

CORRECTIONAL MANAGED HEALTH CARE COMMITTEE

September 18, 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, June 24, 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

EACH ITEM ABOVE INCLUDES DISCUSSION AND ACTION AS NECESSARY

- VI. Medical Directors Updates
 - 1. Texas Department of Criminal Justice
 - Health Services Division FY 2014 Third Quarter Report
 - 2. Texas Tech University Health Sciences Center
 - 3. The University of Texas Medical Branch
- VII. CMHCC Joint Mental Health Working Group Update
Joseph Penn, MD, CCHP, FAPA,
Director Mental Health Services, UTMB Correctional Managed Care
and Chair, CMHCC Joint Mental Health Working Group
- VIII. Public Comments
- IX. Adjourn

Consent Item

Approval of CMHCC Meeting Minutes
June 24, 2014

CORRECTIONAL MANAGED HEALTH CARE COMMITTEE

June 24, 2014

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

CMHCC Members Present: Lannette Linthicum, M.D., CCHP-A, FACP; Ben Raimer, M.D., Edward John Sherwood, M.D., Steffanie Risinger Campbell, M.D., Elizabeth Anne Linder, Ed.D.

CMHCC Members Absent: Cynthia Jumper, M.D., Mary Annette Gary, Ph.D., Harold Berenzweig, M.D., Patricia Vojack, JD, MSN

Partner Agency Staff Present: Bryan Collier, Ron Steffa, William Stephens, Oscar Mendoza, Charlene Maresh, Robert Williams, M.D., Marsha Brumley, Natasha Martin, George Crippen, Paula Reed, Jerry McGinty, Myra Walker, Manuel Hirsch, Texas Department of Criminal Justice; Owen Murray, DO, John Pulvino, Justin Robison, Olugbenga Ojo, M.D., Joseph Penn, M.D., Billy Horton, DDS, Anthony Williams, Stephen Smock, Kelly Coates, Steve Alderman, Dr. Bryan Schnieder, Pamela Myers, UTMB; Brian Tucker, DDS, TTUHSC

Others Present: Karen Damico, Linda Pugh, JoAnn Scott, Inmate Assistance League; Cathy Corey, Wes Matthias, Abbott-Institutional Managing

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

Agenda Topic / Presenter	Presentation	Discussion	Action
I. Call to Order - Margarita de la Garza-Graham	Dr. de la Garza-Graham called the Correctional Managed Health Care Committee (CMHCC) meeting to order at 10:00 a.m. then noted that a quorum was present and the meeting would be conducted in accordance with Chapter 551 of the Texas Government Code, the Open Meetings Act.		
II. Recognitions and Introductions - Margarita de la Garza-Graham	Dr. de la Garza-Graham acknowledged that all wishing to offer public comment must be registered and will be allowed a three minute time limit to express comment. Dr. de la Garza-Graham thanked and welcomed everyone for being in attendance.		
III. Approval of Consent Items - Margarita de la Garza-Graham <ul style="list-style-type: none"> o Approval of Excused Absences o Approval of CMHCC Meeting Minutes – March 18, 2014 	Dr. de la Garza-Graham noted approval of excused absence for Dr. Cynthia Jumper. Dr. de la Garza-Graham stated the next item on the agenda was the approval of the Minutes from the meeting held on March 18, 2014.		Dr. Lannette Linthicum made a motion to approve the minutes and Dr. Edward

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>III. Approval of Consent Items (Cont.)</p> <ul style="list-style-type: none"> ○ Approval of TDCJ Health Services Monitoring Reports ○ University Medical Director's Reports <ul style="list-style-type: none"> - UTMB - TTUHSC ○ Summary of CMHCC Joint Committee/ Work Group Activities 	<p>Dr. de la Garza-Graham stated the next item on the agenda was the approval of the 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>John Sherwood 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. Sherwood seconded the motion which prevailed by unanimous vote.</p> <p>Dr. Raimer made a motion to approve the University Directors Reports and Dr. Elizabeth Linder seconded the motion which prevailed by unanimous vote.</p> <p>Dr. Raimer made a motion to approve the Summary of CMHCC Joint Committee/ Work Group Activities and Dr. Sherwood 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>IV. Update on Financial Reports</p> <ul style="list-style-type: none"> - Charlene Maresh 	<p>Dr. de la Garza-Graham called on Charlene Maresh to present the financial report.</p> <p>Ms. Maresh reported on statistics for the Second 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 50.</p>		

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<p>IV. Update on Financial Reports (Cont.)</p>	<p>Funding received by the universities is \$263.6 million and the total expenditures were \$271.2 million, resulting in a shortfall of \$7.6 million 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 56.2 percent, for a total of \$152.5 million.</p> <p>Hospital and clinical care accounts for 33.9% of total expenditures at a cost of \$91.8 million. This strategy experienced a shortfall within the second quarter of 8.3 million dollars.</p> <p>Pharmacy services makes up 9.9 % of total health care expenditures at a cost of \$26.8 million. This strategy experienced a surplus of \$3.1 million.</p> <p>The average service population is 150,222 which is a slight increase from FY 2013.</p> <p>The offender population age 55 and over continues to grow with an increase of 7.9% from FY 2013. The average daily census is 15,123 making up 10% of total service population and accounts for 40.4 percent of total hospital costs.</p> <p>The average mental health inpatient census is 1,913, which is 1.3 percent of the total service population. The average mental health outpatient census is 18,795, which is 12.5 percent of the total service population.</p> <p>The average health care cost is \$9.97 per offender, per day, which is a 5.5 percent increase from FY 2013 which was \$9.45, and a 12 percent increase from FY 2012 which was \$8.90.</p>	<p>Dr. de la Garza-Graham asked if the increase from FY 2012 accounted for inflation seeing that there was a significant increase in offender dollars per day spent.</p> <p>Ms. Maresh responded that the total appropriation was increased after FY 2012 and</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
IV. Update on Financial Reports (Cont.)		<p>FY 2013 biennium so the expectation to see an increase in dollars spent on medical care had already been predicted.</p>	
V. Summary of Critical Correctional Health Care Personnel Vacancies	<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 inquired if coordinating with the Health and Human Services Commission (HHSC) had taken place in order to determine if Medicaid had approved drugs available for treatment.</p>	
<p>-Dr. Lannette Linthicum</p>	<p>Dr. Linthicum reported that the TDCJ Health Services Division had a Registered Nurse position vacant in the Office of Health Service Monitoring (OHSM). This position has been filled. Two nursing positions were available so the subsequent applicant from this same board will fill the other nursing position once it is vacated.</p>	<p>Dr. Linthicum responded HHSC has reached out to the TDCJ and requested that a member of the Correctional Managed Health Care Committee (CMHCC) accompany them in their upcoming conference. The HHSC and the TDCJ are working together at this time.</p>	
<p>-Dr. Lannette Linthicum on behalf of Dr. Denise DeShields</p>	<p>There is a new position in the Office of Mental Health Monitoring Liaison (OMHM&L) called Health Specialist V. This person will assist the Correctional Institutions Divisions (CID) specifically the Classifications & Records section and their staff who administer BETA IQ testing. The selected applicant will also provide training and technical assistance to staff ensuring testing is being properly administered.</p>		
	<p>Dr. de la Garza-Graham announced that Dr. Linthicum would report on TTUHSC's critical vacancies on behalf of Dr. DeShields.</p>		
	<p>Dr. Linthicum reported that the Program for the Aggressive</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>V. Summary of Critical Correctional Health Care Personnel Vacancies (Cont.)</p> <p>-Dr. Owen Murray</p>	<p>Mentally Ill Offender (PAMIO) Medical Director position at the Clements Unit is still vacant. Dr. DeShields was in the process of interviewing two possible candidates for the position; however neither held Texas Licenses.</p> <p>Dr. Linthicum further reported that, there were currently some Psychiatry position vacancies at the Montford Unit which are being supplemented at this time with the use of telepsychiatry.</p> <p>Dr. de la Garza-Graham then called upon Dr. Murray to report on UTMB's critical vacancies.</p> <p>Dr. Murray requested to reserve comments on the UTMB vacancy report until he presented the UTMB Medical Director's Report.</p>		
<p>VI. Medical Director's Updates</p> <ul style="list-style-type: none"> • TDCJ – Health Services Division FY 2014 Second Quarter Report - Lannette Linthicum, MD <ul style="list-style-type: none"> ○ Operational Review Audit ○ Capital Assets Monitoring ○ Dental Quality Review Audit 	<p>Dr. de la Garza-Graham then called upon Dr. Linthicum to begin presentation of the Medical Director's Report.</p> <p>Dr. Linthicum began by explaining that the deficiencies reported during operational reviews have been addressed with the units and each unit is working on corrective action plans to gain compliance. During the Second Quarter of FY 2014, (December, January, February), Operational Review Audits (ORAs) were conducted on seven facilities: Bridgeport, Crain, Ellis, Hughes, Gib Lewis, Sanchez State Jail, and Telford. There were also ORA's closed during this quarter for seven facilities: Allred, Boyd, Clemens, Darrington, Powledge, Scott, and Terrell. Dr. Linthicum referred to the 10 items found to be most frequently below 80 percent compliance.</p> <p>Dr. Linthicum next reported that the same seven 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 thirteen facilities: Baten Intermediate Sanction Facility (ISF), Clements, Dalhart, Eastham, Ellis, Hamilton, Jordan, Middleton, Robertson, South Texas ISF, Wallace, Ware, and Young.</p>		

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<p>VI. Medical Director's Updates (Cont.)</p> <ul style="list-style-type: none"> ○ Grievance and Patient Liaison Correspondence ○ Quality Improvement (QI) Access to Care Audit ○ Office of Public Health 	<p>Dr. 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, Step II Medical Grievance Program, and Sick Call Request Verification Audit process. During the Second Quarter of FY 2014, the Patient Liaison Program (PLP) and the Step II Medical Grievance Program received 2,923 correspondences. The PLP received 1,382 correspondences and Step II Medical Grievance received 1,541. There were 334 Action Requests generated. The percentages of sustained Step II Medical Grievances from UTMB were eight percent and four percent for TTUHSC.</p> <p>Dr. Linthicum added that the Quality Improvement Access to Care Audit addressed quality of care issues. There were 30 Sick Call Request Verification Audits conducted on 28 facilities. A total of 243 indicators were reviewed and 20 of the indicators fell below 80 percent compliance.</p> <p>Dr. Linthicum explained that the Public Health Program monitors cases of infectious diseases within the TDCJ population. There were 814 cases of Hepatitis C identified for the Second Quarter FY 2014. There were 19,142 intake tests and 129 were newly identified as having Human Immunodeficiency Virus (HIV) infections. During the</p>	<p>Dr. Raimer asked for clarification that out of 243 indicators 20 of them fell below compliance, not 20 of the units.</p> <p>Dr. Linthicum confirmed this was correct.</p> <p>Dr. Raimer inquired that once staff have been advised about being below 80% compliance, are they required to submit a corrective action plan.</p> <p>Dr. Linthicum responded yes; a detailed corrective action plan must be submitted to senior staff of the Health Services Division for approval or disapproval. If disapproved, it goes back to the facility for a revised corrective action.</p>	

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<p>VI. Medical Director's Updates (Cont.)</p>	<p>First Quarter FY 2014, 19,375 offenders had intake test and 139 were HIV positive. Only 4 new Acquired Immunodeficiency Syndrome (AIDS) cases were identified in the Second Quarter FY 2014 and 15 new AIDS cases identified during the First Quarter FY 2014.</p> <p>258 cases of suspected Syphilis were reported in the Second Quarter FY 2014. 19 of those required treatment or retreatment.</p> <p>240 Methicillin-Resistant Staphylococcus Aureus (MRSA)</p>	<p>Dr. de la Garza-Graham asked if the number of offenders identified in the Second Quarter to have HIV was 129 plus 130 or if they number just went up by 10.</p> <p>Dr. Linthicum explained that numbers had actually gone down by 10 in the Second Quarter. From the First Quarter out of the 19,375 offenders tested 139 were identified to be HIV positive. In the Second Quarter 129 offenders were identified HIV positive out of the 19, 142 tested.</p> <p>Dr. de la Garza-Graham asked if offenders who have been diagnosed as HIV positive that have been released are now responsible, to proceed with their own treatment as well as report their condition.</p> <p>Dr. Linthicum responded that the offenders' release information is reported to the Department of State Health Services (DSHS) who does department notification to the Reentry & Integration Division. Within the Reentry & Integration Division, the Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMI) prepares a special discharge plan for special needs offenders ensuring they are enrolled into the AIDS Service Organization and the Ryan White Program to make certain they receive their needed medications and supplies.</p>	

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<p>VI. Medical Director's Updates (Cont.)</p> <p>○ Mortality and Morbidity</p>	<p>cases were reported for the Second Quarter FY 2014.</p> <p>Dr. Linthicum advised that there was an average of 17 Tuberculosis (TB) cases under active management for the Second 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 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 were 297 chart reviews of alleged sexual assaults. There were no deficiencies found this quarter. 51 blood-borne exposure baseline labs were drawn on exposed offenders. To date, three offenders have tested positive for HIV in baseline labs routinely obtained after the report of sexual assault.</p> <p>Dr. Linthicum noted that four of the six Twelfth Annual Peer Education Health Conferences were held in the month of February 2014. These conferences are held to allow offenders to gain more knowledge about infectious diseases that are reported in TDCJ and in the communities from which they come. Within the TDCJ, 99 of the 109 facilities have active peer education programs. 89 offenders trained to become new peer educators. This is a decrease from the 139 offenders trained in the First Quarter FY 2014. However, 18,672 offenders attended classes presented by educators, which is an increase from the First Quarter FY 2014 of 16,684.</p> <p>Dr. Linthicum reported that there were 108 deaths reviewed by the Mortality and Morbidity Committee during the Second Quarter of FY 2014. Of those 108 deaths, 5 were referred to peer review committees for further review.</p>		

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<p>VI. Medical Director's Updates (Cont.)</p> <ul style="list-style-type: none"> ○ Office of Mental Health Monitoring & Liaison 	<p>Dr. Linthicum provided a summary of the activities performed by the Office of Mental Health Monitoring & Liaison (OMHM&L) during the Second Quarter of FY 2014.</p> <p>Administrative Segregation (Ad Seg) audits were conducted on 18 facilities. 3,976 offenders were observed 2,896 were interviewed and 4 offenders were referred to the university providers for further evaluation. Two of the 18 facilities fell below 100 percent compliance while the remaining 16 were found to be 100 percent compliant.</p> <p>Access to Care (ATC) 4 was met at 100 percent on 16 facilities. Two facilities fell below 100 percent compliance.</p> <p>Three inpatient mental health facilities were audited with respect to compelled medications. 35 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>Dr. de la Garza-Graham asked if a nurse conducts the Administrative Segregation Audits.</p> <p>Dr. Linthicum responded no, the position is a master's level psychologist position.</p> <p>Dr. Raimer asked if staffing was an issue at the units that fell below compliance.</p> <p>Dr. Linthicum responded yes; it is usually related to staffing. However, TDCJ Health Services Division monitors these units that fall below compliance monthly to ensure that the trend begins to move upward. If changes are not seen in an upward trend, the facility is put on a special monitoring plan where additional reporting on their ATC is required to be reported to senior staff in the Health Services Division.</p>	

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<p>VI. Medical Director's Updates (Cont.)</p> <ul style="list-style-type: none"> ○ Office of Health Services & Liaison ○ Accreditation ○ Biomedical Research Projects ● Texas Tech University Health Sciences Center <ul style="list-style-type: none"> - Denise DeShields, MD ● University of Texas Medical Branch <ul style="list-style-type: none"> - Owen Murray, DO 	<p>There were 24 intake facilities audited with respect to mental health evaluation within 14 days of identification. There were 16 facilities that met or exceeded 80 percent compliance.</p> <p>Dr. Linthicum added the OMHM&L also reviews the mental health records of all pregnant offenders being considered for the Baby and Mother Bonding Initiative (BAMBI) Program. Eight offenders were reviewed and all eight were allowed to participate.</p> <p>The Office of Health Services Liaison (HSL) conducted 143 hospital and 48 infirmary discharge audits. UTMB had no deficiencies identified and TTUHSC had two deficiencies identified for the hospital discharge audits. UTMB had 22 deficiencies identified and TTUHSC had 26 deficiencies for the infirmary discharge audits. There were no deficiencies identified from UTMB or for TTUHSC.</p> <p>Dr. Linthicum reported that there were 11 units reaccredited by the American Correctional Association (ACA).</p> <p>Dr. Linthicum referenced the research projects as reported by the Texas Department of Criminal Justice (TDCJ) Executive Services.</p> <p>Dr. de la Garza-Graham thanked Dr. Linthicum and announced that Dr. DeShields' report on TTUHSC would be deferred at this time.</p> <p>Deferred during the absence of Dr. DeShields.</p> <p>Dr. de la Garza-Graham then called on Dr. Murray to present the report for UTMB.</p> <p>Dr. Murray announced the departure of Dr. Charles Adams, UTMB Outpatient Medical Director and Dr. Glenda Adams, UTMB Inpatient Medical Director. Dr. Murray reported that both positions had been filled. Dr. Monte Smith who holds 20 years with UTMB accepted the position of UTMB Inpatient Medical Director.</p>		

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<p>IX. Public Comments (Cont.)</p>	<p>the opportunity to express comments. Ms. Damico signed up to express public comments and was given the opportunity to do so.</p>	<p>Karen Damico thanked Dr. de la Garza-Graham for the opportunity to address the CMHCC and introduced herself as a member of the Inmate Assistance League Advocacy Group. She feels that until a problem is recognized there can be no solution. Unethical and neglectful treatment will not change until there are consequences for actions.</p> <p>Ms. Damico expressed concern about medical records having similar issues of those of the Veterans Administration and gave an example of an offender who is married but was marked as an unmarried status on a medical record. She believes there is no excuse for this type of error, and wants to remind all of her advocacies motto, “All inmates are not liars and all liars are not inmates”.</p> <p>Dr. Linthicum responded that initiative has been taken to meet with the Inmate Assistance League on regular and recurring basis to address the concerns of the Inmate Assistance League. An upcoming meeting will take place to address any complaints, issues, and concerns of the Inmate Assistance League.</p> <p>Numerous cases that have been sent in by the Inmate Assistance League have been referred to the Office of Professional Standards, Patient Liaison Program, where they are investigated and written response are provided.</p> <p>All three medical directors have extended an olive branch and hand to the Inmate Assistance League working with them to resolve any concerns, questions, or issues. The health care providers are licensed to practice medicine, so the final analysis must rest with the medical provider.</p>	

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<p>X. Adjourn</p>	<p>Dr. de la Garza-Graham thanked everyone for attendance and adjourned the meeting at 11:27 a.m.</p>	<p>Dr. Raimer added that at times, health care providers are put in difficult situations because without a signed medical release for an offender, patient providers cannot share medical information, not even with family. In some cases, a different story is given from the patient or family which is not exactly what has been agreed upon by the offender patient and health care provider.</p>	

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

Date:

Consent Item

TDCJ Health Services Monitoring Reports

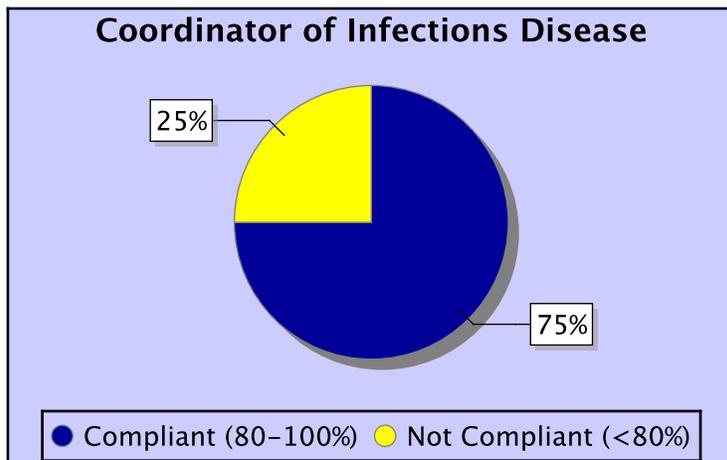
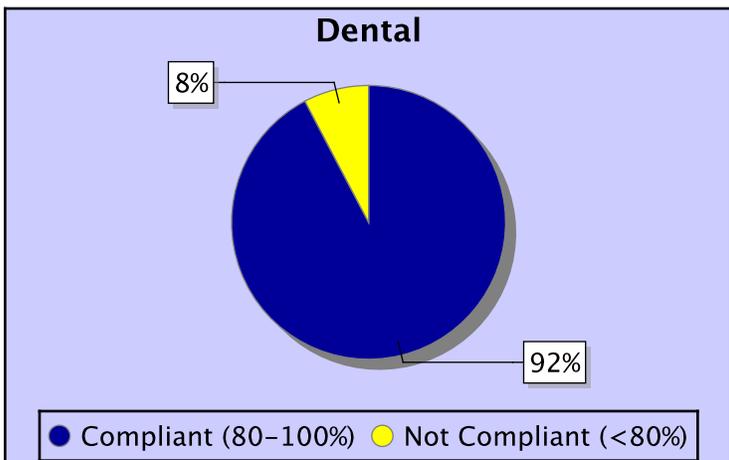
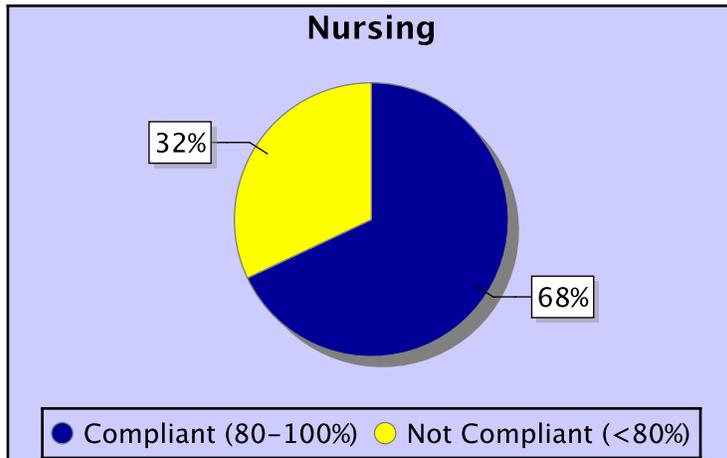
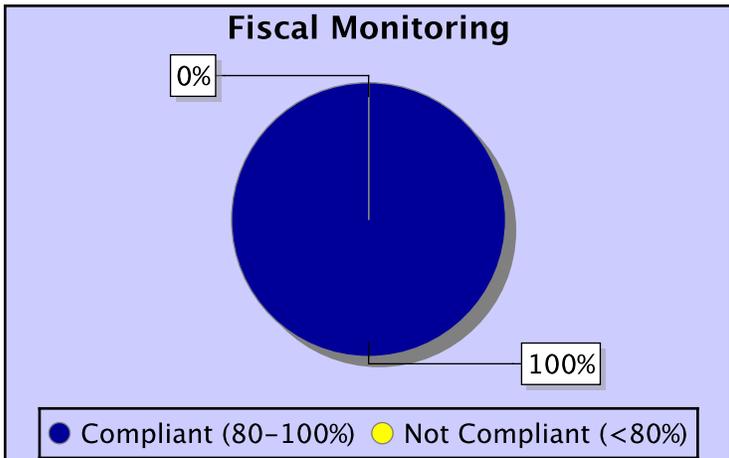
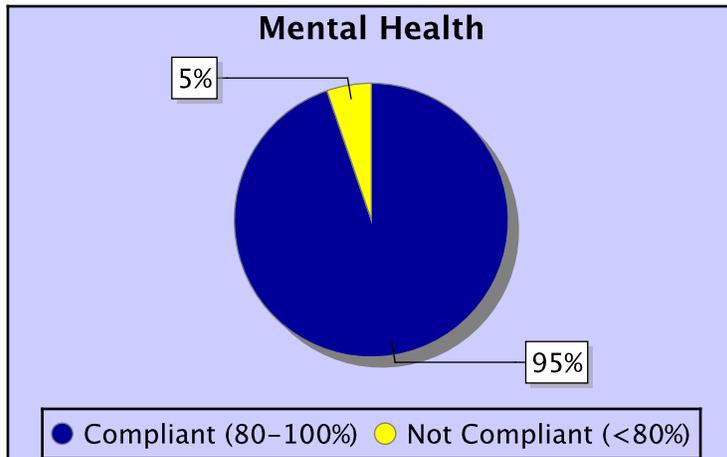
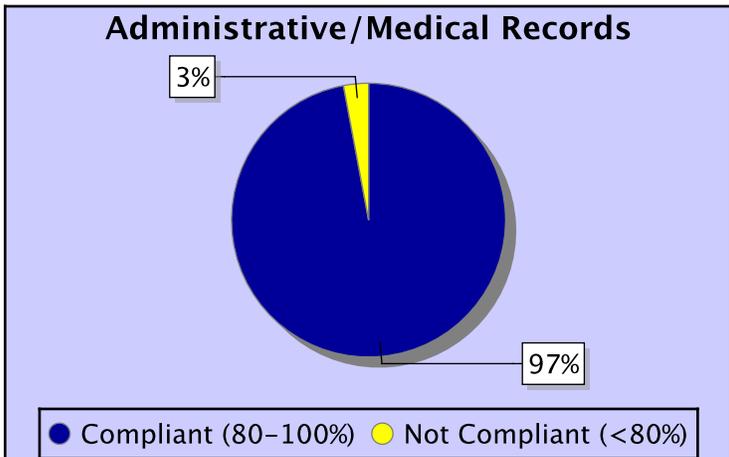
Rate of Compliance with Standards by Operational Categories
Third Quarter, Fiscal Year 2014
March 2014 - May 2014

Unit	Operations/ Administration			General Medical/Nursing			Coordinator of Infectious Disease			Dental			Mental Health			Fiscal		
	n	Items 80% or Greater Compliance		n	Items 80% or Greater Compliance		n	Items 80% or Greater Compliance		n	Items 80% or Greater Compliance		n	Items 80% or Greater Compliance		n	Items 80% or Greater Compliance	
Connally	34	33	97%	25	17	68%	40	30	75%	13	12	92%	19	18	95%	7	7	100%
Garza East	29	29	100%	15	12	80%	30	20	67%	1	0	0%	17	14	82%	6	6	100%
Garza West	33	32	97%	17	12	71%	35	20	57%	10	9	90%	17	14	82%	6	6	100%
Glossbrenner	31	30	97%	17	16	94%	23	18	78%	11	11	100%	2	2	100%	4	4	100%
Hamilton	34	34	100%	15	12	80%	26	14	54%	12	12	100%	12	11	92%	4	4	100%
Lopez	34	34	100%	17	16	94%	33	27	82%	11	11	100%	16	16	100%	5	5	100%
McConnell	34	33	97%	23	13	57%	33	11	33%	12	12	100%	24	18	75%	6	6	100%
Murray	35	35	100%	18	13	72%	27	17	63%	12	12	100%	16	12	75%	6	6	100%
Pack	34	34	100%	21	18	86%	29	22	76%	12	12	100%	16	14	88%	5	5	100%
Segovia	31	31	100%	15	13	87%	24	13	54%	12	12	100%	2	2	100%	5	5	100%
Stevenson	32	31	97%	15	13	87%	32	24	75%	12	12	100%	2	2	100%	6	6	100%
Willacy	33	33	100%	15	14	93%	28	23	82%	12	10	83%	14	13	93%	4	4	100%

n = number of applicable items audited.

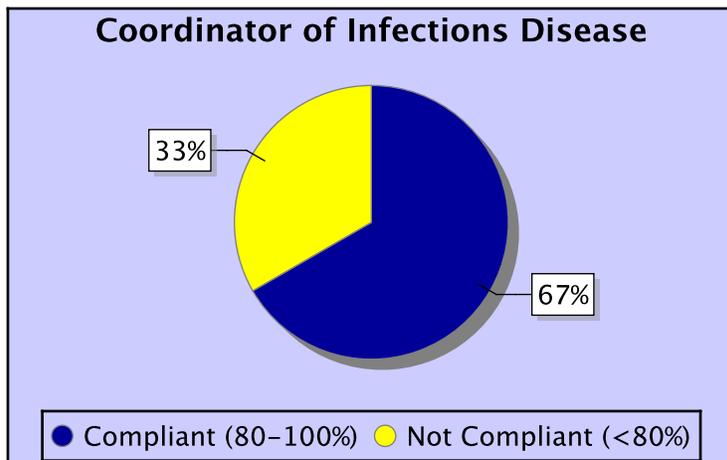
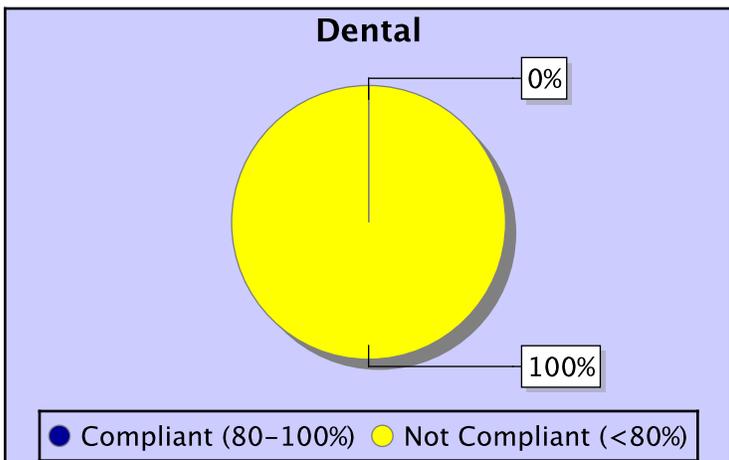
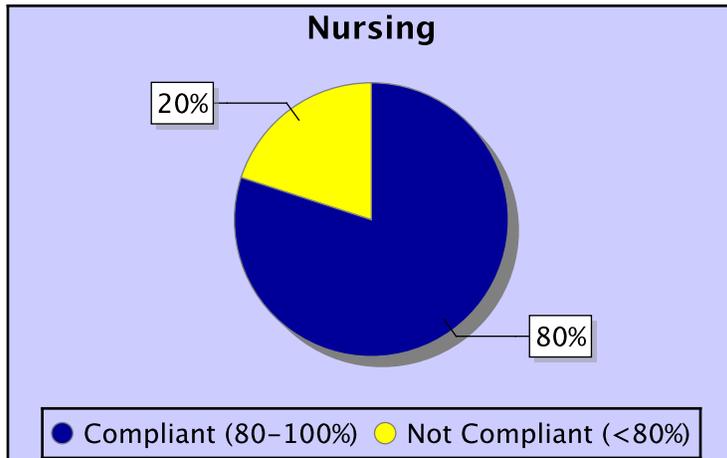
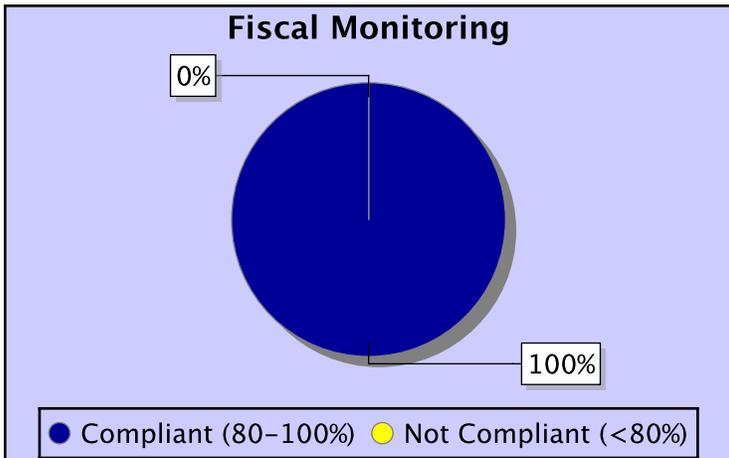
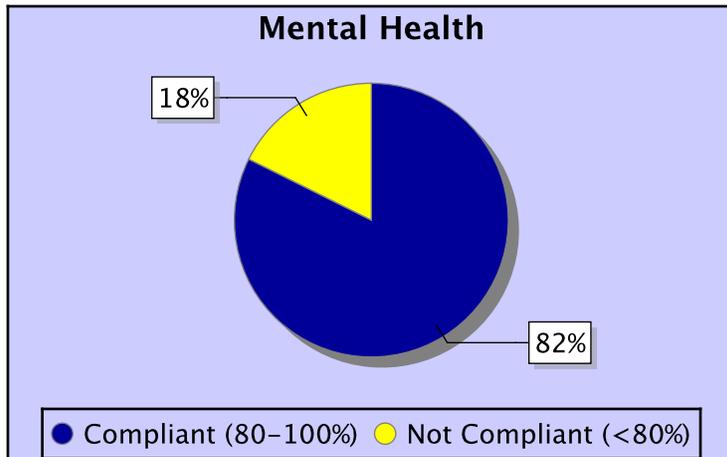
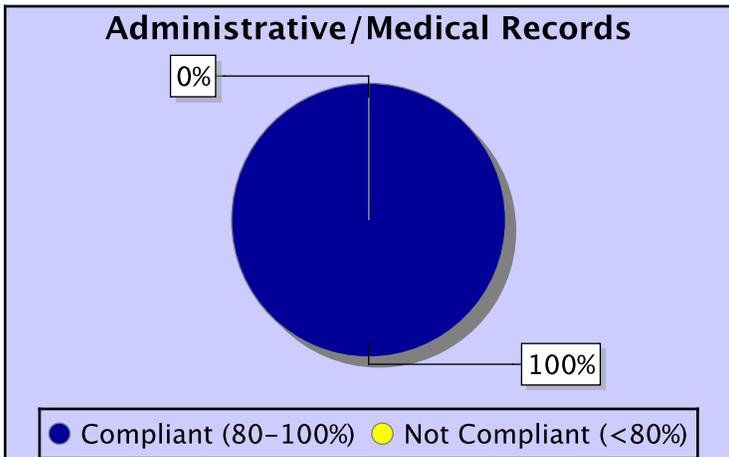
Compliance Rate By Operational Categories for CONNALLY FACILITY

