



**CORRECTIONAL MANAGED HEALTH CARE  
COMMITTEE  
AGENDA**

June 16, 2016

10:00 a.m.

UTMB Conroe Operations Offices  
200 River Pointe Dr., Suite 200  
Conroe, Texas

## **CORRECTIONAL MANAGED HEALTH CARE COMMITTEE**

June 16, 2016

10:00 a.m.

UTMB Conroe Operations Offices  
200 River Pointe Dr., Suite 200, Training Room  
Conroe, Texas

- I. Call to Order
- II. Recognitions and Introductions
- III. Consent Items
  1. Approval of Excused Absences
  2. Approval of CMHCC Meeting Minutes, March 15, 2016
  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
    - Texas Tech University Health Sciences Center
    - The University of Texas Medical Branch
  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 Second Quarter Report
2. Texas Tech University Health Sciences Center
3. The University of Texas Medical Branch

VII. CMHCC Joint Policy and Procedure Committee Update –

Benjamin J. Leeah, MD, Northern Regional Medical Director, TTUHSC, Correctional Managed Health Care; and CMHCC Joint Policy and Procedure Committee Co-Chair;

Chris Black-Edwards, RN, BSN  
Director of Nursing Administration, TDCJ and CMHCC Joint Policy and Procedure Committee Co-Chair

VIII. Public Comments

IX. Adjourn

## Consent Item

Approval of CMHCC Meeting Minutes  
March 15, 2016

**CORRECTIONAL MANAGED HEALTH CARE COMMITTEE**

**March 15, 2016**

**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., Mary Annette Gary, Ph.D., Cynthia Jumper, M.D.

**CMHCC Members Absent:** Ben Raimer, M.D.

**Partner Agency Staff Present:** Bryan Collier, Bill Stephens, Ron Steffa, Marsha Brumley, Natasha Mills, Myra Walker, Charlene Maresh, Rebecka Berner, Chris Black-Edwards; Texas Department of Criminal Justice; Stephen Smock, Kelly Coates, Anthony Williams, Owen Murray, DO., Monte Smith, DO., Olugbenga Ojo, M.D., Susan Morris, M.D., Avi Markowitz, M.D.; UTMB; Denise DeShields, M.D., TTUHSC; Derrelynn Perryman, Texas Board of Criminal Justice

**Location:** Frontiers of Flight Museum, Dallas, Texas

Agenda Topic / Presenter	Presentation	Discussion	Action
<p><b>I. Call to Order</b></p> <p><b>- Margarita de la Garza-Graham</b></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>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. However, there no one was present wishing to provide public comment.</p> <p>Dr. de la Garza-Graham thanked and welcomed everyone for being in attendance.</p>		
<p><b>II. Recognitions and Introductions</b></p> <p><b>- Margarita de la Garza-Graham</b></p>	<p>Dr. de la Garza-Graham introduced Ms. Derrelynn Perryman, Member, Texas Board of Criminal Justice.</p> <p>Dr. de la Garza-Graham announced that Patricia Vojack, JD, MSN, resigned from her position on the CMHCC as she has accepted another position within the Health and Human Services Commission.</p>		

<p><b>III. Approval of Consent Items</b></p> <p><b>- Margarita de la Garza-Graham</b></p> <ul style="list-style-type: none"> <li>○ Approval of Excused Absences</li> <li>○ Approval of CMHCC Meeting Minutes – December 8, 2015</li> <li>○ Approval of TDCJ Health Services Monitoring Report</li> <li>○ University Medical Director’s Reports <ul style="list-style-type: none"> <li>- UTMB</li> <li>- TTUHSC</li> </ul> </li> <li>○ Summary of CMHCC Joint Committee/ Work Group Activities</li> </ul> <p><b>IV. Update on Financial Reports</b></p> <p>- Charlene Maresh</p>	<p>Dr. de la Garza-Graham noted approval of the excused absence for Dr. Mary Annette Gary due to a scheduling conflict.</p> <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 December 8, 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 noted the next items on the agenda was the approval of the Summary of CMHCC Joint Committee/Work Group Activities.</p> <p>Dr. de la Garza-Graham called on Charlene Maresh to present the financial report.</p>	<p>Dr. Berenzweig stated that during the last meeting, he had noted a marked decrease in the number of Human Immunodeficiency Virus (HIV) screenings and asked if it may be due to the fluctuation with offenders entering and leaving the system. Dr. Berenzweig asked that an explanation be provided.</p> <p>Dr. Linthicum advised that she will provide an explanation during the presentation of the TDCJ Medical Director’s Report.</p>	<p>Dr. Linthicum made a motion to approve the consent items and Dr. Berenzweig seconded the motion which prevailed by unanimous vote.</p>
---	---	---	---

<p><b>IV. Update on Financial Reports (Cont.)</b></p>	<p>Ms. Maresh reported on statistics for the First Quarter of Fiscal Year (FY) 2016, as submitted to the Legislative Budget Board (LBB). The report was submitted in accordance with the General Appropriations Act, Article V, Rider 47.</p> <p>The Correctional Managed Health Care appropriations for FY 2016 is \$537.3 million dollars.</p> <p>Funding received by the universities was \$148.3 million dollars during the First Quarter.</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 52% percent, for a total of \$80.9 million dollars.</p> <p>Hospital and clinical care accounts for 37.4% of total expenditures at a cost of \$58.3 million. This strategy showed the greatest shortfall at \$7.5 million dollars for FY 2016.</p> <p>Pharmacy services makes up 10.6 % of total health care expenditures at a cost of \$16.5 million dollars.</p> <p>Total expenditures during the First Quarter were \$155.6 million dollars, resulting in a shortfall of \$7.3 million dollars.</p> <p>As of the First Quarter of FY 2016, the average service population is 147,532.</p> <p>The offender population age 55 and over had a slight increase with an average daily census of 16,524. This population makes up about 11.2 % of the overall population and accounts for 40.9 % of total hospital cost.</p> <p>The average mental health inpatient census is 1,751 of the total service population. The average mental health outpatient census is 22,879 of the total service population.</p>		
---	--	--	--

<p><b>IV. Update on Financial Reports (Cont.)</b></p>	<p>The average health care cost is \$11.59 per offender, per day, which is an increase from \$10.75 for FY 2015.</p> <p>The projected expenditures submitted by the universities for FY 2016 is \$630.5 million dollars, resulting in a short fall of \$33.1 million dollars.</p>	<p>Dr. de la Garza-Graham stated that she would like to see a breakdown of expenditures for the unit and psychiatric care expenses as it represents \$80.1 million dollars, 52% of total expenses.</p> <p>Ms. Maresh agreed to provide those statistics.</p> <p>Dr. Linthicum noted that the greatest expenses in this strategy are in the salary structure as UTMB has approximately 3,000 FTEs and TTUHSC has approximately 1,000 FTEs.</p> <p>Ms. Maresh noted that salaries and benefits result in 82% of those expenditures.</p>	
<p><b>V. Summary of Critical Correctional Health Care Personnel Vacancies</b></p> <p>- Dr. Lannette Linthicum</p>	<p>Dr. de la Garza-Graham thanked Ms. Maresh and called upon Dr. Linthicum to begin the presentation of the Critical Personnel Vacancies.</p> <p>Dr. Linthicum reported that there are two positions of Health Specialist V within the Office of Mental Health Monitoring and Liaison vacant and the position posting have been extended.</p> <p>Dr. Linthicum noted that there were no qualified applicants for the position of Director II, Office of Public Health so the position posting had been extended.</p> <p>Dr. Linthicum advised that there are two Nurse II positions vacant within the Office of Health Services Monitoring, Quality Improvement Program. An interview was held on January 11, 2016 and one position has been filled. An applicant was selected for the second position and is in the clearance process.</p>	<p>Dr. de la Garza-Graham asked where the Nurse II positions are physically located.</p>	



<p><b>V. Summary of Critical Correctional Health Care Personnel Vacancies (Cont.)</b></p>		<p>salary base of \$95,000. It is not feasible to accommodate this salary request when there are tenured staff with 10 to 15 years of service that are making \$92,000 annually.</p> <p>Dr. de la Garza-Graham asked Dr. Murray if he had any recommendations.</p> <p>Dr. Murray advised that efforts will need to be made to expand the salary scales as it relates to nursing and the mid-level practitioners. Additional strategies need to be put in place for dental and medical physician components as well. UTMB will continue to work with the State Legislature in an effort to provide more loan forgiveness, by providing a program that will possibly improve recruitment efforts.</p>	
<p><b>VI. Medical Director's Updates</b></p> <ul style="list-style-type: none"> <li>- Lannette Linthicum, MD</li> <li>• <b>TDCJ – Health Services Division FY 2016 First Quarter Report</b> <ul style="list-style-type: none"> <li>○ Operational Review Audit</li> </ul> </li> </ul>	<p>Dr. de la Garza-Graham then called upon Dr. Linthicum to begin presentation of the Medical Director's Report.</p> <p>Dr. Linthicum began by explaining that the deficiencies reported during operational reviews had been addressed with the units and each unit is working on corrective action plans to gain compliance. During the First Quarter of FY 2016, (September, October, November 2015), Operational Review Audits (ORAs) were conducted on nine facilities: Byrd, Dalhart, Halbert, Jester I, Jester III, Jester IV, Plane, Roach Intermediate Sanctioned Facility (ISF) and Robertson. There were also ORAs closed during this quarter for nine facilities: Dalhart, Eastham, Estes, Goodman, Henley, Huntsville, Roach ISF, Robertson and Young. Dr. Linthicum referred to the 14 items found to be most frequently below 80 percent compliance. Dr. Linthicum explained that the effect of staff vacancies, in terms of paperwork items being completed are beginning to be lacking in compliance (i.e., completed TB forms).</p>		

<p><b>VI. Medical Director's Updates (Cont.)</b></p> <ul style="list-style-type: none"> <li>○ Capital Assets Monitoring</li> <li>○ Dental Quality Review Audit</li> <li>○ Grievance and Patient Liaison Correspondence</li> <li>○ Quality Improvement (QI) Access to Care Audit</li> <li>○ Office of Public Health</li> </ul>	<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 eight facilities: Dalhart, Jordan, Baten, Clements, Robertson, Middleton, Wallace and Ware. Dr. Linthicum noted there were no items found below 80 percent compliance.</p> <p>Dr. Linthicum then noted that the Office of Professional Standards has the Family Hotline, Patient Liaison Program (PLP), Step II Medical Grievance Program, and Sick Call Request Verification Audit process. During the First Quarter of FY 2016, the PLP and the Step II Medical Grievance Programs received 4,214 correspondences. The PLP received 2,510 correspondences and Step II Medical Grievance received 1,704. There were 352 Action Requests generated. The percentages of sustained Step II Medical Grievances from UTMB were nine percent and seven percent for TTUHSC.</p> <p>Dr. Linthicum added that the Quality Improvement Access to Care Audit addressed quality of care issues. There were 27 Sick Call Request Verification Audits conducted on 26 facilities. A total of 204 indicators were reviewed and 15 of the indicators fell below 80 percent compliance.</p> <p>Dr. Linthicum called on Chris Black-Edwards to provide an explanation to Dr. Berenzweig's question regarding the decrease in the number of Human Immunodeficiency Virus (HIV) screenings.</p>	<p>Ms. Black-Edwards explained that the Office of Public Health requires manual reporting from all the units. The infectious disease reporting is a nursing function assigned to infection control nurses, who are LVNs. There are only one to two infection control nurses assigned to each unit. Dr. Murray reported that there is a 40% nursing vacancy rate for LVNs. The infection</p>	
---	--	---	--

<p><b>VI. Medical Director's Updates (Cont.)</b></p>	<p>Dr. Linthicum continued by explaining that the Public Health Program monitors cases of infectious diseases within the TDCJ population. There were 858 cases of Hepatitis C identified for the First Quarter FY 2016. There were 17,095 intake tests and 120 were newly identified as having Human Immunodeficiency Virus (HIV) infections. During the First Quarter FY 2016, 17,095 offenders had intake test and 120 were HIV positive. Three new Acquired Immunodeficiency Syndrome (AIDS) cases were identified in the First Quarter FY 2016 compared to five new AIDS cases identified during the Fourth Quarter FY 2015.</p> <p>157 cases of suspected Syphilis were reported in the First Quarter FY 2016. Fifteen of those required treatment or retreatment.</p> <p>131 Methicillin-Resistant Staphylococcus Aureus (MRSA) cases were reported for the First Quarter FY 2016.</p> <p>Dr. Linthicum advised that there was an average of 18 Tuberculosis (TB) cases under active management for the First Quarter FY 2016.</p>	<p>nurses nurses may be required to cover duties for vacant LVN positions that provide direct patient care, taking precedence over reporting paperwork.</p> <p>Ms. Black-Edwards stated that the pre-release numbers are more accurate now than in years past, because those numbers can now be obtained electronically. The Office of Public Health had very poor reporting from the units during May through August 2015, and has requested that the units submit those reports. The Office of Public Health can only report the statistics that are received from the units. Ms. Black-Edwards advised that she will prepare a one-year overview and is confident that the numbers should reflect a more favorable depiction.</p> <p>Dr. Sherwood asked for clarification regarding the reported 18 TB cases under management for the First Quarter of FY 2016 compared to 28</p>	
--	--	--	--

<p><b>VI. Medical Director's Updates (Cont.)</b></p>		<p>cases in the Fourth Quarter of 2015. The report indicated that there has been a slight <u>increase</u> in the number of offenders with TB.</p> <p>Dr. Linthicum explained that there may be a slight increase in number of offenders with TB infection, not with active TB.</p> <p>Dr. Linthicum asked Ms. Black-Edwards to modify future reports for clarity. Every offender undergoes TB screening on the anniversary of their date of incarceration to determine whether they have symptoms for TB. Ms. Black-Edwards confirmed that this is correct; however, explained that the Office of Public Health has to convert the numbers reported from the units to produce a fiscal year report. DSHS reports statistics for the calendar year. There are 18 TB cases under management; however, this doesn't mean there are only 18 cases this year. A lot of offenders with TB have finished treatment during the fiscal year. Overall, the active TB case numbers will be slightly up from the number reported for the year. This number includes offenders whether they come into TDCJ already diagnosed with TB or those diagnosed in TDCJ. If the offender is diagnosed within the first 42 days, the case is attributed to the county of origin; after 42 days, it is attributed to TDCJ.</p> <p>Dr. Linthicum explained that this was an arbitrary decision by the Department of State Health Services (DSHS).</p> <p>Dr. Sherwood, stated he has concerns that out of the 14 operational indicators most frequently below 80% compliance, four relate to TB which is a contagious disease putting the staff and public at risk.</p> <p>Chris Black-Edwards noted that the auditors see</p>	
--	--	--	--

<p><b>VI. Medical Director's Updates (Cont.)</b></p>		<p>black and white in terms of compliance and if the reporting is not done within the required time frame, it falls out of compliance. Although it looks like a unit is out of compliance for not filling out the HSM-19 form, it doesn't mean that the required function was not done. (i.e., the auditors are actually looking at whether the HSM-19 form was completed monthly for the entire time the patient was receiving anti-tuberculosis medications). If the form was completed at 35-40 days, it will show to be out of compliance.</p> <p>Dr. Linthicum stated that for auditing purposes, there are strict time frames. The numbers may appear worse than they really are. A request for corrective action will be submitted to the units that are out of time frame, from what is required by policy. The unit must submit a corrective action plan. There is a Quality Improvement Nurse Facilitator in the Office of Health Services Monitoring assigned to that unit that verifies that all of the corrective action was taken.</p> <p>Dr. de la Garza-Graham asked if all the paperwork must be completed by a LVN or if a clerk can assist with the function.</p> <p>Dr. Linthicum advised that the TB-400 form is complicated and entails a lot of clinical information. Therefore, the task requires staff with a certain level of clinical knowledge.</p> <p>Dr. Linthicum explained that the Office of Public Health has nurses who assists with the paperwork if unit staff are unable to complete their DSHS TB-400 forms.</p> <p>The Office of Public Health reports into DSHS, and for the purpose of TB and HIV reporting, DSHS looks at TDCJ separately as their own</p>	
--	--	---	--

<p><b>VI. Medical Director's Updates (Cont.)</b></p> <ul style="list-style-type: none"> <li>○ Mortality and Morbidity</li> <li>○ Office of Mental Health Monitoring &amp; Liaison</li> </ul>	<p>Dr. Linthicum next reported the activities of the Sexual Assault Nurse Examiner (SANE) Coordinator which collaborates with the Safe Prisons Program and is trained and certified by the Texas Attorney General's Office. This person provides in-service training to facility staff in the performance of medical examinations, evidence collection and documentation and use of the sexual assault kits. During the 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 were 226 chart reviews of alleged sexual assaults. There were 13 deficiencies found this quarter. 68 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. 19,625 offenders attended classes presented by educators, this was a decrease from the Fourth Quarter FY 2015. Within the TDCJ, 100 of the 109 facilities have active peer education programs. 156 offenders trained to become peer educators during the First Quarter of FY 2016. This is an increase from offenders trained in the Fourth Quarter FY 2015.</p> <p>Dr. Linthicum reported that there were 94 deaths reviewed by the Mortality and Morbidity Committee during the First Quarter of FY 2016. Of those 94 deaths, 10 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 &amp; Liaison (OMHM&amp;L) during the First Quarter of FY 2016. Administrative Segregation (Ad Seg) audits were conducted</p>	<p>health authority and the numbers are reported as a system. The nurses in the Office of Public Health, will complete the TB-400 forms if the units are not submitting the reports in a timely manner to ensure they are submitted to DSHS as appropriate.</p>	
--	---	---	--

<p><b>VI. Medical Director's Updates (Cont.)</b></p> <ul style="list-style-type: none"> <li>○ Office of Health Services &amp; Liaison</li> <li>○ Accreditation</li> <li>○ Biomedical Research Projects</li> <li>● <b>Texas Tech University Health Sciences Center</b> <ul style="list-style-type: none"> <li>- Denise DeShields, MD</li> </ul> </li> </ul>	<p>on 18 facilities. 2,910 offenders were observed, 2,301 were interviewed and three offenders were referred to the university providers for further evaluation.</p> <p>Access to Care for mental health (ATC) 4 and (ATC) 5 were met at 100 percent on all 17 facilities audited.</p> <p>Four inpatient mental health facilities were audited with respect to compelled medications. 48 instances of 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.</p> <p>There were 26 intake facilities audited with respect to mental health evaluation within 14 days of identification. There were 18 facilities that met or exceeded 80 percent compliance.</p> <p>The Office of Health Services Liaison (HSL) conducted 165 hospital and 47 infirmary discharge audits. UTMB had 16 deficiencies identified and TTUHSC had no deficiencies identified for the hospital discharge audits. UTMB had no deficiencies identified and TTUHSC had one deficiency for the infirmary discharge audits.</p> <p>Dr. Linthicum reported that there were 12 units reaccredited by the American Correctional Association (ACA).</p> <p>Dr. Linthicum referenced the research projects as reported by the Texas Department of Criminal Justice (TDCJ) Executive Services.</p> <p>Dr. de la Garza-Graham thanked Dr. Linthicum then called on Dr. DeShields to present the report for TTUHSC.</p> <p>Dr. DeShields had no additional clinical information to report for the First Quarter.</p>		
--	--	--	--

<p><b>VI. Medical Director's Updates (Cont.)</b></p> <ul style="list-style-type: none"> <li><b>University of Texas Medical Branch</b></li> <li>- Owen Murray, DO</li> </ul>	<p>Dr. de la Garza-Graham then called on Dr. Murray to present the report for UTMB.</p> <p>Dr. Murray advised that he had no additional clinical information to add to the medical director's report and deferred the UTMB's reporting to Olugbenga Ojo, MD, Chief Medical Officer /Chief Physician Executive, TDCJ Hospital &amp; Clinics; and 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 to provide the CMHCC an update on hematologic and oncologic cancers.</p>		
<p><b>VII. Update on Hematologic and Oncologic Cancers</b></p> <ul style="list-style-type: none"> <li>- Olugbenga Ojo, MD</li> </ul>	<p>Dr. de la Garza-Graham then called on Olugbenga Ojo, MD, and Dr. Avi Markowitz to begin the presentation.</p> <p>Dr. Ojo began by introducing Dr. Markowitz as the Bill and Louise Bauer Distinguished Chair in Cancer Research at UTMB and Professor and Chief of Hematology and Oncology.</p> <p>Dr. Ojo advised that the presentation represents the offender population over the past six to seven year period and shows a five percent decrease in cancer rates. The age 55 and older aging population constitutes about 11.2 percent of total population and attributes to approximately 40.9 percent of hospital cost.</p> <p>When looking at cancer numbers from FY 2009 – FY 2014, there was a spike seen in 2011. Dr. Ojo explained that different cancer diagnoses are studied to determine if stem cell transplant would be the best alternative treatment for the patient.</p> <p>Dr. Ojo reported liver cancer currently is number one in cancer deaths.</p> <p>Dr. Ojo then turned the presentation over to Dr. Markowitz.</p>		

<p><b>VII. Update on Hematologic and Oncologic Cancers (Cont.)</b></p> <p>- Avi B. Markowitz, MD FACP</p>	<p>Dr. Markowitz reported that advanced cancer rates have decreased over the last 30 years with the advancement of new treatments being developed, and explained that although as individuals age they have an increased prevalence of developing cancer, but this does not mean they will die from it. Texas ranked third highest in the United States estimating having over 100,000 cancer patients in 2015, however only about 38,000 deaths were seen from this number.</p> <p>Lifetime risk for cancer in men show to be 1 of 2, and 1 in 3 for women. Cancer mortality has gone down almost 30 percent over the last two decades. The Center for Disease Control and Prevention (CDC) show that two-thirds of individuals diagnosed with invasive cancer live more than five years with today's treatment therapies.</p> <p>Dr. Markowitz explained that focus must be directed on what approach should be taken when trying to cure cancer.</p> <p>Dr. Markowitz explained that risks come even with treatment, burning the cancer with radiation can have an effect on normal tissue tolerance and chemotherapy causes toxicity within the body, so while trying to attack the "bad cells" the "good cells" are getting killed off too.</p> <p>If the treatment is able to control the disease and is not worse than the cancer itself, this is the management of chronic illness. Treatment goals are to use less intensive treatment therapies to control and normalize cancer treating the patient and killing off the "bad cells" without losing the patient.</p> <p>Dr. Markowitz reported that the National Cancer Institute (NCI) projects cancer care is estimated to rise over \$173 billion by the year 2020 and cost to treat the 30 most common types of cancers will rise almost 27 percent and with studies showing that 55 percent of all cancers are diagnosed in patients 55 and older. Future cost increase will be seen within the system to treat the aging offender population as well.</p>		
---	---	--	--

<p><b>VII. Update on Hematologic and Oncologic Cancers (Cont.)</b></p>	<p>Dr. Markowitz spoke on the success seen with Chronic Lymphocytic Leukemia CLL treatment which was named Cancer Event of the Year in 2015 by the American Society of Clinical Oncology (ASCO). This form of cancer can now be treated without any type of chemotherapy.</p> <p>Dr. Markowitz explained that before a patient is considered for transplant, they must be reviewed and receive a good prognosis to ensure they can be safely treated. The patient must also give informed consent and it is preferred the patient be autologous meaning the patient's own source of cells can be used rather than allogenic which is the use of someone else's cells.</p> <p>Dr. Markowitz reported four transplants had successfully taken place. One patient has been paroled, and currently five other patients are awaiting transplant.</p> <p>Dr. Markowitz believes that cancer is becoming a "new" chronic illness with the aging population. Being able better understand the biology of cancer and the improvements of individualized medicine, the ability to better treat patients continues to improve. Newer drug therapies are becoming more effective and less toxic; however, the trade-off is the cost of treatments will continue to rise.</p>	<p>Dr. Linthicum asked the status of the five patients currently being considered for transplant.</p> <p>Dr. Markowitz answered that they are all candidates and the decision will be dependent upon if they are able to pass the eligibility requirements.</p> <p>Dr. Sherwood asked what agency guidelines were on colorectal screening.</p> <p>Dr. Markowitz answered that if the offender patient comes from a family genetically known to be high risk for colorectal cancer, screening will begin 10 years earlier than the diagnosed family member. Normal screening age begins</p>	
--	--	--	--

