

**CORRECTIONAL MANAGED HEALTH CARE
COMMITTEE
AGENDA**

April 14, 2015

1:00 P.M.

TDCJ Administrative Offices
Price Daniel Building
209 W 14th St, Suite 500, 5th Floor Conference Room
Austin, Texas 78701

CORRECTIONAL MANAGED HEALTH CARE COMMITTEE

April 14, 2015

1:00 P.M.

TDCJ Administrative Offices
Price Daniel Building
209 W 14th St, Suite 500, 5th Floor Conference Room
Austin, Texas 78701

- I. Call to Order
- II. Recognitions and Introductions
- III. Consent Items
 1. Approval of Excused Absences
 2. Approval of CMHCC Meeting Minutes, December 9, 2014
 3. TDCJ Health Services Monitoring Reports
 - Operational Review Summary Data
 - Grievance and Patient Liaison Statistics
 - Preventive Medicine Statistics
 - Utilization Review Monitoring
 - Capital Assets Monitoring
 - Accreditation Activity Summary
 - Active Biomedical Research Project Listing
 - Administrative Segregation Mental Health Monitoring
 4. University Medical Directors Reports
 - The University of Texas Medical Branch
 - Texas Tech University Health Sciences Center
 5. Summary of CMHCC Joint Committee / Work Group Activities
- IV. Update on Financial Reports
- V. Summary of Critical Correctional Health Care Personnel Vacancies
 1. Texas Department of Criminal Justice
 2. Texas Tech University Health Sciences Center
 3. The University of Texas Medical Branch

EACH ITEM ABOVE INCLUDES DISCUSSION AND ACTION AS NECESSARY

- VI. Medical Directors Updates
 - 1. Texas Department of Criminal Justice
 - Health Services Division FY 2015 First Quarter Report
 - 2. Texas Tech University Health Sciences Center
 - 3. The University of Texas Medical Branch
- VII. Hepatitis C Policy and Program Update; and Human Immunodeficiency Virus (HIV) Infection Policy and Program Update- Stephanie Zepeda, Pharm D, Director, Pharmacy Services, UTMB CMC
- VIII. Public Comments
- IX. Adjourn

Consent Item

Approval of CMHCC Meeting Minutes
December 9, 2014

CORRECTIONAL MANAGED HEALTH CARE COMMITTEE

December 9, 2014

- Chairperson:** Margarita de la Garza-Graham, M.D.
- CMHCC Members Present:** Lannette Linthicum, M.D., CCHP-A, FACP, Harold Berenzweig, M.D., Edward John Sherwood, M.D., Cynthia Jumper, M.D., Patricia Vojack, JD, MSN, Mary Annette Gary, Ph.D., Steffanie Risinger Campbell, M.D., Ben Raimer, M.D.
- CMHCC Members Absent:** Elizabeth Anne Linder, Ed.D.
- Partner Agency Staff Present:** Bryan Collier, Ron Steffa, Marsha Brumley, Rebecka Berner, Nancy Duncan, Natasha Martin, Myra Walker, Charlene Maresh, Robert Williams, M.D., Chris Black-Edwards, Paula Reed, Oscar Mendoza, William Stephens, Texas Department of Criminal Justice; Steve Alderman, Susan Morris, M.D., Dave Khurana, M.D., Olugbenga Ojo, M.D., Gary Eubank, Joseph Penn, M.D., Anthony Williams, Stephen Smock, Justin Robison, UTMB; Denise DeShields, M.D., Brian Tucker, DDS, TTUHSC
- Others Present:** Cathy Corey, Wes Matthias, Abbott-Institutional Managing; Jimmy Blanton, Health & Human Services; Brian Baron, Barb Kragor, QIAGEN
- Location:** UTMB Conroe Office, 200 River Pointe Dr., Suite 200, Conroe, Texas

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>I. Call to Order</p> <p>- Margarita de la Garza-Graham</p>	<p>Dr. de la Garza-Graham called the Correctional Managed Health Care Committee (CMHCC) meeting to order at 10:00 a.m. then noted that a quorum was present and the meeting would be conducted in accordance with Chapter 551 of the Texas Government Code, the Open Meetings Act.</p>		
<p>II. Recognitions and Introductions</p> <p>- Margarita de la Garza-Graham</p>	<p>Dr. de la Garza-Graham acknowledged that all wishing to offer public comment must be registered and will be allowed a three minute time limit to express comment.</p> <p>Dr. de la Garza-Graham acknowledged the attendance of Jimmy Blanton, Health and Human Services Commission.</p>		
<p>III. Approval of Consent Items</p> <p>- Margarita de la Garza-Graham</p> <ul style="list-style-type: none"> o Approval of Excused Absences 	<p>Dr. de la Garza-Graham thanked and welcomed everyone for being in attendance.</p> <p>Dr. de la Garza-Graham noted approval of excused absence for Dr. Mary Annette Gary, Dr. Elizabeth Linder, Dr. Steffanie Campbell, and Dr. Ben Raimer.</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>III. Approval of Consent Items (Cont.)</p> <ul style="list-style-type: none"> ○ Approval of CMHCC Meeting Minutes – September 18, 2014 ○ Approval of TDCJ Health Services Monitoring Reports ○ University Medical Director’s Reports <ul style="list-style-type: none"> - UTMB - TTUHSC ○ Summary of CMHCC Joint Committee/ Work Group Activities 	<p>Dr. de la Garza-Graham stated the next item on the agenda was the approval of the Minutes from the meeting held on September 18, 2014.</p> <p>Dr. de la Garza-Graham asked if the committee would like to review and approve each item separately or approve as a whole and if there were any amendments or objections to the proposed consent item?</p>		<p>Dr. Lannette Linthicum made a motion for the items to be approved by consent agenda as found in the Correctional Managed Health Care Committee Agenda Book. Dr. Raimer seconded the motion which prevailed by unanimous vote.</p> <p>Seeing no amendments or objections to the proposed consent items, Dr. de la Garza-Graham advised that all consent items will stand approved.</p>
<p>IV. Update on Financial Reports</p> <p>- Charlene Maresh</p>	<p>Dr. de la Garza-Graham called on Charlene Maresh to present the financial report.</p> <p>Ms. Maresh reported on statistics for the Fourth Quarter of Fiscal Year (FY) 2014, as submitted to the Legislative Budget Board (LBB). The report was submitted in accordance with the General Appropriations Act, Article V, Rider 50.</p> <p>Funding received by the universities was \$531.7 million with \$477.4 million of that being TDCJ appropriations.</p> <p>The report also shows the expenditures broken down by strategies.</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>IV. Update on Financial Reports (Cont.)</p>	<p>Unit and psychiatric care expenses make up the majority of health care costs at 55.9 percent, for a total of \$308.3 million dollars.</p> <p>Hospital and clinical care accounts for 35.2% of total expenditures at a cost of \$196.6 million.</p> <p>Pharmacy services makes up 9.7 % of total health care expenditures at a cost of \$54.2 million dollars.</p> <p>The average service population is 150,019 which is a slight increase from FY 2013.</p> <p>The offender population age 55 and over continues to grow with an increase of 7.5% from FY 2013. The average daily census is 14,243 making up 10.2% of total service population and accounts for 41.6 percent of total hospital costs.</p> <p>The average mental health inpatient census is 1,906 of the total service population. The average mental health outpatient census is 19,212 of the total service population.</p> <p>The average health care cost is \$10.21 per offender, per day, which is an 8 percent increase from FY 2013 which was \$9.45.</p> <p>The total method of finance minus the total expenditures show a shortfall of \$27.4 million dollars, and an additional shortfall of \$947,000 dollars in uncorrected offender health care fees for the year bringing the total shortfall to \$28.4 million.</p> <p>The Texas Department of Criminal Justice (TDCJ) received approval from the LBB to use \$5 million dollars in Commissary Operation funds and \$2 million dollars in Texas Correctional Industry funding to cover a portion of the shortfall.</p> <p>An additional request has been submitted to the LBB to use \$8.7 million dollars in TDCJ funding and an additional \$12.7 million of spend forward from FY 2015 to FY 2014,</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>V. Summary of Critical Correctional Health Care Personnel Vacancies (Cont.)</p> <p>-Dr. Susan Morris on behalf of Dr. Owen Murray</p> <p>VI. Medical Director's Updates</p> <ul style="list-style-type: none"> • TDCJ – Health Services Division FY 2014 Fourth Quarter Report - Lannette Linthicum, MD <ul style="list-style-type: none"> ○ Operational Review Audit 	<p>Dr. DeShields further reported that it has been difficult to fill the vacant medical directors positions at the Smith and Clements Units. TTUHSC is continuing to utilize recruiting agencies, media search engines, local and national publications, and both military and civilian Graduate Medical Education (GME) Programs to recruit applicants.</p> <p>Dr. DeShields further reported that due to national shortages of psychiatrist and physicians, TTUHSC has continued to have high vacancies in the West Texas area, and will continue to fill these positions with locum tenens and contract employees until they are permanently filled.</p> <p>Dr. de la Garza-Graham then called upon Dr. Monte Smith to report on UTMB's critical vacancies on behalf of Dr. Owen Murray.</p> <p>Dr. Morris reported that UTMB had six physician positions, 13 mid-level practitioner positions, physician assistants, family nurse practitioners, two psychiatrist, and seven dental positions vacant. Dr. Morris further reported UTMB is continuing recruiting efforts through local and national advertisement, career fairs, conferences, intern programs, and agency contacts, and is striving to improve upon employee retention.</p> <p>Dr. de la Garza-Graham then called upon Dr. Linthicum to begin presentation of the Medical Director's Report.</p> <p>Dr. Linthicum began by explaining that the deficiencies reported during operational reviews had been addressed with the units and each unit is working on corrective action plans to gain compliance. During the Fourth Quarter of FY 2014, (June, July, August), Operational Review Audits (ORAs) were conducted on 11 facilities: Bridgeport Pre-Parole Transfer (PPT), Formby, Hobby, Marlin, Montford, Polunsky, Tulia, Wallace, Ware, West Texas Intermediate Sanction Facility (ISF), and Wheeler. There were also ORAs closed during this quarter for seven facilities: Connally, Glossbrenner, Montford, Murray, Pack, Tulia, and Willacy State Jail. Dr. Linthicum referred to the seven items found to be most frequently below 80 percent</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>VI. Medical Director's Updates (Cont.)</p> <ul style="list-style-type: none"> ○ Capital Assets Monitoring ○ Dental Quality Review Audit ○ Grievance and Patient Liaison Correspondence 	<p>compliance.</p> <p>Dr. Linthicum next reported that the same 11 units listed above were audited and determined to be in compliance range for capital assets.</p> <p>Dr. Linthicum explained that Dental Quality Review audits were conducted at the following 13 facilities: Allred, Allred Extended Cell Block (ECB), Bradshaw, East Texas Treatment Facility, Hodge, Johnston, Billy Moore, Neal, Roach, Roach ISF, Sayle, Skyview, and Telford. Dr. Linthicum referred to the items found to be most frequently below 80 percent compliance.</p> <p>Dr. Linthicum then noted that the Office of Professional Standards has the Family Hotline, Patient Liaison Program (PLP), Step II Medical Grievance Program, and Sick Call Request Verification Audit process. During the Fourth Quarter of FY 2014, the PLP and the Step II Medical Grievance Programs received 3,425 correspondences. The PLP received 1,671 correspondences and Step II Medical Grievance received 1,754. There were 522 Action Requests generated. The percentages of sustained Step II Medical</p>	<p>Dr. Berenzweig inquired as to the reason West Texas ISF received such a poor operational review report, and asked if there was anything special about the unit or individuals housed at the facility.</p> <p>Dr. Linthicum responded that part of the issue is that they are in a medically underserved health professional shortage area, and there has been some staffing difficulties and change overs. Dr. Linthicum also explained that West Texas ISF falls under the Private Facilities Division and health care staff on the unit are employees of the Management Training Corporation (MTC). Dr. Linthicum reported that two corrective actions had already been received from the facility and a third was pending. After all corrective actions have been received, a meeting will be held with the Private Facilities Division Director to work through the issues, to ensure compliance.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>VI. Medical Director's Updates (Cont.)</p> <ul style="list-style-type: none"> ○ Quality Improvement (QI) Access to Care Audit ○ Office of Public Health 	<p>Grievances from UTMB were eight percent and five percent for TTUHSC.</p> <p>Dr. Linthicum added that the Quality Improvement Access to Care Audit addressed quality of care issues. There were 48 Sick Call Request Verification Audits conducted on 39 facilities. A total of 300 indicators were reviewed and 11 of the indicators fell below 80 percent compliance.</p> <p>Dr. Linthicum explained that the Public Health Program monitors cases of infectious diseases within the TDCJ population. There were 817 cases of Hepatitis C identified for the Fourth Quarter FY 2014. There were 22,429 intake tests and 91 were newly identified as having Human Immunodeficiency Virus (HIV) infections. During the Third Quarter FY 2014, 20,444 offenders had intake test and 119 were HIV positive. 19 new Acquired Immunodeficiency Syndrome (AIDS) cases were identified in the Fourth Quarter FY 2014 compared to 23 new AIDS cases identified during the Third Quarter FY 2014.</p> <p>162 cases of suspected Syphilis were reported in the Fourth Quarter FY 2014. 14 of those required treatment or retreatment.</p> <p>200 Methicillin-Resistant Staphylococcus Aureus (MRSA) cases were reported for the Fourth Quarter FY 2014. Dr. Linthicum advised that there was an average of 17 Tuberculosis (TB) cases under active management for the Fourth Quarter FY 2014.</p>	<p>Dr. de la Garza-Grahm asked if the 218 MRSA cases that were reported in the Third Quarter FY 2014 were newly diagnosed, and if each patients' wound is swabbed or cultured or if the wound is only cultured if it is actively infected.</p> <p>Ms. Chris Black-Edwards responded no, of the 218 MRSA cases reported, not all of the individuals are newly diagnosed. Policy does not require that every draining wound be cultured so offenders who have been previously diagnosed with MRSA are still treated as having such.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>VI. Medical Director's Updates (Cont.)</p>	<p>Dr. Linthicum next reported the activities of the Sexual Assault Nurse Examiner (SANE) Coordinator which collaborates with the Safe Prisons Program and is trained and certified by the Texas Attorney General's Office. This person provides in-service training to facility staff in the performance of medical examinations, evidence collection and documentation and use of the sexual assault kits. During the Fourth Quarter FY 2014, 57 training sessions were held and 593 medical and mental health staff received training. This position also audits the documentation and services provided by medical personnel for each sexual assault reported. There were 124 chart reviews of alleged sexual assaults. There were no deficiencies found this quarter. 65 blood-borne exposure baseline labs were drawn on exposed offenders. To date, no offenders have tested positive for HIV in baseline labs routinely obtained after the report of sexual assault.</p> <p>Dr. Linthicum noted the Peer Education Program which is a nationally recognized program in which many offenders participate. 18,054 offenders attended classes presented by educators, this was a decrease from the Third Quarter FY 2014 of 19,629. Within the TDCJ, 101 of the 109 facilities have active peer education programs. 233 offenders trained</p>	<p>Dr. Morris stated, that typically, culturing is done to draining wounds, but if it is an early lesion that may not require draining or be ready surgically, it would not be cultured.</p> <p>Dr. Campbell asked if information reported was only that of culture data, or nasal data as well.</p> <p>Dr. Linthicum responded there is a component shown in policy that addresses the nasal swab and its carious state and what can be done to eradicate the carious state.</p> <p>Dr. Sherwood asked if the 17 TB cases were active disease cases.</p> <p>Dr. Linthicum responded, yes.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>VI. Medical Director's Updates (Cont.)</p> <ul style="list-style-type: none"> ○ Mortality and Morbidity ○ Office of Mental Health Monitoring & Liaison 	<p>to become peer educators. This is an increase from the 107 offenders trained in the Third Quarter FY 2014.</p> <p>Dr. Linthicum reported that there were 87 deaths reviewed by the Mortality and Morbidity Committee during the Fourth Quarter of FY 2014. Of those 87 deaths, 9 were referred to peer review committees for further review.</p> <p>Dr. Linthicum provided a summary of the activities performed by the Office of Mental Health Monitoring & Liaison (OMHM&L) during the Fourth Quarter of FY 2014.</p> <p>Administrative Segregation (Ad Seg) audits were conducted on 17 facilities. 3,363 offenders were observed 2,769 were interviewed and 4 offenders were referred to the university providers for further evaluation. One of the 16 facilities fell below 100 percent compliance while the remaining 15 were found to be 100 percent compliant. Access to Care (ATC) 4 was met at 100 percent on 15 facilities. One facility fell below 100 percent compliance.</p> <p>Three inpatient mental health facilities were audited with respect to compelled medications. 34 instances of compelled psychoactive medication administration occurred. All three facilities were 100 percent compliant with logging all incidents of compelled psychoactive medication and documenting the required criteria in the medical record.</p> <p>There were 24 intake facilities audited with respect to mental health evaluation within 14 days of identification. There were 16 facilities that met or exceeded 80 percent compliance.</p> <p>Dr. Linthicum added the OMHM&L also reviews the mental health records of all pregnant offenders being considered for the Baby and Mother Bonding Initiative (BAMBI) Program. Six offenders were reviewed and all six were allowed to participate.</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>VI. Medical Director's Updates (Cont.)</p> <ul style="list-style-type: none"> ○ Office of Health Services & Liaison ○ Accreditation ○ Biomedical Research Projects ● Texas Tech University Health Sciences Center <ul style="list-style-type: none"> - Denise DeShields, MD ● University of Texas Medical Branch 	<p>The Office of Health Services Liaison (HSL) conducted 150 hospital and 57 infirmary discharge audits. UTMB had 10 deficiencies identified and TTUHSC had two deficiencies identified for the hospital discharge audits. UTMB had 9 deficiencies identified and TTUHSC had three deficiencies for the infirmary discharge audits. There was one deficiency identified from UTMB and two for TTUHSC.</p> <p>Dr. Linthicum reported that there were 14 units reaccredited by the American Correctional Association (ACA).</p> <p>Dr. Linthicum referenced the research projects as reported by the Texas Department of Criminal Justice (TDCJ) Executive Services.</p> <p>Dr. de la Garza-Graham thanked Dr. Linthicum then called on Dr. DeShields to present the report for TTUHSC.</p> <p>Dr. DeShields reported that between September 2013 and February of 2014, 36 of 41 dialysis patients were transferred from the West Texas area to the newly expanded dialysis beds at the Estelle Unit. This was primarily done to offset and lower the cost of dialysis to the state.</p> <p>Dr. DeShields further reported that dialysis needs within the system have surpassed the beds at the Estelle Unit so collectively, the Joint Medical Directors decided to resurrect dialysis services in West Texas. The dialysis capacity for TTUHSC is 48 and they are prepared to receive up to 10 dialysis trustee level offenders.</p> <p>Dr. de la Garza-Graham thanked Dr. DeShields and then called on Dr. Susan Morris to present the report for UTMB on behalf of Dr. Owen Murray.</p>	<p>Dr. de la Garza-Graham asked if the dialysis treatments were typically those of a Monday, Wednesday, and Friday schedule.</p> <p>Dr. DeShields answered yes.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>VI. Medical Director's Updates (Cont.)</p> <ul style="list-style-type: none"> - Susan Morris, on behalf of Owen Murray, DO <p>VII. Correctional Managed Care Dialysis and Chronic Kidney Disease Update</p> <ul style="list-style-type: none"> - Dr. Dave S. Khurana, MD 	<p>Dr. Morris reported that UTMB has continued operations as status quo and had no major updates to report this quarter.</p> <p>Dr. de la Garza-Graham then asked Mr. Tony Williams to introduce Dr. Dave Khurana.</p> <p>Mr. Williams introduced Dr. Dave Khurana as UTMB's Chief Nephrologist. Dr. Khurana gave a presentation to the group to educate and enlighten on the volume of dialysis and kidney disease within Correctional Managed Health Care.</p> <p>Dr. Khurana began by explaining Chronic Kidney Disease (CKD). CKD is damage to the kidneys discovered by performing blood test, urine test, and imaging which are performed to help determine the extent of damage that has been done to kidneys.</p> <p>Dr. Khurana believes that numbers are relied on too much when focus should be on the patient, as science has evolved it has been realized that just because blood levels are high it is not always the right choice to immediately begin a patient on dialysis. It is better to prepare the patient so that they are optimally ready to begin dialysis.</p> <p>Dr. Khurana addressed a question commonly asked by patients which is, will CKD ever go away, or will treatments have to be done for the rest of the patient's life. Unfortunately CKD does not go away, however recovery of the kidneys can be seen if damage is being caused by an overwhelming infection taking place in the body that may be knocking out the function of the kidneys. Ideally, the end goal is kidney transplant, dialysis is typically a bridge until transplant can take place.</p> <p>World-wide there are over 500 million people with kidney damage and over 1.5 million people on dialysis or with a kidney transplant. CKD effects over 31 million Americans</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>VII. Correctional Managed Care Dialysis and Chronic Kidney Disease Update (Cont.)</p>	<p>and more than 500,000 are receiving renal replacement therapy (RRT) which is hemodialysis or peritoneal dialysis. Dr. Khurana noted that the two most common causes of kidney failure are diabetes and hypertension and noted that CKD disease deaths rank #2 compared to deaths caused by cancer. This data focuses on the entire United States not just within the prison system.</p> <p>Dr. Khurana reported that the number of dialysis patients continues to steadily rise. Numbers reported from FY 2010 showed 196 patients were provided dialysis care, and on average monthly 164 patients receive dialysis treatment. On average monthly cost per dialysis patient is \$23,044 totaling \$4.5 million dollars annually with a cost per day being \$63.13 compared to \$9.88 for non-dialysis patients.</p> <p>Currently, the Carole Young and Estelle Facilities house 215 dialysis patients. Dialysis shifts run 6 days per week in three separate shifts. Start times can begin as early as 5:00 a.m. and typically end between 10:00 p.m. and 10:30 p.m. Sunday is used as a day of rest for the water system and staff. Typically a dialysis shift is four hours with about a half hour to an hour transition time between treatment schedules.</p> <p>Dr. Khurana reported that the growth of dialysis happened more quickly than expected within the Correctional Managed Health Care System due to the disease burden of hypertension and diabetes, less individuals leaving the system, and a larger number coming in from county jails. Another challenge is patients coming in from the counties that are not in a non-optimal stage (i.e.; an incoming offender who is using a catheter rather than a fistula which is one of the best ways to receive dialysis treatments, many times the catheter becomes infected and the patient has to be hospitalized.)</p> <p>With the growth in dialysis services, machine hours have increased significantly. The machines operate at a high level, but with the increase in machine hours, they are wearing out more quickly.</p>	<p>Dr. Raimer asked what the turnover was on the equipment with so many hours being put on the</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>VII. Correctional Managed Care Dialysis and Chronic Kidney Disease Update (Cont.)</p>	<p>Dr. Khurana explained the difference between moderate and severe CKD patients and expressed the importance of controlling the diseases that contribute to CKD and of being able to improve the patient’s condition so that when the time comes for them to begin dialysis they do better with their treatments and live longer. Dr. Khurana directed focus back towards “Happy Body Happy Kidneys” meaning that with controlling disease in the body that contributes to kidney damage, positive outcome can be seen in the functioning of the kidneys.</p> <p>Dr. Khurana further reported that diabetes had first been labeled the leading cause to kidney damage, but data has proven hypertension to be the leading cause. When patients have certain degrees of renal insufficiencies there are specific medications that can prevent progression or slow the shutdown of the kidneys.</p>	<p>machines.</p> <p>Mr. Williams responded, we try to get at least six years from each machine which is around 20,000 machine hours, but the issue we are facing now is the increasing number of dialysis patients. Over the next two years it is anticipated that over 70 percent of the machines will need to be replaced.</p> <p>Dr. Linthicum inquired if there was a capacity for the water systems as well.</p> <p>Dr. Khurana responded yes, the heart of any dialysis clinic is the water system. The purity of the water is very important because it is being exchanged with the patients blood. Water systems can only be used to a certain degree just as the use of the machines so the water systems can also be a major cost driver of a dialysis facility.</p> <p>Dr. de la Garza-Graham inquired as to what types of medications were being referred to.</p> <p>Dr. Khurana responded that an ace inhibitor</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>VII. Correctional Managed Care Dialysis and Chronic Kidney Disease Update (Cont.)</p>	<p>Dr. Khurana reported that in the State of Texas outside of the TDCJ, there is a CKD taskforce that identified only 21 percent of patients that have diseases such as diabetes and hypertension that are on an ace inhibitor. To ensure that this does not happen within our agency, protocol based clinical pharmacists work with facility providers to identify CKD patients so that patients can be treated quicker to prevent progression of CKD.</p> <p>Dr. Khurana further reported on the benefits seen by the use of tele-dialysis. Tele-dialysis works with the Pearl and Electronic Medical Records (EMR) Systems providing instant access between provider and patient in real time, and also allows the provider to view the patients’ historical labs. Tele-dialysis has allowed providers to be able view more patients by eliminating the drive time it would take for them to have to travel to the patients. Tele-dialysis has provided an avenue to help better prepare for the future as dialysis growth continues in the offender population.</p>	<p>would be given to a patient with diabetes or hypertension.</p> <p>Dr. Berenzweig asked if patients can be identified using the EMR and data monitoring systems.</p> <p>Dr. Khurana responded yes, this is the beauty of the EMR and why it has been implemented in the dialysis and CKD Programs.</p> <p>Dr. Sherwood inquired if tele-dialysis was happening in the free world as well as TDCJ.</p> <p>Dr. Khurana replied it is very minimum in the free world.</p> <p>Dr. Sherwood asked if TDCJ was somewhat leading the transition.</p> <p>Dr. Khurana responded yes, we are trying to lead in this transition as we have done before with other clinical outcomes that we have implemented within the system.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
VII. Correctional Managed Care Dialysis and Chronic Kidney Disease Update (Cont.)	<p>Dr. Khurana shared that education awareness is being provided not only to providers but also to patients. A peer education program has been started where fellow dialysis patients are educating each other about the disease and things that can be done to improve their lifestyle and outcome. Since implementing the program, patients have become more receptive to the nursing staff and improvements have been seen in clinical indicators to let us know what type of job we are doing. Treatment teams have also been formed consisting of not only the physician and nursing staff but also include dietitians, and social workers so that when rounds are done, the patient has access to all of them at once.</p> <p>Dr. Khurana emphasized that the main focus is to prevent patients from going to dialysis; but if it can't be prevented, slow the process of a patient having to turn to dialysis, and getting them educated. By first educating a patient on dialysis, patients tend to do better, live longer, and have less hospital stays promoting cost effective health care.</p> <p>Dr. de la Garza-Graham thanked Dr. Khurana, and with no further questions, proceeded with the announcement of the acceptance of registered public comments.</p>	<p>Mr. Williams added that no other correctional system is known of that has reached the level of sophistication where you have tele-dialysis in real live patient encounter allowing the nephrologist to actually be able to treat the patient.</p>	
IX. Public Comments	<p>Dr. de la Garza-Graham noted in accordance of the CMHCC's policy, during each meeting the public is given the opportunity to express comments. No one signed up to express public comment.</p>		
X. Adjourn	<p>Dr. de la Garza-Graham thanked everyone for attendance and adjourned the meeting at 11:45 a.m.</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
---------------------------------	---------------------	-------------------	---------------

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

Date:

