

# **CORRECTIONAL MANAGED HEALTH CARE COMMITTEE**

June 24, 2014

10:00 a.m.

200 River Pointe Dr., Suite 200, Training Room  
Conroe, Texas

- I. Call to Order
- II. Recognitions and Introductions
- III. Consent Items
  1. Approval of Excused Absences
  2. Approval of CMHCC Meeting Minutes, March 18, 2014
  3. TDCJ Health Services Monitoring Reports
    - Operational Review Summary Data
    - Grievance and Patient Liaison Statistics
    - Preventive Medicine Statistics
    - Utilization Review Monitoring
    - Capital Assets Monitoring
    - Accreditation Activity Summary
    - Active Biomedical Research Project Listing
    - Administrative Segregation Mental Health Monitoring
  4. University Medical Directors Reports
    - The University of Texas Medical Branch
    - Texas Tech University Health Sciences Center
  5. Summary of CMHCC Joint Committee / Work Group Activities
- IV. Update on Financial Reports
- V. Summary of Critical Correctional Health Care Personnel Vacancies
  1. Texas Department of Criminal Justice
  2. Texas Tech University Health Sciences Center
  3. The University of Texas Medical Branch

- VI. Medical Directors Updates
  - 1. Texas Department of Criminal Justice
    - Health Services Division FY 2014 Second Quarter Report
  - 2. Texas Tech University Health Sciences Center
  - 3. The University of Texas Medical Branch
- VII. Correctional Dentistry Update
  - Brian Tucker, DDS
  - Dental Director, Texas Tech University Health Sciences Center
- VIII. Public Comments
- IX. Adjourn

## Consent Item

Approval of CMHCC Meeting Minutes  
March 18, 2013

**CORRECTIONAL MANAGED HEALTH CARE COMMITTEE**

**March 18, 2014**

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

**CMHCC Members Present:** Lannette Linthicum, M.D., CCHP-A, FACP; Harold Berenzweig, M.D., Ben Raimer, M.D., Edward John Sherwood, M.D., Steffanie Risinger Campbell, M.D., Mary Annette Gary, Ph.D., Elizabeth Anne Linder, Ed.D., Patricia Vojack, JD, MSN.

**CMHCC Members Absent:** Cynthia Jumper, M.D

**Partner Agency Staff Present:** Bryan Collier, Ron Steffa, William Stephens, Oscar Mendoza, Charlene Maresh, Robert Williams, M.D., Michelle Medlock, Marsha Brumley, Natasha Martin, George Crippen, Jerry McGinty, Chris Black-Edwards, Texas Department of Criminal Justice; Owen Murray, M.D., Stephanie Zepeda, Pharm.D., Olugbenga Ojo, M.D., Joseph Penn, M.D., Billy Horton, DDS., Anthony Williams, Stephen Smock, Kelly Coates, UTMB; Denise DeShields, M.D., TTUHSC

**Others Present:** Karen Damico, Linda Pugh, Inmate Assistance League; Cathy Corey, Abbott-Institutional Managing

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

Agenda Topic / Presenter	Presentation	Discussion	Action
<b>I. Call to Order</b> - Margarita de la Garza-Graham	Dr. de la Garza-Graham called the Correctional Managed Health Care Committee (CMHCC) meeting to order at 9:00 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.		
<b>II. Recognitions and Introductions</b> - Margarita de la Garza-Graham	Dr. de la Garza-Graham acknowledged that no one had registered to provide public comment.  Dr. de la Garza-Graham thanked and welcomed everyone for being in attendance. Dr. de la Garza-Graham introduced and recognized new CMHCC members Dr. Sherwood, Dr. Campbell, Dr. Gary, Dr. Linder, and Ms. Vojack.		
<b>III. Approval of Consent Items</b> - Margarita de la Garza-Graham  o Approval of Excused Absences  o Approval of CMHCC Meeting Minutes – December 11, 2013	Dr. de la Garza-Graham noted there were no absences to report.  Dr. de la Garza-Graham stated the next item on the agenda was the approval of the Minutes from the meeting held on December 11, 2013.		Dr. Ben Raimer made a motion to approve the minutes and Dr. Harold

Agenda Topic / Presenter	Presentation	Discussion	Action
<p><b>III. Approval of Consent Items (Cont.)</b></p> <ul style="list-style-type: none"> <li>○ Approval of TDCJ Health Services Monitoring Reports</li> <li>○ University Medical Director's Reports <ul style="list-style-type: none"> <li>- UTMB</li> <li>- TTUHSC</li> </ul> </li> <li>○ Summary of CMHCC Joint Committee/ Work Group Activities</li> </ul>	<p>Dr. de la Garza-Graham stated the next item on the agenda was the approval of the TDCJ Health Services Monitoring Reports.</p> <p>Dr. de la Garza-Graham stated the next item on the agenda was the approval of the UTMB and TTUHSC Medical Director's Reports.</p> <p>Dr. de la Garza-Graham stated the next item on the agenda was the approval of the Summary of CMHCC Joint Committee/ Work Group Activities.</p>		<p>Berenzweig seconded the motion which prevailed by unanimous vote.</p> <p>Dr. Raimer made a motion to approve the TDCJ Health Services Monitoring Reports and Dr. Berenzweig seconded the motion which prevailed by unanimous vote.</p> <p>Dr. Raimer made a motion to approve the University Directors Reports and Dr. Berenzweig seconded the motion which prevailed by unanimous vote.</p> <p>Dr. Lannette Linthicum made a motion to approve the Summary of CMHCC Joint Committee/ Work Group Activities and Dr. Berenzweig seconded the motion which prevailed by unanimous vote.</p> <p>Seeing no amendments or objections to the proposed consent items, Dr. de la Garza-Graham advised that all consent items will stand approved.</p>
<p><b>IV. Update on Financial Reports</b></p> <p>- Charlene Maresh</p>	<p>Dr. de la Garza-Graham called on Ms. Maresh to present the financial report.</p> <p>Charlene Maresh reported on statistics for the First Quarter of Fiscal Year (FY) 2014, as submitted to the Legislative Budget Board (LBB). The report was submitted in accordance with the General Appropriations Act, Article V, Rider 55.</p>		

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<p><b>IV. Update on Financial Reports (Cont.)</b></p>	<p>Ms. Maresh explained that the report indicates a high level summary of funding and expenditures as follows:</p> <p>Funding received by the universities is \$131.9 million and the total expenditures were \$131.6 million, resulting in a surplus of \$300,000 dollars.</p> <p>The report also shows the expenditures broken down by strategies.</p> <p>Unit and psychiatric care makes up the majority of the costs at 56.4 percent, for a total of \$74.3 million.</p> <p>Hospital and clinical care accounts for 33.4% of total expenditures at a cost of \$43.9 million. This strategy experienced a shortfall within the first quarter of 1.9 million dollars.</p> <p>Pharmacy services makes up 10.2 % of total health care expenditures at a cost of \$13.4 million. This strategy experienced a surplus of \$1.7 million.</p> <p>The average service population is 150,232 which is a slight increase from FY 2013.</p> <p>The offender population age 55 and over continues to grow with an increase of 7.5% from FY 2013. The average daily census is 14,973, making up 10% of total service population and accounts for 39.6 percent of total hospital costs.</p>	<p>Dr. Raimer inquired if the trend on growth of the geriatric population remained about the same.</p> <p>Ms. Maresh responded yes.</p> <p>Dr. de la Garza-Graham asked if there had been an increase percentage wise over the last couple of years.</p> <p>Mr. Jerry McGinty explained there hasn't necessarily been a growth in the percentage, it has been very consistent, but the percent of the total has grown to nearly 10 percent.</p>	

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<p><b>IV. Update on Financial Reports (Cont.)</b></p>	<p>The average mental health inpatient census is 1,929, which is 1.3 percent of the total service population. The average mental health outpatient census is 18,883, which is 12.6 percent of the total service population.</p> <p>The average health care cost is \$9.63 per offender, per day, which is a slight increase of 1.9 percent from FY 2013 which was \$9.45, and an 8.2 percent increase from FY 2012 which was \$8.90.</p> <p>Dr. de la Garza-Graham thanked Ms. Maresh. Dr. de la Garza-Graham then called on Dr. Linthicum to report TDCJ's critical vacancies.</p>	<p>Dr. Raimer asked for clarification if the growth of the geriatric offender population which consumes more resources is growing faster than that of the general population.</p> <p>Dr. Murray inquired if there is a category accounting for the \$15 million dollar anticipated shortfall.</p> <p>Ms. Maresh clarified that the hospital pharmacy is looking good for the First quarter, but we are anticipating pharmacy cost to increase due to the use of Hepatitis C medications in the near future.</p> <p>Dr. Raimer stated that with the current sentencing profiles of offenders serving out their complete sentences we have a lot more older offenders that come into TDCJ with illness such as cancer, infectious diseases, Alzheimer's, and generative diseases. These offenders cannot parole or be put in step down facilities, so many of them spend their time in Intensive Care Units.</p>	
<p><b>V. Summary of Critical Correctional Health Care Personnel Vacancies</b></p> <p>-Dr. Lannette Linthicum</p>	<p>Dr. Linthicum reported that the TDCJ Health Services Division had a Manager III position vacant in the Office of Professional Standards (OPS). This is a Registered Nurse position. TDCJ Health Services has posted this position interviewed, and hired the selected applicant. There is one vacant LVN position in the Office of Health</p>		

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<p data-bbox="86 136 453 224"><b>V. Summary of Critical Correctional Health Care Personnel Vacancies (Cont.)</b></p> <p data-bbox="96 959 344 984">- Dr. Denise DeShields</p>	<p data-bbox="489 136 1119 253">Services Liaison. Management made the decision to move this position to the Office of Professional Standards (OPS). This position has been posted and interviews will be conducted after the closing of the position.</p> <p data-bbox="489 289 1125 406">There is one Nurse II position vacant in Utilization Review. The extended title will be changed to Nursing Program Monitor. This nurse will be crossed trained in other categories besides utilization review.</p> <p data-bbox="489 441 1108 526">Additionally, there is one Administrative Assistant IV- Grievance Investigator position vacant. Health Services is in the process of getting this position posted.</p> <p data-bbox="489 561 1115 613">The position of Executive Assistant I - Division Director's office has been filled.</p> <p data-bbox="489 649 1129 734">Dr. Linthicum further noted that there is a vacant Health Specialist V position. The posting has closed and interviews will be conducted soon.</p> <p data-bbox="489 769 1073 821">The position of Accountant II - Resource Management office has been filled.</p> <p data-bbox="489 857 1129 909">Dr. de la Garza-Graham then called on Dr. DeShields to report on TTUHSC's critical vacancies.</p> <p data-bbox="489 945 1129 1094">Dr. DeShields reported that the Program for the Aggressive Mentally Ill Offender (PAMIO) Medical Director position at the Clements Unit is still vacant and has been for around seven years. However, there are three candidates that will be interviewed for this position by April 15, 2014.</p> <p data-bbox="489 1130 1129 1214">Dr. DeShields further reported that an applicant had been selected for the Medical Director position at Dalhart and is hopeful the position will be filled by April 1, 2014.</p> <p data-bbox="489 1250 1129 1302">Dr. de la Garza-Graham then called upon Dr. Murray to report on UTMB's critical vacancies.</p>		

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<p><b>V. Summary of Critical Correctional Health Care Personnel Vacancies (Cont.)</b></p> <p>-Dr. Owen Murray</p>	<p>Dr. Owen Murray reported that UTMB will have the Senior Medical Director for Outpatient Services position currently held by Dr. Charles “Danny” Adams and the Senior Medical Director for Inpatient Services position currently held by Dr. Glenda Adams becoming vacant, as they will both be retiring in May 2014, and staying on part-time. Dr. Murray further noted that the interview process for the Inpatient Medical Director will start March 19, 2014. For the Outpatient Medical Director’s position, UTMB will be attending the National Commission on Correctional Health Care Conference to recruit additional applicants to add to the group of applications that have already been received for the position. The anticipated fill date for the inpatient position will be the end of March and the beginning of summer for the outpatient position.</p> <p>Dr. Murray stated the large dialysis program located at the Estelle Unit is also an area of concern. A number of Texas Tech patients were relocated to the Estelle Unit for treatment, but it has been difficult to recruit more dialysis nurses to the Huntsville area to fill these positions.</p>	<p>Dr. de la Garza-Graham asked how many RN’s are needed for the dialysis program.</p> <p>Dr. Murray reiterated that a large issue is the recruitment of Dialysis Nurses to the Huntsville area. Agency staff is a step in the right direction. However, it is better for UTMB when they can hire their own staff.</p> <p>Tony Williams responded there are about four vacancies and they are looking into trying to increase the salaries because these positions are considered positions of a specialized group. If the increase in salary is accepted, these positions are anticipated to be filled by mid-April.</p> <p>Dr. Linthicum also responded there is a dialysis center at the Huntsville Memorial Hospital as well as Conroe which is competition for TDCJ’s recruitment process.</p> <p>Mr. Williams responded that at any given point, about six to seven new patients come into TDCJ</p>	

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<p><b>V. Summary of Critical Correctional Health Care Personnel Vacancies (Cont.)</b></p>		<p>from county jails.</p> <p>Dr. de la Garza-Graham asked with having such a large number of offenders coming in needing dialysis, how will the facilities become equipped? Will outside sources still be used or will units be revamped to accommodate the large number of dialysis patients?</p> <p>Dr. Linthicum stated that strategic planning has already begun. Water capacity has been increased and dialysis operation is now being offered six days per week at Estelle and Carole Young.</p>	
<p><b>VI. Medical Director's Updates</b></p> <ul style="list-style-type: none"> <li>• <b>TDCJ – Health Services Division FY 2013 First Quarter Report</b></li> <li>- Lannette Linthicum, MD <ul style="list-style-type: none"> <li>○ Operational Review Audit</li> </ul> </li> </ul>	<p>After discussion of the Critical Correctional Health Care Personnel Vacancies, Dr. de la Garza-Graham then called on Dr. Linthicum to provide the Medical Director's Update for TDCJ.</p> <p>Dr. Linthicum began by explaining that the deficiencies reported during operational reviews have been addressed with the units and each unit is working on corrective action plans to gain compliance. During the First Quarter of FY 2014, (September, October, November), Operational Review Audits (ORAs) were conducted on eight facilities: Allred, Boyd, Clemens, Darrington, Powledge, Roach, Scott, and Terrell. There were also eight ORAs for several facilities closed during this quarter. Dr. Linthicum referred to the nine items found to be most frequently below 80 percent compliance.</p>	<p>Dr. Raimer asked if compliance could be defined so everyone would have a clear understanding.</p> <p>Dr. Linthicum responded that guidelines and policies are set in place for facilities to follow. It is the responsibility of the facilities to remain in compliance under these guidelines. The Health Services Division has joint committees to follow up, monitor and ensure compliance is met.</p>	

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<p><b>VI. Medical Director's Updates (Cont.)</b></p> <ul style="list-style-type: none"> <li>○ Capital Assets Monitoring</li> <li>○ Dental Quality Review Audit</li> <li>○ Grievance and Patient Liaison Correspondence</li> <li>○ Quality Improvement (QI) Access to Care Audit</li> </ul>	<p>Dr. Linthicum next reported that the same eight units listed above were audited and determined to be in compliance range for capital assets.</p> <p>Dr. Linthicum explained that Dental Quality Review audits were conducted at the following fifteen facilities: Bartlett, Connally, Daniel, Garza, Halbert, Havins, Hobby, Marlin, McConnell, Rudd, San Saba, Smith, Stevenson, Travis State Jail, and West Texas ISF.</p> <p>Dr. Linthicum referred to the items found to be most frequently below 80 percent compliance.</p> <p>Dr. Linthicum then noted that the Office of Professional Standards has the Family Hotline, Patient Liaison Program and Step II Medical Grievance Program and Sick Call Request Verification Audit process. During the First Quarter of FY 2014, the Patient Liaison Program (PLP) and the Step II Medical Grievance Program received 3,357 correspondences. The PLP received 1,656 correspondences and Step II Medical Grievance received 1,701. There were 402 Action Requests generated. The percentages of sustained Step II medical grievances from UTMB were 11 percent and six percent for TTUHSC.</p> <p>Dr. Linthicum added that the Quality Improvement Access to Care Audit addressed quality of care issues. There were 43 Sick Call Request Verification Audits conducted on 42 facilities. A total of 315 indicators were reviewed and 12 of the indicators fell below 80 percent compliance.</p>	<p>Dr. de le Garza asked how many sick calls are received per week.</p> <p>Mr. Steve Smock responded they are broken down by month, not day in the UTMB sector between medical, dental, and mental health. There are approximately 42,000 sick call requests received within a month.</p>	

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<p><b>VI. Medical Director's Updates (Cont.)</b></p> <ul style="list-style-type: none"> <li>○ Office of Public Health</li> </ul>	<p>Dr. Linthicum explained that the Public Health Program monitors cases of infectious diseases within the TDCJ population. There were 762 cases of Hepatitis C identified for the First Quarter FY 2014. There were 19,375 intake tests and 139 were newly identified as having Human Immunodeficiency Virus (HIV) infections. During the Fourth Quarter FY 2013, 24,728 offenders had intake test and 132 were HIV positive. Only 15 new Acquired Immunodeficiency Syndrome (AIDS) cases were identified in the First Quarter FY 2014 and 15 new AIDS cases identified during the Fourth Quarter FY 2013.</p> <p>225 cases of suspected Syphilis were reported in the First Quarter FY 2014. 14 of those required treatment or retreatment.</p> <p>247 Methicillin-Resistant Staphylococcus Aureus (MRSA) cases were reported for the First Quarter FY 2014.</p> <p>Dr. Linthicum advised that there was an average of 18 Tuberculosis (TB) cases under active management for the First Quarter FY 2014.</p> <p>Dr. Linthicum next reported the activities of the Sexual Assault Nurse Examiner (SANE) Coordinator which collaborates with the Safe Prisons Program and is trained and certified by the Texas Attorney General's Office. This person provides in-service training to facility staff in the performance of medical examinations, evidence collection and documentation and use of the sexual assault kits. During the First Quarter FY 2014, 13 training sessions were held and 126 medical and mental health staff received training. This position also audits the documentation and services provided by medical personnel for each sexual assault reported. There were 276 chart reviews of alleged sexual assaults. There were no deficiencies found this quarter. 45 bloodborne exposure baseline labs were drawn on exposed offenders. To date, one offender has tested positive for HIV in baseline labs routinely obtained after the report of sexual assault.</p> <p>Dr. Linthicum noted that six units received a three day training that included the Wall Talk Training which is part</p>		

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<p><b>VI. Medical Director's Updates (Cont.)</b></p> <ul style="list-style-type: none"> <li>○ Mortality and Morbidity</li> <li>○ Office of Mental Health Monitoring &amp; Liaison</li> </ul>	<p>of the Peer Education Program. 99 of the 109 facilities have active peer education programs. 145 offenders trained to become new peer educators. 16,684 offenders attended classes presented by educators. Dr. Linthicum reported Wall Talk is nationally recognized with a high success rate and has been requested and mirrored in a number of departments of corrections around the country.</p> <p>Dr. Linthicum reported that there were 97 deaths reviewed by the Mortality and Morbidity Committee during the First Quarter of FY 2014. Of those 97 deaths, 13 were referred to peer review committees for further review.</p> <p>Dr. Linthicum provided a summary of the activities performed by the Office of Mental Health Monitoring &amp; Liaison (OMHM&amp;L) during the First Quarter of FY 2014:</p> <p>Administrative Segregation (Ad Seg) audits were conducted on 18 facilities. 3,687 offenders were observed 2,675 were interviewed and 7 offenders were referred to the university providers for additional services. Two of the 18 facilities fell below 100 percent compliant while the remaining 16 were found to be 100 percent compliant.</p> <p>Access to Care (ATC) 6 was met at 100 percent on all 18 facilities.</p> <p>Three inpatient mental health facilities were audited with respect to compelled medications. 62 instances of compelled psychoactive medication administration occurred. All three facilities were 100 percent compliant for logging all incidents of compelled psychoactive medication and for documenting the required criteria in the medical record.</p> <p>There were 24 intake facilities audited with respect to mental health evaluation within 14 days of identification. There were 17 facilities that met or exceeded 80 percent compliance.</p> <p>Dr. Linthicum added the OMHM&amp;L also reviews the mental health records of all pregnant offenders being considered for the Baby and Mother Bonding Initiative</p>		

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<p><b>VI. Medical Director's Updates (Cont.)</b></p> <ul style="list-style-type: none"> <li>○ Office of Health Services &amp; Liaison</li> <li>○ Accreditation</li> <li>○ Biomedical Research Projects</li> <li>● <b>Texas Tech University Health Sciences Center</b> <ul style="list-style-type: none"> <li>- Denise DeShields, MD</li> </ul> </li> <li>● <b>University of Texas Medical Branch</b> <ul style="list-style-type: none"> <li>- Owen Murray, DO</li> </ul> </li> </ul>	<p>(BAMBI) Program. Nine offenders were reviewed and all nine were allowed to participate.</p> <p>The Office of Health Services Liaison (HSL) conducted 152 hospital and 45 infirmary discharge audits. UTMB had 17 deficiencies identified and TTUHSC had six deficiencies identified for the hospital discharge audits. UTMB had 23 deficiencies identified and TTUHSC had 22 deficiencies for the infirmary discharge audits. UTMB had one deficiency identified and TTUHSC had three deficiencies identified.</p> <p>Dr. Linthicum reported that there were nine units reaccredited by the American Correctional Association (ACA).</p> <p>Dr. Linthicum referenced the research projects as reported by the Texas Department of Criminal Justice (TDCJ) Executive Services.</p> <p>Dr. de la Garza-Graham thanked Dr. Linthicum then called on Dr. DeShields to present the report for TTUHSC.</p> <p>Dr. DeShields reported that the struggle of finding providers is constant due to the broad geographical region of the facilities locations. Currently, TTUHSC Correctional Managed Health Care has 932 employees with over a \$100 million dollar budget. Dr. DeShields also spoke on the PAMIO and Chronically Mentally Ill (CMI) Program. TTUHSC as well UTMB struggles with competitive salaries compared to the health care market as well as a maturing workforce. TTUHSC is making every attempt to be proactive with regard to institutional succession as they move forward.</p> <p>Dr. de la Garza-Graham thanked Dr. DeShields then called on Dr. Murray to present the report for UTMB.</p> <p>Dr. Murray noted that UTMB Galveston is the only prison hospital in the nation and is part of the Academic Health Sciences Center. UTMB plans to expand adding an additional 14 beds at Hospital Galveston providing transitional care units. The 340B pricing will become a large contributor in cost savings for Hepatitis C treatment.</p>	<p>Dr. de la Garza-Graham asked with the additional rooms being added to Hospital Galveston, is the</p>	

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<p data-bbox="86 136 342 196"><b>VI. Medical Director's Updates (Cont.)</b></p>	<p data-bbox="489 1143 1129 1320">Dr. Murray reported that over the past four years a pay raise had not been seen by UTMB staff. A raise was given this past year, but it is not enough to remain competitive in the health care market especially in certain geographical locations. UTMB's goal is to become more competitive to be able to retain staff.</p> <p data-bbox="489 1357 1129 1438">Dr. Murray stated TDCJ has done a great job in promoting programs to help in specific areas for offenders so as they are discharged, they are not just stepping out of inpatient</p>	<p data-bbox="1159 136 1472 164">space allocated for offenders.</p> <p data-bbox="1159 201 1684 467">Dr. Murray responded yes, the space is already being paid for and is available. The benefit of this will be that it will take some of the offenders out of the free world hospitals and put them in a more secure environment where staff is already available. This will reduce spending from the use of free world hospital beds and cut cost of having to have additional officer's onsite sitting with offenders at free world hospitals.</p> <p data-bbox="1159 505 1684 711">Dr. Berenzweig asked with the occupancy rate going down between FY 2011 and 2012, number of patients seen, understanding that UTMB is not fully staffed, what is the effective occupancy rate for staffed beds. Would it be more efficient to have better coverage rather than put more resources into capital intense hospitals?</p> <p data-bbox="1159 748 1684 894">Dr. Murray responded one group of specialist provides care that helps to control costs and another strategy being considered is the use of University of Texas Health Northeast-Tyler and Huntsville Memorial Hospital.</p> <p data-bbox="1159 932 1684 1078">Dr. Linthicum responded one of the outcomes from the Ruiz Lawsuit was TDCJ built three regional medical facilities in order to increase the medical services available to offenders at the facilities.</p>	

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<p><b>VII. Correctional Managed Health Care Brief Overview of Joint Committee Structure</b></p> <p>- Lannette Linthicum, M.D., CCHP-A, FACP</p>	<p>mental health facilities into the community. The state has also done a great job in becoming proactive with technology.</p> <p>Dr. de la Garza-Graham thanked Dr. Murray then called on Dr. Linthicum to give a Brief Overview of Joint Committee Structure.</p> <p>Dr. Linthicum began by explaining that the CMHCC is structured under Texas Government Code § 501.146. Under this code, the committee provides expertise to departments and may appoint subcommittees to assist the departments in developing policies and procedures for implementation of the managed health care plan.</p> <p>Dr. Linthicum emphasized on the Quality Improvement Plan which is adopted and approved by the CMHCC, updated annually, and signed by the chairman. This is a statewide mechanism for monitoring access, and quality care. All data collected is reviewed by the System Leadership Council.</p> <p>The CMHCC and its partner agencies work steadily to enhance these monitoring processes. Monitoring is a joint effort among all the parties and involves numerous mechanisms for providing feedback on both access to care and quality of care issues.</p> <p>Dr. Linthicum next gave an overview of the Joint Committees and Working Groups introducing the chairs and members of the committees and the roles each committee has.</p>	<p>Dr. de la Garza-Graham asked how often these committees meet and if there is a set time they must meet.</p> <p>Dr. Linthicum responded, per policy some meet monthly and some quarterly.</p>	

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<p><b>VIII. Joint Pharmacy and Therapeutics Committee &amp; Pharmacy Operations Presentation</b></p> <p>- Stephanie Zepeda, Pharm.D.</p>	<p>Dr. de la Garza-Graham thanked Dr. Linthicum, then with no further questions called on Dr. Zepeda to present the Joint Therapeutics Committee Presentation.</p> <p>Dr. Zepeda began by explaining the primary functions of the Pharmacy and Therapeutics (P&amp;T) Committee and its structure. This committee is comprised of staff from TDCJ, UTMB, and TTUHSC. The committee works together to develop medication formulary, drug use policies and procedures, educational programs relating to drug use and evaluation studies, and implement changes when needed. The committee meets every other month.</p> <p>Dr. Zepeda reported on updates made to the HIV formulary. This is a generic medication which resulted in an estimated cost savings of about \$1.5 million dollars annually with no difference in outcome or compliance being found from patients after a 6 month evaluation. An annual pricing agreement is pending at this time for Hepatitis C medications which is a growing concern with the increase in patient population. The pricing agreement has an estimated potential savings of about \$600,000 dollars annually.</p> <p>New practice tools were implemented this past summer. A major revision was presented to the committee for Hepatitis C and the new end stage liver disease management guidelines. An electronic returns process has been implemented for controlled substances on a unit level allowing electronic oversight and management of this process which was converted from paper. Dr. Zepeda gave an example of the unique benefit UTMB brings to the health care system by explaining a recent agreement negotiated through the UT alliance which combined purchasing power for the TDCJ contract with the universities and three other UT System Institutions increasing the discount of cost of goods sold from a prime vendor wholesaler. With this change the cost of goods discount went from 5% to 6.7% annually, an additional estimated savings of \$580,000 dollars per year. Based on last year's values, instead of a \$1.9 million dollar savings, a \$2.4 million dollar savings is expected.</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p><b>VIII. Joint Pharmacy and Therapeutics Committee &amp; Pharmacy Operations Presentation (Cont.)</b></p>	<p>Dr. Zepeda reported that on average the non formulary program saves about \$1.5 to \$2 million dollars per year. In FY13, a \$3.7 million dollar savings was seen. This additional money saving was due to the HIV medication formulary change and rebate through the 340B Program of \$150,000 dollars.</p> <p>Dr. Zepeda explained the overview of operations relating to pharmacy services and the benefits medical technology have shown being more efficient, reducing errors, eliminating the need for transcription, and saving time. Dr. Zepeda stated the average census served at end of year was 149,000 patients and doses administered by nursing staff were over 33.4 million. Prescriptions filled were slightly under 4.5 million an average of 18,000 dispensed per working day.</p> <p>Dr. Zepeda gave an overview of challenges. With the larger service population, increase in drug use and multiple</p>	<p>Dr. Berenweig asked how solid the 340B parameters are.</p> <p>Dr. Zepeda responded historically, the parameters have been solid; however, what impact the affordable health care act will have on these percentages has not yet been seen and the overall impact on the Texas Department of State Health Services (DSHS) is yet to be seen. Prisons are not considered an eligible entity.</p> <p>Dr. Sherwood asked if working with the Veterans Administration (VA) had been explored as a strategy to reduce cost because veteran benefits do not end due to incarceration.</p> <p>Dr. Linthicum responded that during incarceration, veteran benefits are suspended. TDCJ met with the Veteran's Administration and they will only see the offenders who are enrolled in clinical trials. Occasionally, forms are received from the Veteran's Association for the determination of disability benefits and at times offenders are transported to the (VA) for exams to be conducted.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p><b>VIII. Joint Pharmacy and Therapeutics Committee &amp; Pharmacy Operations Presentation (Cont.)</b></p>	<p>services sites across the state, may at times cause issues with next day delivery services. National drug shortage has also been an issue over the last few years. When drugs are not available, formulary medication substitutes can be more costly. Cancer and Hepatitis C treatments and the increasing rise of dialysis patients are also major areas of concern. Dr. Zepeda also reported on strategies used to maximize pharmacy services.</p> <p>Dr. Zepeda explained the benefit of the 340B Drug Pricing Program stating that it is one of the most significant cost containment strategies implemented. The Office of Pharmacy Affairs reported a 25% to 50% savings with enrollment in the program. On average, over the lifetime of the program. Savings of around 47% are shown, an estimated \$307 million dollars. In FY13, an average savings of \$50.4 million dollars was shown or 56.9% and an average of about \$39 million dollars or 48% over the last 5 years.</p> <p>Dr. Zepeda reported on pharmacy health care cost and major cost drivers with drug purchasing cost representing the largest expense at 75%. During FY13 a 9.4% drop was seen in total health care cost primarily attributed to HIV medication formulary change and cost affixal contract with pharmacy wholesaler. The number of prescriptions, per member offender, per year for FY 2013 was about 30.2. Dr. Zepeda stated major cost drivers were therapy treatments with HIV at 47%, Chronic Hepatitis C at 4.5%, Psychotropic agents at 7%, and dialysis expenditures depleting 2.9% of the total drug budget. The rising number of aging offender patients is another contributor to the use of more health care resources.</p> <p>Dr. Zepeda discussed the total number of prescriptions filled per year and explained the cost saving benefit of return trends on medication. Since the year 2000, return trends have shown savings of \$115 million dollars with an average savings of \$8.3 million dollars a year. Dr. Zepeda explained that the demand for additional pharmacist was a contributor to non-drug cost related expenses. However, these positions were needed to spread out pharmacists workloads.</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p data-bbox="71 131 474 618"><b>VIII. Joint Pharmacy and Therapeutics Committee &amp; Pharmacy Operations Presentation (Cont.)</b></p> <p data-bbox="71 618 474 1438"><b>IX. Public Comments</b></p>	<p data-bbox="474 131 1142 500">Dr. Zepeda then explained recruitment tools used for attracting staff and major staffing challenges. UTMB educates students from both the University of Houston and University of Texas which is a beneficial recruitment tool. Pharmacists workloads have increased 47% over the last 19 years. In 1995, 1.8 million prescriptions were processed with a rise shown of 4.5 million last FY. Due to the rise in drug use and demand for orders, Dr. Zepeda stated that pharmacist positions will continue to be requested to ensure that accuracy is continually met with reviewing patient prescriptions.</p> <p data-bbox="474 500 1142 618">Dr. de la Garza-Graham thanked Dr. Zepeda, and with no further questions proceeded with the announcement of acceptance of any public comments.</p> <p data-bbox="474 618 1142 1438">Dr. de la Garza-Graham noted in accordance of the committee's policy during each meeting the public is given the opportunity to express comments. No one signed up to express comments. However, Chairman de la Garza-Graham recognized Linda Pugh for comments.</p>	<p data-bbox="1142 743 1692 805">Ms. Pugh asked if the MRIS Program is helping with any of these expenses.</p> <p data-bbox="1142 837 1692 956">Dr. Murray responded that the MRIS Program certainly helps in particular cases. However, it is not necessarily getting a large number of offenders out and back into the free world.</p> <p data-bbox="1142 989 1692 1078">Ms. Pugh asked if there is an outside overview of the monitoring or if TDCJ &amp; UTMB police themselves.</p> <p data-bbox="1142 1110 1692 1438">Dr. Linthicum responded that monitoring is a joint effort and procedures for monitoring falls under the CMHCC. The TDCJ's responsibilities include Operational Review Audits and Quality of Care Audits. There have been audits by the State Auditor and the Legislative Budget Board of the Correctional Managed Health Care (CMHC) Program. These are considered external groups. The Sunset Commission staff has also reviewed the CMHC Program at least three times since its inception.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p data-bbox="71 131 474 243"><b>IX. Public Comments (Cont.)</b></p> <p data-bbox="71 243 474 1047"><b>X. Adjourn</b></p>	<p data-bbox="474 243 1144 1047">Dr. de la Garza-Graham thanked everyone for attendance and adjourned the meeting at 11:56 a.m.</p>	<p data-bbox="1144 131 1694 1047">Dr. Raimer added that a monitoring study was also conducted by the Texas Medical Foundation.</p>	

