

**CORRECTIONAL MANAGED HEALTH CARE
COMMITTEE
AGENDA**

December 7, 2016

10:00 a.m.

UTMB Conroe Operations Offices
200 River Pointe Dr. , Suite 200
Conroe, Texas 77304

CORRECTIONAL MANAGED HEALTH CARE COMMITTEE

December 7, 2016

10:00 a.m.

UTMB Conroe Operations Offices
200 River Pointe Dr., Suite 200, Training Room
Conroe, Texas 77304

- I. Call to Order
- II. Recognitions and Introductions
- III. Consent Items
 1. Approval of Excused Absences
 2. Approval of CMHCC Meeting Minutes, September 20, 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 Fourth Quarter Report
2. Texas Tech University Health Sciences Center
3. The University of Texas Medical Branch

VII. Mental Health Programs Update

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

Rafael Ruiz, MD, Director of Psychiatry, TTUHSC CMHC

VIII. Public Comments

IX. Adjourn

Consent Item

Approval of CMHCC Meeting Minutes
September 20, 2016

CORRECTIONAL MANAGED HEALTH CARE COMMITTEE

September 20, 2016

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

CMHCC Members Present: Harold Berenzweig, M.D., Edward John Sherwood, M.D., Elizabeth Anne Linder, Ed.D., Cynthia Jumper, M.D., Tamela Griffin, Ben Raimer, M.D., Mary Annette Gary, Ph.D

CMHCC Members Absent: Lannette Linthicum, M.D., CCHP-A, FACP

Partner Agency Staff Present: Oscar Mendoza, Ron Steffa, Marsha Brumley, Natasha Mills, Charlene Maresh, Rebecka Berner, Robert Williams, M.D., Texas Department of Criminal Justice; Stephen Smock, Kelly Coates, Anthony Williams, Monte Smith, M.D., Olugbenga Ojo, M.D., Marjorie, Kovacevich, Ryan Micks, Lauren Sheer, Susan Morris, M.D., John Pulvino, University of Texas Medical Branch (UTMB); Denise DeShields, M.D., Will Rodriguez, Texas Tech University Health Sciences Center (TTUHSC)

Others Present: Frances Vaughn, Offender Family Member

Location: Frontiers of Flight Museum, 6911 Lemmon Avenue, Dallas Texas 75209

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>I. Call to Order - Margarita de la Garza-Graham</p> <p>II. Recognitions and Introductions - Margarita de la Garza-Graham</p>	<p>Dr. de la Garza-Graham called the Correctional Managed Health Care Committee (CMHCC) meeting to order at 10:00 a.m. then noted that a quorum was present and the meeting would be conducted in accordance with Chapter 551 of the Texas Government Code, the Open Meetings Act.</p> <p>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 was no one signed up wishing to provide public comment.</p> <p>Dr. de la Garza-Graham thanked and welcomed everyone for being in attendance.</p> <p>Dr. de la Garza-Graham introduced Mr. Oscar Mendoza as the new Deputy Executive Director, of the Texas Department of Criminal Justice. Mr. Mendoza has taken the place of Bryan Collier who was appointed as Executive Director of TDCJ.</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>III. Approval of Consent Items</p> <p>- Margarita de la Garza-Graham</p> <ul style="list-style-type: none"> - Approval of Excused Absences - Approval of CMHCC Meeting Minutes – June 16, 2016 - Approval of TDCJ Health Services Monitoring Report - University Medical Director’s Reports <ul style="list-style-type: none"> - UTMB - TTUHSC - Summary of CMHCC Joint Committee/ Work Group Activities 	<p>Dr. de la Garza-Graham noted approval of the excused absence for Dr. Ben Raimer, and Dr. Annette Gary due to scheduling conflicts.</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 June 16, 2016.</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>IV. Update on Financial Reports</p> <ul style="list-style-type: none"> - Charlene Maresh 	<p>Dr. de la Garza-Graham called on Charlene Maresh to present the financial report.</p> <p>Ms. Maresh reported on statistics for the Third 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>Funding received by the universities was \$447.8 million dollars during the Third Quarter.</p>		<p>Dr. Raimer made motion to approve and Dr. Berenzweig seconded the motion which prevailed by unanimous vote.</p>

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>IV. Update on Financial Reports (Cont.)</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 51.2% percent, for a total of \$245.5 million. This strategy shows a surplus of \$4.4 million through the Third Quarter.</p> <p>Hospital and clinical care accounts for 38.6% of total expenditures at a cost of \$184.7 million. This strategy showed a shortfall of \$31.7 million through the Third Quarter.</p> <p>Pharmacy services makes up 10.2% of total health care expenditures at a cost of \$48.9 million, with a shortfall of \$4.1 million.</p> <p>Total expenditures during the Third Quarter were \$479.1 million, resulting in a shortfall through the Third Quarter of \$42.6 million dollars.</p> <p>As of the Third Quarter of FY 2016, the average service population is 146,987.</p> <p>The offender population age 55 and over had a slight increase with an average daily census through the Third Quarter of 16,742. This population makes up about 11.4 % of the overall population and accounts for 43% of total hospital cost.</p> <p>The average health care cost is \$11.90 per offender, per day, which is an increase from \$10.75 for FY 2015.</p> <p>The average mental health inpatient census is 1,829 of the total service population. The average mental health outpatient census is 22,941 of the total service population.</p> <p>The projected expenditures submitted by the universities for FY 2016 is \$642.6 million, resulting in a projected shortfall of \$55.8 million dollars.</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
IV. Update on Financial Reports (Cont.)	<p>Ms. Maresh then presented the committee with a draft format report of trending health care data per the request of the committee during the previous CMHCC meeting. The report provided an overview of funding spent within the health care strategies from FY 2010 through FY 2015, including projected expenses for FY 2016. The information was broken down by strategy as appropriated in the general appropriations act.</p>		
V. Summary of Critical Correctional Health Care Personnel Vacancies	<p>Dr. de la Garza-Graham thanked Ms. Maresh and called on Dr. Robert Williams to begin the presentation of the TDCJ's Critical Personnel Vacancies on behalf of Dr. Linthicum.</p>		
<ul style="list-style-type: none"> - Dr. Robert Williams, on behalf of Dr. Lannette Linthicum 	<p>Dr. Williams reported that there were two masters level Health Specialist V positions vacant within the Office of Mental Health Monitoring and Liaison.</p> <p>Dr. Williams noted that an offer had been extended to the selected applicant for the position of Director III within the Office of Mental Health Monitoring and Liaison.</p> <p>Dr. Williams reported that the position of Director II within the Office of Public Health had been reposted.</p> <p>Dr. Williams reported that the position of Investigator III was vacant at the Hilltop Unit. The position had closed and interviews had been scheduled.</p> <p>Dr. Williams noted there were two Investigator II positions vacant at the Montford Unit. The Health Services Division has requested approval to relocate these positions.</p> <p>Dr. Williams further reported that the vacant position of Manager IV within the Office of Health Services Liaison had been posted.</p>		
<ul style="list-style-type: none"> - Dr. Denise DeShields 	<p>Dr. de la Garza-Graham then called on Dr. DeShields to report on TTUHSC's critical vacancies.</p> <p>Dr. DeShields reported that an applicant had been selected to fill the Medical Director position located at the Dalhart Unit and would be starting in the month of October.</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>V. Summary of Critical Correctional Health Care Personnel Vacancies (Cont.)</p> <ul style="list-style-type: none"> - Dr. Owen Murray 	<p>Dr. de la Garza-Graham then called on Dr. Owen Murray to report on UTMB’s critical vacancies.</p> <p>Dr. Murray reported that UTMB is very mid-level dependent and the mid-level salaries much like nursing have outpaced the market. Dr. Murray believes going forward, more of a struggling trend will be seen unless some help is given during the legislative session to begin to move mid-level salaries forward.</p> <p>UTMB has been working alongside Dr. Linthicum on trying to switch some of these vacancies to telemedicine which would give a better opportunity to hire individuals into mid-level positions. However, historically those who have been hired in these types of positions have had long standing history practicing inside the prison systems, but ultimately, the strategy of telemedicine may have to be embraced.</p>		
<p>VI. Medical Director’s Updates</p> <ul style="list-style-type: none"> - Dr. Robert Williams, on behalf of Dr. Lannette Linthicum - TDCJ – Health Services Division FY 2016 Third Quarter Report - Operational Review Audit - Capital Assets Monitoring - Dental Quality Review Audit 	<p>Dr. de la Garza-Graham then called upon Dr. Williams to present the TDCJ Medical Director’s Report.</p> <p>Dr. Williams began by explaining that the deficiencies reported during operational reviews had been addressed with the units and each unit is working on corrective action plans to gain compliance. During the Third Quarter of FY 2016, (March, April and May 2016), Operational Review Audits (ORAs) were conducted on 10 facilities: Clements, Cole, Ferguson, Havins, Johnston, Kegans, Lindsey, Lychner, C. Moore, and Neal. Dr. Williams referred to the nine items found to be most frequently below 80 percent compliance.</p> <p>Dr. Williams next reported that the same 10 units listed above were audited and determined to be in compliance range for capital assets.</p> <p>Dr. Williams explained that Dental Quality Review audits were conducted at the following 11 facilities: Baten, Clemens, Clements, Dalhart, Jordan, Kegans, Lychner, Ramsey, Scott, Stringfellow, and Terrell.</p>		

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<p>VI. Medical Director's Updates (Cont.)</p> <ul style="list-style-type: none"> - Grievance and Patient Liaison Correspondence - Quality Improvement (QI) Access to Care Audit - Office of Public Health 	<p>Dr. Williams 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 Third Quarter of FY 2016, the PLP and the Step II Medical Grievance Programs received 4,848 correspondences. The PLP received 3,263 correspondences and Step II Medical Grievance received 1,585. There were 343 Action Requests generated. The percentages of sustained Step II Medical Grievances from UTMB were seven percent and three percent for TTUHSC.</p> <p>Dr. Williams added that the Quality Improvement Access to Care Audit addresses quality of care issues. There were 55 Sick Call Request Verification Audits conducted on 53 facilities. A total of 465 indicators were reviewed and 24 of the indicators fell below 80 percent compliance.</p> <p>Dr. Williams continued by explaining that the Public Health Program monitors cases of infectious diseases within the TDCJ population. There were 625 cases of Hepatitis C identified for the Third Quarter FY 2016. There were 15,603 intake tests and 138 were newly identified as having Human Immunodeficiency Virus (HIV) infections. During the Third Quarter FY 2016, 9,327 pre-release test were performed and 1 offender tested HIV positive. 3 new Acquired Immunodeficiency Syndrome (AIDS) cases were identified in the Third Quarter FY 2016.</p> <p>201 cases of suspected Syphilis were reported in the Third Quarter FY 2016. Fifteen of those required treatment or retreatment.</p> <p>138 Methicillin-Resistant Staphylococcus Aureus (MRSA) cases were reported for the Third Quarter FY 2016.</p> <p>Dr. Williams advised that there was an average of 18 Tuberculosis (TB) cases under active management for the Third Quarter FY 2016.</p> <p>Dr. Williams next reported the activities of the Sexual Assault Nurse Examiner (SANE) Coordinator which</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>VI. Medical Director's Updates (Cont.)</p> <ul style="list-style-type: none"> <li data-bbox="170 932 478 959">- Mortality and Morbidity <li data-bbox="170 1089 478 1146">- Office of Mental Health Monitoring & Liaison 	<p>collaborates with the Safe Prisons Program and is trained and certified by the Texas Attorney General's Office. This person provides in-service training to facility staff in the performance of medical examinations, evidence collection and documentation and use of the sexual assault kits.</p> <p>During the Third Quarter FY 2016, training sessions were held at 25 units. This position also audits the documentation and services provided by medical personnel for each sexual assault reported. There were 206 chart reviews of alleged sexual assaults. There were 14 deficiencies found this quarter. 64 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. Williams noted that the Peer Education Program is a nationally recognized program in which many offenders participate. 22,483 offenders attended classes presented by educators. Within the TDCJ, 100 of the 109 facilities have active peer education programs. 97 offenders trained to become peer educators during the Third Quarter of FY 2016. This was a decrease from offenders trained in the Second Quarter FY 2016.</p> <p>Dr. Williams reported that there were 108 deaths reviewed by the Mortality and Morbidity Committee during the Third Quarter of FY 2016. Of those 108 deaths, 8 were referred to peer review committees for further review.</p> <p>Dr. Linthicum provided a summary of the activities performed by the Office of Mental Health Monitoring & Liaison (OMHM&L) during the Third Quarter of FY 2016. Administrative Segregation (Ad Seg) audits were conducted on 17 facilities. 2,709 offenders were observed, 2,287 were interviewed and five offenders were referred to the university providers for further evaluation. Access to Care for mental health (ATC) 4 was met at 100 percent on 17 of the 19 facilities audited and (ATC) 5 was met at 100 percent on 18 of the 19 facilities.</p>		

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<p>VI. Medical Director's Updates (Cont.)</p> <ul style="list-style-type: none"> - Office of Health Services & Liaison - Accreditation - Biomedical Research Projects 	<p>Four inpatient mental health facilities were audited with respect to compelled medications. 68 instances of compelled psychoactive medication administration occurred. Jester IV, Montford, and Skyview were 100 percent compliant with logging all incidents of compelled psychoactive medication and documenting the required criteria in the medical record. Clements unit reported no instances of compelled psychoactive medication. Clements unit held a compliance score of 100 percent for the months of March and May but fell out of compliance in April, a Corrective Action Plan was requested.</p> <p>There were 27 intake facilities audited with respect to mental health evaluation within 14 days of identification. There were 16 facilities that met or exceeded 80 percent compliance.</p> <p>The Office of Health Services Liaison (HSL) conducted 178 hospital and 49 infirmary discharge audits. UTMB had 5 deficiencies identified and TTUHSC had 1 deficiency identified for the hospital discharge audits. UTMB had 16 deficiencies identified and TTUHSC had 0 for the infirmary discharge audits.</p> <p>Dr. Williams reported that there were 14 units reaccredited by the American Correctional Association (ACA).</p> <p>Dr. Williams referenced the research projects as reported by the (TDCJ) Executive Services.</p>	<p>Dr. Sherwood asked if infectious disease of foodborne outbreaks occur within the prison facilities and if there is adequate monitoring taking place.</p> <p>Dr. Williams explained that the agency has a robust monitoring system that monitors outbreaks such as Gastrointestinal GI, chicken pox, influenza, measles and any other diseases that are reportable to The Department of State Health Services. Dr. Williams further reported that if an individual unit has three or more cases of the</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>VI. Medical Director's Updates (Cont.)</p>		<p>same illness within a 24 hour period, it is reported to TDCJ, Health Services Division.</p> <p>Dr. Berenzweig asked if information could be provided or if any was kept on how sentinel events are handled inside the hospitals, and inquired on the outcomes of the Morbidity and Mortality (M&M) Review Committee cases that were referred to the committee.</p> <p>Dr. Williams responded that the peer review function falls under the individual universities and that the reporting is limited to maintain the privilege of the confidential nature of the reviews. The finding are not reported back.</p> <p>Dr. Murray expanded on Dr. Williams' response by explaining that peer review had been negotiated with TDCJ over the last 20 years. TDCJ has representation on all of the peer reviews of both UTMB and TTUHSC and are involved in the discussions, but due to the concern of confidentiality and sharing of the information, the universities report the end result of what occurred back to the TDCJ Medical Director.</p> <p>Dr. Ojo, UTMB reported that when sentinel events do occur, they are reviewed by the Quality and Review Committee, then taken to the University Safety Event Action Team and to the president's level Quality Clinical Chairs Committee.</p> <p>Dr. DeShields also responded that since TTUHSC does not own their own hospital, sentinel events are managed through the individual hospitals Risk Management Department. Corrective action plans are developed and the information is then given to TTUHSC once the cases have been adjudicated.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>VI. Medical Director's Updates (Cont.)</p> <ul style="list-style-type: none"> - Texas Tech University Health Sciences Center - Denise DeShields, MD <p>University of Texas Medical Branch</p> <ul style="list-style-type: none"> - Owen Murray, DO <p>VII. Update on the CMHCC Joint Medical Directors Working Group</p> <ul style="list-style-type: none"> - Owen Murray, DO 	<p>Dr. de la Garza-Graham thanked Dr. Williams then called on Dr. DeShields to present the report for TTUHSC.</p> <p>Dr. DeShields introduced Mr. Will Rodriguez, Senior Managing Director, TTUHSC CMHC, who will oversee Administrative Operations, Finance, Human Resources, and Information Technology.</p> <p>Dr. de la Garza-Graham then called on Dr. Murray to present the report for UTMB.</p> <p>Dr. Murray reported that Dr. Kahn, previous UTMB Virologist, had returned back at a full time status. Dr. Murray further reported that the treatment of Hepatitis C was moving forward, so in the future, reports regarding pharmacy costs for Hepatitis C treatment may show an increase.</p> <p>Dr. de la Garza-Graham then asked Dr. Murray to provide an update on the, CMHCC Joint Medical Directors Working Group.</p> <p>Dr. Murray explained that the Joint Medical Directors Working Group (JMDWG) is made up by the Chair of the CMHCC, and the medical directors from all three partnering agencies, TDCJ, UTMB, and TTUHSC. Historically, the Chair has delegated chairmanship of the committee to one of the three medical directors which is held by the appointed director for two years.</p> <p>Dr. Murray reported that the basic responsibility of the committee is the oversight of the Offender Health Services Plan and ensuring that the plan is in line with good care and practice. The working group is responsible for fielding recommendations from other committees as well as from the</p>	<p>Dr. Murray further reported that Hospital Galveston is part of UTMB so it is joint commission accredited, meaning all rules and regulations regarding event reporting, safety, and quality must be followed.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
VII. Update on the CMHCC Joint Medical Directors Working Group (Cont.)	<p>free world in terms of care transition and developing ways to incorporate them into the Offender Health Services Plan.</p> <p>The JMDWG serves as a resource to all other committees both in terms of content and guidance. It also provides advice and guidance in the event a decision cannot be agreed upon by members associated within the other committees.</p> <p>Dr. Murray further reported another major responsibility of the committee is the sorting of contemporary care. Dr. Murray referenced Hepatitis C and Gender Dysphoria as two major issues being discussed.</p> <p>Dr. Murray used Gender Dysphoria as an example of something that was approached one way, but then changed out in the community so it was brought to the medical directors who put a working group together and moved forward in transitioning the agency care program into something more in line with community standards.</p> <p>Dr. Murray explained that with issue resolution, the committee tries their best to utilize state resources in the most conservative manner possible between all three agencies. A great deal of time is spent on figuring out how to move patients within the system and how care is provided whether it's with Human Immunodeficiency Virus (HIV) on the UTMB side because of the 340B pricing, or Hepatitis C Program or moving mental health patients over the Texas Tech sector. There is an ongoing dialog between the three medical directors in terms of where the best care can be found at the best cost and how the State's resources can be used most wisely. The committee also addresses any and all concerns whether they are internal or external and resolve complaints in a smooth and mannerly fashion.</p>		
III. Public Comments	<p>Dr. de la Garza-Graham thanked Dr. Murray and with no further questions, proceeded with the announcement of acceptance of any public comments.</p> <p>Dr. de la Garza-Graham noted in accordance of the CMHCC's policy, during each meeting the public is given the opportunity to express comments. No one signed up to express public comment.</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
X. Adjourn	Dr. de la Garza-Graham thanked everyone for their attendance and adjourned the meeting at 10:40 AM.		

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

Date:

Consent Item

TDCJ Health Services
Monitoring Reports

Rate of Compliance with Standards by Operational Categories
 Fourth Quarter, Fiscal Year 2016
 June 2016 - August 2016

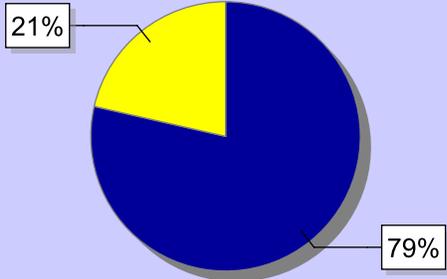
Unit	Operations/ Administration			General Medical/Nursing			Coordinator of Infectious Disease			Dental			Mental Health			Fiscal		
	<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance	
Bridgeport PPT	28	22	79%	12	8	67%	11	10	91%	9	6	67%	11	6	55%	NA	NA	NA
East Texas TF	33	32	97%	15	11	73%	19	6	32%	11	6	55%	14	6	43%	NA	NA	NA
Fort Stockton	31	30	97%	13	12	92%	18	15	83%	11	11	100%	2	1	50%	6	6	100%
Goree	32	31	97%	17	15	88%	24	22	92%	11	11	100%	12	11	92%	5	5	100%
Hodge	32	32	100%	13	12	92%	32	21	66%	11	10	91%	21	18	86%	3	3	100%
Holliday	33	32	97%	15	13	87%	32	32	100%	11	10	91%	14	14	100%	7	7	100%
Hutchins	33	31	94%	15	12	80%	43	35	81%	12	12	100%	16	15	94%	3	3	100%
Jordan	32	32	100%	12	12	100%	20	19	95%	11	11	100%	2	2	100%	6	6	100%
Lynaugh	32	31	97%	13	13	100%	16	8	50%	11	11	100%	14	11	79%	7	7	100%
Middleton	30	29	97%	15	11	73%	38	30	79%	12	11	92%	15	15	100%	7	7	100%
Skyview	33	32	97%	13	13	100%	30	23	77%	2	2	100%	42	40	95%	3	3	100%
South Texas ISF	30	24	80%	11	2	18%	10	3	30%	10	5	50%	13	7	54%	NA	NA	NA
West Texas ISF	29	22	76%	9	4	44%	8	1	12%	2	0	0%	11	6	55%	NA	NA	NA

n = number of applicable items audited.

Compliance Rate By Operational Categories for BRIDGEPORT PPT FACILITY

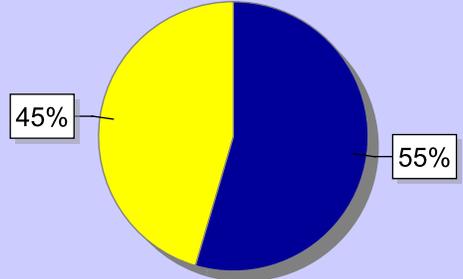
June 07, 2016

Administrative/Medical Records



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

Mental Health

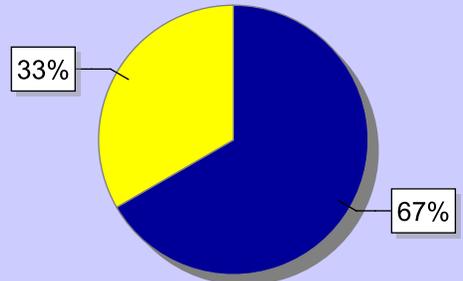


● Compliant (80-100%) ● Not Compliant (<80%)

Fiscal Monitoring

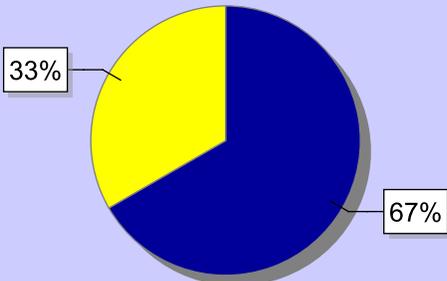
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Nursing



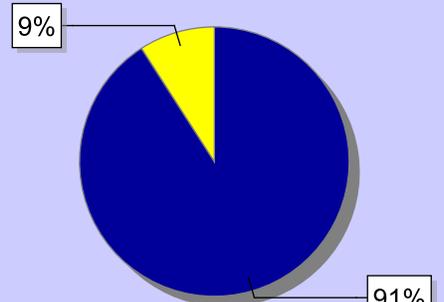
● Compliant (80-100%) ● Not Compliant (<80%)

Dental



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

Coordinator of Infections Disease

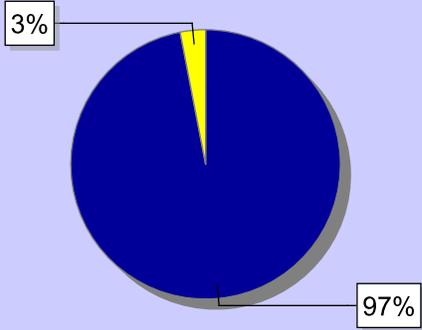


● Compliant (80-100%) ● Not Compliant (<80%)

Compliance Rate By Operational Categories for EAST TEXAS TF FACILITY

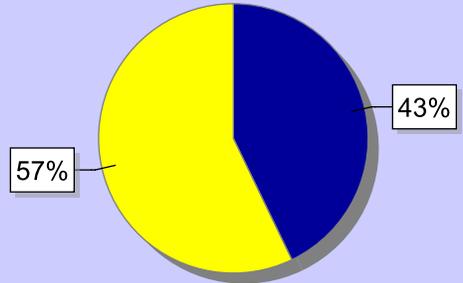
June 02, 2016

Administrative/Medical Records



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

Mental Health

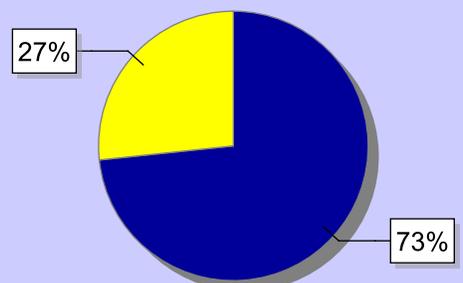


● Compliant (80-100%) ● Not Compliant (<80%)

Fiscal Monitoring

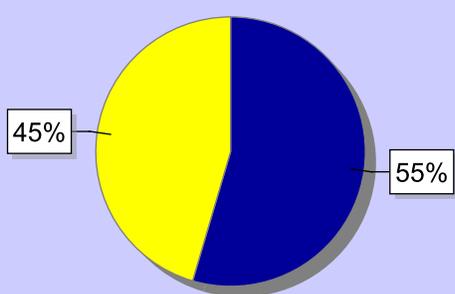
● Compliant (80-100%) ● Not Compliant (<80%)

Nursing



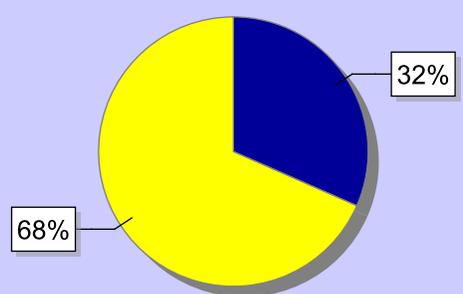
● Compliant (80-100%) ● Not Compliant (<80%)

