



**CORRECTIONAL MANAGED HEALTH CARE  
COMMITTEE  
AGENDA**

December 8, 2015

10:00 a.m.

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

# **CORRECTIONAL MANAGED HEALTH CARE COMMITTEE**

December 8, 2015

10:00 a.m.

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

- I. Call to Order
- II. Recognitions and Introductions
- III. Consent Items
  1. Approval of Excused Absences
  2. Approval of CMHCC Meeting Minutes, September 22, 2015
  3. TDCJ Health Services Monitoring Reports
    - Operational Review Summary Data
    - Grievance and Patient Liaison Statistics
    - Preventive Medicine Statistics
    - Utilization Review Monitoring
    - Capital Assets Monitoring
    - Accreditation Activity Summary
    - Active Biomedical Research Project Listing
    - Administrative Segregation Mental Health Monitoring
  4. University Medical Directors Reports
    - The University of Texas Medical Branch
    - Texas Tech University Health Sciences Center
  5. Summary of CMHCC Joint Committee / Work Group Activities
- IV. Update on Financial Reports
- V. Summary of Critical Correctional Health Care Personnel Vacancies
  1. Texas Department of Criminal Justice
  2. Texas Tech University Health Sciences Center
  3. The University of Texas Medical Branch

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EACH ITEM ABOVE INCLUDES DISCUSSION AND ACTION AS NECESSARY

VI. Medical Directors Updates

1. Texas Department of Criminal Justice  
- Health Services Division FY 2015 Fourth Quarter Report
2. Texas Tech University Health Sciences Center
3. The University of Texas Medical Branch

VII. Hepatitis C in TDCJ: A Status Update

Jessica S. Khan, MD,  
Director of Virology,  
UTMB Correctional Managed Care

VIII. Public Comments

IX. Adjourn

## Consent Item

Approval of CMHCC Meeting Minutes  
September 22, 2015

**CORRECTIONAL MANAGED HEALTH CARE COMMITTEE**

**September 22, 2015**

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

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

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

**Partner Agency Staff Present:** Bryan Collier, Jerry McGinty, Ron Steffa, Marsha Brumley, Natasha Mills, Myra Walker, Charlene Maresh, Rebecka Berner, Chris Black-Edwards, Paula Reed, Texas Department of Criminal Justice; Stephen Smock, Steve Alderman, Anthony Williams, Justin Robison, Owen Murray, DO., Monte Smith, DO., Joseph Penn, MD., Gary Eubank, Billy Shelton, Ph.D., UTMB; Denise DeShields, M.D., TTUHSC

**Others Present:** Jason Phipps, Jimmy Blanton, Health & Human Services Commission

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

Agenda Topic / Presenter	Presentation	Discussion	Action
<p><b>I. Call to Order</b> - Margarita de la Garza-Graham</p>	<p>Dr. de la Garza-Graham called the Correctional Managed Health Care Committee (CMHCC) meeting to order at 10:00 a.m. then noted that a quorum was present and the meeting would be conducted in accordance with Chapter 551 of the Texas Government Code, the Open Meetings Act.</p>		
<p><b>II. Recognitions and Introductions</b> - Margarita de la Garza-Graham</p>	<p>Dr. de la Garza-Graham acknowledged that all wishing to offer public comment must be registered and will be allowed a three minute time limit to express comment.</p> <p>Dr. de la Garza-Graham thanked and welcomed everyone for being in attendance.</p>		
<p><b>III. Approval of Consent Items from the <u>June 16, 2015</u> Meeting</b> - Margarita de la Garza-Graham</p> <ul style="list-style-type: none"> <li>o Approval of Excused Absences</li> </ul>	<p>Dr. de la Garza-Graham began by requesting approval of the consent items from the June 16, 2015 meeting.</p> <p>There were no absences during the April 14, 2015 meeting.</p>		

<p><b>III. Approval of Consent Items (Cont.)</b></p> <ul style="list-style-type: none"> <li>○ Approval of CMHCC Meeting Minutes – April 14, 2015</li> <li>○ Approval of TDCJ Health Services Monitoring Report</li> <li>○ University Medical Director’s Reports <ul style="list-style-type: none"> <li>- UTMB</li> <li>- TTUHSC</li> </ul> </li> <li>○ Summary of CMHCC Joint Committee/ Work Group Activities</li> </ul> <p><b>Approval of Consent Items for the <u>September 22, 2015 Meeting</u></b></p> <p><b>- Margarita de la Garza-Graham</b></p> <ul style="list-style-type: none"> <li>○ Approval of Excused Absences</li> <li>○ Approval of CMHCC Meeting Minutes – June 16, 2015</li> </ul>	<p>Dr. de la Garza-Graham stated that the next item on the agenda was the approval of the Minutes from the meeting held on April 14, 2015.</p> <p>Dr. de la Garza-Graham noted that the next item on the agenda was the approval of the TDCJ Health Services Monitoring Reports.</p> <p>Dr. de la Garza-Graham stated the next item on the agenda was the approval of the UTMB and TTUHSC Medical Director’s Reports.</p> <p>Dr. de la Garza-Graham stated the next items on the agenda was the approval of the Summary of CMHCC Joint Committee/Work Group Activities.</p> <p>Dr. de la Garza-Graham explained that the next items for approval are the consent items for the September 22, 2015 meeting.</p> <p>Excused absences from the June 16, 2015, meeting included Dr. Steffanie Campbell who represented Baylor University as a member of CMHCC prior to her resignation, Dr. Ben Raimer, due to a scheduling conflict, Dr. Cynthia Jumper, Dr. Mary Annette Gary, Dr. Elizabeth Linder, and Patricia Vojack due to inclement weather.</p> <p>Dr. de la Garza-Graham stated that the next item on the agenda was the approval of the Minutes from the meeting held on June 16, 2015.</p>		<p>Dr. Elizabeth Linder made a motion to approve the consent items and Dr. Cynthia Jumper seconded the motion which prevailed by unanimous vote.</p>
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<p><b>III. Approval of Consent Items (Cont.)</b></p> <ul style="list-style-type: none"> <li>○ Approval of TDCJ Health Services Monitoring Report</li> <li>○ University Medical Director's Reports <ul style="list-style-type: none"> <li>- UTMB</li> <li>- TTUHSC</li> </ul> </li> <li>○ Summary of CMHCC Joint Committee/ Work Group Activities</li> </ul>	<p>Dr. de la Garza-Graham noted that the next item on the agenda was the approval of the TDCJ Health Services Monitoring Reports.</p> <p>Dr. de la Garza-Graham stated the next item on the agenda was the approval of the UTMB and TTUHSC Medical Director's Reports.</p> <p>Dr. de la Garza-Graham stated the next items on the agenda was the approval of the Summary of CMHCC Joint Committee/Work Group Activities.</p>		
<p><b>IV. Update on Financial Reports</b></p> <ul style="list-style-type: none"> <li>- Charlene Maresh</li> </ul>	<p>Dr. de la Garza-Graham called on Charlene Maresh to present the financial report.</p> <p>Ms. Maresh reported on statistics for the Third Quarter of Fiscal Year (FY) 2015, as submitted to the Legislative Budget Board (LBB). The report was submitted in accordance with the General Appropriations Act, Article V, Rider 50.</p> <p>Funding received by the universities was \$405.1 million dollars.</p> <p>The report shows expenditures at \$429.2 million dollars, leading to a shortfall of \$24.1 million.</p> <p>Unit and psychiatric care expenses make up the majority of health care costs at 53.3% percent, for a total of \$228.7 million dollars.</p> <p>Hospital and clinical care accounts for 36.4% of total expenditures at a cost of \$156.2 million.</p>		<p>Dr. Harold Berenzweig made a motion to approve the consent items and Dr. Mary Annette Gary seconded the motion which prevailed by unanimous vote.</p>

<p><b>IV. Update on Financial Reports (Cont.)</b></p>	<p>Pharmacy services makes up 10.3 % of total health care expenditures at a cost of \$44.3 million dollars.</p> <p>As of the Third Quarter of FY 2015, the average service population is 148,978. This is a slight decrease from the FY 2015 Second Quarter.</p> <p>The offender population age 55 remains stable. The average daily census is 16,024 making up 10.8% of total service population and accounts for 41.1% percent of total hospital costs.</p> <p>The average mental health inpatient census is 1,864 of the total service population. The average mental health outpatient census is 22,489 of the total service population.</p>	<p>Dr. Linder asked of the age 55 and over offenders what percentage of them would be considered nonviolent.</p> <p>Bryan Collier answered if matching the rest of the population it would be 40 to 45 percent.</p> <p>Dr. Linder asked if early release for nonviolent offenders was a possibility.</p> <p>Dr. Linthicum replied that TDCJ works with three members of the parole board who are appointed by the Chair of the Parole Board to determine if the offender is eligible for Medically Recommended Intensive Supervision (MRIS) which is special needs parole.</p> <p>Dr. Sherwood asked who was responsible for paying for an offender's health care after they are paroled.</p> <p>Dr. Linthicum replied, the Reentry and Integration Division of the TDCJ researches and determines if the offender will qualify for Medicare/Medicaid upon release, once the benefits are started for them they become part of the state system to the extent of which they qualify.</p>	
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<p><b>V. Summary of Critical Correctional Health Care Personnel Vacancies (Cont.)</b></p> <p>- Dr. Owen Murray</p>	<p>recruiting efforts by utilizing regional and national searches to fill the position.</p> <p>Dr. DeShields further reported that during the last meeting the cost of what was being spent on locums was requested. From the beginning of 2013, \$52,000 was utilized to cover the Smith Facility which would be annualized to \$208,000 for the year. However, for the remaining part of 2013, 2014 and 2015 a more innovated plan was developed to utilize shared resources from the Montford Facility this cost would be about \$40,000 per year. This position is now filled as of September 14, 2015.</p> <p>Dr. de la Garza-Graham then called on Dr. Murray to report on UTMB's critical vacancies.</p> <p>Dr. Murray reported that after the retirement of UTMB Psychiatrist Dr. Nyack, the position was filled, but the applicant who replaced her had since left the position. Dr. Nyack has since decided to return to UTMB into the position at a part time status.</p> <p>Dr. Murray reported that telemedicine is being used to assist in covering some of the outlines of the facilities needs and is working well.</p> <p>Dr. Murray further reported that Virologist, Dr. Khan would be vacating her position at the end of December 2015 and potential candidates had already expressed interest in the position. Dr. Murray hopes to report her replacement at the next CMHCC meeting.</p> <p>Dr. de la Garza-Graham then called upon Dr. Linthicum to begin presentation of the Medical Director's Report.</p>		
<p><b>VI. Medical Director's Updates</b></p> <ul style="list-style-type: none"> <li><b>TDCJ – Health Services Division FY 2015 Third Quarter Report</b></li> </ul>	<p>Dr. Linthicum began by explaining that the deficiencies reported during operational reviews had been addressed with the units and each unit is working on corrective action plans to gain compliance. During the Third Quarter of FY 2015, (March, April, May), Operational Review Audits (ORAs) were conducted on 12 facilities: Bartlett, Baten,</p>		

<p><b>VI. Medical Director's Updates (Cont.)</b></p> <ul style="list-style-type: none"> <li>- Lannette Linthicum, MD <ul style="list-style-type: none"> <li>o Operational Review Audit</li> <li>o Capital Assets Monitoring</li> <li>o Dental Quality Review Audit</li> <li>o Grievance and Patient Liaison Correspondence</li> <li>o Quality Improvement (QI) Access to Care Audit</li> </ul> </li> </ul>	<p>Bradshaw, Bridgeport Pre-Parole Transfer Facility (PPT), Diboll, Duncan, Hilltop, Kyle, Billy Moore, Mountain View, Travis County State Jail, and Woodman State Jail. There were also ORAs closed during this quarter for seven facilities: Beto, Coffield, Estelle, Kyle, South Texas Intermediate Sanction Facility (ISF), Stiles, and Travis County State Jail. 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 12 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 14 facilities: Allred, Bridgeport, Estelle, Hutchins, Ellis, Henley, Hobby, Marlin, West Texas ISF, Diboll, Garza, Ney, Torres, and Willacy County Jail Facility. 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 (PLP), Step II Medical Grievance Program, and Sick Call Request Verification Audit process. During the Third Quarter of FY 2015, the PLP and the Step II Medical Grievance Programs received 4,163 correspondences. The PLP received 2,638 correspondences and Step II Medical Grievance received 1,525. There were 404 Action Requests generated. The percentages of sustained Step II Medical Grievances from UTMB were 12 percent and 11 percent for TTUHSC.</p> <p>Dr. Linthicum added that the Quality Improvement Access to Care Audit addressed quality of care issues. There were 45 Sick Call Request Verification Audits conducted on 43 facilities. A total of 363 indicators were reviewed and 5 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 673 cases of Hepatitis C identified for the Third Quarter FY 2015. There were 16,485 intake</p>		
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<p><b>VI. Medical Director's Updates (Cont.)</b></p> <ul style="list-style-type: none"> <li>○ Office of Public Health</li> </ul>	<p>tests and 130 were newly identified as having Human Immunodeficiency Virus (HIV) infections. During the Second Quarter FY 2015, 17,570 offenders had intake test and 129 were HIV positive. 10 new Acquired Immunodeficiency Syndrome (AIDS) case was identified in the Third Quarter FY 2015 compared to four new AIDS cases identified during the Second Quarter FY 2015.</p> <p>191 cases of suspected Syphilis were reported in the Third Quarter FY 2015. 21 of those required treatment or retreatment.</p> <p>203 Methicillin-Resistant Staphylococcus Aureus (MRSA) cases were reported for the Third Quarter FY 2015.</p> <p>Dr. Linthicum advised that there was an average of 25 Tuberculosis (TB) cases under active management for the Third Quarter FY 2015.</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 Third Quarter FY 2015, 11 there were no training sessions held. This position also audits the documentation and services provided by medical personnel for each sexual assault reported. There were 186 chart reviews of alleged sexual assaults. There were no deficiencies found this quarter. 76 blood-borne exposure baseline labs were drawn on exposed offenders. To date, no offenders have tested positive for HIV in baseline labs routinely obtained after the report of sexual assault.</p> <p>Dr. Linthicum noted that the Peer Education Program is a nationally recognized program in which many offenders participate. 20,092 offenders attended classes presented by educators, this was an increase from the Second Quarter FY 2015 of 17,573. Within the TDCJ, 100 of the 109 facilities have active peer education programs. 66 offenders trained</p>		
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<p><b>VI. Medical Director's Updates (Cont.)</b></p> <ul style="list-style-type: none"> <li>○ Mortality and Morbidity</li> <li>○ Office of Mental Health Monitoring &amp; Liaison</li> </ul>	<p>to become peer educators during the Third Quarter of FY2015. This is a decrease from the 155 offenders trained in the Second Quarter FY 2015.</p> <p>Dr. Linthicum reported that there were 92 deaths reviewed by the Mortality and Morbidity Committee during the Third Quarter of FY 2015. Of those 92 deaths, 10 were referred to peer review committees for further review.</p> <p>Dr. Linthicum provided a summary of the activities performed by the Office of Mental Health Monitoring &amp; Liaison (OMHM&amp;L) during the Third Quarter of FY 2015. Administrative Segregation (Ad Seg) audits were conducted on 17 facilities. 3,098 offenders were observed 2,291 were interviewed and 7 offenders were referred to the university providers for further evaluation. All facilities were 100 percent compliant. Access to Care (ATC) 4 was met at 100 percent on all 17 facilities.</p> <p>Four inpatient mental health facilities were audited with respect to compelled medications. 61 instances of compelled psychoactive medication administration occurred. Clements, Jester IV, Montford, and Skyview were 100 percent compliant with logging all incidents of compelled psychoactive medication and documenting the required criteria in the medical record.</p> <p>There were 24 intake facilities audited with respect to mental health evaluation within 14 days of identification. There were 20 facilities that met or exceeded 80 percent compliance.</p> <p>Dr. Linthicum added the OMHM&amp;L also reviews the mental health records of all pregnant offenders being considered for the Baby and Mother Bonding Initiative (BAMBI) Program. All 19 offenders were reviewed and allowed to participate.</p> <p>Dr. Linthicum noted that the Baby and Mother Bonding Initiative (BAMBI) Program review had been turned over to the universities and moving forward they would be responsible for conducting these reviews.</p>		
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<p><b>VI. Medical Director's Updates (Cont.)</b></p> <ul style="list-style-type: none"> <li>○ Office of Health Services &amp; Liaison</li> <li>○ Accreditation</li> <li>○ Biomedical Research Projects</li> <li>● <b>Texas Tech University Health Sciences Center</b> <ul style="list-style-type: none"> <li>- Denise DeShields, MD</li> </ul> </li> <li>● <b>University of Texas Medical Branch</b> <ul style="list-style-type: none"> <li>- Owen Murray, DO</li> </ul> </li> </ul>	<p>The Office of Health Services Liaison (HSL) conducted 153 hospital and 65 infirmary discharge audits. UTMB had 10 deficiencies identified and TTUHSC had one deficiencies identified for the hospital discharge audits. UTMB had 26 deficiencies identified and TTUHSC had 39 deficiencies for the infirmary discharge audits.</p> <p>Dr. Linthicum reported that there were seven units reaccredited by the American Correctional Association (ACA).</p> <p>Dr. Linthicum referenced the research projects as reported by the Texas Department of Criminal Justice (TDCJ) Executive Services.</p> <p>Dr. de la Garza-Graham thanked Dr. Linthicum then called on Dr. DeShields to present the report for TTUHSC.</p> <p>Dr. DeShields had no new clinical information to update the committee with for the Third Quarter, but did report that the Medical Director's position at the Smith Unit which had been vacant for three years had been filled after salary increase was offered.</p> <p>Dr. de la Garza-Graham then called on Dr. Murray to present the report for UTMB.</p> <p>Dr. Murray explained that even though the 5 % salary increase given during the 84<sup>th</sup> Legislative Session for FY2016 and F2017 will help in the shortage of nurses it will still not fully correct the issue with the nursing shortage.</p> <p>Dr. Murray reported that moving forward, a 20% increase was added to agency reimbursement bringing cost spent to around \$66.50 an hour for an RN position annualizing at around \$138,000. Hourly cost for an LVN \$46.50 an hour with an annualized salary of \$97,000.</p>		
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<p><b>VI. Medical Director's Updates (Cont.)</b></p>	<p>Dr. Murray further reported that it is difficult to compete in certain geographical areas such as the Huntsville area where many of the critical programs and medical services are offered.</p> <p>Dr. Murray informed the committee that he plans to give a status update at the upcoming December CMHCC meeting on the new recruiting efforts put into place.</p>		
<p><b>VII. Biennial Review of the Offender Health Services Service Plan</b></p>	<p>Dr. Linthicum reported that the Biennial Review of the Offender Health Services Plan had been reviewed as required, and the Joint Medical Directors Working Group had no changes to be offered to the committee at this time.</p>		<p>Dr. Cynthia Jumper made a motion to approve the Offender Service Plan and Dr. Harold Berenzweig seconded the motion which prevailed by unanimous vote.</p>
<p><b>VIII. Correctional Managed Health Care Joint Nursing Working Group Update</b></p> <p>- Justin Robison, RN</p>	<p>Dr. de la Garza-Grahm then called on Justin Robison, Director of Nursing Services-Inpatient Services, UTMB and Chair, Joint Nursing Group to provide the CMHC Joint Nursing Group Update.</p> <p>Mr. Robinson reported that the Joint Nursing Working Group is made up of members from each agency. Chris Black-Edwards, Director of Nursing Administration for the TDCJ, Mike Jones, Director of Nursing Services for TTUHSC, and Gary Eubank, Chief Nursing Officer for UTMB.</p> <p>Mr. Robinson reported that the committee meets on a quarterly basis to discuss primary objectives that can be improved upon or developed regarding the quality of nursing care and services.</p> <p>Mr. Robinson explained that the Joint Nursing Working Group ensures that nursing practices meet minimal acceptable standards as defined by the Board of Nursing Standardized Practices through policy and form review, revisions, creations, and quality improvement.</p> <p>Mr. Robinson shared some of the major joint initiatives being worked on between TDCJ, UTMB, and TTUHSC, which are the Joint Nursing Quality Indicators, Nursing Plans of Care (NPOC), and Medication Barcode</p>		

<p><b>VIII. Correctional Managed Health Care Joint Nursing Working Group Update (Cont.)</b></p>	<p>Administration Project. The Joint Nursing Group submitted the quality indicator Emergency Response to the System Leadership Council which they approved for FY 2016, the indicator will focus on emergencies that require emergency response outside of the medical department and will also help determine if nurses are meeting the minimal clinical expectations in accordance to Correctional Managed Health Care (CMHC) Policies, American Correctional Association (ACA), and Board of Nursing Rules.</p> <p>Mr. Robison explained that indicators are broken down into separate components to ensure that nursing staff is responding expeditiously to emergencies and bringing the proper equipment to an emergency situation. An electronic worksheet is used by staff to ensure that all 9 components are being met and compliance is being followed. This also helps direct attention towards specific components that may require attention even if a facility is meeting overall compliance.</p> <p>Mr. Robison reported to the committee that the Nursing Plan of Care (NPOC) initiative was designed to focus on individual needs of the patient and is currently being piloted at the Estelle Regional Medical Facility (RMF). There are 17 standardized NPOC's, but they do allow flexibility to meet the individualized needs of the offender patient population.</p> <p>One main benefit of NPOC's is that they are able to enhance the effectiveness of the multi-disciplinary teams on the facilities, they help to improve communication, and they are electronic so they are easy to organize in the Electronic Health Records (EHR) Systems and will help to improve the continuity of care.</p> <p>Mr. Robison explained that the Barcode Administration Project which would allow staff to scan medications electronically to verify all medication ordered from the pharmacy was received at the facility.</p> <p>Mr. Robinson reported that during FY 2014, UTMB, and TTUHSC CMC nursing staff administered almost 34</p>		
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<p><b>VIII. Correctional Managed Health Care Joint Nursing Working Group Update (Cont.)</b></p>	<p>million doses of medication, and around 32.3 million in FY 2015. The Barcode Medication Administration Project will ensure patients receive the correct dose of medication at the correct times providing a balanced check point.</p> <p>With the new barcode system, the offenders' TDCJ ID card will be able to be scanned at the pill window to ensure the offender is receiving the correct medication at the scheduled time. This system will help to reduce medication error and help to ensure the correct doses of medication are being administered while electronically validating and documenting the medications.</p> <p>Studies have shown that with the use of barcoding to support medication administration errors have been reduced as much as 50 percent.</p> <p>Mr. Robison reported that a multidisciplinary committee had been working with nursing on the Barcode Medication Administration Project. The UTMB campus recently implemented the system and the projected completion timeline for Correctional Managed Care (CMC) to begin statewide is March of 2016.</p>	<p>Dr. Sherwood asked if the Joint Nursing Group had taken a systematic look at nursing satisfaction to determine what they are happy with and not happy with in their jobs.</p> <p>Dr. Murray answered that if the agency was able to get nursing positions fully staffed allowing nursing staff to take their time off as desired, this would be a benefit. From nursing surveys, the nursing staff have shown to enjoy what they do; however, the lack of technology at times can make their work environments more difficult. Bringing in advanced technological solutions would go a long way in assisting with the satisfaction of the nursing groups.</p>	
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<p><b>IX. Public Comments</b></p>	<p>Dr. de la Garza-Graham thanked Mr. Robison, and with no further questions, proceeded with the announcement of the acceptance of registered public comments.</p> <p>Dr. de la Garza-Graham noted in accordance of the CMHCC's policy, during each meeting the public is given the opportunity to express comments. No one signed up to express public comment.</p>		
<p><b>X. Adjourn</b></p>	<p>Dr. de la Garza-Graham thanked everyone for attendance and adjourned the meeting at 11:04 a.m.</p>		

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

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Date:

Consent Item

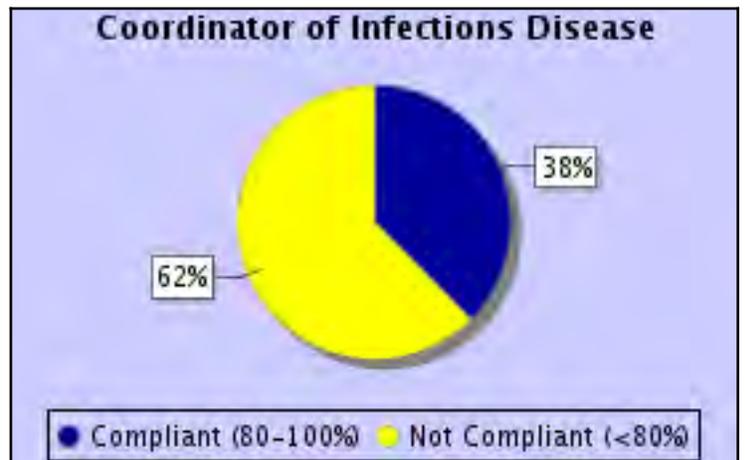
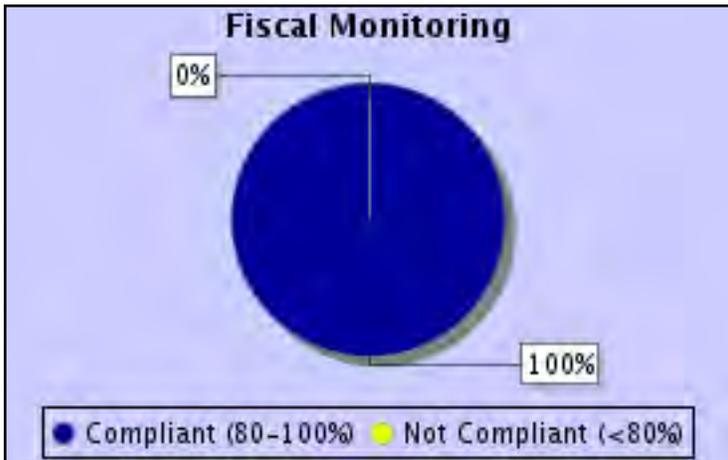
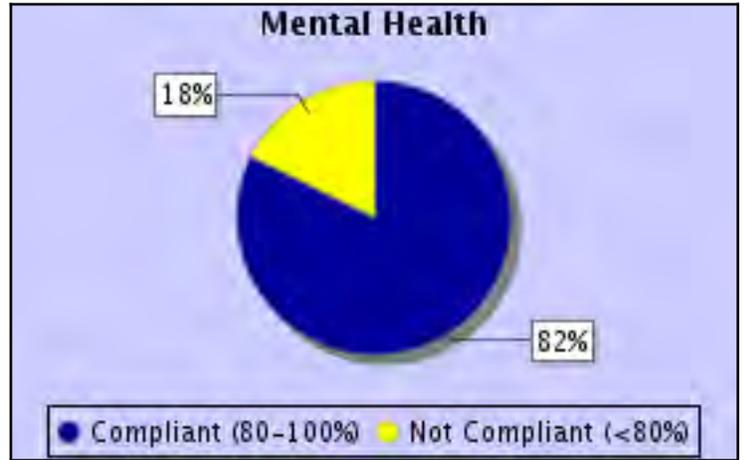
TDCJ Health Services  
Monitoring Reports