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

Date:

Consent Item

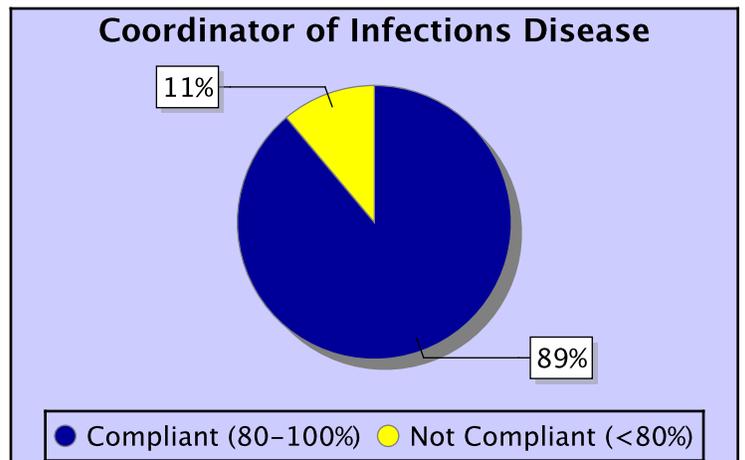
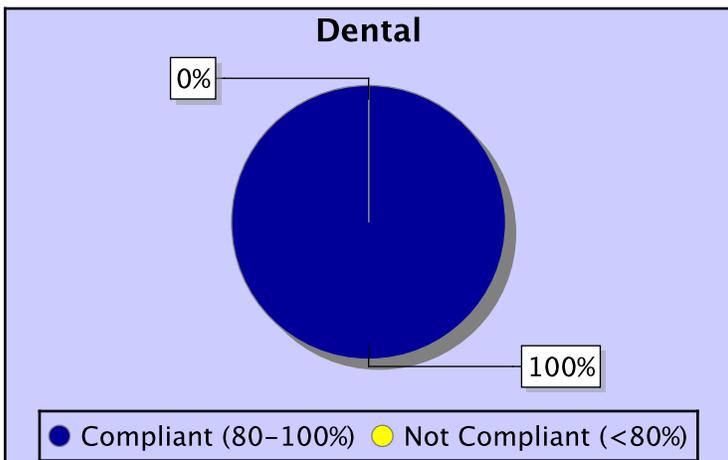
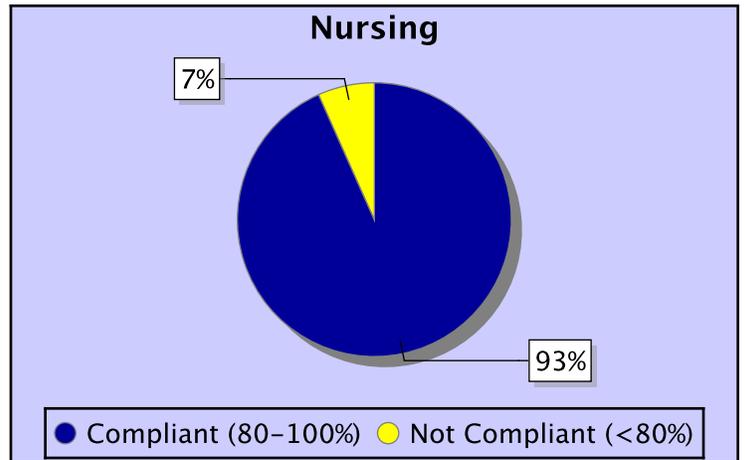
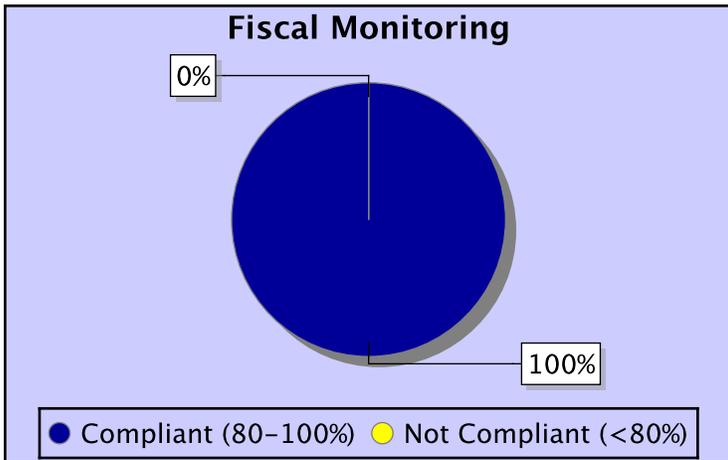
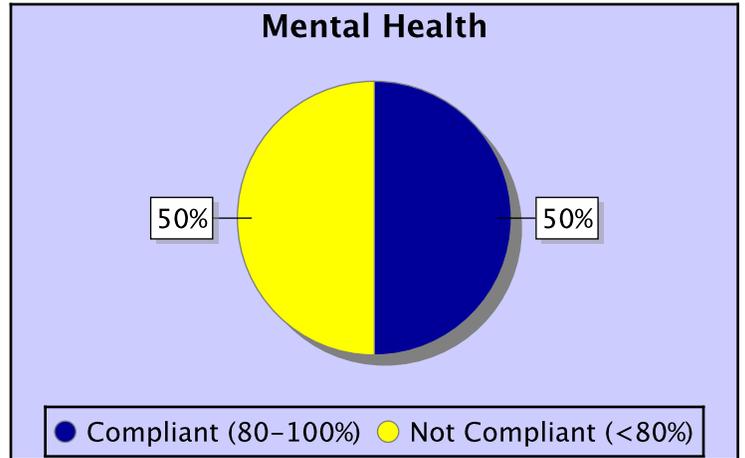
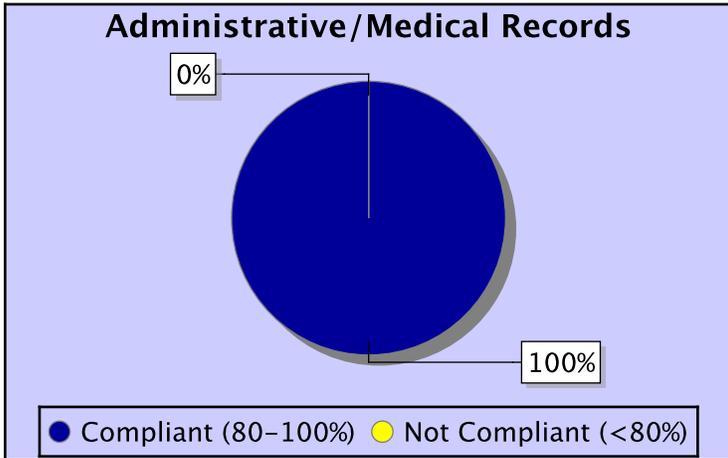
TDCJ Health Services  
Monitoring Reports

Rate of Compliance with Standards by Operational Categories  
 Second Quarter, Fiscal Year 2014  
 December 2013 - February 2014

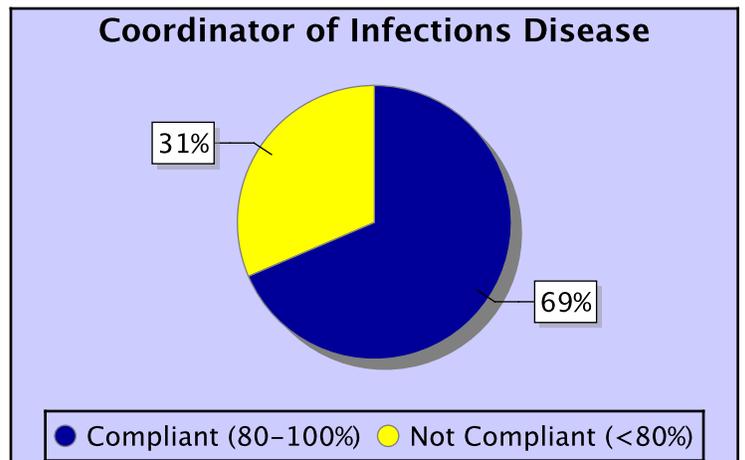
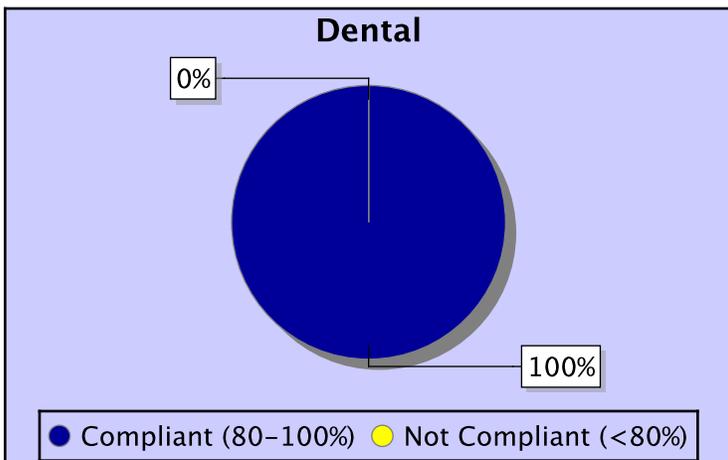
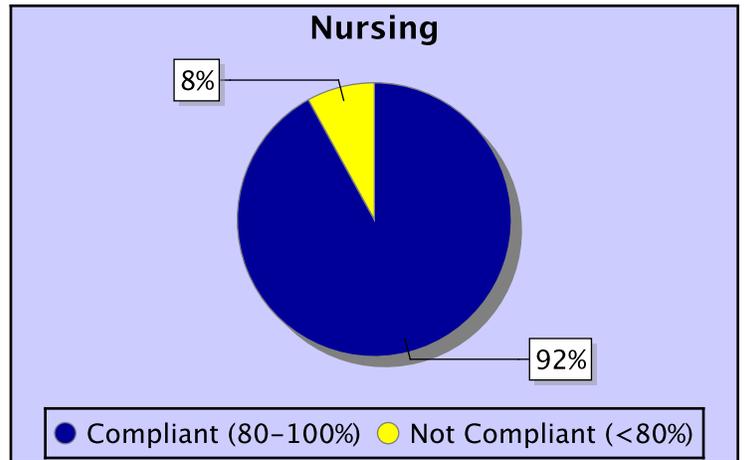
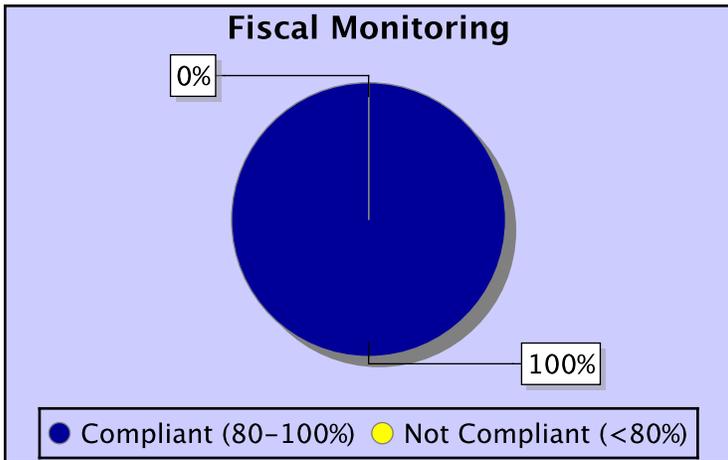
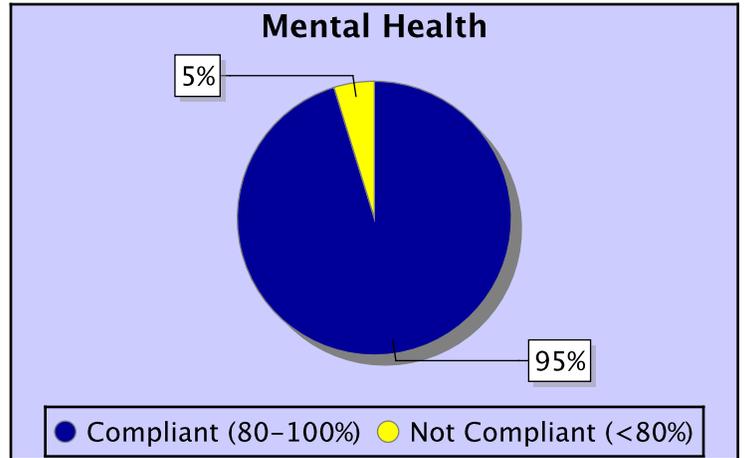
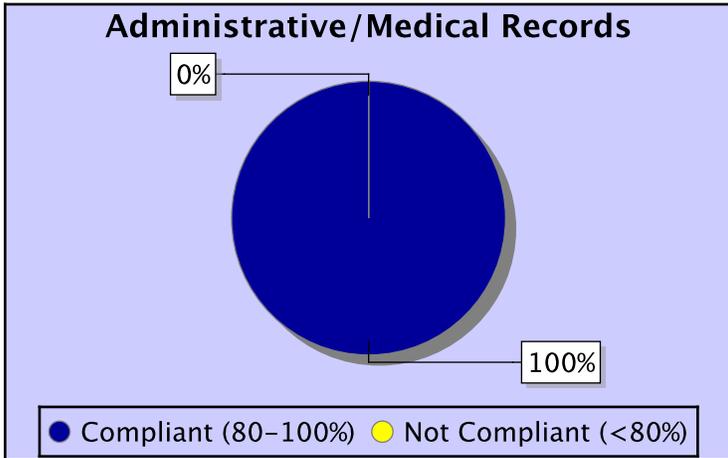
Unit	Operations/ Administration			General Medical/Nursing			Coordinator of Infectious Disease			Dental			Mental Health			Fiscal		
	<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance	
<b>Bridgeport</b>	31	31	100%	15	14	93%	27	24	89%	10	10	100%	2	1	50%	5	5	100%
<b>Crain</b>	34	34	100%	25	23	92%	35	24	69%	12	12	100%	21	20	95%	4	4	100%
<b>Ellis</b>	34	33	97%	15	11	73%	33	11	33%	11	9	82%	14	10	71%	7	7	100%
<b>Hughes</b>	34	33	97%	25	19	76%	33	17	52%	12	12	100%	25	21	84%	7	7	100%
<b>Lewis</b>	34	34	100%	26	22	85%	52	45	87%	24	24	100%	18	13	72%	7	7	100%
<b>Sanchez</b>	32	31	97%	17	15	88%	33	24	73%	13	13	100%	18	11	61%	4	4	100%
<b>Telford</b>	34	34	100%	23	19	83%	28	15	54%	12	12	100%	23	16	70%	6	6	100%

*n* = number of applicable items audited.

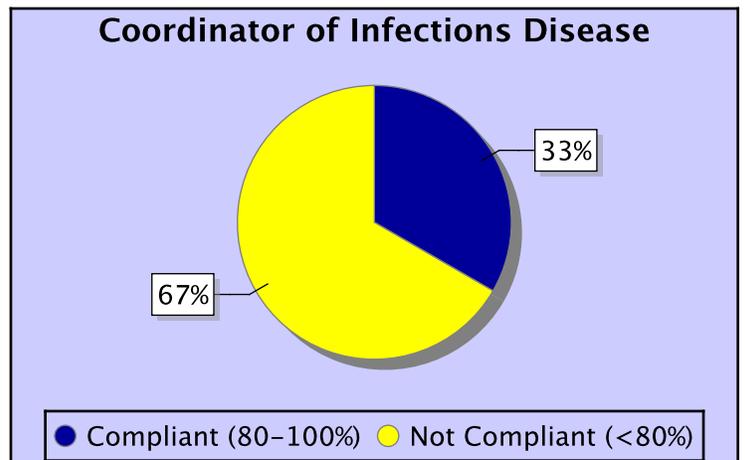
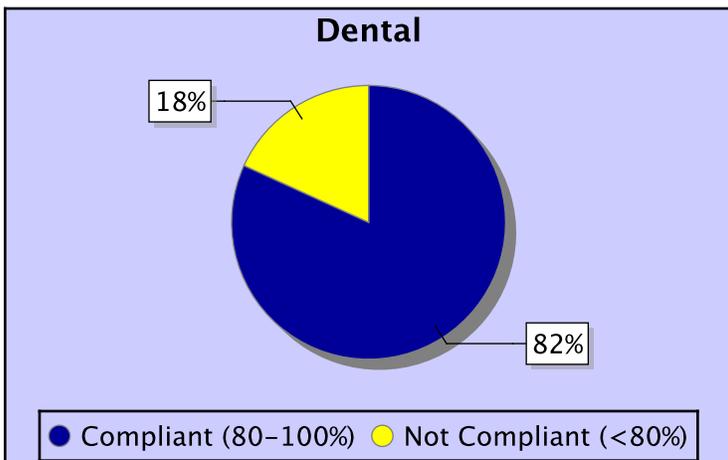
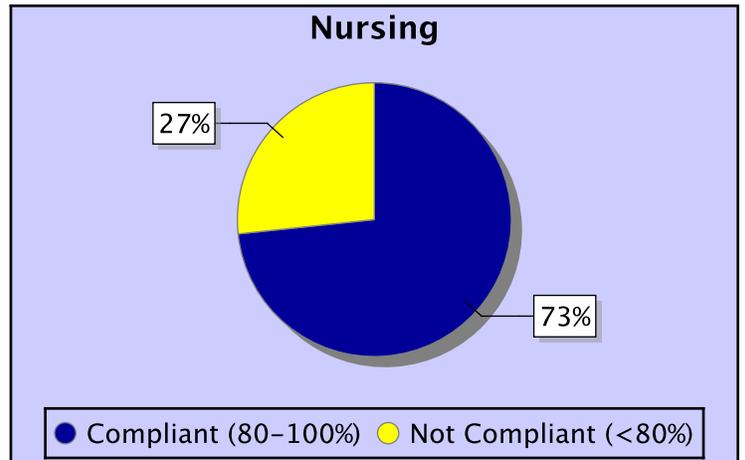
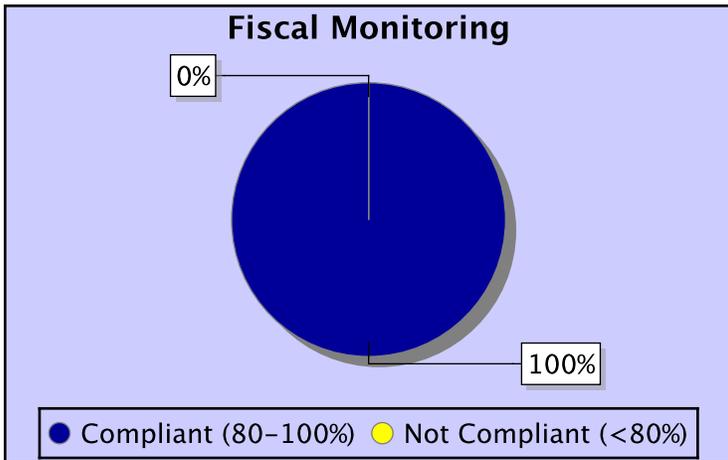
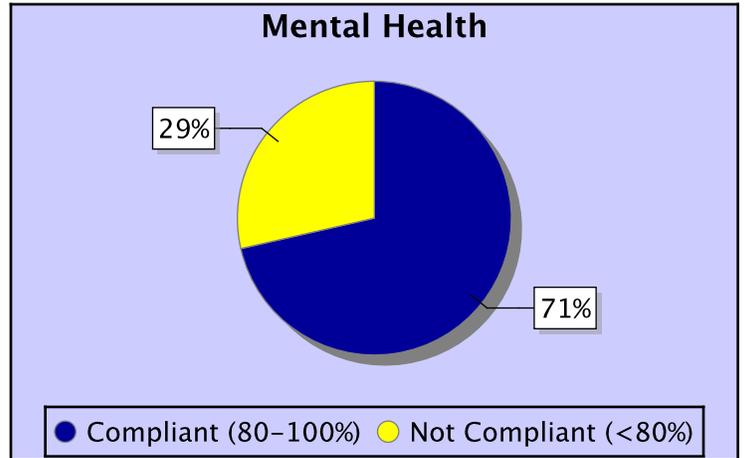
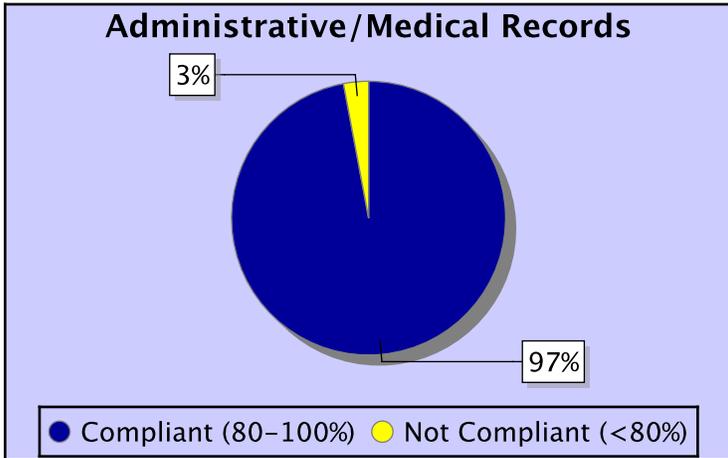
Compliance Rate By Operational Categories for  
BRIDGEPORT FACILITY  
January 07, 2014



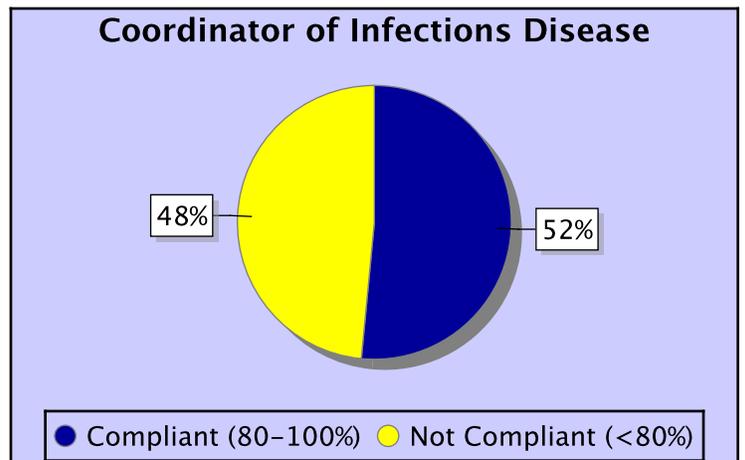
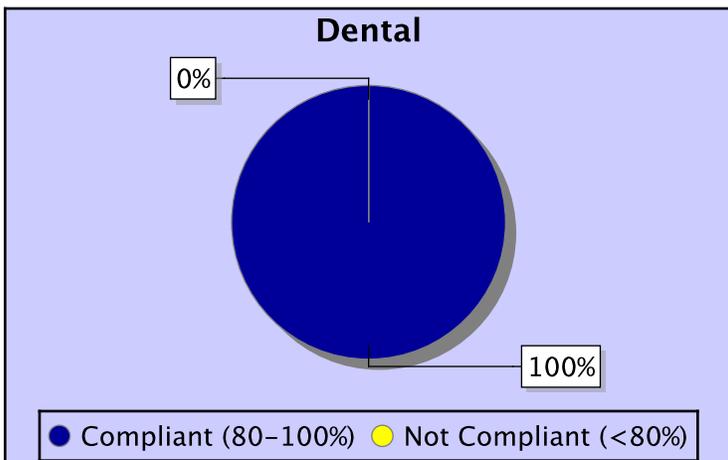
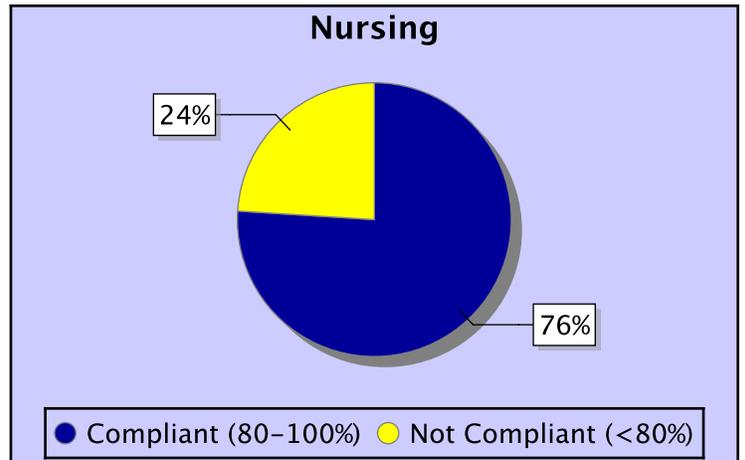
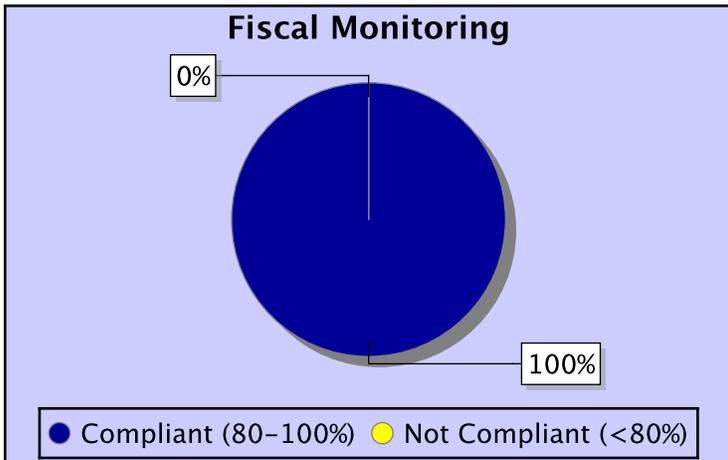
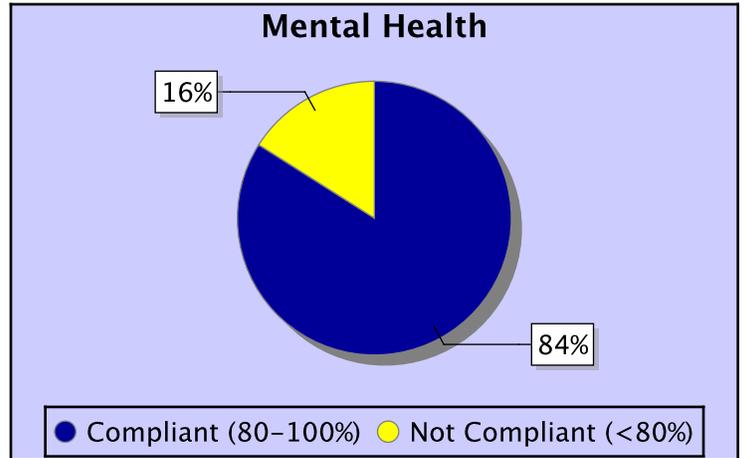
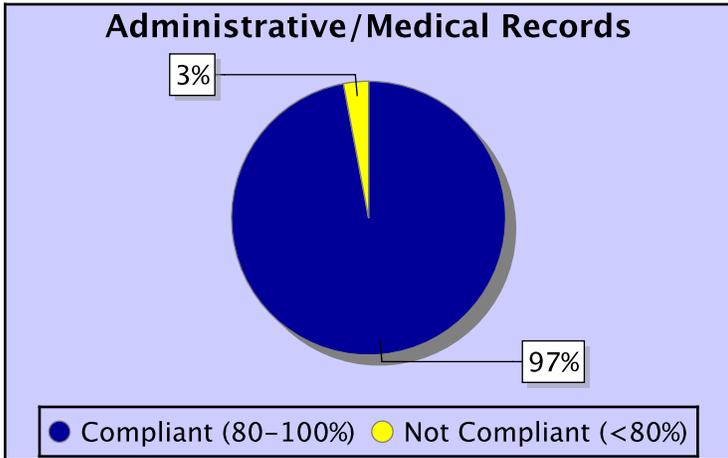
Compliance Rate By Operational Categories for  
CRAIN FACILITY  
December 04, 2013