Dental



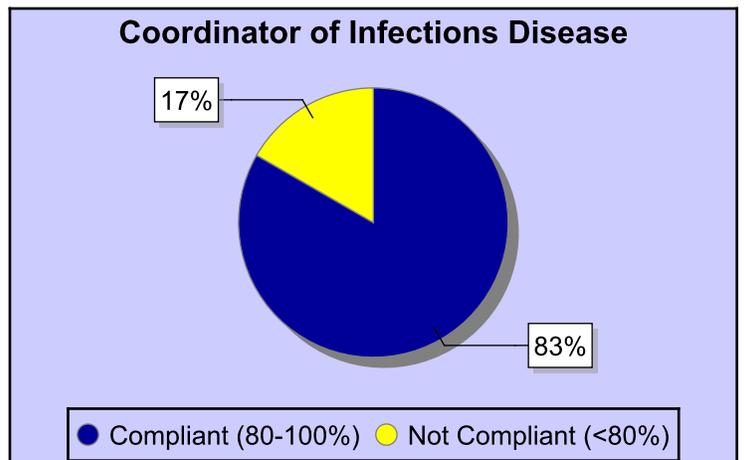
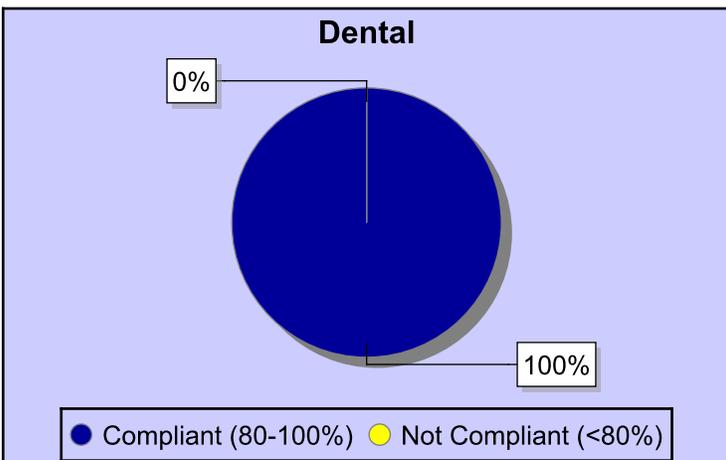
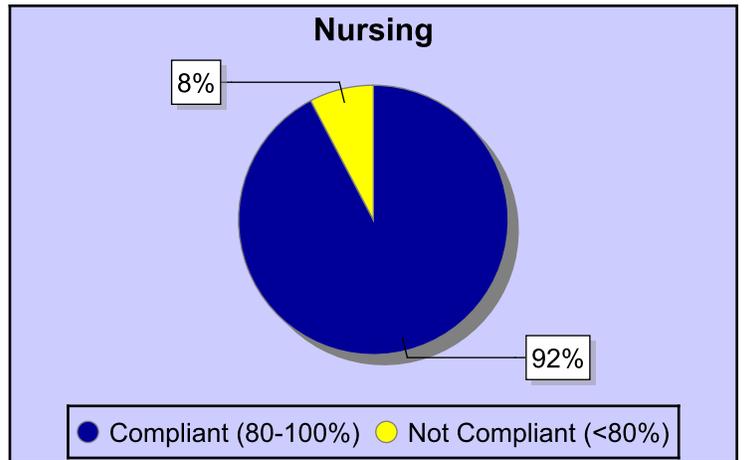
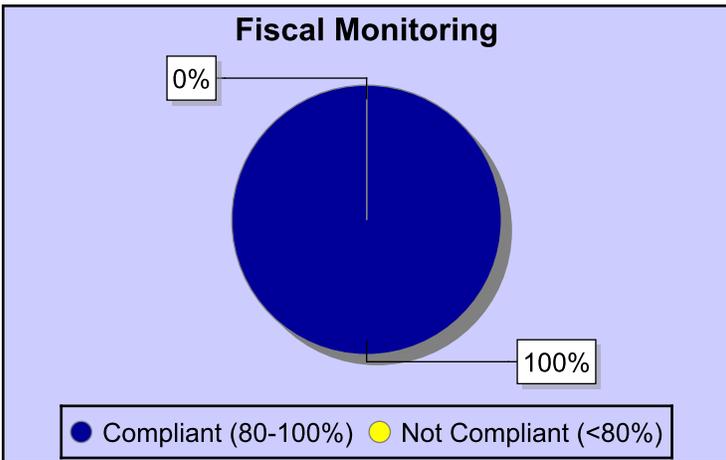
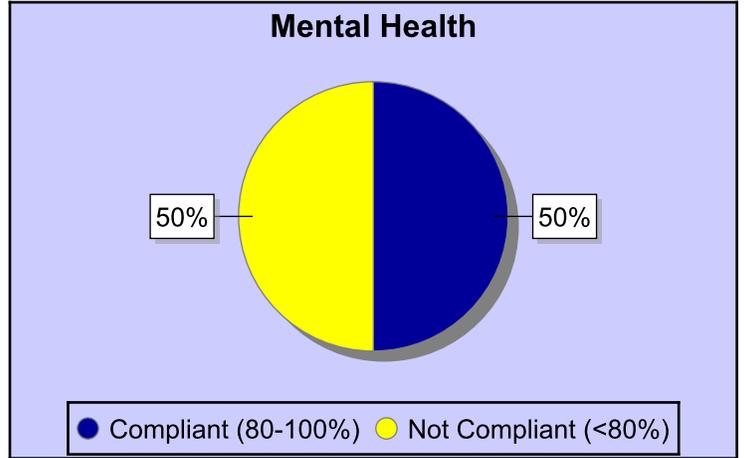
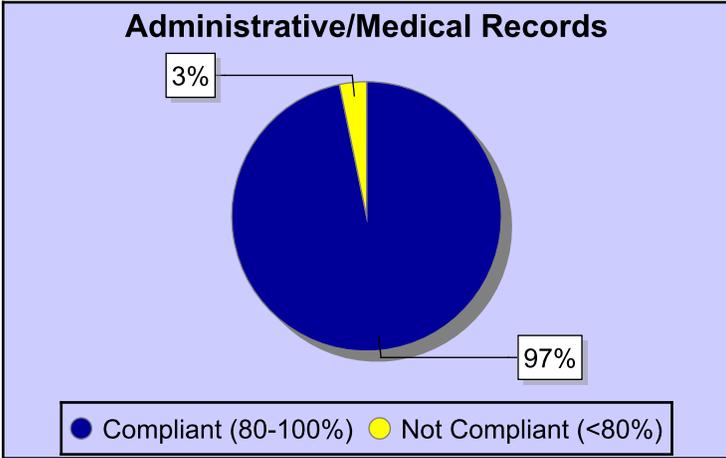
● Compliant (80-100%) ● Not Compliant (<80%)

Coordinator of Infections Disease

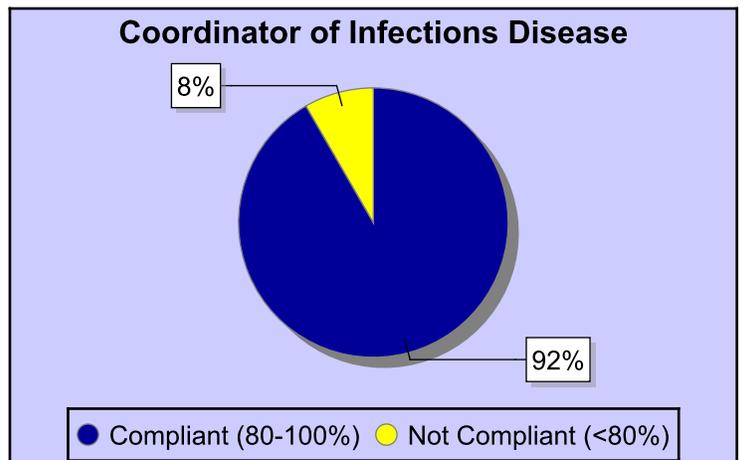
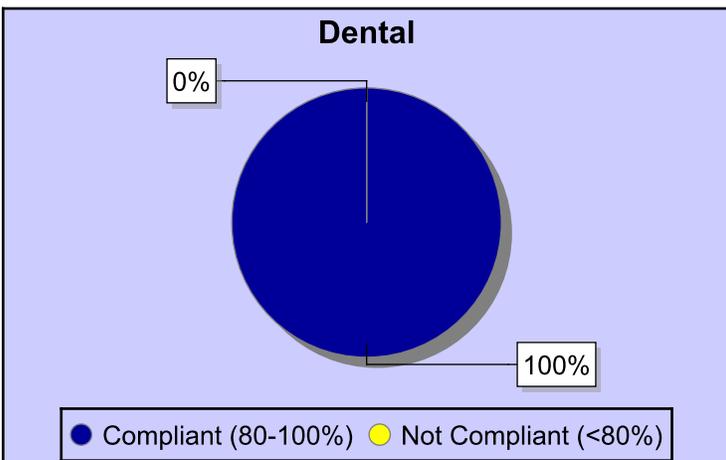
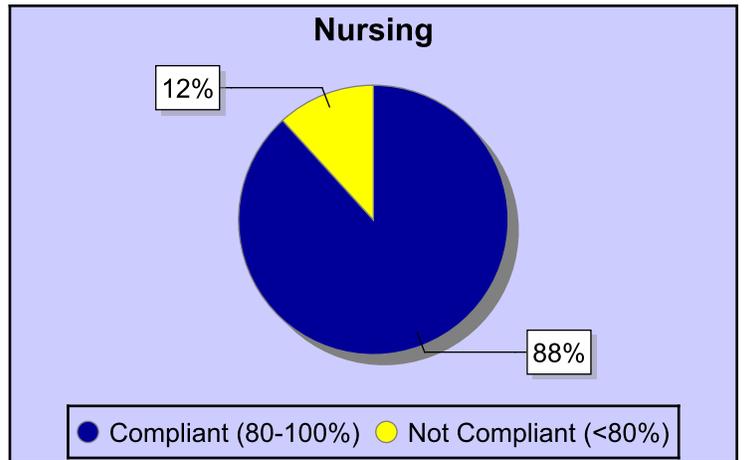
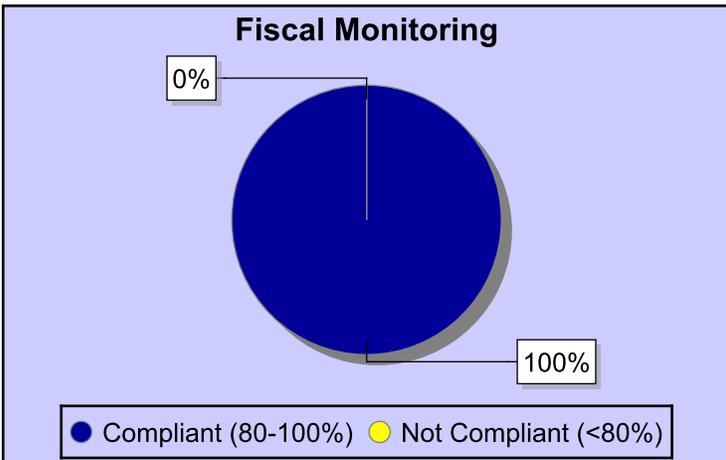
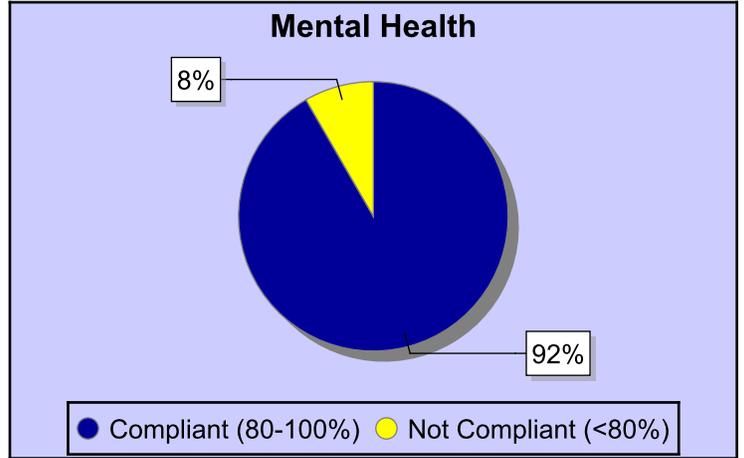
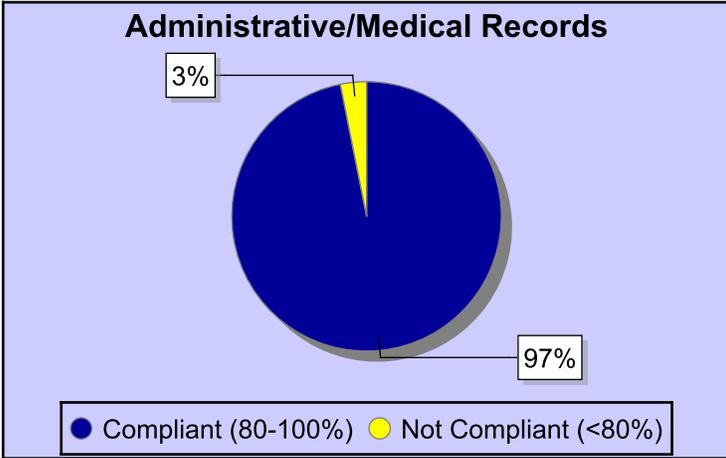


● Compliant (80-100%) ● Not Compliant (<80%)

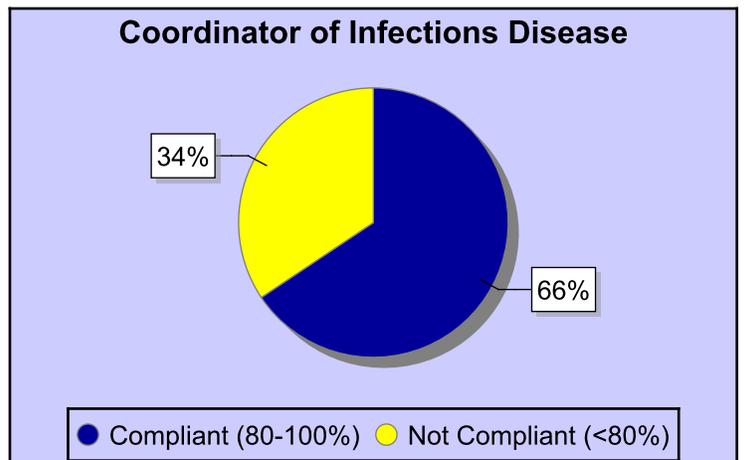
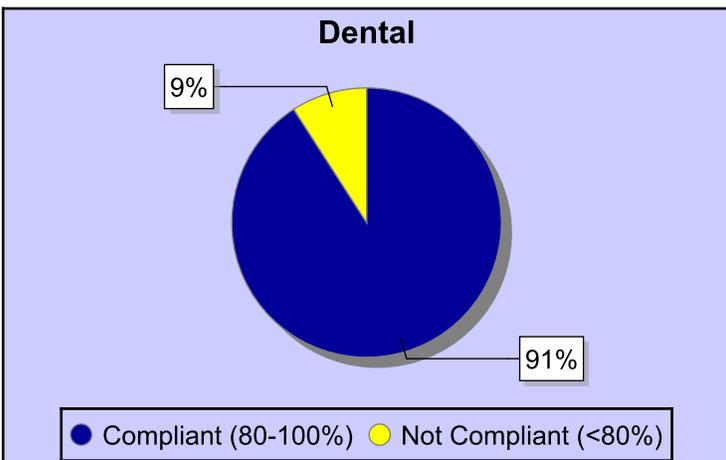
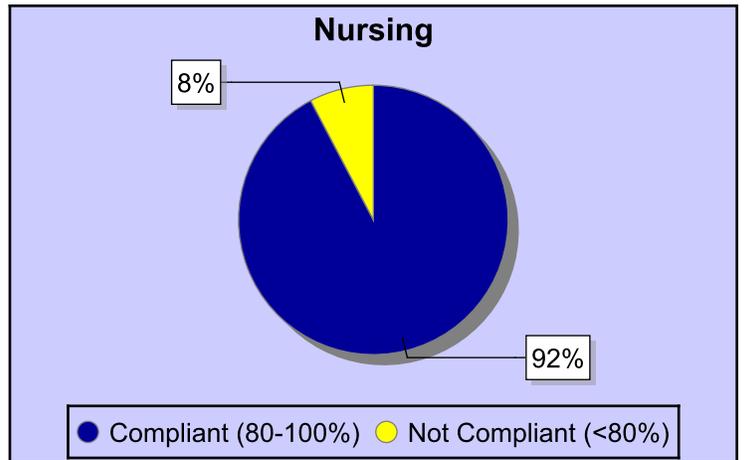
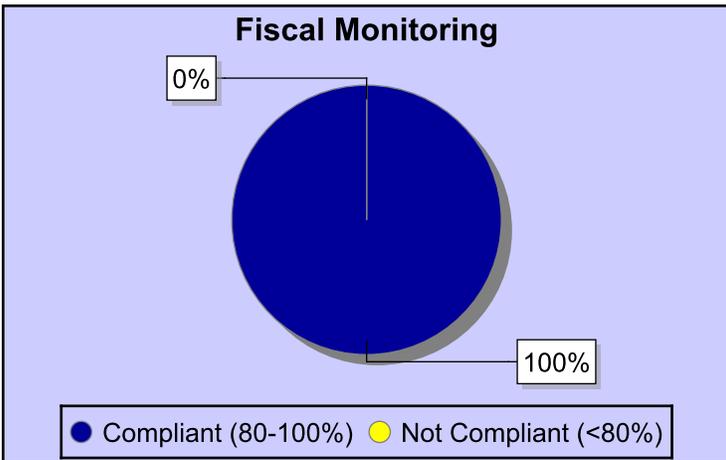
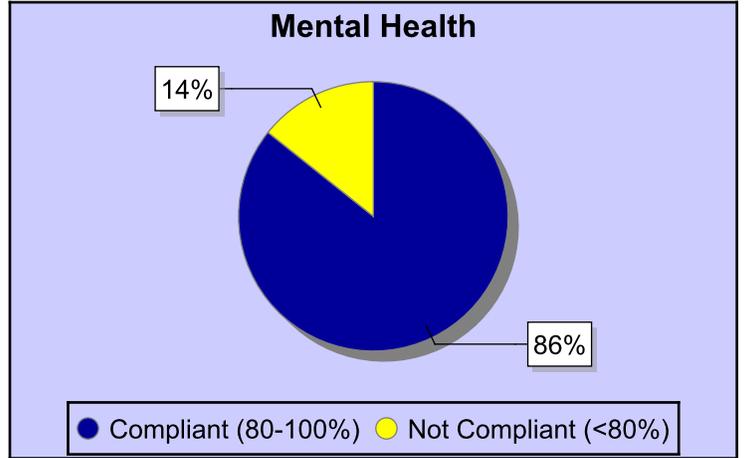
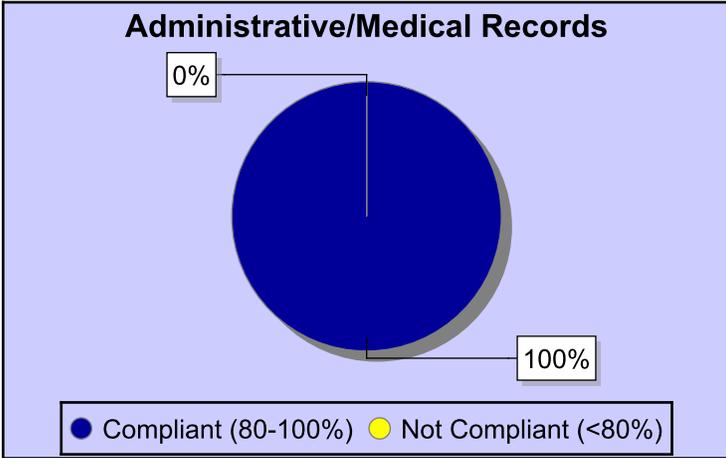
Compliance Rate By Operational Categories for
FORT STOCKTON FACILITY
August 02, 2016



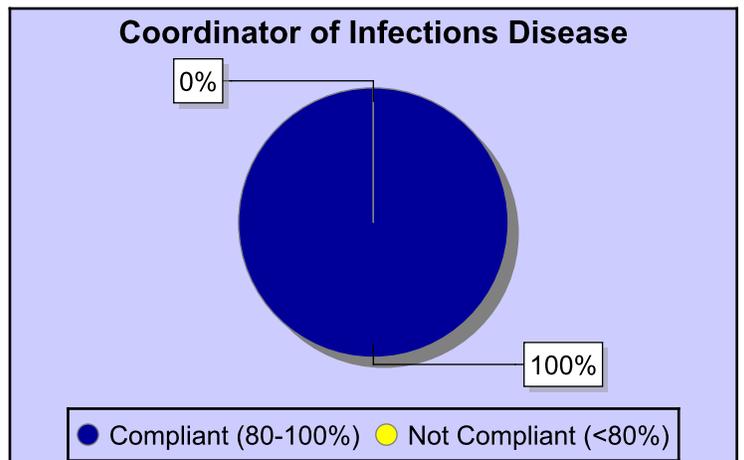
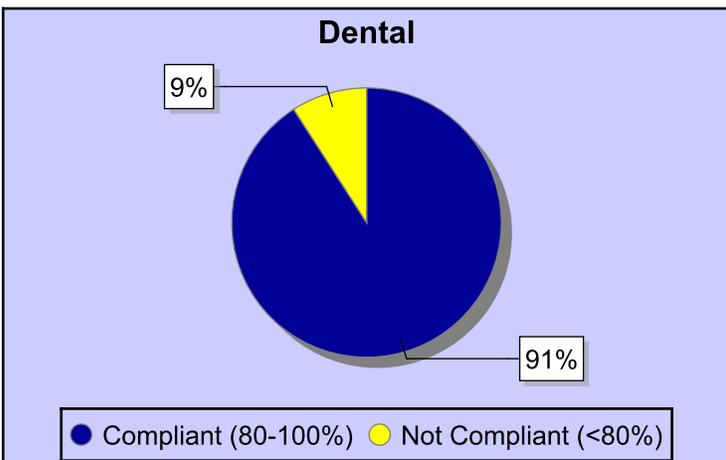
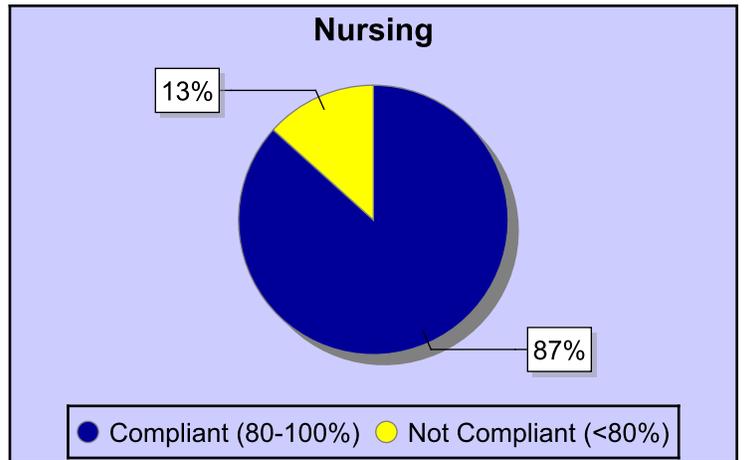
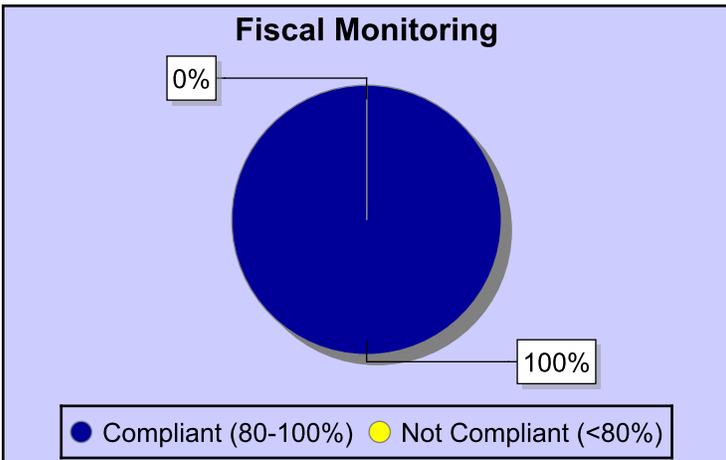
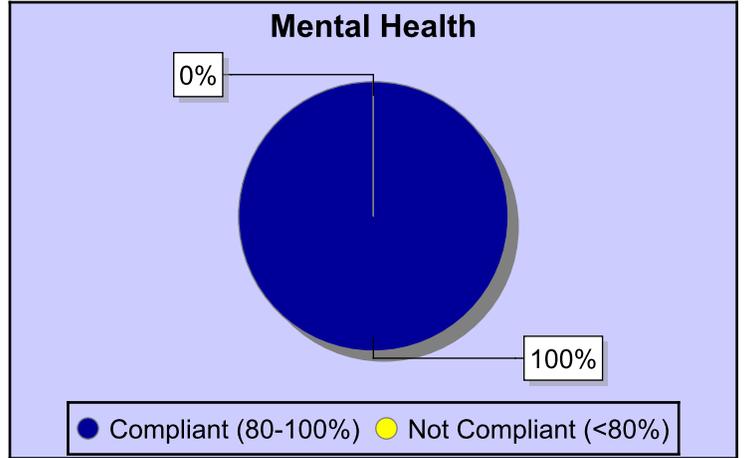
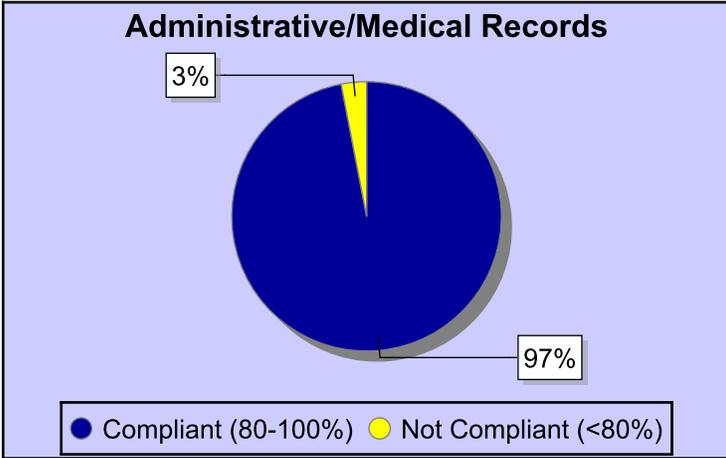
Compliance Rate By Operational Categories for
GOREE FACILITY
July 01, 2016



Compliance Rate By Operational Categories for
HODGE FACILITY
August 02, 2016

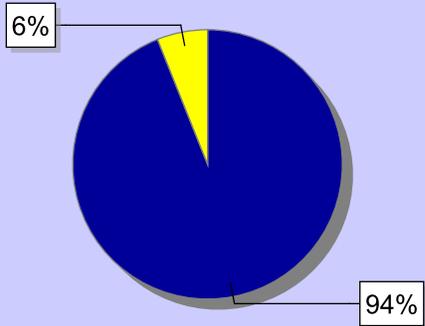


Compliance Rate By Operational Categories for
HOLLIDAY FACILITY
July 01, 2016



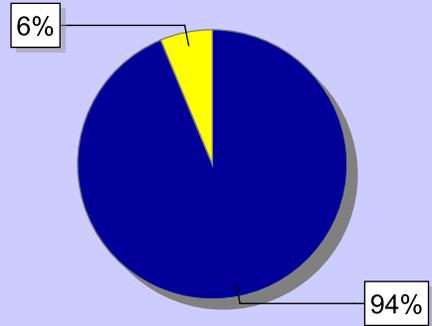
Compliance Rate By Operational Categories for
HUTCHINS FACILITY
August 03, 2016

Administrative/Medical Records



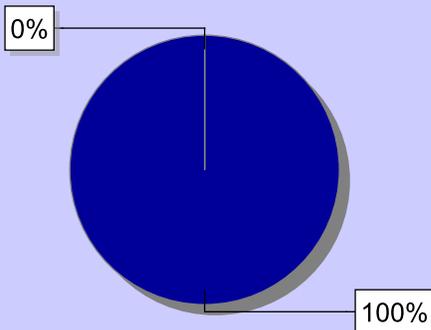
● Compliant (80-100%) ● Not Compliant (<80%)

Mental Health



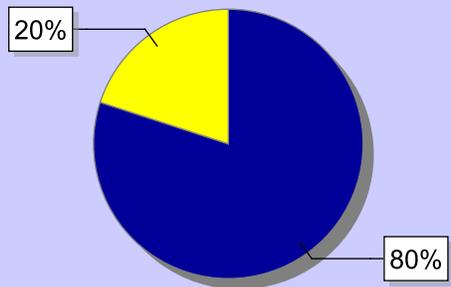
● Compliant (80-100%) ● Not Compliant (<80%)

Fiscal Monitoring



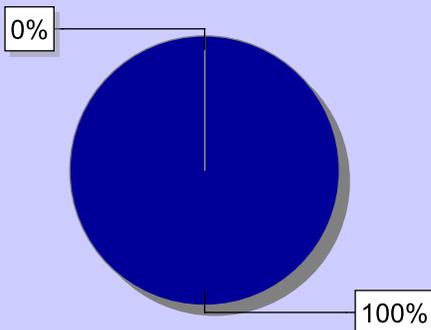
● Compliant (80-100%) ● Not Compliant (<80%)

Nursing



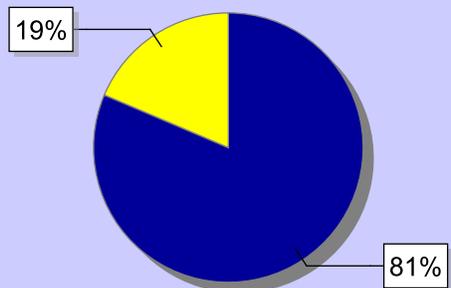
● Compliant (80-100%) ● Not Compliant (<80%)

