

CORRECTIONAL MANAGED HEALTH CARE COMMITTEE

September 26, 2013

9:00 a.m.

Frontiers of Flight Museum
6911 Lemmon Ave, Conference Room #1
Dallas, Texas

- I. Call to Order
- II. Recognitions and Introductions
- III. Consent Items
 1. Approval of Excused Absences
 2. Approval of CMHCC Meeting Minutes, June 18, 2013
 3. TDCJ Health Services Monitoring Reports
 - Operational Review Summary Data
 - Grievance and Patient Liaison Statistics
 - Preventive Medicine Statistics
 - Utilization Review Monitoring
 - Capital Assets Monitoring
 - Accreditation Activity Summary
 - Active Biomedical Research Project Listing
 - Administrative Segregation Mental Health Monitoring
 4. University Medical Directors Reports
 - The University of Texas Medical Branch
 - Texas Tech University Health Sciences Center
 5. Summary of CMHCC Joint Committee / Work Group Activities
- IV. Update on Financial Reports
- V. Summary of Critical Correctional Health Care Personnel Vacancies
 1. Texas Department of Criminal Justice
 2. Texas Tech University Health Sciences Center
 3. The University of Texas Medical Branch

EACH ITEM ABOVE INCLUDES DISCUSSION AND ACTION AS NECESSARY

- VI. Medical Directors Updates
 - 1. Texas Department of Criminal Justice
 - Health Services Division FY2013 Third Quarter Report
 - 2. Texas Tech University Health Sciences Center
 - 3. The University of Texas Medical Branch
- VII. Review of Offender Health Services Plan
- VIII. Public Comments
- IX. Adjourn

Consent Item

Approval of CMHCC Meeting Minutes
June 18, 2013

CORRECTIONAL MANAGED HEALTH CARE COMMITTEE

June 18, 2013

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

CMHCC Members Present: Cynthia Jumper, M.D., Lannette Linthicum, M.D., Harold Berenzweig, M.D., Dr. Mark Chassay (sitting in for Kyle Janek, M.D.)

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

Partner Agency Staff Present: Jerry McGinty, Charlene Maresh, Ron Steffa, Bryan Collier, Robert Williams, M.D., George Crippen, Marsha Brumley, April Zamora, Texas Department of Criminal Justice; Anthony Williams, Stephen Smock, Kelley Coates, Gary Eubank, Dr Owen Murray, UTMB; Allen Hightower, Stephanie Harris, Lynn Webb, CMHCC Staff.

Others Present:

Location: Frontiers of Flight Museum, 6911 Lemmon Ave., Dallas, Texas

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>I. Call to Order - Margarita de la Garza-Graham</p>	<p>Dr. de la Garza-Graham called the CMHCC meeting to order at 9:00 a.m. then noted that a quorum was present and the meeting would be conducted in accordance with Chapter 551 of the Texas Government Code, the Open Meetings Act.</p>		
<p>II. Recognitions and Introductions - Margarita de la Garza-Graham</p>	<p>Dr. de la Garza-Graham thanked everyone for being in attendance. Dr. de la Garza-Graham introduced Dr. Chassay who will be sitting in for Dr. Kyle Janek.</p>		
<p>III. Approval of Excused Absence - Margarita de la Garza-Graham</p>			
<p>IV. Approval of Consent Items - Margarita de la Garza-Graham</p>	<p>Dr. de la Garza-Graham stated next on the agenda is the approval of the Minutes from the meeting held on March 18, 2013: TDCJ Health Services Monitoring Report; both UTMB and TTUHSC Medical Director’s Report; and the Summary of Joint Committee Activities. She then asked the members if they had any specific consent items(s) to pull out for separate discussion.</p>		<p>Dr. Berenzweig moved to approve the minutes and consent items as found in Tab A of the board agenda. Dr. Jumper seconded the motion. The motion passed by unanimous vote.</p>

<p>V. Executive Director's Report</p> <p>- Allen Hightower</p>	<p>Dr. de la Garza-Graham then called on Mr. Hightower to provide the Executive Director's report.</p> <p>Well I'm up for the last time at bat. Well the legislative session had ended and the Governor's veto time has ended so I think most of the agencies know about where we are and what the outcome is going to be. The Correctional Managed Health Care Committee was under the Sunset Review this time and it took many forms and many rewrites. All the members that are on the committee right now and the positions of the members of the committee stay the same. They have added four member positions to the committee. Please correct me if I am wrong Dr. L if I get this wrong. Two members who are physicians each appointed by the two medical schools in the alphabetical order will appoint one member each. Two other physician members who will be mental health professionals appointed by the Governor's Office. So we will have a nine (9) member committee. The direction that the Legislature led this committee is it's first and foremost role in the system is to write and to approve the Offender Health Services Plan and that distinction is left strictly to them, it's not by the advice or consent of anyone else. I am happy that we were willing to convince the members and Sunset that the health care side and the Offender Services Plan needed to be written and approved by the doctors solely as a separate committee from the agency.</p> <p>As far as funding goes, it provides 61.7 million above the 2012-2013 levels for offender healthcare to include 30.6 million to maintain current level operations, 16 million for market level salary adjustments, 5.4 million for critical capital equipment needs, 9.7 million for restoration of key health care staff. I think that's the way it breaks out if I'm not mistaken. Unfortunately, the legislature did not see fit for the committee to have funding thru TDCJ for its staff. So this will be the last meeting for Lynn, Stephanie and me. Madam Chair, the committee will need to coordinate thru TDCJ. Lynn has been diligently working with the auditing side with TDCJ and will continue until the change takes place August 31st. All of the equipment and furniture in the committee office either belongs to UTMB or TDCJ.</p>		
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V. Executive Director's Report (Cont'd)

So Dr. Linthicum and I have been working together on this. There is everything from the Ruiz lawsuit from the very beginning of Correctional Managed Health Care archived in that office. It's a tremendous amount of paperwork going all the way back to 1993. So, we have already taken a proactive position of getting everything moved over to where it needs to be for TDCJ staffs that are assigned the duties that this staff has done before. They should be 100% functional by August 31st.

This is my 45th meeting and it's my last. I have enjoyed being on this committee, I love this committee. It's been a headache. It's kind of like Garth Brook said, I had other job offers but this one I could have missed the pain but I had to miss the dance. I'm glad I didn't miss the dance because after leaving the legislature on January 12th and went to work at CMHC the next day on January 13th. I got to work with a better class of people at Correctional Managed Health Care. I think I speak for Lynn and Stephanie both that we worked hard and we believed in what we do. We think that this committee should and will provide a constitutional level of health care for the inmate population and I'm not going to drag this meeting out any further than that Madam Chair except to say that I will answer any questions if anybody has any.

Dr. Linthicum added that she just wanted to publicly acknowledge Mr. Hightower for his 14 ½ years of service to the Correctional Managed Health Care Program, the State of Texas and the Texas Department of Criminal Justice. It has certainly been our pleasure as medical directors and an honor to work along side with Mr. Hightower. Any of the health care reforms in the TDCJ were achieved under his leadership as chair of the House Committee on Corrections. All of the Ruiz health care reforms were under his leadership during his tenure in the state legislature. I believe a large part of our health care system that we have today he's largely responsible for it thru his legislative work and also as the Executive Director of the

V. Executive Director's Report (Cont'd)

Correctional Managed Health Care Committee.

I personally will always be indebted to him for what he's done for our state and for the offenders. I would like to ask everyone to join me in accordance.

Mr. Hightower added it was as a labor of love. There was a lot of labor and a lot of love most of the time.

Dr. de la Garza-Graham added that Dr. Linthicum worked so closely with you for all those years, she should know.

Dr. Murray added on behalf of UTMB, I think you said it very, very nicely. Here again I think we are going to have a little function for Mr. Hightower and the rest of the staff a little later on. I think I will save my comments and my stories since this is a public meeting, I will have my comments made in a more private forum.

Mr. Hightower stated that is what he's afraid of. He also added that 15 years is a long time to be a director of a state agency. I've been blessed to have had the opportunity. I hope I did the best I could do. I tried to do the best that I can do. With regard to what Dr. Linthicum said about the health care of the inmate population, and the state meeting it's obligation to the constitution and to the State of Texas to provide the services that we provide. Sometimes I used to as a Legislator get fussed at from time to time that we give too good of health care. When the U.S Supreme Court or the Federal Court makes a ruling I don't have the decision to say whether it's good or bad, I just do it. With that it's done.

Mr. Bryan Collier asked if he could just say a few words even though Dr. Linthicum has spoke. I just wanted to say on behalf of TDCJ. Thank you Mr. Hightower for all his work on

<p>V. Executive Director's Report (Cont'd)</p>		<p>the committee. We have seen this grow for the last 25 - 30 years and you have shaped a lot of it. A lot of it has really got your finger print on it and will for a long time. I just want to thank you publicly for that and thank you for the relationship we've had and we have worked extremely well together Mr. Hightower and I want to make sure the committee knows that the transition will go extremely well between the committee and TDCJ. Thank you Mr. Hightower.</p> <p>Mr. Hightower said thank you and added that on behalf of the staff, let me say that I have had the best staff in state government for my 14 years and 9 months to do this. I have been fortunate enough to hire people that were smarter than me who know their jobs better than me and by and large, at the end of the day me saying yes and no they did all the work, but thank you.</p>	
<p>VI. Performance and Financial Status Report</p> <p>- Lynn Webb</p>	<p>Dr. de la Garza-Grahm called on Mr. Webb to present the financial report.</p> <p>Mr. Webb apologized for taking the spirit of this meeting down to the financial minutia.</p> <p>Since this will be my last Financial Report to the CMHCC, I would like to say that it has been a pleasure to be a small part in the support role of your important work in directing the health care necessary for all the inmates in the TDCJ system.</p> <p>Now if you would turn to Tab C you will see the data for the 2nd Quarter FY2013 ending February 28, 2013.</p> <p>As represented on (Table 2 and page 118), the average daily offender population has decreased significantly to 148,829 for the Second Quarter Fiscal Year 2013. Through this same quarter a year ago (FY 2012), the daily population was 152,924, a decrease of 4,095 or (2.68%).</p>	<p>Dr. Jumper added that she would confer with Dr. Cavin for the Tech's remarks.</p>	

VI. Performance and Financial Status Report (Cont'd)

Consistent with trends over the last several years, the number of offenders in the service population aged 55 or older has continued to rise at a significant rate as opposed to the overall offender population to 14,010 as of 2nd Quarter FY 2013. This is an increase of 476 or about 3.5% from 13,534 as compared to this same second quarter a year ago.

Hospital Inpatient Census is a new statistical indicator established to reflect the health care dollars spent in the C.1.8 Strategy "Hospital and Clinic Costs". The hospital inpatient average daily census (ADC) served through the second quarter of FY 2013 was 215 for both the Texas Tech and UTMB Sectors.

Outpatient Clinic and ER Visits is another new statistical indicator established to reflect the health care dollars spent in the C.1.8 Strategy "Hospital and Clinic Costs". The medical outpatient clinic and ER visits served through the second quarter of FY 2013 was 4,983 for both the Texas Tech and UTMB Sectors.

The overall HIV+ population has remained relatively stable throughout the last few years at 2,229 through 2nd Quarter FY 2013 (or about 1.50% of the population served).

The two mental health caseload measures have remained relatively stable:
The average number of psychiatric inpatients within the system was 1,728 through the Second Quarter of FY 2013. This inpatient caseload is limited by the number of available inpatient beds in the system.

Through the Second Quarter of FY 2013, the average number of mental health outpatient visits was 18,580 representing 12.5% of the service population.

Health Care Costs (Table 3 on pages 120, 121 and 122):
Overall health costs through the Second Quarter of FY 2013 totaled \$249.3M. On a combined basis, this expense amount is more than overall revenues earned by the university providers by approximately \$12.3M.

VI. Performance and Financial Status Report (Cont'd)

UTMB's total revenue through the second quarter was \$188.3M; expenditures totaled \$201.3M, resulting in a net shortfall of \$12.96M.

Texas Tech's total revenue through the second quarter was \$48.7M; expenditures totaled \$48.1M, resulting in a net gain of \$651,601.

Examining the healthcare costs in further detail on (Table 4 of page 123) indicates that of the \$249.3M in expenses reported through the Second Quarter of FY 2013:

Onsite services comprised \$113.8M, or about 45.6% of expenses:

Pharmacy services totaled \$23.4M, about 9.4% of total expenses:

Offsite services accounted for \$84.1M or 33.7% of total expenses:

Mental health services totaled \$21.1M or 8.5% of the total costs: and

Indirect support expenses accounted for \$6.9M, about 2.8% of the total costs.

Table 5 on page 125 shows that the total cost per offender per day for all health care services statewide through the Second Quarter FY 2013, was \$9.26, compared to \$8.78 through the Second Quarter of the FY 2012. This is an increase of 5.5% in costs year over year from the previous fiscal year. The average cost per offender per day for the last four fiscal years was \$9.51. As a point of reference, healthcare costs was \$7.64 per day in FY03. This would equate to a 21.2% increase since FY03 or approximately 2.23% increase per year average, well below the national average.

Older offenders access the health care delivery system at a much higher acuity and frequency than younger offenders:

Table 6 on page 126 shows that encounter data through the 2nd Quarter FY 2013 indicates that older offenders had a documented encounter with medical staff a little more than 1.2 times as often as younger offenders.

VI. Performance and Financial Status Report (Cont'd)

Table 7 on page 127 indicates that hospital and outpatient clinic costs received to date this fiscal year for older offenders averaged approximately \$1,887 per offender vs. \$329 for younger offenders.

Regarding hospitalization and specialty clinic costs shown in Chart 12, the older offenders were utilizing health care resources at a rate of more than 5.7 times higher than the younger offenders. While comprising only 9.4% of the overall service population, older offenders account for 37.4% of the hospitalization and outpatient clinic costs received to date.

Also, per Table 8 on page 128, older offenders are represented 5.7 times more often in the dialysis population than younger offenders. Dialysis costs continue to be significant, averaging about \$23.1K per patient per year. Providing dialysis treatment for an average of 218 patients through the Second Quarter of FY 2013 cost \$2.5M.

Please note that Table 9 on page 129 shows that total drug costs through the 2nd Quarter FY 2013 totaled \$17.4M. Of this, \$8.4M (or \$1.4M per month) was for HIV medication costs, which was about 48.2% of the total drug cost. Psychiatric drugs costs were approximately \$1.2M, or about 6.7% of overall drug costs. Hepatitis C drug costs were \$644K and represented about 3.7% of the total drug cost. It's kind of tapered off as you will see a trend there.

Dr. Jumper asked if that was going down because she sees that it's lower than a year ago.

Mr. Webb responded with yes.

Dr. Murray added that it has tapered off because of the use of these new protease inhibitors. I think our health care providers have been hesitant or reluctant to begin to start people on the conventional therapy as we move into our pilot program which starts September 1st for introductory protease inhibitors into the systems. We will see that number jump up rather dramatically.

VI. Performance and Financial Status Report (Cont'd)

It is a legislative requirement that both UTMB and Texas Tech are required to report if they hold any monies in reserve for correctional managed health care.

UTMB reports that they hold no such reserves and reports an operating loss of \$12.96M as reflected through the end of the 2nd Quarter of Fiscal Year 2013.

Texas Tech reports that they hold no such reserves and report a total operating gain of \$651,601 through the 2nd Quarter FY 2013.

A summary analysis of the ending balances of revenue and payments through February 28th FY 2013, on (Table 10 on page130) for all CMHCC accounts are included in this report. The summary indicates that the net unencumbered balance on all CMHCC accounts on February 28, 2012 is \$155,144.70. This amount includes the payment made of \$79,991.45 which is the excess amount from FY 2012 that has lapsed back to the TDCJ Unit and Mental Health Strategy C.1.7 funding category.

Detailed transaction level data from both providers is being tested on a monthly basis to verify reasonableness, accuracy, and compliance with policies and procedures.

The testing of detail transactions performed on TTUHSC's financial information for December 2012 through February 2013 found all tested transactions to be verified with appropriate back-up documentation.

The testing of detail transactions performed on UTMB's financial information for December 2012 through February 2013 found all tested transactions to be verified with appropriate back-up documentation.

Mr. Webb added if I'm not mistaken, I believe that was included in the budget from the legislative session.

Dr. Linthicum concurred, yes we have funding.

Dr. Murray added, yes we asked for additional dollars for that.

<p>VI. Performance and Financial Status Report (Cont'd)</p>	<p>That concludes my report. Madam Chair I would like to say also it's been a pleasure for me to help support this committee for the past 6 years and it was a pleasure for me working with ya'll and that ends my report.</p>	<p>Dr. de la Garza-Graham had a question on page 123. We had \$6 million in indirect expense. What does that include Mr. Webb?</p> <p>Mr. Webb responded that there's overhead cost associated with both UTMB & Texas Tech sectors and it varies in nature. Basically there are some support services that John Sealy & Texas Tech University Health Science Center provide and it's to maintain their Correctional Managed Health Care programs within those university sectors and those funds are allocated and determined. I think we have a report that determines where those things are at.</p> <p>Dr. Linthicum added an example would be the General Counsel if there's litigation against the Correctional Managed Health Care program and the university lawyers are involved in looking at those losses and processing, etc. A portion of funds are allocated to the attorneys.</p> <p>Dr. Linthicum had a question to Madam Chair. On page 118. Under the category of out patient ER visits, it says UTMB Specialty Clinic & ER Visits. Are those ER visits specific to the TDC hospital and the specialty clinics at the TDC hospital?</p> <p>Mr. Webb responded yes we do account for those ER visits at the John Sealy Hospital.</p> <p>Dr. Linthicum added ok, then where are the UTMB ER visits outside of the hospital. Where are they captured?</p> <p>Mr. Webb responded that they are all in there. We identified any and all outpatient's visits in that number.</p>	
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VI. Performance and Financial Status Report (Cont'd)

Dr. de la Garza-Graham asked if there were any questions for Mr. Webb.

Dr. Linthicum added, so that network of 90 hospitals, I don't think they are in that number. I think that is truly John Sealy, I mean TDC hospital numbers.

Mr. Webb answered that at least the reports that I am getting it doesn't break that out. That's the understanding I've had all these years.

Dr. Linthicum added that she thinks that is something that needs to be checked and that is something we need to track. We need to track what is going thru the ER, thru TDCJ hospital along with the specialty clinics, and what is going thru the ER outside of the TDCJ hospital and the network.

Mr. Webb said I do know that Texas Tech has its ER visits broken out. Well I mean I do see their activity because they also have hospitals they use for ER visits.

Dr. Murray added that the numbers here really look like our clinic volume. Since there is no emergency room in the prison hospital we have our triage room which we don't charge for. There is the occasional use of the John Sealy ER where our patient may become trauma or we have acute presentation. These numbers really reflect our specialty care.

Mr. Webb added that he has seen in their report around 200 ER visits.

More discussion was had between Dr. Linthicum, Dr. Murray, Mr. Webb & Dr. Berenzweig on ER issues and numbers reported.

<p>VII. Medical Director's Updates - Critical Vacancies</p> <p>- Lannette Linthicum, M.D. (TDCJ)</p>	<p>Dr. de la Garza-Graham then called upon Dr. Linthicum to report TDCJ's critical vacancies.</p> <p>Dr. Linthicum asked everyone to turn Tab D in your agenda. I'm pleased to report the TDCJ Director III, Office of Mental Health Monitoring & Liaison has now been filled.</p> <p>A decision memorandum is being processed for our Licensed Vocational Nurse in the Office of Professional Standards. That's just a back fill of a nursing position that went to another area in our division.</p> <p>We have two Investigators in the Patient Liaison Program. These positions are unit assigned. One is at the Stiles Unit and one at Jester IV. The Stiles investigator has been selected and the Jester IV position is awaiting approval from Business & Finance. That ends my report.</p> <p>Dr. de la Garza-Graham asked if there were any questions. Dr. Jumper was reporting TTUHSC position vacancies in the absence of Dr. DeShields.</p>	<p>Dr. de la Garza-Graham asked after how long?</p> <p>Dr. Linthicum responded that May 31st marked 1 year since Dr. Montrose retired. The new director is Dr. Linda Knight, she's a PHD. She has had some employment in the past with the Texas Juvenile Justice System. Prior to coming to us she worked with the mental health system in Brazos County and has also worked with several county mental health departments and her first day was yesterday.</p> <p>Dr. de la Garza-Graham asked where her office is physically.</p> <p>Dr. Linthicum responded that it's in Huntsville at the Health Services Administration offices. She's officed with us. And by the way Madam Chairman we will be making you a small office area in our area for the committee. You will have space to work out of.</p>	
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VIII. Medical Director's Updates

**-Lannette Linthicum, M.D.
(TDCJ)
- Operational Review Audit**

Dr. Linthicum responded with yes, if you would turn to Tab E. My report will cover the 2nd Qtr monitoring of FY2013 for the months of December 2012, January, and February, 2013. During that quarter there were 10 Operational Review Audits conducted at Briscoe, Choice Moore, Cole State Jail, Cotulla, Gurney, Kegans State Jail, Lockhart, Lychner State Jail, Michael, and the Skyview. Also during that quarter we closed 12 Operational Reviews and the corrective actions were closed out on 12 facilities which are listed there on page 134.

The items most frequently out of compliance are outlined there again. We continue to see deficiencies in our public health program which the nurses are called Coordinators of Infectious Diseases. A lot of the issues that we have been experiencing have been related to the reductions in force and loss of nursing staff. We recently made a staffing change to hire a regional or assistant office nurse manager to oversee the CID Nursing Program. We are very hopeful that this position will help bring some continuity back into that program and we'll start to see some better compliance.

So the first issue involved offenders receiving anti-tuberculosis medication at the facility have a Tuberculosis Patient Monitoring Record completed. Nine of the ten facilities were not in compliance with this requirement. The noncompliance is discovered by the TDCJ Office of Public Health. TDCJ Health Services has a public health technician that assists the units with the reporting requirement to the Department of State Health Services.

The next area requires documentation that three Hemocult cards were collected from offenders 40 years of age or greater, or that they refused the screening test, within 60 days of their annual date of incarceration. Seven of the ten facilities were not in compliance with this requirement.

Item 1.100 requires interpreter services to be arranged and documented in the medical records for monolingual Spanish-speaking offenders. Six of the ten facilities were not in compliance with this requirement.

<p>VIII. Medical Director's Updates (Cont'd.)</p> <p>- Capital Assets Monitoring</p> <p>- Urgent Care Audit Dental</p> <p>- Grievances and Patient Liaison</p>	<p>The next item requires intra-system medical transfers returning to the facility from an inpatient infirmary, hospital or emergency room. They have to have a physician or mid-level practitioner review and sign the HSN-1 within 48 hours Sunday through Thursday, and 72 hours Friday through Saturday for returning offenders. Six of the ten facilities were not in compliance with this requirement.</p> <p>The next area requires intra-system medical transfers returning to the facility to have a Health Information Classification form (HSM-18) updated whenever an offender returns from an offsite specialty clinic, infirmary, or hospital for whom there are changes in medication orders, treatment plan, housing assignment, or disciplinary restrictions. Six of the ten facilities were not in compliance with this requirement.</p> <p>Most of these areas that are not in compliance are related to the two reductions in force that impacted nursing in particular.</p> <p>I'm very pleased that in the upcoming biennium 2014 & 15 exceptional items were funded to restore some of this unit staff. Hopefully if we can get the salaries at a market level to recruit, we should see some improvement as most of the money is earmarked for nursing to restore some of the nursing positions.</p> <p>Capital assets monitoring, the fixed assets audit, the same ten units were audited for operational review and were within the required compliance range.</p> <p>We also have a dentist, Dr. Hirsch to do the Dental Quality Review audits. During the 2nd Quarter FY2013, sixteen facilities were audited and are listed at the top of page 136. The items found to be most frequently below 80 percent are Items 1, 2, 4, 20, 25 & 31 and are also listed and will let you read them at your leisure.</p> <p>Dr. Linthicum continued with the Office of Professional Standards. There are two programs in that office, the Offender Grievance Program at Step II, and Patient Liaison Program. The Patient Liaison Program really functions like</p>		
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<p>VIII. Medical Director's Updates (Cont'd.)</p>	<p>Immunodeficiency Virus (HIV), and Tuberculosis (TB) as well as the data for occupational exposures.</p> <p>There were 706 cases of Hepatitis C identified for the Quarter FY2013, compared to the 740 cases identified during the 1st Quarter. We had 204 cases of suspected Syphilis were reported during the 2nd Quarter FY2013, compared to 230 in the 1st Quarter in FY2013. 177 Methicillin-Resistant Staphylococcus Aureus cases, and 25 active Tuberculosis cases compared to 21 during the 1st Quarter of FY2013.</p> <p>HIV testing became mandatory for pre-release in September 2005. During 2nd Quarter FY2013, 18,012 offenders had intake tests, and of that number 110 are newly identified as having HIV infections. For the 1st Quarter FY2013, 18,069 offenders had intake tests, and 148 were HIV positive. During the 2nd Quarter FY2013, 11,578 offenders had pre-release tests; three were HIV positive compared to seven in the 1st Quarter FY2013.</p> <p>There were 14 new AIDS cases identified during the 2nd Quarter FY2013, compared to 23 new AIDS cases in the 1st Quarter FY2013.</p> <p>Also, we have in the Office of Public Health, a SANE Registered Nurse (Sexual Assault Nurse Examiner). Although the SANE Coordinator does not teach the SANE Curriculum because of restrictions imposed by the State Attorney General's Office, this person provides in-service training to facility providers and staff in the performance of medical examination, evidence collection and documentation, and the use of sexual assault kits. During the 2nd Quarter FY2013, there were nine training sessions held and 163 medical staff received training. There were 205 charts reviewed of alleged sexual assaults for the 2nd Quarter FY2013. There were no deficiencies found. There were 46 blood borne exposure baseline labs drawn on exposed victims and there were zero conversions as a result of sexual assault.</p>	<p>Dr. de la Garza-Graham asked does that mean that when they came they were negative?</p> <p>Dr. Linthicum responded maybe, but we do monitor conversions and it could be that they were never tested.</p>	
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<p>VIII. Medical Director's Updates (Cont'd.)</p> <p>- Mortality and Morbidity</p> <p>- Mental Health Services Monitoring and Liaison</p>	<p>We have a nationally recognized Peer Education Offender Program. During the 2nd Quarter FY2013 we had three of the six Eleventh Annual Peer Education Health Conferences held in the month of February 2013. The conferences for offenders are to gain more knowledge about infectious diseases that are important in TDCJ and in the communities from which they come. It's like in-service. Currently, at the close of the 2nd Quarter we have 100 of 111 facilities with active peer education programs. During the 2nd Quarter of FY2013, 139 offenders trained to become peer educators. This is an increase from the 95 offenders trained in the 1st Quarter FY2013. During the 2nd Quarter FY2013 there were 16,516 offenders attended classes presented by educators. This is a decrease from the 1st Quarter of FY2013 of 16,813 offenders attended classed presented by educators.</p> <p>The Joint Mortality and Morbidity Committee during the 2nd Quarter FY2013 reviewed 125 deaths and of those 21 were referred to per review committees as you can see at the chart at the bottom of page 138.</p> <p>The Office of Mental Health Services Monitoring and Liaison is our office that does primarily continuity of care for offenders coming into our system from the counties that have mental health illness history. The Texas Department of Mental Health Mental Retardation CARE databases during the 2nd Quarter FY2013, 18 Ad Seg facilities were reviewed for 4,583 offenders who were received into Intermediate Sanction Facilities. Of that number 1,107 of them were interviewed and 5 offenders were referred to the university providers for further evaluation. Access to Care #4 met 100 percent compliance for the 18 facilities. Access to Care #5 met 100 percent compliance for the 18 facilities that received Sick Call Requests from offenders in Ad Seg. All 18 facilities were 100 percent compliant for Access to Care #6.</p> <p>Four inpatient mental health facilities: Clements, Jester IV, Montford, and Skyview were audited to ensure that all incidents of compelled psychoactive medication were documented on the Security Use of Force Log. All</p>		
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<p>VIII. Medical Director's Updates (Cont'd.)</p>	<p>it would become more of a struggle for us to retain a health care presence up there. But I was very reassured by the staff they were there to remain committed to the patients and to the mission until the end of August. It was good, but its unfortunate but that facility it itself has been a challenge structurally by a gender prospective and again from a management standpoint things will be a little bit easier to relocating these patients to different facilities. So I report that and there is nothing really additional to report.</p> <p>Dr. de la Garza thanked Dr. Murray.</p>		
<p>IX. Performance Status Report</p>	<p>Tab G is for information only. No one presented the Performance Status Report</p>		
<p>X. Public Comments</p>	<p>Dr. de la Garza-Graham then stated that the next agenda item is where the Committee at each regular meeting provides an opportunity to receive public comments. Dr. de la Garza-Graham noted that there was no such request at this time.</p>		
<p>XI. Date / Location of Next Meeting</p>	<p>Dr. de la Garza-Graham next noted that the next CMHC meeting will be announced at a later date.</p>		
<p>- Margarita de la Garza-Graham, M.D.</p>	<p>Dr. de la Garza-Graham asked if there were any other questions or comments. Hearing none adjourned the meeting.</p>		
<p>XI. Adjourn</p>			