Consent Item

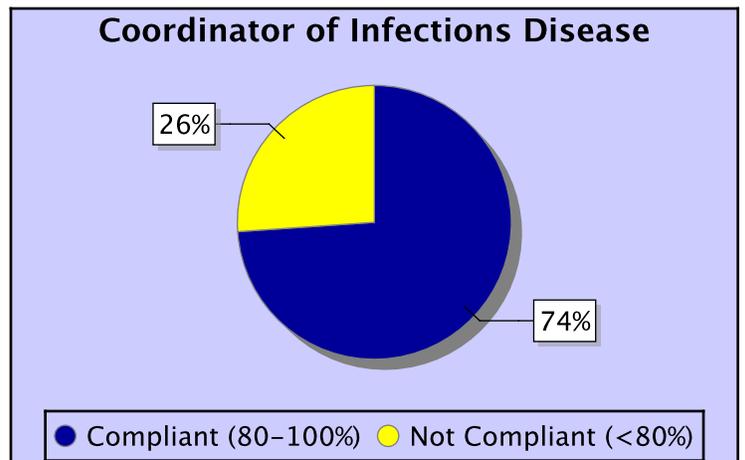
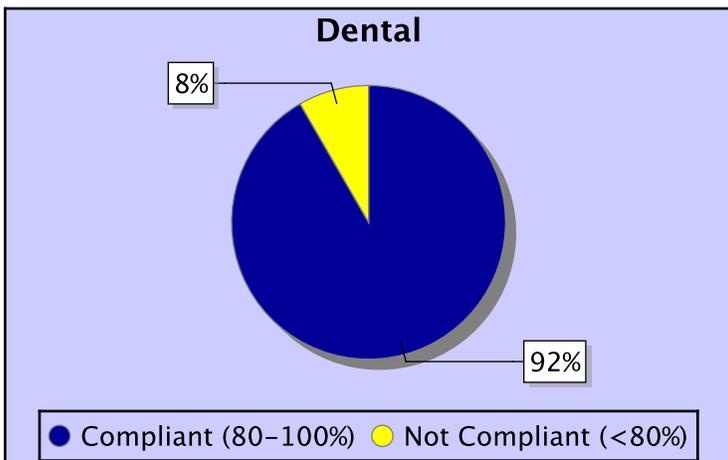
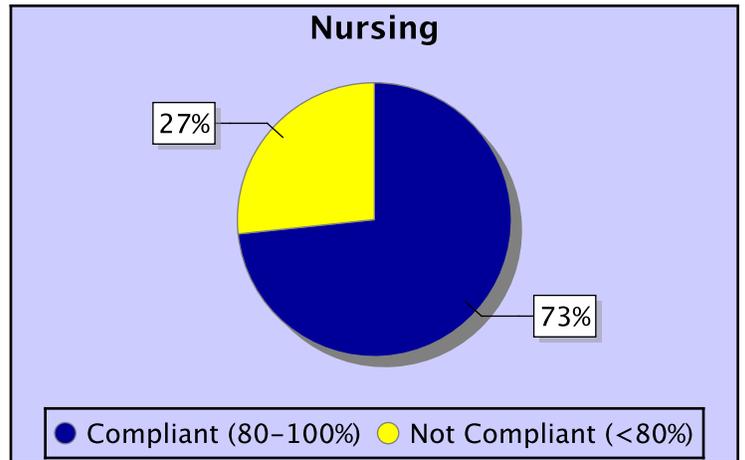
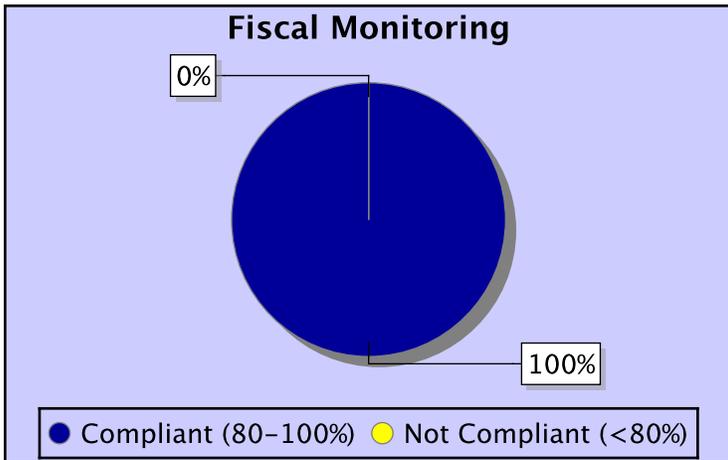
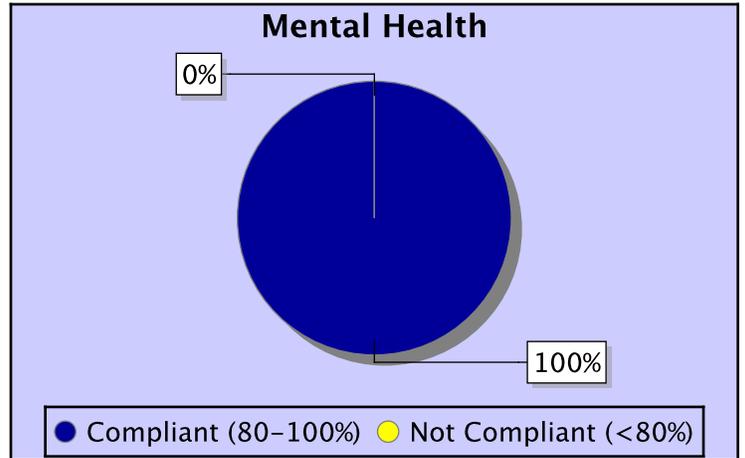
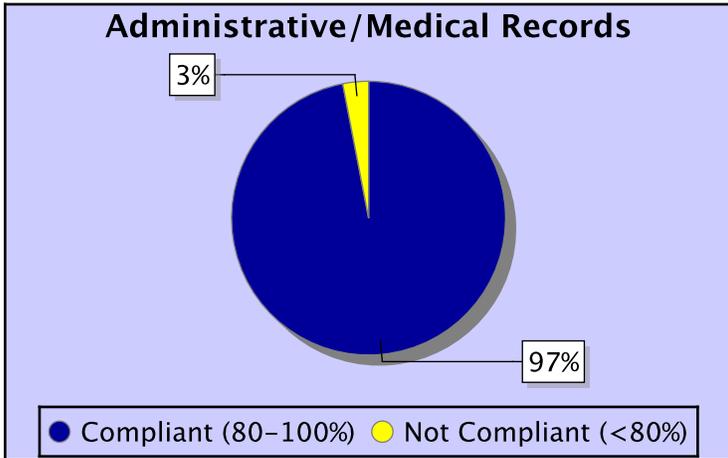
TDCJ Health Services
Monitoring Reports

Rate of Compliance with Standards by Operational Categories
 First Quarter, Fiscal Year 2015
 September 2014 - November 2014

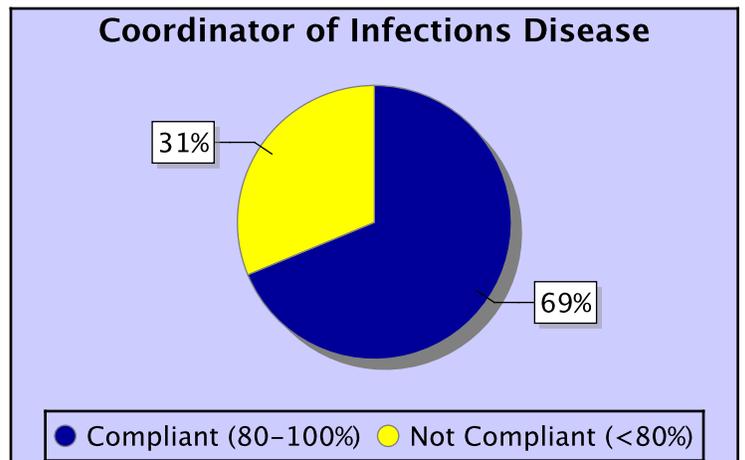
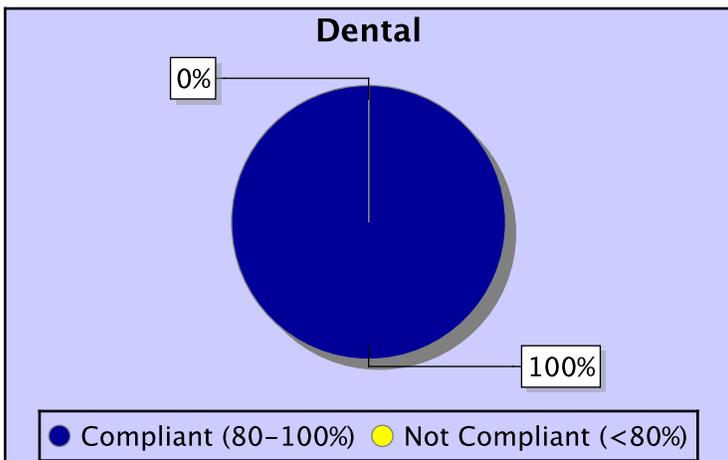
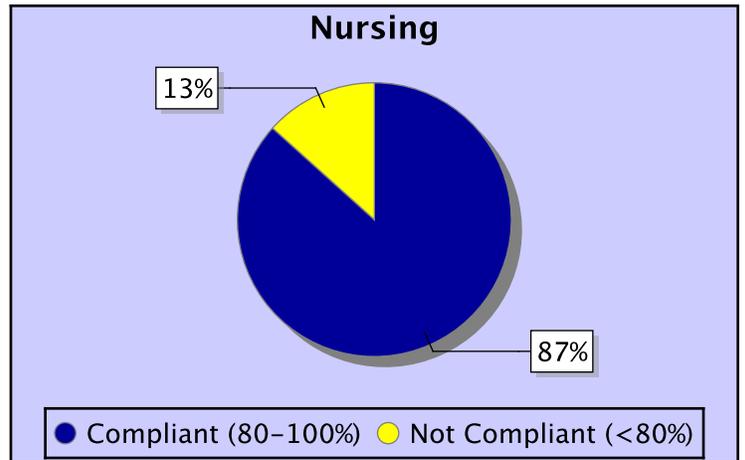
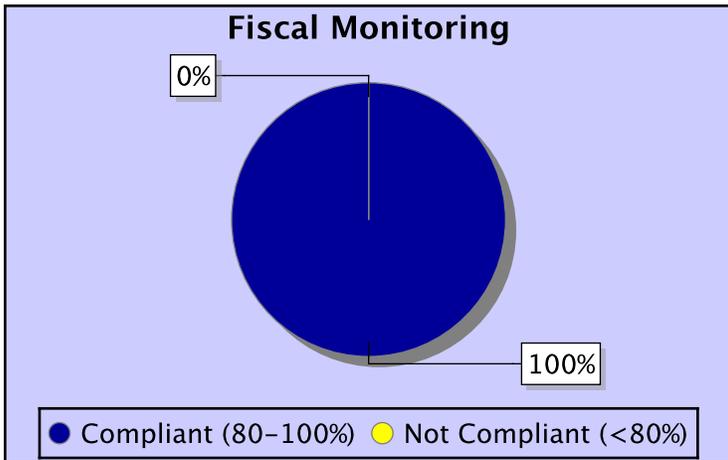
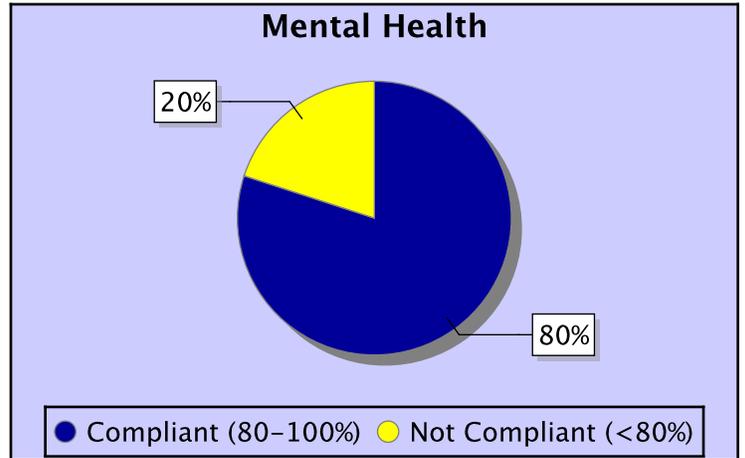
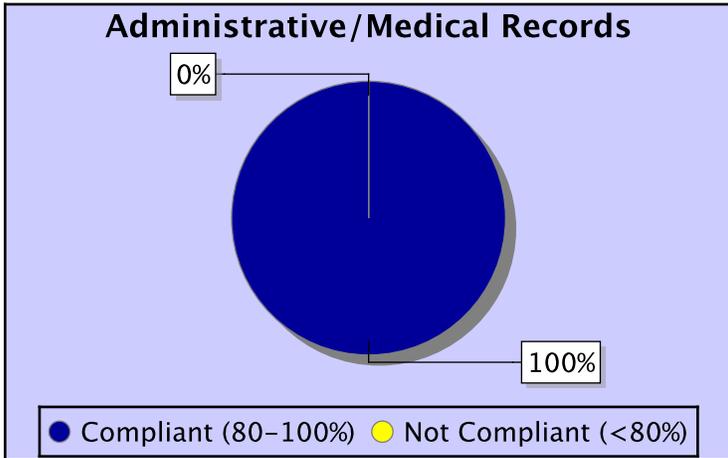
Unit	Operations/ Administration			General Medical/Nursing			Coordinator of Infectious Disease			Dental			Mental Health			Fiscal		
	<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance	
Cleveland	33	32	97%	15	11	73%	23	17	74%	12	11	92%	2	2	100%	5	5	100%
Daniel	33	33	100%	15	13	87%	16	11	69%	12	12	100%	15	12	80%	4	4	100%
Ramsey	34	33	97%	15	12	80%	28	21	75%	12	11	92%	17	13	76%	4	4	100%
Roach ISF	25	21	84%	8	7	88%	17	8	47%	1	0	0%	14	5	36%	2	1	50%
Rudd	34	34	100%	12	11	92%	19	17	89%	11	11	100%	3	3	100%	4	4	100%
San Saba	32	31	97%	17	14	82%	21	15	71%	12	12	100%	14	11	79%	5	5	100%
Smith	42	42	100%	25	21	84%	30	18	60%	23	23	100%	30	27	90%	5	5	100%
Stringfellow	34	34	100%	15	12	80%	31	27	87%	12	12	100%	15	14	93%	4	4	100%
Vance	31	31	100%	11	8	73%	17	11	65%	12	12	100%	2	2	100%	5	5	100%

n = number of applicable items audited.

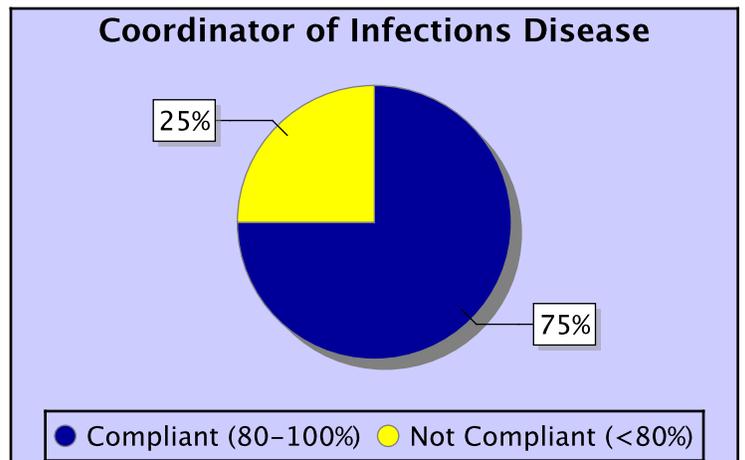
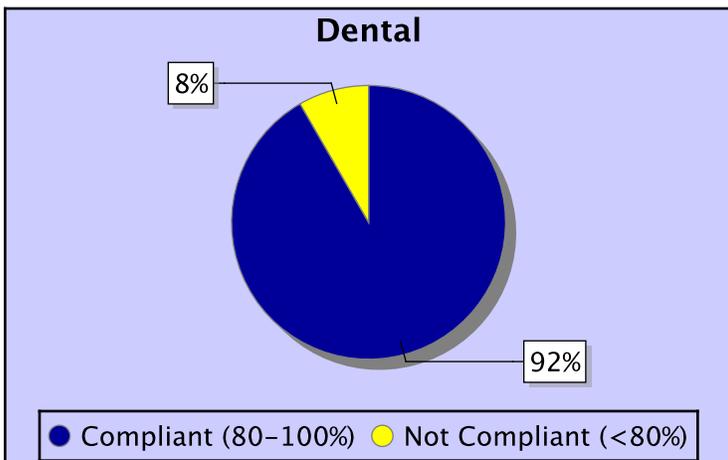
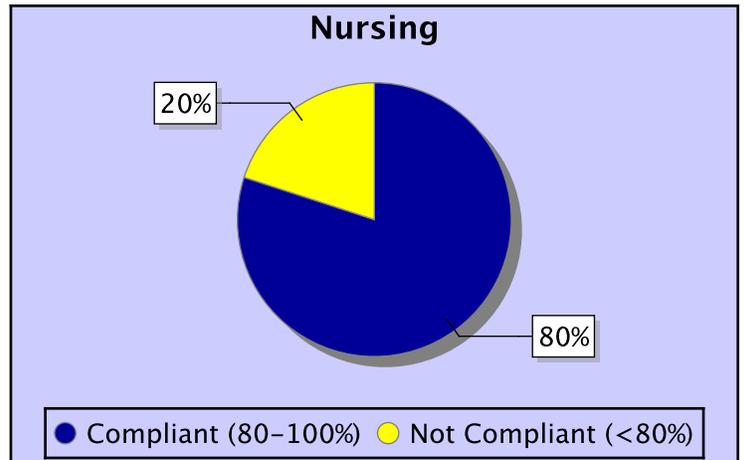
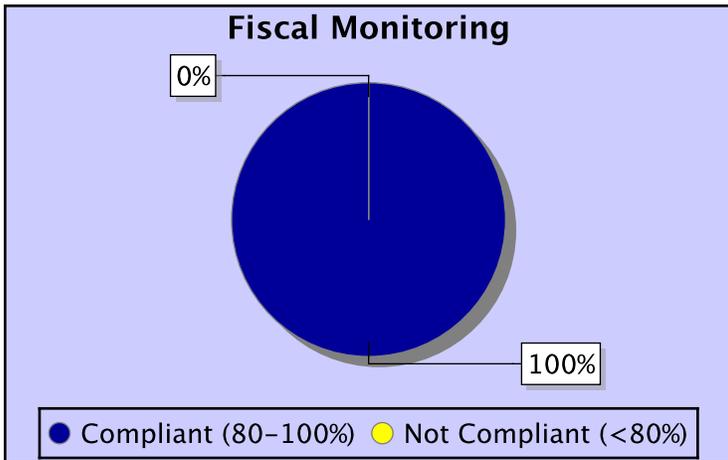
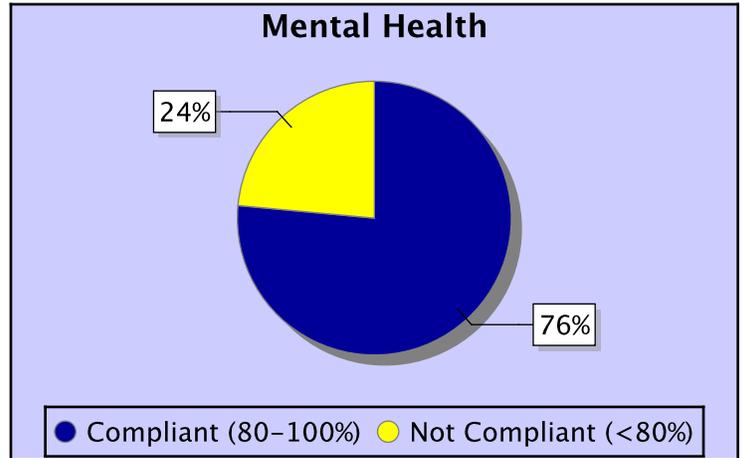
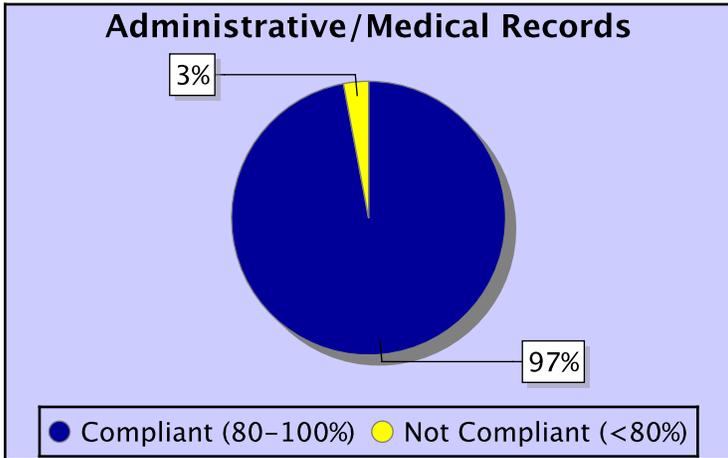
Compliance Rate By Operational Categories for
CLEVELAND FACILITY
October 01, 2014



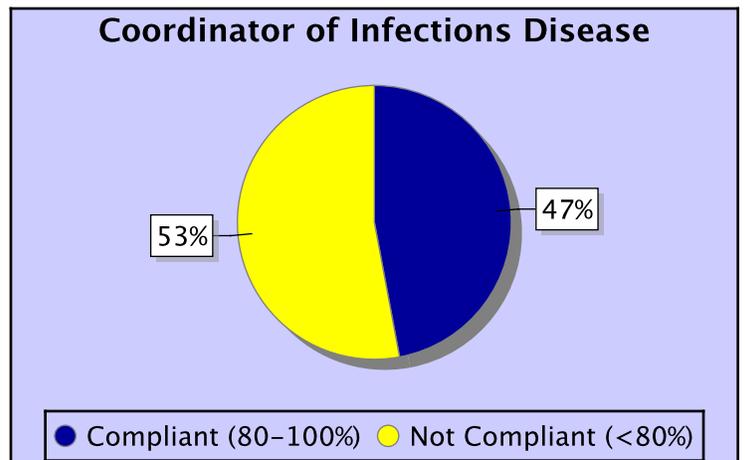
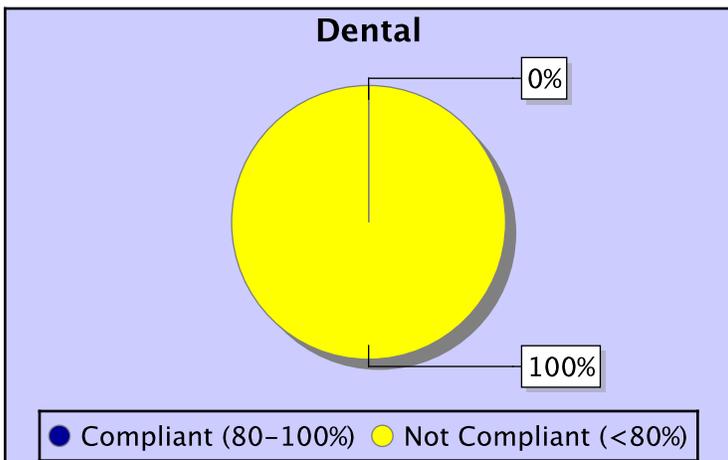
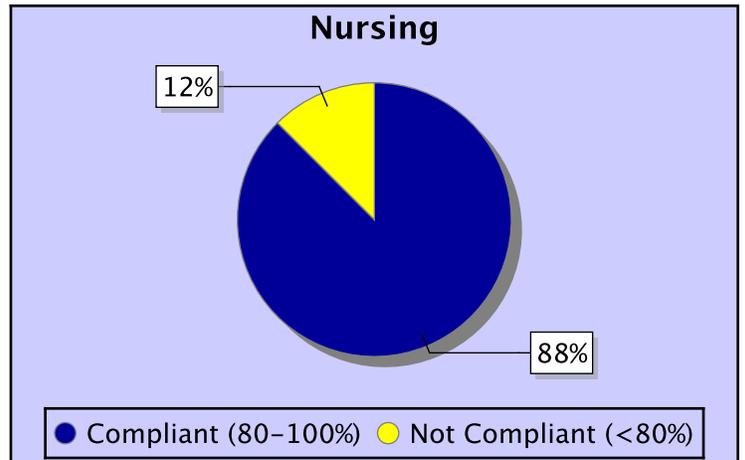
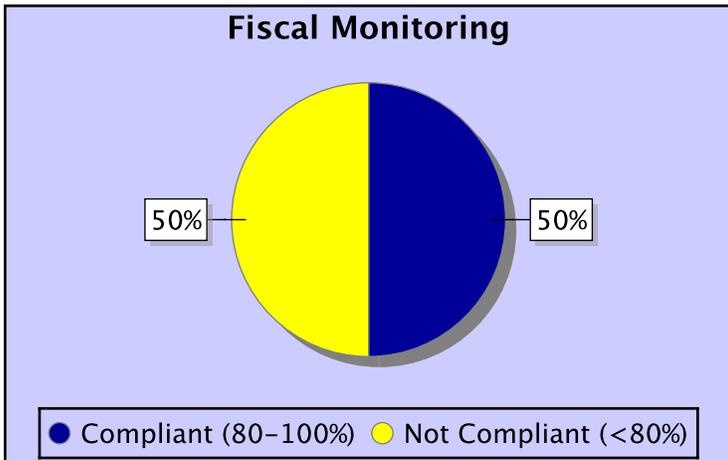
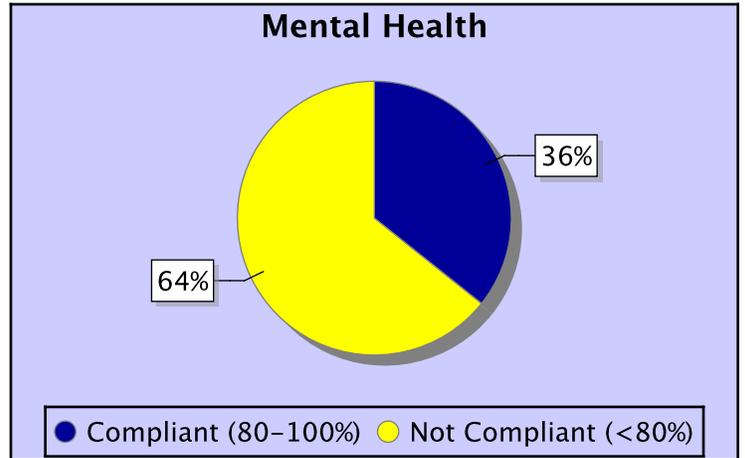
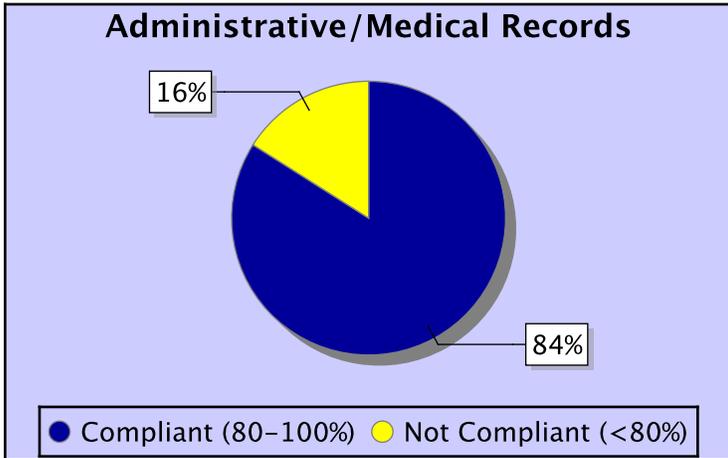
Compliance Rate By Operational Categories for
DANIEL FACILITY
September 03, 2014



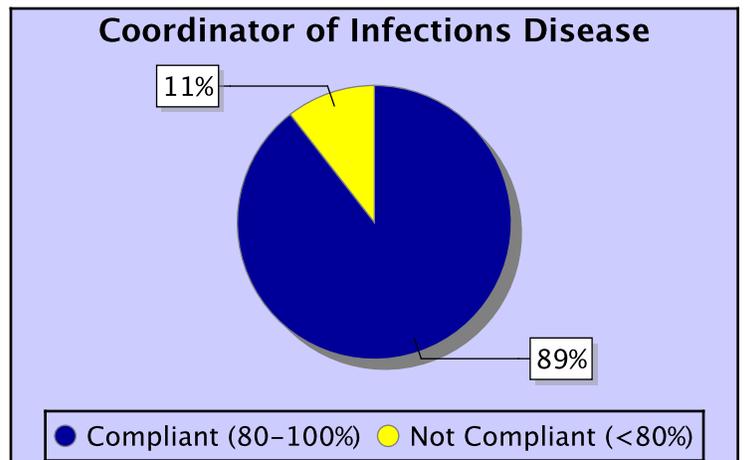
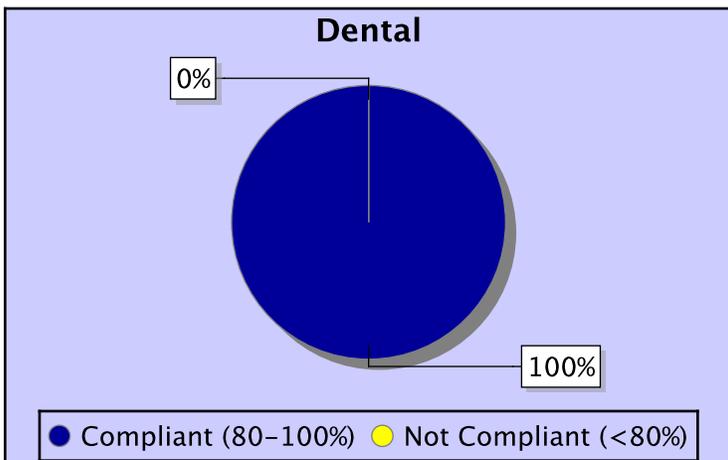
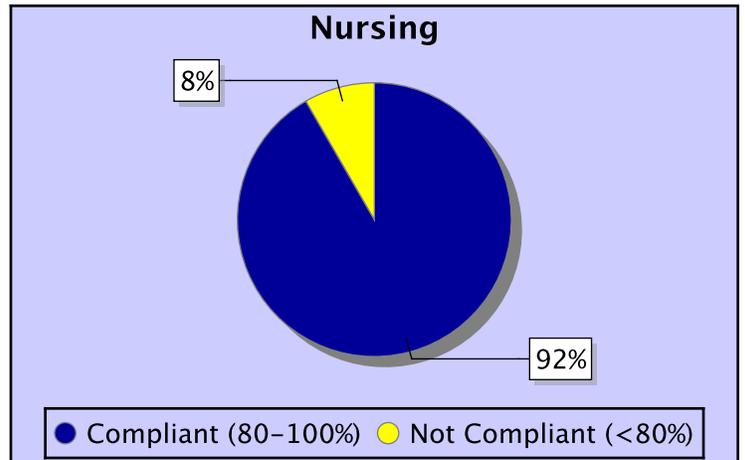
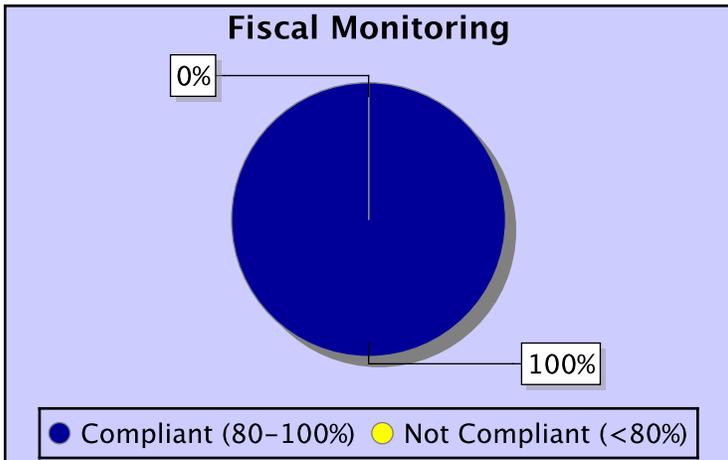
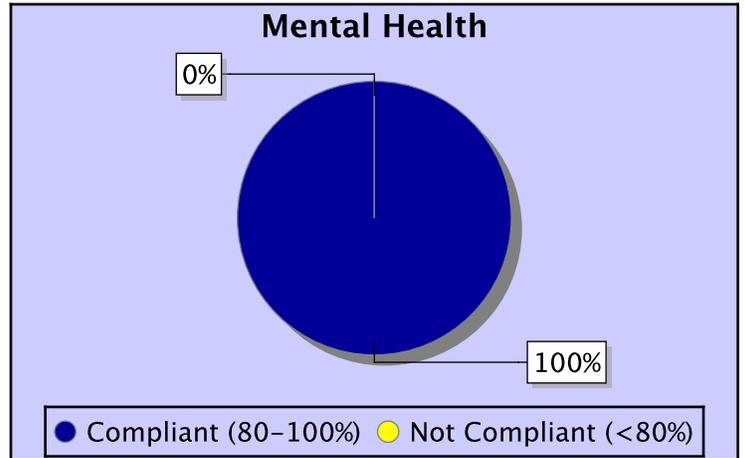
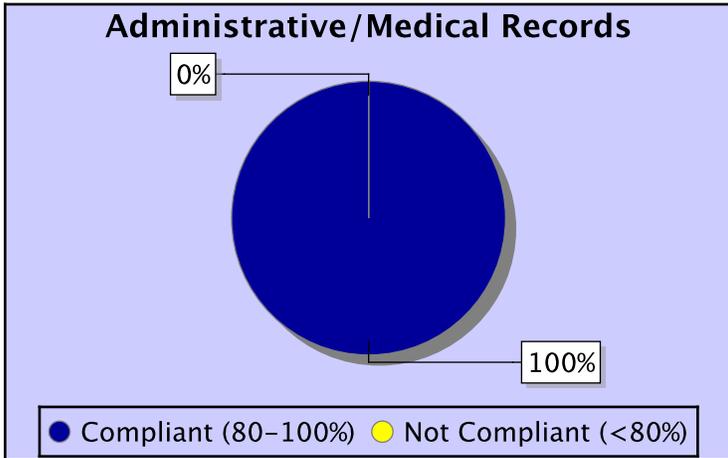
Compliance Rate By Operational Categories for
RAMSEY I FACILITY
October 01, 2014