Dental



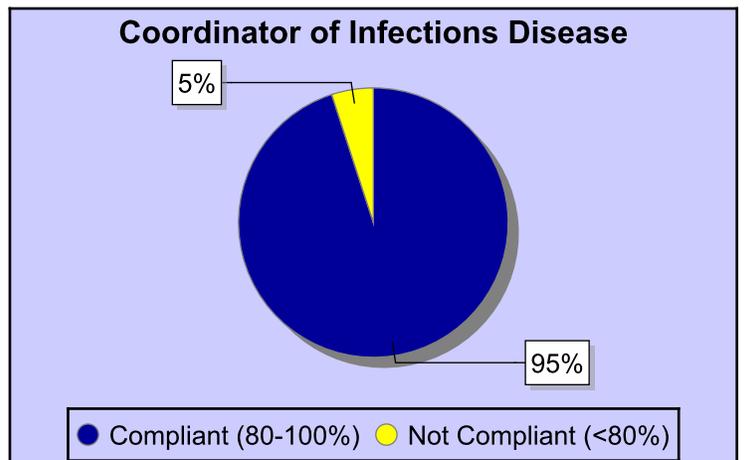
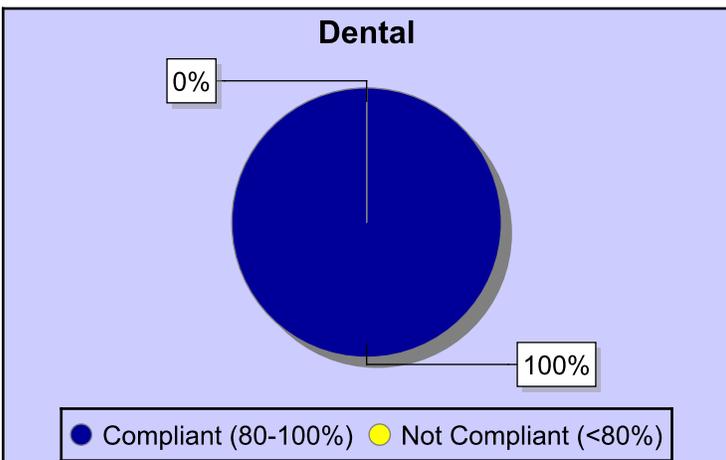
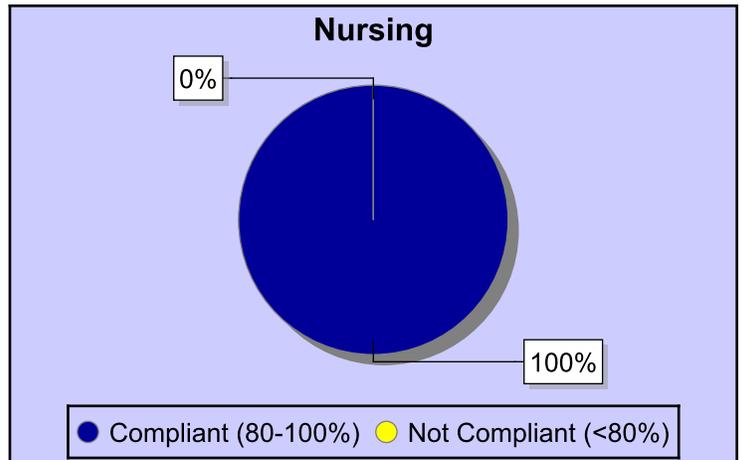
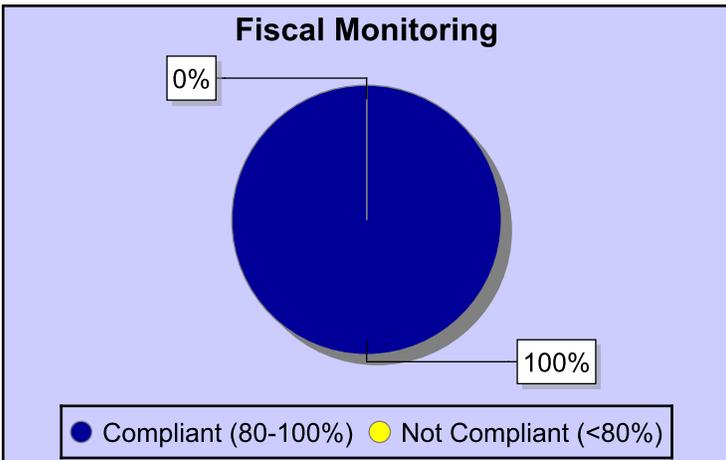
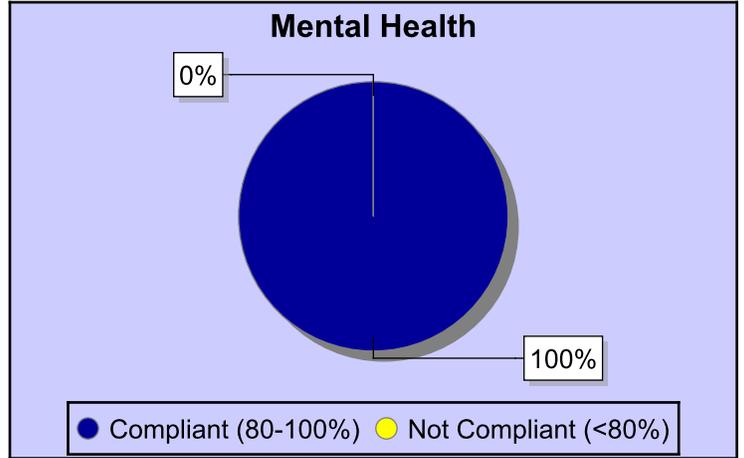
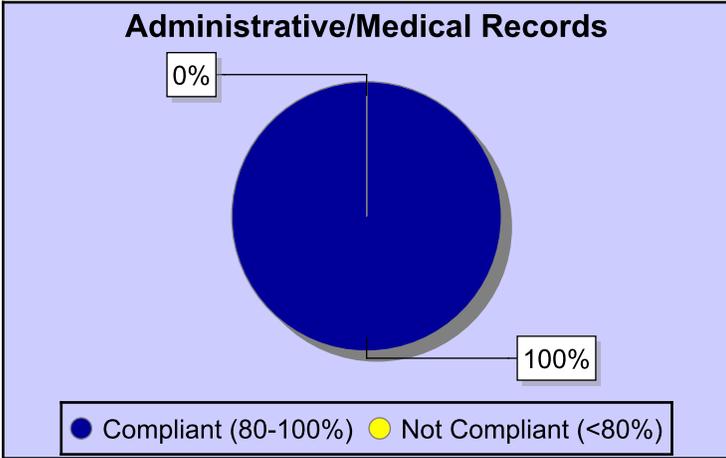
● Compliant (80-100%) ● Not Compliant (<80%)

Coordinator of Infections Disease



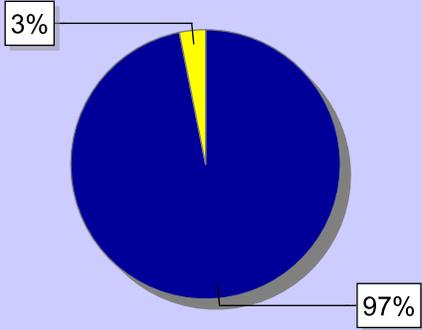
● Compliant (80-100%) ● Not Compliant (<80%)

Compliance Rate By Operational Categories for
JORDAN FACILITY
July 06, 2016



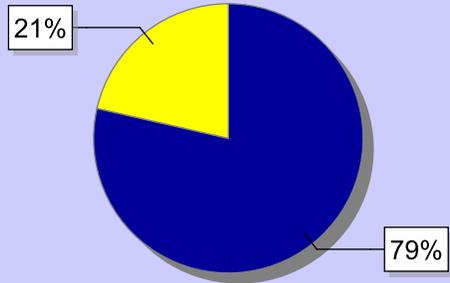
Compliance Rate By Operational Categories for
LYNAUGH FACILITY
August 02, 2016

Administrative/Medical Records



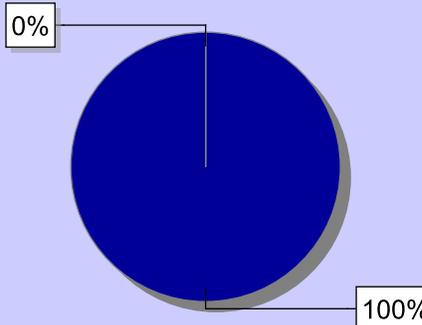
● Compliant (80-100%) ● Not Compliant (<80%)

Mental Health



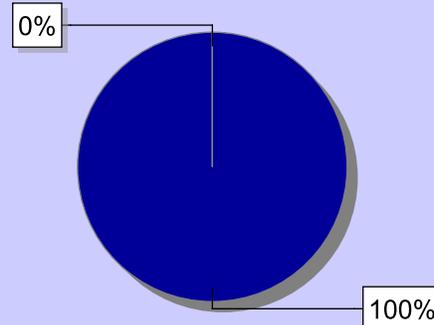
● Compliant (80-100%) ● Not Compliant (<80%)

Fiscal Monitoring



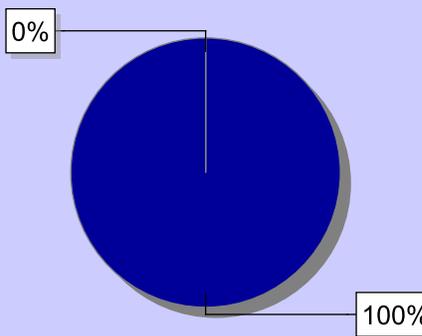
● Compliant (80-100%) ● Not Compliant (<80%)

Nursing



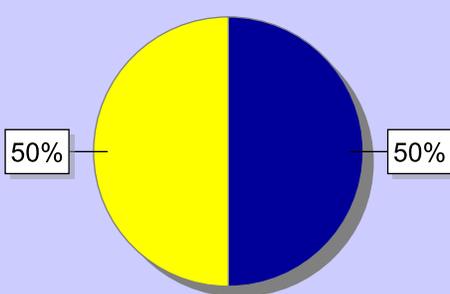
● Compliant (80-100%) ● Not Compliant (<80%)

Dental



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

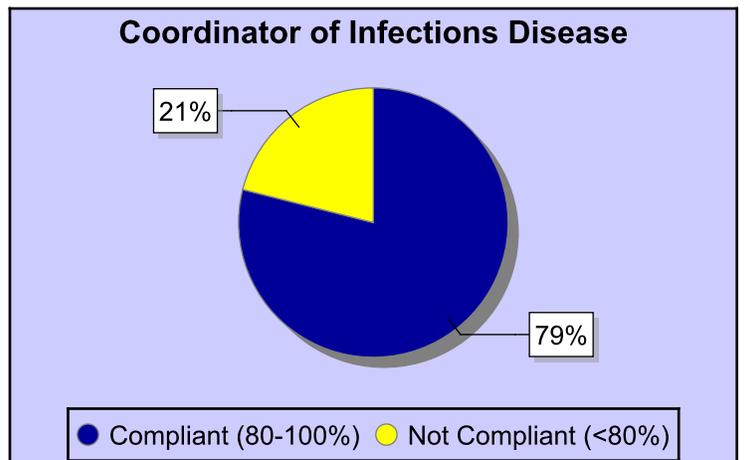
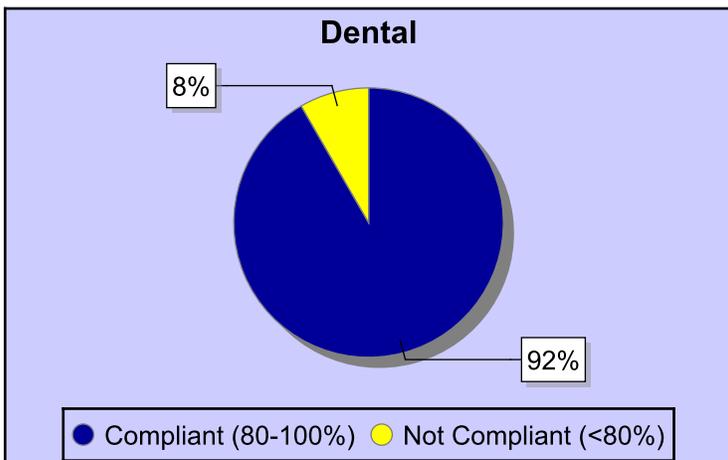
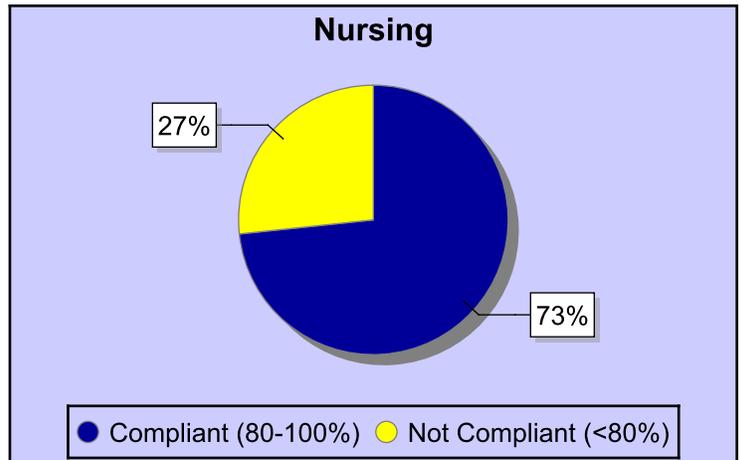
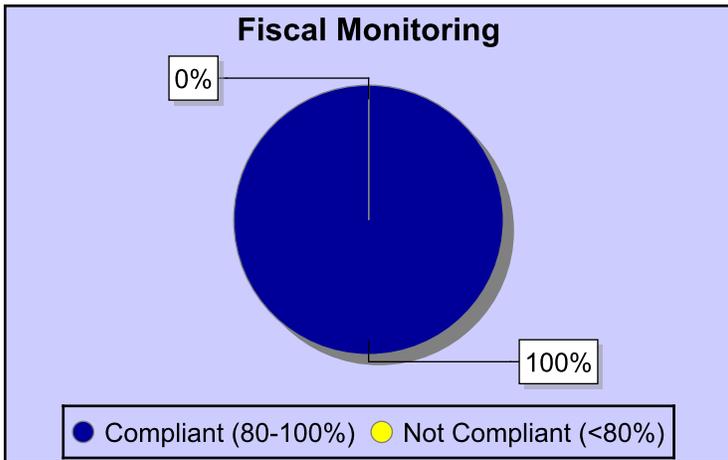
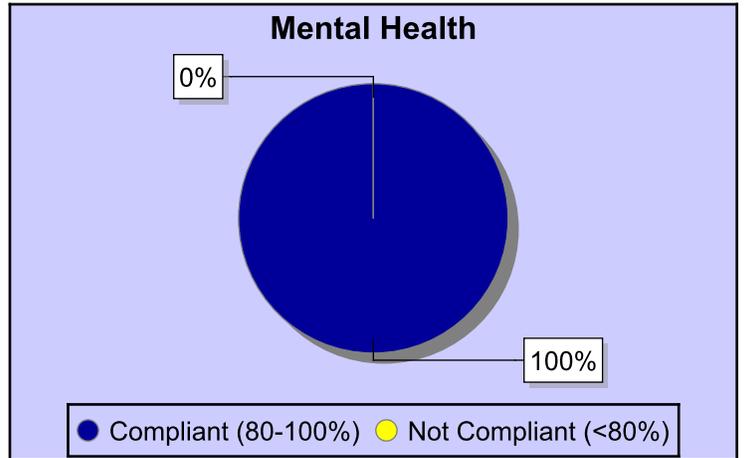
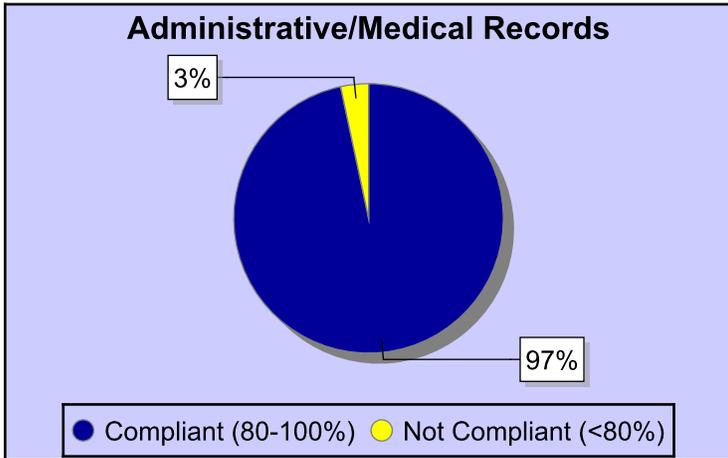
Coordinator of Infections Disease



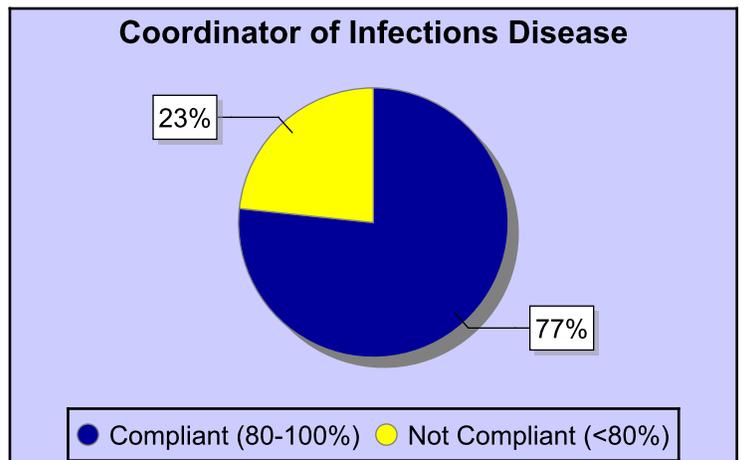
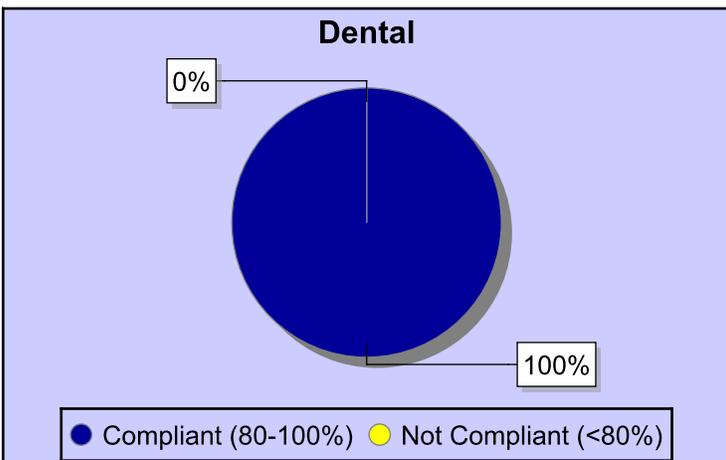
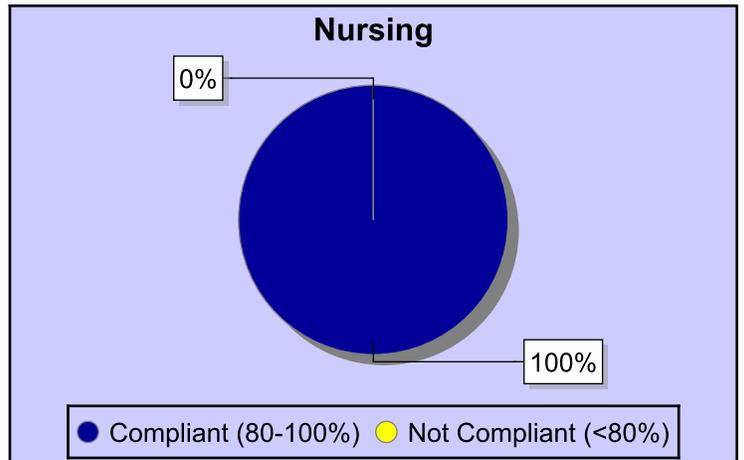
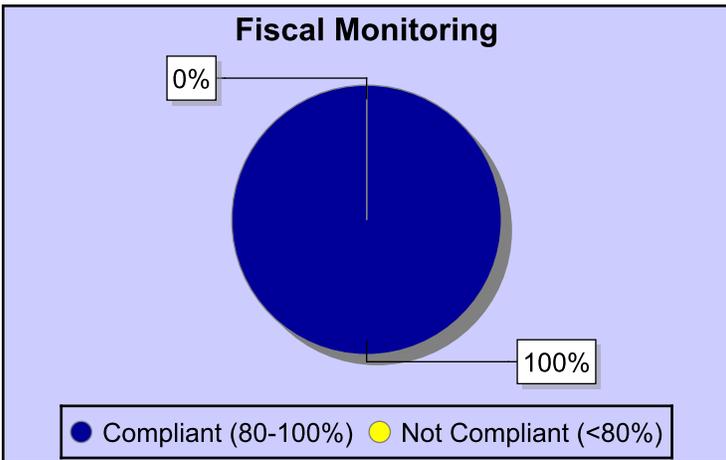
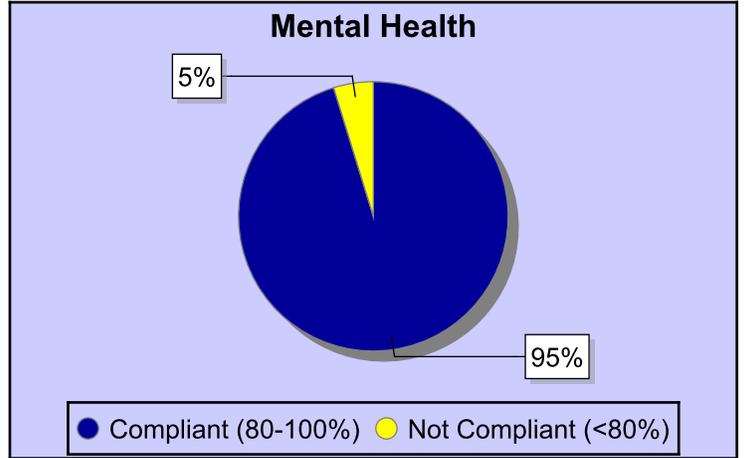
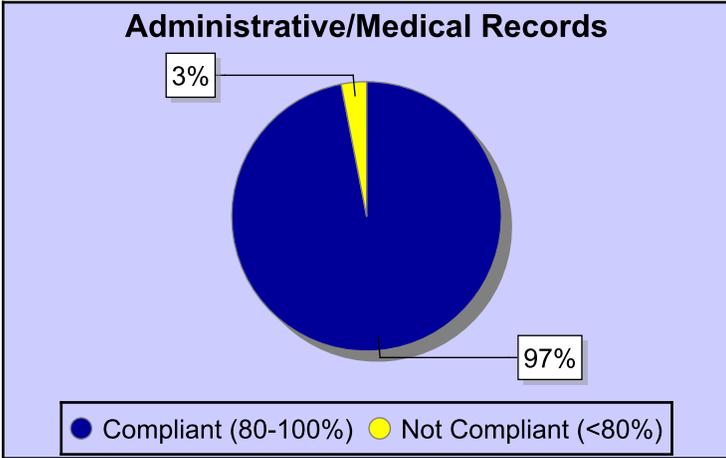
● Compliant (80-100%) ● Not Compliant (<80%)

Compliance Rate By Operational Categories for MIDDLETON FACILITY

June 14, 2016



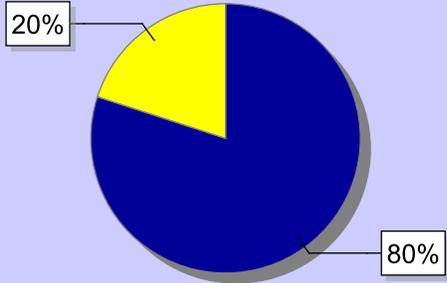
Compliance Rate By Operational Categories for
SKYVIEW FACILITY
August 01, 2016



Compliance Rate By Operational Categories for SOUTH TEXAS ISF FACILITY

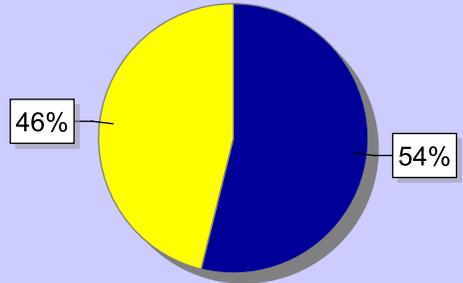
June 01, 2016

Administrative/Medical Records



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

Mental Health

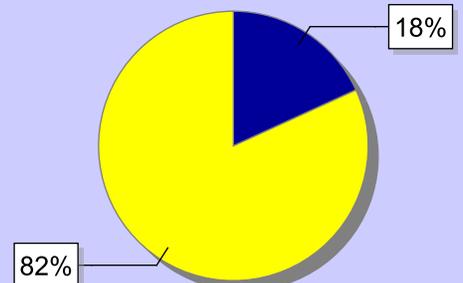


● Compliant (80-100%) ● Not Compliant (<80%)

Fiscal Monitoring

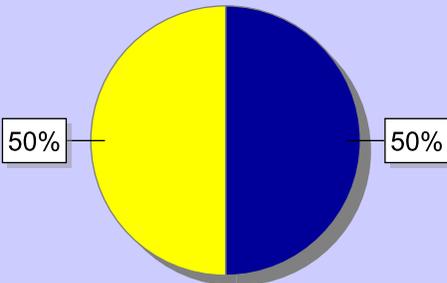
● Compliant (80-100%) ● Not Compliant (<80%)

Nursing



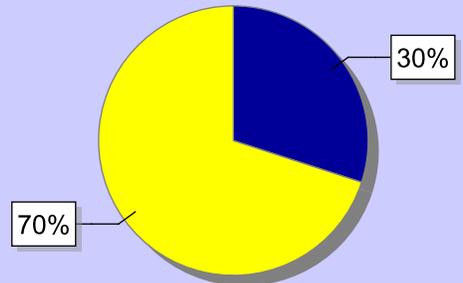
● Compliant (80-100%) ● Not Compliant (<80%)

Dental



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

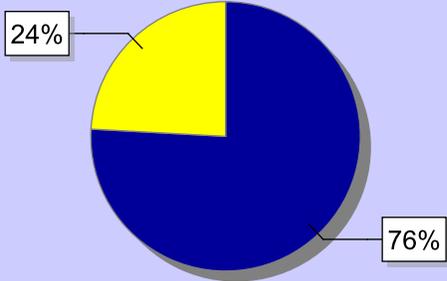
Coordinator of Infections Disease



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

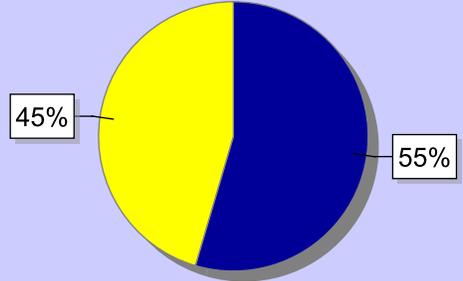
Compliance Rate By Operational Categories for
WEST TEXAS ISF FACILITY
July 12, 2016

Administrative/Medical Records



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

Mental Health

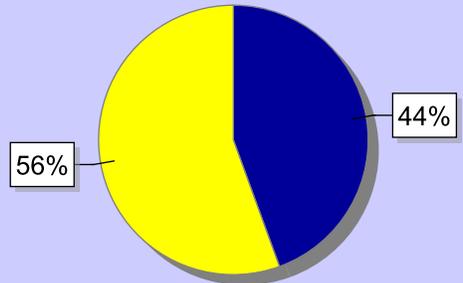


● Compliant (80-100%) ● Not Compliant (<80%)

Fiscal Monitoring

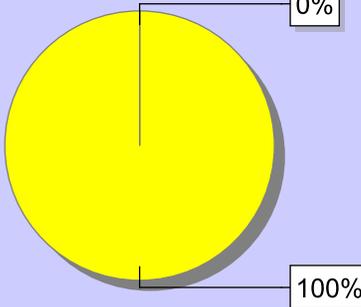
● Compliant (80-100%) ● Not Compliant (<80%)

Nursing



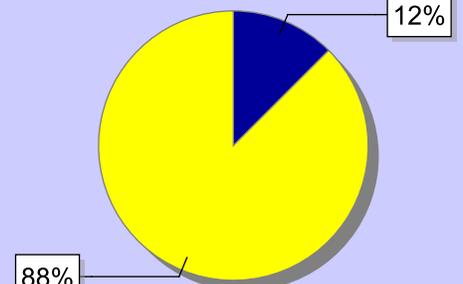
● Compliant (80-100%) ● Not Compliant (<80%)

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 August 31, 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***
Bridgeport PPT	10	80%	2	0
Crain	10	100%	0	0
Darrington	10	100%	0	0
East Texas TF	10	0%	1	9
Formby	10	100%	0	0
Hilltop	10	100%	0	0
Hughes	10	100%	0	0
Jester I	10	40%	4	2
Jester III	10	100%	0	0
Jester IV	10	90%	1	0
Luther	10	90%	1	0
Montford	10	80%	2	0
Mt. View	10	100%	0	0
Murray	10	90%	1	0
Pack	10	100%	0	0
Rudd	10	100%	0	0
South Texas ISF	10	50%	1	4
Tulia	10	80%	2	0
Vance	10	90%	1	0
West Texas ISF	10	0%	0 No data available indicating treatment	10 No data available indicating treatment
Wheeler	10	100%	0	0
Woodman	10	100%	0	0

Follow up audit of the Private Facilities: August 29-30, 2016

Facility	Charts Assessed by TDCJ as Urgent	Urgent Care Score *	Offenders receiving treatment but not within timeframe **	Offenders identified as needing definitive care***
Bridgeport PPT	5	40%	1	2
East Texas TF	10	0%	2	8
South Texas ISF	10	20%	3	5
West Texas ISF	10	0%	****	****

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

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

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

****No charts from the off-site dentist were available on the audit date to confirm whether or not offenders received definitive treatment within the timeframe of 14 days. This lack of documentation resulted in a score of 0%.