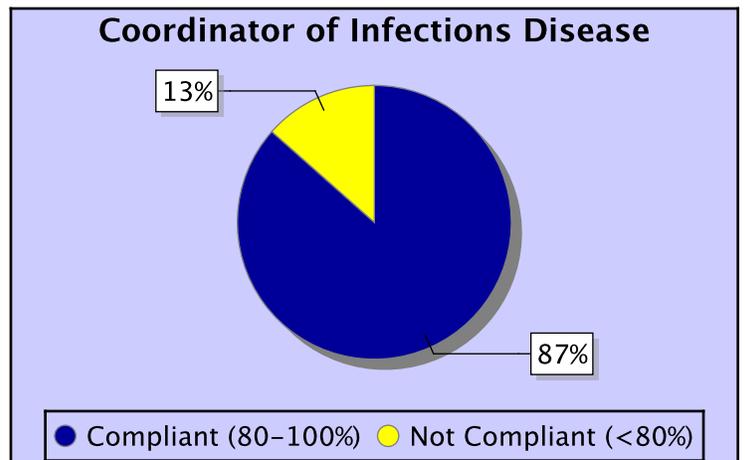
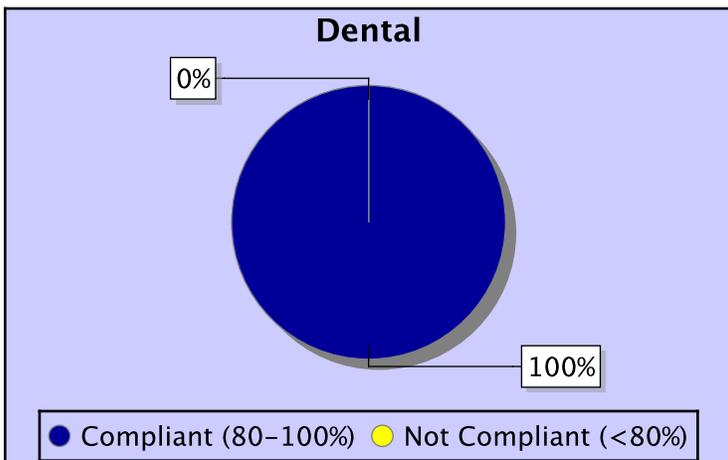
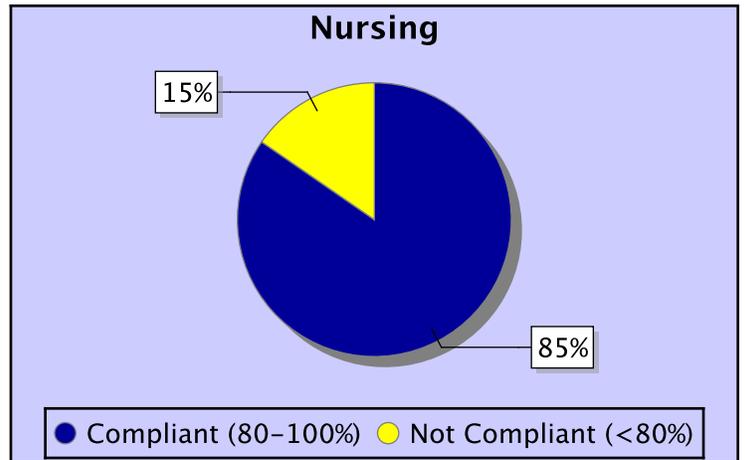
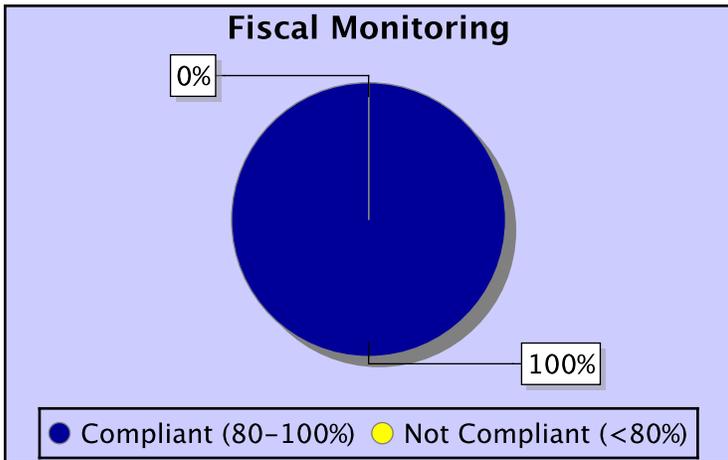
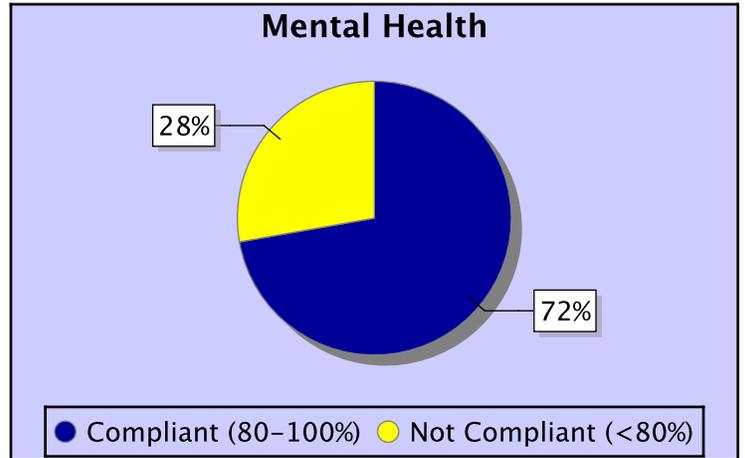
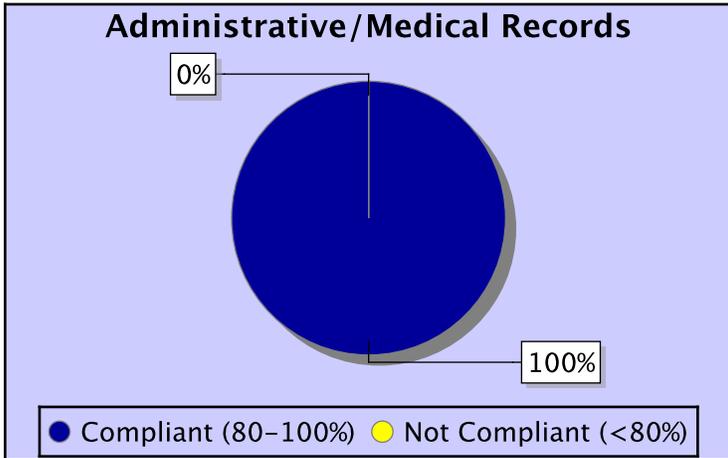
Compliance Rate By Operational Categories for  
ELLIS FACILITY  
February 03, 2014



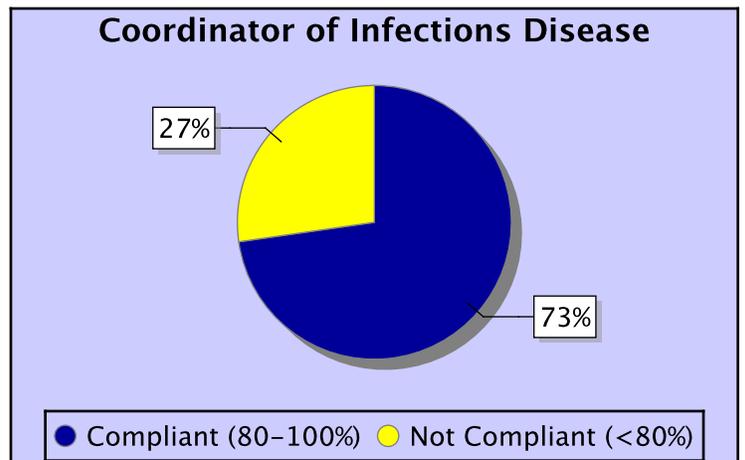
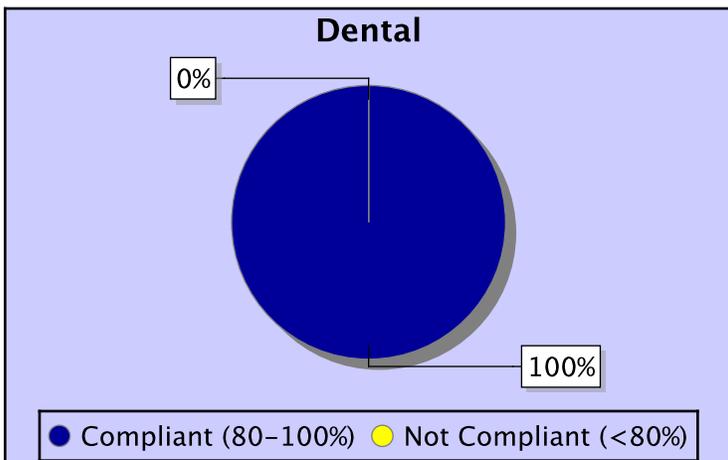
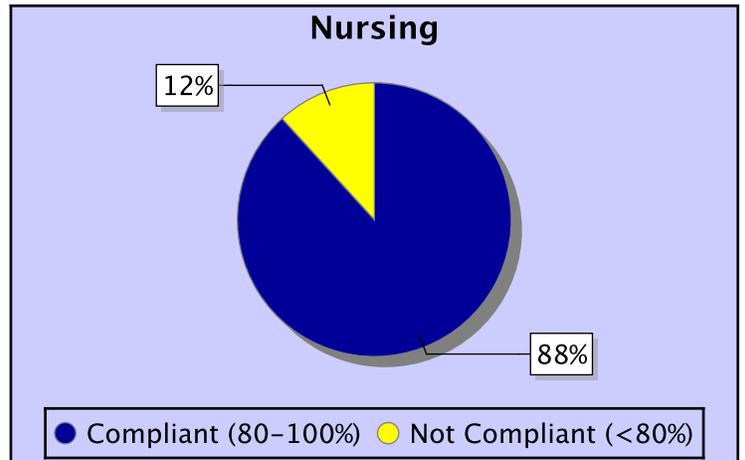
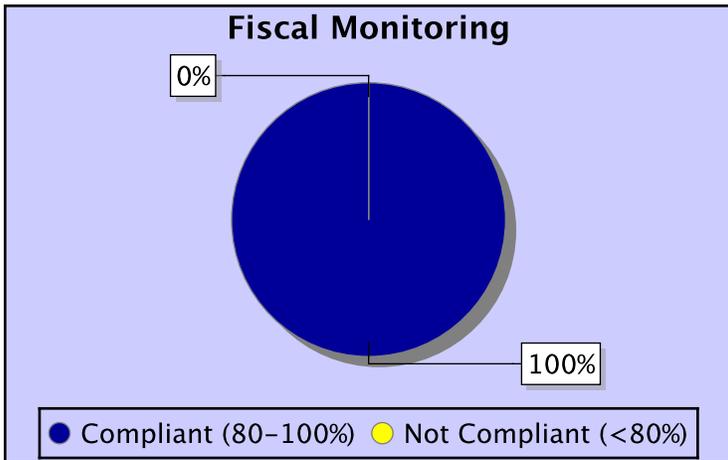
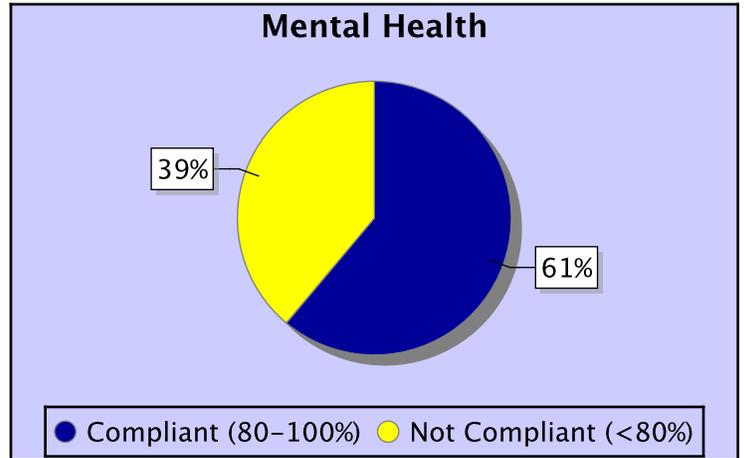
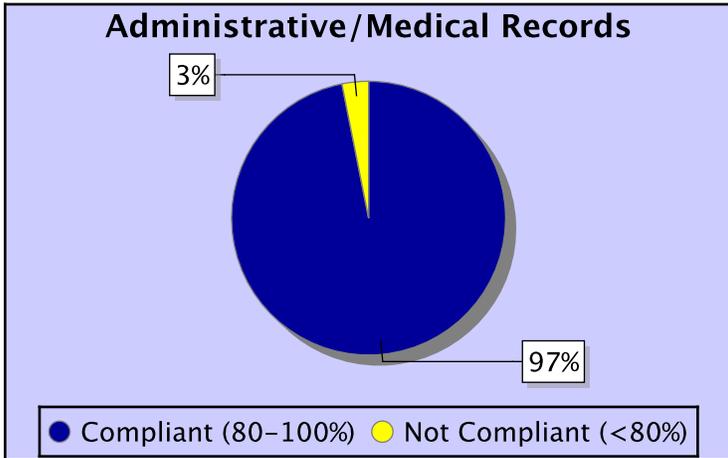
Compliance Rate By Operational Categories for  
HUGHES FACILITY  
December 04, 2013



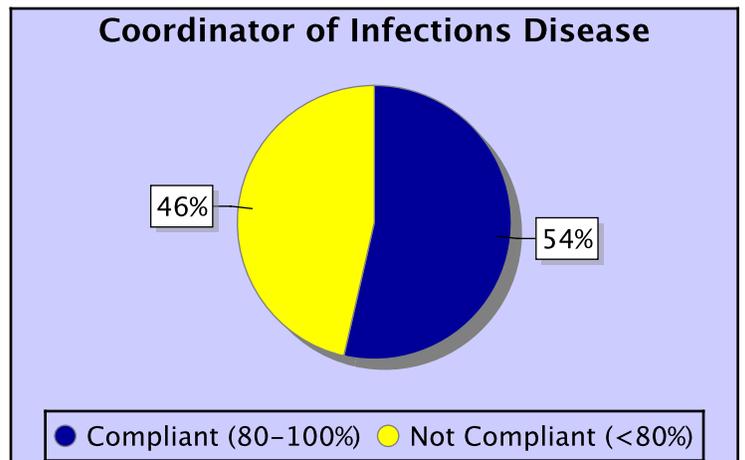
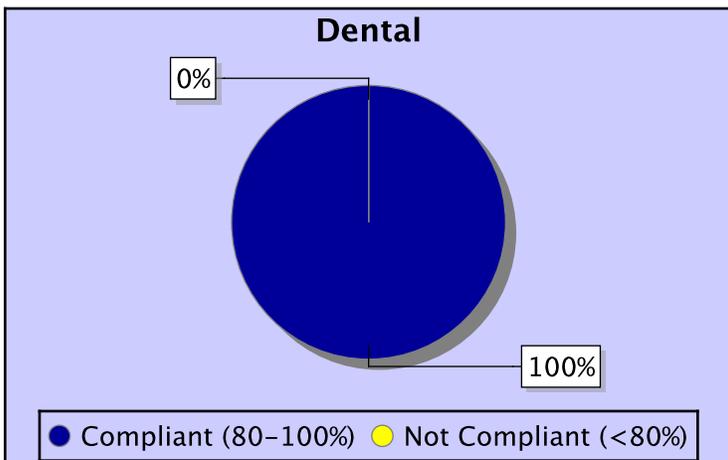
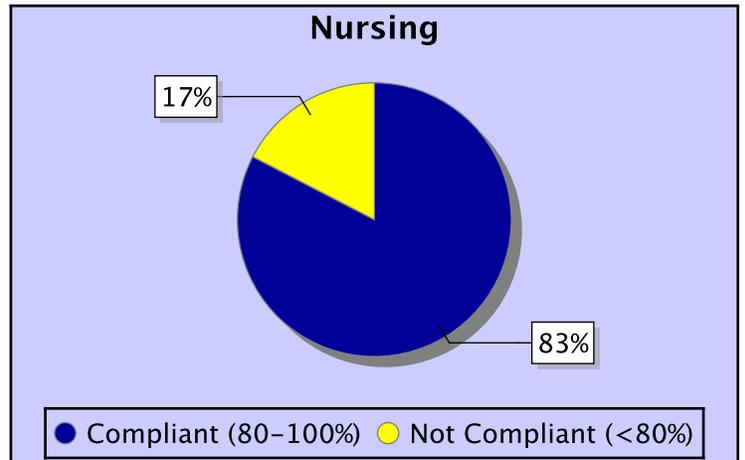
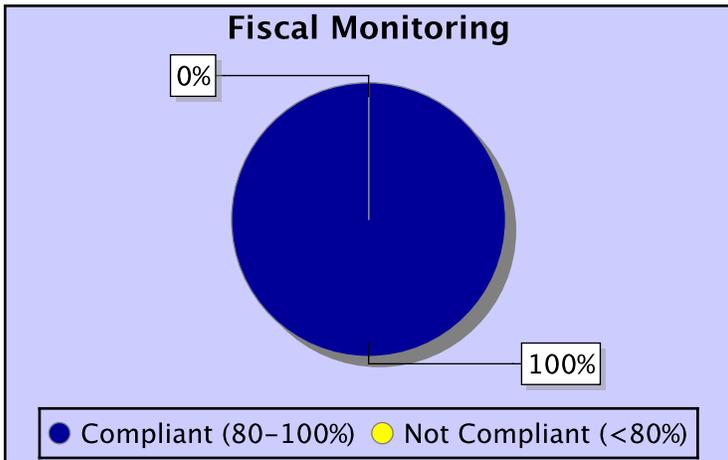
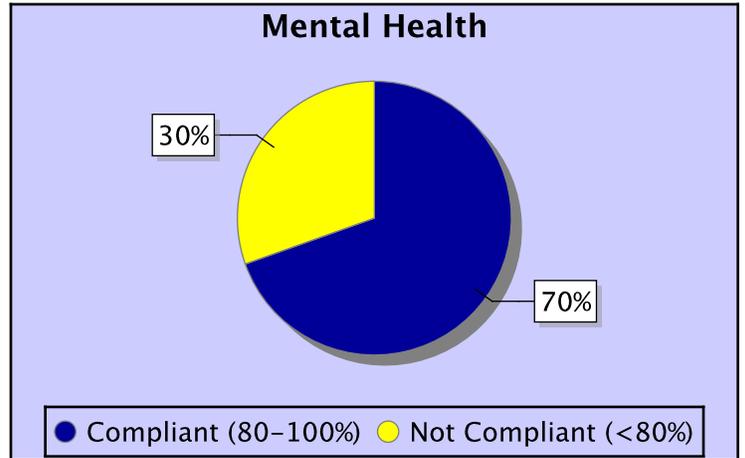
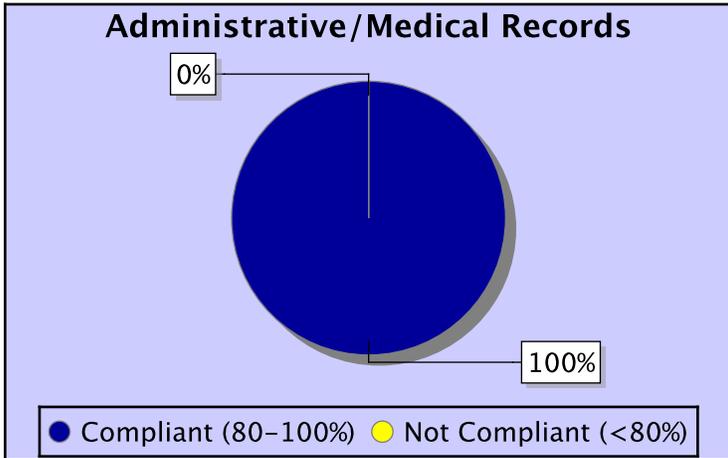
Compliance Rate By Operational Categories for  
LEWIS FACILITY  
February 05, 2014



Compliance Rate By Operational Categories for  
SANCHEZ FACILITY  
January 06, 2014



Compliance Rate By Operational Categories for  
TELFORD FACILITY  
February 04, 2014



**Dental Quality of Care Audit  
Urgent Care Report  
2nd Quarter FY-2014**

**Urgent Care Definition:** Individuals, who in the dentist’s professional judgment, require treatment for an acute oral or maxillofacial condition which may be accompanied by pain, infection, trauma, swelling or bleeding and is likely to worsen without immediate intervention. Individuals with this designation will receive definitive treatment within 14 days after a diagnosis is established by a dentist Policy CMHC E-36.1

<b>Facility</b>	<b>Charts Assessed by TDCJ as Urgent</b>	<b>Urgent Care Score *</b>	<b>Offenders receiving treatment but not within timeframe **</b>	<b>Offenders identified as needing definitive care***</b>
Baten ISF	10	<b>70</b>	2	1
Clements (GP)	10	<b>100</b>	0	0
Clements (ECB)	10	<b>100</b>	0	0
Dalhart	10	<b>100</b>	0	0
Eastham	10	<b>90</b>	1	0
Ellis	10	<b>60</b>	4	0
Hamilton	10	<b>90</b>	1	0
Jordan	10	<b>100</b>	0	0
Middleton	10	<b>0</b>	8	2
Robertson	10	<b>100</b>	0	0
South TX ISF	10	<b>70</b>	3	0
Wallace	10	<b>80</b>	2	0
Ware	10	<b>100</b>	0	0
Young	10	<b>100</b>	0	0

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

Total # of offenders in audit.

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

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

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

STEP II GRIEVANCE PROGRAM (GRV)													
Fiscal Year 2014	Total number of <b>GRIEVANCE</b> Correspondence Received Each Month	Total number of <b>GRIEVANCE</b> Correspondence Closed Each Month	Total number of Action Requests (Quality of Care, Personnel, and Process Issues)	Percent of Action Requests from Total # of <b>GRIEVANCE</b> Correspondence	Total number of Action Requests Referred to <b>University of Texas Medical Branch-Correctional Managed Health Care</b>			Total number of Action Requests Referred to <b>Texas Tech University Health Sciences Center-Correctional Managed Health Care</b>			Total number of Action Requests Referred to <b>PRIVATE FACILITIES</b>		
					Total # of	Percent of Total Action Requests Referred	QOC*	Total # of	Percent of Total Action Requests Referred	QOC*	Total # of	Percent of Total Action Requests Referred	QOC*
December	485	385	80	20.78%	54	16.88%	11	12	3.90%	3	0	0.00%	0
January	530	423	65	15.37%	39	12.06%	12	12	3.07%	1	1	0.24%	0
February	526	510	120	23.53%	87	19.80%	14	17	3.53%	1	1	0.20%	0
<b>Totals:</b>	<b>1,541</b>	<b>1,318</b>	<b>265</b>	<b>20.11%</b>	<b>180</b>	<b>16.46%</b>	<b>37</b>	<b>41</b>	<b>3.49%</b>	<b>5</b>	<b>2</b>	<b>0.15%</b>	<b>0</b>

PATIENT LIAISON PROGRAM (PLP)													
Fiscal Year 2014	Total number of <b>Patient Liaison Program</b> Correspondence Received Each Month	Total number of <b>Patient Liaison Program</b> Correspondence Closed Each Month	Total number of Action Requests (Quality of Care, Personnel, and Process Issues)	Percent of Action Requests from Total number of <b>Patient Liaison Program</b> Correspondence	Total number of Action Requests Referred to <b>University of Texas Medical Branch-Correctional Managed Health Care</b>			Total number of Action Requests Referred to <b>Texas Tech University Health Sciences Center-Correctional Managed Health Care</b>			Total number of Action Requests Referred to <b>PRIVATE FACILITIES</b>		
					Total # of	Percent of Total Action Requests Referred	QOC*	Total # of	Percent of Total Action Requests Referred	QOC*	Total # of	Percent of Total Action Requests Referred	QOC*
December	407	354	23	6.50%	15	6.21%	7	1	0.28%	0	0	0.00%	0
January	468	406	29	7.14%	16	4.68%	3	10	2.46%	0	0	0.00%	0
February	507	414	17	4.11%	10	3.62%	5	2	0.48%	0	0	0.00%	0
<b>Totals:</b>	<b>1,382</b>	<b>1,174</b>	<b>69</b>	<b>5.88%</b>	<b>41</b>	<b>4.77%</b>	<b>15</b>	<b>13</b>	<b>1.11%</b>	<b>0</b>	<b>0</b>	<b>0.00%</b>	<b>0</b>
<b>GRAND TOTAL=</b>	<b>2,923</b>	<b>2,492</b>	<b>334</b>	<b>13.40%</b>									

\*QOC= Quality of Care

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

December 2013

Reportable Condition	Reports			
	2013 This Month	2012 Same Month	2013 Year to Date*	2012 Year to Date*
Chlamydia	3	3	53	40
Gonorrhea	2	1	19	47
Syphilis	68	47	935	901
Hepatitis A	0	0	0	1
Hepatitis B, acute	0	0	6	4
Hepatitis C, total and (acute <sup>‡</sup> )	153	215	3273(0)	3054(0)
Human immunodeficiency virus (HIV) +, known at intake	210	147	2,348	2,386
HIV screens, intake	5,838	5,385	75,026	72,192
HIV +, intake	38	31	513	517
HIV screens, offender- and provider-requested	662	663	10,204	10,343
HIV +, offender- and provider-requested	2	1	10	16
HIV screens, pre-release	3,619	2674	53,409	53,052
HIV +, pre-release	102	107	1,132	1,383
Acquired immune deficiency syndrome (AIDS)	3	2	61	61
Methicillin-resistant <i>Staph Aureus</i> (MRSA)	81	44	824	742
Methicillin-sensitive <i>Staph Aureus</i> (MSSA)	35	28	551	507
Occupational exposures of TDCJ staff	1	14	108	153
Occupational exposures of medical staff	1	2	23	27
HIV chemoprophylaxis initiation	1	2	20	27
Tuberculosis skin test (ie, PPD) +, intake	212	218	2762	3792
Tuberculosis skin test +, annual	4	44	49	587
Tuberculosis, known (ie, on tuberculosis medications) at intake	0	1	9	14
Tuberculosis, diagnosed at intake and attributed to county of origin (identified before 42 days of incarceration)	0	0	4	0
Tuberculosis, diagnosed during incarceration (identified after 42 days of incarceration)	1	0	13	21
Tuberculosis cases under management	16	22		
Peer education programs <sup>¶</sup>	0	0	99	100
Peer education educators <sup>∞</sup>	6	71	3,777	3,341
Peer education participants	6,190	5,255	72,242	77,394
Sexual assault in-service (sessions/units)	20/12	5/7	88/62	26/28
Sexual assault in-service participants	208	83	1014	269
Alleged assaults and chart reviews	93	73	969	839
Bloodborne exposure labs drawn on offenders	20	14	201	184
New Sero-conversions d/t sexual assault ±	1	0	3	0

TB Interviews due to PPD shortage this month 4,569

X-rays due to signs and symptoms this month 27

The total of Interviews from July 1, 2013 to December 31, 2013 were 24,565 and x-rays for s/s were 122.