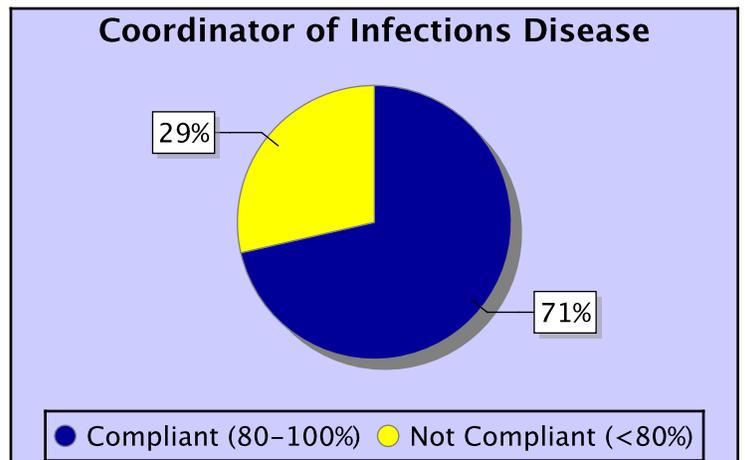
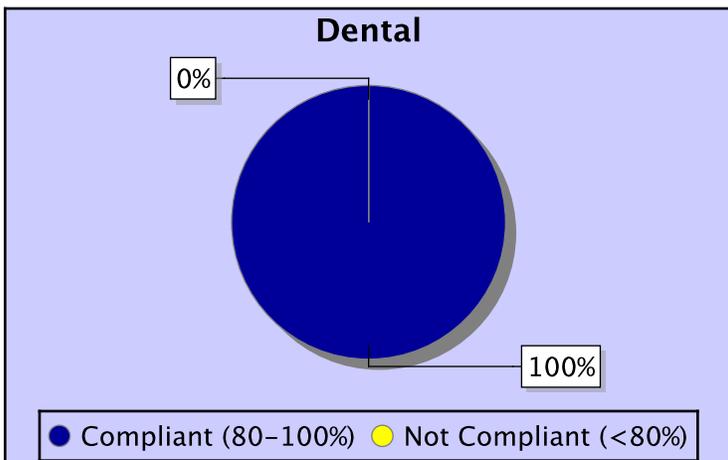
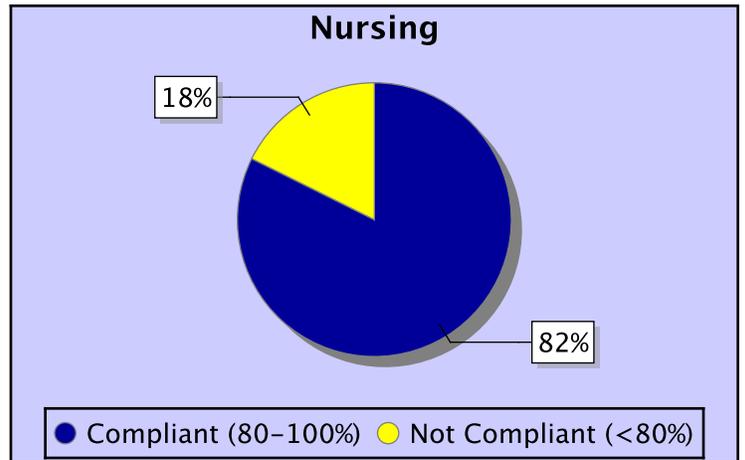
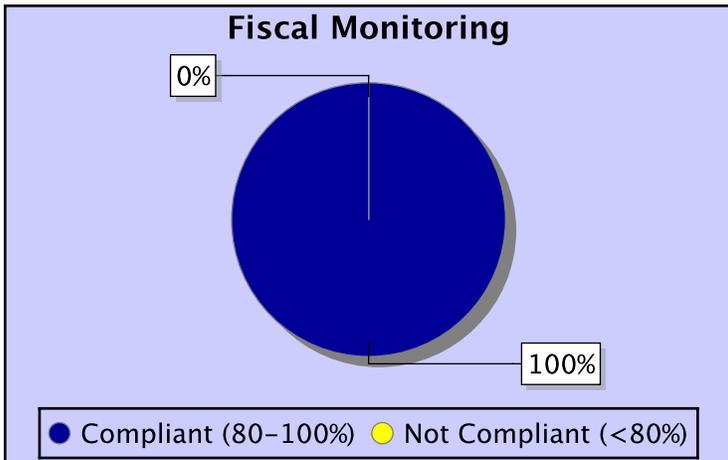
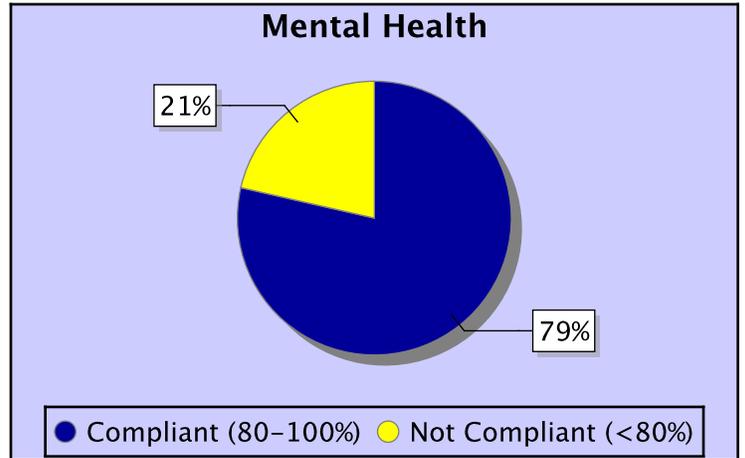
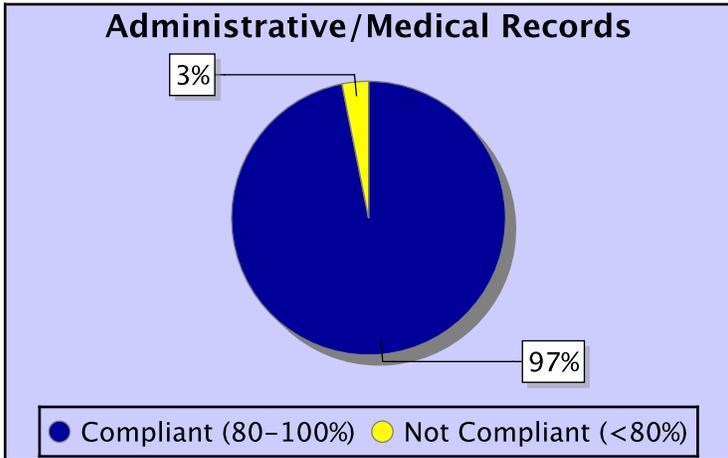
Compliance Rate By Operational Categories for
ROACH ISF FACILITY
November 04, 2014



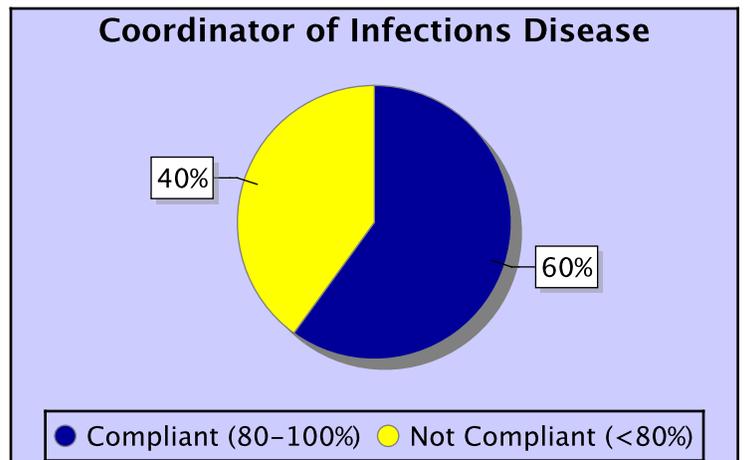
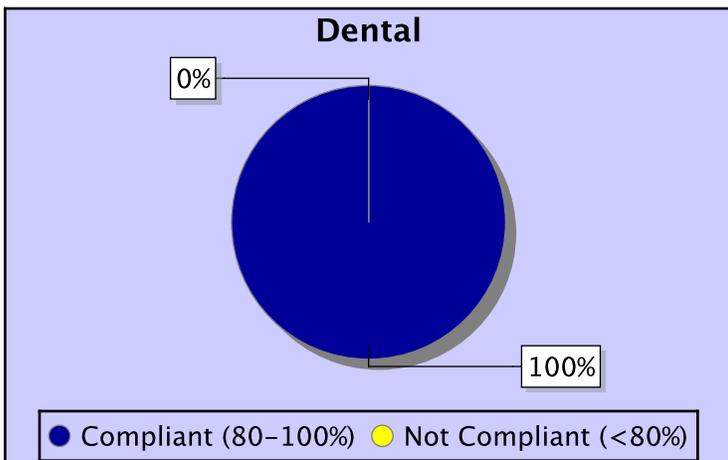
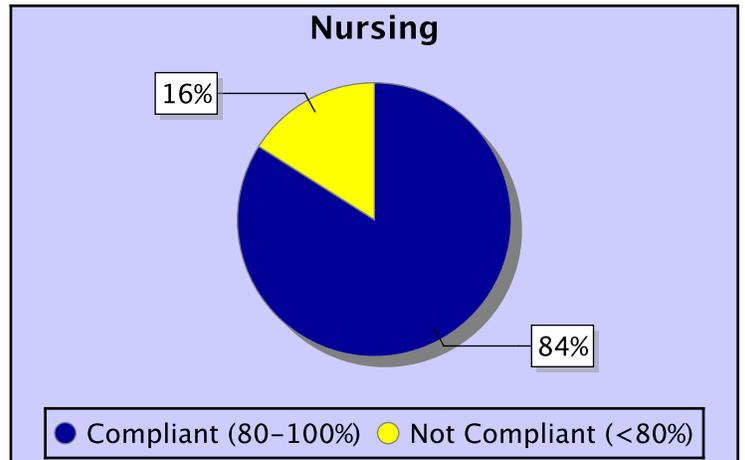
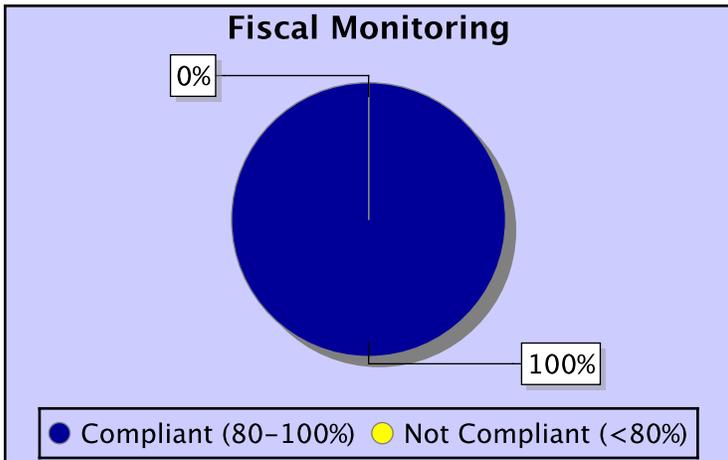
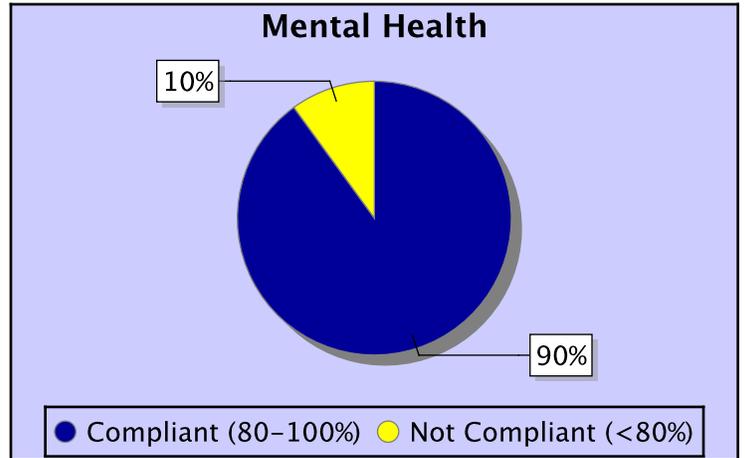
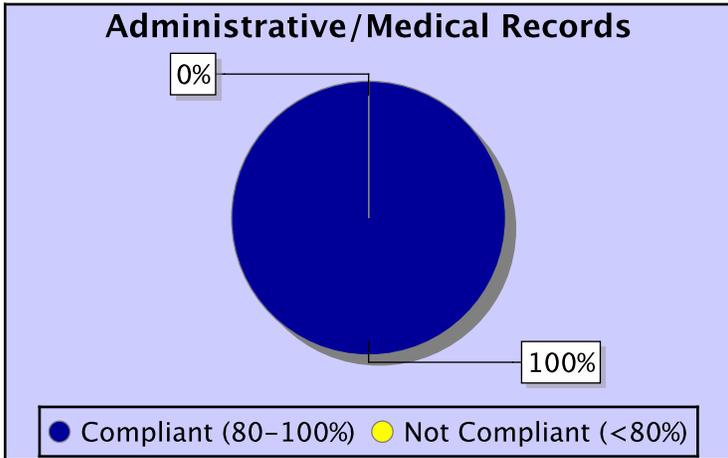
Compliance Rate By Operational Categories for
RUDD FACILITY
September 04, 2014



Compliance Rate By Operational Categories for
SAN SABA FACILITY
September 03, 2014

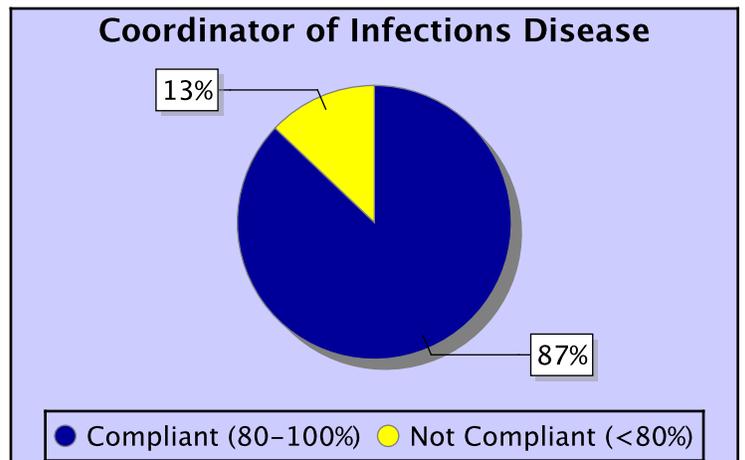
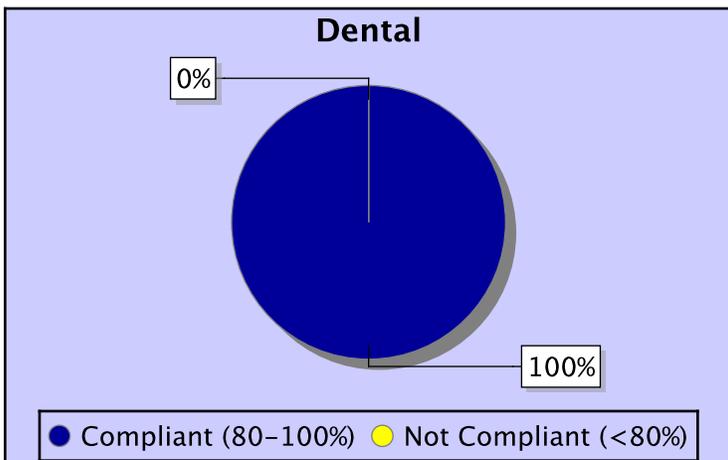
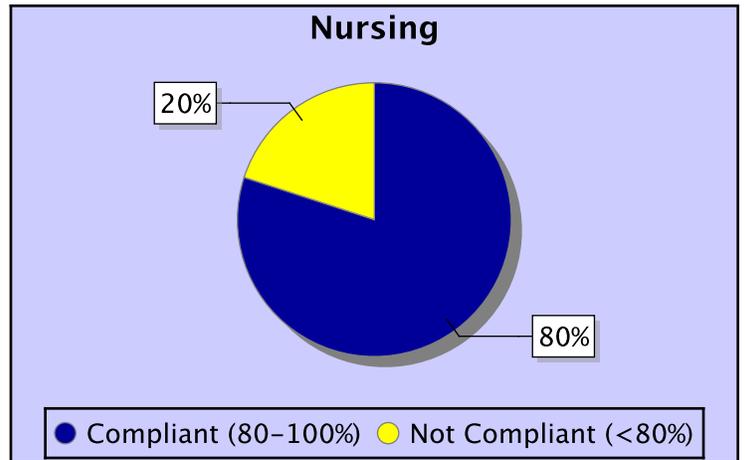
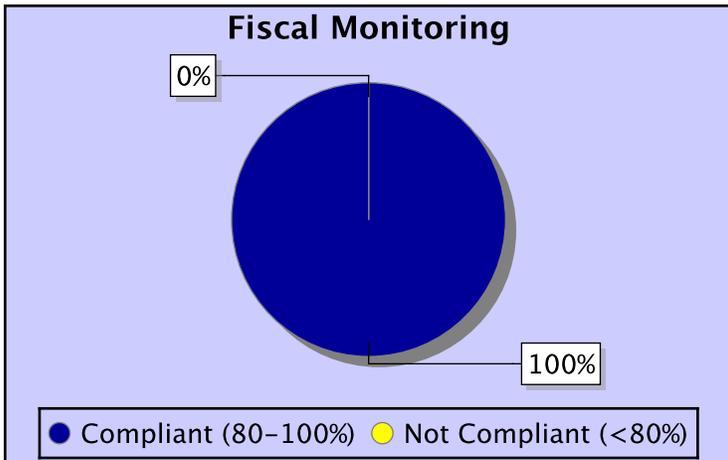
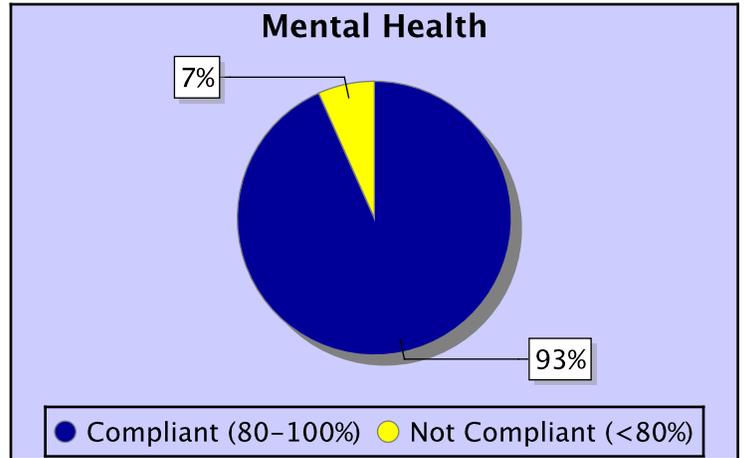
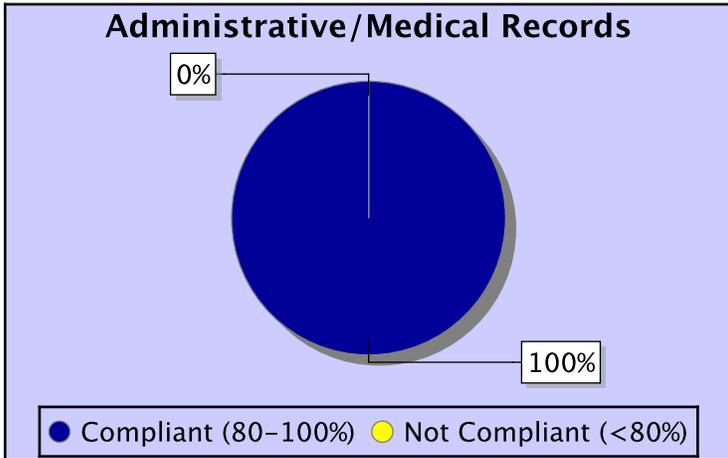


Compliance Rate By Operational Categories for
SMITH FACILITY
November 04, 2014

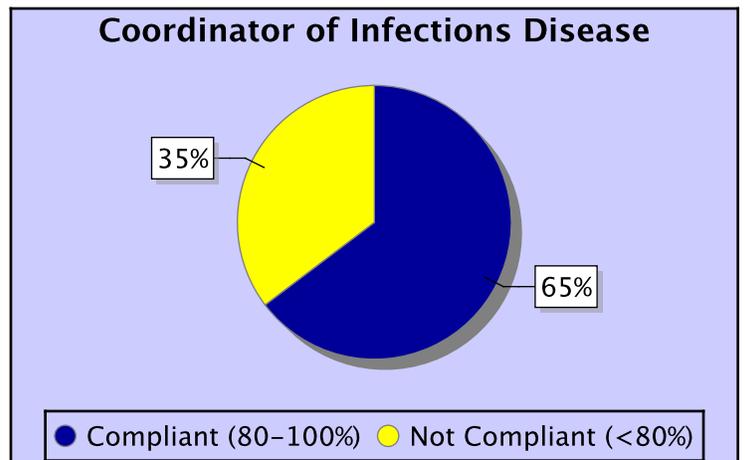
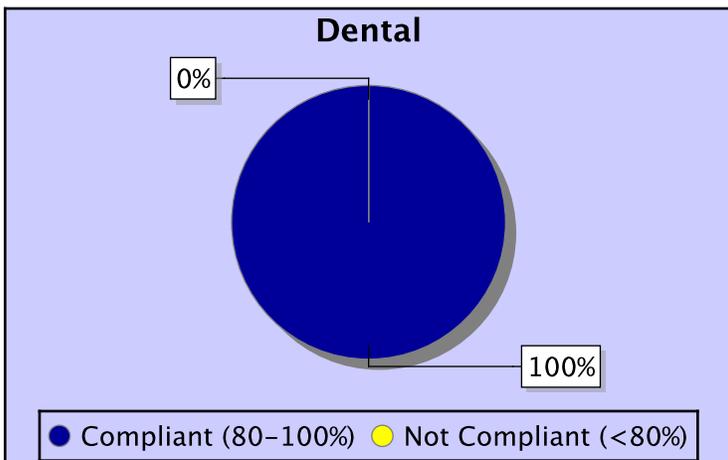
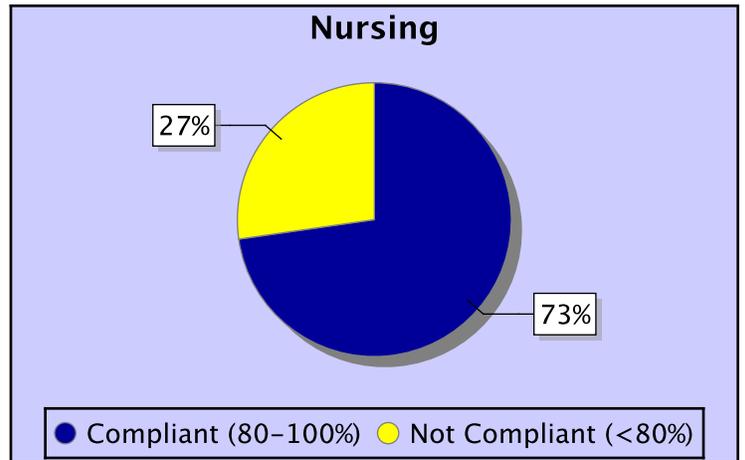
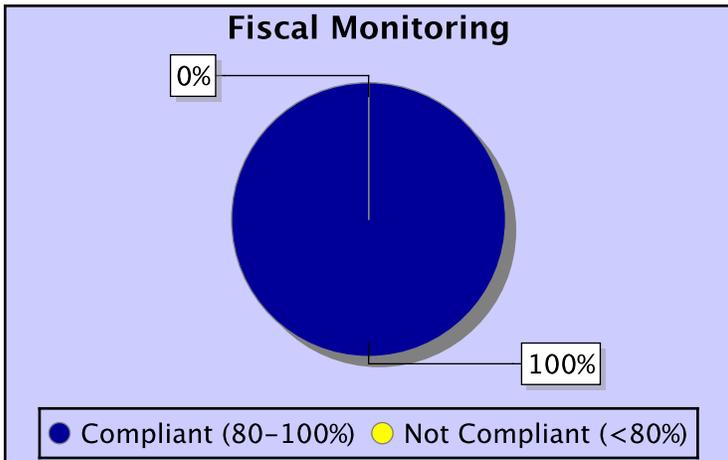
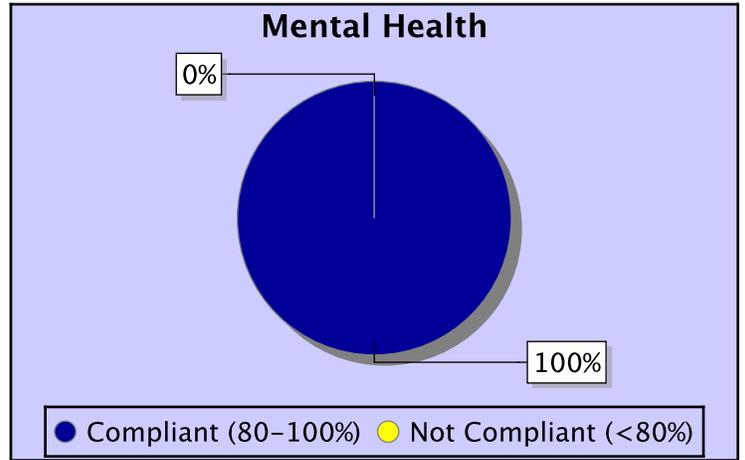
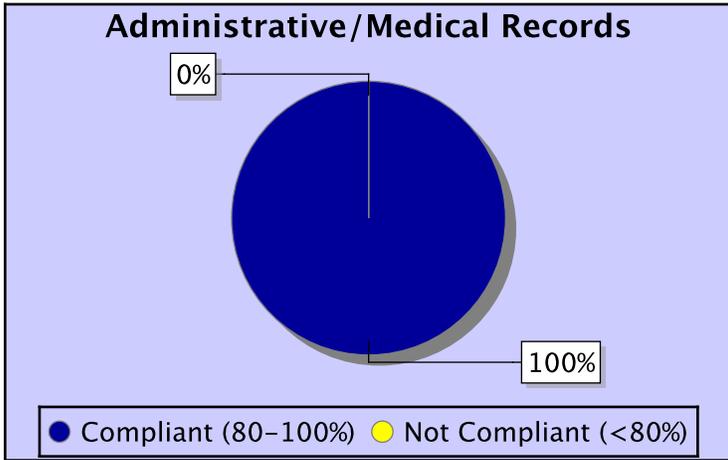


Compliance Rate By Operational Categories for STRINGFELLOW FACILITY

October 02, 2014



Compliance Rate By Operational Categories for
VANCE FACILITY
November 10, 2014



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

STEP II GRIEVANCE PROGRAM (GRV)													
Fiscal Year 2015	Total number of GRIEVANCE Correspondence Received Each Month	Total number of GRIEVANCE Correspondence Closed Each Month	Total number of Action Requests (Quality of Care, Personnel, and Process Issues)	Percent of Action Requests from Total # of GRIEVANCE Correspondence	Total number of Action Requests Referred to University of Texas Medical Branch-Correctional Managed Health Care			Total number of Action Requests Referred to Texas Tech University Health Sciences Center-Correctional Managed Health Care			Total number of Action Requests Referred to PRIVATE FACILITIES		
					Percent of Total Action Requests Referred	QOC*		Percent of Total Action Requests Referred	QOC*		Percent of Total Action Requests Referred	QOC*	
September	477	626	108	17.25%	25	6.71%	17	11	2.56%	5	1	0.16%	0
October	600	752	95	12.63%	59	9.44%	12	18	3.06%	5	1	0.13%	0
November	382	526	77	14.64%	48	12.36%	17	11	2.28%	1	0	0.00%	0
Totals:	1,459	1,904	280	14.71%	132	9.35%	46	40	2.68%	11	2	0.11%	0