Rate of Compliance with Standards by Operational Categories  
Fourth Quarter, Fiscal Year 2015  
June 2015 - August 2015

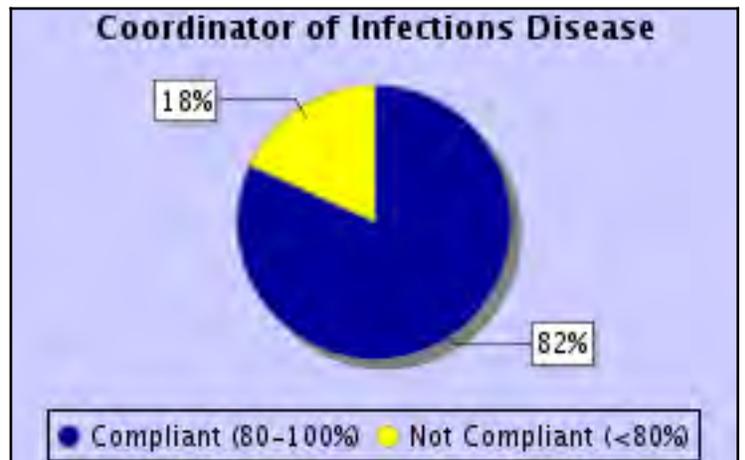
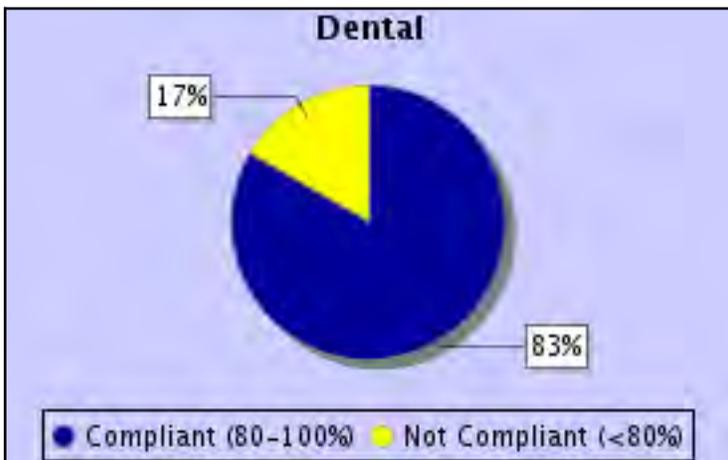
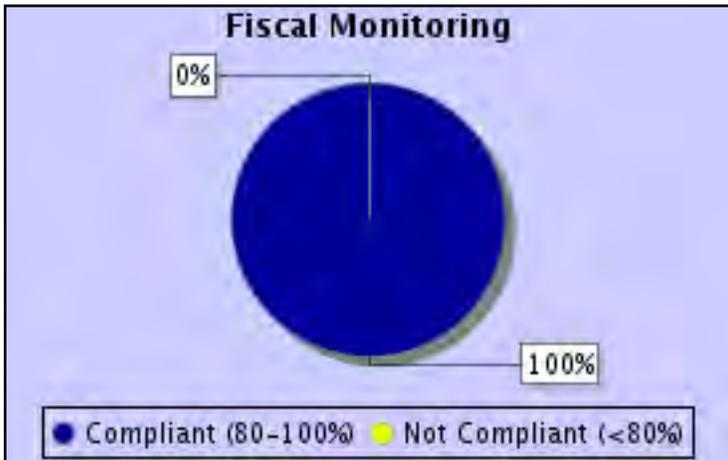
Unit	Operations/ Administration			General Medical/Nursing			Coordinator of Infectious Disease			Dental			Mental Health			Fiscal		
	<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance	
Eastham	34	33	97%	13	12	92%	32	12	38%	12	12	100%	17	14	82%	4	4	100%
Estes	32	32	100%	14	14	100%	33	27	82%	12	10	83%	3	3	100%	4	4	100%
Goodman	33	33	100%	14	14	100%	16	13	81%	11	11	100%	3	2	67%	4	4	100%
Henely	34	33	97%	23	18	78%	22	19	86%	13	13	100%	13	11	85%	6	6	100%
Hightower	34	34	100%	14	10	71%	19	11	58%	12	11	92%	15	14	93%	7	7	100%
Huntsville	35	34	97%	13	11	85%	30	21	70%	12	12	100%	15	11	73%	4	4	100%
Sayle	31	31	100%	14	12	86%	17	15	88%	13	11	85%	5	5	100%	4	4	100%
West Texas ISF	31	26	84%	10	2	20%	10	0	0%	1	1	100%	16	3	19%	NA	NA	NA
Young	34	33	97%	21	11	52%	24	14	58%	12	9	75%	13	12	92%	4	4	100%

*n* = number of applicable items audited.

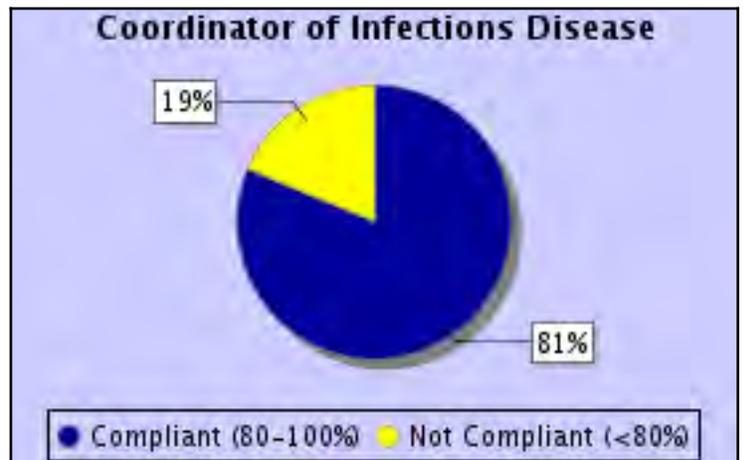
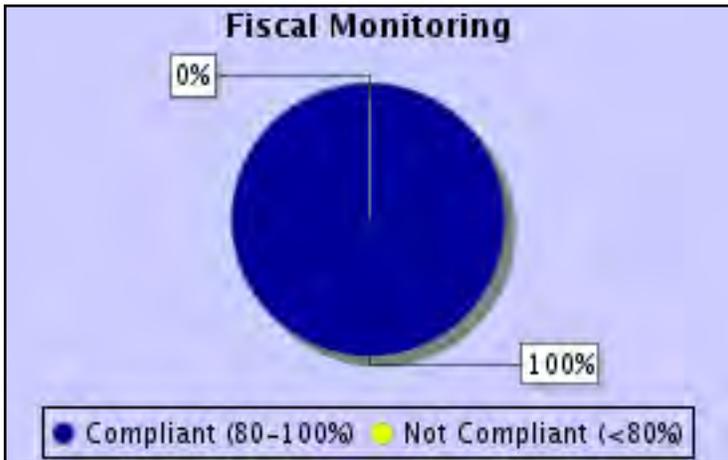
Compliance Rate By Operational Categories for  
EASTHAM FACILITY  
August 04, 2015



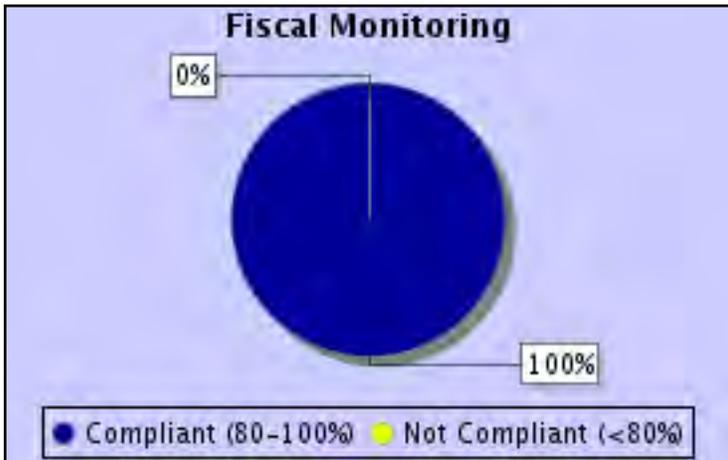
Compliance Rate By Operational Categories for  
ESTES (VENUS) FACILITY  
July 01, 2015



Compliance Rate By Operational Categories for  
GOODMAN FACILITY  
July 02, 2015

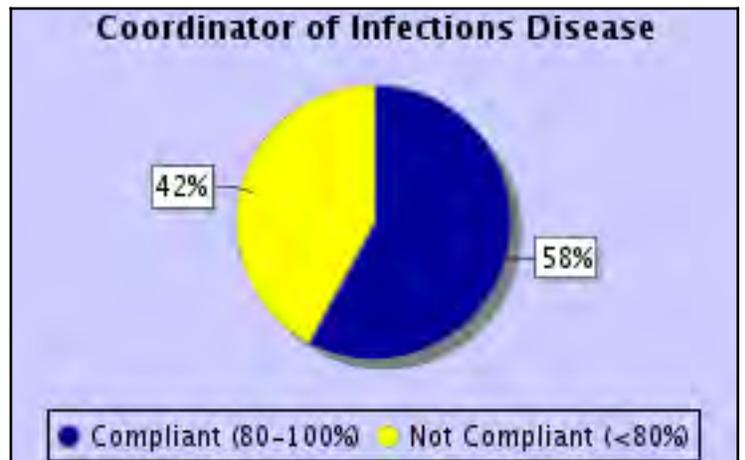
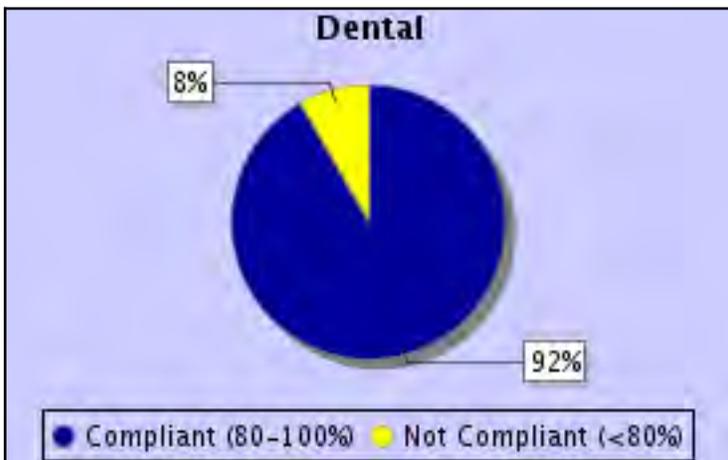
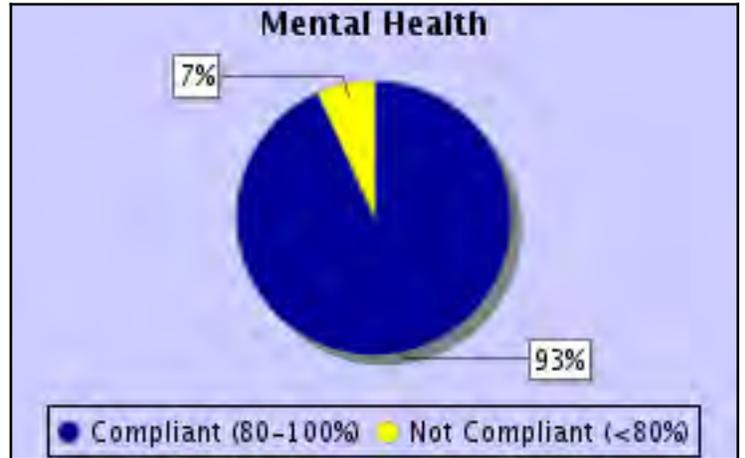


Compliance Rate By Operational Categories for  
HENLEY FACILITY  
June 01, 2015

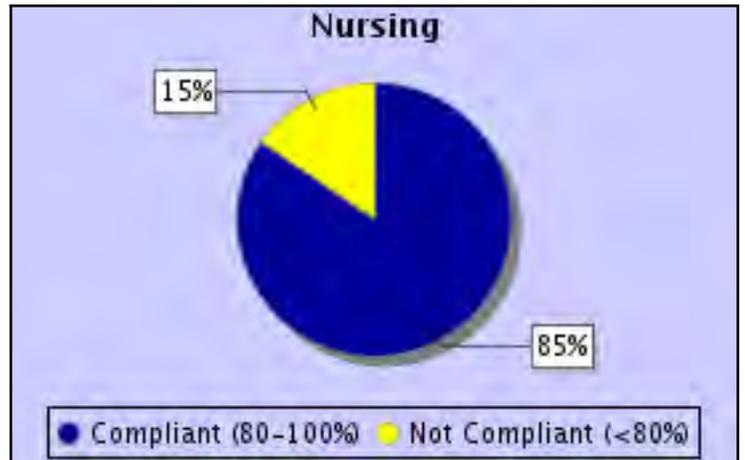
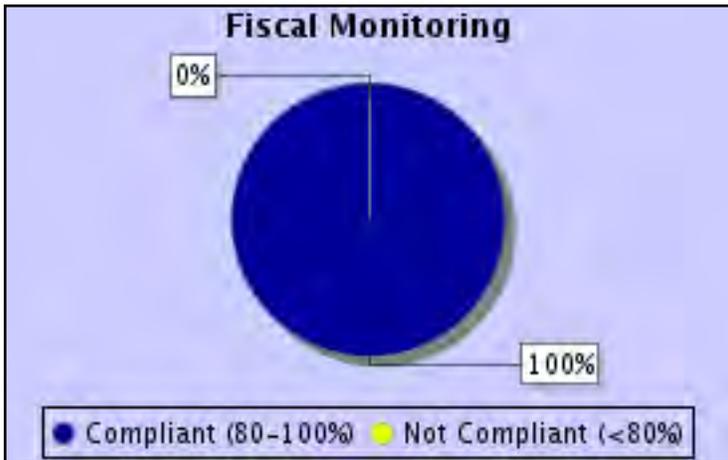
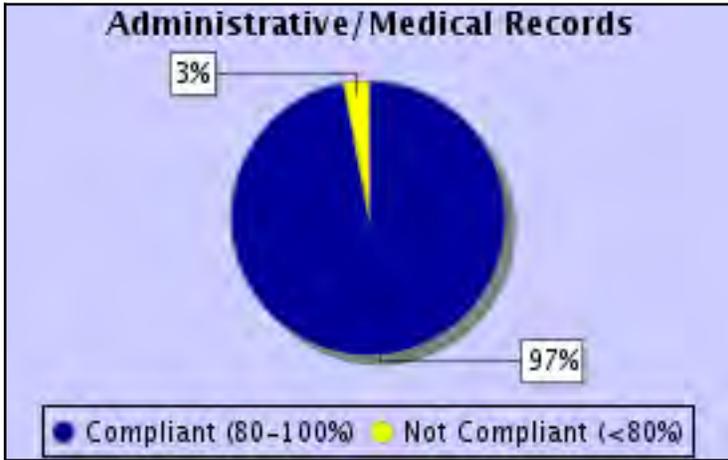


# Compliance Rate By Operational Categories for HIGHTOWER FACILITY

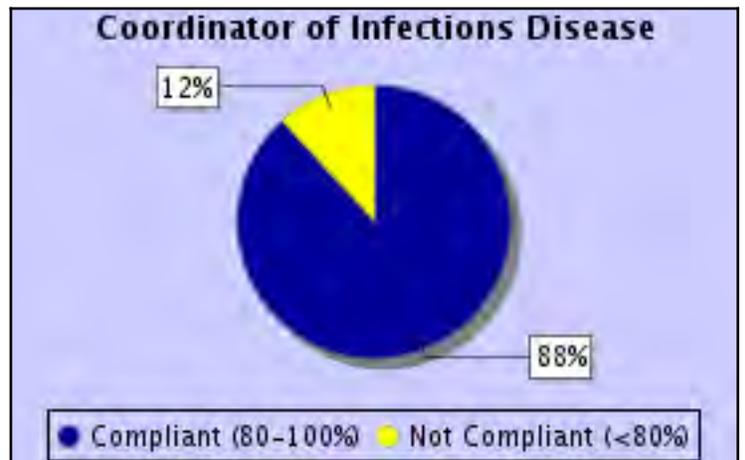
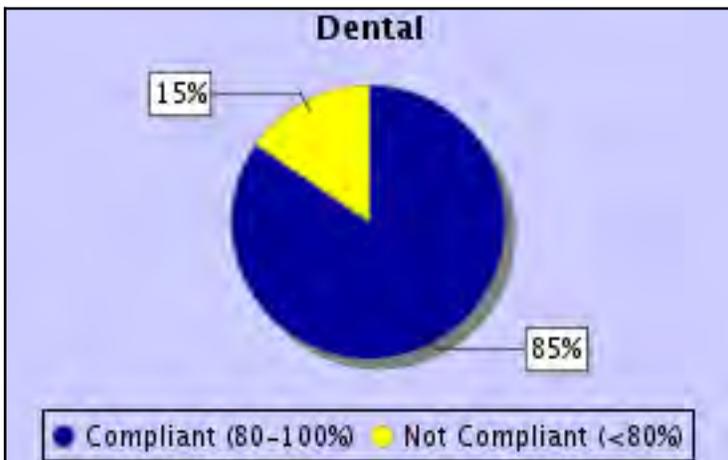
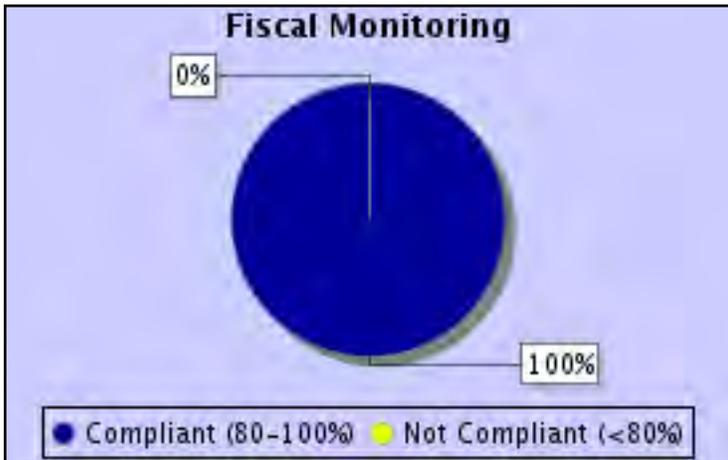
June 02, 2015



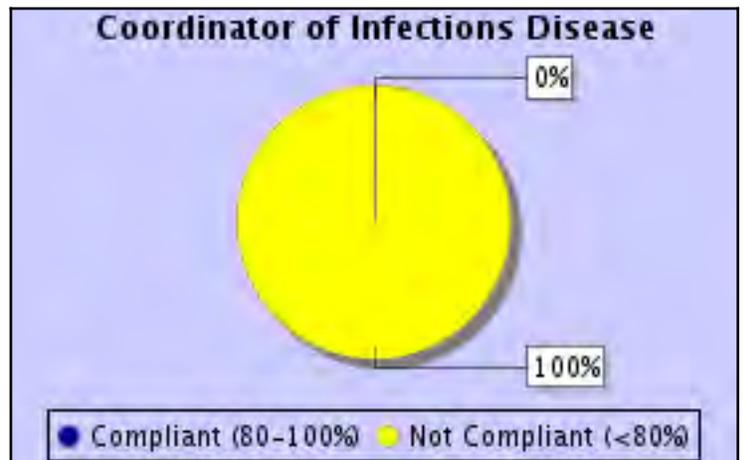
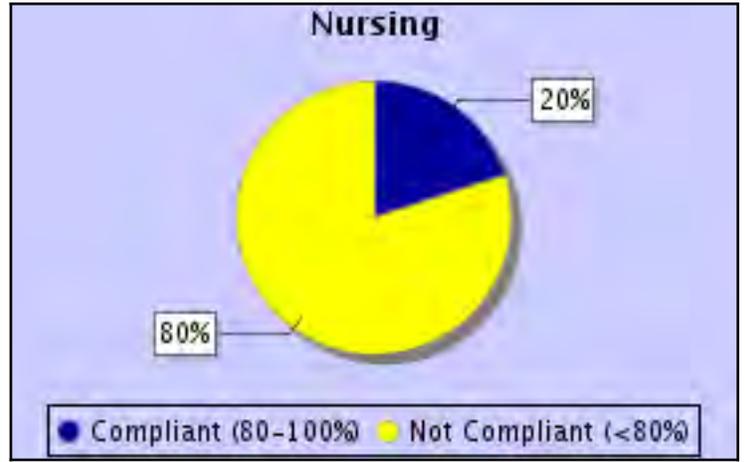
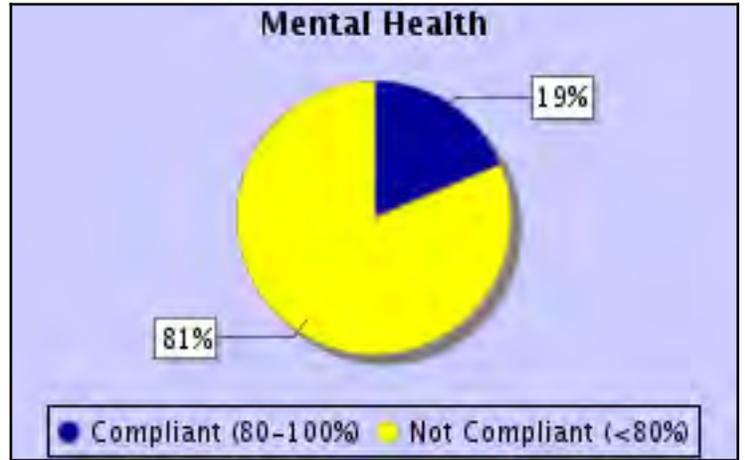
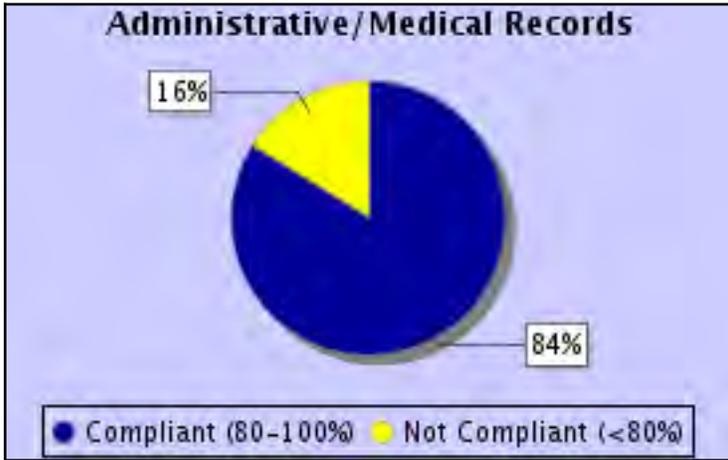
Compliance Rate By Operational Categories for  
HUNTSVILLE FACILITY  
August 03, 2015



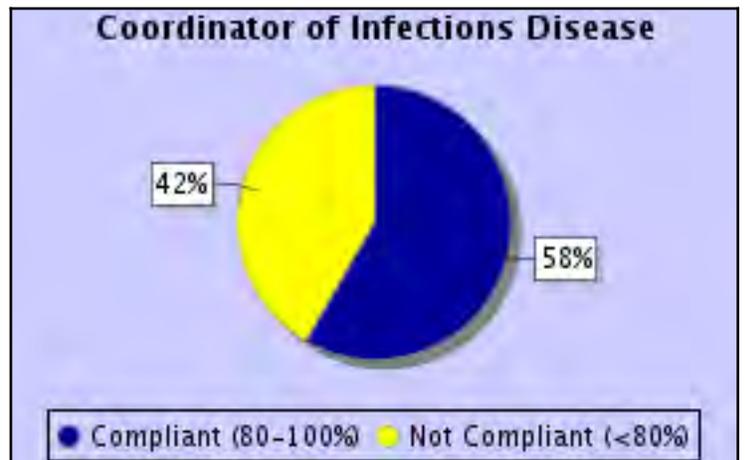
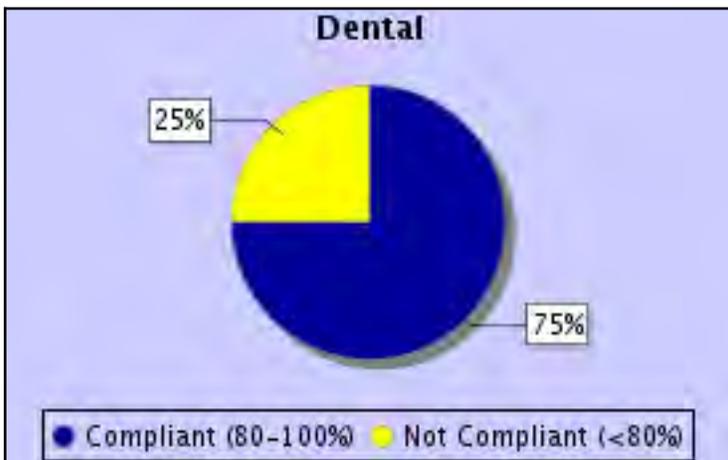
Compliance Rate By Operational Categories for  
SAYLE FACILITY  
June 02, 2015



Compliance Rate By Operational Categories for  
WEST TEXAS ISF FACILITY  
August 04, 2015



Compliance Rate By Operational Categories for  
YOUNG FACILITY  
July 06, 2015



**Fourth Quarter FY2015 Dental In-Processing Exam/Diagnostic Panoramic Radiographic Report &  
Priority Assignment Report  
For the Three Months Ended August 31, 2015**

**In-Processing Exam:**

A In-Processing Examination is to be provided by a dentist within 30 days of incarcerations into TDCJ (E-36.2). This includes a diagnostic panoramic radiograph where available and a Priority assignment. (E-36.1)

**Units Audited Fourth Quarter 2015: Byrd, Dominguez, Gist, Gurney, Holliday, Hutchins, Lychner, Middleton, Plane SJF, Woodman**

<b>Facility</b>	<b>Charts Assessed</b>	<b>Diagnostic Panoramic Radiographic Report Score</b>	<b>Offenders receiving a non-diagnostic Panoramic Radiograph</b>	<b>Priority Assignment Report Score</b>	<b>Offenders with improper Priority Assignment</b>
Byrd	<b>19</b>	<b>100</b>	<b>0</b>	<b>100</b>	<b>0</b>
Dominguez	<b>19</b>	<b>100</b>	<b>0</b>	<b>100</b>	<b>0</b>
Gist	<b>19</b>	<b>100</b>	<b>0</b>	<b>84</b>	<b>3</b>
Gurney	<b>23</b>	<b>100</b>	<b>0</b>	<b>87</b>	<b>3</b>
Holliday	<b>19</b>	<b>100</b>	<b>0</b>	<b>95</b>	<b>1</b>
Hutchins	<b>18</b>	<b>100</b>	<b>0</b>	<b>100</b>	<b>0</b>
Lychner	<b>23</b>	<b>100</b>	<b>0</b>	<b>100</b>	<b>0</b>
Middleton	<b>23</b>	<b>100</b>	<b>0</b>	<b>82</b>	<b>4</b>
Plane State Jail	<b>19</b>	<b>100</b>	<b>0</b>	<b>100</b>	<b>0</b>
Woodman	<b>15</b>	<b>100</b>	<b>0</b>	<b>100</b>	<b>0</b>

\* Diagnostic panoramic score is determined: # of offenders that had a Diagnostic Panoramic Radiograph /by total # of offenders in audit x 100. Priority assignment is determined: # of offenders with properly assigned Priority/total # of offenders in audit x 100.