May 06, 2014



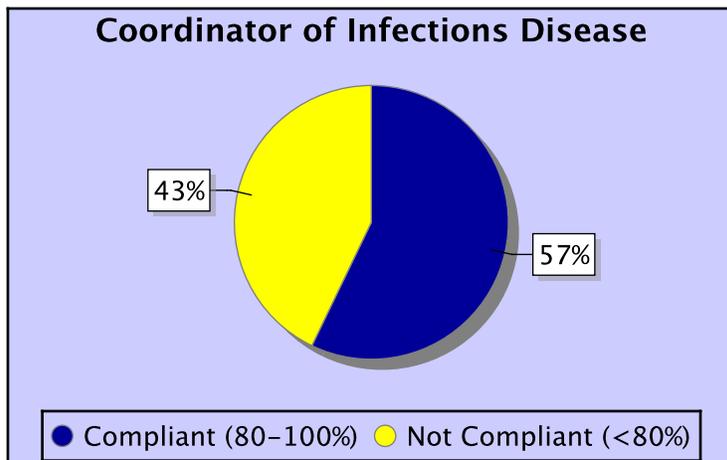
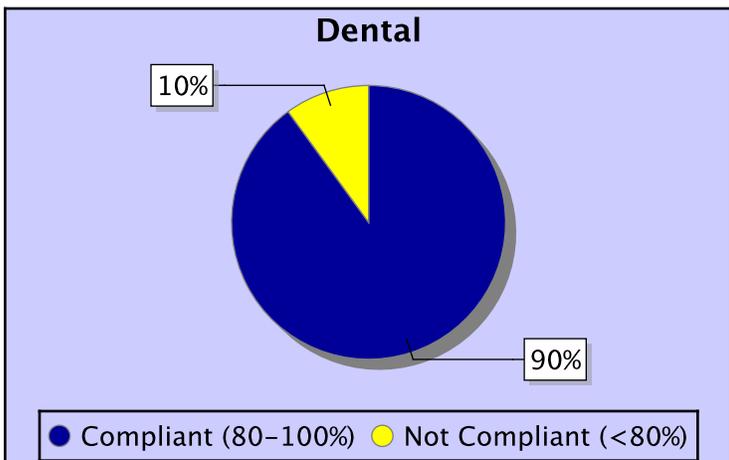
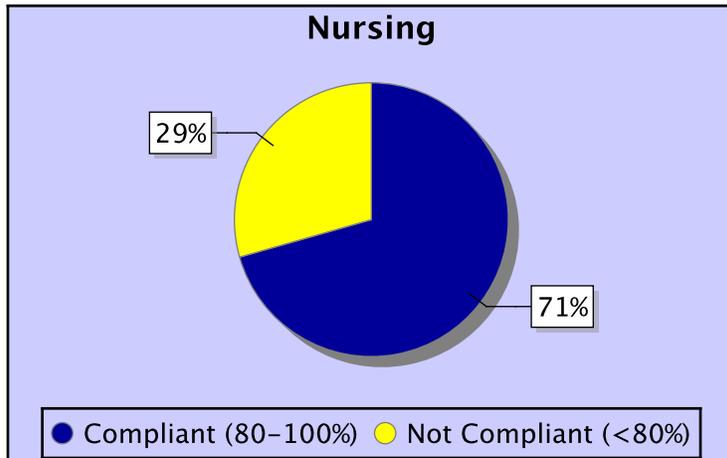
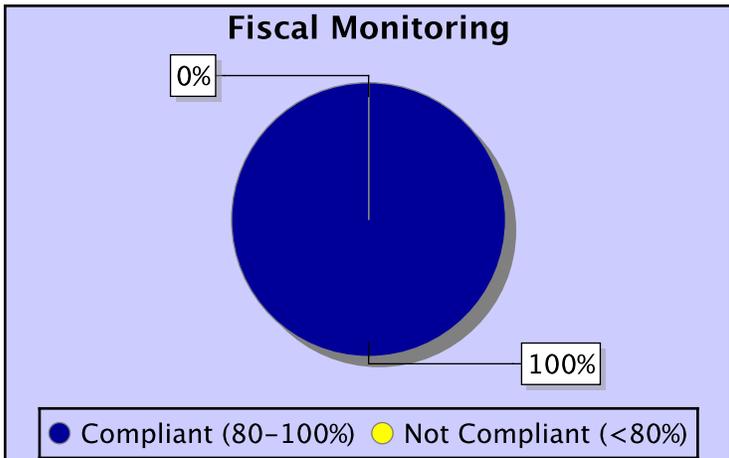
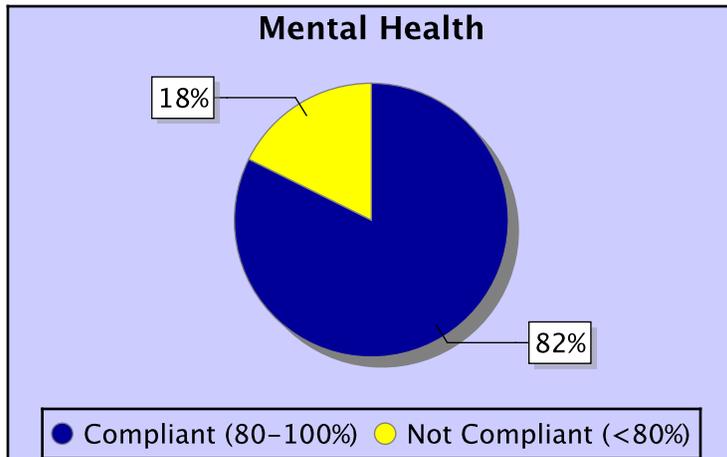
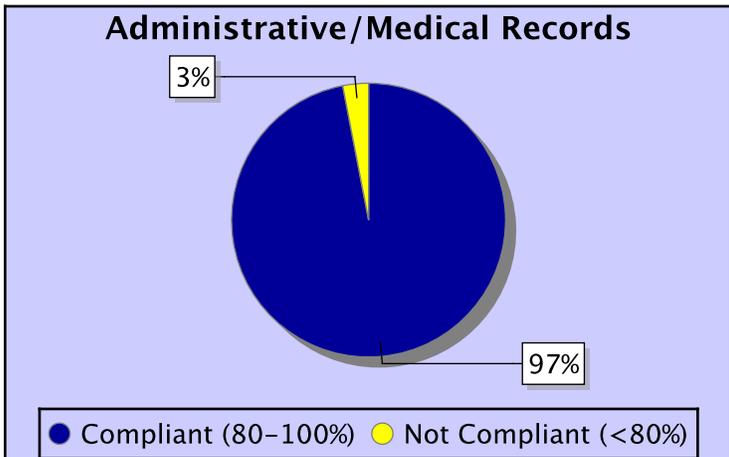
Compliance Rate By Operational Categories for GARZA EAST FACILITY

May 05, 2014



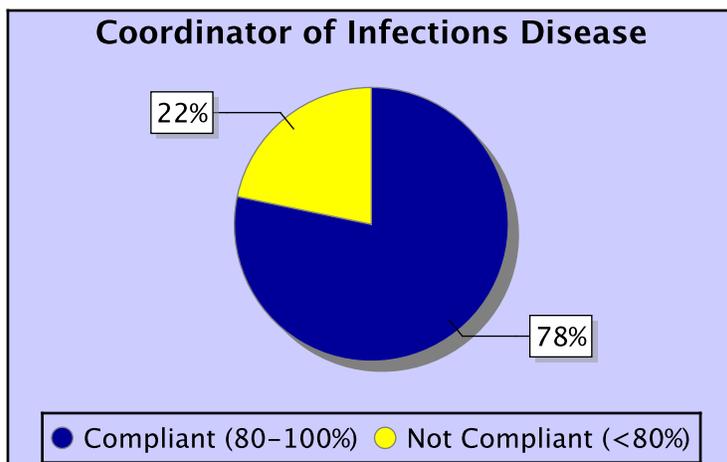
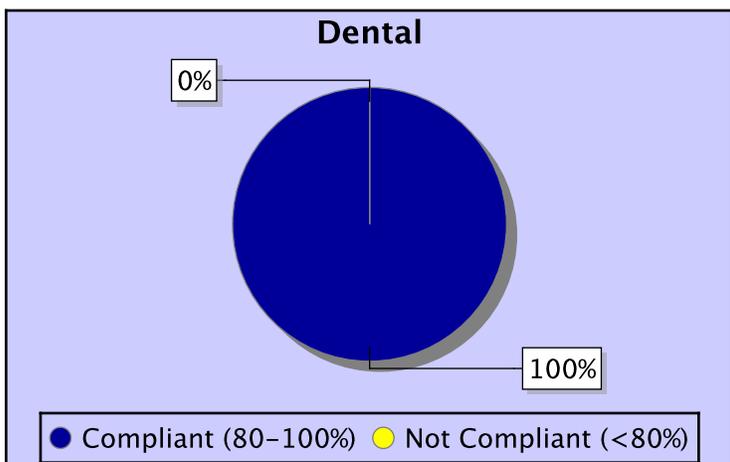
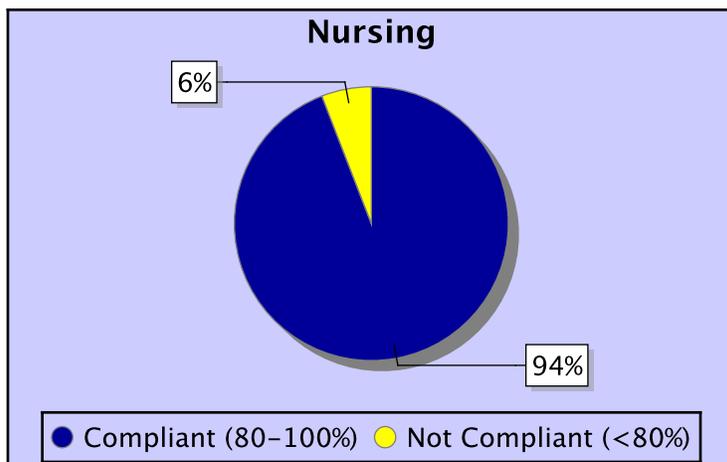
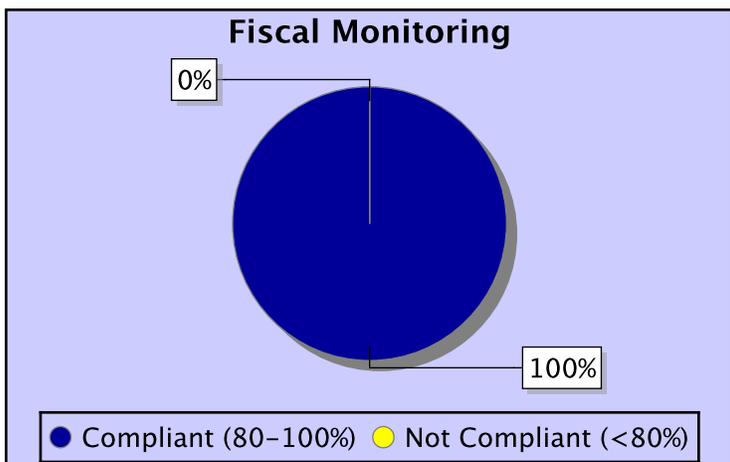
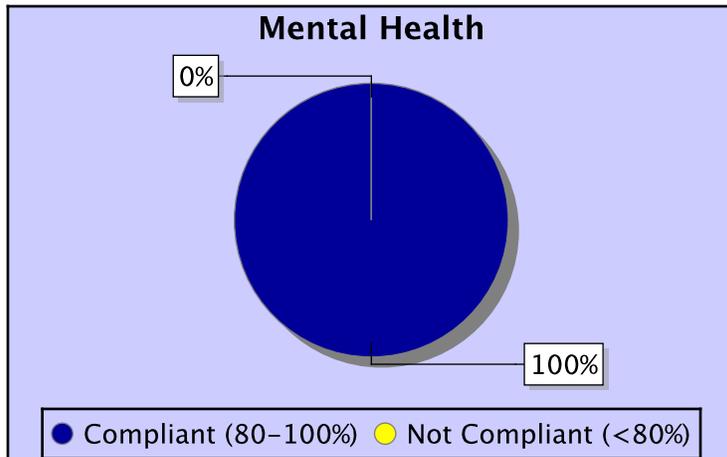
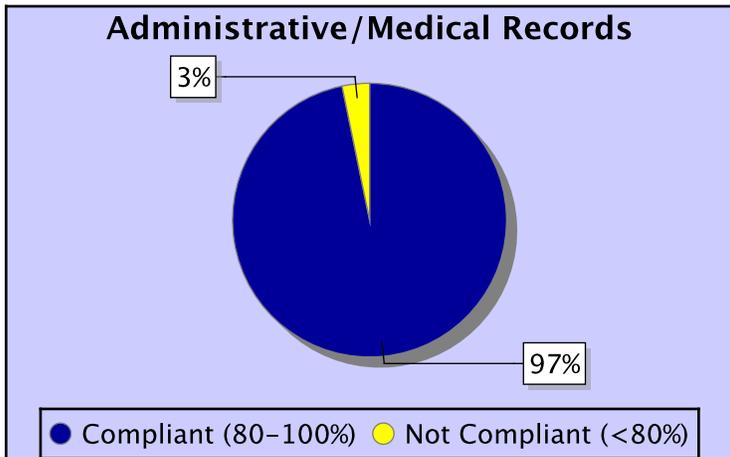
Compliance Rate By Operational Categories for GARZA WEST FACILITY

May 06, 2014



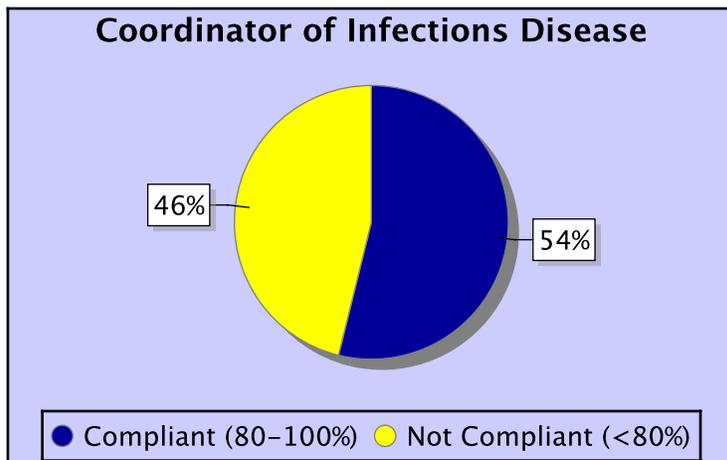
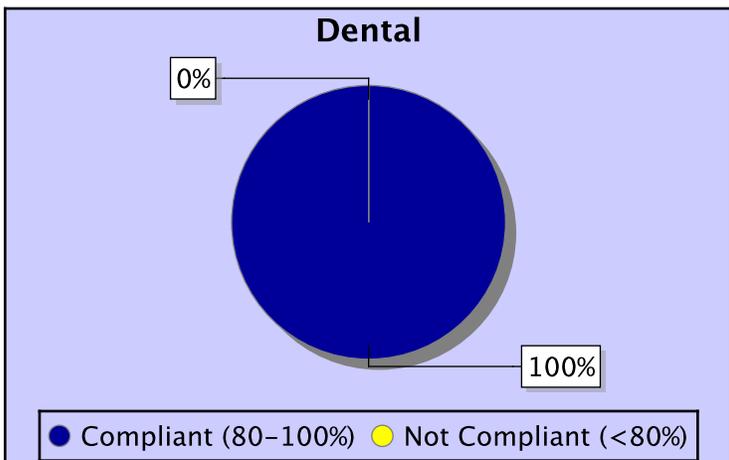
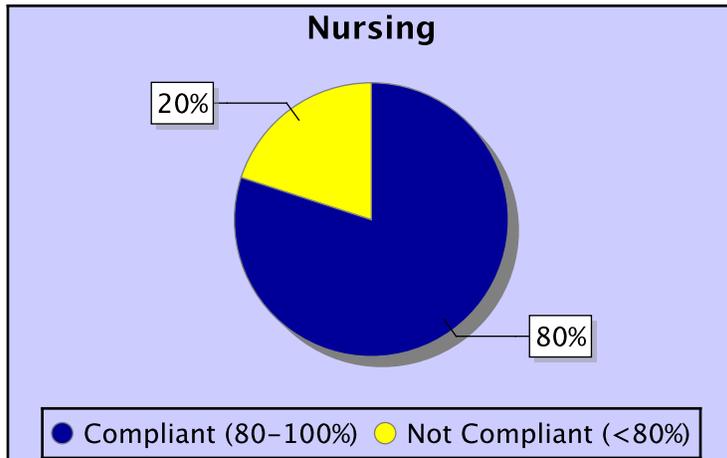
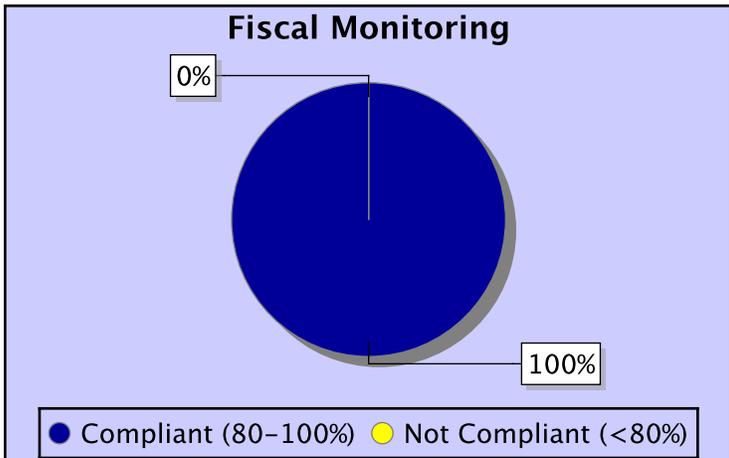
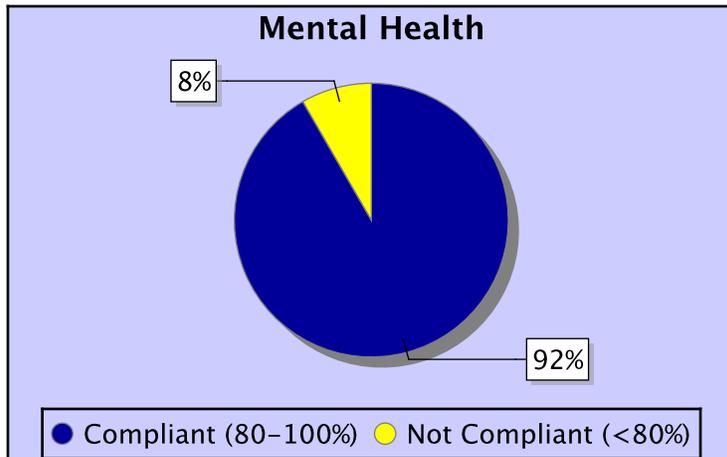
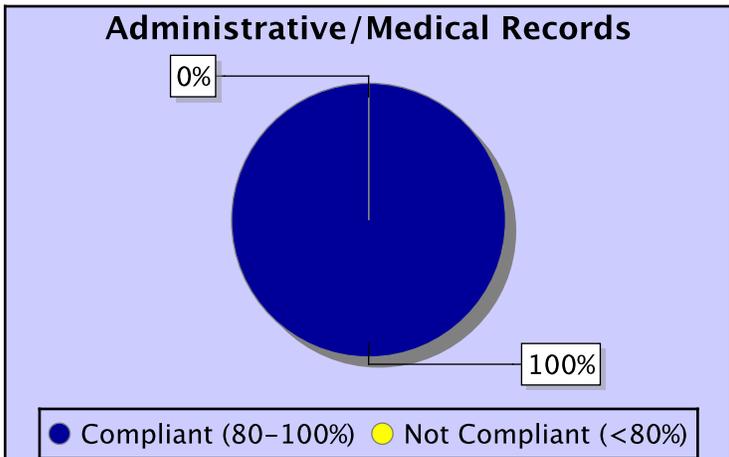
Compliance Rate By Operational Categories for GLOSSBRENNER FACILITY

March 05, 2014

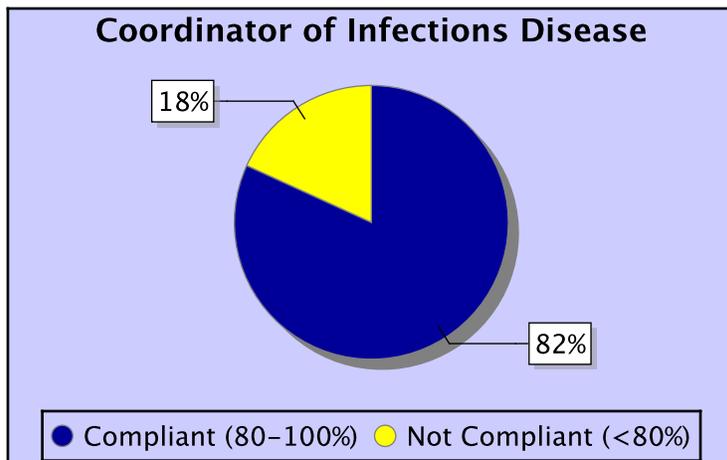
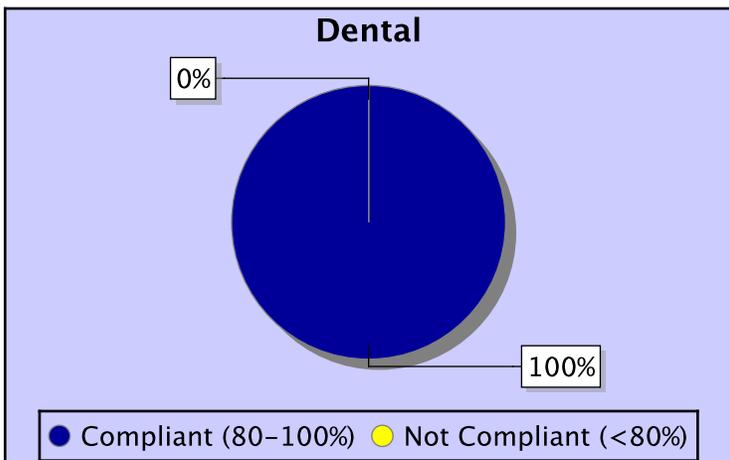
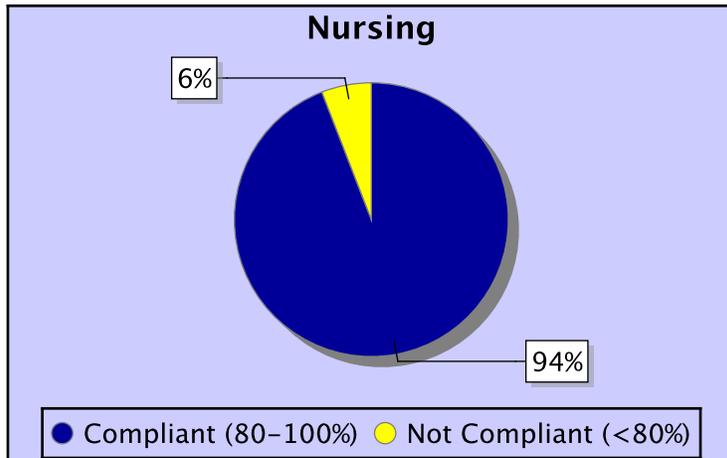
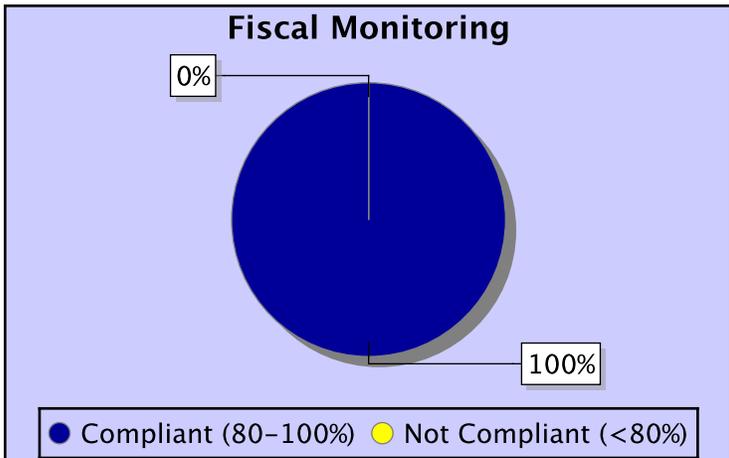
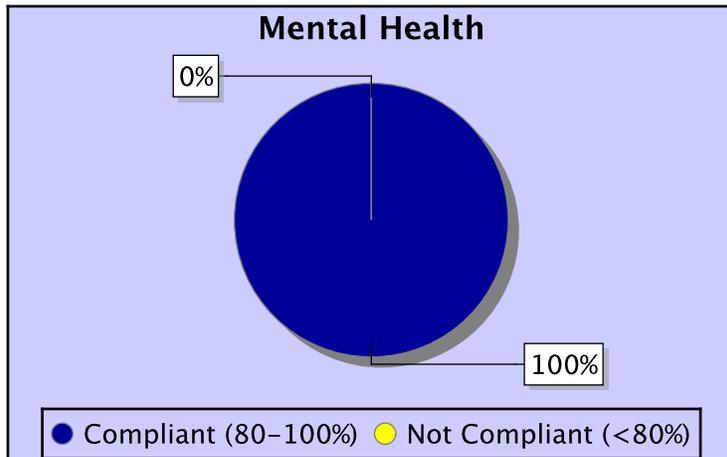
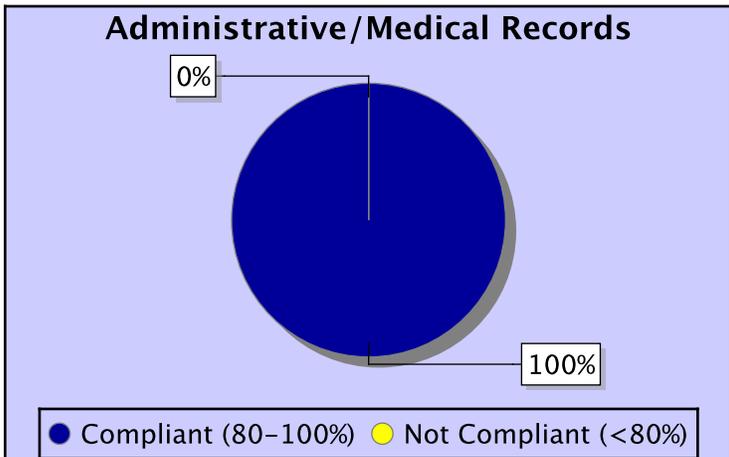


Compliance Rate By Operational Categories for HAMILTON FACILITY

April 01, 2014

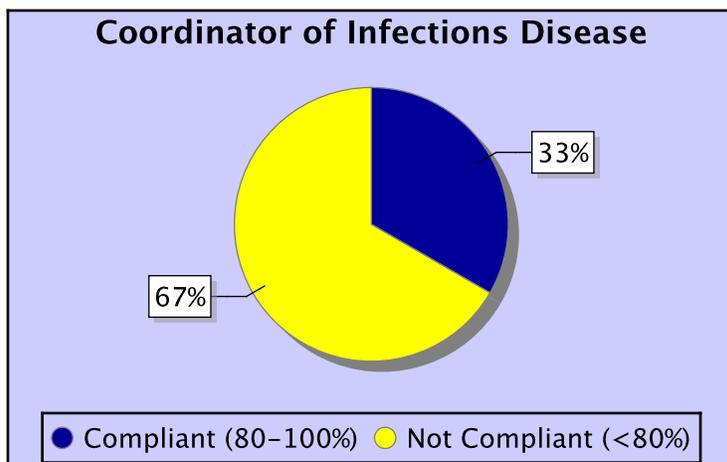
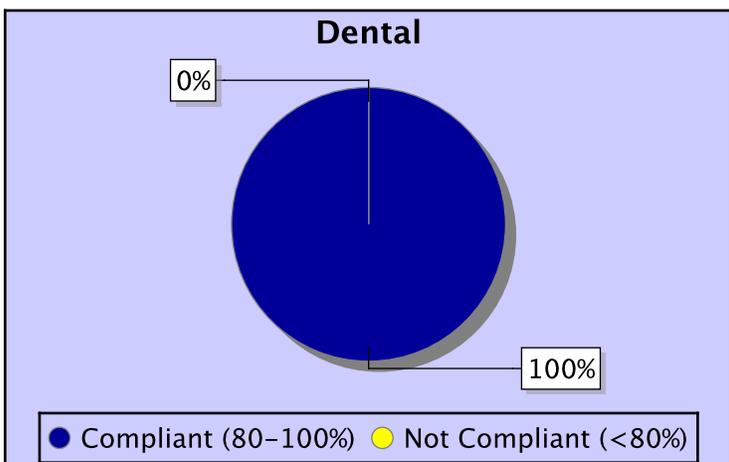
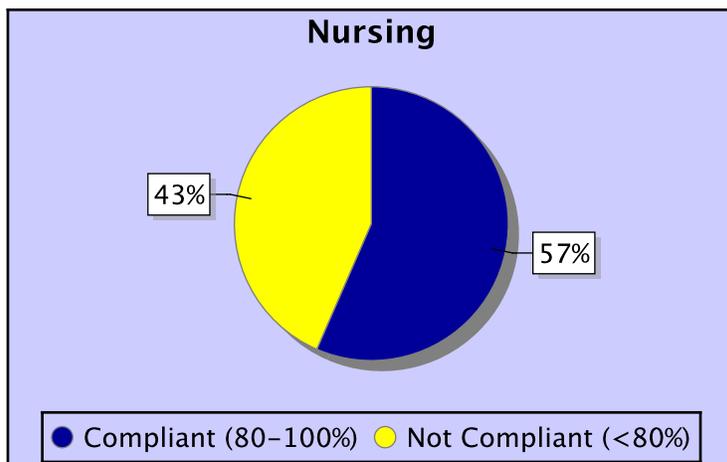
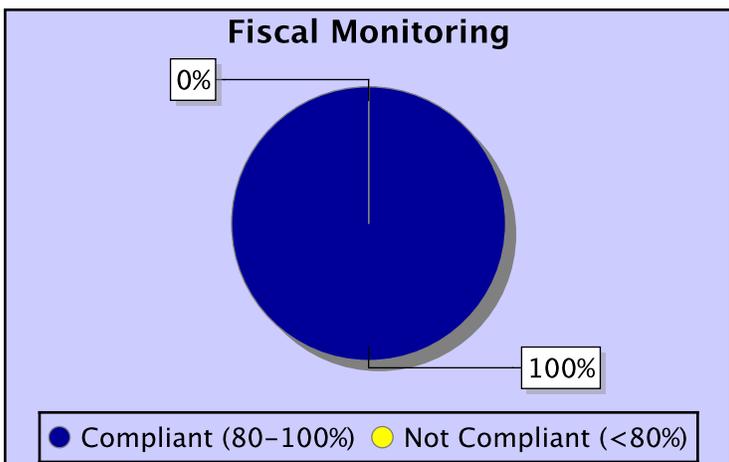
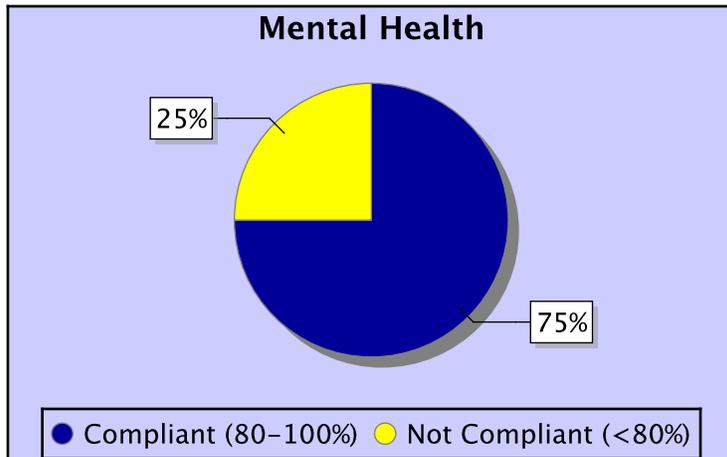
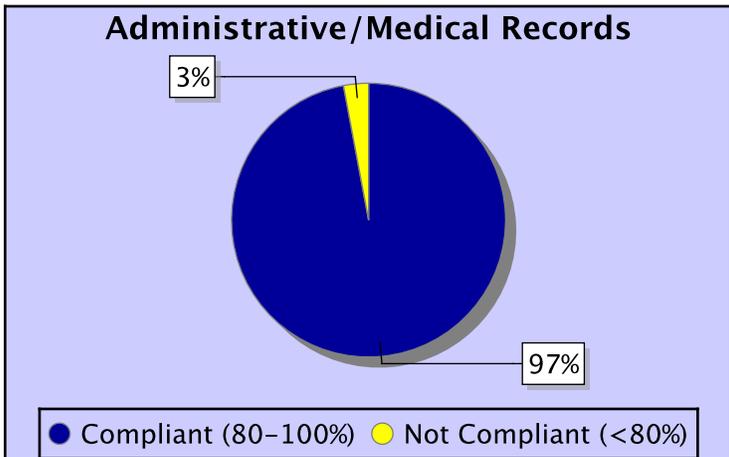