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

Date:

Consent Item

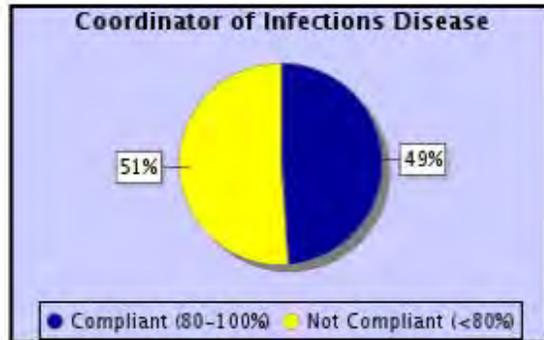
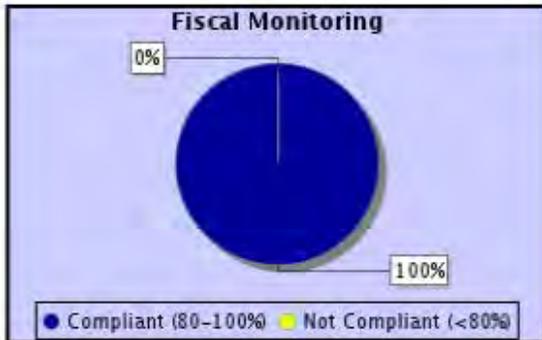
TDCJ Health Services
Monitoring Reports

Rate of Compliance with Standards by Operational Categories
 Third Quarter, Fiscal Year 2013
 March - May 2013

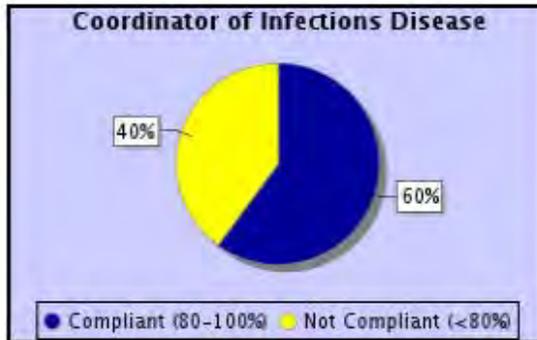
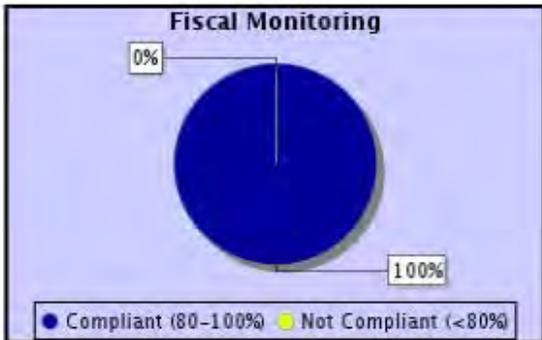
Unit	Operations/ Administration			General Medical/Nursing			Coordinator of Infectious Disease			Dental			Mental Health			Fiscal		
	<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance	
Clements (GP/ECB/PAMIO)	68	68	100%	45	25	56%	43	21	49%	27	27	100%	59	56	95%	18	18	100%
Ferguson	34	33	97%	15	13	87%	30	18	60%	12	12	100%	16	14	88%	5	5	100%
Gist State Jail	34	33	97%	17	8	47%	29	12	41%	12	9	75%	19	17	89%	4	4	100%
Havins	29	29	100%	15	15	100%	12	11	92%	12	12	100%	2	2	100%	4	4	100%
Hodge	32	31	97%	15	14	93%	26	19	73%	12	12	100%	20	18	90%	7	7	100%
Johnston	33	33	100%	15	14	93%	33	30	91%	12	10	83%	2	2	100%	6	6	100%
LeBlanc	34	33	97%	14	6	43%	23	11	48%	12	9	75%	13	12	92%	4	4	100%
Lindsey State Jail	33	31	94%	17	16	94%	36	30	83%	13	10	77%	18	15	83%	5	5	100%
Neal	34	34	100%	15	7	47%	27	16	59%	12	12	100%	15	15	100%	7	7	100%
West Texas ISF	30	26	87%	12	7	58%	22	8	36%	3	2	67%	14	6	43%	NA	NA	NA

n = number of applicable items audited.

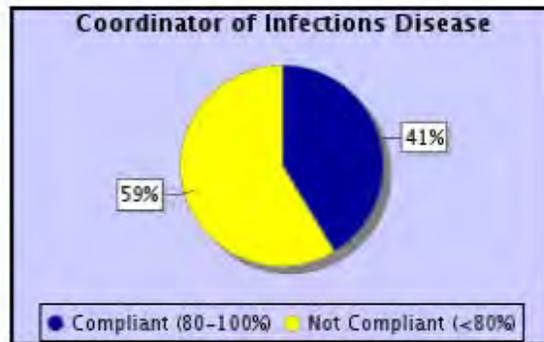
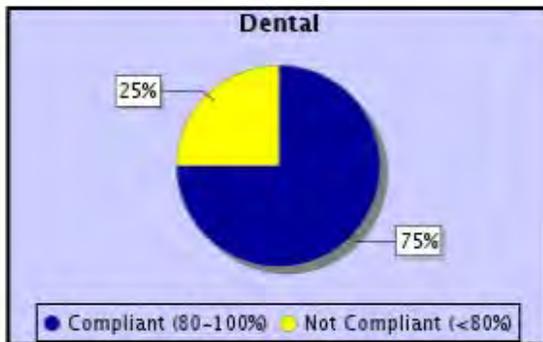
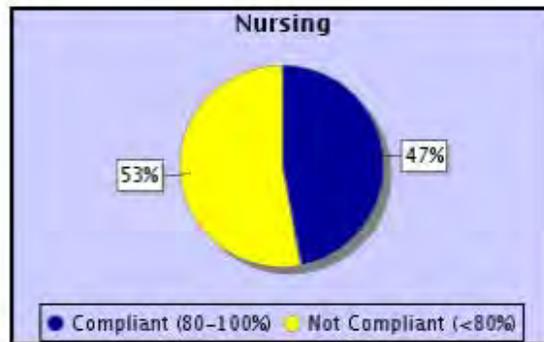
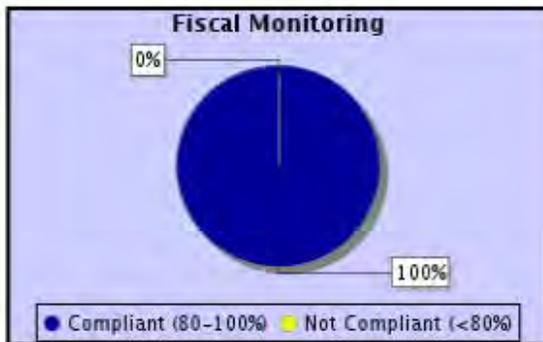
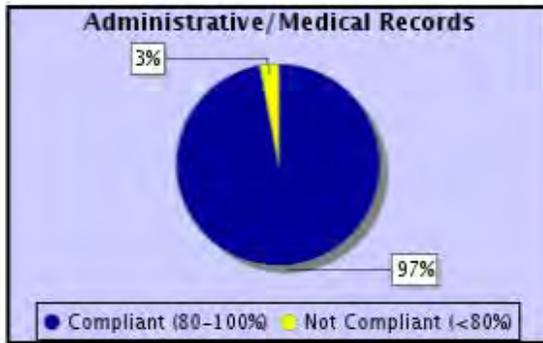
Compliance Rate By Operational Categories for
CLEMENTS FACILITY
April 30, 2013



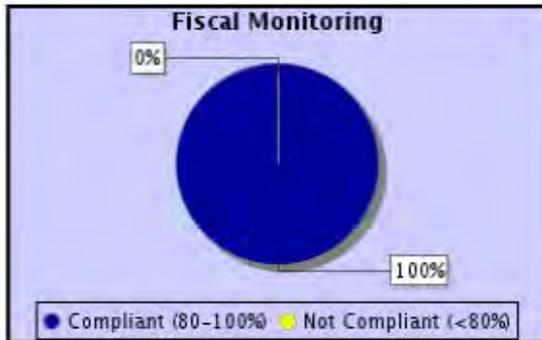
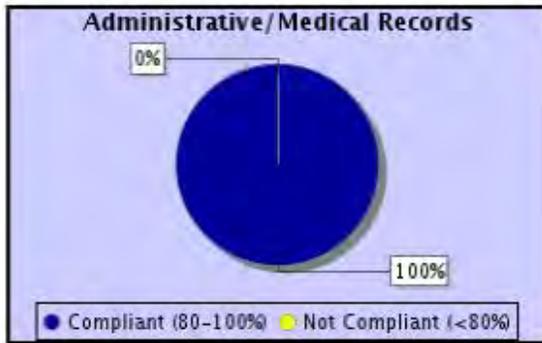
Compliance Rate By Operational Categories for
FERGUSON FACILITY
May 06, 2013



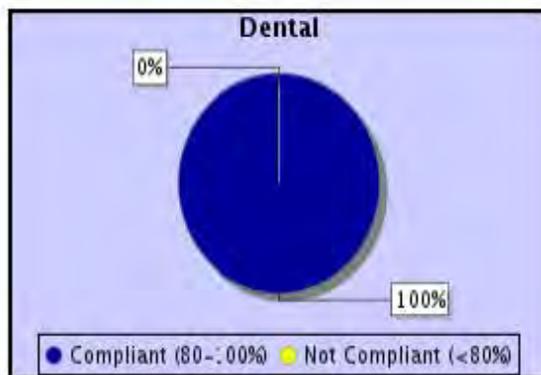
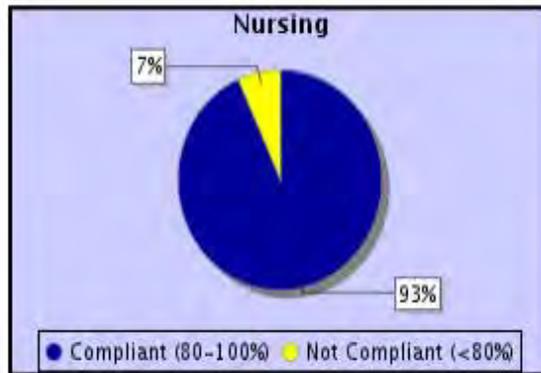
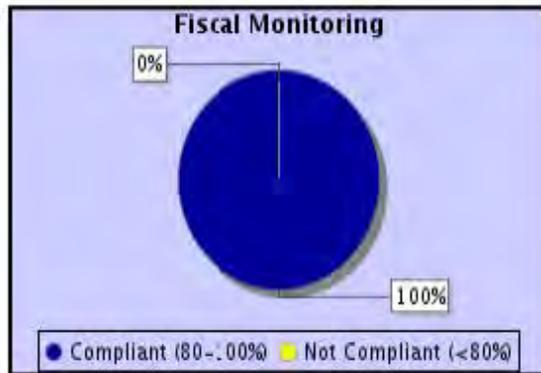
Compliance Rate By Operational Categories for
GIST STATE JAIL FACILITY
March 05, 2013



Compliance Rate By Operational Categories for
HAVINS FACILITY
April 02, 2013

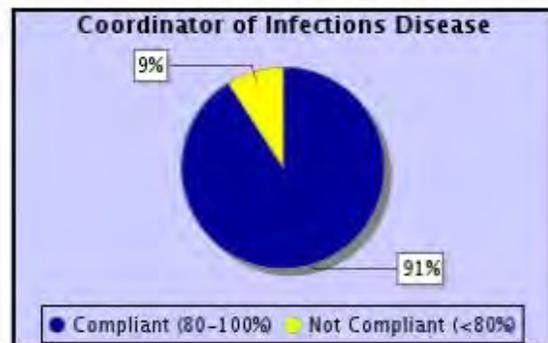
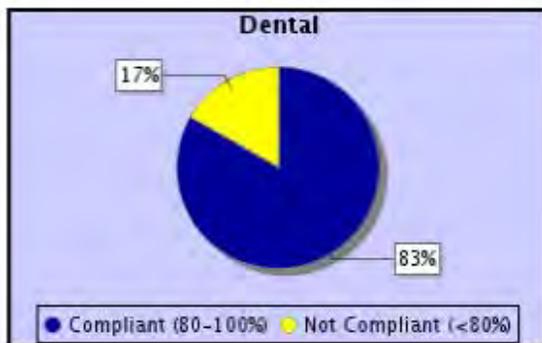
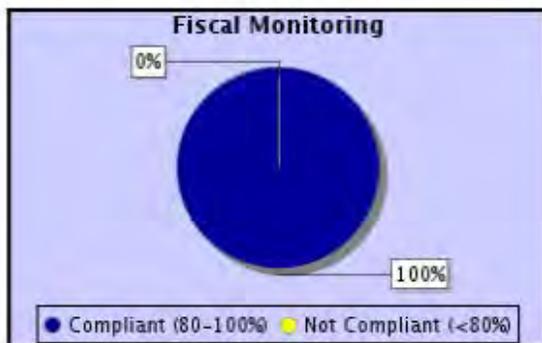


Compliance Rate By Operational Categories for
HODGE FACILITY
April 08, 2013

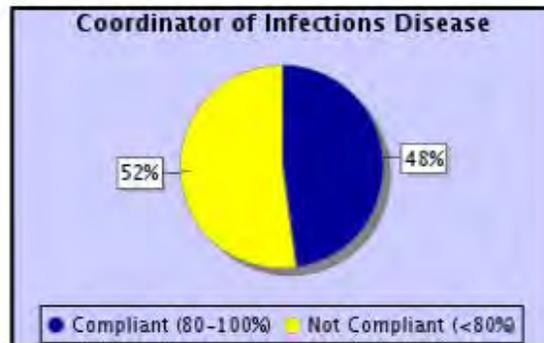
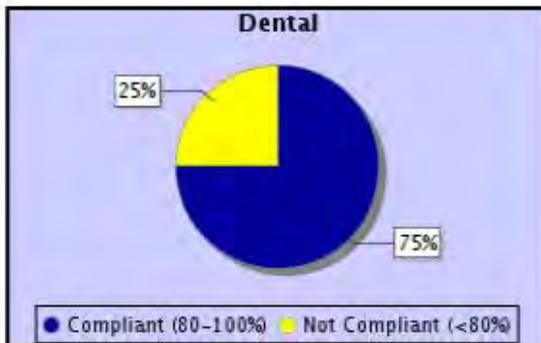
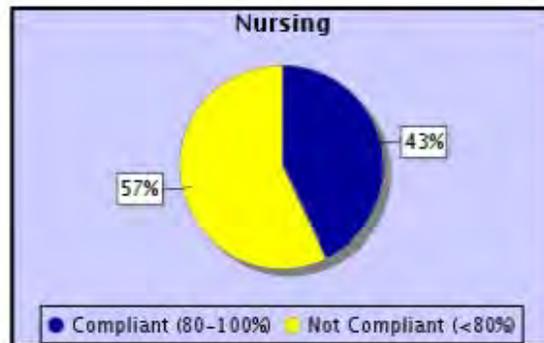
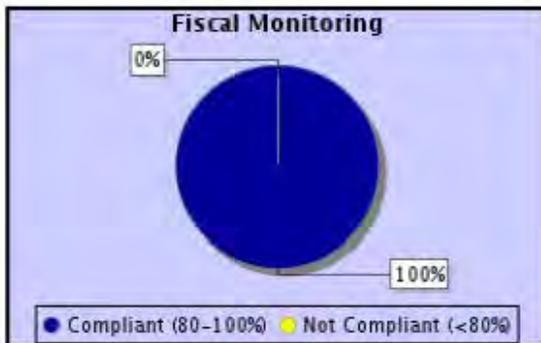
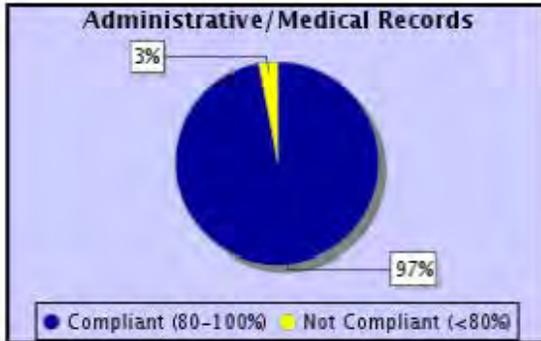


Compliance Rate By Operational Categories for
JOHNSTON FACILITY

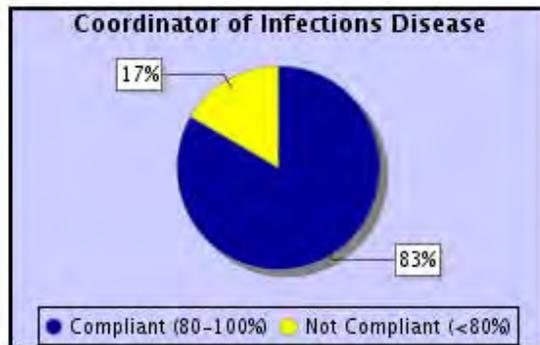
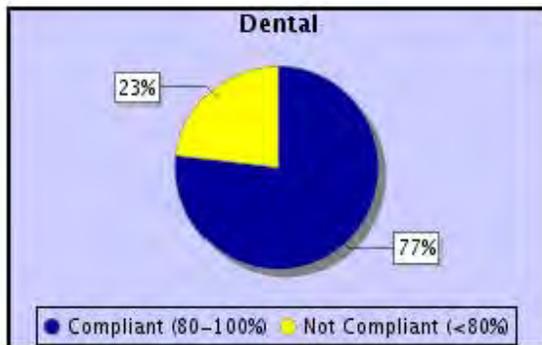
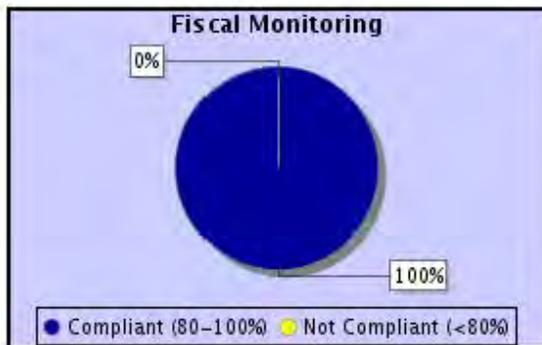
April 02, 2013



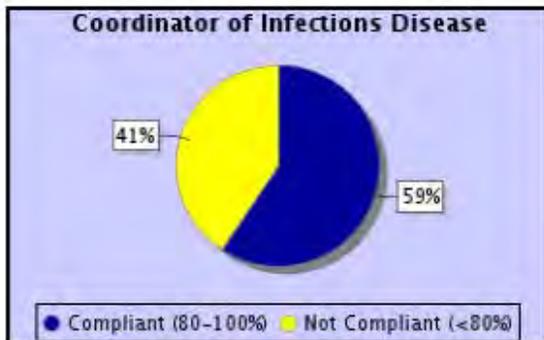
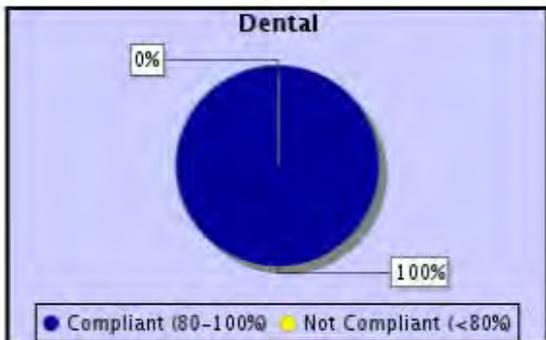
Compliance Rate By Operational Categories for
LEBLANC FACILITY
March 04, 2013



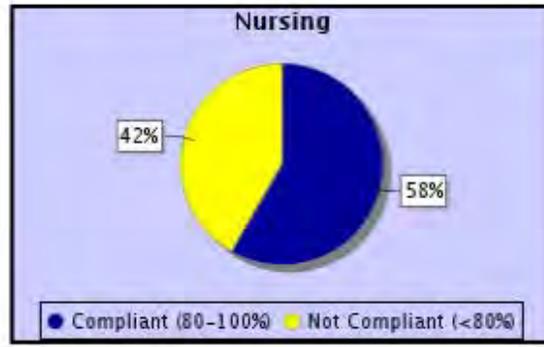
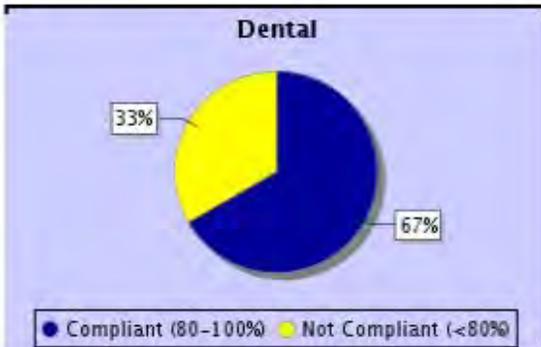
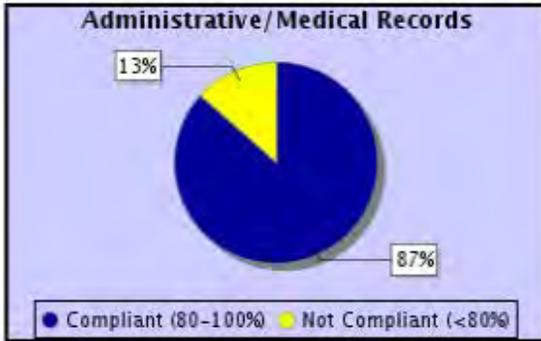
Compliance Rate By Operational Categories for
LINDSEY STATE JAIL FACILITY
May 01, 2013



Compliance Rate By Operational Categories for
NEAL FACILITY
April 29, 2013



Compliance Rate By Operational Categories for
WEST TEXAS INTERMEDIATE SANCTION FACILITY
March 05, 2013



**Dental Quality of Care Audit
Urgent Care Report
For the Three Months Ended May 31, 2013**

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

Facility	Charts Assessed by TDCJ as Urgent	Urgent Care Score *	Offenders receiving treatment but not within timeframe **	Offenders identified as needing definitive care***
Briscoe	10	80%	2	0
Clemens	10	100%	0	0
Cotulla	10	100%	0	0
Gist	10	100%	0	0
Goodman	10	100%	0	0
Henley	10	100%	0	0
Hightower	10	90%	1	0
Kegans	10	100%	0	0
LeBlanc	10	100%	0	0
Lychner	10	100%	0	0
Ney	10	80%	2	0
Plane	10	100%	0	0
Ramsey	10	100%	0	0
Scott	10	80%	2	0
Stiles	10	100%	0	0
Stringfellow	10	90%	1	0
Terrell	10	100%	0	0
Torres	10	90%	1	0

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

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

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

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

STEP II GRIEVANCE PROGRAM (GRV)													
Fiscal Year 2013	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 *
March	703	798	167	20.93%	107	16.29%	23	32	4.39%	3	1	0.25%	1
April	655	609	129	21.18%	88	18.39%	24	14	2.63%	2	0	0.16%	1
May	521	430	103	23.95%	70	18.84%	11	20	5.12%	2	0	0.00%	0
Totals:	1,879	1,837	399	21.72%	265	17.58%	58	66	3.97%	7	1	0.16%	2

PATIENT LIAISON PROGRAM (PLP)													
Fiscal Year 2013	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 *
March	659	639	45	7.04%	30	6.73%	13	1	0.16%	0	1	0.16%	0
April	748	692	54	7.80%	23	5.06%	12	8	2.75%	11	0	0.00%	0
May	674	646	46	7.12%	27	5.26%	7	7	1.39%	2	2	0.46%	1
Totals:	2,081	1,977	145	7.33%	80	5.67%	32	16	1.47%	13	3	0.20%	1
GRAND TOTAL=	3,960	3,814	544	14.26%									

