

**CORRECTIONAL MANAGED HEALTH CARE
COMMITTEE
AGENDA**

June 16, 2015

10:00 a.m.

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

CORRECTIONAL MANAGED HEALTH CARE COMMITTEE

June 16, 2015

10:00 a.m.

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

- I. Call to Order
- II. Recognitions and Introductions
- III. Consent Items
 1. Approval of Excused Absences
 2. Approval of CMHCC Meeting Minutes, April 14, 2015
 3. TDCJ Health Services Monitoring Reports
 - Operational Review Summary Data
 - Grievance and Patient Liaison Statistics
 - Preventive Medicine Statistics
 - Utilization Review Monitoring
 - Capital Assets Monitoring
 - Accreditation Activity Summary
 - Active Biomedical Research Project Listing
 - Administrative Segregation Mental Health Monitoring
 4. University Medical Directors Reports
 - The University of Texas Medical Branch
 - Texas Tech University Health Sciences Center
 5. Summary of CMHCC Joint Committee / Work Group Activities
- IV. Update on Financial Reports
- V. Summary of Critical Correctional Health Care Personnel Vacancies
 1. Texas Department of Criminal Justice
 2. Texas Tech University Health Sciences Center
 3. The University of Texas Medical Branch

EACH ITEM ABOVE INCLUDES DISCUSSION AND ACTION AS NECESSARY

VI. Medical Directors Updates

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

VII. CMHCC Joint Morbidity and Mortality (M & M) Review Committee Update

Monte Smith, DO, Senior Medical Director, Inpatient Services,
University of Texas Medical Branch - Correctional Managed Care and
CMHCC Joint Morbidity & Mortality Review Committee Co-Chair

Robert Williams, MD, Deputy Director, Health Services Division,
Texas Department of Criminal Justice and
CMHCC Joint Morbidity & Morbidity Review Committee Co-Chair

Billy Shelton, PhD, Senior Psychologist,
University of Texas Medical Branch- Correctional Managed Care and
CMHCC Joint Suicide Morbidity & Mortality Subcommittee Chair

VIII. Public Comments

IX. Adjourn

Consent Item

Approval of CMHCC Meeting Minutes
April 14, 2015

CORRECTIONAL MANAGED HEALTH CARE COMMITTEE

April 14, 2015

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

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

Partner Agency Staff Present: Bryan Collier, Ron Steffa, Marsha Brumley, Natasha Mills, Myra Walker, Charlene Maresh, Robert Williams, M.D., Texas Department of Criminal Justice; Beverly Echols, Susan Morris, M.D., Anthony Williams, Stephen Smock, Lauren Sheer, Stephanie Zepeda, Pharm.D., Owen Murray, DO., UTMB; Denise DeShields, M.D., TTUHSC

Others Present: Terrell McCombs, Texas Board of Criminal Justice; Jimmy Blanton, Health & Human Services

Location: Price Daniel Building, 209 W. 14th St., Suite 500, Austin, 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 1:00 p.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 Terrell McCombs, Vice-Chairman, Texas Board of Criminal Justice and 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. Elizabeth Linder.</p>		<p>Dr. Ben Raimer made a motion to approve the excused absence and Dr. Jumper seconded the motion which prevailed by unanimous vote.</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 – December 9, 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 December 9, 2014.</p> <p>Dr. de la Garza-Graham stated that next item on the agenda was the approval of the TDCJ Health Services Monitoring Reports.</p> <p>Dr. de la Garza-Graham stated the next item on the agenda was the approval of the UTMB and TTUHSC Medical Director’s Reports.</p> <p>Dr. de la Garza-Graham stated the next item on the agenda was the approval of the Summary of CMHCC Joint Committee/Work Group Activities.</p>		<p>Dr. Raimer made a motion to approve the minutes and Dr. Jumper seconded the motion which prevailed by unanimous vote.</p> <p>Dr. Lannette Linthicum made a motion to approve the TDCJ Health Services Monitoring Reports and Dr. Raimer seconded the motion which prevailed by unanimous vote.</p> <p>Dr. Raimer made motion to approve the University Directors Reports and Dr. Linthicum seconded the motion which prevailed by unanimous vote.</p> <p>Dr. Raimer made a motion to approve the Summary of CMHCC Joint Committee / Work Group Activities and Dr. Linthicum seconded the motion which prevailed by unanimous vote.</p>
<p>IV. Update on Financial Reports</p> <ul style="list-style-type: none"> - Charlene Maresh 	<p>Dr. de la Garza-Graham called on Charlene Maresh to present the financial report.</p> <p>Ms. Maresh reported on statistics for the First Quarter of Fiscal Year (FY) 2015, as submitted to the Legislative Budget Board (LBB). The report was submitted in accordance with the General Appropriations Act, Article V, Rider 50.</p> <p>Funding received by the universities was \$134.6 million dollars.</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>IV. Update on Financial Reports (Cont.)</p>	<p>The report also shows the expenditures broken down by strategies.</p> <p>Unit and psychiatric care expenses make up the majority of health care costs at 53.9 percent, for a total of \$75.7 million dollars.</p> <p>Hospital and clinical care accounts for 35.6% of total expenditures at a cost of \$50.1 million.</p> <p>Pharmacy services makes up 10.5 % of total health care expenditures at a cost of \$14.8 million dollars.</p> <p>The average service population is 149,804 which is a slight decrease from FY 2014.</p> <p>The offender population age 55 and over continues to grow with an increase of 6.1 % from FY 2014. The average daily census is 15,889 making up 10.6% of total service population and accounts for 38.1 percent of total hospital costs.</p> <p>The average mental health inpatient census is 1,873 of the total service population. The average mental health outpatient census is 19,641 of the total service population.</p> <p>The average health care cost is \$10.32 per offender, per day, which is a 1.1% percent increase from FY 2014 which was \$10.21.</p> <p>The Texas Department of Criminal Justice (TDCJ) has made final payment to University of Texas Medical Branch (UTMB) to cover FY 2014 expenses in the amount of \$11.6 million dollars, this was a spend forward approved by the Legislative Budget Board (LBB) from FY 2015 to FY 2014.</p> <p>Dr. de la Garza-Graham thanked Ms. Maresh then called on Dr. Linticum to report TDCJ's critical vacancies.</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>V. Summary of Critical Correctional Health Care Personnel Vacancies (Cont.)</p> <p>- Dr. Owen Murray</p>	<p>applicants. The position is being filled by local tenens until it can be permanently filled.</p> <p>Dr. DeShields also announced that the clinical medical director's position at Clements Unit had been filled.</p> <p>Dr. de le Garza-Graham then called on Dr. Murray to report on UTMB's critical vacancies.</p> <p>Dr. Murray advised that the Director of Hospital Administration position was vacant and UTMB had been actively recruiting for the position. Interviews will be held at the end of April.</p> <p>Dr. Murray further reported that from a critical vacancy perspective, the lack of nurses is a continued concern for care of offender patients. The McConnell Unit, one of TDCJ's largest facilities is currently 25 to 30 percent vacant of nursing staff. UTMB's Director of Nursing is continuing recruiting efforts, but what is now being seen is that the secondary labor market has been ran through. In the past, these positions were at 80 to 90 percent filled and now the number has slipped down to about 50 percent, and in areas such as Beeville where the McConnell Unit is located, there is no access to temporary labor. With lack of nursing and health care staff, infirmery patients could not be assigned to the facility. Patients would need to be relocated which would create a situation where the state would end up paying more for prison health care. Recruiting efforts for dental and mental health care professional positions have also grown difficult.</p>	<p>Dr. de la Garza-Graham requested a report on the amount of money used on local tenens, compared to what it would cost to raise the position salary to market value.</p> <p>Dr. Raimer inquired if the position qualified for loan repayment.</p> <p>Dr. DeShields responded yes, this is one of the recruiting tools utilized to try to recruit applicants.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p data-bbox="71 167 472 893">V. Summary of Critical Correctional Health Care Personnel Vacancies (Cont.)</p> <p data-bbox="71 1299 472 1446">VI. Medical Director's Updates</p>	<p data-bbox="472 167 1144 893">Dr. Murray further reported that even though career options and retirement plans are attractive to health care professionals, it is difficult to remain competitive and retain employees with salaries that are 15 to 20 percent below market value. This is already being seen in larger facilities that have infirmaries as well as areas such as Huntsville that have a larger number of offender patients.</p> <p data-bbox="472 901 1144 1136">Dr. Murray reported that the plan is to provide information at the upcoming June meeting of what is being spent on overtime by the agency, comparing this year's expenses to those of the last three to four years. The secondary labor market cannot be continuous in attempting to fulfill our prison health care needs. The state is spending more money overworking the secondary labor market.</p> <p data-bbox="472 1144 1144 1209">Dr. de la Garza-Graham then called upon Dr. Linthicum to begin presentation of the Medical Director's Report.</p> <p data-bbox="472 1299 1144 1446">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 First Quarter of FY 2015, (September, October, November), Operational</p>	<p data-bbox="1144 349 1692 446">Mr. McCombs asked what state benefits were offered, and inquired on how they compared to those offered to nurses in the private sector.</p> <p data-bbox="1144 470 1692 657">Dr. Murray responded that one of the biggest benefits is the Teachers Retirement System (TRS), lifetime medical benefits that are received after being employed for a certain number of years, and employees also receive longevity pay.</p> <p data-bbox="1144 682 1692 779">Dr. de la Garza-Graham asked what amount of time an employee must work to receive those benefits.</p> <p data-bbox="1144 803 1692 901">Dr. Raimer responded that they must meet the Rule of 80; age and years of service worked for the agency must equal 80.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>VI. Medical Director's Updates (Cont.)</p> <ul style="list-style-type: none"> • TDCJ – Health Services Division FY 2015 First Quarter Report - Lannette Linthicum, MD <ul style="list-style-type: none"> ○ Operational Review Audit ○ Capital Assets Monitoring 	<p>Review Audits (ORAs) were conducted on nine facilities: Cleveland, Daniel, Ramsey, Roach Intermediate Sanction Facility (ISF), Rudd, San Saba, Smith, Stringfellow, and Vance. There were also ORAs closed during this quarter for 15 facilities: Bridgeport Pre-Parole Transfer (PPT), Daniel, Formby, Garza East, Garza West, Hamilton, Hobby, McConnell, Marlin, Polunsky, Rudd, Stevenson, Wallace, Ware and Wheeler. Dr. Linthicum referred to the seven items found to be most frequently below 80 percent compliance.</p> <p>Dr. Linthicum next reported that the same nine units listed above were audited and determined to be in compliance range for capital assets.</p>	<p>Dr. Berenzweig asked how Tuberculosis (TB) patients are recognized.</p> <p>Dr. Linthicum responded that if an offender is diagnosed after 42 days of being in TDCJ, the case would be attributed to TDCJ. However, if the offender has been diagnosed before 42 days, the case is attributed to the county jail. All offenders undergo TB testing annually on the anniversary date they entered TDCJ, this is part of our surveillance. Department of State Health Services (DSHS) also has a full time Health Technician who monitors all 109 facilities so at any time a report can be provided on facilities that are out of compliance.</p> <p>Dr. Raimer inquired if once a corrective action plan has been developed to provide a potential solution to facilities out of compliance, if the information is shared among all facilities.</p> <p>Dr. Linthicum responded that the Joint Infection Control Committee which consist of representatives from TDCJ, UTMB, and TTUHSC work together jointly to collaborate on these issues and develop policies. These policies are then discussed among the System Leadership Council (SLC) and disseminated throughout all of the facilities.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>VI. Medical Director's Updates (Cont.)</p> <ul style="list-style-type: none"> ○ Grievance and Patient Liaison Correspondence ○ Quality Improvement (QI) Access to Care Audit ○ Office of Public Health 	<p>Dr. Linthicum 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 First Quarter of FY 2015, the PLP and the Step II Medical Grievance Programs received 3,105 correspondences. The PLP received 1,646 correspondences and Step II Medical Grievance received 1,459. There were 400 Action Requests generated. The percentages of sustained Step II Medical Grievances from UTMB were nine 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 37 Sick Call Request Verification Audits conducted on 37 facilities. A total of 288 indicators were reviewed and 26 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 806 cases of Hepatitis C identified for the First Quarter FY 2015. There were 16,543 intake tests and 115 were newly identified as having Human Immunodeficiency Virus (HIV) infections. During the First Quarter FY 2015, 16,543 offenders had intake test and 115 were HIV positive. Five new Acquired Immunodeficiency Syndrome (AIDS) cases were identified in the First Quarter FY 2015 compared to 19 new AIDS cases identified during the Fourth Quarter FY 2014.</p> <p>197 cases of suspected Syphilis were reported in the First Quarter FY 2015. 33 of those required treatment or retreatment.</p> <p>208 Methicillin-Resistant Staphylococcus Aureus (MRSA) cases were reported for the First Quarter FY 2015.</p> <p>Dr. Linthicum advised that there was an average of 14 Tuberculosis (TB) cases under active management for the First Quarter FY 2015.</p> <p>Dr. Linthicum next reported the activities of the Sexual</p>		

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<p>VI. Medical Director's Updates (Cont.)</p> <ul style="list-style-type: none"> ○ Mortality and Morbidity ○ Office of Mental Health Monitoring & Liaison 	<p>Assault Nurse Examiner (SANE) Coordinator which collaborates with the Safe Prisons Program and is trained and certified by the Texas Attorney General's Office. This person provides in-service training to facility staff in the performance of medical examinations, evidence collection and documentation and use of the sexual assault kits. During the First Quarter FY 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 were 187 chart reviews of alleged sexual assaults. There were no deficiencies found this quarter. 70 blood-borne exposure baseline labs were drawn on exposed offenders. To date, no offenders have tested positive for HIV in baseline labs routinely obtained after the report of sexual assault.</p> <p>Dr. Linthicum noted that the Peer Education Program is a nationally recognized program in which many offenders participate. 19,426 offenders attended classes presented by educators, this was an increase from the Fourth Quarter FY 2014 of 18,054. Within the TDCJ, 100 of the 109 facilities have active peer education programs. 142 offenders trained to become peer educators. This is a decrease from the 233 offenders trained in the Fourth Quarter FY 2014.</p> <p>Dr. Linthicum reported that there were 99 deaths reviewed by the Mortality and Morbidity Committee during the First Quarter of FY 2015. Of those 99 deaths, 7 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 First Quarter of FY 2015. Administrative Segregation (Ad Seg) audits were conducted on 19 facilities. 3,253 offenders were observed 2,754 were interviewed and 6 offenders were referred to the university providers for further evaluation. One of the 18 facilities fell below 100 percent compliance while the remaining 17 were found to be 100 percent compliant. Access to Care (ATC) 4 was met at 100 percent on 17 facilities. One facility fell below 100 percent compliance.</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 	<p>Four inpatient mental health facilities were audited with respect to compelled medications. 50 instances of compelled psychoactive medication administration occurred. Montford, Skyview, and Clements were 100 percent compliant with logging all incidents of compelled psychoactive medication and documenting the required criteria in the medical record. The Jester IV unit briefly fell below compliance, but quickly resolved all issues bringing all four facilities to 100 percent compliance.</p> <p>There were 24 intake facilities audited with respect to mental health evaluation within 14 days of identification. There were 15 facilities that met or exceeded 80 percent compliance.</p> <p>Dr. Linthicum added the OMHM&L also reviews the mental health records of all pregnant offenders being considered for the Baby and Mother Bonding Initiative (BAMBI) Program. Eight offenders were reviewed and seven were allowed to participate.</p> <p>The Office of Health Services Liaison (HSL) conducted 153 hospital and 65 infirmary discharge audits. UTMB had eight deficiencies identified and TTUHSC had three deficiencies identified for the hospital discharge audits. UTMB had one deficiency identified and TTUHSC had two deficiencies for the infirmary discharge audits.</p> <p>Dr. Linthicum reported that there were 11 units reaccredited by the American Correctional Association (ACA).</p> <p>Dr. Linthicum referenced the research projects as reported by the Texas Department of Criminal Justice (TDCJ) Executive Services.</p>	<p>Dr. Sherwood inquired if it was required for offenders over the age of 50 to receive annual physicals, stating that if the answer is yes, this is a higher standard than offered to those in the free world.</p> <p>Dr. Linthicum responded that the TDCJ patterns</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>VI. Medical Director's Updates (Cont.)</p> <ul style="list-style-type: none"> • Texas Tech University Health Sciences Center <ul style="list-style-type: none"> - Denise DeShields, MD • University of Texas Medical Branch <ul style="list-style-type: none"> - Owen Murray, DO 	<p>Dr. de la Garza-Graham thanked Dr. Linthicum then called on Dr. DeShields to present the report for TTUHSC.</p> <p>Dr. DeShields reported on the Texas Tech University Health Sciences Center (TTUHSC) Correctional Managed Care (CMC) activities and advised that the Clements Unit Medical Director's position had been filled effective March 9, 2015.</p> <p>Dr. DeShields further reported that the Smith Unit Medical Director's position had been vacant since July of 2012 and was currently being filled by locum tenens. Recruitment has been difficult due to the geographical location. TTUHSC CMC will continue to aggressively advertise in local, regional and national publications and social media.</p> <p>Dr. de la Garza-Graham thanked Dr. DeShields and called on Dr. Owen Murray to present the report for UTMB.</p> <p>Dr. Murray presented the University of Texas Medical Branch (UTMB) Correctional Managed Care CMC Medical Director's Report.</p>	<p>themselves after the requirements of the United States Public Health Service Guidelines and it is age 50 that offenders receive annual physical examinations. However there have been recent updates and the new guidelines are currently being studied by UTMB and TDCJ representatives. It has already been noticed that the time lines have been extended out more than annually for physicals, therefore policies will also be updated. Historically the TDCJ has always followed the United States Public Health Service Guidelines which are also followed by the Federal Bureau of Prisons.</p> <p>Dr. Raimer added that in a correctional setting, it is assumed an individual is about 10 years older than their chronological age. This would be comparing the standard to around 60 to 65 years of age.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>VI. Medical Director's Updates (Cont.)</p> <p>VII. Correctional Managed Health Care Hepatitis C and HIV Infection Policy Program Updates</p> <p>- Stephanie Zepeda, Pharm.D.</p>	<p>Dr. Murray further reported that UTMB is exploring ideas to provide attractive employment options without increasing salaries.</p> <p>Dr. de la Garza-Graham then called on Dr. Stephanie Zepeda, Director of Central Pharmacy, UTMB and Co-Chair, Joint Hepatitis C Working Group.</p> <p>Dr. Zepeda began by informing the committee of proposed changes to CMHC Policy B-14.13.3 "Hepatitis C" and explained that the modifications were prompted by the change in the National Hepatitis C Treatment Guidelines.</p> <p>Dr. Zepeda explained that representatives from TDCJ, TTUHSC, and UTMB make up the Joint Hepatitis C, Infection Control, and Pharmacy and Therapeutics Committees. Before changes are made to the policies, they are first reviewed by these committees and then approved by the vote of the committees.</p> <p>Dr. Zepeda reported on new drug approvals and those that are no longer recommended for use. The new therapies represent a significant advancement in treatment and have shown an overall response rate of 95% or higher and in some cases have allowed shorter treatment durations and patients have shown better tolerability with these new drug treatments.</p> <p>It is estimated that 2.7 to 3.9 million people live with Chronic Hepatitis C in the United States and there is an even higher burden in U.S. prisons which increases with increasing age. TDCJ prevalence of Hepatitis C is currently estimated at about 12.3% compared to the U.S. population of 1.5%. The American Association for the Study of Liver Diseases (AASLD) predicts estimated medical cost to double in the next 20 years and death rates to triple in the next 10 to 20 years due to the aging Hepatitis C infected prison population, so screening criteria within the agency has been increased to include baby boomers because they are more likely to have Chronic Hepatitis C compared to the younger pattern of offenders. Hepatitis C is the 3rd</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>VII. Correctional Managed Health Care Hepatitis C and HIV Infection Policy Program Updates (Cont.)</p>	<p>leading cause of death in state prisons countrywide and an increase in deaths has been seen due to liver cancer.</p> <p>Dr. Zepeda further reported since 2009 end stage liver disease has continued to rise within offender patients and that most patients this is seen in do have Chronic Hepatitis C, which increase the risk of developing cirrhosis, end stage liver disease, liver cancer, or will require a liver transplant.</p> <p>Dr. Zepeda explained that Aspartate Platelet Ratio Index (APRI) Score is a noninvasive series of blood test used to determine the risk of fibrosis or degree of fibrosis in offender patients without having to perform a liver biopsy.</p> <p>Dr. Zepeda reported that cost over the last 5 years to treat Hepatitis C has continued to rise. In FY 2014 cost for treatment represented about 6% of the total drug budget or \$2.4 million dollars. Studies have shown that treatment of the disease has not only in some cases provided cure but can also prevent progression and development of other diseases such as Hepatocellular Carcinoma (HCC) and death which leads to long term cost savings.</p>	<p>Dr. Berenzweig inquired as to how patients with bridging fibrosis or cirrhosis are identified.</p> <p>Dr. Zepeda responded that an evaluation is done by the virology team on all patients who have been diagnosed with Hepatitis C. If a patients APRI score is at 0.7 or higher it can be determined they are at the point of fibrosis.</p> <p>Dr. de la Garza-Grahm asked how it could be justified that better cures are being seen when studies predict a dramatic increase in mortality.</p> <p>Dr. Zepeda responded that study has demonstrated cure does decrease the number of deaths and provide long term savings. However one of the challenges are that these treatments are new therapies and there has been some controversy in the community and across the nation about implementing the new therapies. A wide spread adoption has not been seen as of yet unless the patient has use of private insurance.</p>	

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<p>VII. Correctional Managed Health Care Hepatitis C and HIV Infection Policy Program Updates (Cont.)</p>	<p>The National Reentry Resource Center also reported that at least 95% of state prisoners are released back in to their communities. In FY 2014, a little over 70,500 offender patients were released from TDCJ back into the community so the treatment of Hepatitis C may protect the general community and spread of the disease.</p> <p>Dr. Zepeda referred to the drug therapies that would no longer be used based on the same changes as the National Guidelines, and advised that as a cost saving mechanism it has been recommended that Hepatitis C patients only be treated by UTMB to maximize the 340B price savings. Treating 100 patients in the UTMB sector with the benefit of the 340B program would cost around \$3.3 million compared to approximately \$8.8 million if treatment is administered in the TTUHSC sector.</p>	<p>Dr. Zepeda also explained that once a patient has cirrhosis, generally reversal of the disease will not be seen and also advised the committee that the reported data was preliminary and published approximately a year prior to the new drug approvals.</p> <p>Mr. McCombs asked if it could be explained as to why TTUHSC's cost to treat patients was so much higher compared to what it would cost to treat them at UTMB.</p> <p>Dr. Jumper commented that TTUSHC does not own it's on hospital so they are not eligible to receive 340B pricing.</p> <p>Dr. Zepeda responded that the 340B Program is a Federal Discounted Drug Program and there are only certain types of hospitals that qualify.</p> <p>Dr. Linthicum asked if an estimate could be given on the cost savings that had been seen by the state with the use of the 340B Program.</p> <p>Dr. Zepeda responded since approval was gained for use of the 340B Program, the Agency has seen a savings of \$383 million.</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>VII. Correctional Managed Health Care Hepatitis C and HIV Infection Policy Program Updates (Cont.)</p>	<p>Dr. Zepeda reported that patient caseloads were being managed by the Virology Hepatitis C Virus (HCV) Treatment Team and that 40 patients have been scheduled to start therapy by the end of the fiscal year and at least 20 patients would complete therapy by the end of the fiscal year. Cost for these treatments for FY 2015 are estimated at \$992,250 for a twelve week treatment of patients having only genotype 1 assuming UTMB will provide the treatment to the patients taking advantage of the 340B Program. With the adoption of this policy, joint multi-disciplinary working groups would be appointed to ensure staff received appropriate training, monitor patients, and collect data including cost and outcome data to ensure the program is having a positive impact.</p> <p>Dr. Zepeda briefly shared with the committee future consideration of implementing universal testing of Hepatitis C for all patients received into TDCJ. This would help to identify those who need to be treated and give an opportunity to educate on methods to reduce transmission. Laboratory cost to implement these screenings are estimated at about \$1 million per year. A new technology called FibroScan may be a more economical option. Data received on the tool has been good, but the tool is not able to be supplied at this time.</p>	<p>Mr. McCombs inquired if federal rules required a hospital to be a full trauma care hospital to qualify for the 340B pricing.</p> <p>Dr. Zepeda responded that the requirements are very explicit in the statute. Hospitals that are referred to as disproportionate share hospitals, which is what UTMB is, but UTMB must still demonstrate to Centers for Medicare and Medicaid (CMS) that a certain percentage of indigent care is being provided and the percentage threshold must be met to continue to qualify as a disproportionate share hospital.</p> <p>Dr. Raimer commented that the hospital must also own the medical record of the patients, has</p>	

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>VII. Correctional Managed Health Care Hepatitis C and HIV Infection Policy Program Updates (Cont.)</p>	<p>Dr. de la Garza-Graham asked for approval of the Hepatitis C Policy change recommendations as there were no further comments or questions.</p> <p>Dr. de la Garza-Graham asked Dr. Zepeda to begin the HIV Infection Control Policy Program Updates.</p> <p>Dr. Zepeda began by informing the committee of proposed changes to CMHC Policy B-14.11 Human Immunodeficiency Virus (HIV) and explained that the modifications were prompted due to change in the National Guidelines published by Health and Human Services.</p> <p>Dr. Zepeda shared with the committee that all proposed policy changes must first go before the Joint Infection Control and Joint Pharmacy and Therapeutics Committees for approval, and that these committees consist of representatives from TDCJ, TTUHSC, and UTMB.</p> <p>Dr. Zepeda reported on recommended policy changes. It is</p>	<p>to have physicians employed by the hospital and be the source of primary care. A certain percentage of indigent patients that are being seen must meet specific criteria as well as a certain number of Medicaid patients.</p> <p>Mr. McCombs asked Dr. Linthicum if it would be possible to give an estimate on the amount of money that is being spent on patient testing in terms of Hepatitis B, or C.</p> <p>Dr. Linthicum responded that diagnostic testing administered is so pervasive that there is really no way to determine this. Blood samples are drawn at intake and tested for several different diseases.</p> <p>Mr. McCombs inquired if tests that are given are contracted out.</p> <p>Dr. Linthicum replied, yes.</p>	<p>Dr. Raimer made a motion to approve the Hepatitis C Policy and Dr. Sherwood seconded the motion which prevailed unanimously.</p>