PATIENT LIAISON PROGRAM (PLP)													
Fiscal Year 2015	Total number of Patient Liaison Program Correspondence Received Each Month	Total number of Patient Liaison Program Correspondence Closed Each Month	Total number of Action Requests (Quality of Care, Personnel, and Process Issues)	Percent of Action Requests from Total number of Patient Liaison Program Correspondence	Total number of Action Requests Referred to University of Texas Medical Branch-Correctional Managed Health Care			Total number of Action Requests Referred to Texas Tech University Health Sciences Center-Correctional Managed Health Care			Total number of Action Requests Referred to PRIVATE FACILITIES		
					Percent of Total Action Requests Referred	QOC*		Percent of Total Action Requests Referred	QOC*		Percent of Total Action Requests Referred	QOC*	
September	644	350	43	12.29%	25	10.57%	12	4	1.71%	2	0	0.00%	0
October	530	611	50	8.18%	20	6.22%	18	6	1.80%	5	0	0.16%	1
November	472	404	27	6.68%	13	4.70%	6	1	1.24%	4	1	0.74%	2
Totals:	1,646	1,365	120	8.79%	58	6.89%	36	11	1.61%	11	1	0.29%	3
GRAND TOTAL=	3,105	3,269	400	12.24%									

*QOC= Quality of Care

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

September 2014

Reportable Condition	Reports			
	2014 This Month	2013 Same Month	2014 Year to Date*	2013 Year to Date*
Chlamydia	1	4	37	42
Gonorrhea	0	1	11	14
Syphilis	84	79	759	758
Hepatitis A	0	0	0	0
Hepatitis B, acute	0	1	1	5
Hepatitis C, total and (acute [‡])	306 (0)	150 (0)	1,723 (0)	2,120 (0)
Human immunodeficiency virus (HIV) +, known at intake	318	161	2,050	1,750
HIV screens, intake	5,288	5,033	61,465	55,746
HIV +, intake	35	47	334	383
HIV screens, offender- and provider-requested	804	730	8,111	8,063
HIV +, offender- and provider-requested	0	2	5	7
HIV screens, pre-release	2,949	3,517	36,854	41,609
HIV +, pre-release	1	0	7	3
Acquired immune deficiency syndrome (AIDS)	1	5	44	48
Methicillin-resistant <i>Staph Aureus</i> (MRSA)	78	88	642	584
Methicillin-sensitive <i>Staph Aureus</i> (MSSA)	65	48	431	414
Occupational exposures of TDCJ staff	14	8	106	84
Occupational exposures of medical staff	6	0	35	20
HIV chemoprophylaxis initiation	1	0	16	16
Tuberculosis skin test (ie, PPD) +, intake	220	180	2,102	2,023
Tuberculosis skin test +, annual	58	1**	265	267
Tuberculosis, known (ie, on tuberculosis medications) at intake	2	0	12	9
Tuberculosis, diagnosed at intake and attributed to county of origin (identified before 42 days of incarceration)	1	0	7	4
Tuberculosis, diagnosed during incarceration (identified after 42 days of incarceration)	3	0	13	9
Tuberculosis cases under management	13	19		
Peer education programs [¶]	0	0	100	99
Peer education educators [∞]	48	40	4,248	3,666
Peer education participants	6,315	4,899	56,480	55,267
Sexual assault in-service (sessions/units)	0	2/2	78/43	55/43
Sexual assault in-service participants	0	7	925	680
Alleged assaults and chart reviews	72	72	511	690
Bloodborne exposure labs drawn on offenders	27	14	152	148
New Sero-conversions d/t sexual assault ±	0	0	0	2

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

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

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

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

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

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

October 2014

Reportable Condition	Reports			
	2014 This Month	2013 Same Month	2014 Year to Date*	2013 Year to Date*
Chlamydia	5	5	42	47
Gonorrhea	1	1	12	15
Syphilis	121	73	880	791
Hepatitis A	0	0	0	0
Hepatitis B, acute	0	1	1	6
Hepatitis C, total and (acute [‡])	213(0)	245 (0)	1,936 (0)	2,865(0)
Human immunodeficiency virus (HIV) +, known at intake	210	194	2,260	1,944
HIV screens, intake	6,843	7,220	68,308	62,966
HIV +, intake	40	46	374	429
HIV screens, offender- and provider-requested	714	763	8,825	8,826
HIV +, offender- and provider-requested	5	0	10	7
HIV screens, pre-release	3,855	4,219	40,709	45,825
HIV +, pre-release	2	3	9	6
Acquired immune deficiency syndrome (AIDS)	3	6	47	54
Methicillin-resistant <i>Staph Aureus</i> (MRSA)	71	96	713	680
Methicillin-sensitive <i>Staph Aureus</i> (MSSA)	58	63	489	477
Occupational exposures of TDCJ staff	14	14	120	98
Occupational exposures of medical staff	4	0	39	20
HIV chemoprophylaxis initiation	2	1	18	17
Tuberculosis skin test (ie, PPD) +, intake	210	226	2,312	2,249
Tuberculosis skin test +, annual	53	2	318	269
Tuberculosis, known (ie, on tuberculosis medications) at intake	1	0	13	9
Tuberculosis, diagnosed at intake and attributed to county of origin (identified before 42 days of incarceration)	2	0	9	4
Tuberculosis, diagnosed during incarceration (identified after 42 days of incarceration)	9	1	22	10
Tuberculosis cases under management	15	20		
Peer education programs [¶]	0	0	100	99
Peer education educators [∞]	81	70	4,329	3,736
Peer education participants	7,295	5,626	63,775	59,893
Sexual assault in-service (sessions/units)	8/7	8/4	86/50	63/47
Sexual assault in-service participants	215	85	1,140	765
Alleged assaults and chart reviews	73	107	584	797
Bloodborne exposure labs drawn on offenders	29	15	181	163
New Sero-conversions d/t sexual assault ±	0	0	0	2

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

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

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

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

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

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

November 2014

Reportable Condition	Reports			
	2014 This Month	2013 Same Month	2014 Year to Date*	2013 Year to Date*
Chlamydia	3	3	45	50
Gonorrhea	2	2	14	17
Syphilis	89	73	969	864
Hepatitis A	0	0	0	0
Hepatitis B, acute	0	0	1	6
Hepatitis C, total and (acute [‡])	293 (0)	255 (0)	2,229 (0)	3,120 (0)
Human immunodeficiency virus (HIV) +, known at intake	178	194	2,438	2,239
HIV screens, intake	4,472	6,222	72,780	66,807
HIV +, intake	40	46	414	486
HIV screens, offender- and provider-requested	506	716	9,331	9,680
HIV +, offender- and provider-requested	0	1	10	15
HIV screens, pre-release	2,502	3,962	52,542	50,378
HIV +, pre-release	3	0	12	16
Acquired immune deficiency syndrome (AIDS)	1	4	48	59
Methicillin-resistant <i>Staph Aureus</i> (MRSA)	59	63	772	698
Methicillin-sensitive <i>Staph Aureus</i> (MSSA)	35	40	524	479
Occupational exposures of TDCJ staff	9	9	129	139
Occupational exposures of medical staff	0	2	39	25
HIV chemoprophylaxis initiation	4	2	22	25
Tuberculosis skin test (ie, PPD) +, intake	127	131	2439	2380
Tuberculosis skin test +, annual	39	5	357	45
Tuberculosis, known (ie, on tuberculosis medications) at intake	0	0	13	9
Tuberculosis, diagnosed at intake and attributed to county of origin (identified before 42 days of incarceration)	0	0	9	4
Tuberculosis, diagnosed during incarceration (identified after 42 days of incarceration)	6	1	28	11
Tuberculosis cases under management	27	21		
Peer education programs [¶]	0	0	100	99
Peer education educators [∞]	13	35	4,342	3,771
Peer education participants	5,816	6,159	69,591	66,052
Sexual assault in-service (sessions/units)	13/3	5/3	99/53	68/50
Sexual assault in-service participants	73	41	1213	806
Alleged assaults and chart reviews	66	79	650	876
Bloodborne exposure labs drawn on offenders	14	18	195	181
New Sero-conversions d/t sexual assault ±	0	0	0	0

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

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

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

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

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

Health Services Liaison Utilization Review Hospital and Infirmiry Discharge Audit

During the First Quarter of Fiscal Year 2015, ten percent of the UTMB and TTUHSC hospital and infirmiry discharges were audited. A total of 153 hospital discharge and 65 infirmiry discharge audits were conducted. This chart is a summary of the audits showing the number of cases with deficiencies and their percentage.

Freeworld Hospital Discharges in Texas Tech Sector											
Month	Audits Performed	Vital Signs Not Recorded ¹ (Cases with Deficiencies)		Appropriate Receiving Facility ² (Cases with Deficiencies)		No Chain-In Done ³ (Cases with Deficiencies)		Unscheduled Care within 7 Days ⁴ (Cases with Deficiencies)		Lacked Documentation ⁵ (Cases with Deficiencies)	
		September	4	0	N/A	0	N/A	0	N/A	0	N/A
October	5	0	N/A	0	N/A	0	N/A	0	N/A	3	60.00%
November	5	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Total/Average		0	N/A	0	N/A	0	N/A	0	N/A	3	21.43%
Freeworld Hospital Discharges in UTMB Sector											
Month	Audits Performed	Vital Signs Not Recorded ¹ (Cases with Deficiencies)		Appropriate Receiving Facility ² (Cases with Deficiencies)		No Chain-In Done ³ (Cases with Deficiencies)		Unscheduled Care within 7 Days ⁴ (Cases with Deficiencies)		Lacked Documentation ⁵ (Cases with Deficiencies)	
		September	29	1	3.45%	0	N/A	0	N/A	1	3.45%
October	24	1	4.17%	0	N/A	2	8.33%	0	N/A	2	8.33%
November	24	1	4.17%	0	N/A	0	N/A	0	N/A	0	N/A
Total/Average		3	3.90%	0	N/A	2	2.60%	1	1.30%	2	2.60%
UTMB Hospital Galveston Discharges											
Month	Audits Performed	Vital Signs Not Recorded ¹ (Cases with Deficiencies)		Appropriate Receiving Facility ² (Cases with Deficiencies)		No Chain-In Done ³ (Cases with Deficiencies)		Unscheduled Care within 7 Days ⁴ (Cases with Deficiencies)		Lacked Documentation ⁵ (Cases with Deficiencies)	
		September	24	0	N/A	0	N/A	0	N/A	0	N/A
October	21	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
November	17	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Total/Average		0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
GRAND TOTAL: Combined Hospital Discharges (Texas Tech Sector, UTMB Sector and Hospital Galveston)											
Month	Audits Performed	Vital Signs Not Recorded ¹ (Cases with Deficiencies)		Appropriate Receiving Facility ² (Cases with Deficiencies)		No Chain-In Done ³ (Cases with Deficiencies)		Unscheduled Care within 7 Days ⁴ (Cases with Deficiencies)		Lacked Documentation ⁵ (Cases with Deficiencies)	
		September	57	1	1.75%	0	N/A	0	N/A	0	N/A
October	50	1	2.00%	0	N/A	2	4.00%	0	N/A	5	10.00%
November	46	1	2.17%	0	N/A	0	N/A	0	N/A	0	N/A
Total/Average		3	1.96%	0	N/A	2	1.31%	1	0.65%	5	3.27%
Texas Tech Infirmiry Discharges											
Month	Audits Performed	Vital Signs Not Recorded ¹ (Cases with Deficiencies)		Appropriate Receiving Facility ² (Cases with Deficiencies)		No Chain-In Done ³ (Cases with Deficiencies)		Unscheduled Care within 7 Days ⁴ (Cases with Deficiencies)		Lacked Documentation ⁵ (Cases with Deficiencies)	
		September	13	0	N/A	0	N/A	0	N/A	0	N/A
October	13	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
November	11	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Total/Average		0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
UTMB Infirmiry Discharges											
Month	Audits Performed	Vital Signs Not Recorded ¹ (Cases with Deficiencies)		Appropriate Receiving Facility ² (Cases with Deficiencies)		No Chain-In Done ³ (Cases with Deficiencies)		Unscheduled Care within 7 Days ⁴ (Cases with Deficiencies)		Lacked Documentation ⁵ (Cases with Deficiencies)	
		September	9	3	33.33%	1	11.11%	0	N/A	0	N/A
October	10	1	10.00%	0	N/A	0	N/A	0	N/A	0	N/A
November	9	1	11.11%	0	N/A	0	N/A	0	N/A	0	N/A
Total/Average		5	17.86%	1	3.57%	0	N/A	0	N/A	0	N/A
GRAND TOTAL: Combined Infirmiry Discharges (Texas Tech and UTMB)											
Month	Audits Performed	Vital Signs Not Recorded ¹ (Cases with Deficiencies)		Appropriate Receiving Facility ² (Cases with Deficiencies)		No Chain-In Done ³ (Cases with Deficiencies)		Unscheduled Care within 7 Days ⁴ (Cases with Deficiencies)		Lacked Documentation ⁵ (Cases with Deficiencies)	
		September	22	3	13.64%	1	4.55%	0	N/A	0	N/A
October	23	1	4.35%	0	N/A	0	N/A	0	N/A	0	N/A
November	20	1	5.00%	0	N/A	0	N/A	0	N/A	0	N/A
Total/Average		5	7.69%	1	1.54%	0	N/A	0	N/A	0	N/A

Footnotes: 1. Vital signs were not recorded on the day the offender left the discharge facility. 2. Receiving facility did not have medical services available sufficient to meet the offender's current needs. 3. Chart not reviewed by a health care member and referred (if applicable) to an appropriate medical provider as required by policy. (Units not performing chain in Huntsville and Lynchner.) 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
FIRST QUARTER, FISCAL YEAR 2015**

September 2014	Numbered Property On Inventory Report	Total Number of Deletions	Total Number of Transfers	Total Number of New Equipment
Daniel	28	0	0	0
Rudd	23	0	0	0
San Saba	22	0	0	0
Total	73	0	0	0

October 2014	Numbered Property On Inventory Report	Total Number of Deletions	Total Number of Transfers	Total Number of New Equipment
Cleveland	14	0	0	0
Ramsey	42	0	0	0
Stringfellow	40	0	0	0
Total	96	0	0	0

November 2014	Numbered Property On Inventory Report	Total Number of Deletions	Total Number of Transfers	Total Number of New Equipment
Roach ISF	1	0	0	0
Smith	19	0	0	0
Vance	13	0	0	0
Total	33	0	0	0

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

Audit Tools	September	October	November	Total
Total number of units audited	3	3	3	9
Total numbered property	73	96	33	202
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
First Quarter FY-2015**

University of Texas Medical Branch

Unit	Audit Date	% Compliance	
		Mandatory	Non-Mandatory
Lopez/Segovia	10/13/2014	100%	98.1%
Luther	10/27/2014	100%	98.8%
Holliday	10/29/2014	100%	98.6%

Texas Tech University Health Science Center

Unit	Audit Date	% Compliance	
		Mandatory	Non-Mandatory
N/A			

The ACA Winter Conference will be held in Long Beach, California on February 6-11, 2015. During this conference, the following units will be awarded reaccreditation by the ACA Panel of Commissioners: Briscoe/Cotulla, Cole/Moore, Gist, Jester I/III/Vance, LeBlanc, Polunsky and Smith.

Executive Services
Active Monthly Academic Research Projects
Correctional Institutions Division

FY-2015 First Quarterly Report: September, October and November

Project Number: 103-RL01

Researcher: Holly Miller **IRB Number:** M20020807 **IRB Expiration Date:** 7/21/2006 **Research Began:** 11/1/2001

Title of Research:
Psychopathy, Static Risk, and Dynamic Risk
Among Sexual Offenders **Data Collection Began:** 12/1/2001

Proponent: Sam Houston State University **Data Collection End:** 8/1/2004

Project Status: Data Analysis **Progress Report Due:** 7/16/2014 **Projected Completion:** 7/21/2016

Project Number: 202-RL02

Researcher: Kymn Kochanek **IRB Number:** 020502 **IRB Expiration Date:** 4/3/2015 **Research Began:** 5/1/2002

Title of Research:
National Longitudinal Survey of Youth 1997
(for Bureau of Labor Statistics) **Data Collection Began:** 9/1/2013

Proponent: NORC - National Organization for Research at the University of Chicago **Data Collection End:** 7/1/2014

Project Status: Data Analysis-Round 16 complete **Progress Report Due:** 3/4/2015 **Projected Completion:** 7/31/2014

Project Number: 221-RL02

Researcher: Kymn Kochanek **IRB Number:** 000967 **IRB Expiration Date:** 5/20/2015 **Research Began:** 6/6/2002

Title of Research:
National Longitudinal Survey of Youth 1979
(for Bureau of Labor Statistics) **Data Collection Began:** 10/1/2014

Proponent: NORC at the University of Chicago **Data Collection End:** 9/1/2015

Project Status: Data Collection-Round 26 **Progress Report Due:** 3/4/2015 **Projected Completion:** 9/28/2015

Project Number: 434-RL04

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

Title of Research:
Victim Offender Mediated Dialogue: Study of the Impact of a
Victim-Oriented Intervention in Crimes of Severe Violence

Data Collection Began: 8/31/2004

Proponent:
University of Texas - Austin

Data Collection End: 5/31/2012

Project Status: Data Analysis **Progress Report Due:** 3/4/2015 **Projected Completion:** 12/13/2014

Project Number: 524-AR07

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

Title of Research:
Mechanisms of Action in Bridges to Life

Data Collection Began: 4/23/2007

Proponent:
University of Texas - Austin

Data Collection End: 7/24/2007

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

Project Number: 547-RL07

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

Title of Research:
Re-Entry: Dynamic Risk Assessment

Data Collection Began: 6/11/2008

Proponent:
Texas Tech University

Data Collection End: 8/30/2012

Project Status: Data Analysis **Progress Report Due:** 6/5/2015 **Projected Completion:** 12/1/2015

Project Number: 587-AR09

Researcher: Marcus Boccaccini **IRB Number:** 2009-04-032 **IRB Expiration Date:** 6/23/2015 **Research Began:** 9/6/2009

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

Data Collection Began: 7/15/2010

Proponent:
Sam Houston State University

Data Collection End:

Project Status: Data Collection **Progress Report Due:** 3/2/2015 **Projected Completion:** 7/15/2017

Project Number: 591-AR09

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

Title of Research: "Sustainable HIV Risk Reduction Strategies for CJ Systems" **Data Collection Began:** 6/29/2010

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

Project Status: Data Analysis **Progress Report Due:** 3/2/2015 **Projected Completion:** 8/29/2015

Project Number: 599-AR09

Researcher: Julian Cano **IRB Number:** FWA#0000203 **IRB Expiration Date:** 11/15/2010 **Research Began:** 4/14/2010

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:** 4/15/2010

Proponent: University of Texas – Austin **Data Collection End:** 4/29/2010

Project Status: Data Analysis **Progress Report Due:** 3/2/2015 **Projected Completion:** 12/31/2015

Project Number: 605-AR10

Researcher: Patrick Flynn **IRB Number:** SUM 13-04- **IRB Expiration Date:** 6/24/2015 **Research Began:** 10/3/2011

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

Proponent: Texas Christian University **Data Collection End:**

Project Status: Data Collection **Progress Report Due:** 2/28/2015 **Projected Completion:** 7/28/2015

Project Number: 622-AR11

Researcher: Andrew Wiegand **IRB Number:** 00003522 **IRB Expiration Date:** 12/11/2014 **Research Began:** 7/14/2011

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

Proponent: Social Policy Research Associates **Data Collection End:**

Project Status: Data Collection **Progress Report Due:** 3/5/2015 **Projected Completion:** 5/1/2015

Project Number: 629-AR11

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

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

Project Status: Data Analysis **Progress Report Due:** 2/25/2015 **Projected Completion:** 12/31/2014

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:** 3/15/2015 **Projected Completion:** 9/30/2015

Project Number: 661-AR12

Researcher: Byron Johnson **IRB Number:** 498996-1 **IRB Expiration Date:** 8/28/2015 **Research Began:** 1/7/2013

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:** 1/7/2013

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

Project Status: Data Collection **Progress Report Due:** 3/27/2015 **Projected Completion:** 8/31/2017

Project Number: 664-AR12

Researcher: Scott Walters **IRB Number:** 2011-125 **IRB Expiration Date:** 5/6/2015 **Research Began:** 1/1/2013

Title of Research:
In-Person vs. Computer Interventions for Increasing Probation Compliance **Data Collection Began:** 1/1/2013

Proponent: University of North Texas **Data Collection End:**

Project Status: Data Collection **Progress Report Due:** 3/2/2015 **Projected Completion:** 6/1/2015

Project Number: 666-AR12

Researcher:
Jesus Amadeo

IRB Number:
N/A

IRB Expiration Date:

Research Began:
12/28/2012

Title of Research:
Enhanced Transitional Jobs Demonstration

Data Collection Began:
12/28/2012

Data Collection End:

Proponent:
MDRC

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

Progress Report Due:

Projected Completion:
12/31/2017

Project Number: 671-AR13

Researcher:
Bridget Williamson

IRB Number:
EXEMPT

IRB Expiration Date:

Research Began:
9/3/2013

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

Data Collection Began:
9/27/2013

Data Collection End:
11/15/2014

Proponent:
Sam Houston State University

Project Status:
Data Analysis

Progress Report Due:
2/15/2015

Projected Completion:
11/15/2014

Project Number: 676-AR13

Researcher:
Candace Johnson

IRB Number:
10.11.04

IRB Expiration Date:
11/4/2014

Research Began:
11/12/2013

Title of Research:
Reintegration of Ex-Offenders Random
Assignment Evaluation (RExO) - 2

Data Collection Began:
11/12/2013

Data Collection End:
5/30/2014

Proponent:
University of Chicago

Project Status:
Data Analysis-Round 3

Progress Report Due:
1/15/2015

Projected Completion:
7/11/2014

Project Number: 681-AR13

Researcher:
Sheremetria Taylor

IRB Number:
Exempt

IRB Expiration Date:

Research Began:
6/20/2013

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

Data Collection Began:
6/20/2013

Data Collection End:

Proponent:
Capella University – Minneapolis

Project Status:
Data Collection

Progress Report Due:
12/12/2014

Projected Completion:
12/1/2014

Project Number: 686-AR13

Researcher: Jeffrey Bouffard **IRB Number:** 10-12362 **IRB Expiration Date:** 10/12/2014 **Research Began:** 10/14/2013

Title of Research: Criminal Decision Making Among Adult Felony Inmates **Data Collection Began:** 4/11/2014

Proponent: Sam Houston State University **Data Collection End:** 6/12/2014

Project Status: Data Analysis **Progress Report Due:** 1/23/2015 **Projected Completion:** 1/19/2015

Project Number: 692-AR14

Researcher: Jacqueline Hogan **IRB Number:** N/A **IRB Expiration Date:** **Research Began:** 1/22/2014

Title of Research: U.S. Department of Education **Data Collection Began:** 2/10/2014

Proponent: United States Department of Education **Data Collection End:** 6/13/2014

Project Status: Data Analysis **Progress Report Due:** 3/4/2015 **Projected Completion:** 12/31/2015

Mr. Livingston approved 01/22/14

Project Number: 695-AR14

Researcher: Faye Taxman **IRB Number:** FWA 0003522 **IRB Expiration Date:** 4/1/2015 **Research Began:** 8/17/2014

Title of Research: Evaluation of the Multi-site Demonstration Field Experiment:
What Works in Reentry Research (GMU/MDRC - Parolees) **Data Collection Began:** 10/20/2014

Proponent: George Mason University **Data Collection End:**

Project Status: Data Collection **Progress Report Due:** 11/17/2014 **Projected Completion:** 4/1/2015

Executive Services
Pending Monthly Academic Research Projects
Correctional Institutions Division

FY-2015 First Quarterly Report: September, October and November

Project Number: 688-AR13

Researcher:
Olufunto Olusanya

IRB Number:
2013-0623

Application Received:
10/31/2013

Application Completed:
11/1/2013

Title of Research:
Data Analysis on Pre-post Test from Evaluation of a Curriculum
Assessing Medication in HIV Positive Patients

Division Review Requested:
3/25/2014

Proponent:
Texas A & M University

Reviewer:
Approved with Conditions

Review Status:
Pending RID Approval
and SS#'s (clearances)

Detail: Sent email requesting SS#'s on two of the researchers 09/16/14
Sent researcher response to conditions on 09/17/14 to Zamora

Project Number: 697-AR14

Researcher:
Jodi Walton

IRB Number:
0003522

Application Received:
4/18/2014

Application Completed:
8/1/2014

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

Division Review Requested:
9/24/14

Proponent:
MDRC

Reviewer:
Approved with Conditions

Review Status:
Pending Receipt of
Research Agreement

Detail: Sent approval letter/agreement to researcher for completion 12/15/14

Project Number: 712-AR14

Researcher:

Tara Wilson

IRB Number:

Application Received:

8/12/2014

Application Completed:

8/18/2014

Title of Research:

Evaluation of the "My Dad Reads to Me Program"

Division Review Requested:

9/11/2014

Proponent:

Sam Houston State University

Reviewer:

Pending

Project Status:

Pending IRB Approval

Pending OGC Review

Pending Researcher Response

Detail: Sent researcher letter 10/07/14 on issues/questions to be addressed from OGC

Project Number: 715-AR14

Researcher:

Shannon Carey

IRB Number:

HSRRC 121177

Application Received:

9/9/2014

Application Completed:

9/30/2014

Title of Research:

Cross-Site Evaluation of the Second Chance

Act Reentry Courts Program

Division Review Requested:

9/29/2014

Proponent:

NPC Research

Reviewer:

Pending

Project Status:

Pending CID Review

Detail: Sent to CID for Division Review on 09/29/14

Executive Services
Active Monthly Medical Research Projects
Health Services Division

FY-2015 First Quarterly Report: September, October and November

Project Number: 615-RM10

Researcher:
John Petersen

IRB Number:
11-069

IRB Expiration Date:
1/10/2015

Research Began:
9/12/2013

Title of Research:
Serum Markers of Hepatocellular Cancer

Data Collection Began:
1/1/2014

Data Collection End:

Proponent:
University of Texas Medical Branch at Galveston

Project Status:
Data Collection

Progress Report Due:
2/26/2015

Projected Completion:
1/1/2020

Project Number: 623-RM11

Researcher:
Maurice Willis

IRB Number:
10-191

IRB Expiration Date:
4/25/2015

Research Began:
11/23/2011

Title of Research:
E1208: A Phase III randomized, Double-Blind Trial of
Chemoembolization with or without Sorafenib in Unresectable
Hepatocellular Carcinoma (HCC) in Patients with and without Vascular
Invasion

Data Collection Began:
11/23/2011

Data Collection End:

Proponent:
University of Texas Medical Branch at Galveston

Project Status:
Data Collection

Progress Report Due:
3/4/2015

Projected Completion:
3/31/2015

Executive Services
Pending Monthly Medical Research Projects
Health Services Division

FY-2015 First Quarterly Report: September, October and November

Project Number: 689-RM13

Application Received:
11/7/2013

Researcher:
Troy Quast

IRB Number:
2013-12371

Application Completed:
12/12/2013

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

Division Review Requested:
9/11/2014

Proponent:
Sam Houston State University

Reviewer:
Pending

Review Status:
Pending HS Division
Review

Detail: Sent Dr. Williams proposed revisions on 09/11/14

Project Number: 698-RM14

Application Received:
3/27/2014

Researcher:
Lindsey Hunter-Ellul

IRB Number:
140010

Application Completed:
3/27/2014

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

Division Review Requested:
9/10/2014

Proponent:
University of Texas Medical Branch at Galveston

Reviewer:
Pending

Review Status:
Pending HS Division
Review

Detail: Sent to Dr. Williams for Division Review on 09/10/14

Project Number: 703-RM14

Researcher:
Joseph Sonstein

IRB Number:
13-037

Application Received:
4/7/2014

Application Completed:
5/14/2014

Title of Research:
Prostate Cancer in the Texas Prison System

Division Review Requested:
9/23/2014

Proponent:
UTMB

Reviewer:
Pending

Review Status:
Pending OGC Review

Detail: Sent to OGC for Division Review on 09/23/14

Project Number: 705-RM14

Researcher:
Mostafa Borahay

IRB Number:
13-0428

Application Received:
3/13/2014

Application Completed:
3/27/2014

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

Division Review Requested:
9/23/2014

Proponent:
UTMB

Reviewer:
Pending

Review Status:
Pending OGC Review
and Title Change

Detail: Sent to OGC for Division Review on 09/23/14

Project Number: 706-RM14

Researcher:
Mostafa Borahay

IRB Number:
13-084

Application Received:
3/13/2014

Application Completed:
3/27/2014

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

Division Review Requested:
9/23/2014

Proponent:
UTMB

Reviewer:
Pending

Review Status:
Pending OGC Review

Detail: Sent to OGC for Division Review on 09/23/14

Project Number: 707-RM14

Researcher:
Mostafa Borahay

IRB Number:
10-229

Application Received:
3/13/2014

Application Completed:
3/27/2014

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

Division Review Requested:
9/23/2014

Proponent:
UTMB

Reviewer:
Pending

Review Status:
Pending OGC Review

Detail: Sent to OGC for Division Review on 09/23/14

Project Number: 709-RM14

Researcher:
Celia Chao

IRB Number:
14-0018

Application Received:
7/15/2014

Application Completed:
7/15/2014

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

Division Review Requested:
9/15/2014

Proponent:
UTMB

Reviewer:
Pending

Review Status:
Pending HS Division
Review

Detail: Sent to Dr. Williams for Division Review on 09/15/14

Project Number: 711-RM14

Researcher:
Celia Chao

IRB Number:
11-168

Application Received:
7/24/2014

Application Completed:
8/6/2014

Title of Research:
Diseases of the Colon and Rectum

Division Review Requested:
8/13/2014

Proponent:
UTMB

Reviewer:
Pending

Review Status:
Pending HS Division
Review

Detail: Sent to Dr. Williams for Division Review on 08/13/14

Project Number: 713-RM14

Researcher:
Jacqueline Aoughsten

IRB Number:
Exempt

Application Received:
9/9/2014

Application Completed:
9/23/2014

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

Division Review Requested:
12/5/2014

Proponent:
UTMB

Reviewer:
Pending

Review Status:
Pending HS Division Review

Detail: Sent to Dr. Williams for Division Review on 12/05/14

Project Number: 714-RM14

Researcher:
Cheryl Juneau

IRB Number:
14-0185

Application Received:
9/12/2014

Application Completed:
9/30/2014

Title of Research:
Clostridium difficile in Correctional Care Facilities

Division Review Requested:
9/22/2014

Proponent:
UTMB

Reviewer:
Pending

Review Status:
Pending HS Division Review

Detail: Sent to Dr. Williams for Division Review on 09/22/14

1st Quarter FY 2015
TDCJ Office of Mental Health Monitoring & Liaison
Administrative Segregation Audit Summary