\*\* A Corrective Action is required by TDCJ Health Services if the Diagnostic Panoramic Radiograph score, or the Priority Assignment score is below 80%

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

<b>STEP II GRIEVANCE PROGRAM (GRV)</b>													
Fiscal Year 2015	Total number of GRIEVANCE Correspondence Received Each Month	Total number of GRIEVANCE Correspondence Closed Each Month	Total number of Action Requests (Quality of Care, Personnel, and Process Issues)	Percent of Action Requests from Total # of GRIEVANCE Correspondence	Total number of Action Requests Referred to University of Texas Medical Branch-Correctional Managed Health Care			Total number of Action Requests Referred to Texas Tech University Health Sciences Center-Correctional Managed Health Care			Total number of Action Requests Referred to PRIVATE FACILITIES		
					Percent of Total Action Requests Referred	QOC*		Percent of Total Action Requests Referred	QOC*		Percent of Total Action Requests Referred	QOC*	
June	607	478	65	13.60%	48	12.13%	10	5	1.46%	2	0	0.00%	0
July	541	545	74	13.58%	55	11.74%	9	8	2.02%	3	0	0.00%	0
August	551	511	72	14.09%	55	12.92%	11	5	1.17%	1	0	0.00%	0
<b>Totals:</b>	<b>1,699</b>	<b>1,534</b>	<b>211</b>	<b>13.75%</b>	<b>158</b>	<b>12.26%</b>	<b>30</b>	<b>18</b>	<b>1.56%</b>	<b>6</b>	<b>0</b>	<b>0.00%</b>	<b>0</b>

<b>PATIENT LIAISON PROGRAM (PLP)</b>													
Fiscal Year 2015	Total number of Patient Liaison Program Correspondence Received Each Month	Total number of Patient Liaison Program Correspondence Closed Each Month	Total number of Action Requests (Quality of Care, Personnel, and Process Issues)	Percent of Action Requests from Total number of Patient Liaison Program Correspondence	Total number of Action Requests Referred to University of Texas Medical Branch-Correctional Managed Health Care			Total number of Action Requests Referred to Texas Tech University Health Sciences Center-Correctional Managed Health Care			Total number of Action Requests Referred to PRIVATE FACILITIES		
					Percent of Total Action Requests Referred	QOC*		Percent of Total Action Requests Referred	QOC*		Percent of Total Action Requests Referred	QOC*	
June	941	800	33	4.13%	27	4.00%	5	1	0.13%	0	0	0.00%	0
July	1016	876	43	4.91%	40	4.68%	1	2	0.23%	0	0	0.00%	0
August	931	844	44	5.21%	39	5.09%	4	0	0.12%	1	0	0.00%	0
<b>Totals:</b>	<b>2,888</b>	<b>2,520</b>	<b>120</b>	<b>4.76%</b>	<b>106</b>	<b>4.60%</b>	<b>10</b>	<b>3</b>	<b>0.16%</b>	<b>1</b>	<b>0</b>	<b>0.00%</b>	<b>0</b>
<b>GRAND TOTAL=</b>	<b>4,587</b>	<b>4,054</b>	<b>331</b>	<b>8.16%</b>									

\*QOC= Quality of Care

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

**June 2015**

Reportable Condition	Reports			
	2015 This Month	2014 Same Month	2015 Year to Date*	2014 Year to Date*
Chlamydia	4	4	30	33
Gonorrhea	0	3	11	11
Syphilis	74	79	394	527
Hepatitis A	0	0	0	0
Hepatitis B, acute	0	0	0	0
Hepatitis C, total and (acute <sup>‡</sup> )	417	380	1798	1833
Human immunodeficiency virus (HIV) +, known at intake	190	202	1,206	1,192
HIV screens, intake	5,061	6,586	33,504	40,334
HIV +, intake	32	32	252	240
HIV screens, offender- and provider-requested	812	807	5,049	5,129
HIV +, offender- and provider-requested	5	0	8	4
HIV screens, pre-release	3,613	3,563	22,982	24,287
HIV +, pre-release	4	0	4	5
Acquired immune deficiency syndrome (AIDS)	2	3	15	27
Methicillin-resistant <i>Staph Aureus</i> (MRSA)	49	49	378	413
Methicillin-sensitive <i>Staph Aureus</i> (MSSA)	25	53	219	276
Occupational exposures of TDCJ staff	8	8	49	72
Occupational exposures of medical staff	3	7	16	21
HIV chemoprophylaxis initiation	0	4	13	12
Tuberculosis skin test (ie, PPD) +, intake	143	228	722	1362
Tuberculosis skin test +, annual	42	57	316	99
Tuberculosis, known (ie, on tuberculosis medications) at intake	0	2	3	6
Tuberculosis, diagnosed at intake and attributed to county of origin (identified before 42 days of incarceration)	0	2	2	5
Tuberculosis, diagnosed during incarceration (identified after 42 days of incarceration)	2	4	10	5
Tuberculosis cases under management	29	13		
Peer education programs <sup>¶</sup>	0	0	100	100
Peer education educators <sup>∞</sup>	29	105	4,587	4,072
Peer education participants	6,534	5,728	38,119	37,839
Sexual assault in-service (sessions/units)	1/1	0	17/5	21/16
Sexual assault in-service participants	6	0	144	332
Alleged assaults and chart reviews	55	42	336	357
Bloodborne exposure labs drawn on offenders	19	19	127	79
New Sero-conversions d/t sexual assault ±	0	0	0	0

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

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

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

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

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

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

**July 2015**

Reportable Condition	Reports			
	2015 This Month	2014 Same Month	2015 Year to Date*	2014 Year to Date*
Chlamydia	2	1	30	34
Gonorrhea	1	0	12	11
Syphilis	75	90	469	617
Hepatitis A	0	0	0	0
Hepatitis B, acute	0	0	0	0
Hepatitis C, total and (acute <sup>‡</sup> )	278	286	2076	2119
Human immunodeficiency virus (HIV) +, known at intake	183	336	1,389	1,528
HIV screens, intake	5,516	9,163	39,020	49,947
HIV +, intake	32	47	284	287
HIV screens, offender- and provider-requested	906	1,392	5,955	6,521
HIV +, offender- and provider-requested	3	1	11	5
HIV screens, pre-release	3,257	6,373	26,239	30,660
HIV +, pre-release	0	0	4	1
Acquired immune deficiency syndrome (AIDS)	2	5	17	32
Methicillin-resistant <i>Staph Aureus</i> (MRSA)	40	72	418	485
Methicillin-sensitive <i>Staph Aureus</i> (MSSA)	32	33	251	309
Occupational exposures of TDCJ staff	5	12	54	84
Occupational exposures of medical staff	4	4	20	25
HIV chemoprophylaxis initiation	2	2	15	14
Tuberculosis skin test (ie, PPD) +, intake	129	292	851	1654
Tuberculosis skin test +, annual	47	61	636	160
Tuberculosis, known (ie, on tuberculosis medications) at intake	0	2	3	8
Tuberculosis, diagnosed at intake and attributed to county of origin (identified before 42 days of incarceration)	1	0	3	5
Tuberculosis, diagnosed during incarceration (identified after 42 days of incarceration)	1	4	11	9
Tuberculosis cases under management	27	19		
Peer education programs <sup>¶</sup>	0	0	100	100
Peer education educators <sup>∞</sup>	61	44	4,648	4,116
Peer education participants	6,351	6,293	44,470	44,132
Sexual assault in-service (sessions/units)	0	20/8	17/5	41/24
Sexual assault in-service participants	0	198	144	530
Alleged assaults and chart reviews	69	34	405	391
Bloodborne exposure labs drawn on offenders	19	23	146	102
New Sero-conversions d/t sexual assault ±	0	0	0	0

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‡ 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

**August 2015**

Reportable Condition	Reports			
	2015 This Month	2014 Same Month	2015 Year to Date*	2014 Year to Date*
Chlamydia	0	2	32	36
Gonorrhea	0	0	12	11
Syphilis	52	58	521	675
Hepatitis A	1	0	1	0
Hepatitis B, acute	0	1	0	1
Hepatitis C, total and (acute <sup>‡</sup> )	222	312	2298	2431
Human immunodeficiency virus (HIV) +, known at intake	175	336	1,564	1,528
HIV screens, intake	5,906	9,613	44,926	49,947
HIV +, intake	3	47	287	287
HIV screens, offender- and provider-requested	935	1,392	6,890	6,521
HIV +, offender- and provider-requested	2	1	13	5
HIV screens, pre-release	3,338	6,373	29,577	30,660
HIV +, pre-release	0	0	4	5
Acquired immune deficiency syndrome (AIDS)	1	5	18	32
Methicillin-resistant <i>Staph Aureus</i> (MRSA)	50	79	468	564
Methicillin-sensitive <i>Staph Aureus</i> (MSSA)	29	57	280	366
Occupational exposures of TDCJ staff	10	8	64	92
Occupational exposures of medical staff	4	3	24	29
HIV chemoprophylaxis initiation	2	1	17	15
Tuberculosis skin test (ie, PPD) +, intake	135	228	986	1882
Tuberculosis skin test +, annual	47	47	410	207
Tuberculosis, known (ie, on tuberculosis medications) at intake	0	2	3	10
Tuberculosis, diagnosed at intake and attributed to county of origin (identified before 42 days of incarceration)	2	1	5	6
Tuberculosis, diagnosed during incarceration (identified after 42 days of incarceration)	1	1	12	10
Tuberculosis cases under management	28	11		
Peer education programs <sup>¶</sup>	0	0	100	100
Peer education educators <sup>∞</sup>	41	84	4,689	4,200
Peer education participants	6,554	6,033	51,024	50,165
Sexual assault in-service (sessions/units)	0	37/19	17/5	78/43
Sexual assault in-service participants	0	395	144	925
Alleged assaults and chart reviews	78	48	483	439
Bloodborne exposure labs drawn on offenders	25	23	171	125
New Sero-conversions d/t sexual assault ±	0	0	0	0

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

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

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

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

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

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

During the Fourth Quarter of Fiscal Year 2015, ten percent of the UTMB and TTUHSC hospital and infirmiry discharges were audited. A total of 185 hospital discharge and 54 infirmiry discharge audits were conducted. This chart is a summary of the audits showing the number of cases with deficiencies and their percentage.

<b>Freeworld Hospital Discharges in Texas Tech Sector</b>											
Month	Charts Audited	Vital Signs Not Recorded <sup>1</sup> (Cases with Deficiencies)		Appropriate Receiving Facility <sup>2</sup> (Cases with Deficiencies)		No Chain-In Done <sup>3</sup> (Cases with Deficiencies)		Unscheduled Care within 7 Days <sup>4</sup> (Cases with Deficiencies)		Lacked Documentation <sup>5</sup> (Cases with Deficiencies)	
June	5	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
July	7	1	14.29%	0	N/A	0	N/A	0	N/A	0	N/A
August	7	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
<b>Total/Average</b>		1	5.26%	0	N/A	0	N/A	0	N/A	0	N/A
<b>Freeworld Hospital Discharges in UTMB Sector</b>											
Month	Charts Audited	Vital Signs Not Recorded <sup>1</sup> (Cases with Deficiencies)		Appropriate Receiving Facility <sup>2</sup> (Cases with Deficiencies)		No Chain-In Done <sup>3</sup> (Cases with Deficiencies)		Unscheduled Care within 7 Days <sup>4</sup> (Cases with Deficiencies)		Lacked Documentation <sup>5</sup> (Cases with Deficiencies)	
June	33	0	N/A	0	N/A	0	N/A	1	3.03%	1	3.03%
July	36	0	N/A	0	N/A	0	N/A	0	N/A	2	5.56%
August	35	1	2.86%	0	N/A	0	N/A	0	N/A	2	5.71%
<b>Total/Average</b>		1	0.96%	0	N/A	0	N/A	1	0.96%	5	4.81%
<b>UTMB Hospital Galveston Discharges</b>											
Month	Charts Audited	Vital Signs Not Recorded <sup>1</sup> (Cases with Deficiencies)		Appropriate Receiving Facility <sup>2</sup> (Cases with Deficiencies)		No Chain-In Done <sup>3</sup> (Cases with Deficiencies)		Unscheduled Care within 7 Days <sup>4</sup> (Cases with Deficiencies)		Lacked Documentation <sup>5</sup> (Cases with Deficiencies)	
June	20	0	N/A	0	N/A	0	N/A	1	5.00%	0	N/A
July	20	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
August	22	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
<b>Total/Average</b>		0	N/A	0	N/A	0	N/A	1	1.61%	0	N/A
<b>GRAND TOTAL: Combined Hospital Discharges (Texas Tech Sector, UTMB Sector and Hospital Galveston)</b>											
Month	Charts Audited	Vital Signs Not Recorded <sup>1</sup> (Cases with Deficiencies)		Appropriate Receiving Facility <sup>2</sup> (Cases with Deficiencies)		No Chain-In Done <sup>3</sup> (Cases with Deficiencies)		Unscheduled Care within 7 Days <sup>4</sup> (Cases with Deficiencies)		Lacked Documentation <sup>5</sup> (Cases with Deficiencies)	
June	58	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
July	63	1	1.59%	0	N/A	0	N/A	0	N/A	0	N/A
August	64	1	1.56%	0	N/A	0	N/A	0	N/A	0	N/A
<b>Total/Average</b>		2	1.08%	0	N/A	0	N/A	2	1.08%	5	2.70%
<b>Texas Tech Infirmiry Discharges</b>											
Month	Charts Audited	Vital Signs Not Recorded <sup>1</sup> (Cases with Deficiencies)		Appropriate Receiving Facility <sup>2</sup> (Cases with Deficiencies)		No Chain-In Done <sup>3</sup> (Cases with Deficiencies)		Unscheduled Care within 7 Days <sup>4</sup> (Cases with Deficiencies)		Lacked Documentation <sup>5</sup> (Cases with Deficiencies)	
June	10	1	10.00%	0	N/A	0	N/A	0	N/A	0	N/A
July	8	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
August	10	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
<b>Total/Average</b>		1	3.57%	0	N/A	0	N/A	0	N/A	0	N/A
<b>UTMB Infirmiry Discharges</b>											
Month	Charts Audited	Vital Signs Not Recorded <sup>1</sup> (Cases with Deficiencies)		Appropriate Receiving Facility <sup>2</sup> (Cases with Deficiencies)		No Chain-In Done <sup>3</sup> (Cases with Deficiencies)		Unscheduled Care within 7 Days <sup>4</sup> (Cases with Deficiencies)		Lacked Documentation <sup>5</sup> (Cases with Deficiencies)	
June	10	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
July	7	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
August	9	1	11.11%	1	11.11%	1	11.11%	0	N/A	0	N/A
<b>Total/Average</b>		1	3.85%	1	3.85%	1	3.85%	0	N/A	0	N/A
<b>GRAND TOTAL: Combined Infirmiry Discharges (Texas Tech and UTMB)</b>											
Month	Charts Audited	Vital Signs Not Recorded <sup>1</sup> (Cases with Deficiencies)		Appropriate Receiving Facility <sup>2</sup> (Cases with Deficiencies)		No Chain-In Done <sup>3</sup> (Cases with Deficiencies)		Unscheduled Care within 7 Days <sup>4</sup> (Cases with Deficiencies)		Lacked Documentation <sup>5</sup> (Cases with Deficiencies)	
June	20	1	5.00%	0	N/A	0	N/A	0	N/A	0	N/A
July	15	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
August	19	1	5.26%	1	5.26%	1	5.26%	0	N/A	0	N/A
<b>Total/Average</b>		2	3.70%	1	1.85%	1	1.85%	0	N/A	0	N/A

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

**FIXED ASSETS CONTRACT MONITORING AUDIT  
BY UNIT  
FOURTH QUARTER, FISCAL YEAR 2015**

June 2015	Numbered Property On Inventory Report	Total Number of Deletions	Total Number of Transfers	Total Number of New Equipment
Henley	30	0	0	0
Hightower	27	1	1	2
Sayle	18	0	0	0
<b>Total</b>	75	1	1	2

July 2015	Numbered Property On Inventory Report	Total Number of Deletions	Total Number of Transfers	Total Number of New Equipment
Estes	19	0	0	0
Goodman	15	0	0	0
Young	106	0	0	0
<b>Total</b>	140	0	0	0

August 2015	Numbered Property On Inventory Report	Total Number of Deletions	Total Number of Transfers	Total Number of New Equipment
Eastham	42	0	0	0
Huntsville	42	0	0	0
West Texas ISF	NA	NA	NA	NA
<b>Total</b>	84	0	0	0

**CAPITAL ASSETS AUDIT  
FOURTH QUARTER, FISCAL YEAR 2015**

<b>Audit Tools</b>	<b>June</b>	<b>July</b>	<b>August</b>	<b>Total</b>
<b>Total number of units audited</b>	3	3	3	9
<b>Total numbered property</b>	75	140	84	299
<b>Total number out of compliance</b>	0	0	0	0
<b>Total % out of compliance</b>	0.00%	0.00%	0.00%	0.00%

**AMERICAN CORRECTIONAL ASSOCIATION  
ACCREDITATION STATUS REPORT  
Fourth Quarter FY-2015**

**University of Texas Medical Branch**

Unit	Audit Date	% Compliance	
		Mandatory	Non-Mandatory
<b>Boyd</b>	<b>August 3, 2015</b>	<b>100%</b>	<b>99.5%</b>
<b>Hamilton</b>	<b>August 17, 2015</b>	<b>100%</b>	<b>99.0%</b>
<b>Pack</b>	<b>August 19, 2015</b>	<b>100%</b>	<b>98.4%</b>

**Texas Tech University Health Science Center**

Unit	Audit Date	% Compliance	
		Mandatory	Non-Mandatory
<b>Havins</b>	<b>July 13, 2015</b>	<b>100%</b>	<b>98.1%</b>

The ACA Summer Conference was held in Indianapolis, Indiana. During this conference, the following units were awarded reaccreditation by the ACA Panel of Commissioners: Coffield, Connally, Sayle, Ferguson, Gurney, Darrington, Hobby/Marlin, Allred, Rudd, Lewis and San Saba.

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

**FY-2015 Fourth Quarter Report: June, July and August**

**Project Number: 103-RL01**

<b><u>Researcher:</u></b> Holly Miller	<b><u>IRB Number:</u></b> M20020807	<b><u>IRB Expiration Date:</u></b> 7/21/2006	<b><u>Research Began:</u></b> 11/1/2001
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<b><u>Title of Research:</u></b> Psychopathy, Static Risk, and Dynamic	<b><u>Data Collection Began:</u></b> 12/1/2001
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<b><u>Proponent:</u></b> Sam Houston State University	<b><u>Data Collection End:</u></b> 8/1/2004
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<b><u>Project Status:</u></b> Data Analysis	<b><u>Progress Report Due:</u></b> 11/18/2015	<b><u>Projected Completion:</u></b> 12/31/2016
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**Project Number: 202-RL02**

<b><u>Researcher:</u></b> Kymn Kochanek	<b><u>IRB Number:</u></b> 11.07.04	<b><u>IRB Expiration Date:</u></b> 4/3/2015	<b><u>Research Began:</u></b> 5/1/2002
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<b><u>Title of Research:</u></b> National Longitudinal Survey of Youth 1997 (Bureau of Labor Statistics)	<b><u>Data Collection Began:</u></b> 9/1/2013
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<b><u>Proponent:</u></b> NORC-National Organization for Research at the University of Chicago	<b><u>Data Collection End:</u></b> 7/31/2014
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<b><u>Project Status:</u></b> Data Analysis-Round 16 complete	<b><u>Progress Report Due:</u></b> 9/4/2015	<b><u>Projected Completion:</u></b> 11/15/2015
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**Project Number: 221-RL02**

<b><u>Researcher:</u></b> Kymn Kochanek	<b><u>IRB Number:</u></b> 12.05.11	<b><u>IRB Expiration Date:</u></b> 5/17/2016	<b><u>Research Began:</u></b> 6/6/2002
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<b><u>Title of Research:</u></b> National Longitudinal Survey of Youth 1979 (Bureau of Labor Statistics)	<b><u>Data Collection Began:</u></b> 10/1/2014
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<b><u>Proponent:</u></b> NORC at the University of Chicago	<b><u>Data Collection End:</u></b>
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<b><u>Project Status:</u></b> Data Collection-Round 26	<b><u>Progress Report Due:</u></b> 2/26/2016	<b><u>Projected Completion:</u></b> 10/31/2015
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**Project Number: 434-RL04**

**Researcher:** Marilyn Armour      **IRB Number:** 2003-11-0076      **IRB Expiration Date:** 1/6/2014      **Research Began:** 3/10/2004

**Title of Research:** Victim Offender Mediated Dialogue: Study of the Impact of a Victim-Oriented Intervention in Crimes of Severe Violence      **Data Collection Began:** 8/31/2004

**Proponent:** University of Texas- Austin      **Data Collection End:** 5/31/2012

**Project Status:** Data Analysis      **Progress Report Due:** 9/4/2015      **Projected Completion:** 6/1/2015

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**Project Number: 524-AR07**

**Researcher:** Marilyn Armour      **IRB Number:** 2006-11-0095      **IRB Expiration Date:** 12/29/2015      **Research Began:** 1/5/2007

**Title of Research:** Mechanisms of Action in Bridges to Life      **Data Collection Began:** 4/23/2007

**Proponent:** University of Texas-Austin      **Data Collection End:** 7/24/2007

**Project Status:** Data Analysis      **Progress Report Due:** 6/8/2015      **Projected Completion:** 3/1/2015

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**Project Number: 547-RL07**

**Researcher:** Robert Morgan      **IRB Number:** 501024      **IRB Expiration Date:** 12/31/2012      **Research Began:** 6/11/2008

**Title of Research:** Re-Entry: Dynamic Risk Assessment      **Data Collection Began:** 6/11/2008

**Proponent:** Texas Tech University      **Data Collection End:** 8/30/2012

**Project Status:** Data Analysis      **Progress Report Due:** 1/8/2016      **Projected Completion:** 12/1/2015

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**Project Number: 587-AR09**

**Researcher:** Marcus Boccaccini      **IRB Number:** 2009-04-032      **IRB Expiration Date:** 7/20/2016      **Research Began:** 9/6/2009

**Title of Research:** Item and Factor Level Examination of the Static-99, MnSOST-R, and PCL-R to Predict Recidivism      **Data Collection Began:** 7/15/2010

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

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

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**Project Number: 591-AR09**

**Researcher:** Wayne Lehman      **IRB Number:** Sum08-13      **IRB Expiration Date:** 8/31/2012      **Research Began:** 5/20/2010

**Title of Research:** Sustainable HIV Risk Reduction Strategies for CJ Systems      **Data Collection Began:** 5/20/2010

**Proponent:** Texas Christian University/NIDA      **Data Collection End:** 7/2/2011

**Project Status:** Data Analysis      **Progress Report Due:** 8/27/2015      **Projected Completion:** 8/29/2015

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**Project Number: 605-AR10**

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

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

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

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

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**Project Number: 622-AR11**

**Researcher:** Andrew Wiegand      **IRB Number:** 00003522      **IRB Expiration Date:** 12/18/2015      **Research Began:** 7/14/2011

**Title of Research:** Evaluation of the Reintegration of Ex-Offenders (RExO) Project      **Data Collection Began:** 3/28/2012

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

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

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**Project Number: 629-AR11**

**Researcher:** Jurg Gerber      **IRB Number:** 2011-03-071      **IRB Expiration Date:** 5/6/2012      **Research Began:** 10/25/2011

**Title of Research:** Perception of Family and Community Support among Released Felons in the State of Texas      **Data Collection Began:** 10/25/2011

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

**Project Status:** Data Analysis      **Progress Report Due:** 9/4/2015      **Projected Completion:** 12/31/2015

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**Project Number: 661-AR12**

**Researcher:** Byron Johnson      **IRB Number:** 656915      **IRB Expiration Date:** 8/25/2016      **Research Began:** 1/7/2013

**Title of Research:** Assessing the Long-Term Effectiveness of Seminars in Maximum Security Prisons: An In-Depth Study of the Louisiana State Penitentiary and Darrington Prison      **Data Collection Began:** 1/7/2013

**Proponent:** Baylor University      **Data Collection End:**

**Project Status:** Data Collection      **Progress Report Due:** 9/30/2015      **Projected Completion:** 8/31/2017

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**Project Number: 664-AR12**