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>VII. Correctional Managed Health Care Hepatitis C and HIV Infection Policy Program Updates (Cont.)</p>	<p>recommended that all patients regardless of CD4 count, like the National Guidelines, decrease the frequency of obtaining lab test every 3 to 6 months to being tested at 6 months only. Antiretroviral Therapy has been recommended for all HIV positive patients to help preserve immune function, reduce the risk of disease progression, morbidity, and mortality and prevent transmission. Drug references were also updated to include new agents approved since the latest revision.</p> <p>Dr. Zepeda reported that the HIV Western blot is no longer recommended for the diagnosis of HIV and that a series of new tests have been implemented providing faster turnaround time and is equally as accurate in identifying HIV-1 and HIV-2 diagnoses. HIV drug cost for FY 2014 was roughly 44% or \$17.9 million of the total drug budget.</p> <p>Dr. Zepeda explained that there was a significant decrease in cost shown in HIV drug cost because some of the drugs used to treat HIV had become available in generic so a formulary update was made and generic components were utilized rather than combination products. A six month follow-up was done after formulary changes were made and no negative difference was shown in patient outcomes after the switch to the generic drugs. UTMB is in the process of a two year study follow-up and this data should be ready in the next two to three months.</p> <p>Dr. Zepeda explained that intensive education was done during the HIV drug switch and she feels that patients who receive intensive education show greater compliance.</p> <p>Dr. Zepeda reported that patient caseloads were pulled in November of 2014 and it was determined that 433 patients were not on treatment therapy because they did not previously meet the CD4 cut off point for initial treatment. All patients are now being recommended for treatment so it is estimated that instead of an annual cost of \$17.9 million spent cost, would increase to approximately \$22.2 million. This is roughly a 24% or \$4.3 million increase on an annual basis.</p>		

Agenda Topic / Presenter	Presentation	Discussion	Action
<p>VII. Correctional Managed Health Care Hepatitis C and HIV Infection Policy Program Updates (Cont.)</p> <p>IX. Public Comments</p> <p>X. Adjourn</p>	<p>Dr. Zepeda concluded by announcing that the next step would be the adoption of the policy changes by the committee.</p> <p>Dr. de la Garza-Graham asked for approval of the HIV Policy change recommendations as there were no further comments or questions.</p> <p>Dr. de la Garza-Graham thanked Dr. Zepeda, and with no further questions, proceeded with the announcement of the acceptance of registered public comments.</p> <p>Dr. de la Garza-Graham noted in accordance of the CMHCC’s policy, during each meeting the public is given the opportunity to express comments. No one signed up to express public comment.</p> <p>Dr. de la Garza-Graham thanked everyone for attendance and adjourned the meeting at 2:40 p.m.</p>		<p>Dr. Berenzweig made a motion to approve the HIV Policy Updates and Dr. Raimer seconded the motion which prevailed unanimously.</p>

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

Date:

Consent Item

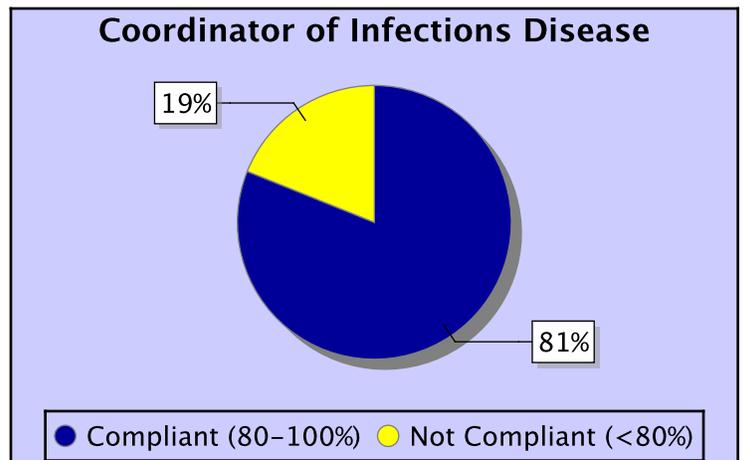
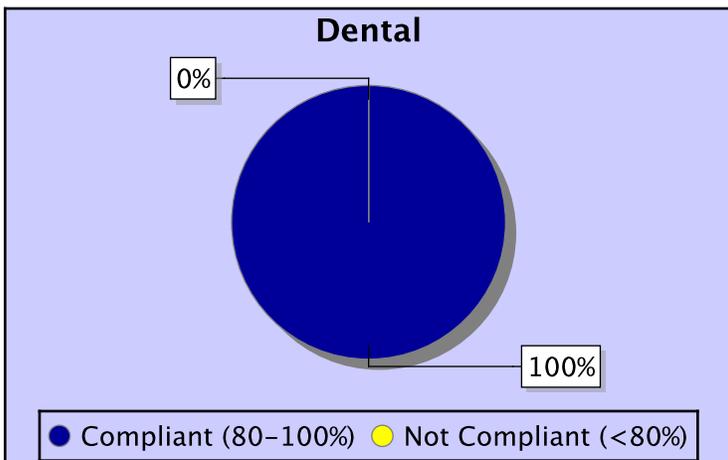
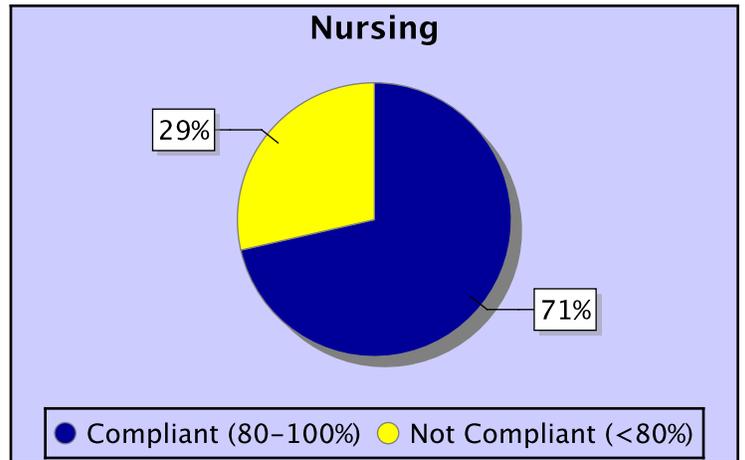
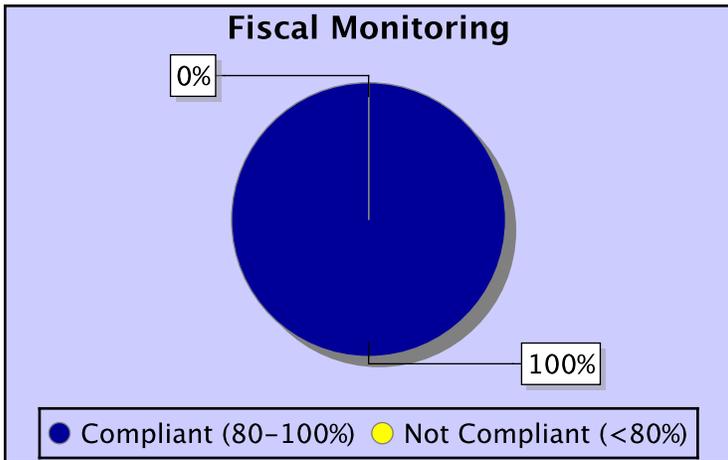
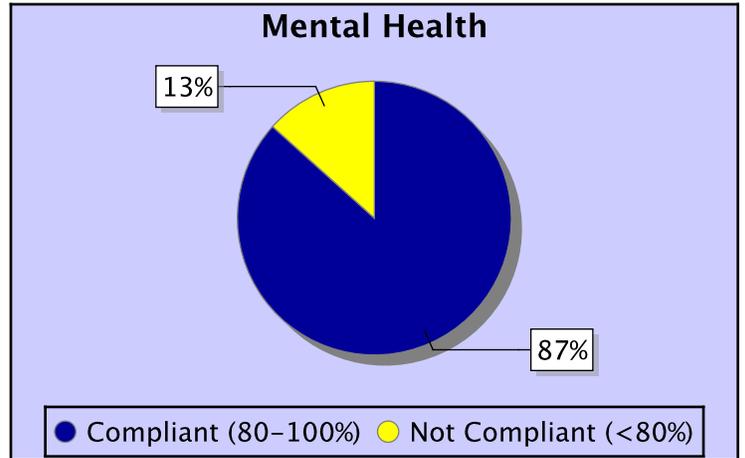
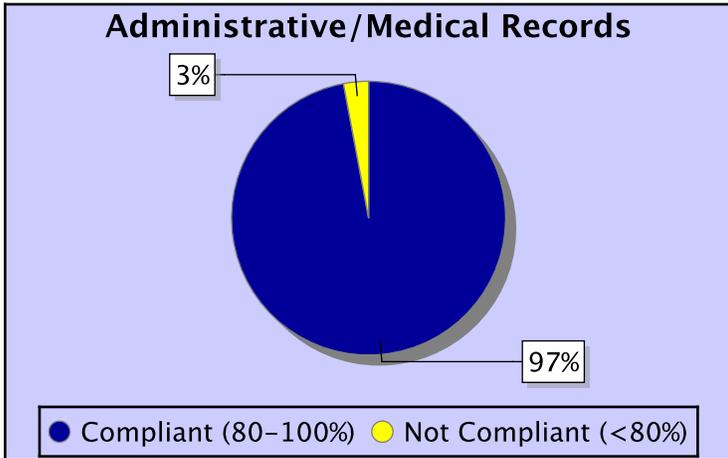
TDCJ Health Services
Monitoring Reports

Rate of Compliance with Standards by Operational Categories
 Second Quarter, Fiscal Year 2015
 December 2014 - February 2015

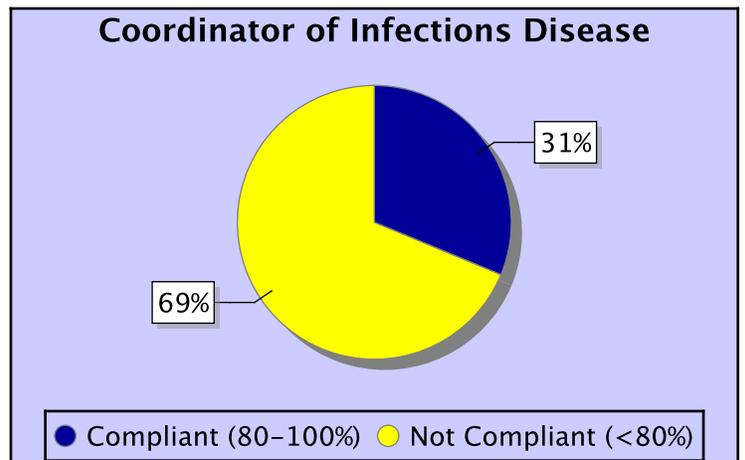
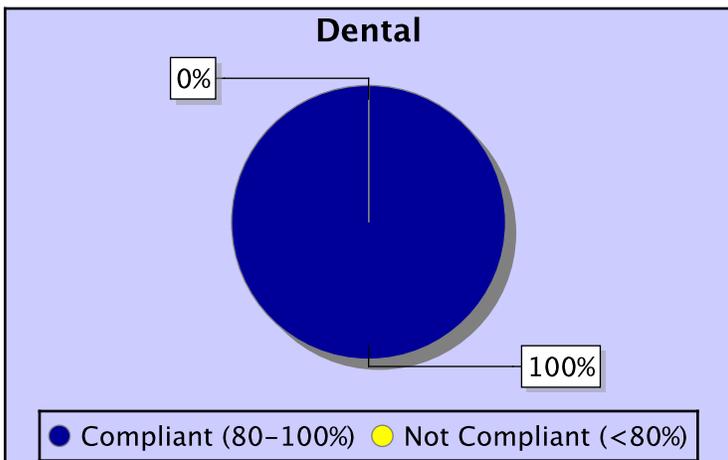
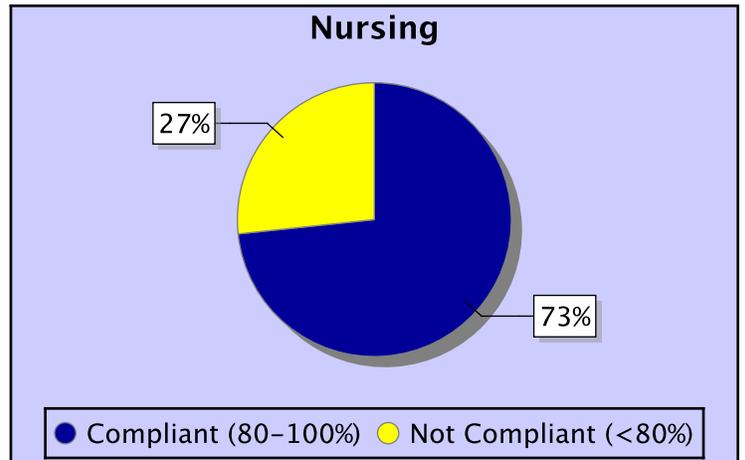
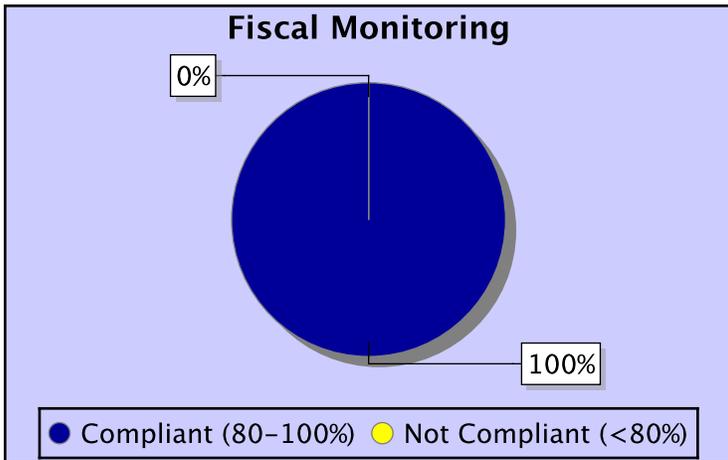
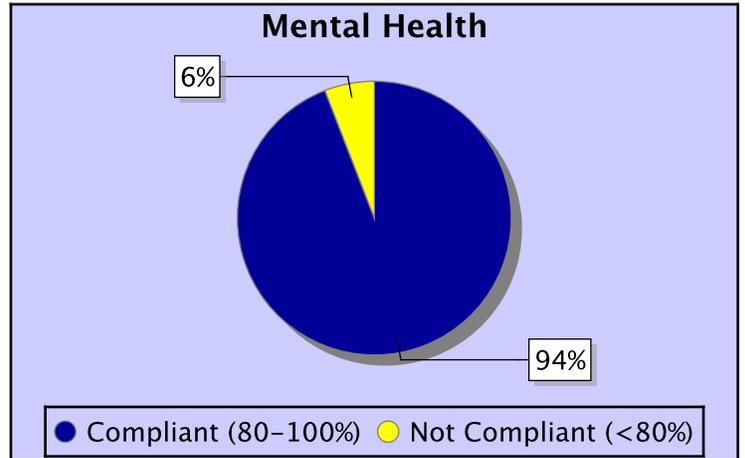
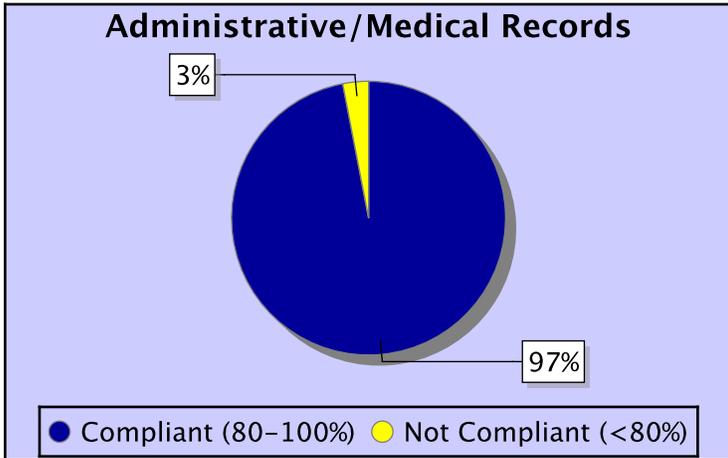
Unit	Operations/ Administration			General Medical/Nursing			Coordinator of Infectious Disease			Dental			Mental Health			Fiscal		
	<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance		<i>n</i>	Items 80% or Greater Compliance	
Beto	34	33	97%	21	15	71%	37	30	81%	11	11	100%	15	13	87%	6	6	100%
Coffield	33	32	97%	15	11	73%	32	10	31%	12	12	100%	17	16	94%	6	6	100%
Dominguez	33	33	100%	17	16	94%	33	27	82%	12	11	92%	19	18	95%	4	4	100%
Estelle	96	85	89%	55	28	51%	104	58	56%	25	20	80%	46	38	83%	4	4	100%
Ney	32	31	97%	15	14	93%	26	22	85%	11	11	100%	3	3	100%	4	4	100%
South Texas ISF	33	29	88%	13	2	15%	35	13	52%	10	4	40%	16	7	44%	NA	NA	NA
Stiles	34	33	97%	21	16	76%	39	26	67%	12	12	100%	19	13	68%	6	6	100%
Torres	33	33	100%	15	10	67%	16	10	62%	12	11	92%	3	3	100%	4	4	100%

n = number of applicable items audited.

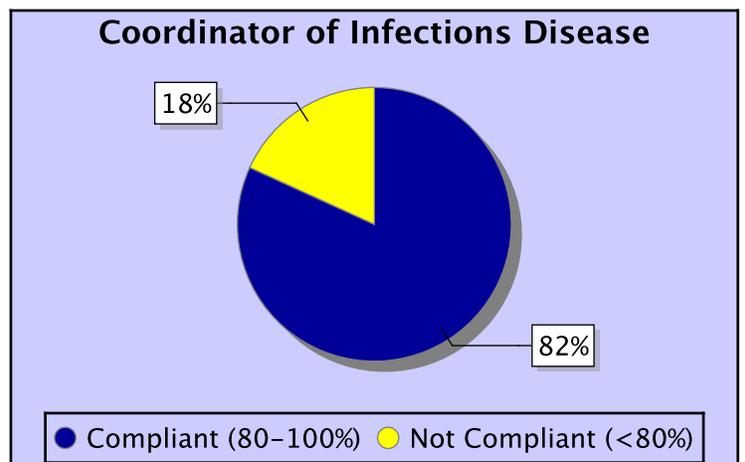
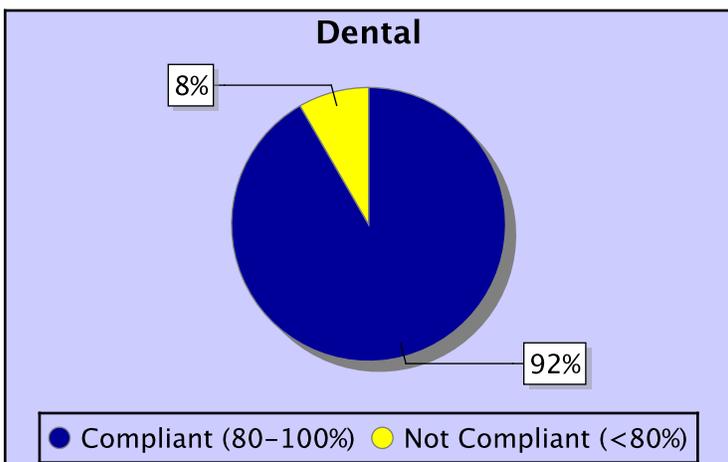
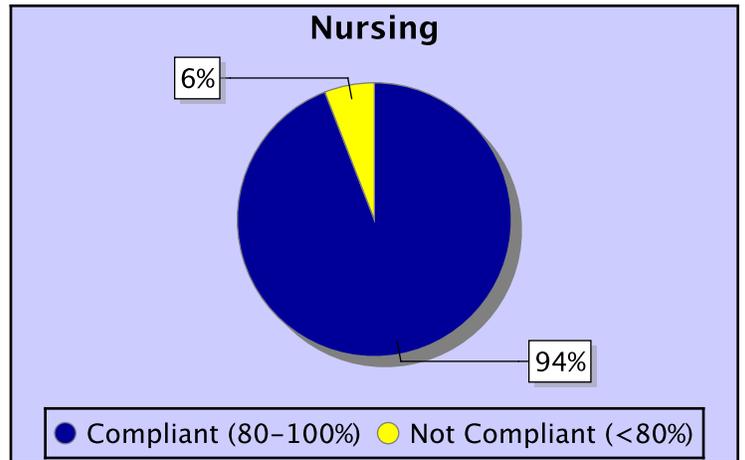
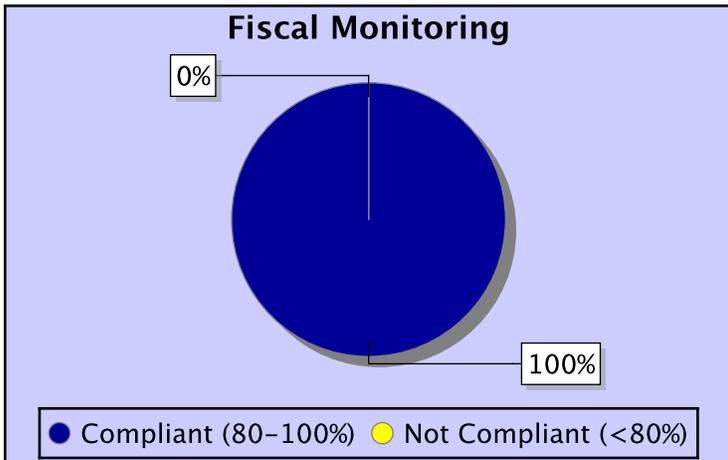
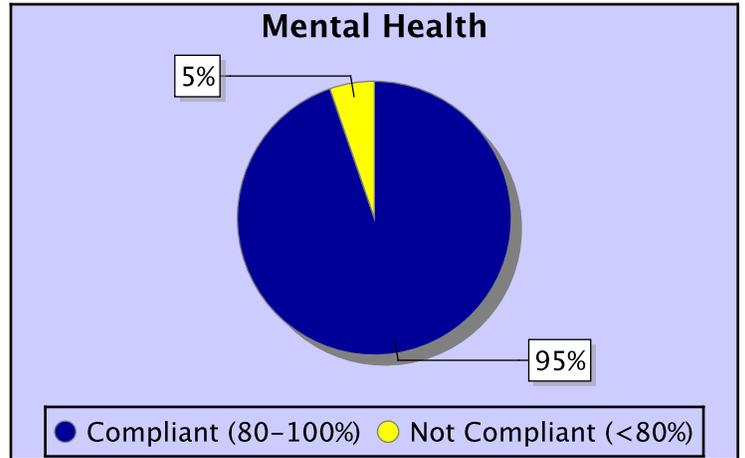
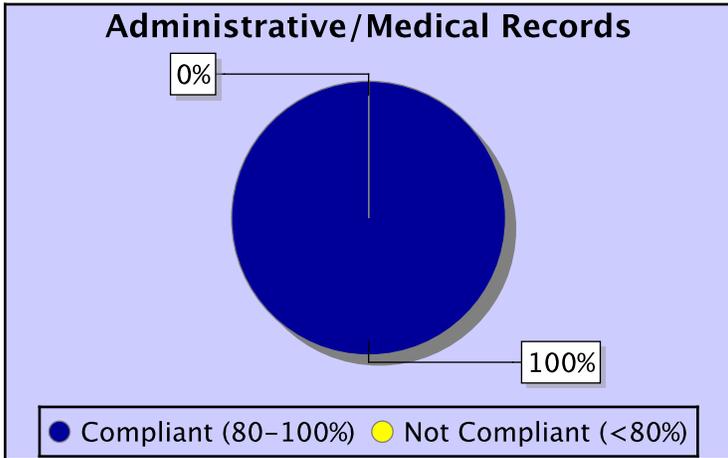
Compliance Rate By Operational Categories for
BETO FACILITY
January 05, 2015