Date	*Unit	Observed	Interviewed	Mental Health Referrals	Requests Fwd	911 Tool	ATC 4	ATC 5	ATC 6
09/05/2014	Powledge	11	11	0	1	100	100	80	100
09/10/2014	Mountain View	31	31	0	0	100	100	100	100
09/10-11/2014	Clements	423	329	0	9	100	100	100	100
09/17/2014	Cole	8	8	0	0	100	100	100	100
09/17-18/2014	Connally	322	278	0	6	100	100	100	100
09/23/2014	Ellis	96	90	0	6	100	100	100	100
10/08-09/2014	Polunsky	445	393	0	9	100	100	100	100
10/14-15/2014	Allred 12 Bldg	400	348	2	8	100	100	100	100
10/15-16/2014	Allred ECB	422	327	0	7	100	100	100	100
10/17/2014	Bradshaw	13	13	0	0	100	71	86	0
10/22/2014	Lopez	6	6	0	0	100	100	100	100
10/22-23/2014	McConnell	291	232	0	7	100	100	100	100
11/04/2014	Ramsey	43	43	0	2	100	100	100	100
11/05-06/2014	Lewis ECB	367	290	1	5	100	100	100	100
11/06/2014	Hutchins	17	17	1	0	100	100	100	100
11/12/2014	Sanchez	29	29	0	1	100	N/A	N/A	N/A
11/18/2014	Murray	123	121	1	5	100	100	100	100
11/20/2014	Darrington	191	173	1	5	100	100	100	100
11/20/2014	Dominguez	15	15	0	1	100	100	100	100
Total	19	3,253	2,754	6	72				

INTAKE MENTAL HEALTH EVALUATION (MHE) AUDIT

Conducted in 1st Quarter of 2015

Period Audited—September, October & November 2014

FACILITY	Charts Reviewed	Charts Requiring MHE (1)	MHE's completed within 14 days (at Intake Unit)	Charts Excluded (2)	MHE Audit Score
Bartlett State Jail	18	18	18	0	100
Bradshaw State Jail	18	16	3	2	19
Byrd Unit	20	17	9	3	53
Dominguez State Jail	20	20	19	0	95
Formby State Jail	8	5	5	3	100
Garza Transfer Facility	20	20	18	0	90
Gist State Jail	18	18	17	0	94
Glossbrenner SAFPF	4	4	4	0	100
Gurney Transfer Facility	20	19	3	1	16
Halbert SAFPF	14	14	13	0	93
Holliday Transfer Facility	20	20	19	0	95
Hutchins State Jail	20	20	2	0	10
Jester I SAFPF	20	20	20	0	100
Johnston SAFPF	17	17	17	0	100
Kyle SAFPF	0	0	0	0	N/A
Lindsey State Jail	20	20	15	0	75
Lychner State Jail	20	20	18	0	90
Middleton Transfer Facility	20	20	19	0	95
Plane State Jail	20	20	19	0	95
Roach ISF	20	19	5	1	26
Sanchez State Jail	6	5	0	1	0
Sayle SAFPF	5	5	5	0	100
Travis State Jail	20	20	19	0	95
Woodman State Jail	20	18	12	2	67
GRAND TOTAL	388	375	279	13	

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

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

COMPELLED PSYCHOACTIVE MEDICATION AUDIT

1st Quarter 2015

Audits Conducted in September, October and November 2014

UNIT	Audit Month	Criteria for Compelled Meds Documented in Medical Record¹				
-------------	--------------------	---	--	--	--	--

		Reviewed	Applicable	Compliant	Score	Corrective Action
Montford	August 2014	2	2	2	100	
Clements	August 2014	0	0	0	N/A	
Skyview	August 2014	10	10	10	100	
Jester IV	August 2014	4	4	3	75	CAP Requested

		Reviewed	Applicable	Compliant	Score	Corrective Action
Montford	Sept. 2014	2	2	2	100	
Clements	Sept. 2014	N/A	N/A	N/A	N/A	
Skyview	Sept. 2014	5	5	5	100	
Jester IV	Sept. 2014	6	6	4	67	CAP Requested

		Reviewed	Applicable	Compliant	Score	Corrective Action
Montford	Oct. 2014	7	7	7	100	
Clements	Oct. 2014	1	1	1	100	
Skyview	Oct. 2014	7	7	7	100	
Jester IV	Oct. 2014	6	6	6	100	

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

Consent Item

University Medical Director's Report

The University of Texas Medical Branch



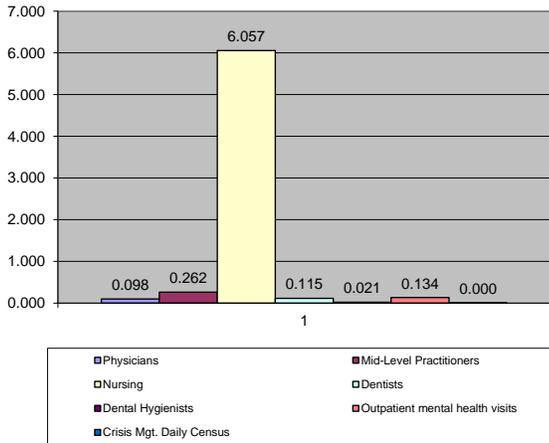
**Correctional Health Care
MEDICAL DIRECTOR'S REPORT**

**FIRST QUARTER
FY 2015**

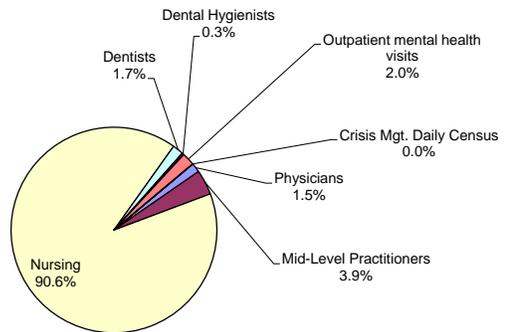
Medical Director's Report:

Average Population	September		October		November		Qtly Average	
	118,275		118,359		118,642		118,425	
	Number	Rate Per Offender						
Medical encounters								
Physicians	12,554	0.106	12,606	0.107	9,689	0.082	11,616	0.098
Mid-Level Practitioners	34,127	0.289	33,268	0.281	25,836	0.218	31,077	0.262
Nursing	711,811	6.018	755,107	6.380	684,914	5.773	717,277	6.057
Sub-total	758,492	6.413	800,981	6.767	720,439	6.072	759,971	6.417
Dental encounters								
Dentists	14,376	0.122	15,081	0.127	11,232	0.095	13,563	0.115
Dental Hygienists	2,595	0.022	2,956	0.025	2,061	0.017	2,537	0.021
Sub-total	16,971	0.143	18,037	0.152	13,293	0.112	16,100	0.136
Mental health encounters								
Outpatient mental health visits	16,404	0.139	16,749	0.142	14,488	0.122	15,880	0.134
Crisis Mgt. Daily Census	61	0.001	57	0.000	53	0.000	57	0.000
Sub-total	16,465	0.139	16,806	0.142	14,541	0.123	15,937	0.135
Total encounters	791,928	6.696	835,824	7.062	748,273	6.307	792,008	6.688

Encounters as Rate Per Offender Per Month



Encounters by Type

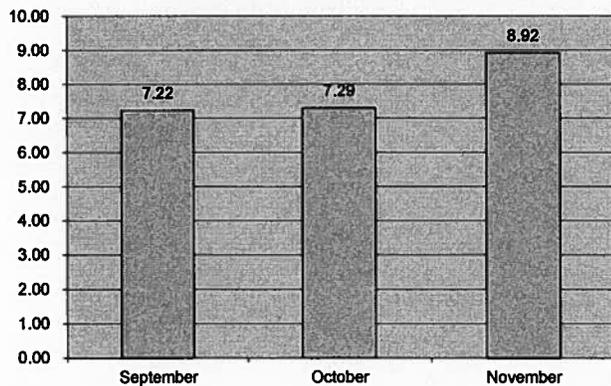


Medical Director's Report (Page 2):

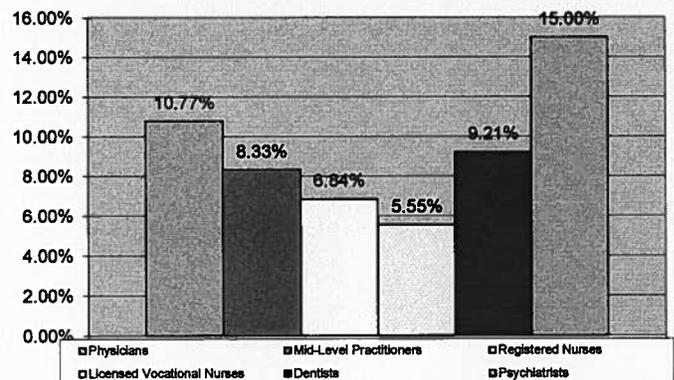
	September	October	November	Qtly Average
Medical Inpatient Facilities				
Average Daily Census	75.60	80.50	81.40	79.17
Number of Admissions	331.00	354.00	272.00	319.00
Average Length of Stay	7.22	7.29	8.92	7.81
Number of Clinic Visits	5,888.00	6,541.00	4,761.00	5,730.00
Mental Health Inpatient Facilities				
Average Daily Census	1,019.57	1,026.48	1,015.09	1,020.38
PAMIO/MROP Census	696.36	696.54	706.90	699.93
Telemedicine Consults	11,471	11,892	9,049	10,804.00

Health Care Staffing	Average This Quarter			Percent Vacant
	Filled	Vacant	Total	
Physicians	58.00	7.00	65.00	10.77%
Mid-Level Practitioners	121.00	11.00	132.00	8.33%
Registered Nurses	286.00	21.00	307.00	6.84%
Licensed Vocational Nurses	545.00	32.00	577.00	5.55%
Dentists	69.00	7.00	76.00	9.21%
Psychiatrists	17.00	3.00	20.00	15.00%

Average Length of Stay



Staffing Vacancy Rates



Consent Item

University Medical Director's Report

Texas Tech University
Health Sciences Center



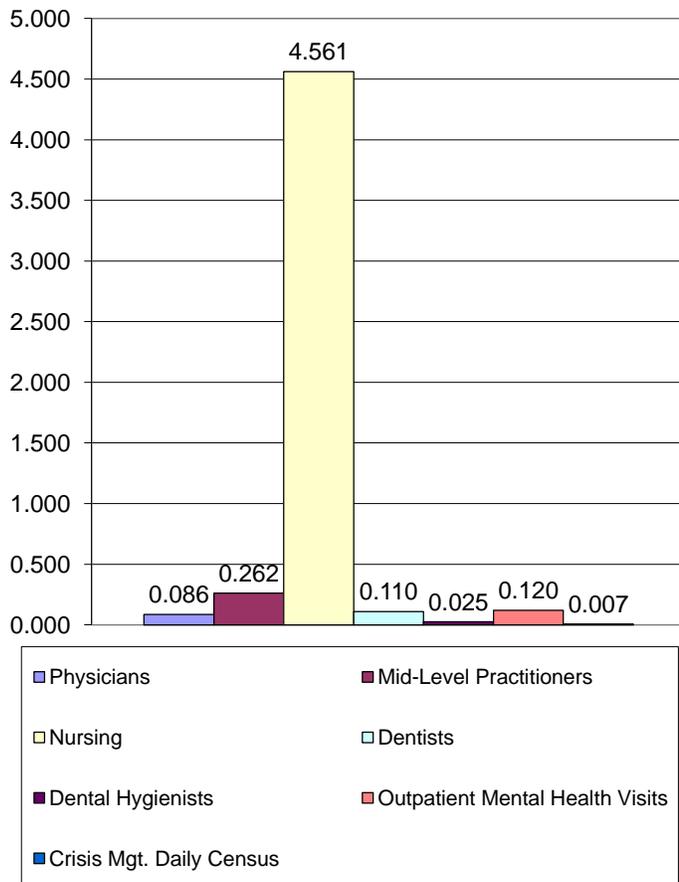
**Correctional Health Care
MEDICAL DIRECTOR'S REPORT**

**FIRST QUARTER
FY 2015**

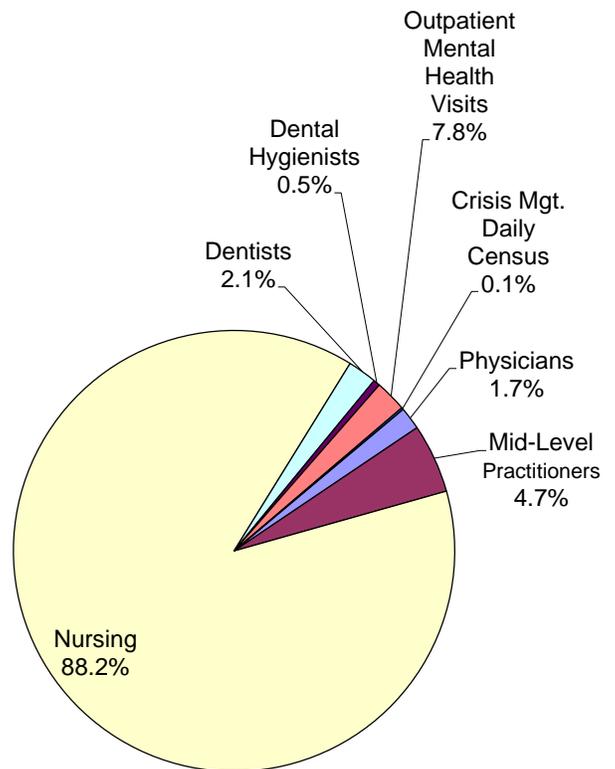
Medical Director's Report:

Average Population	September		October		November		Qtly Average	
	31,523		31,478		31,137		31,379	
	Number	Rate Per Offender						
Medical encounters								
Physicians	2,445	0.078	3,205	0.102	2,457	0.079	2,702	0.086
Mid-Level Practitioners	8,572	0.272	9,122	0.290	6,994	0.225	8,229	0.262
Nursing	147,722	4.686	134,969	4.288	146,672	4.711	143,121	4.561
Sub-total	158,739	5.036	147,296	4.679	156,123	5.014	154,053	4.909
Dental encounters								
Dentists	3,628	0.115	3,849	0.122	2,888	0.093	3,455	0.110
Dental Hygienists	832	0.026	861	0.027	684	0.022	792	0.025
Sub-total	4,460	0.141	4,710	0.150	3,572	0.115	4,247	0.135
Mental health encounters								
Outpatient Mental Health Visits	4,051	0.129	4,055	0.129	3,177	0.102	3,761	0.120
Crisis Mgt. Daily Census	205	0.007	244	0.008	226	0.007	225	0.007
Sub-total	4,256	0.135	4,299	0.137	3,403	0.109	3,986	0.127
Total encounters	167,455	5.312	156,305	4.966	163,098	5.238	162,286	5.172

Encounters as Rate Per Offender Per Month



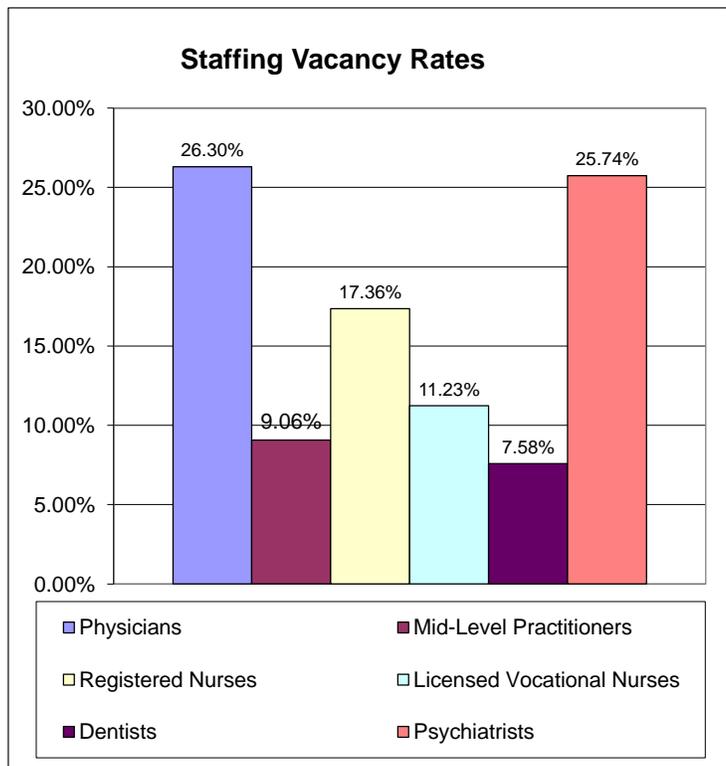
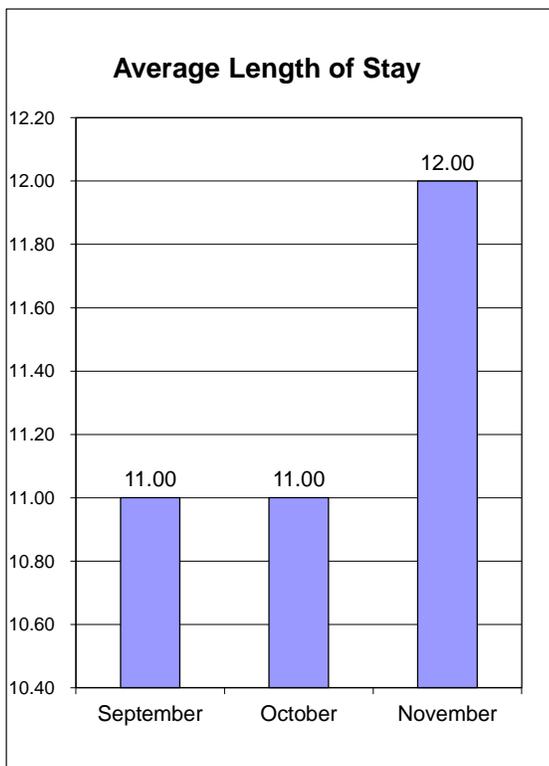
Encounters by Type



Medical Director's Report (Page 2):

	September	October	November	Qtly Average
Medical Inpatient Facilities				
Average Daily Census	115.00	112.00	112.00	113.00
Number of Admissions	248.00	258.00	239.00	248.33
Average Length of Stay	11.00	11.00	12.00	11.33
Number of Clinic Visits	689.00	688.00	535.00	637.33
Mental Health Inpatient Facilities				
Average Daily Census	436.00	433.00	425.00	431.33
PAMIO/MROP Census	420.00	433.00	427.00	426.67
Specialty Referrals Completed	1,270.00	1,254.00	986.00	1,170.00
Telemedicine Consults	849	935	759	847.67

Health Care Staffing	Average This Quarter			Percent Vacant
	Filled	Vacant	Total	
Physicians	14.99	5.35	20.34	26.30%
Mid-Level Practitioners	36.83	3.67	40.50	9.06%
Registered Nurses	132.19	27.77	159.96	17.36%
Licensed Vocational Nurses	282.28	35.72	318.00	11.23%
Dentists	17.68	1.45	19.13	7.58%
Psychiatrists	5.77	2.00	7.77	25.74%



Consent Item

Summary of CMHCC Joint Committee/
Work Group Activities

**Correctional Managed Health Care
Joint Committee/Work Group Activity Summary
for April 2015 CMHCC Meeting**

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

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

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

Workgroup activity covered in this report includes:

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

System Leadership Council

Chair: Dr. Lannette Linthicum

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

Meeting Date: February 12, 2015

Key Activities:

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

Reports from Champions/Discipline Directors:

- A. Access to Care-Dental Services
- B. Access to Care-Mental Health Services
- C. Access to Care-Nursing Services
- D. Access to Care-Medical Staff
- E. Sick Call Request Verification Audit-SCRVA
- F. FY2015 SLC Indicators
 - 1. Dental: Total Open Reminders with Delay > 180 Days
 - 2. Mental Health: Antipsychotic Injectables
 - 3. Nursing: Refusal of Treatment (ROT)
 - 4. Inpatient Physical Therapy
 - 5. Missed Appointments (No Shows)

Standing Issues

- A. New SLC Indicators
 - 1. Dental
 - 2. Mental Health
 - 3. Nursing
 - 4. Medical

- B. CMHCC Updates

Miscellaneous/Open for Discussion Participants:

- A. ATC Accuracy Evaluation
- B. Nurse Protocol Audits
- C. QI/QM Nurse Site Visit Audits

Adjournment**Joint Policy and Procedure Committee**

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

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

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

Meeting Date: January 8, 2015

Sub Committee Updates:

- A. Release of Information – Phyllis McWhorter, RN
- B. No Chemicals Use of Force Subcommittee - Mike Jones, BSN
- C. Medical Passes – Committee to be decided
- D. Missed Clinic Appointments – Mike Jones, BSN
- E. Pregnant Offenders – Phyllis McWhorter, RN

- F. Heat Subcommittee – Kathryn Buskirk, MD
- G. Ad Seg Therapeutic Diversion Program – Committee to be decided

Old Business:

- E-42.3 Transportation of Infirmity and Inpatient Mental Health Offenders
- E-44.2 Attachment A – Health Services
- E-47.1 Therapeutic Diets and Food Allergies
- G-55.1 Pregnant Offenders
- G-59.2 Optical Prosthesis and Appliances

New Business:

The Following Policies Were Reviewed:

A-01.1; A-02.1; A-02.2; A-03.1; A-04.1; A-04.2; A-08.9; A-08.10, C-18.1; C-19.1; D-27.1; D-27.3; D-28.1; E-31.1; E-31.2; E-31.3; E-32.1; E-34.1; E-34.2; E-34.3; E-36.1; E-36.2; F-46.1; G-51.1; G-51.2; G-51.3; G-51.4; G-51.5; G-52.2; H-60.1; I-66.1; I-68.1; I-68.2; I-68.3; E-31.4

The Following Policies Were Submitted for Changes and Updates:

- A-04.1 Administrative Meetings
- A-04.2 Health Services Statistical Report
- C-18.1 Licensure and Credential Verification
- D-27.2 Heat Stress
- D-27.2 Attachment A – Drugs Associated with Heat Stress
- D-27.2 Attachment B – Comorbidities that may Affect Heat Tolerance
- D-27.3 Photosensitivity
- E-31.3 Access to Off-Site Hospitalization Offender Information
- E-31.4 Management of Offenders who have Received Solid Organ Transplants
- E-32.1 Receiving, Transfer and Continuity of Care Screening
- E-34.2 Periodic Physical Examinations
- E-34.2 Periodic Physical Examinations
- E-34.3 Use of Force Procedures
- E-42.1 Offender Transport and Transfer
- E-42.2 Missed Clinic Appointment
- E-51.1 Special Needs Offenders
- E-59.2 Optical Prosthesis and Appliances
- H-60.1 Health Records – Organization and Maintenance
- H-60.1 Health Records – Organization and Maintenance
- H-60.1 Attachment A-1 – Outpatient Health Records Format
- H-60.1 Attachment A-2 – List of EMR Chart Sections
- H-60.1 Attachment B – Chart Look up for Patient
- H-60.1 Attachment C – Abbreviated Job Titles
- I-66.1 Medical Therapeutic Restraints
- I-68.1 Blood and Urine Testing for Forensic Purposes
- I-68.3 Forensic Information

Medical Hold SOP
Use of Force Chemical Agents Contraindication List

Adjournment

- Next Meeting Date is April 9, 2015.

Joint Pharmacy and Therapeutics Committee

Chair: Susan Morris, MD

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

Meeting Date: January 8, 2015

Key Activities:

Approval of Minutes from November 13, 2014 Meeting

Reports from Subcommittees:

- A. Angina – Dr. Osho
- B. DMG Triage – Dr. Sandmann
- C. Gout - Dr. Diaz
- D. Psychiatry – Dr. Koranek
- E. Transfer Medications – Dr. Williams

Monthly Reports

- A. Adverse Drug Reaction Reports (None)
- B. Pharmacy Clinical Activity Report
- C. Drug Recalls (November – December 2014)
- D. Non-formulary Deferral Reports
 1. Texas Tech Sector (October – November 2014)
- E. Quarterly Medication Error Reports – 1st Quarter FY15
 1. UTMB Sector
 2. Texas Tech Sector
 3. Medication Dispensing Error Report
- F. Utilization Reports (FY15 through November)
 1. HIV Utilization
 2. Hepatitis C Utilization
 3. Hepatitis B Utilization
 4. Psychotropic Utilization
- G. Special Reports – Top 50 Medications by Cost and Volume - 1st Quarter FY15
- H. Policy Review Schedule

Old Business

A. Policy Revisions

1. Disposition of Outdated Drugs (15-30) – tabled pending DEA recommendations for disposal of controlled substances
2. Reclamation of Drugs (15-35) – tabled pending DEA recommendations for disposal of controlled substances.

New Business

A. Action Requests

1. Review of Hepatitis C Disease Management Guideline
2. Review of Asthma Disease Management Guideline
3. Patient Education – To Hold or Not to Hold Insulin
4. Removal of Salt Packets from Pharmacy Warehouse

B. Drug Category Review

1. Electrolytes

C. FDA Medication Safety Advisories

D. Manufacturer Shortages and Discontinuations

E. Policy and Procedure Revisions

1. Return of Damaged or mis-shipped Drugs (15-40)
2. Drug Recalls and Defective Products (15-45)
3. Use of Controlled Substances (20-05) – tabled pending DEA recommendations for disposal of controlled substances
4. Security of Controlled Substances (20-10) – tabled pending DEA recommendations for disposal of controlled substances
5. Controlled Substances Record Keeping (20-15) – tabled pending DEA recommendations for disposal of controlled substances
6. Incoming Patients Free World Medications (25-05)
7. Discharge Medications (25-10)
8. IV Admixture (30-05)
9. Administration and Distribution of Patient Medications (40-10)

Miscellaneous

Adjournment

Joint Infection Control Committee

Co-Chair: Dr. Carol Coglianese

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

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

Meeting Date: February 12, 2015

Key Activities:

Reviewed and Approved Minutes from Previous Meeting

Public Health Update

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

Old Business

- a. B-14.41-Barber/Beauty Shop Personnel (Health and Hygiene)

New Business

- a. 2015 Approved Infection Control Meeting Calendar
- b. Schedule of Infection Control Committee Review Schedule

Policies Under Review

- a. B-14.1 – Infection Control Program
- b. B-14.2 – Correctional Managed Health Care Infection Control Committee
- c. B-14.3 – Employee TB Testing
- d. B-14.4 – Prevention of Hepatitis B Virus (HBV) Infection in TDCJ Facilities
- e. B- 14.5 – Occupational Exposure Counseling and Testing for TDCJ and Correctional Managed Health Care Employees
- f. B-14.06 – Management of Offender Bloodborne Exposures
- g. B-14.07 – Immunizations
- h. B-14.10 – Tuberculosis
- i. B-14.11 – Human Immunodeficiency Virus (HIV) Infection (Scheduled to be presented to the CMHCC in March)

Adjourn

- Next Meeting proposed – April 9, 2015
- Policies to be reviewed – B-14.12; B-14.18

Joint Dental Work Group

Chair: Dr. Brian Tucker

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

Meeting Date: March 11, 2015

Approval of Minutes from November 12, 2014

Old Business

Traveling reminders have improved access to care. Assurance needs to be provided to TDCJ that the process is working in order to eliminate the need for dental chain in.

New Business

B-14.1 Infection Control

B-15.1 Radiation Safety & Control

B-15.1B Chemical Control

C-19.1 Dental Education and Professional Development

C-25.1 Orientation Training for Dental Services Staff

System Directors Meeting

A. Dr. Manuel Hirsch

- DHR Forms
- Alternative Treatments
- Sick Call Exam Diagnosis & Treatment Documentation
- NCCHC Article – Effective Management of a Prison Dental Program
- Follow-up on SLC Indicator comments by Dr. Williams
- EPA Article of Amalgam Separators
- Legible Signatures
- Priority

B. Dr. Billy Horton

- Vacancies
- Dental Reports
- IT Committee

C. Dr. Brian Tucker

- PACS Server Deployment
- Electronic Oral Health Record Status Report

Meeting Evaluation

Adjourn

Joint Mortality and Morbidity Committee

Co-Chair: Dr. Monte Smith

Co-Chair: Dr. Robert Williams

Key Activities:

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

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

For the Three Months Ended February 28, 2015

There were 83 deaths reviewed by the Mortality and Morbidity Committee during the months of December, January, and February 2015. Of those 83 deaths, 5 were referred to peer review committees.