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

January 2014

Reportable Condition	Reports			
	2014 This Month	2013 Same Month	2014 Year to Date*	2013 Year to Date*
Chlamydia	3	7	3	7
Gonorrhea	2	0	2	0
Syphilis	95	76	95	76
Hepatitis A	0	0	0	0
Hepatitis B, acute	0	0	0	0
Hepatitis C, total and (acute <sup>‡</sup> )	202	147	202	147
Human immunodeficiency virus (HIV) +, known at intake	201	196	201	196
HIV screens, intake	6,909	7,134	6,909	7,134
HIV +, intake	47	39	47	39
HIV screens, offender- and provider-requested	856	885	856	885
HIV +, offender- and provider-requested	1	0	1	0
HIV screens, pre-release	4,758	4,678	4,758	4,678
HIV +, pre-release	121	99	121	99
Acquired immune deficiency syndrome (AIDS)	0	7	0	7
Methicillin-resistant <i>Staph Aureus</i> (MRSA)	87	63	87	63
Methicillin-sensitive <i>Staph Aureus</i> (MSSA)	42	35	42	35
Occupational exposures of TDCJ staff	15	5	15	5
Occupational exposures of medical staff	4	1	4	1
HIV chemoprophylaxis initiation	1	1	1	1
Tuberculosis skin test (ie, PPD) +, intake	290	261	290	261
Tuberculosis skin test +, annual	7	100	7	100
Tuberculosis, known (ie, on tuberculosis medications) at intake	1	0	1	0
Tuberculosis, diagnosed at intake and attributed to county of origin (identified before 42 days of incarceration)	0	3	0	3
Tuberculosis, diagnosed during incarceration (identified after 42 days of incarceration)	1	2	1	2
Tuberculosis cases under management	18	23		
Peer education programs <sup>¶</sup>	0	0	99	100
Peer education educators <sup>∞</sup>	71	21	3,848	3,362
Peer education participants	6,659	5,346	6,659	5,346
Sexual assault in-service (sessions/units)	13/12	2/2	13/12	2/2
Sexual assault in-service participants	122	48	122	48
Alleged assaults and chart reviews	104	91	104	91
Bloodborne exposure labs drawn on offenders	17	22	17	22
New Sero-conversions d/t sexual assault ±	1	1	1	1

TB Interviews due to PPD shortage this month - 5322

X-rays due to signs and symptoms this month - 32

The total of Interviews from year to date - 5322

The total of S/S from year to date - 32

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

February 2014

Reportable Condition	Reports			
	2014 This Month	2013 Same Month	2014 Year to Date*	2013 Year to Date*
Chlamydia	6	2	9	9
Gonorrhea	0	1	2	1
Syphilis	94	81	191	157
Hepatitis A	0	0	0	0
Hepatitis B, acute	0	2	0	2
Hepatitis C, total and (acute <sup>‡</sup> )	341	195	543	342
Human immunodeficiency virus (HIV) +, known at intake	223	206	424	402
HIV screens, intake	6,395	5,493	13,304	12,447
HIV +, intake	44	40	91	89
HIV screens, offender- and provider-requested	834	1,110	1,690	1,905
HIV +, offender- and provider-requested	0	0	2	3
HIV screens, pre-release	3,054	4,226	8,712	9,823
HIV +, pre-release	0	1	0	1
Acquired immune deficiency syndrome (AIDS)	1	5	1	3
Methicillin-resistant <i>Staph Aureus</i> (MRSA)	72	56	159	119
Methicillin-sensitive <i>Staph Aureus</i> (MSSA)	46	36	88	71
Occupational exposures of TDCJ staff	10	11	25	16
Occupational exposures of medical staff	1	2	5	3
HIV chemoprophylaxis initiation	1	2	2	3
Tuberculosis skin test (ie, PPD) +, intake	265	306	555	567
Tuberculosis skin test +, annual	7	28	14	128
Tuberculosis, known (ie, on tuberculosis medications) at intake	1	0	2	0
Tuberculosis, diagnosed at intake and attributed to county of origin (identified before 42 days of incarceration)	1	0	1	3
Tuberculosis, diagnosed during incarceration (identified after 42 days of incarceration)	0	2	1	4
Tuberculosis cases under management	18	11		
Peer education programs <sup>¶</sup>	0	0	99	100
Peer education educators <sup>∞</sup>	12	47	3,860	3,409
Peer education participants	5,823	5,915	12,482	10,824
Sexual assault in-service (sessions/units)	7/3	11/5	20/15	15/8
Sexual assault in-service participants	183	76	305	149
Alleged assaults and chart reviews	100	63	204	195
Bloodborne exposure labs drawn on offenders	14	14	31	46
New Sero-conversions d/t sexual assault ±	0	0	0	0

TB Interviews due to PPD shortage this month – 4,858  
X-rays due to signs and symptoms this month - 23  
The total of Interviews from year to date – 10,180  
The total of S/S from year to date - 55

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

During the Second Quarter of Fiscal Year 2014, ten percent of the UTMB and TTUHSC hospital and infirmiry discharges were audited. A total of 143 hospital discharge and 48 infirmiry discharge audits were conducted. This chart is a summary of the audits showing the number of cases with deficiencies and their percentage.

<b>Freeworld Hospital Discharges in Texas Tech Sector</b>											
Month	Audits Performed	Vital Signs Not Recorded <sup>1</sup> (Cases with Deficiencies)		Appropriate Receiving Facility <sup>2</sup> (Cases with Deficiencies)		No Chain-In Done <sup>3</sup> (Cases with Deficiencies)		Unscheduled Care within 7 Days <sup>4</sup> (Cases with Deficiencies)		Lacked Documentation <sup>5</sup> (Cases with Deficiencies)	
December	5	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
January	4	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
February	5	0	0.00%	0	0.00%	0	0.00%	1	20.00%	1	20.00%
<b>Total/Average</b>		<b>0</b>	<b>0.00%</b>	<b>0</b>	<b>0.00%</b>	<b>0</b>	<b>0.00%</b>	<b>1</b>	<b>6.67%</b>	<b>1</b>	<b>6.67%</b>
<b>Freeworld Hospital Discharges in UTMB Sector</b>											
Month	Audits Performed	Vital Signs Not Recorded <sup>1</sup> (Cases with Deficiencies)		Appropriate Receiving Facility <sup>2</sup> (Cases with Deficiencies)		No Chain-In Done <sup>3</sup> (Cases with Deficiencies)		Unscheduled Care within 7 Days <sup>4</sup> (Cases with Deficiencies)		Lacked Documentation <sup>5</sup> (Cases with Deficiencies)	
December	19	2	10.52%	3	15.78%	0	0.00%	3	15.78%	2	10.52%
January	21	0	0.00%	0	0.00%	0	0.00%	0	0.00%	1	4.76%
February	21	2	9.52%	0	0.00%	1	4.76%	1	4.76%	4	19.04%
<b>Total/Average</b>		<b>4</b>	<b>6.68%</b>	<b>3</b>	<b>5.26%</b>	<b>1</b>	<b>1.59%</b>	<b>4</b>	<b>6.85%</b>	<b>7</b>	<b>11.44%</b>
<b>UTMB Hospital Galveston Discharges</b>											
Month	Audits Performed	Vital Signs Not Recorded <sup>1</sup> (Cases with Deficiencies)		Appropriate Receiving Facility <sup>2</sup> (Cases with Deficiencies)		No Chain-In Done <sup>3</sup> (Cases with Deficiencies)		Unscheduled Care within 7 Days <sup>4</sup> (Cases with Deficiencies)		Lacked Documentation <sup>5</sup> (Cases with Deficiencies)	
December	21	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
January	26	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
February	21	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
<b>Total/Average</b>		<b>0</b>	<b>0.00%</b>	<b>0</b>	<b>0.00%</b>	<b>0</b>	<b>0.00%</b>	<b>0</b>	<b>0.00%</b>	<b>0</b>	<b>0.00%</b>
<b>GRAND TOTAL: Combined Hospital Discharges (Texas Tech Sector, UTMB Sector and Hospital Galveston)</b>											
Month	Audits Performed	Vital Signs Not Recorded <sup>1</sup> (Cases with Deficiencies)		Appropriate Receiving Facility <sup>2</sup> (Cases with Deficiencies)		No Chain-In Done <sup>3</sup> (Cases with Deficiencies)		Unscheduled Care within 7 Days <sup>4</sup> (Cases with Deficiencies)		Lacked Documentation <sup>5</sup> (Cases with Deficiencies)	
December	45	2	3.51%	3	5.26%	0	0.00%	0	5.26%	2	3.51%
January	51	0	0.00%	0	0.00%	0	0.00%	0	0.00%	1	1.59%
February	47	2	3.17%	0	0.00%	1	1.59%	2	8.25%	5	13.01%
<b>Total/Average</b>		<b>4</b>	<b>2.23%</b>	<b>3</b>	<b>1.75%</b>	<b>1</b>	<b>0.53%</b>	<b>5</b>	<b>4.50%</b>	<b>8</b>	<b>6.04%</b>
<b>Texas Tech Infirmiry Discharges</b>											
Month	Audits Performed	Vital Signs Not Recorded <sup>1</sup> (Cases with Deficiencies)		Appropriate Receiving Facility <sup>2</sup> (Cases with Deficiencies)		No Chain-In Done <sup>3</sup> (Cases with Deficiencies)		Unscheduled Care within 7 Days <sup>4</sup> (Cases with Deficiencies)		Lacked Documentation <sup>5</sup> (Cases with Deficiencies)	
December	9	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
January	8	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
February	9	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
<b>Total/Average</b>		<b>0</b>	<b>0.00%</b>	<b>0</b>	<b>0.00%</b>	<b>0</b>	<b>0.00%</b>	<b>0</b>	<b>0.00%</b>	<b>0</b>	<b>0.00%</b>
<b>UTMB Infirmiry Discharges</b>											
Month	Audits Performed	Vital Signs Not Recorded <sup>1</sup> (Cases with Deficiencies)		Appropriate Receiving Facility <sup>2</sup> (Cases with Deficiencies)		No Chain-In Done <sup>3</sup> (Cases with Deficiencies)		Unscheduled Care within 7 Days <sup>4</sup> (Cases with Deficiencies)		Lacked Documentation <sup>5</sup> (Cases with Deficiencies)	
December	7	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
January	8	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
February	7	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
<b>Total/Average</b>		<b>0</b>	<b>0.00%</b>	<b>0</b>	<b>0.00%</b>	<b>0</b>	<b>0.00%</b>	<b>0</b>	<b>0.00%</b>	<b>0</b>	<b>0.00%</b>
<b>GRAND TOTAL: Combined Infirmiry Discharges (Texas Tech and UTMB)</b>											
Month	Audits Performed	Vital Signs Not Recorded <sup>1</sup> (Cases with Deficiencies)		Appropriate Receiving Facility <sup>2</sup> (Cases with Deficiencies)		No Chain-In Done <sup>3</sup> (Cases with Deficiencies)		Unscheduled Care within 7 Days <sup>4</sup> (Cases with Deficiencies)		Lacked Documentation <sup>5</sup> (Cases with Deficiencies)	
December	16	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
January	16	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
February	16	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
<b>Total/Average</b>		<b>0</b>	<b>0.00%</b>	<b>0</b>	<b>0.00%</b>	<b>0</b>	<b>0.00%</b>	<b>0</b>	<b>0.00%</b>	<b>0</b>	<b>0.00%</b>

**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 ( applicable) to an appropriate medical provider as required by policy. (Unit not performing chain in was Byrd) 4. The offender required unscheduled medical care related to the admitting diagnosis within the first seven days after discharge. 5. Discharge information was not available in the offender's electronic medical record within 24 hours of arriving at the unit.

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

December 2013	Numbered Property On Inventory Report	Total Number of Deletions	Total Number of Transfers	Total Number of New Equipment
<b>Crain</b>	81	0	0	0
<b>Hughes</b>	79	3	0	3
<b>Total</b>	160	3	0	3

January 2014	Numbered Property On Inventory Report	Total Number of Deletions	Total Number of Transfers	Total Number of New Equipment
<b>Bridgeport (Male)</b>	15	2	0	0
<b>Sanchez</b>	10	0	0	0
<b>Total</b>	25	2	0	0

February 2014	Numbered Property On Inventory Report	Total Number of Deletions	Total Number of Transfers	Total Number of New Equipment
<b>Ellis</b>	41	0	0	0
<b>Lewis</b>	68	0	0	0
<b>Telford</b>	73	0	1	4
<b>Total</b>	182	0	1	4

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

<b>Audit Tools</b>	<b>December</b>	<b>January</b>	<b>February</b>	<b>Total</b>
<b>Total number of units audited</b>	2	2	3	7
<b>Total numbered property</b>	160	25	182	367
<b>Total number out of compliance</b>	0	0	0	0
<b>Total % out of compliance</b>	0.00%	0.00%	0.00%	0.00%

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

**University of Texas Medical Branch**

Unit	Audit Date	% Compliance	
		Mandatory	Non-Mandatory
<b>Goodman</b>	<b>December 9, 2013</b>	<b>100%</b>	<b>98.6%</b>
<b>Stiles</b>	<b>January 8, 2014</b>	<b>100%</b>	<b>98.4%</b>
<b>Beto</b>	<b>January 13, 2014</b>	<b>100%</b>	<b>97.7%</b>
<b>Glossbrenner</b>	<b>February 3, 2014</b>	<b>100%</b>	<b>99.3%</b>
<b>Wynne</b>	<b>February 24, 2014</b>	<b>100%</b>	<b>97.7%</b>

**Texas Tech University Health Science Center**

Unit	Audit Date	% Compliance	
		Mandatory	Non-Mandatory
<b>Daniel</b>	<b>December 16, 2013</b>	<b>100%</b>	<b>99.1%</b>
<b>Formby/Wheeler</b>	<b>February 10, 2014</b>	<b>100%</b>	<b>98.8%</b>

The ACA Winter Conference was held in Tampa, Florida January 31, 2014 – February 5, 2014. During this conference, the following units were awarded reaccreditation by the ACA Panel of Commissioners: Dominguez, Eastham, Hightower, Hilltop/Mountain View, McConnell, Michael, Plane, Henley, Robertson, and Sanchez.

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

**FY-2014 Second Quarterly Report: December, January and February**

**Project Number:** 514-AR07

**Researcher:** Jennifer Skeem      **IRB Number:** 2005-4355      **IRB Expiration Date:** 03/19/2010      **Research Began:** 11/13/2006

**Title of Research:** Outcomes for Probationers with Mental Illness      **Data Collection Began:** 11/13/2006

**Proponent:** University of California - Irvine; John D. and Catherine T. MacArthur      **Data Collection End:** 09/30/2009

**Project Status:** Formulating Results      **Progress Report Due:** 03/17/2014      **Projected Completion:** 12/31/2013

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**Project Number:** 524-AR07

**Researcher:** Marilyn Armour      **IRB Number:** 2006-11-0095      **IRB Expiration Date:** 12/29/2015      **Research Began:** 01/05/2007

**Title of Research:** Mechanisms of Action in Bridges to Life      **Data Collection Began:** 04/12/2007

**Proponent:** University of Texas-Austin      **Data Collection End:** 07/24/2007

**Project Status:** Data Analysis      **Progress Report Due:** 06/01/2014      **Projected Completion:** 06/06/2014

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**Project Number: 587-AR09**

**Researcher:** Marcus Boccaccini      **IRB Number:** 2009-04-032      **IRB Expiration Date:** 06/20/2014      **Research Began:** 09/06/2009

**Title of Research:** Item and Factor Level Examination of the Static-99, MnSOST-R, and PCL-R to Predict Recidivism      **Data Collection Began:** 10/13/2009

**Proponent:** Sam Houston State University      **Data Collection End:** 06/28/2012

**Project Status:** Data Analysis      **Progress Report Due:** 08/28/2014      **Projected Completion:** 12/31/2013

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**Project Number: 591-AR09**

**Researcher:** Wayne Lehman      **IRB Number:** Sum08-13      **IRB Expiration Date:** 08/31/2012      **Research Began:** 05/20/2010

**Title of Research:** "Sustainable HIV Risk Reduction Strategies for CJ Systems"      **Data Collection Began:** 06/29/2010

**Proponent:** Texas Christian University / NIDA      **Data Collection End:** 07/02/2011

**Project Status:** Data Analysis      **Progress Report Due:** 06/16/2014      **Projected Completion:** 01/16/2015

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**Project Number: 599-AR09**

**Researcher:** Julian Cano      **IRB Number:** 00002030      **IRB Expiration Date:** 11/15/2010      **Research Began:** 04/14/2010

**Title of Research:** "Exploring The Theoretical Origins Of Male Sexual Deviance: What Are The Self-Regulatory And Sub-Group Differences Among A Sample Of Adult Incarcerated Sexual Offenders?"      **Data Collection Began:** 04/15/2010

**Proponent:** University of Texas - Austin      **Data Collection End:** 06/30/2010

**Project Status:** Formulating Results      **Progress Report Due:** 03/17/2014      **Projected Completion:** 12/31/2012

**Project Number: 600-AR10**

**Researcher:** Marcus Boccaccini      **IRB Number:** 2010-06-005      **IRB Expiration Date:** 06/21/2011      **Research Began:** 07/15/2010

**Title of Research:**  
Risk Scores Using Deidentified Offender Files

**Data Collection Began:**  
07/20/2010

**Proponent:**  
Sam Houston State University

**Data Collection End:**  
07/20/2010

**Project Status:**  
Data Analysis

**Progress Report Due:**  
03/17/2014

**Projected Completion:**  
03/31/2015

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**Project Number: 605-AR10**

**Researcher:** Patrick Flynn      **IRB Number:** S10-34      **IRB Expiration Date:** 07/08/2014      **Research Began:** 10/07/2011

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

**Data Collection Began:**  
10/07/2011

**Proponent:**  
Texas Christian University

**Data Collection End:**

**Project Status:**  
Data Collection

**Progress Report Due:**  
06/28/2014

**Projected Completion:**  
06/30/2015

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**Project Number: 613-AR10**

**Researcher:** J. Miller      **IRB Number:** 10-218      **IRB Expiration Date:** 09/29/2012      **Research Began:** 06/11/2011

**Title of Research:**  
Effect of Prison-Based Alcohol Treatment: A Multi-Site Process and Outcome Evaluation

**Data Collection Began:**  
12/31/2011

**Proponent:**  
University of Texas at San Antonio

**Data Collection End:**  
12/31/2012

**Project Status:**  
Data Analysis

**Progress Report Due:**  
03/17/2014

**Projected Completion:**  
03/31/2013

**Project Number: 620-AR11**

**Researcher:** Kelly Dial \*DECEASED\*      **IRB Number:** #S 2011-1002      **IRB Expiration Date:** 07/10/2011      **Research Began:** 05/31/2011

**Title of Research:** Registered Sex Offenders' Expectations for Community Re-Entry      **Data Collection Began:** 06/20/2011

**Proponent:** University of Louisville / Messiah College      **Data Collection End:** 06/24/2011

**Project Status:** Formulating Results      **Progress Report Due:** 03/17/2014      **Projected Completion:** 12/31/2012

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**Project Number: 622-AR11**

**Researcher:** Andrew Wiegand      **IRB Number:** 00003522      **IRB Expiration Date:** 12/11/2014      **Research Began:** 07/14/2011

**Title of Research:** Evaluation of the Reintegration of Ex-Offenders (RExO) Project      **Data Collection Began:**

**Proponent:** Social Policy Research Associates      **Data Collection End:** 05/31/2015

**Project Status:** Data Collection      **Progress Report Due:** 07/28/2014      **Projected Completion:** 12/31/2014

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**Project Number: 629-AR11**

**Researcher:** Jurg Gerber      **IRB Number:** 2011-03-071      **IRB Expiration Date:** 05/06/2012      **Research Began:** 11/10/2011

**Title of Research:** Perception of Family and Community Support among Released Felons in the State of Texas      **Data Collection Began:** 12/15/2011

**Proponent:** Sam Houston State University      **Data Collection End:** 04/01/2012

**Project Status:** Data Analysis      **Progress Report Due:** 03/10/2014      **Projected Completion:** 12/31/2013

**Project Number: 640-AR11**

**Researcher:** Brenda Riley      **IRB Number:** 2011-08-025      **IRB Expiration Date:** 10/10/2012      **Research Began:** 11/10/2011

**Title of Research:** Predicting Institutional Misconduct that Results in Uses of Force in the Texas Department of Criminal Justice      **Data Collection Began:** 11/10/2011

**Proponent:** Sam Houston State University      **Data Collection End:** 11/10/2011

**Project Status:** Data Analysis      **Progress Report Due:** 03/17/2014      **Projected Completion:** 10/10/2012

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**Project Number: 647-AR11**

**Researcher:** Scott Culhane      **IRB Number:** no number      **IRB Expiration Date:** 11/03/2012      **Research Began:** 05/18/2012

**Title of Research:** Factors Influencing Crime as Self-Reported by Serial Killers, Violent Offenders, Non-violent Offenders, and Students      **Data Collection Began:** 05/18/2012

**Proponent:** University of Wyoming's Department of Criminal Justice      **Data Collection End:** 11/03/2012

**Project Status:** Formulating Results      **Progress Report Due:** 06/20/2014      **Projected Completion:** 04/04/2014

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**Project Number: 648-AR12**

**Researcher:** Meredith Dank      **IRB Number:** 08572-000-00      **IRB Expiration Date:** 02/07/2013      **Research Began:** 05/21/2012

**Title of Research:** Estimating the Unlawful Commercial Sex Economy in the United States      **Data Collection Began:** 07/21/2012

**Proponent:** The Urban Institute, Justice Policy Center      **Data Collection End:** 09/07/2012

**Project Status:** Data Analysis      **Progress Report Due:** 03/17/2014      **Projected Completion:** 02/07/2013

**Project Number: 661-AR12**

**Researcher:** Byron Johnson      **IRB Number:** 498996-1      **IRB Expiration Date:** 08/22/2014      **Research Began:** 01/07/2013

**Title of Research:** Assessing the Long-Term Effectiveness of Seminaries In Maximum Security Prisons: An In-Depth Study of the Louisiana State Penitentiary and Darrington Prison      **Data Collection Began:** 01/08/2013  
**Data Collection End:**

**Proponent:**  
Baylor University

**Project Status:** Data Collection      **Progress Report Due:** 06/06/2014      **Projected Completion:** 08/31/2017

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**Project Number: 664-AR12**

**Researcher:** Scott Walters      **IRB Number:** 2011-125      **IRB Expiration Date:** 08/04/2014      **Research Began:** 05/22/2013

**Title of Research:** In-Person vs. Computer Interventions for Increasing Probation Compliance      **Data Collection Began:** 05/22/2013  
**Data Collection End:**

**Proponent:**  
University of North Texas

**Project Status:** Data Collection      **Progress Report Due:** 03/17/2014      **Projected Completion:**

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**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 – MOU      **Progress Report Due:**

**Project Status:** Project is external to TDCJ to provide data only. MOU dated 12/21/12. Project will run through 2017      **Projected Completion:** 12/31/2017

**Project Number: 671-AR13**

**Researcher:** Bridget Williamson      **IRB Number:** 2013-01-4707      **IRB Expiration Date:** 02/13/2014      **Research Began:** 09/03/2013

**Title of Research:** Female Sex Offender Recidivism: Risk and Assessment      **Data Collection Began:** 09/18/2013

**Proponent:**  
Sam Houston State University

**Data Collection End:**

**Project Status:** Data Collection      **Progress Report Due:** 07/30/2014      **Projected Completion:** 04/15/2014

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**Project Number: 676-AR13**

**Researcher:** Candace Johnson      **IRB Number:** 10.11.04      **IRB Expiration Date:** 11/04/2014      **Research Began:** 11/12/2013

**Title of Research:** Reintegration of Ex-Offenders Random Assignment Evaluation (RExO) - 2      **Data Collection Began:** 11/12/2013

**Proponent:**  
University of Chicago

**Data Collection End:**

**Project Status:** Data Collection      **Progress Report Due:** 08/12/2014      **Projected Completion:** 06/30/2015

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**Project Number: 681-AR13**

**Researcher:** Sheremetria Taylor      **IRB Number:** Exempt      **IRB Expiration Date:**      **Research Began:** 06/20/2013

**Title of Research:** An Examination of Rural Factors and Re-Incarceration Rates Among Female Offenders      **Data Collection Began:** 06/20/2013

**Proponent:**  
Capella University – Minneapolis

**Data Collection End:**

**Project Status:** Data Collection      **Progress Report Due:** 03/01/2014      **Projected Completion:** 06/01/2014

**Project Number: 685-AR13**

**Researcher:** Latreace Craig      **IRB Number:** 0901102      **IRB Expiration Date:** 09/01/2014      **Research Began:** 10/14/2013

**Title of Research:** Using Anchored Instruction to Increase Educational Performance and Ultimately Reduce Recidivism: A Causal Comparative Study      **Data Collection Began:** 10/14/2013

**Proponent:** Prairie View A&M University      **Data Collection End:** 01/31/2014

**Project Status:** Data Analysis      **Progress Report Due:** 05/18/2014      **Projected Completion:** 01/31/2014

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**Project Number: 686-AR13**

**Researcher:** Jeffrey Bouffard      **IRB Number:** 10-12362      **IRB Expiration Date:** 09/01/2014      **Research Began:** 10/31/2013

**Title of Research:** Criminal Decision Making Among Adult Felony Inmates      **Data Collection Began:** 10/31/2013

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

**Project Status:** Pending signed research agreement      **Progress Report Due:** 06/10/2014      **Projected Completion:**

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**Project Number: 692-AR14**

**Researcher:** Daniel McGrath      **IRB Number:** Exempt      **IRB Expiration Date:**      **Research Began:** 01/22/2014

**Title of Research:** Participation study of adult skills      **Data Collection Began:**

**Proponent:** U.S. Department of Education      **Data Collection End:**

**Project Status:** Mr. Livingston approved 01/22/14. Needing applications for clearances.      **Progress Report Due:** N/A      **Projected Completion:**

**Project Number:** 103-RL01

**Researcher:** Holly Miller      **IRB Number:** M20020807      **IRB Expiration Date:** 07/21/2006      **Research Began:** 11/01/2001

**Title of Research:** Psychopathy, Static Risk, and Dynamic Risk Among Sexual Offenders      **Data Collection Began:** 12/01/2001

**Proponent:** Sam Houston State University      **Data Collection End:** 08/01/2004

**Project Status:** Data Analysis      **Progress Report Due:** 06/24/2014      **Projected Completion:** 07/21/2016

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**Project Number:** 202-RL02

**Researcher:** Kymn Kochanek      **IRB Number:** 020502      **IRB Expiration Date:** 08/16/2013      **Research Began:** 05/01/2002

**Title of Research:** National Longitudinal Survey of Youth 1997 (for Bureau of Labor Statistics)      **Data Collection Began:** 11/01/2002

**Proponent:** NORC - National Organization for Research at the University of Chicago      **Data Collection End:** 06/01/2013

**Project Status:** Data Analysis      **Progress Report Due:** 03/17/2014      **Projected Completion:** 06/28/2013

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**Project Number:** 221-RL02

**Researcher:** Kymn Kochanek      **IRB Number:** 040202      **IRB Expiration Date:** 08/16/2013      **Research Began:** 06/06/2002

**Title of Research:** National Longitudinal Survey of Youth 1979 (for Bureau of Labor Statistics)      **Data Collection Began:** 05/01/2002

**Proponent:** NORC at the University of Chicago      **Data Collection End:** 07/24/2013

**Project Status:** Data Analysis      **Progress Report Due:** 03/17/2014      **Projected Completion:** 09/14/2013

**Project Number: 434-RL04**

**Researcher:** Marilyn Armour      **IRB Number:** 2003-11-0076      **IRB Expiration Date:** 01/06/2014      **Research Began:** 03/10/2004

**Title of Research:** Victim Offender Mediated Dialogue: Study of the Impact of a Victim-Oriented Intervention in Crimes of Severe Violence      **Data Collection Began:** 08/31/2004

**Proponent:** University of Texas- Austin      **Data Collection End:** 03/01/2007

**Project Status:** Data Analysis      **Progress Report Due:** 03/17/2014      **Projected Completion:** 12/31/2013

---

**Project Number: 547-RL07**

**Researcher:** Robert Morgan      **IRB Number:** 501024      **IRB Expiration Date:** 05/31/2009      **Research Began:** 06/11/2008

**Title of Research:** Re-Entry: Dynamic Risk Assessment      **Data Collection Began:** 06/11/2008

**Proponent:** Texas Tech University      **Data Collection End:** 10/23/2008

**Project Status:** Data Analysis      **Progress Report Due:** 03/17/2014      **Projected Completion:** 05/31/2014

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

**FY-2014 Second Quarterly Report: December, January and February**

**Project Number: 669-AR13**

**Researcher:**

Chad Trulson

**IRB Number:**

46.101

**Application Received:**

02/11/2013

**Completed Application:**

02/11/2013

**Title of Research:**

Criminal Behavior and Criminal Prosecutions in the Texas Department of Criminal Justice

**Peer Panel Schedule:**

**Proponent:**

University of North Texas

**Panel Recommendations:**

**Project Status:**

Pending OGC

**Detail:**

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**Project Number: 688-AR13**

**Researcher:**

Olufunto Olusanya

**IRB Number:**

2013-0623

**Application Received:**

06/13/2013

**Completed Application:**

11/01/2013

**Title of Research:**

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

**Peer Panel Schedule:**

**Proponent:**

Texas A & M University

**Panel Recommendations:**

**Project Status:**

Pending Division Review

**Project Number: 694-AR14**

**Application Received:**  
02/08/2014

**Researcher:**  
Aracely Lopez

**IRB Number:**

**Completed Application:**  
02/08/2014

**Title of Research:**  
A Comparison of MMPI-2-RF Profiles of Female Drug Offenders and Violent Female Offenders

**Peer Panel Schedule:**

**Proponent:**  
Alliant International University - California

**Panel Recommendations:**

**Project Status:**  
Pending Initial Review – New Project

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**Project Number: 696-AR14**

**Application Received:**  
02/19/2014

**Researcher:**  
Adrienne Gilmore

**IRB Number:**  
2013-0701-101

**Completed Application:**  
02/19/2014

**Title of Research**  
Predictive Models of Competence Restoration Using Neurocognition as a Mediator for Individuals Found Incompetent to Stand Trial

**Peer Panel Schedule:**

**Proponent:**  
Prairie View A&M University

**Panel Recommendations:**

**Project Status:**  
Pending Initial Review – New Project

**Project Number: 693-AR14**

**Researcher:**

Salvatore Carbonaro

**IRB Number:**

13-0163

**Application Received:**

02/06/2014

**Completed Application:**

02/06/2014

**Title of Research:**

Assessment and Intervention Techniques within a Therapeutic Community:  
Utilizing Personality and Age as Characteristics to Accurately Identify " At-Risk" Clients, And Social cognitive Intervention Strategies

**Peer Panel Schedule:**

**Proponent:**

Fielding Graduate University

**Panel Recommendations:**

**Project Status:**

Pending Initial Review – New Project

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

**FY-2014 Second Quarterly Report: December, January and February**

**Project Number:** 615-RM10

**Researcher:** John Petersen      **IRB Number:** 11-069      **IRB Expiration Date:** 01/01/2015      **Research Began:** 09/12/2013

**Title of Research:** Serum Markers of Hepatocellular Cancer      **Data Collection Began:** 09/12/2013

**Proponent:** University of Texas Medical Branch at Galveston      **Data Collection End:**

**Project Status:** Data Collection      **Progress Report Due:** 06/30/2014      **Projected Completion:** 01/01/2020

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**Project Number:** 623-RM11

**Researcher:** Maurice Willis      **IRB Number:** 10-191      **IRB Expiration Date:** 05/22/2014      **Research Began:** 11/23/2011

**Title of Research:** E1208: A Phase III randomized, Double-Blind Trial of Chemoembolization with or without Sorafenib in Unresectable Hepatocellular Carcinoma (HCC) in Patients with and without Vascular Invasion      **Data Collection Began:** 11/23/2011

**Data Collection End:**

**Proponent:** University of Texas Medical Branch at Galveston

**Project Status:** Data Collection      **Progress Report Due:** 07/28/2014      **Projected Completion:** 03/31/2015

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

**FY-2014 Second Quarterly Report: December, January and February**

**Project Number:** 635-RM11

**Application Received:**

**Researcher:**

Bryan Schneider

**IRB Number:**

11-101

07/06/2011

**Completed Application:**

07/06/2011

**Title of Research:**

Lactulose compliance levels among patients admitted to a prison system hospital with a hepatic diagnosis

**Peer Panel Schedule:**

**Proponent:**

UTMB – Dr Murray approved August 2011

**Panel Recommendations:**

**Project Status:**

**Detail:**

Pending IRB Approval

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**Project Number:** 677-RM13

**Application Received:**

**Researcher:**

Vivian Jimenez

**IRB Number:**

L13-133

07/22/2013

**Completed Application:**

07/22/2013

**Title of Research:**

Autoantibodies in Chronic Hepatitis C Patients

**Peer Panel Schedule:**

**Proponent:**

Texas Tech University

**Panel Recommendations:**

**Project Status:**

**Detail:**

Pending HS Approval

**Project Number: 689-RM13**

**Application Received:**

**Researcher:**

Troy Quast

**IRB Number:**

2013-12371

11/07/2013

**Completed Application:**

11/07/2013

**Peer Panel Schedule:**

**Title of Research:**

Impact of the Annual Health Care Services Fee

**Panel Recommendations:**

**Proponent:**

Sam Houston State University

**Project Status:**

Pending OGC & HS Review

**Detail:**

**2nd Quarter FY 2014  
TDCJ Office of Mental Health Monitoring & Liaison  
Administrative Segregation**

Date	Unit	Observed	Interviewed	Referred	Requests Fwd	911 Tool	ATC 4	ATC 5	ATC 6
12/04-05/2013	Hughes	461	356	1	11	100	100	100	100
12/11/2013	Pack	13	13	0	1	100	100	100	100
12/11-12/2013	Michael	447	333	2	11	100	100	100	100
12/16/2013	Murray	113	92	0	6	100	100	100	100
12/18-19/2013	Estelle (ECB)	461	330	0	8	100	100	100	100
01/02/2014	Lychner	20	20	0	1	100	66	100	100
01/08-09/2014	Smith	181	132	0	7	100	100	100	100
01/09/2014	Gist	14	14	0	0	100	100	100	100
01/15/2014	Clemens	3	3	0	1	100	N/A	N/A	N/A
01/15-16/2014	Stiles	440	352	0	8	100	100	100	100
01/22-23/2014	Telford	444	277	0	9	100	100	100	100
02/03-04/2014	Ferguson	334	207	0	7	100	100	100	100
02/05-06/2014	Robertson	330	232	0	7	100	100	100	100
02/06/2014	Formby	20	20	0	2	100	N/A	N/A	N/A
02/12/2014	Bartlett	13	13	0	0	100	N/A	N/A	N/A
02/13/2014	Travis	9	9	0	0	100	66	55	88
02/19-20/2014	Eastham	277	210	0	8	100	100	100	100
02/26-27/2014	Coffield	396	283	1	7	100	100	100	100
<b>Grand Total</b>	18	3976	2896	4	94	100	80	81	83

\* There were no offenders in Ad Seg during the audit period

\*\* As of the August 2013 report, the number of offenders interviewed will reflect the total number of offenders interviewed, instead of reflecting only the caseload offenders interviewed.