**Researcher:**  
Scott Walters

**IRB Number:**  
2011-125

**IRB Expiration Date:**  
4/7/2016

**Research Began:**  
1/1/2013

**Title of Research:**  
In-Person vs. Computer Interventions for  
Increasing Probation Compliance

**Data Collection Began:**  
1/1/2013

**Proponent:**  
University of North Texas

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

**Project Status:**  
Data Analysis

**Progress Report Due:**  
2/28/2016

**Projected Completion:**  
2/28/2017

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**Project Number: 666-AR12**

**Researcher:**  
Jesus Amadeo

**IRB Number:**  
N/A

**IRB Expiration Date:**

**Research Began:**  
12/28/2012

**Title of Research:**  
Enhanced Transitional Jobs Demonstration

**Data Collection Began:**  
12/28/2012

**Proponent:**  
MDRC

**Data Collection End:**

**Project Status:**  
Project is external, TDCJ to provide follow up data only.  
MOU dated 12/21/12. Project will run through 2017

**Progress Report Due:**

**Projected Completion:**  
12/31/2017

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**Project Number: 671-AR13**

**Researcher:**  
Bridget Williamson

**IRB Number:**  
EXEMPT

**IRB Expiration Date:**

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

**Title of Research:**  
Female Sex Offender Recidivism: Risk and Assessment

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

**Proponent:**  
Sam Houston State University

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

**Project Status:**  
Data Analysis

**Progress Report Due:**  
8/27/2015

**Projected Completion:**  
4/15/2015

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**Project Number: 681-AR13**

**Researcher:**  
Sheremetria Taylor

**IRB Number:**  
Exempt

**IRB Expiration Date:**

**Research Began:**  
6/20/2013

**Title of Research:**  
An Examination of Rural Factors and Re-Incarceration  
Rates among Female Offenders

**Data Collection Began:**  
4/30/2014

**Proponent:**  
Capella University - Minneapolis

**Data Collection End:**  
1/31/2015

**Project Status:**  
Data Analysis

**Progress Report Due:**  
12/3/2015

**Projected Completion:**  
9/15/2015

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**Project Number: 686-AR13**

**Researcher:**  
Jeffrey Bouffard

**IRB Number:**  
10-12362

**IRB Expiration Date:**  
10/12/2014

**Research Began:**  
10/14/2013

**Title of Research:**  
Criminal Decision Making Among Adult Felony Inmates

**Data Collection Began:**  
4/11/2014

**Proponent:**  
Sam Houston State University

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

**Project Status:**  
Data Analysis

**Progress Report Due:**  
2/26/2016

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

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**Project Number: 692-AR14**

**Researcher:**  
Jacqueline Hogan

**IRB Number:**  
N/A

**IRB Expiration Date:**

**Research Began:**  
1/22/2014

**Title of Research:**  
U.S. Department of Education

**Data Collection Began:**  
4/28/2014

**Proponent:**  
United States Department of Education

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

**Project Status:**  
Data Analysis

**Progress Report Due:**  
2/27/2016

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

Mr.Livingston approved 01/22/14

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**Project Number: 695-AR14**

**Researcher:**

Dan Bloom

**IRB Number:**

FWA 0003522

**IRB Expiration Date:**

4/5/2016

**Research Began:**

6/23/2015

**Title of Research:**

Multi-site Demonstration Field Experiment:  
What Works in Reentry Research

**Data Collection Began:**

6/23/2015

**Data Collection End:**

**Proponent:**

MDRC

**Project Status:**

Data Collection

**Progress Report Due:**

9/23/2015

**Projected Completion:**

**Project Number: 697-AR14**

**Researcher:**

Jodi Walton

**IRB Number:**

0003522

**IRB Expiration Date:**

9/30/2015

**Research Began:**

12/15/2014

**Title of Research:**

Enhanced Transitional Jobs Demonstration (ETJD) -  
MDRC - Jail Research Project

**Data Collection Began:**

12/15/2014

**Data Collection End:**

**Proponent:**

MDRC

**Project Status:**

Data Collection

**Progress Report Due:**

12/16/2015

**Projected Completion:**

7/31/2016

**Project Number: 715-AR14**

**Researcher:**

Shannon Carey

**IRB Number:**

HSRRC 121177

**IRB Expiration Date:**

6/4/2016

**Research Began:**

1/9/2015

**Title of Research:**

Cross-Site Evaluation of the Second  
Chance Act Reentry Courts Program

**Data Collection Began:**

1/9/2015

**Data Collection End:**

**Proponent:**

NPC Research

**Project Status:**

Data Collection

**Progress Report Due:**

10/14/2015

**Projected Completion:**

1/30/2016

**Project Number: 716-AR14**

**Researcher:**  
Janet Mullings

**IRB Number:**  
2014-09-19302

**IRB Expiration Date:**  
8/8/2016

**Research Began:**  
7/20/2015

**Title of Research:**  
Understanding Prison Adjustment and Programming  
Needs of Female Offenders Survey

**Data Collection Began:**  
7/20/2015

**Proponent:**  
Sam Houston State University

**Data Collection End:**

**Project Status:**  
Data Collection

**Progress Report Due:**  
10/20/2015

**Projected Completion:**

**Project Number: 723-AR15**

**Researcher:**  
David Pyrooz

**IRB Number:**  
00001971

**IRB Expiration Date:**  
1/15/2016

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

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

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

**Proponent:**  
Sam Houston State University

**Data Collection End:**

**Project Status:**  
Data Collection

**Progress Report Due:**  
10/29/2015

**Projected Completion:**

**Project Number: 725-AR15**

**Researcher:**  
Vikram Maheshri

**IRB Number:**  
Exempt

**IRB Expiration Date:**

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

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

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

**Proponent:**  
University of Houston

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

**Project Status:**  
Data Analysis

**Progress Report Due:**  
2/27/2016

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

**Project Number: 718-AR14**

**Application Received:**  
11/13/2014

**Researcher:**

Kevin Reitz

**IRB Number:**

**Application Completed:**

**Title of Research:**

Probation Violations and Revocations Study

**Division Review Requested:**  
1/28/2015

**Proponent:**

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

**Reviewer:**

Pending

**Review Status:**

Pending Researcher Response

**Detail:** Sent researcher email 5/8/15 and 8/26/15 on  
conditions to be addressed from CJAD

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

**FY-2015 Fourth Quarter Report: June, July and August**

**Project Number: 615-RM10**

<b><u>Researcher:</u></b> John Petersen	<b><u>IRB Number:</u></b> 11-069	<b><u>IRB Expiration Date:</u></b> 12/19/2015	<b><u>Research Began:</u></b> 9/12/2013
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<b><u>Title of Research:</u></b> Serum Markers of Hepatocellular Cancer	<b><u>Data Collection Began:</u></b> 1/1/2014
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**Proponent:**  
UTMB - Galveston

<b><u>Project Status:</u></b> Data Collection	<b><u>Progress Report Due:</u></b> 8/27/2015	<b><u>Projected Completion:</u></b> 1/1/2020
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**Project Number: 698-RM14**

<b><u>Researcher:</u></b> Amber Gill	<b><u>IRB Number:</u></b> 14-0010	<b><u>IRB Expiration Date:</u></b> 3/10/2016	<b><u>Research Began:</u></b> 6/22/2015
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<b><u>Title of Research:</u></b> Evaluation of Inpatient Dermatologic Consultations: A 3-Year Retrospective Review at a Texas Tertiary Care Center	<b><u>Data Collection Began:</u></b> 6/22/2015
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**Proponent:**  
UTMB - Galveston

<b><u>Project Status:</u></b> Data Collection	<b><u>Progress Report Due:</u></b> 9/22/2015	<b><u>Projected Completion:</u></b>
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**Project Number: 703-RM14**

<b><u>Researcher:</u></b> Joseph Sonstein	<b><u>IRB Number:</u></b> 13-037	<b><u>IRB Expiration Date:</u></b> 1/26/2016	<b><u>Research Began:</u></b> 12/15/2014
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<b><u>Title of Research:</u></b> Prostate Cancer in the Texas Prison System	<b><u>Data Collection Began:</u></b> 12/22/2014
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**Proponent:**  
UTMB

<b><u>Project Status:</u></b> Data Collection	<b><u>Progress Report Due:</u></b> 9/15/2015	<b><u>Projected Completion:</u></b> 7/1/2015
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**Project Number: 705-RM14**

**Researcher:** Mostafa Borahay      **IRB Number:** 13-0428      **IRB Expiration Date:** 5/12/2016      **Research Began:** 3/4/2015

**Title of Research:**  
Clinical Outcomes and Cost Analysis of  
Robotic Gynecologic Surgery

**Data Collection Began:** 3/9/2015

**Proponent:**  
UTMB

**Data Collection End:**

**Project Status:** Data Collection      **Progress Report Due:** 11/22/2015      **Projected Completion:** 12/31/2018

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**Project Number: 707-RM14**

**Researcher:** Mostafa Borahay      **IRB Number:** 10-229      **IRB Expiration Date:** 3/13/2016      **Research Began:** 3/4/2015

**Title of Research:**  
Study of Mediators and Potential Therapeutics in  
Uterine Fibroids, Endometriosis and Adenomyosis

**Data Collection Began:** 3/9/2015

**Proponent:**  
UTMB

**Data Collection End:**

**Project Status:** Data Collection      **Progress Report Due:** 11/22/2015      **Projected Completion:** 12/31/2018

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**Project Number: 709-RM14**

**Researcher:** Celia Chao      **IRB Number:** 14-0018      **IRB Expiration Date:** 3/31/2016      **Research Began:** 5/28/2015

**Title of Research:**  
A Pilot Study to Correlate Cancer  
Diagnosis with Urine Thiosulfate

**Data Collection Began:** 5/28/2015

**Proponent:**  
UTMB

**Data Collection End:**

**Project Status:** Data Collection      **Progress Report Due:** 8/28/2015      **Projected Completion:**

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**Project Number: 719-RM14**

**Researcher:**  
Maria Diaz

**IRB Number:**  
14-0389

**IRB Expiration Date:**  
10/24/2015

**Research Began:**  
2/27/2015

**Title of Research:**

Effectiveness of substituting Emtricitabine (FTC) with Lamivudine (3TC) as ART in Virologically suppressed HIV-1 infected patients: 2 year follow-up study

**Data Collection Began:**  
4/1/2015

**Data Collection End:**

**Proponent:**

UTMB-Correctional Managed Care Pharmacy

**Project Status:**

Data Collection

**Progress Report Due:**

11/28/2015

**Projected Completion:**

6/25/2015

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**Project Number: 724-RM15**

**Researcher:**  
Zbigniew Gugala

**IRB Number:**  
14-0351

**IRB Expiration Date:**  
11/14/2015

**Research Began:**  
6/29/2015

**Title of Research:**

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

**Data Collection Began:**  
6/29/2015

**Data Collection End:**

**Proponent:**

UTMB

**Project Status:**

Data Collection

**Progress Report Due:**

9/10/2015

**Projected Completion:**

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**Project Number: 727-RM15**

**Researcher:**  
Odette Comeau

**IRB Number:**  
15-0044

**IRB Expiration Date:**  
3/26/2016

**Research Began:**  
7/7/2015

**Title of Research:**

Implementation of Delirium Screening in the Adult ICU's

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

**Data Collection End:**

**Proponent:**

UTMB

**Project Status:**

Data Collection

**Progress Report Due:**

9/29/2015

**Projected Completion:**

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

**FY-2015 Fourth Quarter Report: June, July and August**

**Project Number:** 689-RM13

**Application Received:**  
11/7/2013

**Researcher:**  
Troy Quast

**IRB Number:**  
2013-12371

**Application Completed:**  
12/12/2013

**Title of Research:**  
Impact of the Annual Health Care Services Fee

**Division Review Requested:**  
9/11/2014

**Proponent:**  
Sam Houston State University

**Reviewer:**  
Pending

**Review Status:**  
Pending Researcher Response

**Detail:**  
Meeting with researcher on 03/17/15-pending researchers response

**Project Number:** 713-RM14

**Application Received:**  
9/9/2014

**Researcher:**  
Jacqueline Aoughsten

**IRB Number:**  
Exempt

**Application Completed:**  
9/23/2014

**Title of Research:**  
Evidence-Based Triage of Newly Diagnosed Hepatocellular  
Carcinoma Patients in the Prison Population: A Collaborative,  
Hospital-Based Quality Improvement Project

**Division Review Requested:**  
12/5/2014

**Proponent:**  
UTMB

**Reviewer:**  
Pending

**Review Status:**  
Pending Researcher Response

**Detail:**  
Pending researchers response to revised proposal 04/30/15

**Project Number: 728-RM15**

**Application Received:**  
4/9/2015

**Researcher:**  
Scarlett Lusk-Edwards

**IRB Number:**

**Application Completed:**

**Title of Research:**  
Relationships between HIV/AIDS and Behavioral  
Risk Factors among Texas Prison Inmates

**Division Review Requested:**

**Proponent:**  
Walden University

**Reviewer:**  
Pending

**Review Status:**  
Pending Researcher  
Response and IRB

**Detail:**  
Sent letter to researcher on 5/11/15 with information  
available and requesting IRB

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**Project Number: 729-RM15**

**Application Received:**  
7/6/2015

**Researcher:**  
Jacques Baillargeon

**IRB Number:**  
14-0283

**Application Completed:**  
7/17/2015

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

**Division Review Requested:**  
8/11/2015

**Proponent:**  
UTMB

**Reviewer:**  
Pending

**Review Status:**  
Pending OGC Review

**Detail:**  
Sent to OGC for Division Review on 8/11/15

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**Project Number: 730-RM15**

**Application Received:**  
7/22/2015

**Researcher:**  
Orry Birdsong

**IRB Number:**  
15-0153

**Application Completed:**

**Title of Research:**  
Glaucoma on the Chain: Improving IOP control in a prison population

**Division Review Requested:**  
8/26/2015

**Proponent:**  
UTMB

**Reviewer:**  
Pending

**Review Status:**  
Pending HS Division Review

**Detail:**  
Sent to Dr. Williams for Division Review on 8/26/15

**Project Number: 728-RM15**

**Application Received:**  
4/9/2015

**Researcher:**  
Scarlett Lusk-Edwards

**IRB Number:**

**Application Completed:**

**Title of Research:**  
Relationships between HIV/AIDS and Behavioral  
Risk Factors among Texas Prison Inmates

**Division Review Requested:**

**Proponent:**  
Walden University

**Reviewer:**  
Pending

**Review Status:**  
Pending Researcher  
Response and IRB

**Detail:**  
Sent letter to researcher on 5/11/15 with information  
available and requesting IRB

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**Project Number: 729-RM15**

**Application Received:**  
7/6/2015

**Researcher:**  
Jacques Baillargeon

**IRB Number:**  
14-0283

**Application Completed:**  
7/17/2015

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

**Division Review Requested:**  
8/11/2015

**Proponent:**  
UTMB

**Reviewer:**  
Pending

**Review Status:**  
Pending OGC Review

**Detail:**  
Sent to OGC for Division Review on 8/11/15

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**Project Number: 730-RM15**

**Application Received:**  
7/22/2015

**Researcher:**  
Orry Birdsong

**IRB Number:**  
15-0153

**Application Completed:**

**Title of Research:**  
Glaucoma on the Chain: Improving IOP control in a prison population

**Division Review Requested:**  
8/26/2015

**Proponent:**  
UTMB

**Reviewer:**  
Pending

**Review Status:**  
Pending HS Division Review

**Detail:**  
Sent to Dr. Williams for Division Review on 8/26/15

**4th Quarter FY 2015  
TDCJ Office of Mental Health Monitoring & Liaison  
Administrative Segregation Audit Summary**

<b>Date</b>	<b>Unit</b>	<b>Observed</b>	<b>Interviewed</b>	<b>Mental Health Referrals</b>	<b>Requests Fwd</b>	<b>911 Tool</b>	<b>ATC 4</b>	<b>ATC 5</b>	<b>ATC 6</b>
06/03-04/2015	Hughes	455	383	1	7	100	100	100	100
06/11/2015	Murray	103	89	1	3	100	100	100	100
6/16/2015	Pack	10	10	0	0	100	100	100	83
06/17-18/2015	Estelle ECB	348	305	1	7	100	100	100	100
06/24-25/2015	Michael	361	289	1	6	100	100	100	100
07/08-09/2015	Telford	421	325	1	7	100	100	100	100
7/21/2015	Gist	26	21	0	0	100	100	100	100
7/21/2015	Lychner	27	26	0	1	100	100	100	100
7/22/2015	Clemens	8	8	0	0	100	100	100	100
07/22-23/2015	Stiles	427	330	0	10	100	100	100	100
8/5-6/2015	Eastham	231	199	0	8	100	100	100	100
8/12-13/2015	Coffield	416	372	1	8	100	100	100	100
08/18-19/2015	Robertson	290	239	0	6	100	100	100	100
08/19/2015	Formby	21	19	1	1	100	NSP	NSP	NSP
08/20/2015	Travis	6	6	0	0	100	100	100	100
08/21/2015	Bartlett	10	10	0	0	100	100	100	100
8/26/2015	Ferguson	232	214	0	8	100	100	100	100
<b>Total</b>	17	3,392	2,845	7	72				

# INTAKE MENTAL HEALTH EVALUATION (MHE) AUDIT

Conducted in 4<sup>th</sup> Quarter of 2015

Period Audited—June, July & August 2015

FACILITY	Charts Reviewed	Charts Requiring MHE (1)	MHE's completed within 14 days (at Intake Unit)	Charts Excluded (2)	MHE Audit Score
Bartlett State Jail	13	13	11	0	<b>85</b>
Bradshaw State Jail	20	20	20	0	<b>100</b>
Byrd Unit	20	18	16	2	<b>89</b>
Dominguez State Jail	20	20	20	0	<b>100</b>
Formby State Jail	6	6	6	0	<b>100</b>
Garza Transfer Facility	20	19	19	1	<b>100</b>
Gist State Jail	13	13	12	0	<b>92</b>
Glossbrenner SAFPF	6	6	6	0	<b>100</b>
Gurney Transfer Facility	20	20	13	0	<b>65</b>
Halbert SAFPF	14	14	13	0	<b>93</b>
Holliday Transfer Facility	20	20	16	0	<b>80</b>
Hutchins State Jail	20	20	19	0	<b>95</b>
Jester I SAFPF	20	20	20	0	<b>100</b>
Johnston SAFPF	14	14	13	0	<b>93</b>
Kyle SAFPF	0	0	0	0	<b>N/A</b>
Lindsey State Jail	7	7	7	0	<b>100</b>
Lychner State Jail	20	20	15	0	<b>75</b>
Middleton Transfer Facility	20	20	20	0	<b>100</b>
Plane State Jail	20	19	7	1	<b>37</b>
Roach ISF	11	11	10	0	<b>91</b>
Sanchez State Jail	9	9	8	0	<b>89</b>
Sayle SAFPF	8	8	7	0	<b>88</b>
South Texas	20	16	9	4	<b>56</b>
Travis State Jail	13	13	13	0	<b>100</b>
West Texas	13	13	9	0	<b>69</b>
Woodman State Jail	20	19	19	1	<b>100</b>
<b>GRAND TOTAL</b>	<b>387</b>	<b>378</b>	<b>328</b>	<b>9</b>	

1. Offenders entering TDCJ who are identified during the Intake Mental Health Screening/Appraisal process as having a history of treatment for mental illness, currently receiving mental health treatment, history of self-injurious behavior or current symptoms/complaints of symptoms of mental illness will have a Mental Health Evaluation (MHE) completed by a Qualified Mental Health Professional (QMHP) within 14 days of identification.
2. If the offender was transferred from the intake unit within 14 days of identification, the chart is excluded from the sample of charts requiring an MHE.

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

# COMPELLED PSYCHOACTIVE MEDICATION AUDIT

4<sup>th</sup> Quarter 2015

Audits Conducted in June, July & August 2015

<b>UNIT</b>	<b>Data Month</b>	<b>Compelled Medication Cases Documented in Medical Record<sup>1</sup></b>				
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		<b>Reviewed</b>	<b>Applicable</b>	<b>Compliant</b>	<b>Score</b>	<b>Corrective Action</b>
Clements	May	0	0	N/A	N/A	None
Jester IV	May	4	4	4	100	None
Montford	May	9	9	9	100	None
Skyview	May	3	3	3	100	None

		<b>Reviewed</b>	<b>Applicable</b>	<b>Compliant</b>	<b>Score</b>	<b>Corrective Action</b>
Clements	June	1	1	1	100	None
Jester IV	June	9	9	9	100	None
Montford	June	9	9	9	100	None
Skyview	June	3	3	3	100	None

		<b>Reviewed</b>	<b>Applicable</b>	<b>Compliant</b>	<b>Score</b>	<b>Corrective Action</b>
Clements	July	1	1	0	0	CAP
Jester IV	July	2	2	2	100	None
Montford	July	4	4	4	100	None
Skyview	July	7	7	7	100	None

1. Documentation supports that psychoactive medication was compelled because the patient refused to voluntarily comply and failure to take the medication would have resulted in: 1. Emergency - imminent likelihood of serious harm to the patient and/or to others, or 2. Non-emergency – likelihood of continued suffering from severe and abnormal mental, emotional and physical distress or deterioration of the patient’s ability to function independently.

# Consent Item

University Medical Director's Report

The University of Texas Medical Branch



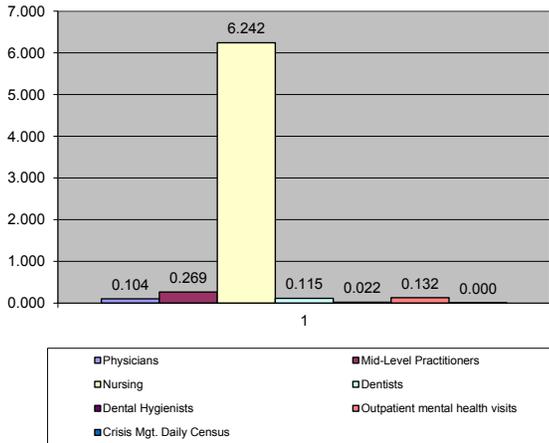
**Correctional Health Care  
MEDICAL DIRECTOR'S REPORT**

**FOURTH QUARTER  
FY 2015**

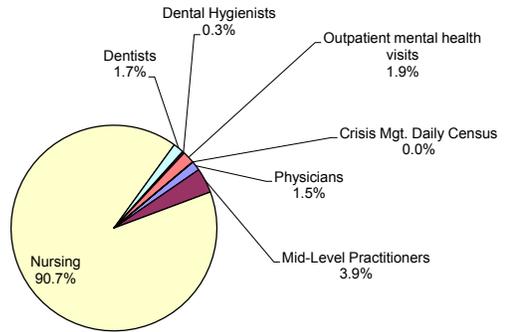
**Medical Director's Report:**

Average Population	June		July		August		Qtly Average	
	116,817		117,172		117,357		117,115	
	Number	Rate Per Offender						
<b>Medical encounters</b>								
Physicians	12,416	0.106	13,153	0.112	10,926	0.093	12,165	0.104
Mid-Level Practitioners	30,999	0.265	32,677	0.279	30,692	0.262	31,456	0.269
Nursing	766,401	6.561	741,401	6.327	685,384	5.840	731,062	6.242
<b>Sub-total</b>	<b>809,816</b>	<b>6.932</b>	<b>787,231</b>	<b>6.719</b>	<b>727,002</b>	<b>6.195</b>	<b>774,683</b>	<b>6.615</b>
<b>Dental encounters</b>								
Dentists	13,603	0.116	14,042	0.120	12,590	0.107	13,412	0.115
Dental Hygienists	2,458	0.021	2,740	0.023	2,526	0.022	2,575	0.022
<b>Sub-total</b>	<b>16,061</b>	<b>0.137</b>	<b>16,782</b>	<b>0.143</b>	<b>15,116</b>	<b>0.129</b>	<b>15,986</b>	<b>0.137</b>
<b>Mental health encounters</b>								
Outpatient mental health visits	15,501	0.133	15,704	0.134	15,306	0.130	15,504	0.132
Crisis Mgt. Daily Census	48	0.000	51	0.000	56	0.000	52	0.000
<b>Sub-total</b>	<b>15,549</b>	<b>0.133</b>	<b>15,755</b>	<b>0.134</b>	<b>15,362</b>	<b>0.131</b>	<b>15,555</b>	<b>0.133</b>
<b>Total encounters</b>	<b>841,426</b>	<b>7.203</b>	<b>819,768</b>	<b>6.996</b>	<b>757,480</b>	<b>6.454</b>	<b>806,225</b>	<b>6.884</b>

**Encounters as Rate Per Offender Per Month**



**Encounters by Type**

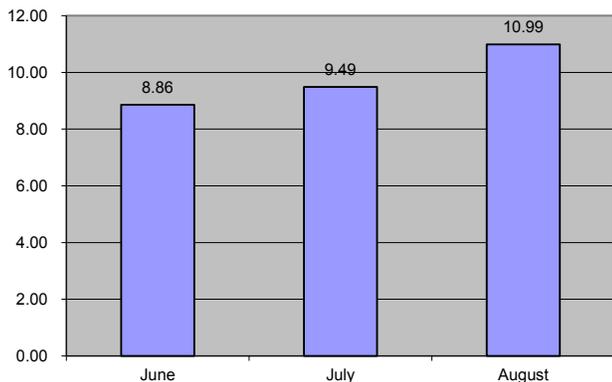


**Medical Director's Report (Page 2):**

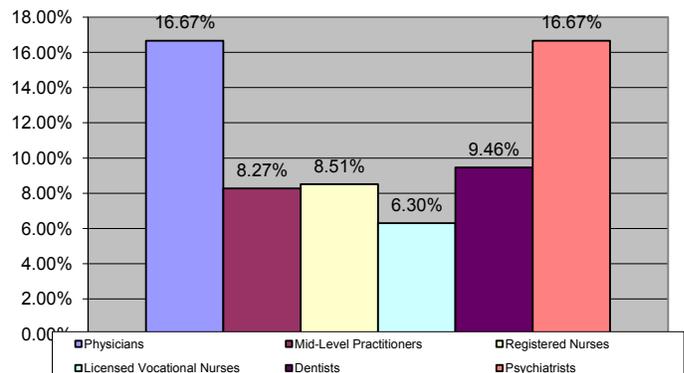
	June	July	August	Qtly Average
<b>Medical Inpatient Facilities</b>				
Average Daily Census	93.90	91.60	99.30	<b>94.93</b>
Number of Admissions	295.00	315.00	287.00	<b>299.00</b>
Average Length of Stay	8.86	9.49	10.99	<b>9.78</b>
Number of Clinic Visits	6,464.00	6,367.00	5,764.00	<b>6,198.33</b>
<b>Mental Health Inpatient Facilities</b>				
Average Daily Census	981.26	994.03	1,003.64	<b>992.98</b>
PAMIO/MROP Census	686.90	693.49	697.32	<b>692.57</b>
<b>Telemedicine Consults</b>	<b>10,421</b>	<b>9,817</b>	<b>9,444</b>	<b>9,894.00</b>

