Pre-Parole Transfer (PPT), Diboll, Duncan, Hightower, Hilltop, Billy Moore, Mountain View, Sayle and Woodman. Dr. Linthicum referred to the nine items found to be most frequently below 80 percent compliance.</p> <p>Dr. Linthicum next reported that the same nine units listed above were audited and determined to be in compliance range for capital assets.</p> <p>Dr. Linthicum explained that Dental Quality Review audits were conducted at the following 10 facilities: Byrd, Dominguez, Gist, Holliday, Woodman, Gurney, Hutchins, Lychner, Middleton, and Plane. Dr. Linthicum noted there were no items found below 80 percent compliance.</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 Fourth Quarter of FY 2015, the PLP and the Step II Medical Grievance Programs received 4,587 correspondences. The PLP received 2,888 correspondences and Step II Medical Grievance received 1,699. There were 331 Action Requests generated. The percentages of sustained Step II Medical Grievances from UTMB were 11 percent and six percent for TTUHSC.</p> <p>Dr. Linthicum added that the Quality Improvement Access to Care Audit addressed quality of care issues. There were 41 Sick Call Request Verification Audits conducted on 38 facilities. A total of 327 indicators were reviewed and 4 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 638 cases of Hepatitis C identified for the Fourth Quarter FY 2015. There were 16,483 intake tests and 100 were newly identified as having Human Immunodeficiency Virus (HIV) infections. During the Third Quarter FY 2015, 16,485 offenders had intake test and 130 were HIV positive. Five new Acquired Immunodeficiency Syndrome (AIDS) case was identified in the Fourth Quarter FY 2015 compared to four new AIDS cases identified during the Third Quarter FY 2015.</p> <p>201 cases of suspected Syphilis were reported in the Fourth Quarter FY 2015. Eight of those required treatment or retreatment.</p> <p>139 Methicillin-Resistant Staphylococcus Aureus (MRSA) cases were reported for the Fourth Quarter FY 2015.</p> <p>Dr. Linthicum advised that there was an average of 28 Tuberculosis (TB) cases under active management for the Fourth Quarter FY 2015.</p> <p>Dr. Linthicum next reported the activities of the Sexual Assault Nurse Examiner (SANE) Coordinator which</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>collaborates with the Safe Prisons Program and is trained and certified by the Texas Attorney General's Office. This person provides in-service training to facility staff in the performance of medical examinations, evidence collection and documentation and use of the sexual assault kits. During the Fourth Quarter FY 2015, one training session was held. This position also audits the documentation and services provided by medical personnel for each sexual assault reported. There were 202 chart reviews of alleged sexual assaults. There was one deficiency found this quarter. 62 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. 19,439 offenders attended classes presented by educators, this was a decrease from the Third Quarter FY 2015. Within the TDCJ, 100 of the 109 facilities have active peer education programs. 131 offenders trained to become peer educators during the Fourth Quarter of FY 2015. This is an increase from offenders trained in the Third Quarter FY 2015.</p> <p>Dr. Linthicum reported that there were 95 deaths reviewed by the Mortality and Morbidity Committee during the Fourth Quarter of FY 2015. Of those 95 deaths, 16 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 Fourth Quarter of FY 2015. Administrative Segregation (Ad Seg) audits were conducted on 17 facilities. 3,392 offenders were observed 2,845 were interviewed and 7 offenders were referred to the university providers for further evaluation. All facilities were 100 percent compliant. Access to Care (ATC) 4 was met at 100 percent on all 16 facilities.</p> <p>Four inpatient mental health facilities were audited with respect to compelled medications. 52 instances of</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>compelled psychoactive medication administration occurred. Montford, Skyview, Jester IV, were 100 percent compliant with logging all incidents of compelled psychoactive medication and documenting the required criteria in the medical record. The Clements Unit fell out of compliance briefly in August but corrective action was taken to bring them back into compliance.</p> <p>There were 26 intake facilities audited with respect to mental health evaluation within 14 days of identification. There were 20 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. 17 of the 20 offenders were reviewed and allowed to participate.</p> <p>Dr. Linthicum noted that the Baby and Mother Bonding Initiative (BAMBI) Program review had been turned over to the universities and moving forward they would be responsible for conducting these reviews.</p> <p>The Office of Health Services Liaison (HSL) conducted 185 hospital and 54 infirmary discharge audits. UTMB had eight deficiencies identified and TTUHSC had one deficiencies identified for the hospital discharge audits. UTMB had 26 deficiencies identified and TTUHSC had 28 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. de la Garza-Graham thanked Dr. Linthicum then called on Dr. DeShields to present the report for TTUHSC.</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. DeShields had no additional clinical information to report for the Fourth Quarter.</p> <p>Dr. de la Garza-Graham then called on Dr. Murray to present the report for UTMB.</p> <p>Dr. Murray asked Dr. Linthicum to provide an update to the committee on their recent attendance at the State Capital for the Radford Crocker Memorial Act.</p> <p>Dr. Linthicum reported that in honor of House Bill (HB) 2189, the Radford Crocker Memorial Act, TDCJ and UTMB officials met with the Crocker family to honor the devoted works by Mr. Radford Crocker and the final passing of the bill.</p> <p>HB 2189 codifies the practice of providing a structured program and sheltered housing for offenders with developmental disabilities, the Developmental Disabilities Program (DDP) has been developed to help these types of offenders.</p> <p>Dr. Linthicum further reported that the act was passed on behalf of Mr. Crocker who spent a good deal of his life working with the disabled and mentally ill population in the health care field. His widow Ms. Crocker worked with Representative Tan Parker who sponsored the bill on the house side. Both Ms. Crocker and Representative Parker worked jointly with the agency and the bill passed.</p> <p>The Crocker Family would now like to work jointly with the Correctional Managed Health Care Program and help to develop the DDP to an even greater level than what it is now.</p> <p>Dr. Murray reported and thanked Dr. John Edward Sherwood for his participation in the touring of the Travis County State Jail and the Austin Mental Health HUB.</p>		
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<p>VI. Medical Director's Updates (Cont.)</p>	<p>Dr. Murray further reported that touring had also taken place with one of UTMB's executive vice presidents at the Hospital Galveston Facility and noted the degree of pathology and level of learning shown at the facility. The uniqueness of the Hospital Galveston migrates out showing what UTMB does in the medical and mental health fields. These fields have a major impact on the training that occurs at Hospital Galveston, without this the state would be without far fewer specialist and primary care doctors.</p>		
<p>VII. Hepatitis C in TDCJ: A Status Update</p> <p>- Jessica S. Khan, MD</p>	<p>Dr. de la Garza-Graham then called on Jessica Khan, Director of Virology, UTMB to provide the committee with an update on the status of Hepatitis C within the agency.</p> <p>Dr. Khan begin by explaining that she would be reporting on Hepatitis C within TDCJ using the data provided from the last 2 years.</p> <p>Dr. Kahn reported that in 2013, Hepatitis C had risen about 15 percent with 4.5 percent incident showing newly identified patients. Overall prevalence is approximately 12 percent, which is considered high when compared to National Prevalence of three to four percent. 471 cases of cirrhosis were reported these are patients who are at end stage liver disease, about 2.5 percent of offender population patients are at end stage liver disease clinics and 357 patients have been placed in treatment.</p> <p>Dr. Khan outlined the natural course of the disease by explaining that Hepatitis C is an acute infection that 15 to 40 percent will be able to resolve without help from anyone, about 60 to 85 percent will go into chronic infection and only a small percentage of about 15 percent will go into cirrhosis.</p>	<p>Dr. de la Garza-Graham asked if only about 20 percent of Hepatitis C patients would require some type of treatment.</p> <p>Dr. Khan replied, that Hepatitis C is an infection that is not natural to have in the body, guidelines</p>	

<p>VII. Hepatitis C in TDCJ: A Status Update (Cont.)</p>	<p>Dr. Khan further reported the goal of treatment is to reduce all causes of mortality such as liver cancer and end stage liver disease in which could require possible liver transplant. Factors that are considered for patients needing immediate treatment are those who have come into the system and are already on treatment for the disease and next would be patients who are cirrhotic. Patients who also have other life threatening conditions would require priority treatment because without treatment their condition can worsen and become more severe.</p> <p>Dr. Khan reported that tiers are used to help determine patients with Hepatitis C who require immediate treatment, and explained factors that are taken in consideration contradictory to their treatment such as medication that is contraindicated to be used with the treatment of medication.</p> <p>New drug treatments do not kill the virus they interfere with the virus's ability to make more of itself. Patients' immune system must still be functioning for the drug therapies to work. This is why drug therapies must be administered to the patient over a length of time taking about 3 to 6 months depending on the immune system and the amount of the virus still living within the patient's body.</p> <p>Dr. Khan reported that new drug therapies such as Harvoni had been introduced for use of patients with Hepatitis C and explained that centers of excellence have been set up for both female and male offender patient population. Hepatitis C medication is given as a direct observation so that patients can be monitored to assure there is no failure due to non-compliance. At this stage, patients are very sick so they are seen weekly and monitored by the virology department</p>	<p>recommend everyone is treated who contracts the disease, but the goal is to determine those who require immediate treatment. Trying to treat everyone with Hepatitis C would cause the healthcare systems to go bankrupt and manufacturers and pharmaceuticals would be unable to keep up with the demand, so it must be determined which patients require immediate treatment.</p>	
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<p>VII. Hepatitis C in TDCJ: A Status Update (Cont.)</p>	<p>bi-weekly or monthly as they become more stable and improvement is seen.</p> <p>New monitoring tools have also been put into the Electronic Medical Records (EMR) database working great with the tier classifying system. Information can be placed into the database and extracted to view patients whose condition and stage is worse than others.</p> <p>Dr. Khan explained high risk associated with cirrhotic patients. These patients have higher bleeding risk, experience hypotension and electrolyte imbalance which can cause them to become disoriented. Nutritional needs are a concern because patients require a higher protein diet. This also causes a higher need for nurses because patients must be closely monitored because with so many risks the patient's condition can decline suddenly.</p> <p>Dr. Khan reported that new education materials have been provided and the Hepatitis C page has been updated for nurses and providers. Nursing in-service is held to ensure nursing staff are familiar with the most current information and patient education materials.</p> <p>Dr. Khan further reported on new drug trials that may be able to be used on dialysis and renal patient, and new therapies also being tested that have the ability to change the livers DNA material so that the body no longer recognizes the Hepatitis C virus.</p>	<p>Dr. Sherwood asked to what extent is genetic influence on response being seen in the newer antivirals.</p> <p>Dr. Khan answered, not many. The medication is designed to interfere with the virus's ability to reproduce itself; however, some of the virus is still able to get around the drugs so treatment cannot be ruled 100 percent effective.</p> <p>Dr. de la Garza-Grahm asked if the percentage of patients could be determined who are cured of Hepatitis C when they leave the system, but relapse contracting the virus again.</p>	
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Consent Item

TDCJ Health Services
Monitoring Reports

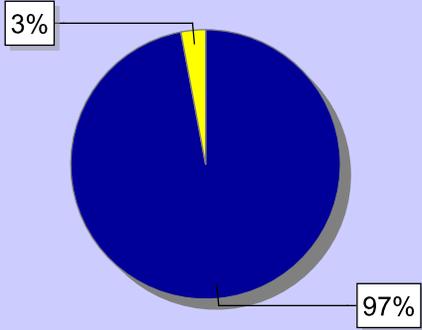
Rate of Compliance with Standards by Operational Categories
 First Quarter, Fiscal Year 2016
 September 2015 - November 2015

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	
Byrd	34	33	97%	14	11	79%	28	18	64%	12	11	92%	5	3	60%	5	5	100%
Dalhart	33	32	97%	14	10	71%	15	9	60%	11	11	100%	10	5	50%	4	4	100%
Halbert	33	33	100%	17	17	100%	28	24	88%	13	13	100%	13	6	46%	6	6	100%
Jester I	34	33	97%	9	9	100%	26	22	85%	12	10	83%	13	13	100%	4	4	100%
Jester III	34	33	97%	18	10	56%	30	17	57%	11	11	100%	14	11	79%	6	6	100%
Jester IV	35	34	97%	9	8	89%	34	28	82%	11	11	100%	37	37	100%	5	5	100%
Plane	34	32	94%	14	11	79%	34	18	53%	12	10	83%	15	12	80%	4	3	75%
Roach ISF	NA	NA	NA	10	9	90%	11	5	45%	2	1	50%	15	13	87%	NA	NA	NA
Robertson	33	33	100%	20	13	65%	26	15	58%	10	9	90%	19	19	100%	4	4	100%

n = number of applicable items audited.

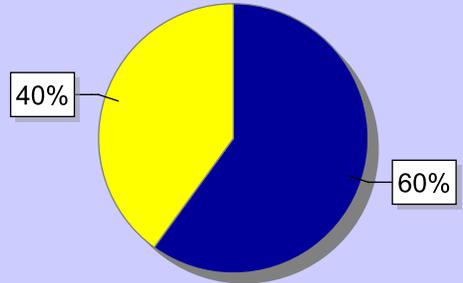
Compliance Rate By Operational Categories for
BYRD FACILITY
November 02, 2015

Administrative/Medical Records



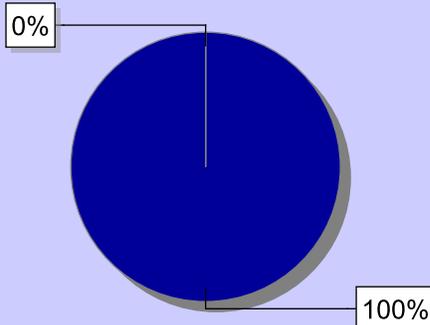
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Mental Health



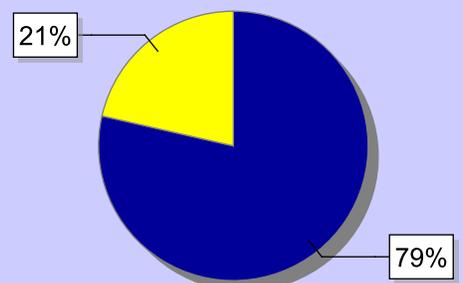
● Compliant (80-100%) ● Not Compliant (<80%)

Fiscal Monitoring



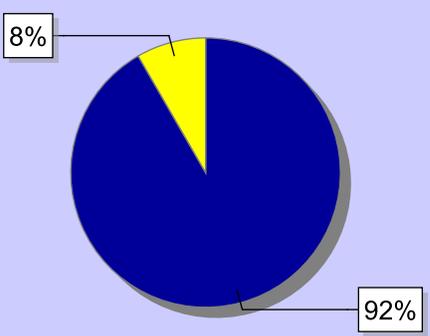
● Compliant (80-100%) ● Not Compliant (<80%)

Nursing



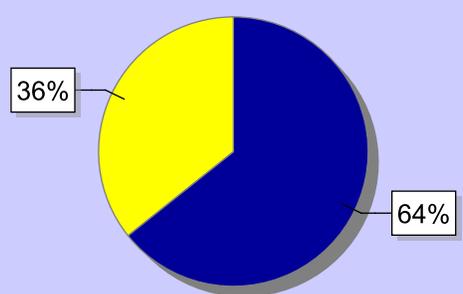
● Compliant (80-100%) ● Not Compliant (<80%)

Dental



● Compliant (80-100%) ● Not Compliant (<80%)

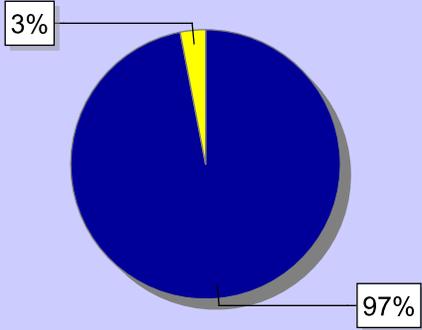
Coordinator of Infections Disease



● Compliant (80-100%) ● Not Compliant (<80%)

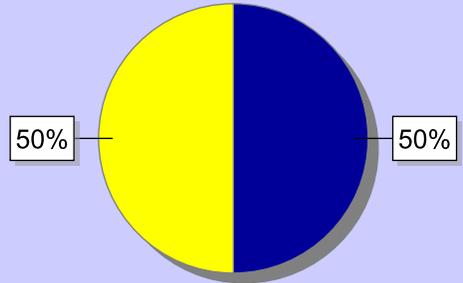
Compliance Rate By Operational Categories for
DALHART FACILITY
September 02, 2015

Administrative/Medical Records



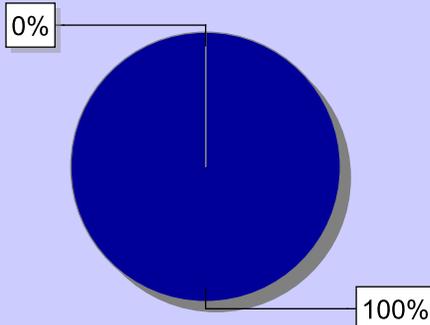
● Compliant (80-100%) ● Not Compliant (<80%)

Mental Health



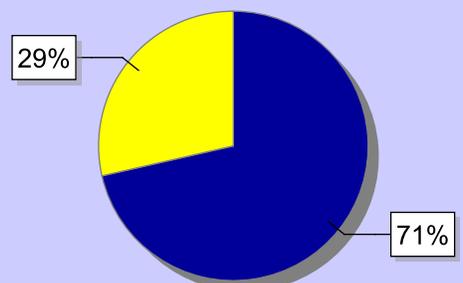
● Compliant (80-100%) ● Not Compliant (<80%)

Fiscal Monitoring



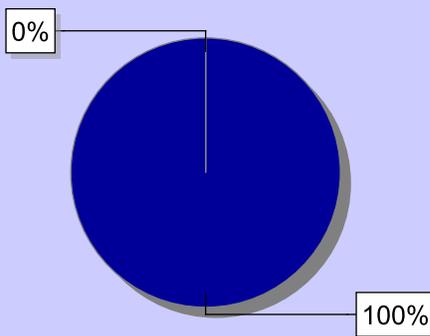
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Nursing



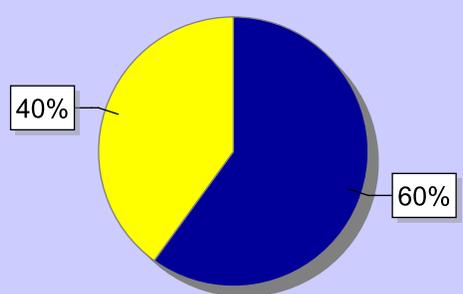
● Compliant (80-100%) ● Not Compliant (<80%)

Dental



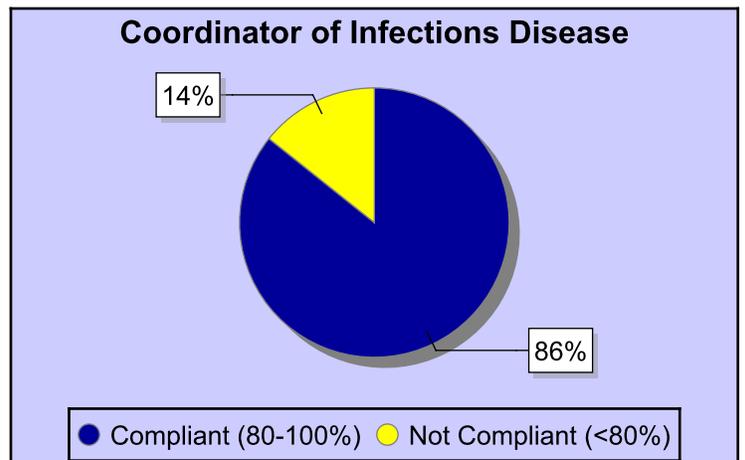
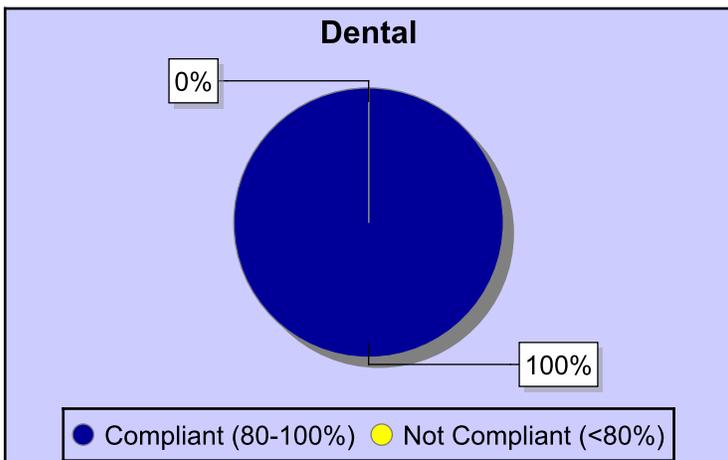
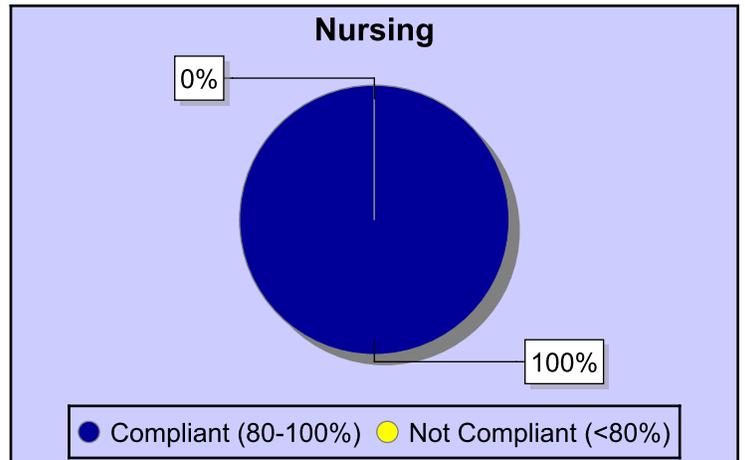
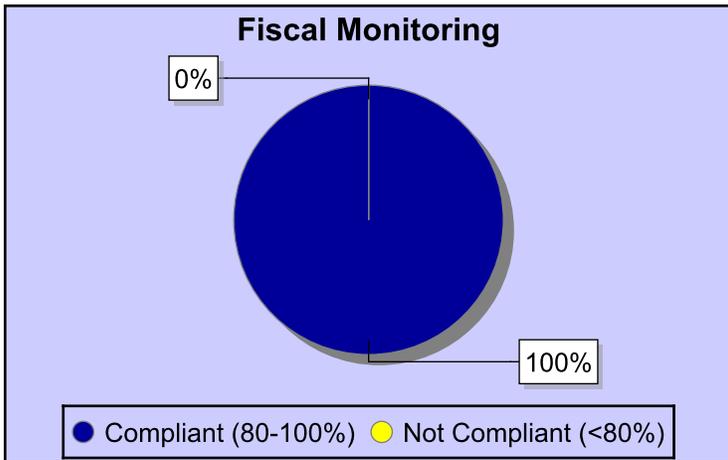
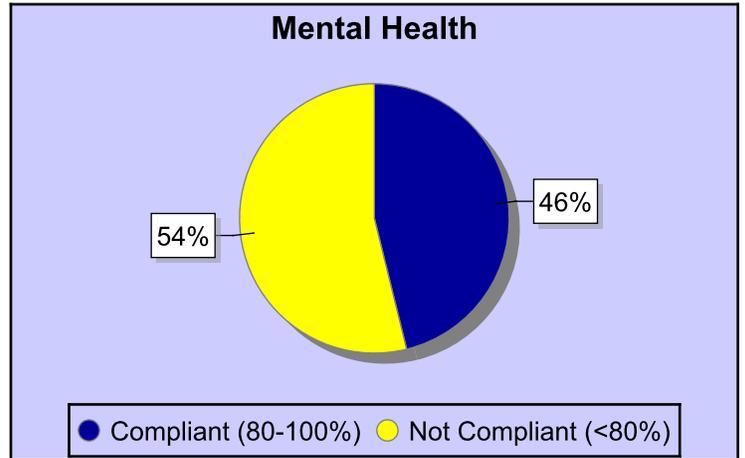
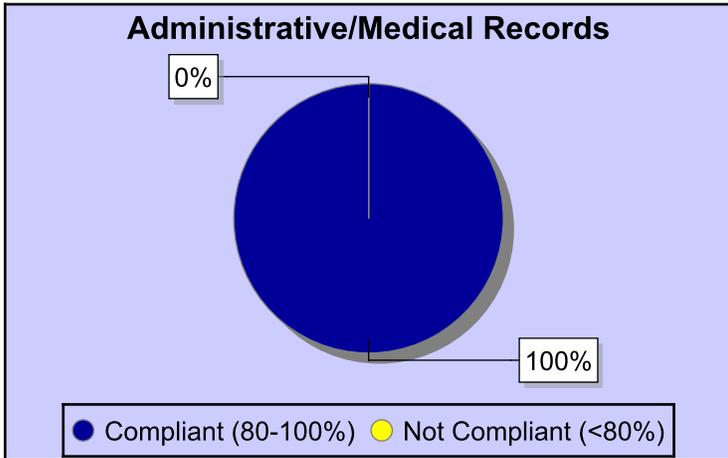
● Compliant (80-100%) ● Not Compliant (<80%)