# INTAKE MENTAL HEALTH EVALUATION (MHE) AUDIT

Conducted in 2<sup>nd</sup> Quarter 2014

Period Audited—December 2013, January & February 2014

FACILITY	Charts Reviewed	Charts Requiring MHE (1)	MHE's completed within 14 days (at Intake Unit)	Charts Excluded (2)	MHE Audit Score
Bartlett State Jail	13	13	12	0	92%
Baten ISF	17	6	1	11	8%
Bradshaw State Jail	12	12	6	0	55%
Byrd Unit	20	20	14	3	82%
Dominguez State Jail	20	20	20	0	100%
Formby State Jail	7	7	6	0	86%
Garza Transfer Facility	20	20	17	1	89%
Gist State Jail	20	20	11	1	58%
Glossbrenner SAFPF	3	3	3	0	100%
Gurney Transfer Facility	20	18	11	3	69%
Halbert SAFPF	20	20	20	0	100%
Holliday Transfer Facility	20	19	17	1	94%
Hutchins State Jail	20	20	16	0	80%
Jester I SAFPF	17	6	17	0	100%
Johnston SAFPF	9	9	9	0	100%
Kyle SAFPF	0	0	0	0	N/A
Lindsey State Jail	16	16	16	0	100%
Lychner State Jail	20	20	18	1	95%
Middleton Transfer Facility	20	19	16	2	100%
Plane State Jail	20	20	15	2	88%
Sanchez State Jail	2	2	1	0	50%
Sayle SAFPF	3	3	3	0	100%
Travis State Jail	20	20	13	1	68%
Woodman State Jail	20	20	12	2	67%
<b>GRAND TOTAL</b>	<b>359</b>	<b>333</b>	<b>274</b>	<b>28</b>	<b>82%</b>

1. Offenders entering TDCJ who are identified during the Intake Mental Health Screening/Appraisal process as having a history of treatment for mental illness, currently receiving mental health treatment, history of self-injurious behavior or current symptoms/complaints of symptoms of mental illness will have a Mental Health Evaluation (MHE) completed by a Qualified Mental Health Professional (QMHP) within 14 days of identification.
2. Charts are excluded from the sample of charts requiring a MHE if the offender was transferred from the intake unit before 14 days with the MHE not completed.

Corrective Action required of all units scoring below 80% is to prepare a Detailed Written Plan and to retrain with TDCJ Health Services Division. Units scoring between 80 to 89% were required to provide documentation of an in-service. Any offender identified as requiring a MHE on the day of audit was entered into the Mental Health Quality of Care Concerns Database and an action request was made that relevant offender receive the evaluation.

# COMPELLED PSYCHOACTIVE MEDICATION AUDIT

2<sup>nd</sup> Quarter FY-2014

Audit Period—December-February 2014

UNIT	Audit Month	Criteria for Compelled Meds Documented in Medical Record <sup>1</sup>				
		Reviewed	Applicable	Compliant	Score	Corrective Action
Montford	November 2013	5	5	5	100	N/A
Clements	November 2013	0	N/A	N/A	N/A	N/A
Skyview	November 2013	5	5	5	100	N/A
Jester IV	November 2013	3	3	3	100	N/A

Montford	December 2013	4	4	4	100	N/A
Clements	December 2013	0	N/A	N/A	N/A	N/A
Skyview	December 2013	5	5	5	100	N/A
Jester IV	December 2013	1	1	1	100	N/A

Montford	January 2014	8	8	8	100	N/A
Clements	January 2014	0	N/A	N/A	N/A	N/A
Skyview	January 2014	2	2	2	100	N/A
Jester IV	January 2014	2	2	2	100	N/A

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. Corrective Action was required for units scoring below 100% and/or those who turned report in late.

# Consent Item

University Medical Director's Report

The University of Texas Medical Branch



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

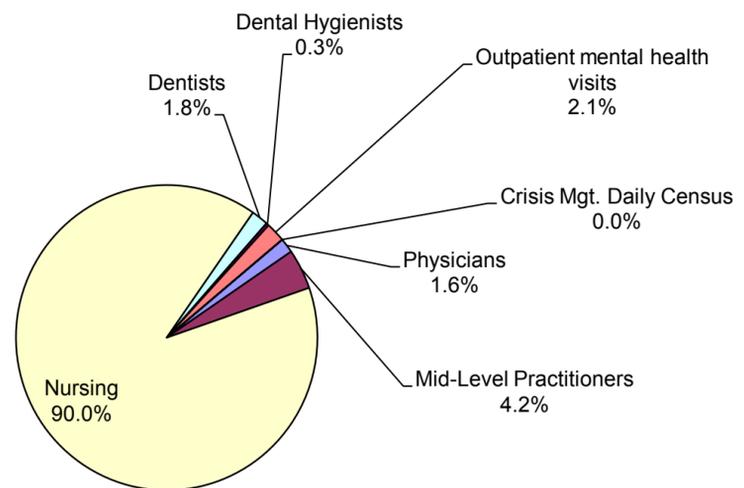
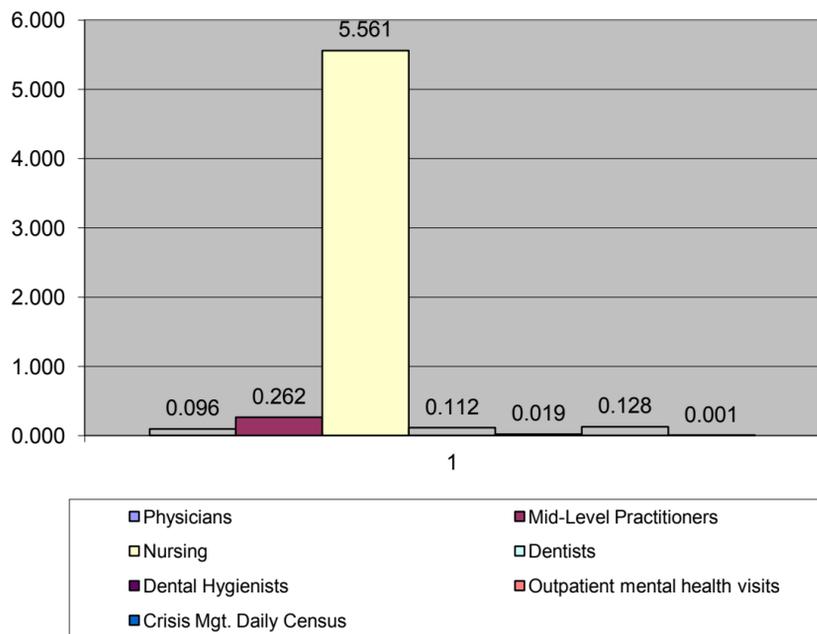
**SECOND QUARTER  
FY 2014**

**Medical Director's Report:**

<i>Average Population</i>	December		January		February		Qtly Average	
	119,081		118,886		118,909		118,959	
	Number	Rate Per Offender						
<b>Medical encounters</b>								
Physicians	10,122	0.085	12,649	0.106	11,612	0.098	11,461	0.096
Mid-Level Practitioners	30,736	0.258	33,548	0.282	29,379	0.247	31,221	0.262
Nursing	662,927	5.567	695,265	5.848	626,539	5.269	661,577	5.561
<b>Sub-total</b>	<b>703,785</b>	<b>5.910</b>	<b>741,462</b>	<b>6.237</b>	<b>667,530</b>	<b>5.614</b>	<b>704,259</b>	<b>5.920</b>
<b>Dental encounters</b>								
Dentists	11,847	0.099	14,428	0.121	13,550	0.114	13,275	0.112
Dental Hygienists	2,167	0.018	2,250	0.019	2,408	0.020	2,275	0.019
<b>Sub-total</b>	<b>14,014</b>	<b>0.118</b>	<b>16,678</b>	<b>0.140</b>	<b>15,958</b>	<b>0.134</b>	<b>15,550</b>	<b>0.131</b>
<b>Mental health encounters</b>								
Outpatient mental health visits	14,381	0.121	16,102	0.135	15,191	0.128	15,225	0.128
Crisis Mgt. Daily Census	66	0.001	66	0.001	54	0.000	62	0.001
<b>Sub-total</b>	<b>14,447</b>	<b>0.121</b>	<b>16,168</b>	<b>0.136</b>	<b>15,245</b>	<b>0.128</b>	<b>15,287</b>	<b>0.129</b>
<b>Total encounters</b>	<b>732,246</b>	<b>6.149</b>	<b>774,308</b>	<b>6.513</b>	<b>698,733</b>	<b>5.876</b>	<b>735,096</b>	<b>6.179</b>

**Encounters as Rate Per Offender Per Month**

**Encounters by Type**

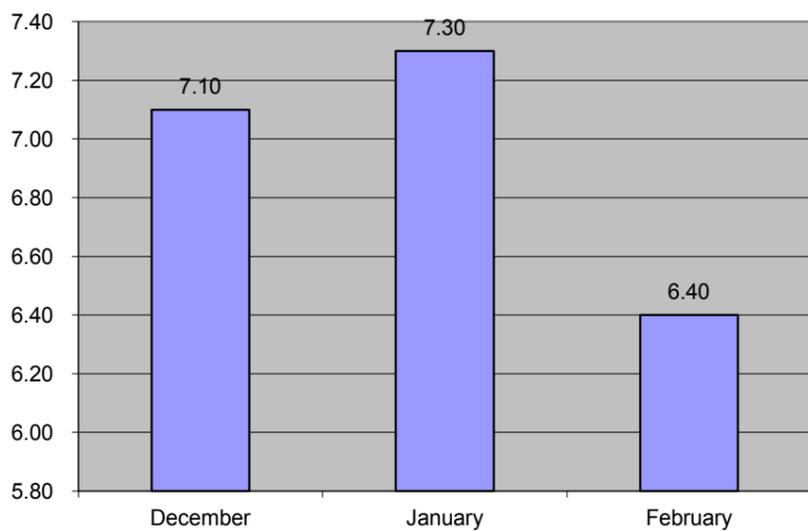


**Medical Director's Report (Page 2):**

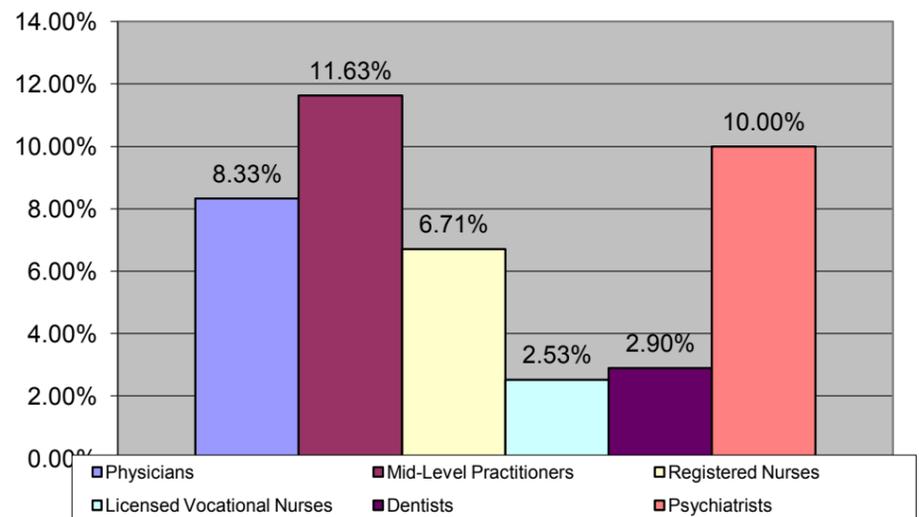
	December	January	February	Qtly Average
<b>Medical Inpatient Facilities</b>				
Average Daily Census	78.50	79.30	77.50	<b>78.43</b>
Number of Admissions	343.00	338.00	340.00	<b>340.33</b>
Average Length of Stay	7.10	7.30	6.40	<b>6.93</b>
Number of Clinic Visits	4,655.00	4,449.00	5,663.00	<b>4,922.33</b>
<b>Mental Health Inpatient Facilities</b>				
Average Daily Census	993.67	1,007.36	996.60	<b>999.21</b>
PAMIO/MROP Census	697.90	689.39	688.25	<b>691.85</b>
<b>Telemedicine Consults</b>	<b>7,797</b>	<b>10,343</b>	<b>9,242</b>	<b>9,127.33</b>

<b>Health Care Staffing</b>	<b>Average This Quarter</b>			<b>Percent Vacant</b>
	<b>Filled</b>	<b>Vacant</b>	<b>Total</b>	
Physicians	55.00	5.00	60.00	8.33%
Mid-Level Practitioners	114.00	15.00	129.00	11.63%
Registered Nurses	278.00	20.00	298.00	6.71%
Licensed Vocational Nurses	579.00	15.00	594.00	2.53%
Dentists	67.00	2.00	69.00	2.90%
Psychiatrists	18.00	2.00	20.00	10.00%

**Average Length of Stay**



**Staffing Vacancy Rates**



# Consent Item

University Medical Director's Report

Texas Tech University  
Health Sciences Center

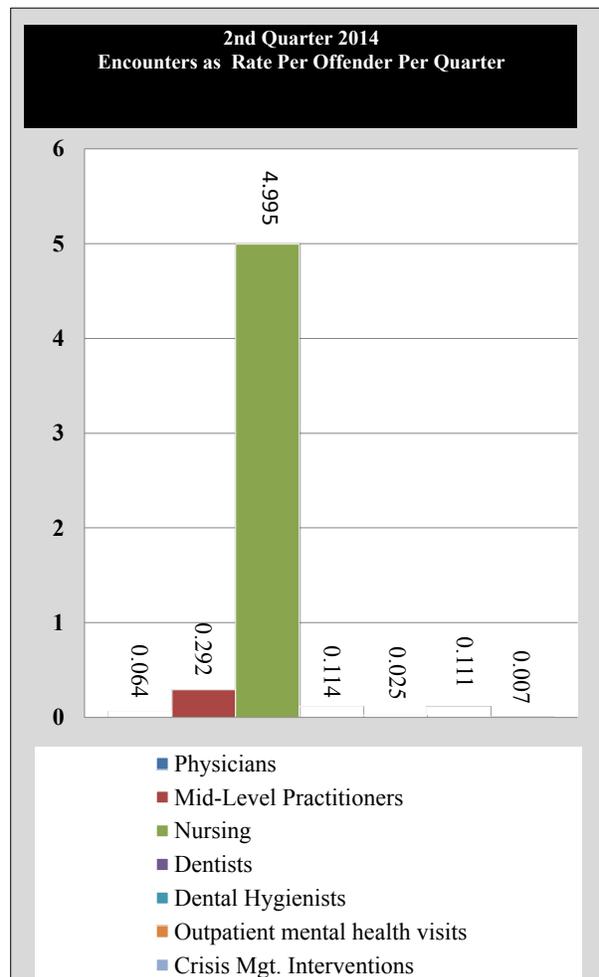
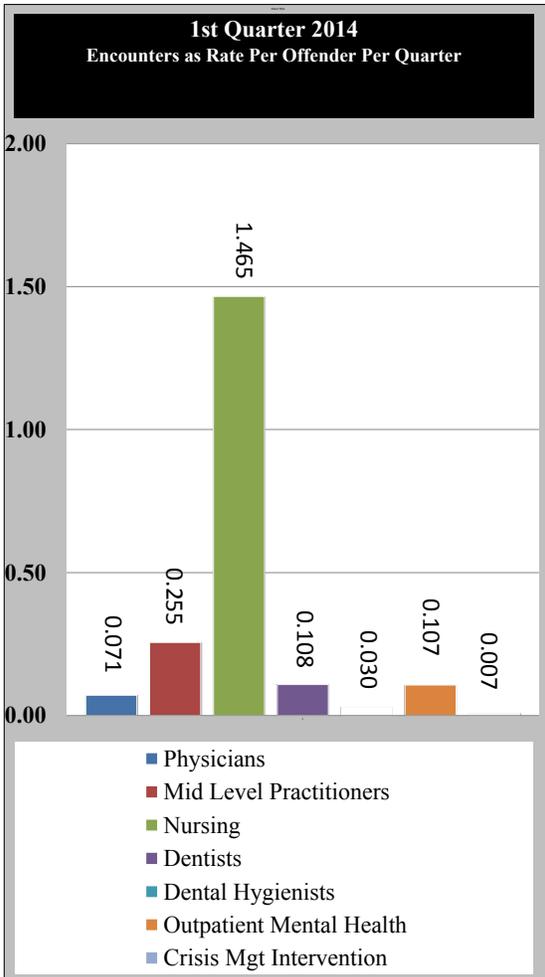


Correctional Managed Health Care  
**MEDICAL DIRECTOR'S REPORT**

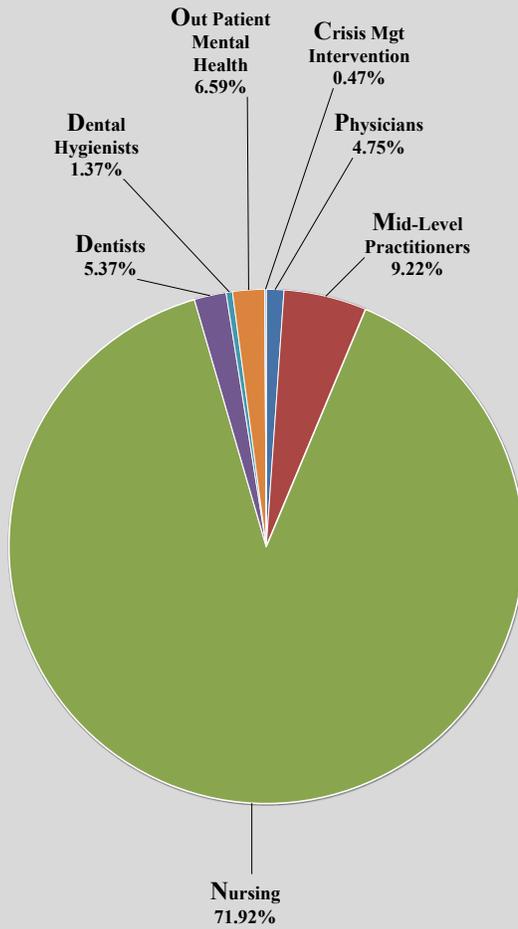
**SECOND QUARTER  
FY 2014**

**Medical Director's Report:**

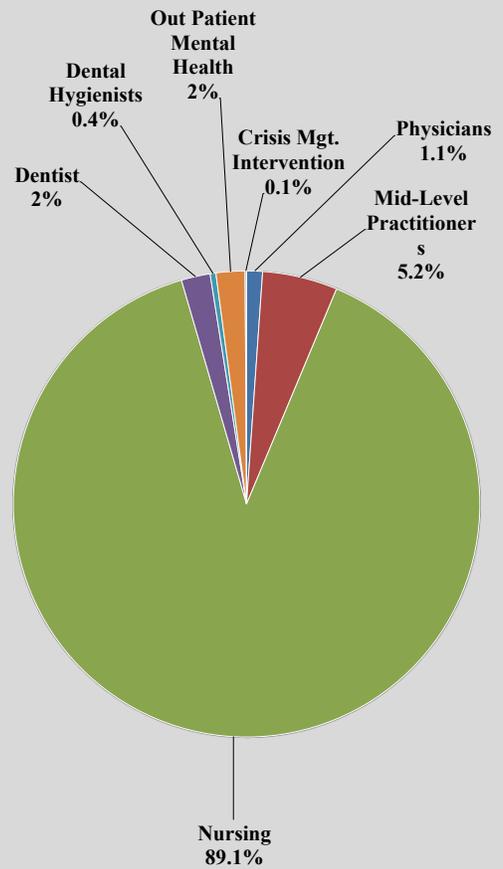
	December		January		February		Qly Average	
<i>Average Population</i>	31,314		31,327		31,114		31,251	
	Number	Rate Per Offender						
<b>Medical encounters</b>								
Physicians	1,708	0.055	2,324	0.074	1,936	0.062	1,989	0.064
Mid-Level Practitioners	8,383	0.268	10,205	0.326	8,789	0.282	9,126	0.292
Nursing	170,653	5.450	158,218	5.051	139,459	4.482	156,110	4.995
<b>Sub-total</b>	<b>180,744</b>	<b>5,772.000</b>	<b>170,747</b>	<b>5.451</b>	<b>150,184</b>	<b>4.827</b>	<b>167,225</b>	<b>5.351</b>
<b>Dental encounters</b>								
Dentists	3,109	0.099	4,136	0.132	3,479	0.112	3,575	0.114
Dental Hygienists	759	0.024	850	0.027	703	0.023	771	0.025
<b>Sub-total</b>	<b>3,868</b>	<b>0.124</b>	<b>4,986</b>	<b>0.159</b>	<b>4,182</b>	<b>0.134</b>	<b>4,345</b>	<b>0.139</b>
<b>Mental health encounters</b>								
Outpatient mental health visits	2,998	0.096	3,882	0.124	3,569	0.115	3,483	0.111
Crisis Mgt. Interventions	213	0.007	219	0.007	211	0.007	214	0.007
<b>Sub-total</b>	<b>3,211</b>	<b>0.103</b>	<b>4,101</b>	<b>0.131</b>	<b>3,780</b>	<b>0.121</b>	<b>3,697</b>	<b>0.118</b>
<b>Total encounters</b>	<b>187,823</b>	<b>5.998</b>	<b>179,834</b>	<b>5.741</b>	<b>158,146</b>	<b>5.083</b>	<b>175,268</b>	<b>5.608</b>



**1st Quarter 2014  
Encounters by Type**

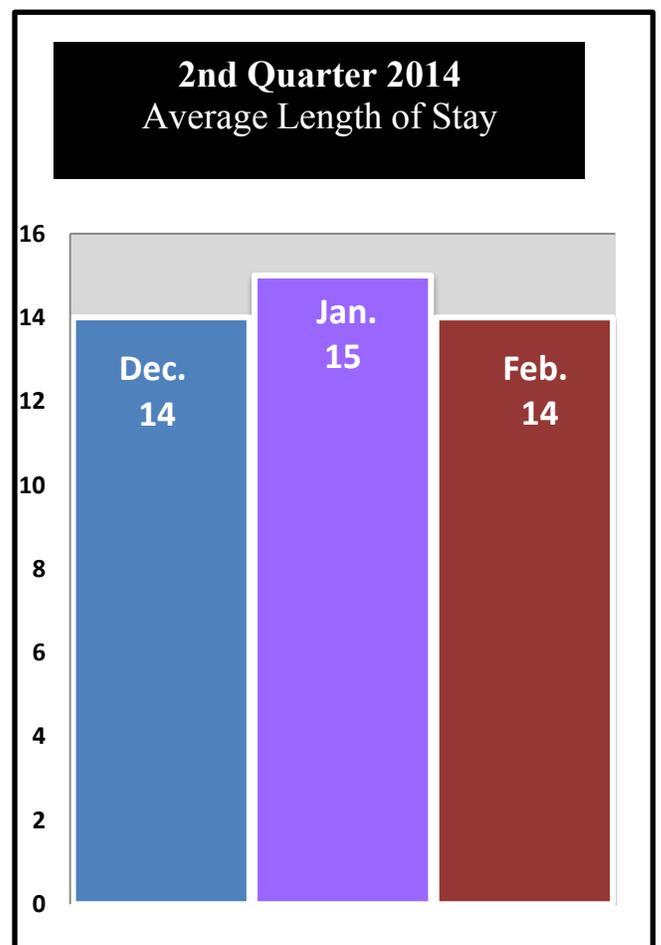
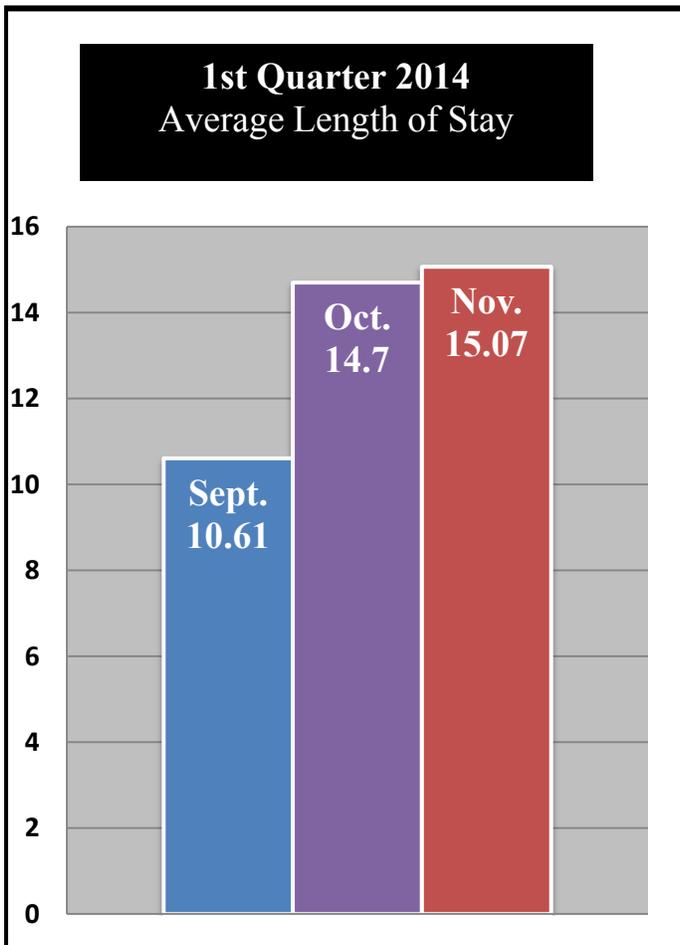