<b>Health Care Staffing</b>	<b>Average This Quarter</b>			<b>Percent Vacant</b>
	<b>Filled</b>	<b>Vacant</b>	<b>Total</b>	
Physicians	50.00	10.00	60.00	16.67%
Mid-Level Practitioners	122.00	11.00	133.00	8.27%
Registered Nurses	258.00	24.00	282.00	8.51%
Licensed Vocational Nurses	535.00	36.00	571.00	6.30%
Dentists	67.00	7.00	74.00	9.46%
Psychiatrists	15.00	3.00	18.00	16.67%

**Average Length of Stay**



**Staffing Vacancy Rates**



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

***CMC Update***

# Consent Item

University Medical Director's Report

Texas Tech University  
Health Sciences Center

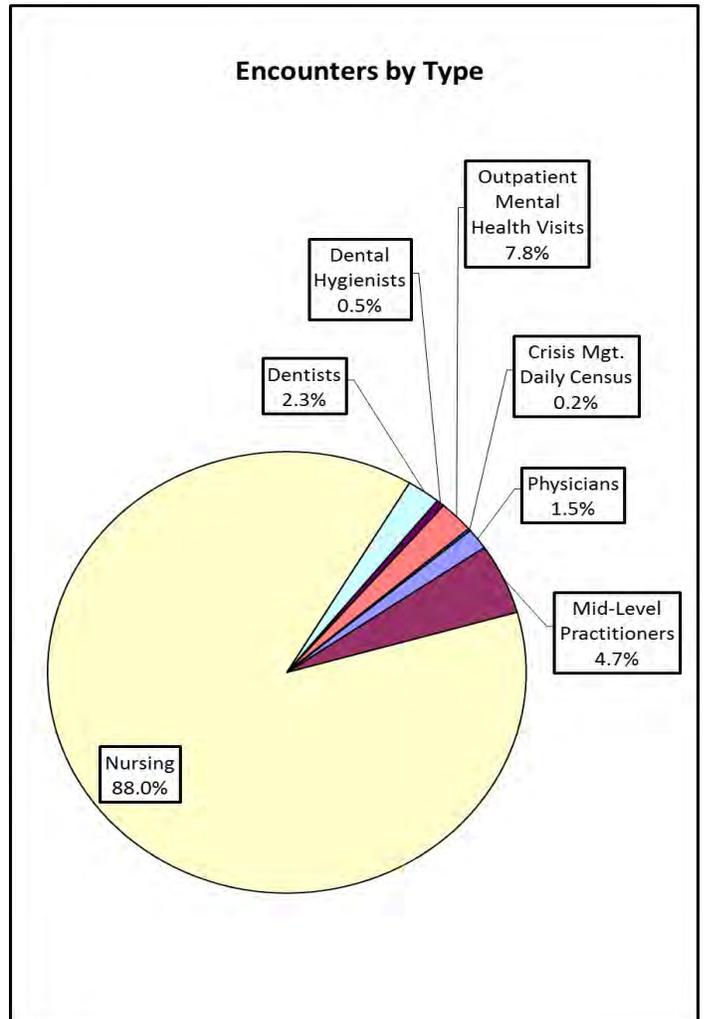
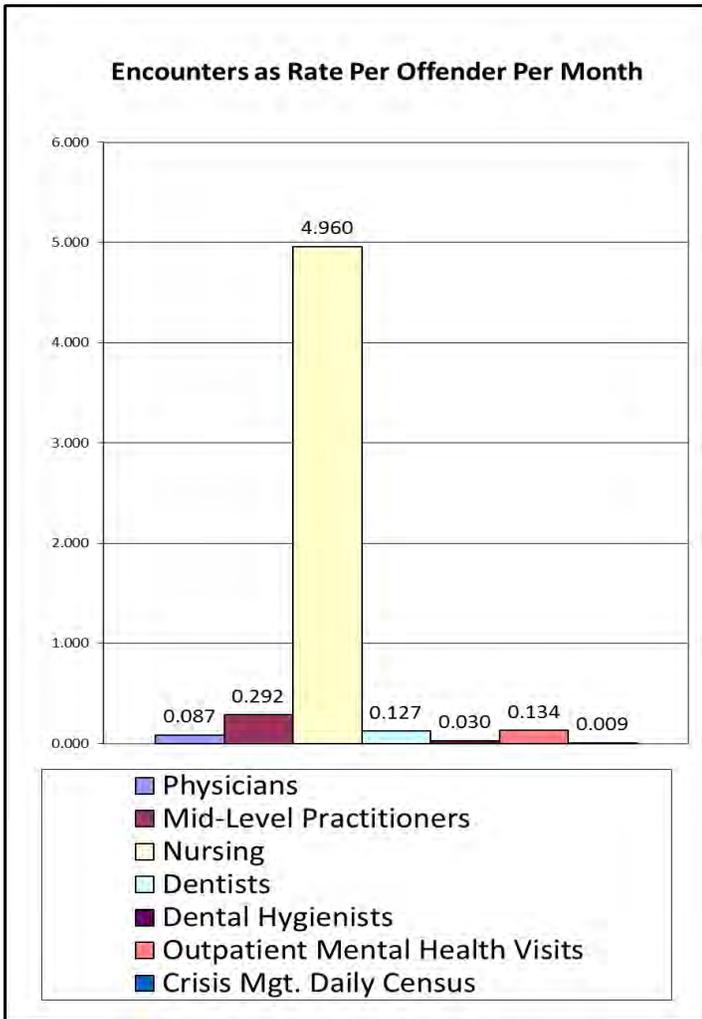


**Correctional Health Care**  
**MEDICAL DIRECTOR'S REPORT**

**FOURTH QUARTER**  
**FY 2015**

### Medical Director's Report

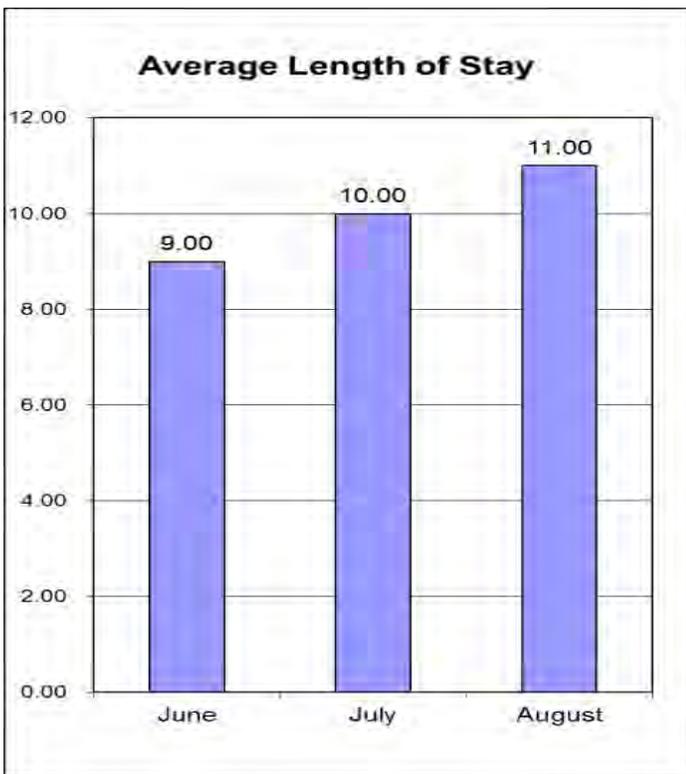
	June		July		August		Qtly Average	
<i>Average Population</i>	30,507		30,091		30,089		30,229	
	Rate Per		Rate Per		Rate Per		Rate Per	
	Number	Offender	Number	Offender	Number	Offender	Number	Offender
<b>Medical encounters</b>								
Physicians	2,520	0.083	2,665	0.089	2,729	0.091	2,638	0.087
Mid-Level Practitioners	9,016	0.296	9,065	0.301	8,357	0.278	8,813	0.292
Nursing	142,159	4.660	154,942	5.149	152,671	5.074	149,924	4.960
<b>Sub-total</b>	<b>153,695</b>	<b>5.038</b>	<b>166,672</b>	<b>5.539</b>	<b>163,757</b>	<b>5.443</b>	<b>161,375</b>	<b>5.338</b>
<b>Dental encounters</b>								
Dentists	3,837	0.126	3,925	0.130	3,778	0.126	3,847	0.127
Dental Hygienists	958	0.031	802	0.027	998	0.033	919	0.030
<b>Sub-total</b>	<b>4,795</b>	<b>0.157</b>	<b>4,727</b>	<b>0.157</b>	<b>4,776</b>	<b>0.159</b>	<b>4,766</b>	<b>0.158</b>
<b>Mental health encounters</b>								
Outpatient Mental Health Visits	4,037	0.132	4,213	0.140	3,861	0.128	4,037	0.134
Crisis Mgt. Daily Census	251	0.008	297	0.010	267	0.009	272	0.009
<b>Sub-total</b>	<b>4,288</b>	<b>0.141</b>	<b>4,510</b>	<b>0.150</b>	<b>4,128</b>	<b>0.137</b>	<b>4,309</b>	<b>0.143</b>
<b>Total encounters</b>	<b>162,778</b>	<b>5.336</b>	<b>175,909</b>	<b>5.846</b>	<b>172,661</b>	<b>5.738</b>	<b>170,449</b>	<b>5.639</b>



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

	June	July	August	Qtly Average
<b>Medical Inpatient Facilities</b>				
Average Daily Census	108.00	112.00	114.00	<b>111.33</b>
Number of Admissions	269.00	273.00	257.00	<b>266.33</b>
Average Length of Stay	9.00	10.00	11.00	<b>10.00</b>
Number of Clinic Visits	733.00	699.00	722.00	<b>718.00</b>
<b>Mental Health Inpatient Facilities</b>				
Average Daily Census	458.00	457.00	461.00	<b>458.67</b>
PAMIO/MROP Census	420.00	419.00	417.00	<b>418.67</b>
<b>Specialty Referrals Completed</b>	<b>1,354.00</b>	<b>1,494.00</b>	<b>1,362.00</b>	<b>1,403.33</b>
<b>Telemedicine Consults</b>	<b>775</b>	<b>805</b>	<b>721</b>	<b>767.00</b>

<b>Health Care Staffing</b>	<b>Average This Quarter</b>			<b>Percent Vacant</b>
	<b>Filled</b>	<b>Vacant</b>	<b>Total</b>	
Physicians	17.22	4.02	21.24	18.93%
Mid-Level Practitioners	38.90	2.60	41.50	6.27%
Registered Nurses	133.66	27.63	161.29	17.13%
Licensed Vocational Nurses	282.35	35.32	317.67	11.12%
Dentists	18.58	1.20	19.78	6.07%
Psychiatrists	6.77	2.00	8.77	22.81%



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

***CMC Update***

## Consent Item

Summary of CMHCC Joint Committee/  
Work Group Activities

**Correctional Managed Health Care  
Joint Committee/Work Group Activity Summary  
for December 8, 2015 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: November 12, 2015

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. FY 2015 SLC Indicators
  - 1. Dental: Total Open Reminders with Delay > 180 Days
  - 2. Mental Health: Antipsychotic Injectables
  - 3. Nursing: Refusal of Treatment (ROT)
  - 4. Inpatient Physical Therapy
  - 5. 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 Methodology
- B. Nurse Protocol Audits
- C. QI/QM Nurse Site Visit Audits

**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: October 8, 2015

**Sub Committee Updates:**

- A. No Chemicals Use of Force Subcommittee – Mike Jones, RN
- B. Missed Clinic Appointments – Mike Jones, RN
- C. Serious/Critical Medical Conditions & Notification of Next of Kin-  
Phyllis McWhorter, RN

**Tabled from July 2015 Meeting:**

- A. Medical Research –Robert Williams, MD
- B. Ad. Seg. Therapeutic Diversion Program – Debbie Guthrie, MD

**Committee Referrals:**

Joint Mental Health Working Group – Joseph Penn, MD

The Following Policies Were Reviewed:

A-09.1	A-10.1	A-11.1*	A-11.2	A-12.1*	A-12.2	A-13.1	C-24.1	C-25.1	D-30.1
D-30.2	E-36.7*	E-42.2*	E-42.3*	E-43.1*	E-43.2	E-44.1	E-44.2*	F-50.1	G-55.1
G-56.1	G-57.1*	G-59.2	G-59.3*	H-64.1*	H-65.1	I-66.2	I-66.3	I-67.1*	I-70.2
I-71.2*					* Indicates Attachment(s) included in the policy.				

The Following Policies Were Submitted for Changes or for Discussion:

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

POLICY #	POLICY NAME	SUBMITTED BY
A-08.9	THE CHRONIC MENTALLY ILL PROGRAM- INPATIENT TREATMENT TRACT	ROBERT WILLIAMS
A-08.10	REFERRAL TO THE PROGRAM FOR AGGRESSIVE MENTALLY ILL OFFENDER (PAMIO)	BEVERLY SLOAN
A-12.1	GRIEVANCE MECHANISM	DALE DORMAN
A-12.1 ATTACHMENT C	INFORMAL RESOLUTION PROCESS	DALE DORMAN
C-24.1	STAFFING LEVELS	BECKIE BERNER
E-35.1	MENTAL HEALTH APPRAISAL FOR INCOMING OFFENDERS	BEVERLY SLOAN
E-36.7 ATTACHMENT A	PRIVATE NON-EMR FACILITIES DENTAL CLINIC OPERATIONS MONTHLY REPORT FORM	MANUEL HIRSCH
E-43.2	DRUG THERAPY MANAGEMENT BY A PHARMACIST	CHRIS BLACK-EDWARDS
E-44.2	EXAMINATION OF OFFENDERS BY PRIVATE PRACTITIONERS	PHYLLIS McWHORTER
E-44.2 ATTACHMENT A	REQUEST AND CONSENT FOR EXAMINATION BY PRIVATE PRACTITIONERS	PHYLLIS McWHORTER
G-52.2	CHRONIC MENTALLY ILL (CMI) OUTPATIENT SHELTERED HOUSING	ROBERT WILLIAMS
G-53.1	SUICIDE PREVENTION PLAN	BEVERLY SLOAN
G-55.1	PREGNANT OFFENDERS	PAULA REED
H-60.1	HEALTH RECORDS – ORGANIZATION AND MAINTENANCE	CHRIS BLACK-EDWARDS
H-65.1	RETENTION/DESTRUCTION OF HEALTH RECORDS	BECKIE BERNER

I-66.2	THERAPEUTIC RESTRAINT OF MENTAL HEALTH PATIENTS	BEVERLY SLOAN
I-66.2 ATTACHMENT A	TDCJ – MENTAL HEALTH SERVICES INSTRUCTIONS FOR COMPLETING MENTAL HEALTH OBSERVATION CHECKLIST	BEVERLY SLOAN
I-66.3	PSYCHIATRIC INPATIENT SECLUSION	BEVERLY SLOAN
I-66.3 ATTACHMENT A	TDCJ – MENTAL HEALTH SERVICES INSTRUCTIONS FOR COMPLETING MENTAL HEALTH OBSERVATION CHECKLIST	BEVERLY SLOAN
I-70.2	CONSENT FOR ADMISSION TO INPATIENT PSYCHIATRIC CARE	BEVERLY SLOAN
I-70.2 ATTACHMENT A	TDCJ MENTAL HEALTH SERVICES – VOLUNTARY APPROVAL OF ADMISSION TO AN INPATIENT PSYCHIATRIC FACILITY	BEVERLY SLOAN
I-70.2 ATTACHMENT B	TDCJ – PSYCHIATRIC INVOLUNTARY ADMISSION REVIEW	BEVERLY SLOAN
I-70.2 ATTACHMENT C	MENTAL HEALTH SERVICES INVOLUNTARY ADMISSION TO INPATIENT FACILITY	BEVERLY SLOAN
I-72.1	MEDICAL RESEARCH	ROBERT WILLIAMS

### **Adjournment**

- Next Meeting Date is January 14, 2016.

### **Joint Pharmacy and Therapeutics Committee**

Chair: Sheri Talley, MD

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

Meeting Date: November 12, 2015

Key Activities:

I. Approval of the Minutes from September 10, 2015 Meeting

II. Reports from Subcommittees

- A. DMG Triage – Dr. Sandmann
- B. COPD – Dr. Smith
- C. Hepatitis B – Dr. Sandmann
- D. Psychiatry – Did not meet
- E. Transfer Medications – Dr. Williams

### III. Monthly Reports

- A. Adverse Drug Reaction Reports (none)
- B. Pharmacy Clinical Activity Report
- C. Drug Recalls (September – October 2015)
- D. Non-formulary Deferral Reports
  - 1. Texas Tech Sector (June - September 2015)
  - 2. UTMB Sector (September - October 2015)
- E. Quarterly Medication Error Reports – 4<sup>th</sup> Quarter FY15
  - 1. UTMB Sector
  - 2. Texas Tech Sector
  - 3. Medication Dispensing Error Report
- F. Utilization Reports (FY15)
  - 1. HIV Utilization
  - 2. Hepatitis C Utilization
  - 3. Hepatitis B Utilization
  - 4. Psychotropic Utilization
- G. Policy Review Schedule

### IV. Old Business (None)

### V. New Business

- A. Welcome New P & T Member – Rafael Ruiz, MD - TTUHSC
- B. Medication Use Evaluation
  - 1. Cholestyramine
  - 2. Vancomycin
- C. Action Requests
  - 1. Review of Formulary Hemorrhoid Suppositories
  - 2. Formulary Addition Request for Cetirizine (Zyrtec®) – Dr. Grant
  - 3. NSAID Use Consent Form – Dr. Talley
  - 4. Review of Vitamin K for Warfarin Reversal
- D. Drug Category Review
  - 1. Analgesic Agents
  - 2. Endocrinology
- E. FDA Medication Safety Advisories
- F. Manufacturer Shortages and Discontinuations
- G. Policy and Procedure Revisions
  - 1. Non-formulary Medications (05-10)
  - 2. Medication Procurement After Hours (10-40)
  - 3. Total Parenteral Nutrition (10-45)
  - 4. Critical Medications Dispensed upon Hospital Galveston Discharge (10-50)
  - 5. Medication Area Security (15-05)
  - 6. Storage of Pharmaceuticals (15-10)
  - 7. Transfer of Medications (15-15)
  - 8. Medication Security during Courier Transfer (15-25)
  - 9. Disposition of Outdated Drugs (15-30)
  - 10. Reclamation of Drugs (15-35)

V. Miscellaneous

VI. 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: October 8, 2015

Key Activities:

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

#### **Public Health Update**

- A. Peggy Davis, LVN – HIV
- B. Latasha Hill, LVN – Occupational Exposure, MRSA & MSSA
- C. Anthony Turner – Syphilis
- D. Mary Parker - Tuberculosis
- E. Sandra Jones, RN – Sexual Assault Nurse Examiner (SANE)
- F. Dianna Langley – Peer Education

#### **Old Business**

- a. Approval of August 13, 2015 Meeting Minutes

#### **New Business**

- a. Proposed Infection Control Meeting Calendar for 2016

#### **Policies Under Review**

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

## **Adjourn**

- Next Meeting – February 11, 2016
- Policies to be reviewed are B-14.1 – B14.11

## **Joint Dental Work Group**

Chair: Dr. Brian Tucker

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

Meeting Date: September 24, 2015

## **Approval of Minutes from July 16, 2015**

### **New Business**

### **Policies Under Review**

G-51.10 Dental Chronic Care

H-60.1 Dental Health Record – Organization & Maintenance

### **Sector Updates**

- TDCJ
- UTMB
- TTUHSC

## **Meeting 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 November 2015**

There were 94 deaths reviewed by the Mortality and Morbidity Committee during the months of September, October and November 2015. Of those 94 deaths, 10 were referred to peer review committees.

## **Joint Nursing Work Group**

Chair: Justin Robison, MSN, RN

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

Meeting Date: October 8, 2015

### **Old Business**

1. Medication Barcode Administration – Justin Robison
2. Inpatient Nursing Plans of Care – Justin Robison /Mike Jones
3. Pressure Ulcer Surveillance – Chris Black-Edwards
4. Nursing Policy on the Management of Medical Equipment – Chris Black-Edwards
5. UTMB Infirmery Expansion update – Justin Robison
6. CMHC Lockdown policy – E-37.4 - Critical staffing plan - Justin Robison
7. HSN-3 and the Inpatient RN Assessment Form – Mike Jones / Justin Robison
8. Injury Report RM-04 – Mike Jones
9. Sexual Assault Nursing Protocol/SDO – Chris Black-Edwards

### **New Business**

1. Mental Health Therapeutic Diversion Program (MHTDP) – Gary Eubank
2. PHI – Mike Jones
3. Urgent/Emergent Care Record – Mike Jones
4. Medication box delivery – Mike Jones
5. Needle-less syringes in count – Mike Jones
6. Inpatient Chemotherapy Precautions – Justin Robison

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



## **Quarterly Report FY2015 Fourth Quarter**

**September 2014 – August 2015**

## Fourth Quarter Financial Report on Correctional Managed Health Care

### Overview

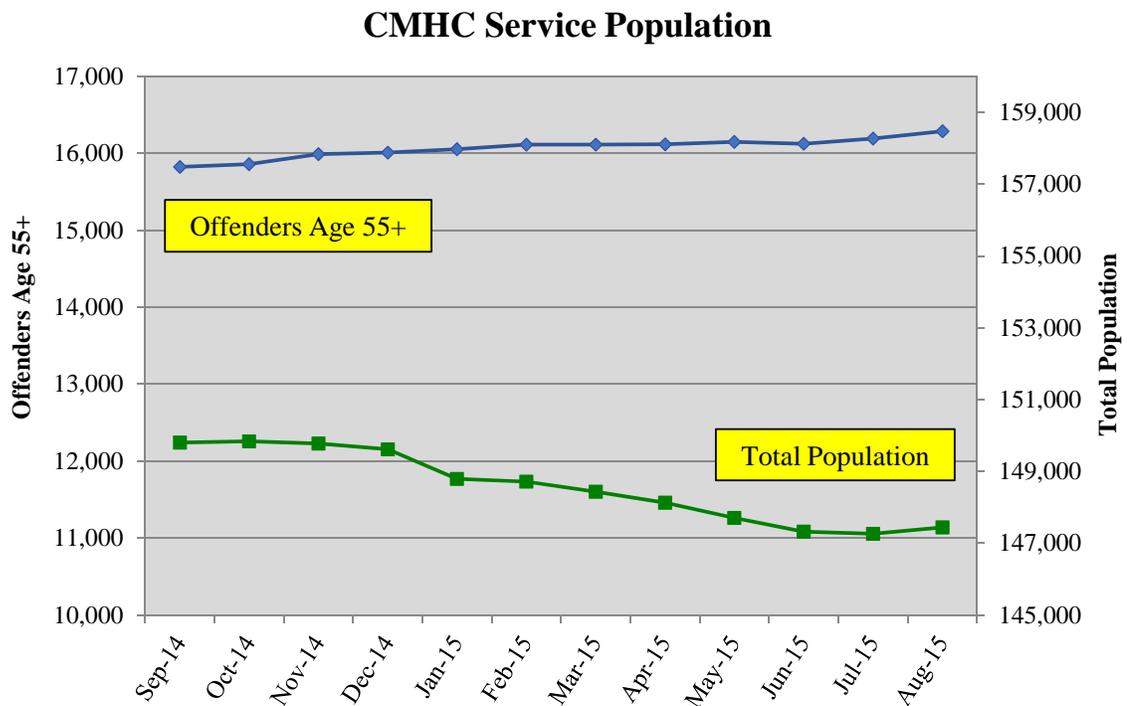
- Report submitted in accordance with the FY2014-15 General Appropriations Act, Article V, Rider 50, 83<sup>rd</sup> Legislature, Regular Session 2013
- FY2015 TDCJ Appropriations allocated to Correctional Managed Health Care:
  - \$256.1M Unit and Psychiatric Care, Strategy C.1.7
  - \$170.8M Hospital and Clinical Care, Strategy C.1.8
  - \$58.8M Pharmacy Care, Strategy C.1.9

<b><u>Method of Finance Summary</u></b>	<b><u>FY2015</u></b>
<b>SB 1, Article V, TDCJ Appropriations</b>	
Strategy C.1.7. Unit and Psychiatric Care	\$ 256,142,476
Strategy C.1.8. Hospital and Clinic Care	\$ 170,788,053
Strategy C.1.9. Pharmacy Care	\$ 58,765,870
<b>TOTAL</b>	<b>\$ 485,696,399</b>
<b><u>Allocation to Universities</u></b>	
<b>University of Texas Medical Branch</b>	
Unit and Psychiatric Care	\$ 202,517,101
Hospital and Clinic Care	\$ 139,713,873
Pharmacy Care	\$ 46,006,545
<b>Subtotal UTMB</b>	<b>\$ 388,237,519</b>
<b>Texas Tech University Health Sciences Center</b>	
Unit and Psychiatric Care	\$ 53,625,375
Hospital and Clinic Care	\$ 31,074,180
Pharmacy Care	\$ 12,759,325
<b>Subtotal TTUHSC</b>	<b>\$ 97,458,880</b>
<b>TOTAL TO UNIVERSITY PROVIDERS</b>	<b>\$ 485,696,399</b>

*Note: The FY2015 amounts shown above do not reflect a transfer of funds into FY2014 in the amount of \$11.6M, as approved by the Legislative Budget Board on January 5, 2015.*