<p><b>VII. Update on Hematologic and Oncologic Cancers (Cont.)</b></p> <p>- Olugbenga Ojo, MD</p>	<p>Dr. Ojo informed the committee that four patients who had received stem cell transplants were all in remission; however, the transplants are costly. For each patient, a stem cell transplant cost can range from \$180,000 to \$200,000 on average just for the transplantation process.</p>	<p>around age 50 with baseline screening for those patients who have a normal colonoscopy.</p> <p>Dr. Linthicum asked Dr. DeShields if she could provide transplant numbers to the committee from the TTUHSC sector.</p> <p>Dr. DeShields responded that in FY 2015, one stem cell transplant had been completed and two others were approved. One patient refused transplant and one patient expired prior to transplant.</p> <p>For FY 2016, one stem cell transplant has been approved and two bone marrow transplants have also been given approval.</p> <p>Dr. Linthicum asked where the transplants take place.</p> <p>Dr. DeShields answered that the transplants are performed at the Lubbock Cancer Treatment Facility.</p>	
<p><b>VIII. Joint Infection Control Committee Update</b></p> <p>- Chris Black-Edwards, RN, BSN</p>	<p>Dr. de la Garza-Graham thanked Dr. Ojo and Dr. Markowitz, then called on Ms. Black-Edwards to provide the CMHCC with Joint Infection Control Committee update.</p> <p>Ms. Black-Edwards begin by giving an overview on the makeup of the Joint Infection Control Committee and its members which consists of representatives from TDCJ, UTMB, and TTUHSC. The Joint Infection Control Committee is tasked with monitoring incidence and infections, review and evaluation of factors within the TDCJ that may have bearing on infection control and recommended control measures based on Center for Disease Control (CDC) Prevention guidelines as well as the development of policies.</p>		

<p><b>VIII. Joint Infection Control Committee Update (Cont.)</b></p>	<p>Ms. Black-Edwards explained that the committee has developed an Infection Control Manual that has been made available system wide to ensure staff at the facilities are applying the proper health guidelines. The manual is also accessible online. Audits are performed to ensure staff are following using the most current policies available. Each policy is reviewed at least annually to ensure information is accurate and up to date with existing guidelines.</p> <p>Ms. Black-Edwards reported that the policies are developed by performing literature reviews. National and state guidelines are looked at to ensure that standards of care are being followed as well as applied and documented within the policies.</p> <p>Ms. Black-Edwards explained that at times, special policies are developed by the Joint Infection Control Committee and that it is a team effort between university representatives. A new policy was recently developed and made effective for new vaccines available for treatment of Hepatitis C. Treatment is now being made available to the offender population with about 30 patients being treated so far, but future treatment goals are to increase treatment to about 33 patients per month.</p> <p>Ms. Black-Edwards reported as changes to guidelines are made and new diseases develop, the committee must update existing policies or create a new policy. An example is the Ebola outbreak where a newly created policy was developed by the committee for staff to follow until the DSHS provided guidelines. HIV recommendations were also expanded which required revisions to be made to the existing policy.</p> <p>Vaccine recommendations also change regularly; therefore, policies must be developed and revised to ensure the offender population is being treated properly and those that are contagious are properly restricted to eliminate the spreading of disease. Vaccinations are also given to those who have been exposed and are not immune to the virus. Requirements for Tetanus, Diphtheria, and Pertussis (Tdap) were also updated with one of the new requirement being</p>		
--	---	--	--

<p><b>VIII. Joint Infection Control Committee Update (Cont.)</b></p>	<p>that all pregnant offenders are to receive vaccination with each pregnancy.</p> <p>Legislation also broadly categorized that anyone working in a hospital were considered to be health care staff and needed to receive required vaccinations. Correctional officers permanently assigned to the Hospital Galveston Facility and Huntsville Memorial Hospital (HMH) receive the same vaccinations as health care staff.</p> <p>Ms. Black-Edwards further reported that infection control nurses now receive more defined training when they are hired. Newly hired nurses come to the Health Services Division Headquarters where all policies and reporting requirements are discussed and a test is given over the information covered to test their knowledge. Afterwards nurses are monitored over a course of months to ensure the training received is being properly applied.</p>		
<p><b>IX. Public Comments</b></p>	<p>Dr. de la Garza-Graham thanked Ms. Black-Edwards, and with no further questions, proceeded with the announcement of the acceptance of registered public comments. Dr. de la Garza-Graham noted in accordance with, CMHCC's policy, during each meeting the public is given the opportunity to express comments. No one signed up to express public comment.</p>		
<p><b>X. Adjourn</b></p>	<p>Dr. de la Garza-Graham thanked everyone for attendance and asked for a motion to adjourn the meeting at 11:43 AM.</p>		

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

\_\_\_\_\_  
Date:

Consent Item

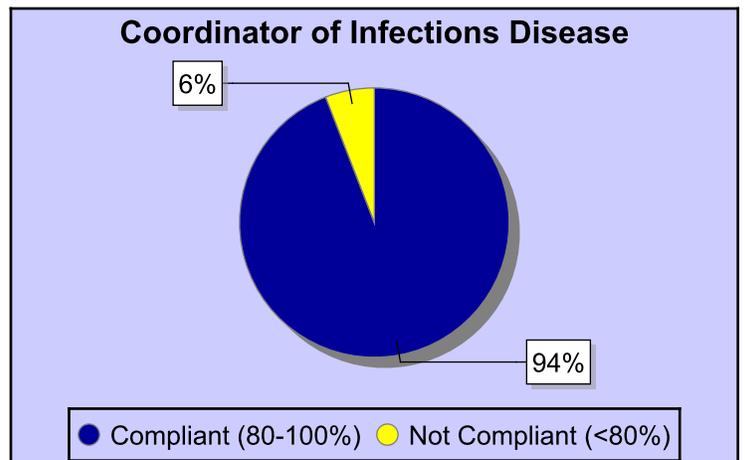
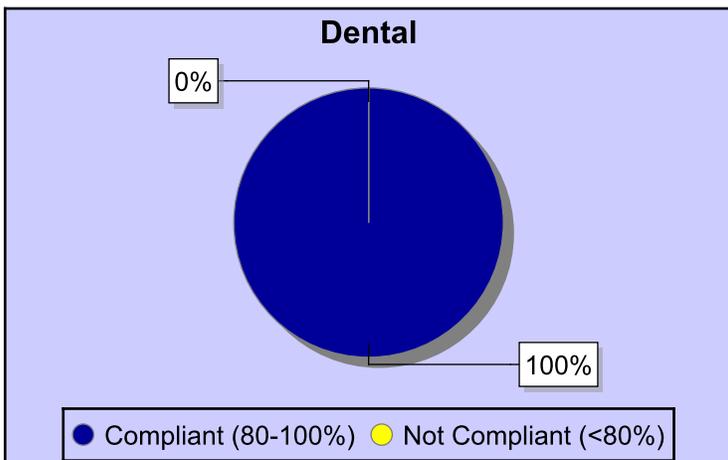
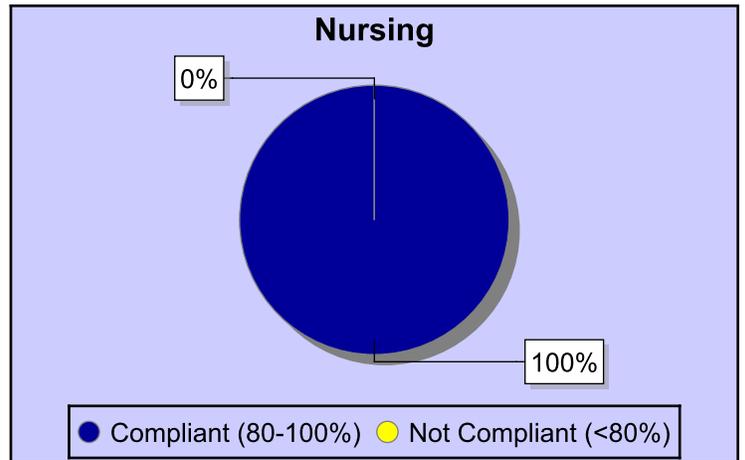
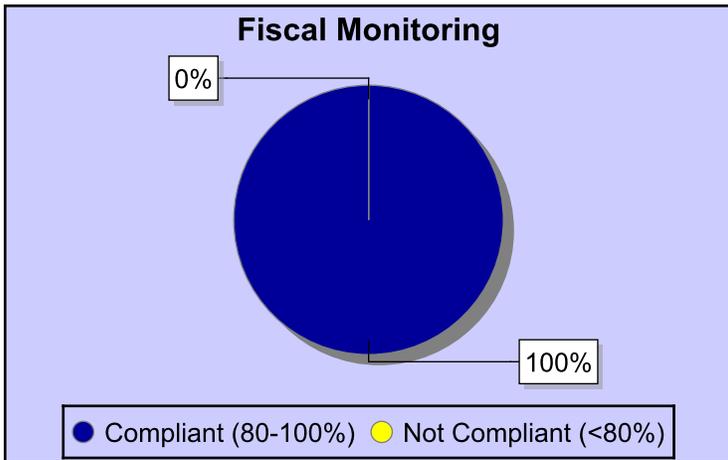
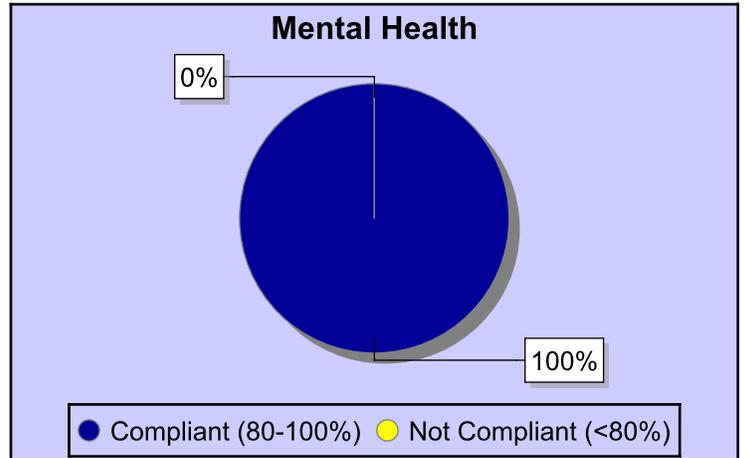
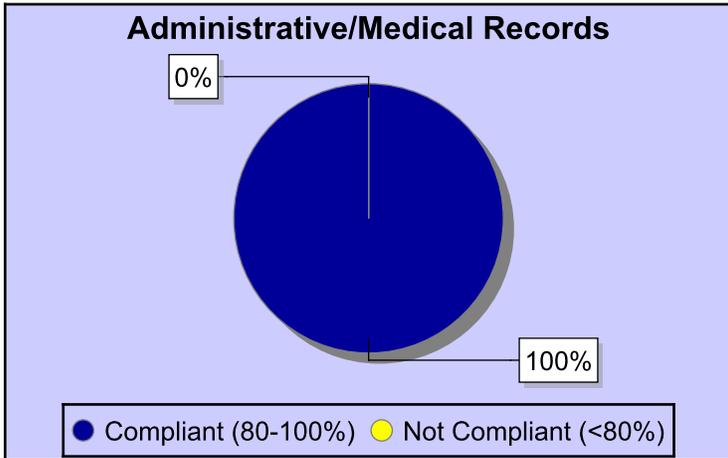
TDCJ Health Services  
Monitoring Reports

Rate of Compliance with Standards by Operational Categories  
 Second Quarter, Fiscal Year 2016  
 December 2015 - February 2016

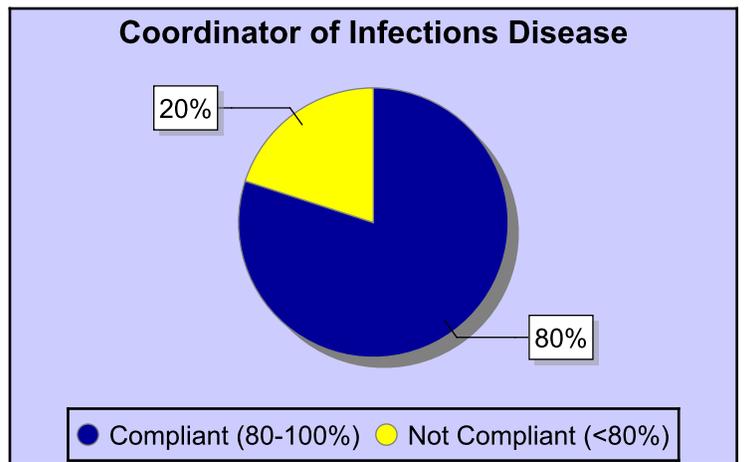
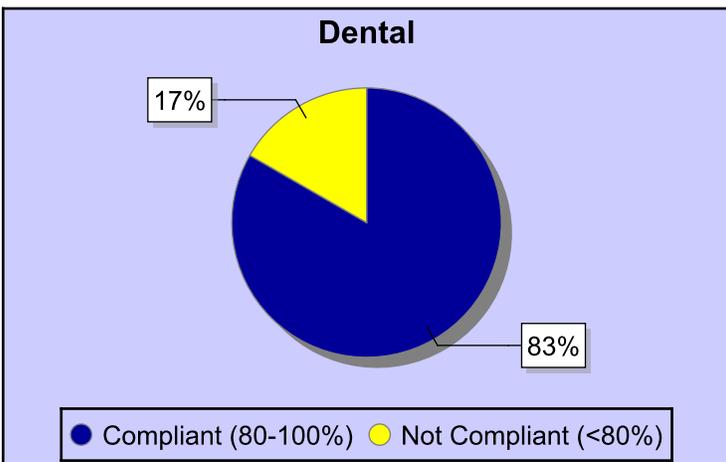
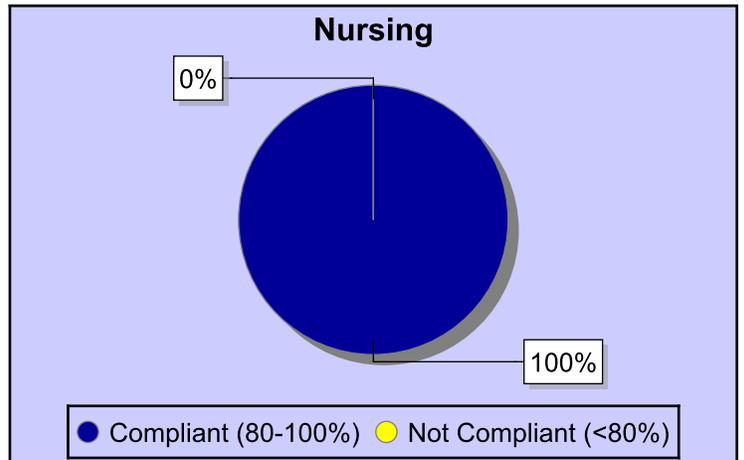
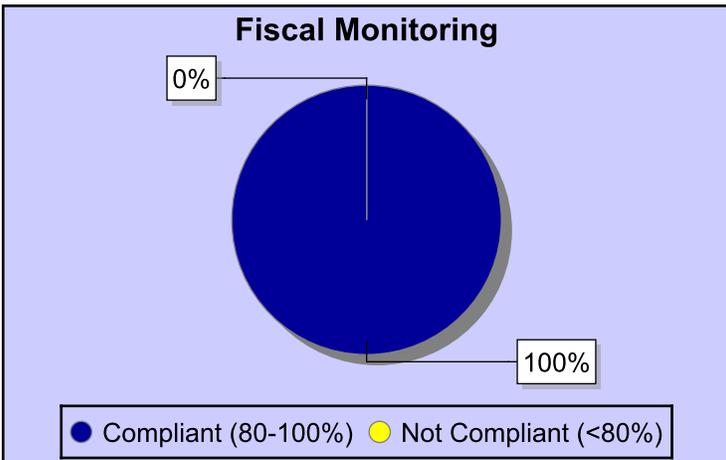
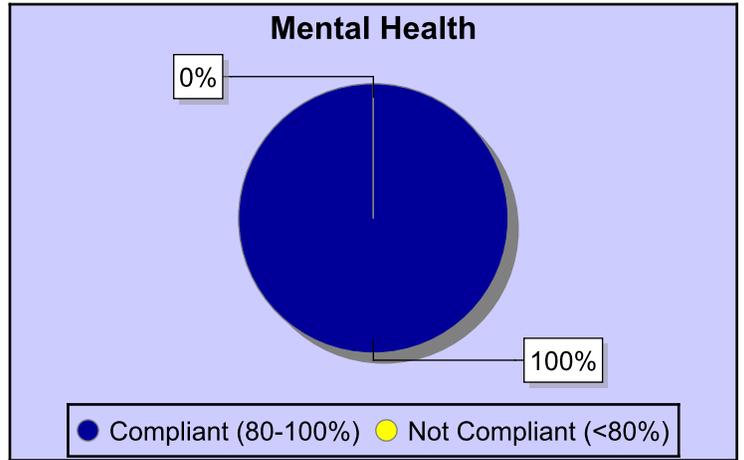
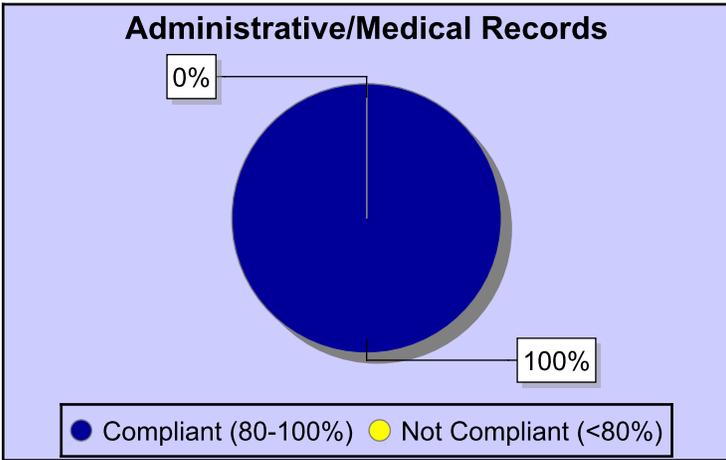
Unit	Operations/ Administration			General Medical/Nursing			Coordinator of Infectious Disease			Dental			Mental Health			Fiscal		
	<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance	
<b>Briscoe</b>	33	33	100%	11	11	100%	17	16	94%	12	12	100%	3	3	100%	4	4	100%
<b>Cotulla</b>	31	31	100%	12	12	100%	20	16	80%	12	10	83%	3	3	100%	4	4	100%
<b>Gist</b>	33	32	97%	17	16	94%	37	21	57%	13	13	100%	16	11	69%	6	6	100%
<b>Gurney</b>	33	30	91%	15	8	53%	38	30	79%	12	10	83%	20	17	85%	6	6	100%
<b>Leblanc</b>	33	32	97%	15	11	73%	20	17	85%	11	11	100%	14	12	86%	6	6	100%
<b>Lockhart</b>	32	30	94%	15	14	93%	29	28	97%	11	11	100%	13	11	85%	4	4	100%
<b>Luther</b>	33	32	97%	13	11	85%	26	24	92%	11	10	91%	16	15	94%	4	4	100%
<b>Michael</b>	33	33	100%	16	11	69%	31	22	71%	11	10	91%	17	11	65%	4	4	100%
<b>Wynne</b>	33	30	91%	12	7	58%	32	20	62%	11	10	91%	16	14	88%	6	6	100%

*n* = number of applicable items audited.

Compliance Rate By Operational Categories for  
BRISCOE FACILITY  
December 01, 2015

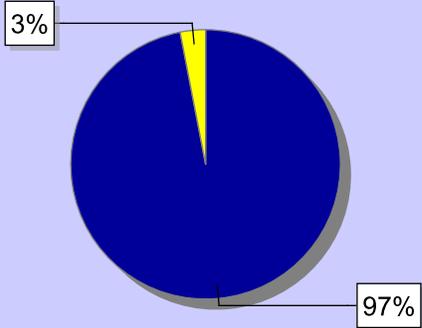


Compliance Rate By Operational Categories for  
COTULLA FACILITY  
December 01, 2015



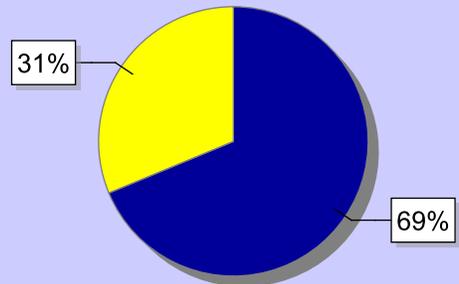
Compliance Rate By Operational Categories for  
GIST FACILITY  
January 05, 2016

**Administrative/Medical Records**



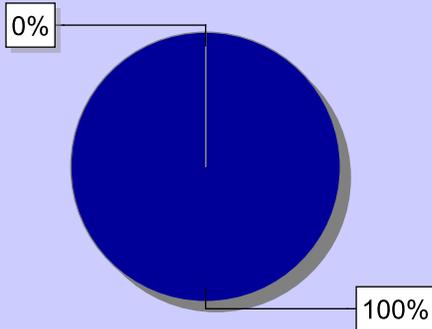
● Compliant (80-100%) ● Not Compliant (<80%)

**Mental Health**



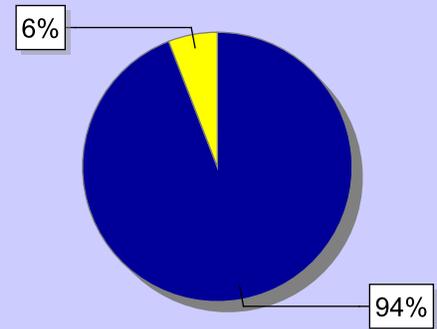
● Compliant (80-100%) ● Not Compliant (<80%)

**Fiscal Monitoring**



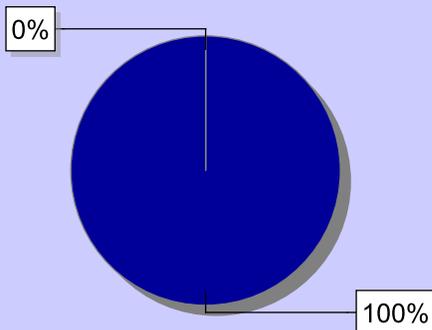
● Compliant (80-100%) ● Not Compliant (<80%)

**Nursing**



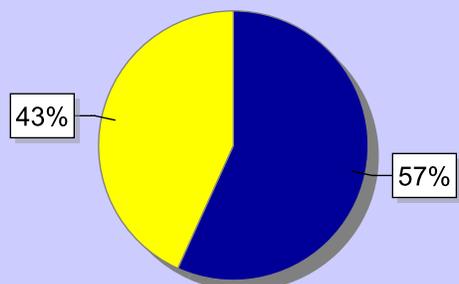
● Compliant (80-100%) ● Not Compliant (<80%)

**Dental**



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

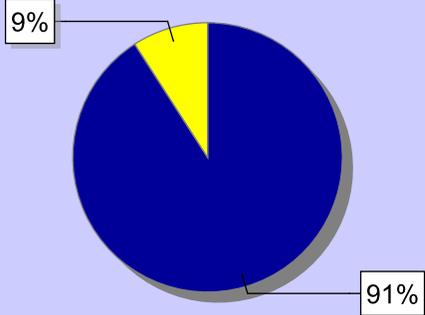
**Coordinator of Infections Disease**



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

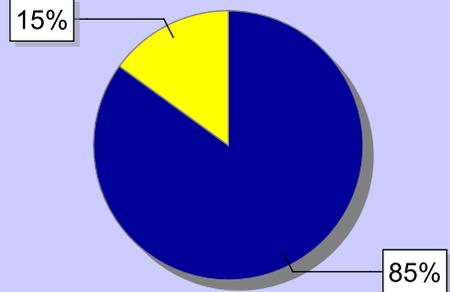
Compliance Rate By Operational Categories for  
GURNEY FACILITY  
January 05, 2016

**Administrative/Medical Records**



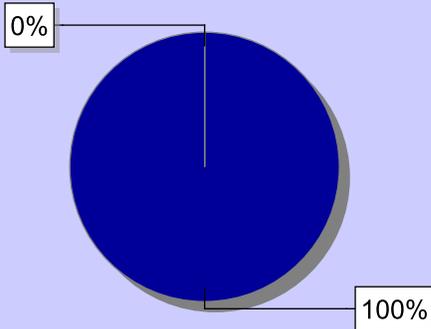
● Compliant (80-100%) ● Not Compliant (<80%)

**Mental Health**



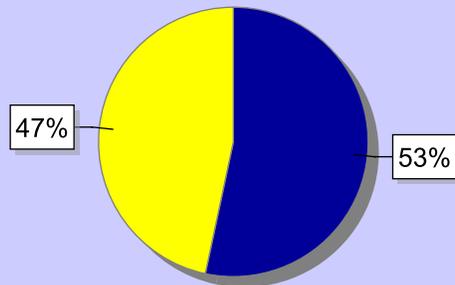
● Compliant (80-100%) ● Not Compliant (<80%)