**2nd Quarter 2014  
Encounters by Type**

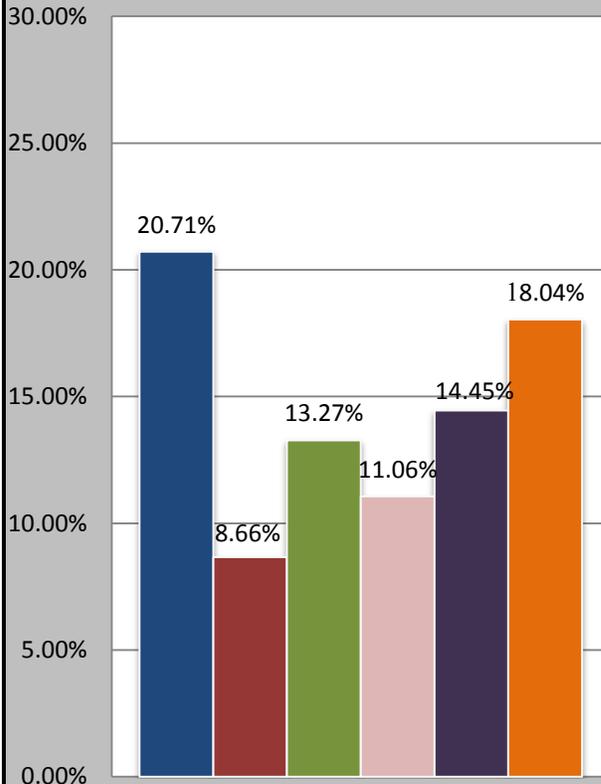


*Medical Director's Report (page 2)*

	December	January	February	Quarterly Average
<i>Medical Inpatient Facilities</i>				
Average Daily Census	105	107	112	108.00
Number of Admissions	284	205	169	219.33
Average Length of Stay	14	15	14	14.33
Number of Clinic Visits	503	725	467	565.00
<i>Mental Health Inpatient Facilities</i>				
Average Daily Census	464	466	477	469.00
PAMIO/MROP Census	428	430	424	427.33
<i>Specialty Referrals Completed</i>	970	1147	1006	1041.00
<i>Telemedicine Consults</i>	742	863	846	817.00
<b>Health Care Staffing</b>				
	Average This Quarter			Percent
	Filled	Vacant	Total	Vacant
Physicians	14.89	4.55	19.44	23.41%
Mid-Level Practitioners	37.5	1.67	39.17	4.26%
Registered Nurses	136.82	17.47	154.29	11.32%
Licensed Vocational Nurses	273.88	31.45	305.33	10.30%
Dentists	16.28	2.68	18.96	14.15%
Psychiatrist	5.39	2.00	7.39	27.06%

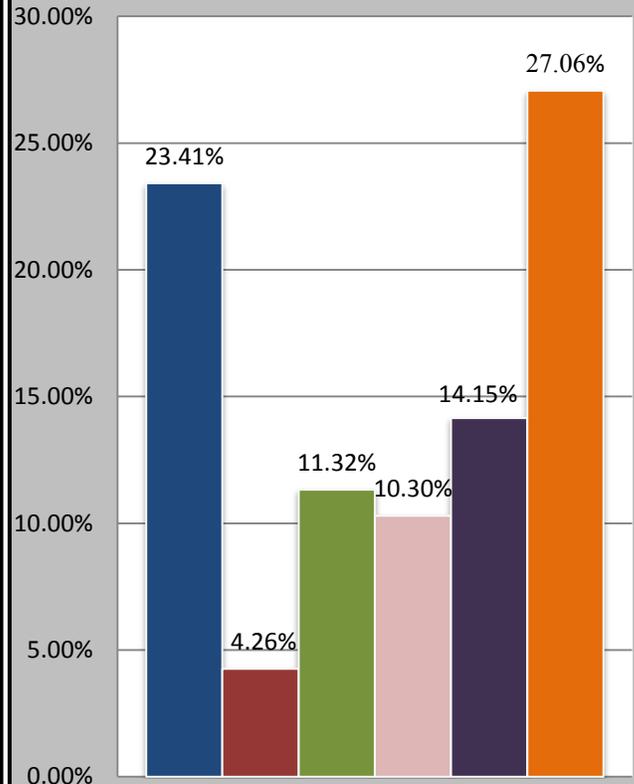


**1st Quarter 2014**  
Staffing Vacancy Rates



- Physicians
- Mid Level Practitioners
- Registered Nurses
- Licensed Vocations
- Dentists
- Psychiatrists

**2nd Quarter 2014**  
Staffing Vacancy Rates



- Physicians
- Mid Level Practitioners
- Registered Nurses
- Licensed Vocations
- Dentists
- Psychiatrists

## Consent Item

Summary of CMHCC Joint Committee/  
Work Group Activities

**Correctional Managed Health Care  
Joint Committee/Work Group Activity Summary  
for June 2014 CMHCC Meeting**

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

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

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

Workgroup activity covered in this report includes:

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

**System Leadership Council**

Chair: Dr. Lannette Linthicum

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

Meeting Date: May 8, 2014

Key Activities:

- (1) Call to Order
- (2) Approval of Minutes

**Reports from Champions/Discipline Directors:**

- A. Access to Care-Dental Services
- B. Access to Care-Mental Health Services
- C. Access to Care-Nursing Services
- D. Access to Care-Medical Staff
- E. Sick Call Request Verification Audit-SCRVA
- F. FY2014 SLC Indicators
  - 1. Dental: Total Open Reminders with Delay > 180 Days
  - 2. Nursing: Refusal of Treatment (ROT)
  - 3. Inpatient Physical Therapy
  - 4. Missed Appointments (No Shows)

**Standing Issues**

- A. New SLC Indicators
- B. CMHCC Updates

**Miscellaneous/Open for Discussion Participants:**

- A. ATC Accuracy Evaluation
- B. Nurse Protocol Audits
- C. QI/QM Nurse Site Visit Audits
- D. Missed Appointment Offenders Survey

**Adjournment****Joint Policy and Procedure Committee**

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

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

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

Meeting Date: April 10, 2014

**Sub Committee Updates:**

- A. Release of Information – Phyllis McWhorter, RN, Chair
- B. Hospice Subcommittee - Monte Smith, DO, Chair
- C. No Chemicals Use of Force Subcommittee - Mike Jones, RN, BSN
- D. Medical Passes – Committee to be decided

**Old Business:**

- E-31.4 Management of Offenders Who Have Received Solid Organ Transplants
- E-34.2 Periodic Physical Examinations
- E-42.1 Offender Transport and Transfer
- G-51.1 Offenders with Special Needs
- G-51.8 Care of Offenders with Terminal Conditions
- G-53.1 Suicide Prevention Plan – Referred to Mental Health Working Group

**New Business:**

The Following Policies Were Reviewed:

A-05.1; A-06.1; A-06.2; A-07.1; A-08.1\*; A-08.2; C-19.2\*; C-20.1, D-27.2\*; D-28.2; D-28.3; D-28.4; E-34.4; E-35.1; E-35.2; E-36.3; E-36.4\*; E-37.1\*; E-37.2; E-37.3; E-37.4; E-37.5; F-47.1\*; F-48.1; G-51.6; G-51.7; G-51.8\*; G-51.9\*, G-51.10; H-60.2\*; I-68.4\*; I-69.1

The Following Policies Were Submitted for Changes and Updates:

- A-08.1 Decision Making – Mental Health Patients
- A-08.2 Transfers of Offenders with Acute Conditions
- A-08.7 Attachment B – Guidelines for Coding PUHLES
- A13.1 Physician Peer Review
- C-20.1 Training for Correctional Officers
- E-34.2 Periodic Physical Examinations
- E-35.2 Mental Health Evaluation
- E-37.4 Lockdown Procedures
- E-41.2 Attachment A – Correctional Managed Health Care Inventory List
- G-51.3 Admission Health Appraisals for Offenders with Physical Disabilities
- G-51.3 Attachment A – Speech Pathology Referral Process
- G-51.7 Psych Inpatient Treatment for Substance Abuse Felony Punishment Facility Offenders
- G-51.8 Care of Offenders with Terminal Conditions
- G-51.8 Attachment A – Consent to TDCJ Hospice Care
- G-51.8 Attachment B - Hospice Guidelines
- G-51.9 Wheelchair Use
- G-55.1 Pregnant Offenders
- H-60.2 Inpatient Health Records

**Adjournment**

- Next Meeting Date is July 10, 2014.

## **Joint Pharmacy and Therapeutics Committee**

Chair: Susan Morris, MD

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

Meeting Date: May 8, 2014

Key Activities:

### **Approval of Minutes from March 13, 2014 Meeting**

#### **Reports from Subcommittees:**

- A. DMG Triage – Dr. Sandmann
- B. Asthma – Dr. Gonzalez
- C. HIV - Dr. Sandmann
- D. Hypertension – Dr. Munch
- E. Psychiatry – Dr. Koranek
- F. Transfer Medications - Dr. Williams

#### **Monthly Reports**

- A. Adverse Drug Reaction Reports (None)
- B. Pharmacy Clinical Activity Report
- C. Drug Recalls (March – April 2014)
- D. Non-formulary Deferral Reports
  - 1. UTMB Sector (March – April 2014)
  - 2. Texas Tech Sector (February – March 2014)
- E. Quarterly Medication Error Reports - 2<sup>nd</sup> Quarter FY14
  - 1. UTMB Sector
  - 2. TTUHSC Sector
  - 3. Medication Dispensing Error Report
- F. Utilization Reports (FY 14 through March 2014)
  - 1. HIV Utilization
  - 2. Hepatitis C Utilization
  - 3. Hepatitis B Utilization
  - 4. Psychotropic Utilization
- G. Special Report - Top 50 Medications by Cost and Volume
- H. Policy Review Schedule

#### **Old Business**

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

## **New Business**

- A. Action Requests
  - 1. Review of Disaster Formulary Medications
  - 2. Prior Authorization of Rilpivirine (Edurant ®, Complera ®)
- B. Drug Category Review
  - 1. EENT Agents
  - 2. Gastrointestinal Agents
  - 3. Miscellaneous Agents
- C. FDA Medication Safety Advisories
- D. Manufacturer Shortages and Discontinuations
- E. Policy and Procedure Revisions
  - 1. Self-Administration of Medication (50-10)
  - 2. Drug Therapy Management by a Pharmacist (55-10)
  - 3. Therapeutic Interchange (55-15)
  - 4. Clozapine Protocol (55-20)
  - 5. Disease Management Guidelines (55-25)
  - 6. Ordering Erythropoiesis Stimulating Agents (55-30)
  - 7. Credential Requirements for Administration of Medication (65-05)

## **Miscellaneous Adjournment**

### **Joint Infection Control Committee**

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

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

Meeting Date: April 10, 2014

Key Activities:

### **Reviewed and Approved Minutes from Previous Meeting**

#### **Public Health Update**

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

#### **Old Business**

None

## **New Business**

None

## **Policies Under Review**

- a. B-14.11 - Human Immunodeficiency Virus (HIV) Infection
- b. B-14.13.1 Hepatitis A
- c. B-14.13.2 Hepatitis B
- d. B-14.13.3 Hepatitis C
- e. B-14.14 – Varicella (Chicken Pox) and Herpes Zoster (Shingles)
- f. B-14.15 – Meningitis
- g. B-14.18 – Clostridium Difficile
- h. B-14.19 – Disease Reporting

## **Adjourn**

- Next Meeting – August 14, 2014
- Policies to be reviewed are B-14.20-B-14.26

## **Joint Dental Work Group**

Chair: Dr. Brian Tucker

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

Meeting Date: May 7, 2014

## **Systems Director Meeting**

- Radiology Discrepancies Update
- Dental Policy
- Review of CMHC Contract
- Expired Medications
- Manufacture Expiration Dates
- Review Sterilization Standards (Event Related)
- Under the Sink Standards
- Productivity Report
- Scribes
- IT Progress on Dental Productivity Report Update
- UTMB Sector Update
- Safety as a New Issue Cognitive Decline
- Roach ISF Project Update
- Dental Presentation at CMHCC
- EOHR Discussion
- Miscellaneous
- TDCJ, UTMB, & TTUHSC Sector Updates

- Meeting Evaluation

Adjourn

### **Joint Mortality and Morbidity Committee**

Co-Chair: Dr. Glenda Adams

Co-Chair: Dr. Robert Williams

Key Activities:

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

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

### **For the Three Months Ended May 31, 2014**

There were 128 deaths reviewed by the Mortality and Morbidity Committee during the months of March, April, and May 2014. Of those 128 deaths, 17 were referred to peer review committees.

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

### **Joint Nursing Work Group**

Chair: Justin Robison, MSN, RN

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

Meeting Date: April 9, 2014

### **Old Business**

- A. Care of Gastrostomy Tube Sites
- B. RN Pronouncement of Death
  - a. Inclusion of Irreversible Signs of Death Definitions in the CMHC Policy A-11.2
- C. Proposed Revision to CMHC Policy E-37.4 Lockdown Procedures
- D. Nail Clippings in Medical
- E. Ferno EZ Glide Stair Chair – Pilot

### **New Business**

- A. CMHC Policy E-32.1 (after hours form)
- B. Hemocult Card and Reminders
- C. Proposed Changes to the CID DOI Annual Review

D. HSM-13 Intake History and Health Screening

**Adjourn**

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



## **Quarterly Report FY2014 Second Quarter**

**September 2013 – February 2014**

## Second Quarter Financial Report on Correctional Managed Health Care

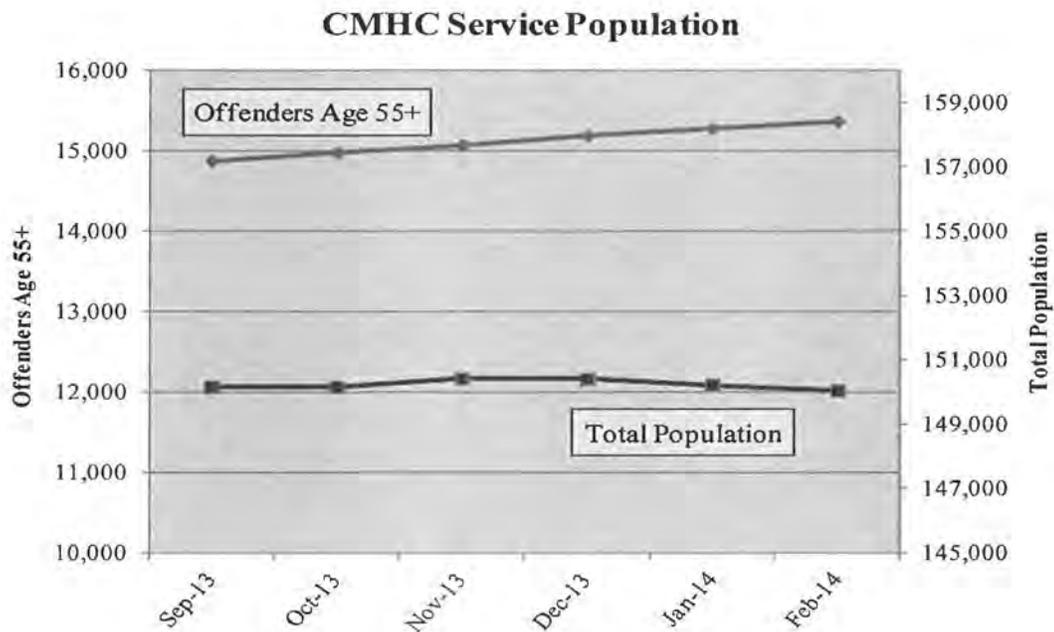
### Overview

- Report submitted in accordance with the FY2014-15 General Appropriations Act, Article V, Rider 50, 83<sup>rd</sup> Legislature, Regular Session 2013
- FY2014 TDCJ Appropriations allocated to Correctional Managed Health Care:
  - \$252.6M Unit and Psychiatric Care, Strategy C.1.7
  - \$166.5M Hospital and Clinical Care, Strategy C.1.8
  - \$58.3M Pharmacy Care, Strategy C.1.9

<b><u>Method of Finance Summary</u></b>	<b><u>FY2014</u></b>
<b>SB 1, Article V, TDCJ Appropriations</b>	
Strategy C.1.7. Unit and Psychiatric Care	\$ 252,602,509
Strategy C.1.8. Hospital and Clinic Care	\$ 166,509,878
Strategy C.1.9. Pharmacy Care	\$ 58,298,791
<b>TOTAL</b>	<b>\$ 477,411,178</b>
<b><u>Allocation to Universities</u></b>	
<b>University of Texas Medical Branch</b>	
Unit and Psychiatric Care	\$ 198,853,766
Hospital and Clinic Care	\$ 135,435,698
Pharmacy Care	\$ 46,039,466
<b>Subtotal UTMB</b>	<b>\$ 380,328,930</b>
<b>Texas Tech University Health Sciences Center</b>	
Unit and Psychiatric Care	\$ 53,748,743
Hospital and Clinic Care	\$ 31,074,180
Pharmacy Care	\$ 12,259,325
<b>Subtotal TTUHSC</b>	<b>\$ 97,082,248</b>
<b>TOTAL TO UNIVERSITY PROVIDERS</b>	<b>\$ 477,411,178</b>

## Population

- Overall offender service population has increased 0.9% from FY2013
  - Average daily census 148,829 through 2<sup>nd</sup> quarter of FY2013 compared to 150,222 through 2<sup>nd</sup> quarter of FY2014
  
- Offenders aged 55 or older population increased 7.9% from FY2013
  - Average daily census 14,010 through 2<sup>nd</sup> quarter of FY2013 compared to 15,123 through 2<sup>nd</sup> quarter of FY2014
  - While comprising about 10% of the overall service population, offenders age 55 and over account for 40.4% of the hospitalization costs received to date.
  
- Mental health caseloads:
  - FY2014 average number of psychiatric inpatients through 2<sup>nd</sup> quarter: 1,913
  - FY2014 average number of psychiatric outpatients through 2<sup>nd</sup> quarter: 18,795



## Health Care Costs

- Total expenses through 2<sup>nd</sup> quarter, FY2014: \$271.1M
- Unit and Psychiatric Care expenses represent the majority of total health care costs
  - \$152.5M, 56.2% of total expenses
- Hospital and Clinical Care - \$91.8M, 33.9% of total
- Pharmacy Services - \$26.8M, 9.9% of total
  - HIV related drugs: 44.0% of total drug costs
  - Psychiatric drugs: 7.7% of total drug costs
  - Hepatitis C drug therapies: 5.9% of total drug costs
- Cost per offender per day, FY2014 through 2<sup>nd</sup> quarter: \$9.97
  - 5.5% increase compared to FY2013 cost per day of \$9.45
  - 12% increase compared to FY2012 cost per day of \$8.90

### Comparison of Total Health Care Costs

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

**TEXAS DEPARTMENT OF CRIMINAL JUSTICE**  
**Financial Report on Offender Health Care, pursuant to Agency Rider 50**  
**Second Quarter, FY2014**

<b>Method of Finance</b>	<b>TTUHSC</b>	<b>UTMB</b>	<b>Total</b>
<b>C.1.7. Unit &amp; Psychiatric Care</b>			
TDCJ Appropriation	\$ 26,653,487	\$ 98,609,676	\$ 125,263,163
State Reimbursement Benefits	\$ 3,633,592	\$ 21,195,496	\$ 24,829,088
Other Misc Revenue	\$ 1,802	\$ 32,297	\$ 34,099
<b>C.1.7. Total Method of Finance</b>	<b>\$ 30,288,881</b>	<b>\$ 119,837,469</b>	<b>\$ 150,126,350</b>
<b>C.1.8. Hospital &amp; Clinical Care</b>			
TDCJ Appropriation	\$ 15,409,388	\$ 67,161,264	\$ 82,570,652
State Reimbursement Benefits	\$ 943,689	\$ -	\$ 943,689
Other Misc Revenue	\$ -	\$ -	\$ -
<b>C.1.8. Total Method of Finance</b>	<b>\$ 16,353,077</b>	<b>\$ 67,161,264</b>	<b>\$ 83,514,341</b>
<b>C.1.9. Managed Health Care - Pharmacy</b>			
TDCJ Appropriation	\$ 6,079,281	\$ 22,830,530	\$ 28,909,811
State Reimbursement Benefits	\$ 29,350	\$ 956,455	\$ 985,805
Other Misc Revenue	\$ -	\$ 29,469	\$ 29,469
<b>C.1.9. Total Method of Finance</b>	<b>\$ 6,108,631</b>	<b>\$ 23,816,454</b>	<b>\$ 29,925,085</b>
<b>TOTAL METHOD OF FINANCE</b>	<b>\$ 52,750,589</b>	<b>\$ 210,815,187</b>	<b>\$ 263,565,776</b>

<b>Method of Finance Summary</b>	<b>TTUHSC</b>	<b>UTMB</b>	<b>Total</b>
TDCJ Appropriation	\$ 48,142,156	\$ 188,601,470	\$ 236,743,626
State Reimbursement Benefits	\$ 4,606,631	\$ 22,151,951	\$ 26,758,582
Other Misc Revenue	\$ 1,802	\$ 61,766	\$ 63,568
<b>TOTAL METHOD OF FINANCE</b>	<b>\$ 52,750,589</b>	<b>\$ 210,815,187</b>	<b>\$ 263,565,776</b>

<b>Expenditures</b>	<b>TTUHSC</b>	<b>UTMB</b>	<b>Total</b>
C.1.7. Unit & Psychiatric Care	\$ 29,862,663	\$ 122,682,998	\$ 152,545,661
C.1.8. Hospital & Clinical Care	\$ 15,050,436	\$ 76,774,923	\$ 91,825,359
C.1.9. Managed Health Care - Pharmacy	\$ 5,902,659	\$ 20,881,780	\$ 26,784,439
<b>TOTAL EXPENDITURES</b>	<b>\$ 50,815,758</b>	<b>\$ 220,339,701</b>	<b>\$ 271,155,459</b>

<b>DIFFERENCE</b>	<b>\$ 1,934,831</b>	<b>\$ (9,524,514)</b>	<b>\$ (7,589,683)</b>
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**TEXAS DEPARTMENT OF CRIMINAL JUSTICE**  
**Financial Report on Offender Health Care, pursuant to Agency Rider 50**  
**Second Quarter, FY2014**

<b>C.1.7. UNIT &amp; PSYCHIATRIC CARE</b>			
	<u>TTUHSC</u>	<u>UTMB</u>	<u>Total</u>
<b>Method of Finance:</b>			
TDCJ Appropriation	\$ 26,653,487	\$ 98,609,676	\$ 125,263,163
State Reimbursement Benefits	\$ 3,633,592	\$ 21,195,496	\$ 24,829,088
Other Misc Revenue	\$ 1,802	\$ 32,297	\$ 34,099
<b>TOTAL METHOD OF FINANCE</b>	<b>\$ 30,288,881</b>	<b>\$ 119,837,469</b>	<b>\$ 150,126,350</b>
<b>Expenditures:</b>			
<b>Unit Care</b>			
Salaries	\$ 8,996,343	\$ 66,676,292	\$ 75,672,635
Benefits	\$ 2,517,200	\$ 20,694,788	\$ 23,211,988
Other Operating Expenses	\$ 956,035	\$ 10,279,752	\$ 11,235,787
Professional Services	\$ 1,119,742	\$ -	\$ 1,119,742
Contracted Units/Services	\$ 7,800,037	\$ -	\$ 7,800,037
Travel	\$ 57,662	\$ 522,519	\$ 580,181
Electronic Medicine	\$ 211,403	\$ -	\$ 211,403
Capitalized Equipment	\$ 468,823	\$ 896,084	\$ 1,364,907
<b>Subtotal, Unit Care</b>	<b>\$ 22,127,245</b>	<b>\$ 99,069,435</b>	<b>\$ 121,196,680</b>
<b>Psychiatric Care</b>			
Salaries	\$ 5,238,193	\$ 11,996,645	\$ 17,234,838
Benefits	\$ 1,381,497	\$ 3,062,576	\$ 4,444,073
Other Operating Expenses	\$ 63,240	\$ 99,681	\$ 162,921
Professional Services	\$ 121,791	\$ -	\$ 121,791
Contracted Units/Services	\$ -	\$ -	\$ -
Travel	\$ 6,054	\$ 46,233	\$ 52,287
<b>Subtotal, Psychiatric Care</b>	<b>\$ 6,810,775</b>	<b>\$ 15,205,135</b>	<b>\$ 22,015,910</b>
<b>Indirect Expenditures (Shared Services)</b>	<b>\$ 924,643</b>	<b>\$ 8,408,428</b>	<b>\$ 9,333,071</b>
<b>TOTAL EXPENDITURES</b>	<b>\$ 29,862,663</b>	<b>\$ 122,682,998</b>	<b>\$ 152,545,661</b>
<b>DIFFERENCE</b>	<b>\$ 426,218</b>	<b>\$ (2,845,529)</b>	<b>\$ (2,419,311)</b>

**TEXAS DEPARTMENT OF CRIMINAL JUSTICE**  
**Financial Report on Offender Health Care, pursuant to Agency Rider 50**  
**Second Quarter, FY2014**

<b>C.1.8. HOSPITAL &amp; CLINICAL CARE</b>			
<b>Method of Finance</b>	<b><u>TTUHSC</u></b>	<b><u>UTMB</u></b>	<b><u>Total</u></b>
TDCJ Appropriation	\$ 15,409,388	\$ 67,161,264	\$ 82,570,652
State Reimbursement Benefits	\$ 943,689	\$ -	\$ 943,689
Other Misc Revenue	\$ -	\$ -	\$ -
<b>TOTAL METHOD OF FINANCE</b>	<b>\$ 16,353,077</b>	<b>\$ 67,161,264</b>	<b>\$ 83,514,341</b>
<b>Expenditures:</b>			
<b>Hospital and Clinical Care</b>			
University Professional Services	\$ 500,000	\$ 9,510,602	\$ 10,010,602
Freeworld Provider Services	\$ 7,325,869	\$ 13,005,489	\$ 20,331,358
TTUHSC Western Regional Medical Facility & UTMB Hospital Galveston Hospital Services	\$ 6,001,299	\$ 48,313,896	\$ 54,315,195
Estimated IBNR	\$ 674,131	\$ 5,944,936	\$ 6,619,067
<b>Subtotal, Hospital &amp; Clinical Care</b>	<b>\$ 14,501,299</b>	<b>\$ 76,774,923</b>	<b>\$ 91,276,222</b>
<b>Indirect Expenditures (Shared Services)</b>	<b>\$ 549,137</b>	<b>\$ -</b>	<b>\$ 549,137</b>
<b>TOTAL EXPENDITURES</b>	<b>\$ 15,050,436</b>	<b>\$ 76,774,923</b>	<b>\$ 91,825,359</b>
<b>DIFFERENCE</b>	<b>\$ 1,302,641</b>	<b>\$ (9,613,659)</b>	<b>\$ (8,311,018)</b>

**TEXAS DEPARTMENT OF CRIMINAL JUSTICE**  
**Financial Report on Offender Health Care, pursuant to Agency Rider 50**  
**Second Quarter, FY2014**

<b>C.1.9. MANAGED HEALTH CARE - PHARMACY</b>			
<b>Method of Finance</b>	<b><u>TTUHSC</u></b>	<b><u>UTMB</u></b>	<b><u>Total</u></b>
TDCJ Appropriation	\$ 6,079,281	\$ 22,830,530	\$ 28,909,811
State Reimbursement Benefits	\$ 29,350	\$ 956,455	\$ 985,805
Other Misc Revenue	\$ -	\$ 29,469	\$ 29,469
<b>TOTAL METHOD OF FINANCE</b>	<b>\$ 6,108,631</b>	<b>\$ 23,816,454</b>	<b>\$ 29,925,085</b>
<b>Expenditures:</b>			
<b>Managed Health Care - Pharmacy</b>			
Salaries	\$ 927,612	\$ 3,186,210	\$ 4,113,822
Benefits	\$ 31,866	\$ 1,019,830	\$ 1,051,696
Other Operating Expenses	\$ 112,634	\$ 562,273	\$ 674,907
Pharmaceutical Purchases	\$ 4,616,712	\$ 16,097,706	\$ 20,714,418
Travel	\$ 2,640	\$ 15,761	\$ 18,401
<b>Subtotal, Managed Health Care - Pharmacy Expenditures</b>	<b>\$ 5,691,464</b>	<b>\$ 20,881,780</b>	<b>\$ 26,573,244</b>
<b>Indirect Expenditures (Shared Services)</b>	<b>\$ 211,195</b>	<b>\$ -</b>	<b>\$ 211,195</b>
<b>TOTAL EXPENDITURES</b>	<b>\$ 5,902,659</b>	<b>\$ 20,881,780</b>	<b>\$ 26,784,439</b>
<b>DIFFERENCE</b>	<b>\$ 205,972</b>	<b>\$ 2,934,674</b>	<b>\$ 3,140,646</b>

**TEXAS DEPARTMENT OF CRIMINAL JUSTICE**  
**Financial Report on Offender Health Care, pursuant to Agency Rider 50**  
**Second Quarter, FY2014**

**Key Population Indicators**

	<u>1st Quarter</u>	<u>December</u>	<u>January</u>	<u>February</u>	<u>2nd Quarter</u>	<u>FY2014 YTD</u>
<b>Average Service Population</b>						
UTMB Service Population	118,902	119,081	118,886	118,909	118,959	118,931
TTUHSC Service Population	31,330	31,314	31,327	31,114	31,252	31,291
<b>Average Service Population</b>	<b>150,232</b>	<b>150,395</b>	<b>150,213</b>	<b>150,023</b>	<b>150,211</b>	<b>150,222</b>
<b>Population Age 55 and Over</b>						
UTMB Population	12,514	12,690	12,775	12,841	12,769	12,641
TTUHSC Population	2,459	2,495	2,499	2,519	2,504	2,482
<b>Population Age 55 and Over</b>	<b>14,973</b>	<b>15,185</b>	<b>15,274</b>	<b>15,360</b>	<b>15,273</b>	<b>15,123</b>
<b>HIV Population</b>	<b>2,234</b>	<b>2,242</b>	<b>2,234</b>	<b>2,253</b>	<b>2,243</b>	<b>2,238</b>
<b>Medical Inpatient Average Daily Census</b>						
UTMB-Hospital Galveston	74	78	79	77	78	76
UTMB Freeworld Hospitals	27	31	32	38	34	30
TTUHSC Freeworld Hospitals	7	7	6	8	7	7
<b>Medical Inpatient Average Daily Census</b>	<b>108</b>	<b>116</b>	<b>117</b>	<b>123</b>	<b>119</b>	<b>113</b>
<b>Medical Outpatient Visits</b>						
UTMB Specialty Clinics and ER Visits	5,216	5,285	5,101	5,735	5,374	5,295
TTUHSC Freeworld Outpatient and ER Visits	1,086	914	1,374	1,319	1,202	1,144
<b>Medical Outpatient Visits</b>	<b>6,302</b>	<b>6,199</b>	<b>6,475</b>	<b>7,054</b>	<b>6,576</b>	<b>6,439</b>
<b>Mental Health Inpatient Average Census</b>						
UTMB Psychiatric Inpatient	1,032	994	1,008	997	1,000	1,016
TTUHSC Psychiatric Inpatient	897	892	896	901	896	897
<b>Mental Health Inpatient Average Census</b>	<b>1,929</b>	<b>1,886</b>	<b>1,904</b>	<b>1,898</b>	<b>1,896</b>	<b>1,913</b>
<b>Mental Health Outpatient Average Census</b>						
UTMB Psychiatric Outpatient	15,546	14,381	16,102	15,191	15,225	15,385
TTUHSC Psychiatric Outpatient	3,337	2,998	3,882	3,569	3,483	3,410
<b>Mental Health Outpatient Average Census</b>	<b>18,883</b>	<b>17,379</b>	<b>19,984</b>	<b>18,760</b>	<b>18,708</b>	<b>18,795</b>