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

STEP II GRIEVANCE PROGRAM (GRV)													
Fiscal Year 2016	Total number of GRIEVANCE Correspondence Received Each Month	Total number of GRIEVANCE Correspondence Closed Each Month	Total number of Action Requests (Quality of Care, Personnel, and Process Issues)	Percent of Action Requests from Total # of GRIEVANCE Correspondence	Total number of Action Requests Referred to University of Texas Medical Branch-Correctional Managed Health Care			Total number of Action Requests Referred to Texas Tech University Health Sciences Center-Correctional Managed Health Care			Total number of Action Requests Referred to PRIVATE FACILITIES		
					Percent of Total Action Requests Referred	QOC*		Percent of Total Action Requests Referred	QOC*		Percent of Total Action Requests Referred	QOC*	
June	427	455	45	9.89%	33	9.67%	11	1	0.44%	1	1	0.44%	1
July	595	405	59	14.57%	32	10.37%	10	12	4.20%	5	0	0.00%	0
August	555	681	56	8.22%	34	6.46%	10	10	1.76%	2	0	0.00%	0
Totals:	1,577	1,541	160	10.38%	99	8.44%	31	23	2.01%	8	1	0.13%	1

PATIENT LIAISON PROGRAM (PLP)													
Fiscal Year 2016	Total number of Patient Liaison Program Correspondence Received Each Month	Total number of Patient Liaison Program Correspondence Closed Each Month	Total number of Action Requests (Quality of Care, Personnel, and Process Issues)	Percent of Action Requests from Total number of Patient Liaison Program Correspondence	Total number of Action Requests Referred to University of Texas Medical Branch-Correctional Managed Health Care			Total number of Action Requests Referred to Texas Tech University Health Sciences Center-Correctional Managed Health Care			Total number of Action Requests Referred to PRIVATE FACILITIES		
					Percent of Total Action Requests Referred	QOC*		Percent of Total Action Requests Referred	QOC*		Percent of Total Action Requests Referred	QOC*	
June	1,143	1,013	62	6.12%	22	5.73%	36	2	0.39%	2	0	0.00%	0
July	976	947	47	4.96%	31	4.44%	11	2	0.42%	2	0	0.11%	1
August	1,101	928	81	8.73%	31	7.76%	41	4	0.86%	4	1	0.11%	0
Totals:	3,220	2,888	190	6.58%	84	5.96%	88	8	0.55%	8	1	0.07%	1
GRAND TOTAL=	4,797	4,429	350	7.90%									

*QOC= Quality of Care

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

June 2016

Reportable Condition	Reports			
	2016 This Month	2015 Same Month	2016 Year to Date*	2015 Year to Date*
Chlamydia	9	4	27	30
Gonorrhea	1	0	12	11
Syphilis	63	74	455	394
Hepatitis A	0	0	0	0
Hepatitis B, acute	0	0	0	0
Hepatitis C, total and (acute [‡])	296	417	1,901	1,833
Human immunodeficiency virus (HIV) +, known at intake	152	190	1,221	1,206
HIV screens, intake	3,165	5,061	30,906	33,504
HIV +, intake	86	32	310	252
HIV screens, offender- and provider-requested	802	812	4,794	5,049
HIV +, offender- and provider-requested	1	5	2	8
HIV screens, pre-release	3,064	3,613	20,607	22,982
HIV +, pre-release	0	4	1	4
Acquired immune deficiency syndrome (AIDS)	1	2	6	15
Methicillin-resistant <i>Staph Aureus</i> (MRSA)	52	49	287	378
Methicillin-sensitive <i>Staph Aureus</i> (MSSA)	24	25	159	219
Occupational exposures of TDCJ staff	10	8	72	49
Occupational exposures of medical staff	2	3	16	16
HIV chemoprophylaxis initiation	0	0	19	13
Tuberculosis skin test (ie, PPD) +, intake	169	143	992	722
Tuberculosis skin test +, annual	54	42	395	316
Tuberculosis, known (ie, on tuberculosis medications) at intake	1	0	12	3
Tuberculosis, diagnosed at intake and attributed to county of origin (identified before 42 days of incarceration)	0	0	1	2
Tuberculosis, diagnosed during incarceration (identified after 42 days of incarceration)	0	2	13	10
Tuberculosis cases under management	20	29		
Peer education programs [¶]	0	0	100	100
Peer education educators [∞]	37	29	5,170	4,587
Peer education participants	6,125	6,534	40,754	38,119
Sexual assault in-service (sessions/units)	0	1/1	9/3	17/5
Sexual assault in-service participants	0	6	80	144
Alleged assaults and chart reviews	60	55	380	336
Bloodborne exposure labs drawn on offenders	23	19	122	127
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

July 2016

Reportable Condition	Reports			
	2016 This Month	2015 Same Month	2016 Year to Date*	2015 Year to Date*
Chlamydia	2	2	29	30
Gonorrhea	0	1	12	12
Syphilis	71	75	526	469
Hepatitis A	0	0	0	0
Hepatitis B, acute	0	0	0	0
Hepatitis C, total and (acute [‡])	186	286	1,694	2,119
Human immunodeficiency virus (HIV) +, known at intake	166	183	1,387	1,389
HIV screens, intake	4,439	5,516	35,345	39,020
HIV +, intake	0	32	396	309
HIV screens, offender- and provider-requested	754	906	5,548	5,955
HIV +, offender- and provider-requested	0	3	2	11
HIV screens, pre-release	3,829	3,257	24,436	26,239
HIV +, pre-release	0	0	1	4
Acquired immune deficiency syndrome (AIDS)	0	2	6	17
Methicillin-resistant <i>Staph Aureus</i> (MRSA)	59	40	346	418
Methicillin-sensitive <i>Staph Aureus</i> (MSSA)	27	32	186	251
Occupational exposures of TDCJ staff	17	5	89	54
Occupational exposures of medical staff	4	4	20	20
HIV chemoprophylaxis initiation	4	2	22	15
Tuberculosis skin test (ie, PPD) +, intake	177	129	1169	851
Tuberculosis skin test +, annual	62	47	457	636
Tuberculosis, known (ie, on tuberculosis medications) at intake	0	0	12	3
Tuberculosis, diagnosed at intake and attributed to county of origin (identified before 42 days of incarceration)	0	1	1	3
Tuberculosis, diagnosed during incarceration (identified after 42 days of incarceration)	3	1	16	11
Tuberculosis cases under management	23	27		
Peer education programs [¶]	0	0	100	100
Peer education educators [∞]	62	61	5,232	4,648
Peer education participants	7,503	6,351	48,257	44,470
Sexual assault in-service (sessions/units)	0	0	9/3	17/5
Sexual assault in-service participants	0	0	80	144
Alleged assaults and chart reviews	60	69	440	405
Bloodborne exposure labs drawn on offenders	31	19	153	146
New Sero-conversions d/t sexual assault ±	0	0	0	0

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

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

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

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

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

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

August 2016

Reportable Condition	Reports			
	2016 This Month	2015 Same Month	2016 Year to Date*	2015 Year to Date*
Chlamydia	7	0	36	32
Gonorrhea	1	0	13	12
Syphilis	87	52	613	521
Hepatitis A	1	0	1	1
Hepatitis B, acute	0	0	0	0
Hepatitis C, total and (acute [‡])	273	222	1,967	2,298
Human immunodeficiency virus (HIV) +, known at intake	149	175	1,553	1,564
HIV screens, intake	5,398	5,906	40,743	44,926
HIV +, intake	4	3	400	358
HIV screens, offender- and provider-requested	1,016	935	6,564	6,890
HIV +, offender- and provider-requested	0	2	2	13
HIV screens, pre-release	4,334	3,338	28,770	29,577
HIV +, pre-release	0	0	1	4
Acquired immune deficiency syndrome (AIDS)	2	1	8	18
Methicillin-resistant <i>Staph Aureus</i> (MRSA)	63	50	409	468
Methicillin-sensitive <i>Staph Aureus</i> (MSSA)	31	29	217	280
Occupational exposures of TDCJ staff	12	10	101	64
Occupational exposures of medical staff	10	4	30	24
HIV chemoprophylaxis initiation	8	2	30	17
Tuberculosis skin test (ie, PPD) +, intake	196	135	1,365	986
Tuberculosis skin test +, annual	54	47	504	410
Tuberculosis, known (ie, on tuberculosis medications) at intake	2	0	14	3
Tuberculosis, diagnosed at intake and attributed to county of origin (identified before 42 days of incarceration)	0	2	1	5
Tuberculosis, diagnosed during incarceration (identified after 42 days of incarceration)	0	1	16	12
Tuberculosis cases under management	20	28		
Peer education programs [¶]	0	0	100	100
Peer education educators [∞]	47	41	5,279	4,689
Peer education participants	7,014	6,554	55,271	51,024
Sexual assault in-service (sessions/units)	0	0	9/3	78/43
Sexual assault in-service participants	0	0	80	925
Alleged assaults and chart reviews	76	78	516	439
Bloodborne exposure labs drawn on offenders	24	25	177	125
New Sero-conversions d/t sexual assault ±	0	0	0	00

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

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

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

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

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

Health Services Liaison Utilization Review Hospital and Infirmiry Discharge Audit

During the Fourth Quarter of Fiscal Year 2016, ten percent of the UTMB and TTUHSC hospital and infirmiry discharges were audited. A total of 170 hospital discharge and 44 infirmiry discharge audits were conducted. This chart is a summary of the audits showing the number of cases with deficiencies and their percentage.

Freeworld Hospital Discharges in Texas Tech Sector											
Month	Charts Audited	Vital Signs Not Recorded ¹ (Cases with Deficiencies)		Appropriate Receiving Facility ² (Cases with Deficiencies)		No Chain-In Done ³ (Cases with Deficiencies)		Unscheduled Care within 7 Days ⁴ (Cases with Deficiencies)		Lacked Documentation ⁵ (Cases with Deficiencies)	
Jun-16	6	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Jul-16	7	0	N/A	0	N/A	0	N/A	0	N/A	1	14.29%
Aug-16	6	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Total/Average		0	N/A	0	N/A	0	N/A	0	N/A	1	5.26%
Freeworld Hospital Discharges in UTMB Sector											
Month	Charts Audited	Vital Signs Not Recorded ¹ (Cases with Deficiencies)		Appropriate Receiving Facility ² (Cases with Deficiencies)		No Chain-In Done ³ (Cases with Deficiencies)		Unscheduled Care within 7 Days ⁴ (Cases with Deficiencies)		Lacked Documentation ⁵ (Cases with Deficiencies)	
Jun-16	31	0	N/A	0	N/A	1	3.23%	0	N/A	4	12.90%
Jul-16	30	1	3.33%	1	3.33%	0	N/A	0	N/A	11	36.67%
Aug-16	31	0	N/A	1	3.23%	0	N/A	0	N/A	16	51.61%
Total/Average		1	1.09%	2	2.17%	1	1.09%	0	N/A	31	33.70%
UTMB Hospital Galveston Discharges											
Month	Charts Audited	Vital Signs Not Recorded ¹ (Cases with Deficiencies)		Appropriate Receiving Facility ² (Cases with Deficiencies)		No Chain-In Done ³ (Cases with Deficiencies)		Unscheduled Care within 7 Days ⁴ (Cases with Deficiencies)		Lacked Documentation ⁵ (Cases with Deficiencies)	
Jun-16	21	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Jul-16	18	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Aug-16	20	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Total/Average		0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
GRAND TOTAL: Combined Hospital Discharges (Texas Tech Sector, UTMB Sector and Hospital Galveston)											
Month	Charts Audited	Vital Signs Not Recorded ¹ (Cases with Deficiencies)		Appropriate Receiving Facility ² (Cases with Deficiencies)		No Chain-In Done ³ (Cases with Deficiencies)		Unscheduled Care within 7 Days ⁴ (Cases with Deficiencies)		Lacked Documentation ⁵ (Cases with Deficiencies)	
Jun-16	58	0	N/A	0	N/A	1	1.72%	0	N/A	4	6.90%
Jul-16	55	1	1.82%	1	1.82%	0	N/A	0	N/A	12	21.82%
Aug-16	57	0	N/A	1	1.75%	0	N/A	0	N/A	16	28.07%
Total/Average		1	0.59%	2	1.18%	1	0.59%	0	N/A	32	18.82%
Texas Tech Infirmiry Discharges											
Month	Charts Audited	Vital Signs Not Recorded ¹ (Cases with Deficiencies)		Appropriate Receiving Facility ² (Cases with Deficiencies)		No Chain-In Done ³ (Cases with Deficiencies)		Unscheduled Care within 7 Days ⁴ (Cases with Deficiencies)		Lacked Documentation ⁵ (Cases with Deficiencies)	
Jun-16	8	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Jul-16	8	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Aug-16	7	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Total/Average		0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
UTMB Infirmiry Discharges											
Month	Charts Audited	Vital Signs Not Recorded ¹ (Cases with Deficiencies)		Appropriate Receiving Facility ² (Cases with Deficiencies)		No Chain-In Done ³ (Cases with Deficiencies)		Unscheduled Care within 7 Days ⁴ (Cases with Deficiencies)		Lacked Documentation ⁵ (Cases with Deficiencies)	
Jun-16	7	4	57.14%	0	N/A	1	14.29%	0	N/A	1	14.29%
Jul-16	7	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Aug-16	7	0	N/A	0	N/A	1	14.29%	0	N/A	0	N/A
Total/Average		4	19.05%	0	N/A	2	9.52%	0	N/A	1	4.76%
GRAND TOTAL: Combined Infirmiry Discharges (Texas Tech and UTMB)											
Month	Charts Audited	Vital Signs Not Recorded ¹ (Cases with Deficiencies)		Appropriate Receiving Facility ² (Cases with Deficiencies)		No Chain-In Done ³ (Cases with Deficiencies)		Unscheduled Care within 7 Days ⁴ (Cases with Deficiencies)		Lacked Documentation ⁵ (Cases with Deficiencies)	
Jun-16	15	4	26.67%	0	N/A	1	6.67%	0	N/A	1	6.67%
Jul-16	15	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Aug-16	14	0	N/A	0	N/A	1	7.14%	0	N/A	0	N/A
Total/Average		4	9.09%	0	N/A	2	4.55%	0	N/A	1	2.27%

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
FOURTH QUARTER, FISCAL YEAR 2016**

June 2016	Numbered Property On Inventory Report	Total Number of Deletions	Total Number of Transfers	Total Number of New Equipment
Bridgeport Pre-Parole Transfer	NA	NA	NA	NA
East Texas Treatment Facility	NA	NA	NA	NA
Middleton	6	0	0	0
South Texas Intermediate Sanction	NA	NA	NA	NA
Total	6	0	0	0

July 2016	Numbered Property On Inventory Report	Total Number of Deletions	Total Number of Transfers	Total Number of New Equipment
Goree	32	2	0	1
Holliday	43	2	0	1
Jorgan	5	1	1	1
West Texad Intermediate Sanction	NA	NA	NA	NA
Total	80	5	1	3

Augut 2016	Numbered Property On Inventory Report	Total Number of Deletions	Total Number of Transfers	Total Number of New Equipment
Fort Stockton	3	3	0	3
Hodge	42	0	0	0
Hutchins	52	0	0	0
Lynaugh	9	0	1	0
Skyview	95	0	0	0
Total	201	3	1	3

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

Audit Tools	June	July	August	Total
Total number of units audited	4	4	5	13
Total numbered property	6	80	201	287
Total number out of compliance	0	0	0	0
Total % out of compliance	0.00%	0.00%	0.00%	0.00%

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

University of Texas Medical Branch

Unit	Audit Date	% Compliance	
		Mandatory	Non-Mandatory
Michael	June 6-8, 2016	100%	99.1%
Dominguez	June 13-15, 2016	100%	99.5%
Eastham	July 11-13, 2016	100%	98.3%
Stringfellow	August 1-2, 2016	Monitoring Visit	

Texas Tech University Health Science Center

Unit	Audit Date	% Compliance	
		Mandatory	Non-Mandatory
Robertson	June 27-29, 2016	100%	99.0%
Sanchez	July 18-20, 2016	100%	99.53%

The ACA Winter Conference will be held in San Antonio, TX on January 20-25, 2017. During this conference, the following units will be represented: Dominguez, Eastham, Halbert, Hightower, Hilltop, Johnson, Kegans, Lychner, McConnell, Michael, Mountain View, Plane / Henley, Robertson, Sanchez and Travis.

Executive Services
Active Monthly Academic Research Projects
Correctional Institutions Division

FY-2016 Fourth Quarterly Report: June, July, August

Project Number: 103-RL01

Researcher:
Holly Miller

IRB Number:
M20020807

IRB Expiration Date:
7/21/2006

Research Began:
11/1/2001

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

Data Collection Began:
12/1/2001

Data Collection End:
8/1/2004

Proponent:
Sam Houston State University

Project Status:
Data Analysis

Progress Report Due:
12/1/2016

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:
3/1/2017

Projected Completion:
7/2/2016

Project Number: 221-RL02

Researcher:
Kymn Kochanek

IRB Number:
12.05.11

IRB Expiration Date:
7/10/2018

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:
3/1/2017

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

Proponent:
University of Texas- Austin

Data Collection End:
5/31/2012

Project Status:
Pending Manuscript

Progress Report Due:
1/4/2017

Projected Completion:
6/1/2015

Project Number: 547-RL07

Researcher: Robert Morgan
IRB Number: 501024
IRB Expiration Date: 12/31/2012

Research Began:
6/11/2008

Title of Research:
Re-Entry: Dynamic Risk Assessment

Data Collection Began:
6/11/2008

Proponent:
Texas Tech University

Data Collection End:
8/30/2012

Project Status:
Pending Manuscript Review

Progress Report Due:
3/1/2017

Projected Completion:
12/1/2016

Project Number: 587-AR09

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

Research Began:
9/6/2009

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

Data Collection Began:
7/15/2010

Proponent:
Sam Houston State University

Data Collection End:

Project Status:
Pending Manuscript

Progress Report Due:
3/9/2017

Projected Completion:
12/31/2018

Project Number: 605-AR10

Researcher: Patrick Flynn
IRB Number: SUM 13-0401506CR
IRB Expiration Date: 6/24/2016

Research Began:
10/3/2011

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

Data Collection Began:
10/3/2011

Proponent:
Texas Christian University

Data Collection End:
06/30/2016

Project Status:
Data Analysis

Progress Report Due:
2/28/2017

Projected Completion:
6/30/2017

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:

12/09/2016

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:

Pending Manuscript Review

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:

3/1/2017

Projected Completion:

9/1/2017

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:

11/01/2016

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:

02/28/2017

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

PI has changed. Awaiting documentation.

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:

3/9/2017

Projected Completion:

6/30/2018

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:
3/1/2017

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:
06/22/2016

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:
09/23/2016

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:
09/16/2016

Projected Completion:
9/30/2017

Project Number: 715-AR14

Researcher:
Shannon Carey

IRB Number:
HSRRC 121177

IRB Expiration Date:
1/14/2017

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:
12/8/2016

Projected Completion:
1/30/2017

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:
10/19/2016

Projected Completion:
5/30/2017

Project Number: 718-AR14

Researcher:
Kevin Reitz

IRB Number:
1411S55206

IRB Expiration Date:
12/16/2016

Research Began:
6/14/2016

Title of Research:
Probation Violations and Revocations Study

Data Collection Began:
6/15/2016

Data Collection End:
8/31/2016

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

Project Status:
Data Analysis

Progress Report Due:
3/1/2017

Projected Completion:
12/31/2016

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:
12/11/2016

Projected Completion:
12/31/2017

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:
3/1/2017

Projected Completion:
6/1/2017

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:
1/11/2017

Projected Completion:
3/25/2017

Project Number: 736-AR15

Researcher:
Timothy Smith

IRB Number:
13623

IRB Expiration Date:
3/23/2017

Research Began:
3/24/2016

Title of Research:

Survey of Prison Inmates

Data Collection Began:
5/17/2016

Data Collection End:

Proponent:

Bureau of Justice Statistics, RTI International

Project Status:
Data Collection

Progress Report Due:
11/01/2016

Projected Completion:
4/30/2017

Project Number: 737-AR15

Researcher:
William Evans

IRB Number:
FWA00002462

IRB Expiration Date:
9/30/2016

Research Began:
8/23/2016

Title of Research:

Evaluation of the Red & Black Books Financial Literacy Tool

Data Collection Began:

Data Collection End:

Proponent:

University of Notre Dame

Project Status:
Data Collection

Progress Report Due:
11/21/2016

Projected Completion:

Project Number: 740-AR16

Researcher:
Veronica Kwarteng-

IRB Number:
16-0005

IRB Expiration Date:
2/9/2017

Research Began:
4/1/2016

Title of Research:

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

Data Collection Began:
4/1/2016

Data Collection End:
7/6/2016

Proponent:

University of Texas Medical Branch at Galveston

Project Status:
Data Analysis

Progress Report Due:
12/11/2016

Projected Completion:
1/1/2017

Executive Services
Pending Monthly Academic Research Projects
Correctional Institutions Division

FY-2016 Fourth Quarterly Report: June, July, August

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 Review

Detail: Pending Executive Services Review

Project **746-AR16**

Researcher:
Heath Hoffman

IRB Number:
exempt

Application Received:
5/2/2016

Application Completed:

Title of Research:

End-of-Life Care in Correctional Settings

Division Review Requested:

Proponent:
College of Charleston

Reviewer:
Pending

Project Status:
Pending Executive Services
Initial Review

Detail: pending

Project 747-AR16

Researcher:
Angela Thomas

IRB Number:

Application Received:

6/9/2016

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:

Proponent:

Grand Canyon University

Reviewer:

Pending

Project Status:

Pending IRB Approval

Detail: Pending IRB

Project 751-AR16

Researcher:
Francis Cassidy

IRB Number:

16-08-004

Application Received:

7/12/2016

Application Completed:

Title of Research:

Evidence-Based Learning

Division Review Requested:

Proponent:

University of the Incarnate Word

Reviewer:

Pending

Project Status:

Pending Review

Detail: Pending Review

Project 753-AR16

Researcher:
Camden Hoeffner

IRB Number:

2016-07-28886

Application Received:

8/12/2016

Application Completed:

Title of Research:

How do Parole Officers Perceive Risk Compared to the General Public

Division Review Requested:

Proponent:

Sam Houston State University

Reviewer:

Pending

Project Status:

Pending Parole Division Review

Detail: Pending Review

Executive Services
Active Monthly Medical Research Projects
Health Services Division

FY-2016 Fourth Quarterly Report: June, July, August

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:

03/1/2017

Projected Completion:

1/1/2020

Project Number: 705-RM14

Researcher:

Mostafa Borahay

IRB Number:

13-0428

IRB Expiration Date:

3/16/2017

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:

06/11/2016

Projected Completion:

12/31/2018

**PI no longer w/UTMB. Awaiting documentation/confirmation of new PI

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:
12/11/2016

Projected Completion:
12/31/2018

**PI no longer w/UTMB. Awaiting documentation/confirmation of new PI

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:
03/01/2017

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:
03/25/2017

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:
07/01/2017

**Awaiting remaining manuscripts/presentations

Executive Services
Pending Monthly Medical Research Projects
Health Services Division

FY-2016 Fourth Quarterly Report: June, July, August

Project **689-RM13**

Researcher:

Troy Quast

IRB Number:

2013-12371

Application Received:

11/7/2013

Application Completed:

12/12/2013

Title of Research:

Impact of the Annual Health Care Services Fee

Division Review Requested:

9/11/2014

Proponent:

Sam Houston State University

Reviewer:

Pending

Review Status:

Pending

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.

Project 748-RM16

Researcher:
Michael Loeffelholz

IRB Number:
16-0136

Application Received:

6/10/2016

Application Completed:

Title of Research:

Comparison of Lumipulse and Bioplez Syhpillis Screening Assay

Division Review Requested:

Proponent:

University of Texas Medical Branch at Galveston

Reviewer:

Pending

Project Status:

Pending Division
Review

Detail: Pending

Project 750-RM16

Researcher:
Ilyse Kornblau

IRB Number:
16-0167

Application Received:

7/6/2016

Application Completed:

Title of Research:

Incidence of Endophthalmitis Following Intravitreal Injection Comparing
30 vs. 32 gauge needles

Division Review Requested:

Proponent:

University of Texas Medical Branch at Galveston

Reviewer:

Pending

Project Status:

Pending Review

Detail: Pending

Project 752-RM16

Researcher:
Lara Reichert

IRB Number:
16-0216

Application Received:

8/8/2016

Application Completed:

Title of Research:

Practice Patterns, Patient Characteristics, and complications of
Tracheotomy at UTMB

Division Review Requested:

Proponent:

University of Texas Medical Branch at Galveston

Reviewer:

Pending

Project Status:

Pending review

Detail: Pending Review

4th Quarter FY 2016
TDCJ Office of Mental Health Monitoring & Liaison
Mental Health Segregation Audit Summary

Date	Unit	Observed	Interviewed	Mental Health Referrals	Requests Fwd	911 Tool	ATC 4	ATC 5	ATC 6
06/01-02/2016	Estelle ECB	389	295	1	4	100	100	100	100
06/08-09/2016	Hughes	421	338	1	11	100	100	100	100
06/16/2016	Murray	95	79	0	4	100	100	100	100
06/22-23/2016	Michael	81	74	0	5	100	100	100	100
06/30/2016	Pack	12	12	0	1	100	100	100	100
07/12/2016	Lychner	29	29	0	1	100	100	100	100
07/12/2016	Gist	28	26	0	1	100	100	100	100
07/13-14/2016	Stiles	351	296	0	10	100	100	100	100
07/26/2016	Clemens	2	2	0	0	100	N/A	N/A	N/A
07/27-28/2016	Telford	362	316	1	8	100	100	100	100
08/03-08/04/2016	Ferguson	242	215	0	11	100	100	100	100
08/10-08/11/2016	Coffield	482	430	1	5	100	100	100	100
08/17-08/18/2016	Eastham	278	234	1	6	100	100	100	100
08/23/2016	South Texas	3	3	0	0	100	0	0	0
08/24/2016	Formby	25	25	0	1	100	100	100	100
08/24/2016	Travis	8	8	0	0	100	100	100	100
08/24-08/25/2016	Robertson	288	243	0	4	100	100	100	100
8/25/2016	Bartlett	10	10	0	0	100	100	100	100
Total	18	3,106	2,635	5	72				

INTAKE MENTAL HEALTH EVALUATION (MHE) AUDIT
Conducted in 4th Quarter of 2016
Period Audited—June, July & August

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	3	3	3	0	100
Bradshaw State Jail	20	17	17	3	100
Byrd Unit	11	11	11	0	100
Dominguez State Jail	19	19	19	0	100
East Tx Treatment Facility	20	20	18	0	90
Formby State Jail	2	2	2	0	100
Garza Transfer Facility	20	19	18	1	95
Gist State Jail	10	10	9	0	90
Glossbrenner SAFPF	7	7	7	0	100
Gurney Transfer Facility	20	19	19	1	100
Halbert SAFPF	20	20	19	0	95
Holliday Transfer Facility	17	15	14	2	93
Hutchins State Jail	5	5	5	0	100
Jester I SAFPF	6	6	6	0	100
Johnston SAFPF	5	5	5	0	100
Kyle SAFPF	0	0	0	0	N/A
Lindsey State Jail	14	14	13	0	93
Lychner State Jail	20	20	18	0	90
Middleton Transfer Facility	20	20	19	0	95
Plane State Jail	20	20	20	0	100
Roach ISF	3	3	3	0	100
Sanchez State Jail	1	1	1	0	100
Sayle SAFPF	2	2	1	0	50
South Texas	12	12	2	0	17
Travis State Jail	14	14	13	0	93
West Texas	10	10	6	0	60
Woodman State Jail	20	20	20	0	100
GRAND TOTAL	321	314	288	7	

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

4th Quarter 2016

Audits Conducted in June, July & August

UNIT	Audit Month	Compelled Medication Cases Documented in Medical Record ¹				
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		Reviewed	Applicable	Compliant	Score	Corrective Action
Clements	June	2	2	2	100	None
Jester IV	June	7	7	7	100	None
Montford	June	9	9	9	100	None
Skyview	June	11	11	11	100	None

		Reviewed	Applicable	Compliant	Score	Corrective Action
Clements	July	0	0	N/A	N/A	None
Jester IV	July	1	1	1	100	None
Montford	July	7	7	7	100	None
Skyview	July	12	12	12	100	None

		Reviewed	Applicable	Compliant	Score	Corrective Action
Clements	August	0	0	N/A	N/A	None
Jester IV	August	4	4	4	100	None
Montford	August	4	4	4	100	None
Skyview	August	13	13	13	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



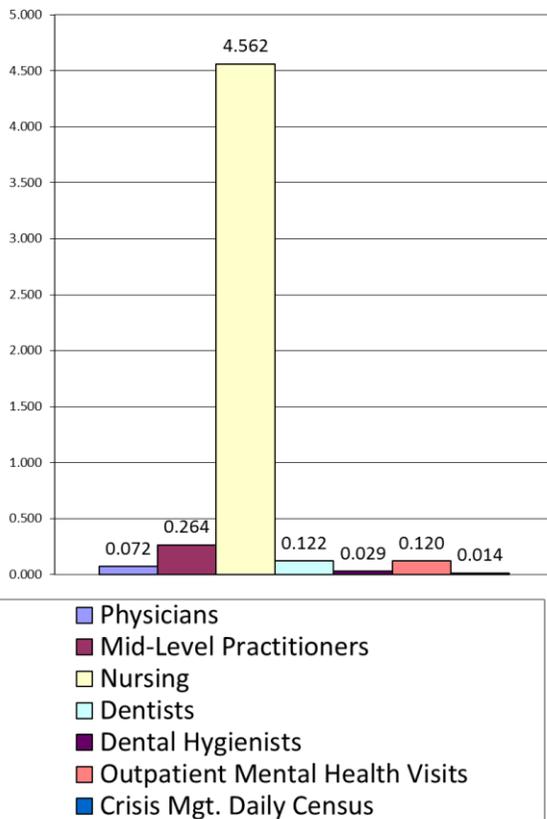
**Correctional Managed Health Care
MEDICAL DIRECTOR'S REPORT**