**Fiscal Monitoring**



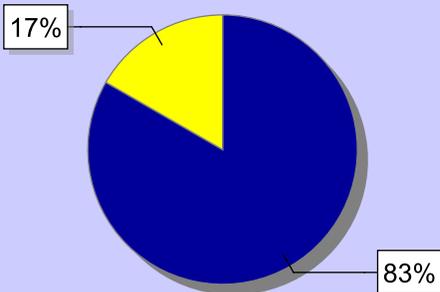
● Compliant (80-100%) ● Not Compliant (<80%)

**Nursing**



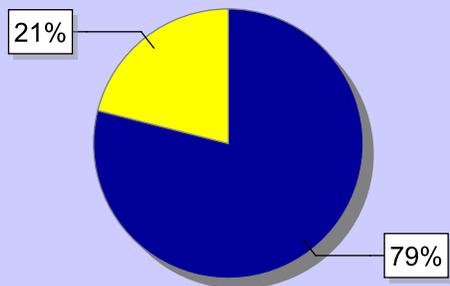
● Compliant (80-100%) ● Not Compliant (<80%)

**Dental**



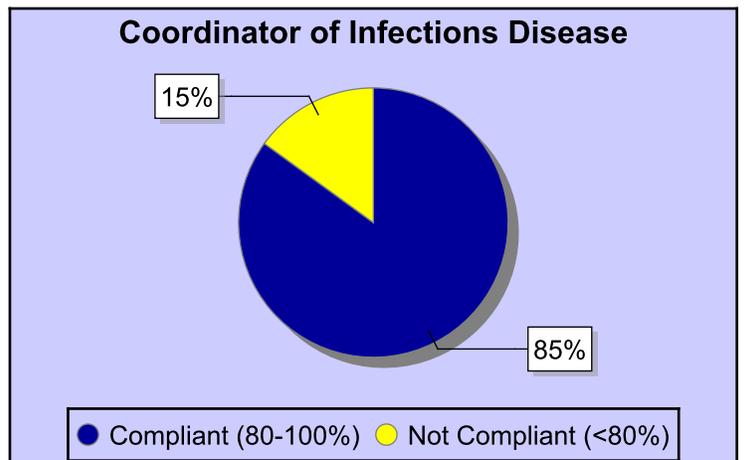
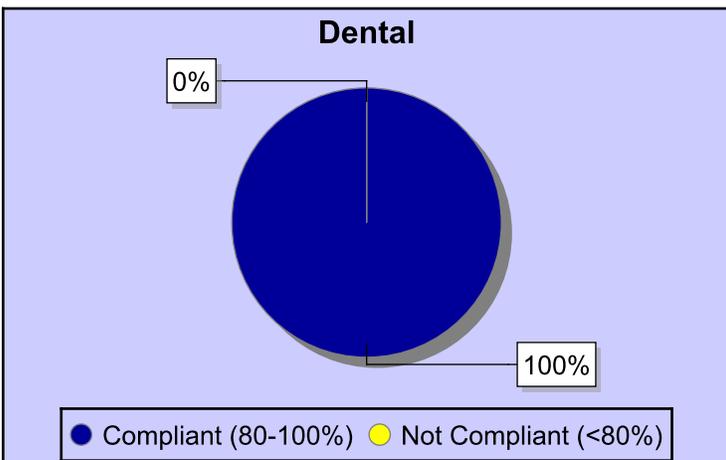
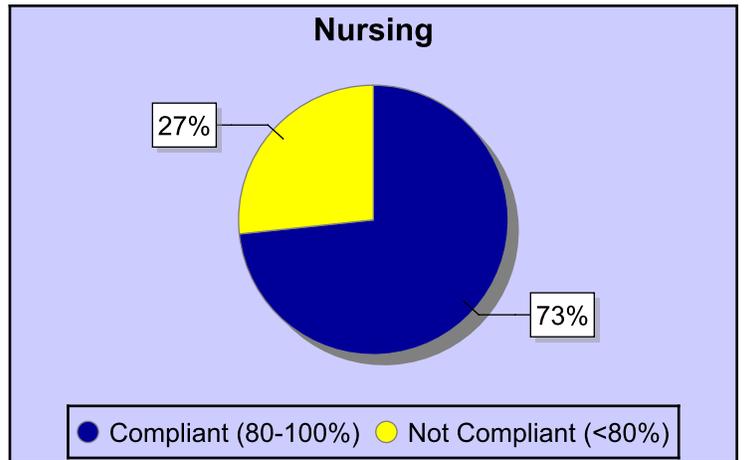
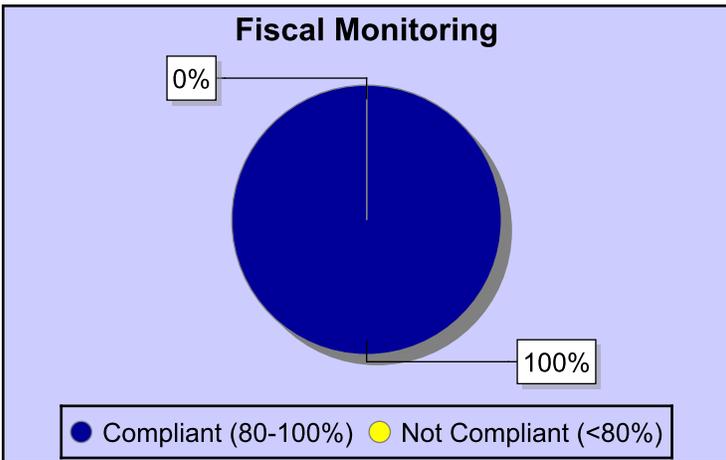
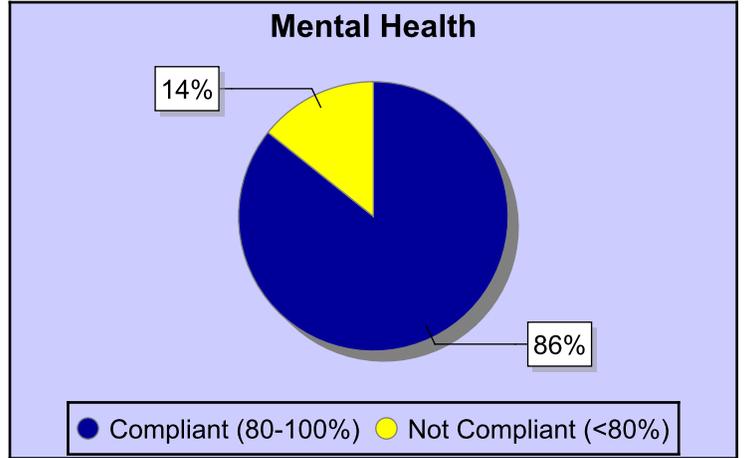
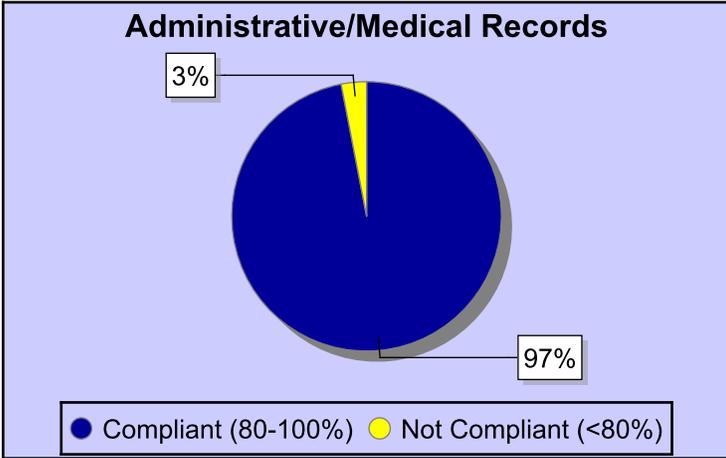
● Compliant (80-100%) ● Not Compliant (<80%)

**Coordinator of Infections Disease**



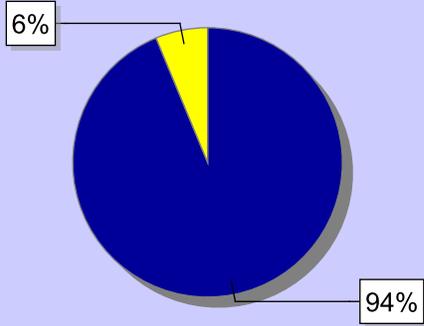
● Compliant (80-100%) ● Not Compliant (<80%)

Compliance Rate By Operational Categories for  
LEBLANC FACILITY  
January 05, 2016



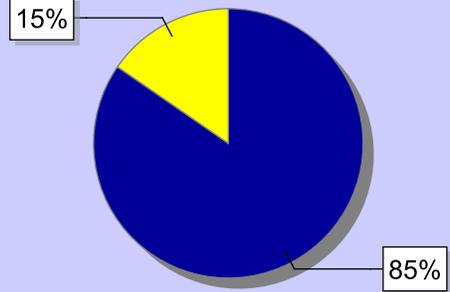
Compliance Rate By Operational Categories for  
LOCKHART FACILITY  
February 02, 2016

**Administrative/Medical Records**



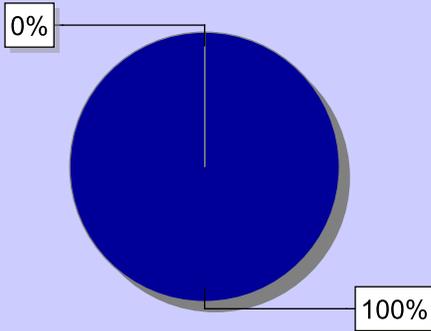
● Compliant (80-100%) ● Not Compliant (<80%)

**Mental Health**



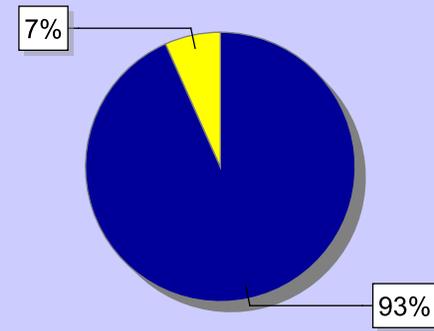
● Compliant (80-100%) ● Not Compliant (<80%)

**Fiscal Monitoring**



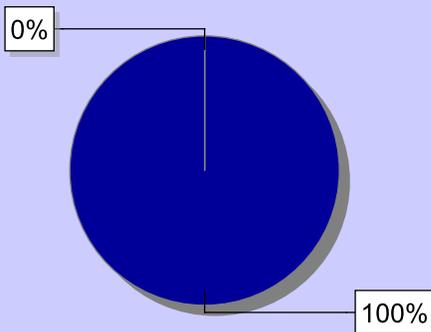
● Compliant (80-100%) ● Not Compliant (<80%)

**Nursing**



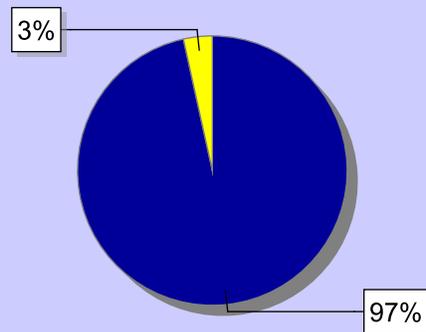
● Compliant (80-100%) ● Not Compliant (<80%)

**Dental**



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

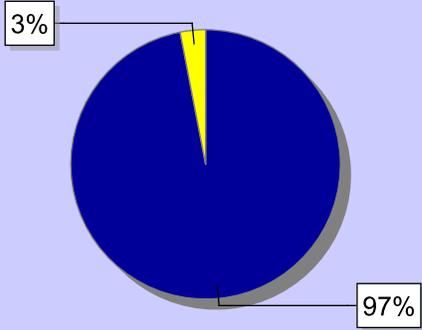
**Coordinator of Infections Disease**



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

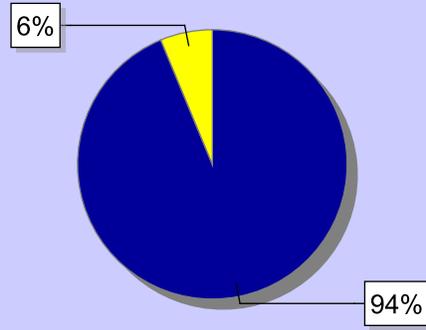
Compliance Rate By Operational Categories for  
LUTHER FACILITY  
February 08, 2016

**Administrative/Medical Records**



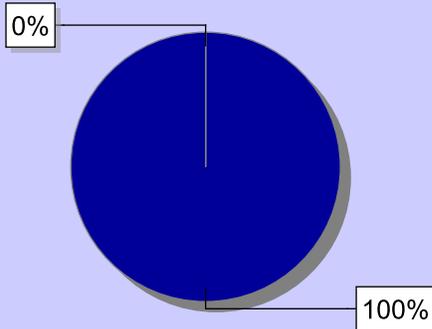
● Compliant (80-100%) ● Not Compliant (<80%)

**Mental Health**



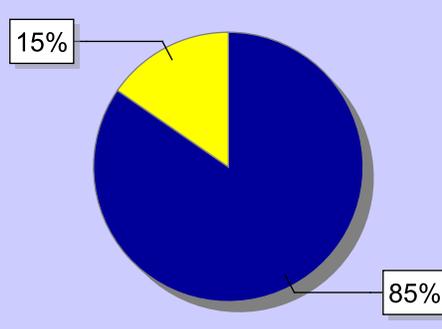
● Compliant (80-100%) ● Not Compliant (<80%)

**Fiscal Monitoring**



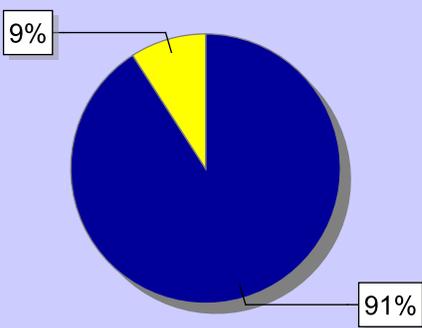
● Compliant (80-100%) ● Not Compliant (<80%)

**Nursing**



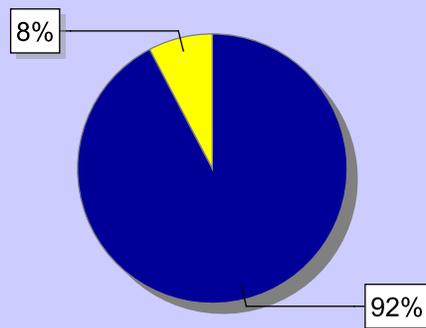
● Compliant (80-100%) ● Not Compliant (<80%)

**Dental**



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

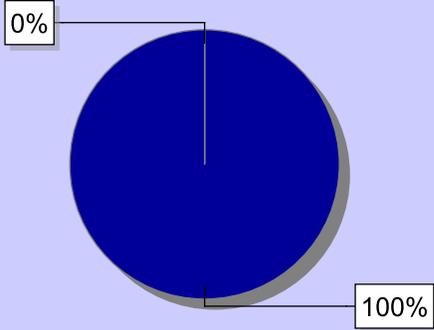
**Coordinator of Infections Disease**



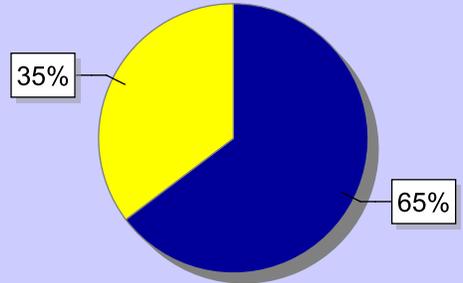
● Compliant (80-100%) ● Not Compliant (<80%)

Compliance Rate By Operational Categories for  
MICHAEL FACILITY  
January 05, 2016

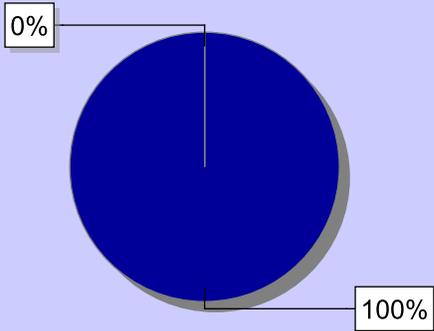
**Administrative/Medical Records**



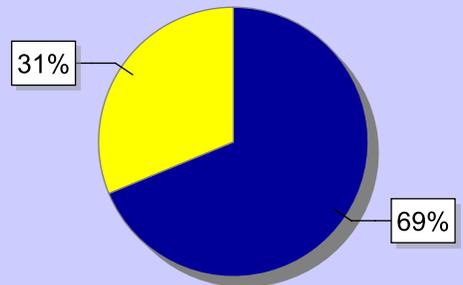
**Mental Health**



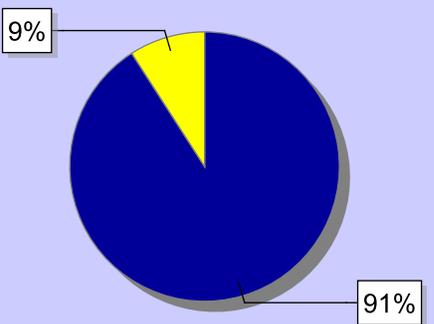
**Fiscal Monitoring**



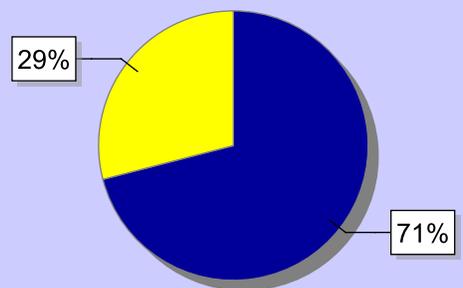
**Nursing**



**Dental**

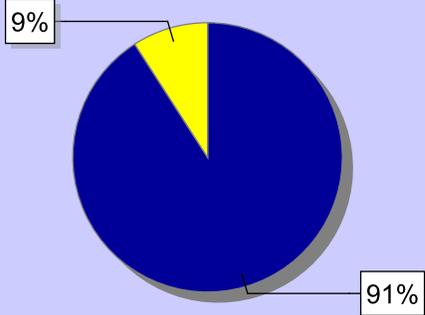


**Coordinator of Infections Disease**



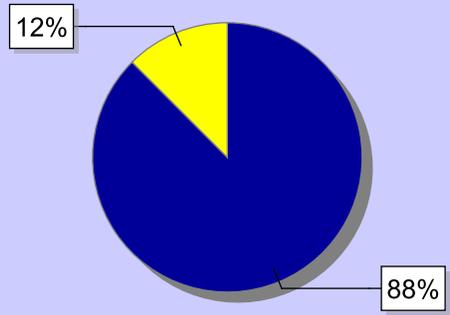
Compliance Rate By Operational Categories for  
WYNNE FACILITY  
February 01, 2016

**Administrative/Medical Records**



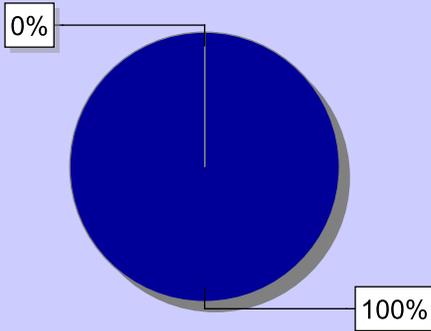
● Compliant (80-100%) ● Not Compliant (<80%)

**Mental Health**



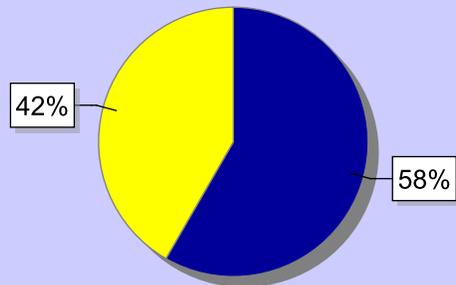
● Compliant (80-100%) ● Not Compliant (<80%)

**Fiscal Monitoring**



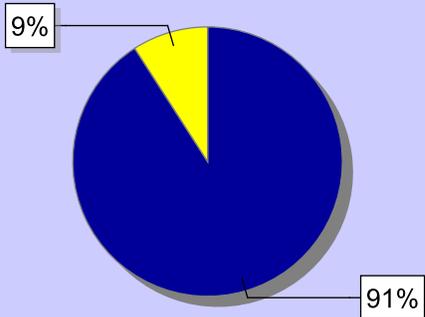
● Compliant (80-100%) ● Not Compliant (<80%)

**Nursing**



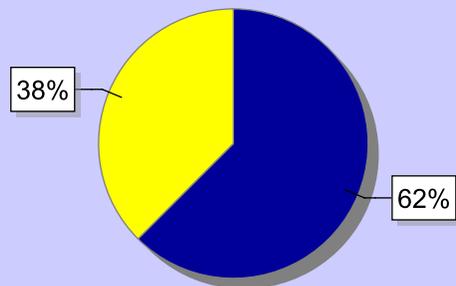
● Compliant (80-100%) ● Not Compliant (<80%)

**Dental**



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

**Coordinator of Infections Disease**



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

## Dental Quality of Care Audit Urgent Care Report For the Three Months Ended February 29, 2016

**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***
Glossbrenner	10	30%	0	7
Lopez	10	100%	0	0
Segovia	10	90%	1	0
Willacy	10	100%	0	0
Boyd	10	100%	0	0
Byrd	10	100%	0	0
Holliday	10	90%	1	0
Polunsky	3	67%	1	0
Wynne	10	90%	1	0
Estelle GP	10	90%	1	0
Estelle HS	Combined with GP	-	-	-
Estelle RMF	Combined with GP	-	-	-
Cleveland	10	100%	0	0
Ferguson	10	90%	1	0
Powledge	10	100%	0	0

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

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

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

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

<b>STEP II GRIEVANCE PROGRAM (GRV)</b>													
Fiscal Year 2016	Total number of <b>GRIEVANCE</b> Correspondence Received Each Month	Total number of <b>GRIEVANCE</b> Correspondence Closed Each Month	Total number of Action Requests (Quality of Care, Personnel, and Process Issues)	Percent of Action Requests from Total # of <b>GRIEVANCE</b> Correspondence	Total number of Action Requests Referred to <b>University of Texas Medical Branch-Correctional Managed Health Care</b>			Total number of Action Requests Referred to <b>Texas Tech University Health Sciences Center-Correctional Managed Health Care</b>			Total number of Action Requests Referred to <b>PRIVATE FACILITIES</b>		
					Percent of Total Action Requests Referred	QOC*		Percent of Total Action Requests Referred	QOC*		Percent of Total Action Requests Referred	QOC*	
December	485	674	76	11.28%	53	9.50%	11	6	0.89%	0	0	0.00%	0
January	543	483	49	10.14%	33	8.90%	10	4	1.24%	2	0	0.00%	0
February	470	467	56	11.99%	38	10.06%	9	6	1.93%	3	0	0.00%	0
<b>Totals:</b>	<b>1,498</b>	<b>1,624</b>	<b>181</b>	<b>11.15%</b>	<b>124</b>	<b>9.48%</b>	<b>30</b>	<b>16</b>	<b>1.29%</b>	<b>5</b>	<b>0</b>	<b>0.00%</b>	<b>0</b>

<b>PATIENT LIAISON PROGRAM (PLP)</b>													
Fiscal Year 2016	Total number of <b>Patient Liaison Program</b> Correspondence Received Each Month	Total number of <b>Patient Liaison Program</b> Correspondence Closed Each Month	Total number of Action Requests (Quality of Care, Personnel, and Process Issues)	Percent of Action Requests from Total number of <b>Patient Liaison Program</b> Correspondence	Total number of Action Requests Referred to <b>University of Texas Medical Branch-Correctional Managed Health Care</b>			Total number of Action Requests Referred to <b>Texas Tech University Health Sciences Center-Correctional Managed Health Care</b>			Total number of Action Requests Referred to <b>PRIVATE FACILITIES</b>		
					Percent of Total Action Requests Referred	QOC*		Percent of Total Action Requests Referred	QOC*		Percent of Total Action Requests Referred	QOC*	
December	763	672	28	4.17%	9	2.68%	9	4	0.89%	2	2	0.30%	0
January	867	796	36	4.52%	20	4.40%	15	1	0.13%	0	0	0.00%	0
February	1038	948	53	5.59%	35	4.85%	11	3	0.32%	0	4	0.42%	0
<b>Totals:</b>	<b>2,668</b>	<b>2,416</b>	<b>117</b>	<b>4.84%</b>	<b>64</b>	<b>4.10%</b>	<b>35</b>	<b>8</b>	<b>0.41%</b>	<b>2</b>	<b>6</b>	<b>0.25%</b>	<b>0</b>
<b>GRAND TOTAL=</b>	<b>4,166</b>	<b>4,040</b>	<b>298</b>	<b>7.38%</b>									