Compliance Rate By Operational Categories for LOPEZ FACILITY March 04, 2014



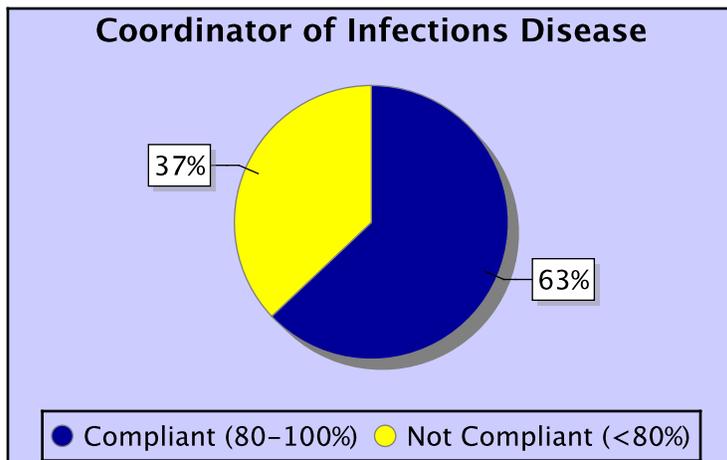
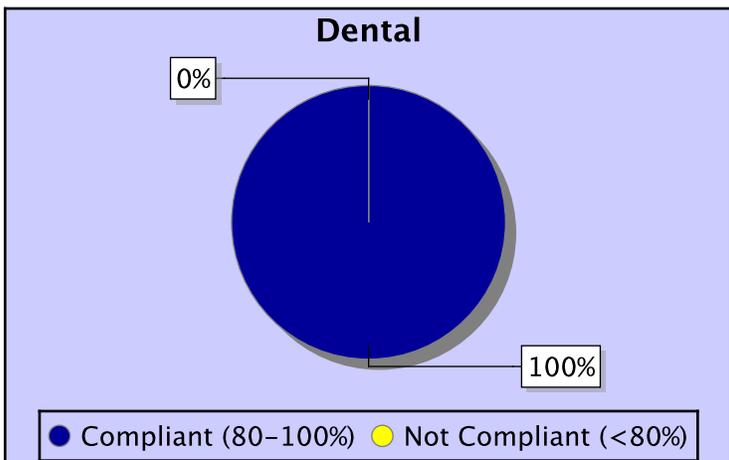
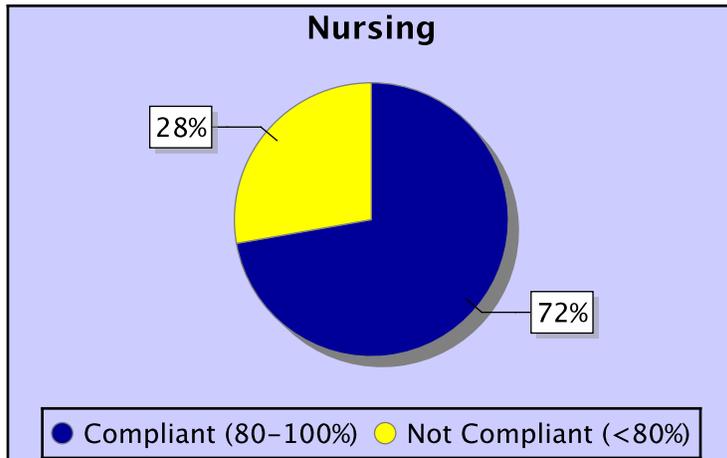
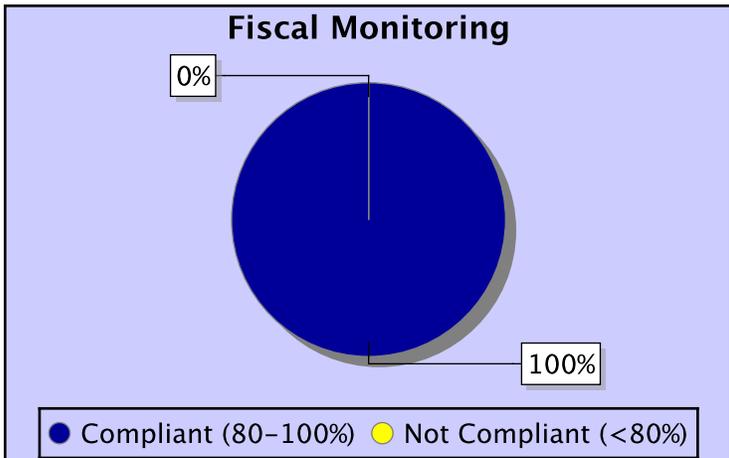
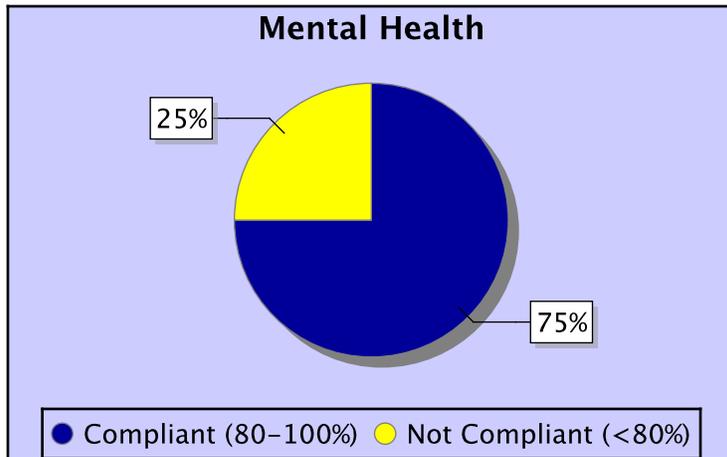
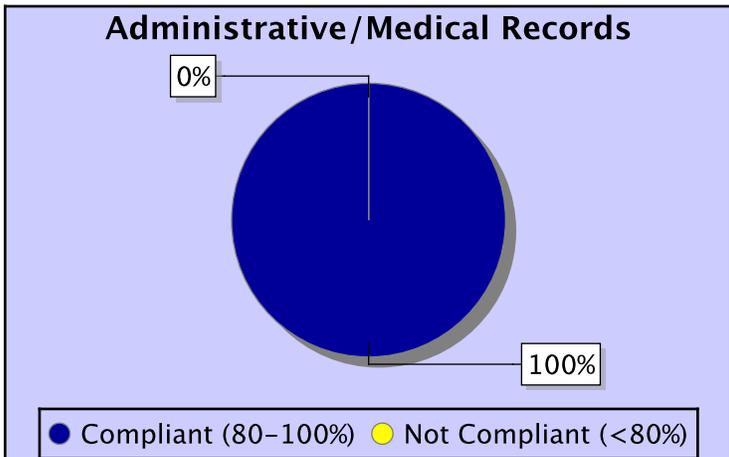
Compliance Rate By Operational Categories for MCCONNELL FACILITY

May 06, 2014

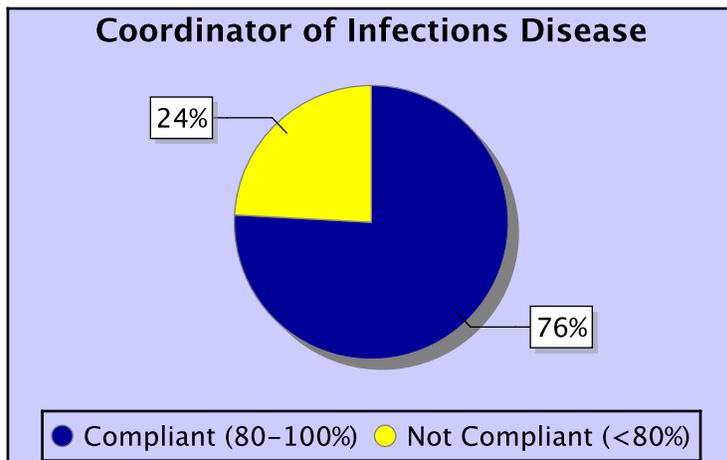
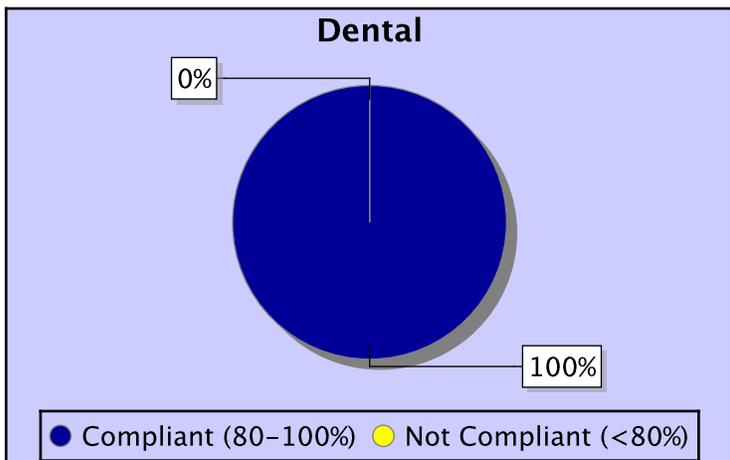
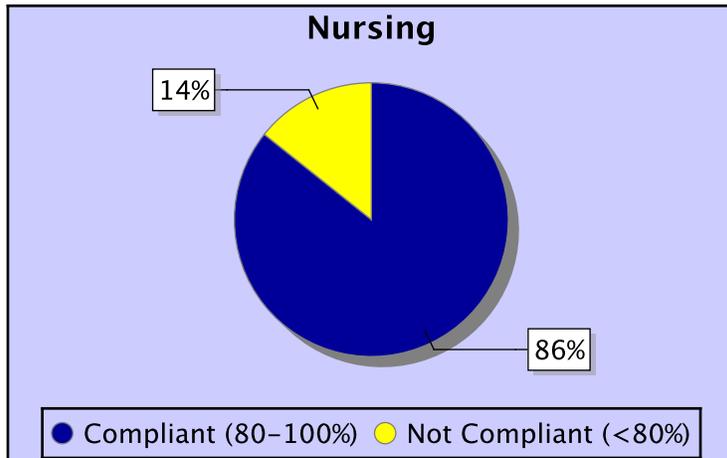
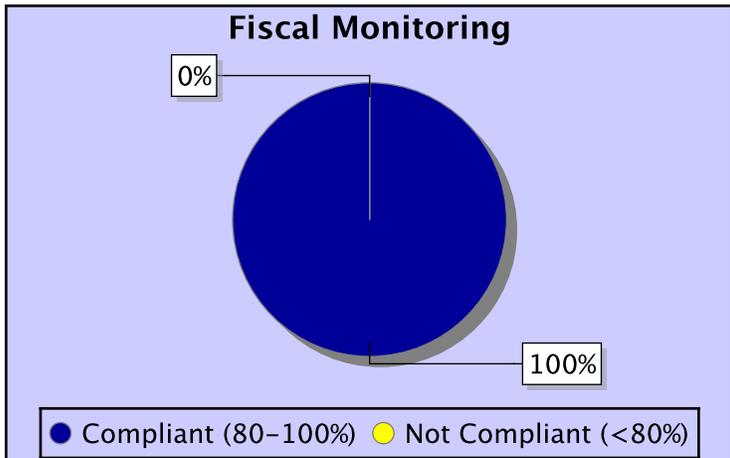
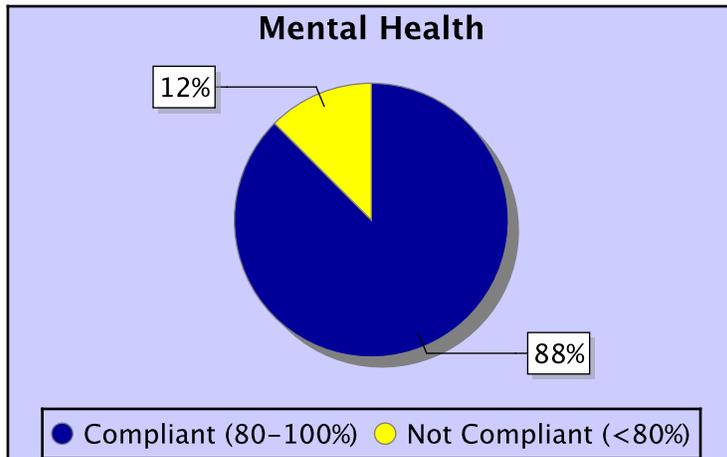
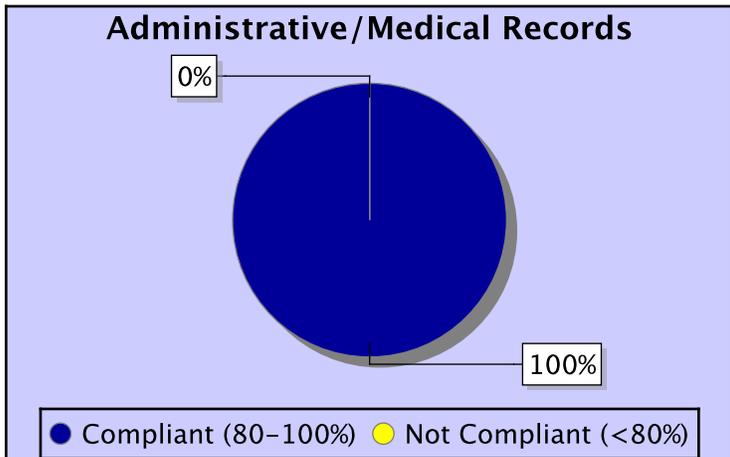


Compliance Rate By Operational Categories for MURRAY FACILITY

April 01, 2014

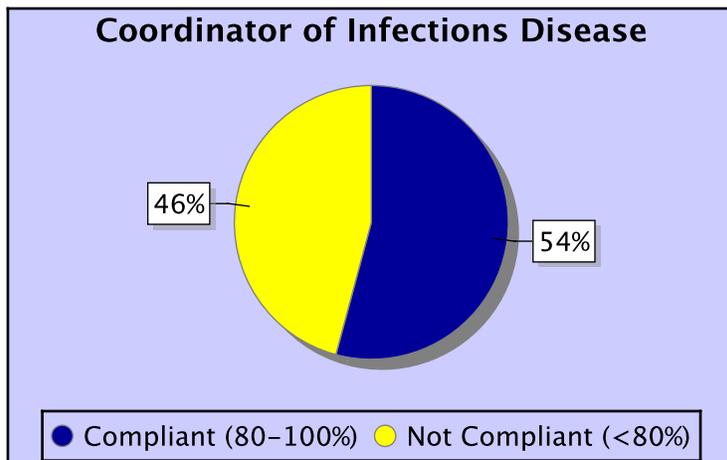
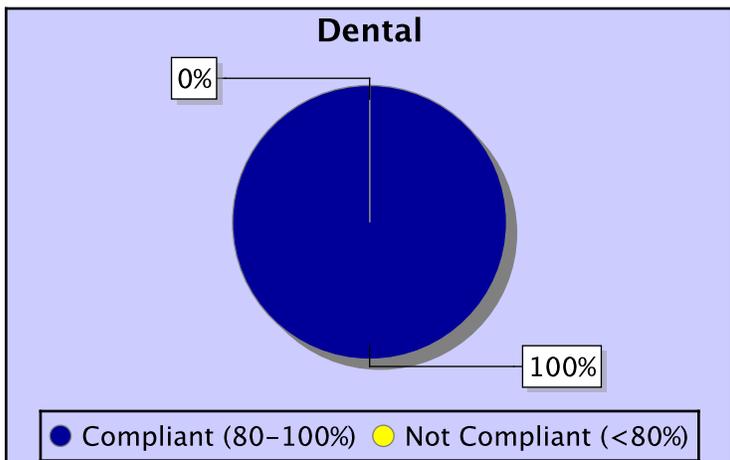
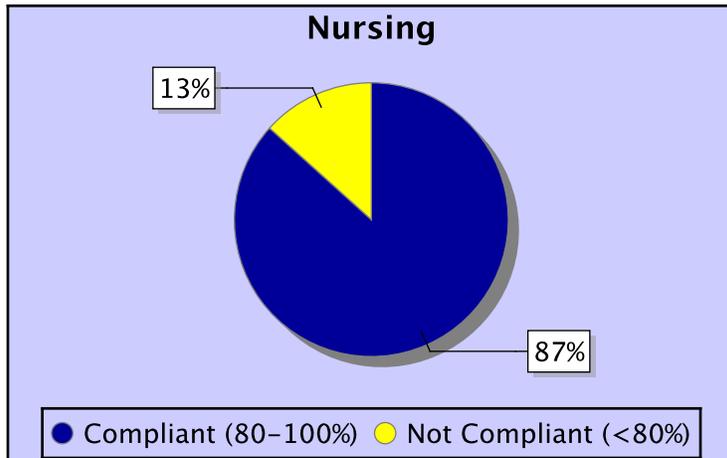
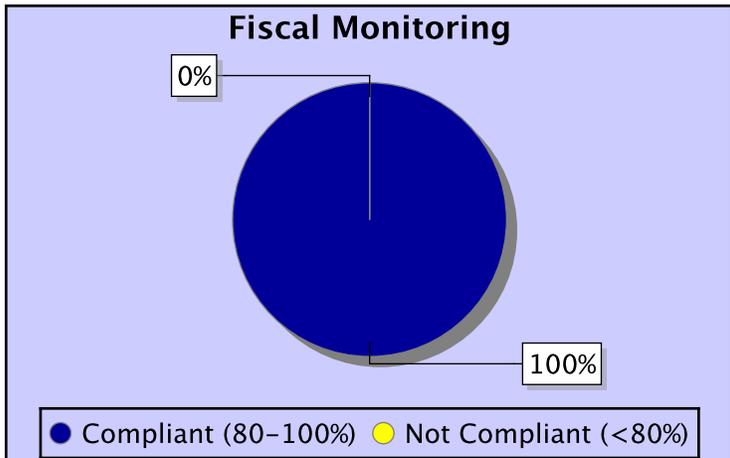
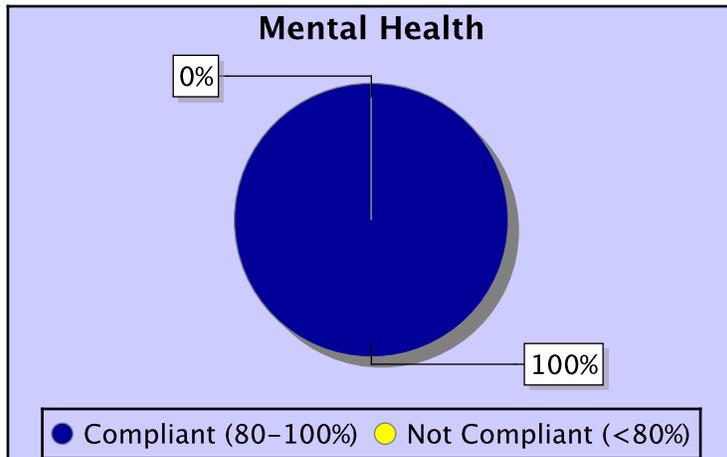
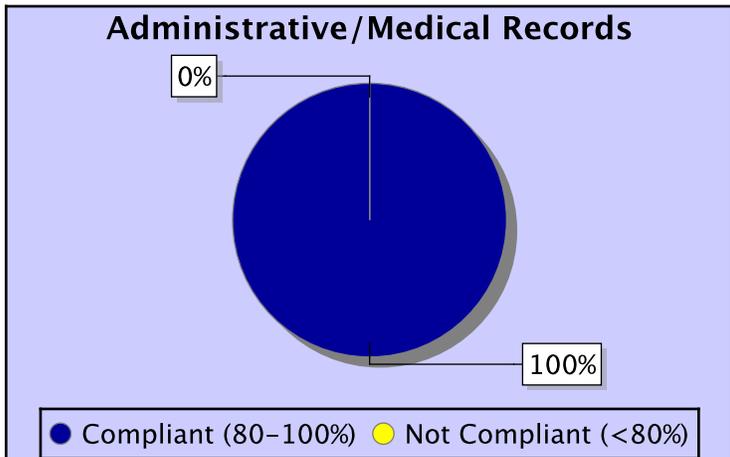


Compliance Rate By Operational Categories for PACK FACILITY April 02, 2014



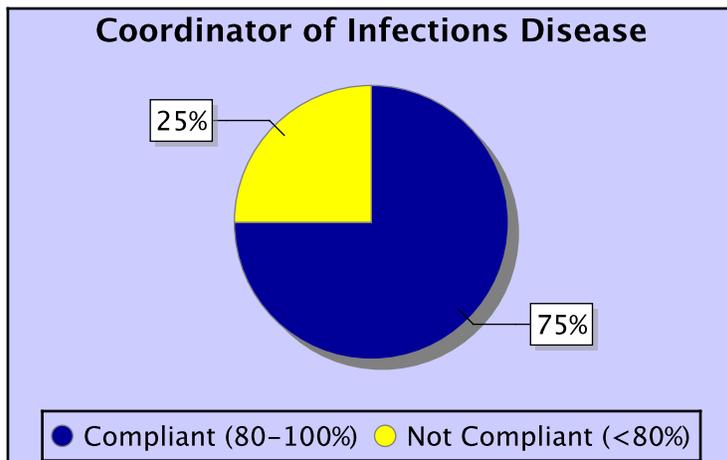
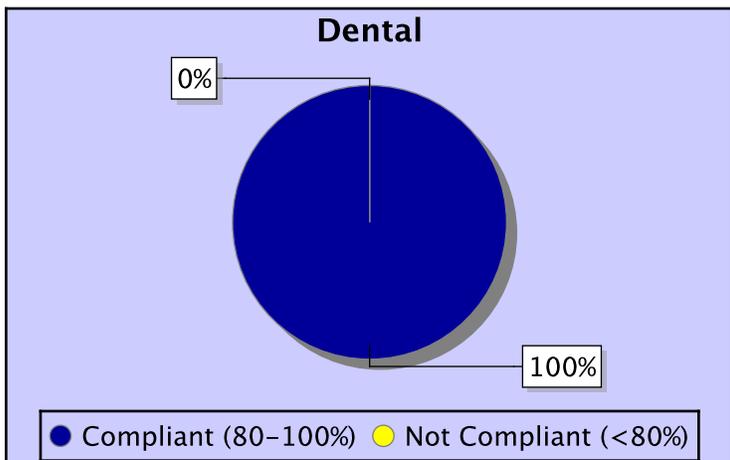
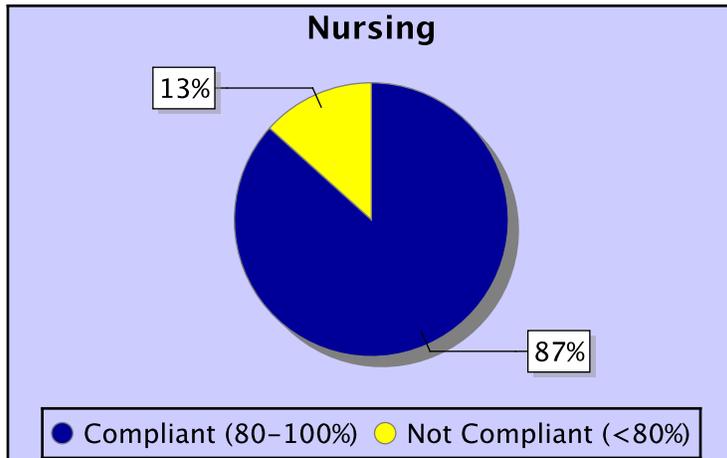
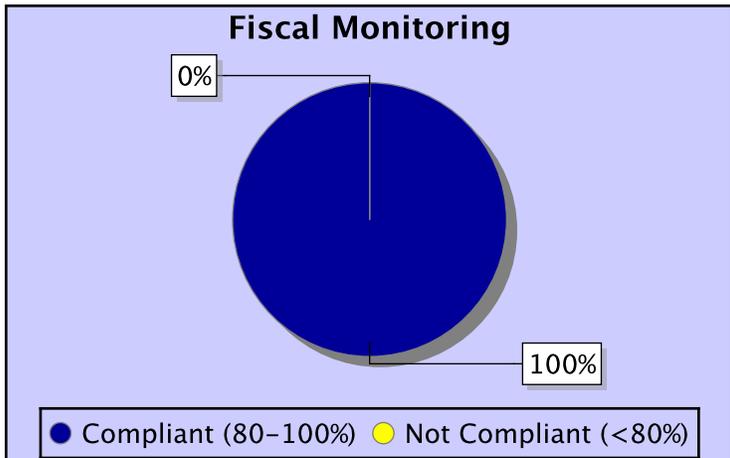
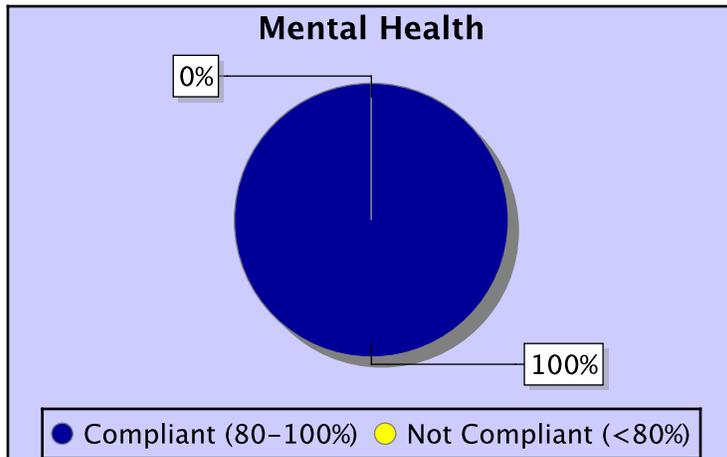
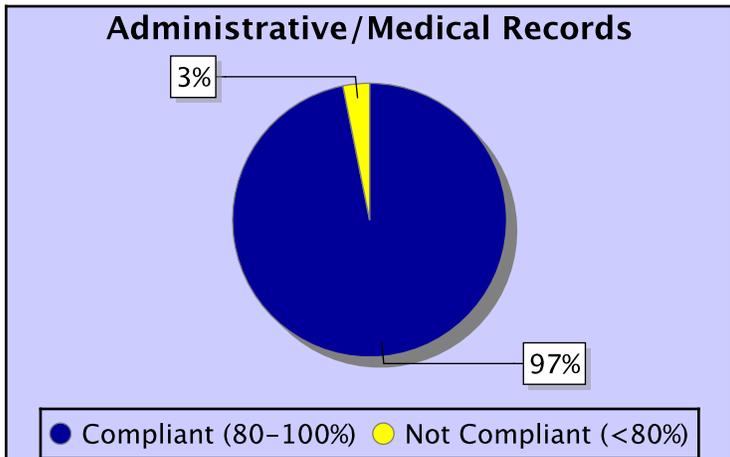
Compliance Rate By Operational Categories for SEGOVIA FACILITY

March 04, 2014

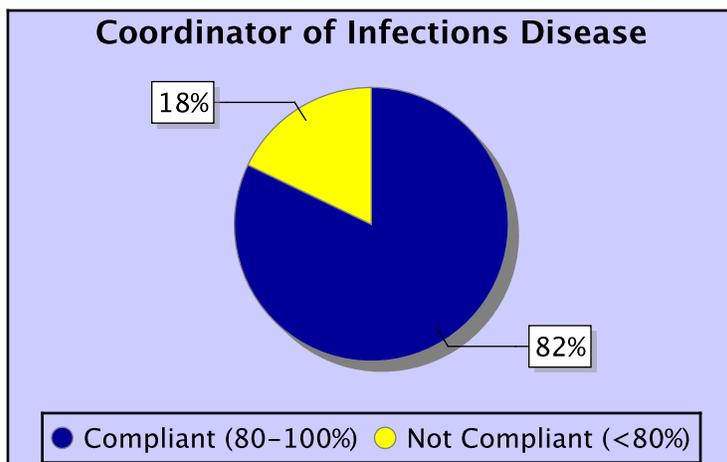
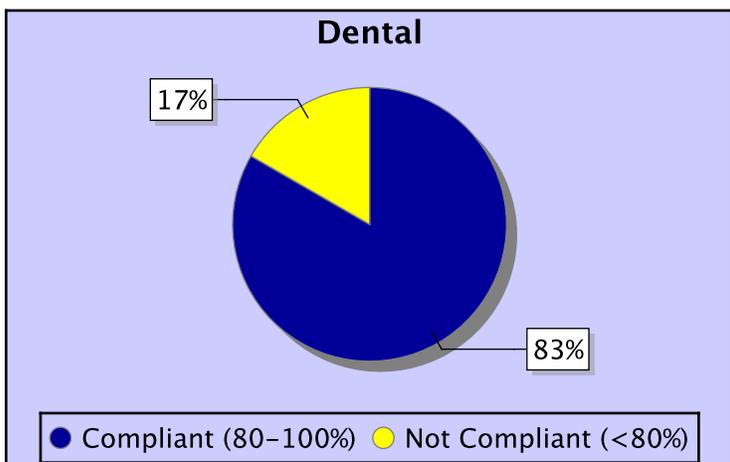
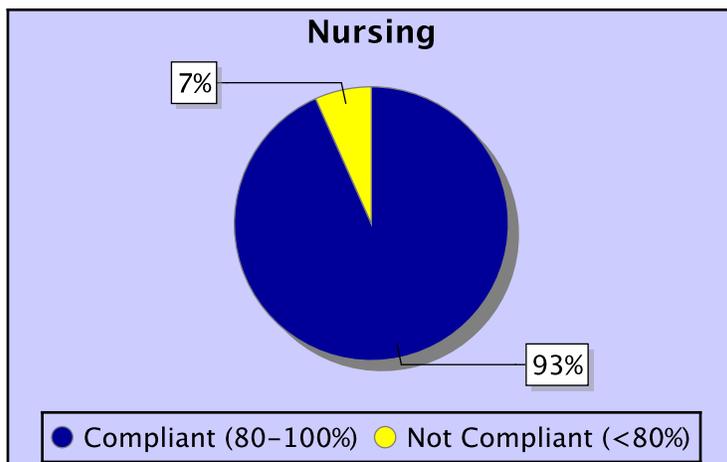
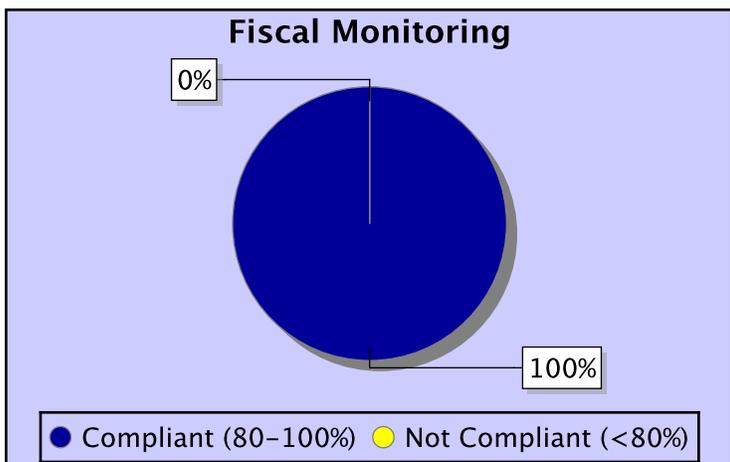
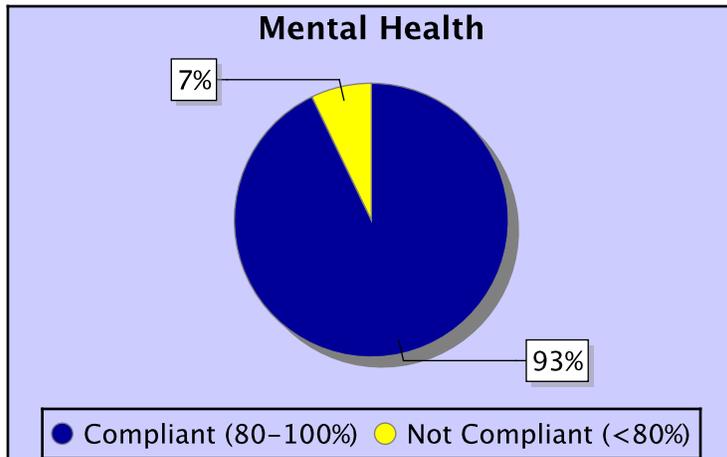
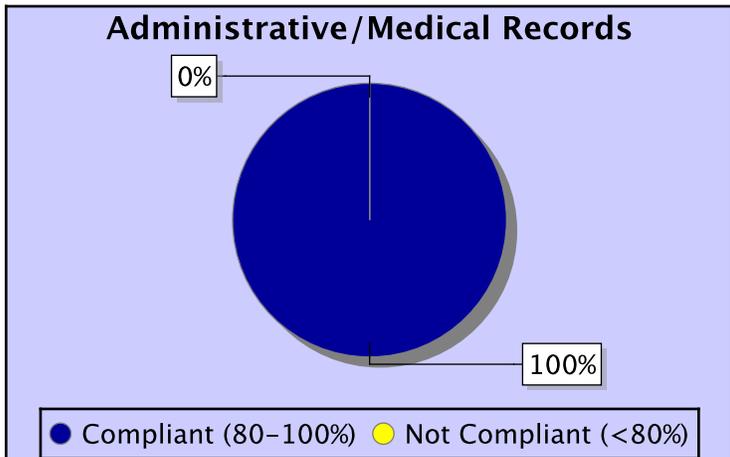