**FOURTH QUARTER
FY 2016**

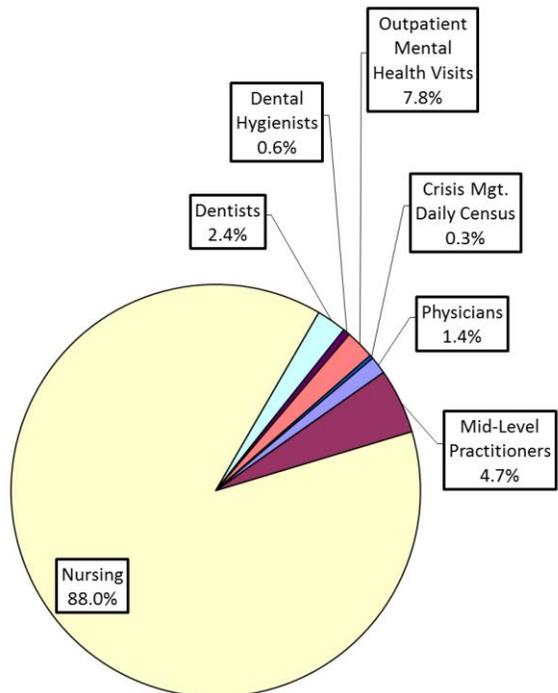
Medical Director's Report:

		JUNE	JULY	AUGUST	Qtly Average				
Average Population		29,975.78	29,994.25	30,092.41	30,020.81				
		Rate Per	Rate Per	Rate Per	Rate Per	Rate Per			
		Number	Offender	Number	Offender	Number	Offender		
Medical encounters									
Physicians		2,009	0.067	1,901	0.063	2,609	0.087	2,173	0.072
Mid-Level Practitioners		7,864	0.262	7,413	0.247	8,534	0.284	7,937	0.264
Nursing		136,323	4.548	140,580	4.687	133,942	4.451	136,948	4.562
	Sub-total	146,196	4.877	149,894	4.997	145,085	4.821	147,058	4.899
Dental encounters									
Dentists		3,699	0.123	3,258	0.109	4,042	0.134	3,666	0.122
Dental Hygienists		874	0.029	805	0.027	896	0.030	858	0.029
	Sub-total	4,573	0.153	4,063	0.135	4,938	0.164	4,525	0.151
Mental health encounters									
Outpatient Mental Health Visits		3,504	0.117	3,301	0.110	3,977	0.132	3,594	0.120
Crisis Mgt. Daily Census		434	0.014	422	0.014	407	0.014	421	0.014
	Sub-total	3,938	0.131	3,723	0.124	4,384	0.146	4,015	0.134
Total encounters		154,707	5.161	157,680	5.257	154,407	5.131	155,598	5.183

Encounters as Rate Per Offender Per Month

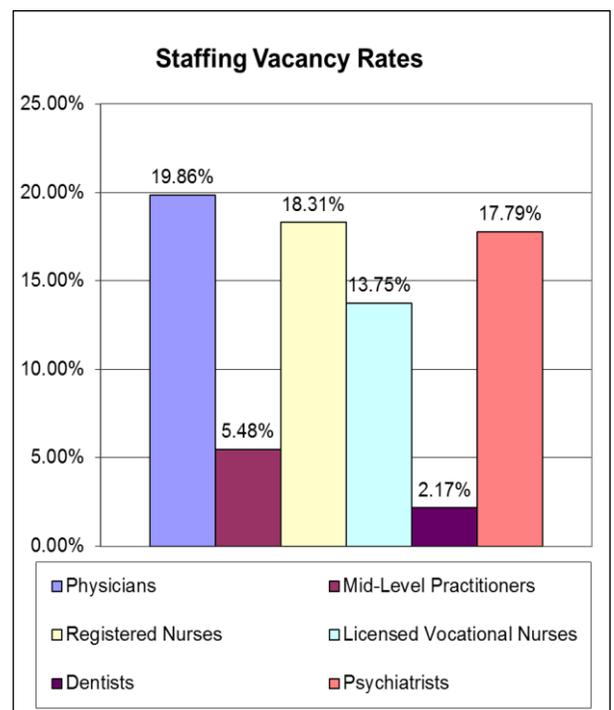
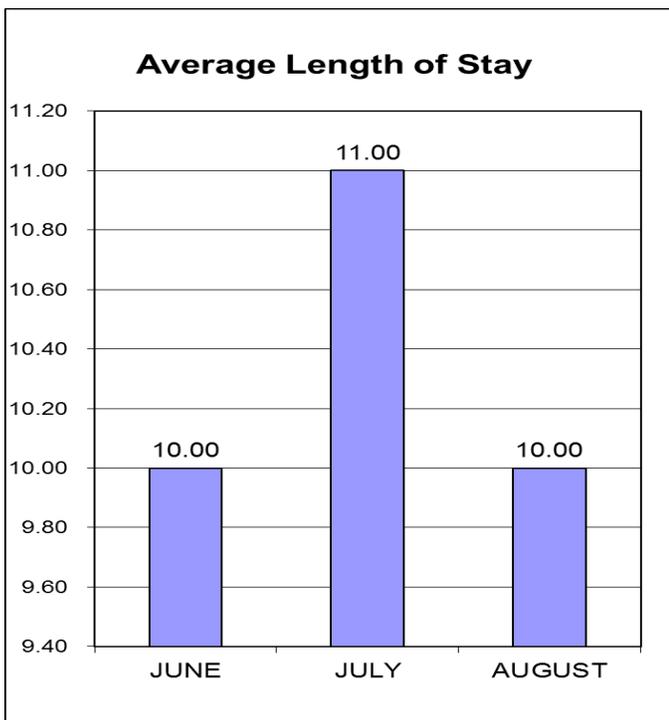


Encounters by Type



	JUNE	JULY	AUGUST	Qtly Average
Medical Inpatient Facilities				
Average Daily Census	112.00	113.00	112.00	112.33
Number of Admissions	276.00	284.00	330.00	296.67
Average Length of Stay	10.00	11.00	10.00	10.33
Number of Clinic Visits	710.00	626.00	743.00	693.00
Mental Health Inpatient Facilities				
Average Daily Census	429.00	416.00	446.00	430.33
PAMIO/MROP Census	381.00	401.00	442.00	408.00
Specialty Referrals Complete	1,457.00	1,209.00	1,464.00	1,376.67
Telemedicine Consults	750	764	763	759.00

Health Care Staffing	Average This Quarter			Percent
	Filled	Vacant	Total	Vacant
Physicians	16.22	4.02	20.24	19.86%
Mid-Level Practitioners	40.17	2.33	42.50	5.48%
Registered Nurses	128.49	28.80	157.29	18.31%
Licensed Vocational Nurse	273.42	43.58	317.00	13.75%
Dentists	19.35	0.43	19.78	2.17%
Psychiatrists	7.21	1.56	8.77	17.79%



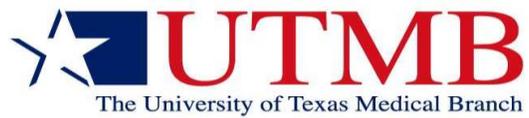
Medical Director's Report (Page 3):

CMHC Update

Consent Item

University Medical Director's Report

The University of Texas Medical Branch



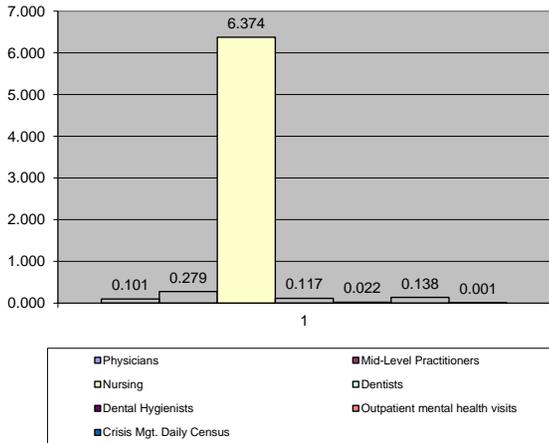
**Correctional Health Care
MEDICAL DIRECTOR'S REPORT**

**FOURTH QUARTER
FY 2016**

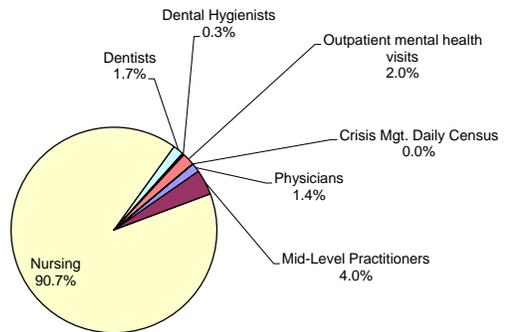
Medical Director's Report:

Average Population	June		July		August		Qtly Average	
	116,750		116,174		116,109		116,344	
	Number	Rate Per Offender						
Medical encounters								
Physicians	11,663	0.100	10,546	0.091	12,956	0.112	11,722	0.101
Mid-Level Practitioners	32,365	0.277	29,869	0.257	35,133	0.303	32,456	0.279
Nursing	764,638	6.549	766,980	6.602	693,236	5.971	741,618	6.374
Sub-total	808,666	6.926	807,395	6.950	741,325	6.385	785,795	6.754
Dental encounters								
Dentists	13,966	0.120	12,325	0.106	14,439	0.124	13,577	0.117
Dental Hygienists	2,743	0.023	2,255	0.019	2,701	0.023	2,566	0.022
Sub-total	16,709	0.143	15,697	0.135	17,140	0.148	16,143	0.139
Mental health encounters								
Outpatient mental health visits	16,142	0.138	15,208	0.131	16,809	0.145	16,053	0.138
Crisis Mgt. Daily Census	57	0.000	70	0.001	66	0.001	64	0.001
Sub-total	16,199	0.139	15,278	0.132	16,875	0.145	16,117	0.139
Total encounters	841,574	7.208	838,370	7.217	775,340	6.678	818,056	7.031

Encounters as Rate Per Offender Per Month



Encounters by Type

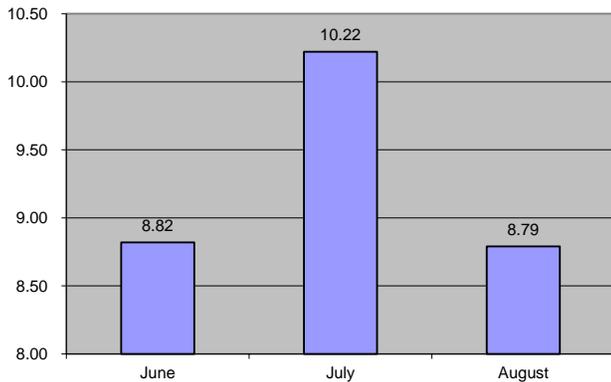


Medical Director's Report (Page 2):

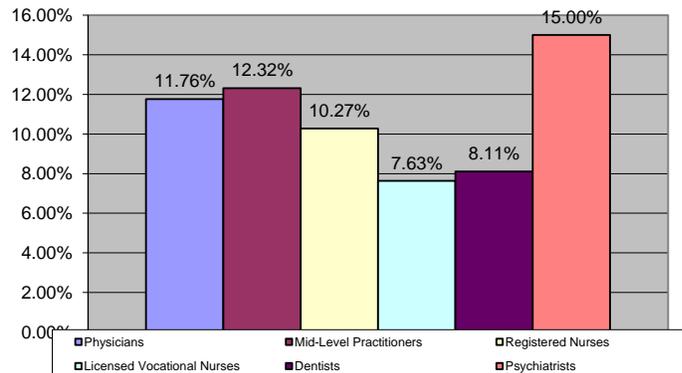
	June	July	August	Qtly Average
Medical Inpatient Facilities				
Average Daily Census	105.30	103.80	103.50	104.20
Number of Admissions	350.00	322.00	255.00	309.00
Average Length of Stay	8.82	10.22	8.79	9.28
Number of Clinic Visits	6,394.00	6,752.00	7,846.00	6,997.33
Mental Health Inpatient Facilities				
Average Daily Census	1,033.20	1,011.23	1,000.54	1,014.99
PAMIO/MROP Census	681.00	682.22	678.06	680.43
Telemedicine Consults	10,976	9,148	10,725	10,283.00

Health Care Staffing	Average This Quarter			Percent Vacant
	Filled	Vacant	Total	
Physicians	60.00	8.00	68.00	11.76%
Mid-Level Practitioners	121.00	17.00	138.00	12.32%
Registered Nurses	262.00	30.00	292.00	10.27%
Licensed Vocational Nurses	569.00	47.00	616.00	7.63%
Dentists	68.00	6.00	74.00	8.11%
Psychiatrists	17.00	3.00	20.00	15.00%

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 December 7, 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: This group's membership consists of discipline directors in medical, nursing, mental health, dental and allied health care staff appointed by the Joint Medical Directors. This group is charged with implementation of the CMHCC Quality Improvement/Quality Management (QI/QM) Plan. The purpose of this plan is to provide a streamlined, integrated, clinically driven state-of-the-art Quality Improvement Program, which adds value to the quality of health care services, provided to TDCJ offenders. The plan demonstrates that quality will be consistently/ continuously applied and/or measured, and will meet or exceed regulatory requirements. The CMHCC strongly endorses and has administrative oversight for implementation of the plan. The agents of the CMHCC and the TDCJ Health Services Division will demonstrate support and participation for the plan. The committee meets on a quarterly basis.

Meeting Date: November 10, 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. Nursing QA Site Visit Audits

Adjournment

Joint Policy and Procedure Committee

Co-Chair: Benjamin Leeah, MD

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

Purpose: This group's membership consists of clinicians, nurses, health care administrators and dentists appointed by the Joint Medical Directors. This group is charged with the annual review of all 131 CMHC policies and procedures. The committee meets on a quarterly basis and one fourth of the manual is reviewed at each of its quarterly meetings.

Meeting Date: October 13, 2016

Sub Committee Updates:

- A. No Chemical Use of Force – Susan Morris, MD
- B. Access to Off-Site Hospitalization Offender Information – Phyllis McWhorter, RN
- C. Medical Pass – Phyllis McWhorter, RN
- D. Special Needs Offenders Releasing from TDCJ - Phyllis McWhorter, RN
- E. Gender Dysphoria Working Group – Kelly Coates

Tabled from July 2016 Meeting:

Dental Treatment Priorities – Manuel Hirsch, DDS

Committee Referrals:

Joint Mental Health Working Group - Guillermo Garcia, MD

The Following Policies Were Up for Review and Opened for Recommended Changes During this Quarter:

A-08.9	A-10.1	A-11.1*	A-11.2	A-12.1	A-12.2	A-13.1	C-24.1	C-25.1	D-30.1
D-30.2	E-36.7*	E-42.2*	E-42.3*	E-43.1*	E-44.1	E-44.2*	F-50.1	G-55.1	G-56.1
G-57.1*	G-59.2	G-59.3*	H-64.1*	H-65.1	I-66.2	I-66.3	I-67.1*	I-70.2*	I-71.2*
					* Indicates Attachment(s) included in the policy.				

The Following Policies Were Submitted for Changes or for Discussion:

A-08.8	Medical Passes	Jane Leonardson, MD
A-08.8 Attachment A	Examples Of Approved Medical Passes	Jane Leonardson, MD
D-30.1	Hospital And Specialized Ambulatory Care	Christina Moore
E-43.2	Drug Therapy Management By A Pharmacist And Appendix A, B, C	Robert Williams, MD
G-51.2	Admission To A Geriatric Facility	Phyllis Mcwhorter, RN
H-60.1	Health Records – Organization And Maintenance	Jane Leonardson, MD
H-60.1 Section J	Utilization Using The Electronic Health Record	Jane Leonardson, MD

Adjournment

- Next Meeting Date is January 12, 2017

Joint Pharmacy and Therapeutics Committee

Chair: Sheri Talley, MD

Purpose: This group's membership consists of physicians, nurses, clinicians, dentists and pharmacists appointed by the Joint Medical Directors. This group is charged with developing and maintaining the statewide drug formulary, drug use policies and disease management guidelines. This group also establishes policy regarding the evaluation, selection, procurement, distribution, control, use, and other matters related to medications within the health care system. This group further serves to support educational efforts directed toward the health care staff on matters related to medications and medication use. Disease management guidelines are reviewed annually and updated as needed by the CMHCC Joint Pharmacy and Therapeutics Committee. All changes to consensus guidelines published by the Centers of Disease Control and Prevention and the National Institutes of Health or other nationally recognized authorities are considered. In addition, CMHCC Joint Pharmacy and Therapeutics Committee reviews adverse drug reaction reports, drug recalls, non-formulary deferral reports and reports of medication errors. Clinical pharmacists present reviews of drug classes to the committee for education and consideration of new updates to the formulary. Clinical pharmacists also periodically conduct medication usage evaluations. Finally, this group reviews and evaluates all pharmacy and therapeutic policies and procedures annually. This group meets on a bi-monthly basis.

Meeting Date: November 10, 2016

Key Activities:

- I. Approval of the Minutes from September 14, 2016 Meeting
- II. Reports from Subcommittees
 - A. Diabetes – Dr. Agrawal
 1. Diabetes during Pregnancy
 2. Insulin Administration
 3. Educate Yourself on Diabetes
 4. Diabetes Finger Stick Log
 - B. DMG Triage – Dr. Sandmann
 - C. Gender Dysphoria – Dr. Morris
 - D. Psychiatry (did not meet)
 - E. Transfer Medications – Dr. Williams
- III. Monthly Reports
 - A. Adverse Drug Reaction Reports (none)
 - B. Pharmacy Clinical Activity Report
 - C. Drug Recalls (September-October 2016)
 - D. Non-Formulary Deferral Reports
 1. Texas Tech Sector (August-September 2016)
 2. UTMB Sector (September-October 2016)

- E. Utilization Reports (FY 2016)
 - 1. HIV Utilization
 - 2. Hepatitis C Utilization
 - 3. Hepatitis B Utilization
 - 4. Psychotropic Utilization
- F. Quarterly Medication Error Reports- 4th Quarter FY 16
 - 1. UTMB Sector
 - 2. Texas Tech Sector
 - 3. Medication Dispensing Error Report
- G. Policy Review Schedule

IV. Old Business

- A. Review of Action Request
 - 1. Opioid Discontinuation DMG – Tabled pending Joint Nursing Committee recommendation (meeting held in October)
 - 2. Clinical Review of Novel Oral Anticoagulants – Tabled previously pending further review

V. New Business

- A. Action Requests
 - 1. Review of Hepatitis C DMG Draft Revision
 - 2. Annual Review of Hepatitis and HIV Patient and Employee Education
 - 3. Formulary Addition of Haloperidol Decanoate (Haldol-D®) 5ml MDV
 - 4. Floor Stock Addition of Estradiol Cypionate (Depo-Estradiol®) mg/ml, 5 ml injection - Stiles
- B. FDA Medication Safety Advisories
- C. Manufacturer Shortages and Discontinuations
- D. Policy and Procedure Revisions (40-10 through 75-30 due in November)
 - 1. Incoming Patient's Free World Medications
 - 2. Administration and Distribution of Patient Medications
 - 3. Distribution of Medications during Lockdown or Disaster Situations
 - 4. Missing Medications
 - 5. KOP Medication Distribution Program
 - 6. Self-Administration of Medication
 - 7. Drug Therapy Management by a Pharmacist
 - 8. Therapeutic Interchange
 - 9. Clozapine Protocol
 - 10. Disease Management Guidelines
 - 11. Ordering Erythropoiesis Stimulating Agents
 - 12. Emergency Drugs
 - 13. Requisition of Drugs by EMS
 - 14. Credential Requirements for Administration of Medication
 - 15. Therapeutic Optometrists
 - 16. Representative of Pharmaceutical Supplies and Related
 - 17. Drug Samples
 - 18. Adverse Medication Reaction Reports
 - 19. Medication Errors
 - 20. Pharmacy Medication Storage Area Audit and Inspections

21. Record Retention
22. Medication Safety

VI. Miscellaneous

VII. Adjournment

Joint Infection Control Committee

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

Purpose: This group's membership consists of physicians, nurses, clinicians, dentists and pharmacist appointed by the Joint Medical Directors. This group is charged with developing and promulgating policies and procedures for infection control, prevention and treatment. This group is charged with the annual review of all Correctional Managed Health Care Infection Control Policies and meets on a quarterly basis.

Meeting Date: October 13, 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

B-14.07 - Immunizations

Policies Under Review

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

Adjourn

- Next Meeting – February 9, 2017
- Policies to be reviewed are B-14.1 – B-14.11

Joint Dental Work Group

Chair: Dr. Manuel Hirsch

Purpose: This group's membership includes the TDCJ Director for the Office of Dental Quality and Contract Compliance, the UTMB CMC Dental Director, and the TTUHSC CMC Dental Director. This group is charged with the development of dental treatment and management guidelines; as well as the development of dental initiatives. It reviews changes to the Dental Scope of Practice Act and makes recommendations for policy changes as needed. Finally, this group also reviews and makes recommendations to the CMHCC Joint Policy and Procedure Committee on all dental policies and procedures.

Meeting Date: November 9, 2016

Approval of Minutes from October 13, 2016

New Business

- Extractions in the presence of acute infection
- Pulpitis
- Increased antibiotic prescribing by dentist
- "What should I do when a patient just wants antibiotics?"
- Relationship between periodontitis and diabetes

Policies Under Review

- E-36.5 Dental Utilization and Quality Review Committee
- E-36.6 Periodontal Disease Program
- E-36.7 Dental Clinic Operations Reporting

F-46.1 Dental Health Education and Promotion
G-51.10 Chronic Care Program – Dental
H-60.1 Dental Health Record Organization and Maintenance

Sector Updates

- TDCJ
- UTMB
- TTUHSC

Chain-in Progress – Dr. Brian Tucker

Meeting Adjourn

Joint Mortality and Morbidity Committee

Co-Chair: Dr. Susan Morris

Co-Chair: Dr. Robert Williams

Purpose: This group's membership consists of physicians and nurses appointed by the Joint Medical Directors. The group is charged with reviewing the clinical health records of each offender death. The committee makes a determination as to whether or not a referral to a peer review committee is indicated. This group meets on a monthly basis.

For the Three Months Ended November 2016

There were 95 deaths reviewed by the Mortality and Morbidity Committee during the months of September, October and November 2016. Of those 95 deaths, 1 was referred to peer review committees.

Joint Nursing Work Group

Chair: Mike Jones, MBA, BSN, RN

Purpose: This group's membership includes the TDCJ Director of Nursing Administration, the UTMB CMC Chief Nursing Officer, the TTUHSC CMC Director of Nursing Services, and the UTMB CMC Director of Nursing Inpatient Services. This group is charged with the development of nursing management guidelines and programs. It reviews changes to the Nursing Scope of Practice Act for RNs and LVNs and makes recommendations for policy/practice changes as needed. Finally, this group also reviews and makes recommendations to the CMHCC Joint Policy and Procedure Committee on all nursing policies and procedures.

Meeting Date: October 12, 2016

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

II. Old Business

1. PHI – Chris Black-Edwards, RN
2. Operational Review Audits – Separating Nursing/Medical Questions – Chris Black-Edwards, RN
3. I-214 Referrals, Mike Jones, RN
4. New pharmacy program implementation – Gary Eubank, RN

III. New Business

1. TB Treatment – Chris Black-Edwards, RN
2. Opioid Discontinuation DMG –Referral from P & T Committee - Attachment
3. Pre-Segregation/ Use of Force Nursing Note – Mike Jones, RN
4. Restraints – Mike Jones, RN
5. Urgent/ Emergent Care Document – SLC Methodology - Mike Jones, RN
6. Medication Error – Mike Jones, RN
7. Medical Devices in GP – Chris Black-Edwards, RN
8. Infirmery Placement Criteria – Gary Eubank, RN

IV. Next Meeting: January 2017

Financial Report on Correctional Managed Health Care



Quarterly Report FY2016 Fourth Quarter

September 2015 – August 2016

Fourth Quarter Financial Report on Correctional Managed Health Care

Overview

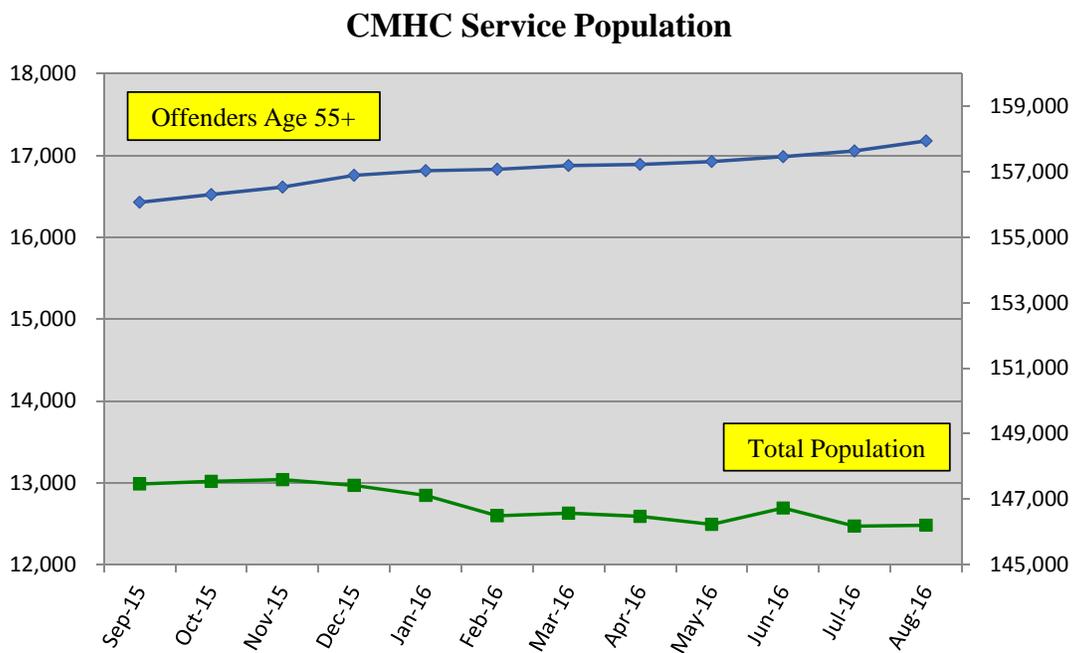
- Report submitted in accordance with the FY2016-17 General Appropriations Act, Article V, Rider 47, 84th Legislature, Regular Session 2015
- FY2016 TDCJ Appropriations allocated to Correctional Managed Health Care:
 - \$277.4M Unit and Psychiatric Care, Strategy C.1.8
 - \$202.2M Hospital and Clinical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

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

Note: The amounts above do not reflect a transfer of funds from FY2017 into FY2016 in the amount of \$48.6M as approved by the Legislative Budget Board on September 21, 2016.