## Population

- Overall offender service population has decreased 1% from FY2014
  - Average daily census 150,019 through 4<sup>th</sup> quarter of FY2014 compared to 148,569 through 4<sup>th</sup> quarter of FY2015
- Offenders aged 55 or older population increased 4.9% from FY2014
  - Average daily census 15,318 through 4<sup>th</sup> quarter of FY2014 compared to 16,069 through 4<sup>th</sup> quarter of FY2015
  - While comprising about 10.8% of the overall service population, offenders age 55 and over account for 40.7% of the hospitalization costs received to date.
- Mental health caseloads:
  - FY2015 average number of psychiatric inpatients through 4<sup>th</sup> quarter: 1,865
  - FY2015 average number of psychiatric outpatients through 4<sup>th</sup> quarter: 22,634



## Health Care Costs

- Total expenses through 4<sup>th</sup> quarter, FY2015: \$582.9M
- Unit and Psychiatric Care expenses represent the majority of total health care costs
  - \$306.2M, 52.5% of total expenses
- Hospital and Clinical Care - \$216.9M, 37.2% of total
- Pharmacy Services - \$59.8M, 10.3% of total
  - HIV related drugs: 39.3% of total drug costs
  - Psychiatric drugs: 8.8% of total drug costs
  - Hepatitis C drug therapies: 4.6% of total drug costs
- Cost per offender per day, FY2015 through 4<sup>th</sup> quarter: \$10.75
  - 5.3% increase compared to FY2014 cost per day of \$10.21

### Comparison of Total Health Care Costs

	FY 11	FY 12	FY 13	FY 14	4-Year Average	FYTD 15 1st Qtr	FYTD 15 2nd Qtr	FYTD 15 3rd Qtr	FYTD 15 4th Qtr
<b>Population</b>									
UTMB	121,417	120,557	118,359	118,705	119,760	118,425	118,293	118,001	117,779
TTUHSC	31,419	31,491	30,713	31,314	31,234	31,379	31,131	30,977	30,790
<b>Total</b>	<b>152,836</b>	<b>152,048</b>	<b>149,072</b>	<b>150,019</b>	<b>150,994</b>	<b>149,804</b>	<b>149,424</b>	<b>148,978</b>	<b>148,569</b>
<b>Expenses</b>									
UTMB	\$432,371,801	\$397,606,713	\$415,579,990	\$456,286,749	\$425,461,313	\$114,204,125	\$231,392,406	\$349,188,372	\$474,922,507
TTUHSC	\$110,272,668	\$97,426,964	\$98,335,680	\$102,834,980	\$102,217,573	\$26,474,582	\$52,985,635	\$80,006,395	\$107,975,637
<b>Total</b>	<b>\$542,644,469</b>	<b>\$495,033,677</b>	<b>\$513,915,670</b>	<b>\$559,121,729</b>	<b>\$527,678,886</b>	<b>\$140,678,707</b>	<b>\$284,378,041</b>	<b>\$429,194,767</b>	<b>\$582,898,144</b>
<b>Cost/Day</b>									
UTMB	\$9.76	\$9.01	\$9.62	\$10.53	\$9.73	\$10.60	\$10.81	\$10.84	\$11.05
TTUHSC	\$9.62	\$8.45	\$8.77	\$9.00	\$8.96	\$9.27	\$9.40	\$9.46	\$9.61
<b>Total</b>	<b>\$9.73</b>	<b>\$8.90</b>	<b>\$9.45</b>	<b>\$10.21</b>	<b>\$9.57</b>	<b>\$10.32</b>	<b>\$10.51</b>	<b>\$10.55</b>	<b>\$10.75</b>

**TEXAS DEPARTMENT OF CRIMINAL JUSTICE**  
**Financial Report on Offender Health Care, pursuant to Agency Rider 50**  
**Fourth Quarter, FY2015**

<b><u>Method of Finance</u></b>	<b><u>TTUHSC</u></b>	<b><u>UTMB</u></b>	<b><u>Total</u></b>
<b>C.1.7. Unit &amp; Psychiatric Care</b>			
TDCJ Appropriation	\$ 53,625,375	\$ 202,517,101	\$ 256,142,476
State Reimbursement Benefits	\$ 7,842,411	\$ 43,746,588	\$ 51,588,999
Other Misc Revenue	\$ 595,485	\$ 61,065	\$ 656,550
<b>C.1.7. Total Method of Finance</b>	<b>\$ 62,063,271</b>	<b>\$ 246,324,754</b>	<b>\$ 308,388,025</b>
<b>C.1.8. Hospital &amp; Clinical Care</b>			
TDCJ Appropriation	\$ 31,074,180	\$ 139,713,873	\$ 170,788,053
State Reimbursement Benefits	\$ 2,008,679	\$ -	\$ 2,008,679
Other Misc Revenue	\$ -	\$ -	\$ -
<b>C.1.8. Total Method of Finance</b>	<b>\$ 33,082,859</b>	<b>\$ 139,713,873</b>	<b>\$ 172,796,732</b>
<b>C.1.9. Managed Health Care - Pharmacy</b>			
TDCJ Appropriation	\$ 12,759,325	\$ 46,006,545	\$ 58,765,870
State Reimbursement Benefits	\$ 73,974	\$ 1,994,314	\$ 2,068,288
Other Misc Revenue	\$ 10,772	\$ 45,244	\$ 56,016
<b>C.1.9. Total Method of Finance</b>	<b>\$ 12,844,071</b>	<b>\$ 48,046,103</b>	<b>\$ 60,890,174</b>
<b>TOTAL METHOD OF FINANCE</b>	<b>\$ 107,990,201</b>	<b>\$ 434,084,730</b>	<b>\$ 542,074,931</b>

<b><u>Method of Finance Summary</u></b>	<b><u>TTUHSC</u></b>	<b><u>UTMB</u></b>	<b><u>Total</u></b>
TDCJ Appropriation	\$ 97,458,880	\$ 388,237,519	\$ 485,696,399
State Reimbursement Benefits	\$ 9,925,064	\$ 45,740,902	\$ 55,665,966
Other Misc Revenue	\$ 606,257	\$ 106,309	\$ 712,566
<b>TOTAL METHOD OF FINANCE</b>	<b>\$ 107,990,201</b>	<b>\$ 434,084,730</b>	<b>\$ 542,074,931</b>

<b><u>Expenditures</u></b>	<b><u>TTUHSC</u></b>	<b><u>UTMB</u></b>	<b><u>Total</u></b>
C.1.7. Unit & Psychiatric Care	\$ 63,529,921	\$ 242,702,011	\$ 306,231,932
C.1.8. Hospital & Clinical Care	\$ 31,677,628	\$ 185,235,948	\$ 216,913,576
C.1.9. Managed Health Care - Pharmacy	\$ 12,768,088	\$ 46,984,548	\$ 59,752,636
<b>TOTAL EXPENDITURES</b>	<b>\$ 107,975,637</b>	<b>\$ 474,922,507</b>	<b>\$ 582,898,144</b>

<b>DIFFERENCE</b>	<b>\$ 14,564</b>	<b>\$ (40,837,777)</b>	<b>\$ (40,823,213)</b>
<b>FY2015 Spend Forward to FY2014</b>	<b>\$ -</b>	<b>\$ (11,586,014)</b>	<b>\$ (11,586,014)</b>
<b>Excess Collected Health Care Fees</b>	<b>\$ -</b>	<b>\$ 83,870</b>	<b>\$ 83,870</b>
<b>FY2015 TTUHSC Surplus</b>	<b>\$ (14,564)</b>	<b>\$ 14,564</b>	<b>\$ -</b>
<b>FY2015 Supplemental Appropriation, HB2</b>	<b>\$ -</b>	<b>\$ 42,500,000</b>	<b>\$ 42,500,000</b>
<b>Other Approved Funding Sources</b>	<b>\$ -</b>	<b>\$ 5,000,000</b>	<b>\$ 5,000,000</b>
<b>NET DIFFERENCE</b>	<b>\$ -</b>	<b>\$ (4,825,357)</b>	<b>\$ (4,825,357)</b>

*Expenditures in this report do not include UTMB final FY2015 Hospital Cost Reconciliation to be completed by UTMB during FY2016.*

**TEXAS DEPARTMENT OF CRIMINAL JUSTICE**  
**Financial Report on Offender Health Care, pursuant to Agency Rider 50**  
**Fourth Quarter, FY2015**

<b>C.1.7. UNIT &amp; PSYCHIATRIC CARE</b>			
	<u>TTUHSC</u>	<u>UTMB</u>	<u>Total</u>
<b>Method of Finance:</b>			
TDCJ Appropriation	\$ 53,625,375	\$ 202,517,101	\$ 256,142,476
State Reimbursement Benefits	\$ 7,842,411	\$ 43,746,588	\$ 51,588,999
Other Misc Revenue	\$ 595,485	\$ 61,065	\$ 656,550
<b>TOTAL METHOD OF FINANCE</b>	<b>\$ 62,063,271</b>	<b>\$ 246,324,754</b>	<b>\$ 308,388,025</b>
<b>Expenditures:</b>			
<b>Unit Care</b>			
Salaries	\$ 19,196,033	\$ 138,645,918	\$ 157,841,951
Benefits	\$ 5,681,617	\$ 43,582,350	\$ 49,263,967
Other Operating Expenses	\$ 1,944,931	\$ 19,133,477	\$ 21,078,408
Professional Services	\$ 2,076,371	\$ -	\$ 2,076,371
Contracted Units/Services	\$ 16,376,399	\$ -	\$ 16,376,399
Travel	\$ 211,435	\$ 1,294,977	\$ 1,506,412
Electronic Medicine	\$ 452,805	\$ -	\$ 452,805
Capitalized Equipment	\$ 635,267	\$ 1,525,517	\$ 2,160,784
<b>Subtotal, Unit Care</b>	<b>\$ 46,574,858</b>	<b>\$ 204,182,239</b>	<b>\$ 250,757,097</b>
<b>Psychiatric Care</b>			
Salaries	\$ 11,086,172	\$ 24,164,624	\$ 35,250,796
Benefits	\$ 3,005,135	\$ 6,116,900	\$ 9,122,035
Other Operating Expenses	\$ 189,397	\$ 174,126	\$ 363,523
Professional Services	\$ 749,340	\$ -	\$ 749,340
Contracted Units/Services	\$ -	\$ -	\$ -
Travel	\$ 48,131	\$ 147,413	\$ 195,544
<b>Subtotal, Psychiatric Care</b>	<b>\$ 15,078,175</b>	<b>\$ 30,603,063</b>	<b>\$ 45,681,238</b>
<b>Indirect Expenditures (Shared Services)</b>	<b>\$ 1,876,888</b>	<b>\$ 7,916,709</b>	<b>\$ 9,793,597</b>
<b>TOTAL EXPENDITURES</b>	<b>\$ 63,529,921</b>	<b>\$ 242,702,011</b>	<b>\$ 306,231,932</b>
<b>DIFFERENCE</b>	<b>\$ (1,466,650)</b>	<b>\$ 3,622,743</b>	<b>\$ 2,156,093</b>

**TEXAS DEPARTMENT OF CRIMINAL JUSTICE**  
**Financial Report on Offender Health Care, pursuant to Agency Rider 50**  
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<b>C.1.8. HOSPITAL &amp; CLINICAL CARE</b>			
<b>Method of Finance</b>	<u>TTUHSC</u>	<u>UTMB</u>	<u>Total</u>
TDCJ Appropriation	\$ 31,074,180	\$ 139,713,873	\$ 170,788,053
State Reimbursement Benefits	\$ 2,008,679	\$ -	\$ 2,008,679
Other Misc Revenue	\$ -	\$ -	\$ -
<b>TOTAL METHOD OF FINANCE</b>	<b>\$ 33,082,859</b>	<b>\$ 139,713,873</b>	<b>\$ 172,796,732</b>
<b>Expenditures:</b>			
<b>Hospital and Clinical Care</b>			
University Professional Services	\$ 1,169,468	\$ 20,684,145	\$ 21,853,613
Freeworld Provider Services	\$ 16,793,556	\$ 39,782,378	\$ 56,575,934
TTUHSC Western Regional Medical Facility & UTMB Hospital Galveston Hospital Services	\$ 12,955,032	\$ 110,006,781	\$ 122,961,813
Estimated IBNR	\$ (328,024)	\$ 8,720,424	\$ 8,392,400
<b>Subtotal, Hospital &amp; Clinical Care</b>	<b>\$ 30,590,032</b>	<b>\$ 179,193,728</b>	<b>\$ 209,783,760</b>
<b>Indirect Expenditures (Shared Services)</b>	<b>\$ 1,087,596</b>	<b>\$ 6,042,220</b>	<b>\$ 7,129,816</b>
<b>TOTAL EXPENDITURES</b>	<b>\$ 31,677,628</b>	<b>\$ 185,235,948</b>	<b>\$ 216,913,576</b>
<b>DIFFERENCE</b>	<b>\$ 1,405,231</b>	<b>\$ (45,522,075)</b>	<b>\$ (44,116,844)</b>

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

- Based on FY2015 expenditure data received from UTMB, the average cost per patient day for FY2015, adjusted for each hospital's case mix index (CMI), was approximately \$1,085 for Huntsville Memorial Hospital (HMH), and \$1,389 for UTMB Hospital Galveston (HG).
- FY2015 expenditures at HMH totaled \$6.5 million for 4,464 patient days (equivalent to an average population of 12.2 offenders). Based upon the cost comparison, expenditures for those patient days billed through HG would have totaled approximately \$8.3 million.
- Based on FY2015 actual expenditures to date, the estimated cost avoidance by utilizing HMH would be approximately \$1.8 million. It is important to note that not all procedures performed at HG are available at HMH. The TDCJ Health Services Division works with UTMB Utilization Management to ensure optimal utilization of HMH.

**TEXAS DEPARTMENT OF CRIMINAL JUSTICE**  
**Financial Report on Offender Health Care, pursuant to Agency Rider 50**  
**Fourth Quarter, FY2015**

<b>C.1.9. MANAGED HEALTH CARE - PHARMACY</b>			
	<u>TTUHSC</u>	<u>UTMB</u>	<u>Total</u>
<b>Method of Finance</b>			
TDCJ Appropriation	\$ 12,759,325	\$ 46,006,545	\$ 58,765,870
State Reimbursement Benefits	\$ 73,974	\$ 1,994,314	\$ 2,068,288
Other Misc Revenue	\$ 10,772	\$ 45,244	\$ 56,016
<b>TOTAL METHOD OF FINANCE</b>	<b>\$ 12,844,071</b>	<b>\$ 48,046,103</b>	<b>\$ 60,890,174</b>
<b>Expenditures:</b>			
<b>Managed Health Care - Pharmacy</b>			
Salaries	\$ 1,975,996	\$ 6,637,832	\$ 8,613,828
Benefits	\$ 83,047	\$ 2,148,915	\$ 2,231,962
Other Operating Expenses	\$ 266,654	\$ 1,575,519	\$ 1,842,173
Pharmaceutical Purchases	\$ 9,980,388	\$ 34,894,756	\$ 44,875,144
Travel	\$ 15,427	\$ 31,911	\$ 47,338
Capitalized Equipment	\$ -	\$ 163,024	\$ 163,024
<b>Subtotal, Managed Health Care - Pharmacy Expenditures</b>	<b>\$ 12,321,512</b>	<b>\$ 45,451,957</b>	<b>\$ 57,773,469</b>
<b>Indirect Expenditures (Shared Services)</b>	<b>\$ 446,576</b>	<b>\$ 1,532,591</b>	<b>\$ 1,979,167</b>
<b>TOTAL EXPENDITURES</b>	<b>\$ 12,768,088</b>	<b>\$ 46,984,548</b>	<b>\$ 59,752,636</b>
<b>DIFFERENCE</b>	<b>\$ 75,983</b>	<b>\$ 1,061,555</b>	<b>\$ 1,137,538</b>

**TEXAS DEPARTMENT OF CRIMINAL JUSTICE**  
**Financial Report on Offender Health Care, pursuant to Agency Rider 50**  
**Fourth Quarter, FY2015**

**Key Population Indicators**

	<b>1st Quarter</b>	<b>2nd Quarter</b>	<b>3rd Quarter</b>	<b>June</b>	<b>July</b>	<b>August</b>	<b>4th Quarter</b>	<b>FY2015 YTD</b>
<b>Average Service Population</b>								
UTMB Service Population	118,425	118,160	117,417	116,817	117,172	117,357	117,115	117,779
TTUHSC Service Population	31,379	30,882	30,671	30,507	30,091	30,088	30,229	30,790
<b>Average Service Population</b>	<b>149,804</b>	<b>149,042</b>	<b>148,088</b>	<b>147,324</b>	<b>147,263</b>	<b>147,445</b>	<b>147,344</b>	<b>148,569</b>
<b>Population Age 55 and Over</b>								
UTMB Population	13,268	13,413	13,444	13,489	13,526	13,585	13,533	13,415
TTUHSC Population	2,621	2,645	2,681	2,633	2,665	2,703	2,667	2,654
<b>Population Age 55 and Over</b>	<b>15,889</b>	<b>16,058</b>	<b>16,125</b>	<b>16,122</b>	<b>16,191</b>	<b>16,288</b>	<b>16,200</b>	<b>16,069</b>
<b>HIV Population</b>	<b>2,171</b>	<b>2,160</b>	<b>2,126</b>	<b>2,118</b>	<b>2,099</b>	<b>2,107</b>	<b>2,108</b>	<b>2,141</b>
<b>Medical Inpatient Average Daily Census</b>								
UTMB-Hospital Galveston	75	79	77	81	78	84	81	78
UTMB Freeworld Hospitals	41	38	37	51	55	53	53	42
TTUHSC Freeworld Hospitals	7	10	9	9	14	11	11	9
<b>Medical Inpatient Average Daily Census</b>	<b>123</b>	<b>127</b>	<b>123</b>	<b>141</b>	<b>147</b>	<b>148</b>	<b>145</b>	<b>129</b>
<b>Medical Outpatient Visits</b>								
UTMB Specialty Clinics and ER Visits	6,690	6,377	7,342	7,558	7,548	6,941	7,349	6,939
TTUHSC Freeworld Outpatient and ER Visits	1,050	1,257	1,151	1,477	1,353	1,659	1,496	1,239
<b>Medical Outpatient Visits</b>	<b>7,740</b>	<b>7,634</b>	<b>8,493</b>	<b>9,035</b>	<b>8,901</b>	<b>8,600</b>	<b>8,845</b>	<b>8,178</b>
<b>Mental Health Inpatient Average Census</b>								
UTMB Psychiatric Inpatient	1,020	1,004	991	981	994	1,004	993	1,002
TTUHSC Psychiatric Inpatient	853	854	869	878	876	878	877	863
<b>Mental Health Inpatient Average Census</b>	<b>1,873</b>	<b>1,858</b>	<b>1,860</b>	<b>1,859</b>	<b>1,870</b>	<b>1,882</b>	<b>1,870</b>	<b>1,865</b>
<b>Mental Health Outpatient Caseload, Month End</b>								
UTMB Psychiatric Outpatient	17,691	18,004	17,984	18,215	18,276	18,482	18,324	18,001
TTUHSC Psychiatric Outpatient	4,613	4,551	4,624	4,739	4,759	4,730	4,743	4,633
<b>Mental Health Outpatient Caseload, Month End</b>	<b>22,304</b>	<b>22,555</b>	<b>22,608</b>	<b>22,954</b>	<b>23,035</b>	<b>23,212</b>	<b>23,067</b>	<b>22,634</b>

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

**TEXAS DEPARTMENT OF CRIMINAL JUSTICE**  
**Financial Report on Offender Health Care, pursuant to Agency Rider 50**  
**Fourth Quarter, FY2015**

Texas Tech University Health Sciences Center					
STRATEGY	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Total TTUHSC
<b>REVENUE:</b>					
TDCJ Appropriation	\$ 24,297,967	\$ 24,030,957	\$ 24,564,978	\$ 24,564,978	\$ 97,458,880
State Reimbursement Benefits	\$ 2,467,421	\$ 2,551,437	\$ 2,557,321	\$ 2,348,885	\$ 9,925,064
Other Misc Revenue	\$ 507	\$ 572	\$ 781	\$ 604,397	\$ 606,257
<b>TOTAL REVENUES</b>	<b>\$ 26,765,895</b>	<b>\$ 26,582,966</b>	<b>\$ 27,123,080</b>	<b>\$ 27,518,260</b>	<b>\$ 107,990,201</b>

C.1.7. UNIT & PSYCHIATRIC CARE					
<b>EXPENDITURES:</b>					
<b>Unit Care Expenditures</b>					
Salaries	\$ 4,626,593	\$ 4,728,965	\$ 4,903,622	\$ 4,936,853	\$ 19,196,033
Benefits	\$ 1,334,719	\$ 1,410,761	\$ 1,459,953	\$ 1,476,184	\$ 5,681,617
Other Operating Expenses	\$ 457,788	\$ 441,196	\$ 582,261	\$ 463,686	\$ 1,944,931
Professional Services	\$ 571,476	\$ 497,579	\$ 606,797	\$ 400,519	\$ 2,076,371
Contracted Units/Services	\$ 4,082,917	\$ 4,038,186	\$ 4,127,648	\$ 4,127,648	\$ 16,376,399
Travel	\$ 46,546	\$ 36,751	\$ 58,060	\$ 70,078	\$ 211,435
Electronic Medicine	\$ 94,496	\$ 102,773	\$ 87,434	\$ 168,102	\$ 452,805
Capitalized Equipment	\$ 417,398	\$ 55,524	\$ 64,404	\$ 97,941	\$ 635,267
Estimated IBNR	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Subtotal, Unit Care Expenditures</b>	<b>\$ 11,631,933</b>	<b>\$ 11,311,735</b>	<b>\$ 11,890,179</b>	<b>\$ 11,741,011</b>	<b>\$ 46,574,858</b>
<b>Psychiatric Care Expenditures</b>					
Salaries	\$ 2,735,982	\$ 2,820,199	\$ 2,753,561	\$ 2,776,430	\$ 11,086,172
Benefits	\$ 743,109	\$ 774,868	\$ 747,733	\$ 739,425	\$ 3,005,135
Other Operating Expenses	\$ 28,437	\$ 55,993	\$ 56,590	\$ 48,377	\$ 189,397
Professional Services	\$ 159,879	\$ 154,174	\$ 214,795	\$ 220,492	\$ 749,340
Travel	\$ 10,121	\$ 10,431	\$ 10,918	\$ 16,661	\$ 48,131
Estimated IBNR	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Subtotal, Psychiatric Care Expenditures</b>	<b>\$ 3,677,528</b>	<b>\$ 3,815,665</b>	<b>\$ 3,783,597</b>	<b>\$ 3,801,385</b>	<b>\$ 15,078,175</b>
<b>Total Expenditures, Unit &amp; Psychiatric Care</b>	<b>\$ 15,309,461</b>	<b>\$ 15,127,400</b>	<b>\$ 15,673,776</b>	<b>\$ 15,542,396</b>	<b>\$ 61,653,033</b>

C.1.8. HOSPITAL & CLINICAL CARE					
<b>EXPENDITURES:</b>					
University Professional Services	\$ 266,250	\$ 271,250	\$ 265,000	\$ 366,968	\$ 1,169,468
Freeworld Provider Services	\$ 3,047,684	\$ 5,019,139	\$ 4,134,233	\$ 4,592,500	\$ 16,793,556
TTUHSC Western Regional Medical Facility & UTMB Hospital Galveston Hospital Services	\$ 3,142,214	\$ 3,214,610	\$ 3,300,473	\$ 3,297,735	\$ 12,955,032
Estimated IBNR	\$ 936,065	\$ (840,388)	\$ (61,733)	\$ (361,968)	\$ (328,024)
<b>Total Expenditures, Hospital &amp; Clinical Care</b>	<b>\$ 7,392,213</b>	<b>\$ 7,664,611</b>	<b>\$ 7,637,973</b>	<b>\$ 7,895,235</b>	<b>\$ 30,590,032</b>

C.1.9. MANAGED HEALTH CARE PHARMACY					
<b>EXPENDITURES:</b>					
Salaries	\$ 492,527	\$ 489,792	\$ 492,561	\$ 501,116	\$ 1,975,996
Benefits	\$ 18,064	\$ 21,625	\$ 21,634	\$ 21,724	\$ 83,047
Other Operating Expenses	\$ 56,842	\$ 58,101	\$ 69,878	\$ 81,833	\$ 266,654
Pharmaceutical Purchases	\$ 2,352,420	\$ 2,305,652	\$ 2,263,330	\$ 3,058,986	\$ 9,980,388
Travel	\$ 2,626	\$ 2,789	\$ 1,833	\$ 8,179	\$ 15,427
Capitalized Equipment	\$ -	\$ -	\$ -	\$ -	\$ -
Estimated IBNR	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Total Expenditures, Managed Health Care Pharmacy</b>	<b>\$ 2,922,479</b>	<b>\$ 2,877,959</b>	<b>\$ 2,849,236</b>	<b>\$ 3,671,838</b>	<b>\$ 12,321,512</b>

<b>Indirect Expenditures (Shared Services)</b>	<b>\$ 850,429</b>	<b>\$ 841,083</b>	<b>\$ 859,775</b>	<b>\$ 859,773</b>	<b>\$ 3,411,060</b>
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<b>TOTAL EXPENDITURES</b>	<b>\$ 26,474,582</b>	<b>\$ 26,511,053</b>	<b>\$ 27,020,760</b>	<b>\$ 27,969,242</b>	<b>\$ 107,975,637</b>
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<b>DIFFERENCE</b>	<b>\$ 291,313</b>	<b>\$ 71,913</b>	<b>\$ 102,320</b>	<b>\$ (450,982)</b>	<b>\$ 14,564</b>
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**TEXAS DEPARTMENT OF CRIMINAL JUSTICE**  
**Financial Report on Offender Health Care, pursuant to Agency Rider 50**  
**Fourth Quarter, FY2015**

<b>University of Texas Medical Branch</b>					
STRATEGY	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Total UTMB
<b>REVENUE:</b>					
TDCJ Appropriation	\$ 96,793,463	\$ 95,729,800	\$ 97,857,128	\$ 97,857,128	\$ 388,237,519
State Reimbursement Benefits	\$ 11,015,593	\$ 11,786,207	\$ 11,325,518	\$ 11,613,584	\$ 45,740,902
Other Misc Revenue	\$ 39,221	\$ 20,045	\$ 23,128	\$ 23,915	\$ 106,309
<b>TOTAL REVENUES</b>	<b>\$ 107,848,277</b>	<b>\$ 107,536,052</b>	<b>\$ 109,205,774</b>	<b>\$ 109,494,627</b>	<b>\$ 434,084,730</b>