Compliance Rate By Operational Categories for STEVENSON FACILITY

May 05, 2014



Compliance Rate By Operational Categories for WILLACY FACILITY March 04, 2014



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

Facility	Charts Assessed by TDCJ as Urgent	Urgent Care Score *	Offenders receiving treatment but not within timeframe **	Offenders identified as needing definitive care***
Bridgeport	10	100%	0	0
Bridgeport PPT	10	70%	3	0
C. Moore	10	100%	0	0
Cole	10	90%	1	0
Diboll	10	90%	1	0
Dominguez	10	100%	0	0
Duncan	10	70%	3	0
Fort Stockton	10	100%	0	0
Goree	10	100%	0	0
Kyle	10	100%	0	0
Lewis	10	100%	0	0
Lindsey	10	100%	0	0
Lockhart	10	100%	0	0
Lynaugh	10	100%	0	0
Sanchez	10	100%	0	0

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

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

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

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

STEP II GRIEVANCE PROGRAM (GRV)													
Fiscal Year 2014	Total number of GRIEVANCE Correspondence Received Each Month	Total number of GRIEVANCE Correspondence Closed Each Month	Total number of Action Requests (Quality of Care, Personnel, and Process Issues)	Percent of Action Requests from Total # of GRIEVANCE Correspondence	Total number of Action Requests Referred to University of Texas Medical Branch-Correctional Managed Health Care			Total number of Action Requests Referred to Texas Tech University Health Sciences Center-Correctional Managed Health Care			Total number of Action Requests Referred to PRIVATE FACILITIES		
					Total	Percent of Total Action Requests Referred	QOC*	Total	Percent of Total Action Requests Referred	QOC*	Total	Percent of Total Action Requests Referred	QOC*
March	544	643	102	15.86%	68	14.62%	26	4	1.24%	4	1	0.16%	0
April	594	723	146	20.19%	91	15.77%	23	28	4.43%	4	0	0.00%	0
May	475	645	137	21.24%	95	17.21%	16	17	4.03%	9	0	0.00%	0
Totals:	1,613	2,011	385	19.14%	254	15.86%	65	49	3.28%	17	1	0.05%	0

PATIENT LIAISON PROGRAM (PLP)													
Fiscal Year 2014	Total number of Patient Liaison Program Correspondence Received Each Month	Total number of Patient Liaison Program Correspondence Closed Each Month	Total number of Action Requests (Quality of Care, Personnel, and Process Issues)	Percent of Action Requests from Total number of Patient Liaison Program Correspondence	Total number of Action Requests Referred to University of Texas Medical Branch-Correctional Managed Health Care			Total number of Action Requests Referred to Texas Tech University Health Sciences Center-Correctional Managed Health Care			Total number of Action Requests Referred to PRIVATE FACILITIES		
					Total	Percent of Total Action Requests Referred	QOC*	Total	Percent of Total Action Requests Referred	QOC*	Total	Percent of Total Action Requests Referred	QOC*
March	547	454	23	5.07%	19	4.41%	1	2	0.66%	1	0	0.00%	0
April	621	512	53	10.35%	40	8.98%	6	5	1.17%	1	1	0.20%	0
May	578	541	43	7.95%	31	6.84%	6	6	1.11%	0	0	0.00%	0
Totals:	1,746	1,507	119	7.90%	90	6.83%	13	13	1.00%	2	1	0.07%	0
GRAND TOTAL=	3,359	3,518	504	14.33%									

*QOC= Quality of Care

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

March 2014

Reportable Condition	Reports			
	2014 This Month	2013 Same Month	2014 Year to Date*	2013 Year to Date*
Chlamydia	7	4	16	13
Gonorrhea	4	4	6	5
Syphilis	110	92	301	249
Hepatitis A	0	0	0	0
Hepatitis B, acute	0	0	0	0
Hepatitis C, total and (acute [‡])	249	195	792	550
Human immunodeficiency virus (HIV) +, known at intake	195	168	619	570
HIV screens, intake	7,549	6,387	20,853	19,014
HIV +, intake	43	44	134	123
HIV screens, offender- and provider-requested	915	830	2,605	2,825
HIV +, offender- and provider-requested	0	0	2	2
HIV screens, pre-release	4,240	3,994	12,952	16,758
HIV +, pre-release	0	0	1	2
Acquired immune deficiency syndrome (AIDS)	10	6	11	18
Methicillin-resistant <i>Staph Aureus</i> (MRSA)	70	62	229	201
Methicillin-sensitive <i>Staph Aureus</i> (MSSA)	40	45	129	114
Occupational exposures of TDCJ staff	11	6	36	48
Occupational exposures of medical staff	3	3	8	11
HIV chemoprophylaxis initiation	1	1	3	5
Tuberculosis skin test (ie, PPD) +, intake	251	363	806	930
Tuberculosis skin test +, annual	7	39	21	167
Tuberculosis, known (ie, on tuberculosis medications) at intake	0	0	2	0
Tuberculosis, diagnosed at intake and attributed to county of origin (identified before 42 days of incarceration)	0	2	1	5
Tuberculosis, diagnosed during incarceration (identified after 42 days of incarceration)	1	4	2	6
Tuberculosis cases under management	9	17		
Peer education programs [¶]	0	0	99	100
Peer education educators [∞]	19	43	3879	3,452
Peer education participants	6,599	7,758	19,081	18,819
Sexual assault in-service (sessions/units)	1/1	11/5	21/16	15/8
Sexual assault in-service participants	27	76	332	149
Alleged assaults and chart reviews	87	63	291	195
Bloodborne exposure labs drawn on offenders	15	14	45	46
New Sero-conversions d/t sexual assault ±	0	0	0	0

TB Interviews due to PPD shortage this month - 5179

X-rays due to signs and symptoms this month - 31

The total of Interviews from year to date – 15,359

The total of S/S from year to date - 86

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

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

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

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

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

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

April 2014

Reportable Condition	Reports			
	2014 This Month	2013 Same Month	2014 Year to Date*	2013 Year to Date*
Chlamydia	6	8	22	21
Gonorrhea	1	1	7	6
Syphilis	69	80	370	329
Hepatitis A	0	0	0	0
Hepatitis B, acute	0	0	0	0
Hepatitis C, total and (acute [‡])	312	332	1104	882
Human immunodeficiency virus (HIV) +, known at intake	179	240	798	810
HIV screens, intake	6,830	5,635	27,683	25,644
HIV +, intake	33	39	167	165
HIV screens, offender- and provider-requested	867	1,062	3,517	3,553
HIV +, offender- and provider-requested	0	0	2	0
HIV screens, pre-release	4,158	4,986	17,110	20,627
HIV +, pre-release	120	126	454	395
Acquired immune deficiency syndrome (AIDS)	3	2	14	23
Methicillin-resistant <i>Staph Aureus</i> (MRSA)	72	68	301	249
Methicillin-sensitive <i>Staph Aureus</i> (MSSA)	50	44	179	160
Occupational exposures of TDCJ staff	12	11	50	33
Occupational exposures of medical staff	2	2	10	8
HIV chemoprophylaxis initiation	3	1	6	5
Tuberculosis skin test (ie, PPD) +, intake	167	212	973	1142
Tuberculosis skin test +, annual	16	23	37	190
Tuberculosis, known (ie, on tuberculosis medications) at intake	1	1	3	1
Tuberculosis, diagnosed at intake and attributed to county of origin (identified before 42 days of incarceration)	2	2	3	7
Tuberculosis, diagnosed during incarceration (identified after 42 days of incarceration)	3	5	5	9
Tuberculosis cases under management	9 + 2 officers	16		
Peer education programs [¶]	1	0	100	100
Peer education educators [∞]	48	75	3,927	3,527
Peer education participants	6,634	6,283	25,715	25,102
Sexual assault in-service (sessions/units)				
Sexual assault in-service participants				
Alleged assaults and chart reviews				
Bloodborne exposure labs drawn on offenders				
New Sero-conversions d/t sexual assault ±				

TB Interviews due to PPD shortage this month – 4434

X-rays due to signs and symptoms this month - 23

The total of Interviews from year to date - 19793

The total of S/S from year to date - 109

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

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

[¶] New programs are indicated in the column marked “This Month”; total programs are indicated in the column marked “Year to Date.”

[∞] New peer educators are indicated in the column marked “This Month”; total peer educators are indicated in the column marked “Year to Date.”

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

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

May 2014

Reportable Condition	Reports			
	2014 This Month	2013 Same Month	2014 Year to Date*	2013 Year to Date*
Chlamydia	7	2	29	23
Gonorrhea	1	1	8	7
Syphilis	78	99	448	428
Hepatitis A	0	0	0	0
Hepatitis B, acute	0	0	0	0
Hepatitis C, total and (acute [‡])	349	332	1453 (0)	1214 (0)
Human immunodeficiency virus (HIV) +, known at intake	192	190	990	1000
HIV screens, intake	6,065	5,190	33,748	30,834
HIV +, intake	41	39	208	204
HIV screens, offender- and provider-requested	805	765	4,322	4,318
HIV +, offender- and provider-requested	2	0	4	0
HIV screens, pre-release	3,615	3,611	20,725	24,238
HIV +, pre-release	0	0	1	2
Acquired immune deficiency syndrome (AIDS)	10	5	24	28
Methicillin-resistant <i>Staph Aureus</i> (MRSA)	76	59	377	308
Methicillin-sensitive <i>Staph Aureus</i> (MSSA)	56	41	235	201
Occupational exposures of TDCJ staff	14	10	64	43
Occupational exposures of medical staff	4	3	14	11
HIV chemoprophylaxis initiation	2	3	8	8
Tuberculosis skin test (ie, PPD) +, intake	161	328	1134	1470
Tuberculosis skin test +, annual	5	43	42	233
Tuberculosis, known (ie, on tuberculosis medications) at intake	1	3	4	4
Tuberculosis, diagnosed at intake and attributed to county of origin (identified before 42 days of incarceration)	0	1	3	8
Tuberculosis, diagnosed during incarceration (identified after 42 days of incarceration)	1	6	4	15
Tuberculosis cases under management				
Peer education programs [¶]	0	1	100	101
Peer education educators [∞]	40	28	3,967	3,555
Peer education participants	6,396	6,373	32,111	32,523
Sexual assault in-service (sessions/units)				
Sexual assault in-service participants				
Alleged assaults and chart reviews				
Bloodborne exposure labs drawn on offenders				
New Sero-conversions d/t sexual assault ±				

TB Interviews due to PPD shortage this month – 4,922

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

The total of Interviews from year to date – 24,715

The total of S/S from year to date - 141

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

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

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

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

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

Health Services Liaison Utilization Review Hospital and Infirmiry Discharge Audit

During the Third Quarter of Fiscal Year 2014, ten percent of the UTMB and TTUHSC hospital and infirmiry discharges were audited. A total of 159 hospital discharge and 52 infirmiry discharge audits were conducted. This chart is a summary of the audits showing the number of cases with deficiencies and their percentage.

Freeworld Hospital Discharges in Texas Tech Sector											
Month	Audits Performed	Vital Signs Not Recorded ¹ (Cases with Deficiencies)		Appropriate Receiving Facility ² (Cases with Deficiencies)		No Chain-In Done ³ (Cases with Deficiencies)		Unscheduled Care within 7 Days ⁴ (Cases with Deficiencies)		Lacked Documentation ⁵ (Cases with Deficiencies)	
March	4	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
April	6	0	N/A	0	N/A	0	N/A	0	N/A	2	33.33%
May	5	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Total/Average		0	N/A	0	N/A	0	N/A	0	N/A	2	13.33%
Freeworld Hospital Discharges in UTMB Sector											
Month	Audits Performed	Vital Signs Not Recorded ¹ (Cases with Deficiencies)		Appropriate Receiving Facility ² (Cases with Deficiencies)		No Chain-In Done ³ (Cases with Deficiencies)		Unscheduled Care within 7 Days ⁴ (Cases with Deficiencies)		Lacked Documentation ⁵ (Cases with Deficiencies)	
March	28	2	7.14%	0	N/A	0	N/A	1	3.57%	3	10.71%
April	25	0	N/A	0	N/A	0	N/A	1	4.00%	1	4.00%
May	30	1	3.33%	0	N/A	1	3.33%	0	N/A	0	N/A
Total/Average		3	3.61%	0	N/A	1	1.20%	2	2.41%	4	4.82%
UTMB Hospital Galveston Discharges											
Month	Audits Performed	Vital Signs Not Recorded ¹ (Cases with Deficiencies)		Appropriate Receiving Facility ² (Cases with Deficiencies)		No Chain-In Done ³ (Cases with Deficiencies)		Unscheduled Care within 7 Days ⁴ (Cases with Deficiencies)		Lacked Documentation ⁵ (Cases with Deficiencies)	
March	23	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
April	21	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
May	17	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Total/Average		0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
GRAND TOTAL: Combined Hospital Discharges (Texas Tech Sector, UTMB Sector and Hospital Galveston)											
Month	Audits Performed	Vital Signs Not Recorded ¹ (Cases with Deficiencies)		Appropriate Receiving Facility ² (Cases with Deficiencies)		No Chain-In Done ³ (Cases with Deficiencies)		Unscheduled Care within 7 Days ⁴ (Cases with Deficiencies)		Lacked Documentation ⁵ (Cases with Deficiencies)	
March	55	2	3.64%	0	N/A	0	N/A	0	N/A	3	5.45%
April	52	0	N/A	0	N/A	0	N/A	1	1.92%	3	5.77%
May	52	1	1.92%	0	N/A	1	1.92%	0	N/A	0	N/A
Total/Average		3	1.89%	0	N/A	1	0.63%	2	1.26%	6	3.77%
Texas Tech Infirmiry Discharges											
Month	Audits Performed	Vital Signs Not Recorded ¹ (Cases with Deficiencies)		Appropriate Receiving Facility ² (Cases with Deficiencies)		No Chain-In Done ³ (Cases with Deficiencies)		Unscheduled Care within 7 Days ⁴ (Cases with Deficiencies)		Lacked Documentation ⁵ (Cases with Deficiencies)	
March	8	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
April	8	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
May	8	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Total/Average		0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
UTMB Infirmiry Discharges											
Month	Audits Performed	Vital Signs Not Recorded ¹ (Cases with Deficiencies)		Appropriate Receiving Facility ² (Cases with Deficiencies)		No Chain-In Done ³ (Cases with Deficiencies)		Unscheduled Care within 7 Days ⁴ (Cases with Deficiencies)		Lacked Documentation ⁵ (Cases with Deficiencies)	
March	9	4	44.44%	0	N/A	1	11.11%	1	11.11%	0	N/A
April	10	1	10.00%	0	N/A	0	N/A	0	N/A	0	N/A
May	9	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Total/Average		5	17.86%	0	N/A	1	3.57%	1	3.57%	0	N/A
GRAND TOTAL: Combined Infirmiry Discharges (Texas Tech and UTMB)											
Month	Audits Performed	Vital Signs Not Recorded ¹ (Cases with Deficiencies)		Appropriate Receiving Facility ² (Cases with Deficiencies)		No Chain-In Done ³ (Cases with Deficiencies)		Unscheduled Care within 7 Days ⁴ (Cases with Deficiencies)		Lacked Documentation ⁵ (Cases with Deficiencies)	
March	17	4	23.53%	0	N/A	1	5.88%	1	5.88%	0	N/A
April	18	1	5.56%	0	N/A	0	N/A	0	N/A	0	N/A
May	17	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Total/Average		5	9.62%	0	N/A	1	1.92%	1	1.92%	0	N/A

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

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

March 2014	Numbered Property On Inventory Report	Total Number of Deletions	Total Number of Transfers	Total Number of New Equipment
Glossbrenner	19	0	0	0
Lopez	28	0	0	0
Segovia	27	0	0	0
Willacy	12	0	0	0
Total	86	0	0	0

April 2014	Numbered Property On Inventory Report	Total Number of Deletions	Total Number of Transfers	Total Number of New Equipment
Hamilton	22	0	0	0
Murray	47	0	0	0
Pack	47	0	0	6
Total	116	0	0	6

May 2014	Numbered Property On Inventory Report	Total Number of Deletions	Total Number of Transfers	Total Number of New Equipment
Connally	65	0	2	3
Garza East	6	0	0	0
Garza West	101	3	0	4
McConnell	57	1	0	5
Stevenson	26	0	0	2
Total	255	4	2	14

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

Audit Tools	March	April	May	Total
Total number of units audited	4	3	5	12
Total numbered property	86	116	255	457
Total number out of compliance	0	0	0	0
Total % out of compliance	0.00%	0.00%	0.00%	0.00%

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

University of Texas Medical Branch

Unit	Audit Date	% Compliance	
		Mandatory	Non-Mandatory
Woodman	March 3, 2014	100%	99.3%
Estelle	March 10, 2014	100%	98.2%
Skyview/Hodge	March 17, 2014	100%	99.5%
Torres/Ney	March 31, 2014	100%	98.6%
Ramsey	April 28, 2014	100%	97.9%
Jester I, III, Vance	May 19, 2014	100%	98.0%

Texas Tech University Health Science Center

Unit	Audit Date	% Compliance	
		Mandatory	Non-Mandatory
Roach	March 24, 2014	100%	99.3%
Jordan/Baten	April 7, 2014	100%	98.4%
Smith	May 12, 2014	100%	98.8%

The ACA CAMA Conference was held in Colorado Springs, CO on May 16-18, 2014. During this conference, the following units were awarded reaccreditation by the ACA Panel of Commissioners: Beto, Byrd, Clements, Daniel, Goodman, Halbert, Johnston, Lychner/Kegans, Stiles and Travis.

Executive Services
Active Monthly Academic Research Projects
Correctional Institutions Division

FY-2014 Third Quarterly Report: March, April and May

Project Number: 514-AR07

<u>Researcher:</u> Jennifer Skeem	<u>IRB Number:</u> 2005-4355	<u>IRB Expiration Date:</u> 03/19/2010	<u>Research Began:</u> 11/13/2006
<u>Title of Research:</u> Outcomes for Probationers with Mental Illness			<u>Data Collection Began:</u> 11/13/2006
<u>Proponent:</u> University of California - Irvine; John D. and Catherine T. MacArthur			<u>Data Collection End:</u> 09/30/2009
<u>Project Status:</u> Formulating Results	<u>Progress Report Due:</u> 03/17/2014		<u>Projected Completion:</u> 12/31/2013

Project Number: 524-AR07

<u>Researcher:</u> Marilyn Armour	<u>IRB Number:</u> 2006-11-0095	<u>IRB Expiration Date:</u> 12/29/2015	<u>Research Began:</u> 01/05/2007
<u>Title of Research:</u> Mechanisms of Action in Bridges to Life			<u>Data Collection Began:</u> 04/12/2007
<u>Proponent:</u> University of Texas-Austin			<u>Data Collection End:</u> 06/01/2013
<u>Project Status:</u> Data Analysis	<u>Progress Report Due:</u> 06/01/2014		<u>Projected Completion:</u> 06/06/2014

Project Number: 587-AR09

<u>Researcher:</u> Marcus Boccaccini	<u>IRB Number:</u> 2009-04-032	<u>IRB Expiration Date:</u> 06/20/2014	<u>Research Began:</u> 09/06/2009
<u>Title of Research:</u> Item and Factor Level Examination of the Static-99, MnSOST-R, and PCL-R to Predict Recidivism			<u>Data Collection Began:</u> 10/13/2009
<u>Proponent:</u> Sam Houston State University			<u>Data Collection End:</u> 06/28/2012
<u>Project Status:</u> Data Analysis	<u>Progress Report Due:</u> 08/28/2014	<u>Projected Completion:</u> 04/30/2015	

Project Number: 591-AR09

<u>Researcher:</u> Wayne Lehman	<u>IRB Number:</u> Sum08-13	<u>IRB Expiration Date:</u> 08/31/2012	<u>Research Began:</u> 05/20/2010
<u>Title of Research:</u> "Sustainable HIV Risk Reduction Strategies for CJ Systems"			<u>Data Collection Began:</u> 06/29/2010
<u>Proponent:</u> Texas Christian University / NIDA			<u>Data Collection End:</u> 07/02/2011
<u>Project Status:</u> Data Analysis	<u>Progress Report Due:</u> 06/16/2014	<u>Projected Completion:</u> 01/16/2015	

Project Number: 599-AR09

<u>Researcher:</u> Julian Cano	<u>IRB Number:</u> FWA#00002030	<u>IRB Expiration Date:</u> 11/15/2010	<u>Research Began:</u> 04/14/2010
<u>Title of Research:</u> "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?"			<u>Data Collection Began:</u> 04/15/2010
<u>Proponent:</u> University of Texas - Austin			<u>Data Collection End:</u> 06/30/2010
<u>Project Status:</u> Data Analysis	<u>Progress Report Due:</u> 06/13/2014	<u>Projected Completion:</u> 04/01/2014	

Project Number: 600-AR10

<u>Researcher:</u> Marcus Boccaccini	<u>IRB Number:</u> 2010-06-005	<u>IRB Expiration Date:</u> 06/21/2011	<u>Research Began:</u> 07/15/2010
<u>Title of Research:</u> Risk Scores Using De-identified Offender Files			<u>Data Collection Began:</u> 07/20/2010
<u>Proponent:</u> Sam Houston State University			<u>Data Collection End:</u> 07/20/2010

<u>Project Status:</u> Data Analysis	<u>Progress Report Due:</u> 08/01/2014	<u>Projected Completion:</u> 03/31/2015
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Project Number: 605-AR10

<u>Researcher:</u> Patrick Flynn	<u>IRB Number:</u> S10-34	<u>IRB Expiration Date:</u> 07/08/2014	<u>Research Began:</u> 10/07/2011
<u>Title of Research:</u> Reducing the Spread of HIV by Released Prisoners			<u>Data Collection Began:</u> 10/07/2011
<u>Proponent:</u> Texas Christian University			<u>Data Collection End:</u>

<u>Project Status:</u> Data Collection	<u>Progress Report Due:</u> 06/28/2014	<u>Projected Completion:</u> 06/30/2015
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Project Number: 622-AR11

<u>Researcher:</u> Andrew Wiegand	<u>IRB Number:</u> 00003522	<u>IRB Expiration Date:</u> 12/11/2014	<u>Research Began:</u> 07/14/2011
<u>Title of Research:</u> Evaluation of the Reintegration of Ex-Offenders (RExO) Project			<u>Data Collection Began:</u> 09/13/2011
<u>Proponent:</u> Social Policy Research Associates			<u>Data Collection End:</u>

<u>Project Status:</u> Data Collection	<u>Progress Report Due:</u> 07/28/2014	<u>Projected Completion:</u> 12/31/2014
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Project Number: 629-AR11

<u>Researcher:</u> Jurg Gerber	<u>IRB Number:</u> 2011-03-071	<u>IRB Expiration Date:</u> 05/06/2012	<u>Research Began:</u> 11/10/2011
<u>Title of Research:</u> Perception of Family and Community Support among Released Felons in the State of Texas			<u>Data Collection Began:</u> 12/15/2011
<u>Proponent:</u> Sam Houston State University			<u>Data Collection End:</u> 04/01/2012
<u>Project Status:</u> Data Analysis	<u>Progress Report Due:</u> 03/10/2014	<u>Projected Completion:</u> 12/31/2013	

Project Number: 640-AR11

<u>Researcher:</u> Brenda Riley	<u>IRB Number:</u> 2011-08-025	<u>IRB Expiration Date:</u> 10/10/2012	<u>Research Began:</u> 11/10/2011
<u>Title of Research:</u> Predicting Institutional Misconduct that Results in Uses of Force in the Texas Department of Criminal Justice			<u>Data Collection Began:</u> 11/10/2011
<u>Proponent:</u> Sam Houston State University			<u>Data Collection End:</u> 11/10/2011
<u>Project Status:</u> Data Analysis	<u>Progress Report Due:</u> 03/17/2014	<u>Projected Completion:</u> 10/10/2012	

Project Number: 642-AR11

<u>Researcher:</u> Gaylene Armstrong/Bouffa	<u>IRB Number:</u> 2011-09-074	<u>IRB Expiration Date:</u> 2011-09-074	<u>Research Began:</u> 10/28/2012 01/31/2012
<u>Title of Research:</u> SHSU Workplace Experience Survey			<u>Data Collection Began:</u> 01/31/2012
<u>Proponent:</u> Sam Houston State University			<u>Data Collection End:</u> 05/15/2012
<u>Project Status:</u> Pending	<u>Progress Report Due:</u> 11/15/2012	<u>Projected Completion:</u> 11/15/2012	

Project Number: 648-AR12

<u>Researcher:</u> Meredith Dank	<u>IRB Number:</u> 08572-000-00	<u>IRB Expiration Date:</u> 02/07/2013	<u>Research Began:</u> 05/21/2012
<u>Title of Research:</u> Estimating the Unlawful Commercial Sex Economy in the United States			<u>Data Collection Began:</u> 07/21/2012
<u>Proponent:</u> The Urban Institute, Justice Policy Center			<u>Data Collection End:</u> 09/07/2012
<u>Project Status:</u> Pending Manuscript Review	<u>Progress Report Due:</u> 03/17/2014		<u>Projected Completion:</u> 02/07/2013

Project Number: 661-AR12

<u>Researcher:</u> Byron Johnson	<u>IRB Number:</u> 498996-1	<u>IRB Expiration Date:</u> 08/22/2014	<u>Research Began:</u> 01/07/2013
<u>Title of Research:</u> Assessing the Long-Term Effectiveness of Seminars In Maximum Security Prisons:An In-Depth Study of the Louisiana State Penitentiary and Darrington Prison			<u>Data Collection Began:</u> 01/08/2013
<u>Proponent:</u> Baylor University			<u>Data Collection End:</u>
<u>Project Status:</u> Data Collection	<u>Progress Report Due:</u> 06/06/2014		<u>Projected Completion:</u> 08/31/2017

Project Number: 664-AR12

<u>Researcher:</u> Scott Walters	<u>IRB Number:</u> 2011-125	<u>IRB Expiration Date:</u> 08/04/2014	<u>Research Began:</u> 01/01/2013
<u>Title of Research:</u> In-Person vs. Computer Interventions for Increasing Probation Compliance			<u>Data Collection Began:</u> 01/01/2013
<u>Proponent:</u> University of North Texas			<u>Data Collection End:</u>
<u>Project Status:</u> Data Collection	<u>Progress Report Due:</u> 09/17/2014		<u>Projected Completion:</u> 02/28/2015

Project Number: 666-AR12

<u>Researcher:</u> Jesus Amadeo	<u>IRB Number:</u> N/A	<u>IRB Expiration Date:</u>	<u>Research Began:</u> 12/28/2012
<u>Title of Research:</u> Enhanced Transitional Jobs Demonstration			<u>Data Collection Began:</u> 12/28/2012
<u>Proponent:</u> MDRC			<u>Data Collection End:</u>
<u>Project Status:</u> Data Collection	<u>Progress Report Due:</u>	<u>Projected Completion:</u> 12/31/2017	

Project Number: 671-AR13

<u>Researcher:</u> Bridget Williamson	<u>IRB Number:</u> EXEMPT	<u>IRB Expiration Date:</u>	<u>Research Began:</u> 09/03/2013
<u>Title of Research:</u> Female Sex Offender Recidivism: Risk and Assessment			<u>Data Collection Began:</u> 09/18/2013
<u>Proponent:</u> Sam Houston State University			<u>Data Collection End:</u>
<u>Project Status:</u> Data Collection	<u>Progress Report Due:</u> 07/30/2014	<u>Projected Completion:</u> 12/31/2017	

Project Number: 676-AR13

<u>Researcher:</u> Candace Johnson	<u>IRB Number:</u> 10.11.04	<u>IRB Expiration Date:</u> 11/04/2014	<u>Research Began:</u> 11/12/2013
<u>Title of Research:</u> Reintegration of Ex-Offenders Random Assignment Evaluation (RExO) - 2			<u>Data Collection Began:</u> 11/12/2013
<u>Proponent:</u> University of Chicago			<u>Data Collection End:</u>
<u>Project Status:</u> Data Collection	<u>Progress Report Due:</u> 08/12/2014	<u>Projected Completion:</u> 04/30/2014	

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
Data Collection End:
Proponent: Capella University - Minneapolis
Project Status: Data Analysis
Progress Report Due: 06/13/2014
Projected Completion: 12/01/2014

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
Data Collection End: 01/31/2014
Proponent: Prairie View A&M University
Project Status: Pending Manuscript Review
Progress Report Due: 05/18/2014
Projected Completion: 05/31/2014

Project Number: 686-AR13

Researcher: Jeffrey Bouffard
IRB Number: 10-12362
IRB Expiration Date: 10/12/2014
Research Began: 10/14/2013
Title of Research: Criminal Decision Making Among Adult Felony Inmates
Data Collection Began: 03/25/2014
Data Collection End:
Proponent: Sam Houston State University
Project Status: Data Collection
Progress Report Due: 09/25/2014
Projected Completion: 11/14/2014

Project Number: 692-AR14**Researcher:**

Jacqueline Hogan

IRB Number:

N/A

IRB Expiration Date:**Research Began:**

01/22/2014

Title of Research:

U.S. Department of Education

Data Collection Began:

04/22/2014

Data Collection End:**Proponent:**

United States Department of Education

Project Status:

Pending Letter of Advisement

Progress Report Due:

07/22/2014

Projected Completion:

05/22/2015

Mr.Livingston approved 01/22/14

RL - Academic Longitudinal**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

Data Collection End:

08/01/2004

Proponent:

Sam Houston State University

Project Status:

Data Analysis

Progress Report Due:

06/24/2014

Projected Completion:

07/21/2016

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

Data Collection End:

06/01/2013

Proponent:

NORC - National Organization for Research at the University of Chicago

Project Status:

Data Analysis

Progress Report Due:

09/17/2014

Projected Completion:

06/28/2014

Project Number: 221-RL02

<u>Researcher:</u> Kymn Kochanek	<u>IRB Number:</u> 040202	<u>IRB Expiration Date:</u> 08/16/2013	<u>Research Began:</u> 06/06/2002
<u>Title of Research:</u> National Longitudinal Survey of Youth 1979 (for Bureau of Labor Statistics)			<u>Data Collection Began:</u> 05/01/2002
<u>Proponent:</u> NORC at the University of Chicago			<u>Data Collection End:</u> 07/24/2013

<u>Project Status:</u> Data Analysis	<u>Progress Report Due:</u> 09/17/2014	<u>Projected Completion:</u> 09/14/2013
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Project Number: 434-RL04

<u>Researcher:</u> Marilyn Armour	<u>IRB Number:</u> 2003-11-0076	<u>IRB Expiration Date:</u> 01/06/2014	<u>Research Began:</u> 03/10/2004
<u>Title of Research:</u> Victim Offender Mediated Dialogue: Study of the Impact of a Victim-Oriented Intervention in Crimes of Severe Violence			<u>Data Collection Began:</u> 08/31/2004
<u>Proponent:</u> University of Texas- Austin			<u>Data Collection End:</u> 03/01/2007

<u>Project Status:</u> Data Analysis	<u>Progress Report Due:</u> 09/17/2014	<u>Projected Completion:</u> 12/31/2014
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Project Number: 547-RL07

<u>Researcher:</u> Robert Morgan	<u>IRB Number:</u> 501024	<u>IRB Expiration Date:</u> 05/31/2009	<u>Research Began:</u> 06/11/2008
<u>Title of Research:</u> Re-Entry: Dynamic Risk Assessment			<u>Data Collection Began:</u> 06/11/2008
<u>Proponent:</u> Texas Tech University			<u>Data Collection End:</u> 10/23/2008

<u>Project Status:</u> Data Analysis	<u>Progress Report Due:</u> 06/13/2014	<u>Projected Completion:</u> 05/31/2014
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Executive Services
Pending Monthly Academic Research Projects
Correctional Institutions Division

FY-2014 Third Quarterly Report: March, April and May

Project Number: 688-AR13

Researcher:

Olufunto Olusanya

IRB Number:

2013-0623

Application Received:

10/31/2013

Completed Application:

10/31/2013

Title of Research:

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

Peer Panel Schedule:

03/25/2014

Proponent:

Texas A & M University

Panel Recommendations:

Approved with Conditions

Project Status:

Pending Review of Researcher's Response to Conditions

Detail:

Project Number: 695-AR14

Researcher:

Faye Taxman

IRB Number:

0003522

Application Received:

02/13/2014

Completed Application:

Pending Applications

Title of Research:

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

Peer Panel Schedule:

06/13/2014

Proponent:

Bureau of Justice Department

Panel Recommendations:

Approved with Conditions

Project Status:

OGC Division Review

Detail:

Project Number: 696-AR14**Researcher:**
Adrienne Gilmore**IRB Number:**
2013-0701-101**Application Received:**

02/19/2014

Completed Application:

02/19/2014

Peer Panel Schedule:**Title of Research:**

Predictive Models of Competence Restoration Using Neuro-cognition as a Mediator for Individuals Found Incompetent to Stand Trial

Panel Recommendations:**Proponent:**

Prairie View A&M University

Project Status:

Pending Executive Services Initial Review

Detail:**Project Number: 697-AR14****Researcher:**
Jodi Walton**IRB Number:****Application Received:**

04/18/2014

Completed Application:**Title of Research:**

Enhanced Transitional Jobs Demonstration (ETJD) - MDRC Project

Peer Panel Schedule:**Proponent:**

MDRC

Panel Recommendations:**Project Status:**

Incomplete Application

Detail:**Project Number: 700-AR14****Researcher:**
Carey Shannon**IRB Number:****Application Received:**

04/07/2014

Completed Application:

05/09/2014

Peer Panel Schedule:

06/06/2014

Title of Research:

Cross Site Evaluation of the second Chance Act Reentry Courts Program

Panel Recommendations:**Proponent:**

NPC Research - National Institute of Justice

Project Status:

Pending TCOOMMI Approval

Detail:

Project Number: 702-AR14

Application Received:

Pending

Researcher:
David Pyrooz

IRB Number:

Completed Application:

Title of Research:
Gang Research

Peer Panel Schedule:

Proponent:
Sam Houston State University

Panel Recommendations:

Project Status:
Pending Researcher Response

Detail:

Executive Services
Active Monthly Medical Research Projects
Health Services Division

FY-2014 Third Quarterly Report: March, April and May

Project Number: 615-RM10

<u>Researcher:</u> John Petersen	<u>IRB Number:</u> 11-069	<u>IRB Expiration Date:</u> 01/01/2015	<u>Research Began:</u> 09/12/2013
<u>Title of Research:</u> Serum Markers of Hepatocellular Cancer			<u>Data Collection Began:</u> 09/12/2013
<u>Proponent:</u> University of Texas Medical Branch at Galveston			<u>Data Collection End:</u>
<u>Project Status:</u> Data Collection	<u>Progress Report Due:</u> 06/30/2014	<u>Projected Completion:</u> 01/01/2020	

Project Number: 623-RM11

<u>Researcher:</u> Maurice Willis	<u>IRB Number:</u> 10-191	<u>IRB Expiration Date:</u> 05/22/2014	<u>Research Began:</u> 11/23/2011
<u>Title of Research:</u> E1208: A Phase III randomized, Double-Blind Trial of Chemoembolization with or without Sorafenib in Unresectable Hepatocellular Carcinoma (HCC) in Patients with and without Vascular Invasion			<u>Data Collection Began:</u> 11/23/2011
<u>Proponent:</u> University of Texas Medical Branch at Galveston			<u>Data Collection End:</u>
<u>Project Status:</u> Data Collection	<u>Progress Report Due:</u> 07/28/2014	<u>Projected Completion:</u> 03/31/2015	

Executive Services
Pending Monthly Medical Research Projects
Health Services Division

FY-2014 Third Quarterly Report: March, April and May

Project Number: 668-RM13

Application Received:

Researcher:

Kori Novak

IRB Number:

(IRB app only)

01/24/2013

Completed Application:

Title of Research:

Dying for Change: An Examination on the Effect Prison Hospice Programs Have on Institutional Culture

Peer Panel Schedule:

Proponent:

Capella University

Panel Recommendations:

Project Status:

Pending IRB Approval

Detail: No IRB

Project Number: 689-RM13

Application Received:

Researcher:

Troy Quast

IRB Number:

2013-12371

11/07/2013

Completed Application:

Title of Research:

Impact of the Annual Health Care Services Fee

11/07/2013

Peer Panel Schedule:

01/31/2014

Proponent:

Sam Houston State University

Panel Recommendations:

Approved with conditions

Project Status:

Pending Executive Services Review

Detail: Once funding provided we will continue with revised proposal and letter of agreement.