Population

- Overall offender service population has decreased 1.2% from FY2015
 - Average daily census 148,569 through 4th quarter of FY2015 compared to 146,832 through 4th quarter of FY2016
- Offenders aged 55 or older population increased 4.7% from FY2015
 - Average daily census 16,069 through 4th quarter of FY2015 compared to 16,825 through 4th quarter of FY2016
 - While comprising about 11.5% of the overall service population, offenders age 55 and over account for 41.6% of the hospitalization costs received to date.
- Mental health caseloads:
 - FY2016 average number of psychiatric inpatients through 4th quarter: 1,835
 - FY2016 average number of psychiatric outpatients through 4th quarter: 23,088



Health Care Costs

- Total expenses through 4th quarter, FY2016: \$641.7M
- Unit and Psychiatric Care expenses represent the majority of total health care costs
 - \$329.7M, 51.4% of total expenses
- Hospital and Clinical Care - \$247M, 38.5% of total
- Pharmacy Services - \$65M, 10.1% of total
 - HIV related drugs: 32.9% of total drug costs
 - Psychiatric drugs: 7.7% of total drug costs
 - Hepatitis C drug therapies: 6.1% of total drug costs
- Cost per offender per day, FY2016 through 4th quarter: \$11.94
 - 11.1% 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	FYTD 16 3rd Qtr	FYTD 16 4th Qtr
Population									
UTMB	120,557	118,359	118,705	117,779	118,850	117,565	117,301	116,989	116,828
TTUHSC	31,491	30,713	31,314	30,790	31,077	29,967	29,968	29,998	30,004
Total	152,048	149,072	150,019	148,569	149,927	147,532	147,269	146,987	146,832
Expenses									
UTMB	\$397,606,713	\$415,579,990	\$456,286,749	\$474,922,507	\$436,098,990	\$126,650,271	\$256,649,341	\$390,694,171	\$523,473,857
TTUHSC	\$97,426,964	\$98,335,680	\$102,834,980	\$107,975,637	\$101,643,315	\$28,996,406	\$59,038,981	\$88,479,364	\$118,262,289
Total	\$495,033,677	\$513,915,670	\$559,121,729	\$582,898,144	\$537,742,305	\$155,646,677	\$315,688,322	\$479,173,535	\$641,736,146
Cost/Day									
UTMB	\$9.01	\$9.62	\$10.53	\$11.05	\$10.05	\$11.84	\$12.02	\$12.19	\$12.24
TTUHSC	\$8.45	\$8.77	\$9.00	\$9.61	\$8.95	\$10.63	\$10.82	\$10.76	\$10.77
Total	\$8.90	\$9.45	\$10.21	\$10.75	\$9.82	\$11.59	\$11.78	\$11.90	\$11.94

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

<u>Method of Finance</u>	<u>TTUHSC</u>	<u>UTMB</u>	<u>Total</u>
C.1.8. Unit & Psychiatric Care			
TDCJ Appropriation	\$ 57,284,167	\$ 220,118,095	\$ 277,402,262
State Reimbursement Benefits	\$ 8,942,432	\$ 47,637,372	\$ 56,579,804
Other Misc Revenue	\$ 3,378	\$ 145,211	\$ 148,589
C.1.8. Total Method of Finance	\$ 66,229,977	\$ 267,900,678	\$ 334,130,655
C.1.9. Hospital & Clinical Care			
TDCJ Appropriation	\$ 30,118,132	\$ 172,056,460	\$ 202,174,592
State Reimbursement Benefits	\$ 2,089,809	\$ -	\$ 2,089,809
Other Misc Revenue	\$ -	\$ -	\$ -
C.1.9. Total Method of Finance	\$ 32,207,941	\$ 172,056,460	\$ 204,264,401
C.1.10. Managed Health Care - Pharmacy			
TDCJ Appropriation	\$ 12,268,265	\$ 45,479,313	\$ 57,747,578
State Reimbursement Benefits	\$ 79,936	\$ 2,057,062	\$ 2,136,998
Other Misc Revenue	\$ 12,175	\$ 37,639	\$ 49,814
C.1.10. Total Method of Finance	\$ 12,360,376	\$ 47,574,014	\$ 59,934,390
TOTAL METHOD OF FINANCE	\$ 110,798,294	\$ 487,531,152	\$ 598,329,446

<u>Method of Finance Summary</u>	<u>TTUHSC</u>	<u>UTMB</u>	<u>Total</u>
TDCJ Appropriation	\$ 99,670,564	\$ 437,653,868	\$ 537,324,432
State Reimbursement Benefits	\$ 11,112,177	\$ 49,694,434	\$ 60,806,611
Other Misc Revenue	\$ 15,553	\$ 182,850	\$ 198,403
TOTAL METHOD OF FINANCE	\$ 110,798,294	\$ 487,531,152	\$ 598,329,446

<u>Expenditures</u>	<u>TTUHSC</u>	<u>UTMB</u>	<u>Total</u>
C.1.8. Unit & Psychiatric Care	\$ 66,624,293	\$ 263,129,728	\$ 329,754,021
C.1.9. Hospital & Clinical Care	\$ 37,304,263	\$ 209,721,756	\$ 247,026,019
C.1.10. Managed Health Care - Pharmacy	\$ 14,333,733	\$ 50,622,373	\$ 64,956,106
TOTAL EXPENDITURES	\$ 118,262,289	\$ 523,473,857	\$ 641,736,146

DIFFERENCE	\$ (7,463,995)	\$ (35,942,705)	\$ (43,406,700)
FY2015 Ending Balance (Shortfall) and Hospital Cost Report Reconciliation	\$ -	\$ (10,232,005)	\$ (10,232,005)
Excess Collected Health Care Fees	\$ -	\$ 545,641	\$ 545,641
Other TDCJ Funding Sources - LBB Approved	\$ -	\$ 4,500,000	\$ 4,500,000
FY2017 Spend Forward to FY2016 - LBB Approved	\$ 7,463,995	\$ 41,129,069	\$ 48,593,064
NET DIFFERENCE	\$ -	\$ -	\$ -

Expenditures in this report do not include UTMB final FY2016 Hospital Cost Reconciliation to be completed by UTMB during FY2017.

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

C.1.8. UNIT & PSYCHIATRIC CARE			
	<u>TTUHSC</u>	<u>UTMB</u>	<u>Total</u>
Method of Finance:			
TDCJ Appropriation	\$ 57,284,167	\$ 220,118,095	\$ 277,402,262
State Reimbursement Benefits	\$ 8,942,432	\$ 47,637,372	\$ 56,579,804
Other Misc Revenue	\$ 3,378	\$ 145,211	\$ 148,589
TOTAL METHOD OF FINANCE	\$ 66,229,977	\$ 267,900,678	\$ 334,130,655
Expenditures:			
Unit Care			
Salaries	\$ 20,521,703	\$ 149,337,683	\$ 169,859,386
Benefits	\$ 6,901,102	\$ 46,553,347	\$ 53,454,449
Other Operating Expenses	\$ 1,640,167	\$ 20,959,250	\$ 22,599,417
Professional Services	\$ 2,166,371	\$ -	\$ 2,166,371
Contracted Units/Services	\$ 16,337,382	\$ -	\$ 16,337,382
Travel	\$ 204,269	\$ 1,418,907	\$ 1,623,176
Electronic Medicine	\$ 319,327	\$ -	\$ 319,327
Capitalized Equipment	\$ 250,443	\$ 1,384,446	\$ 1,634,889
Subtotal, Unit Care	\$ 48,340,764	\$ 219,653,633	\$ 267,994,397
Psychiatric Care			
Salaries	\$ 12,061,977	\$ 26,162,206	\$ 38,224,183
Benefits	\$ 3,273,936	\$ 6,742,056	\$ 10,015,992
Other Operating Expenses	\$ 170,348	\$ 184,929	\$ 355,277
Professional Services	\$ 709,104	\$ -	\$ 709,104
Contracted Units/Services	\$ -	\$ -	\$ -
Travel	\$ 63,218	\$ 157,406	\$ 220,624
Subtotal, Psychiatric Care	\$ 16,278,583	\$ 33,246,597	\$ 49,525,180
Indirect Expenditures (Shared Services)	\$ 2,004,946	\$ 10,229,498	\$ 12,234,444
TOTAL EXPENDITURES	\$ 66,624,293	\$ 263,129,728	\$ 329,754,021
DIFFERENCE	\$ (394,316)	\$ 4,770,950	\$ 4,376,634

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
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Fourth Quarter, FY2016

C.1.9. HOSPITAL & CLINICAL CARE			
Method of Finance	<u>TTUHSC</u>	<u>UTMB</u>	<u>Total</u>
TDCJ Appropriation	\$ 30,118,132	\$ 172,056,460	\$ 202,174,592
State Reimbursement Benefits	\$ 2,089,809	\$ -	\$ 2,089,809
Other Misc Revenue	\$ -	\$ -	\$ -
TOTAL METHOD OF FINANCE	\$ 32,207,941	\$ 172,056,460	\$ 204,264,401
Expenditures:			
Hospital and Clinical Care			
University Professional Services	\$ 1,404,714	\$ 21,595,234	\$ 22,999,948
Freeworld Provider Services	\$ 20,597,025	\$ 44,390,963	\$ 64,987,988
TTUHSC Western Regional Medical Facility & UTMB Hospital Galveston Hospital Services	\$ 13,453,128	\$ 126,082,363	\$ 139,535,491
Estimated IBNR	\$ 795,261	\$ 9,500,000	\$ 10,295,261
Subtotal, Hospital & Clinical Care	\$ 36,250,128	\$ 201,568,560	\$ 237,818,688
Indirect Expenditures (Shared Services)	\$ 1,054,135	\$ 8,153,196	\$ 9,207,331
TOTAL EXPENDITURES	\$ 37,304,263	\$ 209,721,756	\$ 247,026,019
DIFFERENCE	\$ (5,096,322)	\$ (37,665,296)	\$ (42,761,618)

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

- Based on FY2016 expenditure data received from UTMB, the average cost per patient day for FY2016, adjusted for each hospital's case mix index (CMI), was approximately \$1,129 for Huntsville Memorial Hospital (HMH), and \$1,343 for UTMB Hospital Galveston (HG).
- FY2016 expenditures at HMH totaled \$7.7 million for 4,984 patient days (equivalent to an average population of 13.6 offenders). Based upon the cost comparison, expenditures for those patient days billed through HG would have totaled approximately \$9.2 million.
- Based on FY2016 actual expenditures to date, the estimated cost avoidance by utilizing HMH would be approximately \$1.5 million. It is important to note that not all procedures performed at HG are available at HMH. The TDCJ Health Services Division works with UTMB Utilization Management to ensure optimal utilization of HMH.

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

C.1.10. MANAGED HEALTH CARE - PHARMACY			
Method of Finance	<u>TTUHSC</u>	<u>UTMB</u>	<u>Total</u>
TDCJ Appropriation	\$ 12,268,265	\$ 45,479,313	\$ 57,747,578
State Reimbursement Benefits	\$ 79,936	\$ 2,057,062	\$ 2,136,998
Other Misc Revenue	\$ 12,175	\$ 37,639	\$ 49,814
TOTAL METHOD OF FINANCE	\$ 12,360,376	\$ 47,574,014	\$ 59,934,390
Expenditures:			
Managed Health Care - Pharmacy			
Salaries	\$ 1,986,482	\$ 6,768,071	\$ 8,754,553
Benefits	\$ 91,004	\$ 2,224,432	\$ 2,315,436
Other Operating Expenses	\$ 309,890	\$ 1,671,451	\$ 1,981,341
Pharmaceutical Purchases	\$ 11,500,000	\$ 37,966,341	\$ 49,466,341
Travel	\$ 16,968	\$ 24,070	\$ 41,038
Capitalized Equipment	\$ -	\$ -	\$ -
Subtotal, Managed Health Care - Pharmacy Expenditures	\$ 13,904,344	\$ 48,654,365	\$ 62,558,709
Indirect Expenditures (Shared Services)	\$ 429,389	\$ 1,968,008	\$ 2,397,397
TOTAL EXPENDITURES	\$ 14,333,733	\$ 50,622,373	\$ 64,956,106
DIFFERENCE	\$ (1,973,357)	\$ (3,048,359)	\$ (5,021,716)

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

Key Population Indicators

	<u>1st Quarter</u>	<u>2nd Quarter</u>	<u>3rd Quarter</u>	<u>June</u>	<u>July</u>	<u>August</u>	<u>4th Quarter</u>	<u>FY2016 YTD</u>
Average Service Population								
UTMB Service Population	117,565	117,037	116,364	116,750	116,174	116,109	116,344	116,828
TTUHSC Service Population	29,967	29,968	30,059	29,976	29,994	30,092	30,021	30,004
Average Service Population	147,532	147,005	146,423	146,726	146,168	146,201	146,365	146,832
Population Age 55 and Over								
UTMB Population	13,792	14,019	14,078	14,129	14,189	14,280	14,199	14,022
TTUHSC Population	2,732	2,784	2,821	2,857	2,869	2,902	2,876	2,803
Population Age 55 and Over	16,524	16,803	16,899	16,986	17,058	17,182	17,075	16,825
HIV Population	2,081	2,078	2,045	2,024	2,025	2,034	2,028	2,058
Medical Inpatient Average Daily Census								
UTMB-Hospital Galveston	85	85	88	89	89	87	88	87
UTMB Freeworld Hospitals	44	38	37	39	40	42	40	40
TTUHSC Freeworld Hospitals	9	9	10	10	11	9	10	10
Medical Inpatient Average Daily Census	138	132	135	138	140	138	138	137
Medical Outpatient Visits								
UTMB Specialty Clinics and ER Visits	8,060	7,520	8,151	7,581	8,019	9,066	8,222	7,988
TTUHSC Freeworld Outpatient and ER Visits	1,498	1,214	1,841	1,520	1,200	2,452	1,724	1,569
Medical Outpatient Visits	9,558	8,734	9,992	9,101	9,219	11,518	9,946	9,557
Mental Health Inpatient Average Census								
UTMB Psychiatric Inpatient	1,019	1,027	1,020	1,033	1,011	1,001	1,015	1,020
TTUHSC Psychiatric Inpatient	732	826	862	810	817	888	838	815
Mental Health Inpatient Average Census	1,751	1,853	1,882	1,843	1,828	1,889	1,853	1,835
Mental Health Outpatient Caseload, Month End								
UTMB Psychiatric Outpatient	18,146	18,413	18,371	18,781	18,382	19,205	18,789	18,430
TTUHSC Psychiatric Outpatient	4,733	4,555	4,605	4,722	4,730	4,766	4,739	4,658
Mental Health Outpatient Caseload, Month End	22,879	22,968	22,976	23,503	23,112	23,971	23,528	23,088

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
Fourth Quarter, FY2016

Texas Tech University Health Sciences Center					
STRATEGY	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Total TTUHSC
REVENUE:					
TDCJ Appropriation	\$ 24,781,479	\$ 24,781,479	\$ 25,053,802	\$ 25,053,804	\$ 99,670,564
State Reimbursement Benefits	\$ 2,731,358	\$ 2,850,797	\$ 2,819,673	\$ 2,710,349	\$ 11,112,177
Other Misc Revenue	\$ 879	\$ 1,322	\$ 525	\$ 12,827	\$ 15,553
TOTAL REVENUES	\$ 27,513,716	\$ 27,633,598	\$ 27,874,000	\$ 27,776,980	\$ 110,798,294

C.1.8. UNIT & PSYCHIATRIC CARE					
EXPENDITURES:					
Unit Care Expenditures					
Salaries	\$ 5,172,500	\$ 5,172,070	\$ 5,096,100	\$ 5,081,033	\$ 20,521,703
Benefits	\$ 1,663,098	\$ 1,748,697	\$ 1,768,801	\$ 1,720,506	\$ 6,901,102
Other Operating Expenses	\$ 483,793	\$ 441,141	\$ 373,940	\$ 341,293	\$ 1,640,167
Professional Services	\$ 627,557	\$ 559,620	\$ 599,024	\$ 380,170	\$ 2,166,371
Contracted Units/Services	\$ 4,062,097	\$ 4,062,097	\$ 4,106,594	\$ 4,106,594	\$ 16,337,382
Travel	\$ 51,875	\$ 52,079	\$ 45,809	\$ 54,506	\$ 204,269
Electronic Medicine	\$ 153,215	\$ 58,036	\$ 52,882	\$ 55,194	\$ 319,327
Capitalized Equipment	\$ 225,346	\$ -	\$ 6,250	\$ 18,847	\$ 250,443
Estimated IBNR	\$ -	\$ -	\$ -	\$ -	\$ -
Subtotal, Unit Care Expenditures	\$ 12,439,481	\$ 12,093,740	\$ 12,049,400	\$ 11,758,143	\$ 48,340,764
Psychiatric Care Expenditures					
Salaries	\$ 3,072,377	\$ 2,996,199	\$ 3,003,008	\$ 2,990,393	\$ 12,061,977
Benefits	\$ 799,947	\$ 847,444	\$ 825,364	\$ 801,181	\$ 3,273,936
Other Operating Expenses	\$ 33,384	\$ 44,459	\$ 36,816	\$ 55,689	\$ 170,348
Professional Services	\$ 200,180	\$ 232,158	\$ 148,943	\$ 127,823	\$ 709,104
Travel	\$ 10,051	\$ 15,296	\$ 17,991	\$ 19,880	\$ 63,218
Estimated IBNR	\$ -	\$ -	\$ -	\$ -	\$ -
Subtotal, Psychiatric Care Expenditures	\$ 4,115,939	\$ 4,135,556	\$ 4,032,122	\$ 3,994,966	\$ 16,278,583
Total Expenditures, Unit & Psychiatric Care	\$ 16,555,420	\$ 16,229,296	\$ 16,081,522	\$ 15,753,109	\$ 64,619,347

C.1.9. HOSPITAL & CLINICAL CARE					
EXPENDITURES:					
University Professional Services	\$ 337,500	\$ 367,500	\$ 348,750	\$ 350,964	\$ 1,404,714
Freeworld Provider Services	\$ 5,242,460	\$ 3,964,183	\$ 5,923,889	\$ 5,466,493	\$ 20,597,025
TTUHSC Western Regional Medical Facility & UTMB Hospital Galveston Hospital Services	\$ 3,280,687	\$ 3,445,996	\$ 3,444,852	\$ 3,281,593	\$ 13,453,128
Estimated IBNR	\$ (779,960)	\$ 1,891,502	\$ (630,403)	\$ 314,122	\$ 795,261
Total Expenditures, Hospital & Clinical Care	\$ 8,080,687	\$ 9,669,181	\$ 9,087,088	\$ 9,413,172	\$ 36,250,128

C.1.10. MANAGED HEALTH CARE PHARMACY					
EXPENDITURES:					
Salaries	\$ 497,915	\$ 492,349	\$ 502,196	\$ 494,022	\$ 1,986,482
Benefits	\$ 22,206	\$ 22,922	\$ 22,938	\$ 22,938	\$ 91,004
Other Operating Expenses	\$ 76,403	\$ 73,516	\$ 97,490	\$ 62,481	\$ 309,890
Pharmaceutical Purchases	\$ 2,893,979	\$ 2,683,282	\$ 2,769,192	\$ 3,153,547	\$ 11,500,000
Travel	\$ 2,441	\$ 4,681	\$ 3,074	\$ 6,772	\$ 16,968
Capitalized Equipment	\$ -	\$ -	\$ -	\$ -	\$ -
Estimated IBNR	\$ -	\$ -	\$ -	\$ -	\$ -
Total Expenditures, Managed Health Care Pharmacy	\$ 3,492,944	\$ 3,276,750	\$ 3,394,890	\$ 3,739,760	\$ 13,904,344

Indirect Expenditures (Shared Services)	\$ 867,352	\$ 867,351	\$ 876,883	\$ 876,884	\$ 3,488,470
TOTAL EXPENDITURES	\$ 28,996,403	\$ 30,042,578	\$ 29,440,383	\$ 29,782,925	\$ 118,262,289
DIFFERENCE	\$ (1,482,687)	\$ (2,408,980)	\$ (1,566,383)	\$ (2,005,945)	\$ (7,463,995)

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

University of Texas Medical Branch					
STRATEGY	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Total UTMB
REVENUE:					
TDCJ Appropriation	\$ 108,815,578	\$ 108,815,579	\$ 110,011,355	\$ 110,011,356	\$ 437,653,868
State Reimbursement Benefits	\$ 11,941,941	\$ 12,799,276	\$ 12,303,904	\$ 12,649,313	\$ 49,694,434
Other Misc Revenue	\$ 45,150	\$ 18,443	\$ 2,679	\$ 116,578	\$ 182,850
TOTAL REVENUES	\$ 120,802,669	\$ 121,633,298	\$ 122,317,938	\$ 122,777,247	\$ 487,531,152

C.1.8. UNIT & PSYCHIATRIC CARE					
EXPENDITURES:					
Unit Care Expenditures					
Salaries	\$ 36,539,708	\$ 37,379,570	\$ 37,342,878	\$ 38,075,527	\$ 149,337,683
Benefits	\$ 11,303,293	\$ 11,839,250	\$ 11,695,773	\$ 11,715,031	\$ 46,553,347
Other Operating Expenses	\$ 5,136,457	\$ 5,314,922	\$ 4,821,295	\$ 5,686,576	\$ 20,959,250
Professional Services	\$ -	\$ -	\$ -	\$ -	\$ -
Contracted Units/Services	\$ -	\$ -	\$ -	\$ -	\$ -
Travel	\$ 377,471	\$ 355,484	\$ 309,835	\$ 376,117	\$ 1,418,907
Electronic Medicine	\$ -	\$ -	\$ -	\$ -	\$ -
Capitalized Equipment	\$ 32,132	\$ 99,077	\$ 203,488	\$ 1,049,749	\$ 1,384,446
Estimated IBNR	\$ -	\$ -	\$ -	\$ -	\$ -
Subtotal, Unit Care Expenditures	\$ 53,389,061	\$ 54,988,303	\$ 54,373,269	\$ 56,903,000	\$ 219,653,633
Psychiatric Care Expenditures					
Salaries	\$ 6,429,921	\$ 6,545,604	\$ 6,598,299	\$ 6,588,382	\$ 26,162,206
Benefits	\$ 1,616,057	\$ 1,723,078	\$ 1,722,506	\$ 1,680,415	\$ 6,742,056
Other Operating Expenses	\$ 53,343	\$ 38,642	\$ 38,678	\$ 54,266	\$ 184,929
Professional Services	\$ -	\$ -	\$ -	\$ -	\$ -
Travel	\$ 52,639	\$ 44,151	\$ 30,622	\$ 29,994	\$ 157,406
Estimated IBNR	\$ -	\$ -	\$ -	\$ -	\$ -
Subtotal, Psychiatric Care Expenditures	\$ 8,151,960	\$ 8,351,475	\$ 8,390,105	\$ 8,353,057	\$ 33,246,597
Total Expenditures, Unit & Psychiatric Care	\$ 61,541,021	\$ 63,339,778	\$ 62,763,374	\$ 65,256,057	\$ 252,900,230

C.1.9. HOSPITAL & CLINICAL CARE					
EXPENDITURES:					
University Professional Services	\$ 5,325,232	\$ 5,032,644	\$ 5,513,588	\$ 5,723,770	\$ 21,595,234
Freeworld Provider Services	\$ 3,802,030	\$ 9,969,381	\$ 15,936,397	\$ 14,683,155	\$ 44,390,963
TTUHSC Western Regional Medical Facility & UTMB Hospital Galveston Hospital Services	\$ 30,092,152	\$ 31,517,789	\$ 33,633,277	\$ 30,839,145	\$ 126,082,363
Estimated IBNR	\$ 8,946,764	\$ 1,795,482	\$ (520,721)	\$ (721,525)	\$ 9,500,000
Total Expenditures, Hospital & Clinical Care	\$ 48,166,178	\$ 48,315,296	\$ 54,562,541	\$ 50,524,545	\$ 201,568,560

C.1.10. MANAGED HEALTH CARE PHARMACY					
EXPENDITURES:					
Salaries	\$ 1,744,824	\$ 1,679,911	\$ 1,651,036	\$ 1,692,300	\$ 6,768,071
Benefits	\$ 566,254	\$ 556,239	\$ 543,345	\$ 558,594	\$ 2,224,432
Other Operating Expenses	\$ 481,988	\$ 343,024	\$ 439,305	\$ 407,134	\$ 1,671,451
Pharmaceutical Purchases	\$ 9,650,611	\$ 9,794,313	\$ 9,483,289	\$ 9,038,128	\$ 37,966,341
Travel	\$ 5,172	\$ 7,886	\$ 6,284	\$ 4,728	\$ 24,070
Capitalized Equipment	\$ -	\$ -	\$ -	\$ -	\$ -
Estimated IBNR	\$ -	\$ -	\$ -	\$ -	\$ -
Total Expenditures, Managed Health Care Pharmacy	\$ 12,448,849	\$ 12,381,373	\$ 12,123,259	\$ 11,700,884	\$ 48,654,365

Indirect Expenditures (Shared Services)	\$ 4,494,223	\$ 5,962,623	\$ 4,595,656	\$ 5,298,200	\$ 20,350,702
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TOTAL EXPENDITURES	\$ 126,650,271	\$ 129,999,070	\$ 134,044,830	\$ 132,779,686	\$ 523,473,857
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DIFFERENCE	\$ (5,847,602)	\$ (8,365,772)	\$ (11,726,892)	\$ (10,002,439)	\$ (35,942,705)
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TEXAS DEPARTMENT OF CRIMINAL JUSTICE
Financial Report on Offender Health Care, pursuant to Agency Rider 47
Fourth Quarter, FY2016

Combined Total					
STRATEGY	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Combined Total
REVENUE:					
TDCJ Appropriation	\$ 133,597,057	\$ 133,597,058	\$ 135,065,157	\$ 135,065,160	\$ 537,324,432
State Reimbursement Benefits	\$ 14,673,299	\$ 15,650,073	\$ 15,123,577	\$ 15,359,662	\$ 60,806,611
Other Misc Revenue	\$ 46,029	\$ 19,765	\$ 3,204	\$ 129,405	\$ 198,403
TOTAL REVENUES	\$ 148,316,385	\$ 149,266,896	\$ 150,191,938	\$ 150,554,227	\$ 598,329,446

C.1.8. UNIT & PSYCHIATRIC CARE					
EXPENDITURES:					
Unit Care Expenditures					
Salaries	\$ 41,712,208	\$ 42,551,640	\$ 42,438,978	\$ 43,156,560	\$ 169,859,386
Benefits	\$ 12,966,391	\$ 13,587,947	\$ 13,464,574	\$ 13,435,537	\$ 53,454,449
Other Operating Expenses	\$ 5,620,250	\$ 5,756,063	\$ 5,195,235	\$ 6,027,869	\$ 22,599,417
Professional Services	\$ 627,557	\$ 559,620	\$ 599,024	\$ 380,170	\$ 2,166,371
Contracted Units/Services	\$ 4,062,097	\$ 4,062,097	\$ 4,106,594	\$ 4,106,594	\$ 16,337,382
Travel	\$ 429,346	\$ 407,563	\$ 355,644	\$ 430,623	\$ 1,623,176
Electronic Medicine	\$ 153,215	\$ 58,036	\$ 52,882	\$ 55,194	\$ 319,327
Capitalized Equipment	\$ 257,478	\$ 99,077	\$ 209,738	\$ 1,068,596	\$ 1,634,889
Estimated IBNR	\$ -	\$ -	\$ -	\$ -	\$ -
Subtotal, Unit Care Expenditures	\$ 65,828,542	\$ 67,082,043	\$ 66,422,669	\$ 68,661,143	\$ 267,994,397
Psychiatric Care Expenditures					
Salaries	\$ 9,502,298	\$ 9,541,803	\$ 9,601,307	\$ 9,578,775	\$ 38,224,183
Benefits	\$ 2,416,004	\$ 2,570,522	\$ 2,547,870	\$ 2,481,596	\$ 10,015,992
Other Operating Expenses	\$ 86,727	\$ 83,101	\$ 75,494	\$ 109,955	\$ 355,277
Professional Services	\$ 200,180	\$ 232,158	\$ 148,943	\$ 127,823	\$ 709,104
Travel	\$ 62,690	\$ 59,447	\$ 48,613	\$ 49,874	\$ 220,624
Estimated IBNR	\$ -	\$ -	\$ -	\$ -	\$ -
Subtotal, Psychiatric Care Expenditures	\$ 12,267,899	\$ 12,487,031	\$ 12,422,227	\$ 12,348,023	\$ 49,525,180
Total Expenditures, Unit & Psychiatric Care	\$ 78,096,441	\$ 79,569,074	\$ 78,844,896	\$ 81,009,166	\$ 317,519,577

C.1.9. HOSPITAL & CLINICAL CARE					
EXPENDITURES:					
University Professional Services	\$ 5,662,732	\$ 5,400,144	\$ 5,862,338	\$ 6,074,734	\$ 22,999,948
Freeworld Provider Services	\$ 9,044,490	\$ 13,933,564	\$ 21,860,286	\$ 20,149,648	\$ 64,987,988
TTUHSC Western Regional Medical Facility & UTMB Hospital Galveston Hospital Services	\$ 33,372,839	\$ 34,963,785	\$ 37,078,129	\$ 34,120,738	\$ 139,535,491
Estimated IBNR	\$ 8,166,804	\$ 3,686,984	\$ (1,151,124)	\$ (407,403)	\$ 10,295,261
Total Expenditures, Hospital & Clinical Care	\$ 56,246,865	\$ 57,984,477	\$ 63,649,629	\$ 59,937,717	\$ 237,818,688

C.1.10. MANAGED HEALTH CARE PHARMACY					
EXPENDITURES:					
Salaries	\$ 2,242,739	\$ 2,172,260	\$ 2,153,232	\$ 2,186,322	\$ 8,754,553
Benefits	\$ 588,460	\$ 579,161	\$ 566,283	\$ 581,532	\$ 2,315,436
Other Operating Expenses	\$ 558,391	\$ 416,540	\$ 536,795	\$ 469,615	\$ 1,981,341
Pharmaceutical Purchases	\$ 12,544,590	\$ 12,477,595	\$ 12,252,481	\$ 12,191,675	\$ 49,466,341
Travel	\$ 7,613	\$ 12,567	\$ 9,358	\$ 11,500	\$ 41,038
Capitalized Equipment	\$ -	\$ -	\$ -	\$ -	\$ -
Estimated IBNR	\$ -	\$ -	\$ -	\$ -	\$ -
Total Expenditures, Managed Health Care Pharmacy	\$ 15,941,793	\$ 15,658,123	\$ 15,518,149	\$ 15,440,644	\$ 62,558,709

Indirect Expenditures (Shared Services)	\$ 5,361,575	\$ 6,829,974	\$ 5,472,539	\$ 6,175,084	\$ 23,839,172
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TOTAL EXPENDITURES	\$ 155,646,674	\$ 160,041,648	\$ 163,485,213	\$ 162,562,611	\$ 641,736,146
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DIFFERENCE	\$ (7,330,289)	\$ (10,774,752)	\$ (13,293,275)	\$ (12,008,384)	\$ (43,406,700)
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FY2015 Ending Balance (Shortfall) and Hospital Cost Report Reconciliation	\$ (10,232,005)
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Excess Collected Health Care Fees	\$ 545,641
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Other TDCJ Funding Sources - LBB Approved	\$ 4,500,000
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FY2017 Spend Forward to FY2016 - LBB Approved	\$ 48,593,064
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NET DIFFERENCE	\$ (7,330,289)	\$ (10,774,752)	\$ (13,293,275)	\$ (12,008,384)	\$ -
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Expenditures in this report do not include UTMB final FY2016 Hospital Cost Reconciliation to be completed by UTMB during FY2017.