<b>C.1.7. UNIT &amp; PSYCHIATRIC CARE</b>					
<b>EXPENDITURES:</b>					
<b>Unit Care Expenditures</b>					
Salaries	\$ 34,618,360	\$ 34,517,967	\$ 34,580,551	\$ 34,929,040	\$ 138,645,918
Benefits	\$ 10,683,907	\$ 11,139,528	\$ 10,966,248	\$ 10,792,667	\$ 43,582,350
Other Operating Expenses	\$ 4,639,090	\$ 5,017,713	\$ 4,717,612	\$ 4,759,062	\$ 19,133,477
Professional Services	\$ -	\$ -	\$ -	\$ -	\$ -
Contracted Units/Services	\$ -	\$ -	\$ -	\$ -	\$ -
Travel	\$ 198,460	\$ 328,514	\$ 403,575	\$ 364,428	\$ 1,294,977
Electronic Medicine	\$ -	\$ -	\$ -	\$ -	\$ -
Capitalized Equipment	\$ 101,492	\$ 194,863	\$ 174,406	\$ 1,054,756	\$ 1,525,517
Estimated IBNR	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Subtotal, Unit Care Expenditures</b>	<b>\$ 50,241,309</b>	<b>\$ 51,198,585</b>	<b>\$ 50,842,392</b>	<b>\$ 51,899,953</b>	<b>\$ 204,182,239</b>
<b>Psychiatric Care Expenditures</b>					
Salaries	\$ 6,012,366	\$ 5,989,121	\$ 6,087,618	\$ 6,075,519	\$ 24,164,624
Benefits	\$ 1,494,287	\$ 1,583,506	\$ 1,534,920	\$ 1,504,187	\$ 6,116,900
Other Operating Expenses	\$ 54,902	\$ 43,571	\$ 41,375	\$ 34,278	\$ 174,126
Professional Services	\$ -	\$ -	\$ -	\$ -	\$ -
Travel	\$ 41,880	\$ 27,813	\$ 44,212	\$ 33,508	\$ 147,413
Estimated IBNR	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Subtotal, Psychiatric Care Expenditures</b>	<b>\$ 7,603,435</b>	<b>\$ 7,644,011</b>	<b>\$ 7,708,125</b>	<b>\$ 7,647,492</b>	<b>\$ 30,603,063</b>
<b>Total Expenditures, Unit &amp; Psychiatric Care</b>	<b>\$ 57,844,744</b>	<b>\$ 58,842,596</b>	<b>\$ 58,550,517</b>	<b>\$ 59,547,445</b>	<b>\$ 234,785,302</b>

<b>C.1.8. HOSPITAL &amp; CLINICAL CARE</b>					
<b>EXPENDITURES:</b>					
University Professional Services	\$ 4,890,095	\$ 4,921,996	\$ 5,463,990	\$ 5,408,064	\$ 20,684,145
Freeworld Provider Services	\$ 4,583,866	\$ 10,165,639	\$ 11,897,213	\$ 13,135,660	\$ 39,782,378
TTUHSC Western Regional Medical Facility & UTMB Hospital Galveston Hospital Services	\$ 24,610,212	\$ 25,749,407	\$ 27,838,594	\$ 31,808,568	\$ 110,006,781
Estimated IBNR	\$ 6,865,637	\$ 1,632,324	\$ (351,636)	\$ 574,099	\$ 8,720,424
<b>Total Expenditures, Hospital &amp; Clinical Care</b>	<b>\$ 40,949,810</b>	<b>\$ 42,469,366</b>	<b>\$ 44,848,161</b>	<b>\$ 50,926,391</b>	<b>\$ 179,193,728</b>

<b>C.1.9. MANAGED HEALTH CARE PHARMACY</b>					
<b>EXPENDITURES:</b>					
Salaries	\$ 1,613,342	\$ 1,640,673	\$ 1,694,527	\$ 1,689,290	\$ 6,637,832
Benefits	\$ 529,339	\$ 537,848	\$ 541,810	\$ 539,918	\$ 2,148,915
Other Operating Expenses	\$ 333,544	\$ 350,076	\$ 441,431	\$ 450,468	\$ 1,575,519
Pharmaceutical Purchases	\$ 8,815,497	\$ 9,422,207	\$ 8,127,344	\$ 8,529,708	\$ 34,894,756
Travel	\$ 5,977	\$ 8,489	\$ 11,359	\$ 6,086	\$ 31,911
Capitalized Equipment	\$ 62,686	\$ -	\$ -	\$ 100,338	\$ 163,024
Estimated IBNR	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Total Expenditures, Managed Health Care Pharmacy</b>	<b>\$ 11,360,385</b>	<b>\$ 11,959,293</b>	<b>\$ 10,816,471</b>	<b>\$ 11,315,808</b>	<b>\$ 45,451,957</b>

<b>Indirect Expenditures (Shared Services)</b>	<b>\$ 4,049,186</b>	<b>\$ 3,917,026</b>	<b>\$ 3,580,817</b>	<b>\$ 3,944,491</b>	<b>\$ 15,491,520</b>
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<b>TOTAL EXPENDITURES</b>	<b>\$ 114,204,125</b>	<b>\$ 117,188,281</b>	<b>\$ 117,795,966</b>	<b>\$ 125,734,135</b>	<b>\$ 474,922,507</b>
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<b>DIFFERENCE</b>	<b>\$ (6,355,848)</b>	<b>\$ (9,652,229)</b>	<b>\$ (8,590,192)</b>	<b>\$ (16,239,508)</b>	<b>\$ (40,837,777)</b>
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<b>FY2015 Spend Forward to FY2014</b>	<b>\$ (11,586,014)</b>
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<b>Excess Collected Health Care Fees</b>	<b>\$ 83,870</b>
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<b>FY2015 Supplemental Appropriation, HB2</b>	<b>\$ 42,500,000</b>
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<b>Other Approved Funding Sources</b>	<b>\$ 5,000,000</b>
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<b>NET DIFFERENCE</b>	<b>\$ (6,355,848)</b>	<b>\$ (9,652,229)</b>	<b>\$ (8,590,192)</b>	<b>\$ (16,239,508)</b>	<b>\$ (4,839,921)</b>
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**TEXAS DEPARTMENT OF CRIMINAL JUSTICE**  
**Financial Report on Offender Health Care, pursuant to Agency Rider 50**  
**Fourth Quarter, FY2015**

<b>Combined Total</b>					
<b>STRATEGY</b>	<b>1st Qtr</b>	<b>2nd Qtr</b>	<b>3rd Qtr</b>	<b>4th Qtr</b>	<b>Combined Total</b>
<b>REVENUE:</b>					
TDCJ Appropriation	\$ 121,091,430	\$ 119,760,757	\$ 122,422,106	\$ 122,422,106	\$ 485,696,399
State Reimbursement Benefits	\$ 13,483,014	\$ 14,337,644	\$ 13,882,839	\$ 13,962,469	\$ 55,665,966
Other Misc Revenue	\$ 39,728	\$ 20,617	\$ 23,909	\$ 628,312	\$ 712,566
<b>TOTAL REVENUES</b>	<b>\$ 134,614,172</b>	<b>\$ 134,119,018</b>	<b>\$ 136,328,854</b>	<b>\$ 137,012,887</b>	<b>\$ 542,074,931</b>

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

<b>EXPENDITURES:</b>					
<b>Unit Care Expenditures</b>					
Salaries	\$ 39,244,953	\$ 39,246,932	\$ 39,484,173	\$ 39,865,893	\$ 157,841,951
Benefits	\$ 12,018,626	\$ 12,550,289	\$ 12,426,201	\$ 12,268,851	\$ 49,263,967
Other Operating Expenses	\$ 5,096,878	\$ 5,458,909	\$ 5,299,873	\$ 5,222,748	\$ 21,078,408
Professional Services	\$ 571,476	\$ 497,579	\$ 606,797	\$ 400,519	\$ 2,076,371
Contracted Units/Services	\$ 4,082,917	\$ 4,038,186	\$ 4,127,648	\$ 4,127,648	\$ 16,376,399
Travel	\$ 245,006	\$ 365,265	\$ 461,635	\$ 434,506	\$ 1,506,412
Electronic Medicine	\$ 94,496	\$ 102,773	\$ 87,434	\$ 168,102	\$ 452,805
Capitalized Equipment	\$ 518,890	\$ 250,387	\$ 238,810	\$ 1,152,697	\$ 2,160,784
Estimated IBNR	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Subtotal, Unit Care Expenditures</b>	<b>\$ 61,873,242</b>	<b>\$ 62,510,320</b>	<b>\$ 62,732,571</b>	<b>\$ 63,640,964</b>	<b>\$ 250,757,097</b>
<b>Psychiatric Care Expenditures</b>					
Salaries	\$ 8,748,348	\$ 8,809,320	\$ 8,841,179	\$ 8,851,949	\$ 35,250,796
Benefits	\$ 2,237,396	\$ 2,358,374	\$ 2,282,653	\$ 2,243,612	\$ 9,122,035
Other Operating Expenses	\$ 83,339	\$ 99,564	\$ 97,965	\$ 82,655	\$ 363,523
Professional Services	\$ 159,879	\$ 154,174	\$ 214,795	\$ 220,492	\$ 749,340
Travel	\$ 52,001	\$ 38,244	\$ 55,130	\$ 50,169	\$ 195,544
Estimated IBNR	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Subtotal, Psychiatric Care Expenditures</b>	<b>\$ 11,280,963</b>	<b>\$ 11,459,676</b>	<b>\$ 11,491,722</b>	<b>\$ 11,448,877</b>	<b>\$ 45,681,238</b>
<b>Total Expenditures, Unit &amp; Psychiatric Care</b>	<b>\$ 73,154,205</b>	<b>\$ 73,969,996</b>	<b>\$ 74,224,293</b>	<b>\$ 75,089,841</b>	<b>\$ 296,438,335</b>

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

<b>EXPENDITURES:</b>					
University Professional Services	\$ 5,156,345	\$ 5,193,246	\$ 5,728,990	\$ 5,775,032	\$ 21,853,613
Freeworld Provider Services	\$ 7,631,550	\$ 15,184,778	\$ 16,031,446	\$ 17,728,160	\$ 56,575,934
TTUHSC Western Regional Medical Facility & UTMB Hospital Galveston Hospital Services	\$ 27,752,426	\$ 28,964,017	\$ 31,139,067	\$ 35,106,303	\$ 122,961,813
Estimated IBNR	\$ 7,801,702	\$ 791,936	\$ (413,369)	\$ 212,131	\$ 8,392,400
<b>Total Expenditures, Hospital &amp; Clinical Care</b>	<b>\$ 48,342,023</b>	<b>\$ 50,133,977</b>	<b>\$ 52,486,134</b>	<b>\$ 58,821,626</b>	<b>\$ 209,783,760</b>

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

<b>EXPENDITURES:</b>					
Salaries	\$ 2,105,869	\$ 2,130,465	\$ 2,187,088	\$ 2,190,406	\$ 8,613,828
Benefits	\$ 547,403	\$ 559,473	\$ 563,444	\$ 561,642	\$ 2,231,962
Other Operating Expenses	\$ 390,386	\$ 408,177	\$ 511,309	\$ 532,301	\$ 1,842,173
Pharmaceutical Purchases	\$ 11,167,917	\$ 11,727,859	\$ 10,390,674	\$ 11,588,694	\$ 44,875,144
Travel	\$ 8,603	\$ 11,278	\$ 13,192	\$ 14,265	\$ 47,338
Capitalized Equipment	\$ 62,686	\$ -	\$ -	\$ 100,338	\$ 163,024
Estimated IBNR	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Total Expenditures, Managed Health Care Pharmacy</b>	<b>\$ 14,282,864</b>	<b>\$ 14,837,252</b>	<b>\$ 13,665,707</b>	<b>\$ 14,987,646</b>	<b>\$ 57,773,469</b>

<b>Indirect Expenditures (Shared Services)</b>	<b>\$ 4,899,615</b>	<b>\$ 4,758,109</b>	<b>\$ 4,440,592</b>	<b>\$ 4,804,264</b>	<b>\$ 18,902,580</b>
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<b>TOTAL EXPENDITURES</b>	<b>\$ 140,678,707</b>	<b>\$ 143,699,334</b>	<b>\$ 144,816,726</b>	<b>\$ 153,703,377</b>	<b>\$ 582,898,144</b>
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<b>DIFFERENCE</b>	<b>\$ (6,064,535)</b>	<b>\$ (9,580,316)</b>	<b>\$ (8,487,872)</b>	<b>\$ (16,690,490)</b>	<b>\$ (40,823,213)</b>
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<b>FY2015 Spend Forward to FY2014</b>	<b>\$ (11,586,014)</b>
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<b>Excess Collected Health Care Fees</b>	<b>\$ 83,870</b>
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<b>FY2015 Supplemental Appropriation, HB2</b>	<b>\$ 42,500,000</b>
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<b>Other Approved Funding Sources</b>	<b>\$ 5,000,000</b>
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<b>NET DIFFERENCE</b>	<b>\$ (6,064,535)</b>	<b>\$ (9,580,316)</b>	<b>\$ (8,487,872)</b>	<b>\$ (16,690,490)</b>	<b>\$ (4,825,357)</b>
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**Summary of Critical Correctional Health Care Personnel Vacancies  
Prepared for the Correctional Managed Health Care Committee**

**As of November 2015**

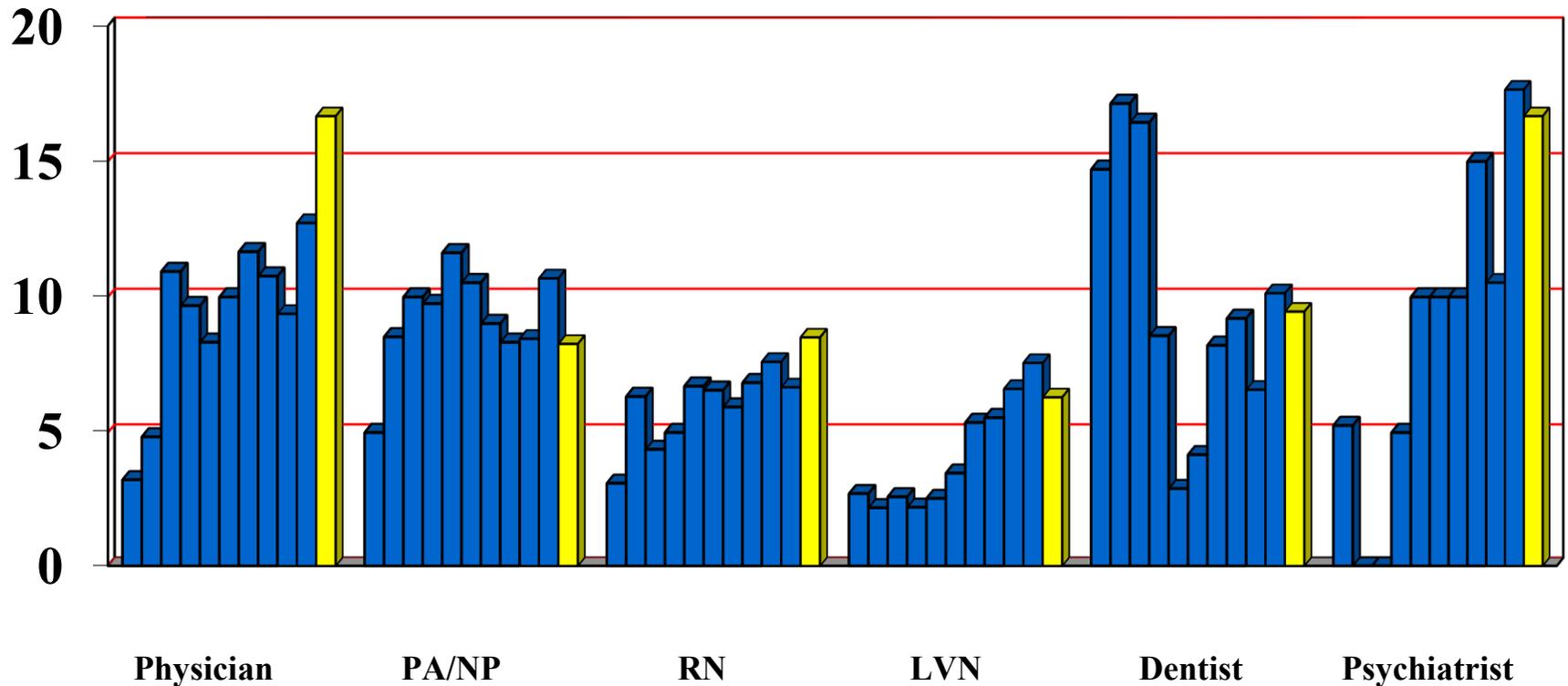
<b>Title of Position</b>	<b>CMHCC Partner Agency</b>	<b>Vacant Since (mm/yyyy)</b>	<b>Actions Taken to Fill Position</b>
Health Specialist V-Intelligence Testing	TDCJ	New position	Due to a lack of qualified applicants, a change to the position description has been requested and it will be reposted.
Director II-Office of Public Health	TDCJ	06/15/2015	Health Services is in the process of advertising this vacancy in several local newspapers to increase the number of qualified applicants.
Investigator III-Patient Liaison Program/Hilltop Unit	TDCJ	07/31/2015	An interview was held on November 10, 2015. The selected applicant for this position is in the clearance process.
Medical Director – Jordan/ Baten	TTUHSC CMC	01/05/2015	Continued advertisement in local, regional and national publications; Expanded Recruiting Agency utilization, GME programs, internet advertising
Physician I-II (10)	UTMB CMC	03/01/2015	Local and National Advertising, TAFP, NCCHC Conferences, ACA Conference and Agency contacts.
Physician III Virology	UTMB CMC	12/2015	Local and National Advertising, TAFP, NCCHC Conferences, ACA Conference and Agency contacts.
Mid Level Practitioners (PA and FNP) (16)	UTMB CMC	01/01/2015	Local and National Advertising, Career Fairs, TAPA and TNP Conferences, Intern programs.
Psychiatrist (2)	UTMB CMC	04/08/2014	Local and National Advertising, NCCHC, TSPP, Agency contacts
Dentists (9)	UTMB CMC	04/01/2015	Local and National Advertising, Star of the South Conference

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

University Vacancy Rate Report  
by Quarter FY 2013 - 2015

University of Texas Medical Branch

# UTMB Vacancy Rates (%) by Quarter FY 2013 – FY 2015



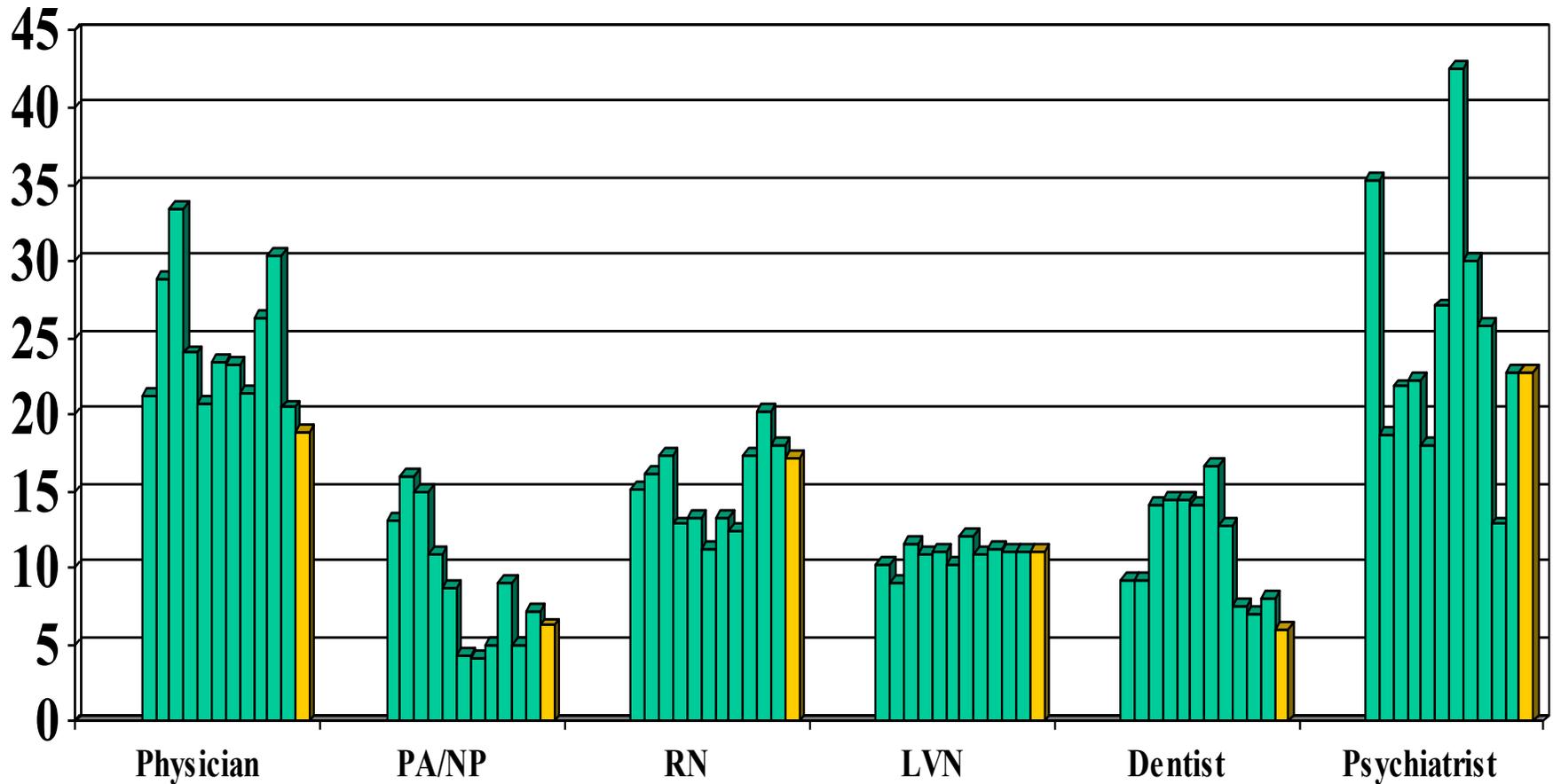
*Correctional Managed  
Health Care*



# University Vacancy Rate Report by Quarter FY 2013 - 2015

Texas Tech University  
Health Sciences Center

# TTUHSC Vacancy Rates (%) by Quarter FY 2013 – FY 2015



*Correctional Managed  
Health Care*





**TEXAS DEPARTMENT OF  
CRIMINAL JUSTICE**

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

***Fourth Quarter FY 2015***

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

# TDCJ Medical Director's Report

## Office of Health Services Monitoring (OHSM)

### Operational Review Audit (ORA)

During the Fourth Quarter Fiscal Year (FY) 2015 (**June, July and August 2015**) nine Operational Review Audits (ORAs) were conducted at the following facilities: Eastham, Estes, Goodman, Henley, Hightower, Huntsville, Sayle, West Texas Intermediate Sanction Facility (WTISF), and Carol Young. During the Fourth Quarter FY 2015, twelve ORAs were closed for the following facilities: Bartlett, Baten, Bradshaw, Bridgeport Pre-Parole Transfer (PPT), Diboll, Duncan, Hightower, Hilltop, Billy Moore, Mountain View, Sayle and Woodman.

- The following is a summary of the nine items found to be most frequently less than 80% compliant in the nine Operational Review Audits conducted in the Fourth Quarter of FY 2015:

1. Item **6.380** requires the pneumococcal vaccine be offered to offenders with certain chronic diseases and conditions\*, and all offenders 65 years of age or older. Vaccinations are to be documented on the Abstract of Immunizations Form (HSM-2) when administered. If the vaccination is refused, the refusal should be documented with a signed Refusal of Treatment Form (HSM-82). Seven of the nine facilities were not in compliance with this requirement. The seven facilities out of compliance were: Eastham, Goodman, Henley, Hightower, Huntsville, West Texas ISF and Young. Corrective actions were requested from the seven facilities. At the time of this report, two facilities have returned their corrective action plan: Henley and Hightower. Five facilities are preparing facility-specific corrective actions to ensure future compliance: Eastham, Goodman, Huntsville, West Texas ISF and Young.

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

2. Item **6.340** requires Aspartateaminotransferase (AST) Platelet Ratio Index (APRI) be calculated at least annually for offenders diagnosed with Hepatitis C Virus. Five of the nine facilities were not in compliance with this requirement. The five facilities out of compliance were: Eastham, Estes, Goodman, Huntsville and Young. Corrective actions were requested from the five facilities. Five facilities are preparing facility-specific corrective actions to ensure future compliance: Eastham, Estes, Goodman, Huntsville and Young.
3. Item **5.251** requires documentation that three Hemocult cards were offered to offenders 50 years of age or greater within the required time frame of their annual date of incarceration. Five of the nine facilities were not in compliance with this requirement. The five facilities out of compliance were: Estes, Goodman, Henley, Hightower and Young. Corrective actions were requested from the five facilities. At the time of this report, two facilities have returned their corrective action plan: Henley and Hightower. Three facilities are preparing facility-specific corrective actions to ensure future compliance: Estes, Goodman and Young.
4. Item **5.180** requires offenders with chronic illnesses have a documented Individual Treatment Plan (ITP) within the minimum timeframe required: (a) 6 months for HIV/AIDS, IDDM and NIDDM, (b) 12 months for Asthma/COPD/Respiratory, CAD/Heart Disease, HTN, Hyperlipidemia, and Seizure Disorders. *Human Immunodeficiency Virus (HIV), Acquired Immune Deficiency Syndrome (AIDS), Insulin Dependent Diabetes Mellitus (IDDM), Non-Insulin Dependent Diabetes Mellitus (NIDDM), Chronic Obstructive Pulmonary Disease (COPD), Coronary Artery Disease (CAD), and Hypertension (HTN).* Four of the nine facilities were not in compliance with this requirement. The four facilities out of compliance were: Henley, Hightower, West

## Operational Review Audit (Continued)

Texas ISF and Young. Corrective actions were requested from the four facilities. At the time of this report, two facilities have returned their corrective action plan: Henley and Hightower. Two facilities are preparing facility-specific corrective actions to ensure future compliance: West Texas ISF and Young.