Coordinator of Infections Disease

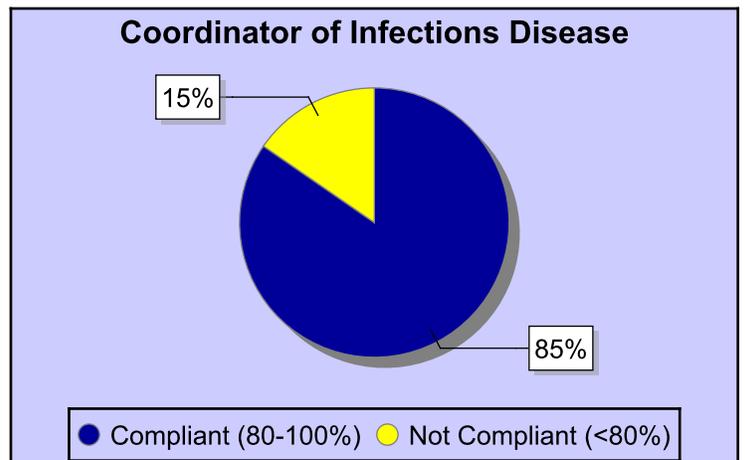
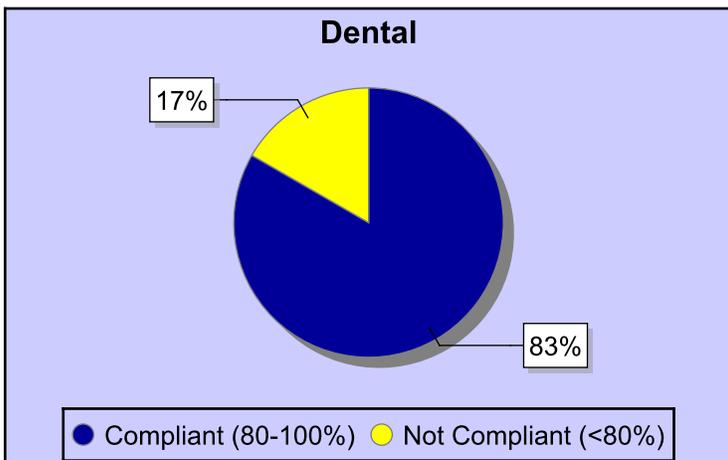
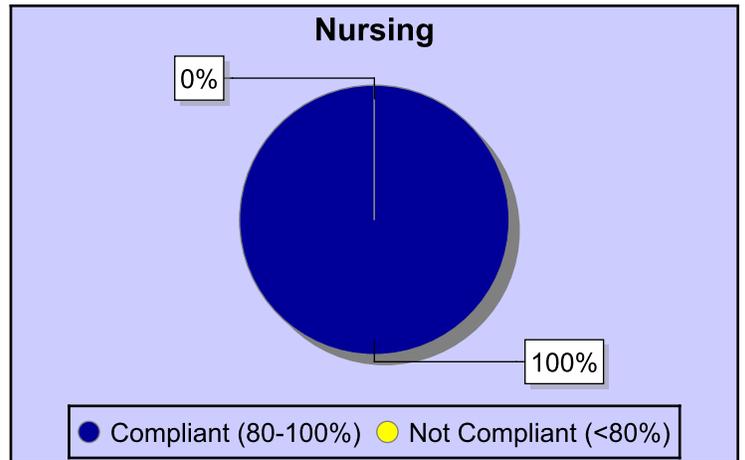
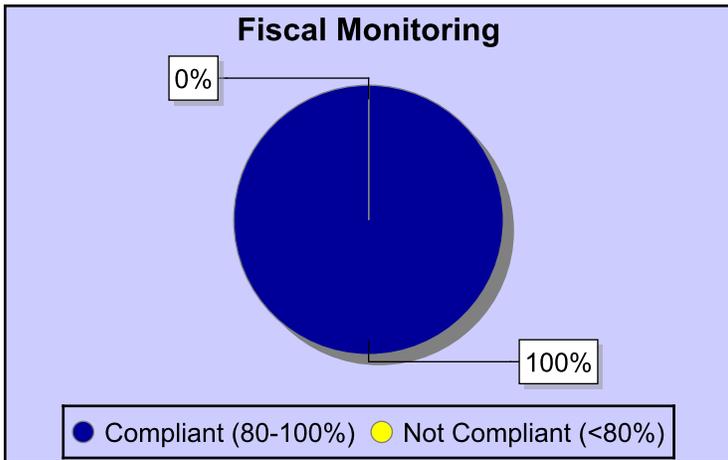
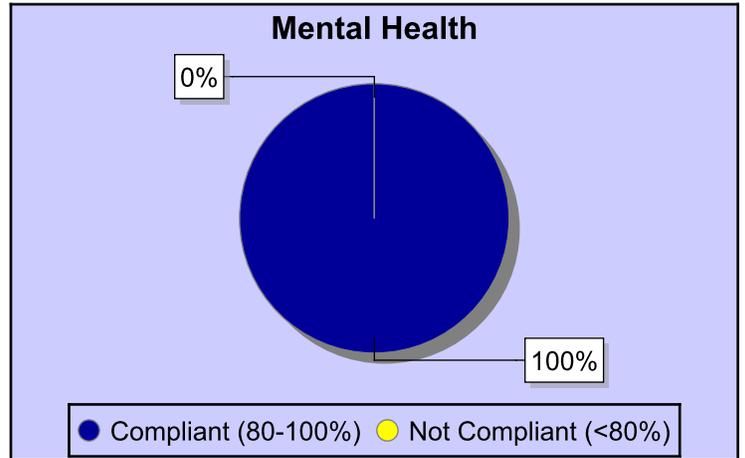
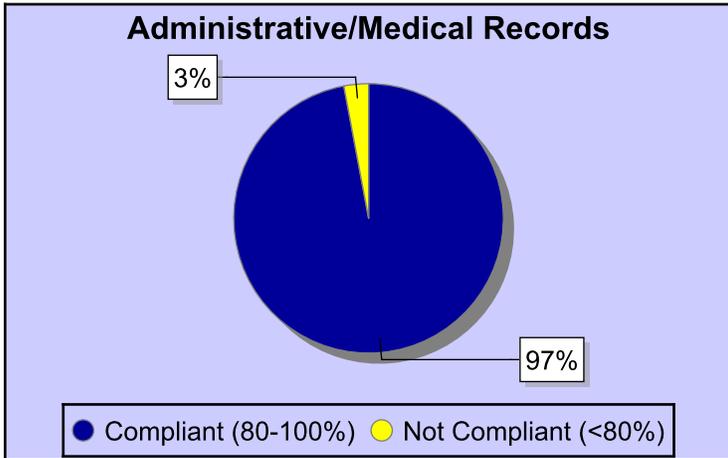


● Compliant (80-100%) ● Not Compliant (<80%)

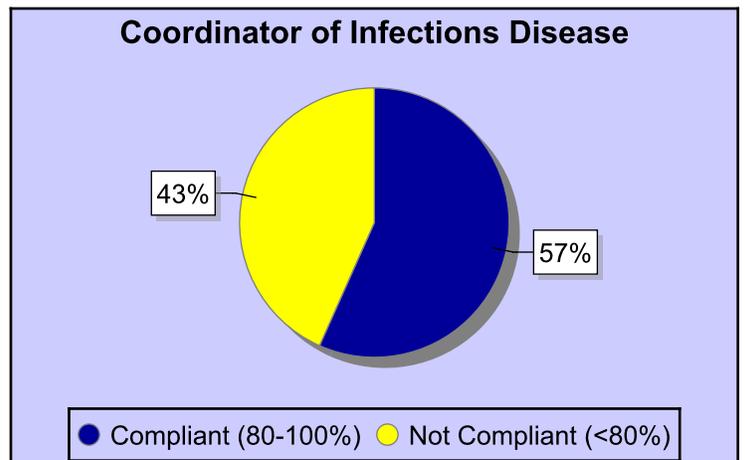
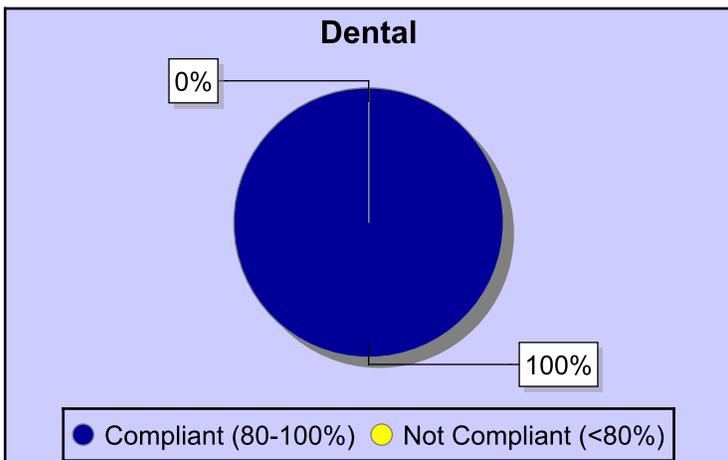
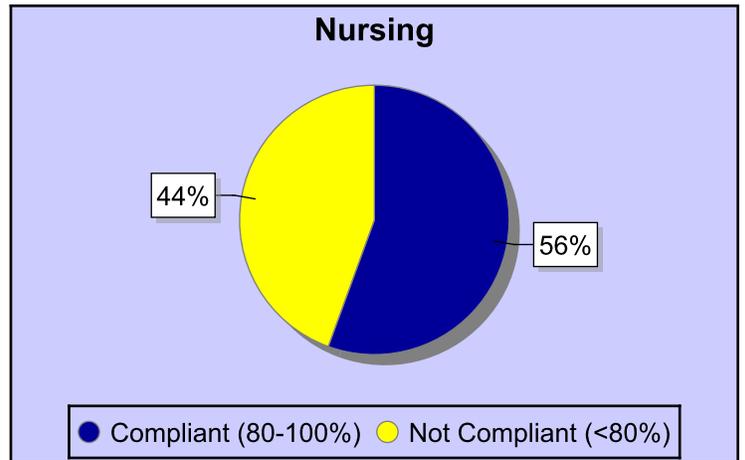
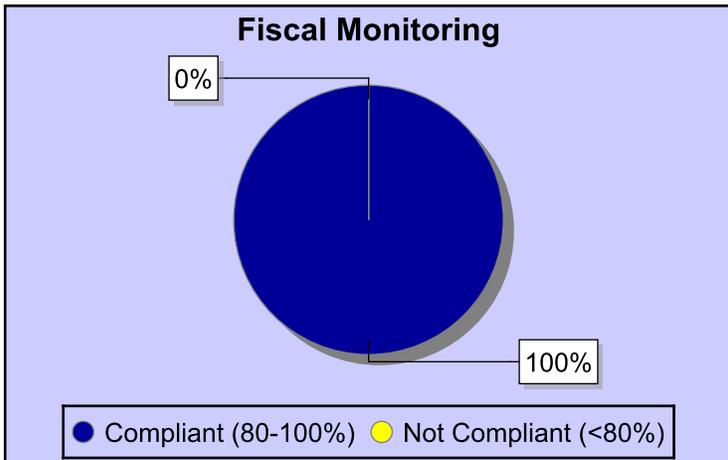
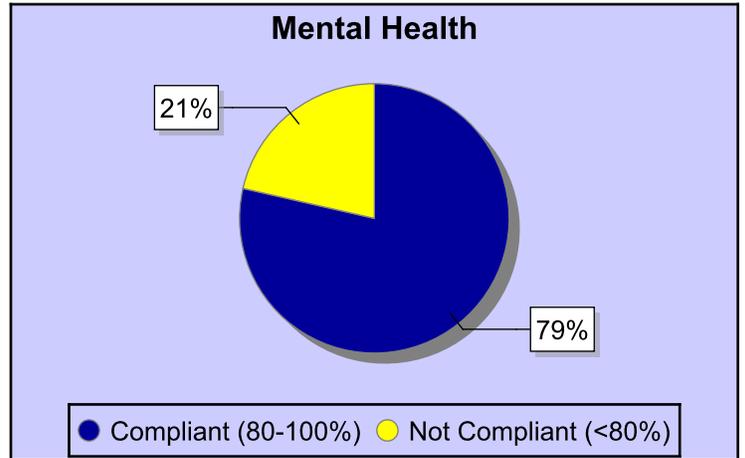
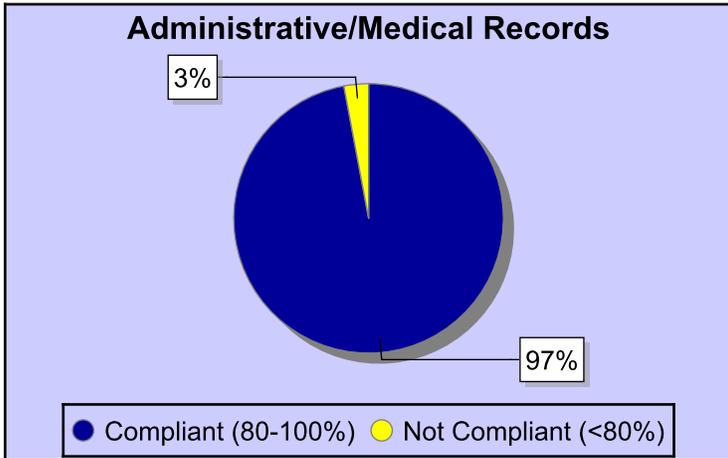
Compliance Rate By Operational Categories for
HALBERT FACILITY
November 03, 2015



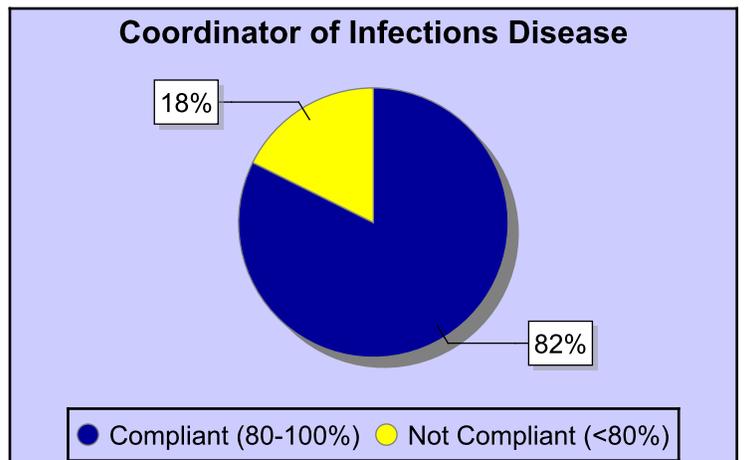
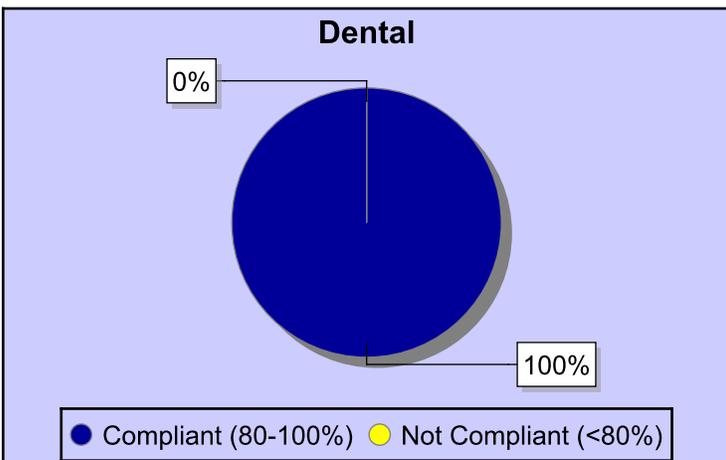
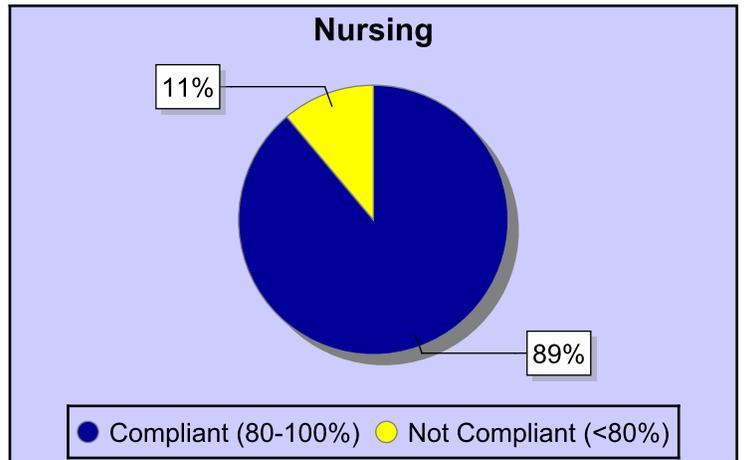
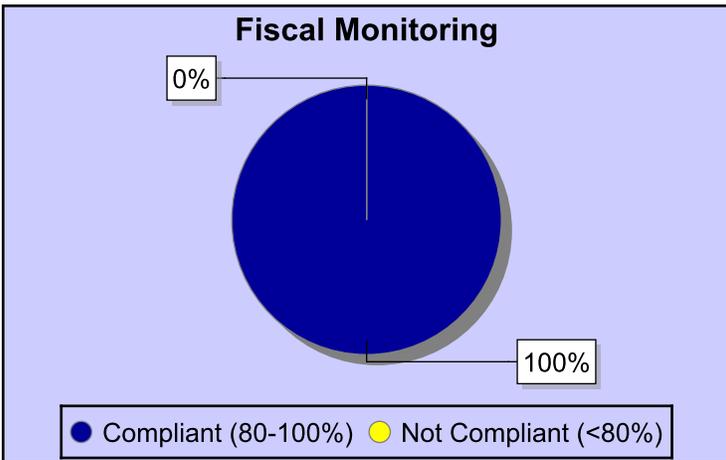
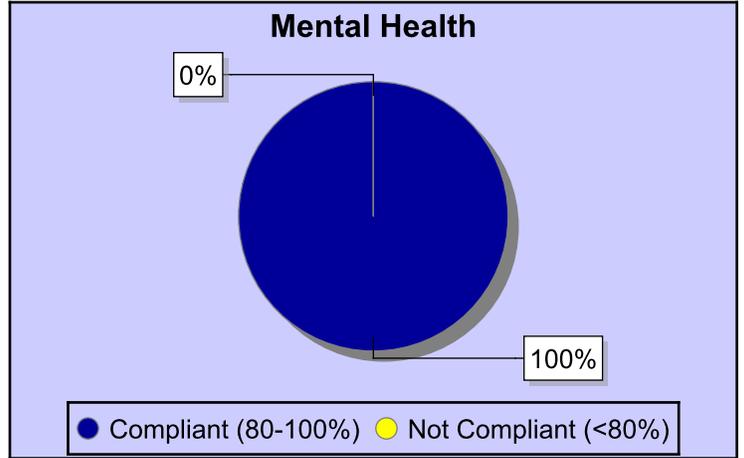
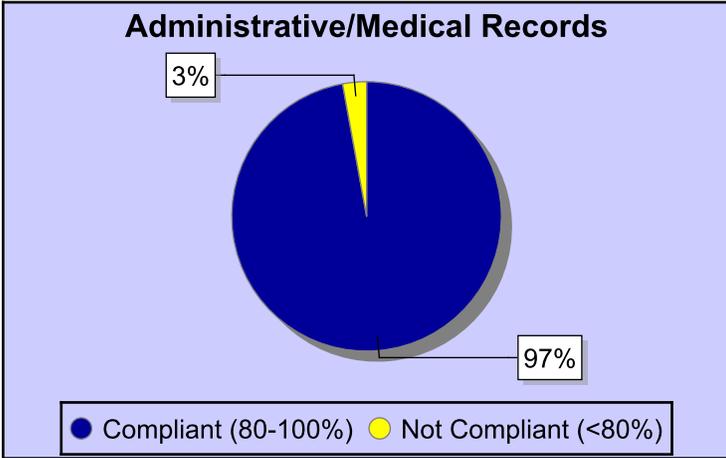
Compliance Rate By Operational Categories for
JESTER I FACILITY
October 05, 2015



Compliance Rate By Operational Categories for
JESTER III FACILITY
October 05, 2015

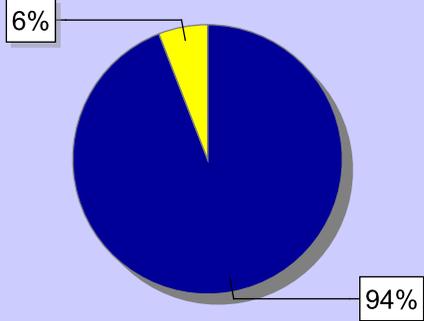


Compliance Rate By Operational Categories for
JESTER IV FACILITY
October 06, 2015



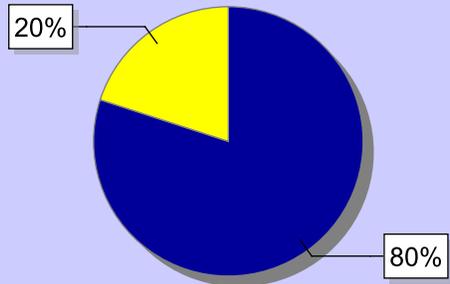
Compliance Rate By Operational Categories for
PLANE FACILITY
November 03, 2015

Administrative/Medical Records



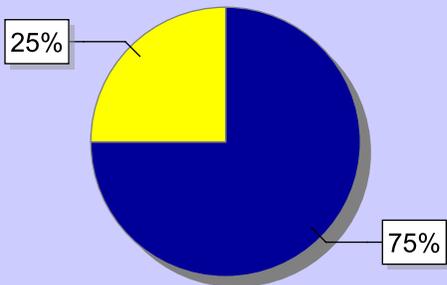
● Compliant (80-100%) ● Not Compliant (<80%)

Mental Health



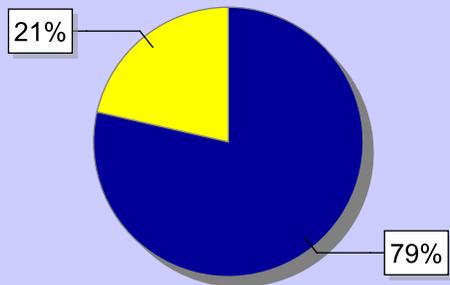
● Compliant (80-100%) ● Not Compliant (<80%)

Fiscal Monitoring



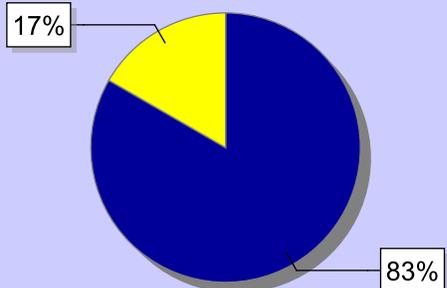
● Compliant (80-100%) ● Not Compliant (<80%)

Nursing



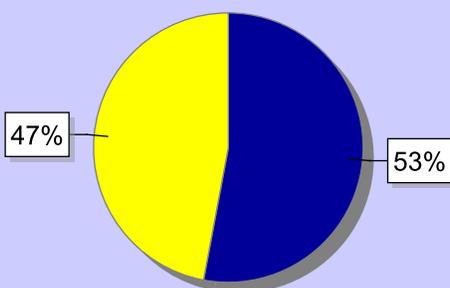
● Compliant (80-100%) ● Not Compliant (<80%)

Dental



● Compliant (80-100%) ● Not Compliant (<80%)

Coordinator of Infections Disease



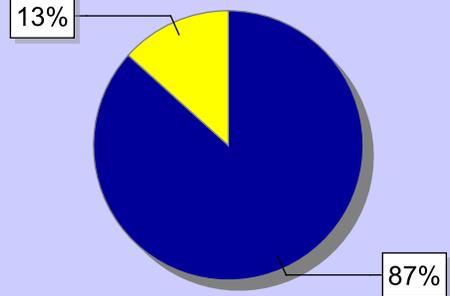
● Compliant (80-100%) ● Not Compliant (<80%)

Compliance Rate By Operational Categories for
ROACH ISF FACILITY
September 01, 2015

Administrative/Medical Records

● Compliant (80-100%) ● Not Compliant (<80%)

Mental Health

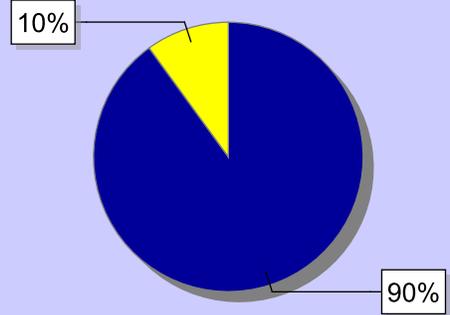


● Compliant (80-100%) ● Not Compliant (<80%)

Fiscal Monitoring

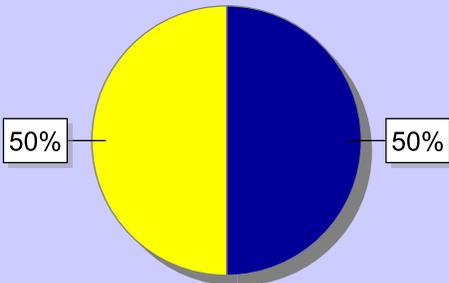
● Compliant (80-100%) ● Not Compliant (<80%)

Nursing



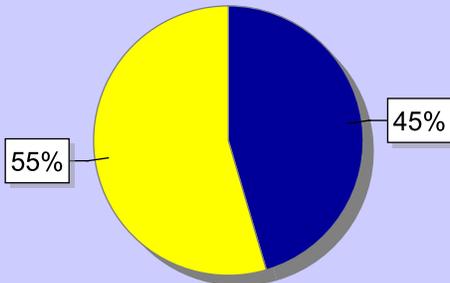
● Compliant (80-100%) ● Not Compliant (<80%)