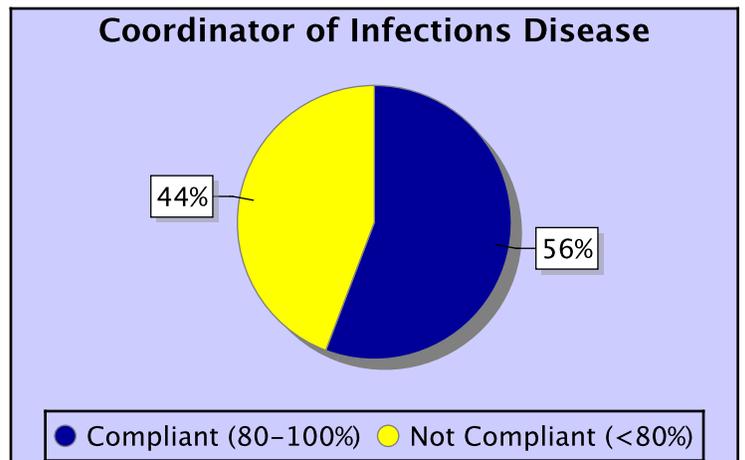
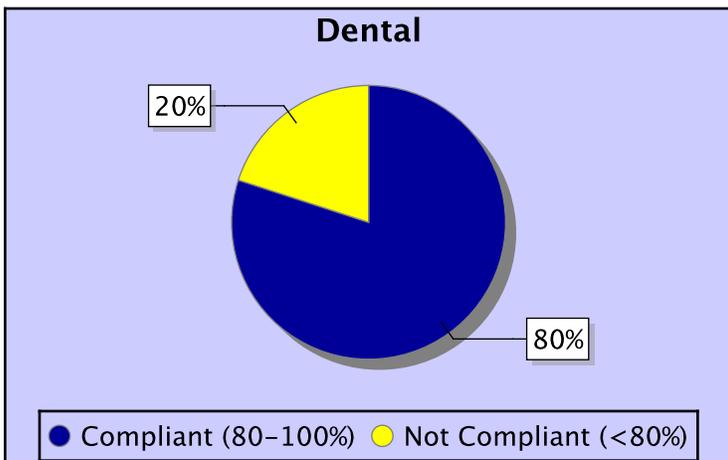
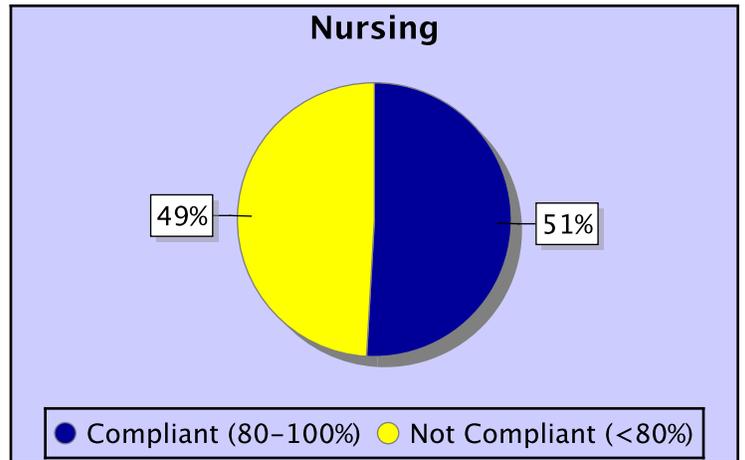
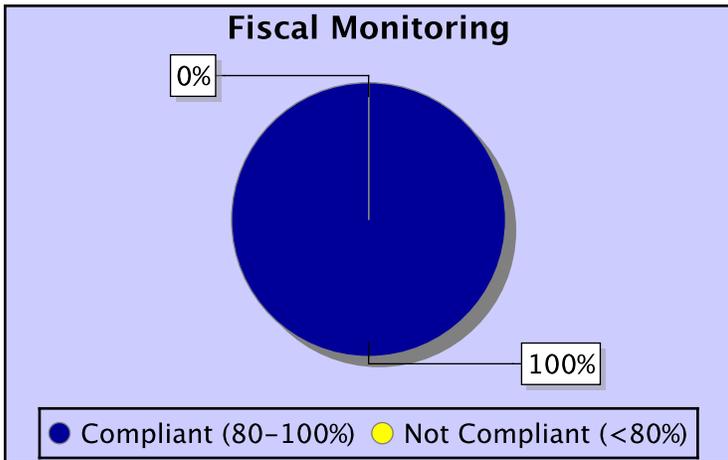
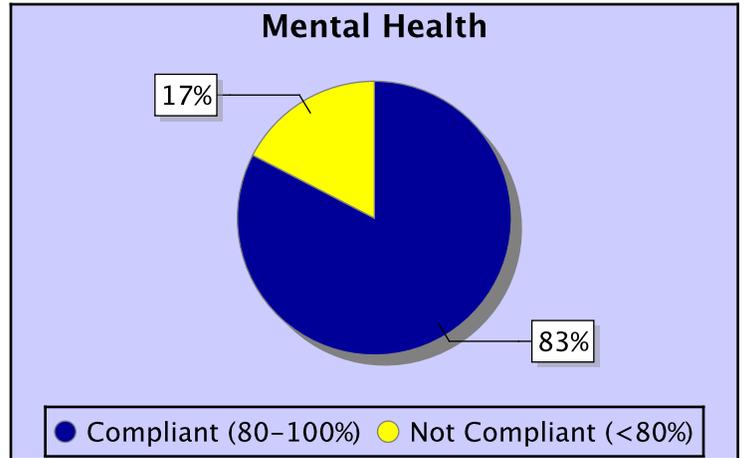
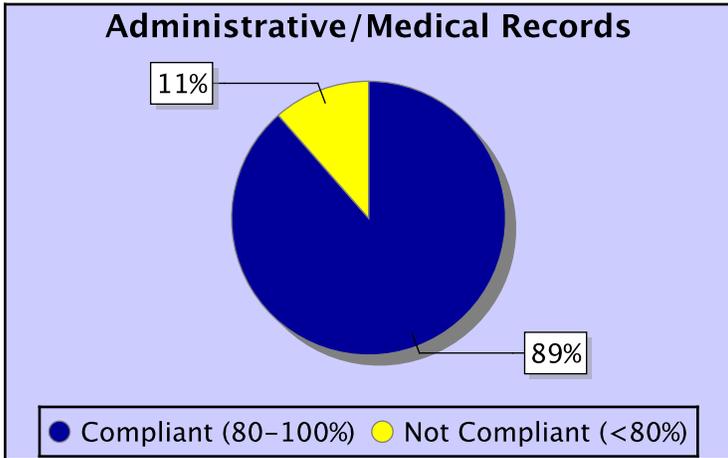
Compliance Rate By Operational Categories for
COFFIELD FACILITY
February 02, 2015



Compliance Rate By Operational Categories for
DOMINGUEZ FACILITY
December 02, 2014

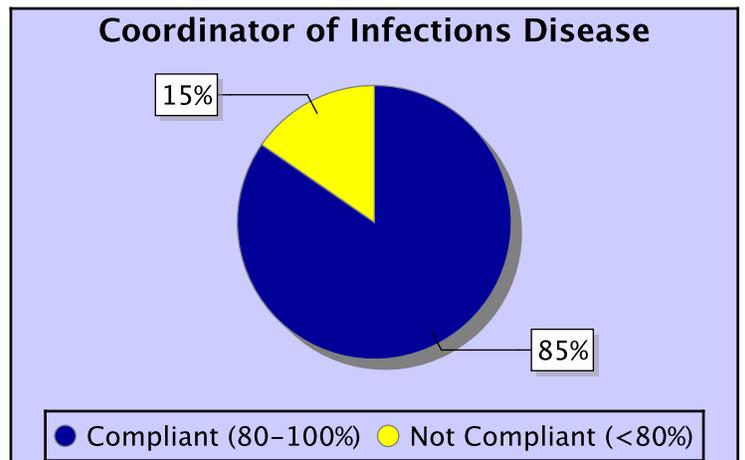
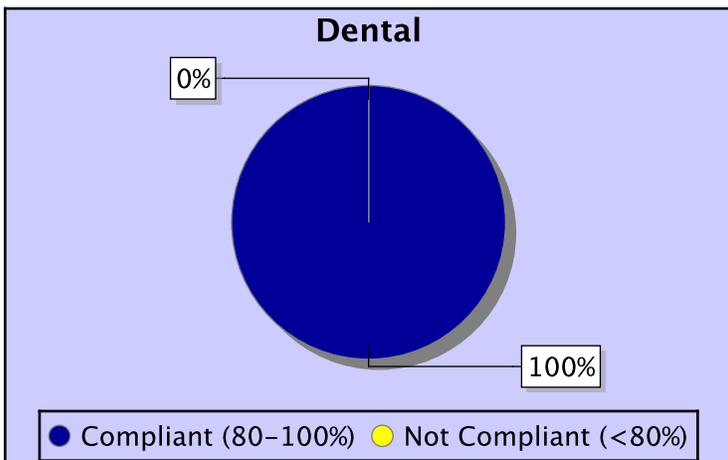
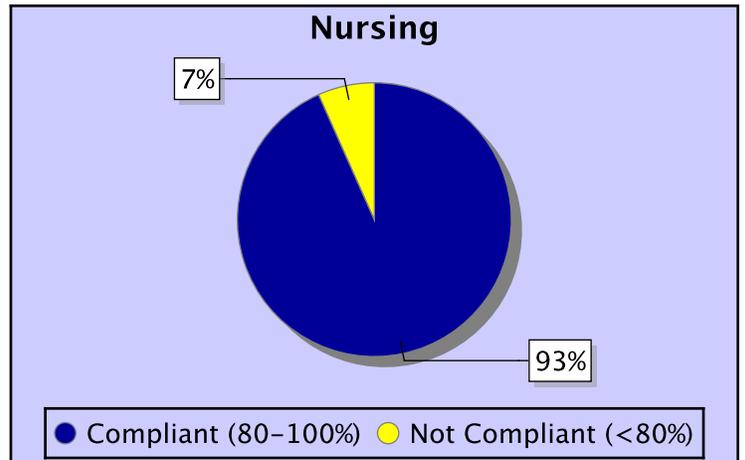
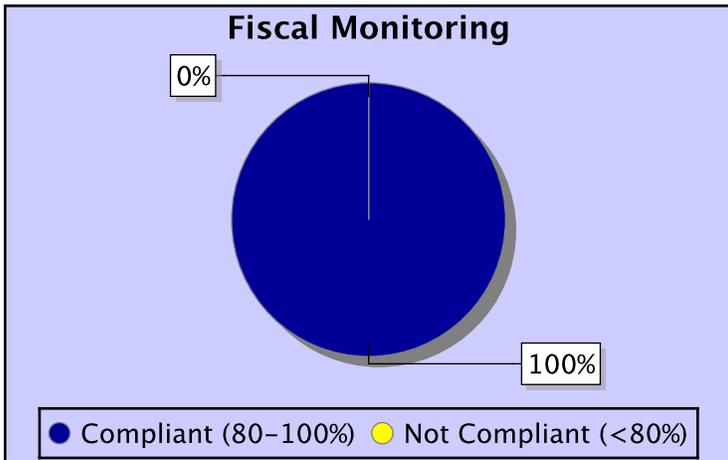
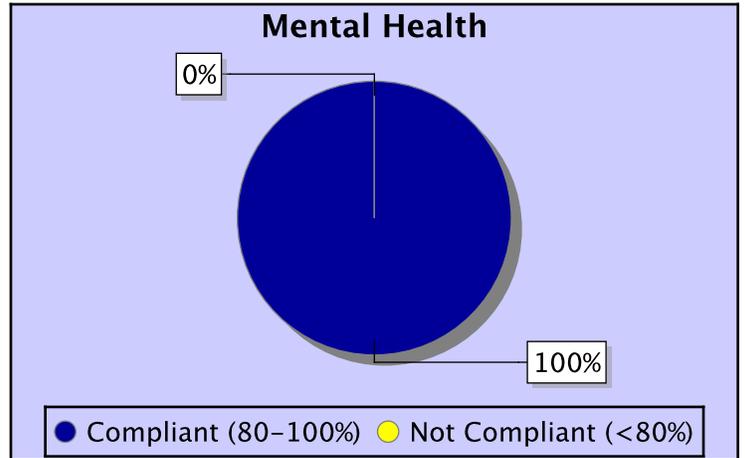
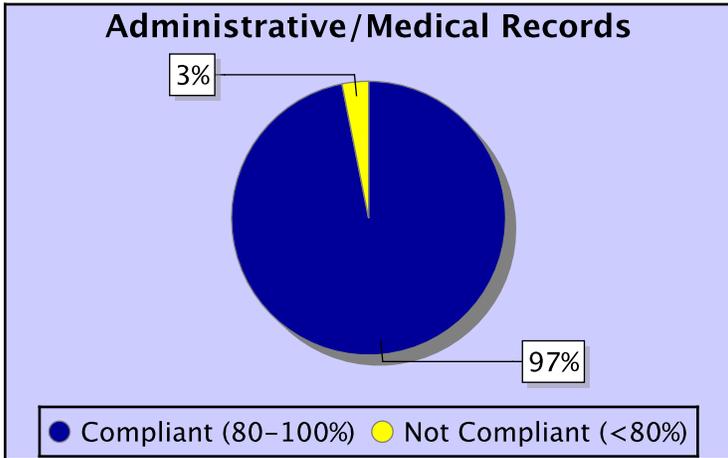


Compliance Rate By Operational Categories for
ESTELLE FACILITY
February 09, 2015



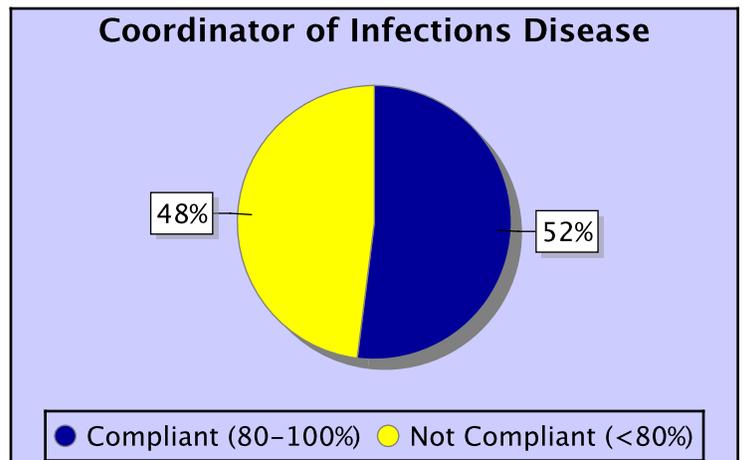
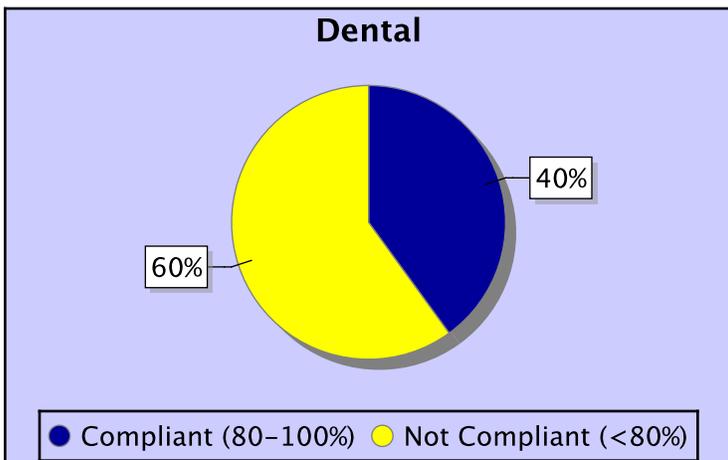
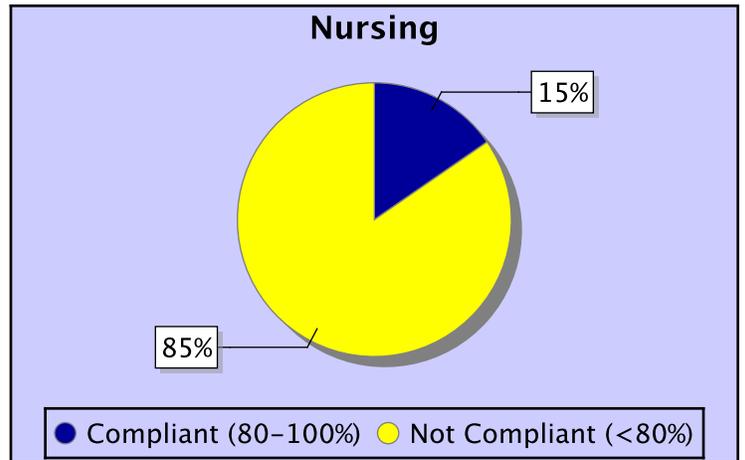
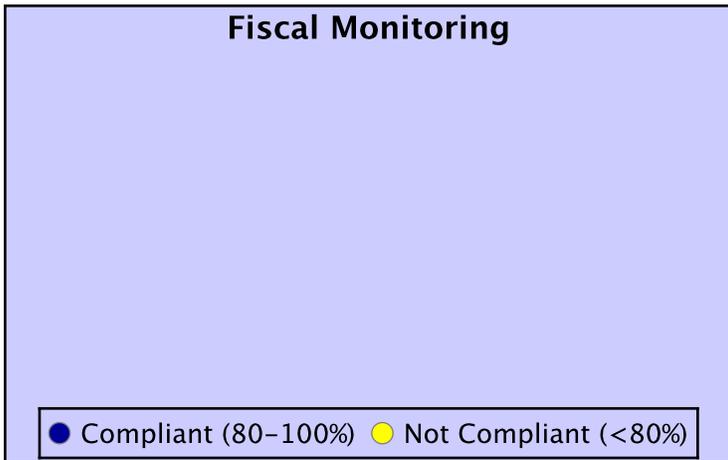
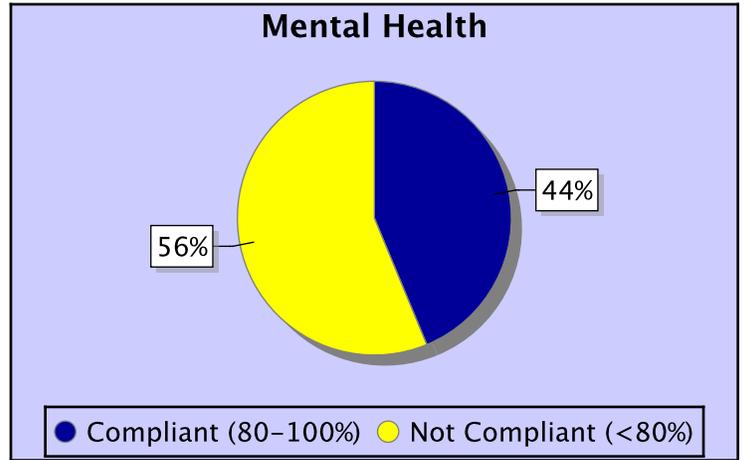
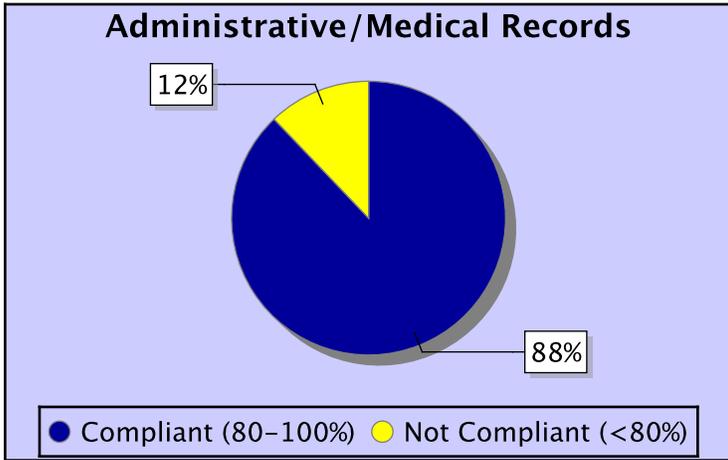
Compliance Rate By Operational Categories for NEY FACILITY

December 02, 2014

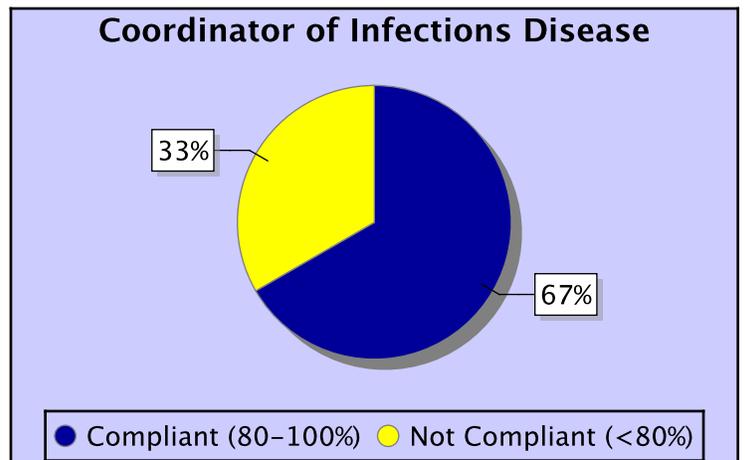
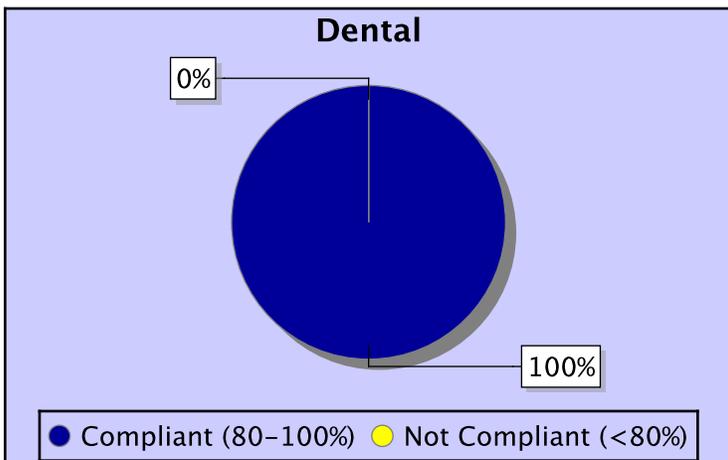
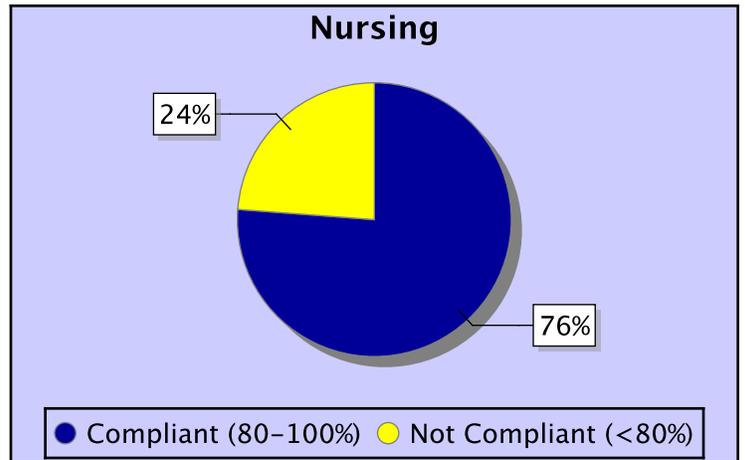
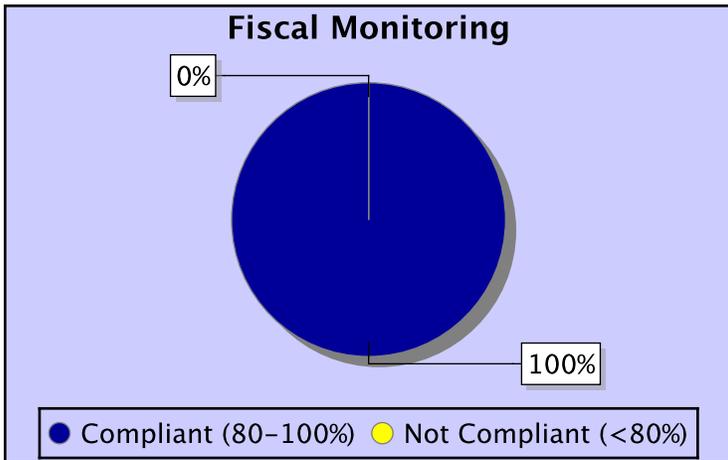
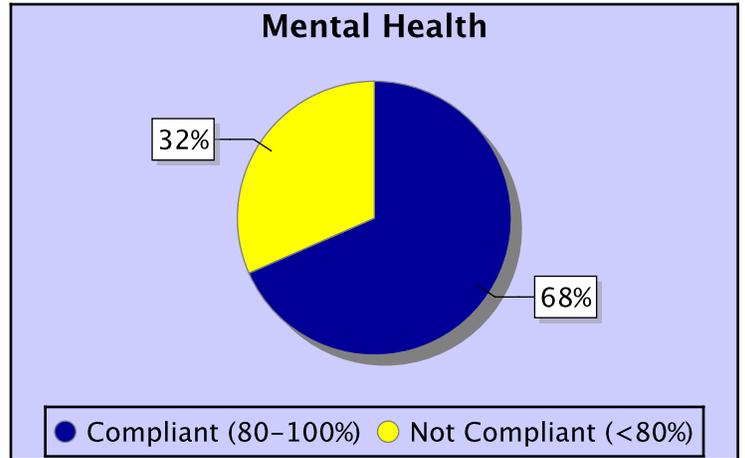
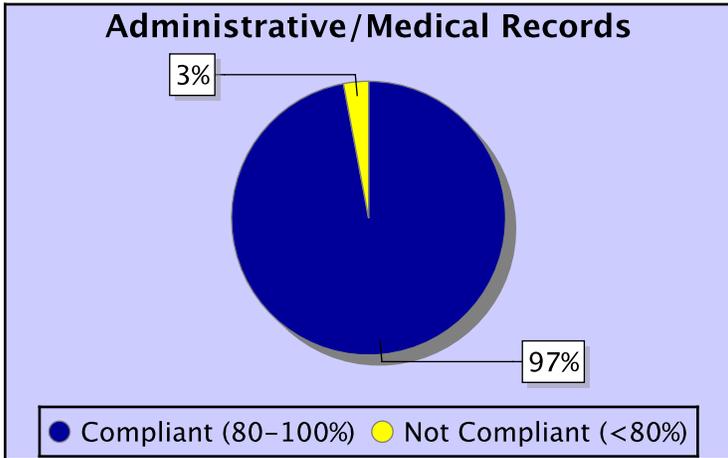