Project Number: 698-RM14

Application Received:
03/27/2014

Researcher:
Lindsey Hunter-Ellul

IRB Number:
140010

Completed Application:
03/27/2014

Title of Research:
Evaluation of Inpatient Dermatologic Consultations: A 3- Year Retrospective Review at a Texas Tertiary Care Center

Peer Panel Schedule:
05/21/2014

Proponent:
University of Texas Medical Branch at Galveston

Panel Recommendations:

Project Status:
Pending University Texas Medical
Director Approval – UTMB

Detail:

Project Number: 677-RM13

Application Received:
07/22/2013

Researcher:
Vivian Jimenez

IRB Number:
L13-133

Completed Application:
07/22/2013

Title of Research:
Autoantibodies in Chronic Hepatitis C Patients

Peer Panel Schedule:
12/27/2013

Proponent:
Texas Tech University

Panel Recommendations:

Project Status:
Pending HS Approval

Detail:

3rd 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
03/05-06/2014	Clements ECB	448	351	1	0	100	100	100	100
03/11/2014	Cole	6	6	0	0	100	100	100	100
03/12/2014	Powledge	13	13	0	0	100	90	90	80
03/18/2014	Mountain View	34	34	0	0	100	100	100	100
03/19-20/2014	Connally	368	267	0	5	100	100	100	100
03/25/2014	Ellis	90	90	0	6	100	100	100	100
04/02-04/03/14	Polunsky	441	352	1	7	100	100	100	100
04/08-04/09/14	Allred 12 Bldg.	428	345	1	7	100	100	100	100
04/09-04/10/14	Allred ECB	426	331	0	8	100	100	100	100
04/11/2014	Bradshaw	12	12	0	0	100	100	100	100
04/16-04/17/14	McConnell	319	241	1	7	100	100	100	100
04/24/2014	Lopez	5	5	0	0	100	100	100	100
05/07-05/08/14	Lewis	428	289	0	8	100	100	100	100
05/14/2014	Hutchins	18	18	1	0	100	100	100	100
05/15/2014	Ramsey	42	42	0	3	100	100	100	100
05/20/2014	Sanchez	8	8	0	0	100	71	86	71
05/21-05/22/14	Estelle ECB	473	298	1	8	100	100	100	100
05/22/2014	Dominguez	15	15	0	2	100	100	100	100
05/29/2014	Darrington	214	185	0	7	100	100	100	100
Grand Total	19	3788	2902	6	68	100	97	98	97

* 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 3rd Quarter 2014

Period Audited—March, April, May 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	10	10	10	0	100
Baten ISF	20	15	4	5	27
Bradshaw State Jail	16	16	13	0	81
Byrd Unit	20	14	14	6	100
Dominguez State Jail	20	19	17	1	89
Formby State Jail	7	6	6	1	100
Garza Transfer Facility	20	19	17	1	89
Gist State Jail	10	8	7	2	88
Glossbrenner SAFPF	7	6	6	1	100
Gurney Transfer Facility	20	19	12	1	63
Halbert SAFPF	12	12	11	0	92
Holliday Transfer Facility	20	19	19	1	100
Hutchins State Jail	20	20	18	0	90
Jester I SAFPF	16	16	16	0	100
Johnston SAFPF	7	7	7	0	100
Kyle SAFPF	0	0	0	0	N/A
Lindsey State Jail	8	7	7	1	100
Lychner State Jail	20	20	17	0	85
Middleton Transfer Facility	20	20	17	0	85
Plane State Jail	20	19	19	1	100
Sanchez State Jail	4	4	2	0	50
Sayle SAFPF	7	7	6	0	86
Travis State Jail	20	20	19	0	95
Woodman State Jail	20	18	9	2	50
GRAND TOTAL	344	321	273	23	85%

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

3rd Quarter 2014
Audit Period—March – May 2014

UNIT	Audit Month	Criteria for Compelled Meds Documented in Medical Record ¹				
		Reviewed	Applicable	Compliant	Score	Corrective Action
Montford	Feb 14	10	10	9	90	N/A
Clements	Feb 14	0	0	0	N/A	N/A
Skyview	Feb 14	8	8	8	100	N/A
Jester IV	Feb 14	2	2	2	100	N/A

		Reviewed	Applicable	Compliant	Score	Corrective Action
Montford	March 14	10	10	10	100	N/A
Clements	March 14	0	0	0	N/A	N/A
Skyview	March 14	13	13	13	100	N/A
Jester IV	March 14	3	3	3	100	N/A

		Reviewed	Applicable	Compliant	Score	Corrective Action
Montford	April 2014	4	4	4	100	N/A
Clements	April 2014	0	0	0	N/A	N/A
Skyview	April 2014	11	11	11	100	N/A
Jester IV	April 2014	7	7	7	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.

Consent Item

University Medical Director's Report

The University of Texas Medical Branch



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

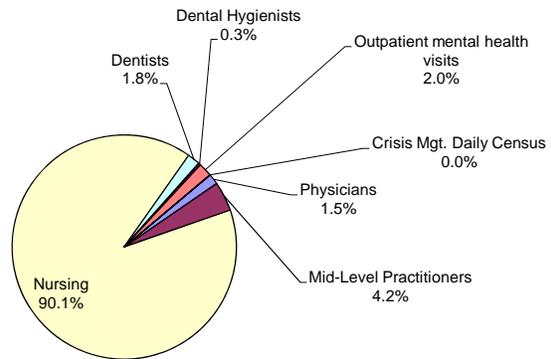
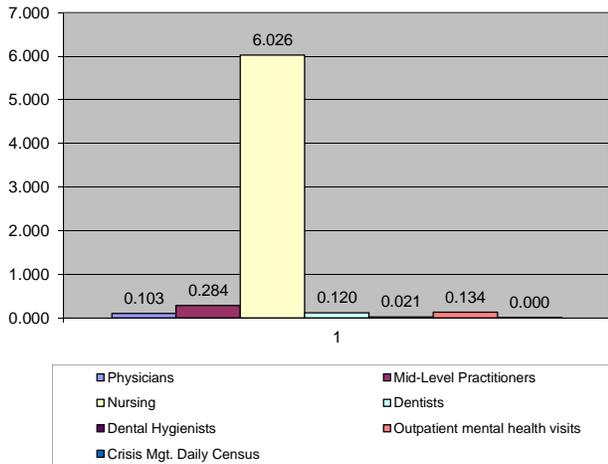
**THIRD QUARTER
FY 2014**

Medical Director's Report:

Average Population	March		April		May		Qtly Average	
	118,929		118,650		118,355		118,645	
	Number	Rate Per Offender						
Medical encounters								
Physicians	12,120	0.102	12,165	0.103	12,272	0.104	12,186	0.103
Mid-Level Practitioners	33,246	0.280	33,499	0.282	34,368	0.290	33,704	0.284
Nursing	701,959	5.902	709,138	5.977	733,830	6.200	714,976	6.026
Sub-total	747,325	6.284	754,802	6.362	780,470	6.594	760,866	6.413
Dental encounters								
Dentists	14,822	0.125	14,046	0.118	13,859	0.117	14,242	0.120
Dental Hygienists	2,544	0.021	2,570	0.022	2,503	0.021	2,539	0.021
Sub-total	17,366	0.146	16,616	0.140	16,362	0.138	16,781	0.141
Mental health encounters								
Outpatient mental health visits	16,083	0.135	15,505	0.131	16,116	0.136	15,901	0.134
Crisis Mgt. Daily Census	56	0.000	51	0.000	62	0.001	56	0.000
Sub-total	16,139	0.136	15,556	0.131	16,178	0.137	15,958	0.134
Total encounters	780,830	6.566	786,974	6.633	813,010	6.869	793,605	6.689

Encounters as Rate Per Offender Per Month

Encounters by Type

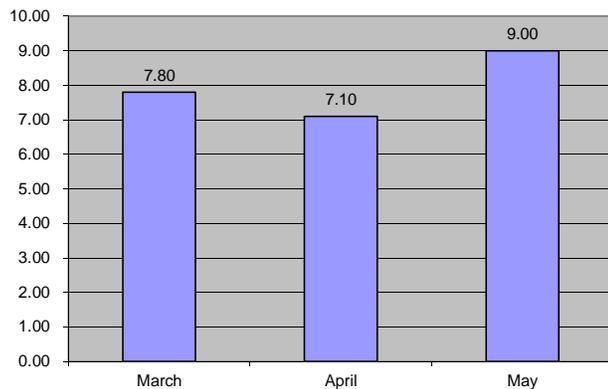


Medical Director's Report (Page 2):

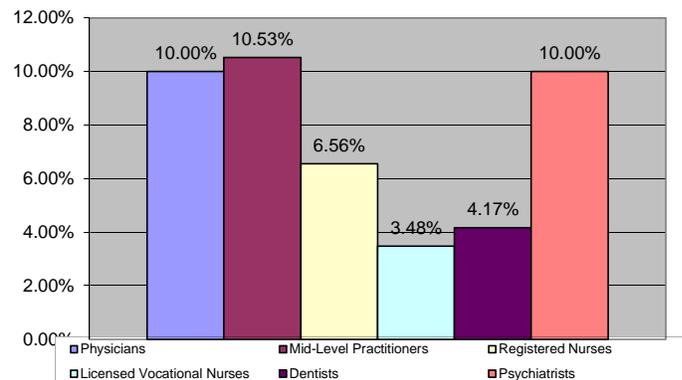
	March	April	May	Qtly Average
Medical Inpatient Facilities				
Average Daily Census	84.60	83.20	75.00	80.93
Number of Admissions	335.00	350.00	258.00	314.33
Average Length of Stay	7.80	7.10	9.00	7.97
Number of Clinic Visits	6,026.00	5,814.00	5,576.00	5,805.33
Mental Health Inpatient Facilities				
Average Daily Census	998.90	1,009.86	1,009.32	1,006.03
PAMIO/MROP Census	687.55	695.24	703.90	695.56
Telemedicine Consults	9,950	9,196	9,812	9,652.67

Health Care Staffing	Average This Quarter			Percent Vacant
	Filled	Vacant	Total	
Physicians	54.00	6.00	60.00	10.00%
Mid-Level Practitioners	119.00	14.00	133.00	10.53%
Registered Nurses	285.00	20.00	305.00	6.56%
Licensed Vocational Nurses	583.00	21.00	604.00	3.48%
Dentists	69.00	3.00	72.00	4.17%
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

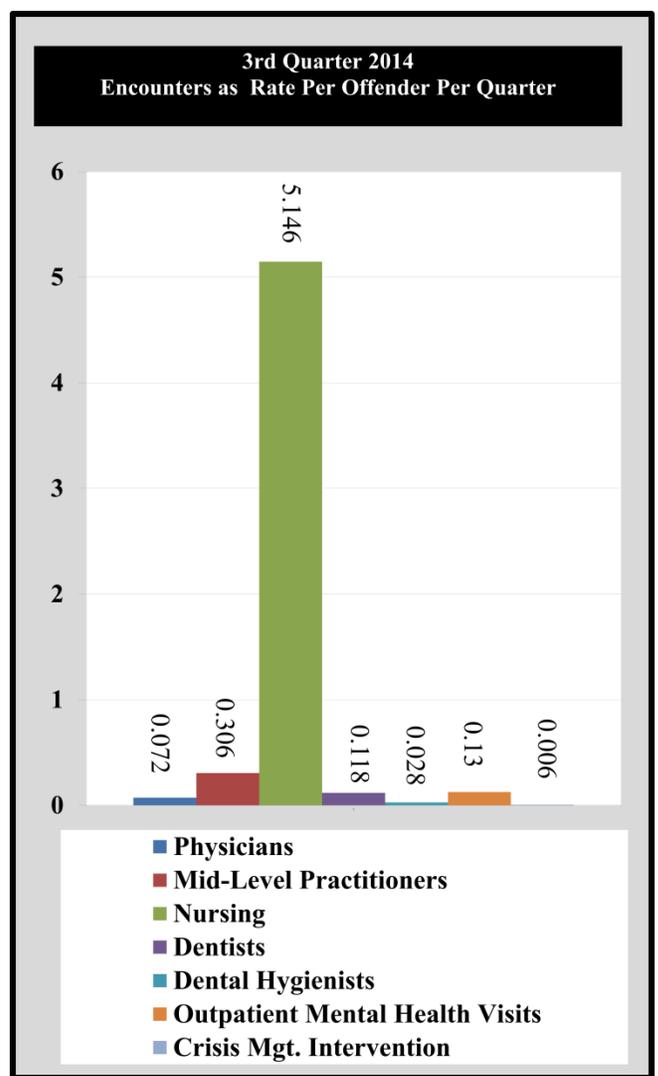
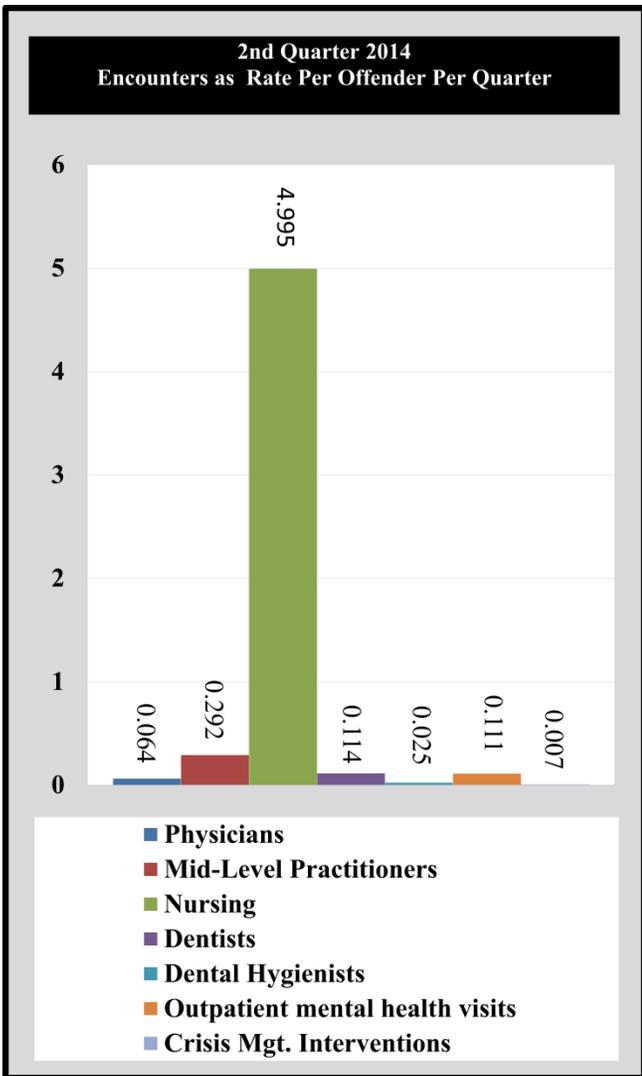


Correctional Managed Health Care
MEDICAL DIRECTOR'S REPORT

**THIRD QUARTER
FY 2014**

Medical Director's Report

	March	April	May	Qtly Average				
Average Population	31,003	31,213	31,288	31,168				
	Number	Rate Per Offender						
Medical encounters								
Physicians	1,860	0.060	2,353	0.075	2,539	0.081	2,251	0.072
Mid-Level Practitioners	9,439	0.304	10,020	0.321	9,158	0.293	9,539	0.306
Nursing	156,232	5.039	170,589	5.465	154,394	4.935	160,405	5.146
Sub-total	167,531	5.404	182,962	5.862	166,091	5.308	172,195	5.525
Dental encounters								
Dentists	3,752	0.121	3,641	0.117	3,657	0.117	3,683	0.118
Dental Hygienists	764	0.025	948	0.030	898	0.029	870	0.028
Sub-total	4,516	0.146	4,589	0.147	4,555	0.146	4,553	0.146
Mental health encounters								
Outpatient Mental Health Visits	3,933	0.127	4,134	0.132	3,771	0.121	3,946	0.127
Crisis Mgt. Interventions	215	0.007	117	0.004	223	0.007	185	0.006
Sub-total	4,148	0.134	4,251	0.136	3,994	0.128	4,131	0.133
Total encounters	176,195	5.683	191,802	6.145	174,640	5.582	180,879	5.803



% of Enc by type

1.20% Physician/Total Encounters

5.30% Mid-Level Practitioners /Total Encounters

88.70% Nursing/Total Encounters

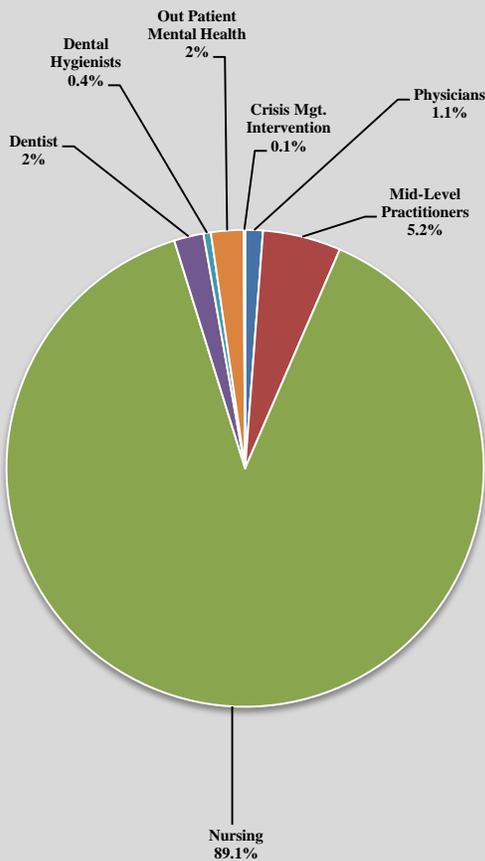
2.00% Dentists/Total Encounters

0.50% Dental Hygienists/Total Encounters

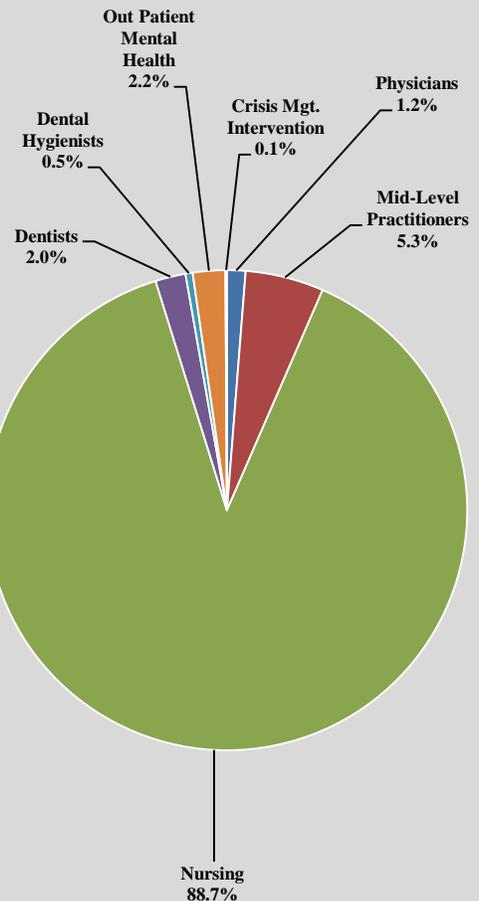
2.20% Out Patient Mental Health/Total Encounters

0.10% Crisis Mgt/Total Encounters

2nd Quarter 2014
Encounters by Type

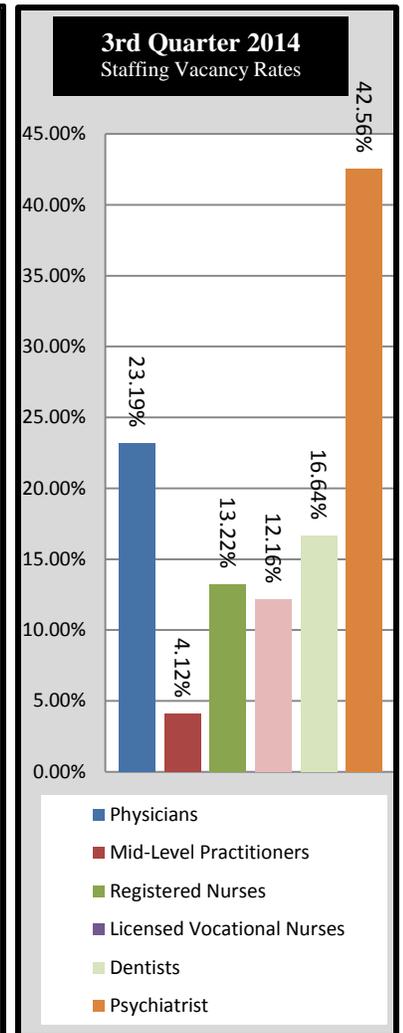
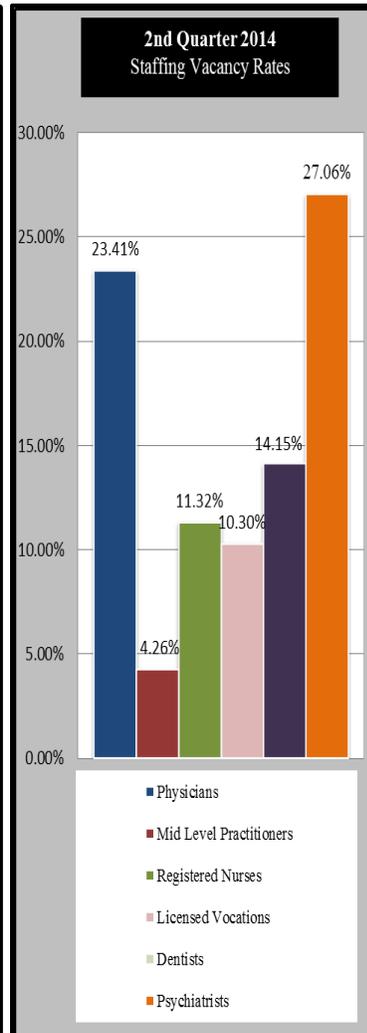
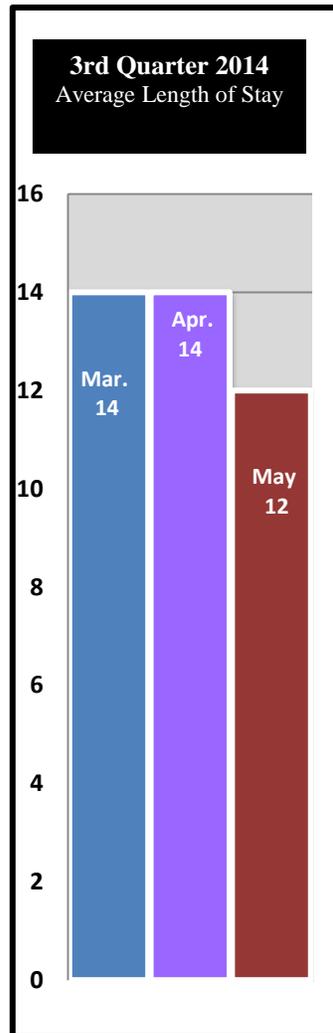
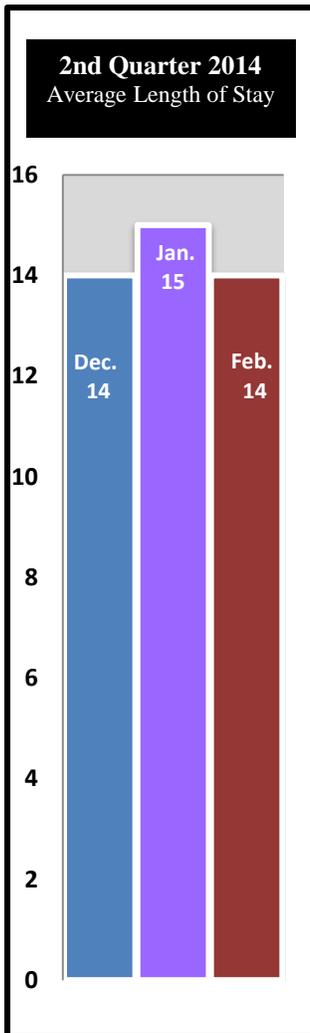


3rd Quarter 2014
Encounters by Type



Medical Director's Report (page 2)

	March	April	May	Quarterly Average
Medical Inpatient Facilities				
Average Daily Census	109	111	114	111.33
Number of Admissions	229	231	219	226.33
Average Length of Stay	14	14	12	14.33
Number of Clinic Visits	568	651	574	597.67
Mental Health Inpatient Facilities				
Average Daily Census	489	486	466	480.33
PAMIO/MROP Census	418	446	442	435.33
Specialty Referrals Completed				
	920	1039	890	949.67
Telemedicine Consults				
	847	1005	1008	953.33
Average This Quarter				Percent
Health Care Staffing	Filled	Vacant	Total	Vacant
Physicians	15.62	4.72	20.34	23.19%
Mid-Level Practitioners	38.83	1.67	40.50	4.12%
Registered Nurses	138.24	21.05	159.29	13.22%
Licensed Vocational Nurses	280.22	38.78	319.00	12.16%
Dentists	15.95	3.18	19.13	16.64%
Psychiatrist	4.39	3.25	7.64	42.56%



Consent Item

Summary of CMHCC Joint Committee/ Work Group Activities

Correctional Managed Health Care Joint Committee/Work Group Activity Summary for September 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
 - 1. Dental
 - 2. Mental Health
 - 3. Nursing
 - 4. Medical
- B. CMHCC Updates

Miscellaneous/Open for Discussion Participants:

- A. ATC Accuracy Evaluation
- B. Nurse Protocol Audits
- C. QI/QM Nurse Site Visit Audits
- 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: July 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-34.2 Periodic Physical Examinations
- G-51.8 Care of Offenders with Terminal Conditions

New Business:

The Following Policies Were Reviewed:

A-08.3; A-08.4*; A-08.5; A-08.6*; A-08.7*; A-08.8; C-22.1; C-23.1, D-28.5; E-29.1; E-36.5; E-36.6; E-37.6; E-39.1; E-40.1; E-41.1; E-41.2*; E-42.1; F-49.1; G-51.11; G-51.12; G-52.1; G-53.1; G-53.3; G-54.1; H-60.3; H-61.1*; H-61.1*; I-70.1*; I-71.1*

The Following Policies Were Submitted for Changes and Updates:

- A-08.4 Offender Medical and Mental Health Classification
- A-08.4 Attachment A – Guidelines for Completing the Health Summary for Classification Form
- A-08.6 Medically Recommended Intensive Supervision Screening
- A-08.6 Attachment A – MRIS Medical Summary
- A-08.6 Attachment B – MRIS Standard Operating Procedure for Completing Medical Summary
- A-08.7 PULHES System of Offender Medical and Mental Health Classification
- A-08.7 Attachment A – Correctional Managed Health Care PULHES
- A-08.7 Attachment B – Guidelines for Coding PULHES
- A-08.8 Medical Pass
- A-11.1 Procedure in the Event of an Offender Death
- E-34.2 Periodic Physical Examinations
- E-35.2 Mental Health Evaluation
- E-42.1 Offender Transport and Transfer
- E-42.3 Transportation of Infirm and Assisted Living Patients
- E-42.3 Attachment A – Authorization to Leave the Inpatient Setting
- E-43.2 Drug Therapy Management by a Pharmacist
- F-46.1 Health Education Information
- F-49.1 Personal Hygiene
- G-51.5 Certified American Sign Language (ASL) Interpreter Services
- G-51.8 Care of Offenders with Terminal Conditions
- G-51.8 Attachment B – Hospice Guidelines
- G-51.12 Attachment A – Continuity of Care Information Form
- G-59.3 Medical Prosthesis and Orthotic Devices
- G-59.3 Attachment A – Medical Conditions not Suitable for B&L Referral
- H-60.3 Health Services Forms Control and Design

Adjournment

- Next Meeting Date - 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: July 10, 2014

Key Activities:

Approval of Minutes from May 8, 2014 Meeting

Reports from Subcommittees:

- A. DMG Triage – Dr. Sandmann
- B. HIV – Dr. Sandmann
- C. Hyperlipidemia - Dr. Munch
- D. Opioid Discontinuation – Dr. Smith
- E. Psychiatry – Dr. Koranek
 - 1. Chronic Psychosis DMG
 - 2. Gynecomastia Patient Education Sheet
 - 3. Formulary Addition Request of Bzotropine 0.5mg Tablets.
- F. Transfer Medications - Dr. Williams

Monthly Reports

- A. Adverse Drug Reaction Reports (None)
- B. Pharmacy Clinical Activity Report
- C. Drug Recalls (May – June 2014)
- D. Non-formulary Deferral Reports
 - 1. UTMB Sector (May – June 2014)
 - 2. Texas Tech Sector (April – May 2014)
- E. Quarterly Medication Error Reports – 3rd Quarter FY14
 - 1. UTMB Sector
 - 2. TTUHSC Sector
 - 3. Medication Dispensing Error Report
- F. Utilization Reports (FY14 through May 2014)
 - 1. HIV Utilization
 - 2. Hepatitis C Utilization
 - 3. Hepatitis B Utilization
 - 4. Psychotropic Utilization
- G. Special Reports
 - 1. Annual Operational Report FY 2013
 - 2. Top 50 Medications by Cost and Volume
- H. Policy Review Schedule

Old Business

Policy and Procedure Revisions

1. Transfer of Medications (15-15)

New Business

- A. Action Requests
 1. Reduce Number of Refills on Contact Lens Solution
 2. Commissary Requests
 - a. Probiotics
 - b. Vicks Vapor Rub
 3. Allow Omeprazole KOP
- B. Drug Category Review
 1. Analgesics
- C. FDA Medication Safety Advisories
- D. Manufacturer Shortages and Discontinuations
- E. Policy and Procedure Revisions
 1. Discharge Medications (25-10)
 2. Unit Receipt (40-03)
 3. Emergency Drugs (60-05)
 4. Requisition of Drugs by EMS (60-10)
 5. Therapeutic Optometrists (65-10)
 6. Representatives of Pharmaceutical Supplies and Related (70-05)
 7. Drug Samples (70-10)
 8. Adverse Medication Reaction Reports (75-05)
 9. Medication Errors (75-10)
 10. Pharmacy Medication Area Audits and Inspections (75-15)
 11. Record Retention (75-20)
 12. Pharmacy System Computer Access (75-25) – Retire Policy
 13. Look Alike/Sound Alike Medication (75-30)

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: July 9, 2014

Approval of Minutes from May 7, 2014 Meeting

Old Business

- A. Coding External Bitewings
- B. Cognitive Issues Update
- C. Under Sink – B-14.1
- D. X-ray software follow-up from last meeting

New Business

Policies Under Review

- E-36.5 – Dental Utilization/Quality Review Committee
- E-36.7 - Dental Clinic Operations Reporting
- G-51.10 – Chronic Care Program-Dental
- H-60.1 – Dental Health Record-Organization and Maintenance

System Directors Meeting

A. Dr. Manuel Hirsch

- Inprocessing Exam Reminders
- Inprocessing X-rays
- Inprocessing – Spanish Interpreter
- Chain in after bench warrant
- Reminders chain in priority after specialty referral reminders
- Wet instrument management, after sterilization
- Secure storage of contaminated instruments

B. Dr. Horton

- Handcuffs – Administrative Segregation Patients

C. Dr. Tucker

- Prosthodontic Care – Obturator
- SNODENT
- NCCHC meetings
- Social Media Checkers
- Succession Planning
- Photos to EMR
- Dentures @ CMHC

D. Sector Updates

- TDCJ
- UTMB
- TTUHSC

E. Meeting Evaluation

Adjourn

Joint Mortality and Morbidity Committee

Co-Chair: Dr. Monte Smith

Co-Chair: Dr. Robert Williams

Key Activities:

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

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

For the Three Months Ended August 31, 2014

There were 87 deaths reviewed by the Mortality and Morbidity Committee during the months of June, July, and August 2014. Of those 87 deaths, 9 were referred to peer review committees.