\*QOC= Quality of Care

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

**December 2015**

Reportable Condition	Reports			
	2015 This Month	2014 Same Month	2015 Year to Date*	2014 Year to Date*
Chlamydia	2	2	48	47
Gonorrhea	0	2	17	16
Syphilis	86	83	814	1052
Hepatitis A	0	0	1	0
Hepatitis B, acute	0	0	0	0
Hepatitis C, total and (acute <sup>‡</sup> )	112	289	3259	3676
Human immunodeficiency virus (HIV) +, known at intake	173	190	2,230	2,628
HIV screens, intake	4,243	5,612	64,316	76,392
HIV +, intake	35	39	388	453
HIV screens, offender- and provider-requested	690	513	9,999	9,844
HIV +, offender- and provider-requested	1	1	17	11
HIV screens, pre-release	3,325	3,343	42,360	55,885
HIV +, pre-release	1	1	13	13
Acquired immune deficiency syndrome (AIDS)	6	1	29	49
Methicillin-resistant <i>Staph Aureus</i> (MRSA)	32	61	631	833
Methicillin-sensitive <i>Staph Aureus</i> (MSSA)	23	38	385	562
Occupational exposures of TDCJ staff	17	16	132	145
Occupational exposures of medical staff	6	0	43	39
HIV chemoprophylaxis initiation	4	3	32	25
Tuberculosis skin test (ie, PPD) +, intake	93	175	1629	2614
Tuberculosis skin test +, annual	54	43	578	400
Tuberculosis, known (ie, on tuberculosis medications) at intake	0	1	6	14
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)	2	2	14	30
Tuberculosis cases under management	17	28		
Peer education programs <sup>¶</sup>	0	0	100	100
Peer education educators <sup>∞</sup>	64	76	4,927	4,353
Peer education participants	6,239	5,506	76,888	75,097
Sexual assault in-service (sessions/units)	2/3	0/0	19/8	99/53
Sexual assault in-service participants	49	0	193	213
Alleged assaults and chart reviews	70	57	779	707
Bloodborne exposure labs drawn on offenders	16	29	244	224
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

January 2016

Reportable Condition	Reports			
	2016 This Month	2015 Same Month	2016 Year to Date*	2015 Year to Date*
Chlamydia	5	7	5	7
Gonorrhea	0	2	0	2
Syphilis	51	58	51	58
Hepatitis A	1	0	1	0
Hepatitis B, acute	0	0	0	0
Hepatitis C, total and (acute <sup>‡</sup> )	218	243	218	243
Human immunodeficiency virus (HIV) +, known at intake	267	201	267	201
HIV screens, intake	7,195	6,909	7,195	6,909
HIV +, intake	53	47	53	47
HIV screens, offender- and provider-requested	947	846	947	846
HIV +, offender- and provider-requested	1	1	1	1
HIV screens, pre-release	4,683	4,758	4,683	4,758
HIV +, pre-release	0	0	0	0
Acquired immune deficiency syndrome (AIDS)	1	0	1	0
Methicillin-resistant <i>Staph Aureus</i> (MRSA)	46	67	46	67
Methicillin-sensitive <i>Staph Aureus</i> (MSSA)	38	39	38	39
Occupational exposures of TDCJ staff	21	4	21	4
Occupational exposures of medical staff	4	2	4	2
HIV chemoprophylaxis initiation	3	0	3	0
Tuberculosis skin test (ie, PPD) +, intake	197	131	197	131
Tuberculosis skin test +, annual	63	53	63	53
Tuberculosis, known (ie, on tuberculosis medications) at intake	3	0	3	0
Tuberculosis, diagnosed at intake and attributed to county of origin (identified before 42 days of incarceration)	0	1	0	1
Tuberculosis, diagnosed during incarceration (identified after 42 days of incarceration)	2	1	2	1
Tuberculosis cases under management	20	25		
Peer education programs <sup>†</sup>	0	0	100	100
Peer education educators <sup>∞</sup>	88	102	5,015	4,455
Peer education participants	6,125	6,346	6,125	6,346
Sexual assault in-service (sessions/units)	0	11/3	0	11/3
Sexual assault in-service participants	0	66	0	66
Alleged assaults and chart reviews	51	51	51	51
Bloodborne exposure labs drawn on offenders	14	18	14	18
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

February 2016

Reportable Condition	Reports			
	2016 This Month	2015 Same Month	2016 Year to Date*	2015 Year to Date*
Chlamydia	3	8	8	15
Gonorrhea	0	2	0	4
Syphilis	85	71	136	129
Hepatitis A	0	0	1	0
Hepatitis B, acute	0	0	0	0
Hepatitis C, total and (acute <sup>‡</sup> )	364	119	582	462
Human immunodeficiency virus (HIV) +, known at intake	197	180	389	447
HIV screens, intake	4,943	6,395	10,439	11,958
HIV +, intake	33	44	75	90
HIV screens, offender- and provider-requested	846	834	1,657	1,809
HIV +, offender- and provider-requested	0	0	0	2
HIV screens, pre-release	3,533	3,954	7,035	8,389
HIV +, pre-release	0	0	0	0
Acquired immune deficiency syndrome (AIDS)	1	1	7	3
Methicillin-resistant <i>Staph Aureus</i> (MRSA)	51	59	97	126
Methicillin-sensitive <i>Staph Aureus</i> (MSSA)	22	32	60	71
Occupational exposures of TDCJ staff	9	9	30	13
Occupational exposures of medical staff	2	2	6	4
HIV chemoprophylaxis initiation	4	4	7	4
Tuberculosis skin test (ie, PPD) +, intake	172	79	369	210
Tuberculosis skin test +, annual	69	46	132	99
Tuberculosis, known (ie, on tuberculosis medications) at intake	5	0	8	0
Tuberculosis, diagnosed at intake and attributed to county of origin (identified before 42 days of incarceration)	0	0	0	1
Tuberculosis, diagnosed during incarceration (identified after 42 days of incarceration)	3	2	5	3
Tuberculosis cases under management	17	20		
Peer education programs <sup>¶</sup>	0	0	100	100
Peer education educators <sup>∞</sup>	21	37	5,036	4,492
Peer education participants	6,021	5,147	12,146	11,496
Sexual assault in-service (sessions/units)	9/3	11/3	9/3	11/3
Sexual assault in-service participants	80	66	80	66
Alleged assaults and chart reviews	63	51	114	18
Bloodborne exposure labs drawn on offenders	21	18	35	18
New Sero-conversions d/t sexual assault ±	0	0	0	0

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

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

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

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

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

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

During the Second Quarter of Fiscal Year 2016, ten percent of the UTMB and TTUHSC hospital and infirmiry discharges were audited. A total of 158 hospital discharge and 50 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 <sup>1</sup> (Cases with Deficiencies)		Appropriate Receiving Facility <sup>2</sup> (Cases with Deficiencies)		No Chain-In Done <sup>3</sup> (Cases with Deficiencies)		Unscheduled Care within 7 Days <sup>4</sup> (Cases with Deficiencies)		Lacked Documentation <sup>5</sup> (Cases with Deficiencies)	
Dec-15	5	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Jan-16	7	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Feb-16	5	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
<b>Total/Average</b>		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 <sup>1</sup> (Cases with Deficiencies)		Appropriate Receiving Facility <sup>2</sup> (Cases with Deficiencies)		No Chain-In Done <sup>3</sup> (Cases with Deficiencies)		Unscheduled Care within 7 Days <sup>4</sup> (Cases with Deficiencies)		Lacked Documentation <sup>5</sup> (Cases with Deficiencies)	
Dec-15	29	1	3.45%	1	3.45%	4	13.79%	6	20.69%	12	41.38%
Jan-16	24	0	N/A	0	N/A	0	N/A	0	N/A	1	4.17%
Feb-16	22	0	N/A	0	N/A	0	N/A	0	N/A	1	4.55%
<b>Total/Average</b>		1	1.33%	1	1.33%	4	5.33%	6	8.00%	14	18.67%
UTMB Hospital Galveston Discharges											
Month	Charts Audited	Vital Signs Not Recorded <sup>1</sup> (Cases with Deficiencies)		Appropriate Receiving Facility <sup>2</sup> (Cases with Deficiencies)		No Chain-In Done <sup>3</sup> (Cases with Deficiencies)		Unscheduled Care within 7 Days <sup>4</sup> (Cases with Deficiencies)		Lacked Documentation <sup>5</sup> (Cases with Deficiencies)	
Dec-15	20	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Jan-16	22	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Feb-16	24	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
<b>Total/Average</b>		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 <sup>1</sup> (Cases with Deficiencies)		Appropriate Receiving Facility <sup>2</sup> (Cases with Deficiencies)		No Chain-In Done <sup>3</sup> (Cases with Deficiencies)		Unscheduled Care within 7 Days <sup>4</sup> (Cases with Deficiencies)		Lacked Documentation <sup>5</sup> (Cases with Deficiencies)	
Dec-15	54	1	1.85%	1	1.85%	4	7.41%	6	11.11%	12	22.22%
Jan-16	53	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Feb-16	51	0	N/A	0	N/A	4	7.84%	0	N/A	0	N/A
<b>Total/Average</b>		1	0.63%	1	0.63%	4	2.53%	6	3.80%	14	8.86%
Texas Tech Infirmiry Discharges											
Month	Charts Audited	Vital Signs Not Recorded <sup>1</sup> (Cases with Deficiencies)		Appropriate Receiving Facility <sup>2</sup> (Cases with Deficiencies)		No Chain-In Done <sup>3</sup> (Cases with Deficiencies)		Unscheduled Care within 7 Days <sup>4</sup> (Cases with Deficiencies)		Lacked Documentation <sup>5</sup> (Cases with Deficiencies)	
Dec-15	8	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Jan-16	7	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Feb-16	9	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
<b>Total/Average</b>		0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
UTMB Infirmiry Discharges											
Month	Charts Audited	Vital Signs Not Recorded <sup>1</sup> (Cases with Deficiencies)		Appropriate Receiving Facility <sup>2</sup> (Cases with Deficiencies)		No Chain-In Done <sup>3</sup> (Cases with Deficiencies)		Unscheduled Care within 7 Days <sup>4</sup> (Cases with Deficiencies)		Lacked Documentation <sup>5</sup> (Cases with Deficiencies)	
Dec-15	7	2	28.57%	0	N/A	0	N/A	0	N/A	0	N/A
Jan-16	10	4	40.00%	0	N/A	0	N/A	0	N/A	0	N/A
Feb-16	9	4	44.44%	0	N/A	0	N/A	0	N/A	0	N/A
<b>Total/Average</b>		10	38.46%	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 <sup>1</sup> (Cases with Deficiencies)		Appropriate Receiving Facility <sup>2</sup> (Cases with Deficiencies)		No Chain-In Done <sup>3</sup> (Cases with Deficiencies)		Unscheduled Care within 7 Days <sup>4</sup> (Cases with Deficiencies)		Lacked Documentation <sup>5</sup> (Cases with Deficiencies)	
Dec-15	15	2	13.33%	0	N/A	0	N/A	0	N/A	0	N/A
Jan-16	17	4	23.53%	0	N/A	0	N/A	0	N/A	0	N/A
Feb-16	18	4	22.22%	0	N/A	0	N/A	0	N/A	0	N/A
<b>Total/Average</b>		10	20.00%	0	N/A	0	N/A	0	N/A	0	N/A

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

**FIXED ASSETS CONTRACT MONITORING AUDIT  
BY UNIT  
SECOND QUARTER, FISCAL YEAR 2016**

December 2015	Numbered Property on Inventory Report	Total Number of Deletions	Total Number of Transfers	Total Number of New Equipment
<b>Briscoe</b>	27	0	0	0
<b>Cotulla</b>	13	0	0	0
<b>Total</b>	40	0	0	0

January 2016	Numbered Property on Inventory Report	Total Number of Deletions	Total Number of Transfers	Total Number of New Equipment
<b>Gist</b>	46	0	0	0
<b>Gurney</b>	53	0	0	0
<b>Leblanc</b>	33	0	0	0
<b>Michael</b>	59	0	0	0
<b>Total</b>	191	0	0	0

February 2016	Numbered Property on Inventory Report	Total Number of Deletions	Total Number of Transfers	Total Number of New Equipment
<b>Lockhart</b>	27	0	0	0
<b>Luther</b>	32	0	0	0
<b>Wynne</b>	39	0	0	0
<b>Total</b>	98	0	0	0

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

<b>Audit Tools</b>	<b>December</b>	<b>January</b>	<b>February</b>	<b>Total</b>
<b>Total number of units audited</b>	2	4	3	9
<b>Total numbered property</b>	40	191	98	329
<b>Total number out of compliance</b>	0	0	0	0
<b>Total % out of compliance</b>	0.00%	0.00%	0.00%	0.00%

**AMERICAN CORRECTIONAL ASSOCIATION  
ACCREDITATION STATUS REPORT  
Second Quarter FY-2016**

**University of Texas Medical Branch**

Unit	Audit Date	% Compliance	
		Mandatory	Non-Mandatory
Ellis	December 7-9, 2015	100%	97.6%
Stevenson	December 14-16, 2015	100%	98.3%
Hutchins	January 4-6, 2016	100%	99.1%
Clemens	February 1-3, 2016	100%	97.8%
Scott	February 3-5, 2016	100%	98.0%
Duncan	February 22-24, 2016	100%	99.0%

**Texas Tech University Health Science Center**

Unit	Audit Date	% Compliance	
		Mandatory	Non-Mandatory
Lynaugh/Ft Stockton	January 11-13, 2016	100%	98.3%

The 2016 ACA Winter Conference was held in New Orleans, Louisiana on January 22-27, 2016. During this conference, the following units were awarded reaccreditation by the ACA Panel of Commissioners: Boyd, Hamilton, Hughes, Havins, Middleton, Montford, Murray, Neal, Pack, Powledge, Stringfellow, and Tulia.

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

**FY-2016 Second Quarterly Report: December, January and February**

**Project Number:** 103-RL01

**Researcher:**  
Holly Miller

**IRB Number:**  
M20020807

**IRB Expiration Date:**  
7/21/2006

**Research Began:**  
11/1/2001

**Title of Research:**  
Psychopathy, Static Risk, and  
Dynamic Risk among Sexual Offenders

**Data Collection Began:**  
12/1/2001

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

**Proponent:**  
Sam Houston State University

**Project Status:**  
Data Analysis

**Progress Report Due:**  
11/18/2015

**Projected Completion:**  
12/31/2016

---

**Project Number:** 202-RL02

**Researcher:**  
Kymn Kochanek

**IRB Number:**  
11.07.04

**IRB Expiration Date:**  
7/10/2018

**Research Began:**  
5/1/2002

**Title of Research:**  
National Longitudinal Survey of Youth 1997  
(for Bureau of Labor Statistics)

**Data Collection Began:**  
10/12/2015

**Data Collection End:**

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

**Project Status:**  
Data Collection-Round 17

**Progress Report Due:**  
9/2/2016

**Projected Completion:**  
7/2/2016

---

**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

**Data Collection End:**

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

**Project Status:**  
Data Collection-Round 26

**Progress Report Due:**  
8/26/2016

**Projected Completion:**  
10/31/2015

---

**Project Number:** 434-RL04

**Researcher:**  
Marilyn Armour

**IRB Number:**  
2003-11-0076

**IRB Expiration Date:**  
1/6/2014

**Research Began:**  
3/10/2004

**Title of Research:**

Victim Offender Mediated Dialogue: Study of the Impact of a Victim-Oriented Intervention in Crimes of Severe Violence

**Data Collection Began:**  
8/31/2004

**Data Collection End:**  
5/31/2012

**Proponent:**

University of Texas- Austin

**Project Status:**

Data Analysis

**Progress Report Due:**

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

**Data Collection End:**  
8/30/2012

**Proponent:**

Texas Tech University

**Project Status:**

Data Analysis

**Progress Report Due:**

9/9/2016

**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

**Data Collection End:**

**Proponent:**

Sam Houston State University

**Project Status:**

Data Analysis

**Progress Report Due:**

9/9/2016

**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

**Data Collection End:**

**Proponent:**

Texas Christian University

**Project Status:**

Data Analysis

**Progress Report Due:**

7/16/2016

**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

**Data Collection End:**  
5/19/2011

**Proponent:**

Sam Houston State University

**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

**Data Collection End:**  
6/14/2015

**Proponent:**

Social Policy Research Associates

**Project Status:**

Data Analysis

**Progress Report Due:**

9/9/2016

**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

**Data Collection End:**  
4/2/2012

**Proponent:**

Sam Houston State University

**Project Status:**

Data Analysis

**Progress Report Due:**

9/2/2016

**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

**Data Collection End:**

**Proponent:**

Baylor University

**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

**Data Collection End:**  
8/31/2015

**Proponent:**

University of North Texas

**Project Status:**

Data Analysis

**Progress Report Due:**

09/09/2016

**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

**Data Collection End:**

**Proponent:**

MDRC

**Project Status:**

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

**Progress Report Due:**

**Projected Completion:**

12/31/2017

---

**Project Number:** 671-AR13

**Researcher:**  
Bridget Williamson

**IRB Number:**  
EXEMPT

**IRB Expiration Date:**

**Research Began:**  
8/30/2013

**Title of Research:**

Female Sex Offender Recidivism: Risk and Assessment

**Data Collection Began:**  
9/3/2013

**Data Collection End:**  
9/1/2014

**Proponent:**

Sam Houston State University

**Project Status:**

Data Analysis

**Progress Report Due:**

8/27/2015

**Projected Completion:**

4/15/2015

---

**Project Number:** 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

**Data Collection End:**  
6/12/2014

**Proponent:**

Sam Houston State University

**Project Status:**

Data Analysis

**Progress Report Due:**

9/9/2016

**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

**Data Collection End:**  
5/30/2014

**Proponent:**  
United States Department of Education

**Project Status:**  
Data Analysis

**Progress Report Due:**  
9/9/2016

**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

**Data Collection End:**

**Proponent:**  
MDRC

**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

**Data Collection End:**

**Proponent:**  
MDRC

**Project Status:**  
Data Collection

**Progress Report Due:**  
6/16/2016

**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

**Data Collection End:**

**Proponent:**  
NPC Research

**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

**Data Collection End:**

**Proponent:**

Sam Houston State University

**Project Status:**  
Data Collection

**Progress Report Due:**  
4/19/2016

**Projected Completion:**  
5/30/2017

---

**Project Number:** 723-AR15

**Researcher:**  
David Pyrooz

**IRB Number:**  
00001971

**IRB Expiration Date:**  
1/14/2017

**Research Began:**  
8/5/2015

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

**Data Collection Began:**  
8/5/2015

**Data Collection End:**

**Proponent:**

Sam Houston State University

**Project Status:**  
Data Collection

**Progress Report Due:**  
5/11/2016

**Projected Completion:**  
8/31/2016

---

**Project Number:** 725-AR15

**Researcher:**  
Vikram Maheshri

**IRB Number:**  
Exempt

**IRB Expiration Date:**

**Research Began:**  
6/9/2015

**Title of Research:**  
Local Impacts of Incarceration

**Data Collection Began:**  
7/6/2015

**Data Collection End:**  
7/6/2015

**Proponent:**

University of Houston

**Project Status:**  
Data Analysis

**Progress Report Due:**  
9/9/2016

**Projected Completion:**  
6/1/2016

---

**Project Number:** 733-AR15

**Researcher:**  
Pamela Carey

**IRB Number:**  
2016-186

**IRB Expiration Date:**  
3/2/2017

**Research Began:**  
3/8/2016

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

**Data Collection Began:**  
3/8/2016

**Data Collection End:**

**Proponent:**

Capella University

**Project Status:**  
Data Collection

**Progress Report Due:**  
7/11/2016

**Projected Completion:**  
3/1/2017

---

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

**FY-2016 Second Quarterly Report: December, January and February**

**Project**            717-AR14

**Application Received:**

**Researcher:**  
James Estrada

**IRB Number:**

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

**Project Status:**

Pending IRB Approval

**Detail:** Requested status of IRB from researcher on 2/29/16.

---

**Project**            718-AR14

**Application Received:**

**Researcher:**  
Kevin Reitz

**IRB Number:**

11/13/2014

**Application Completed:**

**Title of Research:**

Probation Violations and Revocations Study

**Division Review Requested:**  
1/11/2016

**Proponent:**

Robina Institute of Criminal Law and Criminal Justice  
at the University of Minnesota Law School

**Reviewer:**

Pending

**Project Status:**

Pending IRB Approval

**Detail:** Pending IRB Approval.

---

**Project** 735-AR15

**Researcher:**

Joseph Wells

**Title of Research:**

Drug Rehabilitation

**Proponent:**

Lamar University

**Project Status:**

Pending Researcher  
Response

**IRB Number:**

**Detail:**

Pending researcher's response to missing documents 2/19/2016.

**Application Received:**

10/26/2015

**Application Completed:**

**Division Review Requested:**

**Reviewer:**

---

**Project** 736-AR15

**Researcher:**

Timothy Smith

**Title of Research:**

Survey of Prison Inmates

**Proponent:**

Bureau of Justice Statistics, RTI International

**Project Status:**

Pending Researcher Response  
to Conditions

**Detail:**

**Application Received:**

11/23/2015

**Application Completed:**

**Division Review Requested:**

1/12/2016

**Reviewer:**

Pending

---

**Project** 737-AR15

**Researcher:**

William Evans

**Title of Research:**

Evaluation of the Red & Black Books  
Financial Literacy Tool

**Proponent:**

University of Notre Dame

**Project Status:**

Pending OGC Review

**IRB Number:**

FWA00002462

**Detail:**

**Application Received:**

11/6/2015

**Application Completed:**

**Division Review Requested:**

1/12/2016

**Reviewer:**

Pending

---

**Project** 738-AR16

**Researcher:**  
Angela Thomas

**IRB Number:**

**Application Received:**

1/11/2016

**Application Completed:**

**Title of Research:**

A Quantitative Analysis of Relationships between Male Inmates Participating in Academic/Social Courses during Incarceration and Recidivism

**Division Review Requested:**

1/28/2016

**Proponent:**

Grand Canyon University

**Reviewer:**

Pending

**Project Status:**

Pending WSD Review

**Detail:**

**Project** 739-AR16

**Researcher:**  
George Day

**IRB Number:**  
AY2016-1123

**Application Received:**

2/16/2016

**Application Completed:**

**Title of Research:**

Impact of Faith-based dorms on Recidivism Survival Rates

**Division Review Requested:**

**Proponent:**

**Reviewer:**

**Project Status:**

Pending RPD Review

**Detail:** Pending RPD and OGC Division Review Approval

**Project** 740-AR16

**Researcher:**  
Veronica Kwarteng-Amaning

**IRB Number:**  
16-0005

**Application Received:**

2/16/2016

**Application Completed:**

**Title of Research:**

An Exploratory Study of the Impact of the Baby and Mother Bonding Initiative (BAMBI) in Previously Incarcerated Mothers.