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

As of November 2016

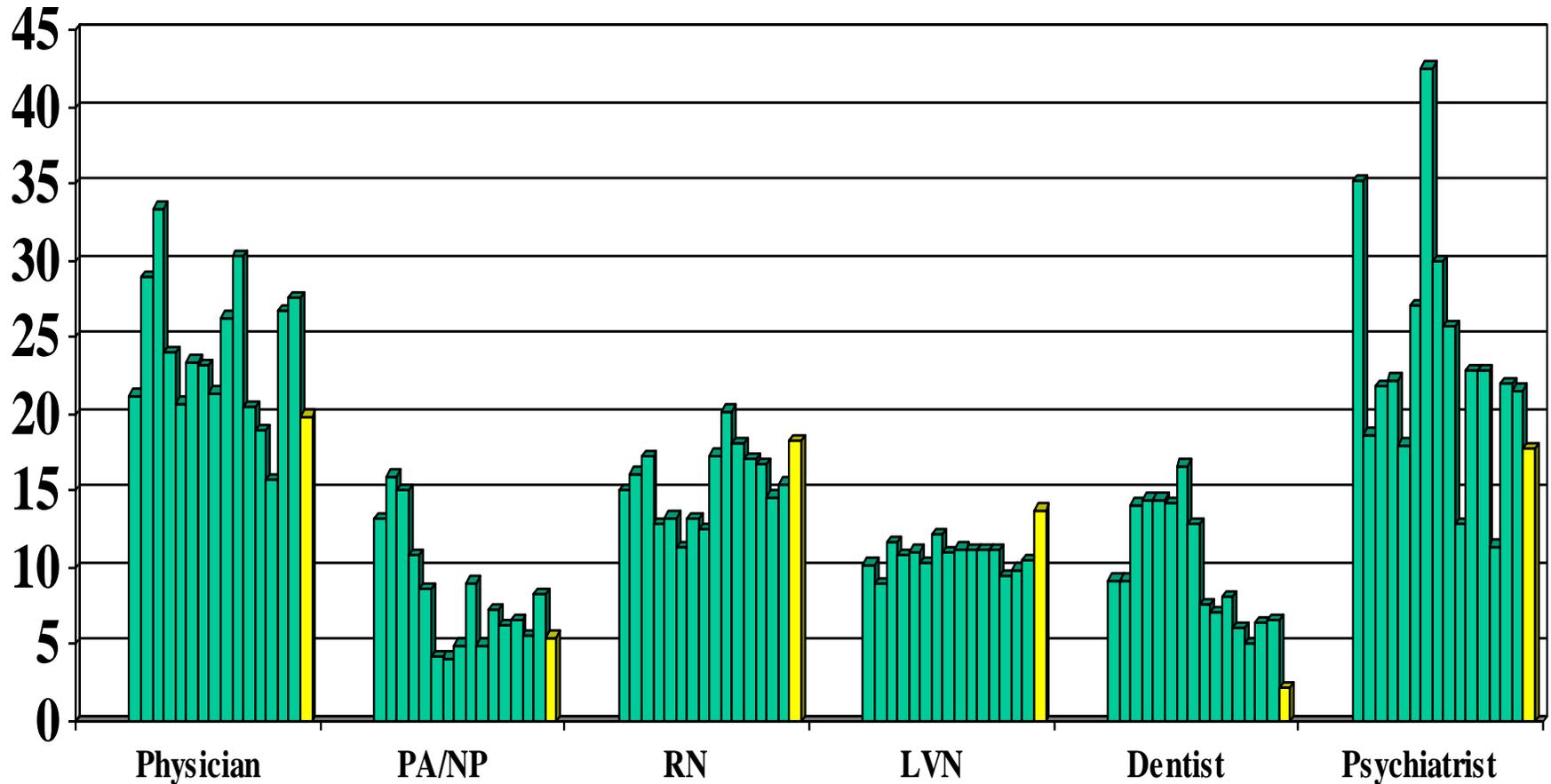
Title of Position	CMHCC Partner Agency	Vacant Since (mm/yyyy)	Actions Taken to Fill Position
Health Specialist V- Office of Mental Health Monitoring and Liaison (2 positions)	TDCJ	01/31/2016	This position was reposted on November 7, 2016 and closes on November 16, 2016.
Director II- Office of Public 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 (Estelle Unit)	TDCJ	05/1/2016	This position was moved from the Montford Unit. It posted on November 4, 2016 and closed on November 14, 2016. Health Services is in the process of reviewing the applications.
Investigator II- Patient Liaison Program (Jester IV Unit)	TDCJ	05/1/2016	This is a second position that was moved from the Montford Unit. Health Services is reviewing applicants from a prior interview in order to make a selection.
Investigator II- Patient Liaison Program (Hilltop Unit)	TDCJ	10/15/2016	This position posted on October 24, 2016 and closed on November 14, 2016. Health Services is in the process of reviewing the applications.
Manager IV- Health Services Liaison	TDCJ	08/31/2016	An interview will be conducted on November 28, 2016.
Nurse II- Office of Health Services Monitoring	TDCJ	11/20/2016	This position posted on November 10, 2016 and closes on November 21, 2016.
Smith Medical Director	TTUHSC	09/2016	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, NCCHC Conferences, ACA Conference and Agency contacts, DO Conference San Antonio, Internal and External Posting.
Regional Med Dir- Reg 1	UTMB CMC	11/01/2016	Local and National Advertising, TAFP, NCCHC Conferences, ACA Conference and Agency contacts, DO Conference San Antonio, Internal and External Posting.
Mid Level Practitioners (PA and FNP) (8)	UTMB CMC	03/04/2016	Local and National Advertising, Career Fairs, TAPA and TNP Conferences, Intern programs.
Psychiatrist (2)	UTMB CMC	04/08/2014	Local and National Advertising, NCCHC, TSPP, Agency contacts
Dentists (2)	UTMB CMC	09/16/2016	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



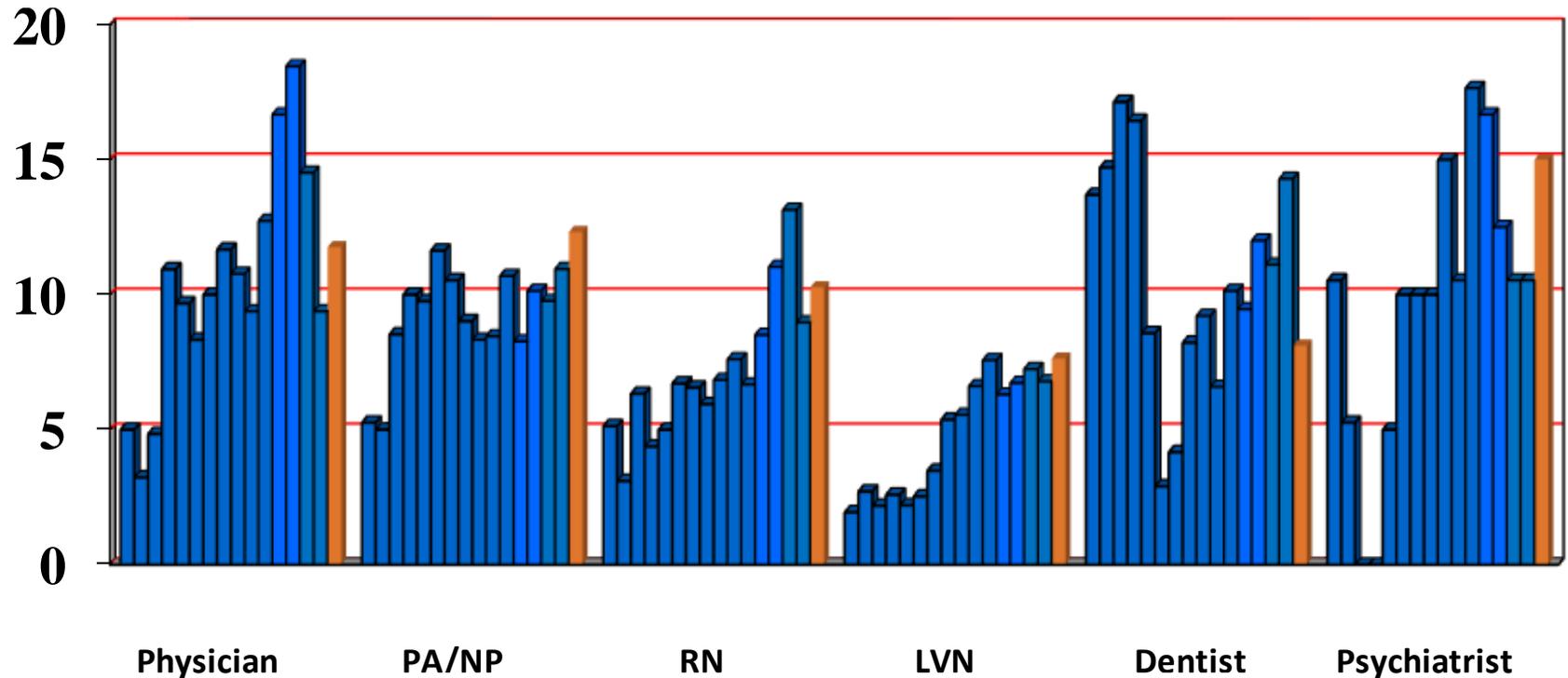
*Correctional Managed
Health Care*



University Vacancy Rate Report
by Quarter FY 2013 - 2016

University of Texas Medical Branch

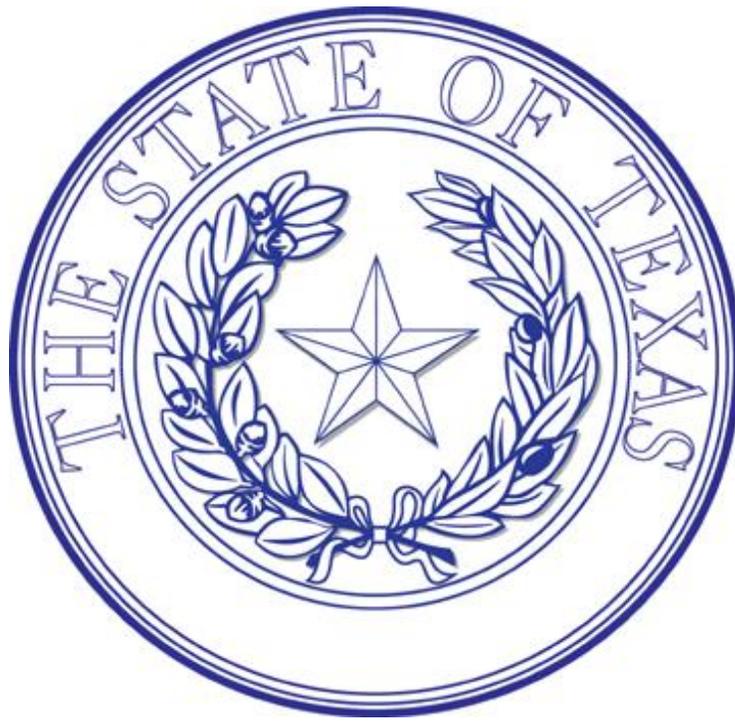
UTMB Vacancy Rates (%) by Quarter FY 2013 – FY 2016



*Correctional Managed
Health Care*



TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER



**TEXAS DEPARTMENT OF
CRIMINAL JUSTICE**

***HEALTH SERVICES DIVISION
MEDICAL DIRECTOR'S REPORT
Fourth 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 Fourth Quarter Fiscal Year (FY) 2016 (June, July and August 2016), Operational Review Audits (ORAs) were conducted at the following **13** facilities: Bridgeport Pre- Parole (PPT) Treatment Facility, East Texas Treatment Facility (TF), Fort Stockton, Goree, Hodge, Holliday, Hutchins, Jordan, Lynaugh, Middleton, Skyview, South Texas Intermediate Sanction Facility (ISF) and West Texas ISF.

- 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 Fourth Quarter of FY 2016:

1. Item **6.380** requires the pneumococcal vaccine be offered with certain chronic diseases and conditions*, and all offenders 65 years of age or older. Vaccinations to be documented on the Abstract of Immunization Form (HSM-2) when administered. If the vaccination is refused, the refusal should be documented with a signed Refusal of Treatment Form (HSM-82). The following **8** facilities were not in compliance with this requirement:
 - Bridgeport PPT (50%) – Corrective action plan received and pending
 - East Texas TF (0%) – Corrective action plan received and pending
 - Fort Stockton (40%) – Corrective action plan pending
 - Hodge (63%) – Corrective action plan pending
 - Lynaugh (70%) – Corrective action plan pending
 - Middleton (70%) – Corrective action plan received and accepted
 - Skyview (71%) – Corrective action plan pending
 - South Texas ISF (0%) – Corrective action plan received and pending

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

2. Item **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:
 - East Texas TF (18%) – Corrective action plan received and pending
 - Goree (60%) – Corrective action plan pending
 - Holliday (17%) – Corrective action plan pending
 - Hutchins (50%) – Corrective action plan pending
 - Skyview (75%) – Corrective action plan pending
 - West Texas ISF (25%) – Corrective action plan pending
3. Item **3.060** requires dental records for offenders received by the facility via intra-system transfer be reviewed by facility dental staff for priority one conditions within 7 days of arrival. The following **6** facilities were not in compliance with this requirement:

OPERATIONAL REVIEW AUDIT (ORA) CONTINUED

- Bridgeport PPT (0%) – Corrective action plan received and pending
 - East Texas TF (58%) – Corrective action plan received and pending
 - Hodge (71%) – Corrective action plan pending
 - Holliday (0%) – Corrective action plan pending
 - Middleton (64%) – Corrective action plan received and accepted
 - West Texas ISF (0%) – Corrective action plan pending
4. 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 **6** facilities were not in compliance with this requirement:
- Bridgeport PPT (0%) – Corrective action plan received and pending
 - East Texas TF (40%) – Corrective action plan received and pending
 - Fort Stockton (69%) – Corrective action plan pending
 - Goree (54%) – Corrective action plan pending
 - Middleton (54%) – Corrective action plan received and accepted
 - West Texas ISF (0%) – Corrective action plan pending
5. Item **6.040** requires 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 **6** facilities were not in compliance with this requirement:
- Fort Stockton (22%) – Corrective action plan pending
 - Hodge (64%) – Corrective action plan pending
 - Hutchins (78%) – Corrective action plan pending
 - Lynaugh (15%) – Corrective action plan pending
 - Middleton (0%) – Corrective action plan received and accepted
 - West Texas ISF (0%) – Corrective action plan pending
6. Item **6.340** requires Aspartateaminotransferase (AST) Platelet Ratio Index (APRI) be calculated at least annually for offenders diagnosed with Hepatitis C Virus. The following **5** facilities were not in compliance with this requirement:
- East Texas TF (50%) – Corrective action plan received and pending
 - Hodge (67%) – Corrective action plan pending
 - Lynaugh (48%) – Corrective action plan pending
 - Middleton (57%) – Corrective action plan received and approved
 - Skyview (68%) – Corrective action plan pending
7. Item **4.070** requires facility's self-reported Access to Care(ATC)Audit data that is reported to TDCJ Health Services on a monthly basis be accurate and consistent with current methodology. A score can only be compliant or not compliant. The following **5** facilities were not in compliance with this requirement:
- East Texas TF– Corrective action plan received and pending
 - Fort Stockton– Corrective action plan pending
 - Hodge– Corrective action plan pending
 - Skyview– Corrective action plan pending
 - South Texas ISF– Corrective action plan received and pending
8. Item **4.130** requires the Health Summary for Classification (HSM-18) include PUHLES designators that are consistent with the current treatment and diagnosis. The following **5** facilities were not in compliance with this requirement:

OPERATIONAL REVIEW AUDIT (ORA) CONTINUED

- Bridgeport PPT (0%) – Corrective action plan received and pending
 - East Texas TF (43%) – Corrective action plan received and pending
 - Hodge (76%) – Corrective action plan pending
 - South Texas ISF (76%) – Corrective action plan received and pending
 - West Texas ISF (13%) – Corrective action plan pending
9. Item **6.170** requires offenders who enter TDCJ (intake) on or after 7/1/2007 have an HIV test performed within 7 days of entering TDCJ or a signed Refusal of Treatment (HSM-82) form for testing unless there is documentation of a prior positive HIV test. The following **5** facilities were not in compliance with this requirement:
- East Texas TF (17%) – Corrective action plan received and pending
 - Hutchins (50%) – Corrective action plan pending
 - Middleton (58%) – Corrective action plan received and accepted
 - South Texas ISF (0%) – Corrective action plan received and pending
 - West Texas ISF (5%) – Corrective action plan pending
10. Item **6.205** requires newly diagnosed HIV positive offenders be referred to dental for oral/periodontal evaluation within 30 days of initial chronic care clinic. The following **5** facilities were not in compliance with this requirement:
- East Texas TF (71%) – Corrective action plan received and pending
 - Hodge (0%) – Corrective action plan pending
 - Skyview (0%) – Corrective action plan pending
 - South Texas ISF (67%) – Corrective action plan received and pending
 - West Texas ISF (0%) – Corrective action plan pending
11. Item **6.351** requires Hepatitis C Virus infected patients that do not have documented contraindication for antiviral therapy referred to the designated physician, clinic, or appropriately treated according to Correctional Managed Health Care (CMHC) Hepatitis C Evaluation, and Treatment Pathway. The following **5** facilities were not in compliance with this requirement:
- East Texas TF (29%) – Corrective action plan received and pending
 - Hodge (64%) – Corrective action plan pending
 - Lynaugh (73%) – Corrective action plan pending
 - Middleton (33%) – Corrective action plan received and approved
 - Skyview (75%) – Corrective action plan pending
- During the previous quarter, ORAs for **7** facilities had pending corrective action plans: Clements, Cole, Choice Moore, Ferguson, Kegans, Lychner and Neal. During the Fourth Quarter FY 2016, **all** were closed.

CAPITAL ASSETS CONTRACT MONITORING

The Fixed Assets Contract Monitoring officer audited the same **13** facilities listed above for operational review audits during the Fourth 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 **13** facilities were within the required compliance range.

DENTAL QUALITY REVIEW AUDIT

During the Fourth Quarter of FY 2016, Dental Quality Review audits were conducted at the following **22** facilities: Bridgeport PPT, Crain, Darrington, East Texas TF, Formby, Jester I, Jester III, Jester IV, Hilltop, Hughes, Luther,

DENTAL QUALITY REVIEW AUDIT (CONTINUED)

Montford, Mountain View, Murray, Pack, Rudd, South Texas ISF, Tulia, Vance, West Texas ISF, Wheeler, and Woodman. The following is a summary of the items found to be most frequently below 80 percent.

- **Item 1** assesses if patients presenting signs and/or symptoms consistent with an urgent dental need received definitive care within **14** days of receipt of the Sick Call Exam (SCE). **4** of the **22** facilities were not in compliance: East Texas TF (**0%**), Jester I (**40%**), South Texas ISF (**50%**), West Texas ISF (**0%**).
- **Item 3** assesses the dental In-Processing Exam completed at the Intake Facility within the **30** day timeframe. The following **3** facilities were not in compliance: East Texas TF (**45%**), South Texas ISF (**71%**), West Texas ISF (**0%**).
- **Item 20** assesses the panoramic radiographs taken during in-processing (intake), and if the radiograph currently were available at the facility. **3** of the **22** facilities were not in compliance: Montford (**57%**), Pack (**75%**), Vance (**70%**).
- **Item 21** assesses if there were radiographs utilized in the formulation of the Comprehensive Treatment Plan (CTP) and whether they were of diagnostic quality necessary for assessment and treatment planning. The following **3** facilities were not in compliance: Formby (**73%**), Montford (**67%**), and Wheeler (**78%**).
- **Other Findings** – There were **4** facilities that fell into this category for different reasons:
 - East Texas TF, pertained to documentation that supported Urgent Care (Priority 1) but which was categorized as Interceptive Care (Priority 2).
 - Bridgeport PPT and South Texas ISF, pertained to dental Radiographs not being mounted and stored according to CMHC Policy H-60.1.
 - At the Crain facility during a review of 20 charts, 7 offenders were not on the unit, but their records were still there.

In addition to the regular audits during the Fourth Quarter of FY 2016, a follow up of **4** Private facilities on Urgent Care were conducted: East Texas TF, South Texas ISF, West Texas ISF and Bridgeport PPT.

- **Item 1** assesses if patients presenting signs and/or symptoms consistent with an urgent dental need received definitive care within **14** days of receipt of the Sick Call Exam (SCE). All **4** facilities were out of compliance: East Texas TF (**0%**), Bridgeport PPT (**40%**), and South Texas ISF (**20%**), West Texas ISF (**0%**).

GRIEVANCES AND PATIENT LIAISON CORRESPONDENCE

During the Fourth Quarter of FY 2016, the Patient Liaison Program (PLP) and the Step II Grievance Program received **4,797** correspondences: The PLP received **3,220** and Step II Grievance received **1,577**. There were **350** Action Requests generated by the Patient Liaison and the Step II Grievance Programs.

The University of Texas Medical Branch (UTMB) and Texas Tech University Health Sciences Center (TTUHSC) *overall* combined percentage of sustained offender medical grievances closed in the Fourth Quarter FY 2016 for the Step II medical grievances was **6** percent. Performance measure expectation is six percent or less (Article IX, Correctional Managed Health Care contract). The percentage of sustained Step II medical grievances from UTMB was **6** percent and **6** percent for TTUHSC for the Fourth 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 Fourth Quarter of FY 2016, the PLP nurses and investigators performed **52** Sick Call Request Verification Audits (SCRVAs) on **49** facilities. At some units, Expansion Cell Block areas were counted as a separate audit. This audit was formerly known as Access to Care 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 **432** indicators were reviewed at the **49** facilities and **18** of the indicators fell below the 80 percent compliance threshold representing **4** percent. The discipline composite score (medical/nursing, dental, and mental health) is an overall assessment of compliance with the sick call process of the 49 facilities audited. There were **5** 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 medical staff.

The frequency of the SCRVAs 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 within the TDCJ offender 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, 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 Fourth Quarter FY 2016, there were **13,002** intake HIV tests performed. Of those tested, **176** offenders were newly identified as having HIV infection. During the same time period, there were **11,227** pre-release tests performed with **0** found to be HIV positive. For this quarter, **3** new AIDS cases were identified.
- There were **755** cases of Hepatitis C identified for the Fourth Quarter FY 2016. This number may not represent an actual new diagnosis, but rather the first time it was identified in TDCJ.
- **180** cases of suspected Syphilis were reported in the Fourth Quarter FY 2016. **13** 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.
- **177** Methicillin-Resistant Staphylococcus Aureus (MRSA) cases were reported for the Fourth Quarter FY 2016. For the same time period, **85** 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.

OFFICE OF PUBLIC HEALTH (CONTINUED)

- There was an average of **21** TB cases (pulmonary and extra-pulmonary) under management for the Fourth 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 **196** chart reviews of alleged sexual assaults performed for the Fourth Quarter FY 2016. There were **6** deficiencies found this quarter and corrective action requested. Blood-borne exposure baseline labs were drawn on **78** 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 Fourth Quarter FY 2016, **8** units received training which included the Wall Talk Training and **3** units received training which included the Somebody Cares Training. As of the close of the quarter, **100 of the 109** facilities housing Correctional Institutions Division (CID) offenders had active peer education programs. During this quarter, **146** offenders trained to become peer educators and **20,642** offenders attended the classes presented by peer educators.

MORTALITY AND MORBIDITY

There were **83** deaths reviewed by the Mortality and Morbidity Review Committee during the months of June, July and August 2016. Of those **83** deaths, **7** were referred to peer review committees.

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

Peer Review Committee	Number of Cases Referred
Provider Peer Review	6
Nursing Peer Review	0
Dental Peer Review	1
Total	7

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 Fourth Quarter of FY 2016:

- The OMHM&L monitors all segregation facilities within the TDCJ CID and State Jails once every six months. During the Fourth 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 ISF, Stiles, Telford and Travis. The OMHM&L auditors observed **3,106** offenders, interviewed **2,635** offenders, and referred **5** offenders for further evaluation by university providers.

OFFICE OF MENTAL HEALTH SERVICES MONITORING & LIAISON (CONTINUED)

- 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, **16** of 18 units were **100%** compliant. For ATC 5, **16** of 18 units were **100%** compliant. For ATC 6, **16** of 18 units were **100%** compliant. The South Texas ISF was **0%** compliant on ATC 4, ATC 5, and ATC 6, and a corrective action plan was requested. The ATC audit was not applicable to the Clemens unit, because there were no sick call requests (SCR) submitted for the Fourth Quarter of FY 2016. For the 911 tool availability, **18** of 18 units were **100%** compliant.
- The OMHM&L monitors all instances of administration of compelled psychoactive medication to offenders to ensure that all instances are appropriately documented. During the Fourth Quarter FY-2016, a total of **70** instances of compelled psychoactive medication administration occurred. There were **20** instances at the Montford unit, **36** instances at the Skyview unit, **12** instances at the Jester IV unit and **2** instances at the Clements unit. During each month of the quarter, Jester IV, Montford, Skyview and Clements were **100%** compliant with required criteria for implementation and documentation of compelled psychoactive medication.
- The Intake Mental Health Evaluation audit conducted by the OMHM&L is designed to provide reasonable assurance that those offenders identified as having a potential mental health need upon intake receive a Mental Health Evaluation within 14 days of identification. Of the 27 intake facilities, **26** facilities identified incoming offenders in need of Mental Health Evaluations. At the Kyle unit, there were no offenders identified as applicable to the audit. **23** of the 26 facilities met or exceeded **80%** compliance for completing Mental Health Evaluations within 14 days of identified need: Bartlett, Bradshaw, Byrd, Dominguez, East Texas TF, Formby, Garza, Gist, Glossbrenner, Gurney, Halbert, Holliday, Hutchins, Jester I, Johnston, Lindsey, Lychner, Middleton, Plane, Roach, Sanchez, Travis, and Woodman. **3** of the 26 facilities earned compliance scores of **79%** or lower: West Texas ISF (**60%**), Sayle (**50%**) and South Texas ISF (**17%**). Corrective action plans were requested from these 3 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 Fourth Quarter of FY 2016, HSL conducted **170** hospital and **44** infirmary discharge audits.
- Each audit determines if vital signs were recorded on the day the offender left the hospital/infirmery; if the receiving facility had medical services sufficient to meet the offender's current needs; if the medical record was reviewed by a nursing staff member and referred (if applicable) to an appropriate provider as required by policy; if the offender required unscheduled medical care related to the admitting diagnosis within the first seven days after discharge and if discharge information was available in the offender's EHR within 24 hours of the offender arriving at the unit.
- Of the **170** hospital discharge audits conducted, **151** were from the UTMB Sector and **19** were from the TTUHSC sector. Of the **44** infirmary discharge audits conducted, **21** were from the UTMB sector and **23** were from the TTUHSC sector.

ACCREDITATION

The ACA Winter Conference will be held in San Antonio, TX on January 20-25, 2017. During this conference, the following units will be represented: Dominguez, Eastham, Halbert, Hightower, Hilltop, Johnson, Kegans, Lychner, McConnell, Michael, Mountain View, Plane/Henley, Robertson, Sanchez and Travis Units.