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

Joint Nursing Work Group

Chair: Justin Robison, MSN, RN

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

Meeting Date: July 9, 2014 (Cancelled)

The Joint Nursing Committee meeting that was scheduled to be held on July 9, 2014 was cancelled due to scheduling conflict. The next meeting has been scheduled for October 8, 2014.

Financial Report on Correctional Managed Health Care



Quarterly Report FY2014 Third Quarter

September 2013 – May 2014

Third Quarter Financial Report on Correctional Managed Health Care

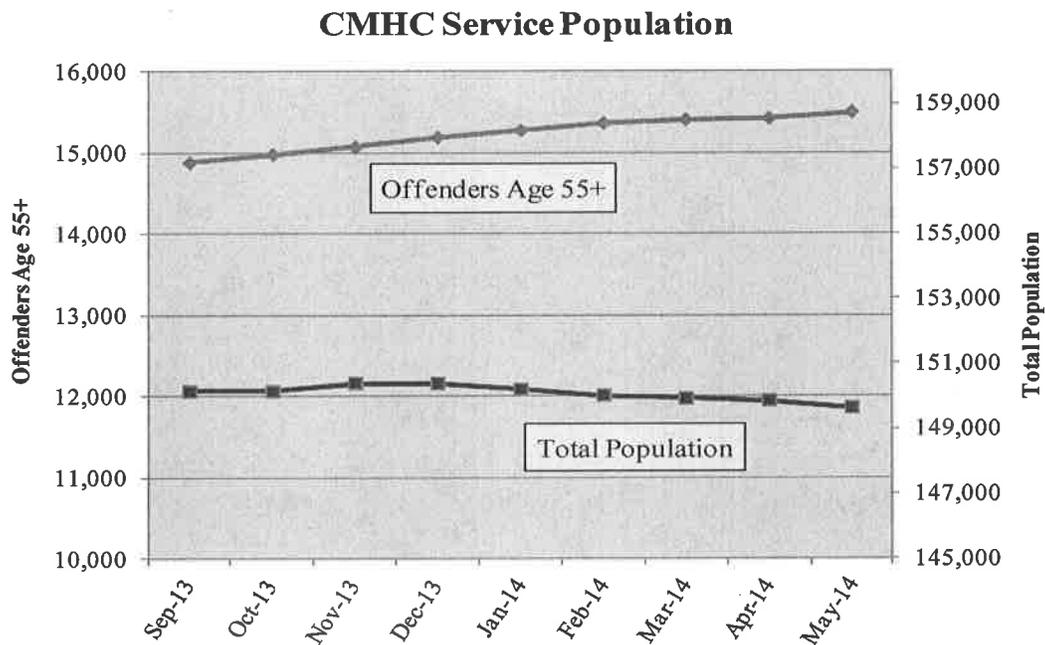
Overview

- Report submitted in accordance with the FY2014-15 General Appropriations Act, Article V, Rider 50, 83rd Legislature, Regular Session 2013
- 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

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

Population

- Overall offender service population has increased 0.9% from FY2013
 - Average daily census 148,794 through 3rd quarter of FY2013 compared to 150,085 through 3rd quarter of FY2014
- Offenders aged 55 or older population increased 7.9% from FY2013
 - Average daily census 14,107 through 3rd quarter of FY2013 compared to 15,228 through 3rd quarter of FY2014
 - While comprising about 10.1% of the overall service population, offenders age 55 and over account for 41.2% of the hospitalization costs received to date.
- Mental health caseloads:
 - FY2014 average number of psychiatric inpatients through 3rd quarter: 1,915
 - FY2014 average number of psychiatric outpatients through 3rd quarter: 19,146



Health Care Costs

- Total expenses through 3rd quarter, FY2014: \$413.7M
- Unit and Psychiatric Care expenses represent the majority of total health care costs
 - \$229.6M, 55.5% of total expenses
- Hospital and Clinical Care - \$143.5M, 34.7% of total
- Pharmacy Services - \$40.6M, 9.8% of total
 - HIV related drugs: 43.7% of total drug costs
 - Psychiatric drugs: 7.5% of total drug costs
 - Hepatitis C drug therapies: 6.0% of total drug costs
- Cost per offender per day, FY2014 through 3rd quarter: \$10.10
 - 6.9% increase compared to FY2013 cost per day of \$9.45
 - 13.5% 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	FYTD 14 3rd Qtr
Population								
UTMB	120,177	121,417	120,557	118,359	120,128	118,902	118,931	118,835
TTUHSC	31,048	31,419	31,491	30,713	31,168	31,330	31,291	31,250
Total	151,225	152,836	152,048	149,072	151,296	150,232	150,222	150,085
Expenses								
UTMB	\$435,710,000	\$432,371,801	\$397,606,713	\$415,579,990	\$420,317,126	\$106,339,031	\$220,339,701	\$337,441,409
TTUHSC	\$109,767,882	\$110,272,668	\$97,426,964	\$98,335,680	\$103,950,799	\$25,275,676	\$50,815,758	\$76,251,746
Total	\$545,477,882	\$542,644,469	\$495,033,677	\$513,915,670	\$524,267,925	\$131,614,707	\$271,155,459	\$413,693,155
Cost/Day								
UTMB	\$9.93	\$9.76	\$9.01	\$9.62	\$9.58	\$9.83	\$10.24	\$10.40
TTUHSC	\$9.69	\$9.62	\$8.45	\$8.77	\$9.13	\$8.87	\$8.97	\$8.94
Total	\$9.88	\$9.73	\$8.90	\$9.45	\$9.49	\$9.63	\$9.97	\$10.10

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

<u>Method of Finance</u>	<u>TTUHSC</u>	<u>UTMB</u>	<u>Total</u>
C.1.7. Unit & Psychiatric Care			
TDCJ Appropriation	\$ 40,201,115	\$ 148,731,721	\$ 188,932,836
State Reimbursement Benefits	\$ 5,512,018	\$ 31,877,758	\$ 37,389,776
Other Misc Revenue	\$ 2,838	\$ 53,141	\$ 55,979
C.1.7. Total Method of Finance	\$ 45,715,971	\$ 180,662,620	\$ 226,378,591
C.1.8. Hospital & Clinical Care			
TDCJ Appropriation	\$ 23,241,784	\$ 101,298,481	\$ 124,540,265
State Reimbursement Benefits	\$ 1,438,443	\$ -	\$ 1,438,443
Other Misc Revenue	\$ -	\$ -	\$ -
C.1.8. Total Method of Finance	\$ 24,680,227	\$ 101,298,481	\$ 125,978,708
C.1.9. Managed Health Care - Pharmacy			
TDCJ Appropriation	\$ 9,169,303	\$ 34,434,998	\$ 43,604,301
State Reimbursement Benefits	\$ 44,882	\$ 1,435,247	\$ 1,480,129
Other Misc Revenue	\$ -	\$ 30,395	\$ 30,395
C.1.9. Total Method of Finance	\$ 9,214,185	\$ 35,900,640	\$ 45,114,825
TOTAL METHOD OF FINANCE	\$ 79,610,383	\$ 317,861,741	\$ 397,472,124

<u>Method of Finance Summary</u>	<u>TTUHSC</u>	<u>UTMB</u>	<u>Total</u>
TDCJ Appropriation	\$ 72,612,202	\$ 284,465,200	\$ 357,077,402
State Reimbursement Benefits	\$ 6,995,343	\$ 33,313,005	\$ 40,308,348
Other Misc Revenue	\$ 2,838	\$ 83,536	\$ 86,374
TOTAL METHOD OF FINANCE	\$ 79,610,383	\$ 317,861,741	\$ 397,472,124

<u>Expenditures</u>	<u>TTUHSC</u>	<u>UTMB</u>	<u>Total</u>
C.1.7. Unit & Psychiatric Care	\$ 45,131,929	\$ 184,493,088	\$ 229,625,017
C.1.8. Hospital & Clinical Care	\$ 22,419,615	\$ 121,070,800	\$ 143,490,415
C.1.9. Managed Health Care - Pharmacy	\$ 8,700,202	\$ 31,877,521	\$ 40,577,723
TOTAL EXPENDITURES	\$ 76,251,746	\$ 337,441,409	\$ 413,693,155

DIFFERENCE	\$ 3,358,637	\$ (19,579,668)	\$ (16,221,031)
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TEXAS DEPARTMENT OF CRIMINAL JUSTICE
Financial Report on Offender Health Care, pursuant to Agency Rider 50
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C.1.7. UNIT & PSYCHIATRIC CARE			
	<u>TTUHSC</u>	<u>UTMB</u>	<u>Total</u>
Method of Finance:			
TDCJ Appropriation	\$ 40,201,115	\$ 148,731,721	\$ 188,932,836
State Reimbursement Benefits	\$ 5,512,018	\$ 31,877,758	\$ 37,389,776
Other Misc Revenue	\$ 2,838	\$ 53,141	\$ 55,979
TOTAL METHOD OF FINANCE	\$ 45,715,971	\$ 180,662,620	\$ 226,378,591
Expenditures:			
Unit Care			
Salaries	\$ 13,605,249	\$ 101,417,238	\$ 115,022,487
Benefits	\$ 3,826,180	\$ 31,372,357	\$ 35,198,537
Other Operating Expenses	\$ 1,488,598	\$ 15,017,491	\$ 16,506,089
Professional Services	\$ 1,589,640	\$ -	\$ 1,589,640
Contracted Units/Services	\$ 11,872,545	\$ -	\$ 11,872,545
Travel	\$ 116,508	\$ 770,107	\$ 886,615
Electronic Medicine	\$ 337,578	\$ -	\$ 337,578
Capitalized Equipment	\$ 549,041	\$ 2,001,932	\$ 2,550,973
Subtotal, Unit Care	\$ 33,385,339	\$ 150,579,125	\$ 183,964,464
Psychiatric Care			
Salaries	\$ 7,929,091	\$ 18,063,727	\$ 25,992,818
Benefits	\$ 2,102,371	\$ 4,609,125	\$ 6,711,496
Other Operating Expenses	\$ 111,916	\$ 148,435	\$ 260,351
Professional Services	\$ 193,680	\$ -	\$ 193,680
Contracted Units/Services	\$ -	\$ -	\$ -
Travel	\$ 14,903	\$ 67,626	\$ 82,529
Subtotal, Psychiatric Care	\$ 10,351,961	\$ 22,888,913	\$ 33,240,874
Indirect Expenditures (Shared Services)	\$ 1,394,629	\$ 11,025,050	\$ 12,419,679
TOTAL EXPENDITURES	\$ 45,131,929	\$ 184,493,088	\$ 229,625,017
DIFFERENCE	\$ 584,042	\$ (3,830,468)	\$ (3,246,426)

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

C.1.8. HOSPITAL & CLINICAL CARE			
Method of Finance	<u>TTUHSC</u>	<u>UTMB</u>	<u>Total</u>
TDCJ Appropriation	\$ 23,241,784	\$ 101,298,481	\$ 124,540,265
State Reimbursement Benefits	\$ 1,438,443	\$ -	\$ 1,438,443
Other Misc Revenue	\$ -	\$ -	\$ -
TOTAL METHOD OF FINANCE	\$ 24,680,227	\$ 101,298,481	\$ 125,978,708
Expenditures:			
Hospital and Clinical Care			
University Professional Services	\$ 750,000	\$ 14,978,093	\$ 15,728,093
Freeworld Provider Services	\$ 11,324,435	\$ 24,341,317	\$ 35,665,752
TTUHSC Western Regional Medical Facility & UTMB Hospital Galveston Hospital Services	\$ 8,927,786	\$ 73,893,857	\$ 82,821,643
Estimated IBNR	\$ 589,137	\$ 7,857,533	\$ 8,446,670
Subtotal, Hospital & Clinical Care	\$ 21,591,358	\$ 121,070,800	\$ 142,662,158
Indirect Expenditures (Shared Services)	\$ 828,257	\$ -	\$ 828,257
TOTAL EXPENDITURES	\$ 22,419,615	\$ 121,070,800	\$ 143,490,415
DIFFERENCE	\$ 2,260,612	\$ (19,772,319)	\$ (17,511,707)

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

C.1.9. MANAGED HEALTH CARE - PHARMACY			
	<u>TTUHSC</u>	<u>UTMB</u>	<u>Total</u>
Method of Finance			
TDCJ Appropriation	\$ 9,169,303	\$ 34,434,998	\$ 43,604,301
State Reimbursement Benefits	\$ 44,882	\$ 1,435,247	\$ 1,480,129
Other Misc Revenue	\$ -	\$ 30,395	\$ 30,395
TOTAL METHOD OF FINANCE	\$ 9,214,185	\$ 35,900,640	\$ 45,114,825
Expenditures:			
Managed Health Care - Pharmacy			
Salaries	\$ 1,397,254	\$ 4,836,901	\$ 6,234,155
Benefits	\$ 48,802	\$ 1,538,511	\$ 1,587,313
Other Operating Expenses	\$ 196,833	\$ 930,253	\$ 1,127,086
Pharmaceutical Purchases	\$ 6,731,839	\$ 24,347,876	\$ 31,079,715
Travel	\$ 6,932	\$ 20,526	\$ 27,458
Capitalized Equipment	\$ -	\$ 203,454	\$ 203,454
Subtotal, Managed Health Care - Pharmacy Expenditures	\$ 8,381,660	\$ 31,877,521	\$ 40,259,181
Indirect Expenditures (Shared Services)	\$ 318,542	\$ -	\$ 318,542
TOTAL EXPENDITURES	\$ 8,700,202	\$ 31,877,521	\$ 40,577,723
DIFFERENCE	\$ 513,983	\$ 4,023,119	\$ 4,537,102

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

Key Population Indicators

	<u>1st Quarter</u>	<u>2nd Quarter</u>	<u>March</u>	<u>April</u>	<u>May</u>	<u>3rd Quarter</u>	<u>FY2014 YTD</u>
Average Service Population							
UTMB Service Population	118,902	118,959	118,929	118,650	118,355	118,503	118,835
TTUHSC Service Population	31,330	31,252	31,003	31,213	31,288	31,168	31,250
Average Service Population	150,232	150,211	149,932	149,863	149,643	149,671	150,085
Population Age 55 and Over							
UTMB Population	12,514	12,769	12,854	12,862	12,929	12,882	12,721
TTUHSC Population	2,459	2,504	2,548	2,557	2,565	2,557	2,507
Population Age 55 and Over	14,973	15,273	15,402	15,419	15,494	15,439	15,228
HIV Population	2,234	2,243	2,239	2,230	2,218	2,229	2,235
Medical Inpatient Average Daily Census							
UTMB-Hospital Galveston	74	78	83	83	79	82	78
UTMB Freeworld Hospitals	27	34	50	39	45	45	35
TTUHSC Freeworld Hospitals	7	7	5	8	9	7	7
Medical Inpatient Average Daily Census	108	119	138	130	133	134	120
Medical Outpatient Visits							
UTMB Specialty Clinics and ER Visits	5,576	5,768	6,930	6,781	6,535	6,749	6,031
TTUHSC Freeworld Outpatient and ER Visits	1,086	1,202	1,371	1,135	1,224	1,243	1,177
Medical Outpatient Visits	6,662	6,970	8,301	7,916	7,759	7,992	7,208
Mental Health Inpatient Average Census							
UTMB Psychiatric Inpatient	1,032	1,000	999	1,010	1,009	1,006	1,012
TTUHSC Psychiatric Inpatient	897	896	907	932	908	916	903
Mental Health Inpatient Average Census	1,929	1,896	1,906	1,942	1,917	1,922	1,915
Mental Health Outpatient Average Census							
UTMB Psychiatric Outpatient	15,546	15,225	16,083	15,505	16,116	15,901	15,557
TTUHSC Psychiatric Outpatient	3,337	3,483	3,933	4,134	3,771	3,946	3,589
Mental Health Outpatient Average Census	18,883	18,708	20,016	19,639	19,887	19,847	19,146

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
Third Quarter, FY2014

Texas Tech University Health Sciences Center						
STRATEGY	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Total TTUHSC	Annual Projection 6/24/2014
REVENUE:						
TDCJ Appropriation	\$ 24,204,067	\$ 23,938,089	\$ 24,470,046	\$ -	\$ 72,612,202	\$ 97,082,248
State Reimbursement Benefits	\$ 2,207,520	\$ 2,399,111	\$ 2,388,712	\$ -	\$ 6,995,343	\$ 9,392,755
Other Misc Revenue	\$ 683	\$ 1,119	\$ 1,036	\$ -	\$ 2,838	\$ 3,784
TOTAL REVENUES	\$ 26,412,270	\$ 26,338,319	\$ 26,859,794	\$ -	\$ 79,610,383	\$ 106,478,787

C.1.7. UNIT & PSYCHIATRIC CARE						
EXPENDITURES:						
Unit Care Expenditures						
Salaries	\$ 4,395,219	\$ 4,601,124	\$ 4,608,906	\$ -	\$ 13,605,249	\$ 18,200,359
Benefits	\$ 1,187,858	\$ 1,329,342	\$ 1,308,980	\$ -	\$ 3,826,180	\$ 5,139,556
Other Operating Expenses	\$ 422,605	\$ 533,430	\$ 532,563	\$ -	\$ 1,488,598	\$ 2,084,797
Professional Services	\$ 600,266	\$ 519,476	\$ 469,898	\$ -	\$ 1,589,640	\$ 2,119,520
Contracted Units/Services	\$ 3,922,136	\$ 3,877,901	\$ 4,072,508	\$ -	\$ 11,872,545	\$ 15,993,886
Travel	\$ 28,228	\$ 29,434	\$ 58,846	\$ -	\$ 116,508	\$ 155,344
Electronic Medicine	\$ 180,998	\$ 30,405	\$ 126,175	\$ -	\$ 337,578	\$ 450,104
Capitalized Equipment	\$ 165,805	\$ 303,018	\$ 80,218	\$ -	\$ 549,041	\$ 669,041
Estimated IBNR	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subtotal, Unit Care Expenditures	\$ 10,903,115	\$ 11,224,130	\$ 11,258,094	\$ -	\$ 33,385,339	\$ 44,832,607
Psychiatric Care Expenditures						
Salaries	\$ 2,557,043	\$ 2,681,150	\$ 2,690,898	\$ -	\$ 7,929,091	\$ 10,605,844
Benefits	\$ 668,823	\$ 712,674	\$ 720,874	\$ -	\$ 2,102,371	\$ 2,823,279
Other Operating Expenses	\$ 31,967	\$ 31,273	\$ 48,676	\$ -	\$ 111,916	\$ 174,221
Professional Services	\$ 60,813	\$ 60,978	\$ 71,889	\$ -	\$ 193,680	\$ 258,240
Travel	\$ 2,157	\$ 3,897	\$ 8,849	\$ -	\$ 14,903	\$ 19,871
Estimated IBNR	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subtotal, Psychiatric Care Expenditures	\$ 3,320,803	\$ 3,489,972	\$ 3,541,186	\$ -	\$ 10,351,961	\$ 13,881,455
Total Expenditures, Unit & Psychiatric Care	\$ 14,223,918	\$ 14,714,102	\$ 14,799,280	\$ -	\$ 43,737,300	\$ 58,714,062

C.1.8. HOSPITAL & CLINICAL CARE						
EXPENDITURES:						
University Professional Services	\$ 275,000	\$ 225,000	\$ 250,000	\$ -	\$ 750,000	\$ 1,000,000
Freeworld Provider Services	\$ 3,372,373	\$ 3,953,496	\$ 3,998,566	\$ -	\$ 11,324,435	\$ 16,000,000
TTUHSC Western Regional Medical Facility & UTMB Hospital Galveston Hospital Services	\$ 2,905,077	\$ 3,096,222	\$ 2,926,487	\$ -	\$ 8,927,786	\$ 12,110,055
Estimated IBNR	\$ 777,628	\$ (103,497)	\$ (84,994)	\$ -	\$ 589,137	\$ -
Total Expenditures, Hospital & Clinical Care	\$ 7,330,078	\$ 7,171,221	\$ 7,090,059	\$ -	\$ 21,591,358	\$ 29,110,055

C.1.9. MANAGED HEALTH CARE PHARMACY						
EXPENDITURES:						
Salaries	\$ 458,894	\$ 468,718	\$ 469,642	\$ -	\$ 1,397,254	\$ 1,863,005
Benefits	\$ 14,932	\$ 16,934	\$ 16,936	\$ -	\$ 48,802	\$ 65,069
Other Operating Expenses	\$ 48,916	\$ 63,718	\$ 84,199	\$ -	\$ 196,833	\$ 262,444
Pharmaceutical Purchases	\$ 2,350,473	\$ 2,266,239	\$ 2,115,127	\$ -	\$ 6,731,839	\$ 9,075,785
Travel	\$ 1,324	\$ 1,316	\$ 4,292	\$ -	\$ 6,932	\$ 9,243
Capitalized Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Estimated IBNR	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Expenditures, Managed Health Care Pharmacy	\$ 2,874,539	\$ 2,816,925	\$ 2,690,196	\$ -	\$ 8,381,660	\$ 11,275,546

Indirect Expenditures (Shared Services)	\$ 847,143	\$ 837,832	\$ 856,453	\$ -	\$ 2,541,428	\$ 3,397,880
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TOTAL EXPENDITURES	\$ 25,275,678	\$ 25,540,080	\$ 25,435,988	\$ -	\$ 76,251,746	\$ 102,497,543
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DIFFERENCE	\$ 1,136,592	\$ 798,239	\$ 1,423,806	\$ -	\$ 3,358,637	\$ 3,981,244
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OFFENDER HEALTH CARE FEES	\$ -					
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OTHER APPROVED FUNDING SOURCES	\$ -					
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NET DIFFERENCE	\$ 1,136,592	\$ 798,239	\$ 1,423,806	\$ -	\$ 3,358,637	\$ 3,981,244
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TEXAS DEPARTMENT OF CRIMINAL JUSTICE
Financial Report on Offender Health Care, pursuant to Agency Rider 50
Third Quarter, FY2014

University of Texas Medical Branch						
STRATEGY	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Total UTMB	Annual Projection 6/20/2014
REVENUE:						
TDCJ Appropriation	\$ 94,821,734	\$ 93,779,736	\$ 95,863,730	\$ -	\$ 284,465,200	\$ 380,328,930
State Reimbursement Benefits	\$ 10,652,215	\$ 11,499,736	\$ 11,161,054	\$ -	\$ 33,313,005	\$ 44,442,300
Other Misc Revenue	\$ 51,590	\$ 10,176	\$ 21,770	\$ -	\$ 83,536	\$ 111,700
TOTAL REVENUES	\$ 105,525,539	\$ 105,289,648	\$ 107,046,554	\$ -	\$ 317,861,741	\$ 424,882,930

C.1.7. UNIT & PSYCHIATRIC CARE						
EXPENDITURES:						
Unit Care Expenditures						
Salaries	\$ 33,054,205	\$ 33,622,087	\$ 34,740,946	\$ -	\$ 101,417,238	\$ 136,001,273
Benefits	\$ 10,026,594	\$ 10,668,194	\$ 10,677,569	\$ -	\$ 31,372,357	\$ 41,815,875
Other Operating Expenses	\$ 5,188,758	\$ 5,090,994	\$ 4,737,739	\$ -	\$ 15,017,491	\$ 19,955,065
Professional Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Contracted Units/Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Travel	\$ 261,438	\$ 261,081	\$ 247,588	\$ -	\$ 770,107	\$ 1,039,574
Electronic Medicine	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Capitalized Equipment	\$ 212,423	\$ 683,661	\$ 1,105,848	\$ -	\$ 2,001,932	\$ 2,200,000
Estimated IBNR	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subtotal, Unit Care Expenditures	\$ 48,743,418	\$ 50,326,017	\$ 51,509,690	\$ -	\$ 150,579,125	\$ 201,011,787
Psychiatric Care Expenditures						
Salaries	\$ 5,972,925	\$ 6,023,720	\$ 6,067,082	\$ -	\$ 18,063,727	\$ 24,234,727
Benefits	\$ 1,465,581	\$ 1,596,995	\$ 1,546,549	\$ -	\$ 4,609,125	\$ 6,183,125
Other Operating Expenses	\$ 52,945	\$ 46,736	\$ 48,754	\$ -	\$ 148,435	\$ 198,435
Professional Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Travel	\$ 24,345	\$ 21,888	\$ 21,393	\$ -	\$ 67,626	\$ 90,426
Estimated IBNR	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subtotal, Psychiatric Care Expenditures	\$ 7,515,796	\$ 7,689,339	\$ 7,683,778	\$ -	\$ 22,888,913	\$ 30,706,713
Total Expenditures, Unit & Psychiatric Care	\$ 56,259,214	\$ 58,015,356	\$ 59,193,468	\$ -	\$ 173,468,038	\$ 231,718,500

C.1.8. HOSPITAL & CLINICAL CARE						
EXPENDITURES:						
University Professional Services	\$ 4,595,227	\$ 4,915,375	\$ 5,467,491	\$ -	\$ 14,978,093	\$ 18,500,000
Freeworld Provider Services	\$ 3,821,509	\$ 9,183,980	\$ 11,335,828	\$ -	\$ 24,341,317	\$ 44,800,000
TTUHSC Western Regional Medical Facility & UTMB Hospital Galveston Hospital Services	\$ 23,367,127	\$ 24,946,769	\$ 25,579,961	\$ -	\$ 73,893,857	\$ 101,395,000
Estimated IBNR	\$ 4,529,210	\$ 1,415,726	\$ 1,912,597	\$ -	\$ 7,857,533	\$ -
Total Expenditures, Hospital & Clinical Care	\$ 36,313,073	\$ 40,461,850	\$ 44,295,877	\$ -	\$ 121,070,800	\$ 164,695,000

C.1.9. MANAGED HEALTH CARE PHARMACY						
EXPENDITURES:						
Salaries	\$ 1,585,795	\$ 1,600,415	\$ 1,650,691	\$ -	\$ 4,836,901	\$ 6,464,000
Benefits	\$ 498,406	\$ 521,424	\$ 518,681	\$ -	\$ 1,538,511	\$ 2,056,000
Other Operating Expenses	\$ 274,275	\$ 287,998	\$ 367,980	\$ -	\$ 930,253	\$ 1,250,000
Pharmaceutical Purchases	\$ 8,007,385	\$ 8,090,321	\$ 8,250,170	\$ -	\$ 24,347,876	\$ 33,753,000
Travel	\$ 8,651	\$ 7,110	\$ 4,765	\$ -	\$ 20,526	\$ 30,000
Capitalized Equipment	\$ -	\$ -	\$ 203,454	\$ -	\$ 203,454	\$ 600,000
Estimated IBNR	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Expenditures, Managed Health Care Pharmacy	\$ 10,374,512	\$ 10,507,268	\$ 10,995,741	\$ -	\$ 31,877,521	\$ 44,153,000

Indirect Expenditures (Shared Services)	\$ 3,392,232	\$ 5,016,196	\$ 2,616,622	\$ -	\$ 11,025,050	\$ 15,175,000
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TOTAL EXPENDITURES	\$ 106,339,031	\$ 114,000,670	\$ 117,101,708	\$ -	\$ 337,441,409	\$ 455,741,500
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DIFFERENCE	\$ (813,492)	\$ (8,711,022)	\$ (10,055,154)	\$ -	\$ (19,579,668)	\$ (30,858,570)
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OFFENDER HEALTH CARE FEES	\$ -					
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OTHER APPROVED FUNDING SOURCES	\$ -					
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NET DIFFERENCE	\$ (813,492)	\$ (8,711,022)	\$ (10,055,154)	\$ -	\$ (19,579,668)	\$ (30,858,570)
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TEXAS DEPARTMENT OF CRIMINAL JUSTICE
Financial Report on Offender Health Care, pursuant to Agency Rider 50
Third Quarter, FY2014

Combined Total						
STRATEGY	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Combined Total	Annual Projection
REVENUE:						
TDCJ Appropriation	\$ 119,025,801	\$ 117,717,825	\$ 120,333,776	\$ -	\$ 357,077,402	\$ 477,411,178
State Reimbursement Benefits	\$ 12,859,735	\$ 13,898,847	\$ 13,549,766	\$ -	\$ 40,308,348	\$ 53,835,055
Other Misc Revenue	\$ 52,273	\$ 11,295	\$ 22,806	\$ -	\$ 86,374	\$ 115,484
TOTAL REVENUES	\$ 131,937,809	\$ 131,627,967	\$ 133,906,348	\$ -	\$ 397,472,124	\$ 531,361,717
C.1.7. UNIT & PSYCHIATRIC CARE						
EXPENDITURES:						
Unit Care Expenditures						
Salaries	\$ 37,449,424	\$ 38,223,211	\$ 39,349,852	\$ -	\$ 115,022,487	\$ 154,201,632
Benefits	\$ 11,214,452	\$ 11,997,536	\$ 11,986,549	\$ -	\$ 35,198,537	\$ 46,955,431
Other Operating Expenses	\$ 5,611,363	\$ 5,624,424	\$ 5,270,302	\$ -	\$ 16,506,089	\$ 22,039,862
Professional Services	\$ 600,266	\$ 519,476	\$ 469,898	\$ -	\$ 1,589,640	\$ 2,119,520
Contracted Units/Services	\$ 3,922,136	\$ 3,877,901	\$ 4,072,508	\$ -	\$ 11,872,545	\$ 15,993,886
Travel	\$ 289,666	\$ 290,515	\$ 306,434	\$ -	\$ 886,615	\$ 1,194,918
Electronic Medicine	\$ 180,998	\$ 30,405	\$ 126,175	\$ -	\$ 337,578	\$ 450,104
Capitalized Equipment	\$ 378,228	\$ 986,679	\$ 1,186,066	\$ -	\$ 2,550,973	\$ 2,889,041
Estimated IBNR	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subtotal, Unit Care Expenditures	\$ 59,646,533	\$ 61,550,147	\$ 62,767,784	\$ -	\$ 183,964,464	\$ 245,844,394
Psychiatric Care Expenditures						
Salaries	\$ 8,529,968	\$ 8,704,870	\$ 8,757,980	\$ -	\$ 25,992,818	\$ 34,840,571
Benefits	\$ 2,134,404	\$ 2,309,669	\$ 2,267,423	\$ -	\$ 6,711,496	\$ 9,006,404
Other Operating Expenses	\$ 84,912	\$ 78,009	\$ 97,430	\$ -	\$ 260,351	\$ 372,656
Professional Services	\$ 60,813	\$ 60,978	\$ 71,889	\$ -	\$ 193,680	\$ 258,240
Travel	\$ 26,502	\$ 25,785	\$ 30,242	\$ -	\$ 82,529	\$ 110,297
Estimated IBNR	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subtotal, Psychiatric Care Expenditures	\$ 10,836,599	\$ 11,179,311	\$ 11,224,964	\$ -	\$ 33,240,874	\$ 44,588,168
Total Expenditures, Unit & Psychiatric Care	\$ 70,483,132	\$ 72,729,458	\$ 73,992,748	\$ -	\$ 217,205,338	\$ 290,432,562
C.1.8. HOSPITAL & CLINICAL CARE						
EXPENDITURES:						
University Professional Services	\$ 4,870,227	\$ 5,140,375	\$ 5,717,491	\$ -	\$ 15,728,093	\$ 19,500,000
Freeworld Provider Services	\$ 7,193,882	\$ 13,137,476	\$ 15,334,394	\$ -	\$ 35,665,752	\$ 60,800,000
TTUHSC Western Regional Medical Facility & UTMB Hospital Galveston Hospital Services	\$ 26,272,204	\$ 28,042,991	\$ 28,506,448	\$ -	\$ 82,821,643	\$ 113,505,055
Estimated IBNR	\$ 5,306,838	\$ 1,312,229	\$ 1,827,603	\$ -	\$ 8,446,670	\$ -
Total Expenditures, Hospital & Clinical Care	\$ 43,643,151	\$ 47,633,071	\$ 51,385,936	\$ -	\$ 142,662,158	\$ 193,805,055
C.1.9. MANAGED HEALTH CARE PHARMACY						
EXPENDITURES:						
Salaries	\$ 2,044,689	\$ 2,069,133	\$ 2,120,333	\$ -	\$ 6,234,155	\$ 8,327,005
Benefits	\$ 513,338	\$ 538,358	\$ 535,617	\$ -	\$ 1,587,313	\$ 2,121,069
Other Operating Expenses	\$ 323,191	\$ 351,716	\$ 452,179	\$ -	\$ 1,127,086	\$ 1,512,444
Pharmaceutical Purchases	\$ 10,357,858	\$ 10,356,560	\$ 10,365,297	\$ -	\$ 31,079,715	\$ 42,828,785
Travel	\$ 9,975	\$ 8,426	\$ 9,057	\$ -	\$ 27,458	\$ 39,243
Capitalized Equipment	\$ -	\$ -	\$ 203,454	\$ -	\$ 203,454	\$ 600,000
Estimated IBNR	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Expenditures, Managed Health Care Pharmacy	\$ 13,249,051	\$ 13,324,193	\$ 13,685,937	\$ -	\$ 40,259,181	\$ 55,428,546
Indirect Expenditures (Shared Services)	\$ 4,239,375	\$ 5,854,028	\$ 3,473,075	\$ -	\$ 13,566,478	\$ 18,572,880
TOTAL EXPENDITURES	\$ 131,614,709	\$ 139,540,750	\$ 142,537,696	\$ -	\$ 413,693,155	\$ 558,239,043
DIFFERENCE	\$ 323,100	\$ (7,912,783)	\$ (8,631,348)	\$ -	\$ (16,221,031)	\$ (26,877,326)
OFFENDER HEALTH CARE FEES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
OTHER APPROVED FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
NET DIFFERENCE	\$ 323,100	\$ (7,912,783)	\$ (8,631,348)	\$ -	\$ (16,221,031)	\$ (26,877,326)