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

**TEXAS DEPARTMENT OF CRIMINAL JUSTICE**  
**Financial Report on Offender Health Care, pursuant to Agency Rider 50**  
**Second Quarter, FY2014**

Texas Tech University Health Sciences Center						
STRATEGY	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Total TTUHSC	Annual Projection 3/20/2014
<b>REVENUE:</b>						
TDCJ Appropriation	\$ 24,204,067	\$ 23,938,089	\$ -	\$ -	\$ 48,142,156	\$ 97,082,248
State Reimbursement Benefits	\$ 2,207,520	\$ 2,399,111	\$ -	\$ -	\$ 4,606,631	\$ 9,387,814
Other Misc Revenue	\$ 683	\$ 1,119	\$ -	\$ -	\$ 1,802	\$ 3,604
<b>TOTAL REVENUES</b>	<b>\$ 26,412,270</b>	<b>\$ 26,338,319</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 52,750,589</b>	<b>\$ 106,473,666</b>

**C.1.7. UNIT & PSYCHIATRIC CARE**

EXPENDITURES:						
<b>Unit Care Expenditures</b>						
Salaries	\$ 4,395,219	\$ 4,601,124	\$ -	\$ -	\$ 8,996,343	\$ 18,172,768
Benefits	\$ 1,187,858	\$ 1,329,342	\$ -	\$ -	\$ 2,517,200	\$ 5,135,175
Other Operating Expenses	\$ 422,605	\$ 533,430	\$ -	\$ -	\$ 956,035	\$ 2,062,070
Professional Services	\$ 600,266	\$ 519,476	\$ -	\$ -	\$ 1,119,742	\$ 2,239,484
Contracted Units/Services	\$ 3,922,136	\$ 3,877,901	\$ -	\$ -	\$ 7,800,037	\$ 15,891,852
Travel	\$ 28,228	\$ 29,434	\$ -	\$ -	\$ 57,662	\$ 115,324
Electronic Medicine	\$ 180,998	\$ 30,405	\$ -	\$ -	\$ 211,403	\$ 422,806
Capitalized Equipment	\$ 165,805	\$ 303,018	\$ -	\$ -	\$ 468,823	\$ 568,823
Estimated IBNR	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Subtotal, Unit Care Expenditures</b>	<b>\$ 10,903,115</b>	<b>\$ 11,224,130</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 22,127,245</b>	<b>\$ 44,608,302</b>
<b>Psychiatric Care Expenditures</b>						
Salaries	\$ 2,557,043	\$ 2,681,150	\$ -	\$ -	\$ 5,238,193	\$ 10,577,553
Benefits	\$ 668,823	\$ 712,674	\$ -	\$ -	\$ 1,381,497	\$ 2,816,357
Other Operating Expenses	\$ 31,967	\$ 31,273	\$ -	\$ -	\$ 63,240	\$ 151,480
Professional Services	\$ 60,813	\$ 60,978	\$ -	\$ -	\$ 121,791	\$ 243,582
Travel	\$ 2,157	\$ 3,897	\$ -	\$ -	\$ 6,054	\$ 12,108
Estimated IBNR	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Subtotal, Psychiatric Care Expenditures</b>	<b>\$ 3,320,803</b>	<b>\$ 3,489,972</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 6,810,775</b>	<b>\$ 13,801,080</b>
<b>Total Expenditures, Unit &amp; Psychiatric Care</b>	<b>\$ 14,223,918</b>	<b>\$ 14,714,102</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 28,938,020</b>	<b>\$ 58,409,382</b>

**C.1.8. HOSPITAL & CLINICAL CARE**

EXPENDITURES:						
University Professional Services	\$ 275,000	\$ 225,000	\$ -	\$ -	\$ 500,000	\$ 1,000,000
Freeworld Provider Services	\$ 3,372,373	\$ 3,953,496	\$ -	\$ -	\$ 7,325,869	\$ 16,000,000
TTUHSC Western Regional Medical Facility & UTMB Hospital Galveston Hospital Services	\$ 2,905,077	\$ 3,096,222	\$ -	\$ -	\$ 6,001,299	\$ 12,282,378
Estimated IBNR	\$ 777,628	\$ (103,497)	\$ -	\$ -	\$ 674,131	\$ -
<b>Total Expenditures, Hospital &amp; Clinical Care</b>	<b>\$ 7,330,078</b>	<b>\$ 7,171,221</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 14,501,299</b>	<b>\$ 29,282,378</b>

**C.1.9. MANAGED HEALTH CARE PHARMACY**

EXPENDITURES:						
Salaries	\$ 458,894	\$ 468,718	\$ -	\$ -	\$ 927,612	\$ 1,855,224
Benefits	\$ 14,932	\$ 16,934	\$ -	\$ -	\$ 31,866	\$ 63,732
Other Operating Expenses	\$ 48,916	\$ 63,718	\$ -	\$ -	\$ 112,634	\$ 225,268
Pharmaceutical Purchases	\$ 2,350,473	\$ 2,266,239	\$ -	\$ -	\$ 4,616,712	\$ 9,233,424
Travel	\$ 1,324	\$ 1,316	\$ -	\$ -	\$ 2,640	\$ 5,280
Capitalized Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Estimated IBNR	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Total Expenditures, Managed Health Care Pharmacy</b>	<b>\$ 2,874,539</b>	<b>\$ 2,816,925</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 5,691,464</b>	<b>\$ 11,382,928</b>

Indirect Expenditures (Shared Services)	\$ 847,143	\$ 837,832	\$ -	\$ -	\$ 1,684,975	\$ 3,397,877
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<b>TOTAL EXPENDITURES</b>	<b>\$ 25,275,678</b>	<b>\$ 25,540,080</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 50,815,758</b>	<b>\$ 102,472,565</b>
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<b>DIFFERENCE</b>	<b>\$ 1,136,592</b>	<b>\$ 798,239</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 1,934,831</b>	<b>\$ 4,001,101</b>
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OFFENDER HEALTH CARE FEES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
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OTHER APPROVED FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
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<b>NET DIFFERENCE</b>	<b>\$ 1,136,592</b>	<b>\$ 798,239</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 1,934,831</b>	<b>\$ 4,001,101</b>
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**TEXAS DEPARTMENT OF CRIMINAL JUSTICE**  
**Financial Report on Offender Health Care, pursuant to Agency Rider 50**  
**Second Quarter FY2014**

University of Texas Medical Branch						
STRATEGY	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Total UTMB	Annual Projection 3/20/2014
<b>REVENUE:</b>						
TDCJ Appropriation	\$ 94,821,734	\$ 93,779,736	\$ -	\$ -	\$ 188,601,470	\$ 380,328,930
State Reimbursement Benefits	\$ 10,652,215	\$ 11,499,736	\$ -	\$ -	\$ 22,151,951	\$ 44,597,667
Other Misc Revenue	\$ 51,590	\$ 10,176	\$ -	\$ -	\$ 61,766	\$ 124,556
<b>TOTAL REVENUES</b>	<b>\$ 105,525,539</b>	<b>\$ 105,289,648</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 210,815,187</b>	<b>\$ 425,051,153</b>

**C.1.7. UNIT & PSYCHIATRIC CARE**

<b>EXPENDITURES:</b>						
<b>Unit Care Expenditures</b>						
Salaries	\$ 33,054,205	\$ 33,622,087	\$ -	\$ -	\$ 66,676,292	\$ 135,199,271
Benefits	\$ 10,026,594	\$ 10,668,194	\$ -	\$ -	\$ 20,694,788	\$ 41,606,558
Other Operating Expenses	\$ 5,188,758	\$ 5,090,994	\$ -	\$ -	\$ 10,279,752	\$ 20,657,284
Professional Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Contracted Units/Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Travel	\$ 261,438	\$ 261,081	\$ -	\$ -	\$ 522,519	\$ 998,805
Electronic Medicine	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Capitalized Equipment	\$ 212,423	\$ 683,661	\$ -	\$ -	\$ 896,084	\$ 2,450,000
Estimated IBNR	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Subtotal, Unit Care Expenditures</b>	<b>\$ 48,743,418</b>	<b>\$ 50,326,017</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 99,069,435</b>	<b>\$ 200,911,918</b>
<b>Psychiatric Care Expenditures</b>						
Salaries	\$ 5,972,925	\$ 6,023,720	\$ -	\$ -	\$ 11,996,645	\$ 24,363,562
Benefits	\$ 1,465,581	\$ 1,596,995	\$ -	\$ -	\$ 3,062,576	\$ 6,219,678
Other Operating Expenses	\$ 52,945	\$ 46,736	\$ -	\$ -	\$ 99,681	\$ 155,547
Professional Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 138,699
Travel	\$ 24,345	\$ 21,888	\$ -	\$ -	\$ 46,233	\$ -
Estimated IBNR	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Subtotal, Psychiatric Care Expenditures</b>	<b>\$ 7,515,796</b>	<b>\$ 7,689,339</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 15,205,135</b>	<b>\$ 30,877,486</b>
<b>Total Expenditures, Unit &amp; Psychiatric Care</b>	<b>\$ 56,259,214</b>	<b>\$ 58,015,356</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 114,274,570</b>	<b>\$ 231,789,404</b>

**C.1.8. HOSPITAL & CLINICAL CARE**

<b>EXPENDITURES:</b>						
University Professional Services	\$ 4,595,227	\$ 4,915,375	\$ -	\$ -	\$ 9,510,602	\$ 19,177,105
Freeworld Provider Services	\$ 3,821,509	\$ 9,183,980	\$ -	\$ -	\$ 13,005,489	\$ 39,990,177
TTUHSC Western Regional Medical Facility & UTMB Hospital Galveston Hospital Services	\$ 23,367,127	\$ 24,946,769	\$ -	\$ -	\$ 48,313,896	\$ 99,092,743
Estimated IBNR	\$ 4,529,210	\$ 1,415,726	\$ -	\$ -	\$ 5,944,936	\$ -
<b>Total Expenditures, Hospital &amp; Clinical Care</b>	<b>\$ 36,313,073</b>	<b>\$ 40,461,850</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 76,774,923</b>	<b>\$ 158,260,025</b>

**C.1.9. MANAGED HEALTH CARE PHARMACY**

<b>EXPENDITURES:</b>						
Salaries	\$ 1,585,795	\$ 1,600,415	\$ -	\$ -	\$ 3,186,210	\$ 6,425,220
Benefits	\$ 498,406	\$ 521,424	\$ -	\$ -	\$ 1,019,830	\$ 2,056,560
Other Operating Expenses	\$ 274,275	\$ 287,998	\$ -	\$ -	\$ 562,273	\$ 1,133,852
Pharmaceutical Purchases	\$ 8,007,385	\$ 8,090,321	\$ -	\$ -	\$ 16,097,706	\$ 34,862,188
Travel	\$ 8,651	\$ 7,110	\$ -	\$ -	\$ 15,761	\$ 31,522
Capitalized Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Estimated IBNR	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Total Expenditures, Managed Health Care Pharmacy</b>	<b>\$ 10,374,512</b>	<b>\$ 10,507,268</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 20,881,780</b>	<b>\$ 44,509,342</b>

Indirect Expenditures (Shared Services)	\$ 3,392,232	\$ 5,016,196	\$ -	\$ -	\$ 8,408,428	\$ 15,816,871
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<b>TOTAL EXPENDITURES</b>	<b>\$ 106,339,031</b>	<b>\$ 114,000,670</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 220,339,701</b>	<b>\$ 450,375,642</b>
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<b>DIFFERENCE</b>	<b>\$ (813,492)</b>	<b>\$ (8,711,022)</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ (9,524,514)</b>	<b>\$ (25,324,489)</b>
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OFFENDER HEALTH CARE FEES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
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OTHER APPROVED FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
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<b>NET DIFFERENCE</b>	<b>\$ (813,492)</b>	<b>\$ (8,711,022)</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ (9,524,514)</b>	<b>\$ (25,324,489)</b>
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**TEXAS DEPARTMENT OF CRIMINAL JUSTICE**  
**Financial Report on Offender Health Care, pursuant to Agency Rider 50**  
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Combined Total						
STRATEGY	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Combined Total	Annual Projection
<b>REVENUE:</b>						
TDCJ Appropriation	\$ 119,025,801	\$ 117,717,825	\$ -	\$ -	\$ 236,743,626	\$ 477,411,178
State Reimbursement Benefits	\$ 12,859,735	\$ 13,898,847	\$ -	\$ -	\$ 26,758,582	\$ 53,985,481
Other Misc Revenue	\$ 52,273	\$ 11,295	\$ -	\$ -	\$ 63,568	\$ 128,160
<b>TOTAL REVENUES</b>	<b>\$ 131,937,809</b>	<b>\$ 131,627,967</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 263,565,776</b>	<b>\$ 531,524,819</b>

**C.1.7. UNIT & PSYCHIATRIC CARE**

<b>EXPENDITURES:</b>						
<b>Unit Care Expenditures</b>						
Salaries	\$ 37,449,424	\$ 38,223,211	\$ -	\$ -	\$ 75,672,635	\$ 153,372,039
Benefits	\$ 11,214,452	\$ 11,997,536	\$ -	\$ -	\$ 23,211,988	\$ 46,741,733
Other Operating Expenses	\$ 5,611,363	\$ 5,624,424	\$ -	\$ -	\$ 11,235,787	\$ 22,719,354
Professional Services	\$ 600,266	\$ 519,476	\$ -	\$ -	\$ 1,119,742	\$ 2,239,484
Contracted Units/Services	\$ 3,922,136	\$ 3,877,901	\$ -	\$ -	\$ 7,800,037	\$ 15,891,852
Travel	\$ 289,666	\$ 290,515	\$ -	\$ -	\$ 580,181	\$ 1,114,129
Electronic Medicine	\$ 180,998	\$ 30,405	\$ -	\$ -	\$ 211,403	\$ 422,806
Capitalized Equipment	\$ 378,228	\$ 986,679	\$ -	\$ -	\$ 1,364,907	\$ 3,018,823
Estimated IBNR	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Subtotal, Unit Care Expenditures</b>	<b>\$ 59,846,533</b>	<b>\$ 61,550,147</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 121,196,680</b>	<b>\$ 245,520,220</b>
<b>Psychiatric Care Expenditures</b>						
Salaries	\$ 8,529,968	\$ 8,704,870	\$ -	\$ -	\$ 17,234,838	\$ 34,941,115
Benefits	\$ 2,134,404	\$ 2,309,669	\$ -	\$ -	\$ 4,444,073	\$ 9,036,035
Other Operating Expenses	\$ 84,912	\$ 78,009	\$ -	\$ -	\$ 162,921	\$ 307,027
Professional Services	\$ 60,813	\$ 60,978	\$ -	\$ -	\$ 121,791	\$ 382,281
Travel	\$ 26,502	\$ 25,785	\$ -	\$ -	\$ 52,287	\$ 12,108
Estimated IBNR	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Subtotal, Psychiatric Care Expenditures</b>	<b>\$ 10,836,599</b>	<b>\$ 11,179,311</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 22,015,910</b>	<b>\$ 44,678,566</b>
<b>Total Expenditures, Unit &amp; Psychiatric Care</b>	<b>\$ 70,483,132</b>	<b>\$ 72,729,458</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 143,212,590</b>	<b>\$ 290,198,786</b>

**C.1.8. HOSPITAL & CLINICAL CARE**

<b>EXPENDITURES:</b>						
University Professional Services	\$ 4,870,227	\$ 5,140,375	\$ -	\$ -	\$ 10,010,602	\$ 20,177,105
Freeworld Provider Services	\$ 7,193,882	\$ 13,137,476	\$ -	\$ -	\$ 20,331,358	\$ 55,990,177
TTUHSC Western Regional Medical Facility & UTMB Hospital Galveston Hospital Services	\$ 26,272,204	\$ 28,042,991	\$ -	\$ -	\$ 54,315,195	\$ 111,375,121
Estimated IBNR	\$ 5,306,838	\$ 1,312,229	\$ -	\$ -	\$ 6,619,067	\$ -
<b>Total Expenditures, Hospital &amp; Clinical Care</b>	<b>\$ 43,643,151</b>	<b>\$ 47,633,071</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 91,276,222</b>	<b>\$ 187,542,403</b>

**C.1.9. MANAGED HEALTH CARE PHARMACY**

<b>EXPENDITURES:</b>						
Salaries	\$ 2,044,689	\$ 2,069,133	\$ -	\$ -	\$ 4,113,822	\$ 8,280,444
Benefits	\$ 513,338	\$ 538,358	\$ -	\$ -	\$ 1,051,696	\$ 2,120,292
Other Operating Expenses	\$ 323,191	\$ 351,716	\$ -	\$ -	\$ 674,907	\$ 1,359,120
Pharmaceutical Purchases	\$ 10,357,858	\$ 10,356,560	\$ -	\$ -	\$ 20,714,418	\$ 44,095,612
Travel	\$ 9,975	\$ 8,426	\$ -	\$ -	\$ 18,401	\$ 36,802
Capitalized Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Estimated IBNR	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Total Expenditures, Managed Health Care Pharmacy</b>	<b>\$ 13,249,051</b>	<b>\$ 13,324,193</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 26,573,244</b>	<b>\$ 55,892,270</b>

Indirect Expenditures (Shared Services)	\$ 4,239,375	\$ 5,854,028	\$ -	\$ -	\$ 10,093,403	\$ 19,214,748
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<b>TOTAL EXPENDITURES</b>	<b>\$ 131,614,709</b>	<b>\$ 139,540,750</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 271,155,459</b>	<b>\$ 552,848,207</b>
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<b>DIFFERENCE</b>	<b>\$ 323,100</b>	<b>\$ (7,912,783)</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ (7,589,683)</b>	<b>\$ (21,323,388)</b>
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<b>OFFENDER HEALTH CARE FEES</b>	<b>\$ -</b>					
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<b>OTHER APPROVED FUNDING SOURCES</b>	<b>\$ -</b>					
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<b>NET DIFFERENCE</b>	<b>\$ 323,100</b>	<b>\$ (7,912,783)</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ (7,589,683)</b>	<b>\$ (21,323,388)</b>
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**Summary of Critical Correctional Health Care Personnel Vacancies  
Prepared for the Correctional Managed Health Care Committee**

**As of June 2014**

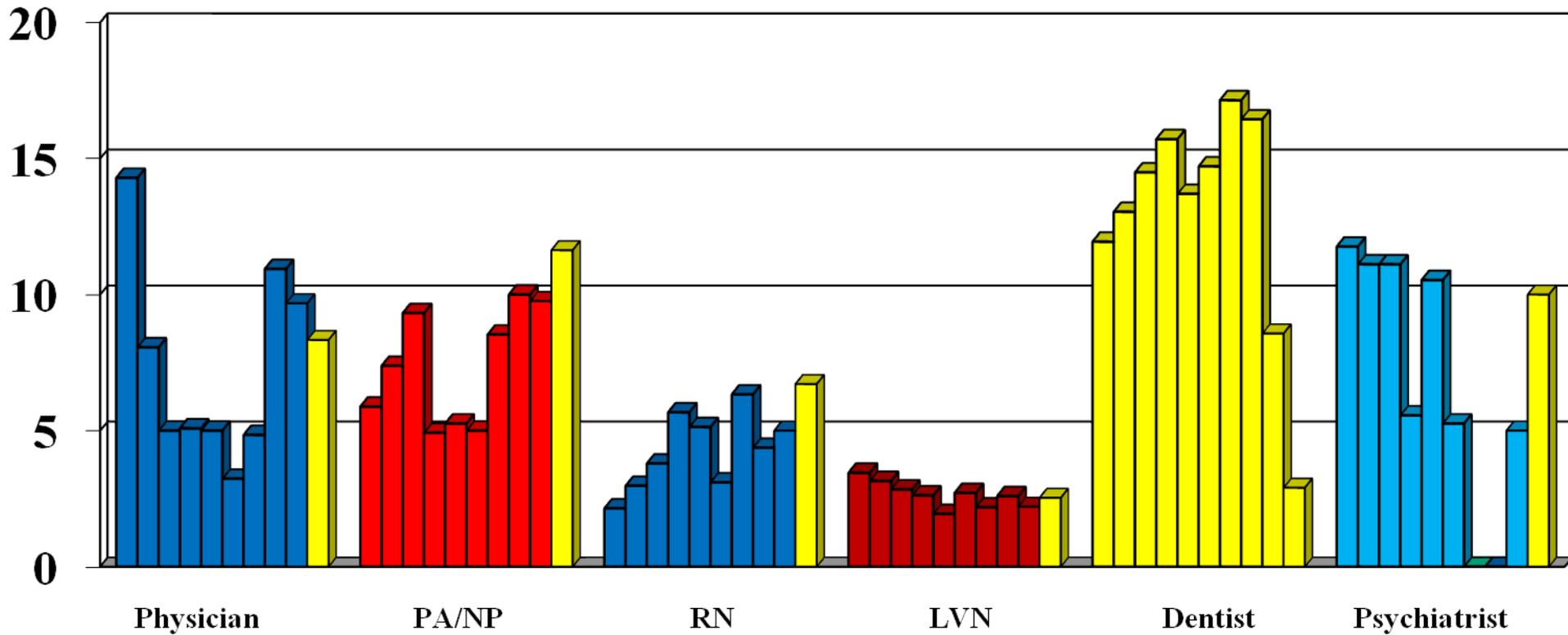
<b>Title of Position</b>	<b>CMHCC Partner Agency</b>	<b>Vacant Since (mm/yyyy)</b>	<b>Actions Taken to Fill Position</b>
Nurse II – Office of Health Services Monitoring	TDCJ	04/01/2014	Selected applicant in clearance
Nurse II – Office of Health Services Monitoring	TDCJ	06/01/2014	Use subsequent vacancy from the interview of the Nurse II above
Health Specialist V – Intelligence Testing	TDCJ	06/01/2014	New position: DM approved, a new job description has been requested prior to posting the position.
PAMIO Medical Director	TTUHSC CMC	02/2009	Continued advertisement in local and national publications; Expanded Recruiting Agency utilization.
Staff Psychiatry-Montford	TTUHSC CMC	11/2013	Continued advertisement in local and national publications; Expanded Recruiting Agency utilization.
Medical Director	TTUHSC CMC	07/2012	Continued advertisement in local and national publications; Expanded Recruiting Agency utilization.
Physician I-III (6)	UTMB CMC	01/01/2014	Local and National Advertising, TAFP <sup>‡</sup> , NCCHC <sup>†</sup> Conferences, and Agency contacts
Mid Level Practitioners (PA and FNP) (15)	UTMB CMC	01/01/2014	Local and National Advertising, Career Fairs, TAPA <sup>#</sup> and TNP <sup>  </sup> Conferences, Intern Programs.
Psychiatrist (2)	UTMB CMC	01/01/2014	Local and National Advertising, NCCHC <sup>†</sup> , TSPP <sup>Δ</sup> , Agency contacts
Dentists (4)	UTMB CMC	01/01/2014	Local and National Advertising, Star of the South Conference
Sr. Medical Director (1) Outpatient	UTMB CMC	01/01/2014	NCCHC <sup>†</sup> Conference, ACA <sup>*</sup> Conference, TAFP <sup>‡</sup> Conference, National and Local Advertising, Agency contacts

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

University Vacancy Rate Report  
by Quarter FY 2012 – 2014

University of Texas Medical Branch

# UTMB Vacancy Rates (%) by Quarter FY 2012 – 2<sup>nd</sup> Quarter FY2014



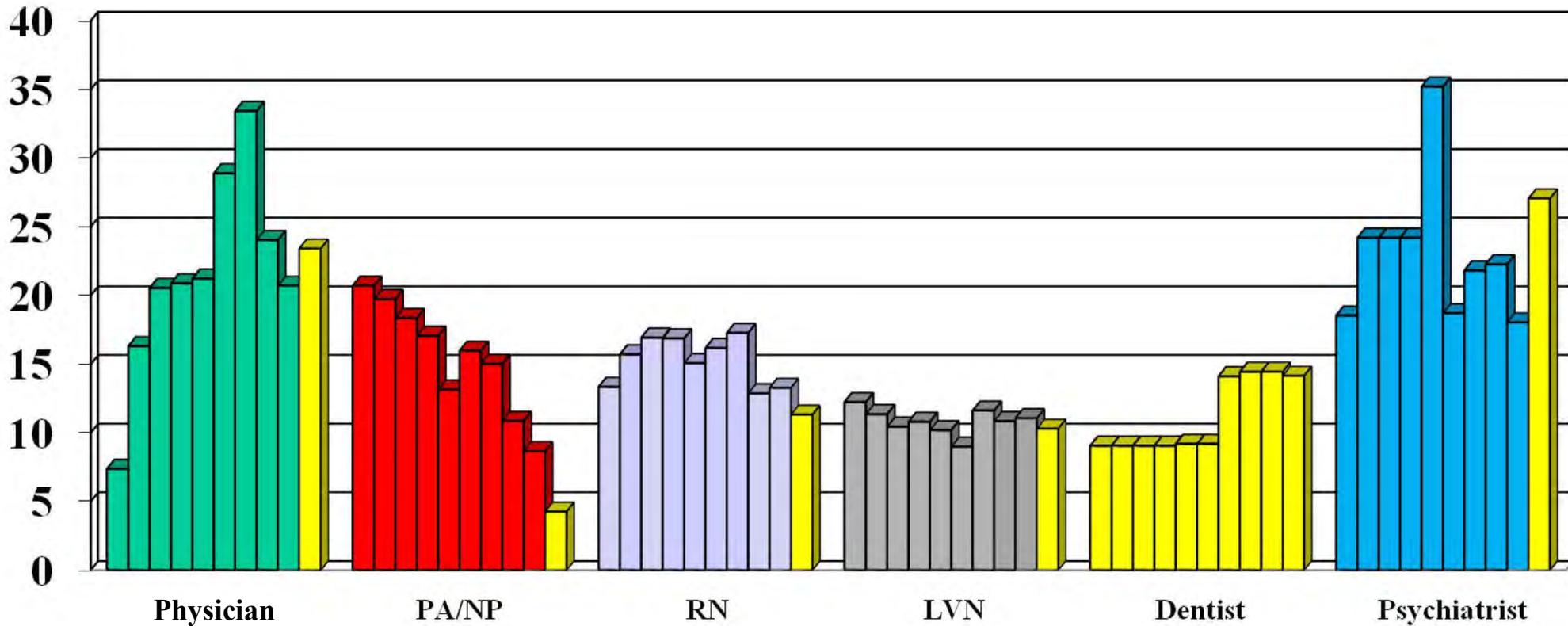
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Health Care*



University Vacancy Rate Report  
by Quarter FY 2012 – 2014

Texas Tech University  
Health Sciences Center

# TTUHSC Vacancy Rates (%) by Quarter FY 2012 – 2<sup>nd</sup> Quarter FY2014



*Correctional Managed  
Health Care*



TEXAS TECH UNIVERSITY  
HEALTH SCIENCES CENTER



**TEXAS DEPARTMENT OF  
CRIMINAL JUSTICE**

***HEALTH SERVICES DIVISION  
MEDICAL DIRECTORS' REPORT***

***Second Quarter FY-2014***

***Lannette Linthicum, MD, CCHP-A, FACP***

# TDCJ Medical Directors' Report

## Office of Health Services Monitoring (OHSM)

### Operational Review Audit (ORA)

- During the Second Quarter of FY-2014 (December 2013, January, and February 2014,) seven Operational Review Audits (ORAs) were conducted at the following facilities: Bridgeport, Crain, Ellis, Hughes, Gib Lewis, Sanchez State Jail, and Telford. During the Second Quarter of FY-2014, seven ORAs were closed for the following facilities: Allred, Boyd, Clemens, Darrington, Powledge, Scott, and Terrell.
- The following is a summary of the 10 items found to be most frequently less than 80% compliant in the **seven** Operational Review Audits conducted in the Second Quarter of FY-2014:
  1. Item **6.040** require offenders receiving anti-tuberculosis medication at the facility have a Tuberculosis Patient Monitoring Record (HSM-19) completed. Six of the seven facilities were not in compliance with this requirement. The six facilities out of compliance were: Crain, Ellis, Hughes, Gib Lewis, Sanchez State Jail, and Telford. Corrective actions were requested from the six facilities. At the time of this report, three facilities have returned their corrective action plan: Crain, Hughes, and Sanchez State Jail. Three facilities are preparing facility-specific corrective actions to ensure future compliance: Ellis, Gib Lewis, and Telford.
  2. Item **6.200** requires newly diagnosed HIV positive offenders on the unit to receive an initial evaluation that includes the following baseline laboratory tests: (1) CBC with differential, Chemistry profile to include LFT's and lipid profile and urine analysis, (2) Chronic hepatitis serology, Syphilis screen, (3) Varicella-Zoster Immune status, (4) CD4+ lymphocyte analysis, Human Immunodeficiency Virus (HIV) viral load and (5) Chest X-ray, and PPD skin test. Six of the seven facilities were not in compliance with this requirement. The six facilities out of compliance were: Crain, Ellis, Hughes, Lewis, Sanchez State Jail, and Telford. Corrective actions were requested from the six facilities. At the time of this report, three facilities have returned their corrective action plan: Crain, Hughes, and Sanchez State Jail. Three facilities are preparing facility-specific corrective actions to ensure future compliance: Ellis, Gib Lewis, and Telford.
  3. Item **6.325** requires offenders with Hepatitis B on the facility to be seen in chronic care clinic annually. Five of the seven facilities were not in compliance with this requirement. The five facilities out of compliance were: Crain, Ellis, Hughes, Gib Lewis, and Telford. Corrective actions were requested from the five facilities. At the time of this report, two facilities have returned their corrective action plan: Crain and Hughes. Three facilities are preparing facility-specific corrective actions to ensure future compliance: Ellis, Gib Lewis, and Telford.
  4. Item **6.351** requires Hepatitis C Virus infected patients, that do not have a documented contraindication for antiviral therapy, with Aspartateaminotransferase (AST) Platelet Ratio Index (APRI) score greater than 0.42 or with abnormal liver function (Prothrombin Time, Total Bilirubin, or Albumin) be referred to the designated physician, clinic, or appropriately treated according to Correctional Managed Health Care (CMHC) Hepatitis C Evaluation and Treatment Pathway. Five of the seven facilities were not in compliance with this requirement. The five facilities out of compliance were: Ellis, Hughes, Gib Lewis, Sanchez State Jail, and Telford. Corrective actions were requested from the five facilities. At the time of this report, two facilities have returned their corrective action plan: Hughes and Sanchez State Jail. Three facilities are preparing facility-specific corrective actions to ensure future compliance: Ellis, Gib Lewis, and Telford.