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 - **27**
- Correctional Institutions Division Pending Monthly Research Projects - **5**
- Health Services Division Active Monthly Medical Research Projects - **7**
- Health Services Division Pending Medical Research Projects - **5**

Overview of UTMB CMC Mental Health Services

Joseph V Penn MD CCHP FAPA

Clinical Professor

UTMB Department of Psychiatry

Galveston, Texas

Director, Mental Health Services

UTMB Correctional Managed Care (CMC)

Conroe, Texas

UTMB CMC: Scope of Mental Health Services

- Full range of outpatient, crisis management, inpatient, and special programs providing mental health care to approximately 115,000 TDCJ offenders in UTMB sector
- Mental health screening and triage services are available at 80 TDCJ-ID institutions upon request or referral.
- Majority are males, with the total female offender population just over 12,000
- Latest Mental Health/Psychiatric Caseload report (September 2016):
 - 1,010 inpatient MH caseload
 - 19,871 outpatient MH caseload
 - 16,069 of these are on psychotropic medications and followed by a psychiatric provider

UTMB CMC Mental Health Services

“Routine” Services:

- Intake Assessment- referral as needed
- Outpatient psychiatric evaluations/treatment
- Psychotropic medication management
- Psychological testing
- Individual and group psychotherapy
- Administrative Segregation (Restrictive Housing) Mental Health Rounding

UTMB CMC Mental Health Services

“Routine” Services:

- Psychoeducation (education about illness and its management) and skills building
- Case management services
- Psychiatric Observation (Psych Obs) status
- Suicide and violence risk assessments
- PREA generated mental health referrals

UTMB CMC Mental Health Services

Specialty Services:

- **Crisis Management and Treatment Tracks (Jester IV, Skyview, Mountain View)**
- **DDP (Developmental Disabilities Program)**- services for offenders with intellectual disabilities
- **Neurocognitive Disorders Program (Jester IV)** inpatient services for offenders with dementia and other progressive “organic” impairments
- **TARPP- Treatment and Relapse Prevention Program** (case management program)

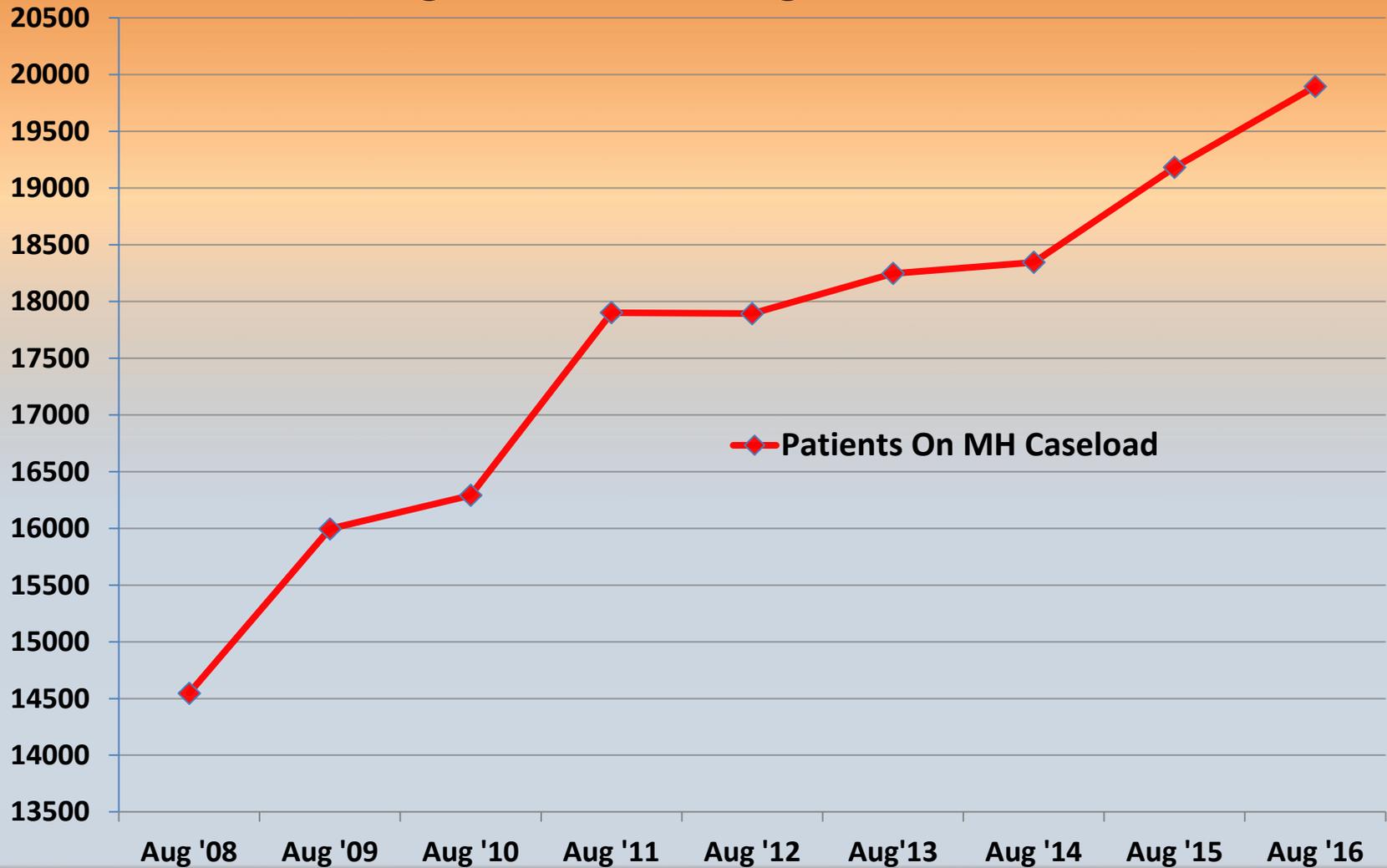
Treatment and Relapse Prevention Program (TARPP)

- **Case management program** developed to ensure that offender patients with **serious mental illness (SMI)** receive a continuum of care throughout the system
- **↓↓ relapses and risks of recidivism**
- Case management and tracking regardless of where offenders are housed or their custody level
- Males and females
- Target patient population:
 - Offenders with a serious mental illness (SMI)
 - Require case management
 - **Ongoing monitoring, and**
 - **Continuity of care including discharge planning**

Mental Health Caseload

TDCJ Units (within UTMB Sector)

August 31, 2008 - August 31, 2016



“Inpatient” Psychiatric Units

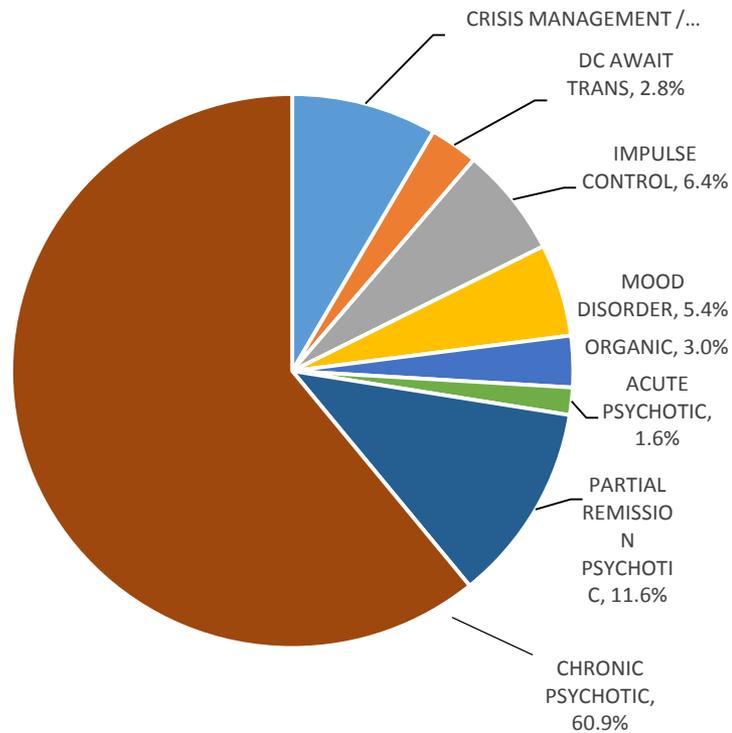
Facility Name	Location	Beds	Gender	Levels of Care
Skyview	Rusk (East Texas)	562	Co-ed	Crisis Management Diagnostic & Evaluation (D&E) Acute Care Intermediate Care Extended Care
Jester IV	Sugarland (Houston Area)	550	Male	Crisis Management D&E Acute Care Intermediate Care Extended Care Neurocognitive Disorders Program
Mountain View	Gatesville (Central Texas)	20	Female	Crisis Management

PSYCHIATRIC INPATIENT CENSUS

Inpatient Treatment Tracks as of November 1, 2016

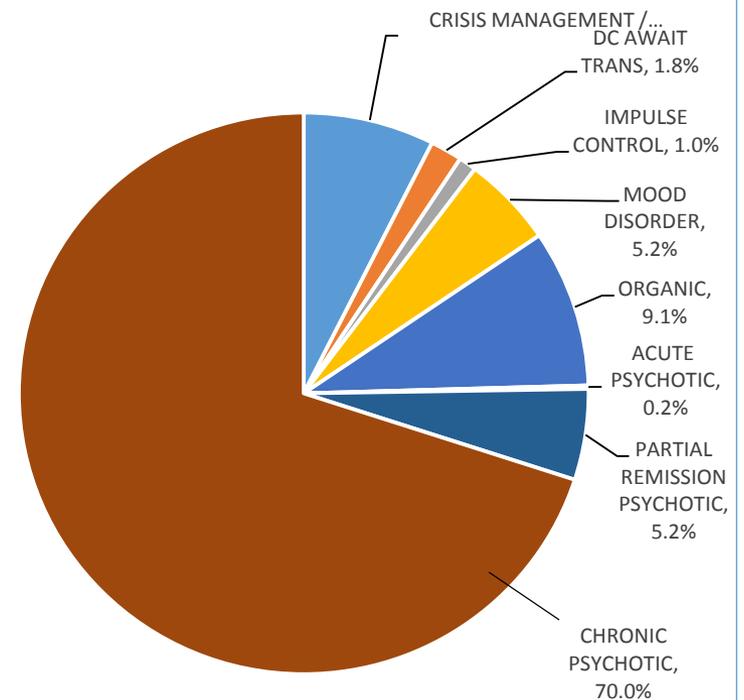
SKYVIEW

(Census = 501)



JESTER 4

(Census = 497)



Mission of the Developmental Disabilities Program (DDP) (Formerly known as the MROP)

- The mission is to provide **opportunities** to offenders with developmental disabilities to **acquire those skills** necessary to enable them to **function more successfully** within the **least restrictive environment**
- DDP Offenders are provided with access to a **variety of services** designed to **improve** their **functioning** and address situational and adjustment issues and co-morbid mental health conditions

Developmental Disabilities Program (DDP)

Target Patient Population:

- **Male and female offenders** with intellectual and other developmental disabilities requiring further evaluation, testing, and treatment services
- Structured programming includes **individual** and **group therapies**
- **Educational and vocational training** are available
- Overall goal/objective:
To assist DDP clients in improving their **adaptive behavioral skills** in order to live a **more productive and successful life** upon their release from the DDP Program and TDCJ

Developmental Disabilities Program (DDP) (Cont.)

TDCJ Hodge Unit, Rusk, Texas

- Males
- Capacity: 645
- Current population: 599

TDCJ Valley Unit (Crain Satellite), Gatesville, Texas

- Females
- Capacity: 106
- Current population: 91

**Pilot program (Occupational
therapy): The Honorable
State Rep. Tan Parker**

**Mrs. Jan Crocker in memory of
Mr. Radford Crocker**

DDP Programming

- **Education Classes:** Windham School System staff evaluate each client in order to ensure that the client's deficits are identified and addressed
- **Job/Work Assignments :** When appropriate, every DDP client who is physically able to work will be referred for a job with consideration of their restrictions and TDCJ policies
- **Vocational Classes:** referred for Vocational Education classes in order to assist DDP clients in learning job skills that may lead to employment after release from TDCJ
- **Chaplaincy:** religious/spiritual counseling and guidance are available to DDP clients

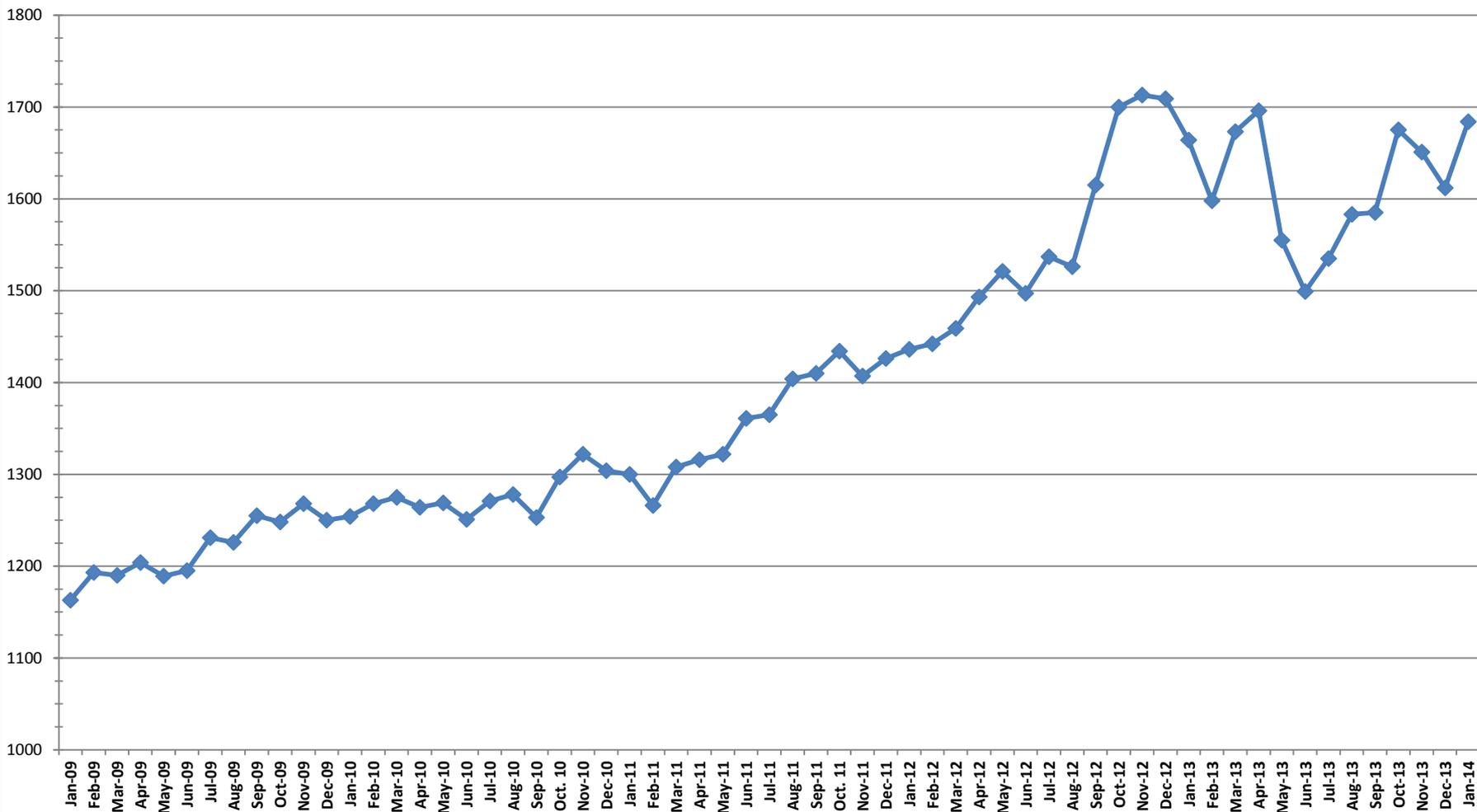
DDP Programming (Cont.)

- **Individual Therapy:** DDP clients have access to individual psychotherapy by a QMHP
- **Group Therapy:** DDP clients have access to group psychotherapy to help them deal with specific problems. QMHP's and case managers are specially trained to provide group therapies to DDP clients
- **Case Management Services:** DDP clients are assigned a case manager to assist with case management needs (seen on a weekly to monthly basis as needed)
- **Psychiatric evaluation and psychotropic medication treatment** for co-morbid mental disorders

MENTAL HEALTH AD SEG CASELOAD

Number of MH Offenders Housed in Administrative Segregation in TDCJ (UTMB Sector) Facilities

January 2009 through January 2014



Administrative Segregation Intermediate Care Program (ASICP)

TDCJ Gib Lewis Unit, Woodville, Texas



Administrative Segregation Intermediate Care Program (ASICP)

TDCJ Gib Lewis Unit, Woodville, Texas (Cont.)

Mission: To enhance positive decision making habits through cognitive behavioral interventions:

- Provides insight into previously displayed poor decision-making habits
- Analyzes past self-destructive behaviors
- Identifies improved skills that are socially accepted

Accomplished via:

- Therapeutic techniques, problem solving and coping skills in group settings
- Provides encouragement of compliance of psychotropic medications
- Strong positive therapeutic relationship with clinical staff

Capacity: 20 patients

TDCJ Mental Health Therapeutic Diversion Program

TDCJ Alfred D. Hughes Unit; Gatesville, TX



MISSION STATEMENT

To effectively and efficiently provide for the mental health needs of TDCJ Restricted Housing offenders identified as requiring such services with the goal of assisting them to achieve the optimal level of functioning in a therapeutic diversion setting so they can successfully transition into a less restrictive housing assignment



TDCJ Mental Health Therapeutic Diversion Program

TDCJ Mark W. Michael Unit, Tennessee Colony, TX



TDCJ Mental Health Therapeutic Diversion Program

TDCJ Mark W. Michael Unit, Tennessee Colony, TX



TDCJ Mental Health Therapeutic Diversion Program

Alfred D. Hughes Unit; Gatesville, TX

- Program effective: 9-17-14
- Capacity: 420 male offenders (includes 100 CMI beds)
- Current Census: 389 males*
- Duration of Program: 6 – 9 months

- Treatment Programs: Individual and group counseling, psychoeducational groups, case management, psychiatric diagnostic evaluation and psychotropic medication treatment

- Successful Completions Total = 179

*Census as of 11-15-16

TDCJ Mental Health

Therapeutic Diversion Program

Mark Michael Unit; Tennessee Colony, TX

- Program Effective: 8-5-16
- Capacity: 420 male offenders (includes 100 CMI beds)
- Current Census: 251 males*
- Duration of Program: 6 – 9 months
- Treatment Programs: Individual and group counseling, psychoeducational groups, case management, psychiatric diagnostic evaluation and psychotropic medication treatment

*Census as of 11-15-16

TDCJ Mental Health Therapeutic Diversion Program

Alfred D. Hughes Unit; Gatesville, TX

- Program effective: 9-17-14
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TDCJ Mental Health

Therapeutic Diversion Program

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*Census as of 11-15-16



TEXAS TECH UNIVERSITY
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Correctional Managed Health Care

MENTAL HEALTH AND PSYCHOLOGY OF HUMAN NEEDS

RAFAEL RUIZ, MD
DIRECTOR OF PSYCHIATRY

HUMAN INTERACTIONS

- ◉ Position of Power: you need to interact with people
- ◉ To gain their support:
 - You must be able to understand and motivate them
 - You must know human nature
- ◉ People behave according to certain principles that govern our behavior
- ◉ As a leader you must understand these needs because they are powerful motivators

MOTIVATING PEOPLE THROUGH MEETING THEIR BASIC HUMAN NEEDS

- ◉ *Physiological* - food, water, shelter, sex
- ◉ *Safety* - feel free from immediate danger
- ◉ *Belongingness and love* - belong to a group, close friends to confide with
- ◉ *Esteem* - feeling of moving up in world, recognition, few doubts about self
- ◉ *Self-actualization* - know exactly who you are, where you are going, and what you want to accomplish



- The lower level needs are the more immediate and urgent
- A need higher in the hierarchy will become a motive of behavior as long as the needs below it have been satisfied.

MOTIVATING PEOPLE THROUGH MEETING THEIR BASIC HUMAN NEEDS

- ◉ *Physiological*
- ◉ *Predictability/ Safety*
- ◉ *Challenge/ Variety*
- ◉ *Belongingness/ Connection*
- ◉ *Esteem/ Recognition*
- ◉ *Growth*
- ◉ *Contribution*

Managers are people who do things right, while leaders are people who do the right thing. - Warren Bennis, Ph.D.



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QUESTIONS / COMMENTS

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Rafael Ruiz, MD
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DEC 2016 MENTAL HEALTH OVERVIEW



TEXAS TECH UNIVERSITY
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Correctional Managed Health Care

POPULATION SERVED

- 25 Units served by TTUHSC CMHC
- Total Population: 33,627 Male Offenders
 - No Females Offenders
- 12 Units are Mental Health (MH) Caseload Units
- 4901 Offenders in MH Caseload (13.375%)



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ADMINISTRATIVE SEGREGATION OFFENDERS MH CASELOAD

Treatment Setting	Caseload Number
Outpatient	402
Inpatient	58
CMI/PAMIO	207

As of November 17th 2016



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SCOPE OF SERVICES

- Outpatient Mental Health Services
 - Intake MH Assessments
 - Psychotherapy Interventions
 - Psychotropic Medication & Disease Management
 - Safety Risk Assessments
 - Prison Rape Elimination Act Related Assessments
- Inpatient Mental Health Services
 - Crisis Management & Psychological Assessments
 - Individual & Group Psychotherapy
 - Civil Commitment Assessments
 - Prison Rape Elimination Act Related Assessments
- Mental Health Special Programs

JOHN T MONTFORD INPATIENT MENTAL HEALTH SERVICES

- Crisis Management and Diagnostic & Evaluation Services - 100 Beds Capacity
- Disease Specific Inpatient Treatment Programs Changes- 450 Beds Capacity
 - Acute Psychiatric & Partial Remission Care
 - Mood Disorders Treatment
 - Impulse Control Related Disorder
 - Chronic Mentally Ill Offenders Program - mostly Schizophrenia spectrum illness
 - Neurocognitive Disorder Program - dementia and other cognitive diseases like Traumatic Brain Injury

MONTFORD INPATIENT PSYCHIATRY PROGRESS REPORT

- FY16 Expanded Ancillary Services
 - Outdoor and Indoor container gardening
 - Art Activities
 - Poetry / Creative Writing
 - Music & Movies
 - Art Activities Patient Participation
 - Greeting cards for local nursing homes
 - Montford Annual Pumpkin Trail
 - Christmas ornaments
 - Participating in the Lubbock First Friday Art Trail exhibit and South Plains Fair Art contest
 - Reflective exercises and relaxation techniques
- Mobile Library Services
- Audio Books

MONTFORD INPATIENT PSYCHIATRY PROGRESS REPORT

- ◉ Community Education and Training Presentations
 - Covenant Health Pharmacy
 - VOICES Substance Abuse Coalition
 - StarCare (Local MH Provider)
 - TTUHSC ACCION- Colorectal Cancer prevention
 - Voice of Hope - MH education
 - TTU Recovery Center - drug use disorders rehab
 - American Cancer Society
 - Larry Combest Ctr (Community MH Clinic)
 - TTUHSC Wellness Program
 - Goodwill Employment Series

MONTFORD INPATIENT PSYCHIATRY PROGRESS REPORT

- Volunteer Yoga Classes
- Pet Therapy from local volunteers
- Community donated equipment for recreation
 - Gym equipment
 - Piano
 - Board games, puzzles, and activity books
- Spiritual activities and materials from community volunteers

MONTFORD INPATIENT PSYCHIATRY PROGRESS REPORT



MONTFORD INPATIENT PSYCHIATRY PROGRESS REPORT



MONTFORD INPATIENT PSYCHIATRY PROGRESS REPORT

- FY16 Clinical Programs Changes Impact:
 - Seclusions - Decreased by 59%
 - Restraints - Decreased by 57%
 - Compelled Medications - Decreased by 33%
 - Grievances - Decreased by 49%
 - Self-Harm Gestures - Decreased by 40%
 - Use Of Force - Decreased by 42%

As of September 2016

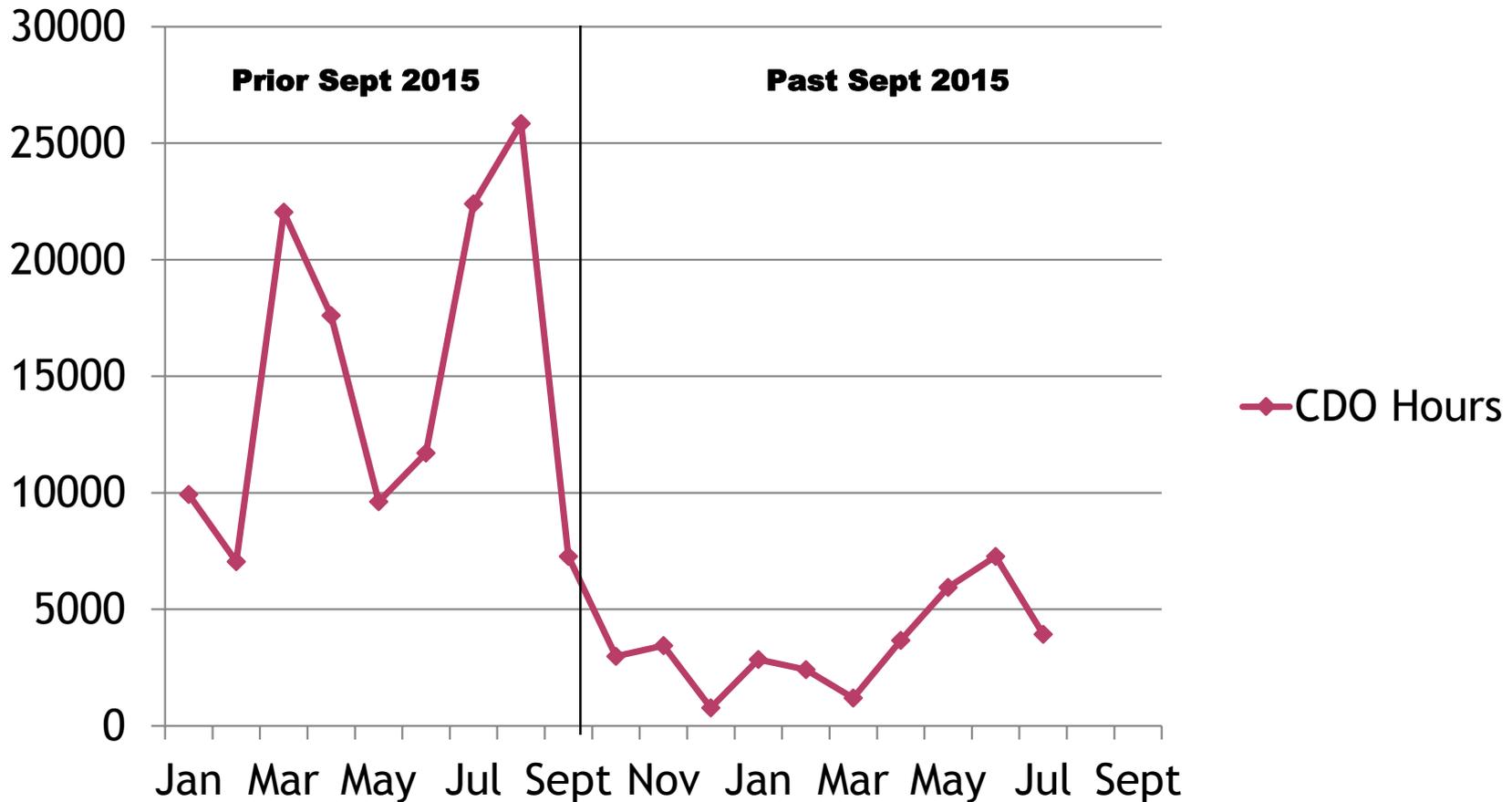


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MONTFORD INPATIENT PSYCHIATRY CONSTANT DIRECT OBSERVATION FY16 CLINICAL PROGRAM IMPACT

CDO Hours



BILL CLEMENTS UNIT MENTAL HEALTH SPECIAL PROGRAMS



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BILL CLEMENTS UNIT

CHRONIC MENTALLY ILL (CMI)

- ◉ All Close or High Custody Offenders with a long standing illness
- ◉ **CMI Sheltered Housing:**
 - Clinical programmatic activity - 78 Bed Capacity
 - Unable or unwilling to consent to treatment
 - Fragile, mentally unstable and deemed dangerous
 - TDCJ assigned sheltered housing
- ◉ **CMI Treatment Program:**
 - Voluntary Program Sheltered “Residential” Treatment
 - 168 Capacity
 - Able to participate in clinical treatment activities
 - Goal: stabilize mental illness and achieve the highest level of function
 - Once program goals are achieved, a State Classification Committee review to consider placement in a less restrictive housing assignment is recommended

CMI MH SPECIAL PROGRAM FY16 PROGRESS REPORT

- Completion of a defined CMI - Treatment Program
- 48% offenders have successfully achieved the treatment program objectives



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BILL CLEMENTS UNIT

PROGRAM FOR THE AGGRESSIVE MENTALLY ILL OFFENDERS

- Voluntary 12 Months Cognitive-Behavioral Program - 208 Offenders Capacity
 - Offender is expected to work his way through the program and demonstrate progress
- Purpose is to achieve a less restrictive housing assignment
 - Clinical staff make recommendations to the State Classification Committee to review the offender for a less restrictive housing assignment
- Admission Criteria:
 - Ad Seg, G5 or G4 custody or at risk for escalating in custody classification
 - Identifiable Mental Health Diagnosis
 - History of aggressive/disruptive behavior
 - Intellectually capable & medically stable

PAMIO MH SPECIAL PROGRAM FY16 PROGRESS REPORT

- Current acceptance rate: >90%
- Current bed occupancy: 91%
- Duration decreased from 18 to 12 months
- Waitlist: Approximately 250 (as of 11/2016)
- Voluntary Withdrawal Rate decreased by 69% compared to April 2016
- Clinical programs expansion to increase clinical retention
- 46 Offenders successfully completed the program in FY16

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QUESTIONS



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