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

As of August 2014

Title of Position	CMHCC Partner Agency	Vacant Since (mm/yyyy)	Actions Taken to Fill Position
Director III – Chief Nursing Officer	TDCJ	08/01/2014	Position posting closed on August 28, 2014.
Health Specialist I – Office of Professional Standards	TDCJ	07/01/2014	An interview was conducted on August 12, 2014. The selected applicant is in clearance.
Health Specialist V – Intelligence Testing	TDCJ	New Position	An interview was conducted on August 20, 2014; awaiting a decision regarding a selection.
Accountant IV – Resource Management	TDCJ	08/15/2014	Position posting closed on August 20, 2014. Applications are being reviewed and screened for minimum qualification criteria.
Investigator II – Patient Liaison Program/ Montford Unit	TDCJ	07/01/2014	Position posting closed on August 18, 2014; awaiting a decision on an interview date.
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-II (4)	UTMB CMC	05/01/2014	Local and National Advertising, TAFP*, NCCHC† Conferences, and Agency contacts
Mid Level Practitioners (PA and FNP) (13)	UTMB CMC	01/01/2014	Local and National Advertising, Career Fairs, TAPA# and TNP‖ Conferences, Intern Programs.
Psychiatrist (2)	UTMB CMC	05/01/2014	Local and National Advertising, NCCHC†, TSPP ^Δ , Agency contacts
Dentists (7)	UTMB CMC	01/01/2014	Local and National Advertising, Star of the South Conference
Sr. Medical Director (2)	UTMB CMC	01/01/2014	NCCHC† Conference, ACA* Conference, TAFP* Conference, National and Local Advertising, Agency contacts

* ACA: American Corrections Association

† NCCHC: National Commission on Correctional Health Care

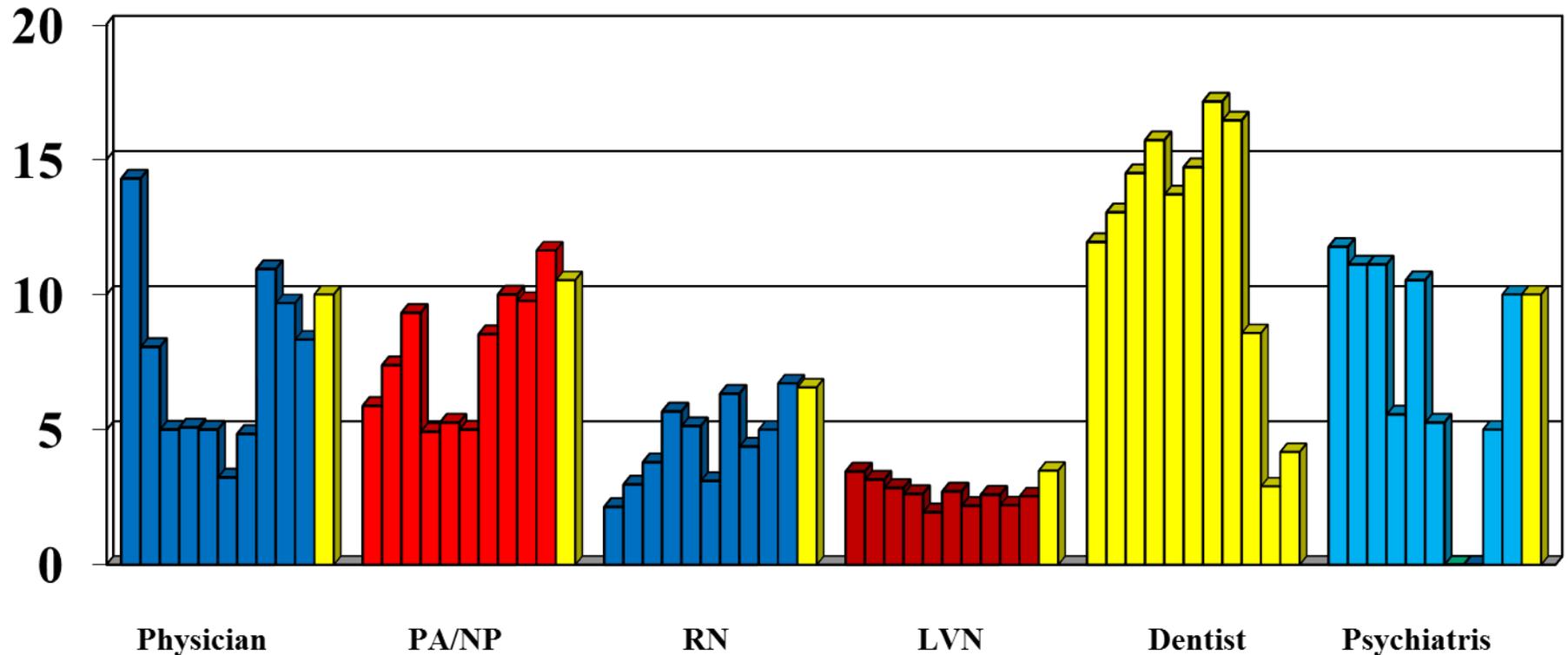
‡ TAFP: Texas Academy of Family Physicians

TAPA: Texas Academy of Physician Assistants

‖ TNP: Texas Nurse Practitioners

Δ TSPP: Texas Society of Psychiatric Physicians

UTMB Vacancy Rates (%) by Quarter FY2012 – FY2014

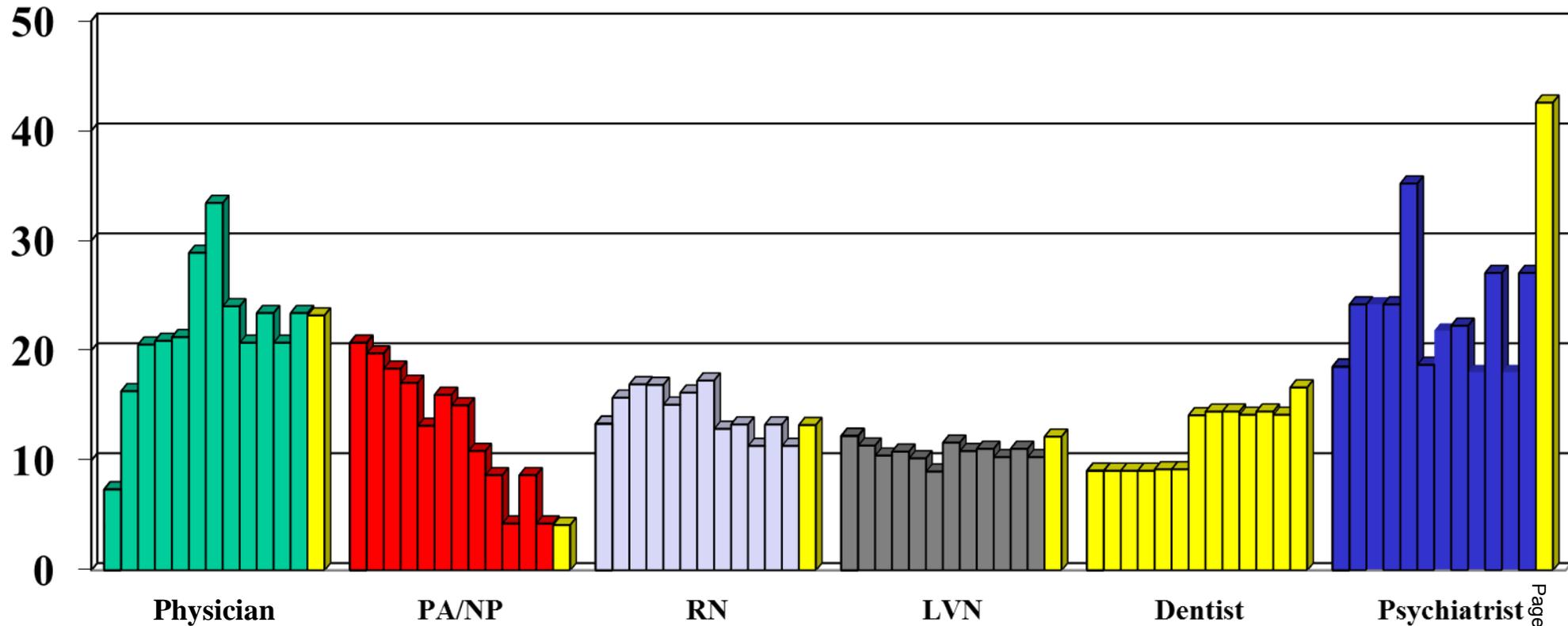


*Correctional Managed
Health Care*



TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER

TTUHSC Vacancy Rates (%) by Quarter FY2012 - FY2014



*Correctional Managed
Health Care*



TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER



**TEXAS DEPARTMENT OF
CRIMINAL JUSTICE**

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

Third 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 Third Quarter of Fiscal Year (FY) 2014 (March, April, and May 2014), 12 Operational Review Audits (ORAs) were conducted at the following facilities: Connally, Garza East, Garza West, Glossbrenner, Hamilton, Lopez, McConnell, Murray, Pack, Segovia, Stevenson, and Willacy. During the Third Quarter of FY 2014, nine ORAs were closed for the following facilities: Bridgeport, Crain, Ellis, Hughes, Lewis, Lopez, Sanchez, Segovia and Telford.
- The following is a summary of the 11 items found to be most frequently less than 80% compliant in the 12 Operational Review Audits conducted in the Third Quarter of FY 2014:
 1. 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. Eight of the twelve facilities were not in compliance with this requirement. The eight facilities out of compliance were: Connally, Garza West, Glossbrenner, Lopez, McConnell, Murray, Segovia and Stevenson. Corrective actions were requested from the eight facilities. At the time of this report, two facilities have returned their corrective action plan: Lopez and Segovia. Two corrective action plans were closed: Lopez and Segovia. Six facilities are preparing facility-specific corrective actions to ensure future compliance: Connally, Garza West, Glossbrenner, McConnell, Murray and Stevenson.
 2. Item **6.020** requires offenders with a positive tuberculin skin test be evaluated for active disease or the need for chemoprophylaxis by a physician or mid-level practitioner before initiation of medication. Eight of the twelve facilities were not in compliance with this requirement. The eight facilities out of compliance were: Connally, Garza East, Hamilton, McConnell, Murray, Pack, Segovia and Stevenson. Corrective actions were requested from the eight facilities. At the time of this report, one facility has returned their corrective action plan: Segovia. One corrective action plan was closed: Segovia. Seven facilities are preparing facility-specific corrective actions to ensure future compliance: Connally, Garza East, Hamilton, McConnell, Murray, Pack and Stevenson.
 3. Item **6.210** requires Human Immunodeficiency Virus (HIV) positive offenders be seen in chronic care clinic every six months. Eight of the twelve facilities were not in compliance with this requirement. The eight facilities out of compliance were: Garza East, Garza West, Glossbrenner, Hamilton, McConnell, Murray, Pack and Stevenson. Corrective actions were requested from the eight facilities. Eight facilities are preparing facility-specific corrective actions to ensure future compliance: Garza East, Garza West, Glossbrenner, Hamilton, McConnell, Murray, Pack and Stevenson.
 4. Item **5.090** requires assessments done by nursing staff daily on offenders in disciplinary segregation be documented on Flow Sheets (HSN-46). Seven of the twelve facilities were not in compliance with this requirement. The seven facilities out of compliance were: Connally, Garza East, Garza West, Hamilton, Lopez, McConnell and Segovia. Corrective actions were requested from the seven facilities. At the time of this report, two facilities have returned their corrective action plan: Lopez and Segovia. Two corrective action plans were closed: Lopez and Segovia. Five facilities are preparing facility-specific corrective actions to ensure future compliance: Connally, Garza East, Garza West, Hamilton and McConnell.

Operation Review Audit (Continued)

5. Item **6.040** requires offenders receiving anti-tuberculosis medication at the facility have a Tuberculosis Patient Monitoring Record (HSM-19) completed. Seven of the twelve facilities were not in compliance with this requirement. The seven facilities out of compliance were: Connally, Hamilton, Lopez, McConnell, Murray, Segovia and Stevenson. Corrective actions were requested from the seven facilities. At the time of this report, two facilities have returned their corrective action plan: Lopez and Segovia. Two corrective action plans were closed: Lopez and Segovia. Five facilities are preparing facility-specific corrective actions to ensure future compliance: Connally, Hamilton, McConnell, Murray and Stevenson.
6. Item **6.330** requires the initial evaluations of offenders diagnosed with Hepatitis C be completed by a physician or mid-level provider. Seven of the twelve facilities were not in compliance with this requirement. The seven facilities out of compliance were: Garza East, Garza West, Hamilton, Lopez, McConnell, Murray and Segovia. Corrective actions were requested from the seven facilities. At the time of this report, two facilities have returned their corrective action plan: Lopez and Segovia. Two corrective action plans were closed: Lopez and Segovia. Five facilities are preparing facility-specific corrective actions to ensure future compliance: Garza East, Garza West, Hamilton, McConnell and Murray.
7. Item **4.125** requires a current Mental Health Individual Treatment Plan for offenders receiving mental health services from a Qualified Mental Health Professional that includes diagnosis and treatment goals. Six of the twelve facilities were not in compliance with this requirement. The six facilities out of compliance were: Connally, Garza East, Garza West, McConnell, Pack and Willacy. Corrective actions were requested from the six facilities. Six facilities are preparing facility-specific corrective actions to ensure future compliance: Connally, Garza East, Garza West, McConnell, Pack and Willacy.
8. Item **5.210** requires an annual physical exam for offenders 50 years of age or greater to be documented in the medical record within 30 days of their annual date of incarceration. Six of the twelve facilities were not in compliance with this requirement. The six facilities out of compliance were: Connally, Garza West, Hamilton, McConnell, Murray and Stevenson. Corrective actions were requested from the six facilities. Six facilities are preparing facility-specific corrective actions to ensure future compliance: Connally, Garza West, Hamilton, McConnell, Murray and Stevenson.
9. Item **6.190** requires each newly diagnosed Human Immunodeficiency Virus (HIV) positive offender on the unit receive an initial evaluation that includes a medical history and physical exam. Six of the twelve facilities were not in compliance with this requirement. The six facilities out of compliance were: Garza East, Garza West, Lopez, McConnell, Pack and Willacy. Corrective actions were requested from the six facilities. Lopez. One corrective action plan was closed: Lopez. Five facilities are preparing facility-specific corrective actions to ensure future compliance: Garza East, Garza West, McConnell, Pack and Willacy.
10. Item **6.380** requires the pneumococcal vaccine be offered to offenders with certain chronic diseases and conditions*, and all offenders 65 years of age or older. Vaccinations are to be documented on the Abstract of Immunizations Form (HSM-2) when administered. If the vaccination is refused, the refusal should be documented with a signed Refusal of Treatment Form (HSM-82). Six of the twelve facilities were not in compliance with this requirement. The six facilities out of compliance were: Connally, Garza East, Garza West, Lopez, McConnell and Willacy. Corrective actions were requested from the six facilities. Lopez. One corrective action plan was closed: Lopez. Five facilities are preparing facility-specific corrective actions to ensure future compliance: Connally, Garza East, Garza West, McConnell and Willacy.

Operation Review Audit (Continued)

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

11. Item **6.450** requires follow-up serologies for Syphilis be obtained after completion of treatment as follows: Primary or Secondary Syphilis and Human Immunodeficiency Virus (HIV) negative at six and twelve months; Primary, and Secondary Syphilis, and HIV positive at three, six, nine, twelve, and twenty-four months; Latent Syphilis and HIV negative at every six, twelve, and twenty-four months, and Latent Syphilis and HIV positive at three, six, nine, twelve, eighteen, and twenty-four months. Six of the twelve facilities were not in compliance with this requirement. The six facilities out of compliance were: Garza East, McConnell, Murray, Pack, Segovia and Willacy. Corrective actions were requested from the six facilities. Segovia. One corrective action plan was closed: Segovia. Five facilities are preparing facility-specific corrective actions to ensure future compliance: Garza East, McConnell, Murray, Pack and Willacy.

Capital Assets Monitoring

The Fixed Assets Contract Monitoring officer audited the same 12 units listed above for operational review audits during the Third Quarter of FY 2014. These audits are conducted to monitor compliance with the Health Services Policy and State Property Accounting (SPA) policy regarding inventory procedures. All **12** units were within the required compliance range.

Dental Quality Review Audit

During the Third Quarter of FY 2014, Dental Quality Review audits were conducted at the following 15 facilities: Bridgeport, Bridgeport Pre-Parole Transfer Facility (PPT), Choice Moore, Cole, Diboll, Dominguez, Duncan, Fort Stockton, Goree, Kyle, Lewis, Lindsey, Lockhart, Lynaugh, and Sanchez. 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). Two of the 15 facilities were not in compliance with this requirement. The two facilities out of compliance were: Bridgeport PPT (70%) and Duncan (70%). Corrective Action Requests are pending for both 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. Two of the 15 facilities were not in compliance with this requirement. The following facilities were out of compliance: Diboll (54%) and Goree (19%). 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. Six of the 15 facilities were not in compliance with this requirement. The following facilities were out of compliance: Bridgeport (57%), Diboll (75%), Duncan (67%), Kyle (57%), Lewis (72%), and Sanchez (0%). Corrective Action Requests are pending with all facilities.

Grievances and Patient Liaison Correspondence

During the Third Quarter of FY 2014, the Patient Liaison Program and the Step II Medical Grievance Program received **3,359** correspondences: The PLP received **1,746** and Step II Medical Grievance received **1,613**. There were 504 Action Requests generated by the Patient Liaison and the Step II Medical Grievance Programs.

The University of Texas Medical Branch (UTMB) and Texas Tech University Health Sciences Center (TTUHSC) *overall* combined percentage of sustained offender medical grievances closed in the Third Quarter FY 2014 for the Step II medical grievances was **eight** percent. Performance measure expectation is six percent or less (Article IX, Correctional Managed Health Care contract). The percentage of sustained Step II medical grievances from UTMB was **eight** percent and **six** percent for TTUHSC for the Third 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 Third Quarter of FY 2014, the Patient Liaison Program nurses and investigators performed 48 Sick Call Request Verification audits on 47 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 **408** indicators were reviewed at the **47** facilities and **19** 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 **47** 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 **784** cases of Hepatitis C identified for the Third Quarter FY 2014, compared to **814** cases identified during the Second 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 testing became mandatory at intake in July 2007. However, offenders who are already known to be HIV positive are not required to be retested at intake. Instead, they are offered laboratory testing to assess the severity of their infections. HIV testing became mandatory for pre-release in September 2005 (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 Third Quarter FY 2014, **20,444** offenders had intake tests, and **119** are newly identified as having HIV infections. For the Second Quarter FY 2014, **19,142** offenders had intake tests and **129** were HIV positive. During the Third Quarter FY 2014, **12,132** offenders had pre-release tests; there were none who were found to be HIV positive compared to **four** in the Second Quarter FY 2014. **23** new AIDS cases were identified during the Third Quarter FY 2014, compared to **four** new AIDS cases in the Second Quarter FY 2014.

Office of Public Health (Continued)

- **257** cases of suspected Syphilis were reported in the Third Quarter FY 2014, compared to **258** in the Second Quarter in FY 2014. **23** required treatment or retreatment compared to **19** in the Second 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.
- **218** Methicillin-Resistant Staphylococcus Aureus (MRSA) cases were reported for the Third Quarter FY 2014, compared to **240** during the Second Quarter of FY 2014. **146** Methicillin-Sensitive Staphylococcus Aureus (MSSA) cases were reported for the Third Quarter of FY 2014 compared to **123** for the Second Quarter of FY 2014. Numbers of both MRSA and MSSA have been fluctuating for the last few years.
- There was an average of **11** Tuberculosis (TB) cases under management for the Third Quarter FY 2014, compared to an average of **17** (TB) cases for the Second 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. The SANE Coordinator position was vacant from March 31, 2014 until June 1, 2014. During this time, there were no inservice trainings provided to the facility staff. These inservices resumed in July 2014 and will be reported in the next report. In addition, the new SANE Coordinator will perform audits of the documentation and services provided by medical personnel for each sexual assault reported during the time that the position was vacant and will report those with the next report.
- During the Third Quarter of FY 2014, **three** units received two day Peer Education Training and one unit received a four day training which included the Wall Talk Training. Three units received a two day training which included the Somebody Cares Training. As of the close of the quarter, 100 of the 109 facilities housing Correctional Institutional Division offenders had active peer education programs. During the Third Quarter FY 2014, **107** offenders trained to become peer educators. This is an increase from **89** offenders in the Second Quarter FY 2014. During the Third Quarter FY 2014, **19,629** offenders attended the classes presented by peer educators. This is an increase from the Second Quarter FY 2014, of **18,672**.

Mortality and Morbidity

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.

Peer Review Committee	Number of Cases Referred
Provider & Nursing Peer Review	3
Provider Peer Review	7
Nursing Peer Review	5
Mental Health	2
Total	17

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 Third Quarter of FY 2014:

- The OMHM&L monitors all Administrative Segregation (Ad Seg) facilities within the TDCJ Correctional Institution Division and State Jails once every six months. During the Third Quarter of FY 2014, **19** Ad Seg facilities were audited including: Allred, Allred ECB, Bradshaw, Clements ECB, Cole, Connally, Darrington, Dominguez, Ellis, Estelle ECB, Hutchins, Lewis, Lopez, McConnell, Mountain View, Polunsky, Powledge, Ramsey and Sanchez. The OMHM&L auditors observed 3,788 offenders, interviewed 2,902 offenders, and referred 6 offenders to the university providers for further evaluation. In addition to monitoring the mental health status of segregated offenders, the auditor also assesses access to care (ATC) regarding mental health. The auditor checks for timely triage (ATC 4), appropriate description of chief complaint (ATC 5), and timely provider visits after referral (ATC 6). For ATC 4, **17** of 19 units were **100%** compliant and Powledge was **90%** and Sanchez was **71%** compliant. For ATC 5, **17** of 19 units were **100%** compliant, Powledge was **90%** and Sanchez was **86%** compliant. For ATC 6, **17** of 19 units were **100%** compliant, Powledge was **80%** and Sanchez was **71%** compliant.
- 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 Third Quarter FY 2014, a total of **68** instances of compelled psychoactive medication administration occurred. 24 instances occurred at the Montford unit, 32 instances occurred at the Skyview unit, and 12 instances occurred at the Jester IV unit. Skyview and Jester IV were **100** percent compliant with required criteria for logging and documentation of compelled psychoactive medication. The Montford Unit was **90** percent compliant in March 2014, and 100 percent compliant for April and May 2014.
- The Intake Mental Health Evaluation audit conducted by the OMHM&L is designed to provide reasonable assurance that those offenders identified as having a potential mental health need upon intake receive a Mental Health Evaluation within 14 days of identification. **23** of the 24 intake facilities identified incoming offenders in need of a Mental Health Evaluation. **19** facilities met or **exceeded 80% percent compliance** for completing Mental Health Evaluations within 14 days of identified need: Bartlett, Bradshaw, Byrd, Dominguez, Formby, Garza, Gist, Glossbrenner, Halbert, Holliday, Hutchins, Jester I, Johnston, Lindsey, Lychner, Middleton, Plane, Sayle and Travis. Four facilities earned **compliance scores of 79% or lower**: Baten (27%), Gurney (63%), Sanchez (50%) and Woodman (50%).
- The OMHM&L reviewed the mental health records of **11** pregnant offenders considered for the Baby and Mother Bonding Initiative (BAMBI) and determined that none of them exhibited mental health issues precluding their participation in BAMBI.

Office of the Health Services Liaison

- The Office of The Health Services Liaison (HSL) conducts a random audit of 10 percent of electronic medical records (EMR) of offenders discharged from hospitals and infirmaries in the TTUHSC and the UTMB sectors. In the Third Quarter of FY 2014, **HSL conducted 159 hospital and 52 infirmary discharge audits.**
- Each audit determines if vital signs were recorded on the day the offender left the hospital/infirmiry; 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.

Office of the Health Services Liaison (Continued)

- Of the 159 hospital discharge audits conducted, **148** were from the UTMB Sector and **11** were from the TTUHSC sector. There were **10** deficiencies identified for UTMB and two indentified for TTUHSC. Of the **52** infirmary discharge audits conducted, **28** were from the UTMB sector and **24** were from the TTUHSC sector. There were **seven** deficiencies identified from UTMB and **zero** for TTUHSC.

Accreditation

The American Correctional Association (ACA) Correctional Accreditation Manager's Association (CAMA) Conference was held in Colorado Springs, CO on May 16-18, 2014. During this conference, the following units were awarded reaccreditation by the ACA Panel of Commissioners: Beto, Byrd, Clements, Daniel, Goodman, Halbert, Johnston, Lychner/Kegans, Stiles and Travis.

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 – 26,
- Correctional Institutions Division Pending Monthly Research Projects - 6,
- Health Services Division Active Monthly Medical Research Projects -2, and
- Health Services Division Pending Medical Research Projects - 4

UTMB CMC - Mental Health Services

TTUHSC CMHC

Presented by:

Joseph V. Penn MD CCHP FAPA

Chair, Joint Mental Health Work Group

Director, UTMB CMC Mental Health Services

Clinical Professor, UTMB Dept. of Psychiatry

Joint Mental Health Work Group

TDCJ Health Services

- **Lannette Linthicum, MD CCHP-A FACP**
- **Linda Knight, PhD**
- **Arden Dominey, MA**

TDCJ Re-Entry and Integration Division

- **B.J. Wagner, MS**

UTMB CMC Mental Health Services

- **Beverly Echols, MA LPC LBSW**
- **Debra L. Guthrie, PhD**
- **Billy Shelton, PhD**

Joint Mental Health Work Group (cont.)

Texas Tech CMHC Mental Health Program

- **Marion Williams, MD,**
- **Michelle Gaines, PhD**
- **Nick Blythe, MHA**
- **Rebecca Ramirez, JD MHA**
- **Mark Davis, RN**
- **Jason Delay, LPC-S**

Objectives

- 1) To define causes of the current psychiatric disease epidemic within correctional settings**
- 2) To provide examples of mental health needs, clinical presentation, and service utilization of incarcerated offender populations**

Objectives (cont.)

3) To describe the UTMB and Texas Tech mental health services system and explain how this is organized to provide:

a) Access to care,

b) Continuum of care

c) Coordinated service delivery

Within TDCJ units statewide

4) To provide examples of recent developments and current challenges

Psychiatric Disorders in US Corrections

- The current **epidemic** of psychiatric disorders in the United States prison system represents a **national public health crisis**
- Between **15%** and **24%** of state prison inmates have a **severe mental illness**
- Half of US inmates— over **1 million**— have **at least 1 mental health condition**

Bureau of Justice Statistics Report, 2006

- A number of **legal, social** and **political** factors over the last **40 years** have led to this current excess

Causes of Psychiatric Disease Epidemic in Corrections

1. **Mass downsizing** of public mental health hospitals (beginning in late 1960's)
 - a) Existing state hospital beds are largely “forensic patients” with less civil/free world patients
 - b) Nationally: 55 % decrease

Lamb HR, Weinberger LE: The shift of psychiatric inpatient care from hospitals to jails and prisons. J Am Acad Psychiatry Law (2005)

2. Inadequate **community-based** mental health services
3. **Legal systems** with limited capacity to discern mental illness among lawbreakers

Causes of Psychiatric Disease Epidemic in Corrections (cont.)

4. **Laws** that have made it difficult to **commit** mentally ill patients to psychiatric hospitals
5. Private hospitals' **limited** enrollment of **psychotic** patients
6. **Economic pressures** resulting in reduced mental health coverage
7. Lack of psychiatric **continuity of care/community re-entry** programs following release from jails and prisons

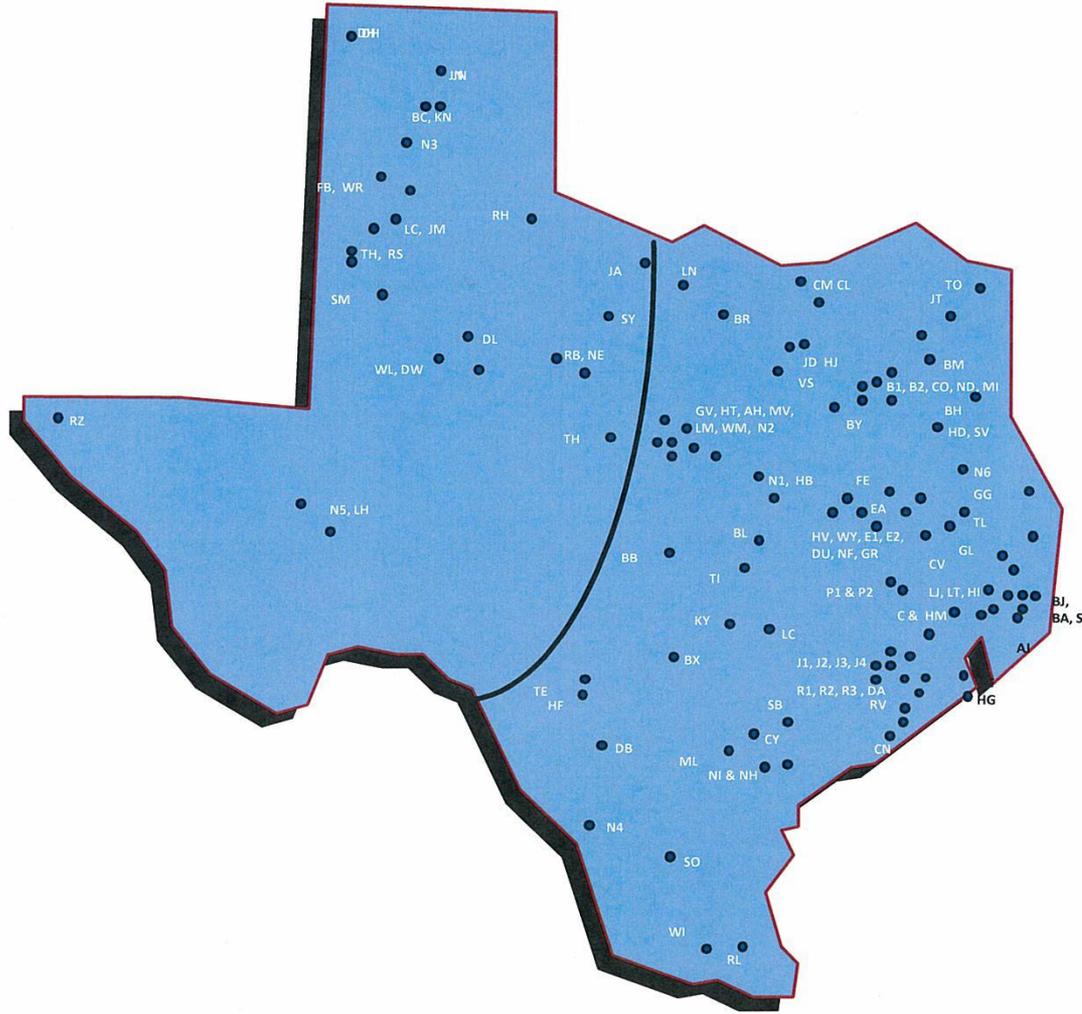
UTMB and Texas Tech Facilities

Geographic Areas of Responsibilities



FACILITIES

- BC-Clements
- DH-Dalhart
- DL-Daniel
- DW-Ware
- FB-Formby
- JA-Allred
- JN-Jordan
- KN-Neal
- LH-Lybaugh
- N2-San Saba
- N3-Tulia
- N5-Ft. Stockton
- RB-Robertson
- RD-Rudd
- RH-Roach
- RZ-Sanchez
- SM-Smith
- SY-Sayle
- JM-Montford
- TH-Havins
- WL-Wallace
- WR-Wheeler



FACILITIES

- AH- Hughes
- AJ- Luther
- AJ -Lynchner
- B2- Powledge
- BA- Leblanc
- BB-Halbert
- BH- Bradshaw
- BJ- Gist
- BL-Bartlett
- B1- Beto
- BM- B. Moore
- BR- Bridgeport
- BX- Dominguez
- BY- Boyd
- C- Central
- CL-Cole
- CM- C Moore
- CN- Clemens
- CO-Coffield
- CV-Cleveland
- CY-Connally
- DA-Darrington
- DB-Briscoe
- Do-Diboll
- DU-Byrd
- E2-Estelle
- EA-Eastham
- E1- Ellis
- EN-Segovia
- FE-Ferguson
- GC-Young
- GG-Goodman
- GL-Lewis
- GR Gorree
- GV-Gatesville
- HB-Hobby
- HD-Hodge
- HF-Ney
- HG-Hospital Galveston
- HI-Hightower
- HJ- Hutchins
- HM-Kegans
- HT-Hilltop
- HV-Huntsville
- J1- Jester 1
- J2- Vance
- J3-Jester 3
- J4- Jester 4
- JD-Dawson
- JH- Hamilton
- JT-Johnston
- KY-Kyle
- LC- Lockhart
- LJ- Plane
- LM- Murray
- LN- Lindsey
- LT- Henley
- MI-Michael
- ML-McConnell
- MV-Mountain View
- N1-Marlin
- N4-Cottulla
- N6-Duncan
- ND-Gurney
- NE-Middleton
- NF- Holliday
- N1- Garza E
- N4-Garza W
- P1-Pack1
- R1-Ramsey
- R2-Stringfellow
- R3-Terrell
- R1-Travis County
- RV-Scott
- SB-Stevenson
- SO-Glossbrenner
- ST- Stiles
- SV-Skyview
- T3- Torres
- TI-Bridgeport
- TL-Polunsky
- To-Telford
- VS-Estes
- WI-Willacy Co
- WM-Woodman
- WY-Wynne