Compliance Rate By Operational Categories for SOUTH TEXAS ISF FACILITY

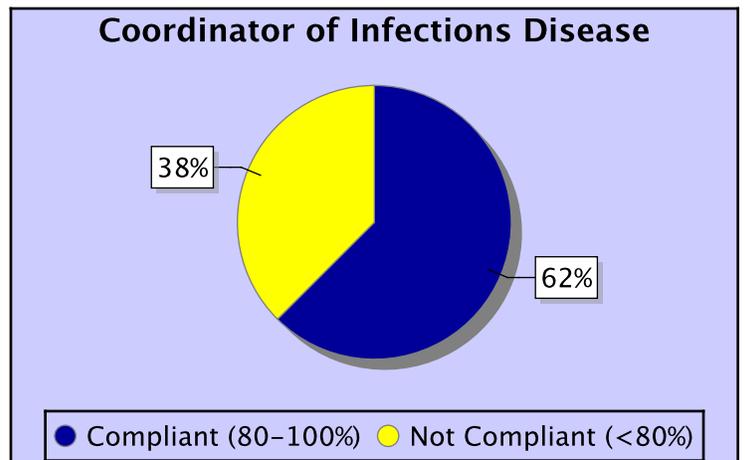
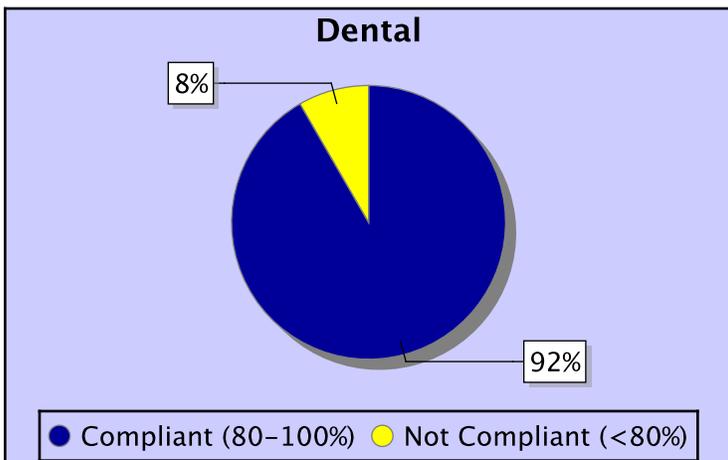
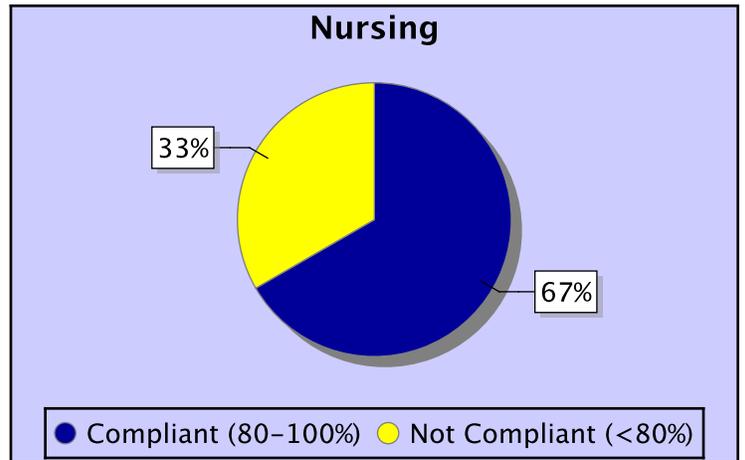
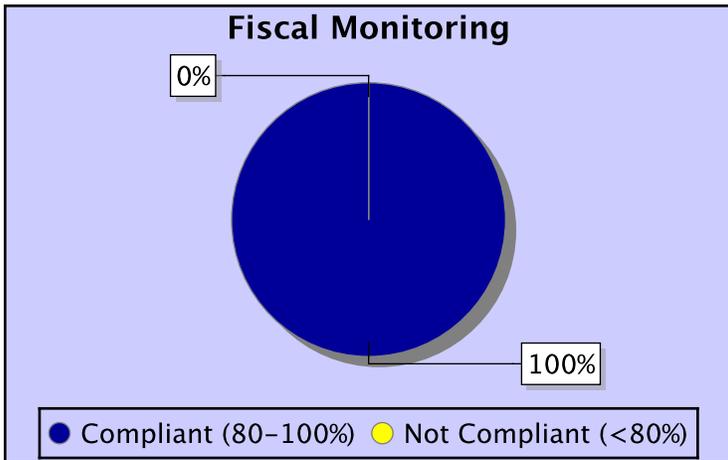
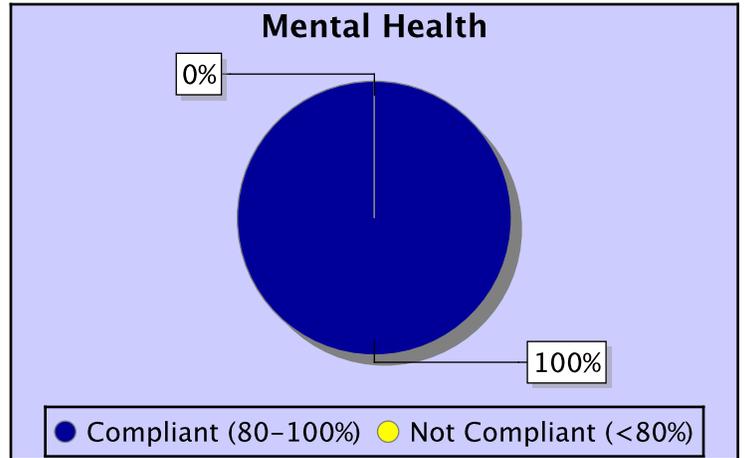
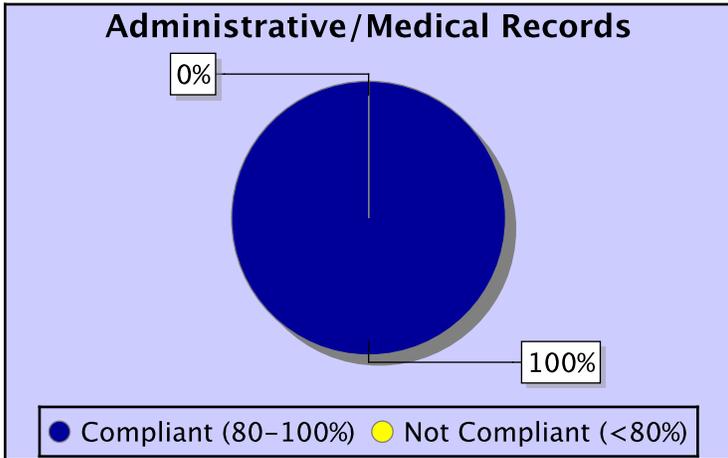
December 08, 2014



Compliance Rate By Operational Categories for
STILES FACILITY
January 05, 2015



Compliance Rate By Operational Categories for
TORRES FACILITY
December 02, 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*	
December	537	631	67	10.62%	44	8.24%	8	12	2.38%	3	0	0.00%	0
January	598	596	98	16.44%	74	13.42%	6	14	2.85%	3	1	0.17%	0
February	524	591	118	19.97%	64	11.84%	6	27	5.08%	3	2	0.34%	0
Totals:	1,659	1,818	283	15.57%	182	11.11%	20	53	3.41%	9	3	0.17%	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*	
December	615	624	18	2.88%	12	2.24%	2	2	0.64%	2	0	0.00%	0
January	728	621	42	6.76%	21	5.31%	12	6	1.13%	1	1	0.16%	0
February	676	526	53	10.08%	33	7.41%	6	6	1.33%	1	0	0.00%	0
Totals:	2,019	1,771	113	6.38%	66	4.86%	20	14	1.02%	4	1	0.06%	0
GRAND TOTAL=	3,678	3,589	396	11.03%									

*QOC= Quality of Care

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

December 2014

Reportable Condition	Reports			
	2014 This Month	2013 Same Month	2014 Year to Date*	2013 Year to Date*
Chlamydia	2	3	47	53
Gonorrhea	2	2	16	19
Syphilis	83	68	1052	935
Hepatitis A	0	0	0	0
Hepatitis B, acute	0	0	0	0
Hepatitis C, total and (acute [‡])	251	153	2480 (0)	3273 (0)
Human immunodeficiency virus (HIV) +, known at intake	190	210	2628	2348
HIV screens, intake	5612	5385	76392	75026
HIV +, intake	30	38	439	513
HIV screens, offender- and provider-requested	513	662	9844	10204
HIV +, offender- and provider-requested	1	2	11	10
HIV screens, pre-release	3343	3619	55885	53409
HIV +, pre-release	1	0	13	6
Acquired immune deficiency syndrome (AIDS)	1	3	49	61
Methicillin-resistant <i>Staph Aureus</i> (MRSA)	61	81	833	924
Methicillin-sensitive <i>Staph Aureus</i> (MSSA)	38	35	562	551
Occupational exposures of TDCJ staff	16	1	145	108
Occupational exposures of medical staff	0	1	39	23
HIV chemoprophylaxis initiation	3	1	25	20
Tuberculosis skin test (ie, PPD) +, intake	175	212	2614	2762
Tuberculosis skin test +, annual	43	4	400	49
Tuberculosis, known (ie, on tuberculosis medications) at intake	1	0	14	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)	2	1	30	13
Tuberculosis cases under management	28	16		
Peer education programs [¶]	0	0	100	99
Peer education educators [∞]	16	6	4,353	3,777
Peer education participants	5,506	6,190	75,097	72,242
Sexual assault in-service (sessions/units)	0	20/12	99/53	88/62
Sexual assault in-service participants	0	208	1213	1014
Alleged assaults and chart reviews	57	93	707	969
Bloodborne exposure labs drawn on offenders	29	20	224	201
New Sero-conversions d/t sexual assault ±	0	1	0	3

* 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

January 2015

Reportable Condition	Reports			
	2015 This Month	2014 Same Month	2015 Year to Date*	2014 Year to Date*
Chlamydia	7	3	7	3
Gonorrhea	2	2	2	2
Syphilis	58	97	58	97
Hepatitis A	0	0	0	0
Hepatitis B, acute	0	0	0	0
Hepatitis C, total and (acute [‡])	112	147	112	147
Human immunodeficiency virus (HIV) +, known at intake	267	201	267	201
HIV screens, intake	7195	6909	7195	6909
HIV +, intake	53	47	53	47
HIV screens, offender- and provider-requested	947	856	947	856
HIV +, offender- and provider-requested	1	1	1	1
HIV screens, pre-release	4683	4758	4683	4758
HIV +, pre-release	113	121	113	121
Acquired immune deficiency syndrome (AIDS)	1	0	1	0
Methicillin-resistant <i>Staph Aureus</i> (MRSA)	67	87	67	87
Methicillin-sensitive <i>Staph Aureus</i> (MSSA)	39	42	39	42
Occupational exposures of TDCJ staff	4	15	4	15
Occupational exposures of medical staff	2	4	2	4
HIV chemoprophylaxis initiation	0	1	0	1
Tuberculosis skin test (ie, PPD) +, intake	131	290	131	290
Tuberculosis skin test +, annual	53	7	53	7
Tuberculosis, known (ie, on tuberculosis medications) at intake	0	1	0	1
Tuberculosis, diagnosed at intake and attributed to county of origin (identified before 42 days of incarceration)	1	0	1	0
Tuberculosis, diagnosed during incarceration (identified after 42 days of incarceration)	1	1	1	1
Tuberculosis cases under management	25	18		
Peer education programs [¶]	0	0	100	99
Peer education educators [∞]	102	71	4,455	3,848
Peer education participants	6,346	6,659	6,946	6,659
Sexual assault in-service (sessions/units)	11/3	13/12	11/3	13/12
Sexual assault in-service participants	66	122	66	122
Alleged assaults and chart reviews	51	104	51	104
Bloodborne exposure labs drawn on offenders	18	17	18	17
New Sero-conversions d/t sexual assault ±	0	1	0	1

* 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

February 2015

Reportable Condition	Reports			
	2015 This Month	2014 Same Month	2015 Year to Date*	2014 Year to Date*
Chlamydia	8	6	15	9
Gonorrhea	2	0	4	2
Syphilis	71	94	129	191
Hepatitis A	0	0	0	0
Hepatitis B, acute	0	0	0	0
Hepatitis C, total and (acute [‡])	173	341	285	543
Human immunodeficiency virus (HIV) +, known at intake	180	223	447	402
HIV screens, intake	4763	6395	11958	12447
HIV +, intake	37	44	90	89
HIV screens, offender- and provider-requested	862	834	1809	1905
HIV +, offender- and provider-requested	1	0	2	3
HIV screens, pre-release	3706	3954	8389	2823
HIV +, pre-release	0	0	0	1
Acquired immune deficiency syndrome (AIDS)	2	1	3	3
Methicillin-resistant <i>Staph Aureus</i> (MRSA)	59	72	126	159
Methicillin-sensitive <i>Staph Aureus</i> (MSSA)	32	46	71	88
Occupational exposures of TDCJ staff	9	10	13	25
Occupational exposures of medical staff	2	1	4	5
HIV chemoprophylaxis initiation	4	1	4	2
Tuberculosis skin test (ie, PPD) +, intake	79	265	210	555
Tuberculosis skin test +, annual	46	7	99	14
Tuberculosis, known (ie, on tuberculosis medications) at intake	0	1	0	2
Tuberculosis, diagnosed at intake and attributed to county of origin (identified before 42 days of incarceration)	0	1	1	1
Tuberculosis, diagnosed during incarceration (identified after 42 days of incarceration)	2	0	3	1
Tuberculosis cases under management		18		
Peer education programs [¶]	0	0	100	99
Peer education educators [∞]	37	47	4,492	3,860
Peer education participants	5,147	5,915	11,493	12,482
Sexual assault in-service (sessions/units)	0/0	7/3	11/3	20/15
Sexual assault in-service participants	0	183	66	305
Alleged assaults and chart reviews	44	100	95	204
Bloodborne exposure labs drawn on offenders	14	14	32	31
New Sero-conversions d/t sexual assault ±	0	0	0	0

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

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

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

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

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

Health Services Liaison Utilization Review Hospital and Infirmiry Discharge Audit

During the Second Quarter of Fiscal Year 2015, ten percent of the UTMB and TTUHSC hospital and infirmiry discharges were audited. A total of 155 hospital discharge and 62 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	Charts Audited	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)	
December	6	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
January	5	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
February	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	0	N/A
Freeworld Hospital Discharges in UTMB Sector											
Month	Charts Audited	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)	
December	23	1	4.35%	1	4.35%	0	N/A	0	N/A	6	26.09%
January	22	2	9.09%	0	N/A	0	N/A	0	N/A	7	31.82%
February	25	1	4.00%	0	N/A	0	N/A	0	N/A	0	N/A
Total/Average		4	5.71%	1	1.43%	0	N/A	0	N/A	13	18.57%
UTMB Hospital Galveston Discharges											
Month	Charts Audited	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)	
December	24	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
January	23	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
February	22	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	Charts Audited	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)	
December	53	1	1.89%	1	1.89%	0	N/A	0	N/A	6	11.32%
January	50	2	4.00%	0	N/A	0	N/A	0	N/A	7	14.00%
February	52	1	1.92%	0	N/A	0	N/A	0	N/A	0	N/A
Total/Average		4	2.58%	1	0.65%	0	N/A	0	N/A	13	8.39%
Texas Tech Infirmiry Discharges											
Month	Charts Audited	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)	
December	13	4	30.77%	0	N/A	0	N/A	0	N/A	0	N/A
January	13	1	7.69%	0	N/A	0	N/A	0	N/A	0	N/A
February	9	2	22.22%	0	N/A	0	N/A	0	N/A	0	N/A
Total/Average		7	20.00%	0	N/A	0	N/A	0	N/A	0	N/A
UTMB Infirmiry Discharges											
Month	Charts Audited	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)	
December	9	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
January	9	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
February	9	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 Infirmiry Discharges (Texas Tech and UTMB)											
Month	Charts Audited	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)	
December	22	4	18.18%	0	N/A	0	N/A	0	N/A	0	N/A
January	22	1	4.55%	0	N/A	0	N/A	0	N/A	0	N/A
February	18	2	11.11%	0	N/A	0	N/A	0	N/A	0	N/A
Total/Average		7	11.29%	0	N/A	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. 4. The offender required unscheduled medical care related to the admitting diagnosis within the first seven days after discharge. 5. Discharge information was not available in the offender's electronic medical record within 24 hours of arriving at the unit.

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

December 2014	Numbered Property On Inventory Report	Total Number of Deletions	Total Number of Transfers	Total Number of New Equipment
Dominguez	49	0	0	0
Ney	19	0	0	0
South Texas ISF	NA	NA	NA	NA
Torres	24	0	0	0
Total	92	0	0	0

January 2015	Numbered Property On Inventory Report	Total Number of Deletions	Total Number of Transfers	Total Number of New Equipment
Beto	87	5	4	3
Stiles	84	0	2	1
Total	171	5	6	4

February 2015	Numbered Property On Inventory Report	Total Number of Deletions	Total Number of Transfers	Total Number of New Equipment
Coffield	62	0	0	0
Estelle	209	0	0	0
Total	271	0	0	0

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

Audit Tools	December	January	February	Total
Total number of units audited	4	2	2	8
Total numbered property	92	171	271	534
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
Second Quarter FY-2015**

University of Texas Medical Branch

Unit	Audit Date	% Compliance	
		Mandatory	Non-Mandatory
Telford	December 1, 2014	100%	98.1%
Terrell	December 8, 2014	100%	98.4%
Young	December 10, 2014	100%	99.3%
Coffield	January 12, 2015	100%	97.7%
Connally	January 26, 2015	100%	98.2%
Ferguson	February 23, 2015	100%	98.1%

Texas Tech University Health Science Center

Unit	Audit Date	% Compliance	
		Mandatory	Non-Mandatory
Sayle	February 2, 2015	100%	98.8%

The 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.

Executive Services
Active Monthly Academic Research Projects
Correctional Institutions Division

FY-2015 Second Quarterly Report: December, January and February

Project Number: 103-RL01

<u>Researcher:</u> Holly Miller	<u>IRB Number:</u> M20020807	<u>IRB Expiration Date:</u> 7/21/2006	<u>Research Began:</u> 11/1/2001
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<u>Title of Research:</u> Psychopathy, Static Risk, and Dynamic Risk among Sexual Offenders	<u>Data Collection Began:</u> 12/1/2001
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<u>Proponent:</u> Sam Houston State University	<u>Data Collection End:</u> 8/1/2004
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<u>Project Status:</u> Data Analysis	<u>Progress Report Due:</u> 7/16/2014	<u>Projected Completion:</u> 7/21/2016
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Project Number: 202-RL02

<u>Researcher:</u> Kymn Kochanek	<u>IRB Number:</u> 020502	<u>IRB Expiration Date:</u> 4/3/2015	<u>Research Began:</u> 5/1/2002
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<u>Title of Research:</u> National Longitudinal Survey of Youth 1997 (for Bureau of Labor Statistics)	<u>Data Collection Began:</u> 9/1/2013
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<u>Proponent:</u> NORC at the University of Chicago	<u>Data Collection End:</u> 7/31/2014
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<u>Project Status:</u> Data Analysis-Round 16 complete	<u>Progress Report Due:</u> 9/4/2015	<u>Projected Completion:</u> 11/15/2015
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Project Number: 221-RL02

<u>Researcher:</u> Kymn Kochanek	<u>IRB Number:</u> 000967	<u>IRB Expiration Date:</u> 5/20/2015	<u>Research Began:</u> 6/6/2002
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<u>Title of Research:</u> National Longitudinal Survey of Youth 1979 (for Bureau of Labor Statistics)	<u>Data Collection Began:</u> 10/1/2014
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<u>Proponent:</u> NORC at the University of Chicago	<u>Data Collection End:</u>
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<u>Project Status:</u> Data Collection-Round 26	<u>Progress Report Due:</u> 9/4/2015	<u>Projected Completion:</u> 11/15/2015
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Project Number: 434-RL04

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

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

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

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

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

Data Collection End:

Proponent:

Sam Houston State University

Project Status:

Data Collection

Progress Report Due:

8/27/2015

Projected Completion:

1/1/2018

Project Number: 591-AR09

Researcher:

Wayne Lehman

IRB Number:

Sum08-13

IRB Expiration Date:

8/31/2012

Research Began:

5/20/2010

Title of Research:

Sustainable HIV Risk Reduction Strategies for CJ Systems

Data Collection Began:

5/20/2010

Data Collection End:

7/2/2011

Proponent:

Texas Christian University/NIDA

Project Status:

Data Analysis

Progress Report Due:

8/27/2015

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

Data Collection End:

4/29/2010

Proponent:

University of Texas–Austin

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

Data Collection End:

Proponent:

Texas Christian University

Project Status:

Data Collection

Progress Report Due:

7/13/2015

Projected Completion:

7/31/2016

Project Number: 622-AR11

Researcher:

Andrew Wiegand

IRB Number:

00003522

IRB Expiration Date:

12/18/2015

Research Began:

7/14/2011

Title of Research:

Evaluation of the Reintegration of
Ex-Offenders (RExO) Project

Data Collection Began:

3/28/2012

Data Collection End:

Proponent:

Social Policy Research Associates

Project Status:

Data Collection

Progress Report Due:

9/4/2015

Projected Completion:

6/14/2015

Project Number: 629-AR11

Researcher:

Jurg Gerber

IRB Number:

2011-03-071

IRB Expiration Date:

5/6/2012

Research Began:

10/25/2011

Title of Research:

Perception of Family and Community Support
among Released Felons in the State of Texas

Data Collection Began:

10/25/2011

Data Collection End:

4/2/2012

Proponent:

Sam Houston State University

Project Status:

Data Analysis

Progress Report Due:

9/4/2015

Projected Completion:

12/31/2015

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:
9/2/2015

Projected Completion:
8/31/2015

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:
8/30/2013

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

Data Collection Began:
9/3/2013

Data Collection End:
9/1/2014

Proponent:
Sam Houston State University

Project Status:
Data Analysis

Progress Report Due:
8/27/2015

Projected Completion:
4/15/2015

Project Number: 681-AR13

Researcher:
Sheremetria Taylor

IRB Number:
Exempt

IRB Expiration Date:

Research Began:
6/20/2013

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

Data Collection Began:
4/30/2014

Data Collection End:
9/30/2014

Proponent:
Capella University–Minneapolis

Project Status:
Data Analysis

Progress Report Due:
6/17/2015

Projected Completion:
2/15/2015

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

Data Collection End:

6/12/2014

Proponent:

Sam Houston State University

Project Status:

Data Analysis

Progress Report Due:

7/21/2015

Projected Completion:

6/30/2015

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

Data Collection End:

6/13/2014

Proponent:

United States Department of Education

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:

Data Collection End:

Proponent:

George Mason University/MDRC

Project Status:

Pending New IRB
Due to project changes

Progress Report Due:

6/18/2015

Projected Completion:

Project Number: 697-AR14

Researcher:
Jodi Walton

IRB Number:
0003522

IRB Expiration Date:
9/30/2015

Research Began:
12/15/2014

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

Data Collection Began:
12/15/2014

Proponent:
MDRC

Data Collection End:

Project Status:
Data Collection

Progress Report Due:
3/15/2015

Projected Completion:

Project Number: 715-AR14

Researcher:
Shannon Carey

IRB Number:
HSRRC 121177

IRB Expiration Date:
6/4/2015

Research Began:
1/9/2015

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

Data Collection Began:
1/9/2015

Proponent:
NPC Research

Data Collection End:

Project Status:
Data Collection

Progress Report Due:
4/9/2015

Projected Completion:

Executive Services
Pending Monthly Academic Research Projects
Correctional Institutions Division

FY-2015 Second Quarterly Report: December, January and February

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 9/16/14
Researchers response to conditions sent to Zamora on 9/17/14

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

Review Status:
Pending IRB Approval
Pending OGC Review
Pending Researcher Response

Detail:
Sent researcher letter 10/7/14 on issues/questions
to be addressed from OGC

Project Number: 716-AR14

Researcher:
Janet Mullings

IRB Number:
2014-09-19302

Application Received:
11/3/2014

Application Completed:
11/14/2014

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

Division Review Requested:
1/5/2015

Proponent:
Sam Houston State University

Reviewer:
Pending

Review Status:
Pending Executive Services
Review of DR's

Detail:
Reviewing CID and RPD division reviews

Project Number: 717-AR14

Researcher:
James Estrada

IRB Number:

Application Received:
12/5/2014

Application Completed:
1/30/2015

Title of Research:
The Impact of Understaffing on Correctional
Officers in Texas Prisons

Division Review Requested:
2/24/2015

Proponent:
Capella University

Reviewer:
Pending

Review Status:
Pending CID Review

Detail:
Sent to CID for Division Review on 2/24/2015

Project Number: 718-AR14

Researcher:
Kevin Reitz

IRB Number:

Application Received:
11/13/2014

Application Completed:
12/1/2014

Title of Research:
Probation Violations and Revocations Study

Division Review Requested:
1/28/2015

Proponent:
Robina Institute of Criminal Law -
Criminal Justice at the University

Reviewer:
Pending

Review Status:
Pending CJAD Review

Detail:
Sent to CJAD for Division Review on 1/28/2015

Project Number: 720-AR14

Researcher:
George Day

IRB Number:

Application Received:
12/1/2014

Application Completed:
1/15/2015

Title of Research:
Causes of Recidivism among Faith Based Prison
and Aftercare Program Participants