**Division Review Requested:**

**Proponent:**

University of Texas Medical Branch at Galveston

**Reviewer:**

**Project Status:**

Pending RPD Review

**Detail:** Pending RPD and OGC Division Review Approval

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

**FY-2016 Second Quarterly Report: December, January and February**

**Project Number: 615-RM10**

**Researcher:**

John Petersen

**IRB Number:**

11-069

**IRB Expiration Date:**

10/19/2016

**Research Began:**

9/12/2013

**Title of Research:**

Serum Markers of Hepatocellular Cancer

**Data Collection Began:**

1/1/2014

**Data Collection End:**

**Proponent:**

University of Texas Medical Branch at Galveston

**Project Status:**

Data Collection

**Progress Report Due:**

9/2/2016

**Projected Completion:**

1/1/2020

---

**Project Number: 705-RM14**

**Researcher:**

Mostafa Borahay

**IRB Number:**

13-0428

**IRB Expiration Date:**

5/12/2016

**Research Began:**

3/9/2015

**Title of Research:**

Clinical Outcomes and Cost Analysis of  
Robotic Gynecologic Surgery

**Data Collection Began:**

4/1/2015

**Data Collection End:**

**Proponent:**

UTMB

**Project Status:**

Data Collection

**Progress Report Due:**

6/11/2016

**Projected Completion:**

12/31/2018

---

**Project Number: 707-RM14**

**Researcher:**

Mostafa Borahay

**IRB Number:**

10-229

**IRB Expiration Date:**

12/15/2016

**Research Began:**

3/9/2015

**Title of Research:**

Study of Mediators and Potential Therapeutics in Uterine Fibroids,  
Endometriosis and Adenomyosis

**Data Collection Began:**

4/1/2015

**Data Collection End:**

**Proponent:**

UTMB

**Project Status:**

Data Collection

**Progress Report Due:**

6/11/2016

**Projected Completion:**

12/31/2018

---

**Project Number: 709-RM14**

**Researcher:**

Celia Chao

**IRB Number:**

14-0018

**IRB Expiration Date:**

3/3/2017

**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:**

9/2/2016

**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:**

09/14/2016

**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:**

9/9/2016

**Projected Completion:**

12/31/2017

---

**Project Number: 730-RM15**

**Researcher:**

Orry Birdsong

**IRB Number:**

15-0153

**IRB Expiration Date:**

8/16/2016

**Research Began:**

12/22/2015

**Title of Research:**

Improving Medication Compliance for Glaucoma in a Prison  
Population

**Data Collection Began:**

12/22/2015

**Data Collection End:**

**Proponent:**

UTMB

**Project Status:**

Data Collection

**Progress Report Due:**

9/16/2016

**Projected Completion:**

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

**FY-2016 Second Quarterly Report: December, January and February**

**Project**            **689-RM13**

**Researcher:**

Troy Quast

**IRB Number:**

2013-12371

**Application Received:**

11/7/2013

**Application Completed:**

12/12/2013

**Title of Research:**

Impact of the Annual Health Care Services Fee

**Division Review Requested:**

9/11/2014

**Proponent:**

Sam Houston State University

**Reviewer:**

Pending

**Review Status:**

Pending

**Detail:** TDCJ determining what data is available for project.

**Project**            **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 and IRB

**Detail:** Sent letter to researcher on 5/11/15 with information available and requesting IRB. Requested status of IRB on 12/09/2015.

**2nd Quarter FY 2016  
TDCJ Office of Mental Health Monitoring & Liaison  
Mental Health Segregation Audit Summary**

<b>Date</b>	<b>Unit</b>	<b>Observed</b>	<b>Interviewed</b>	<b>Mental Health Referrals</b>	<b>Requests Fwd</b>	<b>911 Tool</b>	<b>ATC 4</b>	<b>ATC 5</b>	<b>ATC 6</b>
12/2-3/2015	Estelle ECB	417	349	0	7	100	100	100	100
12/7/2015	Murray	99	92	1	3	100	100	100	100
12/9-10/2015	Hughes	399	376	1	14	100	100	100	100
12/10/2015	Pack	13	13	0	0	100	100	90	90
12/16-17/2015	Michael	337	300	1	7	100	100	100	100
01/06-07/2016	Telford	375	344	0	11	100	100	100	100
01/13/2016	Clemens	6	6	0	0	100	100	100	100
01/25/2016	Lychner	23	23	0	2	100	100	100	100
01/25/2016	Gist	27	27	0	0	100	100	100	100
01/26-27/2016	Stiles	389	321	1	7	100	100	100	100
02/03-04/2016	Coffield	416	346	0	7	100	100	100	100
02/10-11/2016	Ferguson	227	199	0	6	100	100	100	100
02/11/2016	Travis	9	9	0	0	100	100	100	100
02/12/2016	Bartlett	14	14	0	0	100	100	100	100
02/16-17/2016	Robertson	311	276	0	6	100	100	100	100
02/17/2016	Formby	21	21	0	0	100	100	100	100
02/24-25/2016	Eastham	207	180	0	5	100	100	100	100
02/25/2016	South Texas ISF	2	2	0	0	0	0	0	100
<b>Total</b>	18	3,292	2,898	4	75				

# INTAKE MENTAL HEALTH EVALUATION (MHE) AUDIT

Conducted in 2<sup>nd</sup> Quarter of 2016

Period Audited—December 2015, January & February 2016

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	19	19	18	0	95
Bradshaw State Jail	20	19	14	1	74
Byrd Unit	20	17	15	3	88
Dominguez State Jail	19	19	19	0	100
East Tx Treatment Facility	20	20	9	0	45
Formby State Jail	0	0	0	0	N/A
Garza Transfer Facility	20	20	20	0	100
Gist State Jail	0	0	0	0	N/A
Glossbrenner SAFPF	9	9	9	0	100
Gurney Transfer Facility	20	20	20	0	100
Halbert SAFPF	20	20	15	0	75
Holliday Transfer Facility	20	20	18	0	90
Hutchins State Jail	20	20	20	0	100
Jester I SAFPF	12	12	12	0	100
Johnston SAFPF	8	8	8	0	100
Kyle SAFPF	0	0	0	0	N/A
Lindsey State Jail	8	8	8	0	100
Lychner State Jail	0	0	0	0	N/A
Middleton Transfer Facility	20	20	20	0	100
Plane State Jail	20	20	16	0	80
Roach ISF	16	16	15	0	94
Sanchez State Jail	1	1	0	0	0
Sayle SAFPF	2	2	2	0	100
South Texas	20	20	11	0	55
Travis State Jail	18	18	17	0	94
West Texas	14	11	4	3	36
Woodman State Jail	20	20	20	0	100
<b>GRAND TOTAL</b>	<b>366</b>	<b>359</b>	<b>310</b>	<b>7</b>	

1. Offenders entering TDCJ who are identified during the Intake Mental Health Screening/Appraisal process as having a history of treatment for mental illness, currently receiving mental health treatment, history of self-injurious behavior or current symptoms/complaints of symptoms of mental illness will have a Mental Health Evaluation (MHE) completed by a Qualified Mental Health Professional (QMHP) within 14 days of identification.
2. 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.

A Corrective Action Plan is required of all units scoring below 80%.

# COMPELLED PSYCHOACTIVE MEDICATION AUDIT

2<sup>nd</sup> Quarter 2016

Audits Conducted in December 2015, January & February 2016

UNIT	Audit Month	Compelled Medication Cases Documented in Medical Record <sup>1</sup>
------	-------------	--

		Reviewed	Applicable	Compliant	Score	Corrective Action
Clements	December	0	0	N/A	N/A	None
Jester IV	December	2	2	2	100	None
Montford	December	3	3	2	67	CAP
Skyview	December	7	7	7	100	None

		Reviewed	Applicable	Compliant	Score	Corrective Action
Clements	January	2	2	2	100	None
Jester IV	January	7	7	7	100	None
Montford	January	4	4	4	100	None
Skyview	January	10	10	10	100	None

		Reviewed	Applicable	Compliant	Score	Corrective Action
Clements	February	1	1	1	100	None
Jester IV	February	4	4	4	100	None
Montford	February	3	3	3	100	None
Skyview	February	12	12	12	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

Texas Tech University  
Health Sciences Center

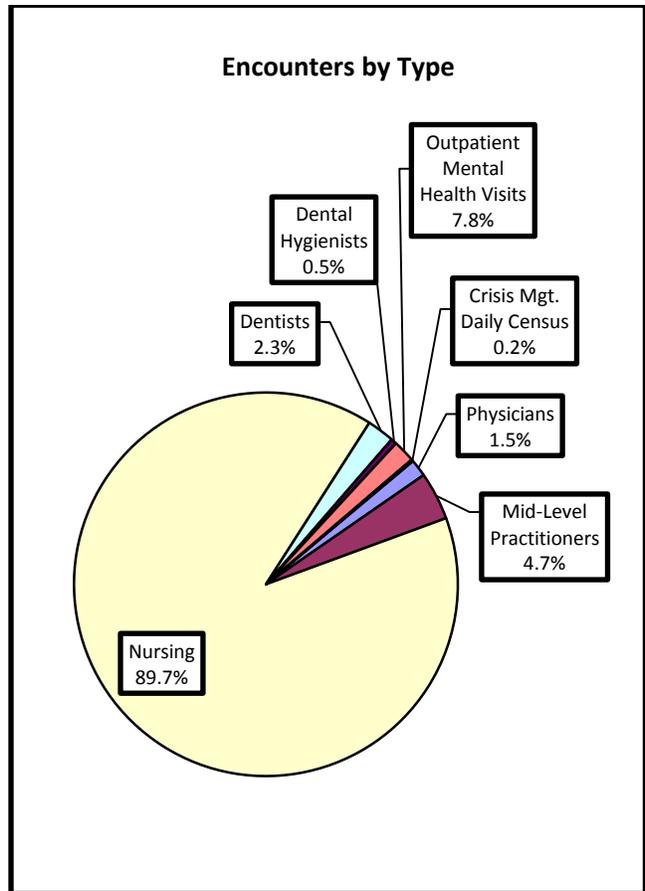
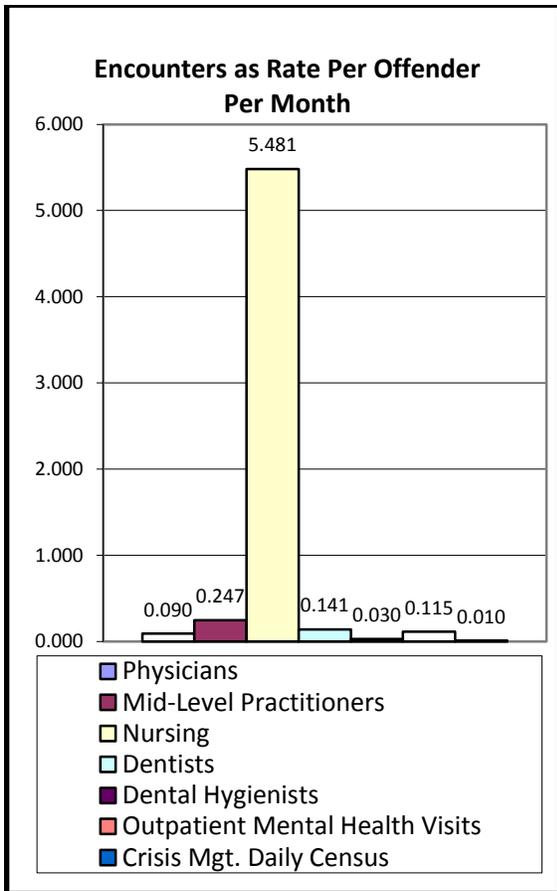


**Correctional Health Care**  
**MEDICAL DIRECTOR'S REPORT**

**2ND QUARTER**  
**FY 2016**

**Medical Director's Report:**

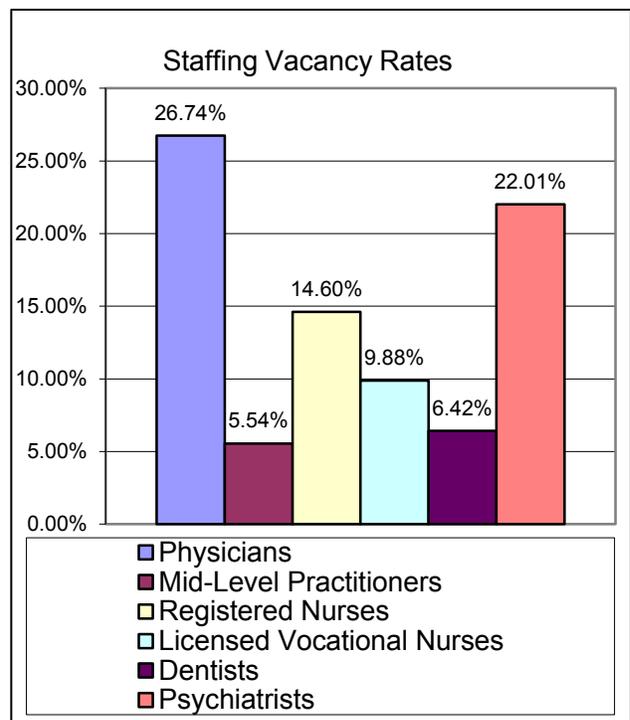
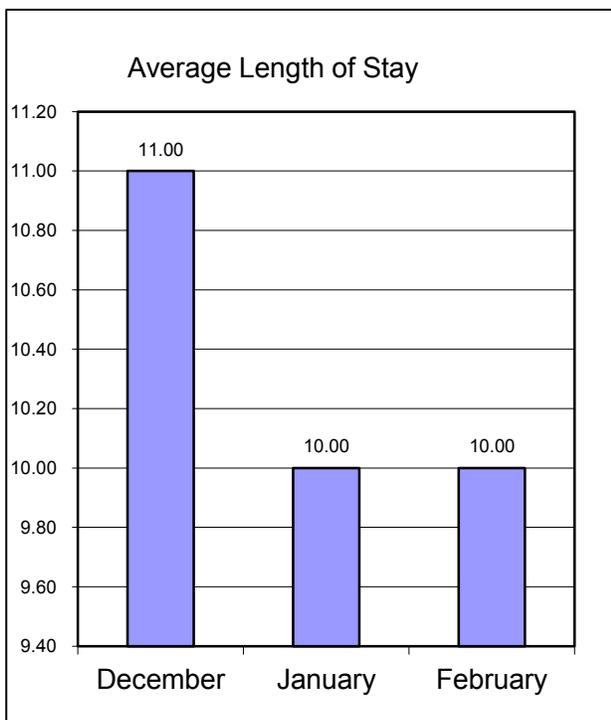
	December	January	February	Qtly Average				
<b>Average Population</b>	<b>29,973</b>	<b>29,937</b>	<b>29,994</b>	<b>29,968</b>				
	<b>Rate Per</b>	<b>Rate Per</b>	<b>Rate Per</b>	<b>Rate Per</b>				
	<b>Number</b>	<b>Offender</b>	<b>Number</b>	<b>Offender</b>				
	<b>Number</b>	<b>Offender</b>	<b>Number</b>	<b>Offender</b>				
<b>Medical encounters</b>								
Physicians	2,795	0.093	2,774	0.093	2,489	0.083	2,686	0.090
Mid-Level Practitioners	6,849	0.229	7,387	0.247	7,974	0.266	7,403	0.247
Nursing	162,609	5.425	173,655	5.801	156,490	5.217	164,251	5.481
<b>Sub-total</b>	<b>172,253</b>	<b>5.747</b>	<b>183,816</b>	<b>6.140</b>	<b>166,953</b>	<b>5.566</b>	<b>174,341</b>	<b>5.818</b>
<b>Dental encounters</b>								
Dentists	4,060	0.135	4,268	0.143	4,364	0.145	4,231	0.141
Dental Hygienists	974	0.032	860	0.029	836	0.028	890	0.030
<b>Sub-total</b>	<b>5,034</b>	<b>0.168</b>	<b>5,128</b>	<b>0.171</b>	<b>5,200</b>	<b>0.173</b>	<b>5,121</b>	<b>0.171</b>
<b>Mental health encounters</b>								
Outpatient Mental Health Visits	3,390	0.113	3,482	0.116	3,422	0.114	3,431	0.115
Crisis Mgt. Daily Census	305	0.010	274	0.009	278	0.009	286	0.010
<b>Sub-total</b>	<b>3,695</b>	<b>0.123</b>	<b>3,756</b>	<b>0.125</b>	<b>3,700</b>	<b>0.123</b>	<b>3,717</b>	<b>0.124</b>
<b>Total encounters</b>	<b>180,982</b>	<b>6.038</b>	<b>192,700</b>	<b>6.437</b>	<b>175,853</b>	<b>5.863</b>	<b>183,178</b>	<b>6.112</b>



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

	December	January	February	Qtly Average
<b><i>Medical Inpatient Facilities</i></b>				
Average Daily Census	105.00	103.00	111.00	<b>106.33</b>
Number of Admissions	198.00	246.00	256.00	<b>233.33</b>
Average Length of Stay	11.00	10.00	10.00	<b>10.33</b>
Number of Clinic Visits	655.00	660.00	677.00	<b>664.00</b>
<b><i>Mental Health Inpatient Facilities</i></b>				
Average Daily Census	386.00	423.00	405.00	<b>404.67</b>
PAMIO/MROP Census	410.00	426.00	428.00	<b>421.33</b>
<b><i>Specialty Referrals Completed</i></b>	<b>1,288.00</b>	<b>1,374.00</b>	<b>1,347.00</b>	<b>1,336.33</b>
<b><i>Telemedicine Consults</i></b>	<b>608</b>	<b>751</b>	<b>624</b>	<b>661.00</b>

<b><i>Health Care Staffing</i></b>	<b>Average This Quarter</b>			<b>Percent</b>
	<b>Filled</b>	<b>Vacant</b>	<b>Total</b>	<b>Vacant</b>
Physicians	15.56	5.68	21.24	26.74%
Mid-Level Practitioners	39.20	2.30	41.50	5.54%
Registered Nurses	134.32	22.97	157.29	14.60%
Licensed Vocational Nurses	285.68	31.32	317.00	9.88%
Dentists	18.51	1.27	19.78	6.42%
Psychiatrists	6.84	1.93	8.77	22.01%



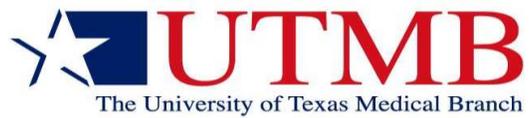
***Medical Director's Report (Page 3):***

***CMC Update***

# Consent Item

University Medical Director's Report

The University of Texas Medical Branch



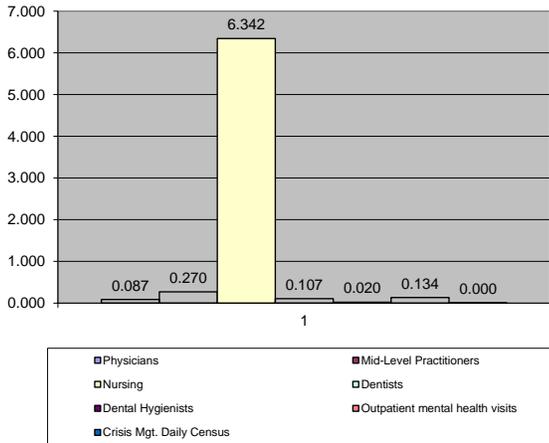
**Correctional Health Care  
MEDICAL DIRECTOR'S REPORT**

**SECOND QUARTER  
FY 2016**

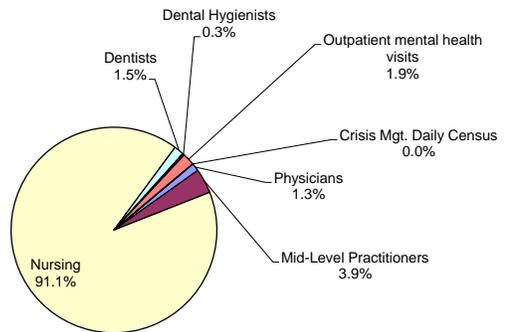
**Medical Director's Report:**

Average Population	December		January		February		Qtly Average	
	117,445		117,170		116,496		117,037	
	Number	Rate Per Offender						
<b>Medical encounters</b>								
Physicians	10,279	0.088	8,907	0.076	11,533	0.099	10,240	0.087
Mid-Level Practitioners	30,164	0.257	31,018	0.265	33,474	0.287	31,552	0.270
Nursing	731,153	6.225	767,663	6.552	728,083	6.250	742,300	6.342
<b>Sub-total</b>	<b>771,596</b>	<b>6.570</b>	<b>807,588</b>	<b>6.892</b>	<b>773,090</b>	<b>6.636</b>	<b>784,091</b>	<b>6.700</b>
<b>Dental encounters</b>								
Dentists	12,015	0.102	11,891	0.101	13,757	0.118	12,554	0.107
Dental Hygienists	2,245	0.019	2,167	0.018	2,600	0.022	2,337	0.020
<b>Sub-total</b>	<b>14,260</b>	<b>0.121</b>	<b>14,058</b>	<b>0.120</b>	<b>16,357</b>	<b>0.140</b>	<b>14,892</b>	<b>0.127</b>
<b>Mental health encounters</b>								
Outpatient mental health visits	15,495	0.132	15,416	0.132	16,288	0.140	15,733	0.134
Crisis Mgt. Daily Census	49	0.000	58	0.000	55	0.000	54	0.000
<b>Sub-total</b>	<b>15,544</b>	<b>0.132</b>	<b>15,474</b>	<b>0.132</b>	<b>16,343</b>	<b>0.140</b>	<b>15,787</b>	<b>0.135</b>
<b>Total encounters</b>	<b>801,400</b>	<b>6.824</b>	<b>837,120</b>	<b>7.144</b>	<b>805,790</b>	<b>6.917</b>	<b>814,770</b>	<b>6.962</b>

**Encounters as Rate Per Offender Per Month**



**Encounters by Type**

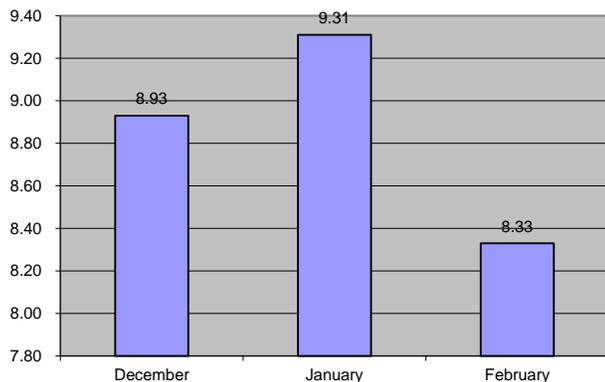


**Medical Director's Report (Page 2):**

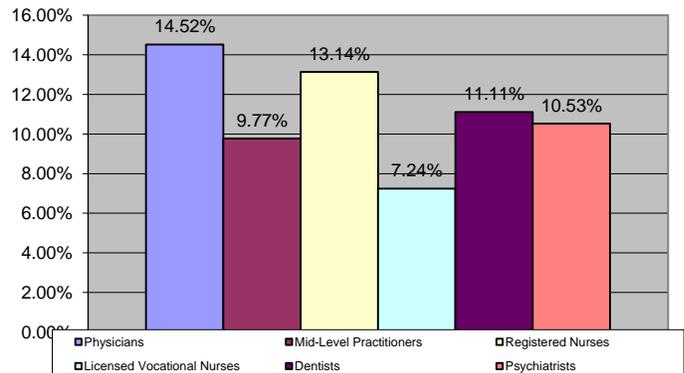
	December	January	February	Qtly Average
<b>Medical Inpatient Facilities</b>				
Average Daily Census	93.90	101.20	102.00	<b>99.03</b>
Number of Admissions	308.00	362.00	344.00	<b>338.00</b>
Average Length of Stay	8.93	9.31	8.33	<b>8.86</b>
Number of Clinic Visits	6,529.00	6,210.00	6,749.00	<b>6,496.00</b>
<b>Mental Health Inpatient Facilities</b>				
Average Daily Census	1,026.97	1,029.93	1,024.35	<b>1,027.08</b>
PAMIO/MROP Census	686.00	680.13	684.58	<b>683.57</b>
<b>Telemedicine Consults</b>	<b>8,589</b>	<b>8,787</b>	<b>9,867</b>	<b>9,081.00</b>

<b>Health Care Staffing</b>	<b>Average This Quarter</b>			<b>Percent Vacant</b>
	<b>Filled</b>	<b>Vacant</b>	<b>Total</b>	
Physicians	53.00	9.00	62.00	14.52%
Mid-Level Practitioners	120.00	13.00	133.00	9.77%
Registered Nurses	205.00	31.00	236.00	13.14%
Licensed Vocational Nurses	538.00	42.00	580.00	7.24%
Dentists	64.00	8.00	72.00	11.11%
Psychiatrists	17.00	2.00	19.00	10.53%

**Average Length of Stay**



**Staffing Vacancy Rates**



***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 June 16, 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: May 12, 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: April 14, 2016

**Sub Committee Updates:**

- A. No Chemical Use of Force – Susan Morris, MD
- B. 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

**Committee Referrals:**

Joint Mental Health Working Group - Guillermo Garcia, MD

The Following Policies Were Reviewed:

A-05.1	A-06.1	A-06.2	A-07.1	A-08.1*	A-08.2	C-19.2*	C-20.1	D-28.2	D-28.3
D-28.4	E-31.2*	E-31.4	E-34.4	E-35.1	E-35.2	E-36.3	E-36.4*	E-37.1*	E-37.2
E-37.3	E-37.4	E-37.5	F-47.1*	F-48.1	G-51.6	G-51.7	G-51.8*	G-51.9*	G-51.10
H-60.2*	I-68.4	I-69.1			* Indicates Attachment(s) included in the policy.				