Dental



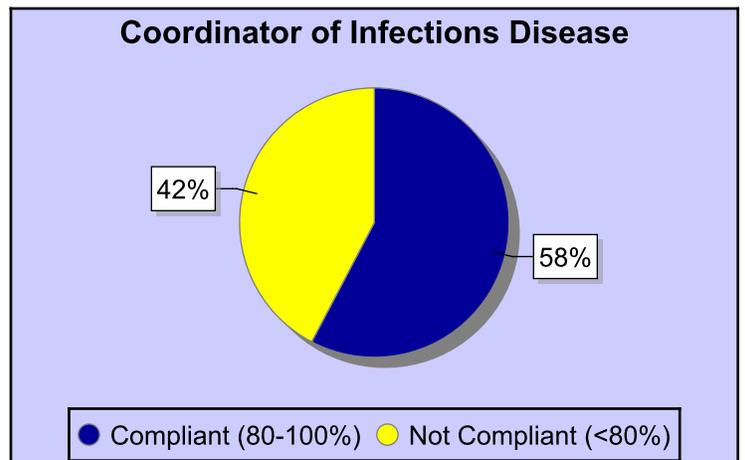
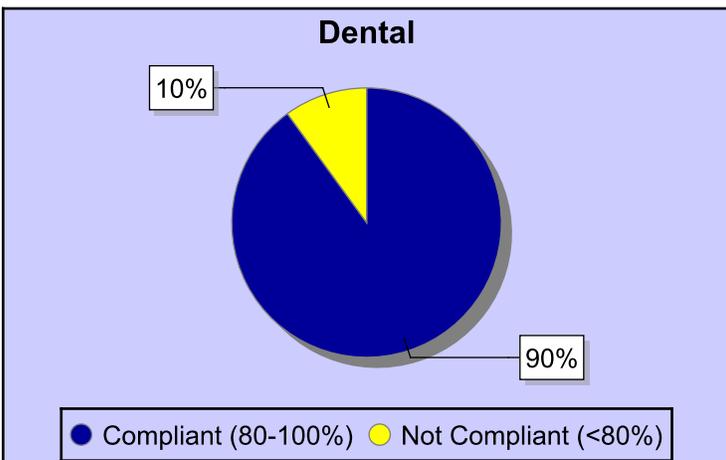
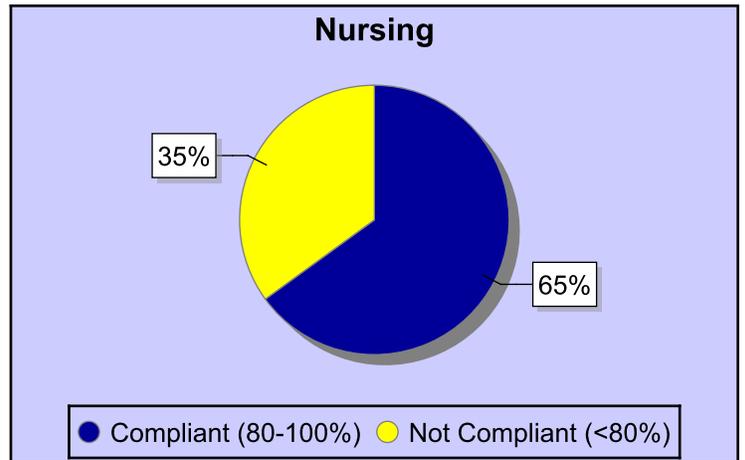
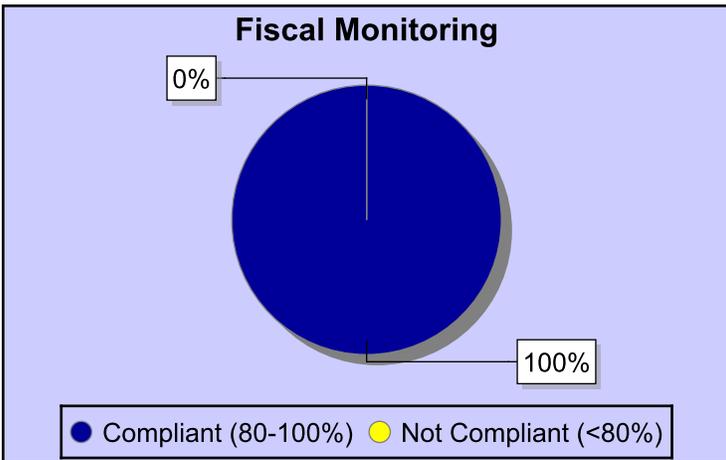
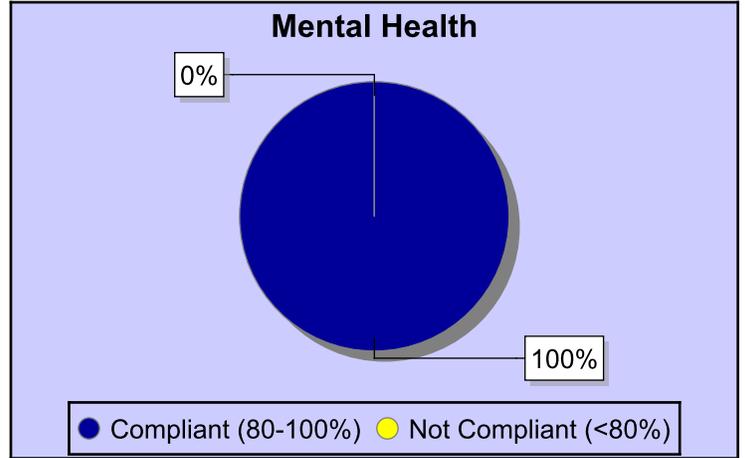
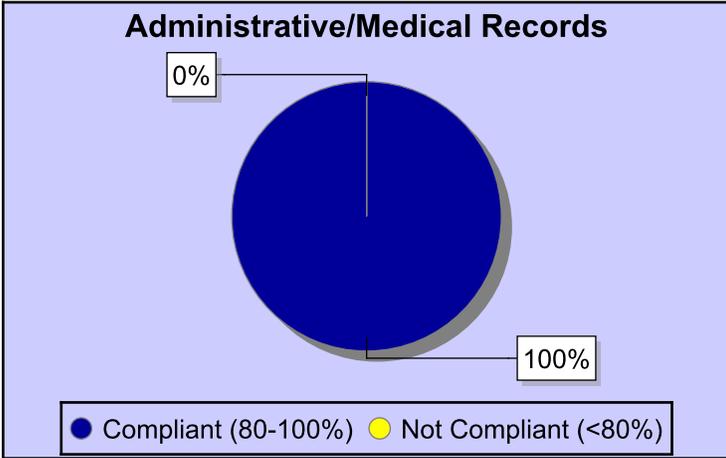
● Compliant (80-100%) ● Not Compliant (<80%)

Coordinator of Infections Disease



● Compliant (80-100%) ● Not Compliant (<80%)

Compliance Rate By Operational Categories for
ROBERTSON FACILITY
September 01, 2015



**Dental Quality of Care Audit
Urgent Care Report
For the Three Months Ended November 30, 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***
Baten	10	100	0	0
Clements GP	10	90	1	0
Clements HS	10	100	0	0
Dalhart	10	90	1	0
Jordan	10	100	0	0
Middleton	10	0	10	0
Robertson	10	100	0	0
Wallace	10	80	2	0
Ware	10	80	2	0

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

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

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

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

STEP II GRIEVANCE PROGRAM (GRV)													
Fiscal Year 2016	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*	
September	582	642	74	11.53%	55	9.97%	9	8	1.71%	3	0	0.00%	0
October	627	708	71	10.03%	55	8.62%	6	3	1.41%	7	0	0.00%	0
November	495	482	63	13.07%	43	10.58%	8	6	2.28%	5	1	0.21%	0
Totals:	1,704	1,832	208	11.35%	153	9.61%	23	17	1.75%	15	1	0.05%	0

PATIENT LIAISON PROGRAM (PLP)													
Fiscal Year 2016	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*	
September	907	954	43	4.51%	40	4.30%	1	2	0.42%	2	2	0.42%	2
October	899	895	62	6.93%	47	6.15%	8	5	0.78%	2	0	0.00%	0
November	704	733	39	5.32%	24	4.64%	10	3	0.68%	2	0	0.00%	0
Totals:	2,510	2,582	144	5.58%	111	5.03%	19	10	0.62%	6	2	0.15%	2
GRAND TOTAL=	4,214	4,414	352	7.97%									

*QOC= Quality of Care

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

September 2015

Reportable Condition	Reports			
	2015 This Month	2014 Same Month	2015 Year to Date*	2014 Year to Date*
Chlamydia	5	1	37	37
Gonorrhea	0	0	12	11
Syphilis	89	84	610	759
Hepatitis A	0	0	1	0
Hepatitis B, acute	0	0	0	1
Hepatitis C, total and (acute [‡])	255	306	2553	1723
Human immunodeficiency virus (HIV) +, known at intake	180	318	1,744	2,050
HIV screens, intake	5,255	5,288	50,181	61,465
HIV +, intake	3	35	290	334
HIV screens, offender- and provider-requested	998	804	7,888	8,111
HIV +, offender- and provider-requested	3	0	16	5
HIV screens, pre-release	3,472	2,949	33,049	36,854
HIV +, pre-release	0	0	4	6
Acquired immune deficiency syndrome (AIDS)	1	1	19	44
Methicillin-resistant <i>Staph Aureus</i> (MRSA)	47	78	515	642
Methicillin-sensitive <i>Staph Aureus</i> (MSSA)	25	65	305	431
Occupational exposures of TDCJ staff	26	14	90	106
Occupational exposures of medical staff	4	6	28	35
HIV chemoprophylaxis initiation	5	1	22	16
Tuberculosis skin test (ie, PPD) +, intake	135	220	1121	2102
Tuberculosis skin test +, annual	47	58	457	265
Tuberculosis, known (ie, on tuberculosis medications) at intake	0	2	3	12
Tuberculosis, diagnosed at intake and attributed to county of origin (identified before 42 days of incarceration)	1	1	6	7
Tuberculosis, diagnosed during incarceration (identified after 42 days of incarceration)	0	3	12	13
Tuberculosis cases under management	23	13		
Peer education programs [¶]	0	0	100	100
Peer education educators [∞]	94	48	4,783	4,248
Peer education participants	7,266	6,315	58,290	56,480
Sexual assault in-service (sessions/units)	0	0	17/5	78/43
Sexual assault in-service participants	0	0	144	925
Alleged assaults and chart reviews	65	72	548	511
Bloodborne exposure labs drawn on offenders	16	27	187	152
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 indicted in the column marked "This Month"; total programs are indicated in the column marked "Year to Date."

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

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

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

October 2015

Reportable Condition	Reports			
	2015 This Month	2014 Same Month	2015 Year to Date*	2014 Year to Date*
Chlamydia	4	5	41	42
Gonorrhea	4	1	16	12
Syphilis	57	121	667	880
Hepatitis A	0	0	1	0
Hepatitis B, acute	0	0	0	1
Hepatitis C, total and (acute [‡])	347	213	2900	1936
Human immunodeficiency virus (HIV) +, known at intake	176	210	1,920	2,260
HIV screens, intake	5,934	6,843	56,115	68,308
HIV +, intake	40	40	330	374
HIV screens, offender- and provider-requested	857	714	8,745	8,825
HIV +, offender- and provider-requested	0	5	16	10
HIV screens, pre-release	3,360	3,855	36,409	40,709
HIV +, pre-release	0	2	4	9
Acquired immune deficiency syndrome (AIDS)	1	3	20	47
Methicillin-resistant <i>Staph Aureus</i> (MRSA)	47	71	562	713
Methicillin-sensitive <i>Staph Aureus</i> (MSSA)	28	58	333	489
Occupational exposures of TDCJ staff	10	14	100	120
Occupational exposures of medical staff	3	4	30	39
HIV chemoprophylaxis initiation	1	2	23	18
Tuberculosis skin test (ie, PPD) +, intake	204	210	1325	2312
Tuberculosis skin test +, annual	33	53	490	318
Tuberculosis, known (ie, on tuberculosis medications) at intake	2	1	5	13
Tuberculosis, diagnosed at intake and attributed to county of origin (identified before 42 days of incarceration)	0	2	6	9
Tuberculosis, diagnosed during incarceration (identified after 42 days of incarceration)	0	9	12	22
Tuberculosis cases under management	15	15		
Peer education programs [¶]	0	0	100	100
Peer education educators [∞]	46	81	4,829	4,329
Peer education participants	6,137	7,295	64,427	63,775
Sexual assault in-service (sessions/units)	0	8/7	17/5	86/50
Sexual assault in-service participants	0	215	144	1140
Alleged assaults and chart reviews	94	73	642	584
Bloodborne exposure labs drawn on offenders	26	29	213	181
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

November 2015

Reportable Condition	Reports			
	2015 This Month	2014 Same Month	2015 Year to Date*	2014 Year to Date*
Chlamydia	5	3	46	45
Gonorrhea	1	2	17	14
Syphilis	60	89	728	969
Hepatitis A	0	0	1	0
Hepatitis B, acute	0	0	0	1
Hepatitis C, total and (acute [‡])	267	293	3167	2229
Human immunodeficiency virus (HIV) +, known at intake	137	178	2,057	2,438
HIV screens, intake	3,958	4,472	60,073	72,780
HIV +, intake	23	40	353	414
HIV screens, offender- and provider-requested	564	506	9,309	9,331
HIV +, offender- and provider-requested	0	0	16	10
HIV screens, pre-release	2,626	2,502	39,035	52,542
HIV +, pre-release	0	3	4	12
Acquired immune deficiency syndrome (AIDS)	0	1	20	48
Methicillin-resistant <i>Staph Aureus</i> (MRSA)	37	59	599	772
Methicillin-sensitive <i>Staph Aureus</i> (MSSA)	29	35	362	524
Occupational exposures of TDCJ staff	15	9	115	129
Occupational exposures of medical staff	7	0	37	39
HIV chemoprophylaxis initiation	5	4	28	22
Tuberculosis skin test (ie, PPD) +, intake	211	127	1536	2439
Tuberculosis skin test +, annual	34	39	524	357
Tuberculosis, known (ie, on tuberculosis medications) at intake	1	0	6	13
Tuberculosis, diagnosed at intake and attributed to county of origin (identified before 42 days of incarceration)	0	0	6	9
Tuberculosis, diagnosed during incarceration (identified after 42 days of incarceration)	0	6	12	28
Tuberculosis cases under management	16	27		
Peer education programs [¶]	0	0	100	100
Peer education educators [∞]	34	13	4,863	4,342
Peer education participants	6,222	5,816	70,649	69,591
Sexual assault in-service (sessions/units)	0	13/3	17/5	99/53
Sexual assault in-service participants	0	73	144	1213
Alleged assaults and chart reviews	67	66	709	650
Bloodborne exposure labs drawn on offenders	15	14	228	195
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 First Quarter of Fiscal Year 2016, ten percent of the UTMB and TTUHSC hospital and infirmiry discharges were audited. A total of 165 hospital discharge and 47 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)	
		September	7	0	N/A	0	N/A	0	N/A	0	N/A
October	5	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
November	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)	
		September	31	0	N/A	0	N/A	0	N/A	2	6.45%
October	28	2	7.14%	0	N/A	0	N/A	1	3.57%	5	17.86%
November	27	0	N/A	0	N/A	1	3.70%	0	N/A	1	3.70%
Total/Average		2	2.33%	0	N/A	1	1.16%	3	3.49%	10	11.63%
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)	
		September	21	0	N/A	0	N/A	0	N/A	0	N/A
October	22	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
November	19	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)	
		September	59	0	N/A	0	N/A	0	N/A	0	N/A
October	55	2	3.64%	0	N/A	0	N/A	1	1.82%	5	9.09%
November	51	0	N/A	0	N/A	1	1.96%	0	N/A	1	1.96%
Total/Average		2	1.21%	0	N/A	1	0.61%	3	1.82%	10	6.06%
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)	
		September	8	0	N/A	0	N/A	0	N/A	0	N/A
October	7	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
November	8	1	12.50%	0	N/A	0	N/A	0	N/A	0	N/A
Total/Average		1	4.35%	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)	
		September	9	0	N/A	0	N/A	0	N/A	0	N/A
October	8	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
November	7	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)	
		September	17	0	N/A	0	N/A	0	N/A	0	N/A
October	15	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
November	15	1	6.67%	0	N/A	0	N/A	0	N/A	0	N/A
Total/Average		1	2.13%	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
FIRST QUARTER, FISCAL YEAR 2016**

September 2015	Numbered Property On Inventory Report	Total Number of Deletions	Total Number of Transfers	Total Number of New Equipment
Dalhart	41	0	0	0
Roach ISF (Follow-up)	NA	NA	NA	NA
Robertson	92	0	40	41
Total	133	0	40	41

October 2015	Numbered Property On Inventory Report	Total Number of Deletions	Total Number of Transfers	Total Number of New Equipment
Jester I	24	0	0	0
Jester III	39	1	0	4
Jester IV	131	0	2	0
Total	194	1	2	4

November 2015	Numbered Property On Inventory Report	Total Number of Deletions	Total Number of Transfers	Total Number of New Equipment
Byrd	33	2	1	2
Halbert	22	0	1	1
Plane	61	0	0	0
Total	116	2	2	3

**CAPITAL ASSETS AUDIT
FIRST QUARTER, FISCAL YEAR 2016**

Audit Tools	September	October	November	Total
Total number of units audited	3	3	3	9
Total numbered property	133	194	116	443
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
First Quarter FY-2016**

University of Texas Medical Branch

Unit	Audit Date	% Compliance	
		Mandatory	Non-Mandatory
Powledge	September 14, 2015	100%	98.6%
Hughes	October 12, 2015	100%	99.1%
Murray	October 14, 2015	100%	99.3%
Stringfellow	October 26, 2015	100%	98.8%

Texas Tech University Health Science Center

Unit	Audit Date	% Compliance	
		Mandatory	Non-Mandatory
Tulia	September 21, 2015	100%	98.0%
Neal	September 23, 2015	100%	98.6%
Montford	October 5, 2015	100%	99.5%
Middleton	November 2, 2015	100%	99.0%

The ACA Winter Conference was held in New Orleans, LA. During this conference, the following units were awarded reaccreditation by the ACA Panel of Commissioners: Havins, Boyd, Hamilton, Pack, Powledge, Tulia, Neal, Montford, Murray, Hughes, Stringfellow and Middleton.

Executive Services
Active Monthly Academic Research Projects
Correctional Institutions Division

FY-2016 First Quarterly Report: September, October and November

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> 7/10/2018	<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> 10/12/2015
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<u>Proponent:</u> NORC-National Organization for Research-University of Chicago	<u>Data Collection End:</u>
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<u>Project Status:</u> Data Collection-Round 17	<u>Progress Report Due:</u> 3/2/2016	<u>Projected Completion:</u> 7/2/2016
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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
(for Bureau of Labor Statistics) **Data Collection Began:** 10/1/2014

Proponent:
NORC at the University of Chicago **Data Collection End:** 11/23/2015

Project Status: Data Analysis-Round 26 **Progress Report Due:** 2/26/2016 **Projected Completion:** 5/17/2016

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: 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:** 1/8/2016 **Projected Completion:** 12/1/2015

Project Number: 587-AR09

Researcher: Marcus Boccaccini **IRB Number:** 2009-04-032 **IRB Expiration Date:** 7/20/2016 **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:** 12/1/2015

Project Status: Data Analysis **Progress Report Due:** 1/13/2016 **Projected Completion:** 1/1/2018

Project Number: 605-AR10

Researcher: Patrick Flynn **IRB Number:** SUM 13-0401506CR **IRB Expiration Date:** 6/24/2016 **Research Began:** 10/3/2011

Title of Research: Reducing the Spread of HIV by Released Prisoners **Data Collection Began:** 10/3/2011

Proponent: Texas Christian University **Data Collection End:** 6/30/2015

Project Status: Data Analysis **Progress Report Due:** 1/16/2016 **Projected Completion:** 6/30/2016

Project Number: 612-AR10

Researcher: Jeffrey Bouffard **IRB Number:** 210-08-008 **IRB Expiration Date:** 10/4/2011 **Research Began:** 12/27/2010

Title of Research: A Test of Rational Choice Theory among Actual Offenders **Data Collection Began:** 1/24/2011

Proponent: Sam Houston State University **Data Collection End:** 5/19/2011

Project Status: Pending Manuscript **Progress Report Due:** 5/9/2016 **Projected Completion:** 12/31/2018

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

Proponent:
Social Policy Research Associates **Data Collection End:** 6/14/2015

Project Status: Data Analysis **Progress Report Due:** 2/27/2016 **Projected Completion:** 12/14/2015

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

Proponent:
Sam Houston State University **Data Collection End:** 4/2/2012

Project Status: Data Analysis **Progress Report Due:** 3/3/2016 **Projected Completion:** 6/1/2016

Project Number: 661-AR12

Researcher: Byron Johnson **IRB Number:** 656915 **IRB Expiration Date:** 8/25/2016 **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:** 4/1/2016 **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:** 8/31/2015

Project Status: Data Analysis **Progress Report Due:** 2/28/2016 **Projected Completion:** 2/28/2017

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: 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:** 2/26/2016 **Projected Completion:** 6/30/2016

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:** 2/27/2016 **Projected Completion:** 9/27/2017

Mr. Livingston approved 01/22/14

Project Number: 695-AR14

Researcher: Dan Bloom **IRB Number:** FWA 0003522 **IRB Expiration Date:** 4/5/2016 **Research Began:** 6/23/2015

Title of Research: Multi-site Demonstration Field Experiment: What Works in Reentry Research **Data Collection Began:** 6/23/2015

Proponent: MDRC **Data Collection End:**

Project Status: Data Collection **Progress Report Due:** 3/23/2016 **Projected Completion:** 12/31/2018

Project Number: 697-AR14

Researcher: Jodi Walton **IRB Number:** 798475-1 **IRB Expiration Date:** 9/22/2016 **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:** 3/28/2016 **Projected Completion:** 9/30/2017

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

Proponent: NPC Research **Data Collection End:**

Project Status: Data Collection **Progress Report Due:** 4/8/2016 **Projected Completion:** 6/30/2016

Project Number: 716-AR14

Researcher: Janet Mullings **IRB Number:** 2014-09-19302 **IRB Expiration Date:** 8/8/2016 **Research Began:** 7/20/2015

Title of Research: Understanding Prison Adjustment and Programming Needs of Female Offenders Survey **Data Collection Began:** 8/11/2015

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

Project Status: Data Collection **Progress Report Due:** 4/19/2016 **Projected Completion:** 5/30/2017

Project Number: 723-AR15

<u>Researcher:</u> David Pyrooz	<u>IRB Number:</u> 00001971	<u>IRB Expiration Date:</u> 1/15/2016	<u>Research Began:</u> 8/5/2015
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<u>Title of Research:</u> Gangs on the Street, Gangs in Prison: Their Nature, Interrelationship, Control, and Re-entry	<u>Data Collection Began:</u> 8/5/2015
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<u>Proponent:</u> Sam Houston State University	<u>Data Collection End:</u>
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<u>Project Status:</u> Data Collection	<u>Progress Report Due:</u> 5/11/2016	<u>Projected Completion:</u> 8/31/2016
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Project Number: 725-AR15

<u>Researcher:</u> Vikram Maheshri	<u>IRB Number:</u> Exempt	<u>IRB Expiration Date:</u>	<u>Research Began:</u> 6/9/2015
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<u>Title of Research:</u> Local Impacts of Incarceration	<u>Data Collection Began:</u> 7/6/2015
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<u>Proponent:</u> University of Houston	<u>Data Collection End:</u> 7/6/2015
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<u>Project Status:</u> Data Analysis	<u>Progress Report Due:</u> 2/27/2016	<u>Projected Completion:</u> 6/1/2016
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Executive Services
Pending Monthly Academic Research Projects
Correctional Institutions Division

FY-2016 First Quarterly Report: September, October and November

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:
10/6/2015

Proponent:
Capella University

Reviewer:
Approved with Conditions

Review Status:
Pending IRB Approval

Detail:
Requested status of IRB from researcher on 12/9/2015.

Project Number: 718-AR14

Researcher:
Kevin Reitz

IRB Number:

Application Received:
11/13/2014

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 Review of Researcher's
Response to Conditions

Detail:
Sent researcher's response to conditions to CJAD for review on 9/29/2015.

Project Number: 733-AR15

Researcher:
Pamela Carey

IRB Number:

Application Received:
9/9/2015

Application Completed:

Title of Research:
Post-Secondary Correctional Education Program
Usefulness of Ex-offenders' Participation:
Utilization-Focused Evaluative Case Study

Division Review Requested:
9/23/2015

Proponent:
Capella University

Reviewer:
Approved

Review Status:
Pending IRB

Detail:
Researcher waiting on IRB approval letter from Capella University.

Project Number: 735-AR15

Researcher:
Joseph Wells

IRB Number:

Application Received:
10/26/2015

Application Completed:

Title of Research:
Drug Rehabilitation

Division Review Requested:

Proponent:
Lamar University

Reviewer:

Review Status:
Pending Researcher Response

Detail:
Pending researcher's response to missing documents requested 11/18/2015.

Executive Services
Active Monthly Medical Research Projects
Health Services Division

FY-2016 First Quarterly Report: September, October and November

Project Number: 615-RM10

<u>Researcher:</u> John Petersen	<u>IRB Number:</u> 11-069	<u>IRB Expiration Date:</u> 10/19/2016	<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> 3/1/2016	<u>Projected Completion:</u> 1/1/2020
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Project Number: 705-RM14

<u>Researcher:</u> Mostafa Borahay	<u>IRB Number:</u> 13-0428	<u>IRB Expiration Date:</u> 5/12/2016	<u>Research Began:</u> 3/4/2015
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<u>Title of Research:</u> Clinical Outcomes and Cost Analysis of Robotic Gynecologic Surgery	<u>Data Collection Began:</u> 3/9/2015
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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> 11/22/2015	<u>Projected Completion:</u> 12/31/2018
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Project Number: 707-RM14

<u>Researcher:</u> Mostafa Borahay	<u>IRB Number:</u> 10-229	<u>IRB Expiration Date:</u> 3/13/2016	<u>Research Began:</u> 3/4/2015
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<u>Title of Research:</u> Study of Mediators and Potential Therapeutics in Uterine Fibroids, Endometriosis and Adenomyosis	<u>Data Collection Began:</u> 3/4/2015
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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> 11/22/2015	<u>Projected Completion:</u> 12/31/2018
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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

Data Collection End:

Proponent:
UTMB

Project Status:
Data Collection

Progress Report Due:
3/2/2016

Projected Completion:
7/1/2016

Project Number: 724-RM15

Researcher:
Zbigniew Gugala

IRB Number:
14-0351

IRB Expiration Date:
9/21/2016

Research Began:
6/29/2015

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

Data Collection Began:
9/21/2015

Data Collection End:

Proponent:
UTMB

Project Status:
Data Collection

Progress Report Due:
3/14/2016

Projected Completion:
9/21/2017

Project Number: 729-RM15

Researcher:
Jacques Baillargeon

IRB Number:
14-0283

IRB Expiration Date:
7/9/2016

Research Began:
10/1/2015

Title of Research:
The Health and Healthcare
Needs of Older Prisoners

Data Collection Began:
10/1/2015

Data Collection End:

Proponent:
UTMB

Project Status:
Data Collection

Progress Report Due:
12/30/2015

Projected Completion:
12/31/2017

Executive Services
Pending Monthly Medical Research Projects
Health Services Division

FY-2016 First Quarterly Report: September, October and November

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

Detail:
TDCJ determining what data is available for project.

Project Number: 728-RM15

Researcher:
Scarlett Lusk-Edwards

IRB Number:

Application Received:
4/9/2015

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

Detail:
Sent letter to researcher on 5/11/15 with information available and requesting IRB. Requested status of IRB approval letter on 12/9/2015.

Project Number: 730-RM15

Researcher:
Orry Birdsong

IRB Number:
15-0153

Application Received:
7/22/2015

Application Completed:
9/8/2015

Title of Research:
Improving Medication Compliance for
Glaucoma in a Prison Population

Division Review Requested:
9/23/2015

Proponent:
UTMB

Reviewer:
Approved with Conditions

Review Status:
Pending Research
Agreement

Detail:
Pending details on research agreement.