Division Review Requested:
2/23/2015

Proponent:
East Texas Baptist University

Reviewer:
Pending

Review Status:
Pending CID, RPD and
PFCMOD Review

Detail:
Sent to CID, RPD and PFCMOD for Division Review on 2/23/2015

Project Number: 722-AR15

Researcher:
Bruce Taylor

IRB Number:
00000967

Application Received:
1/7/2015

Application Completed:
2/11/2015

Title of Research:
Decision-making Factors Influencing the
Wearing of Body Armor: A National Study

Division Review Requested:
2/23/2015

Proponent:
NORC at the University of Chicago

Reviewer:
Pending

Review Status:
Pending CID and
PFCMOD Review

Detail:
Sent to CID and PFCMOD for Division Review on 2/23/2015

Project Number: 723-AR15

Researcher:
David Pyrooz

IRB Number:
00001971

Application Received:
2/10/2015

Application Completed:
2/20/2015

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

Division Review Requested:
2/24/2015

Proponent:
Sam Houston State University

Reviewer:
Pending

Review Status:
Pending CID and OGC Review

Detail:
Sent to CID and OGC for Division Review on 2/24/2015

Executive Services
Active Monthly Medical Research Projects
Health Services Division

FY-2015 Second Quarterly Report: December, January and February

Project Number: 615-RM10

<u>Researcher:</u> John Petersen	<u>IRB Number:</u> 11-069	<u>IRB Expiration Date:</u> 12/19/2015	<u>Research Began:</u> 9/12/2013
--	-------------------------------------	--	--

<u>Title of Research:</u> Serum Markers of Hepatocellular Cancer	<u>Data Collection Began:</u> 1/1/2014
--	--

<u>Proponent:</u> UTMB	<u>Data Collection End:</u>
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<u>Project Status:</u> Data Collection	<u>Progress Report Due:</u> 8/27/2015	<u>Projected Completion:</u> 1/1/2020
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Project Number: 623-RM11

<u>Researcher:</u> Maurice Willis	<u>IRB Number:</u> 10-191	<u>IRB Expiration Date:</u> 4/25/2015	<u>Research Began:</u> 11/23/2011
---	-------------------------------------	---	---

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

<u>Proponent:</u> UTMB	<u>Data Collection End:</u>
----------------------------------	------------------------------------

<u>Project Status:</u> Data Collection	<u>Progress Report Due:</u> 3/4/2015	<u>Projected Completion:</u> 3/31/2015
--	--	--

Project Number: 703-RM14

Researcher:

Joseph Sonstein

IRB Number:

13-037

IRB Expiration Date:

1/26/2016

Research Began:

12/15/2014

Title of Research:

Prostate Cancer in the Texas Prison System

Data Collection Began:

12/22/2014

Data Collection End:

Proponent:

UTMB

Project Status:

Data Collection

Progress Report Due:

3/15/2015

Projected Completion:

1/26/2016

Project Number: 719-RM14

Researcher:

Maria Diaz

IRB Number:

14-0389

IRB Expiration Date:

10/24/2015

Research Began:

2/27/2015

Title of Research:

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

Data Collection Began:

2/27/2015

Data Collection End:

Proponent:

UTMB-Correctional Managed Care Pharmacy

Project Status:

Data Collection

Progress Report Due:

5/20/2015

Projected Completion:

Executive Services
Pending Monthly Medical Research Projects
Health Services Division

FY-2015 Second Quarterly Report: December, January and February

Project Number: 689-RM13

Researcher:
Troy Quast

IRB Number:
2013-12371

Application Received:
11/7/2013

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 9/11/14

Project Number: 698-RM14

Researcher:
Lindsey Hunter-Ellul

IRB Number:
140010

Application Received:
3/27/2014

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:
1/29/2015

Proponent:
UTMB

Reviewer:
Pending

Review Status:
Pending OGC Review

Detail:
Sent to OGC for Division Review on 1/29/15

Project Number: 705-RM14

Researcher:
Mostafa Borahay

IRB Number:
13-0428

Application Received:
3/13/2014

Application Completed:
3/27/2014

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

Division Review Requested:
1/22/2015

Proponent:
UTMB

Reviewer:
Approved

Review Status:
Pending Receipt of Research Agreement

Detail:
Sent approval letter/agreement to researcher for completion 3/5/15

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:

1/22/2015

Proponent:

UTMB

Reviewer:

Approved

Review Status:

Pending Receipt of
Research Agreement

Detail:

Sent approval letter/agreement to researcher
for completion 3/5/15

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:

1/23/2015

Proponent:

UTMB

Reviewer:

Approved

Review Status:

Pending Receipt of
Research Agreement

Detail:

Sent approval letter/agreement to researcher
for completion 3/5/15

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:

1/29/2015

Proponent:

UTMB

Reviewer:

Pending

Review Status:

Pending OGC Review

Detail:

Sent to OGC for Division Review on 1/29/15

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 12/5/14

Project Number: 721-RM15

Researcher:
Jacques Baillargeon

IRB Number:
14-0283

Application Received:
1/16/2015

Application Completed:
2/4/2015

Title of Research:
Epidemiology in the Texas Prison System

Division Review Requested:
2/24/2015

Proponent:
UTMB

Reviewer:
Pending

Review Status:
Pending University Medical Director Approval – UTMB

Detail:
Sent to Dr. Murray for Division Review on 2/24/15

Project Number: 724-RM15

Researcher:
Zbigniew Gugala

IRB Number:
14-0351

Application Received:
2/3/2015

Application Completed:
2/24/2015

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

Division Review Requested:
3/4/2015

Proponent:
UTMB

Reviewer:
Pending

Review Status:
Pending University Medical Director Approval – UTMB

Detail:
Sent to Dr. Murray for Division Review on 3/4/15

2nd 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
12/3-4/2014	Hughes	445	365	1	10	100	100	100	100
12/10-11/2014	Michael	377	347	0	11	100	100	100	100
12/17-18/2014	Estelle ECB	442	362	0	9	100	100	100	100
12/18/2014	Pack	11	11	0	0	100	100	100	100
01/07-08/2015	Stiles	416	361	1	6	100	100	100	100
01/08/2015	Clemens	9	9	1	5	100	N/A	N/A	N/A
01/13/2015	Lychner	10	10	0	0	100	88	88	88
01/13/2015	Gist	16	16	0	0	100	100	100	100
01/14-15/2015	Telford	456	364	0	7	100	100	100	100
02/03-04/2015	Ferguson	264	216	1	6	100	100	100	100
02/11/2015	Bartlett	6	6	0	0	100	100	100	50
02/11-12/2015	Coffield	432	374	0	6	100	100	100	100
02/12/2015	Travis	8	8	1	0	100	100	100	100
02/17-18/2015	Robertson	298	233	0	6	100	100	100	100
02/24-25/2015	Eastham	241	204	0	5	100	100	100	100
Total	15	3,431	2,886	5	71				

INTAKE MENTAL HEALTH EVALUATION (MHE) AUDIT

Conducted in 2nd Quarter of 2015

Period Audited—December 2014, January, and February 2015

FACILITY	Charts Reviewed	Charts Requiring MHE (1)	MHE's completed within 14 days (at Intake Unit)	Charts Excluded (2)	MHE Audit Score
Bartlett State Jail	11	11	11	0	100
Bradshaw State Jail	20	20	1	0	5
Byrd Unit	20	19	19	1	100
Dominguez State Jail	20	20	20	0	100
Formby State Jail	5	5	4	0	80
Garza Transfer Facility	20	19	19	1	100
Gist State Jail	11	11	9	0	82
Glossbrenner SAFPF	7	7	7	0	100
Gurney Transfer Facility	20	18	9	2	50
Halbert SAFPF	18	16	14	2	89
Holliday Transfer Facility	20	20	20	0	100
Hutchins State Jail	20	18	6	2	33
Jester I SAFPF	12	12	12	0	100
Johnston SAFPF	8	8	8	0	100
Kyle SAFPF	0	0	0	0	N/A
Lindsey State Jail	11	11	10	0	91
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	13	13	9	0	69
Sanchez State Jail	4	4	4	0	100
Sayle SAFPF	6	6	5	0	83
Travis State Jail	13	13	9	0	69
Woodman State Jail	20	20	19	0	95
GRAND TOTAL	339	331	271	8	

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

2nd Quarter 2015

Audits Conducted in December 2014, January, and February 2015

UNIT	Audit Month	Compelled Medication Cases Documented in Medical Record ¹
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		Reviewed	Applicable	Compliant	Score	Corrective Action
Clements	November	N/A	N/A	N/A	N/A	None
Jester IV	November	2	2	2	100	None
Montford	November	6	6	5	83	CAP Requested
Skyview	November	4	4	4	100	None

		Reviewed	Applicable	Compliant	Score	Corrective Action
Clements	December	N/A	N/A	N/A	N/A	None
Jester IV	December	3	3	3	100	None
Montford	December	16	14	13	93	CAP Requested
Skyview	December	5	5	5	100	None

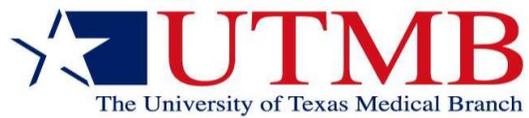
		Reviewed	Applicable	Compliant	Score	Corrective Action
Clements	January	2	2	2	100	None
Jester IV	January	3	3	3	100	None
Montford	January	13	9	9	100	None
Skyview	January	5	5	5	100	None

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

Consent Item

University Medical Director's Report

The University of Texas Medical Branch



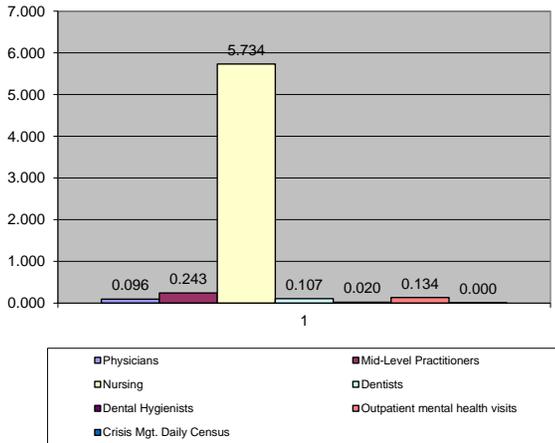
**Correctional Health Care
MEDICAL DIRECTOR'S REPORT**

**SECOND QUARTER
FY 2015**

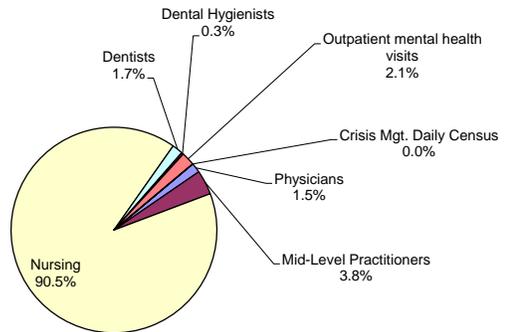
Medical Director's Report:

Average Population	December		January		February		Qtly Average	
	118,570		117,960		117,949		118,160	
	Number	Rate Per Offender						
Medical encounters								
Physicians	11,018	0.093	12,311	0.104	10,848	0.092	11,392	0.096
Mid-Level Practitioners	27,487	0.232	29,968	0.254	28,791	0.244	28,749	0.243
Nursing	692,545	5.841	704,144	5.969	635,888	5.391	677,526	5.734
Sub-total	731,050	6.166	746,423	6.328	675,527	5.727	717,667	6.074
Dental encounters								
Dentists	11,603	0.098	13,473	0.114	12,833	0.109	12,636	0.107
Dental Hygienists	2,057	0.017	2,557	0.022	2,496	0.021	2,370	0.020
Sub-total	13,660	0.115	16,030	0.136	15,329	0.130	15,006	0.127
Mental health encounters								
Outpatient mental health visits	15,317	0.129	16,428	0.139	15,828	0.134	15,858	0.134
Crisis Mgt. Daily Census	60	0.001	56	0.000	54	0.000	57	0.000
Sub-total	15,377	0.130	16,484	0.140	15,882	0.135	15,914	0.135
Total encounters	760,087	6.410	778,937	6.603	706,738	5.992	748,587	6.335

Encounters as Rate Per Offender Per Month



Encounters by Type

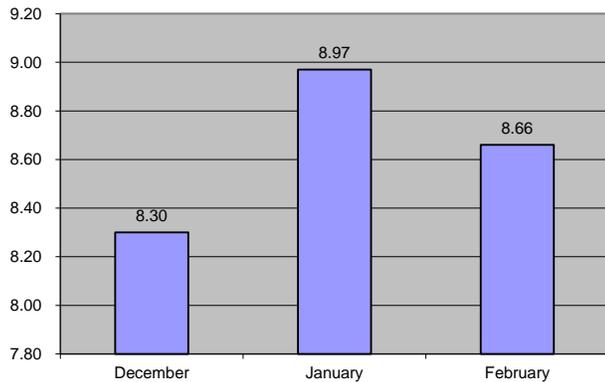


Medical Director's Report (Page 2):

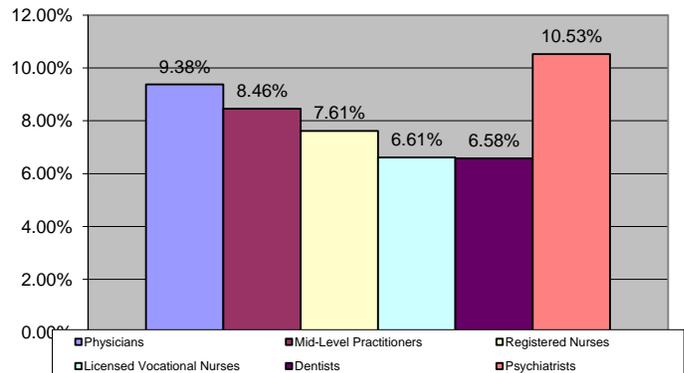
	December	January	February	Qtly Average
Medical Inpatient Facilities				
Average Daily Census	82.40	91.50	93.70	89.20
Number of Admissions	308.00	351.00	306.00	321.67
Average Length of Stay	8.30	8.97	8.66	8.64
Number of Clinic Visits	5,314.00	5,715.00	5,440.00	5,489.67
Mental Health Inpatient Facilities				
Average Daily Census	1,019.88	1,003.78	988.75	1,004.14
PAMIO/MROP Census	703.23	693.19	701.97	699.46
Telemedicine Consults	9,080	10,360	9,580	9,673.33

Health Care Staffing	Average This Quarter			Percent Vacant
	Filled	Vacant	Total	
Physicians	58.00	6.00	64.00	9.38%
Mid-Level Practitioners	119.00	11.00	130.00	8.46%
Registered Nurses	267.00	22.00	289.00	7.61%
Licensed Vocational Nurses	537.00	38.00	575.00	6.61%
Dentists	71.00	5.00	76.00	6.58%
Psychiatrists	17.00	2.00	19.00	10.53%

Average Length of Stay



Staffing Vacancy Rates



Medical Director's Report (Page 3):

CMC Update

Comparison of Overtime to Market Value Salaries

Consent Item

University Medical Director's Report

Texas Tech University
Health Sciences Center



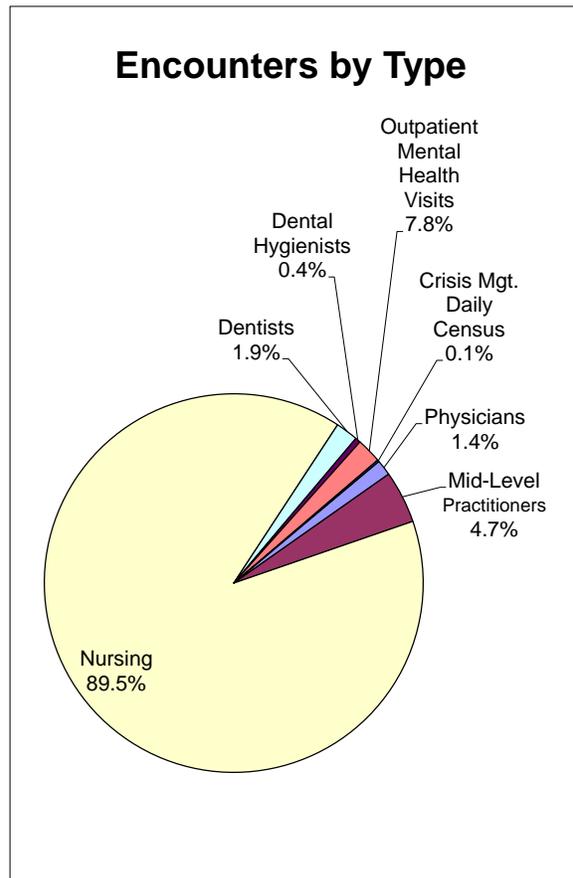
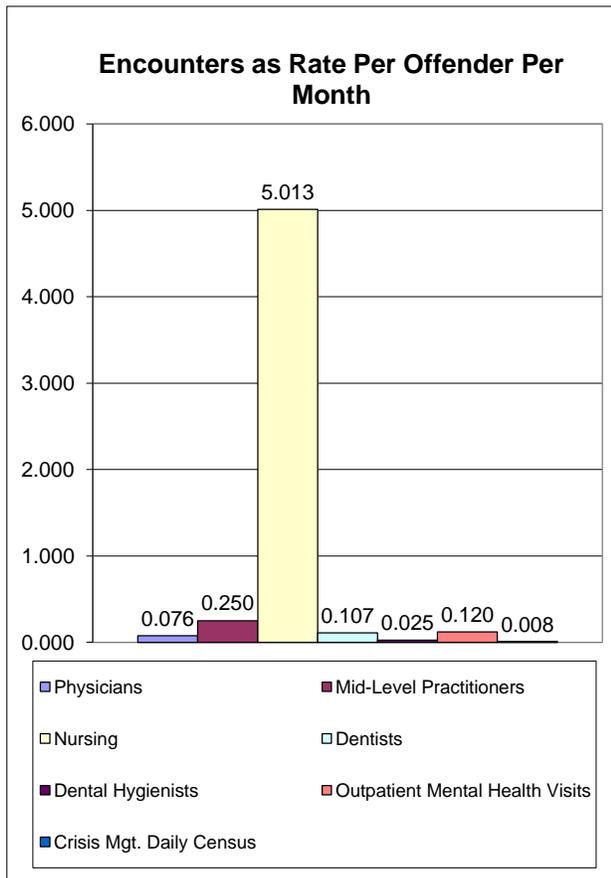
**Correctional Health Care
MEDICAL DIRECTOR'S REPORT**

SECOND QUARTER

FY 2015

Medical Director's Report:

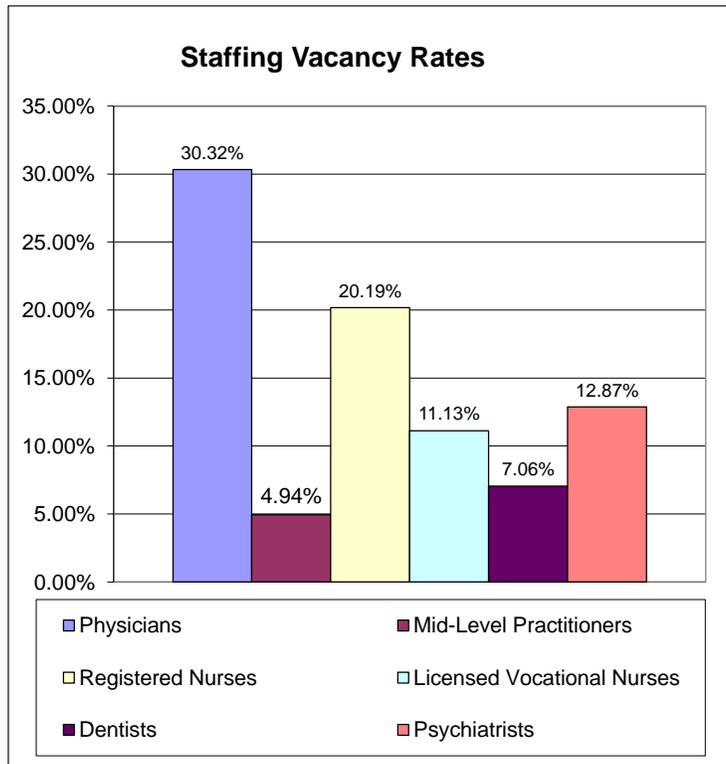
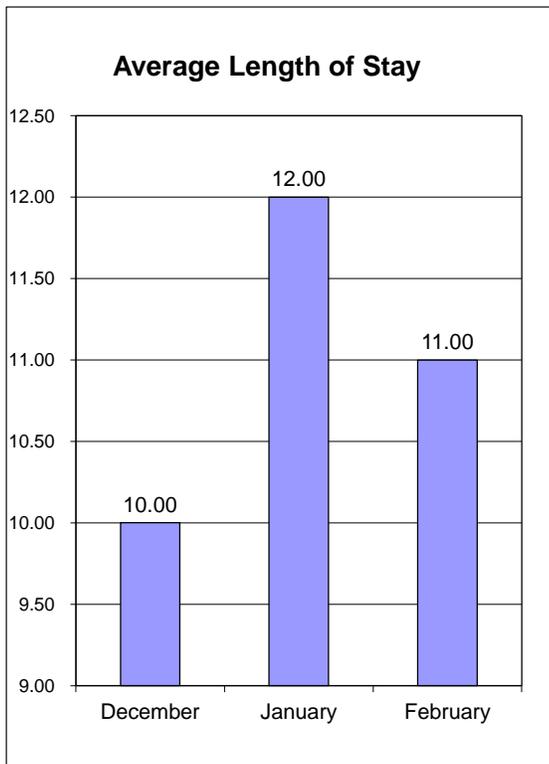
<i>Average Population</i>	December		January		February		Qtly Average	
	31,043		30,834		30,768		30,882	
	Number	Rate Per Offender						
Medical encounters								
Physicians	2,424	0.078	2,328	0.076	2,252	0.073	2,335	0.076
Mid-Level Practitioners	7,343	0.237	8,230	0.267	7,631	0.248	7,735	0.250
Nursing	176,421	5.683	150,030	4.866	137,969	4.484	154,807	5.013
Sub-total	186,188	5.998	160,588	5.208	147,852	4.805	164,876	5.339
Dental encounters								
Dentists	3,183	0.103	3,578	0.116	3,187	0.104	3,316	0.107
Dental Hygienists	758	0.024	707	0.023	867	0.028	777	0.025
Sub-total	3,941	0.127	4,285	0.139	4,054	0.132	4,093	0.133
Mental health encounters								
Outpatient Mental Health Visits	3,600	0.116	3,840	0.125	3,658	0.119	3,699	0.120
Crisis Mgt. Daily Census	239	0.008	262	0.008	253	0.008	251	0.008
Sub-total	3,839	0.124	4,102	0.133	3,911	0.127	3,951	0.128
Total encounters	193,968	6.248	168,975	5.480	155,817	5.064	172,920	5.599



Medical Director's Report (Page 2):

	December	January	February	Qtly Average
Medical Inpatient Facilities				
Average Daily Census	111.00	118.00	118.00	115.67
Number of Admissions	262.00	245.00	204.00	237.00
Average Length of Stay	10.00	12.00	11.00	11.00
Number of Clinic Visits	659.00	607.00	564.00	610.00
Mental Health Inpatient Facilities				
Average Daily Census	427.00	432.00	438.00	432.33
PAMIO/MROP Census	422.00	420.00	422.00	421.33
Specialty Referrals Completed				
	1,099.00	1,103.00	1,087.00	1,096.33
Telemedicine Consults				
	520	942	889	783.67

Health Care Staffing	Average This Quarter			Percent Vacant
	Filled	Vacant	Total	
Physicians	14.59	6.35	20.94	30.32%
Mid-Level Practitioners	38.50	2.00	40.50	4.94%
Registered Nurses	128.99	32.63	161.62	20.19%
Licensed Vocational Nurses	281.42	35.25	316.67	11.13%
Dentists	18.18	1.38	19.56	7.06%
Psychiatrists	6.77	1.00	7.77	12.87%



Consent Item

Summary of CMHCC Joint Committee/
Work Group Activities

**Correctional Managed Health Care
Joint Committee/Work Group Activity Summary
for June 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: May 14, 2015

Key Activities:

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

Reports from Champions/Discipline Directors:

- A. Access to Care-Dental Services
- B. Access to Care-Mental Health Services
- C. Access to Care-Nursing Services
- D. Access to Care-Medical Staff
- E. Sick Call Request Verification Audit-SCRVA
- F. FY 2015 SLC Indicators
 - 1. Dental: Total Open Reminders with Delay > 180 Days
 - 2. Mental Health: Antipsychotic Injectables
 - 3. Nursing: Refusal of Treatment (ROT)
 - 4. Inpatient Physical Therapy
 - 5. Missed Appointments (No Shows)

Standing Issues

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

- B. CMHCC Updates

Miscellaneous/Open for Discussion Participants:

- A. ATC 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: April 9, 2015

Sub Committee Updates:

- A. Release of Information – Phyllis McWhorter, RN
- B. No Chemicals Use of Force Subcommittee – Susan Morris, MD
- C. Missed Clinic Appointments – Robert Williams, MD
- D. Heat Subcommittee – Kathryn Buskirk, MD
- E. Joint Mental Health Working Group – Joseph Penn, MD

Old Business:

- E-34.2 Periodic Physical Examinations
- G-55.1 Pregnant Offenders
- G-51.1 Offenders with Special Needs
- G-59.2 Optical Prosthesis and Appliances

New Business:

The Following Policies Were Reviewed:

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

The Following Policies Were Submitted for Changes and Updates:

- A-06.2 Professional and Vocational Nurse Peer Review Process
- A-07.1 Emergency Plans and Drills
- A-08.2 Transfers of Offenders with Acute Conditions
- C-19.2 Health Services Reference Materials
- C-19.2 Attachment A – Sample Health Services Bookshelf
- C-20.1 Training for Correctional Officers
- D-28.2 Sharp, Needle and Syringe Control
- D-28.3 Facility Repairs and Renovations
- E-34.4 Reporting Suspected Abuse
- E-36.4 Dental Prosthodontic Services
- F-47.1 Therapeutic Diets and Food Allergies
- G-51.6 Referral of an Offender for Admission in to a Mental Health Inpatient Treatment Facility
- G-51.9 Wheelchair Use
- G-52.3 Admission to the Administrative Segregation Therapeutic Diversion Program (ASTDP)
- G-52.3 Attachment A – Administrative Segregation Therapeutic Diversion Program Referral Form
- I-68.4 Attachment B – Prescription Drugs Giving Positive Results for the Sure-Screen Test
- I-71.2 Patient Self-Determination Act, Natural Death Act, Advance Directives Act

Adjournment

- Next Meeting Date is July 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: March 12, 2015

Key Activities:

Approval of Minutes from January 8, 2015 Meeting

Reports from Subcommittees:

- A. DMG Triage – Dr. Sandmann
- B. Psychiatry – Dr. Koranek
- C. Transfer Medications – Dr. Williams

Monthly Reports

- A. Adverse Drug Reaction Reports (None)
- B. Pharmacy Clinical Activity Report
- C. Drug Recalls (January – February 2015)
- D. Non-formulary Deferral Reports
 - 1. Texas Tech Sector (December 2014 – January 2015)
- E. Utilization Reports (FY 2015 through December)
 - 1. HIV Utilization
 - 2. Hepatitis C Utilization
 - 3. Hepatitis B Utilization
 - 4. Psychotropic Utilization
- G. Special Reports – Top 50 Medications by Cost and Volume – 2nd Quarter FY 2015
- 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.
 - 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.