UTMB-CMC Mental Health Services

- **Full range of outpatient, inpatient, crisis management, and special programs providing mental healthcare up to 126,000 TDCJ offenders in UTMB sector**
- **Mental health screening and triage services are available at 80 TDCJ-ID institutions upon request or referral.**
- **Psychoeducation (education about illness and its management) and skills building**
- **Case management services**
- **Psychiatric Observation (Psych Obs) status**
- **Suicide and violence risk assessments**
- **PREA generated mental health referrals**
- **Psychiatric diagnostic evaluation, case consultation, and medication treatment services**
- **Majority TDCJ offenders are males, with the total female offender population just over 12,000.**

UTMB CMC Mental Health Services Utilization

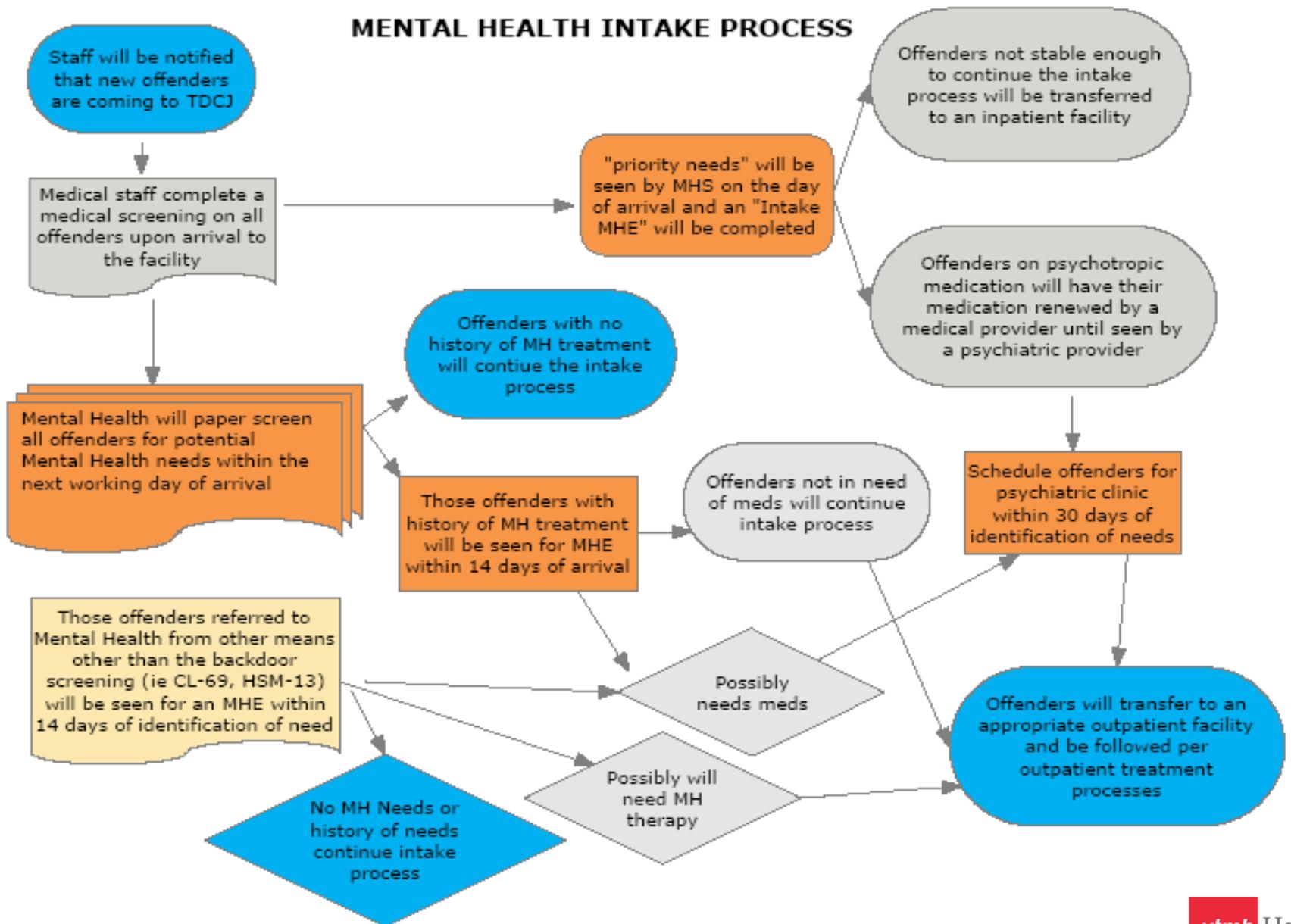
- **Inpatient: 153,672/year**
- **Crisis Management: 5077/year ***
- **Outpatient Encounters: 291,576/year**
- ***Annualized based upon July, 2014**

TTUHSC CMHC Mental Health Program

- **Services include psychology, psychiatry services and psycho-pharmaceuticals.**
- **Services are provided on site at 23 TTUHSC affiliated TDCJ facilities in West Texas:**
- **Inpatient providers at Montford cover outpatient mental health via approximately 40 telepsych clinics per month.**



MENTAL HEALTH INTAKE PROCESS







Practicing Psychiatry/Mental Health in a Correctional Setting/Culture

Heterogeneity of patient population:

- **Juveniles to Elderly**
- **“Lifers” serving life sentence(s) to Death Row**
- **SAFPP (county probationers)**
- **Sex offenders**
- **Acute and chronic medical illnesses**
- **Baby bonding program,**
- **Developmental disabilities (DDP)**
- **Hearing, mobility impaired and other vulnerable populations**
- **Security Threat Groups (STG’s)**
- **Antisocial personality disorder and sociopathy**

Practicing Psychiatry/Mental Health in a Correctional Setting/Culture

- **Transportation of patient offenders to clinic or off-site (unit lockdowns, count time, change of shift)**
- **Rural settings**
- **Medically underserved areas**
- **Recruitment and retention of qualified staff and staffing ratios**
- **Staff safety and boundary issues**
- **Abuse/diversion of psychotropic medications and contraband issues**
- **Unit lockdowns, hostage situations, riots**
- **Officer shortages**
- **Physical plant and transportation issues (air conditioning, heat)**

Corrections: Examples of Clinical Presentations

- **Adjustment to correctional setting (prison differences from jails)**
- **Stressors (bad news, disciplinary issues, peer conflicts, legal issues)**
- **“Acting out” behaviors**
- **Suicide attempts**
- **Self-Mutilation/Self-Injurious Behavior**
- **Hunger Strikes**
- **Mental Disorders (Axis I and II)**
- **Substance Use Disorders**
- **Comorbid medical issues (acute and chronic)**
- **Refusal of medical/surgical treatments**
- **Insistence on certain medications and privileges (low bunk, bottom row, heat restrictions)**
- **Transsexual/Gender Identity/Dysphoria disorder**

Psychotropic Medications & Mental Health Caseload (UTMB CMC)

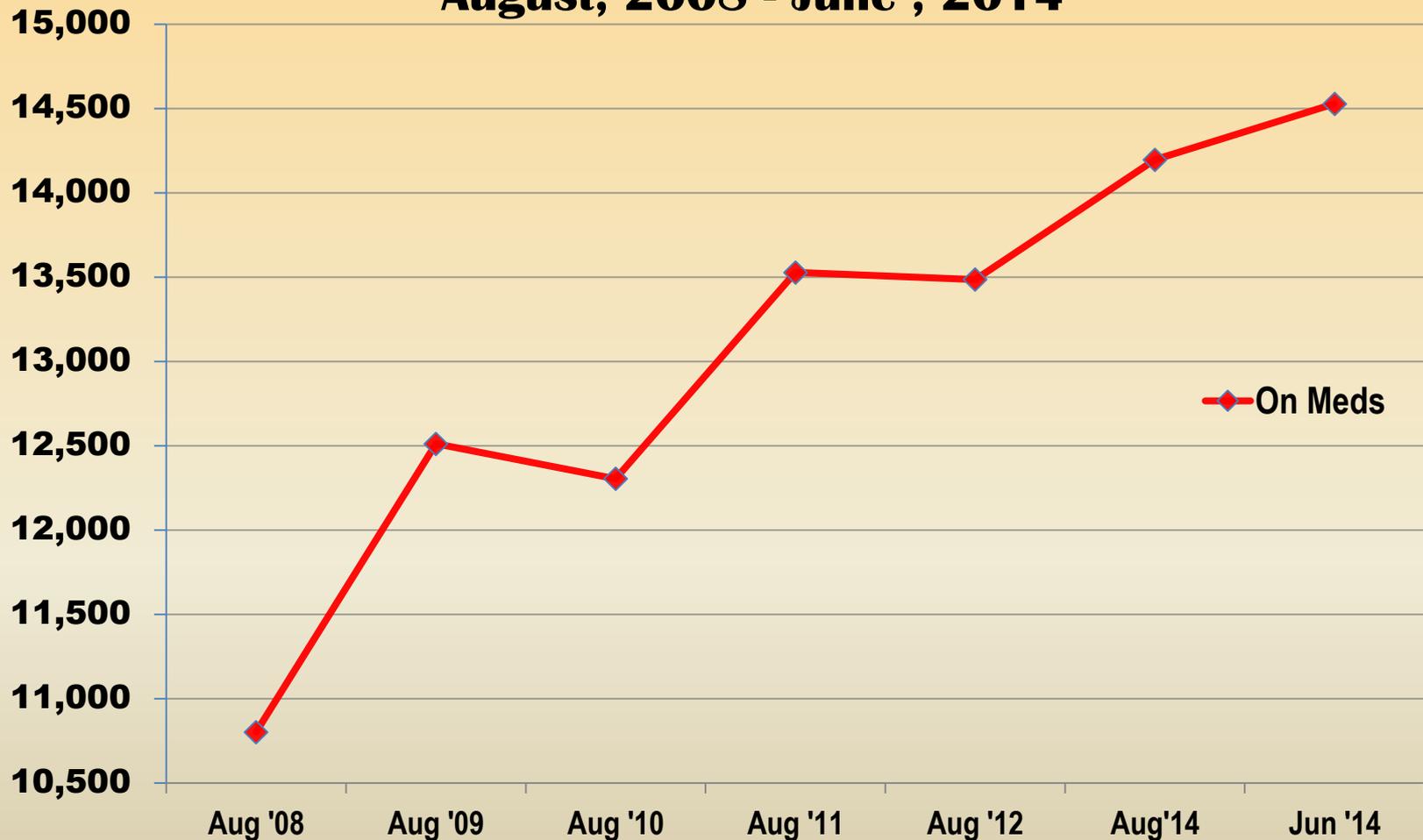
Mental Health Services (MHS) Psychotropic Medication and Caseload Report (June 2014)

Daily Average Census (from TDCJ reports)	# of TDCJ offenders on psychotropic medications		# of TDCJ offenders on mental health caseload		% of TDCJ offenders on psychotropic medications	% of TDCJ patients on mental health caseload on medications	% of total TDCJ average census on patient lists
	Male	Female	Male	Female			
116,304	12,042	2,501	15,185	3,028	12.50%	79.85%	15.66%

MH Caseload on Medication

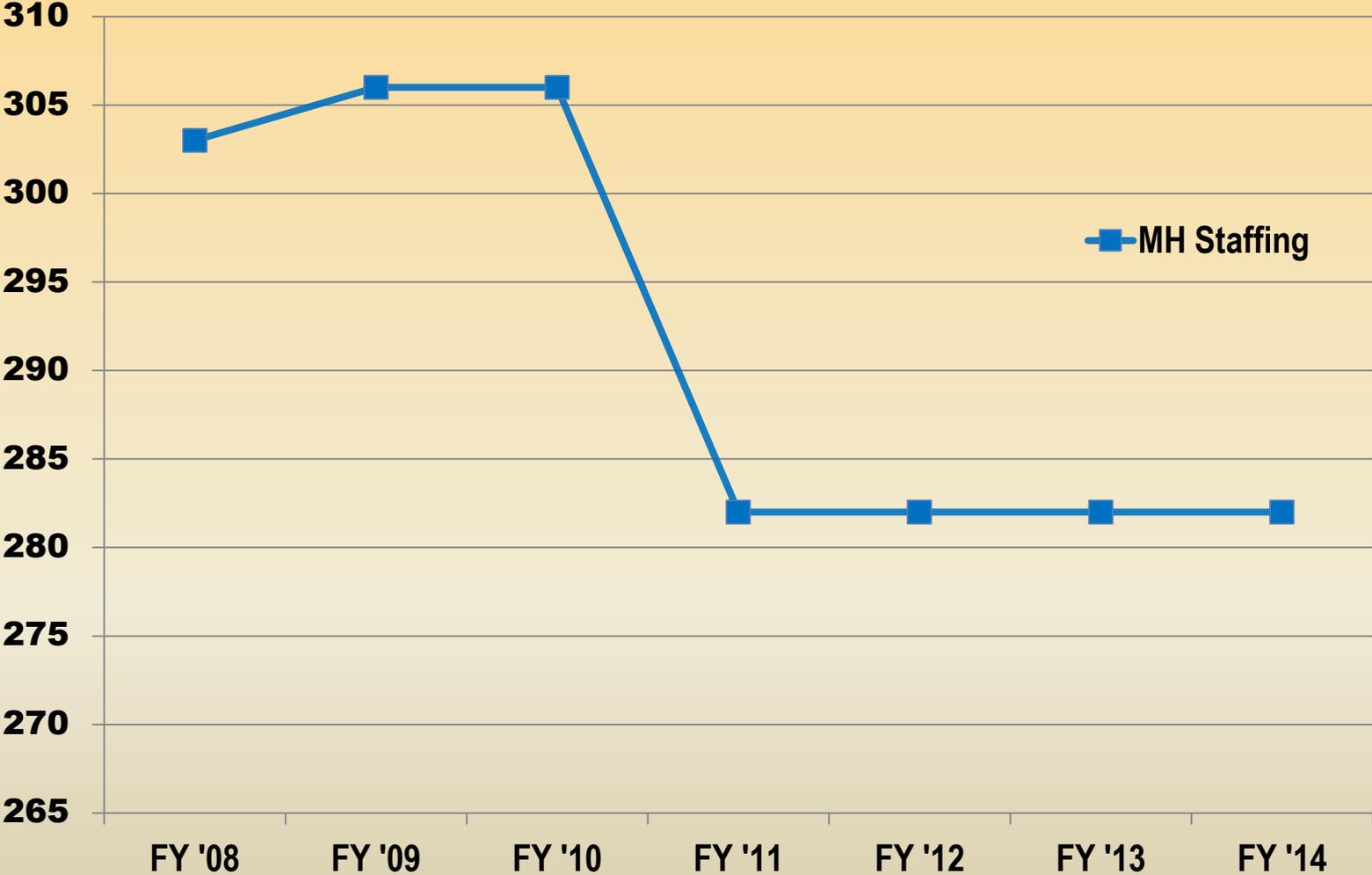
TDCJ Units (within UTMB Sector)

August, 2008 - June, 2014



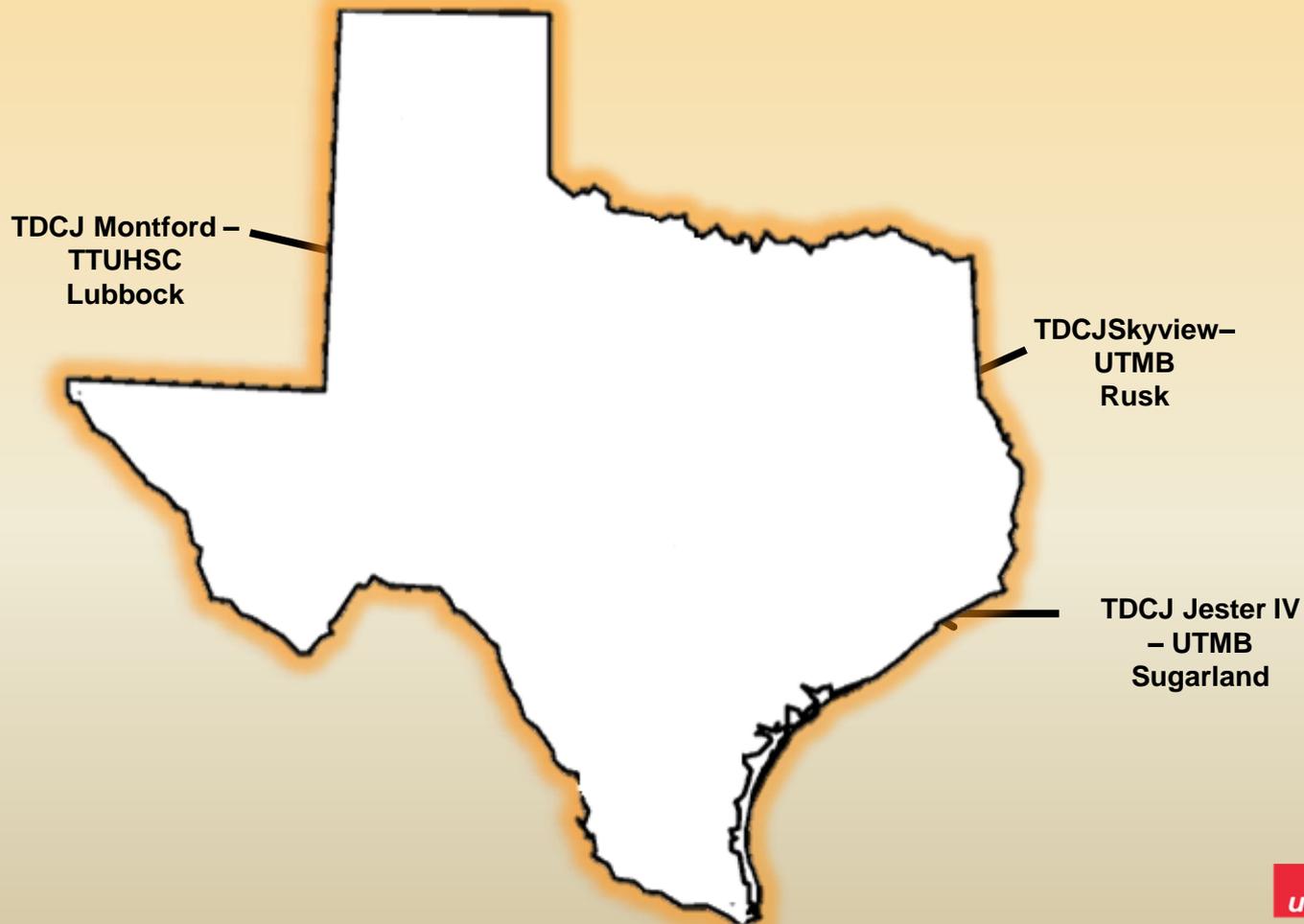
MH Staffing

UTMB - CMC





TDCJ Inpatient Psychiatric Prison Units



Inpatient Census Report (July 10, 2014)

Location	Male	Female	Comments
Skyview	475	59	See below
Jester IV *	493	4	See below
Mountain View	0	12	See below
Total	968	75	Total Inpatients = 1043

TDCJ Skyview Inpatient Psychiatric Treatment Facility – Target population served is 564 acutely and chronic mentally ill TDCJ offenders and TDCJ offenders requiring specialized psychiatric diagnostic evaluation, psychological testing and those in crisis. The facility serves males, females and juvenile offenders.

TDCJ Jester IV Inpatient Psychiatric Treatment Facility – Target population served is 550 acutely and chronic mentally ill TDCJ offenders, TDCJ offenders requiring specialized psychiatric diagnostic evaluation, psychological testing and those in crisis. The facility serves primarily male offenders but is an overflow for female offenders awaiting transfer to the Skyview Unit. The facility also provides care for offenders with Alzheimer’s Disease, other Dementias and other illnesses through the Neuro-Cognitive Disorders Program.

TDCJ Mountain View Unit – Provides female crisis management services. The bed capacity is for 20 females. Immediate mental health crisis services (counseling and evaluations) are provided.

Developmental Disabilities Program (DDP) Census - As of 6/30/14

Location	Male	Female	
Hodge DDP	607	0	All male program
Crain DDP	0	94	All female program
Total	607	94	Total DDP Patients = 701

Developmental Disabilities Program (DDP) – Hodge Unit – Target population served is 645 offenders with intellectual and other developmental disabilities requiring further evaluation and testing, structured programming including individual and group therapies. Staff provides additional DDP-focused evaluation and treatment services. This program services a male population.

Developmental Disabilities Program (DDP) – Crain Unit – Target population served is 106 offenders with intellectual and other developmental disabilities requiring further evaluation and testing, structured programming including individual and group therapies. Staff provides additional DDP-focused evaluation and treatment services. This program services a female population.

Special Psychiatric Programs



Montford In-patient Psych

- Co-located with RMF, established in 1995
- 550 bed correctional inpatient unit
- Provides specialty social work psychology, and psychiatry services in addition to inpatient services.
- Globally CMHC psych services manages over 68,500 mental health outpatient encounters/yr, approximately 125 crisis management admissions/month and approximately 800 telepsych eval/month

PAMIO: Program for Aggressive Mentally Ill Offenders Clements Facility (Amarillo) PAMIO (established in 1990).

- 208 bed capacity
- Innovative behavioral program offering structured Mental Health Services to a unique sub set of offender patients whose mental illness is compounded by aggressive and assaultive behavior.

CMI Program: Clements Amarillo

- 246 beds, established in June 2013
- Program for the chronically mentally ill
- Program designed to decompress inpatient beds across the state that were occupied by chronically mentally ill offenders

Crisis Management: Clements Amarillo, 14 beds

Case Management Program

TARPP* Treatment and Relapse Prevention Program. Target population served is offenders with serious mental illness requiring case management, ongoing monitoring and continuity of care including discharge planning. It was developed to ensure that these patients receive a continuum of care throughout the system resulting in fewer relapses and reduces the likelihood of recidivism. It includes case management and tracking regardless of where offenders are housed or their level of custody. The program provides services for both males and females.

MHS TARPP* Report (June 2014)						
	General Population	Administrative Segregation	Death Row/High Security	Total	Total Female TARPP Offenders	Total TARPP patients receiving group therapy services
Total	2970	4280	0	3391	287	357

MHS – Administrative Segregation** (June 2014)

	Administrative Segregation	Death Row	Administrative Segregation in Cell Program***	Administrative Segregation - Females
Total	1469	63	8	90

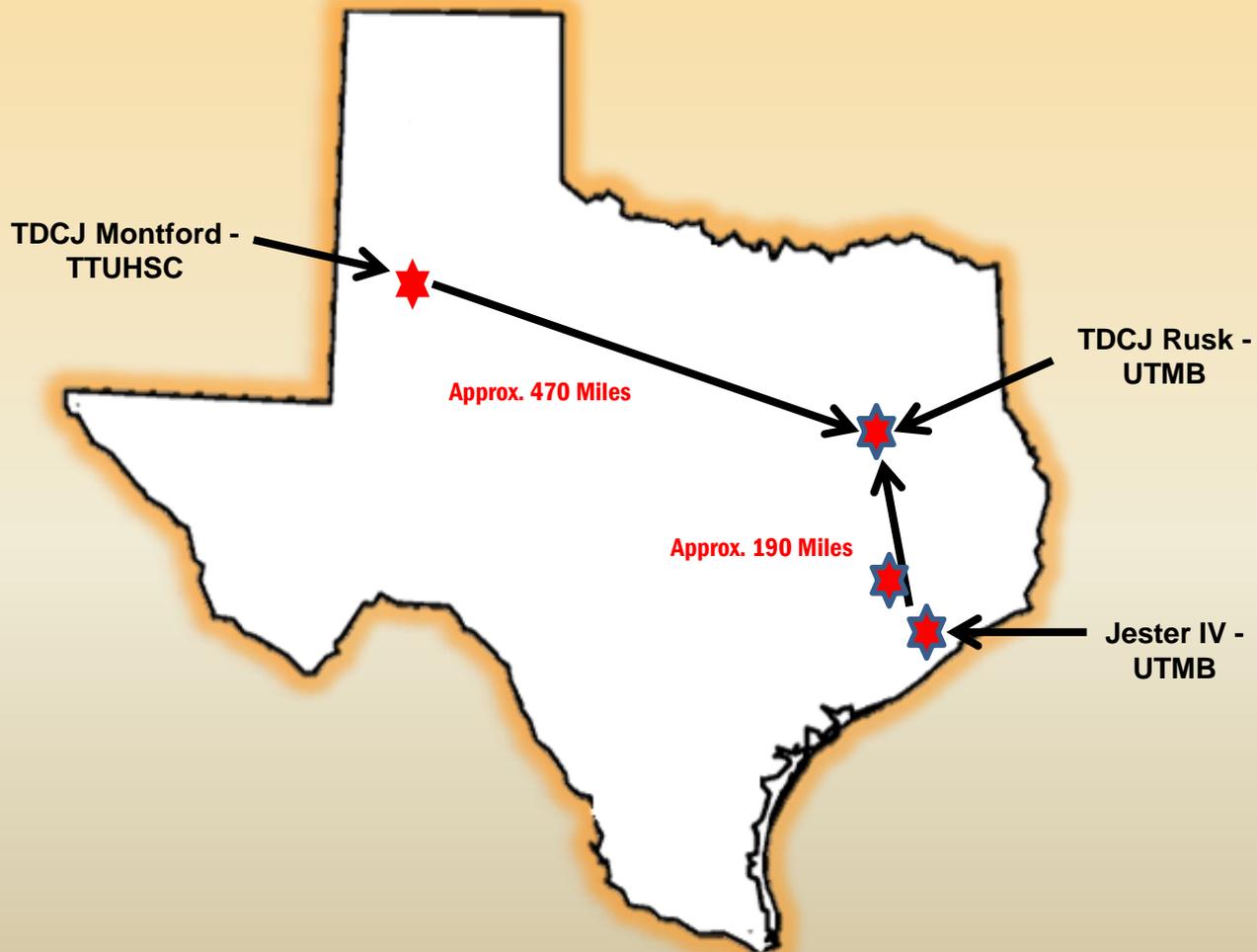
Administrative Segregation (Ad-Seg) and Other Disciplinary Housing** Target population served is TDCJ offenders requiring screening, evaluation, acute and chronic treatment and those in crisis. Ad-Seg areas that house offenders with mental illness are monitored weekly. The program provides services for both males and females.

Administrative Segregation Intermediate Care Program (ASICP)***(Gib Lewis Unit) Target population served is offenders with chronic mental illnesses who have difficulty functioning in general population. It is for offenders housed in Ad-Seg who have chronic mental illnesses. The program provides services for male offenders.

Recent Developments

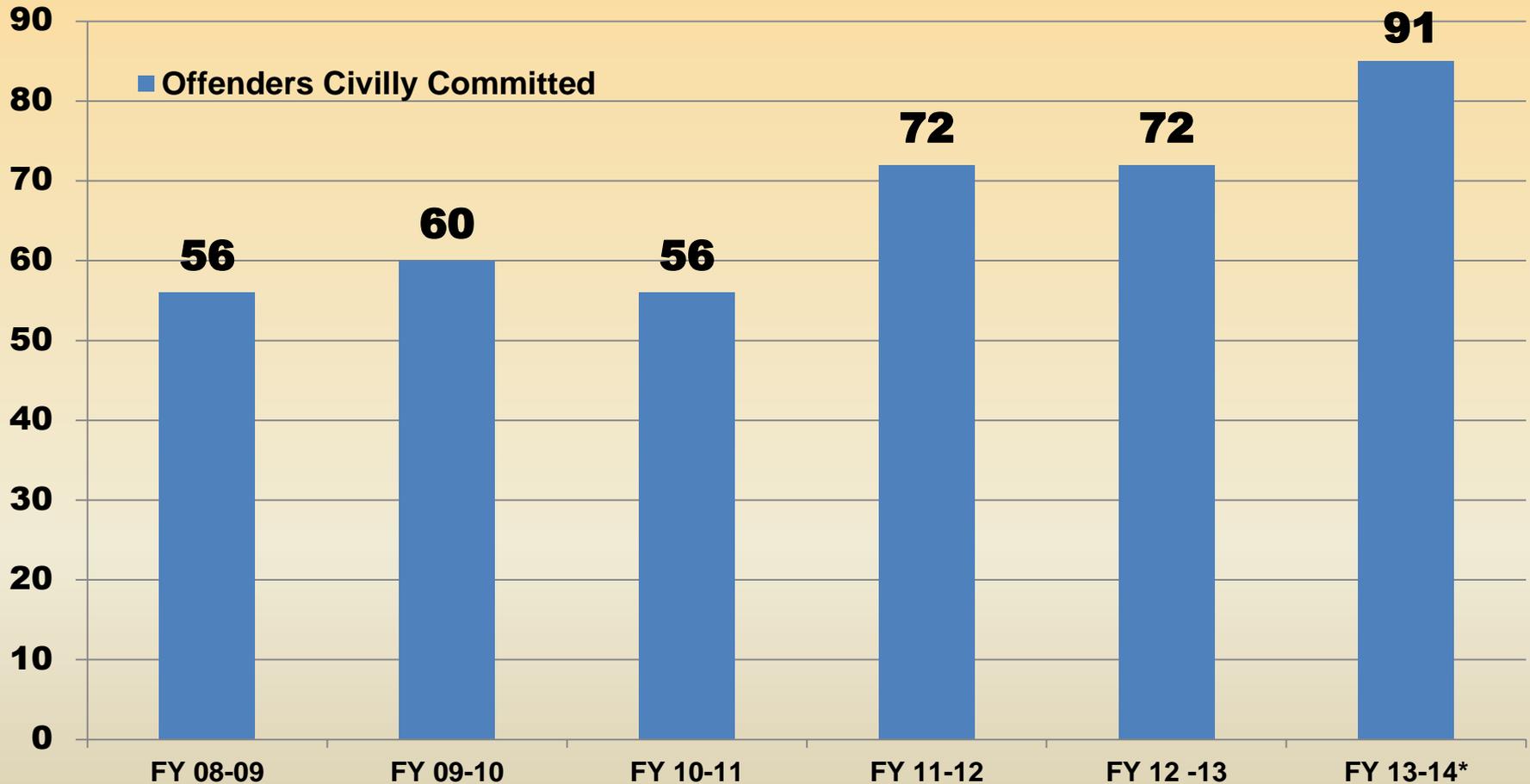
- **Civil Commitments**
- **Jester IV Cell Door Replacement Project**
- **TDCJ Hughes Unit Administrative Segregation (Ad Seg) Therapeutic Diversion Program**
- **Other Therapeutic Initiatives**

TDCJ Civil Commitments



Mental Health Civil Commitments

Offenders Releasing from TDCJ



Jester IV Cell Door Replacement Project

Old Door



New Door



Jester IV Cell Door Replacement Project

- **350+ doors (of 500+) were replaced in a six (6) month period**
- **During this timeframe, inpatients remained on-site and were “rotated” at Jester IV unit**
- **Only 24 beds were “offline” at any one time**
- **In the event of an emergency (e.g. fire) all doors can be unlocked from a central location**

TDCJ Ad Seg Therapeutic Diversion Program

Hughes Unit Gatesville, TX



↑↑↑ **mental health
therapeutic services for
TDCJ Ad Seg offenders**

**Goal #1: Reach optimal level
of functioning in a
therapeutic Ad Seg setting**

**Goal #2: Successful
transition into a less
restrictive state prison
housing assignment**

•252 male offenders

Jester IV Garden Project



- **Initiated for use with the Jester IV Neuro-Cognitive Disorders Program**
- **This program houses 50 offenders with cognitive disorders (e.g. head injury, stroke, dementia, Parkinson's, Huntington's Disease)**
- **The program accommodates up to 10 patients – 3 times weekly**
- **These is also a similar Garden Project at the Skyview Facility**

Jester IV Volunteer Programs

- **Prison Fellowship Ministries will provide recreation, music and pet therapies, and a “Day with Dad”**
- **Scheduled start date October 2014. The remaining activities will follow shortly thereafter**
- **These additional services are geared primarily for 350 offenders with chronic mental illness**
- **Similar programs are envisioned for Skyview, and for DDP offender patients at Hodge and Valley**

C2

A close-up photograph of a metal grate, likely from a storage unit. The grate is composed of several parallel metal bars. In the upper left corner, there is a small white rectangular label with the black text 'C2'. On the right side, a metal handle is visible, attached to the grate. The background shows a brownish surface, possibly the interior of a cabinet or a wall.

Overarching Challenges Facing UTMB CMC and Texas Tech Mental Health

- 1) Prisons were not designed to be *state hospitals or mental health treatment centers*
- 2) Compliance with *federal standards* for access to mental health care
- 3) 5-fold increase in offender population from approx. 30,000 in 1984 to 150-155,000 presently

Overarching Challenges Facing UTMB CMC and Texas Tech Mental Health

- 4) Significant ↑ in offenders with serious mental illness**
- 5) Recruitment & retention of high caliber psychiatrists and other qualified mental health staff**
- 6) No significant increase in staffing, funding, or building of inpatient or stepdown/sheltered housing psychiatric beds**

Thank you for your time and attention
Questions or Comments?