**1st Quarter FY 2016
TDCJ Office of Mental Health Monitoring & Liaison
Mental Health Segregation Audit Summary**

Date	Unit	Observed	Interviewed	Mental Health Referrals	Requests Fwd	911 Tool	ATC 4	ATC 5	ATC 6
09/09-10/2015	Connally	343	272	0	8	100	100	100	100
09/16/2015	Ellis	98	91	0	3	100	100	100	100
09/22/2015	Mountain View	32	32	0	2	100	100	100	100
09/23-24/2015	Clements	392	306	0	7	100	100	100	100
09/24/2015	Powledge	9	9	0	0	100	100	100	100
09/25/2015	Cole	12	7	0	0	100	100	100	100
10/01/2015	East Texas	30	30	0	0	100	NSP	NSP	NSP
10/02/2015	Bradshaw	10	10	0	0	100	100	100	100
10/07-08/2015	Polunsky	429	359	1	6	100	100	100	100
10/13-14/2015	Allred 12 Bldg.	374	311	1	6	100	100	100	100
10/14-15/2015	Allred ECB	341	206	0	4	100	100	100	100
10/15/2015	Lopez	7	7	0	0	100	100	100	100
10/21-10/22/2015	McConnell	283	212	0	8	100	100	100	100
11/04-05/2015	Lewis ECB	292	223	0	11	100	100	100	100
11/10/2015	Ramsey	55	42	0	4	100	100	100	100
11/12/2015	Darrington	149	130	0	8	100	100	100	100
11/18/2015	Dominguez	11	11	1	0	100	100	100	100
11/18/2015	Hutchins	9	9	0	0	100	100	100	100
11/18/2015	Sanchez	34	34	0	0	100	100	100	33
Total	19	2,910	2,301	3	67				

INTAKE MENTAL HEALTH EVALUATION (MHE) AUDIT
Conducted in 1st Quarter of 2016
September, October & November 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	7	7	6	0	86
Bradshaw State Jail	17	17	17	0	100
Byrd Unit	20	16	12	4	75
Dominguez State Jail	20	19	19	1	100
East Tx Treatment Facility	4	4	1	0	25
Formby State Jail	8	8	8	0	100
Garza Transfer Facility	20	20	19	0	95
Gist State Jail	13	13	12	0	92
Glossbrenner SAFPF	6	6	6	0	100
Gurney Transfer Facility	20	20	18	0	90
Halbert SAFPF	9	9	0	0	0
Holliday Transfer Facility	20	20	19	0	95
Hutchins State Jail	20	19	18	1	94
Jester I SAFPF	11	11	11	0	100
Johnston SAFPF	11	11	10	0	91
Kyle SAFPF	0	0	0	0	N/A
Lindsey State Jail	15	15	15	0	100
Lychner State Jail	20	20	15	0	75
Middleton Transfer Facility	20	20	20	0	100
Plane State Jail	20	20	15	0	75
Roach ISF	20	20	11	0	55
Sanchez State Jail	9	9	7	0	78
Sayle SAFPF	9	9	8	0	89
South Texas	20	20	9	0	45
Travis State Jail	11	11	11	0	100
West Texas	20	20	16	0	80
Woodman State Jail	20	19	19	0	100
GRAND TOTAL	390	383	322	6	

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

1st Quarter 2016

Audits Conducted in September, October & November 2015

UNIT	Audit Month	Compelled Medication Cases Documented in Medical Record ¹
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		Reviewed	Applicable	Compliant	Score	Corrective Action
Clements	August	0	0	N/A	N/A	None
Jester IV	August	2	2	2	100	None
Montford	August	7	7	7	100	None
Skyview	August	10	10	10	100	None

		Reviewed	Applicable	Compliant	Score	Corrective Action
Clements	September	2	2	2	100	None
Jester IV	September	1	1	1	100	None
Montford	September	4	4	4	100	None
Skyview	September	5	5	5	100	None

		Reviewed	Applicable	Compliant	Score	Corrective Action
Clements	October	3	3	3	100	None
Jester IV	October	4	4	4	100	None
Montford	October	3	3	3	100	None
Skyview	October	7	7	7	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



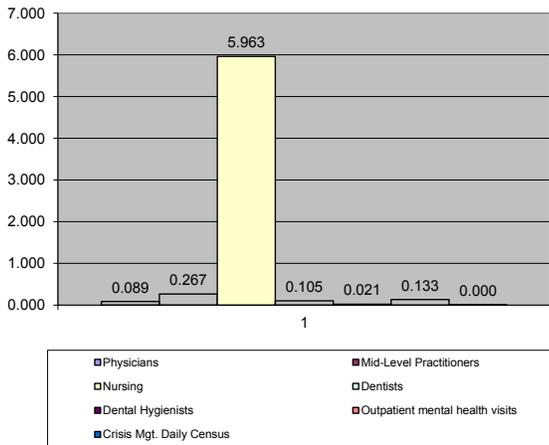
**Correctional Health Care
MEDICAL DIRECTOR'S REPORT**

**FIRST QUARTER
FY 2016**

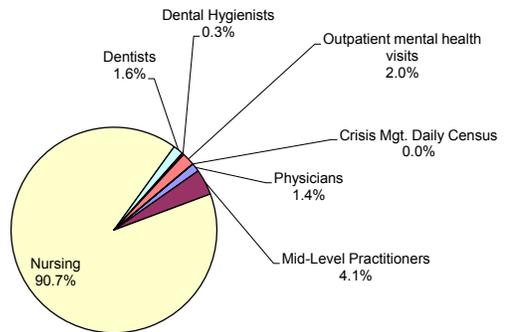
Medical Director's Report:

Average Population	September		October		November		Qtly Average	
	117,411		117,605		117,678		117,565	
	Number	Rate Per Offender						
Medical encounters								
Physicians	11,387	0.097	11,247	0.096	8,819	0.075	10,484	0.089
Mid-Level Practitioners	32,098	0.273	34,436	0.293	27,538	0.234	31,357	0.267
Nursing	722,225	6.151	726,426	6.177	654,384	5.561	701,012	5.963
Sub-total	765,710	6.522	772,109	6.565	690,741	5.870	742,853	6.319
Dental encounters								
Dentists	12,877	0.110	13,465	0.114	10,522	0.089	12,288	0.105
Dental Hygienists	2,425	0.021	2,670	0.023	2,181	0.019	2,425	0.021
Sub-total	15,302	0.130	16,135	0.137	12,703	0.108	14,713	0.125
Mental health encounters								
Outpatient mental health visits	15,904	0.135	16,244	0.138	14,791	0.126	15,646	0.133
Crisis Mgt. Daily Census	55	0.000	54	0.000	53	0.000	54	0.000
Sub-total	15,959	0.136	16,298	0.139	14,844	0.126	15,700	0.134
Total encounters	796,971	6.788	804,542	6.841	718,288	6.104	773,267	6.577

Encounters as Rate Per Offender Per Month



Encounters by Type

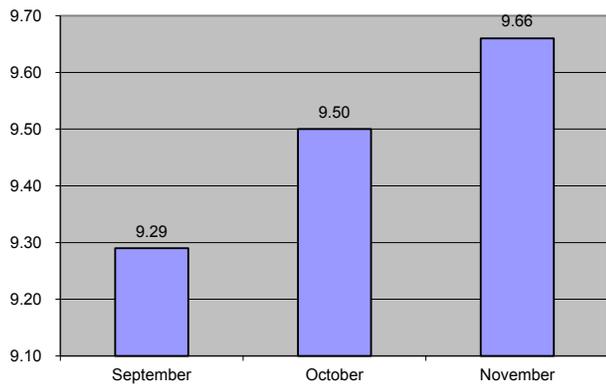


Medical Director's Report (Page 2):

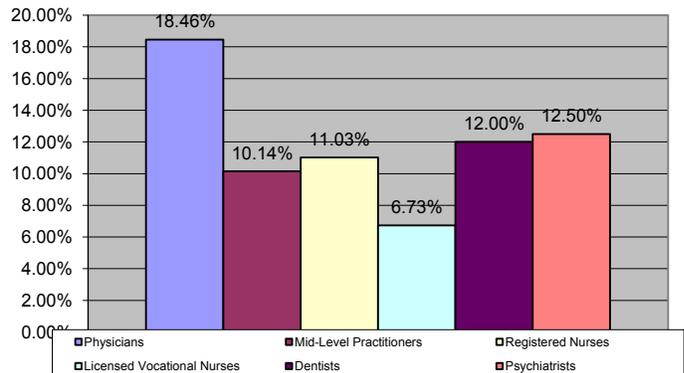
	September	October	November	Qtly Average
Medical Inpatient Facilities				
Average Daily Census	99.70	99.50	99.50	99.57
Number of Admissions	321.00	313.00	314.00	316.00
Average Length of Stay	9.29	9.50	9.66	9.48
Number of Clinic Visits	7,000.00	7,737.00	6,346.00	7,027.67
Mental Health Inpatient Facilities				
Average Daily Census	1,020.76	1,016.54	1,018.80	1,018.70
PAMIO/MROP Census	694.70	702.09	690.90	695.90
Telemedicine Consults	11,523	10,110	9,044	10,225.67

Health Care Staffing	Average This Quarter			Percent Vacant
	Filled	Vacant	Total	
Physicians	53.00	12.00	65.00	18.46%
Mid-Level Practitioners	124.00	14.00	138.00	10.14%
Registered Nurses	234.00	29.00	263.00	11.03%
Licensed Vocational Nurses	554.00	40.00	594.00	6.73%
Dentists	66.00	9.00	75.00	12.00%
Psychiatrists	14.00	2.00	16.00	12.50%

Average Length of Stay



Staffing Vacancy Rates



Medical Director's Report (Page 3):

CMC Update

Consent Item

University Medical Director's Report

Texas Tech University
Health Sciences Center

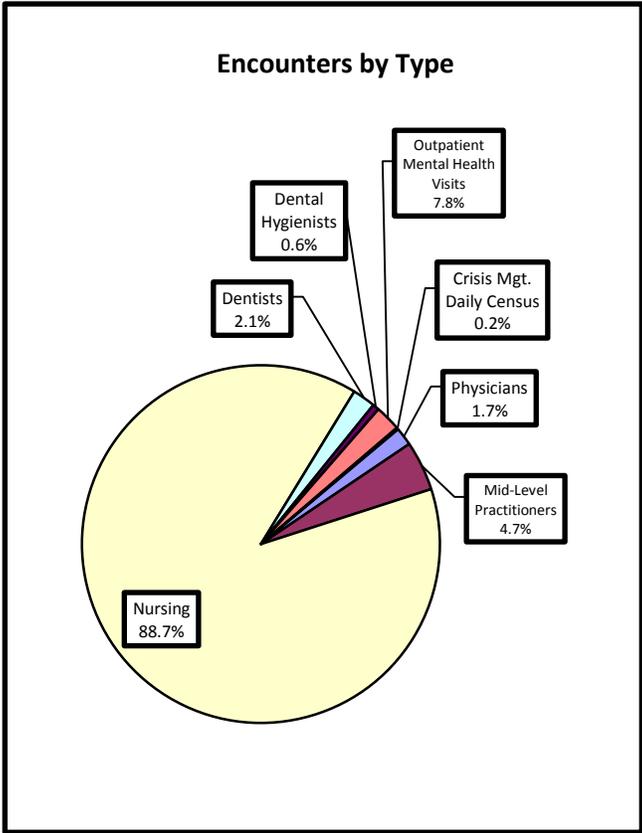
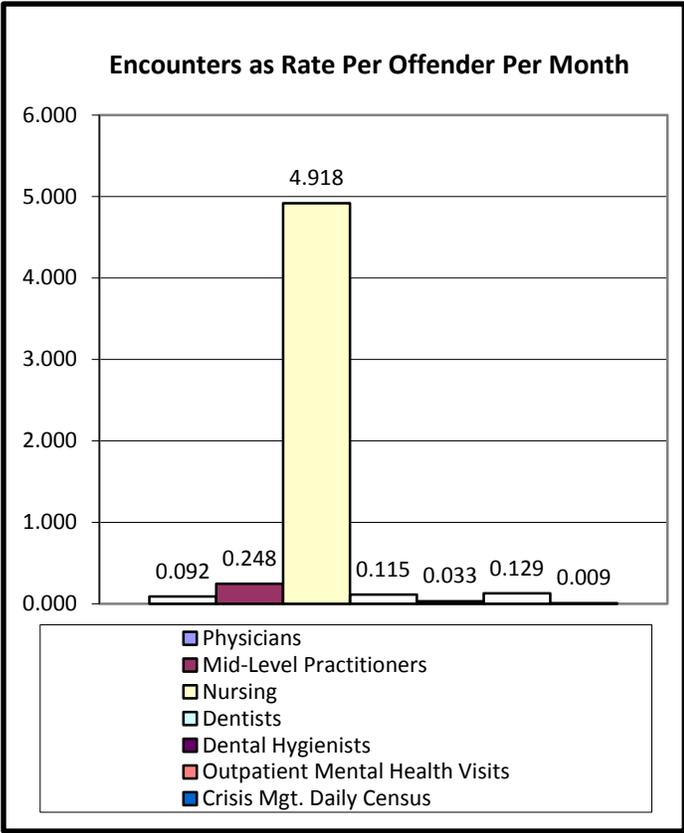


Correctional Health Care
MEDICAL DIRECTOR'S REPORT

FIRST QUARTER
FY 2016

Medical Director's Report:

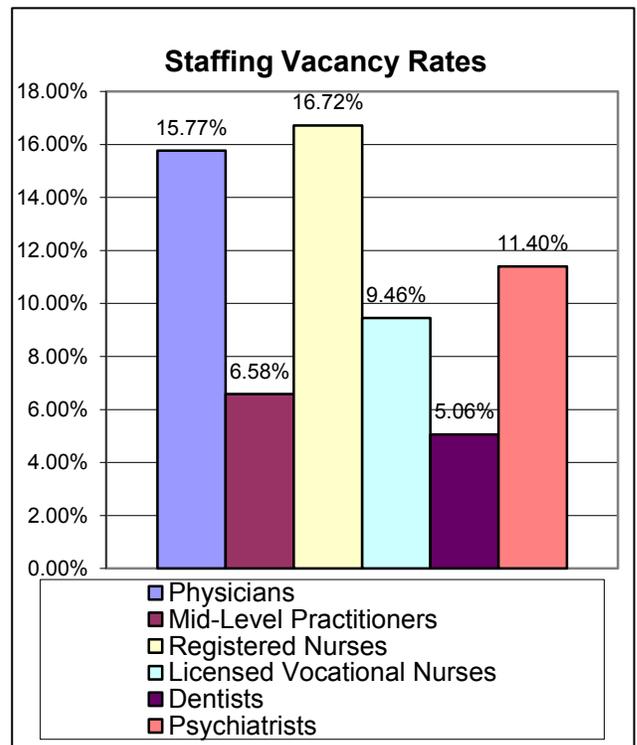
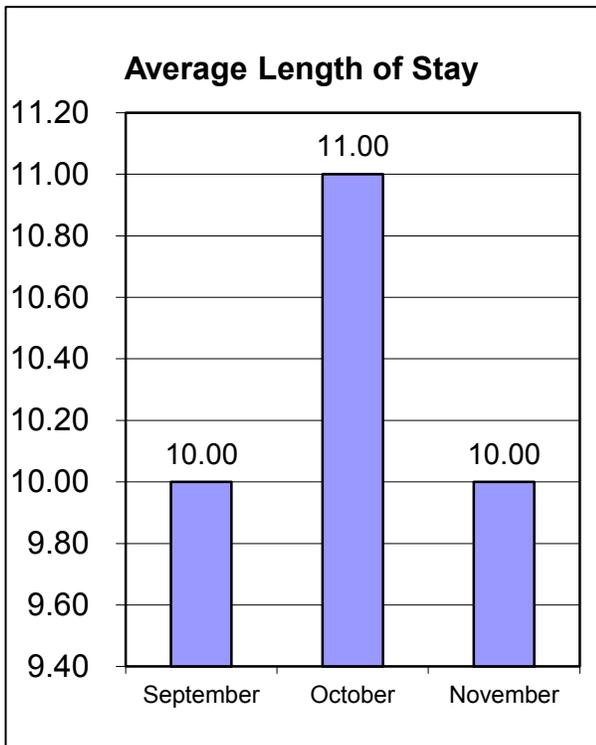
	September	October	November	Qtly Average
Average Population	30,054	29,932	29,915	29,967
	Rate Per	Rate Per	Rate Per	Rate Per
	Number	Number	Number	Number
	Offender	Offender	Offender	Offender
Medical encounters				
Physicians	3,065	2,716	2,481	2,754
Mid-Level Practitioners	8,307	7,792	6,229	7,443
Nursing	137,195	151,903	153,011	147,370
Sub-total	148,567	162,411	161,721	157,566
Dental encounters				
Dentists	3,639	3,667	3,047	3,451
Dental Hygienists	980	1,033	940	984
Sub-total	4,619	4,700	3,987	4,435
Mental health encounters				
Outpatient Mental Health Visits	4,202	3,945	3,435	3,861
Crisis Mgt. Daily Census	289	244	263	265
Sub-total	4,491	4,189	3,698	4,126
Total encounters	157,677	171,300	169,406	166,128



Medical Director's Report: (Page 2):

	September	October	November	Qtly Average
Medical Inpatient Facilities				
Average Daily Census	120.00	116.00	111.00	115.67
Number of Admissions	271.00	284.00	236.00	263.67
Average Length of Stay	10.00	11.00	10.00	10.33
Number of Clinic Visits	710.00	726.00	664.00	700.00
Mental Health Inpatient Facilities				
Average Daily Census	382.00	307.00	275.00	321.33
PAMIO/MROP Census	404.00	412.00	416.00	410.67
Specialty Referrals Completed	1,420.00	1,333.00	1,230.00	1,327.67
Telemedicine Consults	773	661	593	675.67

Health Care Staffing	Average This Quarter			Percent Vacant
	Filled	Vacant	Total	
Physicians	17.89	3.35	21.24	15.77%
Mid-Level Practitioners	38.77	2.73	41.50	6.58%
Registered Nurses	130.99	26.30	157.29	16.72%
Licensed Vocational Nurses	287.02	29.98	317.00	9.46%
Dentists	18.78	1.00	19.78	5.06%
Psychiatrists	7.77	1.00	8.77	11.40%



Medical Director's Report (Page 3):

CMC Update

Consent Item

Summary of CMHCC Joint Committee/
Work Group Activities

**Correctional Managed Health Care
Joint Committee/Work Group Activity Summary
for March 15, 2016, CMHCC Meeting**

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

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

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

Workgroup activity covered in this report includes:

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

System Leadership Council

Chair: Dr. Owen Murray

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

Meeting Date: February 11, 2016

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

FY 2016 SLC Indicators

- A. Dental: Total Open Reminders with Delay > 180 Days
- B. Mental Health: Heat Restrictions
- C. Nursing: Emergency Response
- D. Support Services: Inpatient/Outpatient Physical Therapy
- E. Clinical Administration: Missed Appointments (No Shows)
- F. Joint Medical/Pharmacy: Hepatitis C

Standing Issues

- A. New SLC Indicators
- 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: Benjamin Leeah, MD

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

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

Meeting Date: January 14, 2016

Sub Committee Updates:

- A. No Chemical Use of Force – Susan Morris, MD
- B. Serious/Critical Medical Condition & Notification of Next of Kin-
Phyllis McWhorter, RN
- C. Access to Off-Site Hospitalization Offender Information – Phyllis McWhorter, RN

Tabled from October 2015 Meeting:

- A. Procedure in the Event of an Offender Death –Robert Williams, MD
- B. Mental Health Therapeutic Diversion Program – Debbie Guthrie, MD
- C. Examination of Offenders by Private Practitioners – Chris Black-Edwards, RN

Committee Referrals:

Joint Mental Health Working Group - Guillermo Garcia, MD

The Following Policies Were Reviewed:

A-01.1	A-02.1	A-02.2	A-03.1	A-04.1	A-04.2	A-08.9*	A-08.10*	C-18.1	C-19.1
D-27.1	D-27.2*	D-27.3	E-31.1	E-31.3	E-32.1*	E-34.1	E-34.2	E-34.3	E-36.1
E-36.2	F-46.1	G-51.1	G-51.2	G-51.3*	G-51.4	G-51.5	G-52.2*	H-60.1*	I-66.1
I-68.1	I-68.2	I-68.3			* Indicates Attachment(s) included in the policy.				

The Following Policies Were Submitted for Changes or for Discussion:

THE FOLLOWING POLICIES HAVE BEEN SUBMITTED WITH CHANGES OR FOR DISCUSSION.

POLICY #	POLICY NAME	SUBMITTED BY
A-04.1	Administrative Meetings	Paula Reed, RN
A-08.9 Attachment A	Chronically Mentally Ill Program Inpatient Treatment Track	Guillermo Garcia, MD
A-08.10 Attachment A	PAMIO Admission Referral Application	Guillermo Garcia, MD
A-10.1	Serious/Critical Medical Conditions & Notification of Next of Kin	Phyllis McWhorter, RN
A-11.1	Procedure In The Event of An Offender Death	Robert Williams, MD
A-11.1 Attachment A	Initial Notification To Health Services of Offender Death	Robert Williams, MD
A-11.1 Attachment B	Death Report For Bureau of Justice Statistics	Robert Williams, MD
A-11.1 Attachment C	Death Summary	Robert Williams, MD
E-31.3	Access to Off-Site Hospitalization Offender Information	Phyllis Mcwhorter, RN
E-32.1 Attachment A	SAFPF Detoxification Medications List	Paula Reed, RN
G-51.1	Special Needs Offenders	Phyllis McWhorter, RN
G-52.2 Attachment A	Chronically Mentally Ill Outpatient Sheltered Housing Referral	Guillermo Garcia, MD
G-52.2 Attachment B	Chronic Mentally Ill (CMI) Outpatient Sheltered Housing Referral Form – Parole Release	Guillermo Garcia, MD

G-52.2 Attachment C	The Chronic Mentally Ill (CMI) Outpatient Sheltered Housing Program	Guillermo Garcia, MD
H-60.1 Attachment C	Abbreviated Job Titles	Linda Knight, PhD
H-61.1	Confidentiality and Release Of Protected Health Information	Kelly Coates
I-66.2	Therapeutic Restraint of Mental Health Patients	Beverly Sloan
I-70.1	Informed Consent	Robert Williams, RN

Adjournment

- Next Meeting Date is April 14, 2016.

Joint Pharmacy and Therapeutics Committee

Chair: Sheri Talley, MD

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

Meeting Date: January 14, 2016

Key Activities:

- I. Welcome New Members
- II. Approval of the Minutes from November 12, 2015 Meeting
- III. Reports from Subcommittees
 - A. DMG Triage – Dr. Sandmann
 - B. Psychiatry – Next meeting scheduled for March 10, 2016
 - C. Transfer Medications – Dr. Williams
- IV. Monthly Reports
 - A. Adverse Drug Reaction Reports (none)
 - B. Pharmacy Clinical Activity Report
 - C. Drug Recalls (October – December 2015)
 - D. Non-formulary Deferral Reports
 1. Texas Tech Sector (October – November 2015)
 2. UTMB Sector (November - December 2015)
 - E. Quarterly Medication Error Reports – 1st Quarter FY16
 1. UTMB Sector
 2. Texas Tech Sector
 3. Medication Dispensing Error Report

- F. Utilization Reports (September through November 2015)
 - 1. HIV Utilization
 - 2. Hepatitis C Utilization
 - 3. Hepatitis B Utilization
 - 4. Psychotropic Utilization
- G. Special Reports
 - 1. P & T Initiatives FY 15
 - 2. FY 15 Pharmacy Annual Review
 - 3. Top 50 Medications by Cost and Volume – 4th Quarter FY 15
 - 4. Top 50 Medications by Cost and Volume – 1st Quarter FT 16
 - 5. Hepatitis B Utilization
- H. Policy Review Schedule

V. Old Business (None)

VI. New Business

- A. Action Requests
 - 1. Annual Review of HIV and Hepatitis Education Materials
 - 2. Conversion of Stribild® Prior Authorization Patients to Genvoya®
 - 3. CDC Gonorrhea Treatment Update
 - 4. Community Acquired Pneumonia Treatment Recommendations
 - 5. Allow Floor Stock of Estradiol at Darrington
 - 6. NSAID Use Consent Form – Dr. Talley
- B. FDA Medication Safety Advisories
- C. Manufacturer Shortages and Discontinuations
- D. Policy and Procedure Revisions (None)- Policies 05-05 through 15-25 to be reviewed in March 2016

VII. Miscellaneous

VIII. Adjournment

Joint Infection Control Committee

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

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

Meeting Date: February 11, 2016

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

Old Business

None

New Business

None

Policies Under Review

- a. B-14.1 Infection Control Committee
- b. B-14.2 Correctional Managed Health Care Infection Control Committee
- c. B-14.3 Employee TB Testing
- d. B-14.4 Prevention of Hepatitis B Virus (HBV) Infections in TDCJ Facilities
- e. B.14.5 Occupational Exposure Counseling and Testing for TDCJ and Correctional Managed Health Care Employees
- f. B-14.06 Management of Offender Bloodborne Exposures
- g. B-14.07 Immunizations
- h. B-14.10 Tuberculosis
- i. B-14.11 Human Immunodeficiency Virus (HIV) Infection

Adjourn

- Next Meeting – April 14, 2016
- Policies to be reviewed are B-14.2 – B14.18

Joint Dental Work Group

Chair: Dr. Manuel Hirsch

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

Meeting Date: January 13, 2016

Approval of Minutes from September 24, 2015

New Business

- Exemptions from the Annual Health Care Services Fee
- Bitewings for Comprehensive Treatment Plan
- FMX for Periodontal Program

Policies Under Review

B-14.1 Infection Control Program

B-15.1 Environmental Inspections

Sector Updates

- TDCJ
- UTMB
- TTUHSC

Meeting Adjourn

Joint Mortality and Morbidity Committee

Co-Chair: Dr. Susan Morris

Co-Chair: Dr. Robert Williams

Key Activities:

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

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

For the Three Months Ended February 2016

There were 72 deaths reviewed by the Mortality and Morbidity Committee during the months of December 2015, January and February 2016. Of those 72 deaths, 6 were referred to peer review committees.