*QOC= Quality of Care

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

March 2013

Reportable Condition	Reports			
	2013 This Month	2012 Same Month	2013 Year to Date*	2012 Year to Date*
Chlamydia	4	5	13	13
Gonorrhea	4	2	5	5
Syphilis	92	66	249	193
Hepatitis A	0	0	0	0
Hepatitis B, acute	0	1	0	2
Hepatitis C, total and (acute ^f)	195	166	550 (0)	784 (0)
Human immunodeficiency virus (HIV) +, known at intake	168	224	570	653
HIV screens, intake	6,387	6,326	19,014	18,773
HIV +, intake	44	44	123	133
HIV screens, offender- and provider-requested	830	802	2,825	2,707
HIV +, offender- and provider-requested	0	0	0	3
HIV screens, pre-release	3,994	5,227	16,758	15,050
HIV +, pre-release	0	2	2	5
Acquired immune deficiency syndrome (AIDS)	6	4	18	7
Methicillin-resistant <i>Staph Aureus</i> (MRSA)	62	66	181	201
Methicillin-sensitive <i>Staph Aureus</i> (MSSA)	45	42	116	114
Occupational exposures of TDCJ staff	6	15	22	48
Occupational exposures of medical staff	3	6	6	11
HIV chemoprophylaxis initiation	1	3	4	5
Tuberculosis skin test (ie, PPD) +, intake	363	383	930	1021
Tuberculosis skin test +, annual	39	57	167	163
Tuberculosis, known (ie, on tuberculosis medications) at intake	0	2	0	3
Tuberculosis, diagnosed at intake and attributed to county of origin (identified before 42 days of incarceration)	2	0	5	0
Tuberculosis, diagnosed during incarceration (identified after 42 days of incarceration)	4	1	6	4
Tuberculosis cases under management	17	14		
Peer education programs ^h	0	0	100	98
Peer education educators ^o	43	17	3452	2581
Peer education participants	7758	6663	18819	16574
Sexual assault in-service (sessions/units)	11/5	2/3	15/8	10/11
Sexual assault in-service participants	76	19	149	76
Alleged assaults and chart reviews	63	94	195	225
Bloodborne exposure labs drawn on offenders	14	15	46	41
New Sero-conversions d/t sexual assault ±	0	0	0	0

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

April 2013

Reportable Condition	Reports			
	2013 This Month	2012 Same Month	2013 Year to Date*	2012 Year to Date*
Chlamydia	8	3	21	16
Gonorrhea	1	0	6	5
Syphilis	80	53	329	246
Hepatitis A	0	0	0	0
Hepatitis B, acute	0	0	0	0
Hepatitis C, total and (acute ^t)	332	200	882	983
Human immunodeficiency virus (HIV) +, known at intake	240	181	810	834
HIV screens, intake	6,630	5,635	25,644	24,408
HIV +, intake	42	39	165	172
HIV screens, offender- and provider-requested	728	1,062	3,553	3,769
HIV +, offender- and provider-requested	0	0	0	3
HIV screens, pre-release	3,869	4,986	20,627	20,036
HIV +, pre-release	0	3	2	8
Acquired immune deficiency syndrome (AIDS)	5	2	23	9
Methicillin-resistant <i>Staph Aureus</i> (MRSA)	68	80	249	281
Methicillin-sensitive <i>Staph Aureus</i> (MSSA)	44	44	160	158
Occupational exposures of TDCJ staff	11	13	33	61
Occupational exposures of medical staff	2	2	8	13
HIV chemoprophylaxis initiation	1	3	5	14
Tuberculosis skin test (ie, PPD) +, intake	212	331	1142	1352
Tuberculosis skin test +, annual	23	50	190	211
Tuberculosis, known (ie, on tuberculosis medications) at intake	1	3	1	6
Tuberculosis, diagnosed at intake and attributed to county of origin (identified before 42 days of incarceration)	2	0	7	0
Tuberculosis, diagnosed during incarceration (identified after 42 days of incarceration)	5	2	9	6
Tuberculosis cases under management	16	19		
Peer education programs [¶]	0	1	100	99
Peer education educators [°]	75	38	3527	3080
Peer education participants	6283	6062	25,102	23,426
Sexual assault in-service (sessions/units)	2/2	2/3	17/10	10/11
Sexual assault in-service participants	11	19	160	76
Alleged assaults and chart reviews	99	94	294	225
Bloodborne exposure labs drawn on offenders	22	15	68	41
New Sero-conversions d/t sexual assault ±	0	0	0	0

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

May 2013

Reportable Condition	Reports			
	2013 This Month	2012 Same Month	2013 Year to Date*	2012 Year to Date*
Chlamydia	2	3	23	19
Gonorrhea	1	2	7	7
Syphilis	99	102	428	348
Hepatitis A	0	0	0	0
Hepatitis B, acute	0	0	0	2
Hepatitis C, total and (acute [†])	332	221	1214 (0)	1203 (0)
Human immunodeficiency virus (HIV) +, known at intake	190	225	1000	1059
HIV screens, intake	5190	5971	30834	30379
HIV +, intake	39	43	204	215
HIV screens, offender- and provider-requested	795	985	4318	4754
HIV +, offender- and provider-requested	0	3	0	6
HIV screens, pre-release	3611	4969	24238	25005
HIV +, pre-release	0	2	2	10
Acquired immune deficiency syndrome (AIDS)	5	3	28	12
Methicillin-resistant <i>Staph Aureus</i> (MRSA)	59	70	308	351
Methicillin-sensitive <i>Staph Aureus</i> (MSSA)	41	49	201	207
Occupational exposures of TDCJ staff	10	13	43	74
Occupational exposures of medical staff	3	0	11	13
HIV chemoprophylaxis initiation	3	1	8	15
Tuberculosis skin test (ie, PPD) +, intake	328	343	1470	1696
Tuberculosis skin test +, annual	43	54	233	268
Tuberculosis, known (ie, on tuberculosis medications) at intake	3	1	4	7
Tuberculosis, diagnosed at intake and attributed to county of origin (identified before 42 days of incarceration)	1	0	8	0
Tuberculosis, diagnosed during incarceration (identified after 42 days of incarceration)	6	3	15	9
Tuberculosis cases under management	18	19		
Peer education programs [¶]	1	1	101	99
Peer education educators [¶]	28	26	3,555	3,106
Peer education participants	6,373	9,097	31,475	32,523
Sexual assault in-service (sessions/units)	13/9	0/0	30/19	10/11
Sexual assault in-service participants	156	0	316	76
Alleged assaults and chart reviews	74	72	368	356
Bloodborne exposure labs drawn on offenders	15	22	83	76
New Sero-conversions d/t sexual assault ±	0	0	0	0

Health Services Liaison Utilization Review Hospital and Infirmiry Discharge Audit

During the third Quarter of Fiscal Year 2013, ten percent of the UTMB and TTUHSC hospital and infirmiry discharges were audited. A total of 166 hospital discharge and 61 infirmiry discharge audits were conducted. This chart is a summary of the audits showing the number of cases with deficiencies and their percentage.

Freeworld Hospital Discharges in Texas Tech Sector											
Month	Audits Performed	Vital Signs Not Recorded ¹		Appropriate Receiving Facility ²		No Chain-In Done ³		Unscheduled Care within 7 Days ⁴		Lacked Documentation ⁵	
		(Cases with Deficiencies)		(Cases with Deficiencies)		(Cases with Deficiencies)		(Cases with Deficiencies)		(Cases with Deficiencies)	
March	6	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
April	5	1	20.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
May	5	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Total/Average		1	6.67%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Freeworld Hospital Discharges in UTMB Sector											
Month	Audits Performed	Vital Signs Not Recorded ¹		Appropriate Receiving Facility ²		No Chain-In Done ³		Unscheduled Care within 7 Days ⁴		Lacked Documentation ⁵	
		(Cases with Deficiencies)		(Cases with Deficiencies)		(Cases with Deficiencies)		(Cases with Deficiencies)		(Cases with Deficiencies)	
March	16	7	43.75%	0	0.00%	0	0.00%	0	0.00%	3	18.75%
April	19	5	26.31%	0	0.00%	0	0.00%	2	10.52%	0	0.00%
May	18	2	11.11%	0	0.00%	0	0.00%	0	0.00%	1	5.56%
Total/Average		14	27.06%	0	0.00%	0	0.00%	2	3.51%	4	8.10%
UTMB Hospital Galveston Discharges											
Month	Audits Performed	Vital Signs Not Recorded ¹		Appropriate Receiving Facility ²		No Chain-In Done ³		Unscheduled Care within 7 Days ⁴		Lacked Documentation ⁵	
		(Cases with Deficiencies)		(Cases with Deficiencies)		(Cases with Deficiencies)		(Cases with Deficiencies)		(Cases with Deficiencies)	
March	31	0	0.00%	0	0.00%	0	0.00%	1	3.22%	0	0.00%
April	34	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
May	32	0	0.00%	1	3.13%	4	12.50%	1	3.13%	0	0.00%
Total/Average		0	0.00%	1	1.04%	4	4.17%	2	2.12%	0	0.00%
GRAND TOTAL: Combined Hospital Discharges (Texas Tech Sector, UTMB Sector and Hospital Galveston)											
Month	Audits Performed	Vital Signs Not Recorded ¹		Appropriate Receiving Facility ²		No Chain-In Done ³		Unscheduled Care within 7 Days ⁴		Lacked Documentation ⁵	
		(Cases with Deficiencies)		(Cases with Deficiencies)		(Cases with Deficiencies)		(Cases with Deficiencies)		(Cases with Deficiencies)	
March	53	7	14.58%	0	0.00%	0	0.00%	1	1.07%	3	6.25%
April	58	6	15.44%	0	0.00%	0	0.00%	2	3.51%	0	0.00%
May	55	2	3.70%	1	1.04%	4	4.17%	1	1.04%	1	1.85%
Total/Average		15	11.24%	1	0.35%	4	1.39%	4	1.87%	4	2.70%
Texas Tech Infirmiry Discharges											
Month	Audits Performed	Vital Signs Not Recorded ¹		Appropriate Receiving Facility ²		No Chain-In Done ³		Unscheduled Care within 7 Days ⁴		Lacked Documentation ⁵	
		(Cases with Deficiencies)		(Cases with Deficiencies)		(Cases with Deficiencies)		(Cases with Deficiencies)		(Cases with Deficiencies)	
March	13	2	15.38%	0	0.00%	3	23.07%	0	0.00%	4	30.77%
April	12	0	0.00%	0	0.00%	2	16.67%	1	8.33%	0	0.00%
May	9	1	11.11%	0	0.00%	2	22.22%	1	11.11%	0	0.00%
Total/Average		3	8.83%	0	0.00%	7	20.65%	2	6.48%	4	10.26%
UTMB Infirmiry Discharges											
Month	Audits Performed	Vital Signs Not Recorded ¹		Appropriate Receiving Facility ²		No Chain-In Done ³		Unscheduled Care within 7 Days ⁴		Lacked Documentation ⁵	
		(Cases with Deficiencies)		(Cases with Deficiencies)		(Cases with Deficiencies)		(Cases with Deficiencies)		(Cases with Deficiencies)	
March	9	3	33.33%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
April	8	0	0.00%	0	0.00%	2	25.00%	1	12.50%	0	0.00%
May	10	1	10.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
Total/Average		4	14.44%	0	0.00%	2	8.33%	1	4.17%	0	0.00%
GRAND TOTAL: Combined Infirmiry Discharges (Texas Tech and UTMB)											
Month	Audits Performed	Vital Signs Not Recorded ¹		Appropriate Receiving Facility ²		No Chain-In Done ³		Unscheduled Care within 7 Days ⁴		Lacked Documentation ⁵	
		(Cases with Deficiencies)		(Cases with Deficiencies)		(Cases with Deficiencies)		(Cases with Deficiencies)		(Cases with Deficiencies)	
March	22	5	24.36%	0	0.00%	3	11.54%	0	0.00%	4	15.39%
April	20	0	0.00%	0	0.00%	4	20.84%	2	10.42%	0	0.00%
May	19	2	10.56%	0	0.00%	2	11.11%	1	5.56%	0	0.00%
Total/Average		7	11.64%	0	0.00%	9	14.49%	3	5.32%	4	5.13%

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. (Units not performing chain in were: Darrington [2], Neal [2], Robertson [2] and Sanchez [1]) 4. The offender required unscheduled medical care related to the admitting diagnosis within the first seven days after discharge. 5. Discharge information was not available in the offender's electronic medical record within 24 hours of arriving at the unit.

**FIXED ASSETS CONTRACT MONITORING AUDIT
BY UNIT
THIRD QUARTER, FISCAL YEAR 2013**

March 2013	Numbered Property On Inventory Report	Total Number of Deletions	Total Number of Transfers	Total Number of New Equipment
Gist State Jail	51	0	0	0
LeBlanc	37	0	0	0
West Texas Intermediate Sanction	NA	NA	NA	NA
Total	88	0	0	0

April 2013	Numbered Property On Inventory Report	Total Number of Deletions	Total Number of Transfers	Total Number of New Equipment
Havins	8	0	0	0
Hodge	41	0	0	0
Johnston	22	3	0	1
Total	71	3	0	1

May 2013	Numbered Property On Inventory Report	Total Number of Deletions	Total Number of Transfers	Total Number of New Equipment
Clements	103	0	0	0
Ferguson	42	0	0	0
Lindsey State Jail	28	0	0	0
Neal	43	0	0	0
Total	216	0	0	0

**CAPITAL ASSETS AUDIT
THIRD QUARTER, FISCAL YEAR 2013**

Audit Tools	March	April	May	Total
Total number of units audited	3	3	4	10
Total numbered property	88	71	216	375
Total number out of compliance	0	0	0	0
Total % out of compliance	0.00%	0.00%	0.00%	0.00%

**AMERICAN CORRECTIONAL ASSOCIATION
ACCREDITATION STATUS REPORT
Third Quarter FY-2013**

University of Texas Medical Branch

Unit	Audit Date	% Compliance	
		Mandatory	Non-Mandatory
Garza East / West	March 11, 2013	100%	97.7%
Jester IV	April 8, 2013	100%	98.7%
Huntsville	April 15, 2013	100%	98.1%
Goree	April 17, 2013	100%	98.1%
Crain	April 22, 2013	100%	98.6%
Hightower	May 6, 2013	100%	98.6%
Plane / Henley	May 20, 2013	100%	97.5%

Texas Tech University Health Science Center

Unit	Audit Date	% Compliance	
		Mandatory	Non-Mandatory
Wallace / Ware	March 4, 2013	100%	97.7%
Dalhart	March 18, 2013	100%	97.7%

The ACA CAMA Conference was held in Richmond, Virginia May 4, 2013. During this conference, the following units were awarded Reaccreditation by the ACA Panel of Commissioners: Montford, Hughes, Murray, Stringfellow, Middleton, Ellis, Stevenson, Hutchins and Lynaugh/Ft. Stockton.

Executive Services
Active Monthly Academic Research Projects
Correctional Institutions Division

FY-2013 Third Quarterly Report: March, April, and May

Project Number: 459-R04

Researcher:	IRB Number:	IRB Expiration Date:	Research
Began:			
Kevin Knight	S08-19	03/23/2011	01/10/2005
Title of Research:			Data
Collection Began:			
Criminal Justice Drug Abuse Treatment Studies (CJ-DATS) Targeted Intervention Components (TIC) for Correctional Re-Entry Programs.			06/09/2005
			Data
Collection End:			
Proponent:			03/24/2009
Texas Christian University, Institute of Behavior Research			
Project Status:		Progress Report Due:	Projected
Completion:			
Pending Final Product Review		06/14/2013	12/31/2013

Project Number: 510-AR07

Researcher:	IRB Number:	IRB Expiration Date:	Research
Began:			
Chris Krebs	11610	03/05/2013	09/27/2006
Title of Research:			Data
Collection Began:			
The 2007 National Inmate Survey			04/16/2007
			Data
Collection End:			
			Year 3 Data
Collection			
Proponent:			Ended April
2012			
Bureau of Justice Statistics (BJS), in cooperative agreement with RTI			
Project Status:		Progress Report Due:	Projected
Completion:			
Being Reviewed for Closure		08/20/2013	RTI has no
plans for future			rounds of data
collection.			
confirmation			Awaiting RTI
			to close out
the project.			

Project Number: 521-AR07

Researcher: Erin Hardin **IRB Number:** 500505 **IRB Expiration Date:** 05/25/2011 **Research Began:** 12/06/2006

Title of Research:
Understanding the Factors that Affect Employability of Soon-to-Be Released Prisoners

Data Collection Began:
06/15/2007

Proponent:
Texas Tech University

Data Collection End:
05/07/2007

Project Status:
Data Analysis

Progress Report Due:
03/09/2013

Projected Completion:
03/30/2013

A follow-up recidivism study is being conducted. The results will complete the final manuscript.

Project Number: 524-AR07

Researcher: Marilyn Armour **IRB Number:** 2006-11-0095 **IRB Expiration Date:** 01/06/2013 **Research Began:** 01/05/2007

Title of Research:
Mechanisms of Action in Bridges to Life

Data Collection Began:
04/12/2007

Proponent:
University of Texas-Austin

Data Collection End:
07/24/2007

Project Status:
Data Analysis

Progress Report Due:
09/18/2012

Projected Completion:
01/06/2013

Project Number: 587-AR09

Researcher: Marcus Boccaccini **IRB Number:** PHS-2009-04- **IRB Expiration Date:** 06/20/2013 **Research Began:** 09/06/2009

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

Data Collection Began:
10/13/2009

Proponent:
Sam Houston State University

Data Collection End:
06/28/2012

Project Status:
Data Analysis

Progress Report Due:
12/12/2012

Projected Completion:
12/31/2013

Project Number: 599-AR09

Researcher:

Julian Cano

IRB Number:

FWA#00002030

IRB Expiration Date:

11/15/2010

Research Began:

04/14/2010

Title of Research:

"Exploring The Theoretical Origins Of Male Sexual Deviance:
What Are The Self-Regulatory And Sub-Group Differences
Among A Sample Of Adult Incarcerated Sexual Offenders?"

Data Collection Began:

04/15/2010

Proponent:

University of Texas - Austin

Data Collection End:

06/30/2010

Project Status:

Formulating Results

Progress Report Due:

08/06/2013

Projected Completion:

12/31/2012

Project Number: 600-AR10

Researcher:

Marcus Boccaccini

IRB Number:

2010-06-005

IRB Expiration Date:

06/21/2011

Research Began:

07/15/2010

Title of Research:

Risk Scores Using Deidentified Offender Files

Data Collection Began:

07/20/2010

Proponent:

Sam Houston State University

Data Collection End:

07/20/2010

Project Status:

Pending Final Product Review

Progress Report Due:

09/30/2013

Projected Completion:

03/31/2013

Project Number: 605-AR10

Researcher:

Patrick Flynn

IRB Number:

S10-34

IRB Expiration Date:

07/05/2013

Research Began:

10/07/2011

Title of Research:

Reducing the Spread of HIV by Released Prisoners

Data Collection Began:

10/07/2011

Proponent:

Texas Christian University

Data Collection End:

Project Status:

Data Collection

Progress Report Due:

07/07/2013

Projected Completion:

06/30/2015

Project Number: 613-AR10

Researcher:

J. Miller

IRB Number:

10-218

IRB Expiration Date:

09/29/2012

Research Began:

06/11/2011

Title of Research:

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

Data Collection Began:

12/31/2011

Proponent:

University of Texas at San Antonio

Data Collection End:

12/31/2012

Project Status:

Data Analysis

Progress Report Due:

09/01/2013

Projected Completion:

03/31/2013

Project Number: 620-AR11

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

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

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

Project Status: Pending Final Product Review **Progress Report Due:** 09/14/2013 **Projected Completion:** 12/31/2012

Project Number: 622-AR11

Researcher: Andrew Wiegand **IRB Number:** (no number) **IRB Expiration Date:** 12/11/2013 **Research Began:** 07/14/2011

Title of Research: Evaluation of the Reintegration of Ex-Offenders (RExO) Project **Data Collection Began:** 09/13/2011

Proponent: Social Policy Research Associates **Data Collection End:** 03/28/2012

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

Researchers have requested re-incarceration data for the original data set. (Round 2 data collection)

Project Number: 629-AR11

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

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

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

Project Status: Data Analysis **Progress Report Due:** 07/20/2013 **Projected Completion:** 12/31/2013

Project Number: 640-AR11

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

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

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

Project Status: Data Analysis **Progress Report Due:** 06/17/2013 **Projected Completion:** 10/10/2012

Project Number: 642-AR11

Researcher: Gaylene Armstrong **IRB Number:** 2011-09-074 **IRB Expiration Date:** 10/28/2012 **Research Began:** 01/31/2012

Title of Research: SHSU Workplace Experience Survey **Data Collection Began:** 01/31/2012

Proponent: Sam Houston State University **Data Collection End:** 05/15/2012

Project Status: First manuscript approved; Researcher is discussing this topic with administrators, for further study. **Progress Report Due:** 06/04/2013 **Projected Completion:** 12/28/2012

Project Number: 643-AR11

Researcher: Chad Trulson **IRB Number:** 11590 **IRB Expiration Date:** 12/31/2012 **Research Began:** 05/09/2012

Title of Research: The Institutional Experiences of Mentally Retarded Death Row Commuttees **Data Collection Began:** 05/09/2012

Proponent: University of North Texas, Department of Criminal Justice **Data Collection End:** 09/30/2012

Project Status: Pending Final Product Review **Progress Report Due:** 09/11/2013 **Projected Completion:** 12/31/2012

Project Number: 647-AR11

Researcher:

Scott Culhane

IRB Number:

no number

IRB Expiration Date:

11/03/2012

Research Began:

05/16/2012

Title of Research:

Factors Influencing Crime as Self-Reported by Serial Killers, Violent Offenders, Non-violent Offenders, and Students

Data Collection Began:

05/18/2012

Data Collection End:

11/03/2012

Proponent:

University of Wyoming's Department of Criminal Justice

Project Status:

Data Analysis

Progress Report Due:

01/02/2014

Projected Completion:

11/30/2012

Project Number: 648-AR12

Researcher:

Meredith Dank

IRB Number:

08572-000-00

IRB Expiration Date:

02/07/2013

Research Began:

05/21/2012

Title of Research:

Estimating the Unlawful Commercial Sex Economy in the United States

Data Collection Began:

07/18/2012

Data Collection End:

09/07/2012

Proponent:

The Urban Institute, Justice Policy Center

Project Status:

Data Analysis

Progress Report Due:

03/07/2013

Projected Completion:

02/07/2013

Project Number: 652-AR12

Researcher:

Heather Clark

IRB Number:

2011-0857

IRB Expiration Date:

01/17/2013

Research Began:

04/24/2012

Title of Research:

Evaluation of a Medication Adherence Curriculum in Ex-Offenders from the Texas Department of Criminal Justice System

Data Collection Began:

04/24/2012

Data Collection End:

Proponent:

Texas A & M University

Project Status:

Formulating Results to be submitted to:
TDCJ, Texas DSHS, and AIDS
Foundation, Houston

Progress Report Due:

11/1/2013

Projected Completion:

01/17/2013

Project Number: 656-AR12

Researcher:

Cassandra Atkin-Plunk

IRB Number:

2012-04-011

IRB Expiration Date:

09/07/2013

Research Began:

09/07/2012

Title of Research:

Examining the Impact of Adult Social Bonds on Inmates' Visitation and Recidivism

Data Collection Began:

10/31/2012

Data Collection End:

10/31/2012

Proponent:

Sam Houston State University

Project Status:

Data Analysis

Progress Report Due:

06/06/2013

Projected Completion:

03/01/2013

Project Number: 661-AR12

Researcher: Byron Johnson **IRB Number:** Exempt category 4 **IRB Expiration Date:** N/A **Research Began:** 01/07/2013

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

Proponent:
Baylor University

Project Status: Data Collection **Progress Report Due:** 11/15/2013 **Projected Completion:** 08/31/2017

Researcher submitted an amended proposal to Baylor IRB and TDCJ which would add qualitative research methods to the research design, such as one on one interviews with the seminary students and unit staff.

Project Number: 666-AR12

Researcher: Jesus Amadeo **IRB Number:** ETJD **IRB Expiration Date:** 10/02/2013 **Research Began:** 12/28/2012

Title of Research: Enhanced Transitional Jobs Demonstration **Data Collection Began:** 12/28/2012

Proponent:
MDRC /

Project Status: Data Collection **Progress Report Due:** 03/28/2013 **Projected Completion:** 12/31/2017

Project Number: 664-AR12

Researcher: Scott Walters **IRB Number:** 2011-125 **IRB Expiration Date:** 09/04/2013 **Research Began:** 05/22/2013

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

Proponent:
University of North Texas Health Science Center

Project Status: Data Collection **Progress Report Due:** **Projected Completion:**

Project Number: 103-RL01

<u>Researcher:</u> Holly Miller	<u>IRB Number:</u> M20020807	<u>IRB Expiration Date:</u> 07/21/2006	<u>Research Began:</u> 11/01/2001
<u>Title of Research:</u> Psychopathy, Static Risk, and Dynamic Risk Among Sexual Offenders			<u>Data Collection Began:</u> 12/01/2001
<u>Proponent:</u> Sam Houston State University			<u>Data Collection End:</u> 08/01/2004
<u>Project Status:</u> Pending Final Product Review	<u>Progress Report Due:</u> 03/07/2013		<u>Projected Completion:</u> 07/21/2016

Offender interviews ended in '06. Data is being collected from DPS (10 yrs. following release) on all participants, for a recidivism study. Project to remain active, pending TDCJ review of follow-up results.