The Following Policies Were Submitted for Changes or for Discussion:

Policy #	Policy Name	Submitted By
A-08.1	Decision Making – Mental Health Patients	Rafael Ruiz
A-08.4	Offender Medical and Mental Health Classification	Phyllis McWhorter
A-08.4 Attachment A	Guidelines for Completing The Health Summary for Classification Form	Phyllis McWhorter
D-30.1	Hospital and Specialized Ambulatory Care	Christina Moore
E-31.4	Management of Offenders Who Have Received Solid Organ Transplants	Phyllis McWhorter
E-32.1	Receiving, Transfer and Continuity of Care Screening	Phyllis McWhorter
E-34.2	Periodic Physical Examinations	Mike Jones
E-36.1	Dental Treatment Priorities	Manuel Hirsch
E-37.4	Lockdown Procedures	Dale Dorman
E-42.3	Transportation of Infirmity and Inpatient Mental Health Offenders	Phyllis McWhorter
F-48.1	Exercise Program	Chris Black-Edwards
G-51.6	Referral of an Offender For Admission Into a Mental Health Inpatient Treatment Facility	Rafael Ruiz
G-51.7	Psychiatric Inpatient Treatment for Substance Abuse Felony Punishment Facility Offenders	Rafael Ruiz
G-51.9	Wheelchair Use	Phyllis McWhorter
G-51.9 Attachment A	Special Wheelchair Committee, Treatment Plan of Offender Refusing to Walk	Phyllis McWhorter
G-51.9 Attachment B	Special Wheelchair Committee Treatment Plan Form (New)	Phyllis McWhorter
G-52.3	Admission to the Administrative Segregation Therapeutic Diversion Program (ASTDP) (New)	Beverly Sloan
G-52.3 Attachment A	Mental Health Therapeutic Diversion Program – Eligibility Diagnoses (New)	Beverly Sloan
G-52.3 Attachment B	Mental Health Therapeutic Diversion Program Referral Form (New)	Beverly Sloan

G-53.3	Management of Offender Hunger Strikes	Chris Black-Edwards
I-67.1	Compelled Psychoactive medication for Mental Illness	Linda Knight
I-67.1 Attachment B	Certificate of Non-Emergency Compelled Psychoactive Medication in a Mentally Ill Person (New)	Linda Knight

### **Adjournment**

- Next Meeting Date is July 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: May 12, 2016

Key Activities:

Welcome New Members

I. Approval of the Minutes from March 24, 2016 Meeting

II. Reports from Subcommittees

- A. Diabetes – Dr. Agrawal
- B. DMG Triage – Dr. Sandmann
- C. Psychiatry – Dr. Koranek
  1. Psychosis, Acute
  2. Psychosis, Chronic
- D. Transfer Medications – Dr. Williams
- E. Wound Care – Dr. Agrawal

III. Monthly Reports

- A. Adverse Drug Reaction Reports (none)
- B. Pharmacy Clinical Activity Report
- C. Drug Recalls (March – April 2016)
- D. Non-Formulary Deferral Reports
  1. Texas Tech Sector (February – March 2016)
  2. UTMB Sector (March – April 2016)
- E. Utilization Reports (FY 2016 through March)
  1. HIV Utilization
  2. Hepatitis C Utilization
  3. Hepatitis B Utilization
  4. Psychotropic Utilization

F. Policy Review Schedule

IV. Old Business (None)

V. New Business

A. Action Requests

1. Formulary Addition Request – Neuopen® (filgrastim) – Mr. Knoth, PA-C
2. Floor Stock Request for Augmentin, Levaquin and Renagel – Byrd Unit
3. Formulary Deletion of Cyproheptadine (Periactin®)
4. Review of Disaster Formulary
5. Gender Dysphoria DMG – Dr. Morris
6. Consider Consent Form and/or Limit Omeprazole Refills – Dr. Morris

B. Drug Category Reviews

1. Blood Formation & Coagulation Products
2. Psychotropic Agents

C. FDA Medication Safety Advisories

D. Manufacturer Shortages and Discontinuations

E. Policy and Procedure Revisions

1. Disposition of Outdated Drugs (15-30)
2. Reclamation of Drugs (15-35)
3. Return of Damaged or Miss shipped Drugs (15-40)
4. Drug Recalls and Defective Products (15-45)
5. Use of Controlled Substances (20-05)
6. Security of Controlled Substances (20-10)
7. Controlled Substances Record Keeping (20-15)
8. Incoming Patient's Free World Medications (25-05)
9. Discharge Medications (25-10)
10. IV Admixture (30-05)
11. Multi-Dose Vials (30-10)
12. Crushing of Medications (35-05)
13. Unit Receipt (40-03)
14. Medication Administration during Computer Breakdown (40-05)

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: April 14, 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**

- a. B-14.07 – Immunization

**Policies Under Review**

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

**Adjourn**

- Next Meeting – August 11, 2016
- Policies to be reviewed are B-14.19 – B-14.27

**Joint Dental Work Group**

Chair: Dr. Manuel Hirsch

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

Meeting Date: May 10, 2016

## **Approval of Minutes from March 23, 2016**

### **Old Business**

- TSBDE and Proposed Informed Consent Forms:
  - Endodontic Consent
  - General Consent
  - Hygiene Consent
  - Prosthodontic Consent
  - Restorative Consent

### **New Business**

- Proposed Orthodontic Policy
- Comprehensive Treatment Plans and the Health Care Services Plan

### **Policies Under Review**

C-19.1 Dental Education and Professional Development  
C-25.1 Orientation Training of Dental Services Staff  
D-28.1 Instrument, Sharp Needle and Syringe Control  
E-26.1 Dental Treatment Priorities

### **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 May 2016**

There were 108 deaths reviewed by the Mortality and Morbidity Committee during the months of March, April and May 2016. Of those 108 deaths, 8 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: April 13, 2016

I. Approval of Minutes from the January 13, 2016, meeting

II. Old Business

1. PHI – Mike Jones
2. Operational Review Audits – Mike Jones
  - A. Scheduling
  - B. Separating Nursing/Medical Questions
3. Restraint Log – Gary Eubank
  - A. Mental Health – attachment
  - B. Medical - attachment

III. New Business

1. UTMB Nursing Policy Revision – attachment – Gary Eubank
2. Electronic Diabetic Flor Sheet – attachment – Gary Eubank
3. PREA Training – Gary Eubank
4. Barcode Medication Administration Update – attachment – Gary Eubank
5. Forms Committee – Mike Jones

IV. Other

V. Next Meeting: July 13, 2016

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



## **Quarterly Report FY2016 Second Quarter**

**September 2015 – February 2016**

## Second Quarter Financial Report on Correctional Managed Health Care

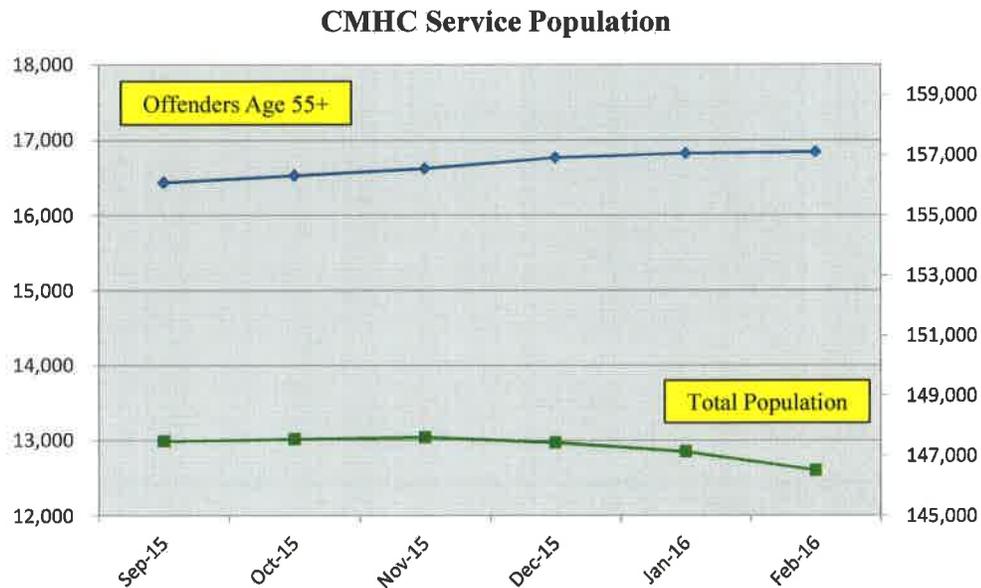
### Overview

- Report submitted in accordance with the FY2016-17 General Appropriations Act, Article V, Rider 47, 84<sup>th</sup> 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>
<b>HB 1, Article V, TDCJ Appropriations</b>	
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
<b>TOTAL</b>	<b>\$ 537,324,432</b>
<b><u>Allocation to Universities</u></b>	
<b>University of Texas Medical Branch</b>	
Unit and Psychiatric Care	\$ 220,118,095
Hospital and Clinic Care	\$ 172,056,460
Pharmacy Care	\$ 45,479,313
<b>Subtotal UTMB</b>	<b>\$ 437,653,868</b>
<b>Texas Tech University Health Sciences Center</b>	
Unit and Psychiatric Care	\$ 57,284,167
Hospital and Clinic Care	\$ 30,118,132
Pharmacy Care	\$ 12,268,265
<b>Subtotal TTUHSC</b>	<b>\$ 99,670,564</b>
<b>TOTAL TO UNIVERSITY PROVIDERS</b>	<b>\$ 537,324,432</b>

## Population

- Overall offender service population has decreased 1.4% from FY2015
  - Average daily census 149,424 through 2<sup>nd</sup> quarter of FY2015 compared to 147,269 through 2<sup>nd</sup> quarter of FY2016
- Offenders aged 55 or older population increased 4.3% from FY2015
  - Average daily census 15,974 through 2<sup>nd</sup> quarter of FY2015 compared to 16,664 through 2<sup>nd</sup> quarter of FY2016
  - While comprising about 11.3% of the overall service population, offenders age 55 and over account for 43% of the hospitalization costs received to date.
- Mental health caseloads:
  - FY2016 average number of psychiatric inpatients through 2<sup>nd</sup> quarter: 1,802
  - FY2016 average number of psychiatric outpatients through 2<sup>nd</sup> quarter: 22,923



## Health Care Costs

- Total expenses through 2<sup>nd</sup> quarter, FY2016: \$315.7M
- Unit and Psychiatric Care expenses represent the majority of total health care costs
  - \$164M, 51.9% of total expenses
- Hospital and Clinical Care - \$118.8M, 37.7% of total
- Pharmacy Services - \$32.9M, 10.4% of total
  - HIV related drugs: 32.9% of total drug costs
  - Psychiatric drugs: 8% of total drug costs
  - Hepatitis C drug therapies: 6.8% of total drug costs
- Cost per offender per day, FY2016 through 2<sup>nd</sup> quarter: \$11.78
  - 9.6% 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	FYTD 16 2nd Qtr
<b>Population</b>							
UTMB	120,557	118,359	118,705	117,779	118,850	117,565	117,301
TTUHSC	31,491	30,713	31,314	30,790	31,077	29,967	29,968
<b>Total</b>	<b>152,048</b>	<b>149,072</b>	<b>150,019</b>	<b>148,569</b>	<b>149,927</b>	<b>147,532</b>	<b>147,269</b>
<b>Expenses</b>							
UTMB	\$397,606,713	\$415,579,990	\$456,286,749	\$474,922,507	\$436,098,990	\$126,650,271	\$256,649,341
TTUHSC	\$97,426,964	\$98,335,680	\$102,834,980	\$107,975,637	\$101,643,315	\$28,996,406	\$59,038,981
<b>Total</b>	<b>\$495,033,677</b>	<b>\$513,915,670</b>	<b>\$559,121,729</b>	<b>\$582,898,144</b>	<b>\$537,742,305</b>	<b>\$155,646,677</b>	<b>\$315,688,322</b>
<b>Cost/Day</b>							
UTMB	\$9.01	\$9.62	\$10.53	\$11.05	\$10.05	\$11.84	\$12.02
TTUHSC	\$8.45	\$8.77	\$9.00	\$9.61	\$8.95	\$10.63	\$10.82
<b>Total</b>	<b>\$8.90</b>	<b>\$9.45</b>	<b>\$10.21</b>	<b>\$10.75</b>	<b>\$9.82</b>	<b>\$11.59</b>	<b>\$11.78</b>

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

<u>Method of Finance</u>	<u>TTUHSC</u>	<u>UTMB</u>	<u>Total</u>
<b>C.1.8. Unit &amp; Psychiatric Care</b>			
TDCJ Appropriation	\$ 28,485,570	\$ 109,457,631	\$ 137,943,201
State Reimbursement Benefits	\$ 4,451,788	\$ 23,693,272	\$ 28,145,060
Other Misc Revenue	\$ 2,201	\$ 31,073	\$ 33,274
<b>C.1.8. Total Method of Finance</b>	<b>\$ 32,939,559</b>	<b>\$ 133,181,976</b>	<b>\$ 166,121,535</b>
<b>C.1.9. Hospital &amp; Clinical Care</b>			
TDCJ Appropriation	\$ 14,976,776	\$ 85,558,130	\$ 100,534,906
State Reimbursement Benefits	\$ 1,089,320	\$ -	\$ 1,089,320
Other Misc Revenue	\$ -	\$ -	\$ -
<b>C.1.9. Total Method of Finance</b>	<b>\$ 16,066,096</b>	<b>\$ 85,558,130</b>	<b>\$ 101,624,226</b>
<b>C.1.10. Managed Health Care - Pharmacy</b>			
TDCJ Appropriation	\$ 6,100,612	\$ 22,615,396	\$ 28,716,008
State Reimbursement Benefits	\$ 41,047	\$ 1,047,945	\$ 1,088,992
Other Misc Revenue	\$ -	\$ 32,520	\$ 32,520
<b>C.1.10. Total Method of Finance</b>	<b>\$ 6,141,659</b>	<b>\$ 23,695,861</b>	<b>\$ 29,837,520</b>
<b>TOTAL METHOD OF FINANCE</b>	<b>\$ 55,147,314</b>	<b>\$ 242,435,967</b>	<b>\$ 297,583,281</b>

<u>Method of Finance Summary</u>	<u>TTUHSC</u>	<u>UTMB</u>	<u>Total</u>
TDCJ Appropriation	\$ 49,562,958	\$ 217,631,157	\$ 267,194,115
State Reimbursement Benefits	\$ 5,582,155	\$ 24,741,217	\$ 30,323,372
Other Misc Revenue	\$ 2,201	\$ 63,593	\$ 65,794
<b>TOTAL METHOD OF FINANCE</b>	<b>\$ 55,147,314</b>	<b>\$ 242,435,967</b>	<b>\$ 297,583,281</b>

<u>Expenditures</u>	<u>TTUHSC</u>	<u>UTMB</u>	<u>Total</u>
C.1.8. Unit & Psychiatric Care	\$ 33,781,711	\$ 130,185,020	\$ 163,966,731
C.1.9. Hospital & Clinical Care	\$ 18,274,055	\$ 100,579,454	\$ 118,853,509
C.1.10. Managed Health Care - Pharmacy	\$ 6,983,215	\$ 25,884,867	\$ 32,868,082
<b>TOTAL EXPENDITURES</b>	<b>\$ 59,038,981</b>	<b>\$ 256,649,341</b>	<b>\$ 315,688,322</b>

<b>DIFFERENCE</b>	<b>\$ (3,891,667)</b>	<b>\$ (14,213,374)</b>	<b>\$ (18,105,041)</b>
<b>FY15 Ending Balance / Cost Report Reconciliation</b>	<b>\$ -</b>	<b>\$ (11,154,277)</b>	<b>\$ (11,154,277)</b>
<b>NET DIFFERENCE</b>	<b>\$ (3,891,667)</b>	<b>\$ (25,367,651)</b>	<b>\$ (29,259,318)</b>

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

<b>C.1.8. UNIT &amp; PSYCHIATRIC CARE</b>			
	<u>TTUHSC</u>	<u>UTMB</u>	<u>Total</u>
<b>Method of Finance:</b>			
TDCJ Appropriation	\$ 28,485,570	\$ 109,457,631	\$ 137,943,201
State Reimbursement Benefits	\$ 4,451,788	\$ 23,693,272	\$ 28,145,060
Other Misc Revenue	\$ 2,201	\$ 31,073	\$ 33,274
<b>TOTAL METHOD OF FINANCE</b>	<b>\$ 32,939,559</b>	<b>\$ 133,181,976</b>	<b>\$ 166,121,535</b>
<b>Expenditures:</b>			
<b>Unit Care</b>			
Salaries	\$ 10,344,570	\$ 73,919,278	\$ 84,263,848
Benefits	\$ 3,411,795	\$ 23,142,543	\$ 26,554,338
Other Operating Expenses	\$ 924,934	\$ 10,451,379	\$ 11,376,313
Professional Services	\$ 1,187,177	\$ -	\$ 1,187,177
Contracted Units/Services	\$ 8,124,194	\$ -	\$ 8,124,194
Travel	\$ 103,954	\$ 732,955	\$ 836,909
Electronic Medicine	\$ 211,251	\$ -	\$ 211,251
Capitalized Equipment	\$ 225,346	\$ 131,209	\$ 356,555
<b>Subtotal, Unit Care</b>	<b>\$ 24,533,221</b>	<b>\$ 108,377,364</b>	<b>\$ 132,910,585</b>
<b>Psychiatric Care</b>			
Salaries	\$ 6,068,576	\$ 12,975,525	\$ 19,044,101
Benefits	\$ 1,647,391	\$ 3,339,135	\$ 4,986,526
Other Operating Expenses	\$ 77,843	\$ 91,985	\$ 169,828
Professional Services	\$ 432,338	\$ -	\$ 432,338
Contracted Units/Services	\$ -	\$ -	\$ -
Travel	\$ 25,347	\$ 96,790	\$ 122,137
<b>Subtotal, Psychiatric Care</b>	<b>\$ 8,251,495</b>	<b>\$ 16,503,435</b>	<b>\$ 24,754,930</b>
<b>Indirect Expenditures (Shared Services)</b>	<b>\$ 996,995</b>	<b>\$ 5,304,221</b>	<b>\$ 6,301,216</b>
<b>TOTAL EXPENDITURES</b>	<b>\$ 33,781,711</b>	<b>\$ 130,185,020</b>	<b>\$ 163,966,731</b>
<b>DIFFERENCE</b>	<b>\$ (842,152)</b>	<b>\$ 2,996,956</b>	<b>\$ 2,154,804</b>

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

<b>C.1.9. HOSPITAL &amp; CLINICAL CARE</b>			
<b>Method of Finance</b>	<b><u>TTUHSC</u></b>	<b><u>UTMB</u></b>	<b><u>Total</u></b>
TDCJ Appropriation	\$ 14,976,776	\$ 85,558,130	\$ 100,534,906
State Reimbursement Benefits	\$ 1,089,320	\$ -	\$ 1,089,320
Other Misc Revenue	\$ -	\$ -	\$ -
<b>TOTAL METHOD OF FINANCE</b>	<b>\$ 16,066,096</b>	<b>\$ 85,558,130</b>	<b>\$ 101,624,226</b>
<b>Expenditures:</b>			
<b>Hospital and Clinical Care</b>			
University Professional Services	\$ 705,000	\$ 10,357,876	\$ 11,062,876
Freeworld Provider Services	\$ 9,206,643	\$ 13,771,411	\$ 22,978,054
TTUHSC Western Regional Medical Facility & UTMB Hospital Galveston Hospital Services	\$ 6,726,683	\$ 61,609,941	\$ 68,336,624
Estimated IBNR	\$ 1,111,542	\$ 10,742,246	\$ 11,853,788
<b>Subtotal, Hospital &amp; Clinical Care</b>	<b>\$ 17,749,868</b>	<b>\$ 96,481,474</b>	<b>\$ 114,231,342</b>
<b>Indirect Expenditures (Shared Services)</b>	<b>\$ 524,187</b>	<b>\$ 4,097,980</b>	<b>\$ 4,622,167</b>
<b>TOTAL EXPENDITURES</b>	<b>\$ 18,274,055</b>	<b>\$ 100,579,454</b>	<b>\$ 118,853,509</b>
<b>DIFFERENCE</b>	<b>\$ (2,207,959)</b>	<b>\$ (15,021,324)</b>	<b>\$ (17,229,283)</b>

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

<b>C.1.10. MANAGED HEALTH CARE - PHARMACY</b>			
	<u>TTUHSC</u>	<u>UTMB</u>	<u>Total</u>
<b>Method of Finance</b>			
TDCJ Appropriation	\$ 6,100,612	\$ 22,615,396	\$ 28,716,008
State Reimbursement Benefits	\$ 41,047	\$ 1,047,945	\$ 1,088,992
Other Misc Revenue	\$ -	\$ 32,520	\$ 32,520
<b>TOTAL METHOD OF FINANCE</b>	<b>\$ 6,141,659</b>	<b>\$ 23,695,861</b>	<b>\$ 29,837,520</b>
<b>Expenditures:</b>			
<b>Managed Health Care - Pharmacy</b>			
Salaries	\$ 990,264	\$ 3,424,735	\$ 4,414,999
Benefits	\$ 45,128	\$ 1,122,493	\$ 1,167,621
Other Operating Expenses	\$ 149,919	\$ 825,012	\$ 974,931
Pharmaceutical Purchases	\$ 5,577,261	\$ 19,444,924	\$ 25,022,185
Travel	\$ 7,122	\$ 13,058	\$ 20,180
Capitalized Equipment	\$ -	\$ -	\$ -
<b>Subtotal, Managed Health Care - Pharmacy Expenditures</b>	<b>\$ 6,769,694</b>	<b>\$ 24,830,222</b>	<b>\$ 31,599,916</b>
<b>Indirect Expenditures (Shared Services)</b>	<b>\$ 213,521</b>	<b>\$ 1,054,645</b>	<b>\$ 1,268,166</b>
<b>TOTAL EXPENDITURES</b>	<b>\$ 6,983,215</b>	<b>\$ 25,884,867</b>	<b>\$ 32,868,082</b>
<b>DIFFERENCE</b>	<b>\$ (841,556)</b>	<b>\$ (2,189,006)</b>	<b>\$ (3,030,562)</b>

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

**Key Population Indicators**

	<u>1st Quarter</u>	<u>December</u>	<u>January</u>	<u>February</u>	<u>2nd Quarter</u>	<u>FY2016 YTD</u>
<b>Average Service Population</b>						
UTMB Service Population	117,565	117,445	117,170	116,496	117,037	117,301
TTUHSC Service Population	29,967	29,973	29,937	29,994	29,968	29,968
<b>Average Service Population</b>	<b>147,532</b>	<b>147,418</b>	<b>147,107</b>	<b>146,490</b>	<b>147,005</b>	<b>147,269</b>
<b>Population Age 55 and Over</b>						
UTMB Population	13,792	13,976	14,029	14,052	14,019	13,906
TTUHSC Population	2,732	2,784	2,786	2,781	2,784	2,758
<b>Population Age 55 and Over</b>	<b>16,524</b>	<b>16,760</b>	<b>16,815</b>	<b>16,833</b>	<b>16,803</b>	<b>16,664</b>
<b>HIV Population</b>	<b>2,081</b>	<b>2,084</b>	<b>2,072</b>	<b>2,078</b>	<b>2,078</b>	<b>2,080</b>
<b>Medical Inpatient Average Daily Census</b>						
UTMB-Hospital Galveston	85	81	87	87	85	85
UTMB Freeworld Hospitals	44	44	37	34	38	41
TTUHSC Freeworld Hospitals	9	6	12	10	9	9
<b>Medical Inpatient Average Daily Census</b>	<b>138</b>	<b>131</b>	<b>136</b>	<b>131</b>	<b>132</b>	<b>135</b>
<b>Medical Outpatient Visits</b>						
UTMB Specialty Clinics and ER Visits	8,060	7,575	7,223	7,762	7,520	7,790
TTUHSC Freeworld Outpatient and ER Visits	1,498	1,017	1,543	1,081	1,214	1,356
<b>Medical Outpatient Visits</b>	<b>9,558</b>	<b>8,592</b>	<b>8,766</b>	<b>8,843</b>	<b>8,734</b>	<b>9,146</b>
<b>Mental Health Inpatient Average Census</b>						
UTMB Psychiatric Inpatient	1,019	1,027	1,030	1,024	1,027	1,023
TTUHSC Psychiatric Inpatient	732	796	849	833	826	779
<b>Mental Health Inpatient Average Census</b>	<b>1,751</b>	<b>1,823</b>	<b>1,879</b>	<b>1,857</b>	<b>1,853</b>	<b>1,802</b>
<b>Mental Health Outpatient Caseload, Month End</b>						
UTMB Psychiatric Outpatient	18,146	18,524	18,575	18,140	18,413	18,279
TTUHSC Psychiatric Outpatient	4,733	4,556	4,594	4,515	4,555	4,644
<b>Mental Health Outpatient Caseload, Month End</b>	<b>22,879</b>	<b>23,080</b>	<b>23,169</b>	<b>22,655</b>	<b>22,968</b>	<b>22,923</b>