Joint Nursing Work Group

Chair: Mike Jones, MBA, BSN, RN

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

Meeting Date: January 13, 2016

I. Approval of Minutes from the October 8, 2015 meeting

II. Old Business

1. Nursing Plan of Care – Justin Robison
2. PHI: RM-04, UOF, etc. – Chris Black-Edwards
3. Emergent/Urgent Care Form – Mike Jones

III. New Business

1. Operational Review Audits
 - A. Scheduling
 - B. Separating Nursing/Medical Questions
2. CID Committee
3. Chronic Care Clinic Rescheduling
4. Sick Call Request Form
5. After-hours Nursing Level Procedure Code
6. Medical Pass Expiration Date
7. Restraint Log

IV. Other

- V. Next Meeting: April 13, 2016

Financial Report on Correctional Managed Health Care



Quarterly Report FY2016 First Quarter

September 2015 – November 2015

First Quarter Financial Report on Correctional Managed Health Care

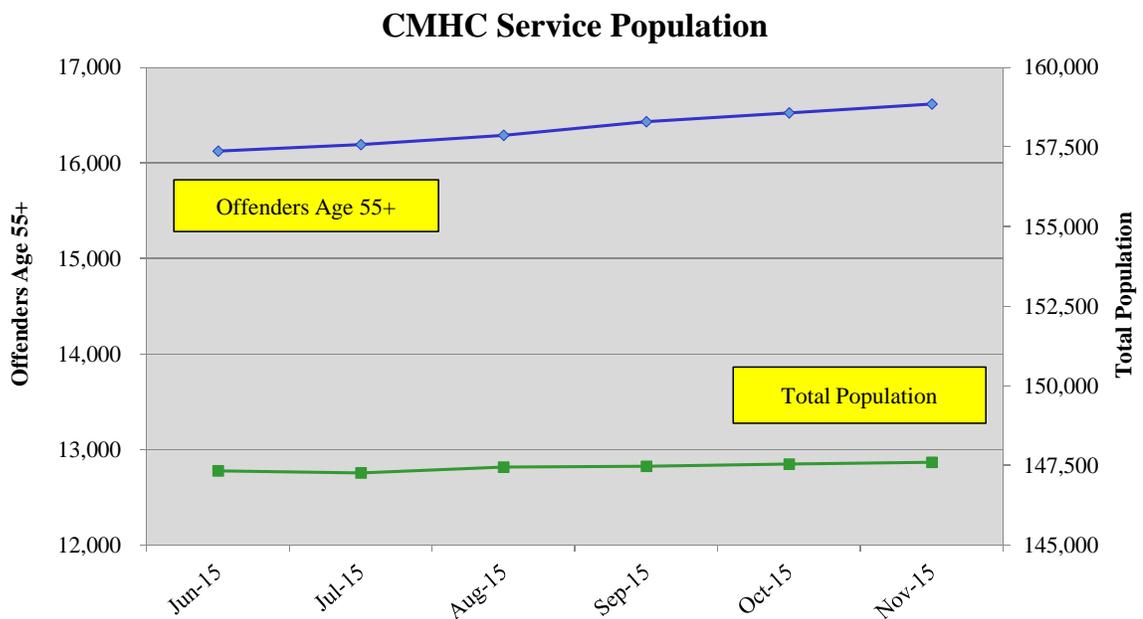
Overview

- Report submitted in accordance with the FY2016-17 General Appropriations Act, Article V, Rider 47, 84th Legislature, Regular Session 2015
- FY2016 TDCJ Appropriations allocated to Correctional Managed Health Care:
 - \$277.4M Unit and Psychiatric Care, Strategy C.1.8
 - \$202.2M Hospital and Clinical Care, Strategy C.1.9
 - \$57.7M Pharmacy Care, Strategy C.1.10

<u>Method of Finance Summary</u>	<u>FY2016</u>
HB 1, Article V, TDCJ Appropriations	
Strategy C.1.8. Unit and Psychiatric Care	\$ 277,402,262
Strategy C.1.9. Hospital and Clinic Care	\$ 202,174,592
Strategy C.1.10. Pharmacy Care	\$ 57,747,578
TOTAL	\$ 537,324,432
<u>Allocation to Universities</u>	
University of Texas Medical Branch	
Unit and Psychiatric Care	\$ 220,118,095
Hospital and Clinic Care	\$ 172,056,460
Pharmacy Care	\$ 45,479,313
Subtotal UTMB	\$ 437,653,868
Texas Tech University Health Sciences Center	
Unit and Psychiatric Care	\$ 57,284,167
Hospital and Clinic Care	\$ 30,118,132
Pharmacy Care	\$ 12,268,265
Subtotal TTUHSC	\$ 99,670,564
TOTAL TO UNIVERSITY PROVIDERS	\$ 537,324,432

Population

- Overall offender service population has decreased 1.5% from FY2015
 - Average daily census 149,804 through 1st quarter of FY2015 compared to 147,532 through 1st quarter of FY2016
- Offenders aged 55 or older population increased 4% from FY2015
 - Average daily census 15,889 through 1st quarter of FY2015 compared to 16,524 through 1st quarter of FY2016
 - While comprising about 11.2% of the overall service population, offenders age 55 and over account for 40.9% of the hospitalization costs received to date.
- Mental health caseloads:
 - FY2016 average number of psychiatric inpatients through 1st quarter: 1,751
 - FY2016 average number of psychiatric outpatients through 1st quarter: 22,879



Health Care Costs

- Total expenses through 1st quarter, FY2016: \$155.6M
- Unit and Psychiatric Care expenses represent the majority of total health care costs
 - \$80.9M, 52% of total expenses
- Hospital and Clinical Care - \$58.3M, 37.4% of total
- Pharmacy Services - \$16.5M, 10.6% of total
 - HIV related drugs: 31.8% of total drug costs
 - Psychiatric drugs: 9.6% of total drug costs
 - Hepatitis C drug therapies: 5.2% of total drug costs
- Cost per offender per day, FY2016 through 1st quarter: \$11.59
 - 7.8% increase compared to FY2015 cost per day of \$10.75

Comparison of Total Health Care Costs

	FY 12	FY 13	FY 14	FY 15	4-Year Average	FYTD 16 1st Qtr
Population						
UTMB	120,557	118,359	118,705	117,779	118,850	117,565
TTUHSC	31,491	30,713	31,314	30,790	31,077	29,967
Total	152,048	149,072	150,019	148,569	149,927	147,532
Expenses						
UTMB	\$397,606,713	\$415,579,990	\$456,286,749	\$474,922,507	\$436,098,990	\$126,650,271
TTUHSC	\$97,426,964	\$98,335,680	\$102,834,980	\$107,975,637	\$101,643,315	\$28,996,403
Total	\$495,033,677	\$513,915,670	\$559,121,729	\$582,898,144	\$537,742,305	\$155,646,674
Cost/Day						
UTMB	\$9.01	\$9.62	\$10.53	\$11.05	\$10.05	\$11.84
TTUHSC	\$8.45	\$8.77	\$9.00	\$9.61	\$8.95	\$10.63
Total	\$8.90	\$9.45	\$10.21	\$10.75	\$9.82	\$11.59

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
Financial Report on Offender Health Care, pursuant to Agency Rider 47
First Quarter, FY2016

<u>Method of Finance</u>	<u>TTUHSC</u>	<u>UTMB</u>	<u>Total</u>
C.1.8. Unit & Psychiatric Care			
TDCJ Appropriation	\$ 14,242,785	\$ 54,728,815	\$ 68,971,600
State Reimbursement Benefits	\$ 2,186,486	\$ 11,417,040	\$ 13,603,526
Other Misc Revenue	\$ 879	\$ 14,792	\$ 15,671
C.1.8. Total Method of Finance	\$ 16,430,150	\$ 66,160,647	\$ 82,590,797
C.1.9. Hospital & Clinical Care			
TDCJ Appropriation	\$ 7,488,388	\$ 42,779,065	\$ 50,267,453
State Reimbursement Benefits	\$ 524,531	\$ -	\$ 524,531
Other Misc Revenue	\$ -	\$ -	\$ -
C.1.9. Total Method of Finance	\$ 8,012,919	\$ 42,779,065	\$ 50,791,984
C.1.10. Managed Health Care - Pharmacy			
TDCJ Appropriation	\$ 3,050,306	\$ 11,307,698	\$ 14,358,004
State Reimbursement Benefits	\$ 20,341	\$ 524,901	\$ 545,242
Other Misc Revenue	\$ -	\$ 30,358	\$ 30,358
C.1.10. Total Method of Finance	\$ 3,070,647	\$ 11,862,957	\$ 14,933,604
TOTAL METHOD OF FINANCE	\$ 27,513,716	\$ 120,802,669	\$ 148,316,385

<u>Method of Finance Summary</u>	<u>TTUHSC</u>	<u>UTMB</u>	<u>Total</u>
TDCJ Appropriation	\$ 24,781,479	\$ 108,815,578	\$ 133,597,057
State Reimbursement Benefits	\$ 2,731,358	\$ 11,941,941	\$ 14,673,299
Other Misc Revenue	\$ 879	\$ 45,150	\$ 46,029
TOTAL METHOD OF FINANCE	\$ 27,513,716	\$ 120,802,669	\$ 148,316,385

<u>Expenditures</u>	<u>TTUHSC</u>	<u>UTMB</u>	<u>Total</u>
C.1.8. Unit & Psychiatric Care	\$ 17,053,917	\$ 63,805,166	\$ 80,859,083
C.1.9. Hospital & Clinical Care	\$ 8,342,781	\$ 49,938,252	\$ 58,281,033
C.1.10. Managed Health Care - Pharmacy	\$ 3,599,705	\$ 12,906,853	\$ 16,506,558
TOTAL EXPENDITURES	\$ 28,996,403	\$ 126,650,271	\$ 155,646,674

DIFFERENCE	\$ (1,482,687)	\$ (5,847,602)	\$ (7,330,289)
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TEXAS DEPARTMENT OF CRIMINAL JUSTICE
Financial Report on Offender Health Care, pursuant to Agency Rider 47
First Quarter, FY2016

C.1.8. UNIT & PSYCHIATRIC CARE			
	<u>TTUHSC</u>	<u>UTMB</u>	<u>Total</u>
Method of Finance:			
TDCJ Appropriation	\$ 14,242,785	\$ 54,728,815	\$ 68,971,600
State Reimbursement Benefits	\$ 2,186,486	\$ 11,417,040	\$ 13,603,526
Other Misc Revenue	\$ 879	\$ 14,792	\$ 15,671
TOTAL METHOD OF FINANCE	\$ 16,430,150	\$ 66,160,647	\$ 82,590,797
Expenditures:			
Unit Care			
Salaries	\$ 5,172,500	\$ 36,539,708	\$ 41,712,208
Benefits	\$ 1,663,098	\$ 11,303,293	\$ 12,966,391
Other Operating Expenses	\$ 483,793	\$ 5,136,457	\$ 5,620,250
Professional Services	\$ 627,557	\$ -	\$ 627,557
Contracted Units/Services	\$ 4,062,097	\$ -	\$ 4,062,097
Travel	\$ 51,875	\$ 377,471	\$ 429,346
Electronic Medicine	\$ 153,215	\$ -	\$ 153,215
Capitalized Equipment	\$ 225,346	\$ 32,132	\$ 257,478
Subtotal, Unit Care	\$ 12,439,481	\$ 53,389,061	\$ 65,828,542
Psychiatric Care			
Salaries	\$ 3,072,377	\$ 6,429,921	\$ 9,502,298
Benefits	\$ 799,947	\$ 1,616,057	\$ 2,416,004
Other Operating Expenses	\$ 33,384	\$ 53,343	\$ 86,727
Professional Services	\$ 200,180	\$ -	\$ 200,180
Contracted Units/Services	\$ -	\$ -	\$ -
Travel	\$ 10,051	\$ 52,639	\$ 62,690
Subtotal, Psychiatric Care	\$ 4,115,939	\$ 8,151,960	\$ 12,267,899
Indirect Expenditures (Shared Services)	\$ 498,497	\$ 2,264,145	\$ 2,762,642
TOTAL EXPENDITURES	\$ 17,053,917	\$ 63,805,166	\$ 80,859,083
DIFFERENCE	\$ (623,767)	\$ 2,355,481	\$ 1,731,714

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
Financial Report on Offender Health Care, pursuant to Agency Rider 47
First Quarter, FY2016

C.1.9. HOSPITAL & CLINICAL CARE				
Method of Finance	<u>TTUHSC</u>	<u>UTMB</u>	<u>Total</u>	
TDCJ Appropriation	\$ 7,488,388	\$ 42,779,065	\$	50,267,453
State Reimbursement Benefits	\$ 524,531	\$ -	\$	524,531
Other Misc Revenue	\$ -	\$ -	\$	-
TOTAL METHOD OF FINANCE	\$ 8,012,919	\$ 42,779,065	\$	50,791,984
Expenditures:				
Hospital and Clinical Care				
University Professional Services	\$ 337,500	\$ 5,325,232	\$	5,662,732
Freeworld Provider Services	\$ 5,242,460	\$ 3,802,030	\$	9,044,490
TTUHSC Western Regional Medical Facility & UTMB Hospital Galveston Hospital Services	\$ 3,280,687	\$ 30,092,152	\$	33,372,839
Estimated IBNR	\$ (779,960)	\$ 8,946,764	\$	8,166,804
Subtotal, Hospital & Clinical Care	\$ 8,080,687	\$ 48,166,178	\$	56,246,865
Indirect Expenditures (Shared Services)	\$ 262,094	\$ 1,772,074	\$	2,034,168
TOTAL EXPENDITURES	\$ 8,342,781	\$ 49,938,252	\$	58,281,033
DIFFERENCE	\$ (329,862)	\$ (7,159,187)	\$	(7,489,049)

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
Financial Report on Offender Health Care, pursuant to Agency Rider 47
First Quarter, FY2016

C.1.10. MANAGED HEALTH CARE - PHARMACY			
Method of Finance	<u>TTUHSC</u>	<u>UTMB</u>	<u>Total</u>
TDCJ Appropriation	\$ 3,050,306	\$ 11,307,698	\$ 14,358,004
State Reimbursement Benefits	\$ 20,341	\$ 524,901	\$ 545,242
Other Misc Revenue	\$ -	\$ 30,358	\$ 30,358
TOTAL METHOD OF FINANCE	\$ 3,070,647	\$ 11,862,957	\$ 14,933,604
Expenditures:			
Managed Health Care - Pharmacy			
Salaries	\$ 497,915	\$ 1,744,824	\$ 2,242,739
Benefits	\$ 22,206	\$ 566,254	\$ 588,460
Other Operating Expenses	\$ 76,403	\$ 481,988	\$ 558,391
Pharmaceutical Purchases	\$ 2,893,979	\$ 9,650,611	\$ 12,544,590
Travel	\$ 2,441	\$ 5,172	\$ 7,613
Capitalized Equipment	\$ -	\$ -	\$ -
Subtotal, Managed Health Care - Pharmacy Expenditures	\$ 3,492,944	\$ 12,448,849	\$ 15,941,793
Indirect Expenditures (Shared Services)	\$ 106,761	\$ 458,004	\$ 564,765
TOTAL EXPENDITURES	\$ 3,599,705	\$ 12,906,853	\$ 16,506,558
DIFFERENCE	\$ (529,058)	\$ (1,043,896)	\$ (1,572,954)

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
Financial Report on Offender Health Care, pursuant to Agency Rider 47
First Quarter, FY2016

Key Population Indicators

	<u>September</u>	<u>October</u>	<u>November</u>	<u>1st Quarter</u>	<u>FY2016 YTD</u>
Average Service Population					
UTMB Service Population	117,411	117,605	117,678	117,565	117,565
TTUHSC Service Population	30,054	29,932	29,915	29,967	29,967
Average Service Population	147,465	147,537	147,593	147,532	147,532
Population Age 55 and Over					
UTMB Population	13,717	13,777	13,882	13,792	13,792
TTUHSC Population	2,714	2,747	2,734	2,732	2,732
Population Age 55 and Over	16,431	16,524	16,616	16,524	16,524
HIV Population					
	2,011	2,011	2,034	2,019	2,019
Medical Inpatient Average Daily Census					
UTMB-Hospital Galveston	85	85	86	85	85
UTMB Freeworld Hospitals	41	45	45	44	44
TTUHSC Freeworld Hospitals	10	10	7	9	9
Medical Inpatient Average Daily Census	136	140	138	138	138
Medical Outpatient Visits					
UTMB Specialty Clinics and ER Visits	8,072	8,802	7,307	8,060	8,060
TTUHSC Freeworld Outpatient and ER Visits	1,503	1,258	1,732	1,498	1,498
Medical Outpatient Visits	9,575	10,060	9,039	9,558	9,558
Mental Health Inpatient Average Census					
UTMB Psychiatric Inpatient	1,021	1,017	1,019	1,019	1,019
TTUHSC Psychiatric Inpatient	786	719	691	732	732
Mental Health Inpatient Average Census	1,807	1,736	1,710	1,751	1,751
Mental Health Outpatient Caseload, Month End					
UTMB Psychiatric Outpatient	17,980	18,207	18,250	18,146	18,146
TTUHSC Psychiatric Outpatient	4,765	4,729	4,704	4,733	4,733
Mental Health Outpatient Caseload, Month End	22,745	22,936	22,954	22,879	22,879

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

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
Financial Report on Offender Health Care, pursuant to Agency Rider 47
First Quarter, FY2016

Texas Tech University Health Sciences Center						
STRATEGY	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Total TTUHSC	Annual Projection 1/05/2016
REVENUE:						
TDCJ Appropriation	\$ 24,781,479	\$ -	\$ -	\$ -	\$ 24,781,479	\$ 99,670,564
State Reimbursement Benefits	\$ 2,731,358	\$ -	\$ -	\$ -	\$ 2,731,358	\$ 10,925,432
Other Misc Revenue	\$ 879	\$ -	\$ -	\$ -	\$ 879	\$ 3,516
TOTAL REVENUES	\$ 27,513,716	\$ -	\$ -	\$ -	\$ 27,513,716	\$ 110,599,512

C.1.8. UNIT & PSYCHIATRIC CARE						
EXPENDITURES:						
Unit Care Expenditures						
Salaries	\$ 5,172,500	\$ -	\$ -	\$ -	\$ 5,172,500	\$ 20,690,000
Benefits	\$ 1,663,098	\$ -	\$ -	\$ -	\$ 1,663,098	\$ 6,652,392
Other Operating Expenses	\$ 483,793	\$ -	\$ -	\$ -	\$ 483,793	\$ 1,659,366
Professional Services	\$ 627,557	\$ -	\$ -	\$ -	\$ 627,557	\$ 2,243,172
Contracted Units/Services	\$ 4,062,097	\$ -	\$ -	\$ -	\$ 4,062,097	\$ 16,337,383
Travel	\$ 51,875	\$ -	\$ -	\$ -	\$ 51,875	\$ 207,500
Electronic Medicine	\$ 153,215	\$ -	\$ -	\$ -	\$ 153,215	\$ 344,702
Capitalized Equipment	\$ 225,346	\$ -	\$ -	\$ -	\$ 225,346	\$ 225,346
Estimated IBNR	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subtotal, Unit Care Expenditures	\$ 12,439,481	\$ -	\$ -	\$ -	\$ 12,439,481	\$ 48,359,861
Psychiatric Care Expenditures						
Salaries	\$ 3,072,377	\$ -	\$ -	\$ -	\$ 3,072,377	\$ 11,985,248
Benefits	\$ 799,947	\$ -	\$ -	\$ -	\$ 799,947	\$ 3,199,788
Other Operating Expenses	\$ 33,384	\$ -	\$ -	\$ -	\$ 33,384	\$ 133,536
Professional Services	\$ 200,180	\$ -	\$ -	\$ -	\$ 200,180	\$ 874,212
Travel	\$ 10,051	\$ -	\$ -	\$ -	\$ 10,051	\$ 40,204
Estimated IBNR	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subtotal, Psychiatric Care Expenditures	\$ 4,115,939	\$ -	\$ -	\$ -	\$ 4,115,939	\$ 16,232,988
Total Expenditures, Unit & Psychiatric Care	\$ 16,555,420	\$ -	\$ -	\$ -	\$ 16,555,420	\$ 64,592,849

C.1.9. HOSPITAL & CLINICAL CARE						
EXPENDITURES:						
University Professional Services	\$ 337,500	\$ -	\$ -	\$ -	\$ 337,500	\$ 1,350,000
Freeworld Provider Services	\$ 5,242,460	\$ -	\$ -	\$ -	\$ 5,242,460	\$ 17,850,000
TTUHSC Western Regional Medical Facility & UTMB Hospital Galveston Hospital Services	\$ 3,280,687	\$ -	\$ -	\$ -	\$ 3,280,687	\$ 13,372,748
Estimated IBNR	\$ (779,960)	\$ -	\$ -	\$ -	\$ (779,960)	\$ -
Total Expenditures, Hospital & Clinical Care	\$ 8,080,687	\$ -	\$ -	\$ -	\$ 8,080,687	\$ 32,572,748

C.1.10. MANAGED HEALTH CARE PHARMACY						
EXPENDITURES:						
Salaries	\$ 497,915	\$ -	\$ -	\$ -	\$ 497,915	\$ 1,991,660
Benefits	\$ 22,206	\$ -	\$ -	\$ -	\$ 22,206	\$ 88,824
Other Operating Expenses	\$ 76,403	\$ -	\$ -	\$ -	\$ 76,403	\$ 305,612
Pharmaceutical Purchases	\$ 2,893,979	\$ -	\$ -	\$ -	\$ 2,893,979	\$ 11,550,000
Travel	\$ 2,441	\$ -	\$ -	\$ -	\$ 2,441	\$ 9,764
Capitalized Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Estimated IBNR	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Expenditures, Managed Health Care Pharmacy	\$ 3,492,944	\$ -	\$ -	\$ -	\$ 3,492,944	\$ 13,945,860

Indirect Expenditures (Shared Services)	\$ 867,352	\$ -	\$ -	\$ -	\$ 867,352	\$ 3,488,470
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TOTAL EXPENDITURES	\$ 28,996,403	\$ -	\$ -	\$ -	\$ 28,996,403	\$ 114,599,927
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DIFFERENCE	\$ (1,482,687)	\$ -	\$ -	\$ -	\$ (1,482,687)	\$ (4,000,415)
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TEXAS DEPARTMENT OF CRIMINAL JUSTICE
Financial Report on Offender Health Care, pursuant to Agency Rider 47
First Quarter, FY2016

University of Texas Medical Branch						
STRATEGY	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Total UTMB	Annual Projection 12/22/2015
REVENUE:						
TDCJ Appropriation	\$ 108,815,578	\$ -	\$ -	\$ -	\$ 108,815,578	\$ 437,653,868
State Reimbursement Benefits	\$ 11,941,941	\$ -	\$ -	\$ -	\$ 11,941,941	\$ 49,069,221
Other Misc Revenue	\$ 45,150	\$ -	\$ -	\$ -	\$ 45,150	\$ 73,673
TOTAL REVENUES	\$ 120,802,669	\$ -	\$ -	\$ -	\$ 120,802,669	\$ 486,796,762

C.1.8. UNIT & PSYCHIATRIC CARE						
EXPENDITURES:						
Unit Care Expenditures						
Salaries	\$ 36,539,708	\$ -	\$ -	\$ -	\$ 36,539,708	\$ 147,492,720
Benefits	\$ 11,303,293	\$ -	\$ -	\$ -	\$ 11,303,293	\$ 46,585,901
Other Operating Expenses	\$ 5,136,457	\$ -	\$ -	\$ -	\$ 5,136,457	\$ 20,044,547
Professional Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Contracted Units/Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Travel	\$ 377,471	\$ -	\$ -	\$ -	\$ 377,471	\$ 1,349,444
Electronic Medicine	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Capitalized Equipment	\$ 32,132	\$ -	\$ -	\$ -	\$ 32,132	\$ 1,500,000
Estimated IBNR	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subtotal, Unit Care Expenditures	\$ 53,389,061	\$ -	\$ -	\$ -	\$ 53,389,061	\$ 216,972,612
Psychiatric Care Expenditures						
Salaries	\$ 6,429,921	\$ -	\$ -	\$ -	\$ 6,429,921	\$ 26,068,222
Benefits	\$ 1,616,057	\$ -	\$ -	\$ -	\$ 1,616,057	\$ 6,551,162
Other Operating Expenses	\$ 53,343	\$ -	\$ -	\$ -	\$ 53,343	\$ 213,373
Professional Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Travel	\$ 52,639	\$ -	\$ -	\$ -	\$ 52,639	\$ 210,556
Estimated IBNR	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subtotal, Psychiatric Care Expenditures	\$ 8,151,960	\$ -	\$ -	\$ -	\$ 8,151,960	\$ 33,043,313
Total Expenditures, Unit & Psychiatric Care	\$ 61,541,021	\$ -	\$ -	\$ -	\$ 61,541,021	\$ 250,015,925

C.1.9. HOSPITAL & CLINICAL CARE						
EXPENDITURES:						
University Professional Services	\$ 5,325,232	\$ -	\$ -	\$ -	\$ 5,325,232	\$ 22,484,313
Freeworld Provider Services	\$ 3,802,030	\$ -	\$ -	\$ -	\$ 3,802,030	\$ 51,312,476
TTUHSC Western Regional Medical Facility & UTMB Hospital Galveston Hospital Services	\$ 30,092,152	\$ -	\$ -	\$ -	\$ 30,092,152	\$ 121,117,562
Estimated IBNR	\$ 8,946,764	\$ -	\$ -	\$ -	\$ 8,946,764	\$ -
Total Expenditures, Hospital & Clinical Care	\$ 48,166,178	\$ -	\$ -	\$ -	\$ 48,166,178	\$ 194,914,351

C.1.10. MANAGED HEALTH CARE PHARMACY						
EXPENDITURES:						
Salaries	\$ 1,744,824	\$ -	\$ -	\$ -	\$ 1,744,824	\$ 7,017,623
Benefits	\$ 566,254	\$ -	\$ -	\$ -	\$ 566,254	\$ 2,277,456
Other Operating Expenses	\$ 481,988	\$ -	\$ -	\$ -	\$ 481,988	\$ 1,928,761
Pharmaceutical Purchases	\$ 9,650,611	\$ -	\$ -	\$ -	\$ 9,650,611	\$ 40,708,980
Travel	\$ 5,172	\$ -	\$ -	\$ -	\$ 5,172	\$ 32,000
Capitalized Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Estimated IBNR	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Expenditures, Managed Health Care Pharmacy	\$ 12,448,849	\$ -	\$ -	\$ -	\$ 12,448,849	\$ 51,964,820

Indirect Expenditures (Shared Services)	\$ 4,494,223	\$ -	\$ -	\$ -	\$ 4,494,223	\$ 18,979,186
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TOTAL EXPENDITURES	\$ 126,650,271	\$ -	\$ -	\$ -	\$ 126,650,271	\$ 515,874,282
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DIFFERENCE	\$ (5,847,602)	\$ -	\$ -	\$ -	\$ (5,847,602)	\$ (29,077,520)
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TEXAS DEPARTMENT OF CRIMINAL JUSTICE
Financial Report on Offender Health Care, pursuant to Agency Rider 47
First Quarter, FY2016

Combined Total						
STRATEGY	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Combined Total	Annual Projection
REVENUE:						
TDCJ Appropriation	\$ 133,597,057	\$ -	\$ -	\$ -	\$ 133,597,057	\$ 537,324,432
State Reimbursement Benefits	\$ 14,673,299	\$ -	\$ -	\$ -	\$ 14,673,299	\$ 59,994,653
Other Misc Revenue	\$ 46,029	\$ -	\$ -	\$ -	\$ 46,029	\$ 77,189
TOTAL REVENUES	\$ 148,316,385	\$ -	\$ -	\$ -	\$ 148,316,385	\$ 597,396,274

C.1.8. UNIT & PSYCHIATRIC CARE						
EXPENDITURES:						
Unit Care Expenditures						
Salaries	\$ 41,712,208	\$ -	\$ -	\$ -	\$ 41,712,208	\$ 168,182,720
Benefits	\$ 12,966,391	\$ -	\$ -	\$ -	\$ 12,966,391	\$ 53,238,293
Other Operating Expenses	\$ 5,620,250	\$ -	\$ -	\$ -	\$ 5,620,250	\$ 21,703,913
Professional Services	\$ 627,557	\$ -	\$ -	\$ -	\$ 627,557	\$ 2,243,172
Contracted Units/Services	\$ 4,062,097	\$ -	\$ -	\$ -	\$ 4,062,097	\$ 16,337,383
Travel	\$ 429,346	\$ -	\$ -	\$ -	\$ 429,346	\$ 1,556,944
Electronic Medicine	\$ 153,215	\$ -	\$ -	\$ -	\$ 153,215	\$ 344,702
Capitalized Equipment	\$ 257,478	\$ -	\$ -	\$ -	\$ 257,478	\$ 1,725,346
Estimated IBNR	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subtotal, Unit Care Expenditures	\$ 65,828,542	\$ -	\$ -	\$ -	\$ 65,828,542	\$ 265,332,473
Psychiatric Care Expenditures						
Salaries	\$ 9,502,298	\$ -	\$ -	\$ -	\$ 9,502,298	\$ 38,053,470
Benefits	\$ 2,416,004	\$ -	\$ -	\$ -	\$ 2,416,004	\$ 9,750,950
Other Operating Expenses	\$ 86,727	\$ -	\$ -	\$ -	\$ 86,727	\$ 346,909
Professional Services	\$ 200,180	\$ -	\$ -	\$ -	\$ 200,180	\$ 874,212
Travel	\$ 62,690	\$ -	\$ -	\$ -	\$ 62,690	\$ 250,760
Estimated IBNR	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subtotal, Psychiatric Care Expenditures	\$ 12,267,899	\$ -	\$ -	\$ -	\$ 12,267,899	\$ 49,276,301
Total Expenditures, Unit & Psychiatric Care	\$ 78,096,441	\$ -	\$ -	\$ -	\$ 78,096,441	\$ 314,608,774