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

Joint Nursing Work Group

Chair: Justin Robison, MSN, RN

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

Meeting Date: December 10, 2014

Old Business

1. Develop a sign/symbol for high risk offenders to be placed above their cell door to indicate things such as suicide risk, heat sensitivity, etc... – Gary Eubank
2. Medication Administration – Gary Eubank

New Business

1. CID – Mike Jones
2. Immunizations and SDOs – Mike Jones
3. Ebola – Mike Jones
4. Medication Scanners – Mike Jones
5. Verbal Orders – BON – Mike Jones
6. BON APRN Rule – Mike Jones
7. Late Entries – H-60.1 – Mike Jones
8. Inpatient Nursing Care Plans – Justin Robison / Gary Eubank

Financial Report on Correctional Managed Health Care



Quarterly Report FY2015 First Quarter

September 2014 – November 2014

First Quarter Financial Report on Correctional Managed Health Care

Overview

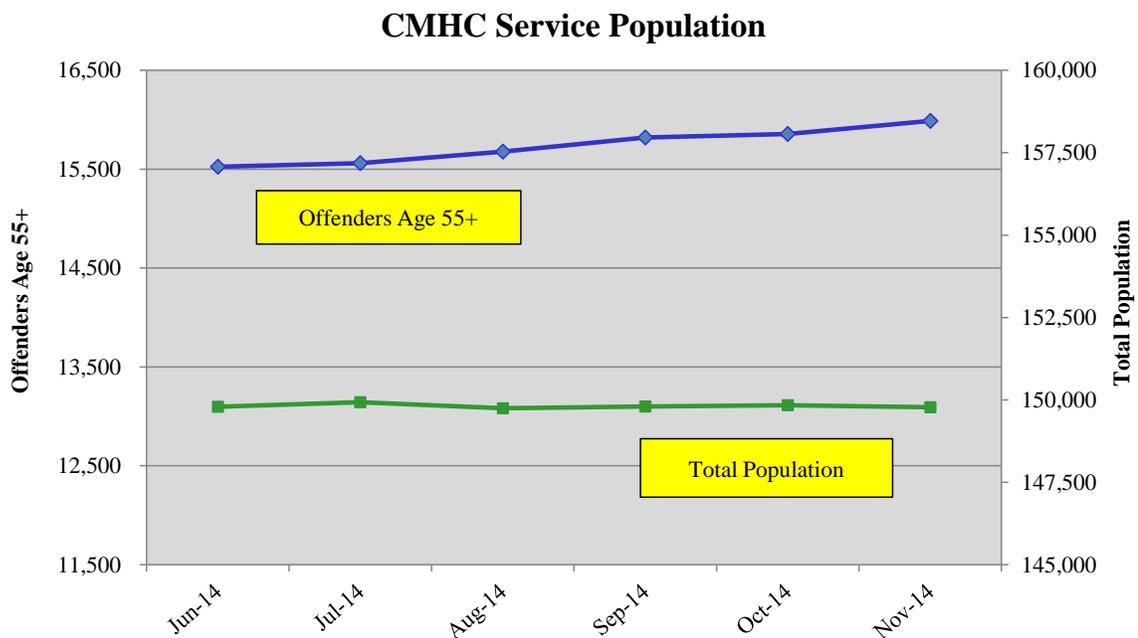
- Report submitted in accordance with the FY2014-15 General Appropriations Act, Article V, Rider 50, 83rd Legislature, Regular Session 2013
- FY2015 TDCJ Appropriations allocated to Correctional Managed Health Care:
 - \$256.1M Unit and Psychiatric Care, Strategy C.1.7
 - \$170.8M Hospital and Clinical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

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

Note: The FY2015 amounts shown above do not reflect a potential transfer of funds into FY2014, as approved by the Legislative Budget Board on January 5, 2015. Upon UTMB's completion and submission of their FY2014 hospital cost report, TDCJ will make the required transfer, up to the approved not-to-exceed amount, and make the necessary adjustments to FY2015.

Population

- Overall offender service population has decreased 0.3% from FY2014
 - Average daily census 150,232 through 1st quarter of FY2014 compared to 149,804 through 1st quarter of FY2015
- Offenders aged 55 or older population increased 6.1% from FY2014
 - Average daily census 14,973 through 1st quarter of FY2014 compared to 15,889 through 1st quarter of FY2015
 - While comprising about 10.6% of the overall service population, offenders age 55 and over account for 38.1% of the hospitalization costs received to date.
- Mental health caseloads:
 - FY2015 average number of psychiatric inpatients through 1st quarter: 1,873
 - FY2015 average number of psychiatric outpatients through 1st quarter: 19,641



Health Care Costs

- Total expenses through 1st quarter, FY2015: \$140.7M
- Unit and Psychiatric Care expenses represent the majority of total health care costs
 - \$75.7M, 53.9% of total expenses
- Hospital and Clinical Care - \$50.1M, 35.6% of total
- Pharmacy Services - \$14.8M, 10.5% of total
 - HIV related drugs: 41.3% of total drug costs
 - Psychiatric drugs: 8.9% of total drug costs
 - Hepatitis C drug therapies: 4.7% of total drug costs
- Cost per offender per day, FY2015 through 1st quarter: \$10.32
 - 1.1% increase compared to FY2014 cost per day of \$10.21

Comparison of Total Health Care Costs

	FY 11	FY 12	FY 13	FY 14	4-Year Average	FYTD 15 1st Qtr
Population						
UTMB	121,417	120,557	118,359	118,705	119,760	118,425
TTUHSC	31,419	31,491	30,713	31,314	31,234	31,379
Total	152,836	152,048	149,072	150,019	150,994	149,804
Expenses						
UTMB	\$432,371,801	\$397,606,713	\$415,579,990	\$456,286,749	\$425,461,313	\$114,204,125
TTUHSC	\$110,272,668	\$97,426,964	\$98,335,680	\$102,834,980	\$102,217,573	\$26,474,582
Total	\$542,644,469	\$495,033,677	\$513,915,670	\$559,121,729	\$527,678,886	\$140,678,707
Cost/Day						
UTMB	\$9.76	\$9.01	\$9.62	\$10.53	\$9.73	\$10.60
TTUHSC	\$9.62	\$8.45	\$8.77	\$9.00	\$8.96	\$9.27
Total	\$9.73	\$8.90	\$9.45	\$10.21	\$9.57	\$10.32

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

<u>Method of Finance</u>	<u>TTUHSC</u>	<u>UTMB</u>	<u>Total</u>
C.1.7. Unit & Psychiatric Care			
TDCJ Appropriation	\$ 13,369,614	\$ 50,490,565	\$ 63,860,179
State Reimbursement Benefits	\$ 1,938,158	\$ 10,764,524	\$ 12,702,682
Other Misc Revenue	\$ 507	\$ 21,230	\$ 21,737
C.1.7. Total Method of Finance	\$ 15,308,279	\$ 61,276,319	\$ 76,584,598
C.1.8. Hospital & Clinical Care			
TDCJ Appropriation	\$ 7,747,261	\$ 34,832,773	\$ 42,580,034
State Reimbursement Benefits	\$ 513,064	\$ -	\$ 513,064
Other Misc Revenue	\$ -	\$ -	\$ -
C.1.8. Total Method of Finance	\$ 8,260,325	\$ 34,832,773	\$ 43,093,098
C.1.9. Managed Health Care - Pharmacy			
TDCJ Appropriation	\$ 3,181,092	\$ 11,470,125	\$ 14,651,217
State Reimbursement Benefits	\$ 16,199	\$ 251,069	\$ 267,268
Other Misc Revenue	\$ -	\$ 17,991	\$ 17,991
C.1.9. Total Method of Finance	\$ 3,197,291	\$ 11,739,185	\$ 14,936,476
TOTAL METHOD OF FINANCE	\$ 26,765,895	\$ 107,848,277	\$ 134,614,172

<u>Method of Finance Summary</u>	<u>TTUHSC</u>	<u>UTMB</u>	<u>Total</u>
TDCJ Appropriation	\$ 24,297,967	\$ 96,793,463	\$ 121,091,430
State Reimbursement Benefits	\$ 2,467,421	\$ 11,015,593	\$ 13,483,014
Other Misc Revenue	\$ 507	\$ 39,221	\$ 39,728
TOTAL METHOD OF FINANCE	\$ 26,765,895	\$ 107,848,277	\$ 134,614,172

<u>Expenditures</u>	<u>TTUHSC</u>	<u>UTMB</u>	<u>Total</u>
C.1.7. Unit & Psychiatric Care	\$ 15,777,397	\$ 59,971,059	\$ 75,748,456
C.1.8. Hospital & Clinical Care	\$ 7,663,368	\$ 42,455,085	\$ 50,118,453
C.1.9. Managed Health Care - Pharmacy	\$ 3,033,817	\$ 11,777,981	\$ 14,811,798
TOTAL EXPENDITURES	\$ 26,474,582	\$ 114,204,125	\$ 140,678,707

DIFFERENCE	\$ 291,313	\$ (6,355,848)	\$ (6,064,535)
-------------------	-------------------	-----------------------	-----------------------

Note: The FY2015 amounts shown above do not reflect a potential transfer of funds into FY2014, as approved by the Legislative Budget Board on January 5, 2015. Upon UTMB's completion and submission of their FY2014 hospital cost report, TDCJ will make the required transfer, up to the approved not-to-exceed amount, and make the necessary adjustments to FY2015.

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

C.1.7. UNIT & PSYCHIATRIC CARE			
	<u>TTUHSC</u>	<u>UTMB</u>	<u>Total</u>
Method of Finance:			
TDCJ Appropriation	\$ 13,369,614	\$ 50,490,565	\$ 63,860,179
State Reimbursement Benefits	\$ 1,938,158	\$ 10,764,524	\$ 12,702,682
Other Misc Revenue	\$ 507	\$ 21,230	\$ 21,737
TOTAL METHOD OF FINANCE	\$ 15,308,279	\$ 61,276,319	\$ 76,584,598
Expenditures:			
Unit Care			
Salaries	\$ 4,626,593	\$ 34,618,360	\$ 39,244,953
Benefits	\$ 1,334,719	\$ 10,683,907	\$ 12,018,626
Other Operating Expenses	\$ 457,788	\$ 4,639,090	\$ 5,096,878
Professional Services	\$ 571,476	\$ -	\$ 571,476
Contracted Units/Services	\$ 4,082,917	\$ -	\$ 4,082,917
Travel	\$ 46,546	\$ 198,460	\$ 245,006
Electronic Medicine	\$ 94,496	\$ -	\$ 94,496
Capitalized Equipment	\$ 417,398	\$ 101,492	\$ 518,890
Subtotal, Unit Care	\$ 11,631,933	\$ 50,241,309	\$ 61,873,242
Psychiatric Care			
Salaries	\$ 2,735,982	\$ 6,012,366	\$ 8,748,348
Benefits	\$ 743,109	\$ 1,494,287	\$ 2,237,396
Other Operating Expenses	\$ 28,437	\$ 54,902	\$ 83,339
Professional Services	\$ 159,879	\$ -	\$ 159,879
Contracted Units/Services	\$ -	\$ -	\$ -
Travel	\$ 10,121	\$ 41,880	\$ 52,001
Subtotal, Psychiatric Care	\$ 3,677,528	\$ 7,603,435	\$ 11,280,963
Indirect Expenditures (Shared Services)	\$ 467,936	\$ 2,126,315	\$ 2,594,251
TOTAL EXPENDITURES	\$ 15,777,397	\$ 59,971,059	\$ 75,748,456
DIFFERENCE	\$ (469,118)	\$ 1,305,260	\$ 836,142

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

C.1.8. HOSPITAL & CLINICAL CARE			
Method of Finance	<u>TTUHSC</u>	<u>UTMB</u>	<u>Total</u>
TDCJ Appropriation	\$ 7,747,261	\$ 34,832,773	\$ 42,580,034
State Reimbursement Benefits	\$ 513,064	\$ -	\$ 513,064
Other Misc Revenue	\$ -	\$ -	\$ -
TOTAL METHOD OF FINANCE	\$ 8,260,325	\$ 34,832,773	\$ 43,093,098
Expenditures:			
Hospital and Clinical Care			
University Professional Services	\$ 266,250	\$ 4,890,095	\$ 5,156,345
Freeworld Provider Services	\$ 3,047,684	\$ 4,583,866	\$ 7,631,550
TTUHSC Western Regional Medical Facility & UTMB Hospital Galveston Hospital Services	\$ 3,142,214	\$ 24,610,212	\$ 27,752,426
Estimated IBNR	\$ 936,065	\$ 6,865,637	\$ 7,801,702
Subtotal, Hospital & Clinical Care	\$ 7,392,213	\$ 40,949,810	\$ 48,342,023
Indirect Expenditures (Shared Services)	\$ 271,155	\$ 1,505,275	\$ 1,776,430
TOTAL EXPENDITURES	\$ 7,663,368	\$ 42,455,085	\$ 50,118,453
DIFFERENCE	\$ 596,957	\$ (7,622,312)	\$ (7,025,355)

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

C.1.9. MANAGED HEALTH CARE - PHARMACY				
Method of Finance	<u>TTUHSC</u>	<u>UTMB</u>	<u>Total</u>	
TDCJ Appropriation	\$ 3,181,092	\$ 11,470,125	\$	14,651,217
State Reimbursement Benefits	\$ 16,199	\$ 251,069	\$	267,268
Other Misc Revenue	\$ -	\$ 17,991	\$	17,991
TOTAL METHOD OF FINANCE	\$ 3,197,291	\$ 11,739,185	\$	14,936,476
Expenditures:				
Managed Health Care - Pharmacy				
Salaries	\$ 492,527	\$ 1,613,342	\$	2,105,869
Benefits	\$ 18,064	\$ 529,339	\$	547,403
Other Operating Expenses	\$ 56,842	\$ 333,544	\$	390,386
Pharmaceutical Purchases	\$ 2,352,420	\$ 8,815,497	\$	11,167,917
Travel	\$ 2,626	\$ 5,977	\$	8,603
Capitalized Equipment	\$ -	\$ 62,686	\$	62,686
Subtotal, Managed Health Care - Pharmacy Expenditures	\$ 2,922,479	\$ 11,360,385	\$	14,282,864
Indirect Expenditures (Shared Services)	\$ 111,338	\$ 417,596	\$	528,934
TOTAL EXPENDITURES	\$ 3,033,817	\$ 11,777,981	\$	14,811,798
DIFFERENCE	\$ 163,474	\$ (38,796)	\$	124,678

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

Key Population Indicators

	<u>September</u>	<u>October</u>	<u>November</u>	<u>1st Quarter</u>
Average Service Population				
UTMB Service Population	118,275	118,359	118,642	118,425
TTUHSC Service Population	31,523	31,478	31,137	31,379
Average Service Population	149,798	149,837	149,779	149,804
Population Age 55 and Over				
UTMB Population	13,197	13,237	13,370	13,268
TTUHSC Population	2,624	2,620	2,620	2,621
Population Age 55 and Over	15,821	15,857	15,990	15,889
HIV Population	2,166	2,175	2,173	2,171
Medical Inpatient Average Daily Census				
UTMB-Hospital Galveston	76	76	74	75
UTMB Freeworld Hospitals	42	36	44	41
TTUHSC Freeworld Hospitals	6	6	9	7
Medical Inpatient Average Daily Census	124	118	127	123
Medical Outpatient Visits				
UTMB Specialty Clinics and ER Visits	6,874	7,526	5,669	6,690
TTUHSC Freeworld Outpatient and ER Visits	865	991	1,293	1,050
Medical Outpatient Visits	7,739	8,517	6,962	7,740
Mental Health Inpatient Average Census				
UTMB Psychiatric Inpatient	1,020	1,026	1,015	1,020
TTUHSC Psychiatric Inpatient	856	866	837	853
Mental Health Inpatient Average Census	1,876	1,892	1,852	1,873
Mental Health Outpatient Average Census				
UTMB Psychiatric Outpatient	16,404	16,749	14,488	15,880
TTUHSC Psychiatric Outpatient	4,051	4,055	3,177	3,761
Mental Health Outpatient Average Census	20,455	20,804	17,665	19,641

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

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

Texas Tech University Health Sciences Center						
STRATEGY	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Total TTUHSC	Annual Projection 12/29/2014
REVENUE:						
TDCJ Appropriation	\$ 24,297,967	\$ -	\$ -	\$ -	\$ 24,297,967	\$ 97,458,880
State Reimbursement Benefits	\$ 2,467,421	\$ -	\$ -	\$ -	\$ 2,467,421	\$ 9,869,684
Other Misc Revenue	\$ 507	\$ -	\$ -	\$ -	\$ 507	\$ 2,028
TOTAL REVENUES	\$ 26,765,895	\$ -	\$ -	\$ -	\$ 26,765,895	\$ 107,330,592

C.1.7. UNIT & PSYCHIATRIC CARE						
EXPENDITURES:						
Unit Care Expenditures						
Salaries	\$ 4,626,593	\$ -	\$ -	\$ -	\$ 4,626,593	\$ 18,506,372
Benefits	\$ 1,334,719	\$ -	\$ -	\$ -	\$ 1,334,719	\$ 5,338,876
Other Operating Expenses	\$ 457,788	\$ -	\$ -	\$ -	\$ 457,788	\$ 1,940,025
Professional Services	\$ 571,476	\$ -	\$ -	\$ -	\$ 571,476	\$ 2,285,904
Contracted Units/Services	\$ 4,082,917	\$ -	\$ -	\$ -	\$ 4,082,917	\$ 16,331,668
Travel	\$ 46,546	\$ -	\$ -	\$ -	\$ 46,546	\$ 186,184
Electronic Medicine	\$ 94,496	\$ -	\$ -	\$ -	\$ 94,496	\$ 380,631
Capitalized Equipment	\$ 417,398	\$ -	\$ -	\$ -	\$ 417,398	\$ 814,550
Estimated IBNR	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subtotal, Unit Care Expenditures	\$ 11,631,933	\$ -	\$ -	\$ -	\$ 11,631,933	\$ 45,784,210
Psychiatric Care Expenditures						
Salaries	\$ 2,735,982	\$ -	\$ -	\$ -	\$ 2,735,982	\$ 11,225,178
Benefits	\$ 743,109	\$ -	\$ -	\$ -	\$ 743,109	\$ 2,972,436
Other Operating Expenses	\$ 28,437	\$ -	\$ -	\$ -	\$ 28,437	\$ 113,748
Professional Services	\$ 159,879	\$ -	\$ -	\$ -	\$ 159,879	\$ 639,516
Travel	\$ 10,121	\$ -	\$ -	\$ -	\$ 10,121	\$ 40,484
Estimated IBNR	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subtotal, Psychiatric Care Expenditures	\$ 3,677,528	\$ -	\$ -	\$ -	\$ 3,677,528	\$ 14,991,362
Total Expenditures, Unit & Psychiatric Care	\$ 15,309,461	\$ -	\$ -	\$ -	\$ 15,309,461	\$ 60,775,572

C.1.8. HOSPITAL & CLINICAL CARE						
EXPENDITURES:						
University Professional Services	\$ 266,250	\$ -	\$ -	\$ -	\$ 266,250	\$ 1,065,000
Freeworld Provider Services	\$ 3,047,684	\$ -	\$ -	\$ -	\$ 3,047,684	\$ 15,935,000
TTUHSC Western Regional Medical Facility & UTMB Hospital Galveston Hospital Services	\$ 3,142,214	\$ -	\$ -	\$ -	\$ 3,142,214	\$ 12,568,856
Estimated IBNR	\$ 936,065	\$ -	\$ -	\$ -	\$ 936,065	\$ -
Total Expenditures, Hospital & Clinical Care	\$ 7,392,213	\$ -	\$ -	\$ -	\$ 7,392,213	\$ 29,568,856

C.1.9. MANAGED HEALTH CARE PHARMACY						
EXPENDITURES:						
Salaries	\$ 492,527	\$ -	\$ -	\$ -	\$ 492,527	\$ 1,970,108
Benefits	\$ 18,064	\$ -	\$ -	\$ -	\$ 18,064	\$ 72,256
Other Operating Expenses	\$ 56,842	\$ -	\$ -	\$ -	\$ 56,842	\$ 227,368
Pharmaceutical Purchases	\$ 2,352,420	\$ -	\$ -	\$ -	\$ 2,352,420	\$ 9,409,680
Travel	\$ 2,626	\$ -	\$ -	\$ -	\$ 2,626	\$ 10,504
Capitalized Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Estimated IBNR	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Expenditures, Managed Health Care Pharmacy	\$ 2,922,479	\$ -	\$ -	\$ -	\$ 2,922,479	\$ 11,689,916

Indirect Expenditures (Shared Services)	\$ 850,429	\$ -	\$ -	\$ -	\$ 850,429	\$ 3,411,062
--	-------------------	-------------	-------------	-------------	-------------------	---------------------

TOTAL EXPENDITURES	\$ 26,474,582	\$ -	\$ -	\$ -	\$ 26,474,582	\$ 105,445,406
---------------------------	----------------------	-------------	-------------	-------------	----------------------	-----------------------

DIFFERENCE	\$ 291,313	\$ -	\$ -	\$ -	\$ 291,313	\$ 1,885,186
-------------------	-------------------	-------------	-------------	-------------	-------------------	---------------------

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

University of Texas Medical Branch						
STRATEGY	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Total UTMB	Annual Projection 12/23/2014
REVENUE:						
TDCJ Appropriation	\$ 96,793,463	\$ -	\$ -	\$ -	\$ 96,793,463	\$ 388,237,519
State Reimbursement Benefits	\$ 11,015,593	\$ -	\$ -	\$ -	\$ 11,015,593	\$ 45,893,905
Other Misc Revenue	\$ 39,221	\$ -	\$ -	\$ -	\$ 39,221	\$ 157,315
TOTAL REVENUES	\$ 107,848,277	\$ -	\$ -	\$ -	\$ 107,848,277	\$ 434,288,739

C.1.7. UNIT & PSYCHIATRIC CARE						
EXPENDITURES:						
Unit Care Expenditures						
Salaries	\$ 34,618,360	\$ -	\$ -	\$ -	\$ 34,618,360	\$ 140,392,475
Benefits	\$ 10,683,907	\$ -	\$ -	\$ -	\$ 10,683,907	\$ 44,970,026
Other Operating Expenses	\$ 4,639,090	\$ -	\$ -	\$ -	\$ 4,639,090	\$ 19,859,429
Professional Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Contracted Units/Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Travel	\$ 198,460	\$ -	\$ -	\$ -	\$ 198,460	\$ 868,841
Electronic Medicine	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Capitalized Equipment	\$ 101,492	\$ -	\$ -	\$ -	\$ 101,492	\$ 1,800,000
Estimated IBNR	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subtotal, Unit Care Expenditures	\$ 50,241,309	\$ -	\$ -	\$ -	\$ 50,241,309	\$ 207,890,771
Psychiatric Care Expenditures						
Salaries	\$ 6,012,366	\$ -	\$ -	\$ -	\$ 6,012,366	\$ 23,554,022
Benefits	\$ 1,494,287	\$ -	\$ -	\$ -	\$ 1,494,287	\$ 5,853,388
Other Operating Expenses	\$ 54,902	\$ -	\$ -	\$ -	\$ 54,902	\$ 219,606
Professional Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Travel	\$ 41,880	\$ -	\$ -	\$ -	\$ 41,880	\$ 167,519
Estimated IBNR	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subtotal, Psychiatric Care Expenditures	\$ 7,603,435	\$ -	\$ -	\$ -	\$ 7,603,435	\$ 29,794,535
Total Expenditures, Unit & Psychiatric Care	\$ 57,844,744	\$ -	\$ -	\$ -	\$ 57,844,744	\$ 237,685,306

C.1.8. HOSPITAL & CLINICAL CARE						
EXPENDITURES:						
University Professional Services	\$ 4,890,095	\$ -	\$ -	\$ -	\$ 4,890,095	\$ 19,796,998
Freeworld Provider Services	\$ 4,583,866	\$ -	\$ -	\$ -	\$ 4,583,866	\$ 48,349,503
TTUHSC Western Regional Medical Facility & UTMB Hospital Galveston Hospital Services	\$ 24,610,212	\$ -	\$ -	\$ -	\$ 24,610,212	\$ 104,111,290
Estimated IBNR	\$ 6,865,637	\$ -	\$ -	\$ -	\$ 6,865,637	\$ -
Total Expenditures, Hospital & Clinical Care	\$ 40,949,810	\$ -	\$ -	\$ -	\$ 40,949,810	\$ 172,257,791

C.1.9. MANAGED HEALTH CARE PHARMACY						
EXPENDITURES:						
Salaries	\$ 1,613,342	\$ -	\$ -	\$ -	\$ 1,613,342	\$ 6,471,127
Benefits	\$ 529,339	\$ -	\$ -	\$ -	\$ 529,339	\$ 2,123,182
Other Operating Expenses	\$ 333,544	\$ -	\$ -	\$ -	\$ 333,544	\$ 1,330,635
Pharmaceutical Purchases	\$ 8,815,497	\$ -	\$ -	\$ -	\$ 8,815,497	\$ 38,509,026
Travel	\$ 5,977	\$ -	\$ -	\$ -	\$ 5,977	\$ 28,000
Capitalized Equipment	\$ 62,686	\$ -	\$ -	\$ -	\$ 62,686	\$ 400,000
Estimated IBNR	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Expenditures, Managed Health Care Pharmacy	\$ 11,360,385	\$ -	\$ -	\$ -	\$ 11,360,385	\$ 48,861,970

Indirect Expenditures (Shared Services)	\$ 4,049,186	\$ -	\$ -	\$ -	\$ 4,049,186	\$ 15,164,316
--	---------------------	-------------	-------------	-------------	---------------------	----------------------

TOTAL EXPENDITURES	\$ 114,204,125	\$ -	\$ -	\$ -	\$ 114,204,125	\$ 473,969,383
---------------------------	-----------------------	-------------	-------------	-------------	-----------------------	-----------------------

DIFFERENCE	\$ (6,355,848)	\$ -	\$ -	\$ -	\$ (6,355,848)	\$ (39,680,644)
-------------------	-----------------------	-------------	-------------	-------------	-----------------------	------------------------

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

Combined Total						
STRATEGY	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Combined Total	Annual Projection
REVENUE:						
TDCJ Appropriation	\$ 121,091,430	\$ -	\$ -	\$ -	\$ 121,091,430	\$ 485,696,399
State Reimbursement Benefits	\$ 13,483,014	\$ -	\$ -	\$ -	\$ 13,483,014	\$ 55,763,589
Other Misc Revenue	\$ 39,728	\$ -	\$ -	\$ -	\$ 39,728	\$ 159,343
TOTAL REVENUES	\$ 134,614,172	\$ -	\$ -	\$ -	\$ 134,614,172	\$ 541,619,331

C.1.7. UNIT & PSYCHIATRIC CARE						
EXPENDITURES:						
Unit Care Expenditures						
Salaries	\$ 39,244,953	\$ -	\$ -	\$ -	\$ 39,244,953	\$ 158,898,847
Benefits	\$ 12,018,626	\$ -	\$ -	\$ -	\$ 12,018,626	\$ 50,308,902
Other Operating Expenses	\$ 5,096,878	\$ -	\$ -	\$ -	\$ 5,096,878	\$ 21,799,454
Professional Services	\$ 571,476	\$ -	\$ -	\$ -	\$ 571,476	\$ 2,285,904
Contracted Units/Services	\$ 4,082,917	\$ -	\$ -	\$ -	\$ 4,082,917	\$ 16,331,668
Travel	\$ 245,006	\$ -	\$ -	\$ -	\$ 245,006	\$ 1,055,025
Electronic Medicine	\$ 94,496	\$ -	\$ -	\$ -	\$ 94,496	\$ 380,631
Capitalized Equipment	\$ 518,890	\$ -	\$ -	\$ -	\$ 518,890	\$ 2,614,550
Estimated IBNR	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subtotal, Unit Care Expenditures	\$ 61,873,242	\$ -	\$ -	\$ -	\$ 61,873,242	\$ 253,674,981
Psychiatric Care Expenditures						
Salaries	\$ 8,748,348	\$ -	\$ -	\$ -	\$ 8,748,348	\$ 34,779,200
Benefits	\$ 2,237,396	\$ -	\$ -	\$ -	\$ 2,237,396	\$ 8,825,824
Other Operating Expenses	\$ 83,339	\$ -	\$ -	\$ -	\$ 83,339	\$ 333,354
Professional Services	\$ 159,879	\$ -	\$ -	\$ -	\$ 159,879	\$ 639,516
Travel	\$ 52,001	\$ -	\$ -	\$ -	\$ 52,001	\$ 208,003
Estimated IBNR	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subtotal, Psychiatric Care Expenditures	\$ 11,280,963	\$ -	\$ -	\$ -	\$ 11,280,963	\$ 44,785,897
Total Expenditures, Unit & Psychiatric Care	\$ 73,154,205	\$ -	\$ -	\$ -	\$ 73,154,205	\$ 298,460,878

C.1.8. HOSPITAL & CLINICAL CARE						
EXPENDITURES:						
University Professional Services	\$ 5,156,345	\$ -	\$ -	\$ -	\$ 5,156,345	\$ 20,861,998
Freeworld Provider Services	\$ 7,631,550	\$ -	\$ -	\$ -	\$ 7,631,550	\$ 64,284,503
TTUHSC Western Regional Medical Facility & UTMB Hospital Galveston Hospital Services	\$ 27,752,426	\$ -	\$ -	\$ -	\$ 27,752,426	\$ 116,680,146
Estimated IBNR	\$ 7,801,702	\$ -	\$ -	\$ -	\$ 7,801,702	\$ -
Total Expenditures, Hospital & Clinical Care	\$ 48,342,023	\$ -	\$ -	\$ -	\$ 48,342,023	\$ 201,826,647

C.1.9. MANAGED HEALTH CARE PHARMACY						
EXPENDITURES:						
Salaries	\$ 2,105,869	\$ -	\$ -	\$ -	\$ 2,105,869	\$ 8,441,235
Benefits	\$ 547,403	\$ -	\$ -	\$ -	\$ 547,403	\$ 2,195,438
Other Operating Expenses	\$ 390,386	\$ -	\$ -	\$ -	\$ 390,386	\$ 1,558,003
Pharmaceutical Purchases	\$ 11,167,917	\$ -	\$ -	\$ -	\$ 11,167,917	\$ 47,918,706
Travel	\$ 8,603	\$ -	\$ -	\$ -	\$ 8,603	\$ 38,504
Capitalized Equipment	\$ 62,686	\$ -	\$ -	\$ -	\$ 62,686	\$ 400,000
Estimated IBNR	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Expenditures, Managed Health Care Pharmacy	\$ 14,282,864	\$ -	\$ -	\$ -	\$ 14,282,864	\$ 60,551,886

Indirect Expenditures (Shared Services)	\$ 4,899,615	\$ -	\$ -	\$ -	\$ 4,899,615	\$ 18,575,378
--	---------------------	-------------	-------------	-------------	---------------------	----------------------

TOTAL EXPENDITURES	\$ 140,678,707	\$ -	\$ -	\$ -	\$ 140,678,707	\$ 579,414,789
---------------------------	-----------------------	-------------	-------------	-------------	-----------------------	-----------------------

DIFFERENCE	\$ (6,064,535)	\$ -	\$ -	\$ -	\$ (6,064,535)	\$ (37,795,458)
-------------------	-----------------------	-------------	-------------	-------------	-----------------------	------------------------

Note: The FY2015 amounts shown above do not reflect a potential transfer of funds into FY2014, as approved by the Legislative Budget Board on January 5, 2015. Upon UTMB's completion and submission of their FY2014 hospital cost report, TDCJ will make the required transfer, up to the approved not-to-exceed amount, and make the necessary adjustments to FY2015.