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

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

Texas Tech University Health Sciences Center						
STRATEGY	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Total TTUHSC	Annual Projection 3/29/2016
<b>REVENUE:</b>						
TDCJ Appropriation	\$ 24,781,479	\$ 24,781,479	\$ -	\$ -	\$ 49,562,958	\$ 99,670,564
State Reimbursement Benefits	\$ 2,731,358	\$ 2,850,797	\$ -	\$ -	\$ 5,582,155	\$ 11,094,516
Other Misc Revenue	\$ 879	\$ 1,322	\$ -	\$ -	\$ 2,201	\$ 4,402
<b>TOTAL REVENUES</b>	<b>\$ 27,513,716</b>	<b>\$ 27,633,598</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 55,147,314</b>	<b>\$ 110,769,482</b>

**C.1.8. UNIT & PSYCHIATRIC CARE**

EXPENDITURES:						
<b>Unit Care Expenditures</b>						
Salaries	\$ 5,172,500	\$ 5,172,070	\$ -	\$ -	\$ 10,344,570	\$ 20,689,140
Benefits	\$ 1,663,098	\$ 1,748,697	\$ -	\$ -	\$ 3,411,795	\$ 6,823,590
Other Operating Expenses	\$ 483,793	\$ 441,141	\$ -	\$ -	\$ 924,934	\$ 1,906,868
Professional Services	\$ 627,557	\$ 559,620	\$ -	\$ -	\$ 1,187,177	\$ 2,336,313
Contracted Units/Services	\$ 4,062,097	\$ 4,062,097	\$ -	\$ -	\$ 8,124,194	\$ 16,337,383
Travel	\$ 51,875	\$ 52,079	\$ -	\$ -	\$ 103,954	\$ 227,908
Electronic Medicine	\$ 153,215	\$ 58,036	\$ -	\$ -	\$ 211,251	\$ 313,975
Capitalized Equipment	\$ 225,346	\$ -	\$ -	\$ -	\$ 225,346	\$ 225,346
Estimated IBNR	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Subtotal, Unit Care Expenditures</b>	<b>\$ 12,439,481</b>	<b>\$ 12,093,740</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 24,533,221</b>	<b>\$ 48,860,523</b>
<b>Psychiatric Care Expenditures</b>						
Salaries	\$ 3,072,377	\$ 2,996,199	\$ -	\$ -	\$ 6,068,576	\$ 12,237,152
Benefits	\$ 799,947	\$ 847,444	\$ -	\$ -	\$ 1,647,391	\$ 3,294,782
Other Operating Expenses	\$ 33,384	\$ 44,459	\$ -	\$ -	\$ 77,843	\$ 155,686
Professional Services	\$ 200,180	\$ 232,158	\$ -	\$ -	\$ 432,338	\$ 771,029
Travel	\$ 10,051	\$ 15,296	\$ -	\$ -	\$ 25,347	\$ 50,694
Estimated IBNR	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Subtotal, Psychiatric Care Expenditures</b>	<b>\$ 4,115,939</b>	<b>\$ 4,135,556</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 8,251,495</b>	<b>\$ 16,509,343</b>
<b>Total Expenditures, Unit &amp; Psychiatric Care</b>	<b>\$ 16,555,420</b>	<b>\$ 16,229,296</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 32,784,716</b>	<b>\$ 65,369,866</b>

**C.1.9. HOSPITAL & CLINICAL CARE**

EXPENDITURES:						
University Professional Services	\$ 337,500	\$ 367,500	\$ -	\$ -	\$ 705,000	\$ 1,410,000
Freeworld Provider Services	\$ 5,242,460	\$ 3,964,183	\$ -	\$ -	\$ 9,206,643	\$ 20,671,620
TTUHSC Western Regional Medical Facility & UTMB Hospital Galveston Hospital Services	\$ 3,280,687	\$ 3,445,996	\$ -	\$ -	\$ 6,726,683	\$ 13,623,366
Estimated IBNR	\$ (779,960)	\$ 1,891,502	\$ -	\$ -	\$ 1,111,542	\$ -
<b>Total Expenditures, Hospital &amp; Clinical Care</b>	<b>\$ 8,080,687</b>	<b>\$ 9,669,181</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 17,749,868</b>	<b>\$ 35,704,986</b>

**C.1.10. MANAGED HEALTH CARE PHARMACY**

EXPENDITURES:						
Salaries	\$ 497,915	\$ 492,349	\$ -	\$ -	\$ 990,264	\$ 1,980,528
Benefits	\$ 22,206	\$ 22,922	\$ -	\$ -	\$ 45,128	\$ 90,256
Other Operating Expenses	\$ 76,403	\$ 73,516	\$ -	\$ -	\$ 149,919	\$ 299,838
Pharmaceutical Purchases	\$ 2,893,979	\$ 2,683,282	\$ -	\$ -	\$ 5,577,261	\$ 11,121,167
Travel	\$ 2,441	\$ 4,681	\$ -	\$ -	\$ 7,122	\$ 14,244
Capitalized Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Estimated IBNR	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Total Expenditures, Managed Health Care Pharmacy</b>	<b>\$ 3,492,944</b>	<b>\$ 3,276,750</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 6,769,694</b>	<b>\$ 13,506,033</b>

<b>Indirect Expenditures (Shared Services)</b>	<b>\$ 867,352</b>	<b>\$ 867,351</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 1,734,703</b>	<b>\$ 3,488,469</b>
--	-------------------	-------------------	-------------	-------------	---------------------	---------------------

<b>TOTAL EXPENDITURES</b>	<b>\$ 28,996,403</b>	<b>\$ 30,042,578</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 59,038,981</b>	<b>\$ 118,069,354</b>
---------------------------	----------------------	----------------------	-------------	-------------	----------------------	-----------------------

<b>DIFFERENCE</b>	<b>\$ (1,482,687)</b>	<b>\$ (2,408,980)</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ (3,891,667)</b>	<b>\$ (7,299,872)</b>
-------------------	-----------------------	-----------------------	-------------	-------------	-----------------------	-----------------------

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

<b>University of Texas Medical Branch</b>						
STRATEGY	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Total UTMB	Annual Projection 3/18/2016
<b>REVENUE:</b>						
TDCJ Appropriation	\$ 108,815,578	\$ 108,815,579	\$ -	\$ -	\$ 217,631,157	\$ 437,653,868
State Reimbursement Benefits	\$ 11,941,941	\$ 12,799,276	\$ -	\$ -	\$ 24,741,217	\$ 49,582,607
Other Misc Revenue	\$ 45,150	\$ 18,443	\$ -	\$ -	\$ 63,593	\$ 127,881
<b>TOTAL REVENUES</b>	<b>\$ 120,802,669</b>	<b>\$ 121,633,298</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 242,435,967</b>	<b>\$ 487,364,356</b>

**C.1.8. UNIT & PSYCHIATRIC CARE**

<b>EXPENDITURES:</b>						
<b>Unit Care Expenditures</b>						
Salaries	\$ 36,539,708	\$ 37,379,570	\$ -	\$ -	\$ 73,919,278	\$ 148,599,554
Benefits	\$ 11,303,293	\$ 11,839,250	\$ -	\$ -	\$ 23,142,543	\$ 46,489,086
Other Operating Expenses	\$ 5,136,457	\$ 5,314,922	\$ -	\$ -	\$ 10,451,379	\$ 20,696,881
Professional Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Contracted Units/Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Travel	\$ 377,471	\$ 355,484	\$ -	\$ -	\$ 732,955	\$ 1,366,419
Electronic Medicine	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Capitalized Equipment	\$ 32,132	\$ 99,077	\$ -	\$ -	\$ 131,209	\$ 1,200,000
Estimated IBNR	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Subtotal, Unit Care Expenditures</b>	<b>\$ 53,389,061</b>	<b>\$ 54,988,303</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 108,377,364</b>	<b>\$ 218,351,940</b>
<b>Psychiatric Care Expenditures</b>						
Salaries	\$ 6,429,921	\$ 6,545,604	\$ -	\$ -	\$ 12,975,525	\$ 26,248,107
Benefits	\$ 1,616,057	\$ 1,723,078	\$ -	\$ -	\$ 3,339,135	\$ 6,754,713
Other Operating Expenses	\$ 53,343	\$ 38,642	\$ -	\$ -	\$ 91,985	\$ 183,969
Professional Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Travel	\$ 52,639	\$ 44,151	\$ -	\$ -	\$ 96,790	\$ 193,581
Estimated IBNR	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Subtotal, Psychiatric Care Expenditures</b>	<b>\$ 8,151,960</b>	<b>\$ 8,351,475</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 16,503,435</b>	<b>\$ 33,380,370</b>
<b>Total Expenditures, Unit &amp; Psychiatric Care</b>	<b>\$ 61,541,021</b>	<b>\$ 63,339,778</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 124,880,799</b>	<b>\$ 251,732,310</b>

**C.1.9. HOSPITAL & CLINICAL CARE**

<b>EXPENDITURES:</b>						
University Professional Services	\$ 5,325,232	\$ 5,032,644	\$ -	\$ -	\$ 10,357,876	\$ 21,437,819
Freeworld Provider Services	\$ 3,802,030	\$ 9,969,381	\$ -	\$ -	\$ 13,771,411	\$ 49,937,250
TTUHSC Western Regional Medical Facility & UTMB Hospital Galveston Hospital Services	\$ 30,092,152	\$ 31,517,789	\$ -	\$ -	\$ 61,609,941	\$ 123,896,914
Estimated IBNR	\$ 8,946,764	\$ 1,795,482	\$ -	\$ -	\$ 10,742,246	\$ -
<b>Total Expenditures, Hospital &amp; Clinical Care</b>	<b>\$ 48,166,178</b>	<b>\$ 48,315,296</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 96,481,474</b>	<b>\$ 195,271,983</b>

**C.1.10. MANAGED HEALTH CARE PHARMACY**

<b>EXPENDITURES:</b>						
Salaries	\$ 1,744,824	\$ 1,679,911	\$ -	\$ -	\$ 3,424,735	\$ 6,886,922
Benefits	\$ 566,254	\$ 556,239	\$ -	\$ -	\$ 1,122,493	\$ 2,257,262
Other Operating Expenses	\$ 481,988	\$ 343,024	\$ -	\$ -	\$ 825,012	\$ 1,650,283
Pharmaceutical Purchases	\$ 9,650,611	\$ 9,794,313	\$ -	\$ -	\$ 19,444,924	\$ 40,274,931
Travel	\$ 5,172	\$ 7,886	\$ -	\$ -	\$ 13,058	\$ 30,000
Capitalized Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Estimated IBNR	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Total Expenditures, Managed Health Care Pharmacy</b>	<b>\$ 12,448,849</b>	<b>\$ 12,381,373</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 24,830,222</b>	<b>\$ 51,099,398</b>

<b>Indirect Expenditures (Shared Services)</b>	<b>\$ 4,494,223</b>	<b>\$ 5,962,623</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 10,456,846</b>	<b>\$ 21,583,656</b>
<b>TOTAL EXPENDITURES</b>	<b>\$ 126,650,271</b>	<b>\$ 129,999,070</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 256,649,341</b>	<b>\$ 519,687,347</b>
<b>DIFFERENCE</b>	<b>\$ (6,847,602)</b>	<b>\$ (8,365,772)</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ (14,213,374)</b>	<b>\$ (32,322,991)</b>

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

Combined Total						
STRATEGY	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Combined Total	Annual Projection
<b>REVENUE:</b>						
TDCJ Appropriation	\$ 133,697,057	\$ 133,697,058	\$ -	\$ -	\$ 267,394,115	\$ 537,324,432
State Reimbursement Benefits	\$ 14,673,299	\$ 15,650,073	\$ -	\$ -	\$ 30,323,372	\$ 60,677,123
Other Misc Revenue	\$ 46,029	\$ 19,765	\$ -	\$ -	\$ 65,794	\$ 132,283
<b>TOTAL REVENUES</b>	<b>\$ 148,316,385</b>	<b>\$ 149,266,896</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 297,683,281</b>	<b>\$ 598,133,838</b>

**C.1.8. UNIT & PSYCHIATRIC CARE**

<b>EXPENDITURES:</b>						
<b>Unit Care Expenditures</b>						
Salaries	\$ 41,712,208	\$ 42,551,640	\$ -	\$ -	\$ 84,263,848	\$ 169,288,694
Benefits	\$ 12,966,391	\$ 13,587,947	\$ -	\$ -	\$ 26,554,338	\$ 53,312,676
Other Operating Expenses	\$ 5,620,250	\$ 5,756,063	\$ -	\$ -	\$ 11,376,313	\$ 22,603,749
Professional Services	\$ 627,557	\$ 559,620	\$ -	\$ -	\$ 1,187,177	\$ 2,336,313
Contracted Units/Services	\$ 4,062,097	\$ 4,062,097	\$ -	\$ -	\$ 8,124,194	\$ 16,337,383
Travel	\$ 429,346	\$ 407,563	\$ -	\$ -	\$ 836,909	\$ 1,594,327
Electronic Medicine	\$ 153,215	\$ 58,036	\$ -	\$ -	\$ 211,251	\$ 313,975
Capitalized Equipment	\$ 257,478	\$ 99,077	\$ -	\$ -	\$ 356,555	\$ 1,425,346
Estimated IBNR	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Subtotal, Unit Care Expenditures</b>	<b>\$ 65,828,542</b>	<b>\$ 67,082,043</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 132,910,585</b>	<b>\$ 267,212,463</b>
<b>Psychiatric Care Expenditures</b>						
Salaries	\$ 9,502,298	\$ 9,541,803	\$ -	\$ -	\$ 19,044,101	\$ 38,485,259
Benefits	\$ 2,416,004	\$ 2,570,522	\$ -	\$ -	\$ 4,986,526	\$ 10,049,495
Other Operating Expenses	\$ 86,727	\$ 83,101	\$ -	\$ -	\$ 169,828	\$ 339,655
Professional Services	\$ 200,180	\$ 232,158	\$ -	\$ -	\$ 432,338	\$ 771,029
Travel	\$ 62,690	\$ 59,447	\$ -	\$ -	\$ 122,137	\$ 244,275
Estimated IBNR	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Subtotal, Psychiatric Care Expenditures</b>	<b>\$ 12,267,899</b>	<b>\$ 12,487,031</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 24,754,930</b>	<b>\$ 49,889,713</b>
<b>Total Expenditures, Unit &amp; Psychiatric Care</b>	<b>\$ 78,096,441</b>	<b>\$ 79,569,074</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 157,665,515</b>	<b>\$ 317,102,176</b>

**C.1.9. HOSPITAL & CLINICAL CARE**

<b>EXPENDITURES:</b>						
University Professional Services	\$ 5,662,732	\$ 5,400,144	\$ -	\$ -	\$ 11,062,876	\$ 22,847,819
Freeworld Provider Services	\$ 9,044,490	\$ 13,933,564	\$ -	\$ -	\$ 22,978,054	\$ 70,608,870
TTUHSC Western Regional Medical Facility & UTMB Hospital Galveston Hospital Services	\$ 33,372,839	\$ 34,963,785	\$ -	\$ -	\$ 68,336,624	\$ 137,520,280
Estimated IBNR	\$ 8,166,804	\$ 3,686,984	\$ -	\$ -	\$ 11,853,788	\$ -
<b>Total Expenditures, Hospital &amp; Clinical Care</b>	<b>\$ 56,246,865</b>	<b>\$ 57,984,477</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 114,231,342</b>	<b>\$ 230,976,969</b>

**C.1.10. MANAGED HEALTH CARE PHARMACY**

<b>EXPENDITURES:</b>						
Salaries	\$ 2,242,739	\$ 2,172,260	\$ -	\$ -	\$ 4,414,999	\$ 8,867,450
Benefits	\$ 588,460	\$ 579,161	\$ -	\$ -	\$ 1,167,621	\$ 2,347,518
Other Operating Expenses	\$ 558,391	\$ 416,540	\$ -	\$ -	\$ 974,931	\$ 1,950,121
Pharmaceutical Purchases	\$ 12,544,590	\$ 12,477,595	\$ -	\$ -	\$ 25,022,185	\$ 51,396,098
Travel	\$ 7,613	\$ 12,567	\$ -	\$ -	\$ 20,180	\$ 44,244
Capitalized Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Estimated IBNR	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Total Expenditures, Managed Health Care Pharmacy</b>	<b>\$ 15,941,793</b>	<b>\$ 15,658,123</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 31,599,916</b>	<b>\$ 64,605,431</b>

<b>Indirect Expenditures (Shared Services)</b>	<b>\$ 5,361,576</b>	<b>\$ 6,829,974</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 12,191,549</b>	<b>\$ 26,072,125</b>
--	---------------------	---------------------	-------------	-------------	----------------------	----------------------

<b>TOTAL EXPENDITURES</b>	<b>\$ 165,646,674</b>	<b>\$ 160,041,648</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 315,688,322</b>	<b>\$ 637,756,701</b>
---------------------------	-----------------------	-----------------------	-------------	-------------	-----------------------	-----------------------

<b>DIFFERENCE</b>	<b>\$ (7,330,289)</b>	<b>\$ (10,774,752)</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ (18,105,041)</b>	<b>\$ (39,622,863)</b>
-------------------	-----------------------	------------------------	-------------	-------------	------------------------	------------------------

<b>FY15 Ending Balance / Cost Report Reconciliation</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ (11,154,277)</b>	<b>\$ (11,154,277)</b>
---	-------------	-------------	-------------	-------------	------------------------	------------------------

<b>NET DIFFERENCE</b>	<b>\$ (7,330,289)</b>	<b>\$ (10,774,752)</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ (29,259,318)</b>	<b>\$ (50,777,140)</b>
-----------------------	-----------------------	------------------------	-------------	-------------	------------------------	------------------------

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

**As of May 2016**

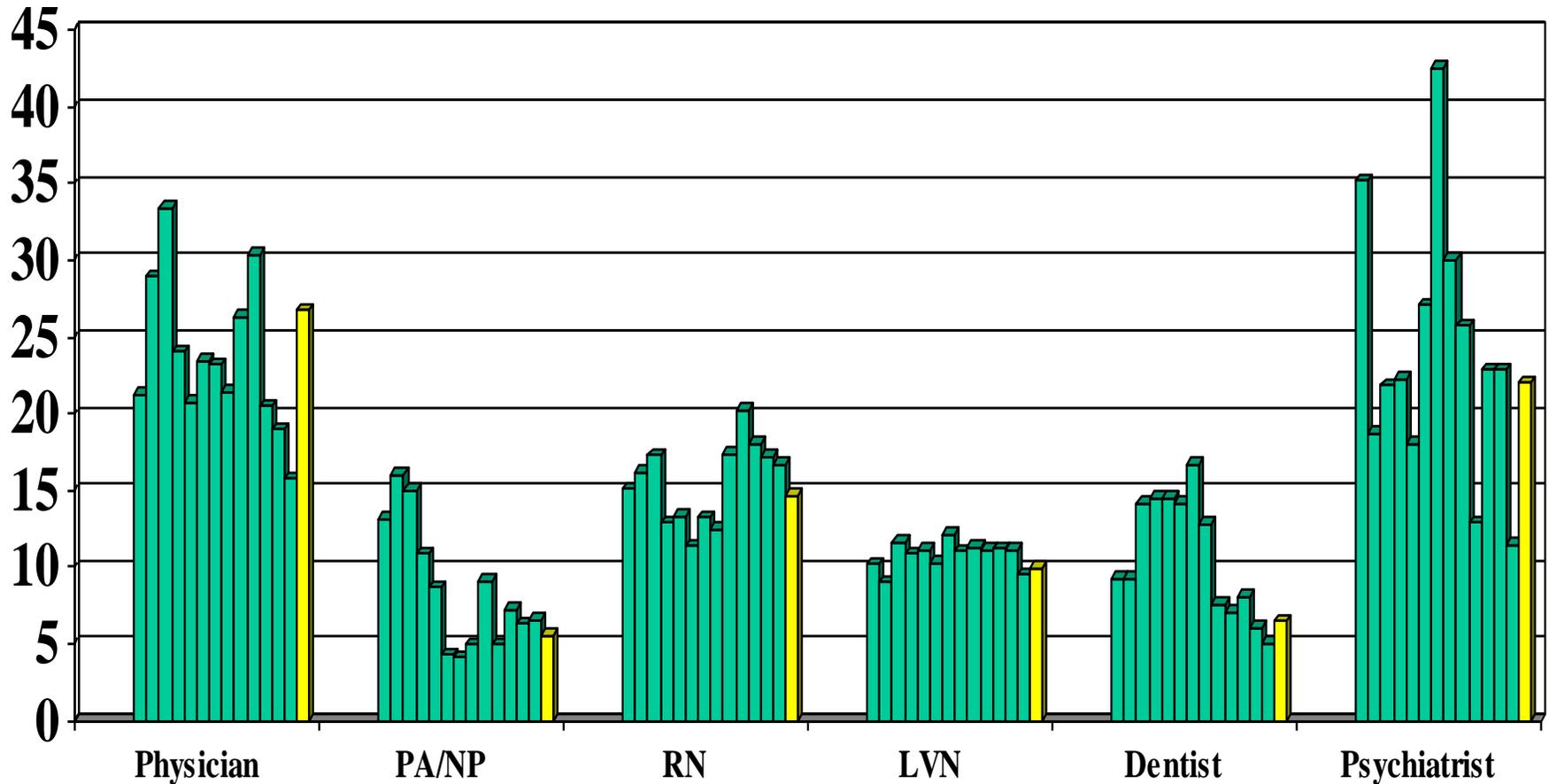
<b>Title of Position</b>	<b>CMHCC Partner Agency</b>	<b>Vacant Since (mm/yyyy)</b>	<b>Actions Taken to Fill Position</b>
Health Specialist V- Office of Mental Health Monitoring and Liaison (2)	TDCJ	01/31/2016	This position posted on January 22, 2016 and remains open to extend the applicant pool. There are two vacant Health Specialist V positions, which Health Services hopes to fill from this posting.
Director II- Office of Public Health	TDCJ	06/15/2015	Health Services is reviewing the duties of this position. It will be reposted at a later date.
Investigator II- Patient Liaison Program (Jester IV Unit)	TDCJ	05/1/2016	The posting for this position closed on May 18, 2016. The interview date is pending.
Investigator II- Patient Liaison Program (Montford Unit) (2)	TDCJ	05/1/2016	There are two vacant Investigator II positions at the Montford Unit. Health Services is requesting approval to relocate these positions to the Patient Liaison Program's Hub Office at the Hilltop Unit.
Middleton (Medical Director)	TTUHSC CMC	10/2015	Continued advertisement in local, regional and national publications; expanded recruiting agency utilization, GME programs internet advertising.
Physician I-II (5)	UTMB CMC	03/01/2015	Local and National Advertising, TAFP <sup>‡</sup> , NCCHC <sup>†</sup> Conferences, ACA Conference <sup>*</sup> and Agency Contacts
Mid Level Practitioners (PA and FNP) (14)	UTMB CMC	01/01/2015	Local and National Advertising, Career Fairs, TAPA <sup>#</sup> and TNP <sup>  </sup> Conferences, Intern Programs
Psychiatrist (2)	UTMB CMC	04/08/2014	Local and National Advertising, NCCHC <sup>†</sup> , TSPP <sup>Δ</sup> , Agency Contacts
Dentists (11)	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