C.1.9. HOSPITAL & CLINICAL CARE						
EXPENDITURES:						
University Professional Services	\$ 5,662,732	\$ -	\$ -	\$ -	\$ 5,662,732	\$ 23,834,313
Freeworld Provider Services	\$ 9,044,490	\$ -	\$ -	\$ -	\$ 9,044,490	\$ 69,162,476
TTUHSC Western Regional Medical Facility & UTMB Hospital Galveston Hospital Services	\$ 33,372,839	\$ -	\$ -	\$ -	\$ 33,372,839	\$ 134,490,310
Estimated IBNR	\$ 8,166,804	\$ -	\$ -	\$ -	\$ 8,166,804	\$ -
Total Expenditures, Hospital & Clinical Care	\$ 56,246,865	\$ -	\$ -	\$ -	\$ 56,246,865	\$ 227,487,099

C.1.10. MANAGED HEALTH CARE PHARMACY						
EXPENDITURES:						
Salaries	\$ 2,242,739	\$ -	\$ -	\$ -	\$ 2,242,739	\$ 9,009,283
Benefits	\$ 588,460	\$ -	\$ -	\$ -	\$ 588,460	\$ 2,366,280
Other Operating Expenses	\$ 558,391	\$ -	\$ -	\$ -	\$ 558,391	\$ 2,234,373
Pharmaceutical Purchases	\$ 12,544,590	\$ -	\$ -	\$ -	\$ 12,544,590	\$ 52,258,980
Travel	\$ 7,613	\$ -	\$ -	\$ -	\$ 7,613	\$ 41,764
Capitalized Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Estimated IBNR	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Expenditures, Managed Health Care Pharmacy	\$ 15,941,793	\$ -	\$ -	\$ -	\$ 15,941,793	\$ 65,910,680

Indirect Expenditures (Shared Services)	\$ 5,361,575	\$ -	\$ -	\$ -	\$ 5,361,575	\$ 22,467,656
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TOTAL EXPENDITURES	\$ 155,646,674	\$ -	\$ -	\$ -	\$ 155,646,674	\$ 630,474,209
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DIFFERENCE	\$ (7,330,289)	\$ -	\$ -	\$ -	\$ (7,330,289)	\$ (33,077,935)
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**Summary of Critical Correctional Health Care Personnel Vacancies
Prepared for the Correctional Managed Health Care Committee**

As of February 2016

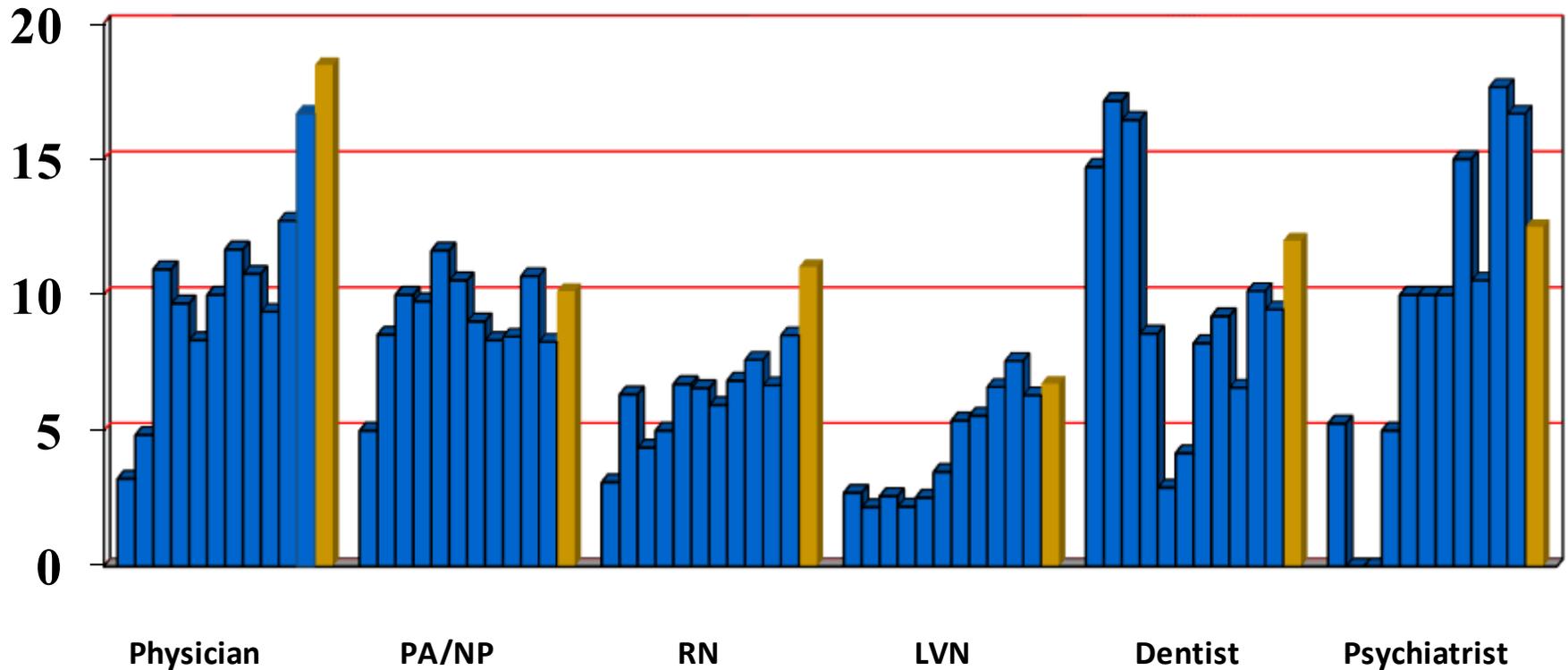
Title of Position	CMHCC Partner Agency	Vacant Since (mm/yyyy)	Actions Taken to Fill Position
Health Specialist V- Office of Mental Health Monitoring and Liaison (2)	TDCJ	1/31/2016	This position posted on January 22, 2016 and remains open to extend the applicant pool. There are two vacant Health Specialist V positions, which Health Services hopes to fill from this posting.
Director II- Office of Public Health	TDCJ	6/15/2015	Health Services is reviewing the duties of this position. It will be reposted at a later date.
Nurse II- Quality Improvement	TDCJ	11/30/2015	An interview was held on January 11, 2016. The selected applicant is in the final clearance process.
Nurse II- Quality Improvement	TDCJ	1/31/2016	A second applicant will be selected from the January 11, 2016 Nurse II interview.
Middleton (Medical Director)	TTUHSC CMC	10/2015	Continued advertisement in local, regional and national publications; expanded recruiting agency utilization, GME programs internet advertising.
Havins/Sayle (Medical Director)	TTUHSC CMC	11/16/2015	Continued advertisement in local, regional and national publications; expanded recruiting agency utilization, GME programs internet advertising.
Jordan/ Baten (Medical Director)	TTUHSC CMC	01/05/2015	Filled; however, begin date has been delayed.
Physician I-II (9)	UTMB CMC	03/01/2015	Local and National Advertising, TAFP, NCCHC Conferences, ACA Conference and Agency contacts
Mid Level Practitioners (PA and FNP) (13)	UTMB CMC	01/01/2015	Local and National Advertising, Career Fairs, TAPA and TNP Conferences, Intern programs.
Psychiatrist (2)	UTMB CMC	04/08/2014	Local and National Advertising, NCCHC, TSPP, Agency contacts
Dentists (6)	UTMB CMC	05/14/2015	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 - 2016

University of Texas Medical Branch

UTMB Vacancy Rates (%) by Quarter FY 2013 – FY 2016



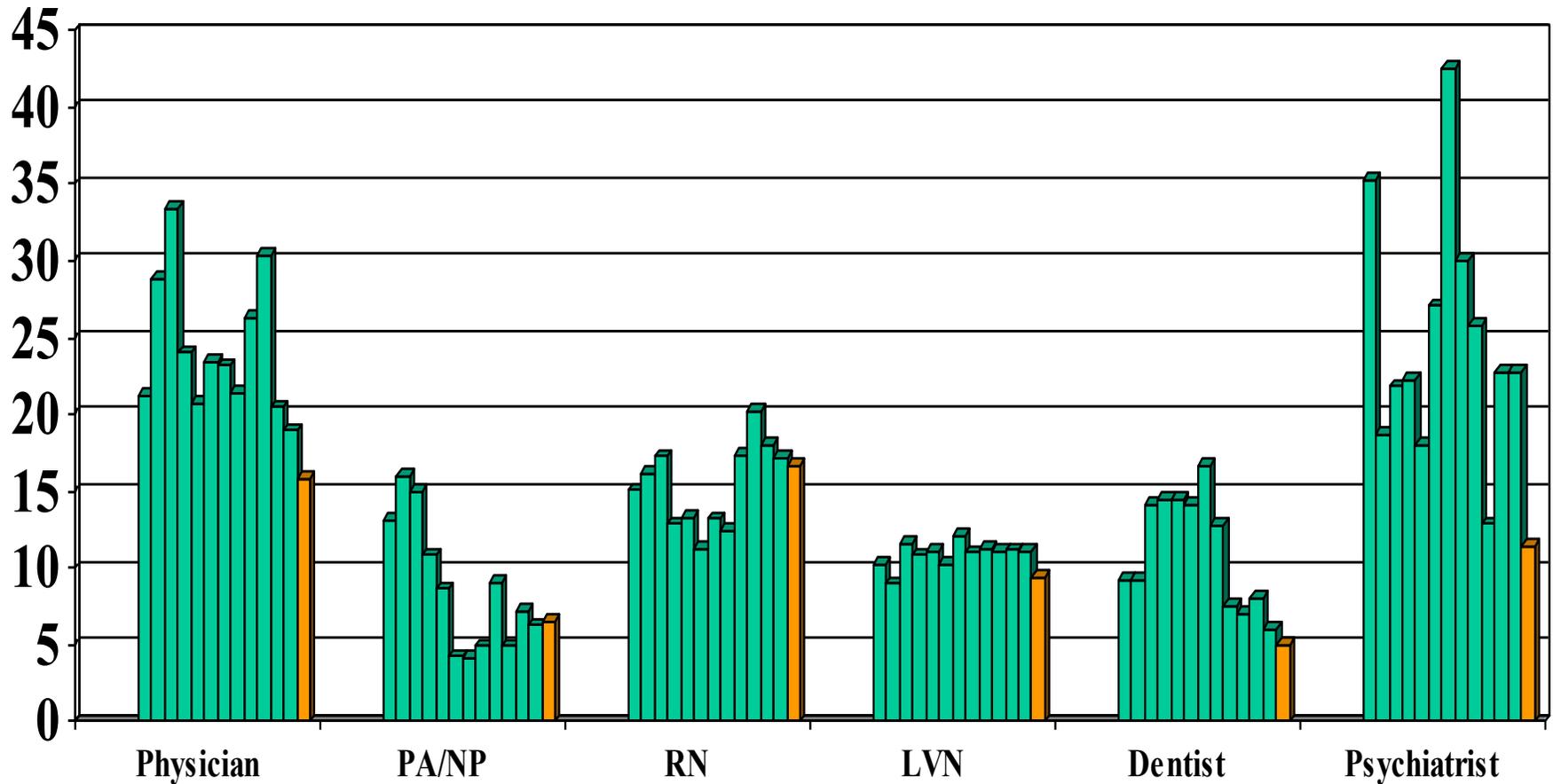
*Correctional Managed
Health Care*



University Vacancy Rate Report by Quarter FY 2013 - 2016

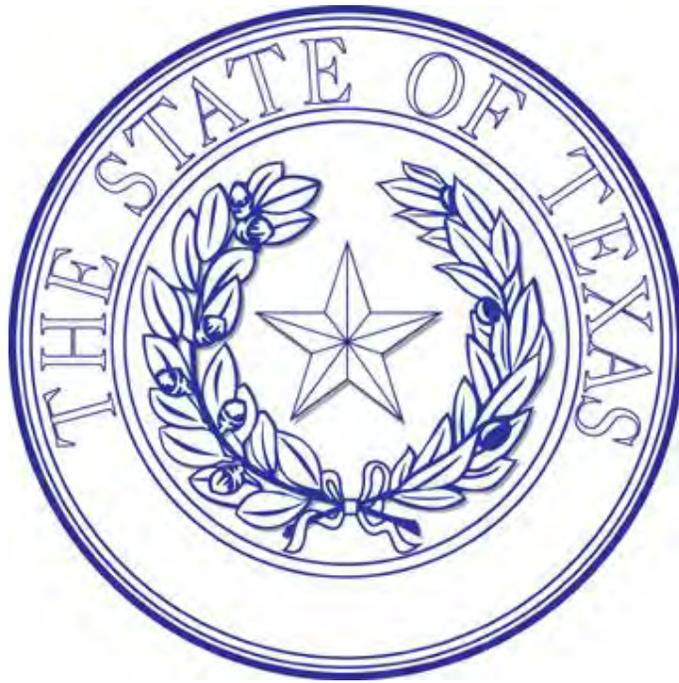
Texas Tech University
Health Sciences Center

TTUHSC Vacancy Rates (%) by Quarter FY 2013 – FY 2016



*Correctional Managed
Health Care*





**TEXAS DEPARTMENT OF
CRIMINAL JUSTICE**

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

First Quarter FY 2016

Lannette Linthicum, MD, CCHP-A, FACP

TDCJ Medical Director's Report

Office of Health Services Monitoring (OHSM)

OPERATIONAL REVIEW AUDIT (ORA)

During the First Quarter Fiscal Year (FY 2016) (**September, October and November 2015**) nine Operational Review Audits (ORAs) were conducted at the following facilities: Byrd, Dalhart, Halbert, Jester I, Jester III, Jester IV, Plane, Roach Intermediate Sanctioned Facility (ISF) and Robertson. During the First Quarter FY 2016, nine ORAs were closed for the following facilities: Dalhart, Eastham, Estes, Goodman, Henley, Huntsville, Roach ISF, Robertson and Young.

- The following is a summary of the 14 items found to be most frequently less than 80% compliant in the nine Operational Review Audits conducted in the First Quarter of FY 2016:

1. 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). Seven of the nine facilities were not in compliance with this requirement. The seven facilities out of compliance were: Byrd, Dalhart, Halbert, Jester I, Jester III, Plane and Roach ISF. Corrective actions were requested from the seven facilities. At the time of this report, two facilities have returned their corrective action plan: Dalhart and Roach ISF. Five facilities are preparing facility-specific corrective actions to ensure future compliance: Byrd, Halbert, Jester I, Jester III and Plane.

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

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 nine facilities were not in compliance with this requirement. The six facilities out of compliance were: Byrd, Halbert, Jester III, Jester IV, Plane and Robertson. Corrective actions were requested from the six facilities. At the time of this report, one facility has returned their corrective action plan: Robertson. Five facilities are preparing facility-specific corrective actions to ensure future compliance: Byrd, Halbert, Jester III, Jester IV and Plane.
3. 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. Five of the nine facilities were not in compliance with this requirement. The five facilities out of compliance were: Dalhart, Jester III, Jester IV, Roach ISF and Robertson. Corrective actions were requested from the five facilities. At the time of this report, three facilities have returned their corrective action plan: Dalhart, Roach ISF and Robertson. Two facilities are preparing facility-specific corrective actions to ensure future compliance: Jester III and Jester IV.
4. Item **3.060** requires dental records for offenders received by the facility via intra-system transfer be reviewed by facility dental staff for priority one conditions within 7 days of arrival. Five of the nine facilities were not in compliance with this requirement. The five facilities out of compliance were: Byrd, Jester I, Plane, Roach ISF and Robertson. Corrective actions were requested from the five facilities. At the time of this report, two facilities have returned their corrective action plan: Roach ISF and Robertson. Three facilities are preparing facility-specific corrective actions to ensure future compliance: Byrd, Jester I and Plane.

Operational Review Audit (ORA (Continued))

5. Item **6.030** requires offenders receiving anti-tuberculosis medication at the facility be assessed monthly by a provider or nurse. Five of the nine facilities were not in compliance with this requirement. The five facilities out of compliance were: Byrd, Jester III, Jester IV, Plane and Robertson. Corrective actions were requested from the five facilities. At the time of this report, one facility has returned their corrective action plan: Robertson. Four facilities are preparing facility-specific corrective actions to ensure future compliance: Byrd, Jester III, Jester IV and Plane.
6. Item **6.330** requires the initial evaluations of offenders diagnosed with Hepatitis C be completed by a physician or mid-level provider. Five of the nine facilities were not in compliance with this requirement. The five facilities out of compliance were: Byrd, Jester III, Plane, Roach ISF and Robertson. Corrective actions were requested from the five facilities. At the time of this report, two facilities have returned their corrective action plan: Roach ISF and Robertson. Three facilities are preparing facility-specific corrective actions to ensure future compliance: Byrd, Jester III and Plane.
7. Item **1.100** requires interpreter services to be arranged, and documented in the medical record for monolingual Spanish-speaking offenders. Four of the nine facilities were not in compliance with this requirement. The four facilities out of compliance were: Dalhart, Jester IV, Plane and Robertson. Corrective actions were requested from the four facilities. At the time of this report, two facilities have returned their corrective action plan: Dalhart and Robertson. Two facilities are preparing facility-specific corrective actions to ensure future compliance: Jester IV and Plane.
8. Item **4.070** requires facility's self-reported Mental Health Access to Care Audit data, that is reported to TDCJ Health Services on a monthly basis be accurate and consistent with current methodology. Four of the nine facilities were not in compliance with this requirement. The four facilities out of compliance were: Byrd, Halbert, Jester III and Plane. Corrective actions were requested from the four facilities. Four facilities are preparing facility-specific corrective actions to ensure future compliance: Byrd, Halbert, Jester III and Plane.
9. Item **5.101** requires newly assigned intra-system transfers arriving at the facility have HSN-1 Nursing Incoming Chain Reviews (section III and IV) completed within the required time frame of the offenders arrival. Four of the nine facilities were not in compliance with this requirement. The four facilities out of compliance were: Byrd, Jester III, Plane and Robertson. Corrective actions were requested from the four facilities. At the time of this report, one facility has returned their corrective action plan: Robertson. Three facilities are preparing facility-specific corrective actions to ensure future compliance: Byrd, Jester III and Plane.
10. Item **5.180** requires offenders with chronic illnesses have a documented Individual Treatment Plan (ITP) within the minimum timeframe required: (a) 6 months for HIV/AIDS, IDDM and NIDDM, (b) 12 months for Asthma/COPD/Respiratory, CAD/Heart Disease, HTN, Hyperlipidemia, and Seizure Disorders. Four of the nine facilities were not in compliance with this requirement. The four facilities out of compliance were: Byrd, Dalhart, Jester III and Robertson. Corrective actions were requested from the four facilities. At the time of this report, two facilities have returned their corrective action plan: Dalhart and Robertson. Two facilities are preparing facility-specific corrective actions to ensure future compliance: Byrd and Jester III.

Human Immunodeficiency Virus (HIV), Acquired Immune Deficiency Syndrome (AIDS), Insulin Dependent Diabetes Mellitus (IDDM), Non-Insulin Dependent Diabetes Mellitus (NIDDM), Chronic Obstructive Pulmonary Disease (COPD), Coronary Artery Disease (CAD), and Hypertension (HTN).

11. Item **6.020** requires offenders with a positive tuberculin skin test be evaluated for active disease or the need for chemoprophylaxis by a physician or mid-level practitioner before initiation of medication. Four of the nine facilities were not in compliance with this requirement. The four facilities out of compliance were: Dalhart, Jester III, Plane and Robertson. Corrective actions were requested from the

Operational Review Audit (ORA) Continued

four facilities. At the time of this report, two facilities have returned their corrective action plan: Dalhart and Robertson. Two facilities are preparing facility-specific corrective actions to ensure future compliance: Jester III and Plane.

12. Item **6.080** requires a Texas Department of State Health Services Tuberculosis Elimination Division (TB-400) form to be completed for the following offenders receiving Tuberculosis chemoprophylaxis, all TB suspect cases, active TB cases, and upon termination or completion of TB therapy. Four of the nine facilities were not in compliance with this requirement. The four facilities out of compliance were: Jester I, Jester III, Plane and Robertson. Corrective actions were requested from the four facilities. At the time of this report, one facility has returned their corrective action plan: Robertson. Three facilities are preparing facility-specific corrective actions to ensure future compliance: Jester I, Jester III and Plane.
13. Item **6.210** requires Human Immunodeficiency Virus (HIV) positive offenders to be seen in chronic care clinic at least every six months. Four of the nine facilities were not in compliance with this requirement. The four facilities out of compliance were: Byrd, Jester III, Jester IV and Plane. Corrective actions were requested from the four facilities. Four facilities are preparing facility-specific corrective actions to ensure future compliance: Byrd, Jester III, Jester IV and Plane.
14. Item **6.340** requires Aspartateaminotransferase (AST) Platelet Ratio Index (APRI) be calculated at least annually for offenders diagnosed with Hepatitis C Virus. Four of the nine facilities were not in compliance with this requirement. The four facilities out of compliance were: Byrd, Dalhart, Jester IV and Plane. Corrective actions were requested from the four facilities. At the time of this report, one facility has returned their corrective action plan: Dalhart. Three facilities are preparing facility-specific corrective actions to ensure future compliance: Byrd, Jester IV and Plane.

CAPITAL ASSETS CONTRACT MONITORING

The Fixed Assets Contract Monitoring officer audited the same nine units listed above for operational review audits during the First Quarter of FY 2016. These audits are conducted to monitor compliance with the Health Services Policy and State Property Accounting (SPA) policy regarding inventory procedures. All nine units were within the required compliance range.

DENTAL QUALITY REVIEW AUDIT

During the First Quarter of FY 2016, Dental Quality Review Audits were conducted at the following eight facilities: Dalhart, Jordan, Baten, Clements, Robertson, Middleton, Wallace and Ware. There were no items below 80 percent.

GRIEVANCES AND PATIENT LIAISON CORRESPONDENCE

During the First Quarter of FY 2016 the Patient Liaison Program (PLP) and the Step II Medical Grievance Program received 4,214 correspondences: The PLP received 2,510 and Step II Medical Grievance received 1,704. There were 352 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 First Quarter FY 2016 for the Step II medical grievances was nine 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 nine percent and seven percent for TTUHSC for the First Quarter of FY 2016.

Grievances and Patient Liaison Correspondence (Continued)

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

QUALITY IMPROVEMENT (QI) ACCESS TO CARE AUDIT

During the First Quarter of FY 2016 (September, October, and November 2015), the Patient Liaison Program nurses and investigators performed 27 Sick Call Request Verification audits on 26 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 204 indicators were reviewed at the **26 facilities and 15 of the indicators fell below the 80 percent** compliance threshold representing seven percent. The discipline composite score (medical/nursing, dental, and mental health) is an overall assessment of compliance with the sick call process of the 26 facilities audited. There were six units with one or more discipline composite scores below 80. Corrective action has been requested from these facilities. At each unit, OPS staff continued educating the health care staff.

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

OFFICE OF PUBLIC HEALTH

The Public Health Program monitors cases of infectious diseases in newly incarcerated offenders as well as new cases that occur in the offenders within the TDCJ population. The data is reported by the facilities for 11 infectious conditions including Syphilis, Hepatitis C Virus (HCV), Human Immunodeficiency Virus (HIV), and Tuberculosis (TB) as well as the data for occupational exposures to bloodborne pathogens.

- There were **858** cases of Hepatitis C identified for the First Quarter FY 2016, compared to **638** cases identified during the Fourth 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, provider or offender 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 First Quarter FY 2016, **17,095** offenders had intake tests, and 120 are newly identified as having HIV infections. For the Fourth Quarter FY 2015, **16,483** offenders had intake tests and **100** were HIV positive. During the First Quarter FY 2016, 10,170 offenders had pre-release tests; none were found to be HIV positive compared to four in the Fourth Quarter FY 2015. **Three** new AIDS cases were identified during the First Quarter FY 2016, compared to **five** new AIDS cases in the Fourth Quarter FY 2015.
- **157** cases of suspected Syphilis were reported in the First Quarter FY 2016, compared to **2015** in the Fourth Quarter FY 2015. 15 required treatment or retreatment compared to **8** in the Fourth 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.

Office of Public Health (Continued)

- **131** Methicillin-Resistant Staphylococcus Aureus (MRSA) cases were reported for the First Quarter FY 2016, compared to **139** during the Fourth Quarter of FY 2015. **82** Methicillin-Sensitive Staphylococcus Aureus (MSSA) cases were reported for the First Quarter of FY 2016 compared to **86** for the Fourth Quarter of FY 2015. Numbers of both MRSA and MSSA have been fluctuating for the last few years.
- There was an average of 18 Tuberculosis (TB) cases under management for the First Quarter FY 2016, compared to an average of **28** TB cases for the Fourth 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 First Quarter FY 2016, 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 226 chart reviews of alleged sexual assaults performed for the First Quarter FY 2016. There were 13 deficiencies found this quarter. Blood-borne exposure baseline labs were drawn on 68 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 First Quarter FY 2016, four units received three day training which included the Wall Talk Training and four units received a two day training which included the Somebody Cares Training. As of the close of the quarter, 100 of the 109 facilities housing Correctional Institutional Division offenders had active peer education programs. During the First Quarter FY 2016, **156** offenders trained to become peer educators. This is an increase from the **131** in the Fourth Quarter FY 2015 Report. During the First Quarter FY 2016, **19,625** offenders attended the classes presented by peer educators. This is a decrease from the **19,439** in the Fourth Quarter FY 2015.