## Operation Review Audit (Continued)

5. Item **4.490** requires offenders who are prescribed anti-psychotic medications be reassessed at a minimum of every six months by trained personnel using an Abnormal Involuntary Movements Scale for as long as the anti-psychotic medication is continued. Four of the seven facilities were not in compliance with this requirement. The four facilities out of compliance were: Ellis, Hughes, Gib Lewis, and Telford. Corrective actions were requested from the four facilities. At the time of this report, one facility has returned their corrective action plan: Hughes. Three facilities are preparing facility-specific corrective actions to ensure future compliance: Ellis, Gib Lewis, and Telford.
6. Item **5.070** requires offenders to have their medical record reviewed, and a physical examination completed within the required time frame of placement in administrative segregation, prehearing detention, or isolation. Four of the seven facilities were not in compliance with this requirement. The five facilities out of compliance were: Bridgeport, Ellis, Gib Lewis, Hughes, and Sanchez State Jail. Corrective actions were requested from the five facilities. At the time of this report, four facilities have returned their corrective action plan: Bridgeport, Gib Lewis, Hughes, and Sanchez State Jail. One facility is preparing facility-specific corrective actions to ensure future compliance: Ellis.
7. Item **6.080** requires Texas Department of State Health Services Tuberculosis Elimination Division (TB-400) form to be completed for the offenders receiving Tuberculosis chemoprophylaxis, all TB suspect cases, active TB cases, and upon termination or completion of TB therapy. Four of the seven facilities were not in compliance with this requirement. The four facilities out of compliance were: Ellis, Hughes, Sanchez State Jail, and Telford. Corrective actions were requested from the four facilities. At the time of this report, two facilities have returned their corrective action plan: Hughes and Sanchez State Jail. Two facilities are preparing facility-specific corrective actions to ensure future compliance: Ellis and Telford.
8. Item **6.330** requires the initial evaluation of offenders diagnosed with Hepatitis C be completed by a physician or mid-level provider. Four of the seven facilities were not in compliance with this requirement. The four facilities out of compliance were: Crain, Ellis, Gib Lewis, and Sanchez State Jail. Corrective actions were requested from the four facilities. At the time of this report, two facilities have returned their corrective action plan: Crain and Sanchez State Jail. Two facilities are preparing facility-specific corrective actions to ensure future compliance: Ellis and Gib Lewis.
9. Item **6.390** requires new positive RPR results for offenders on the facility be reported to the TDCJ Health Services Office of Public Health within time frames required by Correctional Managed Health Care Policy B-14.12: One working day for titers 1:16 or greater and seven calendar days for titers less than 1:16. Four of the seven facilities were not in compliance with this requirement. The four facilities out of compliance were: Bridgeport, Ellis, Hughes, and Telford. Corrective actions were requested from the four facilities. At the time of this report, two facilities have returned their corrective action plan: Bridgeport and Hughes. Two facilities are preparing facility-specific corrective actions to ensure future compliance: Ellis and Telford.
10. Item **6.400** requires Syphilis cases on the facility be reported at the time of diagnosis to the TDCJ Health Services Office of Public Health on the Syphilis Monitoring Record (HSM-85). Four of the seven facilities were not in compliance with this requirement. The four facilities out of compliance were: Crain, Ellis, Sanchez State Jail, and Telford. Corrective actions were requested from the four facilities. At the time of this report, two facilities have returned their corrective action plan: Crain and Sanchez State Jail. Two facilities are preparing facility specific corrective actions to ensure future compliance: Ellis and Telford.

## Operation Review Audit (Continued)

### Capital Assets Monitoring

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

### Dental Quality Review Audit

During the second quarter of FY-2014 (December 2013, January, and February 2014), Dental Quality Review audits were conducted at the following 13 facilities Baten Intermediate Sanction Facility (ISF), Clements, Dalhart, Eastham, Ellis, Hamilton, Jordan, Middleton, Robertson, South Texas ISF, Wallace, Ware and Young. The South Texas ISF is not a unit contracted to Correctional Managed Health Care. It is part of the TDCJ Private Facilities Contract Monitoring Division. The following is a summary of the items found to be most frequently below 80 percent.

- **Item 1** assesses if patients presenting with signs and/or symptoms consistent with an urgent dental need received definitive care within 14 days of receipt of the Sick Call Exam (SCE). Four of the 13 facilities were not in compliance with this requirement. The four facilities out of compliance were: Baten ISF (70%), Ellis (60%), Middleton (0%) and South Texas ISF (70%). Corrective Action Requests are pending for the four facilities.
- **Item 2** assesses if charts of incoming (Chain-in) intra-system offender transfers are reviewed by the facility dental department within seven days of arrival. The following facilities were out of compliance: Ellis (14%) and Hamilton (79%). Corrective Action Requests are pending for both facilities.
- **Item 20** assesses if the panoramic radiograph was taken during in-processing, and if so, is the radiograph currently available at the facility. The following facility was out of compliance: Ellis (77%). Corrective Action Request is pending.
- **Item 21** assesses if the radiographs utilized in the formation of the Comprehensive Treatment Plan was of diagnostic quality necessary for assessment and treatment planning. The two facilities out of compliance were: Wallace (59%) and Ware (43%). Corrective Action Requests are pending with both facilities.
- **Item 27** assesses if infection control guidelines regarding the covering of objects within the field of operation are maintained. The following facility out of compliance: Wallace (57%). Corrective Action Request is pending for the Wallace Facility.
- **Item 37** assesses if dental reference materials are available to Dental Clinic Personnel at the facility. The following facility was out of compliance: Wallace (57%). Corrective Action Request is pending for the Wallace Facility.

### Grievances and Patient Liaison Correspondence

During the Second Quarter of FY-2014 (December 2013, January, and February 2014), the Patient Liaison Program and the Step II Grievance Program received **2,923** correspondences: The PLP received **1,382** and Step II Grievance received **1,541**. There were **334** 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 Second Quarter FY-2014 for the Step II medical grievances was **seven** percent. Performance measure expectation is six percent or less (Article IX, Correctional

## Grievances and Patient Liaison Correspondence (Continued)

Managed Health Care contract). The percentage of sustained Step II medical grievances from UTMB was **eight** percent and **four** percent for TTUHSC for the Second Quarter of FY-2014.

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

## Quality Improvement (QI) Access to Care Audit

During the Second Quarter of FY-2014 (December 2013, January, and February 2014), the Patient Liaison Program nurses and investigators performed 30 Sick Call Request Verification audits on 28 facilities. At some units, Expansion Cell Block areas were counted as a separate audit. This audit was formerly known as Access to Care (ATC) audits.

The SCRVA examines and verifies the facility methodology for reporting Access to Care. A random sample of Sick Call Requests was also audited by the Office of Professional Standards (OPS) staff. A total of 243 indicators were reviewed at the **28** facilities and **20** of the indicators fell below the **80** percent compliance threshold representing eight percent. The discipline composite score (medical/nursing, dental, and mental health) is an overall assessment of compliance with the sick call process of the **28** facilities audited. There were eight units with one or more discipline composite scores below 80. Corrective action has been requested from these facilities. At each unit, OPS staff continued educating the Health Care staff on methodology.

## Office of Public Health

- The Public Health Program monitors cases of infectious diseases in newly incarcerated offenders as well as new cases that occur in the offenders within the TDCJ population. The data is reported by the facilities for 11 infectious conditions including Syphilis, Hepatitis C Virus (HCV), Human Immunodeficiency Virus (HIV), and Tuberculosis (TB) as well as the data for occupational exposures to bloodborne pathogens. Year-to-date figures for a disease may differ from the monthly reports totals due to late reporting or to a determination that some previously reported cases fail to meet the criteria to be considered new cases.
- **There were 814 cases of Hepatitis C identified** for the Second Quarter FY-2014, compared to 762 cases identified during the First Quarter. The reporting mechanism for HIV tests was changed effective February 1, 2010. HIV tests are now to be classified as belonging to one of four categories: intake, offender-requested, provider-requested, or pre-release. HIV test 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 (HB43). Pre-release testing generally occurs during the last six months of incarceration. Two categories of offenders do not require pre-release testing: those already known to be HIV positive and those whose intake test were drawn within six months of an offender's release date. During the Second Quarter FY-2014, 19,142 offenders had intake tests, and **129** are newly identified as having HIV infections. For the First Quarter FY-2014, 19,375 offenders had intake tests and 139 were HIV positive. During the Second Quarter FY-2014, 14,772 offenders had pre-release tests; **four** were HIV positive compared to **three** in the First Quarter FY-2014. **Four** new AIDS cases were identified during the Second Quarter FY-2014, compared to **15** new AIDS cases in the First Quarter FY-2014.
- **258 cases of suspected Syphilis** were reported in the Second Quarter FY-2014, compared to 225 in the First Quarter in FY-2014. **19 required treatment or retreatment** compared to 14 in the First Quarter FY-2014. Syphilis can take months to identify, these figures represent an overestimation of actual number of cases. Some of the suspected cases will later be reclassified as resolved prior infections.

## Office of Public Health (Continued)

- **240 Methicillin-Resistant Staphylococcus Aureus (MRSA)** cases were reported for the Second Quarter FY-2014, compared to **247** during the First Quarter of FY-2014. **123** Methicillin-Sensitive Staphylococcus Aureus (MSSA) cases were reported for the Second Quarter of FY-2014 compared to **151** for the First Quarter of FY-2014. Numbers of both MRSA and MSSA have been decreasing for the last few years.
- There was an average of **17 Tuberculosis (TB) cases** under management for the Second Quarter FY-2014, compared to an average of **18** (TB) cases for the First Quarter of FY-2014. Although TB numbers often fluctuate significantly from year to year, there has been a slight increase in the numbers of offenders with TB.
- In FY-2006, the Office of Public Health began reporting the activities of the Sexual Assault Nurse Examiner (SANE) Coordinator. This position collaborates with the Safe Prisons Program and is trained and certified as a SANE. Although the SANE Coordinator does not teach the SANE Curriculum because of restrictions imposed by the State Attorney General's Office, this person provides inservice training to facility staff in the performance of medical examination, evidence collection and documentation, and use of the sexual assault kits. During the Second Quarter FY-2014, **39** training sessions were held and **458** medical and mental health staff received training. This position also audits the documentation and services provided by medical personnel for each sexual assault reported. There have been **297** chart reviews of alleged sexual assaults performed for the Second Quarter FY-2014. There were no deficiencies found this quarter. Blood-borne exposure baseline labs were drawn on **51** exposed offenders. To date, three offenders have tested positive for HIV in baseline labs routinely obtained after the report of sexual assault. There have been no sero-conversions in follow-up labs of offenders who were negative at baseline.
- During the Second Quarter, FY-2014, four of six Twelfth Annual Peer Education Health Conferences were held in the month of February 2014, for offenders to gain more knowledge about infectious diseases that are important in TDCJ and in the communities from which they come. The conferences include peer educators from 44 facilities: Briscoe, Connally, Cotulla, Dominguez, Garza East, Garza West, Lopez, McConnell, Ney, Segovia, Stevenson, Torres, Byrd, Duncan, Eastham, Ellis, Estelle, Ferguson, Goodman, Goree, Holliday, Huntsville, Lewis, Polunsky, Wynne, Clemens, Darrington, Gist, Hightower, Jester III, LeBlanc, Lychner, Ramsey, Terrell, Stiles, Vance, Crain, Hilltop, Hobby, Marlin, Mountain View, Murray, San Saba and Woodman. As of the close of the quarter, **99** of the 109 facilities housing Correctional Institutions Division and State Jail offenders have active peer education programs. During the Second Quarter of FY-2014, **89** offenders trained to become peer educators. This is a **decrease from the 139** offenders trained in the First Quarter FY-2014. During the Second Quarter of FY-2014, there were **18,672** offenders who attended classes presented by educators. This is an increase from the First Quarter of FY-2014 of **16,684**.

## Mortality and Morbidity

There were **108** deaths reviewed by the Mortality and Morbidity Committee during the months of December 2013, January, and February 2014. Of those 108 deaths, **5** 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
<b>Provider &amp; Nursing Peer Review</b>	2
<b>Provider Peer Review</b>	2
<b>Nursing Peer Review</b>	1
<b>Mental Health</b>	0
<b>Total</b>	5

## Office of Mental Health Services Monitoring & Liaison

The following is a summary of the activities performed by the Office of Mental Health Monitoring & Liaison (OMHM&L) during the Second Quarter of FY-2014:

- The OMHM&L monitors all Administrative Segregation (Ad Seg) facilities within the TDCJ Correctional Institutions Division and State Jails once every six months. During the Second Quarter of FY-2014, **18** Ad Seg facilities were audited including: Bartlett State Jail, Clemens, Coffield, Eastham, Estelle ECB, Ferguson, Formby, Gist, Hughes, Lychner State Jail, Michael, Murray, Pack, Robertson, Smith, Stiles, Telford and Travis State Jail. The OMHM&L auditors observed 3,976 offenders, interviewed 2,896 offenders, and referred 4 offenders to the university providers for further evaluation. The Lychner State Jail was **66** percent compliant and the Travis State Jail was **66** percent compliant while the other 16 units were **100** percent compliant on Access To Care (ATC) 4 (i.e. timely triage). The Travis State Jail was **55** percent compliant while the other 17 units were **100** percent compliant on ATC 5 (i.e. documentation of chief complaint from Sick Call Requests). The Travis State Jail was **88** percent compliant while the other 17 units were **100** percent on ATC 6 (i.e. timely provider visit after referral from triage).
- The OMHM&L monitors all instances of administration of compelled psychoactive medication to offenders to ensure that all instances are appropriately logged and documented. During the Second Quarter FY-2014, a total of **35** instances of compelled psychoactive medication administration occurred. 17 instances occurred at the Montford unit, 12 instances occurred at the Skyview unit, and 6 instances occurred at the Jester IV unit. All 3 facilities were **100** percent compliant with required criteria for logging 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 receive a Mental Health Evaluation within 14 days of identification. **23** of the 24 intake facilities identified incoming offenders in need of a Mental Health Evaluation. **16** facilities met or **exceeded 80% percent compliance** for completing Mental Health Evaluations within 14 days of identified need: Bartlett State Jail, Byrd, Dominguez, Formby, Garza, Glossbrenner, Halbert, Holliday, Hutchins State Jail, Jester I, Johnston, Lindsey, Lychner, Middleton, Plane State Jail and Sayle. Seven facilities earned **compliance scores of 79% or lower**: Gurney (69%), Travis (68%), Woodman State Jail (67%), Gist (58%), Bradshaw State Jail (55%), Sanchez State Jail, (50%) and Baten (8%).
- The OMHM&L reviewed the mental health records of **8** pregnant offenders being considered for the Baby and Mother Bonding Initiative (BAMBI) and determined that none of them exhibited mental health issues that precluded their participation in BAMBI.

## Office of the Health Services Liaison

- The Office of The Health Services Liaison (HSL) conducts a random audit of 10 percent of electronic medical records (EMR) of offenders discharged from hospitals and infirmaries in the Texas Tech University Health Science Center (TTUHSC) and the University of Texas Medical Branch (UTMB) sectors. In the Second Quarter of FY-2014, **HSL conducted 143 hospital and 48 infirmary discharge audits.**
- Each audit determines if vital signs were recorded on the day the offender left the hospital/infirmarary; if the receiving facility had medical services sufficient to meet the offender's current needs; if the medical record was reviewed by a nursing staff member and referred (if applicable) to an appropriate provider as required by policy; if the offender required unscheduled medical care related to the admitting diagnosis within the first seven days after discharge and if discharge information was available in the offender's electronic medical record within 24 hours of the offender arriving at the unit.
- Of the 143 hospital discharge audits conducted, 129 were from the UTMB Sector and 14 were from the TTUHSC sector. There were no deficiencies identified for UTMB and two indentified for TTUHSC. Of the infirmary

## **Office of the Health Services Liaison (Continued)**

discharge audits conducted, 22 were from the UTMB sector and 26 were from the TTUHSC sector. There were no deficiencies indentified from UTMB or for TTUHSC.

### **Accreditation**

The ACA Winter Conference was held in Tampa, Florida January 31, 2014 – February 5, 2014. During this conference, the following units were awarded reaccreditation by the ACA Panel of Commissioners: Dominguez, Eastham, Hightower, Hilltop, Mountain View, McConnell, Michael, Plane State Jail, Henley State Jail, Robertson and Sanchez State Jail.

### **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 – 28,
- Correctional Institutions Division Pending Monthly Research Projects - 5,
- Health Services Division Active Monthly Medical Research Projects -2, and
- Health Services Division Pending Medical Research Projects - 3

# ***Correctional Dentistry Update***

***Presentation for  
Correctional Managed Health  
Care Committee  
June 24, 2014***

***Presenter: Brian Tucker, D.D.S.  
TTUHSC Dental Director***

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***Correctional Managed  
Health Care***



# *Joint Dental Workgroup*

**Appointed by CMHCC to develop dental policies, procedures and ensure community standards of dental care to the TDCJ offender population.**

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*Correctional Managed  
Health Care*



# ***Committee Voting Membership***

## **Dental Directors**

**TDCJ: M. B. Hirsch D.D.S.**

**TTUHSC: Brian Tucker D.D.S.**

**UTMB: Billy Horton D.D.S.**

# ***Committee Membership (Continued)***

**Secretary:**

**Pam Myers RDH, UTMB Hygiene  
Coordinator**

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*Correctional Managed  
Health Care*



# *Overarching Program Goal:*

**To show due diligence in providing timely, appropriate dental care, at reasonable cost.**

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*Correctional Managed  
Health Care*



TEXAS TECH UNIVERSITY  
HEALTH SCIENCES CENTER

## *Recent Developments*

- **Joint Dental Workgroup Charter approved**
- **Jointly developed and implemented two very useful state-wide dental reports**
  - **Dental Reminder Aging Report**
  - **Dental Productivity Report**
- **Reduction of Vacancies**
- **Beginning transition to Digital Radiography**

# Staffing as of February, 2014

UTMB		Budgeted	Filled	Vacant	% Vacant
	DDS	68.9	67.5	1.4	2
	RDH	25	23.6	1.4	6
TTUHSC					
	DDS	18.03	15.3	2.73	15
	RDH	15.3	10.4	4.9	32
Overall					
	DDS	86.93	82.8	4.13	5
	RDH	40.3	34	6.3	16

*Correctional Managed  
Health Care*



February 2014

# TEXAS DENTAL Journal

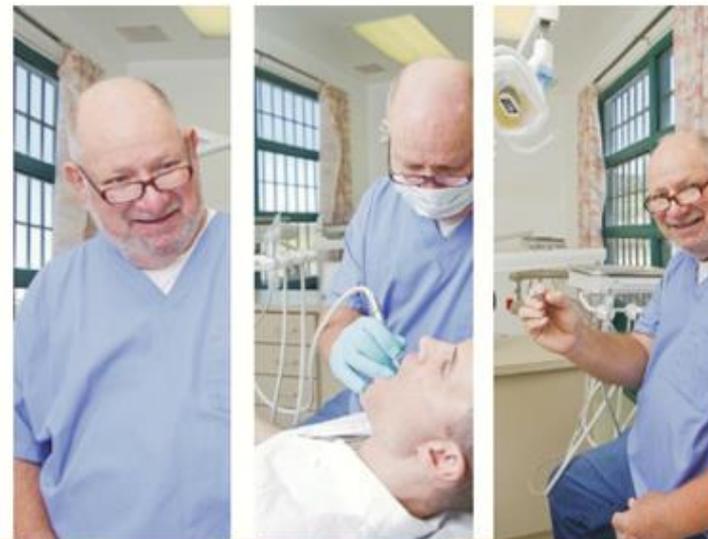
Every Member...One Association



CORRECTIONAL FACILITY DENTIST

# My Life as a Correctional Facility Dentist

William M. Walton, DDS, Clyde



When I started working 1 day a week as an independent contractor at a Texas Department of Criminal Justice (TDCJ) facility 17 years ago, I had no idea I would eventually become a correctional facility dentist with the Texas Tech University Health Sciences Center (TTUHSC).

In the beginning, I gave up my golf day to earn extra income to pay for the college education of my 3 children. But even when the college expenses were behind me, I continued to enjoy my work at the prison and even added more time.



*Dr Walton and his staff*

I operated a solo private dental practice for 35 years, but the challenges of operating in a small town and how to transition toward retirement lead me to consider a full-time position at the prison. This type of practice is not for everyone, but it has been great for me.

Owning my own dental practice was my dream in becoming a dentist. As times have changed, a large number of dentists are employees in one situation or another. Being a correctional dentist is very fulfilling for me.

TDCJ dental clinics provide diagnostic, preventive, surgical, basic restorative and periodontal services to patients in the system. The goals are elimination of pain and preservation of function. Difficult surgery and large composite or amalgam restorations are the norm.

Dental assistants and clerks are employees either of the university or a local hospital. Equal access to care is a benchmark and clinic procedures are audited to be sure that patients are treated in a timely manner consistent with the priority of their needs. Referrals are allowed on cases

**In the beginning, I gave up my golf day to earn extra income to pay for the college education of my 3 children. But even when the college expenses were behind me, I continued to enjoy my work at the prison and even added more time.**

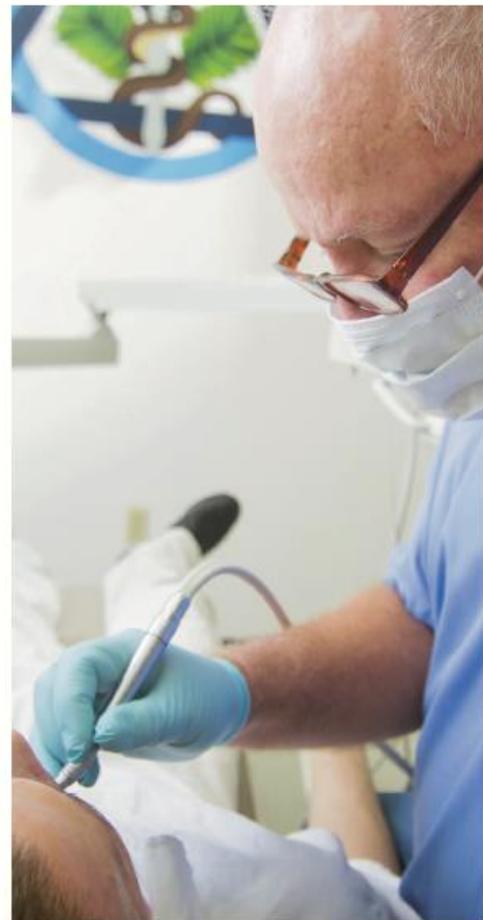
that require additional expertise. Dentists make all treatment decisions.

Patient education is often more effective because the dental team can be blunt about the patient's responsibilities in attaining oral health. At times you even hope oral hygiene education might impact the patient in other areas of personal responsibility.

Work conditions are good. Hours are normal and employees receive paid holidays and vacation. Security is the highest priority. For the most part, I am comfortable that I am safe; but employees are always cautioned to not become complacent. Employees go through a metal detector and are pat searched upon entering the facility. No cell phones or cameras are allowed. Certain email communication is possible while on the unit.

Membership in the TDA has been very important to me. Many mentors were helpful in molding my appreciation of the profession. Volunteering in organized dentistry has been a way to honor the support they gave me as a young dentist. Early on I was encouraged to attend reference committee meetings at the annual session to participate in the formulation of the policies of the TDA.

I have been privileged to be one small part of the chorus that is the voice of dentistry in Texas, the TDA. Others may wish to fragment responsibilities for the delivery of dental treatment, but I believe the TDA will remain steadfast in its support of the dentist as the head of the dental team.

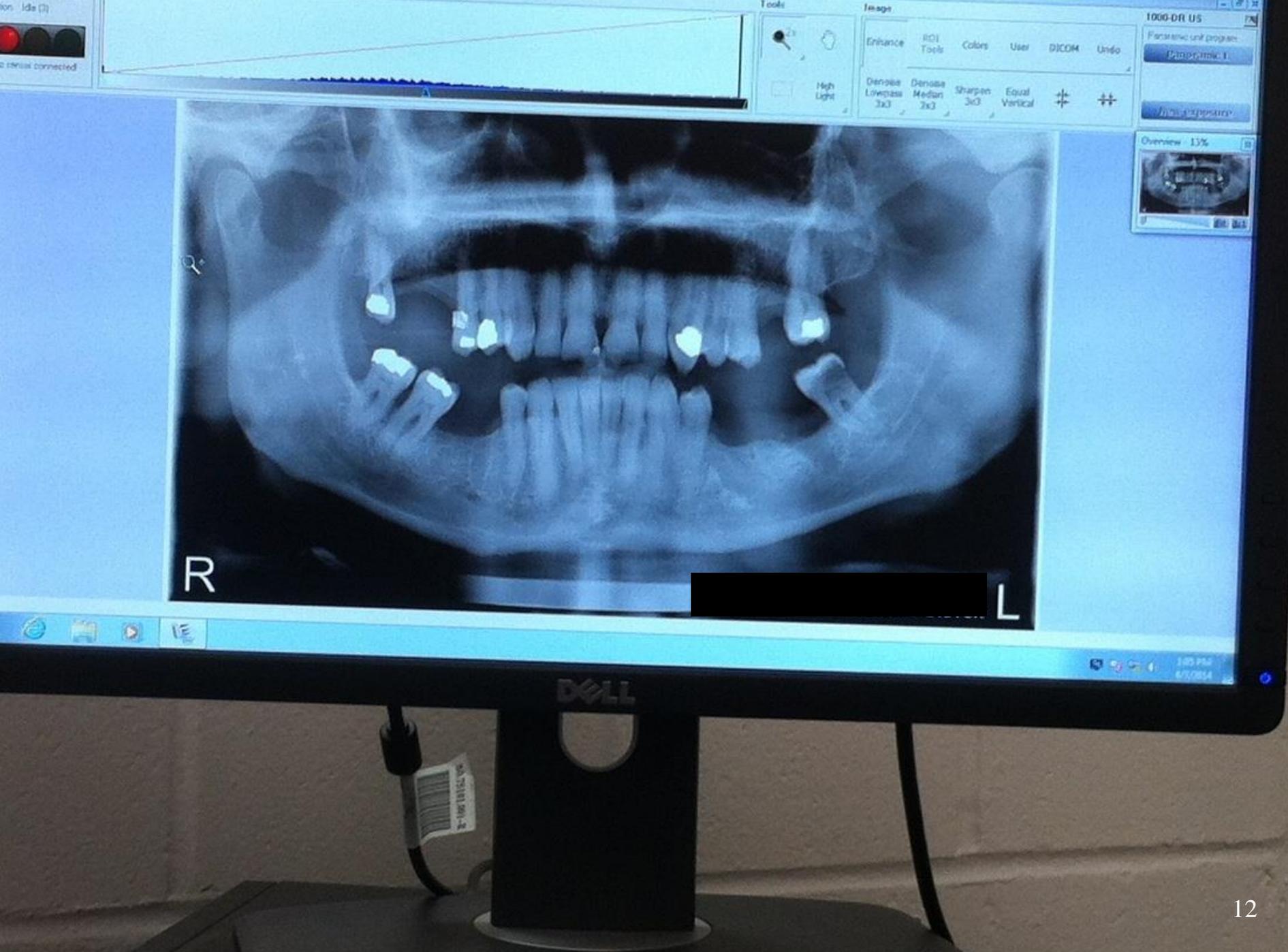


# *Trend in Dentistry*



*Correctional Managed  
Health Care*

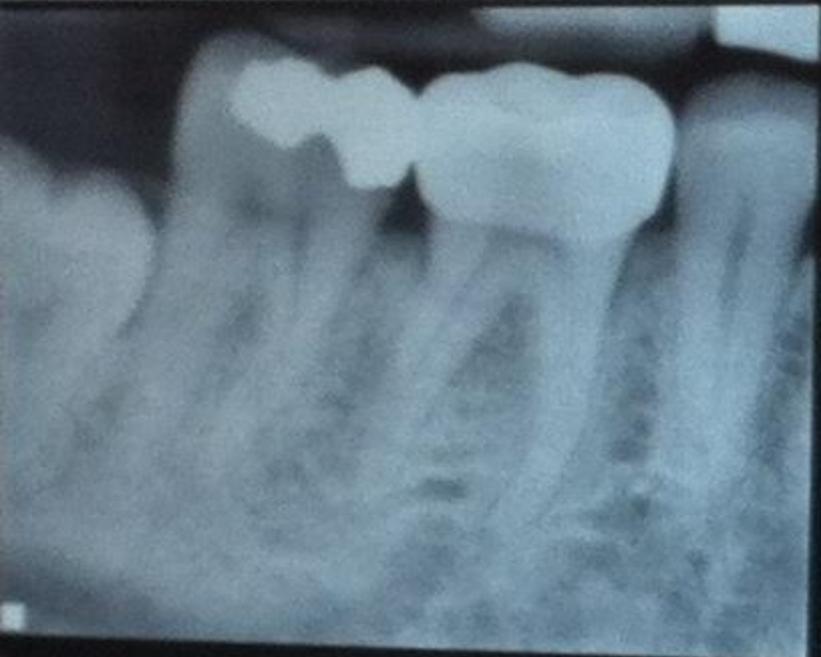






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# *Dental Priorities*

**There is an essential need for vendor neutral software that can be layered in to access capture software, save original and derived images while maintaining DICOM quality, and preserve the capturing software image tools to any user at any access point.**