New Business

- A. Action Requests
 - 1. Manufacturer Discontinuation of NP Hemorrhoidal Ointment (Tucks®)
 - 2. Reevaluation of Nebulizer Use Restriction – TT request
 - 3. Formulary Substitutions – Lidocaine 1% with epinephrine 1:100,000 30 ml vial (shortage item since 5/12) with 20 ml vial
- B. Drug Category Review
 - 1. Cardiovascular Agents
 - 2. Psychotropic Agents
 - 3. Topical Agents
- C. Medication Use Evaluation
 - 1. Novolin N vs. 70/30
 - 2. Trazodone
- D. FDA Medication Safety Advisories
- E. Manufacturer Shortages and Discontinuations
- F. Policy and Procedure Revisions
 - 1. Multi-dose Vials (30-10)
 - 2. Crushing of Medications (35-05)
 - 3. Unit Receipt (40-03)
 - 4. Medication Administration during Computer Breakdown (40-05)
 - 5. Administration and Distribution of Patient Medications (40-10)
 - 6. Distribution of Medications during Lockdown or Disaster Situations (40-15)
 - 7. Missing Medications (40-20)
 - 8. KOP Medication Distribution Program (50-05)

Miscellaneous

Adjournment

Joint Infection Control Committee

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

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

Meeting Date: April 9, 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-14.07 Immunizations
- b. B-14.10 Tuberculosis

New Business

None

Policies Under Review

- a. B-14.12 Syphilis
- b. B-14.13.1 Hepatitis A
B-14.13.1 Technical Reference for Hepatitis A Policy
- c. B-14.13.2 Hepatitis B Policy
B-14.13.2 Technical Reference for Hepatitis B Policy
- d. B-14.13.3 Hepatitis C
B-14.13.3 Technical Reference for Hepatitis C Policy
- e. B-14.14 Varicella and Shingles
- f. B-14.15 Meningitis
- g. B-14.16 Skin and Soft Tissue Infection
- h. B-14.17 Vancomycin-Resistant Enterococcus (VRE)
- i. B-14.18 Clostridium Difficile

Adjourn

- Next Meeting proposed – August 13, 2015
- Policies to be reviewed – B-14.19; B-14.27

Joint Dental Work Group

Chair: Dr. Brian Tucker

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

Meeting Date: May 13, 2015

Approval of Minutes from March 11, 2015

Old Business

- A.** Flossers
- B.** Quick Manual
- C.** Compliance – SLC Indicator
- D.** Amalgam Separators
- E.** Reporting
- F.** Staffing
- G.** EOHR/Dental Chart
- H.** Update on Digital Roll-out
- I.** MiPACs
- J.** Reminders/Chain-in
- K.** DHR Forms

New Business

Policies Under Review

- D-28.2 Sharp, Needle and Syringe Control
- E-31.1 Information on Health Care Services
- E-36.1 Dental Treatment Priorities and Appendix I, II, and Dental Sealants
- E36.2 Inprocessing Offenders – Dental Examination, Classification, Education and Treatment
- E-36.3 Recording and Scheduling Dental Patient Visits
- E36.4 Dental Prosthodontic Services

NHSC Loan Repayment Plan

System Directors Meeting

- A. Dr. Manuel Hirsch
 - Audits Update
- B. Dr. Billy Horton
 - F-46.1 Health Education and Promotion - Patient Info (leaflets)
- C. Dr. Brian Tucker
 - Recall System

Sector Updates

- TDCJ
- UTMB
- TTUHSC

Meeting Adjourn

Joint Mortality and Morbidity Committee

Co-Chair: Dr. Monte Smith

Co-Chair: Dr. Robert Williams

Key Activities:

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

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

For the Three Months Ended May 2015

There were 92 deaths reviewed by the Mortality and Morbidity Committee during the months of March, April and May 2015. Of those 92 deaths, 10 were referred to peer review committees.

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

Joint Nursing Work Group

Chair: Justin Robison, MSN, RN

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

Meeting Date: The third quarter meeting was deferred due to scheduling conflicts.
The next meeting is scheduled for July 8, 2015.

Financial Report on Correctional Managed Health Care



Quarterly Report FY2015 Second Quarter

September 2014 – February 2015

Second Quarter Financial Report on Correctional Managed Health Care

Overview

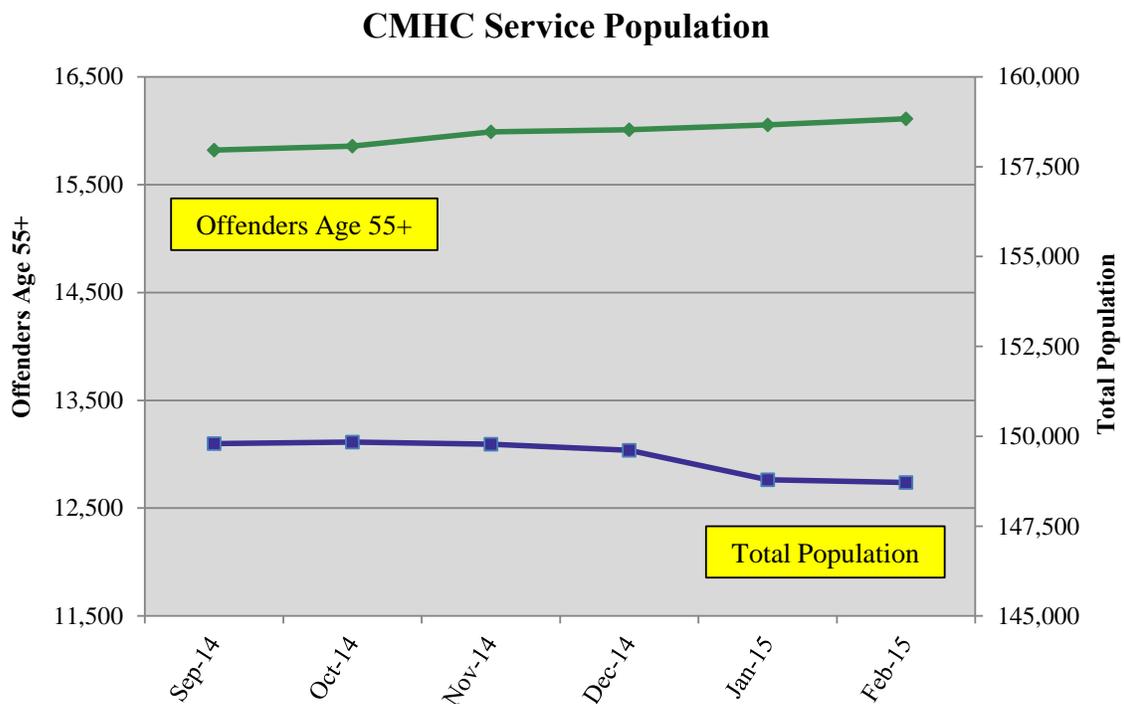
- Report submitted in accordance with the FY2014-15 General Appropriations Act, Article V, Rider 50, 83rd Legislature, Regular Session 2013
- FY2015 TDCJ Appropriations allocated to Correctional Managed Health Care:
 - \$256.1M Unit and Psychiatric Care, Strategy C.1.7
 - \$170.8M Hospital and Clinical 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 transfer of funds into FY2014 in the amount of \$11.6M, as approved by the Legislative Budget Board on January 5, 2015.

Population

- Overall offender service population has decreased 0.5% from FY2014
 - Average daily census 150,222 through 2nd quarter of FY2014 compared to 149,424 through 2nd quarter of FY2015
- Offenders aged 55 or older population increased 5.6% from FY2014
 - Average daily census 15,123 through 2nd quarter of FY2014 compared to 15,974 through 2nd quarter of FY2015
 - While comprising about 10.7% of the overall service population, offenders age 55 and over account for 40.2% of the hospitalization costs received to date.
- Mental health caseloads:
 - FY2015 average number of psychiatric inpatients through 2nd quarter: 1,865
 - FY2015 average number of psychiatric outpatients through 2nd quarter: 22,430



Health Care Costs

- Total expenses through 2nd quarter, FY2015: \$284.4M
- Unit and Psychiatric Care expenses represent the majority of total health care costs
 - \$152.2M, 53.5% of total expenses
- Hospital and Clinical Care - \$102M, 35.9% of total
- Pharmacy Services - \$30.2M, 10.6% of total
 - HIV related drugs: 41.9% of total drug costs
 - Psychiatric drugs: 8.4% of total drug costs
 - Hepatitis C drug therapies: 4.5% of total drug costs
- Cost per offender per day, FY2015 through 2nd quarter: \$10.51
 - 2.9% increase compared to FY2014 cost per day of \$10.21

Comparison of Total Health Care Costs

	FY 11	FY 12	FY 13	FY 14	4-Year Average	FYTD 15 1st Qtr	FYTD 15 2nd Qtr
Population							
UTMB	121,417	120,557	118,359	118,705	119,760	118,425	118,293
TTUHSC	31,419	31,491	30,713	31,314	31,234	31,379	31,131
Total	152,836	152,048	149,072	150,019	150,994	149,804	149,424
Expenses							
UTMB	\$432,371,801	\$397,606,713	\$415,579,990	\$456,286,749	\$425,461,313	\$114,204,125	\$231,392,406
TTUHSC	\$110,272,668	\$97,426,964	\$98,335,680	\$102,834,980	\$102,217,573	\$26,474,582	\$52,985,635
Total	\$542,644,469	\$495,033,677	\$513,915,670	\$559,121,729	\$527,678,886	\$140,678,707	\$284,378,041
Cost/Day							
UTMB	\$9.76	\$9.01	\$9.62	\$10.53	\$9.73	\$10.60	\$10.81
TTUHSC	\$9.62	\$8.45	\$8.77	\$9.00	\$8.96	\$9.27	\$9.40
Total	\$9.73	\$8.90	\$9.45	\$10.21	\$9.57	\$10.32	\$10.51

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

<u>Method of Finance</u>	<u>TTUHSC</u>	<u>UTMB</u>	<u>Total</u>
C.1.7. Unit & Psychiatric Care			
TDCJ Appropriation	\$ 26,592,309	\$ 100,426,289	\$ 127,018,598
State Reimbursement Benefits	\$ 3,949,465	\$ 21,864,747	\$ 25,814,212
Other Misc Revenue	\$ 1,079	\$ 33,586	\$ 34,665
C.1.7. Total Method of Finance	\$ 30,542,853	\$ 122,324,622	\$ 152,867,475
C.1.8. Hospital & Clinical Care			
TDCJ Appropriation	\$ 15,409,388	\$ 69,282,769	\$ 84,692,157
State Reimbursement Benefits	\$ 1,033,584	\$ -	\$ 1,033,584
Other Misc Revenue	\$ -	\$ -	\$ -
C.1.8. Total Method of Finance	\$ 16,442,972	\$ 69,282,769	\$ 85,725,741
C.1.9. Managed Health Care - Pharmacy			
TDCJ Appropriation	\$ 6,327,227	\$ 22,814,205	\$ 29,141,432
State Reimbursement Benefits	\$ 35,809	\$ 937,053	\$ 972,862
Other Misc Revenue	\$ -	\$ 25,680	\$ 25,680
C.1.9. Total Method of Finance	\$ 6,363,036	\$ 23,776,938	\$ 30,139,974
TOTAL METHOD OF FINANCE	\$ 53,348,861	\$ 215,384,329	\$ 268,733,190

<u>Method of Finance Summary</u>	<u>TTUHSC</u>	<u>UTMB</u>	<u>Total</u>
TDCJ Appropriation	\$ 48,328,924	\$ 192,523,263	\$ 240,852,187
State Reimbursement Benefits	\$ 5,018,858	\$ 22,801,800	\$ 27,820,658
Other Misc Revenue	\$ 1,079	\$ 59,266	\$ 60,345
TOTAL METHOD OF FINANCE	\$ 53,348,861	\$ 215,384,329	\$ 268,733,190

<u>Expenditures</u>	<u>TTUHSC</u>	<u>UTMB</u>	<u>Total</u>
C.1.7. Unit & Psychiatric Care	\$ 31,367,592	\$ 120,847,802	\$ 152,215,394
C.1.8. Hospital & Clinical Care	\$ 15,596,152	\$ 86,393,468	\$ 101,989,620
C.1.9. Managed Health Care - Pharmacy	\$ 6,021,891	\$ 24,151,136	\$ 30,173,027
TOTAL EXPENDITURES	\$ 52,985,635	\$ 231,392,406	\$ 284,378,041

DIFFERENCE	\$ 363,226	\$ (16,008,077)	\$ (15,644,851)
FY2015 Spend Forward to FY2014	\$ -	\$ (11,586,014)	\$ (11,586,014)
NET DIFFERENCE	\$ 363,226	\$ (27,594,091)	\$ (27,230,865)

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
Financial Report on Offender Health Care, pursuant to Agency Rider 50
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C.1.7. UNIT & PSYCHIATRIC CARE			
	<u>TTUHSC</u>	<u>UTMB</u>	<u>Total</u>
Method of Finance:			
TDCJ Appropriation	\$ 26,592,309	\$ 100,426,289	\$ 127,018,598
State Reimbursement Benefits	\$ 3,949,465	\$ 21,864,747	\$ 25,814,212
Other Misc Revenue	\$ 1,079	\$ 33,586	\$ 34,665
TOTAL METHOD OF FINANCE	\$ 30,542,853	\$ 122,324,622	\$ 152,867,475
Expenditures:			
Unit Care			
Salaries	\$ 9,355,558	\$ 69,136,327	\$ 78,491,885
Benefits	\$ 2,745,480	\$ 21,823,435	\$ 24,568,915
Other Operating Expenses	\$ 898,984	\$ 9,656,803	\$ 10,555,787
Professional Services	\$ 1,069,055	\$ -	\$ 1,069,055
Contracted Units/Services	\$ 8,121,103	\$ -	\$ 8,121,103
Travel	\$ 83,297	\$ 526,974	\$ 610,271
Electronic Medicine	\$ 197,269	\$ -	\$ 197,269
Capitalized Equipment	\$ 472,922	\$ 296,355	\$ 769,277
Subtotal, Unit Care	\$ 22,943,668	\$ 101,439,894	\$ 124,383,562
Psychiatric Care			
Salaries	\$ 5,556,181	\$ 12,001,487	\$ 17,557,668
Benefits	\$ 1,517,977	\$ 3,077,793	\$ 4,595,770
Other Operating Expenses	\$ 84,430	\$ 98,473	\$ 182,903
Professional Services	\$ 314,053	\$ -	\$ 314,053
Contracted Units/Services	\$ -	\$ -	\$ -
Travel	\$ 20,552	\$ 69,693	\$ 90,245
Subtotal, Psychiatric Care	\$ 7,493,193	\$ 15,247,446	\$ 22,740,639
Indirect Expenditures (Shared Services)	\$ 930,731	\$ 4,160,462	\$ 5,091,193
TOTAL EXPENDITURES	\$ 31,367,592	\$ 120,847,802	\$ 152,215,394
DIFFERENCE	\$ (824,739)	\$ 1,476,820	\$ 652,081

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

C.1.8. HOSPITAL & CLINICAL CARE				
Method of Finance	<u>TTUHSC</u>	<u>UTMB</u>	<u>Total</u>	
TDCJ Appropriation	\$ 15,409,388	\$ 69,282,769	\$	84,692,157
State Reimbursement Benefits	\$ 1,033,584	\$ -	\$	1,033,584
Other Misc Revenue	\$ -	\$ -	\$	-
TOTAL METHOD OF FINANCE	\$ 16,442,972	\$ 69,282,769	\$	85,725,741
Expenditures:				
Hospital and Clinical Care				
University Professional Services	\$ 537,500	\$ 9,812,091	\$	10,349,591
Freeworld Provider Services	\$ 8,066,823	\$ 14,749,505	\$	22,816,328
TTUHSC Western Regional Medical Facility & UTMB Hospital Galveston Hospital Services	\$ 6,356,824	\$ 50,359,619	\$	56,716,443
Estimated IBNR	\$ 95,677	\$ 8,497,961	\$	8,593,638
Subtotal, Hospital & Clinical Care	\$ 15,056,824	\$ 83,419,176	\$	98,476,000
Indirect Expenditures (Shared Services)	\$ 539,328	\$ 2,974,292	\$	3,513,620
TOTAL EXPENDITURES	\$ 15,596,152	\$ 86,393,468	\$	101,989,620
DIFFERENCE	\$ 846,820	\$ (17,110,699)	\$	(16,263,879)

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

C.1.9. MANAGED HEALTH CARE - PHARMACY			
Method of Finance	<u>TTUHSC</u>	<u>UTMB</u>	<u>Total</u>
TDCJ Appropriation	\$ 6,327,227	\$ 22,814,205	\$ 29,141,432
State Reimbursement Benefits	\$ 35,809	\$ 937,053	\$ 972,862
Other Misc Revenue	\$ -	\$ 25,680	\$ 25,680
TOTAL METHOD OF FINANCE	\$ 6,363,036	\$ 23,776,938	\$ 30,139,974
Expenditures:			
Managed Health Care - Pharmacy			
Salaries	\$ 982,319	\$ 3,254,015	\$ 4,236,334
Benefits	\$ 39,689	\$ 1,067,187	\$ 1,106,876
Other Operating Expenses	\$ 114,943	\$ 683,620	\$ 798,563
Pharmaceutical Purchases	\$ 4,658,072	\$ 18,237,704	\$ 22,895,776
Travel	\$ 5,415	\$ 14,466	\$ 19,881
Capitalized Equipment	\$ -	\$ 62,686	\$ 62,686
Subtotal, Managed Health Care - Pharmacy Expenditures	\$ 5,800,438	\$ 23,319,678	\$ 29,120,116
Indirect Expenditures (Shared Services)	\$ 221,453	\$ 831,458	\$ 1,052,911
TOTAL EXPENDITURES	\$ 6,021,891	\$ 24,151,136	\$ 30,173,027
DIFFERENCE	\$ 341,145	\$ (374,198)	\$ (33,053)

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

Key Population Indicators

	<u>1st Quarter</u>	<u>December</u>	<u>January</u>	<u>February</u>	<u>2nd Quarter</u>	<u>FY2015 YTD</u>
Average Service Population						
UTMB Service Population	118,425	118,570	117,960	117,949	118,160	118,293
TTUHSC Service Population	31,379	31,043	30,834	30,768	30,882	31,131
Average Service Population	149,804	149,613	148,794	148,717	149,042	149,424
Population Age 55 and Over						
UTMB Population	13,268	13,379	13,418	13,443	13,413	13,341
TTUHSC Population	2,621	2,631	2,636	2,669	2,645	2,633
Population Age 55 and Over	15,889	16,010	16,054	16,112	16,058	15,974
HIV Population	2,171	2,159	2,167	2,155	2,160	2,166
Medical Inpatient Average Daily Census						
UTMB-Hospital Galveston	75	75	81	81	79	77
UTMB Freeworld Hospitals	41	33	40	40	38	39
TTUHSC Freeworld Hospitals	7	9	10	10	10	8
Medical Inpatient Average Daily Census	123	117	131	131	127	124
Medical Outpatient Visits						
UTMB Specialty Clinics and ER Visits	6,690	6,251	6,600	6,281	6,377	6,534
TTUHSC Freeworld Outpatient and ER Visits	1,050	1,110	1,167	1,494	1,257	1,153
Medical Outpatient Visits	7,740	7,361	7,767	7,775	7,634	7,687
Mental Health Inpatient Average Census						
UTMB Psychiatric Inpatient	1,020	1,020	1,004	989	1,004	1,012
TTUHSC Psychiatric Inpatient	853	849	852	860	854	853
Mental Health Inpatient Average Census	1,873	1,869	1,856	1,849	1,858	1,865
Mental Health Outpatient Caseload, Month End*						
UTMB Psychiatric Outpatient	17,691	17,995	17,836	18,181	18,004	17,848
TTUHSC Psychiatric Outpatient	4,613	4,570	4,533	4,551	4,551	4,582
Mental Health Outpatient Caseload, Month End	22,304	22,565	22,369	22,732	22,555	22,430

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

* Mental Health Outpatient statistics have been revised to represent actual caseloads. Previously reported amounts represented unique encounters/visits.

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Financial Report on Offender Health Care, pursuant to Agency Rider 50
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Texas Tech University Health Sciences Center						
STRATEGY	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Total TTUHSC	Annual Projection 3/24/2015
REVENUE:						
TDCJ Appropriation	\$ 24,297,967	\$ 24,030,957	\$ -	\$ -	\$ 48,328,924	\$ 97,458,880
State Reimbursement Benefits	\$ 2,467,421	\$ 2,551,437	\$ -	\$ -	\$ 5,018,858	\$ 10,037,716
Other Misc Revenue	\$ 507	\$ 572	\$ -	\$ -	\$ 1,079	\$ 2,158
TOTAL REVENUES	\$ 26,765,895	\$ 26,582,966	\$ -	\$ -	\$ 53,348,861	\$ 107,498,754

C.1.7. UNIT & PSYCHIATRIC CARE						
EXPENDITURES:						
Unit Care Expenditures						
Salaries	\$ 4,626,593	\$ 4,728,965	\$ -	\$ -	\$ 9,355,558	\$ 18,711,116
Benefits	\$ 1,334,719	\$ 1,410,761	\$ -	\$ -	\$ 2,745,480	\$ 5,490,960
Other Operating Expenses	\$ 457,788	\$ 441,196	\$ -	\$ -	\$ 898,984	\$ 1,855,207
Professional Services	\$ 571,476	\$ 497,579	\$ -	\$ -	\$ 1,069,055	\$ 2,138,110
Contracted Units/Services	\$ 4,082,917	\$ 4,038,186	\$ -	\$ -	\$ 8,121,103	\$ 16,242,206
Travel	\$ 46,546	\$ 36,751	\$ -	\$ -	\$ 83,297	\$ 166,594
Electronic Medicine	\$ 94,496	\$ 102,773	\$ -	\$ -	\$ 197,269	\$ 314,363
Capitalized Equipment	\$ 417,398	\$ 55,524	\$ -	\$ -	\$ 472,922	\$ 813,606
Estimated IBNR	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subtotal, Unit Care Expenditures	\$ 11,631,933	\$ 11,311,735	\$ -	\$ -	\$ 22,943,668	\$ 45,732,162
Psychiatric Care Expenditures						
Salaries	\$ 2,735,982	\$ 2,820,199	\$ -	\$ -	\$ 5,556,181	\$ 11,562,362
Benefits	\$ 743,109	\$ 774,868	\$ -	\$ -	\$ 1,517,977	\$ 3,035,954
Other Operating Expenses	\$ 28,437	\$ 55,993	\$ -	\$ -	\$ 84,430	\$ 168,860
Professional Services	\$ 159,879	\$ 154,174	\$ -	\$ -	\$ 314,053	\$ 628,106
Travel	\$ 10,121	\$ 10,431	\$ -	\$ -	\$ 20,552	\$ 41,104
Estimated IBNR	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subtotal, Psychiatric Care Expenditures	\$ 3,677,528	\$ 3,815,665	\$ -	\$ -	\$ 7,493,193	\$ 15,436,386
Total Expenditures, Unit & Psychiatric Care	\$ 15,309,461	\$ 15,127,400	\$ -	\$ -	\$ 30,436,861	\$ 61,168,548

C.1.8. HOSPITAL & CLINICAL CARE						
EXPENDITURES:						
University Professional Services	\$ 266,250	\$ 271,250	\$ -	\$ -	\$ 537,500	\$ 1,075,000
Freeworld Provider Services	\$ 3,047,684	\$ 5,019,139	\$ -	\$ -	\$ 8,066,823	\$ 16,325,000
TTUHSC Western Regional Medical Facility & UTMB Hospital Galveston Hospital Services	\$ 3,142,214	\$ 3,214,610	\$ -	\$ -	\$ 6,356,824	\$ 12,713,648
Estimated IBNR	\$ 936,065	\$ (840,388)	\$ -	\$ -	\$ 95,677	\$ -
Total Expenditures, Hospital & Clinical Care	\$ 7,392,213	\$ 7,664,611	\$ -	\$ -	\$ 15,056,824	\$ 30,113,648