MORTALITY AND MORBIDITY

There were 94 deaths reviewed by the Mortality and Morbidity Review Committee during the months of September, October, and November 2015. Of those 94 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	5
Nursing Peer Review	3
Mental Health	0
Total	10

OFFICE OF MENTAL HEALTH SERVICES MONITORING & LIAISON

The following is a summary of findings by the Office of Mental Health Monitoring & Liaison (OMHM&L) during the First Quarter of FY 2016:

- The OMHM&L monitors all Segregation facilities within the TDCJ Correctional Institution Division and State Jails once every six months. During the First Quarter of FY 2016, **18** Segregation facilities were audited including: Allred, Bradshaw, Clements, Cole, Connally, Darrington, Dominguez, East Texas Treatment Facility, Ellis, Hutchins, Lewis ECB, Lopez, McConnell, Mountain View, Polunsky, Powledge, Ramsey and Sanchez. The OMHM&L auditors **observed 2,910 offenders, interviewed 2,301 offenders, and referred three 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 a Mental Health Segregation audit was completed, **17** units had sick calls to be audited for access to care compliance. At the East Texas Treatment Facility, there were no Mental Health sick calls during the audit period. For ATC 4, **17** of 17 units were **100%** compliant. For ATC 5, **17** of 17 units were **100%** compliant. For ATC 6, **16** of 17 units were **100%** compliant. The Sanchez unit was **33%** compliant and a Corrective Action Plan has been requested.
- The OMHM&L monitors all instances of administration of compelled psychoactive medication to offenders to ensure that all instances are appropriately documented. During the First Quarter FY 2016, a total of **48** instances of compelled psychoactive medication administration occurred. There were 14 instances at the Montford unit, 22 instances at the Skyview unit, seven instances at the Jester IV unit and five instances at the Clements unit. During each month of the quarter, Jester IV, Montford and Skyview were **100%** compliant with required criteria for implementation and documentation of compelled psychoactive medication. Clements reported no instances of compelled psychoactive medications for the September audit. Clement's compliance score was 100% in both October and November.
- 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 27 intake facilities, **26** facilities identified incoming offenders in need of Mental Health Evaluations. At the Kyle unit there were no offenders in need of mental health evaluation. Eighteen facilities met or **exceeded 80% percent compliance** for completing Mental Health Evaluations within 14 days of identified need: Bartlett, Bradshaw, Dominguez, Formby, Garza, Gist, Glossbrenner, Gurney, Holliday, Hutchins, Jester I, Johnston, Lindsey, Middleton, Sayle, Travis, West Texas and Woodman. Eight facilities earned **compliance scores of 79% or lower**: Sanchez (78%), Byrd (75%), Lychner (75%), Plane (75%), Roach ISF (55%), South Texas Intermediate Sanction Facility (ISF) (45%), East Texas Treatment Facility (25%) and Halbert (0%). Corrective Action Plans were requested from these eight facilities and have been received from all except South Texas (ISF).

OFFICE OF THE HEALTH SERVICES LIAISON

- The Office of The Health Services Liaison (HSL) conducts a random audit of 10 percent of electronic health medical records (EHR) of offenders discharged from hospitals and infirmaries in the TTUHSC and the UTMB sectors. In the First Quarter of FY 2016, **HSL conducted 165 hospital and 47 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

Office of the Health Services Liaison (Continued)

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 165 hospital discharge audits conducted, 149 were from the UTMB Sector and 16 were from the TTUHSC sector. There were 16 deficiencies identified for UTMB and none identified for TTUHSC. Of the infirmary discharge audits conducted, 23 were from the UTMB sector and 24 were from the TTUHSC sector. There were no deficiencies identified from UTMB and one for TTUHSC.

ACCREDITATION

The ACA Winter Conference will be held in New Orleans, LA. During this conference, the following units will be awarded reaccreditation by the ACA Panel of Commissioners: Havins, Boyd, Hamilton, Pack, Powledge, Tulia, Neal, Montford, Murray, Hughes, Stringfellow and Middleton.

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 - 3,
- Health Services Division Active Monthly Medical Research Projects - 6, and
- Health Services Division Pending Medical Research Projects - 6

Update on Hematologic and Oncologic Cancers:

Presentation to the Correctional Managed Health Care Committee (CMHCC)

Olugbenga Ojo, M.D.

Chief Medical Officer/Chief Physician Executive

TDCJ Hospital & Clinics

Associate Professor of Medicine

Department of Internal Medicine

UTMB Galveston

Avi B. Markowitz, MD, FACP

Bill and Louise Bauer Distinguished Chair in Cancer Research

Professor and chief, Division of Hematology/Oncology

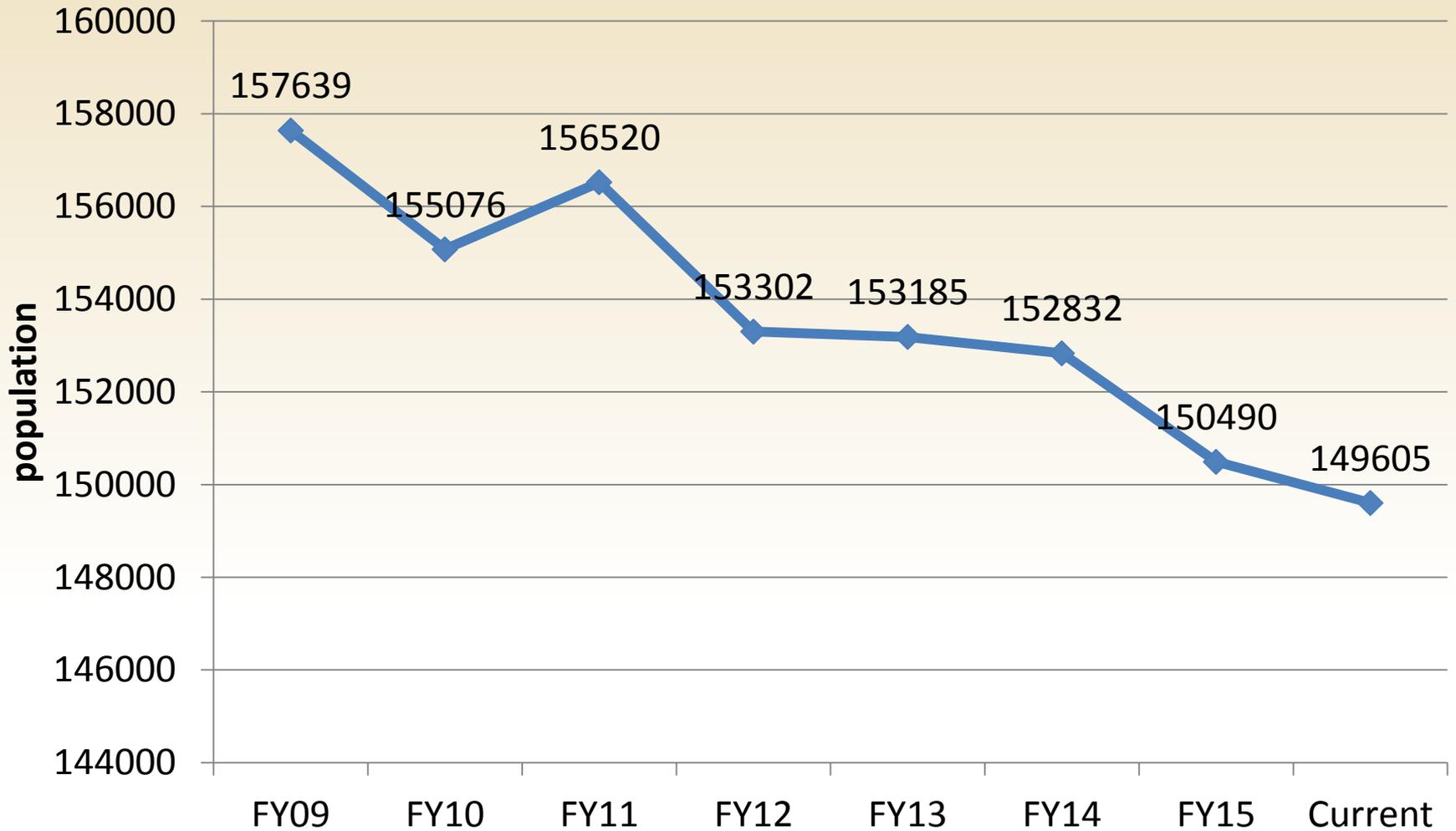
Associate Director for Experimental Therapeutics and Department Head

Office of Oncology Clinical Trials

UTMB Comprehensive Cancer Center

March 15, 2016

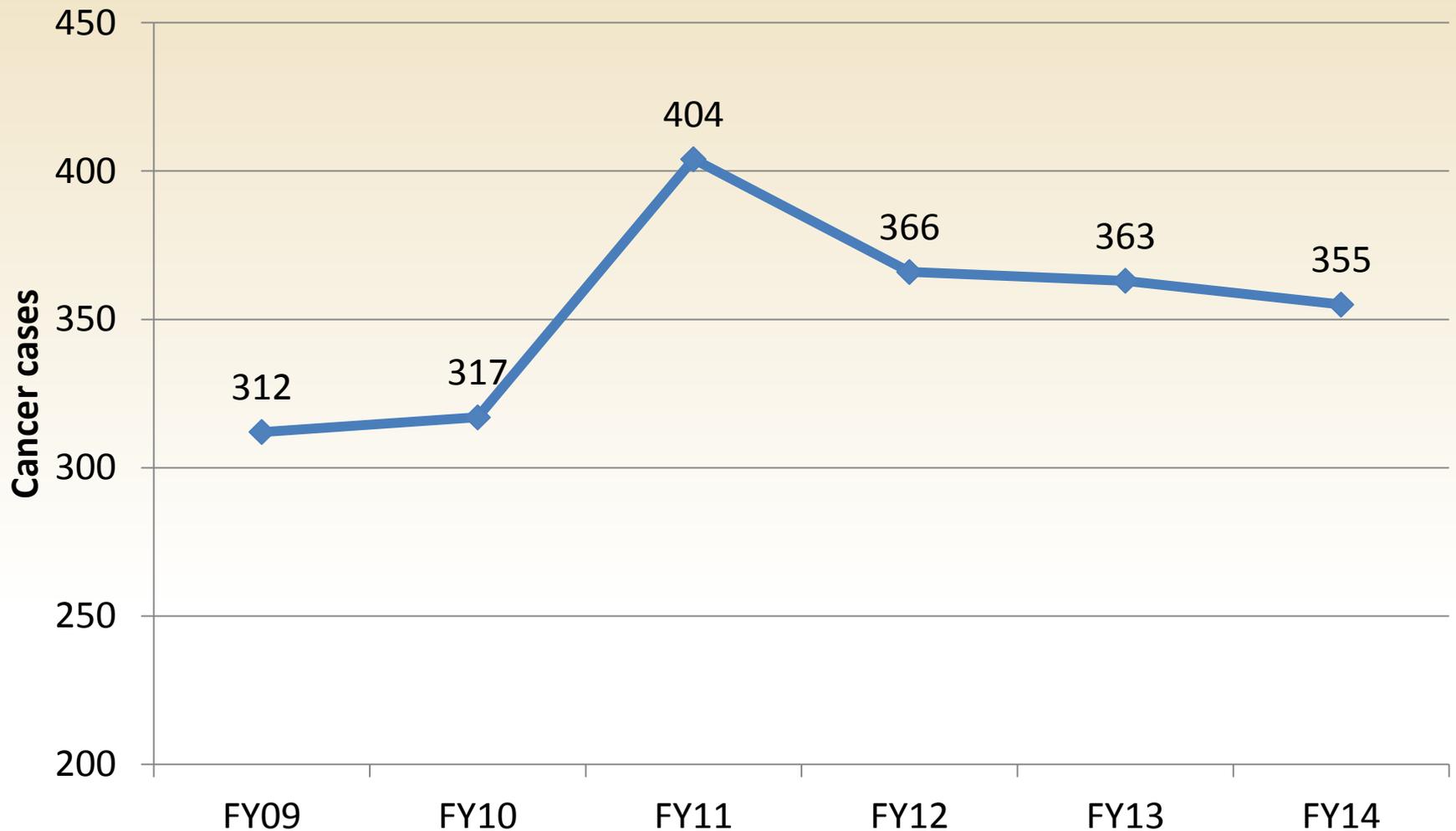
TDCJ Population by Fiscal Year



TDCJ Population 55 and Older



TDCJ Cancer Cases by Fiscal Year

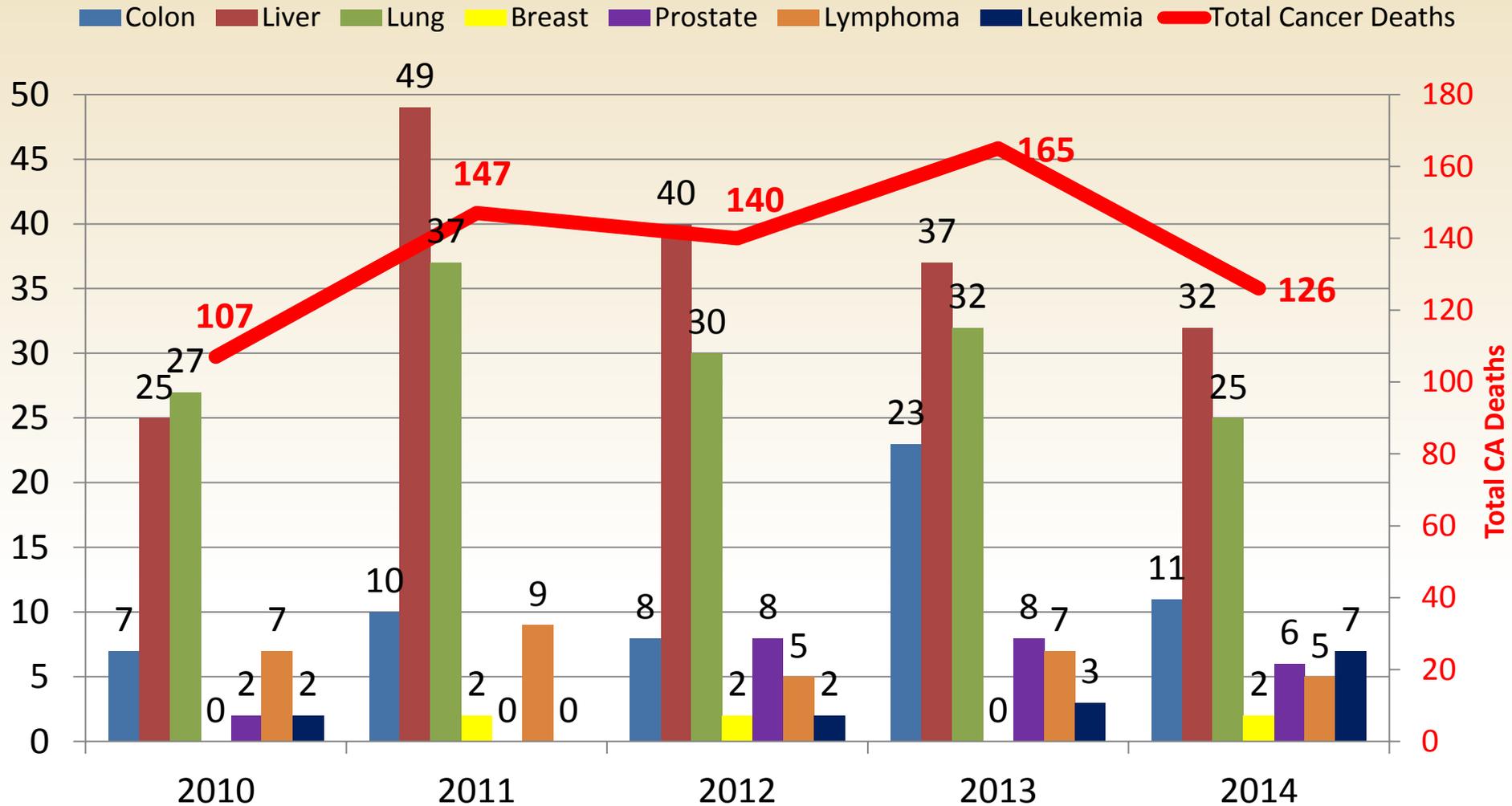


TDCJ Cancer Cases

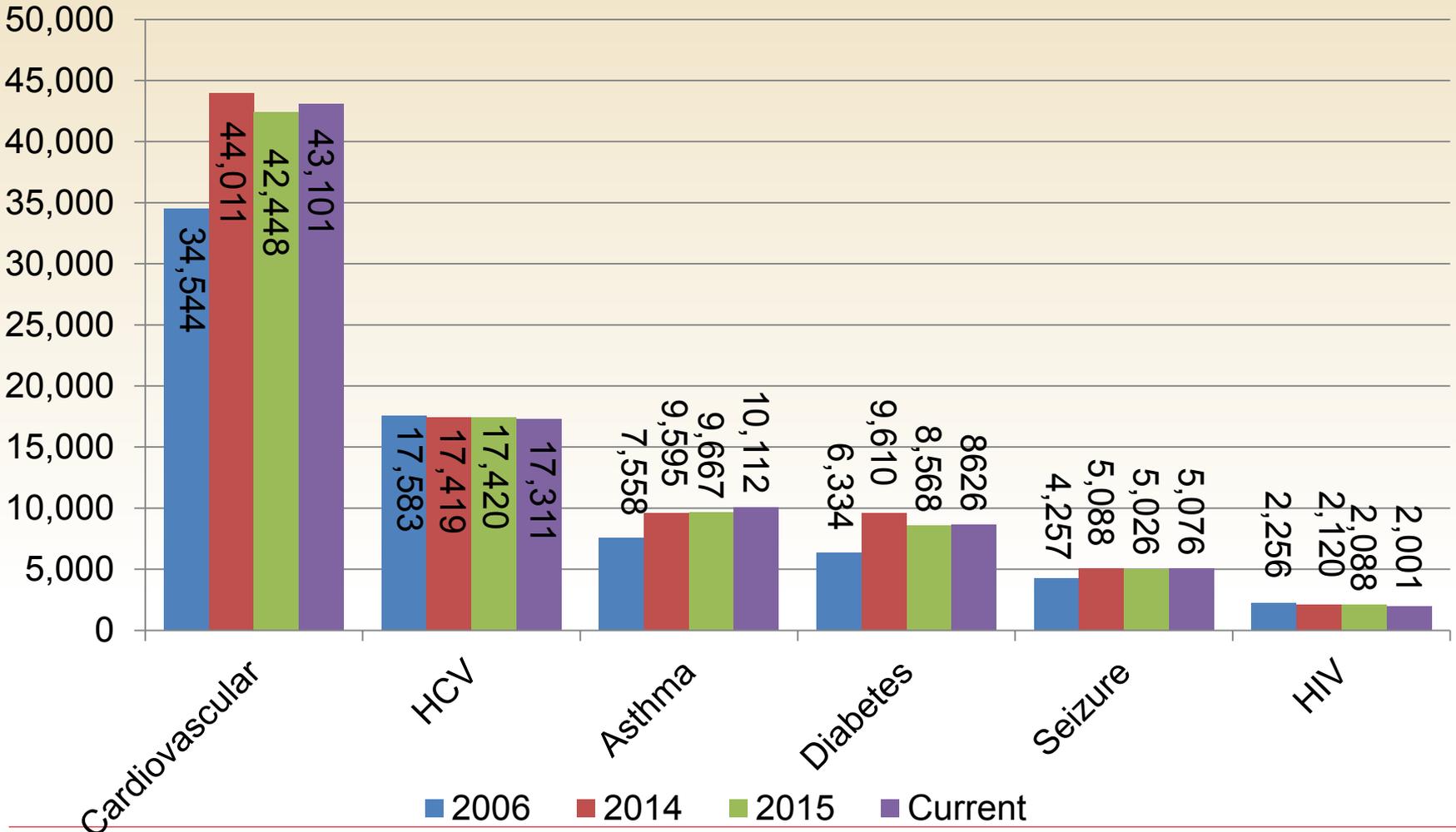
TDCJ Cancer Cases by Year

Year	Colon	Pancreas	Liver	Lung	Breast	Prostate	Hodgkins	Lymphoma	Leukemia	Female Repro
2009	55	5	25	43	19	67	10	50	21	17
2010	62	6	21	42	13	72	17	42	28	14
2011	64	7	42	66	13	116	12	48	30	6
2012	73	5	34	56	8	100	11	40	25	14
2013	79	7	33	44	7	91	19	43	25	15
2014	72	6	34	47	13	82	16	45	27	13

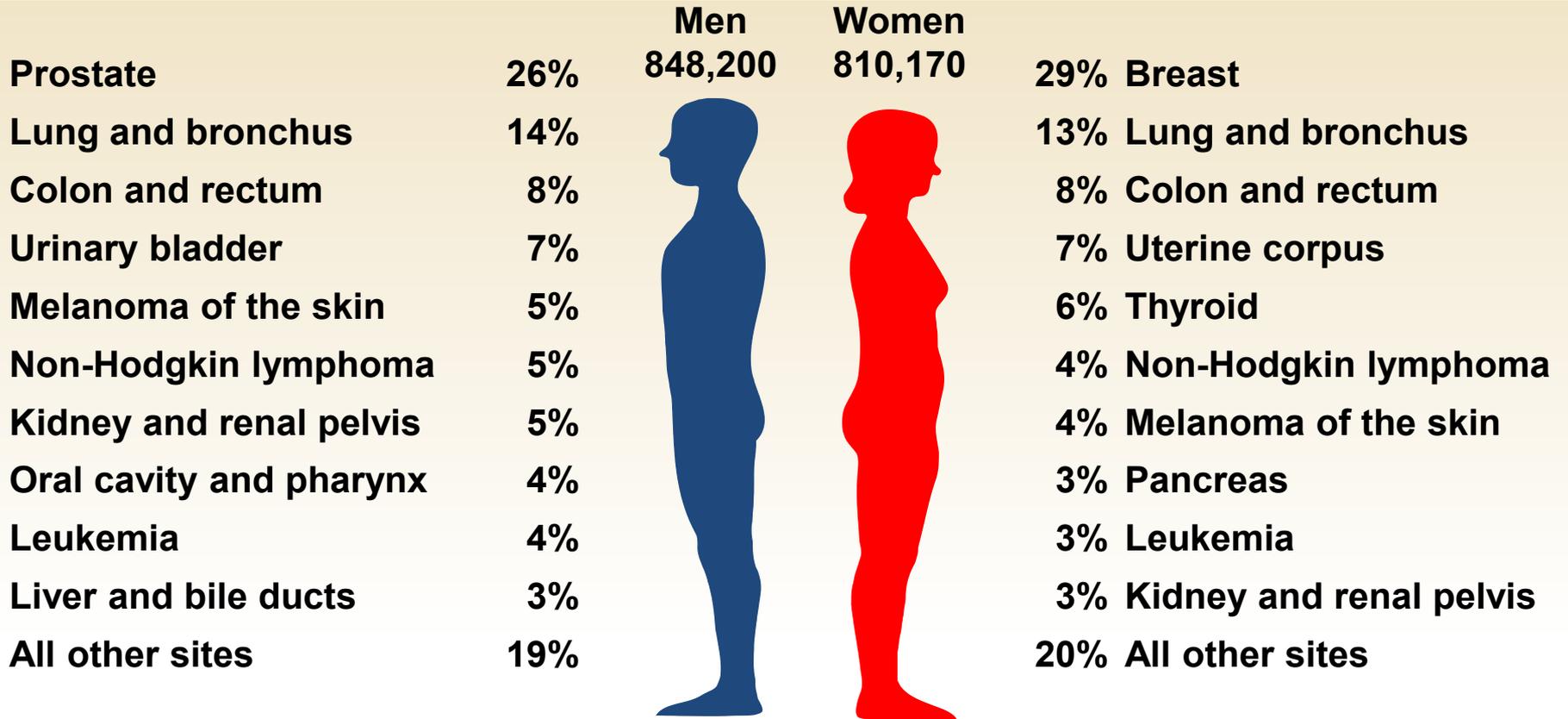
TDCJ Cancer Deaths



TDCJ Population with Chronic Disease



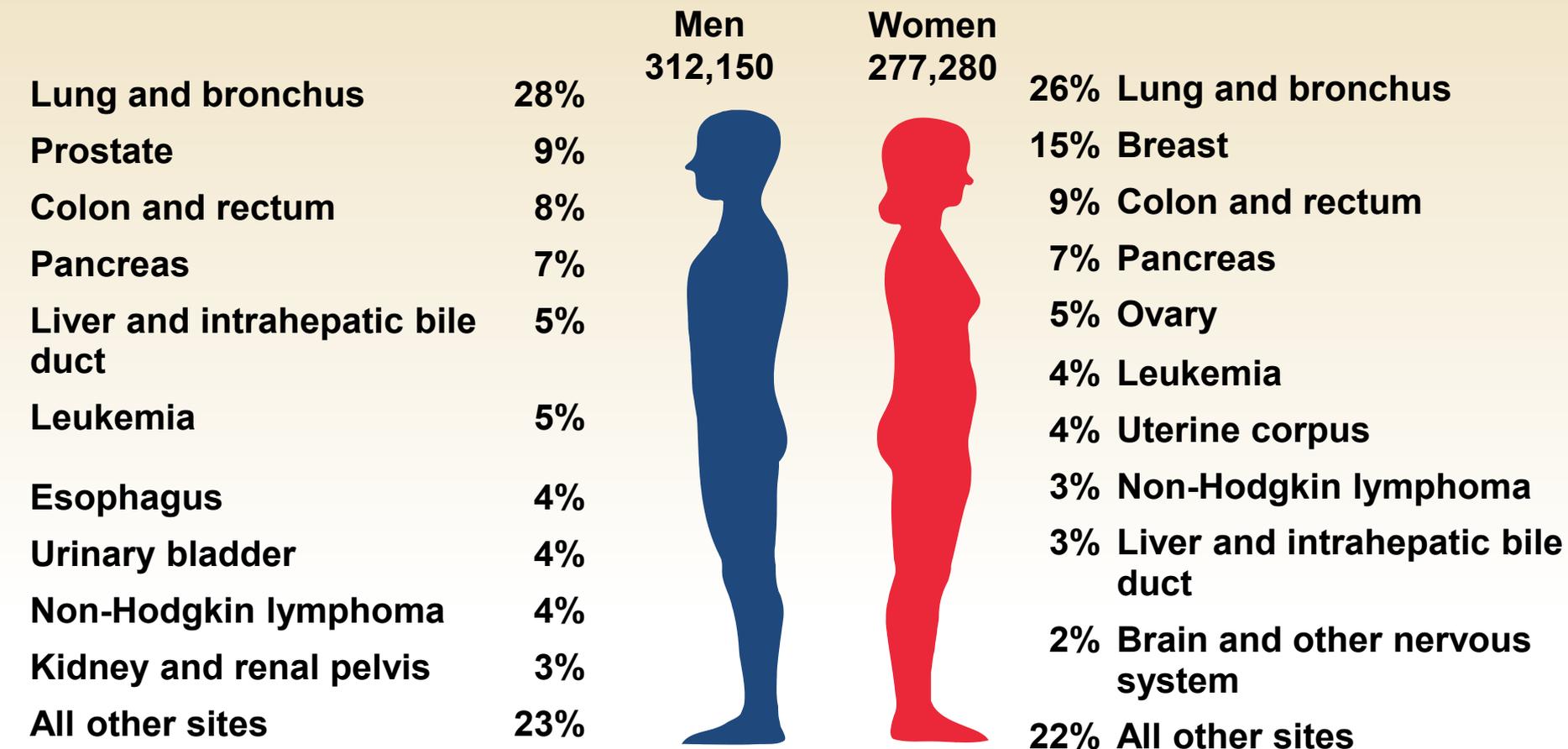
Incidence of Cancer in the US*



*Excludes basal and squamous cell skin cancers and *in situ* carcinomas except urinary bladder. Estimated new cases for 2015.

American Cancer Society. *Cancer Facts & Figures, 2015*. Atlanta, GA: American Cancer Society; 2015.