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

As of February 2015

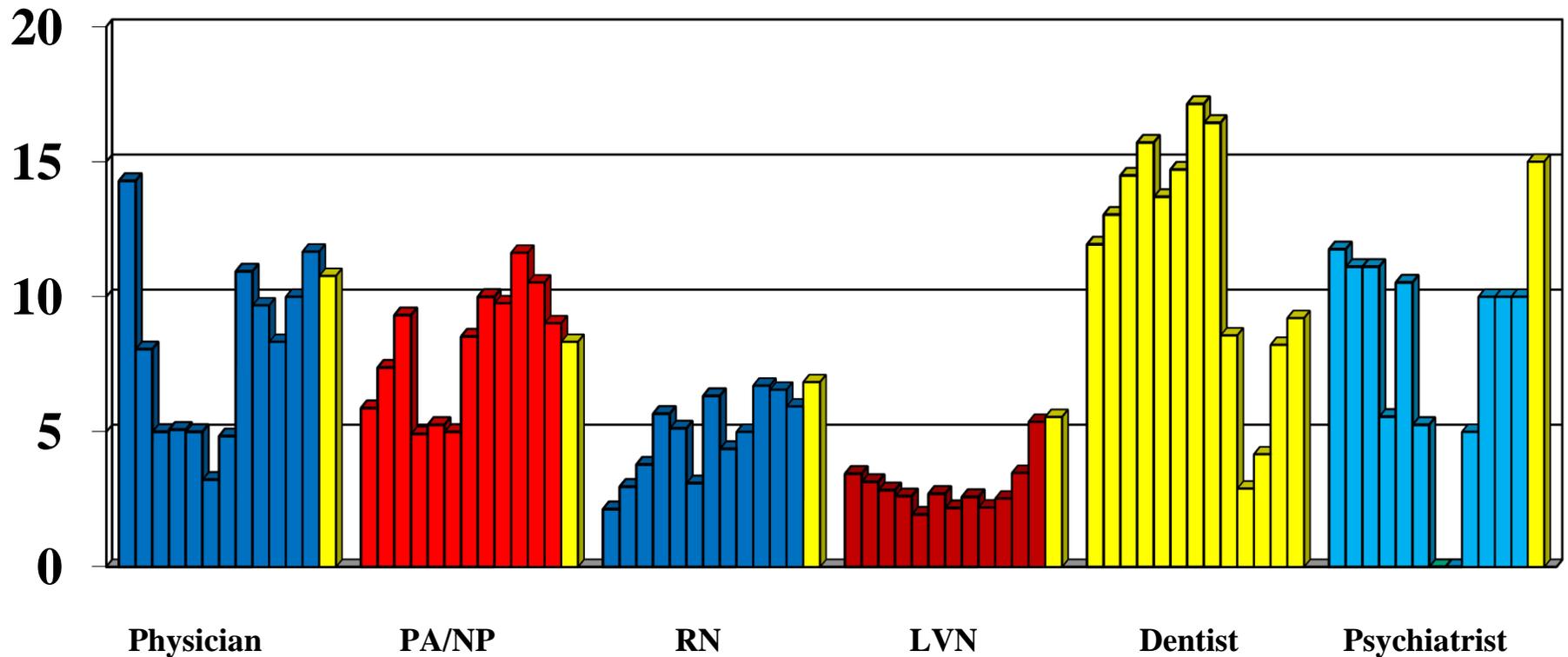
Title of Position	CMHCC Partner Agency	Vacant Since (mm/yyyy)	Actions Taken to Fill Position
Director III-Chief Nursing Officer	TDCJ	08/01/2014	The position posting has been extended.
Health Specialist V-Intelligence Testing	TDCJ	New Position	The position posting closed 02/27/2015, applications are under review.
Health Specialist V-Office of Mental Health Monitoring and Liaison	TDCJ	12/15/2014	The position posting closed 02/27/2015, applications are under review.
Medical Director - Smith Unit	TTUHSC CMC	07/2012	Continued advertisement in local, regional and national publications; Expanded Recruiting Agency utilization, GME programs, internet advertising
Medical Director - Clements Unit	TTUHSC CMC	04/2014	Continued advertisement in local, regional and national publications; Expanded Recruiting Agency utilization, GME programs, internet advertising
Physician I-II (5)	UTMB CMC	08/01/2014	Local and National Advertising, TAFP [‡] , NCCHC [†] Conferences, ACA Conference and Agency Contacts
Mid Level Practitioners (PA and FNP) (11)	UTMB CMC	08/01/2014	Local and National Advertising, Career Fairs, TAPA [#] and TNP Conferences, Intern Programs
Psychiatrist (2)	UTMB CMC	05/01/2014	Local and National Advertising, NCCHC [†] Conferences, TSPP ^Δ , Agency Contacts
Dentists (5)	UTMB CMC	08/01/2014	Local and National Advertising, Star of the South Conference

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

University Vacancy Rate Report
by Quarter FY 2013 - 2015

University of Texas Medical Branch

UTMB Vacancy Rates (%) by Quarter FY2012 – FY2015



*Correctional Managed
Health Care*

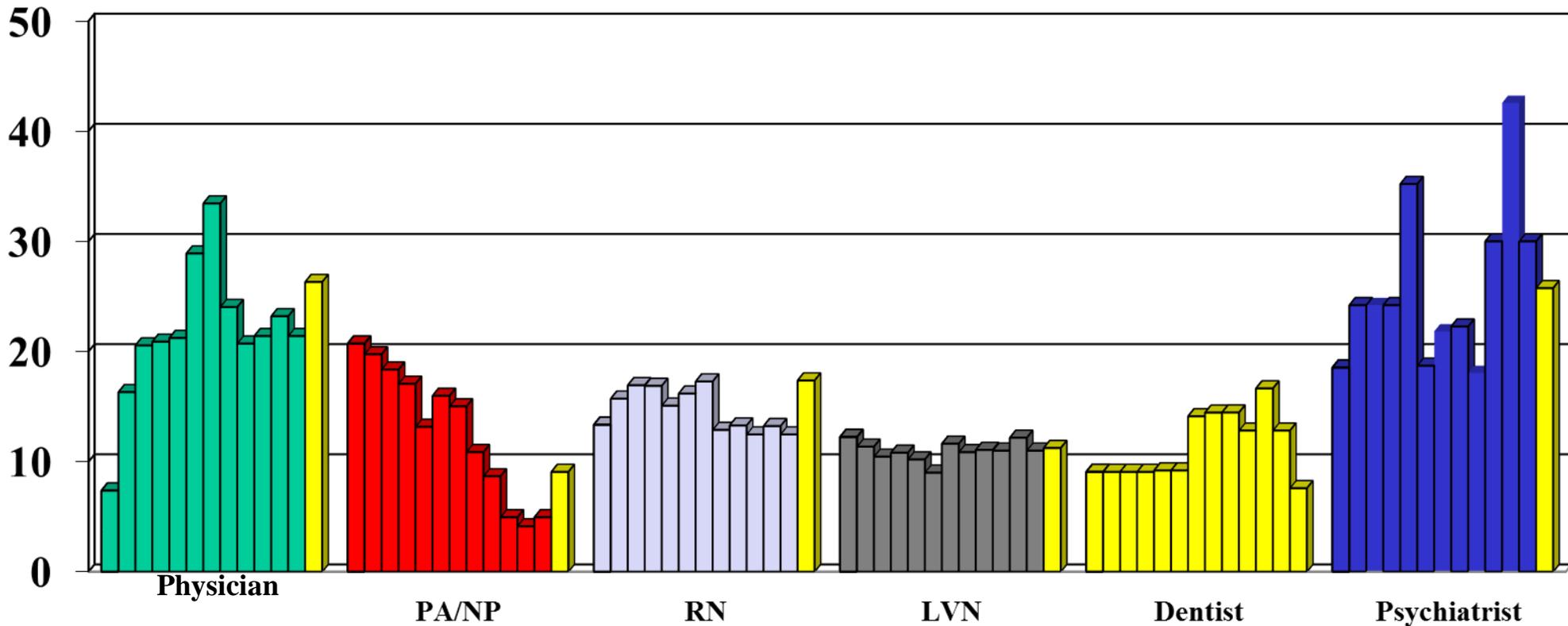


TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER

University Vacancy Rate Report by Quarter FY 2013 - 2015

Texas Tech University
Health Sciences Center

TTUHSC Vacancy Rates (%) by Quarter FY2012 - FY2014

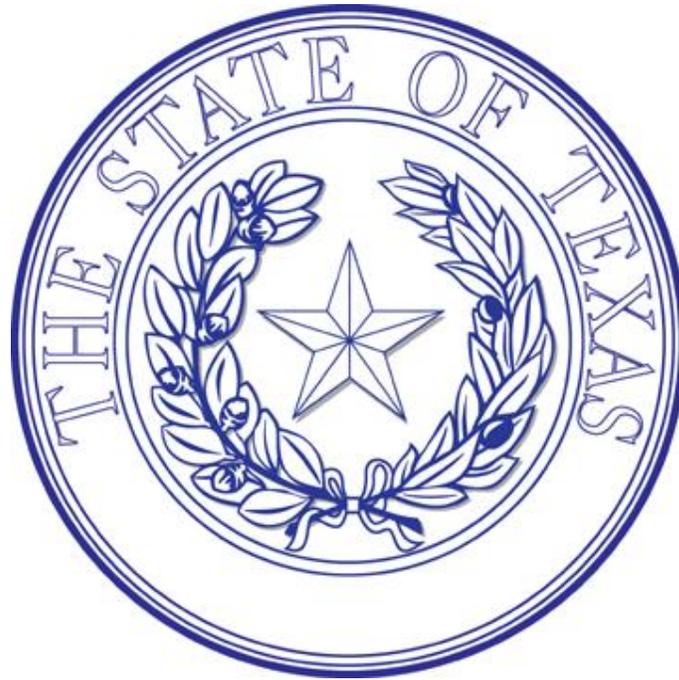


Correctional Managed

Health Care



TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER



**TEXAS DEPARTMENT OF
CRIMINAL JUSTICE**

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

First Quarter FY 2015

Lannette Linthicum, MD, CCHP-A, FACP

TDCJ Medical Directors' Report

Office of Health Services Monitoring (OHSM)

Operational Review Audit (ORA)

- During the First Quarter of Fiscal Year (FY) 2015 (September, October and November) nine Operational Review Audits (ORAs) were conducted at the following facilities: Cleveland, Daniel, Ramsey, Roach Intermediate Sanction Facility (ISF), Rudd, San Saba, Smith, Stringfellow, and Vance. During the First Quarter of FY 2015, 15 ORAs were closed for the following facilities: Bridgeport Pre-Parole Transfer (PPT), Daniel, Formby, Garza East, Garza West, Hamilton, Hobby, McConnell, Marlin, Polunsky, Rudd, Stevenson, Wallace, Ware and Wheeler.
- The following is a summary of the seven items found to be most frequently less than 80% compliant in the nine Operational Review Audits conducted in the First Quarter of FY 2015:
 1. Item **6.040** require offenders receiving anti-tuberculosis medication at the facility have a Tuberculosis Patient Monitoring Record (HSM-19) completed. Nine of the nine facilities were not in compliance with this requirement. The nine facilities out of compliance were: Cleveland, Daniel, Ramsey, Roach ISF, Rudd, San Saba, Smith, Stringfellow and Vance. Corrective actions were requested from the nine facilities. At the time of this report, three facilities have returned their corrective action plan: Daniel, Rudd and San Saba. Six facilities are preparing facility-specific corrective actions to ensure future compliance: Cleveland, Ramsey, Roach ISF, Smith, Stringfellow and Vance.
 2. Item **6.380** requires the pneumococcal vaccine be offered to offenders with certain chronic diseases and conditions*, and all offenders 65 years of age or older. Vaccinations are to be documented on the Abstract of Immunizations Form (HSM-2) when administered. If the vaccination is refused, the refusal should be documented with a signed Refusal of Treatment Form (HSM-82). Five of the nine facilities were not in compliance with this requirement. The five facilities out of compliance were: Cleveland, Daniel, Roach ISF, San Saba and Vance. Corrective actions were requested from the five facilities. At the time of this report, two facilities have returned their corrective action plan: Daniel and San Saba. Three facilities are preparing facility-specific corrective actions to ensure future compliance: Cleveland, Roach ISF and Vance.

**Diseases and conditions for which the pneumococcal vaccine is indicated: heart disease, Emphysema, Chronic Obstructive Pulmonary Disease (COPD), Diabetes, Splenic Dysfunction, Anatomic Asplenia, Human Immunodeficiency Virus(HIV) infection, most cancers, Sickle Cell Disorder, Cirrhosis, alcoholism, Renal Failure, and Cerebral Spinal Fluid leaks. (Note: Asthma is not included unless it is associated with COPD, Emphysema or long-term systemic steroid use).*
 3. Item **1.100** requires interpreter services to be arranged and documented in the medical record for monolingual Spanish-speaking offenders. Four of the nine facilities were not in compliance with this requirement. The four facilities out of compliance were: Cleveland, Ramsey, Roach ISF and San Saba. Corrective actions were requested from the four facilities. At the time of this report, one facility has returned their corrective action plan: San Saba. Three facilities are preparing facility-specific corrective actions to ensure future compliance: Cleveland, Ramsey and Roach ISF.
 4. Item **4.125** requires the Mental Health Individual Treatment Plan include a diagnosis and treatment goal for offenders receiving mental health services from a Qualified Mental Health Professional. Four of the nine facilities were not in compliance with this requirement. The four facilities out of

Operational Review Audit (Continued)

compliance were: Daniel, Ramsey, Roach ISF and Stringfellow. Corrective actions were requested from the four facilities. At the time of this report, one facility has returned their corrective action plan: Daniel. Three facilities are preparing facility-specific corrective actions to ensure future compliance: Ramsey, Roach ISF and Stringfellow.

5. Item **5.111** requires intra-system medical transfers returning to the facility have HSN-1 Nursing Incoming Chain Reviews (Sections III and IV) completed within the required time frame of the offender's arrival. Four of the nine facilities were not in compliance with this requirement. The four facilities out of compliance were: Ramsey, San Saba, Smith and Vance. Corrective actions were requested from the four facilities. At the time of this report, one facility has returned their corrective action plan: San Saba. Three facilities are preparing facility-specific corrective actions to ensure future compliance: Ramsey, Smith and Vance.
6. Item **5.210** requires an annual physical exam for offenders 50 years of age or greater to be documented in the medical record within 30 days of their annual date of incarceration. Four of the nine facilities were not in compliance with this requirement. The four facilities out of compliance were: Ramsey, San Saba, Smith and Stringfellow. Corrective actions were requested from the four facilities. At the time of this report, one facility has returned their corrective action plan: San Saba. Three facilities are preparing facility-specific corrective actions to ensure future compliance: Ramsey, Smith and Stringfellow.
7. Item **6.020** requires offenders with a positive tuberculin skin test be evaluated for active disease or the need for chemoprophylaxis by a physician or mid-level practitioner before initiation of medication. Four of the nine facilities were not in compliance with this requirement. The four facilities out of compliance were: Daniel, Smith, Stringfellow and Vance. Corrective actions were requested from the four facilities. At the time of this report, one facility has returned their corrective action plan: Daniel. Three facilities are preparing facility-specific corrective actions to ensure future compliance: Smith, Stringfellow and Vance.

Capital Assets Monitoring

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

Grievances and Patient Liaison Correspondence

During the First Quarter of FY 2015, the Patient Liaison Program (PLP) and the Step II Medical Grievance Program received **3,105** correspondences: The PLP received **1,646** and Step II Medical Grievance received **1,459**. There were **400** Action Requests generated by the Patient Liaison and the Step II Medical Grievance Programs.

The University of Texas Medical Branch (UTMB) and Texas Tech University Health Sciences Center (TTUHSC) *overall* combined percentage of sustained offender medical grievances closed in the First Quarter FY 2015 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 nine percent and **five** percent for TTUHSC for the First Quarter of FY 2015.

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

Quality Improvement (QI) Access to Care Audit

During the First Quarter of FY 2015, the PLP nurses and investigators performed 37 Sick Call Request Verification audits (SCRVA) on 37 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 **288** indicators were reviewed at the **37** facilities and **26** of the indicators fell below the **80** percent compliance threshold representing **nine** percent. The discipline composite score (medical/nursing, dental, and mental health) is an overall assessment of compliance with the sick call process of the **37** facilities audited. There were seven units with one or more discipline composite scores below 80. Corrective action has been requested from these facilities. At each unit, OPS staff continued educating the Health Care staff on methodology.

Office of Public Health

The Public Health Program monitors cases of infectious diseases in newly incarcerated offenders as well as new cases that occur in the offenders within the TDCJ population. The data is reported by the facilities for 11 infectious conditions including Syphilis, Hepatitis C Virus (HCV), Human Immunodeficiency Virus (HIV), and Tuberculosis (TB) as well as the data for occupational exposures to bloodborne pathogens. Year-to-date figures for a disease may differ from the monthly report totals due to late reporting or to a determination that some previously reported 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 **806** cases of Hepatitis C identified for the First Quarter FY 2015, compared to **817** cases identified during the Fourth Quarter 2014. The reporting mechanism for HIV tests was changed effective February 1, 2010. HIV tests are now to be classified as belonging to one of four categories: intake, offender-requested, provider requested, or pre-release. HIV testing became mandatory at intake in July 2007. However, offenders who are already known to be HIV positive are not required to be retested at intake. Instead, they are offered laboratory testing to assess the severity of their infections. HIV testing became mandatory for pre-release in September 2005 (HB 43). Pre-release testing generally occurs during the last six months of incarceration. Two categories of offenders do not require pre-release testing: those already known to be HIV positive and those whose intake test were drawn within six months of an offender's release date. During the First Quarter FY 2015, **16,543** offenders had intake tests, and **115** are newly identified as having HIV infections. For the Fourth Quarter FY 2014, **22,429** offenders had intake tests and **91** were HIV positive. During the First Quarter FY 2015, **9,306** offenders had pre-release tests; there were five found to be HIV positive compared to **one** in the Fourth Quarter FY 2014. **Five** new AIDS cases were identified during the First Quarter FY 2015, compared to **19** new AIDS cases in the Fourth Quarter FY 2014.
- **197** cases of suspected Syphilis were reported in the First Quarter FY 2015, compared to **162** in the Fourth Quarter FY 2014. **33** required treatment or retreatment compared to **14** in the Fourth Quarter FY 2014. Syphilis can take months to identify, these figures represent an overestimation of actual number of cases. Some of the suspected cases will later be reclassified as resolved prior infections.
- **208** Methicillin-Resistant Staphylococcus Aureus (MRSA) cases were reported for the First Quarter FY 2015, compared to **200** during the Fourth Quarter of FY 2014. **158** Methicillin-Sensitive Staphylococcus Aureus (MSSA) cases were reported for the Fourth Quarter of FY 2014 compared to **143** for the Fourth Quarter of FY 2015. Numbers of both MRSA and MSSA have been fluctuating for the last few years.

Office of Public Health (Continued)

- There was an average of **14** Tuberculosis (TB) cases under management for the First Quarter FY 2015, compared to an average of **17** TB cases for the Fourth Quarter of FY 2014. Although TB numbers often fluctuate significantly from year to year, there has been a slight increase in the numbers of offenders with TB.
- In FY 2006, the Office of Public Health began reporting the activities of the Sexual Assault Nurse Examiner (SANE) Coordinator. This position collaborates with the Safe Prisons Program and is trained and certified as a SANE. Although the SANE Coordinator does not teach the SANE Curriculum because of restrictions imposed by the State Attorney General's Office, this person provides inservice training to facility staff in the performance of medical examination, evidence collection and documentation, and use of the sexual assault kits. During the First Quarter FY 2015, **21** training sessions were held and **288** 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 **187** chart reviews of alleged sexual assaults performed for the First Quarter FY 2015. There were no deficiencies found this quarter. Blood-borne exposure baseline labs were drawn on **70** exposed offenders. To date, no offenders have tested positive for HIV in follow-up labs routinely obtained after the report of sexual assault but were negative on previous labs; therefore not a true sero-conversion.
- During the First Quarter FY-2015, **one** unit received a two day training which included the Wall Talk Training and **five** units received a two day training which included the Somebody Cares Training. As of the close of the quarter, **100** of the **109** facilities housing Correctional Institutions Division offenders had active peer education programs. During the First Quarter FY2015, **142** offenders trained to become peer educators. This is a decrease from the **233** offenders in the Fourth Quarter FY2014 report. During the First Quarter FY2015, **19,426** offenders attended the classes presented by peer educators. This is an increase from the Fourth Quarter FY-2014 of **18,054**.

Mortality and Morbidity

There were 99 deaths reviewed by the Mortality and Morbidity Committee during the months of September, October, and November 2014. Of those 99 deaths, seven were referred to peer review committees.

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

Peer Review Committee	Number of Cases Referred
Provider & Nursing Peer Review	3
Provider Peer Review	1
Nursing Peer Review	2
Mental Health	1
Total	7

Office of Mental Health Services Monitoring & Liaison

The following is a summary of findings by the Office of Mental Health Monitoring & Liaison (OMHM&L) during the First Quarter of FY2015:

- The OMHM&L monitors all Administrative Segregation facilities within the TDCJ Correctional Institutions Division and State Jails once every six months. During the First Quarter of FY2015, **19** Administrative Segregation facilities were audited including: Allred, Allred ECB, Bradshaw, Clements, Cole, Connally, Darrington, Dominguez, Ellis, Hutchins, Lewis ECB, Lopez, McConnell, Mountain View, Murray, Polunsky,

Office of Mental Health Services Monitoring & Liaison (Continued)

Powledge, Ramsey and Sanchez. The OMHM&L auditors **observed 3,253 offenders, interviewed 2,754 offenders, and referred six offenders** for further evaluation by university providers.

- In addition to monitoring the mental health status of segregated offenders, the OMHM&L auditors also assess access to care (ATC) for mental health. The auditors check for timely triage (ATC 4), appropriate description of chief complaint (ATC 5), and timely provider visits after referral (ATC 6). Of the 19 units for which an Administrative Segregation audit was completed, **18 units** had sick calls to be audited for access to care compliance.
- For ATC 4, **17** of 18 units were **100%** compliant and the Bradshaw unit was **71%** compliant. For ATC 5, **16** of 18 units were **100%** compliant and the Bradshaw unit was **86%** compliant and the Powledge unit was **80%** compliant. For ATC 6, **17** of 18 units were **100%** compliant and the Bradshaw unit was **0%** compliant.
- The OMHM&L monitors all instances of administration of compelled psychoactive medication to offenders to ensure that all instances are appropriately documented. During the First Quarter FY2015, a total of **50** instances of compelled psychoactive medication administration occurred. There were 11 instances at the Montford unit, 22 instances at the Skyview unit, 16 instances at the Jester IV unit and one instance at the Clements unit. Montford, Skyview and Clements were **100%** compliant with required criteria for implementation and documentation of compelled psychoactive medication. Jester IV's compliance scores were **75%** in September, **67%** in October, and **100%** in November 2014.
- The Intake Mental Health Evaluation audit conducted by the OMHM&L is designed to provide reasonable assurance that those offenders identified as having a potential mental health need upon intake receive a Mental Health Evaluation within 14 days of identification. Of the 24 intake facilities, **23** facilities identified incoming offenders in need of Mental Health Evaluations. 15 facilities met or **exceeded 80% percent compliance** for completing Mental Health Evaluations within 14 days of identified need: Bartlett, Dominguez, Formby, Garza, Gist, Glossbrenner, Halbert, Holliday, Jester I, Johnston, Lychner, Middleton, Plane, Sayle and Travis. Eight facilities earned **compliance scores of 79% or lower**: Lindsey (75%), Woodman (67%), Byrd (53%), Roach (26%), Bradshaw (19%), Gurney (16%), Hutchins (10%) and Sanchez (0%).
- The OMHM&L reviewed the mental health records of **eight** pregnant offenders considered for the Baby and Mother Bonding Initiative (BAMBI) and determined that none of them exhibited mental health issues precluding their participation in BAMBI. It was recommended that one of the eight offenders be denied due to a Child Endangerment charge.

Office of the Health Services Liaison

- The Office of The Health Services Liaison (HSL) conducts a random audit of 10 percent of electronic medical records (EMR) of offenders discharged from hospitals and infirmaries in the TTUHSC and the UTMB sectors. In the First Quarter of FY 2015, **HSL conducted 153 hospital and 65 infirmary discharge audits.**
- Each audit determines if vital signs were recorded on the day the offender left the hospital/infirmery; if the receiving facility had medical services sufficient to meet the offender's current needs; if the medical record was reviewed by a nursing staff member and referred (if applicable) to an appropriate provider as required by policy; if the offender required unscheduled medical care related to the admitting diagnosis within the first seven days after discharge and if discharge information was available in the offender's electronic medical record within 24 hours of the offender arriving at the unit.
- Of the 153 hospital discharge audits conducted, 139 were from the UTMB Sector and **14** were from the TTUHSC sector. There were **eight** deficiencies identified for UTMB and three identified for TTUHSC. Of the infirmary discharge audits conducted, **28** were from the UTMB sector and 37 were from the TTUHSC sector. There was **one** deficiency identified from UTMB and two for TTUHSC.

Accreditation

The American Correctional Association (ACA) Winter Conference was held in Long Beach, California on February 6-11, 2015. During this conference, the following units were awarded reaccreditation by the ACA Panel of Commissioners: Briscoe/Cotulla, Cole/Moore, Gist, Jester I/III/Vance, LeBlanc, Polunsky and Smith.

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 – 22,
- Correctional Institutions Division Pending Monthly Research Projects - 4,
- Health Services Division Active Monthly Medical Research Projects - 2, and
- Health Services Division Pending Medical Research Projects - 10

Hepatitis C Policy and Program

Presented to the Correctional Managed
Health Care Committee
April 14, 2015

Correctional Managed
Health Care



TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER

Objectives

- Identify members of Joint Hepatitis C Workgroup
- Discuss rationale for policy changes
- Outline major changes in policy B-14.13.3
- Discuss cost projections
- Identify next steps and future considerations

Hepatitis C Workgroup

TDCJ Health Services	Texas Tech	UTMB CMC
<p>Carol Coglianesse, MD Physician II Quality & Contract Monitoring Workgroup Co-Chair</p>	<p>Tinsay Woreta, MD Assistant Professor Internal Medicine / Interim- Chair Gastroenterology</p>	<p>Jessica Khan, MD Director, Clinical Virology</p>
<p>Robert Williams, MD Deputy Director</p>	<p>Sheri Talley, MD Regional Medical Director</p>	<p>Monte Smith, DO Sr. Medical Director Inpatient Services</p>
<p>Chris Black-Edwards, RN, BSN Assistant Chief Nursing Officer / Director II, Infection Control</p>	<p>Ranee Lenz, PharmD Associate Professor / Chief Correctional Managed Healthcare Pharmacy Services</p>	<p>Stephanie Zepeda, PharmD Director, Pharmacy Services Workgroup Co-Chair</p>
	<p>Brenda Whitney Sr. Director Utilization Management</p>	

Notes:

Policy B-14.13.3 approved by the Joint Infection Control Committee 2/12/15.

Hepatitis C disease management guideline approved by the Joint Pharmacy & Therapeutics Committee 1/8/15.