C.1.9. MANAGED HEALTH CARE PHARMACY						
EXPENDITURES:						
Salaries	\$ 492,527	\$ 489,792	\$ -	\$ -	\$ 982,319	\$ 1,964,638
Benefits	\$ 18,064	\$ 21,625	\$ -	\$ -	\$ 39,689	\$ 79,378
Other Operating Expenses	\$ 56,842	\$ 58,101	\$ -	\$ -	\$ 114,943	\$ 229,886
Pharmaceutical Purchases	\$ 2,352,420	\$ 2,305,652	\$ -	\$ -	\$ 4,658,072	\$ 9,500,000
Travel	\$ 2,626	\$ 2,789	\$ -	\$ -	\$ 5,415	\$ 10,830
Capitalized Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Estimated IBNR	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Expenditures, Managed Health Care Pharmacy	\$ 2,922,479	\$ 2,877,959	\$ -	\$ -	\$ 5,800,438	\$ 11,784,732

Indirect Expenditures (Shared Services)	\$ 850,429	\$ 841,083	\$ -	\$ -	\$ 1,691,512	\$ 3,411,060
TOTAL EXPENDITURES	\$ 26,474,582	\$ 26,511,053	\$ -	\$ -	\$ 52,985,635	\$ 106,477,988
DIFFERENCE	\$ 291,313	\$ 71,913	\$ -	\$ -	\$ 363,226	\$ 1,020,766
FY2015 Spend Forward to FY2014	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
NET DIFFERENCE	\$ 291,313	\$ 71,913	\$ -	\$ -	\$ 363,226	\$ 1,020,766

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

University of Texas Medical Branch						
STRATEGY	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Total UTMB	Annual Projection 3/20/2015
REVENUE:						
TDCJ Appropriation	\$ 96,793,463	\$ 95,729,800	\$ -	\$ -	\$ 192,523,263	\$ 388,237,519
State Reimbursement Benefits	\$ 11,015,593	\$ 11,786,207	\$ -	\$ -	\$ 22,801,800	\$ 46,154,406
Other Misc Revenue	\$ 39,221	\$ 20,045	\$ -	\$ -	\$ 59,266	\$ 119,485
TOTAL REVENUES	\$ 107,848,277	\$ 107,536,052	\$ -	\$ -	\$ 215,384,329	\$ 434,511,410

C.1.7. UNIT & PSYCHIATRIC CARE						
EXPENDITURES:						
Unit Care Expenditures						
Salaries	\$ 34,618,360	\$ 34,517,967	\$ -	\$ -	\$ 69,136,327	\$ 139,073,910
Benefits	\$ 10,683,907	\$ 11,139,528	\$ -	\$ -	\$ 21,823,435	\$ 44,178,549
Other Operating Expenses	\$ 4,639,090	\$ 5,017,713	\$ -	\$ -	\$ 9,656,803	\$ 19,553,795
Professional Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Contracted Units/Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Travel	\$ 198,460	\$ 328,514	\$ -	\$ -	\$ 526,974	\$ 1,053,913
Electronic Medicine	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Capitalized Equipment	\$ 101,492	\$ 194,863	\$ -	\$ -	\$ 296,355	\$ 1,800,000
Estimated IBNR	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subtotal, Unit Care Expenditures	\$ 50,241,309	\$ 51,198,585	\$ -	\$ -	\$ 101,439,894	\$ 205,660,167
Psychiatric Care Expenditures						
Salaries	\$ 6,012,366	\$ 5,989,121	\$ -	\$ -	\$ 12,001,487	\$ 24,307,036
Benefits	\$ 1,494,287	\$ 1,583,506	\$ -	\$ -	\$ 3,077,793	\$ 6,233,563
Other Operating Expenses	\$ 54,902	\$ 43,571	\$ -	\$ -	\$ 98,473	\$ 196,946
Professional Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Travel	\$ 41,880	\$ 27,813	\$ -	\$ -	\$ 69,693	\$ 139,387
Estimated IBNR	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subtotal, Psychiatric Care Expenditures	\$ 7,603,435	\$ 7,644,011	\$ -	\$ -	\$ 15,247,446	\$ 30,876,932
Total Expenditures, Unit & Psychiatric Care	\$ 57,844,744	\$ 58,842,596	\$ -	\$ -	\$ 116,687,340	\$ 236,537,099

C.1.8. HOSPITAL & CLINICAL CARE						
EXPENDITURES:						
University Professional Services	\$ 4,890,095	\$ 4,921,996	\$ -	\$ -	\$ 9,812,091	\$ 19,972,000
Freeworld Provider Services	\$ 4,583,866	\$ 10,165,639	\$ -	\$ -	\$ 14,749,505	\$ 47,583,000
TTUHSC Western Regional Medical Facility & UTMB Hospital Galveston Hospital Services	\$ 24,610,212	\$ 25,749,407	\$ -	\$ -	\$ 50,359,619	\$ 102,537,000
Estimated IBNR	\$ 6,865,637	\$ 1,632,324	\$ -	\$ -	\$ 8,497,961	\$ -
Total Expenditures, Hospital & Clinical Care	\$ 40,949,810	\$ 42,469,366	\$ -	\$ -	\$ 83,419,176	\$ 170,092,000

C.1.9. MANAGED HEALTH CARE PHARMACY						
EXPENDITURES:						
Salaries	\$ 1,613,342	\$ 1,640,673	\$ -	\$ -	\$ 3,254,015	\$ 6,561,857
Benefits	\$ 529,339	\$ 537,848	\$ -	\$ -	\$ 1,067,187	\$ 2,152,027
Other Operating Expenses	\$ 333,544	\$ 350,076	\$ -	\$ -	\$ 683,620	\$ 1,375,443
Pharmaceutical Purchases	\$ 8,815,497	\$ 9,422,207	\$ -	\$ -	\$ 18,237,704	\$ 38,277,086
Travel	\$ 5,977	\$ 8,489	\$ -	\$ -	\$ 14,466	\$ 29,000
Capitalized Equipment	\$ 62,686	\$ -	\$ -	\$ -	\$ 62,686	\$ 400,000
Estimated IBNR	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Expenditures, Managed Health Care Pharmacy	\$ 11,360,385	\$ 11,959,293	\$ -	\$ -	\$ 23,319,678	\$ 48,795,413

Indirect Expenditures (Shared Services)	\$ 4,049,186	\$ 3,917,026	\$ -	\$ -	\$ 7,966,212	\$ 16,041,000
TOTAL EXPENDITURES	\$ 114,204,125	\$ 117,188,281	\$ -	\$ -	\$ 231,392,406	\$ 471,465,512
DIFFERENCE	\$ (6,355,848)	\$ (9,652,229)	\$ -	\$ -	\$ (16,008,077)	\$ (36,954,102)
FY2015 Spend Forward to FY2014	\$ (11,586,014)				\$ (11,586,014)	\$ (11,586,014)
NET DIFFERENCE	\$ (17,941,862)	\$ (9,652,229)	\$ -	\$ -	\$ (27,594,091)	\$ (48,540,116)

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

Combined Total						
STRATEGY	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	Combined Total	Annual Projection
REVENUE:						
TDCJ Appropriation	\$ 121,091,430	\$ 119,760,757	\$ -	\$ -	\$ 240,852,187	\$ 485,696,399
State Reimbursement Benefits	\$ 13,483,014	\$ 14,337,644	\$ -	\$ -	\$ 27,820,658	\$ 56,192,122
Other Misc Revenue	\$ 39,728	\$ 20,617	\$ -	\$ -	\$ 60,345	\$ 121,643
TOTAL REVENUES	\$ 134,614,172	\$ 134,119,018	\$ -	\$ -	\$ 268,733,190	\$ 542,010,164

C.1.7. UNIT & PSYCHIATRIC CARE						
EXPENDITURES:						
Unit Care Expenditures						
Salaries	\$ 39,244,953	\$ 39,246,932	\$ -	\$ -	\$ 78,491,885	\$ 157,785,026
Benefits	\$ 12,018,626	\$ 12,550,289	\$ -	\$ -	\$ 24,568,915	\$ 49,669,509
Other Operating Expenses	\$ 5,096,878	\$ 5,458,909	\$ -	\$ -	\$ 10,555,787	\$ 21,409,002
Professional Services	\$ 571,476	\$ 497,579	\$ -	\$ -	\$ 1,069,055	\$ 2,138,110
Contracted Units/Services	\$ 4,082,917	\$ 4,038,186	\$ -	\$ -	\$ 8,121,103	\$ 16,242,206
Travel	\$ 245,006	\$ 365,265	\$ -	\$ -	\$ 610,271	\$ 1,220,507
Electronic Medicine	\$ 94,496	\$ 102,773	\$ -	\$ -	\$ 197,269	\$ 314,363
Capitalized Equipment	\$ 518,890	\$ 250,387	\$ -	\$ -	\$ 769,277	\$ 2,613,606
Estimated IBNR	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subtotal, Unit Care Expenditures	\$ 61,873,242	\$ 62,510,320	\$ -	\$ -	\$ 124,383,562	\$ 251,392,329
Psychiatric Care Expenditures						
Salaries	\$ 8,748,348	\$ 8,809,320	\$ -	\$ -	\$ 17,557,668	\$ 35,869,398
Benefits	\$ 2,237,396	\$ 2,358,374	\$ -	\$ -	\$ 4,595,770	\$ 9,269,517
Other Operating Expenses	\$ 83,339	\$ 99,564	\$ -	\$ -	\$ 182,903	\$ 365,806
Professional Services	\$ 159,879	\$ 154,174	\$ -	\$ -	\$ 314,053	\$ 628,106
Travel	\$ 52,001	\$ 38,244	\$ -	\$ -	\$ 90,245	\$ 180,491
Estimated IBNR	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subtotal, Psychiatric Care Expenditures	\$ 11,280,963	\$ 11,459,676	\$ -	\$ -	\$ 22,740,639	\$ 46,313,318
Total Expenditures, Unit & Psychiatric Care	\$ 73,154,205	\$ 73,969,996	\$ -	\$ -	\$ 147,124,201	\$ 297,705,647

C.1.8. HOSPITAL & CLINICAL CARE						
EXPENDITURES:						
University Professional Services	\$ 5,156,345	\$ 5,193,246	\$ -	\$ -	\$ 10,349,591	\$ 21,047,000
Freeworld Provider Services	\$ 7,631,550	\$ 15,184,778	\$ -	\$ -	\$ 22,816,328	\$ 63,908,000
TTUHSC Western Regional Medical Facility & UTMB Hospital Galveston Hospital Services	\$ 27,752,426	\$ 28,964,017	\$ -	\$ -	\$ 56,716,443	\$ 115,250,648
Estimated IBNR	\$ 7,801,702	\$ 791,936	\$ -	\$ -	\$ 8,593,638	\$ -
Total Expenditures, Hospital & Clinical Care	\$ 48,342,023	\$ 50,133,977	\$ -	\$ -	\$ 98,476,000	\$ 200,205,648

C.1.9. MANAGED HEALTH CARE PHARMACY						
EXPENDITURES:						
Salaries	\$ 2,105,869	\$ 2,130,465	\$ -	\$ -	\$ 4,236,334	\$ 8,526,495
Benefits	\$ 547,403	\$ 559,473	\$ -	\$ -	\$ 1,106,876	\$ 2,231,405
Other Operating Expenses	\$ 390,386	\$ 408,177	\$ -	\$ -	\$ 798,563	\$ 1,605,329
Pharmaceutical Purchases	\$ 11,167,917	\$ 11,727,859	\$ -	\$ -	\$ 22,895,776	\$ 47,777,086
Travel	\$ 8,603	\$ 11,278	\$ -	\$ -	\$ 19,881	\$ 39,830
Capitalized Equipment	\$ 62,686	\$ -	\$ -	\$ -	\$ 62,686	\$ 400,000
Estimated IBNR	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Expenditures, Managed Health Care Pharmacy	\$ 14,282,864	\$ 14,837,252	\$ -	\$ -	\$ 29,120,116	\$ 60,580,145

Indirect Expenditures (Shared Services)	\$ 4,899,615	\$ 4,758,109	\$ -	\$ -	\$ 9,657,724	\$ 19,452,060
TOTAL EXPENDITURES	\$ 140,678,707	\$ 143,699,334	\$ -	\$ -	\$ 284,378,041	\$ 577,943,500
DIFFERENCE	\$ (6,064,535)	\$ (9,580,316)	\$ -	\$ -	\$ (15,644,851)	\$ (35,933,336)
FY2015 Spend Forward to FY2014	\$ (11,586,014)	\$ -	\$ -	\$ -	\$ (11,586,014)	\$ (11,586,014)
NET DIFFERENCE	\$ (17,650,549)	\$ (9,580,316)	\$ -	\$ -	\$ (27,230,865)	\$ (47,519,350)

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

As of May 31, 2015

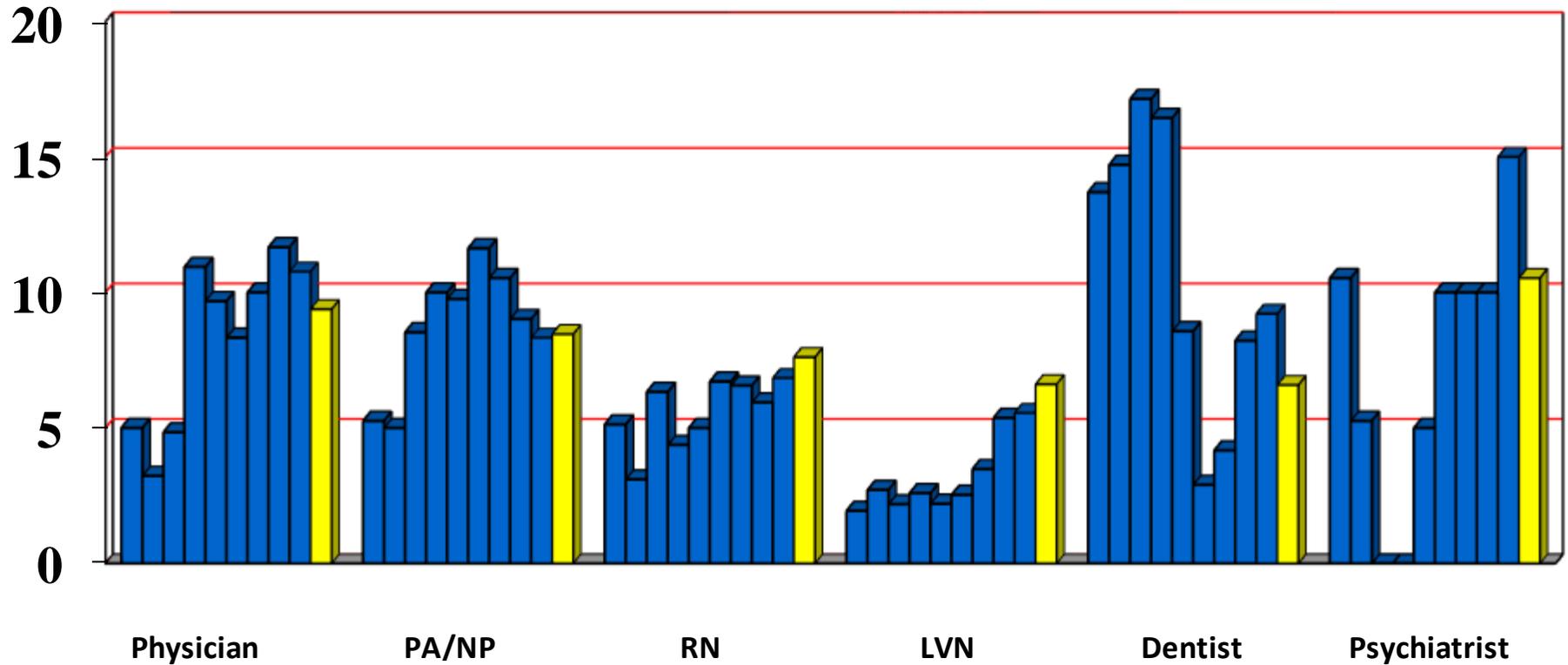
Title of Position	CMHCC Partner Agency	Vacant Since (mm/yyyy)	Actions Taken to Fill Position
Director III- Director of Nursing Administration	TDCJ	08/01/2014	The job description was modified to change the extended title and educational requirements. The position posted on 5/26/2015 and closed June 4, 2015.
Health Specialist V- Intelligence Testing	TDCJ	New Position	The position was reposted and closed on May 21, 2015. The posting will again be reopened due to the lack of applicants.
Health Specialist V- Office of Mental Health Monitoring and Liaison	TDCJ	12/15/2014	Interviews were conducted; the applicant has accepted the position and will begin on July 6, 2015.
LVN III- Office of Public Health	TDCJ	04/30/2015	An interview was held on May 28, 2015.
Physician II- Director of Quality Monitoring and Compliance	TDCJ	06/30/2015	The position will be vacant, effective June 30, 2015, due to employee retiring. Health Services is in the process of requesting approval to post the position.
Medical Director - Smith Unit	TTUHSC CMC	07/2012	Continued advertisement in local, regional and national publications; Expanded Recruiting Agency utilization, GME programs, internet advertising
Physician I – II (7)	UTMB CMC	01/01/2015	Local and National Advertising, TAFP [‡] , NCCHC [†] Conferences, ACA Conference and Agency Contacts
Mid-Level Practitioners (PA and FNP) (15)	UTMB CMC	01/01/2015	Local and National Advertising, Career Fairs, TAPA [#] and TNP Conferences, Intern Programs
Psychiatrist (4)	UTMB CMC	01/01/2015	Local and National Advertising, NCCHC [†] Conferences, TSPP ^Δ , Agency Contacts
Dentists (8)	UTMB CMC	01/01/2015	Local and National Advertising, Star of the South Conference

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

University Vacancy Rate Report
by Quarter FY 2013 - 2015

University of Texas Medical Branch

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



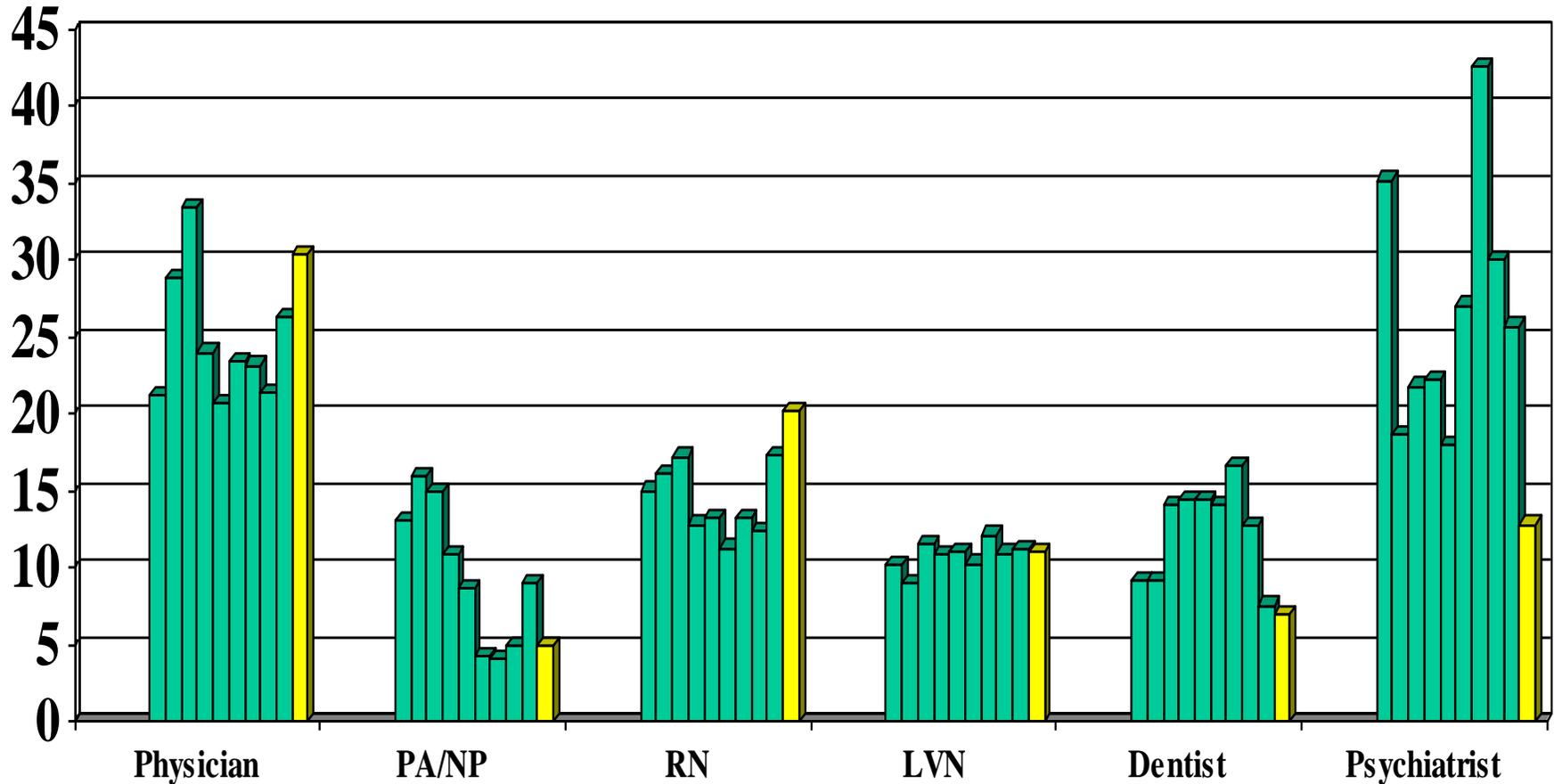
*Correctional Managed
Health Care*



University Vacancy Rate Report by Quarter FY 2013 - 2015

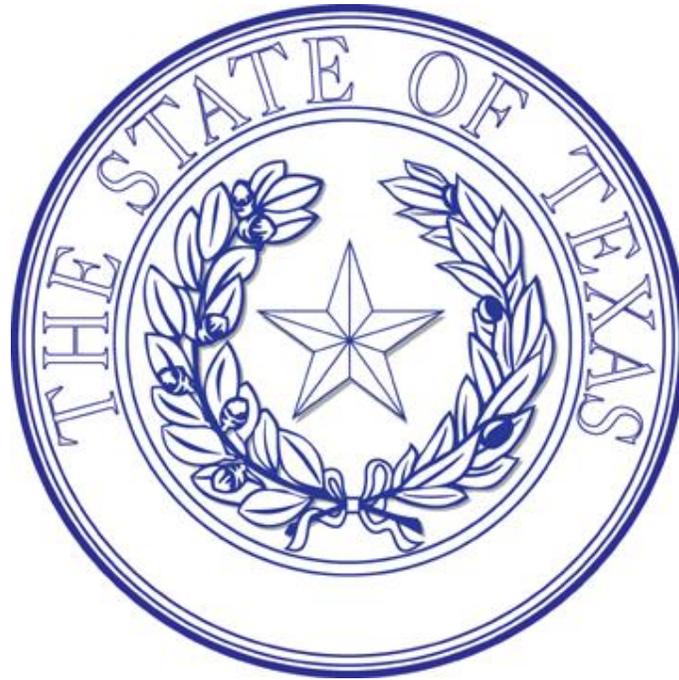
Texas Tech University
Health Sciences Center

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



*Correctional Managed
Health Care*





**TEXAS DEPARTMENT OF
CRIMINAL JUSTICE**

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

Second 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 Second Quarter of Fiscal Year (FY) 2015 (December 2014, January and February 2015) eight Operational Review Audits (ORAs) were conducted at the following facilities: Beto, Coffield, Dominguez, Estelle, Ney, South Texas ISF, Stiles and Torres with a compliance rate of 80% or less on one or more operational categories. During the Second Quarter of FY 2015, 10 ORAs were closed for the following facilities: Cleveland, Dominguez, Ney, Ramsey, Roach ISF, San Saba, Smith, Stringfellow, Torres and Vance.

- The following is a summary of the 10 items found to be most frequently less than 80% compliant in the nine Operational Review Audits conducted in the Second Quarter of FY 2015:

1. Item **6.040** requires offenders receiving anti-tuberculosis medication at the facility to have a Tuberculosis Patient Monitoring Record (HSM-19) completed. Seven of the eight facilities were not in compliance with this requirement. The seven facilities out of compliance were: Beto, Coffield, Estelle, Ney, South Texas ISF, Stiles and Torres. Corrective actions were requested from the seven facilities. At the time of this report, two facilities have returned their corrective action plan: Ney and Torres. Five facilities are preparing facility-specific corrective actions to ensure future compliance: Beto, Coffield, Estelle, South Texas ISF and Stiles.
2. Item **6.340** requires Aspartateaminotransferase (AST) Platelet Ratio Index (APRI) be calculated at least annually for offenders diagnosed with Hepatitis C Virus. Six of the eight facilities were not in compliance with this requirement. The six facilities out of compliance were: Beto, Coffield, Estelle, Ney, South Texas ISF and Torres. Corrective actions were requested from the six facilities. At the time of this report, two facilities have returned their corrective action plan: Ney and Torres. Four facilities are preparing facility-specific corrective actions to ensure future compliance: Beto, Coffield, and South Texas ISF, and Stiles
3. Item **6.380** requires the pneumococcal vaccine be offered to offenders with certain chronic diseases and conditions*, and all offenders 65 years of age or older. Vaccinations are to be documented on the Abstract of Immunizations Form (HSM-2) when administered. If the vaccination is refused, the refusal should be documented with a signed Refusal of Treatment Form (HSM-82). Six of the eight facilities were not in compliance with this requirement. The six facilities out of compliance were: Coffield, Estelle, Ney, South Texas ISF, Stiles and Torres. Corrective actions were requested from the six facilities. At the time of this report, two facilities have returned their corrective action plan: Ney and Torres. Four facilities are preparing facility-specific corrective actions to ensure future compliance: Coffield, Estelle, South Texas ISF and Stiles.