Cancer Mortality in the US*



*Estimated deaths for 2015.

American Cancer Society. *Cancer Facts & Figures, 2015*. Atlanta, GA: American Cancer Society; 2015.

Really? Cancer as a Chronic Illness

- Aging population
- Increasing incidence and prevalence of cancer
(113,630 expected in Texas in 2015; third highest in US)
- Lifetime risk: 1 in 2 for men vs. 1 in 3 for women
- Earlier stage at diagnosis (HIV/hepatitis, HPV, others)
- More effective therapy and supportive care
- More/better/less toxic treatment options available
- Improved survival- mortality down >30% in 2 decades
CDC data for 2011 show 2/3 with invasive cancer live ≥ 5 years
(38,520 deaths in Texas in 2015; third highest in US)

Cancer: The New Chronic Illness

Why not focus exclusively on curing cancer?

Only ham and bacon are cured

Previous therapies were unfocused/non-selective (cancer = bad “us”)

Surgery- cut it out (cancer the crab)

Radiation- burn it up (normal tissue tolerance)

Chemotherapy- poison it away (toxicity/side effects)

Intensive therapy- nuclear option (can't escalate enough)

Do we try to cure most other major illnesses?

Infections (especially prevention with vaccines)

Prevention is best, but we do it poorly/sporadically

High blood pressure, diabetes, heart disease, lung disease

Cancer: The New Chronic Illness

What about live with but not die from cancer?

Early mentor- if they “outlive” their cancer, you’re a hero

Treatment controls the cancer and side effects are not worse

Newer therapies are focused/more selective

Genetics- functional targets (CD20, EGFR, bcr-abl, ras, braf)

Epigenetics- target chromosomal products (DNA methylation,
histone acetylation)

Pathway(s) inhibition- “traffic jam(s)” (CLL, NHL, CML)

Less intensive therapy- targeted to control/normalize (APL)

If not cure, then what is the treatment goal?

MRD-negativity (CML, CLL)

Subclinical disease activity (CLL, solid tumors)

Cancer: The New Chronic Illness

In US, sales of anticancer drugs second only to drugs for heart disease.

Annual direct cost for cancer care projected to rise from \$104 billion in 2006 to over \$173 billion in 2020 (indirect costs >1.5 x direct costs).

NCI projects cost of treating 29 most common CA will rise by 27% in 2020.

55% of all cancers are diagnosed in patients 55 and older.

Patients live longer and develop more complications from their cancer and its therapy.

Standard of care is dictated by widely used and accepted guidelines- e.g. NCCN, ASH, ASCO, ASTRO, ACoS.

Patients are presented regularly at multidisciplinary Tumor Conferences (over 8/week just in Medical Oncology) to formulate treatment plans.

Cancer: The New Chronic Illness

When patients live longer, the cost of care increases.

Complications and secondary toxicities may increase over time.

Second, third, fourth, ... line therapies may be appropriate and indicated.

Salvage therapies (e.g. bone marrow/stem cell transplants) work.

Maintenance strategies are proving increasingly effective.

New cancer treatments are being FDA approved at an increasing pace.

Standard of care is dictated by widely used and accepted guidelines- e.g. NCCN, ASH, ASCO, ASTRO, ACoS.

Patients are presented regularly at multidisciplinary Tumor Conferences (over 8/week just in Medical Oncology) to formulate treatment plans.

Novel Therapies for Cancer

Olugbenga Ojo, M.D.

Chief Medical Officer/Chief Physician Executive

TDCJ Hospital & Clinics

Associate Professor of Medicine

Department of Internal Medicine

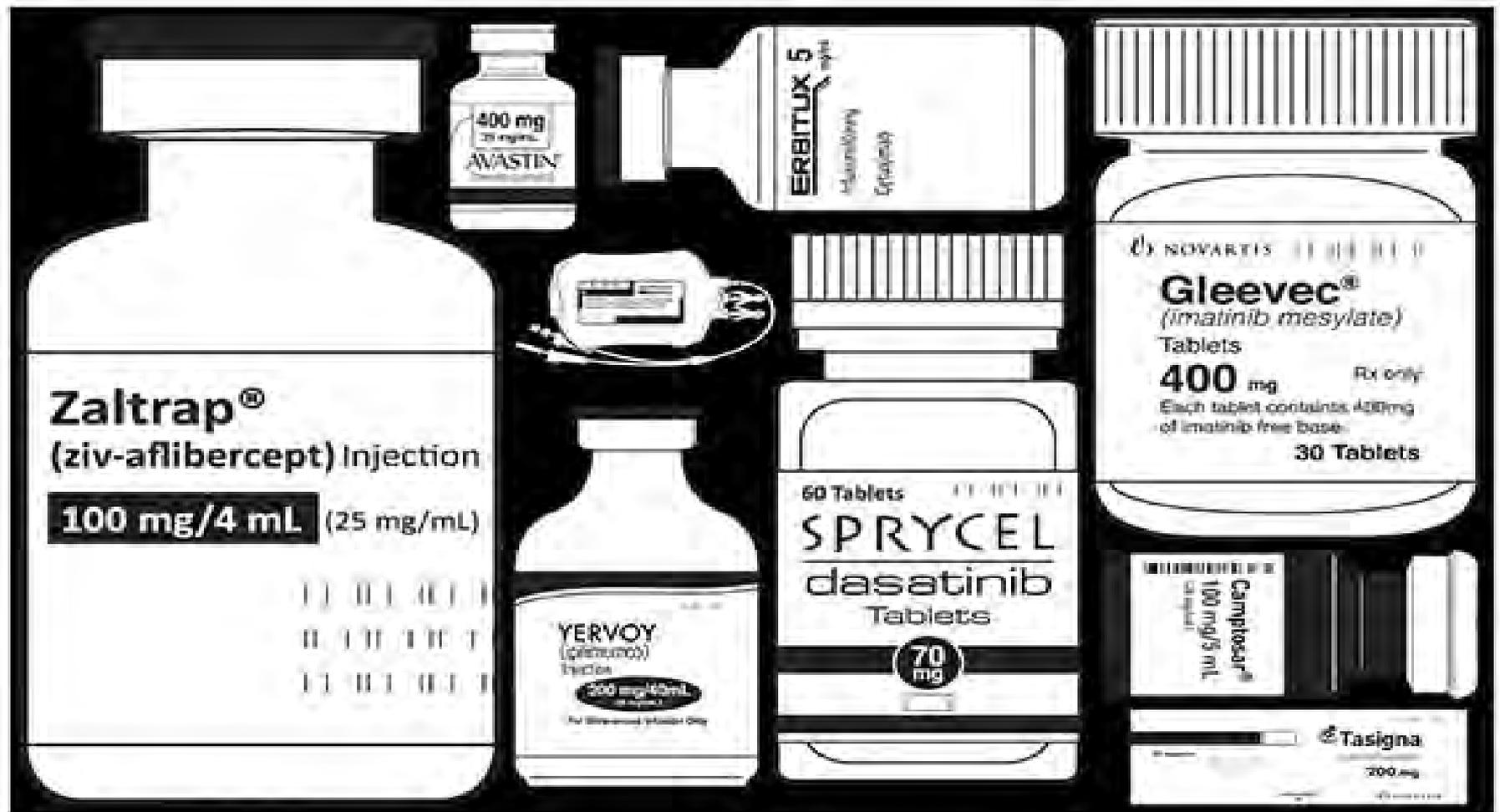
Avi B. Markowitz, M.D., F.A.C.P.

Bill and Louise Bauer Distinguished Chair in Cancer Research

Professor and Chief, Division of Hematology/Oncology

Associate Director for Experimental Therapeutics and Department Head,
Office of Oncology Clinical Trials, UTMB Comprehensive Cancer Center

Cancer: The New Chronic Illness



Cancer: The New Chronic Illness

SELECTED HEMATOLOGIC DISEASES THAT “FIT” THIS MODEL:

Acute leukemia (ALL/AML)- stem cell or bone marrow transplant in remission/relapse; CAR-T cells and blinatumumab (ALL)

Myelodysplastic syndrome (MDS)- hypomethylators (azacitidine decitabine), lenalidomide, stem cell or bone marrow transplant

Chronic myelogenous leukemia (CML)- tyrosine kinase inhibitors (imatinib, dasatinib, nilotinib, ponatinib, bosutinib), omacetaxine, stem cell or bone marrow transplant

Chronic lymphocytic leukemia (CLL)- CD20 MAbs (rituximab, obinutuzumab, ofatumumab), ibrutinib, idelalisib, stem cell or bone marrow transplant (ASCO- transformation of CLL Treatment named 2015 Cancer Advance of the Year)

Cancer: The New Chronic Illness

SELECTED HEMATOLOGIC DISEASES THAT “FIT” THIS MODEL (cont.):

Hodgkin Lymphoma (HD)- rituximab, brentuximab-vedotin, gemcitabine, panobinostat, stem cell or bone marrow transplant

Multiple Myeloma (MM)- bortezomib, thalidomide, lenalidomide, carfilzomib, pomalidomide, panobinostat, vorinostat, pembrolizumab, nivolumab, stem cell or bone marrow transplant

Aplastic Anemia (AA)- antithymocyte globulin (ATG), cyclosporine, mycophenolate mofetil, alemtuzumab, chelation therapy, stem cell or bone marrow transplant

Acute Lymphoblastic Leukemia (ALL): stem cell or bone marrow transplant in relapse/remission; CAR-T cells; blinatumumab

Cancer: The New Chronic Illness

SELECTED HEMATOLOGIC DISEASES THAT “FIT” THIS MODEL (cont.):

Non-Hodgkin Lymphoma (NHL)

Diffuse Large B-cell Lymphoma (DLBCL)- rituximab, ofatumumab, obinutuzumab, bendamustine, stem cell or bone marrow transplant

Mantle Cell- ibrutinib, idelalisib, rituximab, bendamustine, bortezomib, lenalidomide, stem cell or bone marrow transplant

Follicular Lymphoma- rituximab, ofatumumab, obinutuzumab, ibrutinib, idelalisib, bendamustine, bortezomib, lenalidomide, stem cell or bone marrow transplant

Novel Approaches in NHL/CLL

- Ibrutinib- novel oral BTK (Bruton's tyrosine kinase) inhibitor- active in CLL, MCL, LPL/WM, DLBCL*, FL*
- Ofatumumab- fully humanized anti-CD20 monoclonal active in CLL and NHL*
- Bortezomib- proteasome inhibitor active in MCL and FL (with rituximab \pm bendamustine)
- Lenalidomide- oral immunomodulator active in R/R MCL and R/R DLBCL
- Obinutuzumab- partially humanized anti-CD20 monoclonal active in CLL, FL, NHL*

* Not FDA approved

NHL/CLL: Novel Therapeutic Agents

- Ofatumumab (Arzerra)- CLL, FL*, MCL*
- Obinutuzumab (Gazyva)- CLL, FL, DLBCL*
- Ibrutinib (Imbruvica)- CLL, MCL, LPL/WM, FL*, DLBCL*
- Idelalisib (PI3K δ inhibitor)- CLL, iNHL, MCL*
- Lenalidomide (Revlimid)- MCL, FL*, DLBCL*, CLL*
- Bortezomib (Velcade)- MCL, CLL*, DLBCL*
- Belinostat (Beleodaq)- PTCL, FL*, MCL*, DLBCL*
- Carfilzomib (Kyprolis)- MCL*, DLBCL*
- Nivolumab (Opdivo)- FL*
- Pembrolizumab (Keytruda)- DLBCL*
- Temsirolimus (Torisel)- FL*, MCL*, DLBCL*
- Venatoclax (ABT-199; BCL-2 inhibitor)- CLL*, FL*, MCL*, DLBCL*
- Above drug(s) in combination with other agents

* Not FDA approved for these indications

Recent FDA Approvals in Multiple Myeloma

- Elotuzumab (Empliciti)- immunostimulatory monoclonal antibody that targets SLAMF7 used with lenalidomide + dexamethasone in RMM
- Ixazomib (Ninlaro)- proteasome inhibitor used with lenalidomide + dexamethasone in RMM
- Daratumumab (Darzalex)- human anti-CD38 monoclonal antibody used for RMM
- Carfilzomib (Kyprolis)- selective proteasome inhibitor used with dexamethasone +/- lenalidomide for RMM
- Pomalidomide (Pomalyst)- thalidomide analogue used with dexamethasone for RMM

Cancer: The New Chronic Illness

The New England Journal of Medicine
March 13, 2014 Vol. 370, No. 11

ORIGINAL ARTICLES

997-1007

Idelalisib and Rituximab in Relapsed
Chronic Lymphocytic Leukemia
R.R. Furman and Others

1008-1018

PI3K δ Inhibition by Idelalisib in Patients
with Relapsed Indolent Lymphoma
A.K. Gopal and Others

Cancer: The New Chronic Illness

**The New England Journal of Medicine
March 20, 2014 Vol. 370, No. 12**

ORIGINAL ARTICLES

1101-1110

Obinutuzumab plus Chlorambucil in
Patients with CLL and Coexisting
Conditions

Salvage Therapy for Cure: Transplant

- Relapsed diffuse large B-cell lymphoma
- Relapsed Hodgkin lymphoma
- Relapsed/refractory FL, MCL, CLL/SLL
- Relapsed/high-risk acute leukemia- AML, ALL
- CML in accelerated phase/blast crisis
- Relapsed/refractory multiple myeloma
- Myelodysplastic syndrome
- Miscellaneous

Potential Transplant Candidates

- Good prognosis with transplant
- Limited comorbidities
- Good performance status
- Good compliance with prior therapy
- Psychologically “sound”
- Informed Consent
- Autologous > allogeneic
- Meet MDACC screening criteria

Potential Transplant Candidates

- Therapy for NHL- 40 patients
- Therapy for CML- 11 patients
- Therapy for myeloma- 11 patients
- Therapy for Hodgkin lymphoma- 8 patients
- Therapy for AML- 6 patients
- Therapy for ALL- 3 patients
- Therapy for CLL- 5 patients
- Miscellaneous- 4 patients

Transplant Candidates to Date

- Total screened- 13 patients (all male; age 26-52)
- Number evaluated by MDACC- 12
- Number eligible for transplant- 10
- Eligible but refused transplant- 1
- Eligible but expired before transplant- 1
- Number transplanted- 4
- 4 (age 26-47)
 - 1 ALL/2 HD /1 MM
- Successful transplant- 4
- Paroled from TDCJ after transplant- 1
- Awaiting transplant- 5

Cancer: The New Chronic Illness

SELECTED SOLID TUMORS THAT “FIT” THIS MODEL:

Germ cell tumors (GCT)- vast majority can be eradicated

Breast- 61% localized at diagnosis with 99% 5-year survival

regional (lymph nodes) 84% 5-year survival

metastasis still has 24% 5-year survival

due to better understanding of biology (e.g. BRCA 1/2, ER/PR,

Ki-67, Oncotype DX, newer gene array panels) and new

effective drugs (trastuzumab, pertuzumab, lapatinib,

gemcitabine, capecitabine, PARP inhibitors*, eribulin,

ixabepilone, platins, aromatase inhibitors, everolimus,

ado-trastuzumab emtansine, palbociclib, neratinib

Cancer: The New Chronic Illness

SELECTED SOLID TUMORS THAT “FIT” THIS MODEL (cont.):

Prostate- impressive 5-year survival trend past 25 years: 28 to ~100%

93% local with 5-year survival ~100%

latest 10- and 15-year relative survival 99% and 94%

early diagnosis with improved surgery and radiation therapy

effective drugs (docetaxel, cabazitaxel, abiraterone,

enzalutamide, sipuleucel-T, radium-223, denosumab)

Renal- 63% local with 5-year survival 92% (72% all stages)

newer agents have improved outcomes with advanced disease

(sunitinib, sorafenib, pazopanib, axitinib, bevacizumab, nivolumab,

temsirolimus, everolimus, interleukin-2 in selected patients)

selected patients benefit from metastatectomy (>30% long term survival)

Cancer: The New Chronic Illness

SELECTED SOLID TUMORS THAT “FIT” THIS MODEL (cont.):

Colorectal- screening has a major impact but is not done well in the US

5-year survival is 90% if localized, but diagnosed in only 40%

5-year survival falls to 70% with lymph node spread and to only

13% with metastasis

median survival still 24-30 months with metastasis due to many

effective drugs (capecitabine, oxaliplatin, irinotecan, cetuximab,

bevacizumab, panitumumab, ramucirumab, aflibercept,

regorafenib, trifluridine/tipiracil)

selective metastatectomy (especially liver)

hepatic intra-arterial therapy (^{90}Y), RFA

Cancer: The New Chronic Illness

SELECTED SOLID TUMORS THAT “FIT” THIS MODEL (cont.):

Melanoma- early detection critical with 5- and 10-year survival 91 and 89%

localized detection in 84% with 5-year survival 98%

lymph node spread 5-year survival falls to 62% and with

metastasis 5-year survival is only 16% (but improving rapidly)

proven benefit for adjuvant therapy with interferon-alfa,
ipilimumab

new targeted agents (ipilimumab, vemurafenib, dabrafenib,

pembrolizumab, nivolumab, talimogene laherparepevec) and
combinations (trametinib + dabrafenib and cobimetinib +
vemurafenib) have achieved durable complete responses in
increasing numbers of patients)

selected patients benefit from interleukin-2, metastatectomy

Cancer: The New Chronic Illness

SELECTED SOLID TUMORS THAT “FIT” THIS MODEL (cont.):

Lung- survival still poor but improving with understanding of biology in

non-small cell lung cancer (NSCLC)- nivolumab, necitumumab, afatinib, pembrolizumab, bevacizumab

4% ALK⁺ do better with crizotinib (2nd line ceritinib, alectinib)

EGFR⁺ do as well with TKIs (erlotinib, gefitinib, afatinib) as with platin-based chemotherapy (subsequent osimertinib)

5-year survival is up to 18%

maintenance therapy has some benefit (pemetrexed)

NSCLC (84%) now much more common than small cell lung cancer

(SCLC) (14%) with better prognosis (5-year survival with SCLC only 6%)

Cancer: The New Chronic Illness

SUMMARY:

Cancer is becoming the “new” chronic illness

Aging population gets more cancer (incidence) but lives longer (prevalence)

Better understanding of cancer biology (individualized medicine) is improving our ability to effectively treat patients

The treatment is becoming less distressing than the disease itself

Newer drugs are both more effective and less toxic

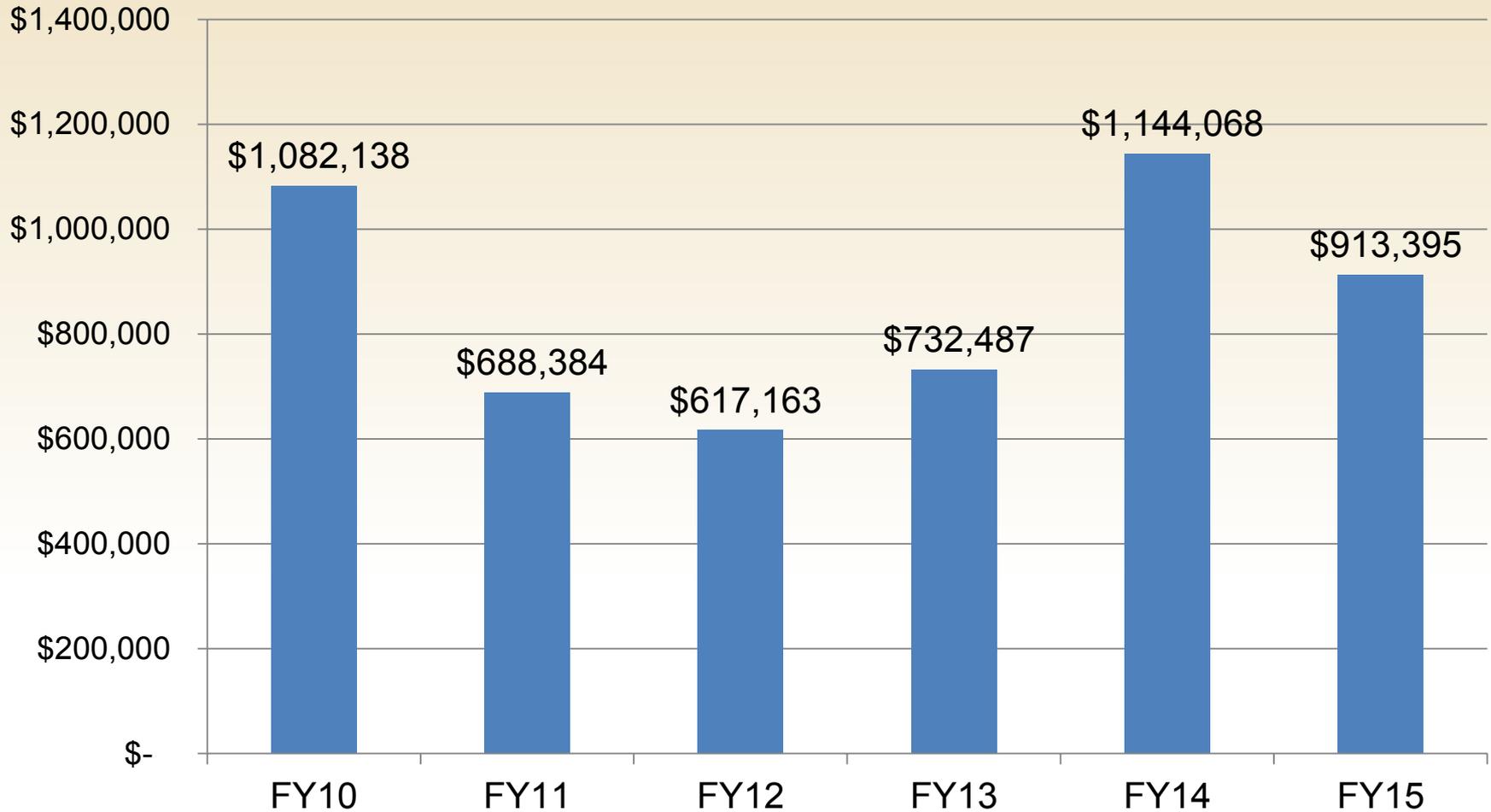
Costs increase with the duration of therapy, lines of therapy, as effective salvage regimens are developed, and with maintenance

Treatment is driven by multidisciplinary treatment evaluations

Thus Far...

- 13 Patient Referrals
- 4 Completed Stem Cell Transplants (SCT)
- 1 Refusal
- 1 Death (prior to transplant)
- 1 Paroled (prior to transplant)
- 2 Patients not Candidates
- Other Patients in Various Stages of Evaluation
- 200K

UTMB CMC Oncology Drug Cost by Fiscal Year



Thank You

Correctional Managed Health Care Committee (CMHCC) Joint Infection Control Committee Update

March 15, 2016

***Presentation to the
Correctional Managed Health Care Committee***

by: Chris Black-Edwards, RN, BSN



Correctional Managed Health Care Committee (CMHCC)

Joint Infection Control Committee

FY 2016-17

NAME	CREDENTIAL AND TITLE	AFFILIATION
CO-CHAIRS		
Coglianesse, Carol Lynn	MD, Quality and Contract Monitoring Physician	TDCJ HS
Black-Edwards, Chris	RN, BSN, Director III, Director of Nursing Administration	TDCJ HS
MEMBERS:		
Abbott, Kirk	RN, BSN, CCHP, Regional Nurse Manager, Outpatient Services	UTMB CMC
DeShields, Denise	MD, Executive Medical Director	TTUHSC CMC
Dorman, Dale	RN, Manager III	TDCJ HS
Eubank, Gary	RN, MSN, Chief Nursing Officer	UTMB CMC
Hill, Latasha	LVN, Office of Special Monitoring	TDCJ HS
Hirsch, Manuel	BS, MEd, DDS, Director, Office of Dental Quality and Contract Compliance	TDCJ HS



Correctional Managed Health Care Committee (CMHCC)

Joint Infection Control Committee

FY 2016-17 (Cont.)

NAME	CREDENTIAL AND TITLE	AFFILIATION
Horton, Billy	DDS, Division Director of Dental Services	UTMB CMC
Hughes, Donna	LVN, Office of Special Monitoring	UTMB CMC
Jones, Mike	RN, BSN, MBA, Director of Nursing	TTUHSC CMC
Jones, Sandra	RN, Sane Office of Public Health	UTMB CMC
Langley, Dianna	Training Spec. III, Office of Special Monitoring	TDCJ HS
Leeah, Benjamin	MD, Northern Region Medical Director	TTUHSC CMC
McRee, Mary	LVN, Office of Special Monitoring	UTMB CMC
Moore, Gloria	Admin. Asst. IV, Central Administration	TDCJ HS
Morris, Susan	MD, Senior Medical Director, Outpatient Division	UTMB CMC
Murray, Owen	DO, MBA, Vice President, Offender Care Services	UTMB CMC
Parker, Mary	LVN, Office of Special Monitoring	TDCJ HS
Reed, Paula	RN, Manager IV, Office of Health Services Monitoring	TDCJ HS



Correctional Managed Health Care Committee (CMHCC)

Joint Infection Control Committee

FY 2016-17 (Cont.)

NAME	CREDENTIAL AND TITLE	AFFILIATION
Robison, Justin	RN, MSN, Director of Nursing Services, Inpatient Services	UTMB CMC
Smith, Monte	DO, Senior Medical Director, Inpatient Division	UTMB CMC
Talley, Sheri	MD, Southern Region Medical Director	TTUHSC CMC
Tucker, Brian	DDS, Director, Dental Services	TTUHSC CMC
Turner, Anthony	Public Health & Prev. Spec. I, Office of Special Monitoring	TDCJ HS
Walker, Myra	RN, BSN, Manger IV, Office of Professional Standards	TDCJ HS
Williams, Robert	MD, CCHP, Deputy Director	TDCJ HS
Zepeda, Stephanie	PharmD, Director, Pharmacy Services	UTMB CMC



Joint Infection Control Committee Functions

- Monitor the incidence of infections
- Review, evaluate and make recommendations regarding factors within TDCJ that may have bearing on infection control
- Recommend control measures
- Develop infection control policies



Infection Control Manual

- System-wide resources available online and in print
- Policies reviewed at least annually
- Sections
 - Employee Health
 - Management and control of specific diseases
 - Disease reporting and infection control practices



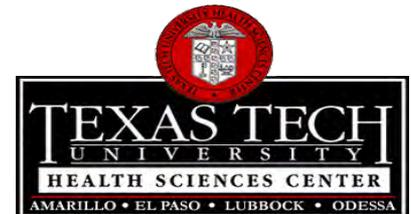
Policy Development

- Literature review
- National and state guidelines
 - CDC
 - DSHS
 - ACA
- Special policies utilize joint working groups with medical specialist representation
 - HIV
 - HCV



Recent Special Interest Items

- New HCV treatment
- Expanded HIV treatment
- Ebola
- Newer vaccine recommendations – HPV, varicella, Tdap, requirements that classify some correctional officers as health care staff
- Revised education for infection control nurses



Questions???