Project Number: 202-RL02

<u>Researcher:</u> Kymn Kochanek	<u>IRB Number:</u> 020502	<u>IRB Expiration Date:</u> 07/11/2012	<u>Research Began:</u> 05/01/2002
<u>Title of Research:</u> National Longitudinal Survey of Youth 1997 (for Bureau of Labor Statistics)			<u>Data Collection Began:</u> 11/01/2002
<u>Proponent:</u> NORC - National Organization for Research at the University of Chicago			<u>Data Collection End:</u> N/A
<u>Project Status:</u> Data Analysis	<u>Progress Report Due:</u> 08/13/2013		<u>Projected Completion:</u> N/A

Round 15 Data Collection ended May 2012

Project Number: 221-RL02

<u>Researcher:</u> Kymn Kochanek	<u>IRB Number:</u> 040202	<u>IRB Expiration Date:</u> 08/16/2013	<u>Research Began:</u> 06/06/2002
<u>Title of Research:</u> National Longitudinal Survey of Youth 1979 (for Bureau of Labor Statistics)			<u>Data Collection Began:</u> 05/01/2002
<u>Proponent:</u> NORC at the University of Chicago			<u>Data Collection End:</u> N/A
<u>Project Status:</u> Data Collection	<u>Progress Report Due:</u> 08/13/2013		<u>Projected Completion:</u> N/A

Round 25 Data Collection began June 2013

Project Number: 434-RL04

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

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

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

Project Status: Data Analysis **Progress Report Due:** 09/11/2013 **Projected Completion:** 12/31/2012

Project Number: 547-RL07

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

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

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

Project Status: Pending Final Product Review **Progress Report Due:** 03/01/2013 **Projected Completion:** 10/31/2012

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

FY-2013 Third Quarterly Report: March, April, and May

<p>Project Number: 660-AR12</p> <p>Received:</p> <p>Researcher: Foster Holly</p> <p>Application:</p> <p>Title of Research: Incarcerated Mothers in the USA and Australia</p> <p>Schedule: 02/27/2013,</p> <p>Proponent:</p> <p>Recommendations: Pending Peer Panel 2nd Review revised proposal from be forwarded to 05/20/2013</p>	<p>IRB Number: 2012-0251</p>	<p>Application</p> <p>10/05/2012</p> <p>Completed</p> <p>10/05/2012</p> <p>Peer Panel</p> <p>11/27/2012, 04/02/2013</p> <p>Panel</p> <p>Received</p> <p>researcher to</p> <p>review</p>
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<p>Project Number: 662-AR12</p> <p>Received:</p> <p>Researcher: Ephrem Fernandez</p> <p>Application:</p> <p>Title of Research: Anger Treatment Outcome Evaluation</p> <p>Schedule:</p> <p>Proponent:</p> <p>Recommendations: University of Texas at San Antonio 1/31/13; forwarded concerns to researcher; revising to re-</p>	<p>IRB Number: Contingent upon TDCJ approval</p>	<p>Application</p> <p>11/12/2012</p> <p>Completed</p> <p>Pending IRB</p> <p>Peer Panel</p> <p>01/10/2013</p> <p>Panel</p> <p>Denied.</p> <p>panel's</p> <p>Researcher is</p>
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Project Number: 669-AR13

Researcher:
Chad Trulson

IRB Number:
University IRB is reviewing.
Researcher requests review and
approval contingent upon IRB approval

Application Received:
02/07/2013

Completed Application:
Pending IRB

Title of Research:
Criminal Behavior and Criminal Prosecutions in the Texas
Department of Criminal Justice

Peer Panel Schedule:
04/17/2013

Proponent:
University of North Texas, Department of Criminal Justice

Panel Recommendations:

Project Status:
Pending Peer Panel Review

Project Number:670-AR13

Researcher:
Andrew Day

IRB Number:
HEAG-H 140_2011

Application Received:
02/25/2013

Completed Application:
03/19/2013

Title of Research:
Older Prisoners: A Human Rights Perspective

Peer Panel Schedule:

Proponent:

Panel Recommendations:

Project Status:
Pending OIG

Project Number:671-AR13

Researcher:
Bridget Williamson

IRB Number:
2013-01-4707

Application Received:
03/06/2013

Completed Application:
03/06/2013

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

Peer Panel Schedule:

Proponent:
Sam Houston State University

Panel Recommendations:

Project Status:
Pending Peer Panel

Project Number: 672-AR13

Researcher:

Anita Mukherjee

IRB Number:

Application Received:

03/27/2013

Completed Application:

Title of Research:

A Comparison of Inmate-Level Outcomes in Private and Public Prisons

Peer Panel Schedule:

Proponent:

The Wharton School, University of Pennsylvania

Panel Recommendations:

Project Status:

Pending Peer Panel

Project Number:676-AR13

Researcher:

Candace Johnson

IRB Number:

Application Received:

Completed Application:

Title of Research:

Reintegration of Ex-Offenders Random Assignment
Evaluation (RExO) – 2

Peer Panel Schedule:

05/09/2013

Proponent:

Panel Recommendations:

Project Status:

Pending Division Review

Executive Services
Active Monthly Medical Research Projects
Health Services Division
FY-2013 Third Quarterly Report: March, April, and May

Project Number: 623-RM11

<u>Researcher:</u>	<u>IRB Number:</u>	<u>IRB Expiration Date:</u>	<u>Research</u>
<u>Began:</u> Maurice Willis	10-191	06/15/2013	11/23/2011

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

Collection End: Data

Proponent:
University of Texas Medical Branch at Galveston

<u>Project Status:</u>	<u>Progress Report Due:</u>	<u>Projected</u>
<u>Completion:</u> Data Collection on enrollment	04/11/2013	Will depend

Project Number: 650-RM12

<u>Researcher:</u>	<u>IRB Number:</u>	<u>IRB Expiration Date:</u>	<u>Research</u>
<u>Began:</u> Mary Brinkman	12-011	01/10/2013	04/13/2012

<u>Title of Research:</u>	<u>Data</u>
<u>Collection Began:</u> Evaluation of Patients Enrolled in Newly Instituted Pharmacist-Led Chronic Kidney Disease Clinics in the Correctional Managed Healthcare Setting	04/13/2012

Collection End: Data
05/13/2012

Proponent:
University of Texas Medical Branch at Galveston

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

FY-2013 Third Quarterly Report: March, April , and May

Project Number: 615-RM10

Researcher

John Petersen

IRB Number:

11-069

Application Received:

04/29/2011

Title of Research:

Serum Markers of Hepatocellular Cancer

Completed Application:

04/28/2011

Proponent:

University of Texas -Galveston / Correctional Managed Health Care

Peer Panel Schedule:

05/27/2011, 06/05/2011
01/05/2012

Project Status:

Pending Peer Panel 3rd Review

Panel Recommendations:

Recommended revisions,
Revised, resubmitted
06/06/2011

University Medical Director Review Sent:

01/04/2012

University Medical Director Approval:

01/05/2012

Project Number: 630-RM11

Researcher

Jacques Baillargeon

IRB Number:

11-067

Application Received:

05/18/2011

Title of Research:

The Older Prisoner

Completed Application:

05/18/2011

Proponent:

University of Texas -Galveston / Correctional Managed Health Care

Peer Panel Schedule:

06/24/2011

Project Status:

Pending Peer Panel

Panel Recommendations:

University Medical Director Review Sent:

07/07/2011, 12/30/2011

University Medical Director Approval:

01/03/2012

Project Number: 633-RM11

Researcher
Robert Morgan

IRB Number:
502838

Application Received:
06/17/2011

Title of Research:
Thinking Patterns of Mentally Disordered Offenders

Completed Application:
06/23/2011

Proponent:
Texas Tech University Department of Psychology

Project Status:
Pending Peer Panel 3rd Review

Peer Panel Schedule:
11/22/2011, 01/17/2012,
02/15/2012

University Medical Director Review Sent:
07/7/2011

Panel Recommendations:

University Medical Director Approval:
11/15/2011

Project Number: 635-RM11

Researcher
Bryan Schneider

IRB Number:
11-101

Application Received:
07/06/2011

Title of Research:
Lactulose compliance levels among patients admitted to a
prison system hospital with a hepatic diagnosis

Completed Application:
07/08/2011

Proponent:
University of Texas -Galveston / Correctional Managed Health Care

Peer Panel Schedule:
02/06/2012

Project Status:
Pending Peer Panel

Panel Recommendations:

University Medical Director Review Sent:
07/19/2011

University Medical Director Approval:
08/31/2011

Project Number: 649-RM12

Researcher
Jacques Baillargeon

IRB Number:
11-098

Application Received:
01/13/2012

Title of Research:
Prevalence of Major Psychiatric Disorders in the Texas Prison System

Completed Application:
01/13/2012

Proponent:
University of Texas -Galveston / Correctional Managed Health Care

Peer Panel Schedule:
03/14/2013

Project Status:
Pending Peer Panel Approval

University Medical Director Review Sent:
09/10/2012

Panel Recommendations:

University Medical Director Approval:
09/14/2012

Project Number: 658-RM12

Researcher
Robert Morgan

IRB Number:
L12-103

Application Received:
08/28/2012

Title of Research:
Comparing Telehealth and Face-to-Face Interview Modalities In Referring Offenders with Mental Illness to Treatment

Completed Application:
08/28/2012

Proponent:
Texas Tech University

Peer Panel Schedule:
01/29/2013

Project Status:
Pending Peer Panel Approval

University Medical Director Review Sent:
8/29/2012

Panel Recommendations:

University Medical Director Approval:
01/28/2013

Project Number: 663-RM12

Researcher

Luca Cicalese

IRB Number:

12-145

Title of Research:

Collection of Human Samples (Liver, Intestine, Blood, Urine, And Feces) and Hepatocellular Carcinoma (HCC) and Other Liver Diseases

Proponent:

University of Texas Medical Branch at Galveston

Project Status:

Pending Peer Panel Approval

University Medical Director Review Sent:

01/18/2013

University Medical Director Approval:

01/22/2013

Application Received:

11/12/2012

Completed Application:

11/12/2012

Peer Panel Schedule:

01/23/2013

Panel Recommendations:

Project Number: 667-RM13

Researcher:

Emily Tong

IRB Number:

12-280

Title of Research:

The Effectiveness of Switching Virologically Suppressed HIV-1 infected Patients From Emtricitabine (FTC) and Emtricitabine-Containing Products to Lamivudine (3TC)

Proponent:

UTMB

Project Status:

Pending OGC Approval

University Medical Director Review Sent:

02/15/2013

University Medical Director Approval:

02/19/2013

Application Received:

01/24/2013

Completed Application:

01/24/2013

Peer Panel Schedule:

02/22/2013

Panel Recommendations:

Approved 02/25/2013

3rd Quarter FY 2013
TDCJ Office of Mental Health Monitoring & Liaison
Administrative Segregation

Date	Unit	Observed	Interviewed	Referred	Requests Fwd	911 Tool	ATC 4	ATC 5	ATC6
3/7-8/2013	Clements ECB	435	131	0	8	100	100	100	100
3/19/2013	Powledge	16	16	0	1	100	100	100	100
3/20/2013	Cole	7	7	0	1	100	100	100	100
3/20-21/2013	Connally	372	99	0	7	100	100	100	100
3/25/2013	Mt. View	32	32	0	1	100	100	95	100
3/25/2013	Ellis	120	9	0	3	100	100	100	100
3/27-28/2013	Wynne	308	31	0	5	100	100	100	100
04/03-04/2013	McConnell	368	90	0	8	100	100	100	100
04/09/2013	Bradshaw	11	11	0	0	100	100	100	100
04/16/2013	Lopez	11	11	0	0	100	100	100	100
04/16-17/2013	Allred ECB	431	56	1	3	100	100	100	100
04/17-18/2013	Allred	434	87	0	7	100	100	100	100
04/24-25/2013	Polunsky	452	109	0	7	100	100	100	100
05/02/13	Murray	113	61	0	4	100	100	100	100
5/8/13	Dawson	6	6	0	1	100	100	100	100
5/9/13	Hutchins	26	26	0	2	100	100	100	100
05/13/13	Ramsey	112	26	0	2	100	100	100	100
05/15-16/13	Lewis	411	82	1	8	100	100	100	100
5/21/13	Sanchez	13	13	0	2	100	100	100	100
5/23/13	Dominguez	15	15	0	2	100	100	100	100
5/23/13	Darrington	196	36	0	4	100	100	100	100
Grand Total	21 units	3889	954	2	76	100	100	99	100

INTAKE MENTAL HEALTH EVALUATION (MHE) AUDIT
Conducted in 3rd Quarter 2013
Period Audited—January, February, March 2013

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	36	35	31	0	89%
Baten ISF	53	21	11	0	52%
Bradshaw State Jail	50	44	28	0	64%
Byrd Unit	44	25	22	0	88%
Dominguez State Jail	67	66	65	0	98%
Formby State Jail	15	13	12	0	92%
Garza Transfer Facility	70	59	37	5	63%
Gist State Jail	42	34	29	5	85%
Glossbrenner SAFPF	10	10	10	0	100%
Gurney Transfer Facility	70	46	35	0	76%
Halbert SAFPF	52	51	50	0	98%
Holliday Transfer Facility	70	60	57	0	95%
Hutchins State Jail	70	64	41	0	64%
Jester I SAFPF	46	46	45	0	98%
Johnston SAFPF	30	30	23	0	77%
Kyle SAFPF	0	0	0	0	N/A
Lindsey State Jail	28	28	26	0	93%
Lychner State Jail	60	60	58	0	97%
Middleton Transfer Facility	70	69	69	0	100%
Plane State Jail	70	66	57	5	86%
Sanchez State Jail	16	15	15	0	100%
Sayle SAFPF	18	18	8	0	44%
Travis State Jail	57	55	51	0	93%
Woodman State Jail	70	59	47	8	80%
GRAND TOTAL	1114	974	827	23	85%

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

Corrective Action required of all units scoring below 80% is to **prepare a Detailed Written Plan and to retrain with TDCJ Health Services Division**. U1 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 ente the Mental Health Quality of Care Concerns Database and an action request was made that relevant offender receive the evaluation.

COMPELLED PSYCHOACTIVE MEDICATION AUDIT

3rd Quarter 2013

Audit Period—March 2013-May 2013

UNIT	Audit Month	Criteria for Compelled Meds Documented in Medical Record ¹				
		Reviewed	Applicable	Compliant	Score	Corrective Action
Montford	March 2013	8	8	8	100	N/A
Clements	March 2013	0	0	0	N/A	None Administered
Skyview	March 2013	12	12	12	100	N/A
Jester IV	March 2013	5	5	5	100	N/A

Montford	April 2013	10	10	10	100	N/A
Clements	April 2013	0	0	0	N/A	None Administered
Skyview	April 2013	9	9	9	100	N/A
Jester IV	April 2013	6	6	6	100	N/A

Montford	May 2013	6	6	6	100	N/A
Clements	May 2013	0	0	0	N/A	None Administered
Skyview	May 2013	11	11	11	100	N/A
Jester IV	May 2013	3	3	3	100	N/A

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

Corrective Action was required of all units scoring below 100%.

Consent Item

University Medical Director's Report

The University of Texas Medical Branch



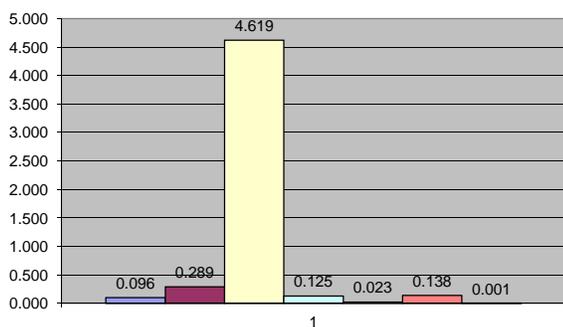
**Correctional Health Care
MEDICAL DIRECTOR'S REPORT**

**THIRD QUARTER
FY 2013**

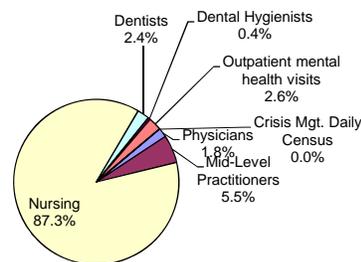
Medical Director's Report:

Average Population	March		April		May		Qtly Average	
	118,202		118,393		118,737		118,444	
	Number	Rate Per Offender						
Medical encounters								
Physicians	10,925	0.092	11,751	0.099	11,352	0.096	11,343	0.096
Mid-Level Practitioners	32,546	0.275	35,104	0.297	35,126	0.296	34,259	0.289
Nursing	550,901	4.661	530,549	4.481	559,702	4.714	547,051	4.619
Sub-total	594,372	5.028	577,404	4.877	606,180	5.105	592,652	5.004
Dental encounters								
Dentists	14,501	0.123	15,603	0.132	14,315	0.121	14,806	0.125
Dental Hygienists	2,511	0.021	2,982	0.025	2,663	0.022	2,719	0.023
Sub-total	17,012	0.144	18,585	0.157	16,978	0.143	17,525	0.148
Mental health encounters								
Outpatient mental health visits	16,046	0.136	16,533	0.140	16,629	0.140	16,403	0.138
Crisis Mgt. Daily Census	61	0.001	57	0.000	64	0.001	61	0.001
Sub-total	16,107	0.136	16,590	0.140	16,693	0.141	16,463	0.139
Total encounters	627,491	5.309	612,579	5.174	639,851	5.389	626,640	5.291

Encounters as Rate Per Offender Per Month



Encounters by Type

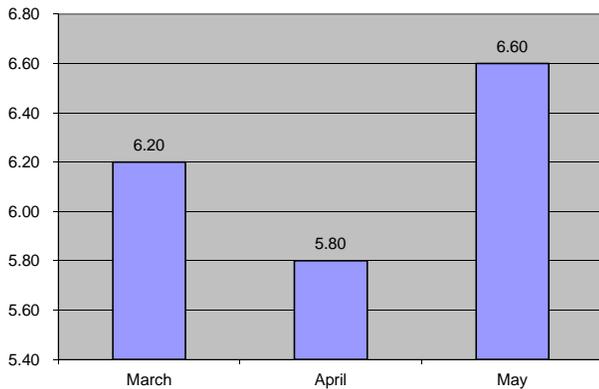


Medical Director's Report (Page 2):

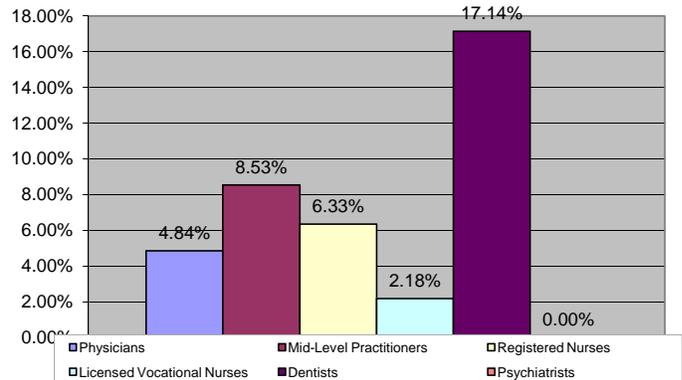
	March	April	May	Qtly Average
Medical Inpatient Facilities				
Average Daily Census	68.20	74.10	69.20	70.50
Number of Admissions	342.00	381.00	324.00	349.00
Average Length of Stay	6.20	5.80	6.60	6.20
Number of Clinic Visits	4,199.00	4,590.00	3,944.00	4,244.33
Mental Health Inpatient Facilities				
Average Daily Census	1,032.01	1,034.42	1,009.36	1,025.26
PAMIO/MROP Census	765.93	728.57	695.45	729.98
Telemedicine Consults	8,562	10,164	9,250	9,325.33

Health Care Staffing	Average This Quarter			Percent Vacant
	Filled	Vacant	Total	
Physicians	59.00	3.00	62.00	4.84%
Mid-Level Practitioners	118.00	11.00	129.00	8.53%
Registered Nurses	207.00	14.00	221.00	6.33%
Licensed Vocational Nurses	539.00	12.00	551.00	2.18%
Dentists	58.00	12.00	70.00	17.14%
Psychiatrists	19.00	0.00	19.00	0.00%

Average Length of Stay



Staffing Vacancy Rates



Consent Item

University Medical Director's Report

Texas Tech University
Health Sciences Center

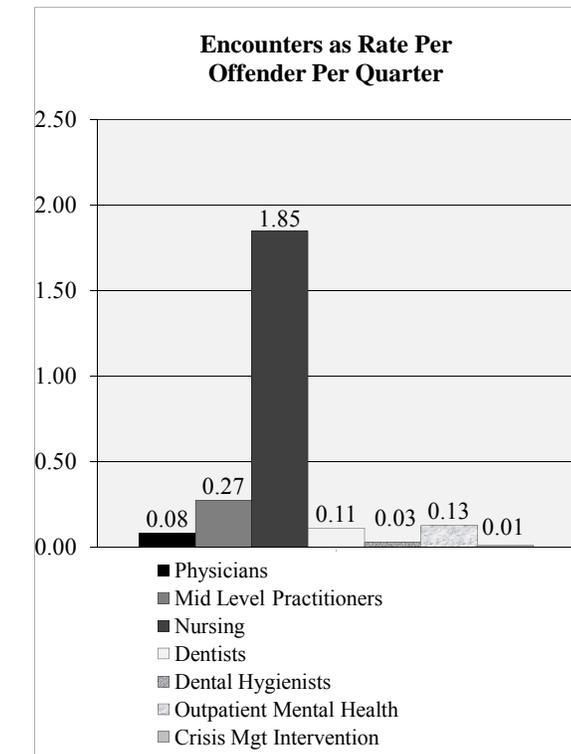


Correctional Managed Health Care
MEDICAL DIRECTOR'S REPORT

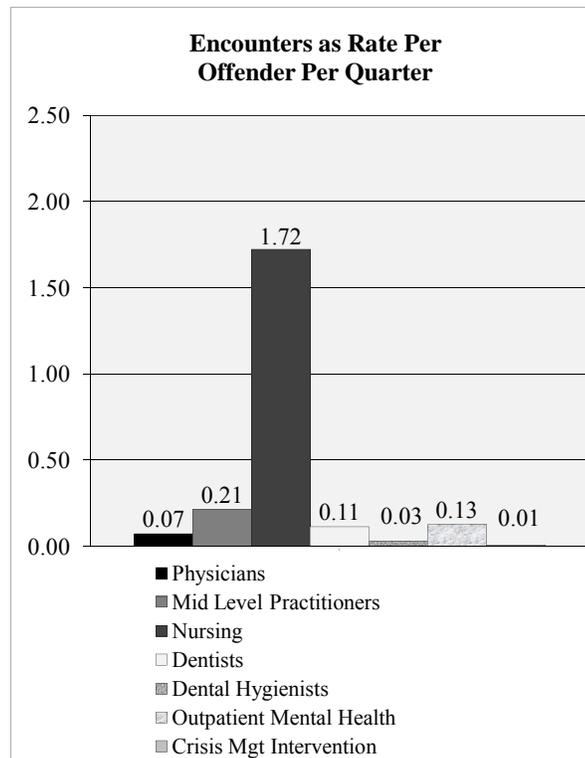
THIRD QUARTER
FY 2013

Medical Director's Report:

	March		April		May		Quarterly Average	
<i>Average Population</i>	30,249.50		30,212.69		30,361.91		30,274.70	
<i>Medical Encounters</i>	Offende Number r		Offende Number r		Offende Number r		Offende Number r	
Physicians	2,570	0.085	2,322	0.077	1,758	0.058	2,217	0.073
Mid-Level Practitioners	5,886	0.195	6,476	0.214	6,944	0.229	6,435	0.213
Nursing	51,141	1.691	51,331	1.699	53,936	1.776	52,136	1.722
Sub-Total	59,597	1.970	60,129	1.990	62,638	2.063	60,788	2.008
<i>Dental Encounters</i>								
Dentists	3,284	0.109	3,544	0.117	3,473	0.114	3,434	0.113
Dental Hygienists	892	0.029	926	0.031	927	0.031	915	0.030
Sub-Total	4,176	0.138	4,470	0.148	4,400	0.145	4,349	0.144
<i>Mental Health Encounters</i>								
Outpatient Mental Health Visits	3,769	0.125	3,819	0.126	3,997	0.132	3,862	0.128
Crisis Mgt. Interventions	213	0.007	260	0.009	244	0.008	239	0.008
Sub-Total	3,982	0.132	4,079	0.135	4,241	0.140	4,101	0.135
<i>Total Encounters</i>	67,755	2.240	68,678	2.273	71,279	2.348	69,237	2.287

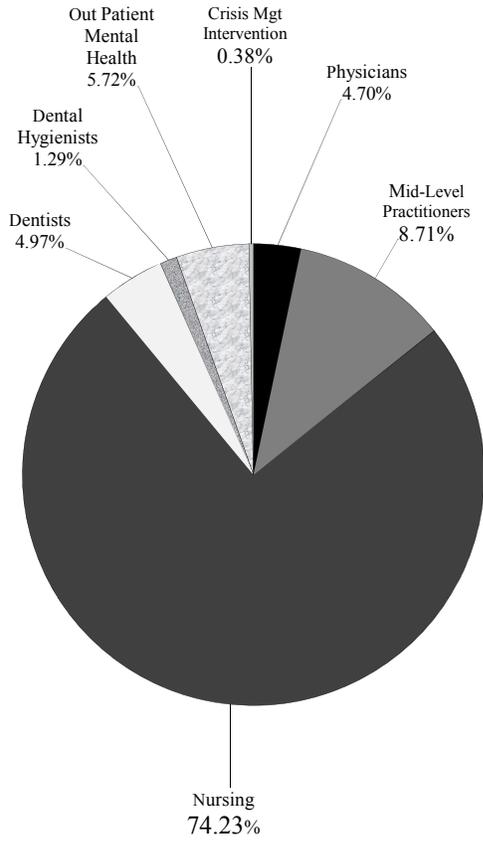


2nd Quarter 2013



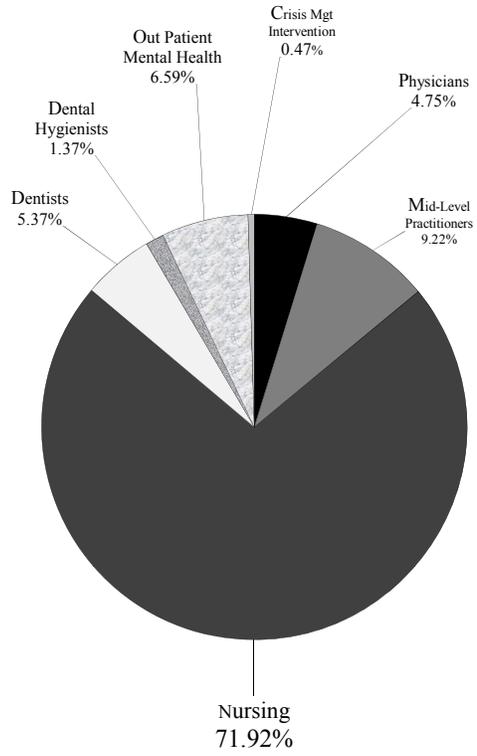
3rd Quarter 2013

Encounters by Type



2nd Quarter 2013

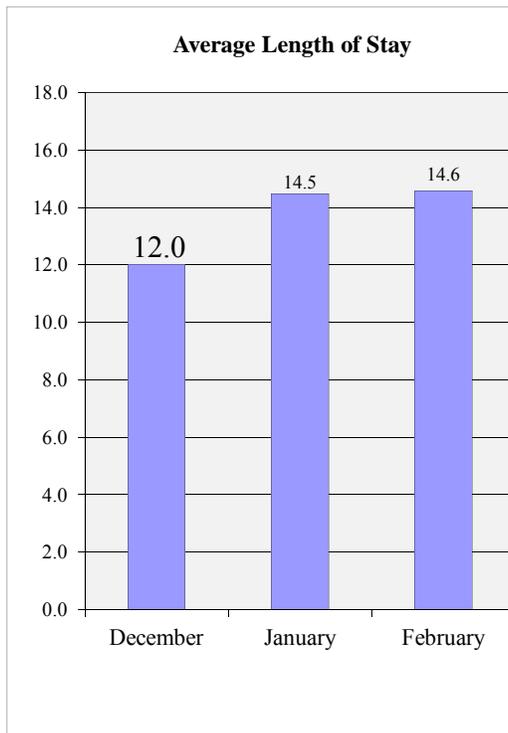
Encounters by Type



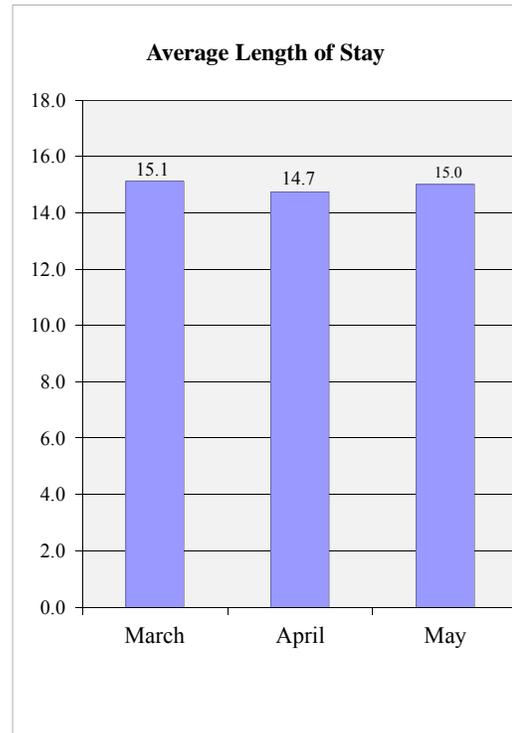
3rd Quarter

	March	April	May	Quarterly Average
<i>Medical Inpatient Facilities</i>				
Average Daily Census	117.52	115.93	108.61	114.02
Number of Admissions	204	194	193	197.00
Average Length of Stay	15.12	14.74	15.01	14.96
Number of Clinic Visits	644	609	619	624.00
<i>Mental Health Inpatient Facilities</i>				
Average Daily Census	413	419	435	422.33
PAMIO/MROP Census	289	320	340	316.33
<i>Specialty Referrals Completed</i>				
	1,074	832	967	957.67
<i>Telemedicine Consults</i>				
	847	1,005	1,008	953.33