Rationale for Policy Changes

- Standard of care for chronic hepatitis C has changed due to approval of direct acting antivirals (DAAs)
 - Victrelis[®] (boceprevir) & Incivek[®] (telaprevir) in 2011
 - Sovaldi[®] (sofosbuvir) & Olysio[®] (simeprevir) in 2013
 - Harvoni[®] (ledipasvir/sofosbuvir) & Viekira Pak[®] (ombitasvir, paritaprevir, and ritonavir tablets; dasabuvir tablets) in 2014
- National guideline was updated in response to the new drug approvals and no longer recommends¹⁻²
 - Dual therapy with peginterferon plus ribavirin
 - Triple therapy with boceprevir or telaprevir
- New therapies represent a significant advancement in treatment with overall response rates of 95% or higher in most cases, shorter durations, and better tolerability
- Other DAAs are in development and are expected to be released in the near future resulting in changes to treatment standards over the next several years

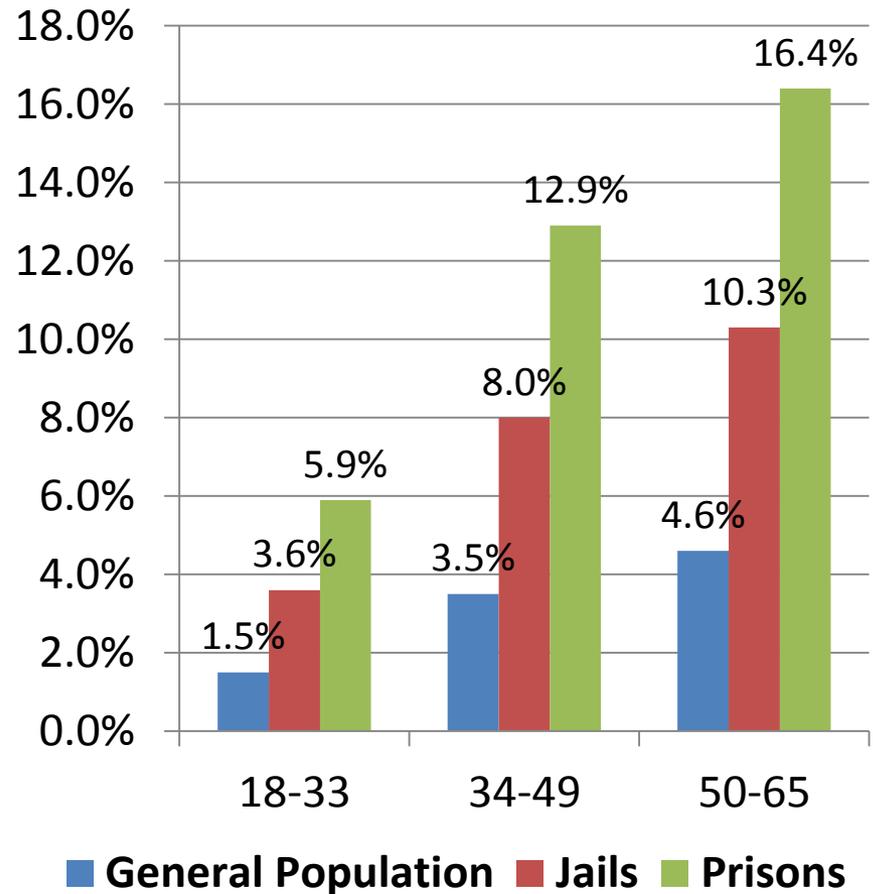
Rationale for Treatment

Chronic hepatitis C is a significant healthcare problem

- 2.7 to 3.9 million people are living with chronic hepatitis C in the United States³

High burden of hepatitis in US prisons

- Prisoners get hepatitis C more frequently than the general population
- Prevalence increases with increasing age



Rationale for Treatment

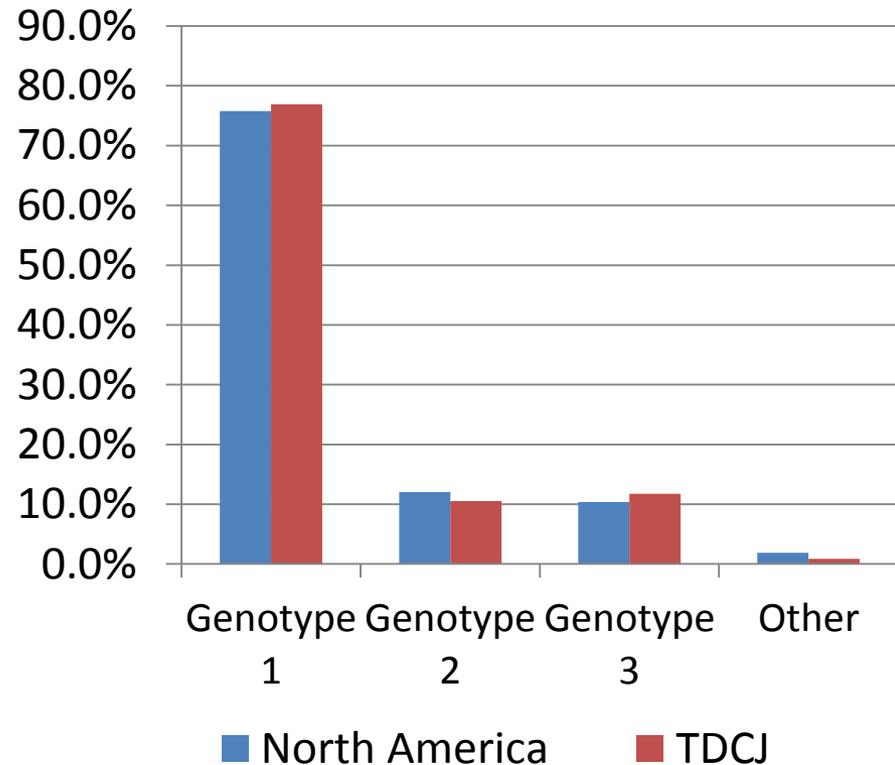
High Burden of Hepatitis in Texas Prisons

Prevalence rates

- General US population 1-1.5%⁵
- TDCJ population 12.3%

Majority of patients have genotype 1

Genotype Distribution⁶

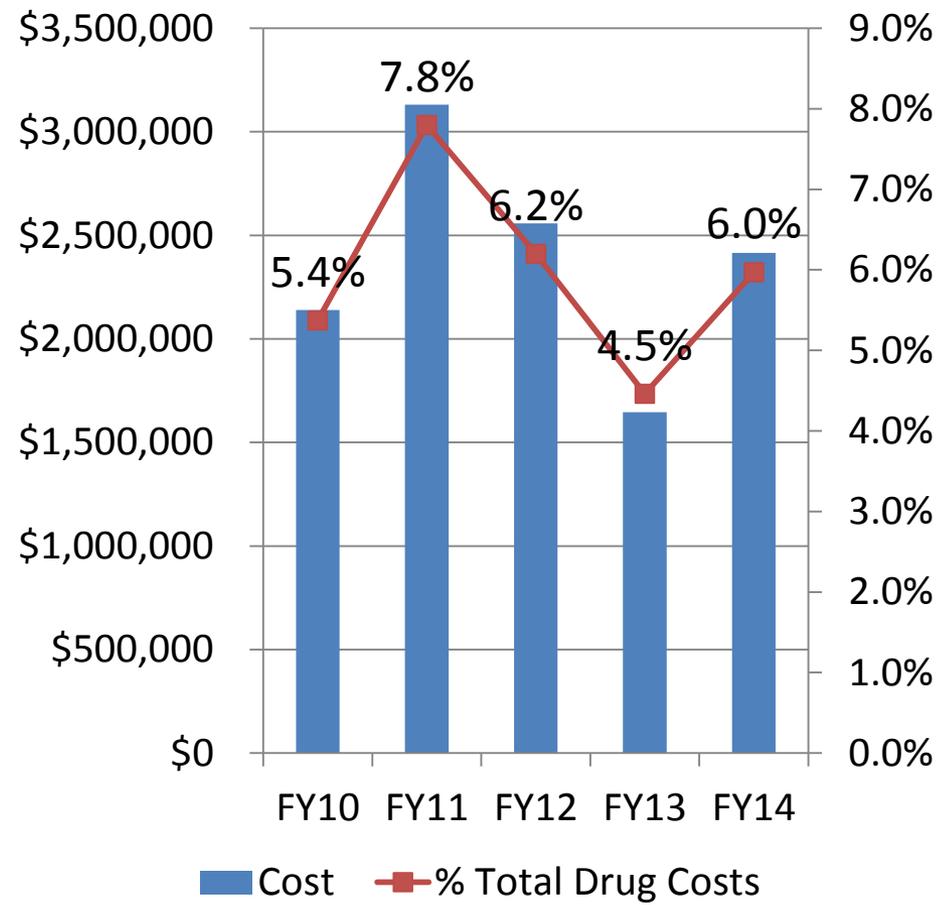


- CDC. Correctional Facilities and Viral Hepatitis. Available at <http://www.cdc.gov/hepatitis/Settings/corrections.htm>
- TDCJ prevalence data based on the number of active chronic HCV diagnosis in the EMR as of 10-31-14. This suggests prevalence rate 12.3% +/- 0.5%.
- Messina JP, et al. Global distribution and prevalence of hepatitis C virus genotypes. Hepatology. Article first published online: 28 JUL 2014. DOI: 10.1002/hep.27259.

Rationale for Treatment

Chronic hepatitis C is a significant economic burden

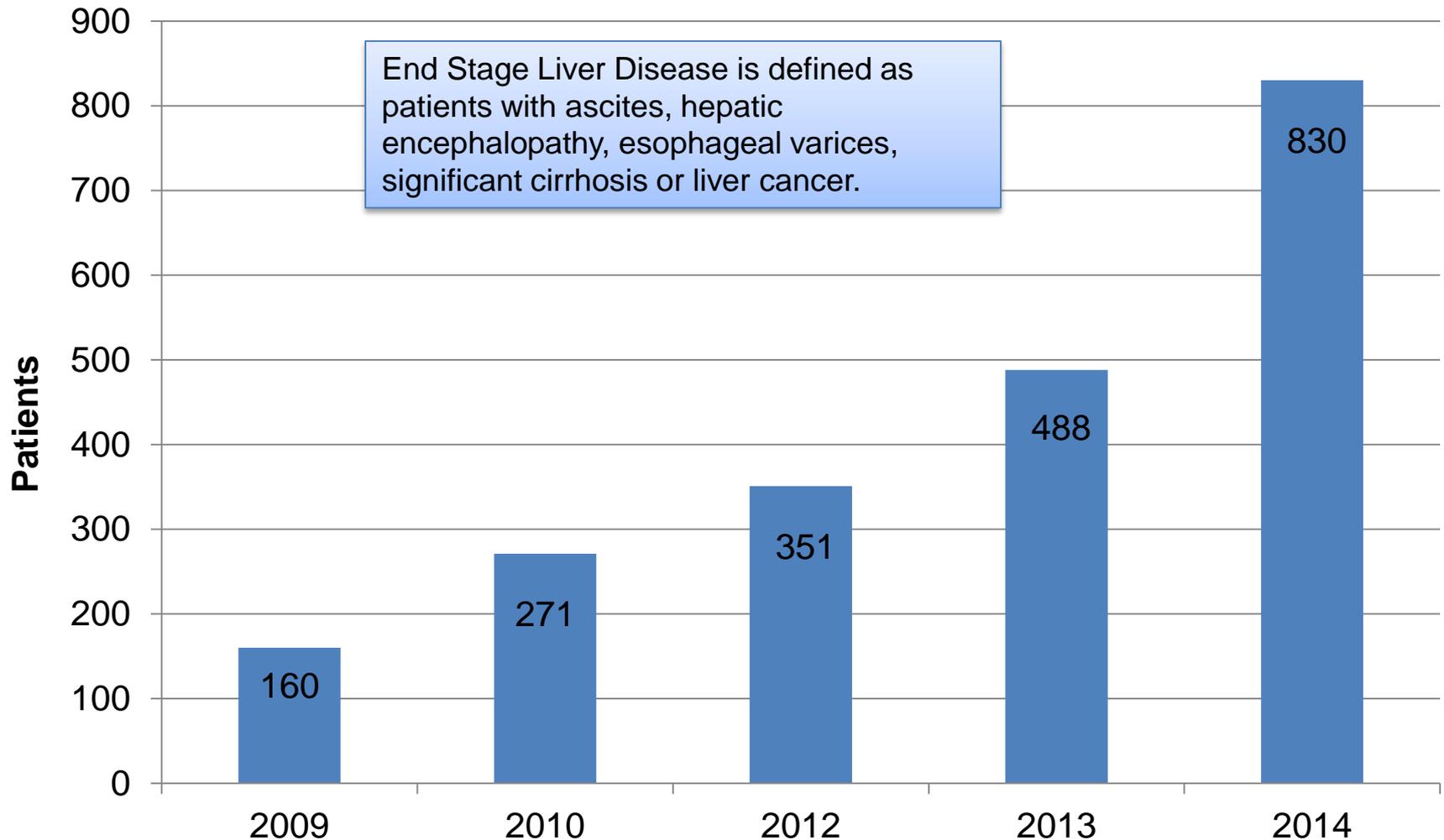
- American Association for the Study of Liver Diseases (AASLD) and the Trust for America's Health noted in a recent report that medical costs are expected to more than double over the next 20 years and death rate is expected to triple in the next 10-20 years⁷
- In FY14, cost was approximately \$2.42 million or 6% of the TDCJ drug budget



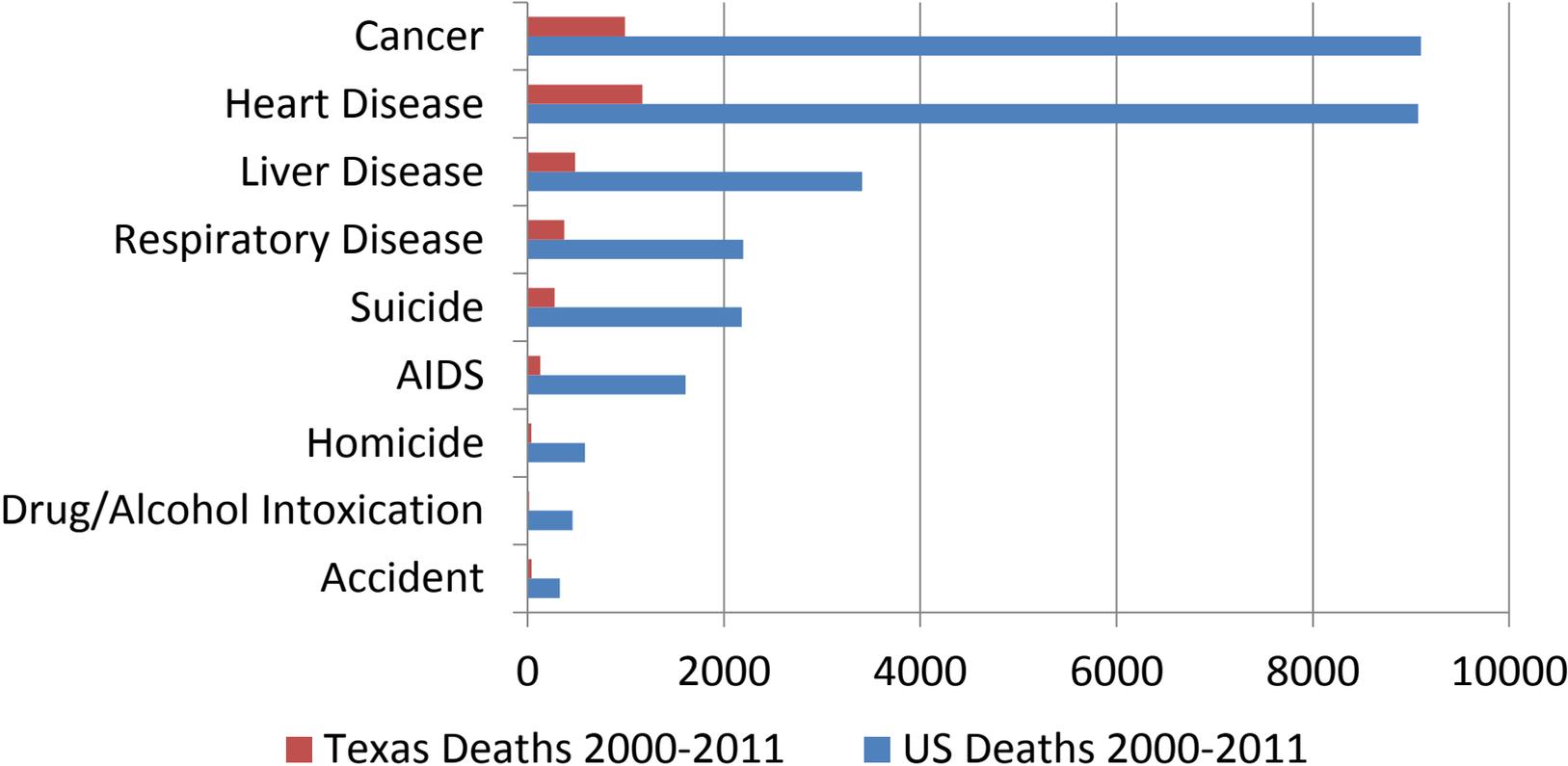
Rationale for Treatment

- Treating hepatitis C may protect the general community at large
 - National Reentry Resource Center reports that at least 95 percent of state prisoners will be released back to their communities at some point
 - 70,521 offenders were released from TDCJ in FY2014
- Achieving a cure has been shown to prevent disease progression, development of HCC, deaths, and lead to long-term cost savings⁹⁻¹⁰

TDCJ Population with End Stage Liver Disease

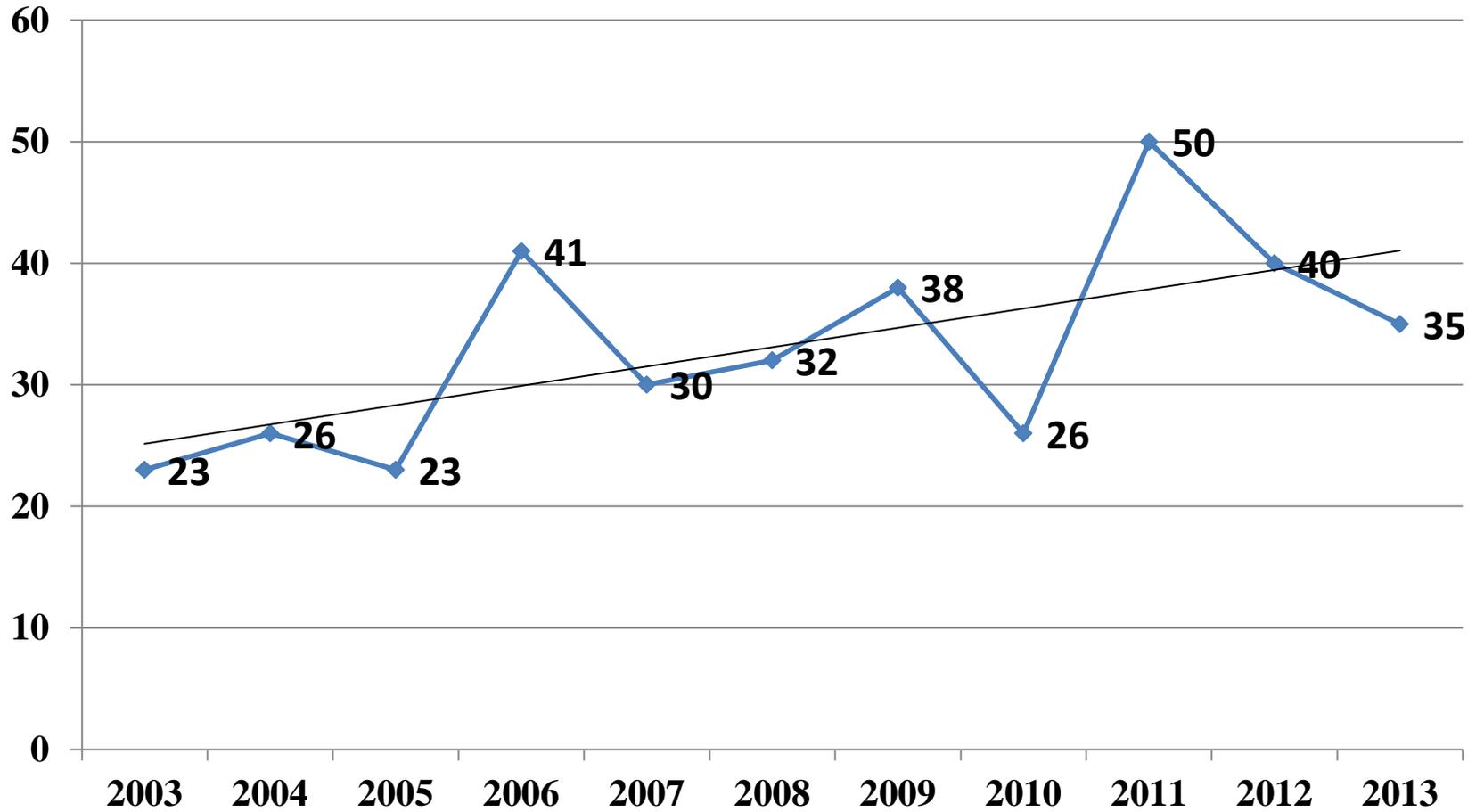


Hepatitis is a Leading Cause of Death in State Prisons



Mortality in local jails and state prisons, 2000-2011 – Statistical Tables. US Department of Justice. Office of Justice Programs. Bureau of Justice Statistics. August 2013, NCJ 242186.

TDCJ Liver Cancer Deaths



Policy Changes

- Patient education materials and clinical information (e.g., dose modifications and contraindications) were moved to disease management guidelines
- APRI score for primary care provider referral to Virology for treatment evaluation was increased to 0.7
- Treatment is prioritized as necessary to ensure that patients at high risk for liver-related complications and severe extra-hepatic manifestations are given highest priority
 - Severe bridging fibrosis or cirrhosis (\geq F3)
 - Extra-hepatic manifestations of hepatitis C
 - Liver transplant recipients
 - HIV co-infection
 - Hepatitis B co-infection
 - On therapy at the time of incarceration

Policy Changes

- Treatment with monotherapy, dual therapy with peginterferon plus ribavirin, and triple therapy with boceprevir or telaprevir are no longer recommended
- Preferred agents selected based on efficacy, safety, and cost effectiveness
 - Harvoni[®] (ledipasvir/sofosbuvir)
 - Sovaldi[®] (sofosbuvir)
- Established stopping rules based on viral load and adverse effects
- Patients will be treated in the UTMB sector to maximize 340B savings

Hepatitis C Treatment Cost

Number of Patients	UTMB Cost (\$million)	Texas Tech Cost (\$million)
100	\$3.3	\$8.8
200	\$6.6	\$17.7
300	\$9.9	\$26.5
400	\$13.2	\$35.4
500	\$16.5	\$44.2

- Cost projection assumes patients with genotype 1 are treated for 12 weeks with ledipasvir/sofosbuvir
- The number of patients on therapy is expected to reach historical numbers and it is anticipated that 400 patients will be treated per year
- This number may increase overtime since the screening criteria for hepatitis C was expanded last year to include patients born between 1945 and 1965, and since treatment duration is significantly shorter with the new agents

FY15 Cost Projection

- Patient caseload will be managed by Virology HCV Treatment Team
- 10 patients started on therapy per month beginning in May 2015
 - 40 patients will start on therapy by end of fiscal year
 - 20 patients will complete therapy by end of fiscal year
- Cost estimate assumes UTMB will treat all patients and all patients treated have genotype 1 and will receive therapy for 12 weeks
- FY15 Cost = \$992,250

Next Steps

- CMHCC adopt policy
- Appoint joint multi-disciplinary workgroup to address implementation including delivery model, patient monitoring, staff training, and data collection

Future Considerations

- Universal testing for hepatitis C
 - Important prevention strategy & public health issue
 - Identify patients that need treatment and ensure untreated patients are educated on methods to reduce further transmission
- Use of alternative methods such as FibroScan[®] to assess degree of fibrosis

Questions

References

1. AASLD/IDSA/IAS–USA. Recommendations for testing, managing, and treating hepatitis C. <http://www.hcvguidelines.org>. Accessed February 10, 2015.
2. AASLD/IDSA/IAS–USA. When and In Whom to Initiate HCV Therapy. <http://www.hcvguidelines.org>. Accessed February 10, 2015.
3. Centers for Disease Control and Prevention. Disease Burden from Viral Hepatitis A, B, and C in the United States. Available at <http://www.cdc.gov/hepatitis/Statistics>.
4. Binswanger A, et al. Prevalence of chronic medical conditions among jail and prison offenders in the USA compared with the general population. *J Epidemiol Community Health* 2009;63:912-919.
5. Centers for Disease Control and Prevention . Correctional Facilities and Viral Hepatitis. Available at <http://www.cdc.gov/hepatitis/Settings/corrections.htm>
6. Messina JP, et al. Global distribution and prevalence of hepatitis C virus genotypes. *Hepatology*. Article first published online: 28 JUL 2014. DOI: 10.1002/hep.27259.
7. American Association for the Study of Liver Diseases and the Trust for America's Health. HBV & HCV: America's Hidden Epidemics. Executive Summary. September 2010. Available at <http://healthyamericans.org/report/76/hepatitis-report>.
8. El Khoury AC, Klimack WK, Wallace C, Razavi H. Economic Burden of Hepatitis C-Associated Diseases in the United States. *Journal of Viral Hepatitis* 2012;19:153–160.
9. Ng V, Saab S. Effects of a Sustained Virologic Response on Outcomes of Patients With Chronic Hepatitis C. *Clinical Gastroenterology and Hepatology* 2011;9:923–930.
10. Morgan RL, Baack B, Smith BD, et al. Eradication of Hepatitis C Virus Infection and the Development of Hepatocellular Carcinoma. A Meta-analysis of Observational Studies. *Ann Intern Med* 2013;158:329-337.

HIV Policy and Program

Presented to the Correctional Managed
Health Care Committee
April 14, 2015

Correctional Managed
Health Care



TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER

Objectives

- Identify members of Joint HIV Workgroup
- Discuss rationale for policy changes
- Outline major changes in policy B-14.11
- Discuss cost projections
- Identify next steps

HIV Workgroup

TDCJ Health Services	Texas Tech	UTMB CMC
Carol Coglianese, MD Physician II Quality & Contract Monitoring	Ranee Lenz, PharmD Associate Professor / Chief Correctional Managed Healthcare Pharmacy Services	Jessica Khan, MD Director, Clinical Virology
Kathryn Buskirk, MD Director, Quality & Compliance Monitoring		Jane Moultrie, MD Chief Medical Information Officer
		Robert Sandmann, PharmD, AAHIVP Pharmacy Clinical Practice Specialist Workgroup Chair

Notes:

Policy B-14.11 approved by the Joint Infection Control Committee 2/12/15.

HIV disease management guideline approved by the Joint Pharmacy & Therapeutics Committee 9/11/14.

Rationale for Policy Changes

- National guideline updated by HHS Panel on Antiretroviral Guidelines for Adults and Adolescents
- Antiretroviral therapy is recommended for all HIV-positive patients to
 - Preserve immune function
 - Reduce the risk of disease progression, morbidity, and mortality
 - Prevent transmission

Rationale for Policy Changes

- Recommended antiretroviral regimens are effective and well tolerated
- Providers may elect to defer antiretroviral therapy based on individual patient factors
 - Patient chooses to postpone therapy
 - Co-morbidities complicate therapy
 - Significant barriers to adherence
- Frequent monitoring of laboratories (e.g., CD4 count) is not required for patient management once the patient has been on therapy for 2 years and has consistent viral suppression

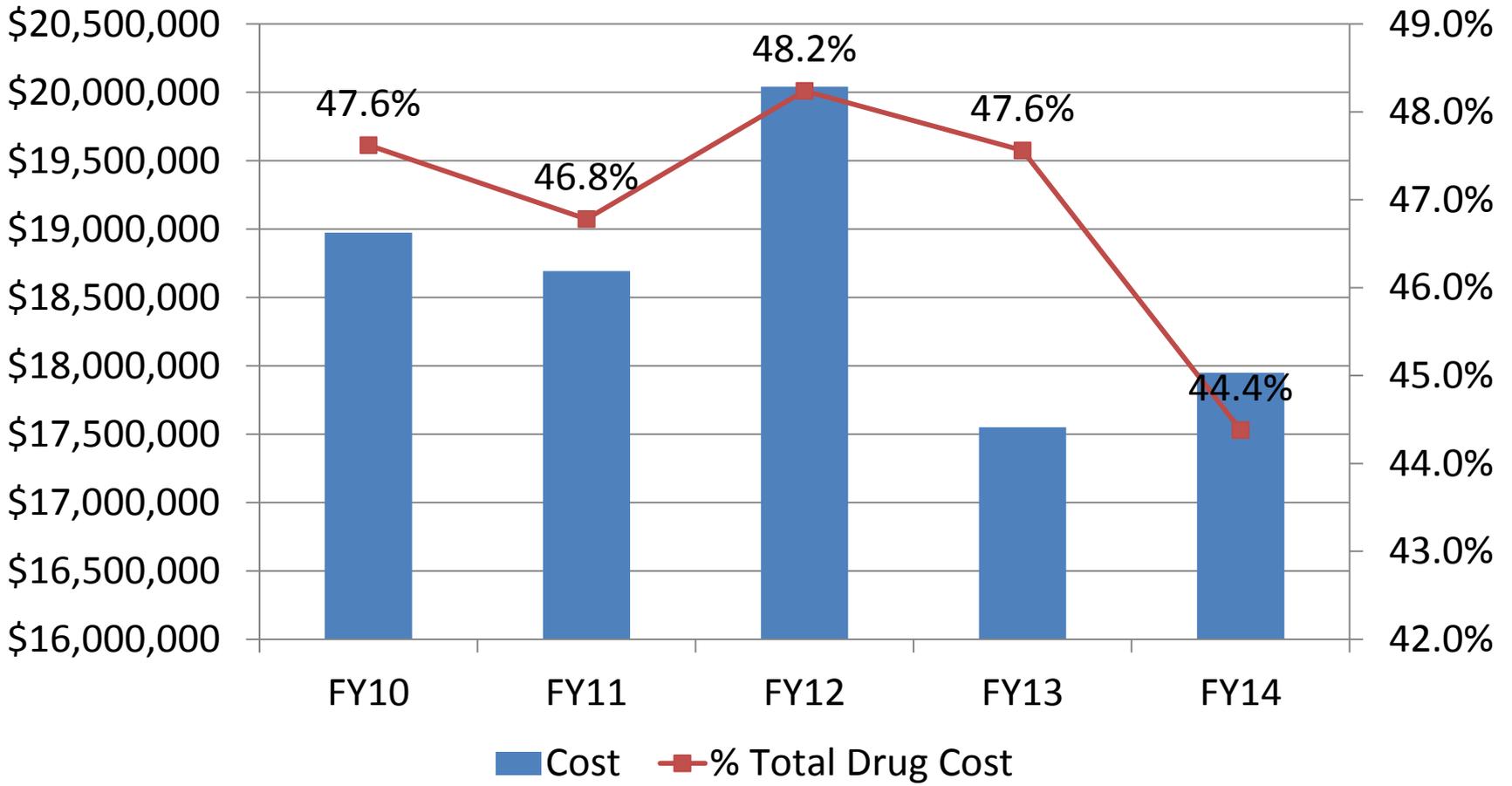
Policy Changes

- Treatment should be offered to all patients regardless of CD4 count
- Decreased frequency of obtaining CD4 count and viral load from 3-6 months to 6 months in patients who have been on therapy for at least 2 years with consistent viral suppression
- Drug reference tables were updated to include new antiretrovirals including Complera[®], Stribild[®], Triumeq[®], Edurant[®], and Tivicay[®]
- Reference table was added that outlines the antiretroviral regimens that are not recommended for use

Policy Changes

- HIV western blot is no longer recommended for the diagnosis of HIV
- New diagnostic tests recommended for detecting HIV infection
 - Fewer indeterminate results
 - Faster turnaround time for most test results
 - Equally accurate laboratory diagnosis of established HIV-1 infection
 - More accurate laboratory diagnosis of HIV-2 infection

HIV Drug Costs



Cost Impact

- 433 patients not on therapy
- Annual costs expected to increase by 24%

	FY14	Annual Projection	Annual Increase
Annual Cost	\$17.9 million	\$22.2 million	\$4.3 million
Number Patients	1,820	2,253	433

Next Steps

- CMHCC adopt policy

Questions

References

1. Panel on Antiretroviral Guidelines for Adults and Adolescents. Guidelines for the use of antiretroviral agents in HIV-1-infected adults and adolescents. Department of Health and Human Services. Available at <http://aidsinfo.nih.gov/ContentFiles/AdultandAdolescentGL.pdf>.
2. Centers for Disease Control and Prevention and Association of Public Health Laboratories. Laboratory Testing for the Diagnosis of HIV Infection: Updated Recommendations. Available at <http://stacks.cdc.gov/view/cdc/23447>. Published June 27, 2014.