Texas Tech University  
Health Sciences Center

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



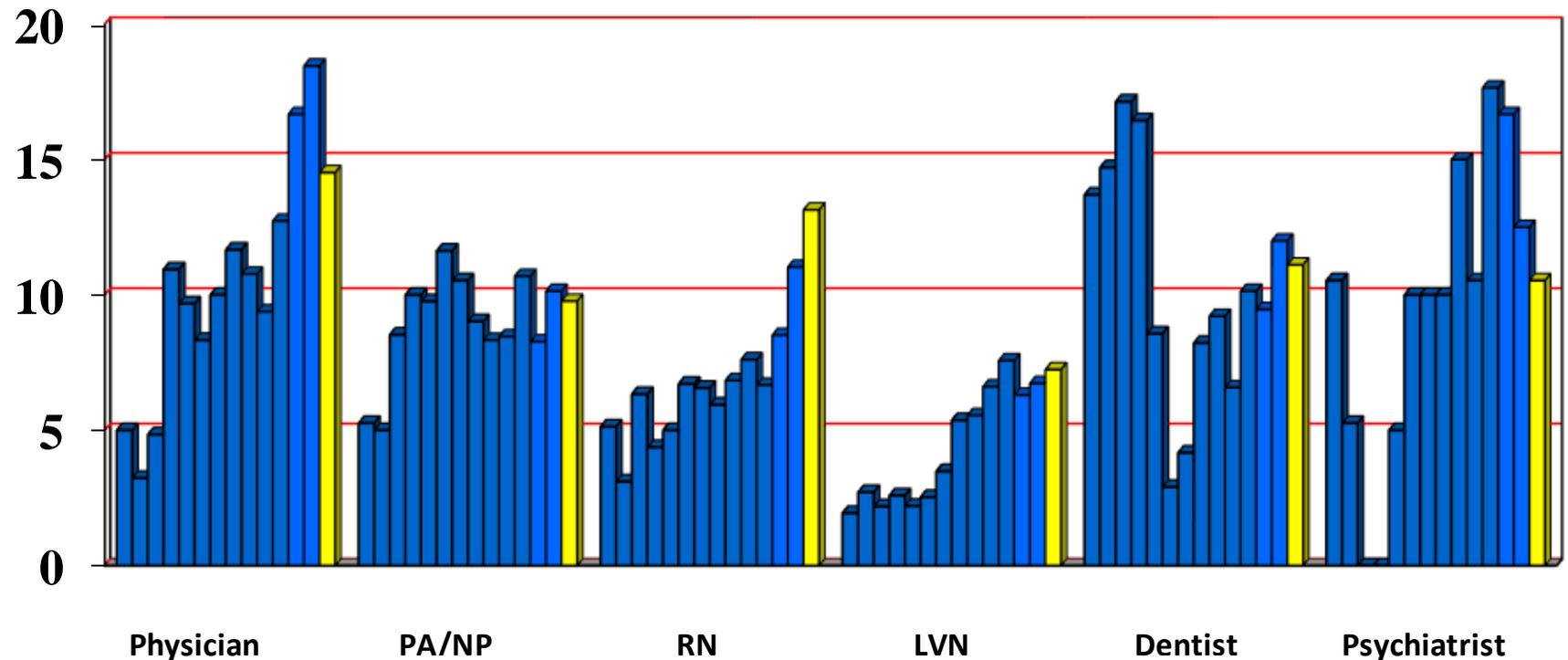
*Correctional Managed  
Health Care*



University Vacancy Rate Report  
by Quarter FY 2013 - 2016

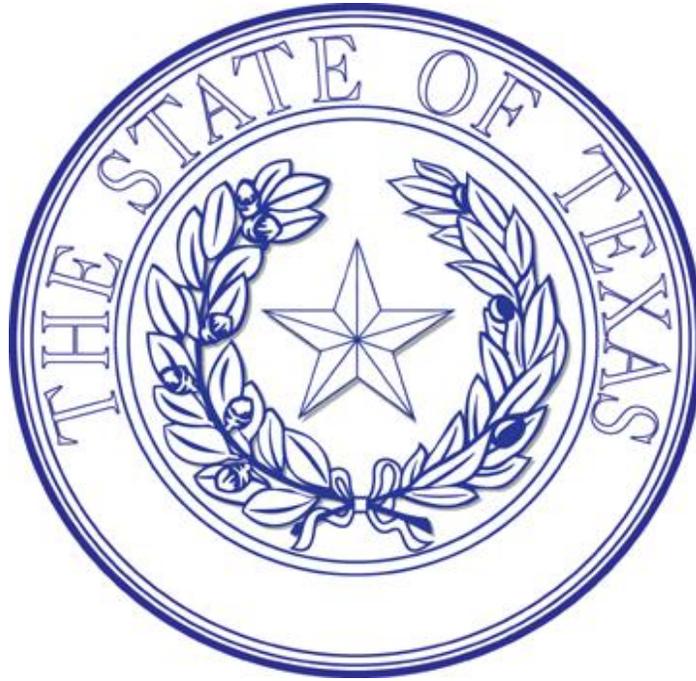
University of Texas Medical Branch

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



*Correctional Managed  
Health Care*





**TEXAS DEPARTMENT OF  
CRIMINAL JUSTICE**

***HEALTH SERVICES DIVISION  
MEDICAL DIRECTOR'S REPORT  
Second 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 Second Quarter Fiscal Year (FY) 2016 (December 2015, January and February 2016), Operational Review Audits (ORAs) were conducted at the following **9** facilities: Briscoe, Cotulla, Gist, Gurney, LeBlanc, Lockhart, Luther, Michael and Wynne.

- To be considered compliant, a facility must score 80% or better on an Operational Review Question. For any question below 80%, a corrective action plan is required from the facility to ensure future compliance. The following is a summary of the **11** items found to be most frequently out of compliance in the Operational Review Audits conducted in the Second Quarter of FY 2016:
  1. Item **1.100** requires interpreter services to be arranged, and documented in the medical record for monolingual Spanish-speaking offenders. The following **6** facilities were not in compliance with this requirement:
    - Gist (19%) – Corrective action plan pending
    - Gurney (74%) – Corrective action plan pending
    - LeBlanc (19%) – Corrective action plan pending
    - Lockhart (61%) – Corrective action plan pending
    - Michael (74%) – Corrective action plan pending
    - Wynne (35%) – Corrective action plan pending
  2. Item **6.330** requires the initial evaluations of offenders diagnosed with Hepatitis C be completed by a physician or mid-level provider within a designated thirty days of diagnosis. The following **6** facilities were not in compliance with this requirement:
    - Briscoe (0%) – Corrective action plan received and accepted
    - Gist (55%) – Corrective action plan pending
    - Gurney (58%) – Corrective action plan pending
    - Michael (64%) – Corrective action plan pending
    - Wynne (75%) – Corrective action plan pending
  3. Item **6.340** requires Aspartateaminotransferase (AST) Platelet Ratio Index (APRI) be calculated at least annually for offenders diagnosed with Hepatitis C Virus. The following **6** facilities were not in compliance with this requirement:
    - Cotulla (78%) – Corrective action plan received and accepted
    - Gist (64%) – Corrective action plan pending
    - Gurney (50%) – Corrective action plan pending
    - Michael (78%) – Corrective action plan pending
    - Wynne (54%) – Corrective action plan pending
  4. Item **3.080** requires offenders received by the facility via intra-system transfer to have dental reminders re-entered into the electronic medical record within the required time frame of arrival. The following **4** facilities were not in compliance with this requirement:
    - Gurney (0%) – Corrective action plan pending
    - Luther (67%) – Corrective action plan pending
    - Michael (67%) – Corrective action plan pending
    - Wynne (50) – Corrective Action plan pending

## OPERATIONAL REVIEW AUDIT (ORA) CONTINUED

5. Item **4.124** requires Individual Treatment Plan (ITP) include documentation of the offender's current PULHES and restrictions. The following **4** facilities were not in compliance with this requirement:
  - Gist (50%) – Corrective action plan received
  - LeBlanc (78%) – Corrective action plan pending
  - Luther (21%) – Corrective action plan pending
  - Michael (57%) – Corrective action plan pending
  
6. Item **5.115** requires offenders returning from a medical transfer screened as directed by policy within the required timeframe. The following **4** facilities were not in compliance with this requirement:
  - Gist (79%) – Corrective action plan pending
  - Gurney (45%) – Corrective action plan pending
  - LeBlanc (74%) – Corrective action plan pending
  - Wynne (79%) – Corrective action plan pending
  
7. Item **5.180** requires offenders with chronic illnesses have a documented Individual Treatment Plan (ITP) within the minimum timeframe required (6 to 12 months). The following **4** facilities were not in compliance with this requirement:
  - Gist (52%) – Corrective action plan pending
  - Gurney (62%) – Corrective action plan pending
  - Michael (42%) – Corrective action plan pending
  - Wynne (75%) – Corrective action plan pending
  
8. Item **5.210** requires an annual physical exam for offenders 50 years of age or greater to be documented in the medical record within 30 days of their annual date of incarceration. The following **4** facilities were not in compliance with this requirement:
  - Gurney (69%) – Corrective action plan pending
  - LeBlanc (78%) – Corrective action plan pending
  - Michael (54%) – Corrective action plan pending
  - Wynne (78%) – Corrective action plan pending
  
9. 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. The following **4** facilities were not in compliance with this requirement:
  - Gurney (8%) – Corrective action plan pending
  - Luther (72%) – Corrective action plan pending
  - Michael (25%) – Corrective action plan pending
  - Wynne (35%) – Corrective action plan pending
  
10. Item **6.040** require offenders receiving anti-tuberculosis medication at the facility have a Tuberculosis Patient Monitoring Record (HSM-19) completed monthly while taking the medication. A single month without documentation results in a score of noncompliance for that offender record. The following **4** facilities were not in compliance with this requirement:
  - Gist (13%) – Corrective action plan pending
  - Gurney (50%) – Corrective action plan pending
  - Michael (77%) – Corrective action plan pending
  - Wynne (31%) – Corrective action plan pending

## OPERATIONAL REVIEW AUDIT (ORA) CONTINUED

11. Item **6.325** requires offenders with Hepatitis B on the facility to be seen in chronic care clinic at least annually. The following **4** facilities were not in compliance with this requirement:

- Gist (0%) – Corrective action plan pending
  - Luther (67%) – Corrective action plan pending
  - Michael (50%) – Corrective action plan pending
  - Wynne (57%) – Corrective action plan pending
- During the previous quarter, ORAs for **5** facilities had pending corrective action plans: Byrd, Halbert, Jester I, Jester III, Jester IV and Plane. During the Second Quarter FY 2016, **all** were closed.

## CAPITAL ASSETS CONTRACT MONITORING

The Fixed Assets Contract Monitoring Officer audited the same **9** facilities listed above for ORAs during the Second 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 **9** facilities were within the required compliance range.

## DENTAL QUALITY REVIEW AUDIT

- During the Second Quarter of FY 2016, Dental Quality Review Audits were conducted at the following **17** facilities: Boyd, Byrd, Cleveland, Estelle (GP, HS, RMF), Ferguson, Glossbrenner, Holliday, Lopez, Middleton, Polunsky, Powledge, Robertson, Segovia, Wallace, Ware, Willacy, and Wynne. The following is a summary of the items found to be most frequently below 80 percent.
- **Item 1** assesses if patients presenting with signs and/or symptoms consistent with an urgent dental need received definitive care within **14** days of receipt of the Sick Call Exam (SCE). **3** of the **19** were not in compliance with this requirement. The **3** facilities out of compliance were: Glossbrenner (30%), Middleton (0%) and Polunsky (67%).
- **Item 2** assesses if charts of incoming (Chain-in) intra-system offenders transfers are reviewed by the facility dental department within **7** days of arrival. The following **5** facilities were out of compliance: Byrd (0%), Estelle (78%), Holliday (0%), Middleton (0%), and Lopez (73%).
- **Item 20** assesses if the Ending Priority on the Comprehensive Treatment Plan (CTP) is consistent with the objective findings and assessment. **4** of the **17** facilities audited were less than 80% consistent with this requirement. The **4** facilities out of compliance were: Cleveland (40%), Estelle (70%), Lopez (75%), and Wallace (72%).
- **Item 39** assesses the availability of equipment that would be immediately available in the event of a medical emergency in the dental clinic. The **2** following facilities out of compliance were: Estelle HS (40%), and Estelle RMF (60%).
- **Other Findings** – The **3** facilities that fell into this category pertained to documentation that supported Urgent Care (Priority 1) being categorized as in Interceptive Care (Priority 2) with a timeframe differentiation of **14** days as compared to **180** days. Corrective Action was requested for Estelle, Ferguson, and Powledge.

## GRIEVANCES AND PATIENT LIAISON CORRESPONDENCE

During the Second Quarter of FY 2016, the Patient Liaison Program (PLP) and the Step II Grievance Program received **4,166** correspondences: The PLP received **2,668** and Step II Grievance received 1,498. There were **298** Action Requests generated by the Patient Liaison and the Step II Grievance Programs.

## **GRIEVANCES AND PATIENT LIAISON CORRESPONDENCE (CONTINUED)**

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 Second Quarter FY 2016 for the Step II medical grievances was **7** percent. Performance measure expectation is 6 percent or less (Article IX, Correctional Managed Health Care contract). The percentage of sustained Step II medical grievances from UTMB was **7** percent and **5** percent for TTUHSC for the Second Quarter of FY 2016.

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 Second Quarter of FY 2016, the PLP nurses and investigators performed **26** Sick Call Request Verification Audits (SCRVAs) on **25** 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 **222** indicators were reviewed at the **25** facilities and **24** of the indicators fell below the 80 percent compliance threshold representing **11** percent. The discipline composite score (medical/nursing, dental, and mental health) is an overall assessment of compliance with the sick call process of the 25 facilities audited. There were **6** 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.

- 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 Second Quarter FY 2016, there were **14,682** intake HIV tests performed. Of those tested, **110** offenders were newly identified as having HIV infection. During the same time period, there were **10,360** pre-release tests performed with **1** found to be HIV positive. For this quarter, **13** new AIDS cases were identified.
- There were **585** cases of Hepatitis C identified for the Second Quarter FY 2016. This number may not represent an actual new diagnosis, but rather the first time it was identified in TDCJ.

**OFFICE OF PUBLIC HEALTH (CONTINUED)**

- **222** cases of suspected Syphilis were reported in the Second Quarter FY 2016. **17** required treatment or retreatment. 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.
- **129** Methicillin-Resistant Staphylococcus Aureus (MRSA) cases were reported for the Second Quarter FY 2016. For the same time period, **83** Methicillin-Sensitive Staphylococcus Aureus (MSSA) cases were reported. These cases are based on culture reports and may include offenders who have previously been diagnosed with MRSA or MSSA. Numbers for both organisms have fluctuated over the last few years with no trends or concerning patterns identified.
- There was an average of **18** Tuberculosis (TB) cases (pulmonary and extra-pulmonary) under management for the Second Quarter FY 2016. This number includes those diagnosed prior to entering TDCJ and still receiving treatment, and those who were diagnosed in TDCJ. Although TB numbers often fluctuate significantly from year to year, there has been a slight increase in the numbers of offenders under management for TB over the last few years.
- 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. This position audits the documentation and services provided by medical personnel for each sexual assault reported. There have been **184** chart reviews of alleged sexual assaults performed for the Second Quarter FY 2016. There were **20** deficiencies found this quarter. Blood-borne exposure baseline labs were drawn on **51** exposed offenders. To date, **0** offenders have tested positive for HIV in follow-up labs routinely obtained after the report of sexual assault.
- During the Second Quarter FY 2016, **25** units received training which included the Wall Talk Training **and 1** unit received training which included the Somebody Cares Training. As of the close of the quarter, **100 of the 109** facilities housing Correctional Institutions Division offenders had active peer education programs. During this quarter, **173** offenders trained to become peer educators and **18,385** offenders attended the classes presented by peer educators.

**MORTALITY AND MORBIDITY**

There were **72** deaths reviewed by the Mortality and Morbidity Review Committee during the months of December 2015, January and February 2016. Of those **72** deaths, **6** 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.

<b>Peer Review Committee</b>	<b>Number of Cases Referred</b>
Provider & Nursing Peer Review	2
Provider Peer Review	2
Nursing Peer Review	0
Mental Health	2
<b>Total</b>	<b>6</b>

## 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 Second Quarter of FY 2016:

- The OMHM&L monitors all segregation facilities within the TDCJ Correctional Institutions Division and State Jails once every six months. During the Second Quarter of FY 2016, **18** Segregation facilities were audited including: Bartlett, Clemens, Coffield, Eastham, Estelle ECB, Ferguson, Formby, Gist, Hughes, Lychner, Michael, Murray, Pack, Robertson, South Texas Intermediate Sanctioned Facility (ISF), Stiles, Telford and Travis. The OMHM&L auditors observed **3,292** offenders, interviewed **2,898** offenders, and referred **4** offenders for further evaluation by university providers.
- In addition to monitoring the mental health status of segregated offenders, the OMHM&L auditors also assess access to care (ATC) for mental health and availability of the 911 tool to be used in case of emergency. The auditors check for timely triage (ATC 4), appropriate description of chief complaint (ATC 5), and timely provider visits after referral (ATC 6). For ATC 4, **17** of 18 units were **100%** compliant. For ATC 5, **17** of 18 units were **100%** compliant. For ATC 6, **18** of 18 units were **100%** compliant. The South Texas ISF unit was **0%** compliant on ATC 4 and ATC 5 and a Corrective Action Plan was requested. For the 911 tool availability, **17** of 18 units were 100% compliant. The South Texas ISF unit was **0%** compliant and immediate corrective action was taken on the day of the audit.
- The OMHM&L monitors all instances of administration of compelled psychoactive medication to offenders to ensure that all instances are appropriately documented. During the Second Quarter FY 2016, a total of **55** instances of compelled psychoactive medication administration occurred. There were **10** instances at the Montford unit, **29** instances at the Skyview unit, **13** instances at the Jester IV unit and **3** instances at the Clements unit. During each month of the quarter, Jester IV and Skyview were **100%** compliant with required criteria for implementation and documentation of compelled psychoactive medication. Clements reported **0** instances of compelled psychoactive medications for the December audit. Clement's compliance score was **100%** in both January and February. Montford was **67%** compliant for the December audit and a Corrective Action Plan was requested. Montford's compliance scores were **100%** in both January and February audits.
- 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, **23** facilities identified incoming offenders in need of Mental Health Evaluations. At the Formby, Gist, Kyle and Lychner units there were **0** offenders identified as applicable to the audit. Of the facilities audited, **17** met or exceeded 80% percent compliance for completing Mental Health Evaluations within 14 days of identified need: Bartlett, Byrd, Dominguez, Garza, Glossbrenner, Gurney, Holliday, Hutchins, Jester I, Johnston, Lindsey, Middleton, Plane, Roach, Sayle, Travis, and Woodman. The following **6** facilities earned compliance scores of 79% or lower: Halbert (75%), Bradshaw (74%), South Texas (55%), East Texas (45%), West Texas (36%) and Sanchez (0%). Corrective Action Plans were requested from these 6 facilities.

## OFFICE OF THE HEALTH SERVICES LIAISON

- The Office of The Health Services Liaison (HSL) conducts a random audit of 10 percent of electronic health records (EHRs) of offenders discharged from hospitals and infirmaries in the TTUHSC and the UTMB sectors. In the Second Quarter of FY 2016, HSL conducted **158 hospital** and **50 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

## **OFFICE OF THE HEALTH SERVICES LIAISON (CONTINUED)**

record was reviewed by a nursing staff member and referred (if applicable) to an appropriate provider as required by policy; if the offender required unscheduled medical care related to the admitting diagnosis within the first seven days after discharge and if discharge information was available in the offender's EHR within 24 hours of the offender arriving at the unit.

- Of the **158** hospital discharge audits conducted, **141** were from the UTMB Sector and **17** were from the TTUHSC sector. There were **26** deficiencies identified for UTMB and **0** identified for TTUHSC. Of the infirmary **50** discharge audits conducted, **26** were from the UTMB sector and **24** were from the TTUHSC sector. There were **9** deficiencies identified from UTMB and **0** for TTUHSC.

## **ACCREDITATION**

The 2016 ACA Winter Conference was held in New Orleans, Louisiana on January 22-27, 2016. During this conference, the following units were awarded reaccreditation by the ACA Panel of Commissioners: Boyd, Hamilton, Hughes, Havins, Middleton, Montford, Murray, Neal, Pack, Powledge, Stringfellow, and Tulia.

## **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 - **23**
- Correctional Institutions Division Pending Monthly Research Projects - **8**
- Health Services Division Active Monthly Medical Research Projects - **6**
- Health Services Division Pending Medical Research Projects - **2**

# Correctional Managed Health Care Committee (CMHCC) Joint Policy and Procedure Committee Update

June 16, 2016

*Presentation to the  
Correctional Managed Health Care Committee*

by: Benjamin Leeah, MD &  
Chris Black-Edwards, RN, BSN



Working together to work wonders™



# Correctional Managed Health Care Committee (CMHCC) Joint Policy and Procedure Committee FY 2016-17

NAME	CREDENTIAL AND TITLE	AFFILIATION
<b>CO-CHAIRS</b>		
Leeah, Benjamin	MD, Northern Region Medical Director	TTUHSC CMC
Black-Edwards, Chris	RN, BSN, Director III, Director of Nursing Administration	TDCJ HS
<b>MEMBERS:</b>		
Berner, Beckie	Health Services Administrator	TDCJ HS
DeShields, Denise	MD, Executive Medical Director	TTUHSC CMC
Dorman, Dale	RN, Manager III, Step 2 Medical Grievance	TDCJ HS
Eubank, Gary	RN, MSN, Chief Nursing Officer	UTMB CMC
Hirsch, Manuel	BS, MEd, DDS, Director, Office of Dental Quality and Contract Compliance	TDCJ HS
Ho, Cynthia	MD, MPH, CWS, Regional Infirmiry Medical Director	UTMB CMC
Horton, Billy	DDS, Division Director of Dental Services	UTMB CMC
Jones, Mike	RN, BSN, MBA, Director of Nursing	TTUHSC CMC



Working together to work wonders™



# Correctional Managed Health Care Committee (CMHCC) Joint Policy and Procedure Committee FY 2016-17 (Cont.)

NAME	CREDENTIAL AND TITLE	AFFILIATION
Moore, Christina	MPA, Business Manager, Inpatient Operations	UTMB CMC
Lopez, Lisa	RHIA, Assistant Director of Health Information Management	UTMB CMC
McWhorter, Phyllis	RN, Manager IV Health Services Liaison	TDCJ HS
Morris, Susan	MD, Senior Medical Director, Outpatient Division	UTMB CMC
Moultrie, Jane	MD, Chief Medical Information Officer	UTMB CMC
Reed, Paula	RN, Manager IV, Office of Health Services Monitoring	TDCJ HS
Reinecke, Scott	DDS, Region I Dental Director	
Robison, Justin	RN, MSN, Director of Nursing Services, Inpatient Services	UTMB CMC
Sloan, Beverly	PsyD, Region II, Senior Mental Health Manager	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
Walker, Myra	RN, BSN, Manger IV, Office of Professional Standards	TDCJ HS
Williams, Robert	MD, CCHP, Deputy Director	TDCJ HS



Working together to work wonders.™



# Joint Policy and Procedure Committee Functions

- Develop written statements of policy that guide the delivery of health services by meeting:
  - Accreditation requirements
  - Relevant laws and regulations
  - Judicial mandates
  - Standards of care
- Review, evaluate and make recommendations of policies to ensure that there are no barriers to access to care for the offender population



Working together to work wonders™



# CMHC Policy and Procedure Manual

- System wide resource available online and in print
- Policies reviewed at least annually
- 129 policies divided into ten sections
  - Governance,
  - Inmate Care,
  - Special Needs,
  - Medical Legal, etc.



Working together to work wonders™



# Policy Development

- Literature review
- National and state guidelines, accreditation requirements, standards of care, etc.
  - ACA
  - US Preventive Services Task Force
  - ACOG
  - AHA
- Policies may require utilization of joint working groups with specialist representation (example: mental health or dental policies, hospice policy, etc.



Working together to work wonders™

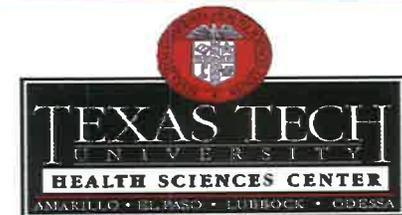


# Recent Special Interest Items

- New mental health policies (CMI, MHTDP)
- Periodic Physical Exams
- Medical Holds
- Gender Dysphoria
- Restrictive Housing (formerly Administrative Segregation)



Working together to work wonders™



# Questions???



Working together to work wonders™