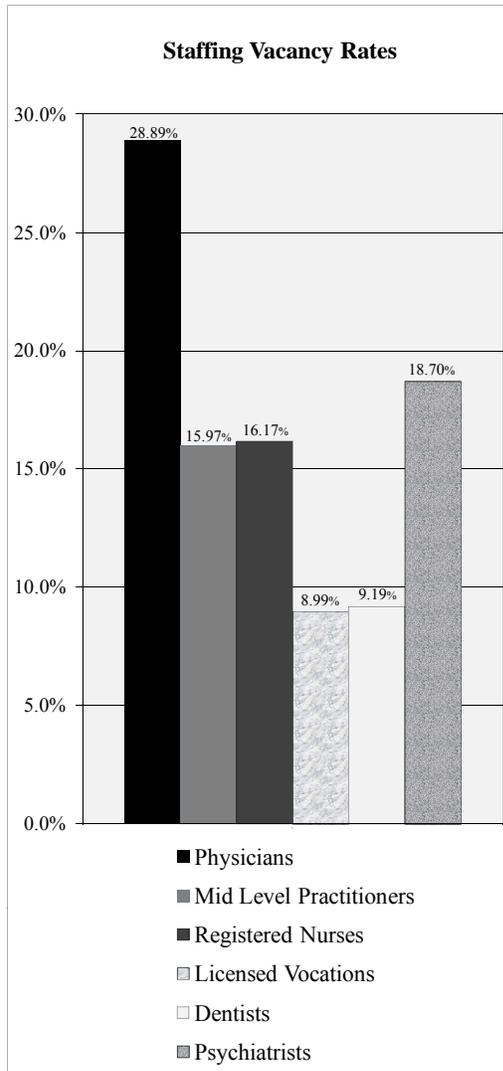
<i>Health Care Staffing</i>	Average This Quarter			Percent Vacant
	Filled	Vacant	Total	
Physicians	13.24	6.65	19.89	33.43%
Mid-Level Practitioners	30.17	5.33	35.5	15.01%
Registered Nurses	125.16	26.13	151.29	17.27%
Licensed Vocational Nurses	268.68	35.32	304	11.62%
Dentists	16.3	2.75	19.05	14.44%
Psychiatrists	7.06	1.97	9.03	21.82%



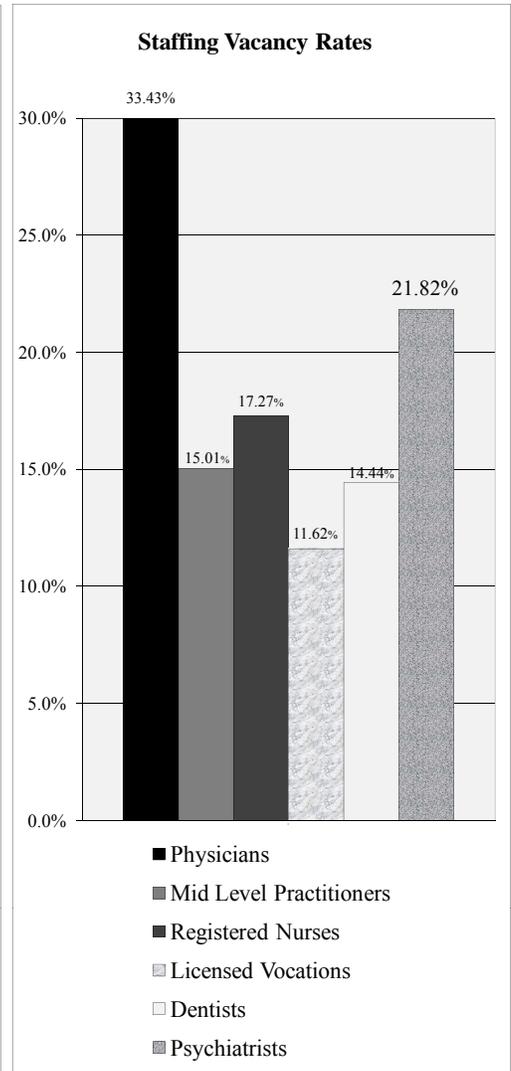
2nd Quarter 2013



3rd Quarter 2013



2nd Quarter 2013



3rd Quarter 2013

Consent Item

Summary of CMHCC Joint Committee/
Work Group Activities

**Correctional Managed Health Care
Joint Committee/Work Group Activity Summary
For September 2013 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. Denise DeShields

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: August 8, 2013

Key Activities:

(1) 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. FY2013 SLC Indicators
 - 1. Dental: Total Open Reminders with Delay > 180 Days
 - 2. Mental Health: Vital Signs Prior to Transfer to Crisis Management
 - 3. Nursing: Refusal of Treatment (ROT)
 - 4. Inpatient Physical Therapy
 - 5. Missed Appointments (No Shows)

Standing Issues

- A. New SLC Indicators

Miscellaneous/Open for Discussion Participants:

- A. CMHCC Updates
- B. Joint Nursing Committee Update
- C. Chronic Disease Audit Update
- D. ATC Accuracy Evaluation
- E. QA Nurse Protocol Audits
- F. Nursing QA-QI Site Visit Audits

Adjournment

Joint Policy and Procedure Committee

Co-Chair: Dr. Robert Williams, TDCJ Health Services Division

Co-Chair: Allen Hightower, Executive Director, CMHC

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

Meeting Date: July 11, 2013

Sub Committee Updates:

- A. Documentation of Annual Physical – Dr. Jane Moultrie
- B. Release of Information – Phyllis McWhorter
- C. A-08.7 PULHES System of Offender Medical and Mental Health Classification – Phyllis McWhorter, UTMB
- D. C-23.2 Supervising Medical Assistants Performing Tasks – Dr. Kathryn Buskirk

Old Business:

None

New Business:

The Following Policies Are Scheduled For Review At This Time.

A-08.3, A-08.4*, A-08.5, A-08.6*, A-08.7, A-08.8, C-22.1, C-23.1, C-23.2*, D-28.5, D-29.1, E-36.5, E-36.6, E-37.6, E-39.1, E40.1, E-41.1, E-41.2* E-42.1, F-49.1, G-51.11, G-52.12, G-52.1, G-53.1, G-53.3, G-54.1, H-60.3, H-61.1*, I-70.1, I-71.1*

*indicates there are attachment(s) to the policy

The Following Policies Have Been Submitted With Changes or For Discussion.

- A-08.4 Attachment A, Guidelines for Completing the Health Summary for Classification Form
- A-08.4 Offender Medical and Mental Health Classification
- A-08.5 Coordination with Windham School District
- A-08.7 Attachment A, Correctional Managed Health Care PULHES
- A-08.7 Attachment B, Guidelines for Coding PULHES
- Attachment B, Refusal of Treatment or Services
- Attachment C, Instructions for Completing Refusal Form
- C-22.1 Offender Workers
- C-23.1 Position Descriptions
- D-27.2 Attachment C, Heat-Related Illness Reporting Form
- E-31.4 New, Management of Offenders Who Have Received Solid Organ Transplants
- E-32.1 New Attachment, Receive, Transfer & Continuity of Care Hospital/ ER Discharge Assessment
- E-34.2 Periodic Physical Examinations
- E-39.1 Health Evaluation and Documentation - Offenders in Segregation
- E-4.12 Emergency Response During Hours of Operations
- E-40.1 Direct Medical Orders
- E-42.1 Offender Transient and Transfer
- G-51.12 Offenders with Special Needs Who Are Releasing from TDCJ
- H-60.3 Health Services Forms Control and Design
- I-70.1 Informed Consent
- I-71.1 Attachment A, Request for Compelled Treatment

Adjournment

- Next Meeting Date is October 10, 2013 at 1:00 P.M.

Joint Pharmacy and Therapeutics Committee

Chair: Dr. Benjamin Leeah

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

Meeting Date: July 11, 2013

Key Activities:

Approval of Minutes from May 9, 2013 Meeting

Reports from Subcommittees:

- A. DMG Triage – Dr. Sandmann
- B. ESLD - Dr. Roberts
- C. HIV - Dr. Sandmann
- D. Psychiatry - Dr. Koranek

Monthly Reports

- A. Adverse Drug Reaction Reports (none)
- B. Pharmacy Clinical Activity Report

- C. Drug Recalls (May - June 2013)
- D. Nonformulary Deferral Reports
 - 1. UTMB Sector (May – June 2013)
 - 2. Texas Tech Sector (April - May 2013)

- E. Quarterly Medication Error Reports – 3rd Quarter FY13
 - 1. UTMB Sector
 - 2. TT Sector (not reported)
 - 3. Medication Dispensing Error Report
- F. Utilization Reports- (May 2013)
 - 1. HIV Utilization
 - 2. Hepatitis C Utilization
 - 3. Hepatitis B Utilization
 - 4. Psychotropic Utilization

- G. Policy Review Schedule

New Business

- A. New Ex-Officio Member – John Pulvino, PA-C, Senior Director – Department of Quality and Risk Management
- B. Old Business
 - 1. Review of Warfarin DMG and Recommendations for Supra-therapeutic INR

- C. Action Request
 - 1. Minocycline Floor Stock
 - 2. Wound Care Pictorial

- D. Drug Category Review

1. Analgesics
- E. Medication Usage Evaluation – FTC to 3TC Formulary Conversion
- F. FDA Medication Safety Advisories
- G. Manufacturer Shortages and Discontinuations
- H. Policy and Procedure Revisions
 1. Therapeutic Optometrists (65-10)
 2. Representatives of Pharmaceutical Supplies and Related (70-05)
 3. Drug Samples (70-10)
 4. Adverse Medication Reaction Reports (75-05)
 5. Medication Errors (75-10)
 6. Pharmacy Medication Area Audits and Inspections (75-15)
 7. Record Retention (75-20)

Miscellaneous

1. Review of Emergency Contraception
2. Chronic Hepatitis C Evaluation & Treatment Pathway

Adjournment

Joint Infection Control Committee

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

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

Meeting Date: April 11 2013

Key Activities:

Reviewed and Approved Minutes

Public Health Update

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

New Business

- A. B-14.07 Immunization - Tabled from February 14, 2013 meeting
- B. B-14.50 Housing and Job Restrictions

Policy Under Reviews -

- a. B-14.11 Human Immunodeficiency Virus (HIV) Infection
- b. B-14.12 Syphilis
- c. B-14.14 Varicella and Shingles
- d. B-14.15 Meningitis
- e. B-14.16 Skin and Soft Tissue Infection
- f. B-14.18 Clostridium Difficile
- g. B-14.19 Disease Reporting

Adjourn

- Next Meeting – August 8, 2013
- Policies to be reviewed are B-14.20 through B-14.26

Joint Dental Work Group

Chair: Dr. Billy Horton

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

Meeting Date: July 10, 2013

Systems Director Meeting

- TDCJ Health Services Director, Dr. Manual Hirsch
- Western Sector Dental Services Director, TTUHSC, Dr. Brian Tucker
- Eastern Sector Dental Services Directors, UTMB-CMC, Dr. Billy Horton
- Dental Utilization Quality Review Committee, Chairperson: Dr. Scott Reinecke
- Lunch
- Dental Hygiene Manager, Ms. Pam Myers
- Policy Review – Section E – Policies E-31.1 and E-36.5

UTMB – CMC Director’s Meeting

- Eastern Sector Dental Services
 - Region 1, Dr. Scott Reinecke
 - Region 2, Dr. John Beason
 - Region 3, Dr. Joseph Sheringo
- Adjourn

Joint Mortality and Morbidity Committee

Co-Chair: Dr. Glenda Adams

Co-Chair: Dr. Robert Williams

Key Activities:

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

Purpose:

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

For the Three Months Ended August 31, 2013

- There were 95 deaths reviewed by the Mortality and Morbidity Committee during the months of June, July and August 2013. Of those 95 deaths, 12 were referred to peer review committees.

Joint Nursing Work Group

Chair: Mike Jones, RN, BSN

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

Meeting Date: July 10, 2013

- CDO round by nursing – George Crippen
- CID revamp – Mike Jones
- CID correspondence from OH – Mike Jones
- Pre Seg note: alteration in mental status – Mike Jones
- Importing reminders – Mike Jones
- HSM-19 follow up – Mike Jones
- Heat screening – Mike Jones
- DNA collection, fingerprints – George Crippen
- PHD security form – George Crippen/ Mike Jones
- Other
- Next Meeting Schedule – October 9, 2013

Adjourn

Financial Report on Correctional Managed Health Care



Quarterly Report FY2013 Third Quarter

September 2012 – May 2013

Third Quarter Financial Report on Correctional Managed Health Care

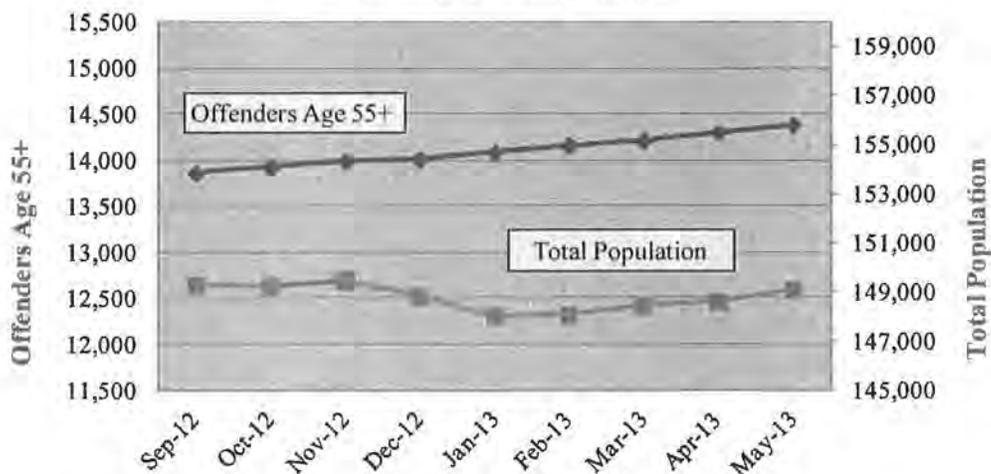
Overview

- Report submitted in accordance with the FY2012-13 General Appropriations Act, Article V, Rider 55, 82nd Legislature, Regular Session 2011
- FY2013 TDCJ Appropriations allocated to Correctional Managed Health Care:
 - \$244.3M Unit and Psychiatric Care, Strategy C.1.7
 - \$137.2M Hospital and Clinical Care, Strategy C.1.8
 - \$53.4M Pharmacy Care, Strategy C.1.9

Population

- Overall offender service population has decreased 2.5% from FY2012
 - Average daily census 152,571 for FY2012 compared to 148,794 for FY2013 through third quarter
- Offenders aged 55 or older population increased 3.5% from FY2012
 - Average daily census 13,625 for FY2012 compared to 14,107 for FY2013 through third quarter
 - While comprising about 9.5% of the overall service population, offenders age 55 and over account for 37.4% of the hospitalization costs received to date.
- Mental health caseloads:
 - FY2013 average number of psychiatric inpatients through third quarter: 1,740
 - FY2013 average number of psychiatric outpatients through third quarter: 19,142

CMHC Service Population



Health Care Costs

- Total expenses through third quarter, FY2013: \$380.5M
- Unit and Psychiatric Care expenses represent the majority of total health care costs
 - \$217.2M, 57.1% of total expenses
- Hospital and Clinical Care - \$127.1M, 33.4% of total
- Pharmacy Services - \$36.2M, 9.5% of total
 - HIV related drugs: 47.8% of total drug costs
 - Psychiatric drugs: 7.2% of total drug costs
 - Hepatitis C drug therapies: 4.1% of total drug costs
- Cost per offender per day, FY2013 through third quarter: \$9.37
 - 5.3% increase compared to FY2012 cost per day of \$8.90
 - 3.7% decrease compared to FY2011 cost per day of \$9.73

Comparison of Total Health Care Costs

	FY 09	FY 10	FY 11	FY 12	4-Year Average	FYTD 13 1st Qtr	FYTD 13 2nd Qtr	FYTD 13 3rd Qtr
Population								
UTMB	119,952	120,177	121,417	120,557	120,526	118,040	118,008	118,153
TTUHSC	30,616	31,048	31,419	31,491	31,144	31,296	30,821	30,640
Total	150,568	151,225	152,836	152,048	151,669	149,336	148,829	148,794
Expenses								
UTMB	\$423,338,812	\$435,710,000	\$432,371,801	\$397,606,713	\$422,256,832	\$99,296,587	\$201,255,861	\$307,328,082
TTUHSC	\$100,980,726	\$109,767,882	\$110,272,668	\$97,426,964	\$104,612,060	\$23,566,280	\$48,071,452	\$73,193,369
Total	\$524,319,538	\$545,477,882	\$542,644,469	\$495,033,677	\$526,868,892	\$122,862,867	\$249,327,313	\$380,521,451
Cost/Day								
UTMB	\$9.67	\$9.93	\$9.76	\$9.01	\$9.60	\$9.24	\$9.42	\$9.53
TTUHSC	\$9.04	\$9.69	\$9.62	\$8.45	\$9.20	\$8.27	\$8.62	\$8.75
Total	\$9.54	\$9.88	\$9.73	\$8.90	\$9.51	\$9.04	\$9.26	\$9.37

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
Financial Report on Offender Health Care, pursuant to Agency Rider 55
Third Quarter, FY2013

Method of Finance	TTUHSC	UTMB	Total
C.1.7. Unit & Psychiatric Care			
TDCJ Appropriation	\$ 40,666,499	\$ 140,097,627	\$ 180,764,126
State Reimbursement Benefits	\$ 5,006,133	\$ 29,740,716	\$ 34,746,849
Other Misc Revenue	\$ 1,438	\$ 71,811	\$ 73,249
C.1.7. Total Method of Finance	\$ 45,674,070	\$ 169,910,154	\$ 215,584,224
C.1.8. Hospital & Clinical Care			
TDCJ Appropriation	\$ 18,916,972	\$ 82,286,601	\$ 101,203,573
State Reimbursement Benefits	\$ 1,144,730	\$ -	\$ 1,144,730
Other Misc Revenue	\$ -	\$ -	\$ -
C.1.8. Total Method of Finance	\$ 20,061,702	\$ 82,286,601	\$ 102,348,303
C.1.9. Managed Health Care - Pharmacy			
TDCJ Appropriation	\$ 7,839,423	\$ 30,679,755	\$ 38,519,178
State Reimbursement Benefits	\$ 45,159	\$ 1,360,420	\$ 1,405,579
Other Misc Revenue	\$ -	\$ 208,404	\$ 208,404
C.1.9. Total Method of Finance	\$ 7,884,582	\$ 32,248,579	\$ 40,133,161
TOTAL METHOD OF FINANCE	\$ 73,620,354	\$ 284,445,334	\$ 358,065,688

Method of Finance Summary	TTUHSC	UTMB	Total
TDCJ Appropriation	\$ 67,422,894	\$ 253,063,983	\$ 320,486,877
State Reimbursement Benefits	\$ 6,196,022	\$ 31,101,136	\$ 37,297,158
Other Misc Revenue	\$ 1,438	\$ 280,215	\$ 281,653
TOTAL METHOD OF FINANCE	\$ 73,620,354	\$ 284,445,334	\$ 358,065,688

Expenditures	TTUHSC	UTMB	Total
C.1.7. Unit & Psychiatric Care	\$ 43,699,521	\$ 173,538,265	\$ 217,237,786
C.1.8. Hospital & Clinical Care	\$ 21,545,455	\$ 105,551,970	\$ 127,097,425
C.1.9. Managed Health Care - Pharmacy	\$ 7,948,393	\$ 28,237,846	\$ 36,186,239
TOTAL EXPENDITURES	\$ 73,193,369	\$ 307,328,081	\$ 380,521,450

DIFFERENCE	\$ 426,985	\$ (22,882,747)	\$ (22,455,762)
OFFENDER HEALTH CARE FEES	\$ -	\$ -	\$ -
OTHER APPROVED FUNDING SOURCES <i>(Health Care Strategies Transfers)</i>	\$ -	\$ -	\$ -
NET DIFFERENCE	\$ 426,985	\$ (22,882,747)	\$ (22,455,762)

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
Financial Report on Offender Health Care, pursuant to Agency Rider 55
Third Quarter, FY2013

C.1.7. UNIT & PSYCHIATRIC CARE			
	<u>TTUHSC</u>	<u>UTMB</u>	<u>Total</u>
Method of Finance:			
TDCJ Appropriation	\$ 40,666,499	\$ 140,097,627	\$ 180,764,126
State Reimbursement Benefits	\$ 5,006,133	\$ 29,740,716	\$ 34,746,849
Other Misc Revenue	\$ 1,438	\$ 71,811	\$ 73,249
TOTAL METHOD OF FINANCE	\$ 45,674,070	\$ 169,910,154	\$ 215,584,224
Expenditures:			
Unit Care			
Salaries	\$ 13,563,244	\$ 96,322,701	\$ 109,885,945
Benefits	\$ 3,463,519	\$ 29,596,144	\$ 33,059,663
Other Operating Expenses	\$ 1,367,806	\$ 13,976,279	\$ 15,344,085
Professional Services	\$ 1,702,246	\$ -	\$ 1,702,246
Contracted Units/Services	\$ 11,762,373	\$ -	\$ 11,762,373
Travel	\$ 75,630	\$ 619,068	\$ 694,698
Electronic Medicine	\$ 96,366	\$ -	\$ 96,366
Capitalized Equipment	\$ 463,594	\$ 519,774	\$ 983,368
Subtotal, Unit Care	\$ 32,494,778	\$ 141,033,966	\$ 173,528,744
Psychiatric Care			
Salaries	\$ 7,699,507	\$ 17,438,799	\$ 25,138,306
Benefits	\$ 1,942,366	\$ 4,378,207	\$ 6,320,573
Other Operating Expenses	\$ 71,231	\$ 313,840	\$ 385,071
Professional Services	\$ 177,895	\$ -	\$ 177,895
Contracted Units/Services	\$ -	\$ -	\$ -
Travel	\$ 5,932	\$ 50,802	\$ 56,734
Subtotal, Psychiatric Care	\$ 9,896,931	\$ 22,181,648	\$ 32,078,579
Indirect Expenditures (Shared Services)	\$ 1,307,812	\$ 10,322,651	\$ 11,630,463
TOTAL EXPENDITURES	\$ 43,699,521	\$ 173,538,265	\$ 217,237,786
DIFFERENCE	\$ 1,974,549	\$ (3,628,111)	\$ (1,653,562)

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
Financial Report on Offender Health Care, pursuant to Agency Rider 55
Third Quarter, FY2013

C.1.8. HOSPITAL & CLINICAL CARE			
Method of Finance	<u>TTUHSC</u>	<u>UTMB</u>	<u>Total</u>
TDCJ Appropriation	\$ 18,916,972	\$ 82,286,601	\$ 101,203,573
State Reimbursement Benefits	\$ 1,144,730	\$ -	\$ 1,144,730
Other Misc Revenue	\$ -	\$ -	\$ -
TOTAL METHOD OF FINANCE	\$ 20,061,702	\$ 82,286,601	\$ 102,348,303
Expenditures:			
Hospital and Clinical Care			
University Professional Services	\$ 705,965	\$ 12,918,884	\$ 13,624,849
Freeworld Provider Services	\$ 11,133,633	\$ 21,699,501	\$ 32,833,134
TTUHSC Western Regional Medical Facility & UTMB Hospital Galveston Hospital Services	\$ 8,087,342	\$ 64,263,267	\$ 72,350,609
Estimated IBNR	\$ 871,521	\$ 6,670,318	\$ 7,541,839
Subtotal, Hospital & Clinical Care	\$ 20,798,461	\$ 105,551,970	\$ 126,350,431
Indirect Expenditures (Shared Services)	\$ 746,994	\$ -	\$ 746,994
TOTAL EXPENDITURES	\$ 21,545,455	\$ 105,551,970	\$ 127,097,425
DIFFERENCE	\$ (1,483,753)	\$ (23,265,369)	\$ (24,749,122)

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
Financial Report on Offender Health Care, pursuant to Agency Rider 55
Third Quarter, FY2013