5. Item **6.010** requires screening for tuberculosis performed on offenders annually at the facility. Four of the nine facilities were not in compliance with this requirement. The four facilities out of compliance were: Eastham, Estes, Hightower and Young. Corrective actions were requested from the four facilities. At the time of this report, one facility has returned their corrective action plan: Hightower. Three facilities are preparing facility-specific corrective actions to ensure future compliance: Eastham, Estes and Young.
6. Item **6.051** requires offenders receiving biweekly anti-tuberculosis medication at the facility have medication documented by direct observed therapy. Four of the nine facilities were not in compliance with this requirement. The four facilities out of compliance were: Eastham, Estes, Hightower and Huntsville. Corrective actions were requested from the four facilities. At the time of this report, one facility has returned their corrective action plan: Hightower. Three facilities are preparing facility-specific corrective actions to ensure future compliance: Eastham, Estes and Huntsville.
7. Item **6.200** requires newly diagnosed Human Immunodeficiency Virus (HIV) positive offenders on the unit to receive an initial evaluation that includes the following baseline laboratory tests: (1) CBC with differential, Chemistry profile to include LFTs and lipid profile and urine analysis, (2) Chronic hepatitis serology, Syphilis screen, (3) Varicella-Zoster Immune status, (4) CD4+ lymphocyte analysis, HIV viral load and (5) Chest X-ray and PPD skin test. Four of the nine facilities were not in compliance with this requirement. The Four facilities out of compliance were: Estes, Henley, West Texas ISF and Young. Corrective actions were requested from the four facilities. At the time of this report, one facility has returned their corrective action plan: Henley. Three facilities are preparing facility-specific corrective actions to ensure future compliance: Estes, West Texas ISF and Young.
8. Item **6.330** requires the initial evaluations of offenders diagnosed with Hepatitis C be completed by a physician or mid-level provider. Four of the nine facilities were not in compliance with this requirement. The four facilities out of compliance were: Eastham, Goodman, Huntsville and West Texas ISF. Corrective actions were requested from the four facilities. Four facilities are preparing facility-specific corrective actions to ensure future compliance: Eastham, Goodman, Huntsville and West Texas ISF.
9. Item **6.450** requires follow-up serologies for Syphilis are 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. Four of the nine facilities were not in compliance with this requirement. The four facilities out of compliance were: Eastham, Estes, Hightower and Young. Corrective actions were requested from the four facilities. At the time of this report, one facility has returned their corrective action plan: Hightower. Three facilities are preparing facility-specific corrective actions to ensure future compliance: Eastham, Estes and Young.

## Capital Assets Contract Monitoring

The Fixed Assets Contract Monitoring officer audited the same eight units listed above for operational review audits during the Fourth Quarter of FY 2015. These audits are conducted to monitor compliance with the Health Services Policy and State Property Accounting (SPA) policy regarding inventory procedures. All eight units were within the required compliance range.

## Dental Quality Review Audit

During the Fourth Quarter of FY 2015 (June, July and August 2015) Dental Quality Review Audits were conducted at the following 10 facilities: Byrd, Dominquez, Gist, Holiday, Woodman, Gurney, Hutchins, Lychner, Middleton and Plane. There were no items below 80 percent.

## Grievances and Patient Liaison Correspondence

During the Fourth Quarter of FY 2015, the Patient Liaison Program (PLP) and the Step II Medical Grievance Program received **4,587** correspondences: The PLP received **2,888** and Step II Medical Grievance received 1,699. There were **331** 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 Fourth Quarter FY 2015 for the Step II medical grievances was 10 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 11 percent and six percent for TTUHSC for the Fourth Quarter of FY 2015.

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

## Quality Improvement (QI) Access to Care Audit

During the Fourth Quarter of FY 2015, the PLP nurses and investigators performed **41** Sick Call Request Verification Audits (SCRVA) on **38** 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 327 indicators were reviewed at the **38** facilities and **4** of the indicators fell below the **80** percent compliance threshold representing one percent. The discipline composite score (medical/nursing, dental, and mental health) is an overall assessment of compliance with the sick call process of the **38** facilities audited. There were two 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.

- There were **638** cases of Hepatitis C identified for the Fourth Quarter FY 2015, compared to **673** cases identified during the Third Quarter 2015. The reporting mechanism for HIV tests was changed effective February 1, 2010. HIV tests are now to be classified as belonging to one of four categories: intake, provider or offender requested, or pre-release. HIV testing became mandatory at intake in July 2007. However, offenders who are already known to be HIV positive are not required to be retested at intake. Instead, they are offered laboratory testing to assess the severity of their infections. HIV testing became mandatory for pre-release in September 2005(HB 43). Pre-release testing generally occurs during the last six months of incarceration. Two categories of offenders do not require pre-release testing: those already known to be HIV positive and those whose intake test were drawn within six months of an offender's release date. During the Fourth Quarter FY 2015, 16,483 offenders had intake tests, and **100** are newly identified as having HIV infections. For the Third Quarter FY 2015, **16,485** offenders had intake tests and **130** were HIV positive. During the Fourth Quarter FY 2015, 10,208 offenders had pre-release tests; four were found

## Office of Public Health (Continued)

to be HIV positive compared to **10** in the Third Quarter FY 2015. **5** new AIDS cases were identified during the Fourth Quarter FY 2015, compared to **four** new AIDS cases in the Third Quarter FY 2015.

- **201** cases of suspected Syphilis were reported in the Fourth Quarter FY 2015, compared to **191** in the Third Quarter FY 2015. **8** required treatment or retreatment compared to 21 in the Third Quarter FY 2015. Syphilis can take months to identify, these figures represent an overestimation of actual number of cases. Some of the suspected cases will later be reclassified as resolved prior infections.
- **139** Methicillin-Resistant Staphylococcus Aureus (MRSA) cases were reported for the Fourth Quarter FY 2015, compared to 203 during the Third Quarter of FY 2015. **86** Methicillin-Sensitive Staphylococcus Aureus (MSSA) cases were reported for the Fourth Quarter of FY 2015 compared to **123** for the Third Quarter of FY 2015. Numbers of both MRSA and MSSA have been fluctuating for the last few years.
- There was an average of **28** Tuberculosis (TB) cases under management for the Fourth Quarter FY 2015, compared to an average of **25** TB cases for the Third Quarter of FY 2015. Although TB numbers often fluctuate significantly from year to year, there has been a slight increase in the numbers of offenders with TB.
- In FY 2006, the Office of Public Health began reporting the activities of the Sexual Assault Nurse Examiner (SANE) Coordinator. This position collaborates with the Safe Prisons Program and is trained and certified as a SANE. Although the SANE Coordinator does not teach the SANE Curriculum because of restrictions imposed by the State Attorney General's Office, this person provides inservice training to facility staff in the performance of medical examination, evidence collection and documentation, and use of the sexual assault kits. During the Fourth Quarter FY 2015, one training session was held. This position also audits the documentation and services provided by medical personnel for each sexual assault reported. There have been 202 chart reviews of alleged sexual assaults performed for the Fourth Quarter FY 2015. There was one deficiency found at the Montford Unit. A corrective action plan was requested and is pending. Blood-borne exposure baseline labs were drawn on 62 exposed offenders. To date, no offenders have tested positive for HIV in follow-up labs routinely obtained after the report of sexual assault.
- During the Fourth Quarter FY 2015, five units received three day training which included the Wall Talk Training and five units received two day training which included 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 Fourth Quarter FY 2015, 131 offenders trained to become peer educators. This is a increase from the Fourth Quarter FY 2014 Report. During the Fourth Quarter FY 2015, 19,439, offenders attended the classes presented by peer educators. This is a decrease from the Fourth Quarter FY 2015.

## Mortality and Morbidity

There were 95 deaths reviewed by the Mortality and Morbidity Committee during the months of June, July and August 2015. Of those 95 deaths, 16 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	1
Provider Peer Review	10
Nursing Peer Review	4
Mental Health	1
Total	<b>16</b>

## Office of Mental Health Services Monitoring & Liaison

The following is a summary of findings by the Office of Mental Health Monitoring & Liaison (OMHM&L) during the Fourth Quarter of FY 2015:

- The OMHM&L monitors all Administrative Segregation facilities within the TDCJ Correctional Institution Division and State Jails once every six months. During the Fourth Quarter of FY 2015, **17** Administrative Segregation facilities were audited including: Bartlett, Clemens, Coffield, Eastham, Estelle ECB, Formby, Ferguson, Gist, Hughes, Lychner, Michael, Murray, Pack, Robertson, Stiles, Telford and Travis. The OMHM&L auditors **observed 3,392 offenders, interviewed 2,845 offenders, and referred seven offenders** for further evaluation by university providers.
- In addition to monitoring the mental health status of segregated offenders, the OMHM&L auditors also assess access to care (ATC) for mental health. The auditors check for timely triage (ATC 4), appropriate description of chief complaint (ATC 5), and timely provider visits after referral (ATC 6). Of the 17 units for which an Administrative Segregation audit was completed, **16** units had sick calls to be audited for access to care compliance. At the Formby unit, there were no Mental Health sick calls during the audit period. For ATC 4, **16** of 16 units were **100%** compliant. For ATC 5, **16** of 16 units were **100%** compliant. For ATC 6, **15** of 16 units were **100%** compliant and the Pack unit was **83%** compliant.
- The OMHM&L monitors all instances of administration of compelled psychoactive medication to offenders to ensure that all instances are appropriately documented. During the Fourth Quarter FY 2015, a total of **52** instances of compelled psychoactive medication administration occurred. There were 22 instances at the Montford unit, 13 instances at the Skyview unit, 15 instances at the Jester IV unit and two instances at the Clements unit. During the quarter, Jester IV, Montford and Skyview were **100%** compliant with required criteria for implementation and documentation of compelled psychoactive medication. Clements reported no instances of compelled psychoactive medications for the June audit. Clements' compliance score was **100%** in July 2015 and **0%** in August 2015. The Clements unit has taken corrective action to address the one occurrence in August.
- The Intake Mental Health Evaluation audit conducted by the OMHM&L is designed to provide reasonable assurance that those offenders identified as having a potential mental health need upon intake receive a Mental Health Evaluation within 14 days of identification. Of the 26 intake facilities, **25** facilities identified incoming offenders in need of Mental Health Evaluations. At the Kyle unit there were no offenders in need of mental health evaluation. **20** 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, Middleton, Roach, Sanchez, Sayle, Travis, and Woodman. Five facilities earned **compliance scores of 79% or lower**: Lychner 75%, West Texas 69%, Gurney 65%, South Texas (ISF) 56% and Plane 37%.
- The OMHM&L reviewed the mental health records of **20** pregnant offenders considered for the Baby and Mother Bonding Initiative (BAMBI) and determined that three of them exhibited mental health issues precluding their participation in BAMBI. Effective August 1, 2015, the OMHML will no longer be reviewing the BAMBI referrals. From this time forward, mental health reviews of BAMBI referrals will be performed by the contacted mental health provider.

## 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 Fourth Quarter of FY 2015, **HSL conducted 185 hospital and 54 infirmary discharge audits.**
- Each audit determines if vital signs were recorded on the day the offender left the hospital/infirmery; if the receiving facility had medical services sufficient to meet the offender's current needs; if the medical record was reviewed by

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

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

- Of the **185** hospital discharge audits conducted, 166 were from the UTMB Sector and 19 were from the TTUHSC sector. There were eight deficiencies identified for UTMB and one identified for TTUHSC. Of the infirmary discharge audits conducted, **26** were from the UTMB sector and 28 were from the TTUHSC sector. There was three deficiencies identified from UTMB and one for TTUHSC.

## **Accreditation**

The American Accreditation Association (ACA) Summer Conference was held in Indianapolis, Indiana. During this conference, the following units were awarded reaccreditation by the ACA Panel of Commissioners: Coffield, Connally, Sayle, Ferguson, Gurney, Darrington, Hobby/Marlin, Allred, Rudd, Lewis and San Saba.

## **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 -24,
- Correctional Institutions Division Pending Monthly Research Projects -1,
- Health Services Division Active Monthly Medical Research Projects -9, and
- Health Services Division Pending Medical Research Projects -5

# Hepatitis C in TDCJ: A Status Update

A presentation prepared for the  
Correctional Managed Health Care Committee

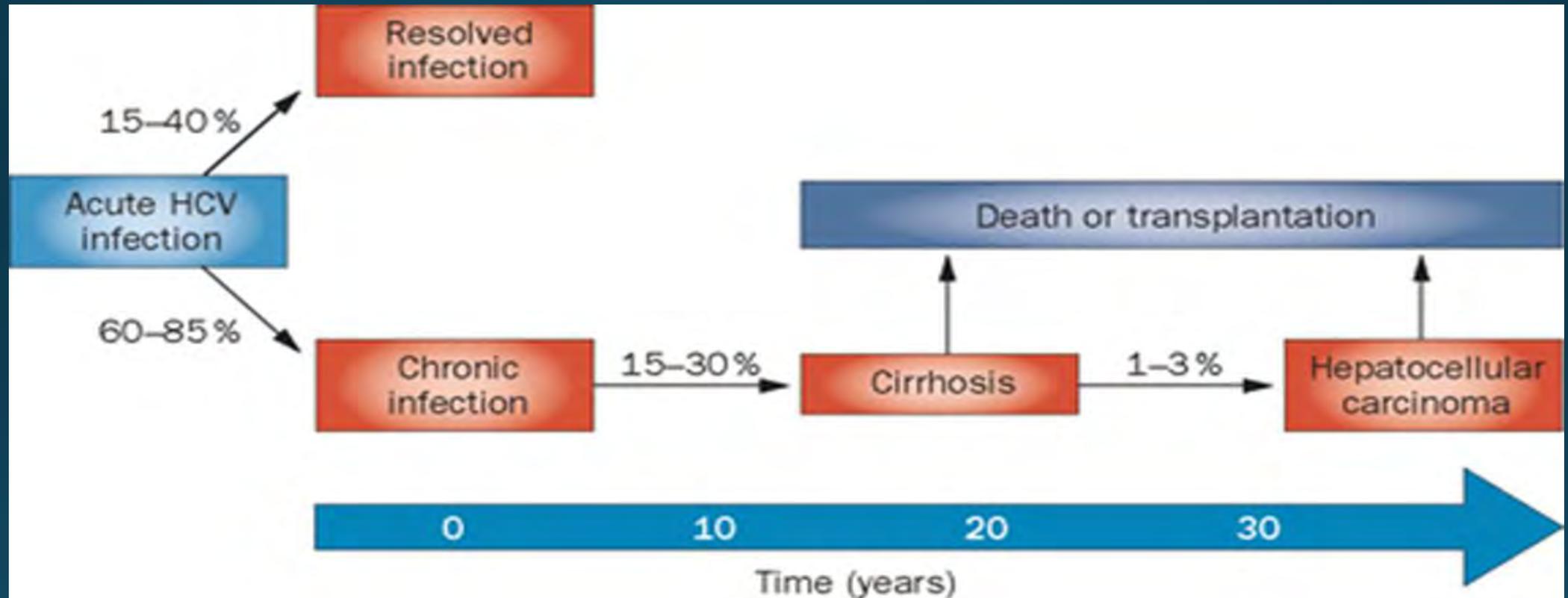
December 8, 2015

by: Jessica S. Khan, MD,  
Director of Virology,  
UTMB Correctional Managed Care

# Epidemiology

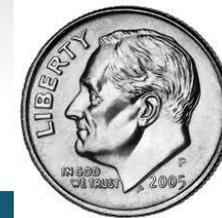
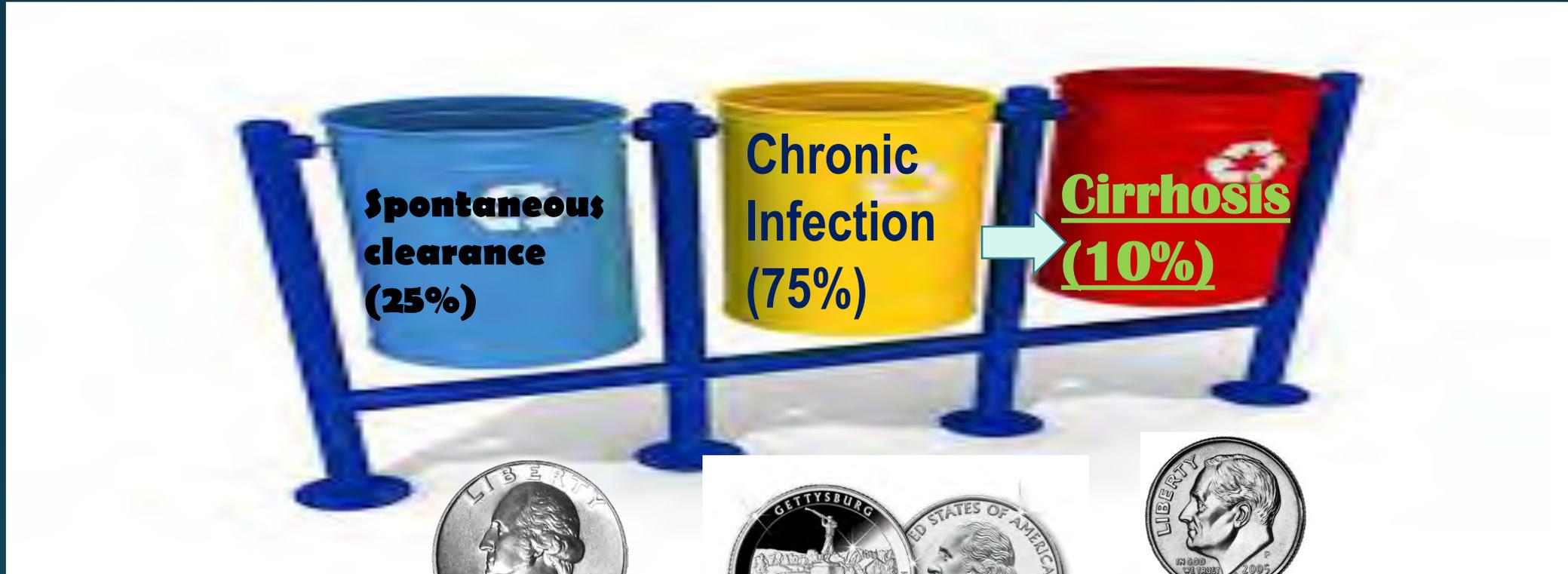
	2013	2014
Patient tested	15,785 (10.4%)	22,926 (15.2%)
Incidence	4,873 (3.2%)	6,892 (4.58%)
Prevalence	19,284 (12.7%)	18,421 (12.2%)
Cirrhosis	-----	471 (2.56%)
Treated		357 (1.94%)

# Natural History of HCV Infection



Vassilopoulos, D. & Calabrese L. H. (2012) Management of rheumatic disease with comorbid HBV or HCV infection  
*Nat. Rev. Rheumatol.* doi:10.1038/nrrheum.2012.63

# NATURAL COURSE OF HCV



# Goal of treatment

- To reduce all cause mortality
- To reduce liver-related health adverse consequence, including hepatocellular carcinoma and end-stage liver disease

# Candidate for Immediate Drug Therapy

- **Cirrhosis (Bx = F4; FRT >5.5; APRI >2)**
- Severe Fibrosis (Bx = F3; FRT >5; APRI >0.7)
- HCC (treated)
- Co-Infection – HBV &/or HIV
- On treatment upon incarceration
- Other life-threatening condition whose chemotherapy or biologics
- Extra-Hepatic manifestation / Co-morbidity
  - Vasculitis
  - Cryoglobulinemia
  - Splenic Marginal Lymphoma
  - MPGN
  - DM



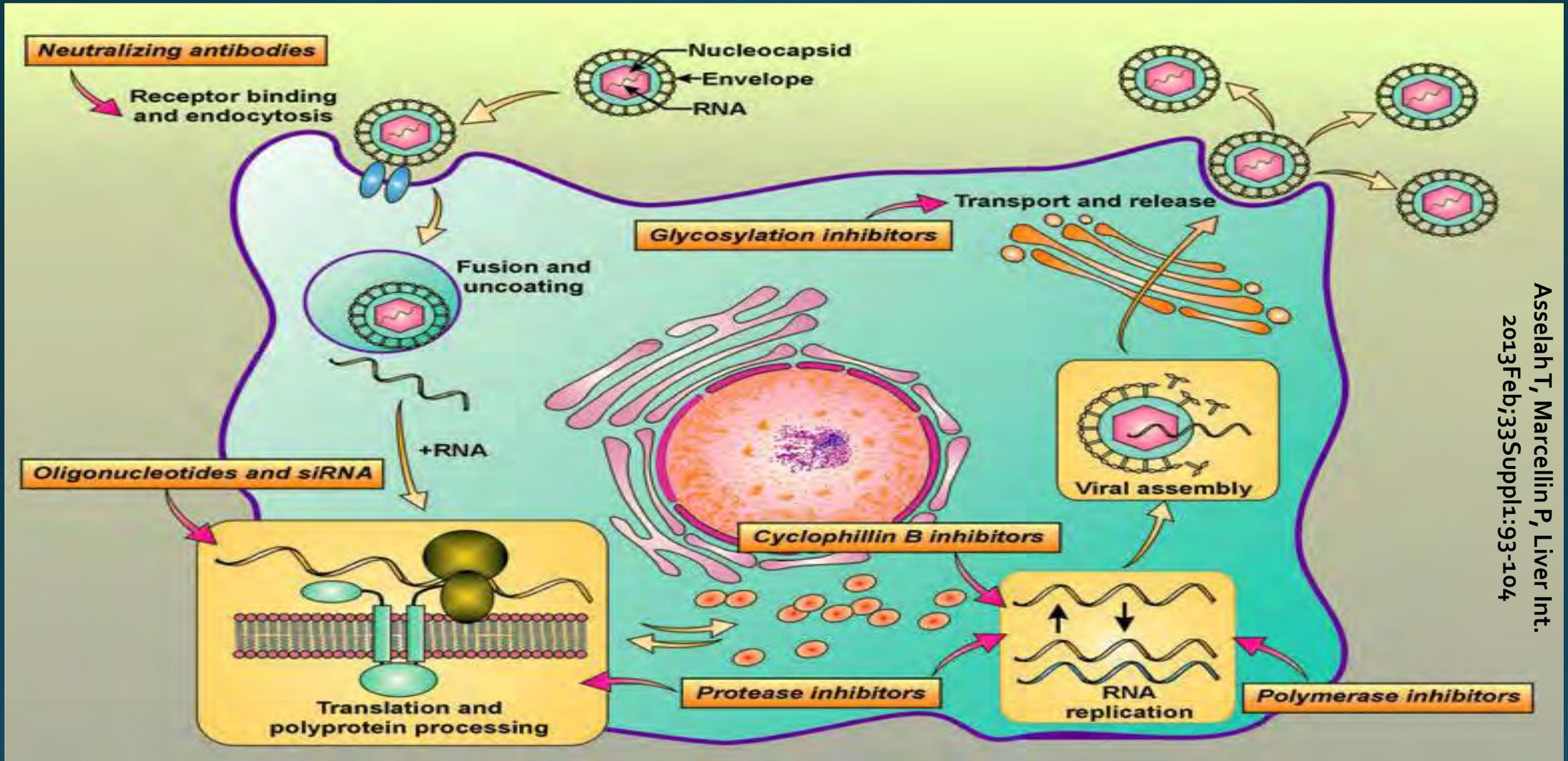
# TIER CLASSIFICATIONS

- Tier 1 (high) - Cirrhosis, compensated; Cirrhosis - HCV/HIV; Cirrhosis - HCV/HBV; Cirrhosis - prev. tx; Cirrhosis - IFN intolerant; Cirrhosis, CP B (6-7); Cirrhosis - treated HCC; HCV related malignancy
- Tier 1 (lower) - Advanced fibrosis ( APRI >1.2 <2; FRT >5 <5.5) - HCV/HIV; HCV/HBV; HCV/DM; HCV/skin lesion; HCV/renal
- Tier 2 - Significant fibrosis (APRI >1.2; FRT > 4) - HCV PIFN intolerant; HCV prev. tx; HCV/HIV; HCV/HBV
- Tier 3 - Early disease ( apri <1.2; frt < 4 ) - HCV prev tx; HCV naive

# Contraindication to Treatment

- Actively engaged in risk taking behavior
- Life expectancy < 12 months
- On medications that are contraindicated to use with the treatment medications

# HCV – the virus



Asselah T, Marcellin P, Liver Int.  
2013Feb;33Suppl1:93-104

Life Cycle of the Hepatitis C Virus Potential Targets for Anti-Viral Therapy

# New Treatments for 2015

- HARVONI (Ledipasvir / Sofosbuvir) for genotype 1 & 4  
(with Rivabirin for G1 treatment-experienced cirrhotics)
- SOVALDI (Sofosbuvir) for genotype 2 & 3  
(with PegInterferon & Rivabirin for G3 and Rivabirin for G2 )

# New treatments for 2015

- Center of Excellence
- Medicine given as DOT
- Treatment closely monitored by Virology
- New monitoring tools in the EMR
- Majority of the treatment regimen are given over a period of 12 weeks

# Special Problems for Cirrhotics

- Bleeding risk (high PT/INR; low PLT)
- Nutritional needs (high protein diet)
- Risk for Hypotension (on multiple diuretics and Beta-blockers)
- Electrolyte Imbalance (on diuretics)
- Encephalopathy (prone to elevated ammonia levels)
- Leg swelling (low albumin levels)
- Diarrhea (all of them on lactulose)

# New Education Materials

- Updated Hepatitis page in the Departments page
- Provider Inservice
- Nursing Inservice
- Patient Education materials

# OPTIONS OUTSIDE OF TDCJ

## FDA-APPROVED

- OLYSIO (Simepravir)
- VIEKERA Pak (Ombitasvir + Paritaprevir + Dasabuvir + Ritonavir)
- TECHNIVIE (Ombitasvir + Paritaprevir + Ritonavir)
- DAKLINZA (Daclatasvir)

# NEW DRUGS ON TRIALS

- Grazoprevir/Elbasvir for G<sub>1,4</sub>
- Velpatasvir (+ SOF) for G 1-6
- Ravisipasvir (+ SOF) for G<sub>4</sub>
- Asuprenavir (+ DCV) for G<sub>1b</sub>
- TT-034