**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, Sick 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).*

4. Item **1.100** requires interpreter services to be arranged and documented in the medical record for monolingual Spanish-speaking offenders. Six of the eight facilities were not in compliance with this requirement. The six facilities out of compliance were: Beto, Coffield, Estelle, Ney, South Texas ISF and Stiles. Corrective Actions were requested from the six facilities. At the time of this

Operational Review Audit (Continued)

report one facility has returned their corrective action plan: Ney. Five facilities are preparing facility-specific corrective actions to ensure future compliance: Beto, Coffield, Estelle, South Texas ISF and Stiles.

5. Item **5.090** requires an assessment to be done by nursing staff daily on offenders in disciplinary segregation and documented on Flow Sheets (HSN-46). Five of the eight facilities were not in compliance with this requirement. The five facilities out of compliance were: Coffield, Dominguez, Estelle, Stiles and Torres. Corrective actions were requested from the five facilities. At the time of this report, two facilities have returned their corrective action plan: Dominguez and Torres. Three facilities are preparing facility-specific corrective actions to ensure future compliance: Coffield, Estelle and Stiles.
6. Item **5.180** requires offenders with chronic illnesses have a documented Individualized Treatment Plan (ITP) within the minimum timeframe required: (a) 6 months for HIV/AIDS, IDDM and NIDDM, (b) 12 months for Asthma/COPD/Respiratory, CAD/Heart Disease, HTN, Hyperlipidemia, and Seizure Disorders. Five of the eight facilities were not in compliance with this requirement. The five facilities out of compliance were: Beto, Coffield, Estelle, South Texas ISF and Torres. Corrective actions were requested from the five facilities. At the time of this report, one facility has returned their corrective action plan: Torres. Four facilities are preparing facility-specific corrective actions to ensure future compliance: Beto, Coffield, Estelle and South Texas ISF.
7. 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 the anniversary of their annual date of incarceration. Five of the eight facilities were not in compliance with this requirement. The five facilities out of compliance were: Beto, Coffield, Estelle, Stiles and Torres. Corrective actions were requested from the five facilities. At the time of this report, one facility has returned their corrective action plan: Torres. Four facilities are preparing facility-specific corrective actions to ensure future compliance: Beto, Coffield, Estelle, and Stiles.
8. Item **5.251** requires documentation that three Hemocult cards were offered to offenders 50 years of age or greater within the required time frame of the anniversary of their annual date of incarceration. Five of the eight facilities were not in compliance with this requirement. The five facilities out of compliance were: Beto, Coffield, Estelle, South Texas ISF and Stiles. Corrective actions were requested from the five facilities. Five facilities are preparing facility-specific corrective actions to ensure future compliance: Beto, Coffield, Estelle, South Texas ISF, and Stiles.
9. Item **6.010** requires screening for tuberculosis performed on offenders annually at the facility. Five of the eight facilities were not in compliance with this requirement. The five facilities out of compliance were: Beto, Coffield, Estelle, Ney and Torres. Corrective actions were requested from the five facilities. At the time of this report, two facilities have returned their corrective action plan: Ney and Torres. Three facilities are preparing facility-specific corrective actions to ensure future compliance: Beto, Coffield, and Estelle.
10. Item **6.330** requires the initial evaluation of offenders diagnosed with Hepatitis C be completed by a physician or mid-level provider. Five of the eight facilities were not in compliance with this requirement. The five facilities out of compliance were: Beto, Coffield, Dominguez, Estelle and Stiles. Corrective actions were requested from the five facilities. At the time of this report, one facility has returned their corrective action plan: Dominquez. Four facilities are preparing facility specific corrective actions to ensure future compliance. Beto, Coffield, Estelle, and Stiles.

Capital Assets Monitoring

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

Dental Quality Review Audit

During the Second Quarter of FY 2015 (December 2014, January 2015, and February 2015), Dental Quality Review audits were conducted at the following two facilities: South Texas Intermediate Sanction Facility (ISF) and Bridgeport Pre-Parole Transfer Facility (PPT). The following is a summary of the items found to be most frequently below 80 percent.

- **Item 1** assesses if patients presenting with signs and/or symptoms consistent with an urgent dental need received definitive care within 14 days of receipt of the Sick Call Exam (SCE). Of the two facilities audited, Bridgeport PPT was not in compliance with this requirement. Bridgeport PPT scored 60%. Corrective Action Requests are pending with this facility.
- **Item 3** assesses if dental in-processing exams are completed at the intake facility within the 30 day timeframe of arrival to TDCJ. Of the two facilities, South Texas ISF was not in compliance with this requirement. South Texas ISF scored 0%. Corrective Action Requests are pending with this facility.
- **Item 10** assesses if the dental/medical history is properly documented on the In-Processing Exam Form (HSD-3). Of the two facilities audited, South Texas ISF was not in compliance with this requirement. South Texas ISF scored 40%. Corrective Action Requests are pending with this facility.
- **Item 23** assesses if the radiographs for dental extractions are of diagnostic quality. Of the two facilities audited, Bridgeport PPT was not in compliance with this requirement. Bridgeport PPT scored 60%. Corrective Action Requests are pending with this facility.
- **Item 27** assesses if infection control guidelines regarding the covering of objects within the field of operation are being maintained. Of the two facilities audited, Bridgeport PPT was not in compliance with this requirement. Bridgeport PPT scored 43%. Corrective Action Requests are pending with this facility.
- **Item 36** assesses if the Dental Prosthetics Log (HSD-15) is maintained for dental prosthetics tracking which includes: record retention, storage of models, cast and molds. Of the two facilities audited, Bridgeport PPT was not in compliance with this requirement. Bridgeport PPT scored 0%. Corrective Action Requests are pending with this facility.
- **Item 38** assesses if the offender is provided post-operative information, supplies and medication at the end of a surgical appointment. Of the two facilities audited, Bridgeport PPT was not in compliance with this requirement. Bridgeport PPT scored 0%. Corrective Action Requests are pending with this facility.
- **Item 40 – Other Findings** assesses other issues that may not fall under specific topics. Of the two facilities audited, Bridgeport PPT was the only facility that was not in compliance with the requirements, and had several deficiencies:

Other Findings – A: Assesses number of Refusal of Treatments (ROTs) were high, but no corrective action were requested.

Other Findings – B: The chief complaint entered onto the sick call request is not recorded in the subjective portion of the Sick Call Exam (SCE) nor in The Subjective Objective Assessment Plan (SOAP). Corrective Action Request are pending for this facility.

Dental Quality Review Audit (Continued)

Other Findings – C: Prescriptions for analgesics and/or antibiotics not recorded in the SOAP notes on the Sick Call Exam sheet. Corrective Action Requests are pending for this facility

Other Findings – D: Correct Health Services Dental (HSD) forms are not being utilized for specific procedures. Corrective Action Requests are pending for this facility.

Grievances and Patient Liaison Correspondence

During the Second Quarter of FY 2015, the Patient Liaison Program (PLP) and the Step II Medical Grievance Program received **3,678** correspondences: The PLP received **2,019** and Step II Medical Grievance received **1,659**. There were **396** 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 Second Quarter FY 2015 for the Step II medical grievances was **nine** 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 **nine** percent for TTUHSC for the Second 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 Second Quarter of FY 2015, the PLP nurses and investigators performed 28 Sick Call Request Verification audits (SCRVA) on 27 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 **252** indicators were reviewed at the **27** facilities and **34** 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 **27** facilities audited. There were six 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 **630** cases of Hepatitis C identified for the Second Quarter FY 2015, compared to **806** cases identified during the First Quarter 2015. The reporting mechanism for HIV tests was changed effective February 1, 2010. HIV tests are now to be classified as belonging to one of four categories: intake, 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

Office of Public Health (Continued)

offenders do not require pre-release testing: those already known to be HIV positive and those whose intake test were drawn within six months of an offender's release date. During the Second Quarter FY 2015, **17,570** offenders had intake tests, and 129 are newly identified as having HIV infections. For the First Quarter FY 2015, **16,543** offenders had intake tests and 115 were HIV positive. During the Second Quarter FY 2015, **11,732** offenders had pre-release tests; there was one found to be HIV positive compared to **five** in the First Quarter FY 2015. **Four** new AIDS cases were identified during the Second Quarter FY 2015, compared to **5** new AIDS cases in the First Quarter FY 2015.

- **212** cases of suspected Syphilis were reported in the Second Quarter FY 2015, compared to **197** in the First Quarter FY 2015. **18** required treatment or retreatment compared to **33** in the First Quarter FY 2015. Syphilis can take months to identify, these figures represent an overestimation of actual number of cases. Some of the suspected cases will later be reclassified as resolved prior infections.
- **187** Methicillin-Resistant Staphylococcus Aureus (MRSA) cases were reported for the Second Quarter FY 2015, compared to **208** during the First Quarter of FY 2015. **109** Methicillin-Sensitive Staphylococcus Aureus (MSSA) cases were reported for the Second Quarter of FY 2015 compared to **158** for the First Quarter of FY 2015. Numbers of both MRSA and MSSA have been fluctuating for the last few years.
- There was an average of **24** Tuberculosis (TB) cases under management for the Second Quarter FY 2015, compared to an average of **14** TB cases for the First Quarter of FY 2015. Although TB numbers often fluctuate significantly from year to year, there has been a slight increase in the numbers of offenders with TB.
- In FY-2006, the Office of Public Health began reporting the activities of the Sexual Assault Nurse Examiner (SANE) Coordinator. This position collaborates with the Safe Prisons Program and is trained and certified as a SANE. Although the SANE Coordinator does not teach the SANE Curriculum because of restrictions imposed by the State Attorney General's Office, this person provides inservice training to facility staff in the performance of medical examination, evidence collection and documentation, and use of the sexual assault kits. During the Second Quarter FY 2015, **11** training sessions were held and **66** 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 **152** chart reviews of alleged sexual assaults performed for the Second Quarter FY 2015. There were no deficiencies found this quarter. Blood-borne exposure baseline labs were drawn on **61** exposed offenders. To date, no offenders have tested positive for HIV in follow-up labs routinely obtained after the report of sexual assault.
- During the Second Quarter FY 2015, three of the six Thirteenth Annual Peer Education Health Conferences were held in the month of February 2015 for offenders to gain more knowledge about infectious diseases that are important in TDCJ and in the communities from which they come. The conferences include peer educators from 33 units: Briscoe, Connally, Cotulla, Dominguez, Garza East, Garza West, Lopez, McConnell, Ney, Segovia, Stevenson, Torres, Byrd, Duncan, Eastham, Ellis, Estelle, Ferguson, Goodman, Gore, Holliday, Huntsville, Lewis, Polunsky, Wynne, Crain, Hilltop, Hobby, Marlin, Mountain View, Murray, San Saba and Woodman. In the month of December 2014, one unit received a five day training which included the Wall Talk and Somebody Cares Training. As of the close of the quarter, **100** of the 109 facilities housing Correction Institutional Division offenders have active peer education programs. During the Second Quarter of FY 2015, **155** offenders trained to become peer educators. This is an **increase from the 142** offenders trained in the First Quarter FY 2015. During the Second Quarter of FY 2015, there were **17,573** offenders attended classes presented by educators. This is a decrease from the First Quarter of FY 2015 of **19,426** offenders attended classes presented by educators.

Mortality and Morbidity

There were 83 deaths reviewed by the Mortality and Morbidity Committee during the months of December 2014, January and February 2015. Of those 83 deaths, five were referred to peer review committees.

Mortality and Morbidity (Continued)

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	0
Provider Peer Review	2
Nursing Peer Review	3
Mental Health	0
Total	5

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 Second Quarter of FY 2015:

- The OMHM&L monitors all Administrative Segregation facilities within the TDCJ Correctional Institutions Division and State Jails once every six months. During the Second Quarter of FY 2015, **15** Administrative Segregation facilities were audited including: Bartlett, Clemens, Coffield, Eastham, Estelle, Ferguson, Gist, Hughes, Lychner, Michael, Pack, Robertson, Stiles, Telford and Travis. The OMHM&L auditors **observed 3,431 offenders, interviewed 2,886 offenders, and referred five 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 15 units for which an Administrative Segregation audit was completed, **14** units had sick calls to be audited for access to care compliance. At the Clemens unit, there were no Mental Health sick calls during the audit period. For ATC 4, **13** of 14 units were **100%** compliant and the Lychner unit was **88%** compliant. For ATC 5, **13** of 14 units were **100%** compliant and Lychner unit was **88%** compliant. For ATC 6, **12** of 14 units were **100%** compliant and the Lychner unit was **88%** compliant and the Bartlett unit was **50%** 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 Second Quarter FY 2015, a total of **59** instances of compelled psychoactive medication administration occurred. There were 35 instances at the Montford unit, 14 instances at the Skyview unit, 8 instances at the Jester IV unit and 2 instances at the Clements unit. Clements, Jester IV and Skyview were **100%** compliant with required criteria for implementation and documentation of compelled psychoactive medication. Montford's compliance scores were 83% in December 2014, 93% in January and 100% in February 2015.
- 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. Eighteen (**18**) facilities met or **exceeded 80% percent compliance** for completing Mental Health Evaluations within 14 days of identified need: Bartlett, Byrd, Dominguez, Formby, Garza, Gist, Glossbrenner, Halbert, Holliday, Jester I, Johnston, Lindsey, Lychner, Middleton, Plane, Sanchez, Sayle and Woodman. Five (**5**) facilities earned **compliance scores of 79% or lower**: Roach (69%), Travis (69%), Gurney (50%), Hutchins (33%) and Bradshaw (5%).

Office of Mental Health Services Monitoring & Liaison

- The OMHM&L reviewed the mental health records of **15** 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 fifteen 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 Second Quarter of FY 2015, **HSL conducted 103 hospital and 22 infirmary discharge audits.**
- Each audit determines if vital signs were recorded on the day the offender left the hospital/infirmary; 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 103 hospital discharge audits conducted, 92 were from the UTMB Sector and 11 were from the TTUHSC sector. There were 17 deficiencies identified for UTMB and zero identified for TTUHSC. Of the infirmary discharge audits conducted, **nine** were from the UTMB sector and **13** were from the TTUHSC sector. There was zero deficiencies identified from UTMB and four 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, Jester 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 – 23,
- Correctional Institutions Division Pending Monthly Research Projects -8,
- Health Services Division Active Monthly Medical Research Projects -4 , and
- Health Services Division Pending Medical Research Projects –9

CMHCC Joint Morbidity and Mortality (M&M) Review Committee Update

**A Presentation Prepared for the
Correctional Managed Health Care Committee**

June 16, 2015

By:

**Robert Williams, MD, Deputy Director of Health Services Division (HSD),
Texas Department of Criminal Justice (TDCJ) and
Joint M&M Review Committee Co-Chair**

**Monte Smith, DO, Senior Medical Director, Inpatient Services, University of
Texas Medical Branch (UTMB)- Correctional Managed Care (CMC) and
Joint M&M Review Committee Co-Chair**

**Billy Shelton, PhD, Senior Psychologist, UTMB CMC and
Joint Suicide M&M Subcommittee Chair**

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Statutes Governing Offender Deaths

1. Federal Law: H.R. 1447, *Death in Custody Reporting Act of 2013*
2. State Law: Government Code 501, *Inmate Welfare*, Sec 501.055, “Report of Inmate Death”

Categories of Offender Deaths

1. **Suicides**

2. **Non-Suicide Deaths**

A. Natural causes

B. Accidents

C. Homicides

3. **Executions** (not reviewed or tracked by (Correctional Managed Health Care)

CMHC Review of Non-Suicide Offender Deaths

1. An **Initial Death Review (IDR)** is conducted by a TDCJ quality monitoring physician within one to five days of an offender death.
2. Each offender death attributed to natural causes, accident, or homicide is assigned to a member of the **Joint M&M Review Committee** within 90 days, depending on autopsy.

CMHC Review of Non-Suicide Offender Deaths (Cont.)

- A. No autopsy-case is immediately assigned for the next meeting
- B. Autopsy completed in less than 90 days-case is immediately assigned for the next meeting
- C. Autopsy pending more than 90 days-case is assigned for the next meeting after 90 days has transpired

IDR Findings Possibly Precipitating Further Action

1. Unexpected death,
2. Apparent deviation from standard of care,
3. High profile offender,
4. Complaint filed with Office of Professional Standards (OPS) within the past year that may be related to the suspected cause of death,
5. Potentially inflammatory situation, or
6. Death, injury, or onset of adverse event occurred while in transient status.

Joint M&M Review Committee Membership

TITLE	CREDENTIALS
UTMB CMC Members:	
RN, MSN	Administrative Director of Nursing, Inpatient Services
RN, MSN	Director of Nursing Services
DO	Medical Director, Ramsey I Unit
PA	Mid-Level Practitioner, Michael Unit
MD	Region 1 Medical Director
MD	Region 2 Medical Director
MD, MPH, CWS	Regional Infirmery Medical Director
DO	Senior Medical Director, Inpatient Services
MD, MPH	Senior Medical Director, Outpatient Services
TTUHSC CMC Members:	
MBA, BSN, RN	Director of Nursing
MD	Northern Region Medical Director
ACNP-BC	Physician Extender, Sanchez State Jail
MD	Southern Region Medical Director
TDCJ HSD Members:	
RN, BSN	Assistant Chief Nursing Officer/ Director II, Infection Control
MD, CCHP	Deputy Director, Health Services Division
MD, CMD	Director, Quality Monitoring and Compliance
MD	Quality and Contract Monitoring Physician

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M&M Worksheet, Page 1

DEMOGRAPHIC INFORMATION				
Offender Name:		TDCJ#:		Date of Incarceration:
DOB:	DOD:	Time of Death:		Autopsy?:
Age:	Race:	Sex:	Unit of Assignment:	
MEDICAL SUMMARY & EVENTS OF DEATH				
Was the death Expected?				
Cause of death:	Natural	Accident	Homicide	Suicide
Chronic Diagnoses:				
Chronic Medications:				
Other Relevant Medical History:				
Summary of Events Leading Up to Death:				

M&M Worksheet, Page 2

Offender Name:	TDCJ #:
DEATH AND AUTOPSY DETAILS	
AUTOPSY FINDINGS (if performed):	
If the Autopsy was performed, then state the documented Cause of Death:	
<u>CAUSE OF DEATH</u>	
ENTER THE DISEASE, INJURIES OR COMPLICATIONS THAT CAUSED THE DEATH, DO NOT ENTER THE MODE OF DYING SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE.	
(final disease or condition resulting in death)	
A.	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in Death) LAST	
B.	
C.	
D.	
E.	
<u>Committee Consensus Cause of Death:</u>	

M&M Worksheet, Page 3

Offender Name:		TDCJ#:			
QUALITY OF CARE ISSUES					
1. Does the Reviewer recommend this case be referred to Peer Review?			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If yes, check which of the following:		Physician <input type="checkbox"/>	Dental <input type="checkbox"/>	Nurse <input type="checkbox"/> (RN / LVN)	
Allied Mental Health Professionals <input type="checkbox"/>		Other <input type="checkbox"/>	If other, describe:		
2. Should this case be referred to <u>Utilization Review</u> for Morbidity Case Management Review?			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
3. Should this case be referred to <u>System Leadership Council</u> for review of systemic issues that affect health care?			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
4. Should this case be referred for a review of <u>security</u> or <u>facility</u> issues that affected health care?			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
5. List reason(s) for all above referral(s):					
6. Was the death summary completed in the medical record?			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
7a. If autopsy was authorized, was the final autopsy report completed by the time of review?			N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7b. If no, what is the presumed cause of death and list any unresolved concerns?					
8. Was the patient suitable to be considered for Medically Recommended Intensive Supervision (MRIS)?			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
9. Were there any inconsistencies between clinical history and autopsy? Explain:			N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Reviewer's Name:

Date:

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Peer Review Requests

Depending on its findings and concerns, the committee may request one of two forms of peer review:

1. **Quality Review**-conducted by a supervisor employed by the same university with similar credentials and in the same discipline as the party(ies) responsible for the issue of concern.
2. **Formal Peer Review**-conducted by a panel of professionals employed by the same university with similar credentials and in the same discipline as the party(ies) responsible for the issue of concern.

Peer Review Responses

- 1. Quality Review Response** -The university submits a report of its findings and actions taken regarding the issue of concern to the committee. The response is reviewed for adequacy by the TDCJ Health Services Division Deputy Director and Co-Chair of the Joint M&M Review Committee.
- 2. Formal Peer Review Response** -The university submits a report that a formal peer review was conducted and indicates if the case was referred to the respective licensing board. Additionally, on an annual basis, each university reports to the TDCJ Health Services Division Director the total number of cases submitted to formal peer review and a summary of the actions taken.

CMHC Review of Offender Suicides

1. **IDR** is conducted by a TDCJ quality monitoring physician within one to five days of the offender death.
2. Concurrently, an **Initial Suicide Review** is conducted by a TDCJ mental health professional within one to five days.
3. Additionally, each suicide is reviewed by a university mental health manager within one to five days.
4. Each suicide is reviewed by a mental health quality council within 60 days.

CMHC Review of Offender Suicides

5. Every offender suicide is reviewed by a multi-disciplinary **TDCJ Suicide Prevention Task Force** within 60 days.
6. Every offender suicide is reviewed by the **Joint Suicide M&M Subcommittee** within 60 days.

TDCJ Offender Initial Suicide Review Form

Page 1

DEMOGRAPHIC INFORMATION			
Offender Name:	TDCJ#:	Unit of Assignment:	
DOB:	DOD:	Time of Death:	Age:
Sentence:	Time Completed:	Time Left:	
Gang Affiliation:			
Incident Summary:			
MEDICAL AND PSYCHIATRIC HISTORY			
Active Mental Health Diagnoses:			
Inactive Mental Health Diagnoses:			
Previous Inpatient Psychiatric Admissions:			
Previous Suicide Attempts and Gestures:			
Medication Compliance:			
Recent Medical Complaints:			
Medical Diagnoses:			

TDCJ Offender Initial Suicide Review Form

Page 2

PERTINENT SOCIAL ISSUES	
Visitors and Frequency:	
Family Issues:	
Parole Issues:	
Offender Protection Investigations:	
Known Gang Activity:	
Offender Protection Investigations:	
Recent Disciplinary Action(s):	

APPLICABLE PROCEDURES	
Sick Call Requests:	
Intake:	
Chain-In:	
Ad Seg:	
PHD/Solitary:	

STAFF RESPONSE TO SUICIDAL IDEATION	
Seen Immediately:	
Assessment for Immediate Risk Performed:	
Summary of Actions Taken:	

Initial Suicide Review Findings Possibly Precipitating Further Action

1. Failure to comply with policy
2. Apparent deviation from standard of care
3. Suicide occurred while in:
 - A. Transient status,
 - B. Inpatient psychiatric facility, or
 - C. Under Constant and Direct Observation (CDO).

TDCJ Suicide Prevention Task Force

The task force includes the following TDCJ staff:

1. Correctional Institutions Division (CID) Deputy Director, Prison and Jail Operations,
2. CID Deputy Director, Support Operations,
3. Administrative Review and Risk Management (ARRM) Division Deputy Director,
4. Office of Inspector General (OIG) Deputy Director,
5. Assistant General Counsel,
6. Manager and Program Specialist for Safe Prisons/PREA,

TDCJ Suicide Prevention Task Force Cont.)

7. Director of Correctional Training and Staff Development, CID,
8. Program Supervisors for Plans and Operations, CID,
9. State Classification Committee Member, CID,
10. Director Office of Mental Health Monitoring and Liaison, HSD, and
11. HSD Deputy Director.

Additionally, mental health clinicians from both universities representing all three TDCJ inpatient psychiatric facilities participate on this task force.

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Joint Suicide M&M Subcommittee Membership

CREDENTIALS	TITLE
UTMB CMC Members	
PhD	Senior Psychologist
MD	Clinical Director, Skyview/Hodge
MA, LPC, LSW	Administrative Director, Mental Health Services
MD, JD	Clinical Director Jester IV Unit
PhD	Senior Mental Health Manager
PhD	Senior Psychologist, Jester IV Unit
MD, CCHP, FAPA	Director Mental Health Services
TTUHSC CMC Members	
PhD	Senior Director Psychology Department
O'Donnell, Sean	Correctional Psychologist, Montford Unit
JD, MHA	Sr. Director/MH Administrator
MD	Director Mental Health Services
TDCJ HSD Member	
PhD	Director, Office of Mental Health Monitoring and Liaison

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Joint Suicide M&M Subcommittee

The subcommittee functions in the same way as the Joint M&M Review Committee in that the subcommittee:

1. utilizes the same worksheet,
2. can request either peer review process depending on its findings and concerns, and
3. receives similar responses from universities.

Interaction Between the Committees

The M&M Committee and Suicide Subcommittee interact as needed:

1. Previously unrecognized suicides and potential suicides are referred to the Suicide Subcommittee.
2. Medical and nursing concerns detected by the Suicide Subcommittee are referred to the M&M Committee.

Mortality and Suicide Database

Currently, underway is a web-based application that will contain the data regarding suicides and other offender deaths that is collected and utilized by:

1. UTMB Medical Records Archive,
2. TDCJ Executive Services,
3. CMCHC Joint M&M Review Committee,
4. CMHCC Joint Suicide M&M Subcommittee, and
5. TDCJ Health Services Division.

Mortality and Suicide Database

The database will:

1. Receive automatic transmissions of demographic information from the TDCJ mainframe,
2. Eliminate duplicate data entry,
3. Facilitate uniform reporting between the involved agencies and departments, and
4. Enable statistical analyses of mortality data and suicide risk.

Questions?

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