C.1.9. MANAGED HEALTH CARE - PHARMACY			
Method of Finance	<u>TTUHSC</u>	<u>UTMB</u>	<u>Total</u>
TDCJ Appropriation	\$ 7,839,423	\$ 30,679,755	\$ 38,519,178
State Reimbursement Benefits	\$ 45,159	\$ 1,360,420	\$ 1,405,579
Other Misc Revenue	\$ -	\$ 208,404	\$ 208,404
TOTAL METHOD OF FINANCE	\$ 7,884,582	\$ 32,248,579	\$ 40,133,161
Expenditures:			
Managed Health Care - Pharmacy			
Salaries	\$ 1,379,189	\$ 4,293,374	\$ 5,672,563
Benefits	\$ 50,282	\$ 1,398,509	\$ 1,448,791
Other Operating Expenses	\$ 200,139	\$ 987,811	\$ 1,187,950
Pharmaceutical Purchases	\$ 6,008,675	\$ 21,538,469	\$ 27,547,144
Travel	\$ 7,593	\$ 19,683	\$ 27,276
Subtotal, Managed Health Care - Pharmacy Expenditures	\$ 7,645,878	\$ 28,237,846	\$ 35,883,724
Indirect Expenditures (Shared Services)	\$ 302,515	\$ -	\$ 302,515
TOTAL EXPENDITURES	\$ 7,948,393	\$ 28,237,846	\$ 36,186,239
DIFFERENCE	\$ (63,811)	\$ 4,010,733	\$ 3,946,922

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
Financial Report on Offender Health Care, pursuant to Agency Rider 55
Third Quarter, FY2013

Key Population Indicators

	<u>1st Quarter</u>	<u>2nd Quarter</u>	<u>March</u>	<u>April</u>	<u>May</u>	<u>3rd Quarter</u>	<u>FY2013 YTD</u>
Average Service Population							
UTMB Service Population	118,039	117,976	118,202	118,393	118,737	118,444	118,153
TTUHSC Service Population	31,297	30,346	30,252	30,218	30,365	30,278	30,640
Average Service Population	149,336	148,323	148,454	148,611	149,102	148,722	148,794
Population Age 55 and Over							
UTMB Population	11,532	11,724	11,828	11,890	11,995	11,904	11,720
TTUHSC Population	2,399	2,366	2,386	2,412	2,392	2,397	2,387
Population Age 55 and Over	13,931	14,090	14,214	14,302	14,387	14,301	14,107
HIV Population							
	2,246	2,211	2,219	2,231	2,243	2,231	2,229
Medical Inpatient Average Daily Census							
UTMB-Hospital Galveston	69	70	73	78	75	75	71
UTMB Freeworld Hospitals	26	23	28	28	30	29	26
TTUHSC Freeworld Hospitals	9	10	8	6	4	6	8
Medical Inpatient Average Daily Census	104	102	109	112	109	110 **	105
Medical Outpatient Visits							
UTMB Specialty Clinics and ER Visits	3,909	4,305	5,269	5,572	5,549	5,463	4,559
TTUHSC Freeworld Outpatient and ER Visits	695	1,077	1,272	1,217	964	1,151	974
Medical Outpatient Visits	4,603	5,382	6,541	6,789	6,513	6,614	5,533
Mental Health Inpatient Average Census							
UTMB Psychiatric Inpatient	1,015	1,038	1,032	1,033	1,009	1,025	1,026
TTUHSC Psychiatric Inpatient	720	684	702	739	775	739	714
Mental Health Inpatient Average Census	1,735	1,721	1,734	1,772	1,784	1,763	1,740
Mental Health Outpatient Average Census							
UTMB Psychiatric Outpatient	15,222	14,698	16,046	16,533	16,629	16,403	15,441
TTUHSC Psychiatric Outpatient	3,843	3,398	3,769	3,819	3,997	3,862	3,701
Mental Health Outpatient Average Census	19,064	18,096	19,815	20,352	20,626	20,264	19,142

** 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 55
Third Quarter, FY2013

CORRECTIONAL HEALTH CARE COMMITTEE	
<u>Method of Finance</u>	<u>Total</u>
C.1.7. Unit & Psychiatric Care	
TDCJ Appropriation	\$ 474,062
Other Misc Revenue	\$ 36
C.1.7. Total Method of Finance	\$ 474,098
TOTAL METHOD OF FINANCE	\$ 474,098

<u>Expenditures</u>	<u>Total</u>
C.1.7. Unit & Psychiatric Care	
Salaries and Wages	\$ 269,296
Operating Expenses	\$ 110,255
TOTAL EXPENDITURES	\$ 379,551

DIFFERENCE	\$ 94,547
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TEXAS DEPARTMENT OF CRIMINAL JUSTICE
Financial Report on Offender Health Care, pursuant to Agency Rider 55
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Texas Tech University Health Science Center						
STRATEGY	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Total TTUHSC	Annual Projection 01/07/2013
REVENUE:						
TDCJ Appropriation	\$ 22,474,299	\$ 22,227,327	\$ 22,721,268	\$ -	\$ 67,422,894	\$ 90,144,162
State Reimbursement Benefits	\$ 1,962,872	\$ 2,057,680	\$ 2,175,470	\$ -	\$ 6,196,022	\$ 7,851,488
Other Misc Revenue	\$ 445	\$ 430	\$ 563	\$ -	\$ 1,438	\$ 1,780
TOTAL REVENUES	\$ 24,437,616	\$ 24,285,437	\$ 24,897,301	\$ -	\$ 73,620,354	\$ 97,997,430

C.1.7. UNIT & PSYCHIATRIC CARE						
EXPENDITURES:						
Unit Care Expenditures						
Salaries	\$ 4,513,852	\$ 4,468,672	\$ 4,580,720	\$ -	\$ 13,563,244	\$ 18,109,603
Benefits	\$ 1,089,333	\$ 1,158,498	\$ 1,215,688	\$ -	\$ 3,463,519	\$ 4,357,332
Other Operating Expenses	\$ 292,310	\$ 515,780	\$ 559,716	\$ -	\$ 1,367,806	\$ 1,138,009
Professional Services	\$ 569,806	\$ 547,376	\$ 585,064	\$ -	\$ 1,702,246	\$ 2,151,064
Contracted Units/Services	\$ 3,921,617	\$ 4,114,086	\$ 3,726,670	\$ -	\$ 11,762,373	\$ 16,183,789
Travel	\$ 20,086	\$ 25,922	\$ 29,622	\$ -	\$ 75,630	\$ 80,344
Electronic Medicine	\$ 58,341	\$ 21,305	\$ 16,720	\$ -	\$ 96,366	\$ 361,524
Capitalized Equipment	\$ -	\$ 11,746	\$ 451,848	\$ -	\$ 463,594	\$ -
Subtotal, Unit Care Expenditures	\$ 10,465,345	\$ 10,863,385	\$ 11,166,048	\$ -	\$ 32,494,778	\$ 42,381,665
Psychiatric Care Expenditures						
Salaries	\$ 2,476,580	\$ 2,564,745	\$ 2,658,182	\$ -	\$ 7,699,507	\$ 9,978,805
Benefits	\$ 609,276	\$ 646,967	\$ 686,123	\$ -	\$ 1,942,366	\$ 2,437,104
Other Operating Expenses	\$ 9,677	\$ 37,846	\$ 23,708	\$ -	\$ 71,231	\$ 205,842
Professional Services	\$ 52,031	\$ 60,084	\$ 65,780	\$ -	\$ 177,895	\$ 408,124
Travel	\$ 1,389	\$ 2,654	\$ 1,889	\$ -	\$ 5,932	\$ 5,556
Estimated IBNR	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subtotal, Psychiatric Care Expenditures	\$ 3,148,953	\$ 3,312,296	\$ 3,435,682	\$ -	\$ 9,896,931	\$ 13,035,431
Total Expenditures, Unit & Psychiatric Care	\$ 13,614,298	\$ 14,175,681	\$ 14,601,730	\$ -	\$ 42,391,709	\$ 55,417,096

C.1.8. HOSPITAL & CLINICAL CARE						
EXPENDITURES:						
University Professional Services	\$ 250,000	\$ 169,091	\$ 286,874	\$ -	\$ 705,965	\$ 950,000
Freeworld Provider Services	\$ 2,957,793	\$ 4,119,200	\$ 4,056,640	\$ -	\$ 11,133,633	\$ 16,620,468
TTUHSC Western Regional Medical Facility & UTMB Hospital Galveston Hospital Services	\$ 2,618,898	\$ 2,637,544	\$ 2,830,900	\$ -	\$ 8,087,342	\$ 11,551,580
Estimated IBNR	\$ 929,707	\$ 31,434	\$ (89,620)	\$ -	\$ 871,521	\$ -
Total Expenditures, Hospital & Clinical Care	\$ 6,756,398	\$ 6,957,269	\$ 7,084,794	\$ -	\$ 20,798,461	\$ 29,122,048

C.1.9. MANAGED HEALTH CARE PHARMACY						
EXPENDITURES:						
Salaries	\$ 453,803	\$ 460,681	\$ 464,705	\$ -	\$ 1,379,189	\$ 1,815,212
Benefits	\$ 16,463	\$ 16,827	\$ 16,992	\$ -	\$ 50,282	\$ 65,852
Other Operating Expenses	\$ 65,992	\$ 69,597	\$ 64,550	\$ -	\$ 200,139	\$ 263,968
Pharmaceutical Purchases	\$ 1,869,804	\$ 2,046,400	\$ 2,092,471	\$ -	\$ 6,008,675	\$ 8,147,641
Travel	\$ 3,546	\$ 1,131	\$ 2,916	\$ -	\$ 7,593	\$ 14,184
Estimated IBNR	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Expenditures, Managed Health Care Pharmacy	\$ 2,409,608	\$ 2,594,636	\$ 2,641,634	\$ -	\$ 7,645,878	\$ 10,306,857

Indirect Expenditures (Shared Services)	\$ 785,976	\$ 777,586	\$ 793,759	\$ -	\$ 2,357,321	\$ 3,151,429
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TOTAL EXPENDITURES	\$ 23,566,280	\$ 24,505,172	\$ 25,121,917	\$ -	\$ 73,193,369	\$ 97,997,430
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DIFFERENCE	\$ 871,336	\$ (219,735)	\$ (224,616)	\$ -	\$ 426,985	\$ -
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OFFENDER HEALTH CARE FEES	\$ -					
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OTHER APPROVED FUNDING SOURCES	\$ -					
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(Health Care Strategies Transfers)

NET DIFFERENCE	\$ 871,336	\$ (219,735)	\$ (224,616)	\$ -	\$ 426,985	\$ -
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TEXAS DEPARTMENT OF CRIMINAL JUSTICE
Financial Report on Offender Health Care, pursuant to Agency Rider 55
Third Quarter, FY2013

University of Texas Medical Branch						
STRATEGY	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Total UTMB	Annual Projection 06/19/2013
REVENUE:						
TDCJ Appropriation	\$ 84,354,660	\$ 83,427,687	\$ 85,281,636	\$ -	\$ 253,063,983	\$ 338,345,619
State Reimbursement Benefits	\$ 9,985,804	\$ 10,318,304	\$ 10,797,029	\$ -	\$ 31,101,137	\$ 41,622,264
Other Misc Revenue	\$ 148,716	\$ 58,314	\$ 73,184	\$ -	\$ 280,214	\$ 374,878
TOTAL REVENUES	\$ 94,489,180	\$ 93,804,305	\$ 96,151,849	\$ -	\$ 284,445,334	\$ 380,342,761

C.1.7. UNIT & PSYCHIATRIC CARE						
EXPENDITURES:						
Unit Care Expenditures						
Salaries	\$ 32,027,186	\$ 31,511,070	\$ 32,784,445	\$ -	\$ 96,322,701	\$ 128,831,029
Benefits	\$ 9,534,643	\$ 10,074,500	\$ 9,987,001	\$ -	\$ 29,596,144	\$ 39,589,074
Other Operating Expenses	\$ 4,701,996	\$ 4,097,823	\$ 5,176,460	\$ -	\$ 13,976,279	\$ 19,375,704
Professional Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Contracted Units/Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Travel	\$ 191,281	\$ 221,885	\$ 205,902	\$ -	\$ 619,068	\$ -
Depreciation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Electronic Medicine	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Capitalized Equipment	\$ 27,155	\$ 95,088	\$ 397,531	\$ -	\$ 519,774	\$ 880,000
Estimated IBNR	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subtotal, Unit Care Expenditures	\$ 46,482,261	\$ 46,000,366	\$ 48,551,339	\$ -	\$ 141,033,966	\$ 188,675,807
Psychiatric Care Expenditures						
Salaries	\$ 5,558,811	\$ 5,920,104	\$ 5,959,884	\$ -	\$ 17,438,799	\$ 23,416,975
Benefits	\$ 1,357,584	\$ 1,548,033	\$ 1,472,590	\$ -	\$ 4,378,207	\$ 5,879,096
Other Operating Expenses	\$ 162,499	\$ 84,921	\$ 66,420	\$ -	\$ 313,840	\$ 487,828
Professional Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Travel	\$ 19,010	\$ 19,141	\$ 12,651	\$ -	\$ 50,802	\$ -
Estimated IBNR	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subtotal, Psychiatric Care Expenditures	\$ 7,097,904	\$ 7,572,199	\$ 7,511,545	\$ -	\$ 22,181,648	\$ 29,783,899
Total Expenditures, Unit & Psychiatric Care	\$ 53,580,165	\$ 53,572,565	\$ 56,062,884	\$ -	\$ 163,215,614	\$ 218,459,706

C.1.8. HOSPITAL & CLINICAL CARE						
EXPENDITURES:						
University Professional Services	\$ 4,099,363	\$ 4,557,704	\$ 4,261,817	\$ -	\$ 12,918,884	\$ 17,364,092
Freeworld Provider Services	\$ 3,708,057	\$ 8,880,670	\$ 9,110,774	\$ -	\$ 21,699,501	\$ 38,210,685
TTUHSC Western Regional Medical Facility & UTMB Hospital Galveston Hospital Services	\$ 21,004,426	\$ 22,978,314	\$ 20,280,527	\$ -	\$ 64,263,267	\$ 86,949,090
Estimated IBNR	\$ 5,342,902	\$ (210,669)	\$ 1,538,085	\$ -	\$ 6,670,318	\$ -
Total Expenditures, Hospital & Clinical Care	\$ 34,154,748	\$ 36,206,019	\$ 35,191,203	\$ -	\$ 105,551,970	\$ 142,523,867

C.1.9. MANAGED HEALTH CARE PHARMACY						
EXPENDITURES:						
Salaries	\$ 1,391,241	\$ 1,421,482	\$ 1,480,651	\$ -	\$ 4,293,374	\$ 5,743,785
Benefits	\$ 460,879	\$ 471,780	\$ 465,850	\$ -	\$ 1,398,509	\$ 1,870,962
Other Operating Expenses	\$ 319,962	\$ -	\$ 667,849	\$ -	\$ 987,811	\$ 1,347,729
Pharmaceutical Purchases	\$ 6,955,005	\$ 7,400,233	\$ 7,183,231	\$ -	\$ 21,538,469	\$ 28,815,134
Travel	\$ 8,090	\$ 5,974	\$ 5,619	\$ -	\$ 19,683	\$ -
Estimated IBNR	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Expenditures, Managed Health Care Pharmacy	\$ 9,135,177	\$ 9,299,469	\$ 9,803,200	\$ -	\$ 28,237,846	\$ 37,777,610

Indirect Expenditures (Shared Services)	\$ 2,426,497	\$ 2,881,220	\$ 5,014,934	\$ -	\$ 10,322,651	\$ 14,258,896
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TOTAL EXPENDITURES	\$ 99,296,587	\$ 101,959,273	\$ 106,072,221	\$ -	\$ 307,328,081	\$ 413,020,079
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DIFFERENCE	\$ (4,807,407)	\$ (8,154,968)	\$ (9,920,372)	\$ -	\$ (22,882,747)	\$ (32,677,318)
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OFFENDER HEALTH CARE FEES	\$ -	\$ 2,500,000				
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OTHER APPROVED FUNDING SOURCES <i>(Health Care Strategies Transfers)</i>	\$ -					
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NET DIFFERENCE	\$ (4,807,407)	\$ (8,154,968)	\$ (9,920,372)	\$ -	\$ (22,882,747)	\$ (30,177,318)
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TEXAS DEPARTMENT OF CRIMINAL JUSTICE
Financial Report on Offender Health Care, pursuant to Agency Rider 55
Third Quarter, FY2013

Combined Total						
STRATEGY	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Combined Total	Annual Projection
REVENUE:						
TDCJ Appropriation	\$ 106,828,959	\$ 105,655,014	\$ 108,002,904	\$ -	\$ 320,486,877	\$ 428,489,781
State Reimbursement Benefits	\$ 11,948,676	\$ 12,375,984	\$ 12,972,499	\$ -	\$ 37,297,169	\$ 49,473,752
Other Misc Revenue	\$ 149,161	\$ 58,744	\$ 73,747	\$ -	\$ 281,652	\$ 376,658
TOTAL REVENUES	\$ 118,926,796	\$ 118,089,742	\$ 121,049,150	\$ -	\$ 358,065,688	\$ 478,340,191

C.1.7. UNIT & PSYCHIATRIC CARE						
EXPENDITURES:						
Unit Care Expenditures						
Salaries	\$ 36,541,038	\$ 35,979,742	\$ 37,365,165	\$ -	\$ 109,885,945	\$ 146,940,632
Benefits	\$ 10,623,976	\$ 11,232,998	\$ 11,202,689	\$ -	\$ 33,059,663	\$ 43,946,406
Other Operating Expenses	\$ 4,994,306	\$ 4,613,603	\$ 5,736,176	\$ -	\$ 15,344,085	\$ 20,513,713
Professional Services	\$ 569,806	\$ 547,376	\$ 585,064	\$ -	\$ 1,702,246	\$ 2,151,064
Contracted Units/Services	\$ 3,921,617	\$ 4,114,086	\$ 3,726,670	\$ -	\$ 11,762,373	\$ 16,183,789
Travel	\$ 211,367	\$ 247,807	\$ 235,524	\$ -	\$ 694,698	\$ 80,344
Electronic Medicine	\$ 58,341	\$ 21,305	\$ 16,720	\$ -	\$ 96,366	\$ 361,524
Capitalized Equipment	\$ 27,155	\$ 106,834	\$ 849,379	\$ -	\$ 983,368	\$ 880,000
Estimated IBNR	\$ -	\$ 11,746	\$ 451,848	\$ -	\$ 463,594	\$ -
Subtotal, Unit Care Expenditures	\$ 56,947,606	\$ 56,863,751	\$ 59,717,387	\$ -	\$ 173,528,744	\$ 231,057,472
Psychiatric Care Expenditures						
Salaries	\$ 8,035,391	\$ 8,484,849	\$ 8,618,066	\$ -	\$ 25,138,306	\$ 33,395,780
Benefits	\$ 1,966,860	\$ 2,195,000	\$ 2,158,713	\$ -	\$ 6,320,573	\$ 8,316,200
Other Operating Expenses	\$ 172,176	\$ 122,767	\$ 90,128	\$ -	\$ 385,071	\$ 693,670
Professional Services	\$ 52,031	\$ 60,084	\$ 65,780	\$ -	\$ 177,895	\$ 408,124
Travel	\$ 20,399	\$ 21,795	\$ 14,540	\$ -	\$ 56,734	\$ 5,556
Estimated IBNR	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subtotal, Psychiatric Care Expenditures	\$ 10,246,857	\$ 10,884,495	\$ 10,947,227	\$ -	\$ 32,078,579	\$ 42,819,330
Total Expenditures, Unit & Psychiatric Care	\$ 67,194,463	\$ 67,748,246	\$ 70,664,614	\$ -	\$ 205,607,323	\$ 273,876,802

C.1.8. HOSPITAL & CLINICAL CARE						
EXPENDITURES:						
University Professional Services	\$ 4,349,363	\$ 4,726,795	\$ 4,548,691	\$ -	\$ 13,624,849	\$ 18,314,092
Freeworld Provider Services	\$ 6,665,850	\$ 12,999,870	\$ 13,167,414	\$ -	\$ 32,833,134	\$ 54,831,153
TTUHSC Western Regional Medical Facility & UTMB Hospital Galveston Hospital Services	\$ 23,623,324	\$ 25,615,858	\$ 23,111,427	\$ -	\$ 72,350,609	\$ 98,500,670
Estimated IBNR	\$ 6,272,609	\$ (179,235)	\$ 1,448,465	\$ -	\$ 7,541,839	\$ -
Total Expenditures, Hospital & Clinical Care	\$ 40,911,146	\$ 43,163,288	\$ 42,275,997	\$ -	\$ 126,350,431	\$ 171,645,915

C.1.9. MANAGED HEALTH CARE PHARMACY						
EXPENDITURES:						
Salaries	\$ 1,845,044	\$ 1,882,163	\$ 1,945,356	\$ -	\$ 5,672,563	\$ 7,558,997
Benefits	\$ 477,342	\$ 488,607	\$ 482,842	\$ -	\$ 1,448,791	\$ 1,936,814
Other Operating Expenses	\$ 385,954	\$ 69,597	\$ 732,399	\$ -	\$ 1,187,950	\$ 1,611,697
Pharmaceutical Purchases	\$ 8,824,809	\$ 9,446,633	\$ 9,275,702	\$ -	\$ 27,547,144	\$ 36,962,775
Travel	\$ 11,636	\$ 7,105	\$ 8,535	\$ -	\$ 27,276	\$ 14,184
Estimated IBNR	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Expenditures, Managed Health Care Pharmacy	\$ 11,544,785	\$ 11,894,105	\$ 12,444,834	\$ -	\$ 35,883,724	\$ 48,084,467

Indirect Expenditures (Shared Services)	\$ 3,212,473	\$ 3,658,806	\$ 5,808,693	\$ -	\$ 12,679,972	\$ 17,410,325
TOTAL EXPENDITURES	\$ 122,862,867	\$ 126,464,445	\$ 131,194,138	\$ -	\$ 380,521,450	\$ 511,017,509
DIFFERENCE	\$ (3,936,071)	\$ (8,374,703)	\$ (10,144,988)	\$ -	\$ (22,455,762)	\$ (32,677,318)

OFFENDER HEALTH CARE FEES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 2,500,000
OTHER APPROVED FUNDING SOURCES <i>(Health Care Strategies Transfers)</i>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
NET DIFFERENCE	\$ (3,936,071)	\$ (8,374,703)	\$ (10,144,988)	\$ -	\$ (22,455,762)	\$ (30,177,318)

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

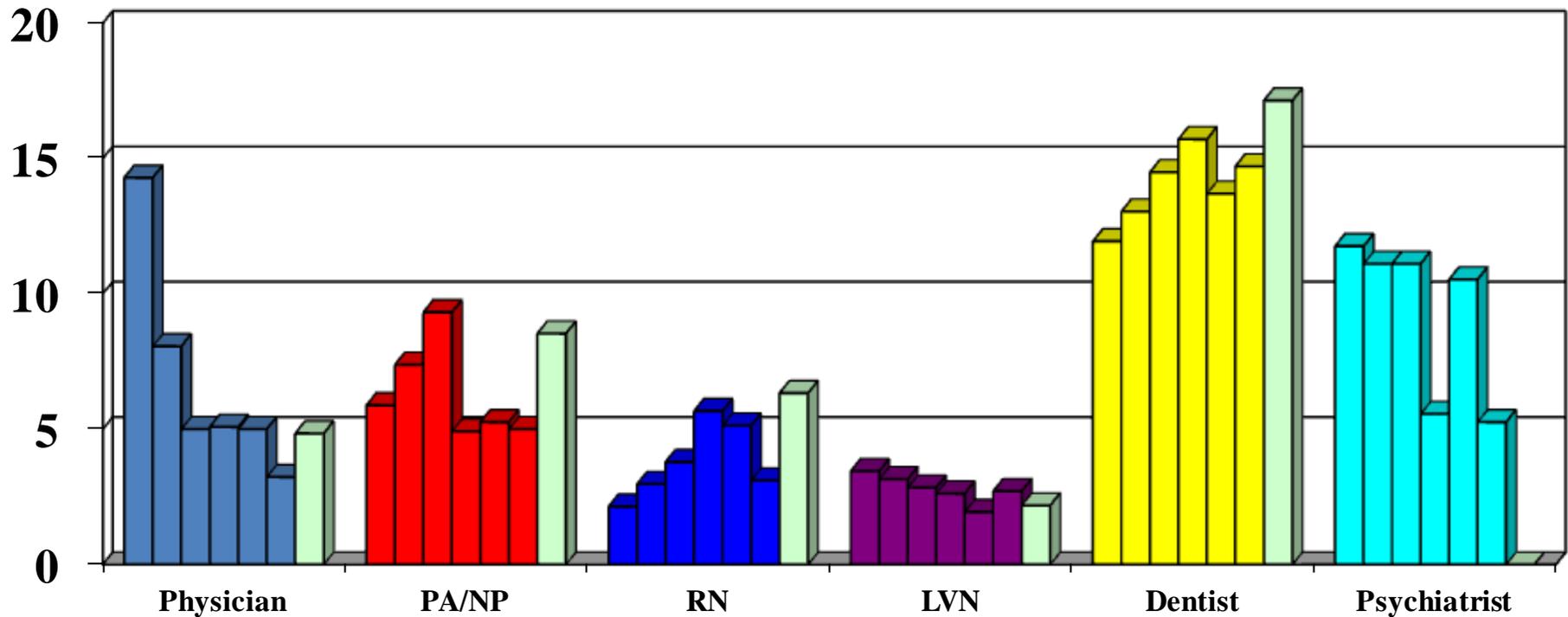
As of August 2013

Title of Position	CMHCC Partner Agency	Vacant Since (mm/yyyy)	Actions Taken to Fill Position
Manager III-Office of Professional Standards	TDCJ	8/9/13	DM pending
Investigator III-Office of Professional Standards	TDCJ	8/23/13	Request to post has been submitted
Investigator II-Patient Liaison Program Jester IV Unit	TDCJ	7/1/13	Interviewed; selected applicant in clearance
Investigator II-Patient Liaison Program Jester IV Unit	TDCJ	4/16/13	Interviewed; subsequent vacancy selection pending clearance
Investigator II-Patient Liaison Program Montford Unit	TDCJ	6/1/13	Interviews; selected applicant in clearance
Associate Psychologist V-Office of Mental Health Monitoring & Liaison	TDCJ	6/1/13	Posed and closed 8/12/13; reviewing applications
Nurse IV-Utilization Review	TDCJ	8/1/13	Interviewed; selected applicant in clearance
PAMIO Medical Director	TTUHSC	02/2009	Continued Advertisement in local and national publications; Expanded Recruiting Agency utilization
Medical Director	TTUHSC	07/20012	Continued Advertisement in local and national publications; Expanded Recruiting Agency utilization
Physician I-III	UTMB CMC	12/1/2012	Local and National Advertising, Conferences, Timeline National Recruiting and other agency
Mid Level Practitioners (PA and FNP)	UTMB CMC	12/1/2012	Local and National Advertising, Career Fairs, Conferences, Intern programs with numerous PA schools
Dentists	UTMB CMC	12/1/2012	Local and National Advertising, Star of the South Conference

University Vacancy Rate Report
by Quarter FY 2013 - FY 2013

The University of Texas Medical Branch

UTMB Vacancy Rates (%) by Quarter FY2012 – FY2013



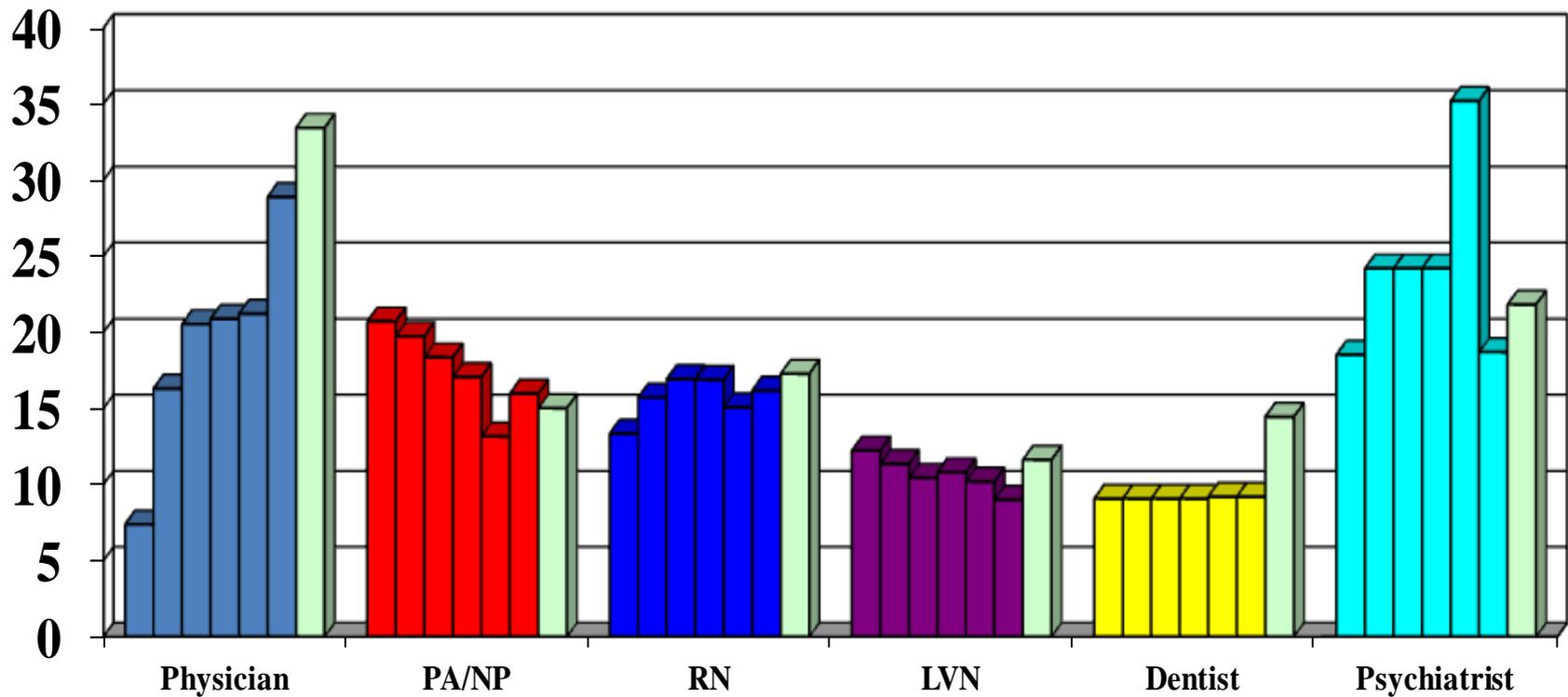
*Correctional Managed
Health Care*



University Vacancy Rate Report
by Quarter FY 2013 - FY 2013

Texas Tech University
Health Sciences Center

TTUHSC Vacancy Rates (%) by Quarter FY 2012 – FY 2013



*Correctional Managed
Health Care*





**TEXAS DEPARTMENT OF
CRIMINAL JUSTICE**

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

Third Quarter FY-2013

Lannette Linthicum, MD, CCHP-A, FACP

TDCJ Medical Directors' Report

Office of Health Services Monitoring (OHSM)

Operational Review Audit (ORA)

- During the Third Quarter of FY-2013 (March, April, and May 2013), **ten** Operational Review Audits (ORAs) were conducted at the following facilities: Clements, Ferguson, Gist State Jail, Havins, Hodge, Johnston, LeBlanc, Lindsey State Jail, Neal, and West Texas Intermediate Sanction Facility.
- During the Third Quarter of FY-2013, **ten** ORAs were closed for the following facilities: Choice Moore, Cole State Jail, Gurney, Havins, Kegans State Jail, LeBlanc, Lockhart, Lychner State Jail, Michael, and Skyview.
- The following is a summary of the 11 items found to be most frequently below 80 percent compliance in the **ten** ORAs conducted in the Third Quarter FY-2013.
 1. Item **6.351** requires Hepatitis C Virus infected patients that do not have documented contraindication for antiviral therapy with Aspartateaminotransferase (AST) Platelet Ratio Index (APRI) score greater than 0.42 or with abnormal liver function (Prothrombin Time, Total Bilirubin, or Albumin) referred to the designated physician, clinic, or appropriately treated according to Correctional Managed Health Care (CMHC) Hepatitis C Evaluation and Treatment Pathway. Seven of the ten facilities were not in compliance with this requirement. The seven facilities out of compliance were: Clements, Ferguson, Gist State Jail, Hodge, LeBlanc, Neal, and West Texas Intermediate Sanction Facility. Corrective actions were requested from the seven facilities. At the time of this report, three facilities have returned their corrective action plan: Gist State Jail, LeBlanc, and West Texas Intermediate Sanction Facility. Four facilities are preparing facility-specific corrective actions to ensure future compliance: Clements, Ferguson, Hodge, and Neal.
 2. Item **1.100** requires interpreter services to be arranged and documented in the medical records for monolingual Spanish-speaking offenders. Six of the ten facilities were not in compliance with this requirement. The six facilities out of compliance were: Ferguson, Gist State Jail, Hodge, LeBlanc, Lindsey State Jail, and West Texas Intermediate Sanction Facility. Corrective actions were requested from the six facilities. At the time of this report, three facilities have returned their corrective action plan: Gist State Jail, LeBlanc, and West Texas Intermediate Sanction Facility. Three facilities are preparing facility-specific corrective actions to ensure future compliance: Ferguson, Hodge, and Lindsey State Jail.
 3. Item **5.111** requires intra-system medical transfers returning to the facility to have HSN-1 Nursing Incoming Chain Reviews (Sections III and IV) completed within the required time frame of the offender's arrival. Six of the ten facilities were not in compliance with this requirement. The six facilities out of compliance were: Clements, Ferguson, Gist State Jail, LeBlanc, Neal, and West Texas Intermediate Sanction. Corrective actions were requested from the six facilities. At the time of this report, three facilities have returned their corrective action plan: Gist State Jail, LeBlanc, and West Texas Intermediate Sanction Facility. Three facilities are preparing facility-specific corrective actions to ensure future compliance: Clements, Ferguson, and Neal.
 4. Item **5.170** requires intra-system medical transfers returning to the facility to have Health Information Classification forms (HSM-18) updated whenever an offender returns from an offsite specialty clinic, infirmary, or hospital for whom there are changes in medication orders, treatment plan, housing assignment, or disciplinary restrictions. Six of the ten facilities were not in compliance with this requirement. The six facilities out of compliance were: Clements, Gist State Jail, Johnston, LeBlanc, Neal, and West Texas Intermediate Sanction Facility. Corrective actions were requested from the six facilities. At the time of this report, three facilities have returned their corrective action plan: Gist State Jail, LeBlanc, and West Texas Intermediate Sanction Facility. Three facilities are preparing facility-specific corrective actions to ensure future compliance: Clements, Johnston, and Neal.

Operational Review Audit (Continued)

5. Item **6.040** requires offenders receiving anti-tuberculosis medication at the facility have a Tuberculosis Patient Monitoring Record (HSM-19) completed. Six of the ten facilities were not in compliance with this requirement. The six facilities out of compliance were: Clements, Gist State Jail, Havins, Hodge, Neal, and West Texas Intermediate Sanction Facility. Corrective actions were requested from the six facilities. At the time of this report, three facilities have returned their corrective action plan: Gist State Jail, Havins, and West Texas Intermediate Sanction Facility. Three facilities are preparing facility-specific corrective action to ensure future compliance: Clements, Hodge, and Neal.
6. Item **5.090** requires assessments done by nursing staff daily on offenders in disciplinary segregation documented on the Segregation Flow Sheet (HSN-46). Five of the ten facilities were not in compliance with this requirement. The five facilities out of compliance were: Clements, Gist State Jail, Hodge, LeBlanc, and Neal. Corrective actions were requested from the five facilities. At the time of this report, two facilities have returned their corrective action plan: Gist State Jail and LeBlanc. Three facilities are preparing facility-specific corrective action to ensure future compliance: Clements, Hodge, and Neal.
7. Item **5.151** requires intra-system medical transfers returning to the facility from an inpatient infirmary, hospital or emergency room have physicians or mid-level providers review and sign the Nursing Incoming Chair Review (HSN-1) within the required time frame for returning offenders for whom there were changes in medication orders, treatment plans, housing assignments or disciplinary restrictions. Five of the ten facilities were not in compliance with this requirement. The five facilities out of compliance were: Clements, Gist State Jail, LeBlanc, Neal, and West Texas Intermediate Sanction Facility. Corrective actions were requested from the five facilities. At the time of this report, three facilities have returned their corrective action plan: Gist State Jail, LeBlanc, and West Texas Intermediate Sanction Facility. Two facilities are preparing facility-specific corrective action to ensure future compliance: Clements and Neal.
8. 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 ten facilities were not in compliance with this requirement. The five facilities out of compliance were: Clements, Gist State Jail, LeBlanc, Lindsey State Jail, and Neal. Corrective actions were requested from the five facilities. At the time of this report, two facilities have returned their corrective action plan: Gist State Jail, and LeBlanc. Three facilities are preparing facility-specific corrective action to ensure future compliance: Clements, Lindsey State Jail, and Neal.
9. Item **6.010** requires screening for tuberculosis performed on offenders annually at the facility. Five of the ten facilities were not in compliance with this requirement. The five facilities out of compliance were: Clements, Ferguson, Gist State Jail, LeBlanc, and Neal. Corrective actions were requested from the five facilities. At the time of this report, two facilities have returned their corrective action plan: Gist State Jail and LeBlanc. Three facilities are preparing facility-specific corrective action to ensure future compliance: Clements, Ferguson, and Neal.
10. Item **6.325** requires offenders with Hepatitis B on the facility to be seen in chronic care clinic annually. Five of the ten facilities were not in compliance with this requirement. The five facilities out of compliance were: Clements, Ferguson, LeBlanc, Lindsey State Jail, and Neal. Corrective actions were requested from the five facilities. At the time of this report, one facility has returned their corrective action plan: LeBlanc. Four facilities are preparing facility-specific corrective actions to ensure future compliance: Clements, Ferguson, Lindsey State Jail, and Neal.
11. 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 ten facilities were not in compliance with this requirement. The five facilities out of compliance were: Clements, Gist State Jail, Hodge, Neal, and West Texas Intermediate Sanction Facility. Corrective actions were requested from the five facilities. At the time of this report, two facilities have returned their corrective action plan:

Operational Review Audit (Continued)

Gist State Jail, and West Texas Intermediate Sanction Facility. Three facilities are preparing facility-specific corrective actions to ensure future compliance: Clements, Hodge, and Neal.

Capital Assets Monitoring

The Fixed Assets Contract Monitoring officer audited the same ten units listed above for operational review audits during the Third Quarter of FY-2013. These audits are conducted to monitor compliance with the Health Services Policy and State Property Accounting (SPA) policy regarding inventory procedures. **All** ten units were within the required compliance range.

Dental Quality Review Audit

During the Third Quarter of FY-2013 (March, April, and May 2013), Dental Quality Review audits were conducted at the following eighteen facilities: Briscoe, Clemens, Cotulla, Gist, Goodman, Henley, Hightower, Kegans, LeBlanc, Lychner, Ney, Plane, Ramsey, Scott, Stiles, Stringfellow, Terrell, and Torres. The following is a summary of the items found to be most frequently below 80 percent.

- **Item 2** assesses if charts of incoming (Chain-in) intra-system offender transfers are reviewed by the facility dental department within seven days of arrival. The following **seven** facilities were out of compliance: Cotulla (36%), Gist (70%), Goodman (78%), Henley (57%), LeBlanc (0%), Plane (14%), and Torres (55%). Corrective Action Requests are pending for Goodman, Henley, LeBlanc, Plane, and Torres facilities.
- **Item 10** assesses if dental/medical history is correctly completed on the in-processing form. The following **three** facilities were out of compliance: Henley (67%), Lychner (22%), and Plane (18%). Corrective Action Requests are pending for all three facilities.
- **Item 12** assesses if current vital signs are documented on the Comprehensive Treatment Plan. The following seven facilities were out of compliance: Hightower (53%), Lychner (75%), Ney (57%), Ramsey (61%), Plane (73%), Stringfellow (73%), and Torres (60%). Corrective Action Requests are pending for all seven facilities.
- **Item 20** assesses if the Ending Priority on the Comprehensive Treatment Plan (CTP) is consistent with the objective findings and assessment. The **seven** facilities out of compliance were: Goodman (73%), Hightower (69%), LeBlanc (46%), Ney (60%), Scott (75%), Stringfellow (72%), and Torres (57%). Corrective Action Requests are pending for all seven facilities.
- **Item 21** assesses if the radiographs utilized in the formation of the Comprehensive Treatment Plan were of diagnostic quality necessary for assessment and treatment planning. The **two** facilities out of compliance were: Briscoe (79%), and Clemens (72%). Corrective Action Requests are pending for the Clemens facility.

Grievances and Patient Liaison Correspondence

During the Third Quarter of FY-2013 (March, April, and May 2013), the Patient Liaison Program (PLP) and the Step II Medical Grievance Program received **3,960** correspondences: The PLP received **2,081** correspondences and Step II Medical Grievance received **1,879** grievances. There were **544** Action Requests generated by the Patient Liaison and the Step II Medical Grievance Programs.

Grievances and Patient Liaison Correspondence (Continued)

The University of Texas Medical Branch (UTMB) and Texas Tech University Health Sciences Center (TTUHSC) *overall* combined percentage of sustained offender medical grievances closed in the Third Quarter FY-2013, for the Step II medical grievances was **eight** percent. Performance measure expectation is **six** percent or less (Article IX, Correctional Managed Health Care contract). The percentage of sustained Step II medical grievances from UTMB was **13** percent and **eight** percent for TTUHSC.

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

The frequency of the Sick Call Request Verification Audits (SCRVA) was changed in the Fourth Quarter of FY-2011. Units with an average composite score of 80 percent or above in each discipline will be audited one time per fiscal year. Those with average composite scores less than 80 percent in a discipline(s) or less than a two year history of scores will have that discipline(s) audited quarterly.

During the Third Quarter of FY-2013 (March, April and June 2013), the Patient Liaison Program nurses and investigators performed 49 Sick Call Request Verification audits on 46 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 369 indicators were reviewed at the **46 facilities and 3 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 46 facilities audited. There was **1** unit with one or more discipline composite scores below 80. Corrective action has been requested from this facility. At each unit, OPS staff continued educating the medical staff.

Chronic Disease Audit: Chronic Heart Disease

During the Third Quarter of FY-2013 (April 1, 2013 through May 30, 2013), TDCJ Health Services conducted a Chronic Disease Quality of Care Audit to assess the primary care management of offenders with Congestive Heart Failure (CHF) in facilities contracted by the TDCJ Contract No. 696-HS-12-13-A040 for the FY 2012-2013 Biennium. Performance scores from this audit are compared with the performance scores from the first CHF audit conducted in the Third Quarter of FY 2011.

A total of 232 charts were audited (187 UTMB and 45 TTUHSC). The sample size required for each unit was maintained at a confidence level of ninety-five percent. As a result, **thirty-nine percent** of the 595 offenders with Congestive Heart Failure served by CMHC were included in the audit.

The following five questions in the Congestive Heart Failure Audit Tool are common to all seven of the Chronic Disease Audits. Overall performance on two of the five common questions was greater than 80 percent.

- **Question 1** assesses if the offender was seen in the Congestive Heart Failure Chronic Care Clinic within the last 12 months. The overall system-wide performance score was **fifty-seven percent**. The performance score for this question in the 2011 CHF audit was **fifty-six percent**.
- **Question 2** assesses if the offender's weight was taken within the last 12 months. Overall system-wide performance score was **one hundred percent**. The performance score for this question in the 2011 CHF audit was **ninety-nine percent**.

Chronic Disease Audit: Chronic Heart Disease (Continued)

- **Question 3** assesses if an Individual Treatment Plan (ITP) was documented within the past 12 months. An ITP is required to contain information such as vital signs, allergies, medications, labs, diagnoses, subjective information, assessment, plan, counseling, signature and date. The overall score was **fifty percent**. The performance score for this question in the 2011 CHF audit was **forty-nine percent**.
- **Question 4** assesses if a complete set of vital signs was taken at the last visit. Vital signs must include a blood pressure, pulse, respiratory rate, temperature and weight. The overall score was **ninety percent**. The performance score for this question in the 2011 CHF audit was **ninety-four percent**.
- **Question 5** assesses if there is documentation that the offender was educated about Congestive Heart Failure management. The overall score was **fifty-two percent**. The performance score for this question in the 2011 CHF audit was **forty-two percent**.

There are six Congestive Heart Failure-specific questions in this Audit Tool. Overall performance on three of the six specific questions was greater than 80 percent.

- **Question 6** assesses if a beta blocker was prescribed if there is a history of a myocardial infarction and there is no contraindication documented. The overall score was **seventy-seven percent**. The performance score for this question in the 2011 CHF audit was **sixty-seven percent**.
- **Question 7** assesses if an Angiotensin Converting Enzyme Inhibitor (ACE) or an Angiotensin II Receptor Blocker (ARB) was prescribed if the offender also has a diagnosis of Diabetes Mellitus or Left Ventricular Dysfunction and if there is no contraindication documented. The overall score was **eighty-eight percent**. The performance score for this question in the 2011 CHF audit was **seventy-nine percent**.
- **Question 8** assesses if there is documentation that the offender was counseled on modifying risk factors for Congestive Heart Failure, such as controlling blood pressure, cholesterol and blood sugars. The overall score was **sixty-three percent**. The performance score for this question in the 2011 CHF audit was **thirty-nine percent**.
- **Question 9** assesses if there is documentation that the offender was counseled about diet. The overall score was **ninety-one percent**. The performance score for this question in the 2011 CHF audit was **forty-five percent**.
- **Question 10** assesses if a therapeutic diet was ordered, or a refusal of treatment signed. The overall score was **ninety-four percent**. The performance score for this question in the 2011 CHF audit was **seventy-seven percent**.
- **Question 11** assesses if an Ejection Fraction was measured. The overall score was **sixty-nine percent**. The performance score for this question in the 2011 CHF audit was **twenty percent**.

The Congestive Heart Failure Audit Database also generated the following vaccine report:

- **Ninety-nine percent** of the offenders with Congestive Heart Failure received an influenza vaccination within the most recent flu season. The performance score for this question in the 2011 CHF audit was **eighty-six percent**.
- **Ninety percent** of the offenders with Congestive Heart Failure received a pneumococcal vaccination within the past 5 years. The performance score for this question in the 2011 CHF audit was **sixty-eight percent**.

Overall, the management of CHF for offenders served by CMHC has improved since the last audit in 2011, especially in the areas of drug management, testing, counseling, diets, influenza and pneumococcal vaccinations.

Office of Public Health

- The Public Health Program monitors cases of infectious diseases in newly incarcerated offenders as well as new cases that occur in the offenders within the TDCJ population. The data is reported by the facilities for 11 infectious conditions including Syphilis, Hepatitis C Virus (HCV), Human Immunodeficiency Virus (HIV), and Tuberculosis (TB) as well as the data for occupational exposures to bloodborne pathogens. Year-to-date figures for a disease may differ from the monthly reports totals due to late reporting or to a determination that some previously reported cases fail to meet the criteria to be considered new cases.

There were 703 cases of Hepatitis C identified for the Third Quarter FY-2013, compared to **706** cases identified during the Second Quarter. The reporting mechanism for HIV tests was changed effective February 1, 2010. HIV tests are now to be classified as belonging to one of four categories: intake, offender-requested, provider-requested, or pre-release. HIV test became mandatory at intake in July 2007. However, offenders who are already known to be HIV positive are not required to be retested at intake. Instead, they are offered laboratory testing to assess the severity of their infections. HIV testing became mandatory for pre-release in September 2005 (HB43). Pre-release testing generally occurs during the last six months of incarceration. Two categories of offenders do not require pre-release testing: those already known to be HIV positive and those whose intake test were drawn within 6 months of an offender's release date. During the Third Quarter FY-2013, 18,207 offenders had intake tests, and 125 are newly identified as having HIV infections. For the Second Quarter FY-2013, 18,069 offenders had intake tests, and 110 were HIV positive. During the Third Quarter FY-2013, 11,578 offenders had pre-release tests; none were HIV positive compared to three in the Second Quarter FY-2013. 16 new AIDS cases were identified during the Third Quarter FY-2013, compared to 14 new AIDS cases in the Second Quarter FY-2013.

- **271 cases of suspected Syphilis** were reported in the Third Quarter FY-2013, compared to **204** in the Second Quarter in FY-2013. **20 required treatment or retreatment** compared to **21** in the Second Quarter FY-2013. 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.
- **189 Methicillin-Resistant Staphylococcus Aureus (MRSA)** cases were reported for the Third Quarter FY-2013, compared to **177** during the Second Quarter of FY-2013. **130** Methicillin-Sensitive Staphylococcus Aureus (MSSA) cases were reported for the Third Quarter of FY-2013 compared to **204** for the Second Quarter of FY-2013. Numbers of both MRSA and MSSA have been decreasing for the last few years.
- There was an average of **18 Tuberculosis (TB) cases** under management for the Third Quarter FY-2013, compared to an average of **25** (TB) cases for the Second Quarter of FY-2013. Although TB numbers often fluctuate significantly from year to year, there has been a slight decrease 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 Third Quarter FY-2013, **26** training sessions were held and **243** medical and mental health staff received training. This position also audits the documentation and services provided by medical personnel for each sexual assault reported. There have been **236** chart reviews of alleged sexual assaults performed for the Third Quarter FY-2013. There were no deficiencies found this quarter. **49** bloodborne exposure baseline labs were drawn on exposed offenders, and there were **zero** conversions as a result of sexual assault.
- During the Third Quarter FY-2013, the Willacy Unit received a four day training which included the Wall Talk Training. As of the close of the quarter **101 of the 111 facilities** housing Correctional Institutions Division and State Jail offenders have active peer education programs. During the Third Quarter FY-2013, **146** offenders trained to become peer educators. This is an increase from the **139** offenders trained in the Second Quarter FY-2013. During the Third Quarter FY-2013, **20,414** offenders attended classes presented by educators. This is an increase from the Second Quarter FY-2013 (i.e. 16,516).

Mortality and Morbidity

There were **108** deaths reviewed by the Mortality and Morbidity Committee during the months of March, April, and May 2013. Of those 108 deaths, **10** 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	
Provider & Nursing Peer Review	4
Provider Peer Review	3
Nursing Peer Review	3
Mental Health	0
Total	10

Office of Mental Health Services Monitoring & Liaison

The following is a summary of the activities performed by the Office of Mental Health Monitoring & Liaison (OMHM&L) during the Third Quarter of FY-2013:

- OMHM&L monitors all offenders in Administrative Segregation (Ad Seg) facilities within the TDCJ Correctional Institutions Division/State Jails every six months. In the Third Quarter, 21 Ad Seg facilities were audited: Allred, Allred ECB, Bradshaw, Clements ECB, Cole, Connally, Darrington, Dawson, Dominguez, Ellis, Hutchins, Lewis, Lopez, McConnell, Mountain View, Murray, Polunsky, Powledge, Ramsey, Sanchez and Wynne. **3,889** offenders were observed, **954** of them were interviewed and **two** offenders were referred to the university providers for further evaluation. Access to Care (ATC) 4 (i.e. timely triage) met **100** percent compliance for the 21 facilities. ATC 5 (i.e. documentation of Sick Call Requests) met **99** percent compliance for the 21 facilities that received Sick Call Requests from offenders in Ad Seg. All 21 facilities were **100** percent compliant for ATC 6 (i.e. referral from triage).
- Four inpatient mental health facilities: Clements, Jester IV, Montford and Skyview were audited to ensure that all incidents of compelled psychoactive medication were documented on the Mental Health Compelled Psychoactive Medication Log and that the medical records contained documentation of the required criteria for all incidents of compelled psychoactive medication. The facilities were **100** percent compliant for logging all incidents of compelled psychoactive medication identified on the UOF log on the mental health log. All four facilities were **100** percent compliant for documenting the required criteria for compelled psychoactive medication in the medical record.
- All 24 intake facilities were audited to ensure offenders entering TDCJ with potential mental health needs received a mental health evaluation within 14 days of identification. The intake facilities are: Bartlett State Jail, Baten ISF, Bradshaw State Jail, Byrd Unit, Dominguez State Jail, Formby State Jail, Garza Transfer Facility, Gist State Jail, Glossbrenner SAFPF, Gurney Transfer Facility, Halbert SAFPF, Holliday Transfer Facility, Hutchins State Jail, Jester I SAFPF, Johnston SAFPF, Kyle SAFPF, Lindsey State Jail, Lychner State Jail, Middleton Transfer Facility, Plane State Jail, Sanchez State Jail, Sayle SAFPF, Travis State Jail, and Woodman State Jail. **16** facilities met or exceeded the 80 percent compliance for completing mental health evaluations within 14 days. There were **seven** facilities that did not meet 80 percent compliance: Baten ISF, Bradshaw State Jail, Garza Transfer Facility, Gurney Transfer Facility, Hutchins State Jail, Johnston SAFPF and Sayle SAFPF. Detailed written plans for corrective action were requested from these seven units and have been received. Kyle SAFPF had no charts that were reviewed.

Office of Health Services Liaison

- OMHM&L reviews the mental health records of all pregnant offenders being considered for the Baby and Mother Bonding Initiative (BAMBI) to determine if there are any mental health issues that preclude participation. In the Third Quarter FY-2013, **11** offenders were reviewed and **11** were allowed to participate in BAMBI.
- The Office of Health Services Liaison (HSL) conducts a random audit of 10 percent of electronic medical records (EMR) of offenders discharged from hospitals and infirmaries in the Texas Tech University Health Science Center (TTUHSC) and the University of Texas Medical Branch (UTMB) sectors. In the Third Quarter of FY-2013, **HSL conducted 166 hospital and 61 infirmary discharge audits.**
- Each audit determines if vital signs were recorded on the day the offender left the discharge facility; if the receiving facility had medical services sufficient to meet the offender's current needs; if the medical record was reviewed by a health care member and referred (if applicable) to an appropriate medical 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 arriving at the unit.
- Of the 166 hospital discharge audits conducted, **150** were from the UTMB Sector and **16** were from the TTUHSC sector. There were **24** deficiencies identified for UTMB and **1** identified for TTUHSC. Of the **61** infirmary discharge audits conducted **27** were from the UTMB sector and **34** were from the TTUHSC sector. There were **8** deficiencies identified from UTMB and **14** for TTUHSC.

Accreditation

The American Correctional Association (ACA) CAMA Conference was held in Richmond, Virginia May 4, 2013. During this conference, the following units were awarded Reaccreditation by the ACA Panel of Commissioners: Montford, Hughes, Murray, Stringfellow, Middleton, Ellis, Stevenson, Hutchins, Lynaugh, and Ft. Stockton.

Biomedical Research Projects

The following is a summary of current and pending research projects as reported by the Texas Department of Criminal Justice (TDCJ) Executive Services:

- Correctional Institutions Division Active Monthly Research Projects – 27,
- Correctional Institutions Division Pending Monthly Research Projects – 7,
- Health Services Division Active Monthly Medical Research Projects – 2, and
- Health Services Division Pending Medical Research Projects – 8.

TDCJ Contract No. 696-HS-14-15-A066
Correctional Managed
Health Care Committee

Offender Health Services Plan

Adopted September 2003

(Reviewed August 2005)

(Reviewed and Updated June 2007)

(Reviewed and Updated August 2009)

(Reviewed and Updated September 2011)

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Offender Health Services Plan

Correctional Managed Health Care Committee

Introduction

The Offender Health Services Plan describes the level, type and variety of health care services made available to offenders incarcerated within the Texas Department of Criminal Justice. This Plan is adopted pursuant to Section 501.146 of the Texas Government Code. In this Plan health care services are delivered through a cooperative arrangement between TDCJ, the University of Texas Medical Branch at Galveston and the Texas Tech University Health Sciences Center under the direction of the Correctional Managed Health Care Committee.

Definition of Health Care Services

Health Care, for the purposes of this Plan, is defined as health-related actions taken, both preventive and medically necessary, to provide for the physical and mental well-being of the offender population. Health care, among other aspects, includes medical services, dental services, and mental health services.

Access to Care

All offenders shall have equal access to health care services. Each facility within TDCJ has written procedures which describe the process for offenders to gain access to the care needed to meet their medical, dental and mental health needs. Offenders are provided information at intake and upon receipt at their unit of assignment on the procedures for obtaining health care services.

Classification of Levels of Care

For purposes of this Plan, health care services can be prioritized into the following classifications:

Level I Medically Mandatory: Care that is essential to life and health and without which rapid deterioration is expected. The recommended treatment intervention is expected to make a significant difference or is very cost effective.

- ***Care at Level I is authorized and provided to all inmates.***

Level II Medically Necessary: Care that is not immediately life threatening, but without which the patient could not be maintained without significant risk of serious deterioration or where there is a significant reduction in the possibility of repair later without treatment.

- ***Care and treatment of conditions at Level II is provided to all inmates but evolving standard and practice guidelines controls the extent of service.***

Utilization Management and Review

Utilization management and review is a physician-driven system for making individual evaluations as to medical necessity. The review process entails consulting national accepted standards of care and comparing the individual circumstances of each case. Referrals for certain types of care require prior authorization through the utilization review process. Determinations made through the utilization management and review process may be appealed by the referring provider for additional review and decision in accordance with established procedures.

Formulary and Disease Management Guidelines

A standard statewide formulary is maintained by the Pharmacy and Therapeutics Committee and updated as needed and at least annually. This committee meets regularly

to review the use of drugs within the health care system, evaluate agents on the formulary and consider changes to the available medications. All medications prescribed for offenders must be listed in the formulary, unless specific medical necessity exists for authorizing a non-formulary medication. In such circumstances, a request for non-formulary approval will be processed and evaluated. Non-formulary determinations may be appealed by the referring provider for additional review and decision in accordance with established procedures.

In addition to the formulary, the Pharmacy and Therapeutics Committee develops and maintains disease management guidelines that outline recommended treatment approaches for management of a variety of illnesses and chronic diseases. These guidelines are reviewed regularly and updated as necessary. Disease management guidelines focus on disease-based drug therapy and outline a recommended therapeutic approach to specific diseases. They are typically developed for high risk, high volume, or problem prone diseases encountered in the patient population. The goal is to improve patient outcomes and provide consistent, cost-effective care, which is based on national guidelines, current medical literature, and has been tailored to meet the specific needs of the patient population served.

Disease management guidelines are just that. They are guidelines. They represent pathways that will help practitioners provide care for the majority of patients in the middle portion of a bell shaped curve. Pathways do not replace sound clinical judgment nor are they intended to strictly apply to all patients.

Complaints and Grievances About Health Care

If an offender believes that he/she has not received medical care that is necessary and appropriate for his/her medical condition, the following mechanisms are available:

- First, asking questions of the treating professionals in the medical department in order to understand what is being done to address the issue;
- If the issue remains unresolved, the next step is to complete an I-60 Request to Official form and send it to the facility medical complaints coordinator at the medical department for informal resolution;
- An offender also has the right to file a grievance in accordance with the appropriate offender grievance procedures.

Offender Co-payment Requirements

In accordance with state law, if a visit to a health care provider meets offender health care co-payment criteria, the offender may be assessed a \$100.00 annual co-payment fee. Offenders will be afforded access to health care services regardless of their ability to pay this fee.

Offender Health Services Plan

All services are subject to a determination of medical necessity.

Medical Services And Supplies Provided By Physicians And Other Health Care Professionals

Service Description
<p>Diagnostic and treatment services</p> <p>Professional services of providers</p> <ul style="list-style-type: none"> ■ In provider's office or department ■ Consultations by specialists when indicated ■ Office medical consultations ■ During a hospital stay ■ During an infirmary stay
<p>Laboratory, X-ray and other diagnostic tests</p> <p>Tests, including but not limited to:</p> <ul style="list-style-type: none"> ■ Blood tests ■ Urinalysis ■ Pathology ■ X-rays ■ Mammograms ■ Cat Scans/MRI ■ Ultra sound ■ Electrocardiogram and EEG

Treatment Therapies

- Chemotherapy and radiation therapy
- Respiratory and inhalation therapy
- Dialysis--hemodialysis and peritoneal dialysis
- Intravenous (IV)/Infusion therapy

Physical and Occupational Therapies

Services for each of the following:

- Qualified physical therapists
- Occupational therapists
- Rehabilitation therapy and exercise

Notes: Physical and occupational therapy is limited to services that assist the member to achieve and maintain self-care and improved functioning in other activities of daily living.

Cardiac rehabilitation is provided subject to the limitations below.

Therapy to restore bodily function is provided only when there has been a total or partial loss of bodily function due to injury or illness.

Services are limited to those that continue to meet or exceed the treatment goals established by the provider. For the physically disabled--maintenance of functioning or prevention of or slowing of further deterioration.

Hearing Services

- Audiogram if medically indicated
- Placement of hearing aid when medically necessary

Vision Services

- Eye examination (vision screening) to determine the need for vision correction
- Ocular prosthesis if medically indicated
- Optometry services
- Corrective lenses as medically indicated

Foot Care

- Corrective orthopedic shoes, arch supports, braces, splints or other foot care items if medically indicated

Orthopedic and prosthetic devices

- Artificial limbs and eyes; stump hose
- Terminal devices
- Braces for arms, legs, back or neck
- External cardiac pacemaker
- Internal prosthetic devices, such as artificial joints, pacemakers
- Foot orthotics when medically necessary

Durable Medical Equipment

Provision of necessary durable medical equipment, including repair and adjustment, as prescribed by the provider, such as:

- Hospital beds
- Standard wheelchairs
- Crutches
- Walkers
- Blood glucose monitors
- Suction machines
- Oxygen

Educational Material, Classes or Programs

Health education material, classes and programs are provided

Preventive Health Care Services

Service Description
<p>Routine Immunizations</p> <p>Limited to Td, MMR, influenza (over age 54), pneumococcal vaccine (over age 64)</p>
<p>Medically Indicated Immunizations</p>
<p>Hepatitis A vaccination for Occupational Risk</p>
<p>Hepatitis B vaccinations will be administered according to correctional managed health care infection control policy and protocol</p>
<p>Post-exposure testing and prophylaxis for offender non-occupational bloodborne pathogen exposure</p>
<p>TB Related Services</p> <ul style="list-style-type: none"> ■ Annual TB screening tests ■ Treatment of Latent TB infection ■ Directly observed therapy for TB disease ■ Treatment for TB, including respiratory isolation when indicated ■ Contact investigation around active TB cases ■ Specialty Consultation for drug-resistant TB cases

<p>HIV Related Services</p> <ul style="list-style-type: none"> ■ HIV testing and counseling upon intake and prior to release as required by state law ■ HIV testing and counseling upon request (no more than every 6 months) ■ Antiretroviral therapy for HIV according to correctional managed health care policy and protocol ■ Opportunistic infection prophylaxis ■ Infectious disease consultation for HIV infection
<p>Partner elicitation and referral for Sexually Transmitted Diseases, including HIV</p>
<p>Syphilis screening upon intake</p>
<p>Testing for communicable diseases when clinically indicated</p>
<p>Treatment of chronic Hepatitis B and C according to correctional managed health care policies and protocols</p>
<p>Hepatitis C antibody testing upon offender request</p> <p style="text-align: center;">No greater than once per year</p>
<p>Post-exposure prophylaxis for varicella when medically indicated</p>
<p>Post-exposure Prophylaxis for meningitis when clinically indicated</p>
<p>Periodic medical assessments as required for certain job assignments involving excessive noise exposure or use of a respirator</p>
<p>Access to personal hygiene supplies as described in correctional managed health care policy and protocol</p>
<p>Periodic physical examination, according to frequency designated in policy</p>
<p>Annual fecal occult blood test over age 50</p>
<p>Health education services</p>

Mammogram Services for Females

- Baseline mammogram at age 40
- Mammogram every 1-2 years for ages 40-49; annually from age 50 and higher

For females, annual pelvic exam and Pap smear

Frequency may be adjusted by the provider when clinically indicated

Obstetrical Services

- Prenatal and postnatal care, including medically indicated vitamins and nutritional care
- Delivery and complications of pregnancy

Note: Elective termination of pregnancy is not covered. Medical care of the newborn infant is not covered.

Surgical and Anesthesia Services provided by Providers and other Health Care Professionals

Facility Providers must obtain precertification for all offsite surgical procedures.

Service Description
<p data-bbox="261 611 553 642">Surgical Procedures</p> <p data-bbox="407 678 911 709">A comprehensive range of services, such as:</p> <ul data-bbox="456 741 1081 1150" style="list-style-type: none"><li data-bbox="456 741 748 772">■ Operative procedures<li data-bbox="456 804 951 835">■ Treatment of fractures, including casting<li data-bbox="456 867 1081 898">■ Normal pre- and post-operative care by the surgeon<li data-bbox="456 930 764 961">■ Endoscopy procedures<li data-bbox="456 993 716 1024">■ Biopsy procedures<li data-bbox="456 1056 829 1087">■ Removal of tumors and cysts<li data-bbox="456 1119 919 1150">■ Insertion of internal prosthetic devices

Services Provided by an Infirmary, Hospital or Other Facility and Ambulance Services

Facility physicians must obtain precertification for hospital stays. All services are subject to a finding of medical necessity.

Service Description
<p>Infirmiry Care</p> <p>Health care services at TDCJ facilities with infirmaries for an illness or diagnosis that requires limited observation and/or management by a registered nurse, but does not require admission to a licensed hospital.</p> <p>Inpatient Hospital</p> <p>Room and Board</p> <ul style="list-style-type: none"> ■ General Nursing Care ■ Meals and Special Diets <p>Other Hospital Services, such as:</p> <ul style="list-style-type: none"> ■ Operating, recovery, obstetrical and other treatment rooms ■ Prescribed drugs and medicines ■ Diagnostic laboratory tests and X-rays ■ Administration of blood and blood products ■ Blood or blood plasma ■ Dressings, splints, casts and sterile tray services ■ Medical supplies and equipment, including oxygen ■ Anesthetic services as necessary

Hospice Care

Supportive and palliative care for the terminally ill is provided in a designated hospice facility. Services include inpatient and outpatient care. These services are provided by a multidisciplinary team under the direction of the facility provider who certifies the terminal stages of illness, with a life expectancy of approximately six months or less. Services include appropriate support services at the correctional unit for the offender's family as outlined in policy.

Ambulance

Local professional ambulance service when medically necessary

Medical Emergency Services

A medical emergency is the sudden and unexpected onset of a condition or an injury that your facility provider believes endangers your life or could result in serious injury or disability, and requires immediate medical or surgical care.

Mental Health Services

Service Description
<p data-bbox="264 457 537 485">Mental Health Care</p> <p data-bbox="407 527 1312 583">Diagnostic and treatment services recommended by a qualified mental health provider, including:</p> <ul data-bbox="456 621 1312 1444" style="list-style-type: none"><li data-bbox="456 621 1292 648">■ Professional services such as medication monitoring and management<li data-bbox="456 684 716 711">■ Outpatient services<li data-bbox="456 747 899 774">■ Psycho-social services as indicated<li data-bbox="456 810 1312 905">■ Inpatient services provided by a correctional health care approved facility, including as necessary, diagnostic evaluation, acute care, transitional care and extended care<li data-bbox="456 940 935 968">■ Crisis management/Suicide Prevention<li data-bbox="456 1003 797 1031">■ Continuity of care services<li data-bbox="456 1066 902 1094">■ Specialized mental health programs<ul data-bbox="505 1129 1084 1346" style="list-style-type: none"><li data-bbox="505 1129 1084 1157">■ Program for the Aggressive Mentally-Ill Offender<li data-bbox="505 1192 964 1220">■ Mentally Retarded Offender Program<li data-bbox="505 1255 1073 1283">■ Administrative Segregation step-down program<li data-bbox="505 1318 959 1346">■ Program for the chronic self-injurious<li data-bbox="456 1381 1312 1444">■ Emergency mental health services are available 24 hours a day, seven days per week.

Pharmacy Services

Service Description

Medically necessary medications are provided to offenders when clinically indicated.

- Over the counter medications as specified by the formulary and policy
- Formulary prescription medications
- Non-formulary medications must have prior authorization through the non-formulary approval process
- Maintenance medications are dispensed as a 30-day supply with up to 11 refills authorized
- Acute medications (e.g., antibiotics) are dispensed as a course of therapy and may not be refilled without obtaining a new prescription from the provider
- Certain medications may be provided KOP (Keep on Person) based on policy

Dental Services

Eligibility for Dental Services:

- All offenders are eligible for emergency or urgent needs
- After 6 months of incarceration and demonstration of satisfactory oral hygiene self care--interception and stabilization, i.e., temporary fillings, gross scalings
- After 12 months of incarceration and demonstration of satisfactory oral hygiene--corrective care, i.e., fillings
- Referrals for evaluation and treatment by specialists will be subject to utilization review process and require prior authorization
- Dentists may request variation from the guidelines regarding eligibility and scope of services for the protection of patients judged to have special dental needs jeopardizing overall health.

Service Description
<p>Diagnostic/Preventive Dentistry by Primary Dentist</p> <ul style="list-style-type: none"> ■ Initial/Periodic oral examination ■ Development of treatment plan ■ Oral cancer examination ■ Visual aids ■ Consultations
<p>Dental X-rays</p> <ul style="list-style-type: none"> ■ Bitewing ■ Single ■ Other X-rays <ul style="list-style-type: none"> ■ Full Mouth ■ Panoramic

<p>Prophylaxis</p> <ul style="list-style-type: none">■ Oral hygiene instruction■ Fluoride treatment■ Sealant treatment (per tooth)■ Infection control
<p>Restorative (fillings) by Primary Dentist</p> <ul style="list-style-type: none">■ Amalgam (silver) restorations: primary or permanent (1, 2, 3 or more surfaces)■ Composite resin (white) restorations on anterior teeth only (1, 2, 3 or more surfaces)■ Acid etch bonding for repair of incisal edge
<p>Endodontics (Root Canal Therapy) by Primary Dentist</p>
<p>Oral Surgery by Primary Dentist</p> <ul style="list-style-type: none">■ Single tooth extraction■ Surgical extraction-erupted tooth■ Surgical extraction-soft tissue impaction■ Surgical extraction-partial bony impaction■ Surgical extraction-full bony impaction
<p>Periodontics (Gum treatment) by Primary Dentist</p> <ul style="list-style-type: none">■ Occlusal Adjustment-Limited■ Occlusal Adjustment-Complete <p>Periodontal scaling and root planing (per quadrant)</p>
<p>Major restorative dentistry by Primary Dentist</p> <ul style="list-style-type: none">■ Re-cement crown/bridge■ Post for crown■ Stainless steel crown

Prosthodontics (dentures) by Primary Dentist

- Complete dentures (upper or lower)
- Partial denture
- TMJ Appliance

University Providers will demonstrate best effort to comply with a 30-90 day time frame for delivery of those qualifying for oral prosthetics.

The Offender Health Services Plan is intended to serve as a guide for determining the health care services provided to offenders. It is not intended to represent an all-inclusive list of services to be provided nor to replace sound clinical judgment of the health care providers. In addition, the Plan is intended to work in conjunction with other tools provided to health care providers such as the approved formulary and disease management guidelines adopted by the program.

The Plan should also be considered a work in progress. As necessary and at least annually, the Plan will be updated to reflect changes in policy, practice, and standards of care. The Plan was developed in a cooperative effort of the three medical directors involved in the correctional managed health care program, along with the input of management in various health care disciplines. The Plan also draws heavily on a number of reference documents, most notably, the Oregon Department of Corrections Health Care Plan and the HMO Blue Texas Plan.

System Leadership Council Indicators

- #1. Sick Call Request (SCR) physically triaged within 48 hrs (72 hrs Fri & Sat)
- #2. Dental Chief Complaint Documented in Medical Record (MR) at Time of Triage
- #3. Referral to Dentist (Nursing/Dental Triage) seen within 7 days of SCR Receipt
- #4 SCR/Referrals (Mental Health) Physically Triaged with 48 hrs (72 hrs Fri & Sat)
- #5 Mental Health (MH) Chief Complaint Documented in the MR at Time of Triage
- #6 Referred Outpatient MH Status Offenders seen within 14 days of Referral/Triage
- #7 SCR for Medical Services Physically Triaged within 48 hrs (72 hrs Fri & Sat)
- #8 Medical Chief Complaint Documented in MR at time of triage
- #9 Referrals to MD, NP or PA seen within 7 days of receipt of SCR

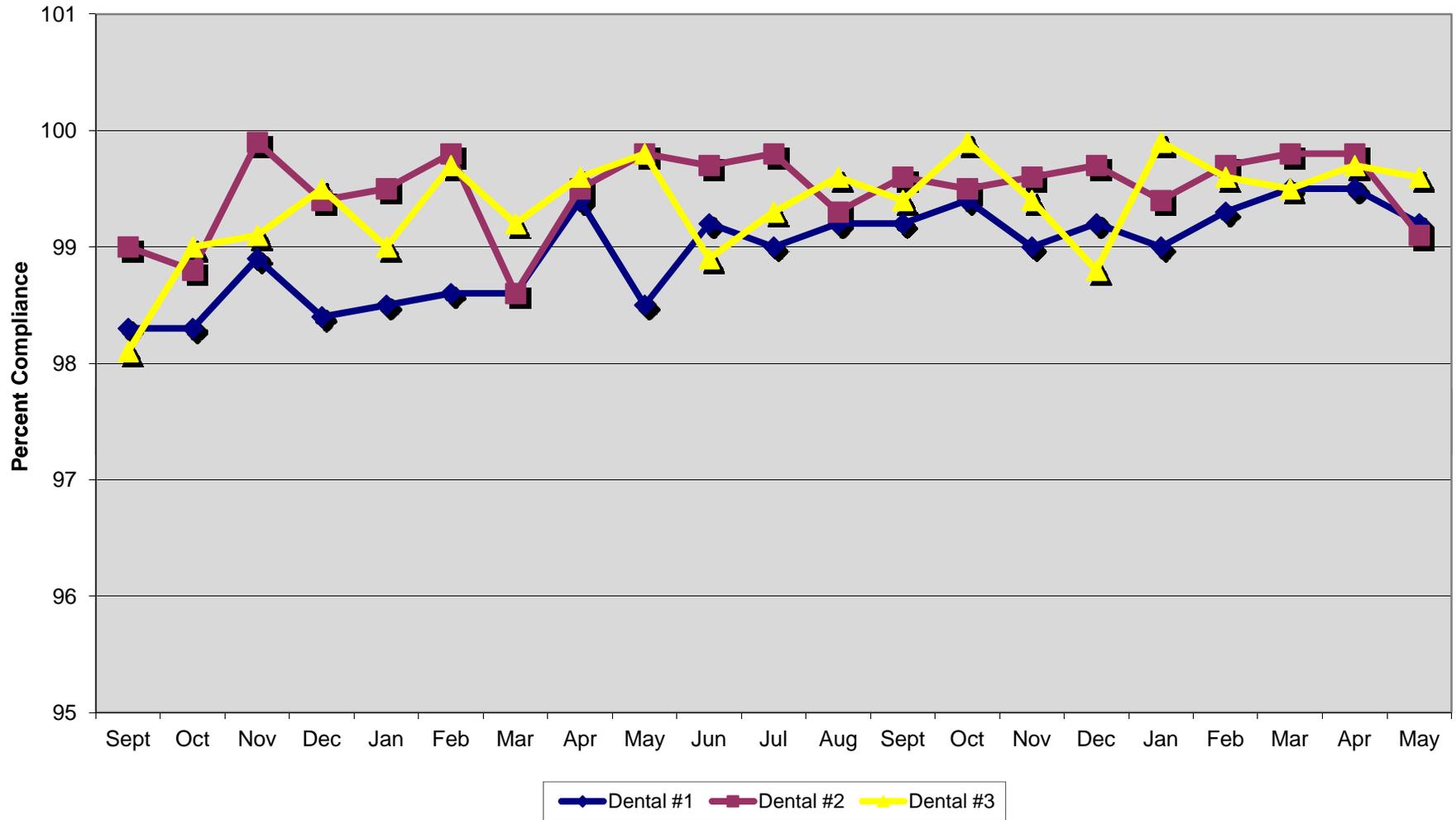
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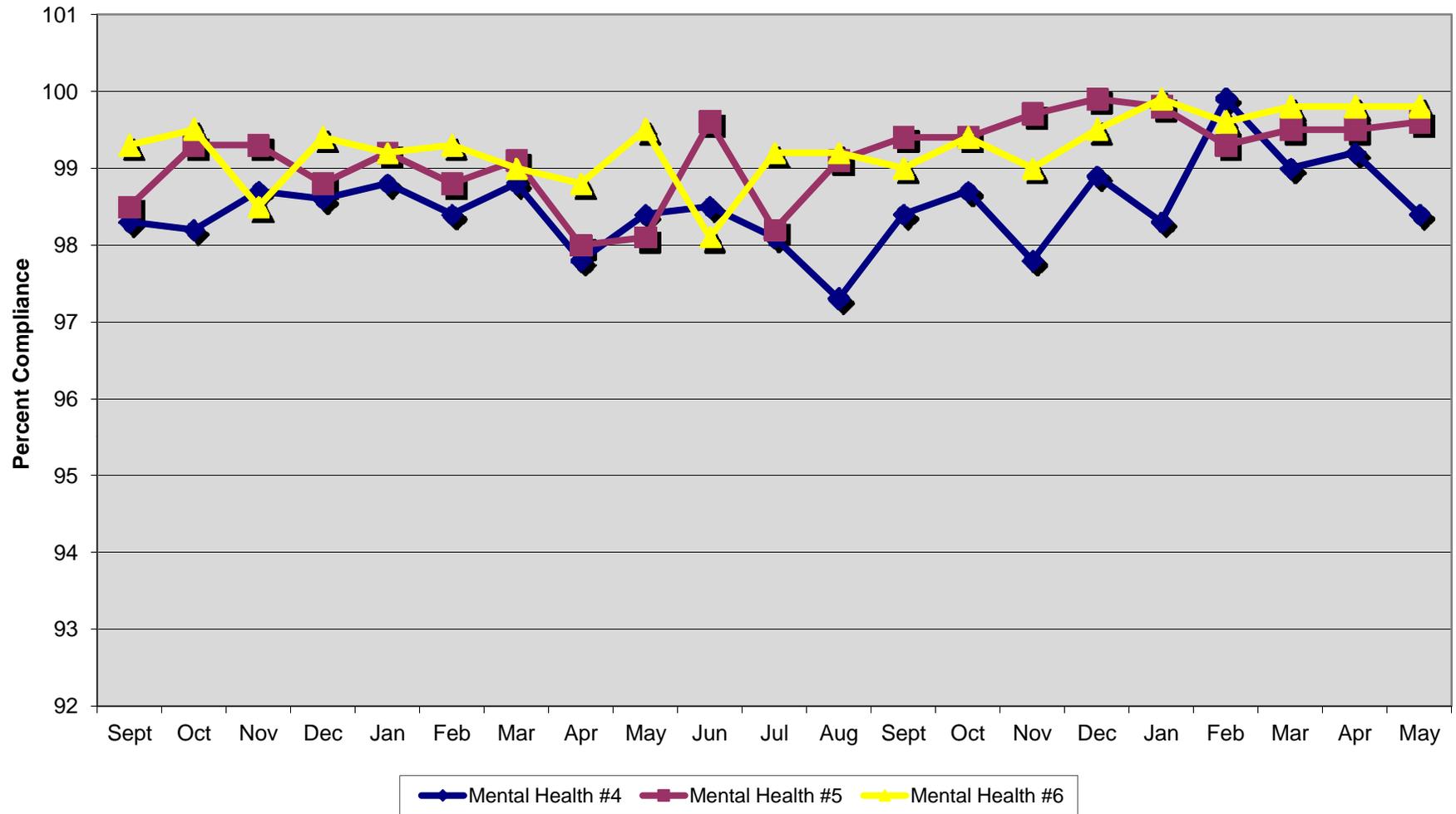


TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER

Dental Access to Care Indicators FY 2012-2013 to Date



Mental Health Access to Care Indicators FY 2012-2013 to Date



Medical Access to Care Indicators FY 2012-2013 to Date

